GOVERNOR'S TASKFORCE ON COMMUNITY TRANSPORTATION

Statewide Coordination of Community Transportation Services

FINAL – OCTOBER 2006

Nelson|Nygaard
consulting associates

Table of Contents

PAGE

Introduction

Chapter 1. Current State of Community Transportation in New Hampshire 1-1
Introduction/Methodology 1-1
Past Recommendations 1-1
Questionnaires / Interviews 1-3
Transportation Providers and Funding Agencies 1-4
Findings 1-7

Chapter 2. A Framework for Coordinating Community Transportation 2-1
Introduction 2-1
Bi-Level Oversight and Institutional Framework 2-1
Geographic Regions and Coordination Roles 2-6

Chapter 3. Policies that Impact Coordination 3-1
Introduction 3-1
Reporting Requirements and Funding/Purchasing Policies and Practices of Key Funding Agencies 3-2

Chapter 4. Action Plan 4-1
Overview of Action Plan 4-1
Implementation Stage I: Establish the Statewide Coordination Council 4-2
Implementation Stage II: Establish the Regional Coordination Councils 4-7
Implementation Stage III: Obtain Funding for Establishing Pilots 4-10
Implementation Stage IV: Implement Pilots 4-13

Appendix A: NH Transporation Coordination Questionnaire
Appendix B: Provider/Sponsor Summaries
Appendix C: New Hampshire Reports and Studies Reviewed and Other Coordination Studies
Appendix D: Statewide Coordination Council Memorandum of Understanding
Appendix E: Statewide Coordination Council Bylaws
Appendix F: Regional Coordination Council Memorandum of Understanding
Appendix G: Regional Coordination Council Bylaws
Appendix H: 5310 and 5311 Forms
Appendix I: Title III-B and RSVP Reporting from Transportation Providers to BEAS
Appendix J: Medicaid Reimbursement Forms
Appendix K: NEMT/WC and AMDC Reimbursement Forms
Appendix L: Task 4 – Scope of Work for Regional Transportation Coordinator
Appendix M: Work Plan

Table of Figures

PAGE

Figure 1-1 Trip and Cost Statistics for Key Transportation Providers and Funding Agencies 1-6
Figure 2-1 Oversight Structure 2-3
Figure 2-2 Contractual/Operational Relationships 2-3
Figure 2-3 New Hampshire Regional Coordination Council Regions 2-9
Figure 3-1 Reporting Requirement Comparison Chart 3-15
Figure H-1 Monthly Productivity Report for Transportation Providers Reporting to NH DOT H-13

Chapter 1. Current State of Community Transportation in New Hampshire

Introduction/Methodology

Chapter 1 presents descriptions of several key community transportation programs in New Hampshire within the context of recommendations for coordinating from studies dating back to 1995.

We began the study by emailing a survey questionnaire to several organizations – both agencies that fund specialized and human service transportation, as well as providers of such – that were identified by the Governor's Task Force on Community Transportation. We followed up this effort with in-person interviews with representatives of key organizations, as recommended from NHDOT and DHHS. These interviews were held at the offices of the Governor's Commission of Disability in Concord on January 19, 2006. Follow-up telephone calls were also made to clarify certain points. In addition, a debriefing presentation and discussion on preliminary findings for the Task Force and other invited guests took place on January 20, 2006 at DHHS. The results of these data collection efforts are presented in this chapter.

The primary objective of these efforts was to listen to individual stakeholder comments relating to expectations, perceived strengths, weaknesses and obstacles relating to the preceding reports' recommendations and current needs.[1] We also used the in-person and telephone interviews to identify current/possible solutions to address any perceived shortcomings of the recommendations, and to gauge stakeholder reaction to those solutions. In addition, we used this opportunity to elicit stakeholder perceptions on the underlying reasons why statewide coordination has not happened, and why they believe that this effort will be successful. In short, we used the questionnaires and interviews to help us determine (1) how applicable the past recommendations are in today's environment, and to determine what worked well with the successful local coordination efforts that have been implemented in the meantime, (2) what thwarted - or is limiting the success of – other coordination efforts, and (3) how these local efforts might "fit" into a statewide framework.

Past Recommendations

Note again that this effort was not meant to generate a comprehensive inventory of funding agencies and providers, but rather to update some information about key transportation

[1] A list of reports used as background is presented in Appendix I.

programs (that would likely participate in a coordinated effort in some fashion) and to "test" some of the findings and recommendations of the past studies, which were:

- New Hampshire is a "local control" state. This points to a set of regional coordinators, and not one statewide coordinator relative to the coordinated delivery of service.
- New Hampshire would be carved up into 8 to 10 regions, with a coordinator established in each region. Regional coordination must be flexible to reflect the resources of the regional coordinator and the available service providers in the region. Indeed, each region might establish a different model for service delivery.
- Regional coordinators could be service providers themselves, or brokers, or both. They could be transit agencies or human service agencies or a private transportation management firm. However, if the transit agency is not the regional coordinator, it should be integrally involved as a purchaser and/or provider of services.
- Two alternative models were suggested for the relationship between the funding agencies and the coordinators:

  1) At the state-level, each funding agency would contract with (purchase transportation from) each regional coordinator.

  2) At the state-level, each funding agency would contract with a statewide "funding" broker who would be responsible for client and/or trip eligibility, and who otherwise would contract with (purchase service from) each regional coordinator.

  In addition, under either model, other regional and local private agencies, hospitals, insurance companies, colleges, municipalities, and even public transit providers (if they are not themselves the regional coordinator) would be free to also purchase transportation service from the regional coordinators in their respective areas.

  The first of these two models was recommended as the preferred model in the 1995 study and subsequent studies.

- A bi-level oversight of coordination activity would include:

  1) A permanent state-level coordination council (SCC) comprising major funding agencies and other key stakeholders; the role of the SCC would be to set coordination policies, assist regional efforts as needed, and monitor the results.

  2) A regional coordination council (RCC) in each region, similarly composed of funding agencies (e.g., regional representatives of the state funding agencies as well as representatives from other purchasers of service) and possibly local service providers as well.[2] The role of each RCC would be to select (if needed),

[2] There are advantages and disadvantages to Involving local providers at this level. On one hand, operators could provide valuable local knowledge that would help the RCC. On the other hand, there may be a conflict of interest in cases where certain local providers stand to benefit from the decisions the RCC makes.

guide, assist, and monitor their regional coordinator, and to provide feedback to the SCC, relative to the policies that are – or are not – working well in their region.

Questionnaires / Interviews

The questionnaire that was used to collect information about key community transportation programs and services is presented in Appendix A; this questionnaire was e-mailed to the following organizations. Follow-up interviews were held either in person or by telephone, as indicated below. Summaries of the interviews are presented in Appendix B.

Transportation Providers (Transit Agencies, CAPs, Senior Councils and other Agencies)

- Belknap-Merrimack Community Action Program – includes B-MCAP's Rural Transportation Systems, Concord Area Transit, and Central NH Transportation Brokerage — interviewed by phone and in person
- Community Transportation Services (CTS) – interviewed by phone
- Cooperative Alliance for Regional Transportation (CART) – interviewed by phone
- Cooperative Alliance for Seacoast Transportation (COAST)—interviewed by phone
- Easter Seals Special Transportation Services (STS)—interviewed in person
- Grafton County Senior Citizens Council (GCSCC) -- interviewed by phone
- HCS (Keene) -- interviewed by phone
- Manchester Transit Authority (MTA) -- interviewed in person
- City of Nashua -- phone interview attempted
- Tri-County CAP / North Country Transportation (NCT) -- interviewed by phone

[Note: We also interviewed the Chair and Vice Chair of the New Hampshire Transit Association.]

Transportation Funding Agencies

- DHHS-Behavioral Health (BBH) — interviewed in person
- DHHS-Children, Youth, and Families (DCYF) — interviewed in person
- DHHS-Elderly & Adult Services (BEAS) — interviewed in person
- DHHS-Family Assistance (DFA) — interviewed in person
- DHHS-Medicaid Administration –- interviewed by phone
- DHHS-Medicaid Client Services — interviewed in person

Transportation Providers and Funding Agencies

A summary of the transportation programs and services identified above is provided in Figure 1-1. These organizations have been categorized into Transportation Providers and Funding Agencies, as described below. For organizations in both groups, the information provided includes the type of trips they provide/fund and funding sources, and for 2005, the estimated number of trips, annual expenditures, and cost per trip.

- **Transportation Providers.** As shown in Table 1, these organizations include public and private, non- profit organizations that are involved in the provision of public transportation and/or human service agency transportation. The organizations that receive FTA (Section 5307, 5309, 5310, and 5311) funding include Belknap-Merrimack CAP, Community Transportation Services, COAST, Easter Seals STS, Grafton County Senior Citizens Council, HCS in Keene, the Manchester Transit Authority, the City of Nashua, and Tri-County CAP. Two of these FTA funding recipients (B-MCAP and Tri-County CAP) also provide Community Action Program transportation, while several (B-MCAP, CTS, GCSCC, HCS, City of Nashua, Tri-County CAP) also receive BEAS Title III-B funding for senior transportation. Easter Seals also provides senior transportation funded by Title III-B. DHHS' Medicaid Client Services also purchase transportation from many of these organizations. Collectively, these organizations provided 562,720 demand-responsive trips in 2005 at a cost of $6.3 million, and an average cost of $11.28 per trip, noting that the range of average per trip costs went from $6.29 (NCT) to $60.82 (COAST).
- **Funding Agencies.** All of the agencies interviewed reflected different bureaus of the Department of Health and Human Services, funding transportation through Federal DHHS funding sources. All currently purchase service from public and/or private transportation providers, many of which are included in the above group, but that also include volunteer and family drivers and clients able to drive themselves as well as private, for-profit wheelchair van providers. Some of the agencies are paying for the full-cost of the trip. In some cases, a particular funding agency may only be covering a share of the total cost of service provision well below the "allowable" maximum federal share. This is the case with BEAS and Title III-B funding, where, according to the interviews, the share of the cost that this funding is covering (based on the actual demand for service) ranges from 32% to 45%, as opposed to the allowable Federal share of 85%.[3] Consequently, the funding recipients (the transportation providers above) must supplement this partial funding through contributions from local towns and counties, and/or private donations.

Data from some of these agencies have been estimated, as current mechanisms to track information vary from one agency to another. However, it is noteworthy that the rate

[3] According to the Older American's Act, all services statewide, including ombudsman services and services funded under Title III-B, C, D, E, and F, shall be funded on a statewide basis with a non-Federal share of not less than 15 percent. Matching requirements for individual area agencies are determined by the state agency.

structures reflect a broad array of per trip, per mile, and per hour rates (or combinations thereof), and that in one case (Medicaid Client Services' ambulatory NEMT trips), the rate structures and rate levels among the agency's public and private transportation providers are quite varied.

Figure 1-1 Trip and Cost Statistics for Key Transportation Providers and Funding Agencies

Agency/Organization		Estimated Annual Trips	Annual Expenditures	Cost per Trip	Funding Sources: BEAS Title III	FTA 5307	FTA 5309	FTA 5310	FTA 5311	Medi-caid	Local Funds*	Other
Transportation Providers and Operators												
B-MCAP - Rural Transportation System		25,188	$235,895	$9.37	X			X			X	
B-MCAP - Concord Area Transit**	CAT ADA	11,000	$131,811	$11.98	X		X	X	X	X	X	Grants, Private Donations, Fares
	CNHT Brokerage	5,200	$34,431	$6.62								
Community Transportation Services	Deviated Fixed Route	22,505	$330,100	$11.00	X		X	X	X		X	
	DR only	7,502										
COAST (All ADA)		1,591	$96,772	$60.82		X					X	
Easter Seals STS	Student Trips	200,000	$3,455,723	$9.87	X			X		X		School Districts
	Non-Student Trips	150,000										
Grafton County Senior Citizens Council		40,697	$501,594	$12.33	X			X			X	Private Donations, Fares
HCS (Keene)	Total Friendly Bus	11,249	$168,500	$12.73	X		X	X	X	X	X	Advertising Revenues
	ADA only	1,985										
Manchester Transit Authority ADA Paratransit Service		11,146	$347,279	$31.16		X					X	MTA General Revenues
City of Nashua	Non ADA	18,256	$379,365	$20.78	X	X				X	X	Fares, other
	ADA only	20,000	$502,879	$25.14								
North Country Transportation & Tri-County Community Action Program		52,601	$330,870	$6.29	X		X	X	X	X	X	
Total Trips Provided		578,920	$6,515,219	$11.25	*(Includes some student and general public trips)*							
Department of Health and Human Services—Funding Agencies												
Behavioral Health		unknown	$1,753,300	—	Federal Mental Health Block Grants, State of New Hampshire General Funds							
Children, Youth, and Families		unknown	$1,160,227	—	State, Federal, County, and general funds							
Elderly & Adult Services	Title III-B	244,084	$1,405,757	$5.76	Title III, State of New Hampshire							
	RSVP service	34,043 mi	$130,022	$3.82 / mi								
Family Assistance		unknown	unknown	—	Temporary Assistance for Needy Families							
Medicaid Administration	ADMC	40,932	$3,067,610	$10.00	Medicaid Non-Emergency Medical Transportation							
	NEMT/WC	73,465		$25 / trip + $2.25 / mi								
Medicaid Client Services	Total	unknown	$687,307	—								
	Driver Reimbursements	106,560	$591,983	$5.56								

Note: In many cases, funding for the various transportation providers/operators comes out of the budgets of the DHHS, meaning that some trips and cost values are "double counted" between the two sections in this table. For instance, the budget for BEAS includes funding that goes to B-MCAP and Grafton County Senior Citizens Council.

* Includes funding from United Way, Counties, Municipalities, etc.

** Includes Laconia

Findings

Support for Regional Coordination and Past Recommendations

Among the organizations interviewed, there was universal agreement that the base set of recommendations made sense. In general, staff from both funding agencies and transportation providers were in favor of the idea of regional coordination and believed that their respective organizations would benefit from it. The fact that many of the transportation providers are already successfully providing coordinated transportation and/or coordinating with each other evidences that there are several building blocks already in place for a major coordination effort.

Benefits of Coordination

Representatives from the organizations interviewed mentioned the following benefits of coordination.

- *Reduction of Duplicative Service* – Currently, the lack of coordination in New Hampshire is resulting in redundant trips, which is a problem because these demand-responsive trips are expensive to operate and resources are limited. In the case of Medicaid-sponsored non-emergency medical transportation wheelchair trips, for example, clients choose which transportation provider they wish to use. Thus, two similar trips (i.e. made by two clients living close to one another and going to the same medical provider at the same time) might be made on two separate vans operated by different providers. Furthermore, in the event that these two clients do choose the same provider, there is no rate break to Medicaid for grouping these trips on the same vehicle. On a broader scale, there are potentially ridesharable trips funded by different programs. For example, it is possible that there is an ADA paratransit trip, a senior trip, an ambulatory Medicaid-sponsored NEMT trip, a non-ambulatory Medicaid-sponsored NEMT trip, and a TANF trip all going to and from the same hospital from the same town at the same time, but currently being transported on five different vehicles. Once regional coordination of service delivery is in place, some or all of these trips might be scheduled through the same call center, allowing the scheduler or dispatcher to combine the trips—thus reducing redundancy. Depending on the extent to which duplication can be reduced and the economies of scale that come with additional ridesharing opportunities, the regional coordinator will be able to offer the funding agencies' preferred (reduced) rates that reflect the actual cost of coordinated transportation.
- *Expanded Service Coverage* – Many of the state funding agencies mentioned a lack of transportation providers, especially in the rural areas of New Hampshire. Through the regional coordinators, these agencies hope that they will be able to access a broader set of transportation providers, including provider volunteer networks.

- *Conceptually Consistent with Statewide DHHS Brokerage* – DHHS is currently planning to establish a statewide brokerage to coordinate the client/trip eligibility of Medicaid-sponsored NEMT trips (and possibly other DHHS-funded trips as well). While this is still in the initial design steps, DHHS views the regional coordinator concept as consistent with the design, believing that regional coordinators will be in a better position (relative to the statewide DHHS broker) to achieve cost efficiencies through service delivery coordination. Thus, DHHS is building into their plan the use of these regional coordinators, as they come "on-line".

Obstacles to Coordination

Representatives form the organizations interviewed mentioned the following obstacles to coordination.

- *Fully-Allocated Funding* – Many of the cited potential obstacles to coordination relate to funding. The most poignant of these, that was cited by several of the prospective Regional Coordinators, was the need to ensure that any future transportation that is purchased through the Regional Coordinator system be at payment/reimbursement rates that reflect fully-allocated costs. These prospective coordinators agree with and understand that their mission will be to maximize the cost efficiency of the service through coordination, and that any such improvements in cost efficiency can be passed along to the funding agencies in the way of sponsorship rates; however, these rates must reflect the actual cost of service. Specific comments relate to Title III-B funding: these organizations would not be willing to sign on as regional coordinators if the state agencies require more local funding because these local funding sources, which are used to augment Title III-B funding for the transportation of seniors and adults with disabilities, are all tapped out.
- *Other Funding Issues* – There was a broad range of possible funding constraints cited by the many organizations. Different funding sources may have specific requirements, such as Federal Block Grants which may only be used for mental health services. Funding may be allocated in different ways by different sources, such as per mile vs. per trip. Some local funding sources have been contributing to specific agencies for over 25 years but may be hesitant to transfer these funds to a new regional coordinator. Paperwork for obtaining funding is different for all sources and could present a significant logistical hurdle for coordination.

Other prospective obstacles cited include:

- *Volunteers* – Many agencies use volunteer drivers as an integral part of their transportation provision, which may be difficult to incorporate into a more centralized plan.
- *Liability* – Determining where liability is placed could be an obstacle; this becomes especially complicated where volunteer drivers are involved.

- *Driver Certification* – Different programs have specific driver certification processes; it may not be feasible to have all drivers meet each criteria.
- *Personal Relationships* – Some agencies note that relationships develop between drivers and passengers, and sometimes transportation provision even serves as a way to observe client status; this could be lost in a larger set up.
- *Turf Issues* – Many stakeholders mentioned that "turf" or "territory" issues currently affect where operators provide service, and finding agreeable boundaries may be a challenge.

Comments on Past Study Recommendations

Regionalization – As noted above, virtually all of the organizations interviewed believed that regionalization, i.e., the establishment of regional coordinators overseen by regional coordination councils; each with direct contracts with state agencies or their agent; and each with its own particular service delivery network, has the greatest chance for succeeding in New Hampshire. Many of the organizations expressed keen interest about how the regional boundaries would be set.

- NHDOT and NHTA suggested that the regions be based on Regional Planning Commission boundaries and that the transit agency in each region be deemed the Regional Coordinator in most cases.
- Others pointed out that the RPC boundaries (and the RPCs themselves) had little to do with human service agency transportation, and that while some of the transit agencies were strong advocates of coordination with a proven track record in coordination, others were either not involved in specialized/human service agency transportation or did not have such a successful track record or interest.
- Others noted that there were other types of organizations with successful track records in providing (coordinated) human service agency transportation, and that have the leadership necessary to be champions of coordination in their areas.

The general consensus was to utilize these successes as building blocks in carving up New Hampshire into regions. In following this approach, it was also observed that tapping into the current successful programs preserves the local funding networks, shortens the implementation phase, circumvents turfism, and assuages concerns about co-mingling clients from different funding programs.

Chapter 2. A Framework for Coordinating Community Transportation

Introduction

In this chapter, we describe the institutional and geographic framework recommended for the coordination of community transportation in New Hampshire. We begin with our general vision for statewide coordination oversight, and detail the type of institutional framework that will be needed to ensure that a State Coordination Council (SCC) for Community Transportation and Regional Coordination Councils (RCCs) for Community Transportation are established with the mission/authority to implement the coordination of community transportation in New Hampshire. In support of this structure, we also developed a sample Memorandum of Understanding and a suggested set of Bylaws that could be used in the formation of these councils. These are included in Appendix D through G.

In this chapter, we also include our specific recommendations for regionalization.

Bi-Level Oversight and Institutional Framework

In Chapter 1, we discuss the proposed bi-level oversight of coordination activity, which would include:

1) A permanent SCC, which is comprised of major funding agencies and other key stakeholders. The primary roles of the SCC would be to set coordination policies, assist regional efforts as needed, and monitor the results. The SCC would *not* be a contracting body, i.e., funding would not flow through this body; nor it would have the legal structure to contract. However, we suggest that the SCC also be empowered to approve – or reject -- the RCC designation/selection of each RTC.

2) Following on the theme of regional-based coordination, New Hampshire would be divided into 8 to 10 Community Transportation Regions, with a RCC in each region similarly composed of funding agencies (e.g., regional representatives of the state funding agencies), representatives from other local/regional purchasers of service

and possibly local service providers[1] and other stakeholders as well. The role of each RCC would be:

- to implement coordination and related policies in their region
- to select, guide, assist, and monitor their RTC;
- to work with the RTC to develop the local service design, e.g., how service is delivered, how inter-regional trips are coordinated;
- to provide feedback to the SCC, relative to the policies that are – or are not – working well in their region; and
- If necessary, to replace an RTC.

Once established, each RTC would contract directly with state funding agencies (or their agent) and other organizations wishing to purchase transportation through the RTC. While many of these agencies and organizations will have representatives on the SCC and/or RCCs, the contracts will be between the funding organization (or its agent) and each RTC. The oversight relationships between the SCC, RCCs, and RTCs, and the contractual / operational relationships between funding agencies and other purchasers of service and the RTCs are illustrated in Figures 1a and 1b, respectively, found on the following page.

To give the SCC and RCCs the authority to respectively set and implement coordination policy, we recommend that efforts be undertaken to formalize this bi-level oversight structure by way of the passage of state legislation and/or an executive order that creates the SCC and empowers the SCC to establish Community Transportation Regions and RCCs.

In January 2005, the National Conference of State Legislatures released a report entitled "Coordinated Human Service Transportation: State Legislative Approaches" that addresses how different states address coordination. The report identified three basic approaches:

- Legislative approaches, including specific and broad coordination statutes
- Executive Orders
- Independent agency actions

[1] There are advantages and disadvantages to Involving local providers at this level. On one hand, operators could provide valuable local knowledge that would help the RCC. On the other hand, there may be a conflict of interest in cases where certain local providers stand to benefit from the decisions the RCC makes.

Figure 2-1 Oversight Structure

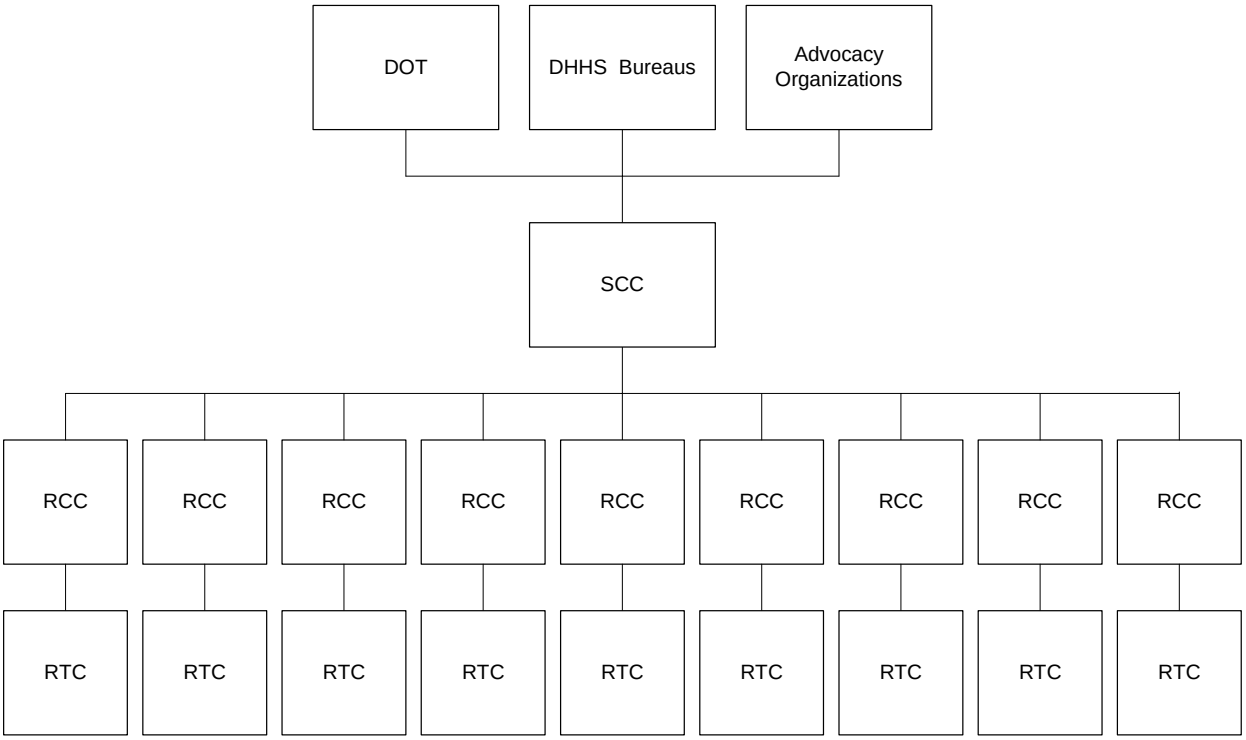
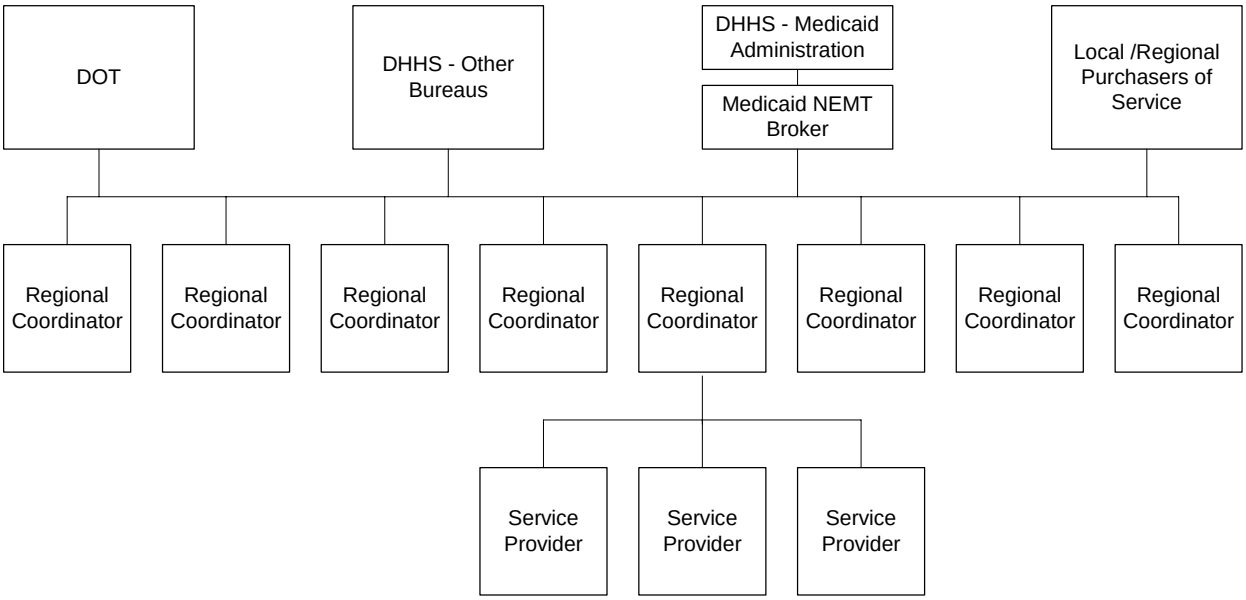


Figure 2-2 Contractual/Operational Relationships



At the time of the January 2005 report, 34 states had statutes related to coordination, with 21 of them specifically related to the coordination of human-service transportation. Six states had executive orders in effect, and these generally required multiple state agencies and other stakeholders to meet to address the coordination of human service transportation. Independent agency actions were reported in over half the states, often in addition to a statute or executive order. These activities ranged from one agency coordinating programs within its own jurisdiction, to multiple agencies collaborating on programs. These actions could be in the form of a memorandum of understanding or an inter-agency agreement.

If we look at some at the more successful state-wide coordination efforts,[2] we see that most of the states have (1) instituted regional coordination on a county-based or regional level, and (2) have instituted this kind of framework for coordination with a legislative act or Executive Order. Coordination was established by legislation in Florida, Iowa, Maine, Pennsylvania, and Washington, by Executive Order in Kentucky, Maryland and North Carolina. Coordination was implemented by way of individual agency initiatives in New Jersey and Ohio.

Based on interviews with various members of the Governor's Task Force on Community Transportation, there is a consensus that the eventual end goal of this effort should be state legislation, as this is seen as more permanent than an Executive Order. Still, an Executive Order would certainly be the next best thing. It must further be stated that legislation alone does not always guarantee coordination, as there is one example (in Connecticut) where such legislation was repealed. However, the bulk of the experience does suggest that legislation can have a positive effect. Moreover, legislation combined with state-level and regional champions is perhaps the best recipe for success.

Up until either of these can be effected (which could take time), it would serve the urgency of this coordination effort (i.e., to build upon the current momentum) for the DHHS and DOT to enter into a mutual agreement – memorialized via a Memorandum of Understanding – to form the SCC, establish the regions, and begin to establish RCCs and ultimately RTCs in each of the regions. As an *interim* solution to a legislative act or Executive Order, we would suggest "housing" the SCC within either the DHHS or the DOT. With the bulk of the potential funding coming from DHHS, it may make sense for this to come under the auspices of the DHHS, but again with the understanding that this is only being done to take advantage of the current interest and momentum, and that this undertaking is truly an inter-agency effort, with DOT as an equal partner. Thus, if state legislation or an Executive Order cannot be achieved in the near future, the DHHS, as part of its operating structure, could create the SCC, and the SCC (or the DHHS in conjunction with the DOT) could establish Community Transportation Regions. We believe that the support of these two agencies will be enough to lend credibility to the bi-level oversight

[2] In TCRP Report 105, Strategies to Increase Coordination of Transportation Services for the Transportation Disadvantaged, the authors opined that the states that are generally regarded as having developed the most successful – and long-lasting – coordination programs include Florida, Iowa, Kansas, Kentucky, Maine, North Carolina, Ohio, Pennsylvania, and Washington. Other states with good coordination programs include Maryland and New Jersey.

strategy. If this is the approach taken, it is recommended that efforts still continue to achieve state backing by way of legislation and/or Executive Order.

The Statewide Coordination Council (SCC) for Community Transportation

As mentioned above, we recommend that the SCC be composed of major funding agencies and other key stakeholders. Thus, the DHSS and DOT should absolutely be on the SCC. It would also be a good idea to have the heads of certain DHHS bureaus sit on the SCC, so that they can look out for their interests relative to their own transportation programs and constituents. This might include, for example, the bureaus that currently purchase transportation through transportation providers, as opposed to those agencies where transportation service is bundled with the provision of human services. It might also be a good idea to include on the SCC some of the other members of the current Governor's Task Force on Community Transportation, such as the Governor's Commission on Disability, Granite State Independent Living, the NH Developmental Disabilities Council, the NH Transit Association, and UNH's Institute on Disability. Representatives from other advocacy organizations such as AARP, especially given senior mobility issues, should also be considered for the SCC. We recommend that the best way for regional planning commissions to participate in an oversight role might be through the RCCs as opposed to the SCC. We also recommend that transportation operators not be on the SCC, or if there is a strong will to include these organizations, to include them in a non-voting capacity, or to limit the number of them so that they cannot dominate a vote.

The size of the SCC should not exceed 10 to 15 members. Anything larger would become a bit unwieldy. Remember again that the SCC is an advisory body; though it is envisioned to have some policy and approval powers, the funding agencies will be the ones who will be directly contracting with the approved RTCs, and not the SCC.

In pursuit of an implementation solution that involves independent agency action as suggested above, we recommend that the DHHS and DOT enter into an inter-agency memorandum of understanding (MOU). Note that such an MOU was signed by both agencies back in the mid-1990s, but that nothing much materialized from it; thus, perhaps a new one is in order. We have included a sample MOU in Appendix D, as a starting point. By signing this MOU, the two agencies indicate that they understand and agree to the goals of the coordination effort, and commit to cooperating to further these goals.

Some of the specific language in this MOU provides for the establishment and formation of the SCC, and its mission or role in establishing both Community Transportation Regions and RCCs, and approving the RTC selections. Once the MOUs are signed and representatives from each agency are designated, the SCC would adopt a set of bylaws, which would address issues such as membership, officers, meetings, voting, committees, etc. Once the bylaws are approved by SCC members, they can be amended to accommodate changing needs in the state. To assist in the formation of the SCC, we have

developed, again as a starting point, a suggested set of bylaws for the SCC. These SCC Bylaws are presented in Appendix E.

Regional Coordination Councils

As mentioned above, we recommend that each RCC be composed of organizational members and a few individual members. The organizational members might include regional representatives of the state funding agencies, representatives from other purchasers of service, representatives from one or more service providers, and representatives from other stakeholder organizations as well. We also recommend that there be a place for a few individual members; the perspective of one or two customer/riders, perhaps representing two different market segments, would help on certain decisions the RCCs make.

To assist the SCC in helping with the formation of Regional Coordination Councils, we have also developed a sample MOU and a sample set of bylaws. Our supposition here, based upon our assisting the formation of RCCs in other states, is that the first step to becoming a bona fide organizational member of an RCC is to sign the Memorandum of Understanding, signifying that the organization will participate in this coordination effort.

Once the MOUs are signed and representatives from each agency selected, the RCC, like the SCC, would adopt a set of bylaws, which would address issues such as membership, officers, meetings, voting, committees, etc. Once the bylaws are approved by members of each council, they can be amended to accommodate changing needs in the region. A sample MOU and set of bylaws, pertinent to an RCC, are presented in Appendix F and G, respectively.

Geographic Regions and Coordination Roles

Consistent with the concept of regionalization, we have divided the state into 10 regions, building upon past/current successes rather than attempting to arbitrarily divide up the state by County, regional planning commission, or human service agency bureau regions. In our analysis, it became apparent that throughout New Hampshire there are some clearly successful and otherwise logical entities that represent solid candidates for potential RTCs. Our plan for regionalization follows the catchment/service areas of some of these services, and otherwise follows community transportation travel patters.

These boundaries should be viewed as preliminary. Eventually it will be up to the SCC with input from local stakeholders to finalize the regions.

With that as an introduction, we have proposed carving up New Hampshire into 10 regions, as illustrated in Figure 2 on the following page. In many cases, particularly in the less-populated (more northern) parts of the state, regions fall logically along county lines, since the agency operators, consisting of CAP and senior organizations, are chartered along county boundaries and hence are already providing service or receiving funding on

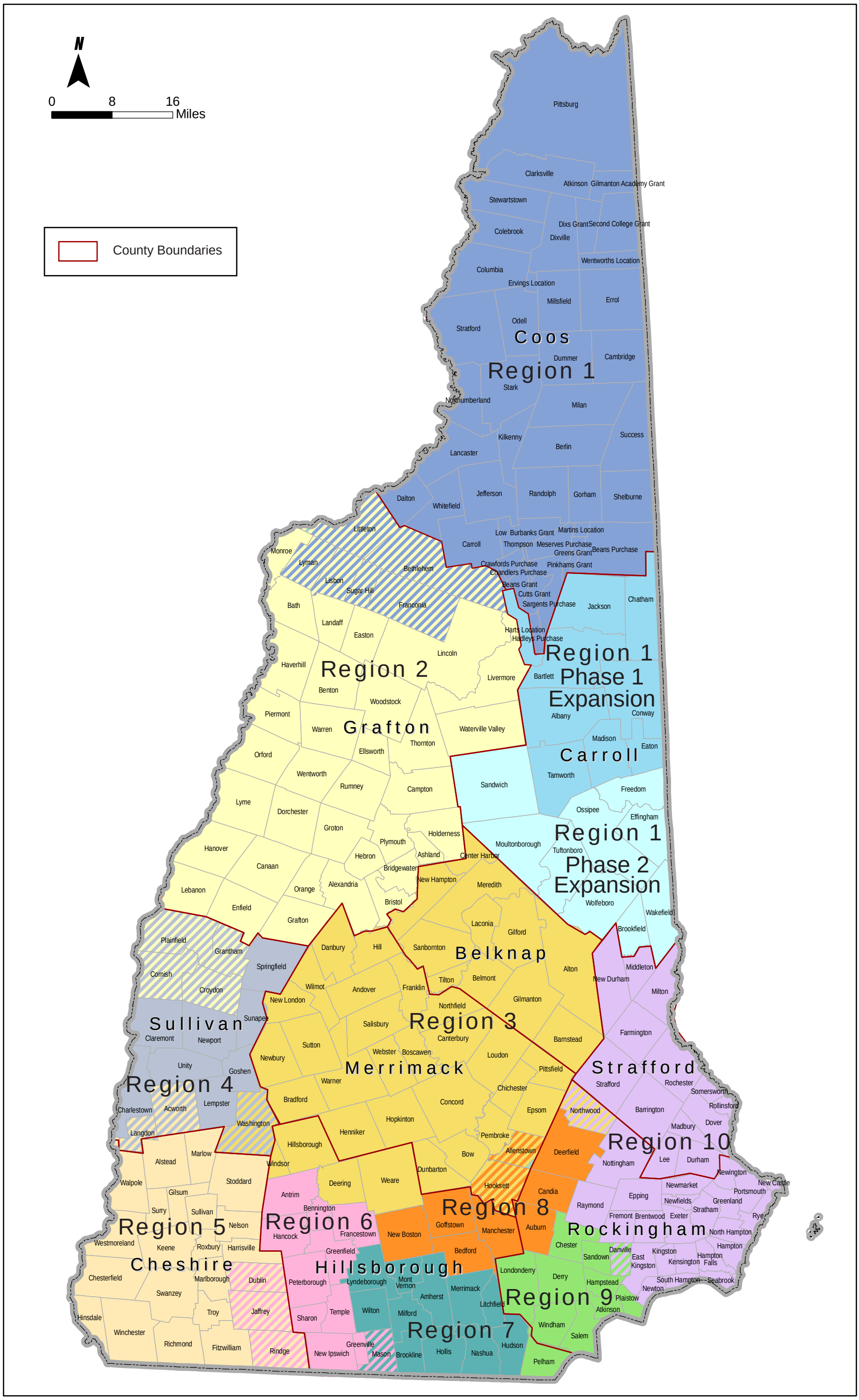
a county basis. In more densely populated parts of the state, particularly around Manchester, Nashua, Derry-Salem, and the Seacoast, regional divisions relate more closely to the catchment areas of the local transit agency and to the existing population. We have numbered the regions one through ten. Descriptions of the regions and the identification of possible prospective RTC candidates are presented below.

- **Region 1** consists of Coos and Carroll Counties, although because Coos and Carroll Counties have their own distinct characteristics and personalities, it may be a good idea to set up two distinct RCCs. Whether they are combined or not, some of the community transportation providers here are the **Tri-County Community Action Program's North Country Transportation (NCT), Gibson Center for Senior Services, Northern New Hampshire Mental Health** and **Center for Hope**. It should be noted that Tri-County CAP's NCT is currently providing coordinated service throughout Coos County, and is participating in a transportation coordination effort involving service to/from Littleton, which is in Grafton County. Tri-County CAP has also informed us that they are currently looking into the expansion of NCT to the northern half of Carroll (labeled as the Phase 1 expansion on Figure 2), with the possibility of eventually expanding to the rest of Carroll County (Phase 2 expansion). Note that Tri-County CAP is just beginning this planning, and hence is not sure whether or not NCT service in Carroll County might be operated out of a remote facility there and/or whether Tri-CAP might enter into some strategic partnerships with some/all of the other agency-operators mentioned above.
- **Region 2** includes Grafton County. Two prominent community transportation providers in Grafton County include **Grafton County Senior Citizens Council (GCSCC)** and **Advance Transit**. GCSCC currently has senior center locations in Lebanon, Canaan, Orford, North Haverhill, Plymouth, Bristol, Lincoln and Littleton; each of these locations, with the exception of the senior center in Orford, has at least one vehicle which serves several surrounding towns. GCSCC also has been very active in local fund-raising to supplement Title III funding to cover the cost of senior transportation and transportation for adults with disabilities. With five accessible vans on order, Advance Transit is in the process of implementing an ADA paratransit service.
- **Region 1/Region 2 Overlap –** In Figure 2 there is striped area in the northern portion of Grafton County. Because of the coordination efforts and the trip patterns that tie in this portion of Grafton County with Tri-County CAP, it may be appropriate to assign these towns to Region 1. Whether this happens or not should be based on discussions between the RCCs of these two regions, with a blessing from the SCC.
- **Region 3** covers Belknap and Merrimack Counties, which are currently served by the **Belknap-Merrimack Community Action Program (B-M CAP**) through its Rural Transportation System, Concord Area Transit (CAT), and Central New Hampshire Transportation (CNHT) brokerage. We have also included in Region

3 the four towns of Windsor, Hillsborough, Deering, and Weare in northwestern Hillsborough County based on hospital catchment areas.

- **Region 4** is congruent with Sullivan County. Recently, a group called the Sullivan County **"Community Mobility Project"** Committee has formed to investigate possible collaboration of transportation services. **Community Transportation Services (CTS)** provides demand responsive and deviated fixed route service in the area and sits on the Community Mobility Project Committee.
- **Region 2/Region 4 Overlap.** Based on general trip patterns and hospital catchment areas, it appears that community transportation trips in northern Sullivan County focus on destinations in the Lebanon/Hanover area. Thus, the towns of Plainfield, Grantham, Cornish, and Croydon could be lumped in with Region 2.
- **Region 3/Region 4 Overlap.** Based on hospital catchment areas, there is one town in Sullivan County, Washington, that could be grouped with Region 3.
- **Region 5** includes the entirety of Cheshire County. **Home Healthcare, Hospice, and Community Services (HCS)** currently operates community transportation service out of Keene to towns throughout Cheshire County. The local chapter of the **American Red Cross** also provides community transportation services within the County.
- **Region 4/Region 5 Overlap.** There are two towns in southern Sullivan County, Langdon and Acworth, that could be grouped into Region 5, as many medical trips are taken to Keene.
- **Region 6** includes western Hillsborough County, and focuses on trip-making to destinations in Peterborough. Currently, the only transportation provider of any prominence is **HCS**, which operates two Section 5310 vehicles based in Peterborough.
- **Region 5/Region 6 Overlap.** There are three towns in southwestern Cheshire County, Dublin, Jaffrey, and Rindge, which could be grouped with Region 6, based on hospital catchment areas, i.e., medical trips from these towns would appear to be focused more on Peterborough than Keene.
- **Region 7** is an approximation of the Nashua metropolitan area, and includes 11 towns in south-eastern Hillsborough County. This area is served by public transit in the **City of Nashua**, which provides demand-responsive service in Nahsua, Hudson, and Merrimack.

Figure 2-3 New Hampshire Regional Coordination Council Regions



Nelson | Nygaard
consulting associates

GIS Data Source: NHDOT, ESRI
Location: New Hampshire

- **Region 6/Region 7 Overlap.** The town of Mason, in south-central Hillsborough County is included in Region 6, but could just as well be included with Region 7, as medical trips from this town appear to focus on Nashua, based on hospital catchment areas.
- **Region 8** is carved out of Eastern Hillsborough County and Western Rockingham County, and includes the City of Manchester and 6 other towns in the Manchester urban area. The **Manchester Transit Authority** provides service within this area, as does **Easter Seals STS**.
- **Region 3/Region 8 Overlap.** Travel from the towns of Hooksett and Allenstown, in the south-eastern corner of Merrimack County, focus on Manchester. As such, it might be a good idea to split these two towns off from Region 3.
- **Region 9** primarily covers southwestern Stafford, and includes the urban areas of Derry and Salem. This area is soon to be served by the **Cooperative Alliance for Regional Transportation** (**CART** – an organization that is envisioned to function much like the CNHT brokerage), and is currently served by other transportation providers that focus on human service transportation, the most prominent one being **Easter Seals STS**. Easter Seals STS also recently was awarded the contract to manage CART.
- **Region 10** literally includes Eastern Strafford and Northern and Eastern Rockingham County. **Cooperative Alliance for Seacoast Transportation (COAST)** has a service area that is within (but does not cover the entire) Region 10. COAST has retained a consultant to look into coordination. Other community transportation operators within the region, include **Homemakers of Strafford County, Lamprey Health Care Senior Transportation, Portsmouth Housing Authority, Strafford County Community Action Committee, and Compass Care**.
- **Region 3/Region 10 Overlap.** Based on hospital catchment areas, the town of Northwood in eastern Strafford County could be grouped with Region 3, as it would appear that medical trips from this town focus on Concord.
- **Region 9/Region 10 Overlap.** The town of Danville, while a member of CART, could be grouped with Region 10, based on hospital catchment areas.

Overall, these regions have been delineated to most closely match with current service provision, and to take advantage of existing successes, which will (1) increase the likelihood of short-term and long-term coordination success, (2) shorten the implementation phase, (3) preserve local funding arrangements and networks, especially for senior transportation, (4) circumvent turfism, and (5) minimize concerns about grouping trips from different funding streams (because many of these providers are already doing so). Thus, in recommending these regions, we are trying to maximize the potential for a smooth transition as the agencies adopt the statewide coordination plan. But ultimately, it is the SCC that is empowered to set the regional boundaries, and the RCCs that are empowered to designate/select the RTCs for their regions, with the approval of the SCC.

Additional notes about the boundary recommendations above:

1. Depending on decisions about the overlap areas involving Sullivan County as well as the progress that is made by the United Way-led Community Mobility Project, Region 4 could be either congruent with Sullivan County, or be left with only a portion of the County, centered about Claremont and Newport. If the latter results, consideration might be given to further splitting up the rest of the county into other regions.

2. Similar discussions could pertain to Region 6, which is centered about Peterborough. Indeed this region is unserved by public transit and underserved by human service transportation service providers. Consequently, unless a provider/champion emerges in this region, and given the size of the region, this region could also be split up among neighboring regions.

Chapter 3. Policies that Impact Coordination

Introduction

In this chapter, we identify state-level policies and other administrative requirements that, if streamlined, would better foster coordination efforts. This includes the current reporting requirements, payment structures, and data collection methods of stakeholder agencies that specifically fund or purchase transportation services (as opposed to agencies that provide funding for "bundled" services that include transportation. This chapter also sets forth our recommendations for how reporting and invoicing activities could be streamlined and how payment structures could be altered to increase efficiency and reducing administrative burden for the RTCs, their transportation providers and funding agencies alike, while still collecting required information.

In this chapter, we provide a look at the current state of reporting in New Hampshire. First we discuss some of the major funding agencies, explaining what data they require from providers and, if relevant, what reporting they must do to their federal sources. We also discuss how these agencies fund or purchase transportation services, and how these provisions foster or thwart the coordination of transportation.

Next, we examine several transportation providers (those interviewed in Task 1) and discuss their current methods of data collection, data storage, and any reporting obstacles they encounter in meeting the reporting requirements.

This chapter also includes an analysis of the opportunities that may be available for streamlining the data collection and reporting processes, primarily through the use of computer software and electronic report submission, and opportunities for changing payment structures that are more conducive to the model for coordination that was described in chapter 2.

Lastly, we provide some more specific recommendations regarding the requirements that would be needed for any new reporting policies, and for software that might be created as part of a streamlining process.

Reporting Requirements and Funding/Purchasing Policies and Practices of Key Funding Agencies

Reporting practices in New Hampshire are set forth by funding agencies, either for their internal record keeping and analysis, or for them to report to their federal funding sources. They also need data for invoicing purposes.

The major funding streams for community transportation in New Hampshire come through NHDOT and NHDHHS, both of which must make reports to their federal funding sources – primarily Section 5310 (capital purchases for specialized transportation) and 5311 (rural public transportation) funding for NHDOT, and Title III-B (senior transportation) and Title XIX (Medicaid NEMT) for NHDHHS. (Note that 5307 funding for urban public transportation goes directly from the FTA to the transit agencies, and is not distributed by NHDOT.)

Other funding sources such as United Way and local municipalities each have their own requirements that are generally less stringent.

The following subsections present descriptions of the main funding sources, including the data they require of providers, the data that they must report to their funders, and relevant funding policies and ways that transportation is otherwise purchased from providers. These descriptions are based on interviews with representatives of the agencies themselves and/or with providers that report to these agencies. A tabular summary of the required data for each of the main funding sources is provided at the end of the section as Figure 3-1: Reporting Requirement Comparison Chart. Other pertinent notes and observations and any opportunities for streamlining made by the providers during the interviews are also discussed.

NH DOT Funding – Section 5310 & 5311

There are four main sources of funding that come from the Federal Transit Administration (FTA) to transportation providers in New Hampshire: Section 5307 funds, which provide funding for urban transit systems; Section 5309, which provides funds for fleet replacement and expansion; Section 5310, which provides capital grants (e.g., for vehicles) to public or private, non-profit providers that operate specialized transportation services; and Section 5311, which provides funding for operation in non-urbanized areas. Of these, Section 5310 and 5311 funds go through the NHDOT. Recipients of this funding accordingly submit reports to NHDOT. Reporting requirements for these two funding streams are discussed below. The grant applications for Sections 5310 and 5311 are included as Appendices H.1 and H.2, respectively. For Section 5307 funds, transit agencies apply directly to the FTA, and their reporting is discussed in the next section.

Obtaining Section 5309, 5310 & 5311 Funds

NHDOT receives a set amount of 5309, 5310 and 5311 money each year from the FTA, based on a formula laid out for each year in the pertinent federal legislation (currently SAFETEA-LU). The NHDOT then distributes these funds among the many transportation providers in the state in response to their grant applications.

- **Section 5311 -** For Section 5311, the funding for a given provider each year primarily reflects the prior year's allocation. The level of funding to each rural transportation provider has generally been the same from year to year, as long as reporting shows that that provider has maintained comparable levels of service (mileage) and ridership. There may be year-to-year increases to compensate for increased cost of living. If there is money left over, the remainder may go toward start-ups, route changes, or service expansion. If funding is cut at the federal level, the cut is distributed evenly between the 5311 recipients. Grant applications and contracts come every two years, but funding is allocated each year and adjustments to the contract may be made at this time. Section 5311 requires a 20% local match for funding that goes toward administrative expenses and capital expenses (although because of 5309 NHDOT rarely uses 5311 funds to cover capital expenses) and a minimum 50% local match for operational costs (after fare revenue is deducted). Local match money comes from grants from cites, towns, and counties, *revenue from DHHS contracts*, United Way grants, donations, and other revenue that comes in from various fundraising activities. [DHHS revenue is an important consideration as New Hampshire progresses to a more coordinated delivery of community transportation, since in New Hampshire Title III-B revenue is regularly used by Section 5311 recipients for local matching purposes.]
- **Section 5310 -** Section 5310 funding has three priorities for funding, as follows: (1) replacement of existing vehicles, (2) new vehicles for expansion, and (3) any other transportation related equipment. A 20% local match is required for these funds, with much the same sources as identified above. On average, NHDOT funds about 10 new vehicles each year with Section 5310 funding. Grants are authorized on a yearly basis. NHDOT evaluation of Section 5310 grant applications take into consideration – and weigh more heavily – requests from systems that provide coordinated transportation.
- **Section 5309 –** NHDOT looks at the expansion needs of transit agencies and offers funding for the replacement of vehicles, as necessary.

Reports by Providers to NHDOT

NH DOT requires reporting from transportation providers on Section 5310 and 5311 on a quarterly basis, for internal record keeping and, if the provider is applying for a grant, for analysis. The same quarterly form is used for Sections 5309, 5310 and 5311, requiring the following information broken down by month and by each program for which funds are used:

- Maximum Service Days

- Vehicle Hours
- Revenue Vehicle Hours
- Vehicle Miles
- Revenue Vehicle Miles
- Number of Rides
- Total Cost
- Fares Collected
- Cumulative Service Days

The form that providers use to submit this information, as well as instructions for filling it out, are attached as Appendix H.3; the electronic version of the form also calculates measures such as cost-per-mile and percent revenue miles. This report can be submitted electronically or by hard copy. In addition to the data that is sent in, NHDOT staff visit facilities once a year to do an inspection of Section 5310-funded vehicles, checking that maintenance and training are up-to-date and vehicles are being utilized to their capacity.

Currently, NHDOT keeps an electronic file on each of the transportation providers that they fund. Most of these providers submit data to them via email, in which case it is merely a matter of copying and pasting data into NHDOT's files. However, there remain several providers that mail or fax the data in to NHDOT; this data then must be entered manually into NHDOT's system.

The data collected through the process described above is used by NHDOT staff in reviewing grant applications and evaluating programs. In addition to reporting, a monthly invoice is required to show that itemized expenses add up to the amount of funding allocated. i.e., allocated funding is not distributed in one lump sum per year; rather, recipients must invoice NHDOT on a monthly basis. These invoices currently must be mailed in as hard copies, and for 5311 there is a 2-week to 1-month turn around for reimbursement.

Reports by NHDOT to FTA

The NHDOT makes a yearly report to FTA based on the status of their Section 5310 and 5311 grants; if they are open, NHDOT needs to provide updates regarding where they are in terms of service milestones set forth in the grant application. If they are applying for new grants, data from transportation providers is compiled and submitted as part of the application. However, while these reports must show that 5310 and 5311 monies are being used properly, they do not determine the amount of funding received. This is set forth by formula.

NHDOT uses a software package called TEAM to enter all the necessary information from their providers and to make reports that NHDOT uses to update the status of their grant.

In the future, NHDOT will have to report to the National Transit Database, and this will likely require changes in the reporting process and reporting requirements.

Observations from Section 5310 and 5311 Recipients

The following observations were made by various transportation providers in the course of our interviews:

- CTS: The long turnaround time between when invoices are submitted and when payment is provided makes it difficult for rural systems; particularly in economically depressed areas of New Hampshire. [N\N: In some cases, NHDOT might consider fronting funding with a reconciliation procedure in arrears based on actual service provided.]
- NCT: Since they already co-mingle trips from their various programs, data is basically collected as one system; however, they must report service provided separately for each program. While their RouteMatch software is able to provide a lot of information very easily, they must still go through the data that is collected manually to divide it by program. Staff are concerned that a computer program would be not able to do this as it involves, for instance, looking at miles of a co-mingled trip and deciding how to attribute them to more than one program. [N\N: Most paratransit software products are able to attribute trips to funding sources or sponsors; some, but not all, are able to attribute shared miles or hours. For this reason, most shared-ride systems with multiple funding sources/sponsors usually fall back on a per trip rate that is based on actual service delivery data from a sample of trips.]
- Several providers noted that since the quarterly reports require data to be broken down by month, they actually compile each month's report at the end of that month rather than wait until it is time for the quarterly. [Nelson\Nygaard: Good practice.]

Streamlining Opportunities

Data Collection – If NHDOT continues, for Section 5311, to require a split-out of revenue miles and hours relevant to public transportation trips, screening out revenue miles and hours attributed to trips funded by other sources, then we would recommend one of two courses of action: (1) that miles and hours reported be based on average miles and hours derived from a statistically relevant sample of trips, as opposed to every trip, for recipients who do not track this data via a computer or recipients whose computer software does not have this capability; and (2) that future computer systems that are used to support coordinated transportation under the auspices of each RTC have a way to distinguish and allocate shared miles and hours.

Electronic Reporting - NHDOT is currently looking into the possibility of using Microsoft Access or some online database interface to collect data from providers, in hopes that this method might be more user-friendly and facilitate the transfer of data directly from each

provider into the NHDOT's electronic files (as opposed to receiving data through e-mails, faxes, and snail-mail).

FTA Funding – Section 5307

Obtaining 5307 Funding

As with 5310 and 5311 funding, the FTA designates a certain amount of funding each year that will go to urban public transit in the state of New Hampshire, based on a national funding formula. NHDOT has the authority to decide what portion of this funding should go to each urban transit provider in New Hampshire and sends a letter to the FTA and to each of the providers stating what the allocations are. Each transit provider then applies directly to the FTA for funds up to the amount allocated by NHDOT, and conducts any further business, including reporting, directly with the FTA.

There are currently three providers that receive 5307 funding because they provide transit in small urban areas. These are the Cooperative Alliance for Seacoast Transportation (COAST), Manchester Transit Authority (MTA), and the City of Nashua. Soon a fourth provider, the Greater Derry-Salem Cooperative Alliance for Regional Transportation (CART) will be eligible for 5307 funds as well. Since CART will serve areas that are part of the Nashua metropolitan area, some of Nashua's funding may have to be diverted to CART if there is no increase in federal funding.

Section 5307 funding requires a 20% local match for capital funds, including maintenance.

Reports by Transit Agencies to FTA

As part of the requirements for receiving 5307 funds, transit agencies must submit data for the National Transit Database (NTD). Staff from COAST and MTA note that their data collection is structured around these reports, particularly as they are also reporting to NTD for their fixed route service; the small amount of additional ADA reporting is not considered cumbersome. Information related to ADA that appears in the NTD includes:

- Number ADA Accessible Vehicles
- Number of ADA Accessible Vehicles with Lifts
- ADA Passenger Miles (DR)
- Number of ADA Accessible Vehicles with Ramps / Low Floor
- ADA Related Expenses

- Annual Total ADA Unlinked Passenger Trips
- Americans with Disabilities Act of 1990 (ADA) Passenger Trips (DR)

Currently, the three NH transit agencies' ADA paratransit services do not also provide for other trips, i.e., they are not currently providing coordinated services. Therefore, there is currently not a need to collect any additional information required by any other funding sources.

DHHS Bureau of Elder and Adult Services Funding – Title III-B and RSVP

Obtaining Title III-B Funding

BEAS receives a set amount of Title III-B and RSVP money from the Federal government each year, based upon a national formula. Like funding from DOT, Title III-B funding is distributed among transportation providers based primarily upon demonstrated ridership and what each provider received the previous year, with any increases in federal funding distributed evenly among recipients. Grant application for this funding is submitted every other year, with the funding itself dispensed on a monthly basis. If any of the providers fail to provide the number of trips required to use up their funding allocation, BEAS can rewrite their contract for less funding and give this funding to other providers; however, with constantly increasing demand, this has not happened in several years.

It is important to note here that the Title III-B funding that is distributed to several agency operators around the state does not cover the full cost of service. The allowable Federal share for Title III-B funding is 85%[1], or to put it another way, the minimum required local share is 15%. This 85/15 split, or something close, is instituted in many states. In Colorado, for example, the split is 80% federal, 15% state, and 5% local. In contrast, in New Hampshire, there is a flat rate of $4.58 per demand responsive trip. However, the total amount of Title III-B funding distributed is insufficient to cover the number of senior trips at this rate. Thus, there is an inherent dependence on agency operators to raise additional funding to cover the shortfall. Indeed, $4.58 per trip, on average covers between 55% and 68% of the cost of trip, according to agencies interviewed. Instead of having to raise a 15% local match, the share of the cost that is covered by local funding ranges from 32% to 45% on average. Another way of putting this is that the 85/15 split works for a number of trips, but that ratio is reversed for an equal number of other senior trips.

Reports by Providers to BEAS

Nearly all of the transportation providers we spoke to in Task 1 receive funding from the BEAS in the form of Title III-B and monies – the BEAS has 15 total contracts within the state. These providers must make a monthly invoice and a quarterly report to BEAS as part

[1] According to the Older American's Act, all services statewide, including ombudsman services and services funded under Title III-B, C, D, E, and F, shall be funded on a statewide basis with a non-Federal share of not less than 15 percent. Matching requirements for individual area agencies are determined by the state agency.

of their contract. The form for the quarterly reports to BEAS is attached as Appendix I and includes the following quarterly reporting requirements:

- Total Expenses
- Revenue – funds received from BEAS on a cash basis.
- Number of Trips – termed "units of service" within BEAS
- Unduplicated Number of Clients Served – actual and targeted
- Eligible Clients – including clients who received services but not with BEAS funds.
- Unmet Need – number of clients identified as needing services, but not provided with these services due to lack of funding, staffing issues or other reasons.
- Wait List
- Quality of Services – Agencies are asked to provide a brief summary of client feedback regarding service quality, compiled before December 31st each year.

This form is used not just for transportation but for all services receiving funding from BEAS – including Title III B, C, D, and E, Title XX, the Retired and Senior Volunteer Program (RSVP), and more. Only Title III-B and RSVP are used for transportation. In addition to these statistics, providers must periodically report on quality of service, based on summaries of client feedback, and must report on trip purpose.

The monthly invoices submitted by providers for funding reimbursement must include simply the total number of non-Medicaid trips – this includes not just the number of eligible units that BEAS is covering, but the total number of eligible units carried by that provider. For instance, CTS is reimbursed for fewer than 5,000 trips although they carry 20,000 that would be eligible if there were enough funding. The number of trips to be reimbursed is multiplied by the reimbursement rate to get the allocated monthly funding.

Title III Reporting by BEAS to the Federal Government

BEAS itself has to make a report to Title III twice a year, due April 15 and October 15; the information for these reports is based on the monthly invoices. Six months of data from each of the 15 transportation providers that contract with BEAS is compiled to make this report. BEAS staff report that this is a time consuming process.

This twice-yearly report includes transportation as one of many social service expenses. The information required with regard to transportation is submitted as part of a much larger report, detailing all funding for Title III services. The information that must be submitted relating to transportation funding is as follows:

- Total Title III expenditure
- Total Service expenditure

- Other federal income
- Other program income
- Total Income
- Total number of units
- New persons served
- Funding Source (all Part B for transportation)

There are also some calculations based on this data. It is very important to note that this reporting asks for information on funding from other sources. As discussed above, Title III-B funding requires a local match from each transportation operator for which it provides funding. BEAS contracts with these providers at a rate of $4.58 per demand responsive trip, while actual cost-per-trip among the New Hampshire transportation providers interviewed were significantly higher. Indeed, as discussed above, the flat $4.58 per trip rate is estimated to cover only 55% to 68% of the cost of providing these trips on average, according to the interviews. Thus, the rest of the costs are covered through local fundraising. The fact that the current funding levels do not seem to reflect the number of trips delivered introduces some challenges in the way that BEAS will work with the RTCs.

Notes from Providers on BEAS

- Starting this year, the BEAS reporting form asks providers to identify the number of units provided to elders receiving protective service in response to elder abuse. Many providers do not currently track this data about their clients.
- Some funded providers, such as GCSCC, receive BEAS funds for more than just transportation (such as for providing meals for seniors, etc.). They are therefore quite proficient with reporting.

Streamlining Opportunities for BEAS

Significant time is spent compiling reports from the data collected from each of the 15 contractors. One solution for this could be that providers receiving funding from BEAS (or, with coordination, each RTC) would submit their data electronically through a program which, on the BEAS end, is linked directly to their form for completing their reports for receiving federal funds. This would save a lot of time, paperwork, and storage. However, BEAS staff feel that for quality assurance purposes they may prefer to transfer the data into their reporting forms themselves rather than have it all submitted directly. Still, it would be valuable to have all the data submitted electronically and in a format that is easy to transfer.

Otherwise, looking ahead to the RTC model, perhaps in recognition that the Title III-B funding that BEAS receives is insufficient to cover the costs of all non-sponsored senior transportation at the 85/15 level, BEAS should prioritize the type of trips that it does fund at

this level. Thus, any other types of non-sponsored senior trips transported will be entirely locally-supported.

DHHS Medicaid Funding

Obtaining Medicaid Funding

Funding for Medicaid comes from the Federal Department of Health and Human Services, through the Centers for Medicare and Medicaid Services (CMS)[2]; this funding is provided from CMS based on a 50% state match, which New Hampshire draws from its general fund. Medicaid is an "entitlement" program, meaning that all services eligible for Medicaid funding will be reimbursed if properly invoiced. This is a very important distinction to make from funding streams like Title III and FTA funding which cap the amount of funding they provide to states. While the state of New Hampshire must estimate how much will be spent on Medicaid non-emergency medical transportation (NEMT) in their annual budget, any trips that are invoiced beyond this amount must still be covered, and are paid for out of other parts of the budget. For all trips that are invoiced, the Federal government contributes 50% of the cost.

As described in Chapter 1, Medicaid NEMT actually comes out of two budget streams. The first stream, which covers trips provided by Medicaid Client Services, is included in the line item for administrative expenses. Adult Medical Day Care (AMDC) trips and NEMT wheelchair van trips (NEMT/WC) are budgeted as part of "Provider Payments" which is also used for paying physicians, hospitals, etc. These different types of transportation provision are reimbursed at different rates and have different requirements for invoicing; there is no reporting requirement beyond submitting invoices.

Reports by NHDHHS to CMS

Every quarter, the state of New Hampshire must submit the CMS-64 Quarterly Expense Report for all funding provided by CMS. In this report, expenditures on NEMT/WC and AMDC are included in the Provider Payment line item, while trips provided through Medicaid Client Services are included in the Administration line item. No further data or documentation is submitted, although DHHS is required to have invoices, cost reports and eligibility records readily available should CMS wish to verify the claimed expenses.

[2] CMS was formerly the Health Care Financing Administration (HCFA)

Medicaid Client Services

Trip and Reimbursement Types

Ambulatory trips, as opposed to those trips that require wheelchair service, come under the auspices of Medicaid Client Services. Mileage-based reimbursement is categorized into "client trips" or "volunteer trips." Client trips are trips where the Medicaid recipient himself/herself or a family member or friend can get reimbursed for the cost of transportation to appointments. Volunteer trips are trip driven by a person who has volunteered to driver any Medicaid recipient. A recipient can also be reimbursed for an individual fare on a bus or ADA paratransit service – or for a monthly bus pass – or for a taxi fare. In addition, Medical Client Services also has special arrangement s with five providers around the state, prescribing a specific rate for transporting an ambulatory Medicaid recipient. For the purposes of this study, we will focus on all modes except for client trips.

Invoicing for Medicaid Client Services

The Medicaid invoicing system is designed to accommodate client trips and individuals who choose to provide trips on a voluntary basis, and as such is based upon individual invoices for each trip taken. Invoices must be submitted as hard copies on a rolling basis up to 90 days after the date of the trip; for someone who provides a trip every once in a while, they can submit their invoices whenever is convenient. While transportation providers must use this same individual-trip billing process, most will submit a month's worth of invoices together rather than on a rolling basis. It typically takes about 5 weeks after submitting forms to receive payment; the rate is currently $0.405 per mile.

According to staff at Medicaid Client Services, the hard-copy, individual billing process is used because the populations served by Medicaid are more comfortable with paper copies and would not want to use an electronic format to report trips. Unfortunately, for transportation providers more than for individual volunteers or recipient drivers, this generates an enormous amount of paper and can be very costly and time consuming. In addition to the Medical Transportation Reimbursement Form – which must include date, start and end location, mileage, and the signature of a medical provider certifying that services were rendered – each driver must be enrolled as such in the Medical Transportation Program, and providers must keep track of eligibility for driving and documentation of valid drivers' license. Copies of the claims and eligibility forms are attached in Appendix J, along with instructions.

In the case of commingling trips, if two trips are provided together, only one invoice will be submitted and the driver will simply have to choose which Medicaid recipient to bill the trip under, and bill all miles to that one trip. This arrangement makes sense in terms of reimbursing the right number of miles, and since many of the trips are provided on a voluntary (rather than for-profit) basis, it may not matter that this does not provide incentive to commingle trips. However, this arrangement does seem to allow for the

possibility of providing two trips together and billing for them separately to get reimbursed for double the miles.

Medicaid staff note that there are five transportation providers within New Hampshire that have exclusive arrangements with Medicaid where they run trips at a set fee per trip rather than having to submit mileage. These providers, which consist of transit agencies and non-profit community agencies, were grandfathered in based on previous arrangements with Medicaid; it is not clear how this arrangement would play out under a transfer to a brokerage system, although it does provide a precedent.

Notes from Providers on Medicaid Client Services

Because of the requirement that a hard copy form be submitted for each Medicaid trip provided, all the transportation provider representatives with whom we spoke – those who chose not to bill Medicaid in addition to those who do – observe that this arrangement is a substantial hurdle, requiring sizeable amounts of time, money, and staff resources. Several providers that provide trips that are eligible for Medicaid monies chose not to bill Medicaid because of the complicated paperwork it would entail, and instead find other funding for these trips. Many mention that if there were a way to submit Medicaid claim forms electronically, it would be a great improvement.

Streamlining Opportunities for Medicaid Client Services

While staff at Medicaid think that much of their clientele would not be comfortable using an electronic format, having the option to submit bills electronically would be a great boon for most providers that operate many trips on a regular basis. Moreover, staff from the Medicaid processing department reportedly agree that on their end, an electronic system would make a great deal of sense and would save significant time that is currently spent entering data manually. Electronic options exist for ADMC and NEMT/WC invoicing, in the form of a Medicaid Management Information System (MMIS), as well as for other services such as a web-based billing form for day care reimbursement or something similar to these could be developed for Medicaid Client Services. In fact, DHHS is putting forth a Request for Information which will hopefully lead to the procurement of an MMIS by 2008.

NEMT/WC and AMDC

Invoicing for NEMT/WC and AMDC

Adult Medical Day Care trips and wheelchair-van trips are funded by Medicaid as provider payments rather than as administrative expenses (as is the case with Medicaid Client Services). The reimbursement rate for these services is $10.46 per AMDC trip (as of August 2005) and $26.15 per trip (covering the first 5 miles), plus $2.35 per mile for NEMT/WC trips after the first 5 miles, plus a $3.00 per half-four wait fee (as of January 2006). These trips require the CMS form 1500, which is used not just for transportation but for various health insurance claims for Medicaid clients. This form can be submitted

online through an MMIS program. Wheelchair van trips also require a form 975. These forms are attached as Appendix K.

As was noted above, the rate structure for NEMT/WC trips is essentially an exclusive-ride rate. Providers will look for opportunities to put together two or more trips, but will not pass along these savings to Medicaid. Instead, they will invoice as if the trips were served exclusively. Hence, the savings from ridesharing (if any) is not passed along to Medicaid; instead, the provider simply make more a profit. It is speculated by DHHS staff that there may be a significant amount of this fraudulent invoicing occurring; however, it is currently difficult to track this down, especially when trip requests go directly to the providers.

Note also that there is no specific provision for reimbursing providers for customer no-shows. Therefore, it is speculated that there may be some fraudulent billing to reflect this omission. (Providers should be either reimbursed for no-shows, or the rate of no-shows should somehow be bundled into the overall rate.)

Streamlining Opportunities for NEMT/WC and ADMC

Submission of the required invoicing for NEMT/WC and AMDC is already possible online. One additional improvement that is in the works is that currently, providers of these services are identified with various "provider numbers" which they use to invoice different services. Starting in 2008, as required by the federal government, each transportation provider will have one unique identifying provider number that they can use for all Medicaid invoicing, which should make it easier to track information.

United Way

There are several United Ways in New Hampshire that provide funding grants for transportation services, and each has their own set of reporting requirements. However, most operators noted that the information provided to their local United Way(s) did not require any new data collection compared to that which was reported to BEAS and NHDOT. The United Ways differ in when they require information to be reported, but a typical arrangement might be that the local United Way will have an annual application for funds, and providers will include general information as part of the application, and then a separate mid-year report will be required.

Comments from providers show that reporting to the United Way is not a significant consideration for them:

- "There is a mid-year report, but all the data is already collected for NTD" – Steve Wells, COAST
- "We report to United Way and towns for all services to leverage funds, so we don't consider it going out of our way." – Roberta Berner, GCSCC; she gets funds from 3 separate United Ways, each with a different reporting form.
- "United Way is the least onerous of my reports" – Susan Ashworth, HCS

- "Our Annual Report for United Way is built off the same spreadsheet [we use for other reports]" – Pam Jolivette, B-M CAP

Counties and Municipalities

Most counties and towns or cities that provide funding grants to transportation providers do not have very stringent reporting requirements, and some require no reporting at all. Of those that do, providers state that similarly to United Way, completing the reporting for these funding sources does not require much additional time and effort, as they use data that is already being collected for some more major funding source.

One notable exception, however, is that some counties and municipalities want to know how many trips are provided to residents of that county or municipality in cases where they provides funding. Many of the transportation providers we spoke to keep track of this information. Some additional notes on reporting to towns:

- Towns sometimes want "signature sheets" – signed petitions to show that the service is valued by residents.
- Sullivan County requires quarterly statistical reporting as part of grant application process
- The City of Manchester requires little reporting from the Manchester Transit Authority, but requires that the budget be submitted far in advance in order to be included in City's budget.
- Concord wants reports on calendar year basis (compared to fiscal year for DOT).

Figure 3-1: Reporting Requirement Comparison Chart

Reported by:	**Provider**	**BEAS**	**Provider**	**Provider**	**Provider**
Reported to:	**BEAS**	**Title III-B**	**NH DOT**	**FTA/NTD**	**Medicaid**
Reporting frequency:	**Quarterly**	**Biannual**	**Quarterly**	**Annual**	**Each Trip**
Financial					
Operating Expenses for funded trips	X	X	X	X	
Tolls / Parking Expenditures					X
Total Service Expenditure	X	X			
Other Federal Income		X			
Other Program Income		X			
Total Income / Revenue	X	X			
Fares Collected			X		
Ridership					
Total Number of Trips/Units	X	X	X	X	X
Number of New Clients Served		X			
Unduplicated Number of Clients Served	X				
Number of Eligible Clients	X				
Number of Clients with Unmet Need	X				
Number of Clients on Wait List	X				
Name & ID Number of Client					X
Service Statistics					
Maximum Service Days (of any vehicle)			X		
Cumulative Service Days (for entire fleet)			X		
Total Vehicle Hours			X		
Total Revenue Vehicle Hours			X		
Total Vehicle Miles			X		
Total Revenue Vehicle Miles			X		
Total Passenger Miles				X	X
Trip Origin & Destination (Address)					X
Trip Date					X
Other					
Quality of Services	X				
Number of ADA Accessible Vehicles				X	

Data Collection by Transportation Providers and Operators

In most cases, data is collected by hand on driver manifests, and even where paratransit reservations/scheduling software is used, data from the manifests are used for the trip reconciliation process. Moreover, as we heard from some of the organizations who do co-mingle trips from different funding sources, there is a manual -- as opposed to automated -- process for cost allocation, because of mileage-based rates. Currently, most of these software packages can track trips by each sponsor; however, few have cost-allocation processes for rates that are not per trip.

This section presents a summary of the data collection methods used by the operating agencies interviewed. This summary is based partially on the information we gathered from these stakeholders, and partially on follow-up telephone interviews we conducted to obtain more detailed information about the data collection and reporting process.

B-MCAP Rural Transportation System

Drivers compile passenger lists daily by hand, and this information is entered weekly into a database. These lists include the number of rides and the purpose of the rides. (In the future, B-MCAP hopes to track data about Medicaid trips and volunteer driving, but do not currently keep detailed records of these.) At the end of each month, a report is generated by the software and serves as the basis for invoicing BEAS and for reporting to BEAS, DOT, and various towns and counties.

B-MCAP uses a software product created in house. This system is used not just to keep track of transportation, but for their other human service programs, including the several hundred thousand meals provided through their meals program. B-MCAP management reports that this system is well-suited to their specific needs for a variety of services and is fairly easy for them to use, as it was designed specifically for them. Not surprisingly, staff are concerned that once there is a regional brokerage in place, any software that is implemented statewide may not communicate with their current system because of all the tracking that they do for these other programs, or if it replaces their system, may not be as customized to their way of doing things.

B-MCAP Concord Area Transit & CNHT

Staff of CAT and CNHT note that they keep very detailed records of service statistics and would do so even without the various reporting requirements. Currently, they use Trapeze, which makes reporting for funders quite easy – they report to DOT, the City of Concord, and Endowment for Health. The one difficulty mentioned is that the City requires data to be presented by calendar year, while the DOT wants it by fiscal year.

Community Transportation Services

Data for the Community Alliance of Human Services' Community Transportation Services (CTS) is collected manually by drivers. While the data is fairly easy to collect, staff notes that collecting data by hand introduces the possibility of error; particularly during busy times, there is a chance that some data gets underreported. Major reporting is to NHDOT for 5311 and to BEAS, but also to United Way, Sullivan County, and Medicaid.

While data isn't necessarily considered hard to collect, it is also not considered useful to CTS. Internally, the information they would want to track might be something like "how many trips are carried to a particular hospital?" This type of destination specific information is used as leverage when seeking additional funding from specific sources.

Staff imagine that significant improvements could be made with the use of software for tracking trips as well as smart cards/smart passes for riders, which would greatly ease data collection; however, these are too costly for CTS to install.

Cooperative Alliance for Seacoast Transportation

Data collection for COAST (both for ADA and for their fixed route services) is built around the National Transit Database requirements. Collecting this data is such an integral part of their operation that there may not be additional streamlining to be done. Any other reporting – to United Way and any other local funding sources – requires data that is already collected for NTD.

Easter Seals Special Transportation Services

STS uses RouteMatch software for reservations, scheduling, dispatch and data collection. RouteMatch provides most of the data needed for reporting to DOT, DHHS, and the many local sources from which Easter Seals receives funding. For Medicaid and DCYF trips, STS staff reports that they must collect and retain significant additional data.

Grafton County Senior Citizens Council

GCSCC does data collection at each of its 8 facilities (only 7 provide transportation) and at the end of each month this data is sent back to the administrative office. Trip data is collected by the volunteers and staff people who do dispatch, with additional data collected by the drivers. This is entered into a database at the local senior center where the vehicle is based and sent electronically to the administrative office which reports to BEAS, DOT, United Way, and towns. Although they carry some trips that would be eligible for Medicaid funds, they do not submit to Medicaid because it is too much of a hassle.

Since the senior centers provide many services besides transportation, the Microsoft Access database that they use (created by them with the help of a consultant) stores information by client, where trip data is stored along with meals provided, contributions, etc. for a certain

person. BEAS reporting requirements are similar for transportation and for other services such as meal provision, and these are entered on the same form.

HCS (Keene)

Drivers and dispatchers collect most data manually, and the data is then entered into a daily log. This is then entered into monthly and quarterly reports; staff note that there is some duplication of data entry, and wish that they had software to fill out the reports automatically from the daily data entry. Reports are submitted to BEAS and United Way.

Manchester Transit Authority

Currently their data collection system is designed specifically to collect the statistics needed for the National Transit Database, as this is their main funding source and requires extensive data to be reported. They currently use the software package ParaPlan, for which they have had about 30 installations. However, they are reevaluating this software and considering switching to RouteMatch.

Additional funds are through the City of Manchester and for this they must submit a detailed budget to the city, far in advance of when funding is received.

North Country Transportation

The majority of data is collected using RouteMatch. Information is entered primarily by the dispatcher, with drivers additionally reporting mileage, start time, and end time. Data is drawn off RouteMatch and collated for their reports; this makes the process quite simple. This data is used for BEAS, towns, and soon for JARC (for which they have not yet reported). For DOT, they cannot use the data as stored in RouteMatch but rather have to break the data down manually for each program; since they commingle trips they must estimate how many miles or hours can be attributed to each program. According to Beverly Raymond, "it is very time consuming to break down by program type for DOT, but I don't see that there is much to be done" – she doesn't think that a more streamlined system would be able to address this particular issue. NCT also reports to Medicaid.

Opportunities for Streamlining

Based on our conversations with representatives from the various funding agencies and transportation operators, it seems that the current state of reporting in New Hampshire is in fairly good shape. Few of the providers complained of *major* difficulties with the reporting, the two exceptions including Medicaid reporting and the allocation of mileage-based information among co-mingled trips, both of which need to be addressed in the coordination model.

There are also certainly many instances where collection and reporting can be streamlined, especially in cases where there is duplication of data entry. Below we describe the cases where streamlining would be beneficial to ease the administrative burden of the current

providers. This is followed by an examination of some of the obstacles that might be encountered, and finally our recommendations for moving forward.

Need for Streamlining and Basic Description of Improvements

There are three main types of junctures in the current reporting process where streamlining could be introduced:

1. When data that is collected from drivers or dispatchers is entered into an operating agency's own records;

2. When transportation providers produce and submit reports to their funding agencies;

3. When funding agencies compile this collected data into reports for federal funding sources (not applicable for all funding agencies)

The first of the "junctures" is already addressed by many providers through the use of software; one provider uses Trapeze, two use RouteMatch, and another is currently using ParaPlan Pro (a GIS based paratransit routing software package produced by Engraph) but considering a switch to RouteMatch. For the providers that collect data manually, this is generally entered on a daily or weekly basis into an in-house database that might store information about other programs of that provider as well. When asked specifically what improvements they would like to see, only two of the providers currently entering data manually mentioned that they would like to be using a software package or possibly smart cards to collect data automatically.

Once Regional Transportation Coordinators (RTCs) are in place and responsible for performing reservations, scheduling and dispatch for themselves and/or for operations subcontractors, the process for collecting required data will be standardized and streamlined. In the customer registration process and reservation process, data collected will establish the most appropriate mode of transportation, and which of the customer's trips will be sponsored by a specific funding stream or stream(s). Actual service data will enable the RTC to establish whether the trip was taken or not, the amount the funding source is to be billed, and, if an operations subcontractor was used to serve the trip, the amount that the subcontractor is due for serving that trip. Additional data collected will be used to measure the service quality of the trip; it should be noted that this data is really not tracked or assessed currently.

As noted in Chapter 2, it would facilitate this process if all RTCs were using the same software. One of the many benefits of joint purchase is that it provides the opportunity to request a customization that would benefit the many end users. For example, if mileage-based cost allocation of co-mingled trips remains an issue, it would be logical to request that this be built into a common system. Use of Mobile Data Terminals and Automated

Vehicle Location systems would further facilitate the trip data collection process, as well as provide valuable tools to the dispatchers

Another primary reason for having a software package is to be able to print out driver manifests and to generate monthly reports and queries specific to various reporting requirements. Currently, the providers that have paratransit software or use database systems are able to generate reports that have all the data required by a state agency, but necessarily in the reporting format specified by BEAS, DOT, etc. However, it could be possible for software to be customized to produce reports in these exact formats, thereby eliminating the transcribing. This is something that would save a lot of time and effort for the people who currently compile these reports. Furthermore, the same software could tie into an internet-based capability that would allow this information to be sent directly to funding agencies. While some operators, for some funding agencies, submit data by mail or fax, in a streamlined arrangement this would all be taken care of electronically. By using a standardized software package that can speak directly to the many reporting formats required, transferring data at this second juncture – from internal records to funding agencies – becomes very simple.

There are two ways that data can be transmitted electronically from one body to another; one is currently employed by many of the agencies and this is emailing a spreadsheet. However, staff at the agency receiving this email still have to copy and paste the data into their own database, a process which may require different levels of involvement depending on how their databases are set up. Another option, however, is to have a web based data entry format which would input data directly into the funding agency's database, eliminating a middle step. Since, in the cases of the DOT and BEAS, these databases are already designed to generate any reports needed for their federal funding sources, transferring data directly into the database addresses the third juncture for streamlining.

While some providers are already on their way towards streamlined operations, with software packages such as RouteMatch and Trapeze, most providers stand to benefit from increased automation in the original data collection stages, and for all providers that receive funding from FTA, NH DOT, and BEAS, a program that would submit these reports automatically would be a great boon. In the cases of funding sources such as United Way and local municipalities, providers would be able to use the reporting capabilities of whatever software package is used to generate the data needed in a format appropriate for that funding source.

A final instance where streamlining is greatly needed is in the case of Medicaid. Many providers currently chose not to bill Medicaid for trips, even though they are sorely needing additional funds and they provide many trips that would be eligible: it is simply too much of a hassle. Staff from some transportation operators noted that they do not have the financial or staff resources to go through the process of completing the forms in hard copy, verifying eligibility, and maintaining driver eligibility records. Although it seems likely that providers would still have to submit individual invoices for each Medicaid trip they provide, an online form would make this much simpler, not only by reducing the

amount of paperwork but because an electronic system could store basic information like clients' addresses and frequently-visited destinations, or a driver's license number, so that this would not need to be re-entered each time by hand; the only new information would be the length of the trip and the doctor or medical provider's signature.

Although not as crucial or as problematic as Medicaid invoicing, invoicing for NHDOT could also be improved by a switch to electronic submission. Some providers noted that the 2-weeks to a month turnaround for funding from NHDOT made it difficult to maintain service, and if invoicing were conducted electronically, it could shorten this turnaround time. [Advancing funds, with reconciliation in arrears, would also alleviate the financial burden of the local providers, and should be considered in the design of the state-wide coordination model.]

Obstacles to Streamlining

The ways mentioned above to reduce unnecessary duplication of data entry and save staff time are fairly obvious and similar suggestions were made by various stakeholders that we spoke to. However, because each agency has slightly different requirements, it is not quite as cut-and-dried as it seems in the abstract. Furthermore, while the previous paragraphs describe how we could streamline reporting within the current operational framework, the introduction of RTCs adds, in some cases, an extra middleman in the reporting system. While this will greatly increase operational efficiency, there are some situations in which it may make reporting slightly more complex.

Local Match for Title III-B – Part of reporting for BEAS Title III-B requires that transportation providers receiving this funding can prove that they have also obtained local funding matches, since BEAS does not cover the entire cost of serving a trip. Under the RTC system, it will be the responsibility of the RTCs to ensure that funding is, in fact, secured from local sources. This is something that needs to be taken into consideration for reporting as well. Hopefully, since most of the providers that are likely candidates for RTC already receive BEAS funding and report on their local matches, it will not be difficult to include this in a streamlined reporting format; however, for others, this may be present an obstacle.

Reporting for other services - Several providers that operate specialized transportation also provide other human services such as meals, and their tracking and reporting structures are built around this fact. The GCSCC, for instance, has their database set up by client: for each senior, they keep track of how many trips they take on GCSCC vehicles, how many meals they eat at GCSCC facilities, whether they make any financial contributions to GCSCC, etc. A software package that might be created for use by multiple transportation providers and purchasers might not be set up to include information for each individual rider. In order to avoid duplication of data entry, software that is used would either have to be able to retrieve information from the other database, or output data in a way that could be easily copied into the provider's non-transportation database.

Medicaid Signatures – One of the problems with converting Medicaid invoicing to a more streamlined, electronic format is that the current hard copy forms must be signed by a Medical provider to certify that a client attended the appointment for which service was provided. While there is certainly a way for a medical provider to make this certification electronically – perhaps they would log into a system using a password and the system would ask them for confirmation – this could be much more difficult to implement as it requires more active participation on the part of doctors, in addition to basic computer infrastructure which hospitals may or may not have in place. [Or, perhaps there may be a way for Medicaid to cross-reference the provision of transportation and medical services to the same customer on the same day, thereby alleviating the need for a signature.]

No Incentive for Ridesharing/Co-mingling –As mentioned above, funding agencies do not benefit from grouping two or more of their trips together or from co-mingling their trips with trips sponsored by other funding streams as long as they have exclusive-ride rates. To solve this issue, there must be a built-in way to allocate shared mileage between/among shared trips, in cases where mileage-based rates cannot be avoided, or it may more make more sense to migrate to per trip rates, where the average per trip rate for a particular sponsoring agency for a given year is based on the actual cost of providing a statistically relevant set of trips for that agency during the preceding year. All else being equal, the more ridesharing that occurs, the lower the per trip rate. Either solution will also reduce the administrative burden of reporting for the RTCs.

Recommendations

Specific data entry, querying, and structural requirements for supporting software is something that would have to be tackled with the help of IT professionals. An existing program such as RouteMatch would likely be the best place to start, but in order to have a system that can be used for the many reporting needs outlined above, some extra capabilities might have to be added, particularly if we want to be able to submit data to BEAS and DOT in formats that can be directly entered into their own databases.

Based on the analysis above, the most important capabilities for supporting software that go beyond the typical data collection and storage are:

- Easily collect data from several operators into each RTC's main system (in the case that the RTC has subcontracts with other operators)
- Output reports in electronic formats that are compatible with funding agencies' systems
- Allocate shared miles between trips, and between funding agencies in the case of co-mingled trips, for agencies that still wish to have mileage-based rates.

Rate negotiation between the funding agencies and each RTC should focus on simplicity. If the rate structure were to be converted to a per trip rate, the additional software capabilities suggested in the third bullet above may not be necessary. This is not to say that rates negotiated between each RTC and its operations contractors (if any) should be

per trip as well. While they could be, we believe that per hour rates for dedicated service, and mileage-based rates for non-dedicated service remove some of the risk from the equation; with risk removed, contractors are able to price their service more accurately.

Chapter 4. Action Plan

Overview of Action Plan

Implementation Stages

The New Hampshire Department of Transportation United We Ride Action Plan is made up of four major implementation stages which are needed to bring about the coordination model outlined in the plan:

I. Establish the Statewide Coordination Council (SCC)

II. Establish the Regional Coordination Councils (RCCs) for each region

III. Obtain Funding for establishing Pilots

IV. Implement Pilots

The following pages detail the steps needed in each implementation stage, including the party responsible for each step and a time frame for completion. However, it is important to recognize that this is an ongoing process requiring the support of many different stakeholders. Changes to the action steps may be required to accommodate changing needs of the many stakeholders involved. That said, before discussing the steps themselves we would like to present a set of objectives which must be met in each stage of the implementation process, which will ensure that stakeholders at State and regional levels are involved and will solidify their support.

Objectives to solidify support at the State and County Levels:

- Education – Teaching stakeholders about coordination and why it is valuable to the future of community transportation services
- Outreach – Making sure that all efforts, and especially communication, is inclusive and that all stakeholders are invited to help shape and forward the coordination of community transportation services
- Advocacy/Championing – Sustainability relies on there being champions at the state and local level
- Action – Developing and following a clearly-defined set of action items

Coordination with the DHHS Medicaid Broker

For the concurrent effort being undertaken by DHHS to implement a statewide Medicaid NEMT broker, this network of RTCs will eventually become the priority resource for the broker. Up until a particular RTC is implemented and operational, the DHHS Medicaid broker will have to arrange for its own set of transportation providers in that region. Once that RTC is set up, however, the broker will immediately (or as soon as is practical) contract with that RTC, with the notion that its former service providers in that region will likely become part of the new RTC's service network.

Implementation Stage I: Establish the Statewide Coordination Council

Approve and sign Memorandum of Understanding and SCC Bylaws

The first step in the action plan is to establish the SCC, because it is the SCC which will ultimately be responsible for the next stages of the implementation process.

Action Step 1:

Statewide stakeholders agree upon and sign a SCC Memorandum of Understanding. The first step toward establishing the SCC is for NHDOT and NHDHHS, as well as any other invited/interested stakeholder organization to meet, discuss, revise (as needed) and then sign the SCC Memorandum of Understanding. (See the Task 2 Technical Memorandum for a draft of this MOU.) In order to increase the likelihood of legislative or executive branch support, the SCC should also reach out to local and state politicians who may have an interest in coordination or related issues and who may serve as champions for this cause. This task could wait until the submission of the final report to the Governor and/or state legislation establishing this body. On the other hand, the SCC could be formed immediately either as a stand-alone body, or one temporarily housed within the jurisdiction of the DOT or DHHS. Having the SCC in place by the time the report goes to the Governor may strengthen the case for State support. The study has also generated a great deal of interest and momentum, which could wane if left untapped. Therefore, it is suggested that Step 1 take place immediately.

> **Responsible Party:** A draft of the MOU, which defines the broad objectives of the SCC, was created as part of this study and is included as Appendix D. Signing the MOU indicates that organizations commit to forwarding coordination in New Hampshire and participating in the SCC. DOT and DHHS will take the lead in inviting stakeholders to a meeting where the wordage of the MOU can be discussed and (if needed) modified. From there, it will be the responsibility of the stakeholders to take the revised/agreed-upon MOU back to their organizations, and to deliver a signed MOU to the next organizational meeting of the SCC.
>
> **Timeframe**: Fall 2006

Action Step 2:

Establish Bylaws for the SCC. Once stakeholders have signed onto the MOU, the members of the SCC must approve of the bylaws that will define how the SCC is organized. As with the MOU, a prototype has been created in the course of the study and is included in Appendix E. SCC members will need to meet and agree upon this document before adopting it.

> **Responsible Party:** As founding members of the SCC, DOT and DHHS representatives should work together to organize the second SCC meeting, at which the bylaws can be discussed, modified, if necessary, and approved.
>
> **Timeframe**: Fall 2006.

Resolve operating arrangements for SCC

Action Steps 3 through 5 describe some of the internal issues the SCC will need to address, including logistical details like hiring administrative staff, as well as goals for membership and institutional framework.

Action Step 3:

Ensure the SCC has adequate representation from interested/relevant parties. On of the first tasks of the SCC will be to ensure that there is appropriate representation on the SCC. There are other potentially interested parties who may wait to sign on after the SCC has been formed. There also may be other organizations that the core members of the SCC may wish to add to the SCC. The bylaws include requirements and procedures for adding additional members to the SCC. This step involves outreach on the part of the SCC, as described in item 1.2 of this report.

> **Responsible Party:** The SCC will be responsible for reaching out to parties that they determine would be valuable members of the SCC.
>
> **Timeframe**: The SCC may begin to identify other interested parties at the time of approving the bylaws, but the membership of the SCC will change and grow over the years, so this step is part of an ongoing process.

Action Step 4:

Determine the desired (eventual) institutional authorization for this coordination. As noted in Action Step 1, the SCC can form independently of any institutional or legal authorization, and would be temporarily couched within the DOT or DHHS. However, the SCC may pursue an Executive Order and/or legislative authorization, either of which would strengthen the SCC's legitimacy, increasing its effectiveness.

> **Responsible Party:** The SCC will be responsible for determining what level of authorization to pursue and will initiate lobbying efforts to effect this outcome.
>
> **Timeframe**: Actually securing institutional authorization may be a long term process, but determination of desired framework should be immediate so that the process can be set into motion.

Action Step 5:

Determine the administrative needs of the SCC. The SCC may determine that it requires administrative staff, and if so, must determine how to raise funds to pay for this staff

Responsible Party: The SCC must address this internally.

Timeframe: As necessary: it may be that no paid staff is needed in the short term.

Lay groundwork for remaining implementation stages

The next series of steps are those that must be completed by the SCC in order to lay the groundwork for the next three stages of implementation. These need not all be completed before moving on to Stage II, but should be taken into consideration early on. While these Action Steps will be headed up by the SCCs, it may be determined that input from RCCs and RTCs is beneficial.

Action Step 7:

Determine Community Transportation Regions. A suggested division of New Hampshire into 10 community transportation regions is supplied in the Study. While this was based on a consensus of the Governor's Task Force Members, we recognize that some may find faults with the particular division. Indeed, the recommended division has already been amended a few times to address suggestions of various stakeholders, and still there is probably no one way that every one unequivocally endorses. , It should be therefore up to the SCC to finalize and approve these regions. This must be done as a precursor to forming the Regional Coordination Councils, noting that the SCC will eventually help establish the RCCs (see Action Step 12)

Responsible Party: The SCC, based on suggestions in the Study and with input from potential RCCs.

Timeframe: Fall 2006

Action Step 8:

Approve/implement changes to policy/reporting requirements: Task 3 of the Study outlined changes to policies and reporting requirements that would foster coordination in New Hampshire. The SCC must discuss, revise (if necessary) and ultimately endorse if not implement these changes, especially those that are under the control of each member agency.

Responsible Party: The SCC, with input from funding agencies.

Timeframe:

Action Step 9:

Identify and change agency-specific policies and practices that are adverse to coordination. For agencies that have a stake in the success of coordination, it is reasonable to expect that they will make an effort to address policies or practices that are deemed detrimental to coordination. The SCC must identify these agencies and help them determine what changes can be made to foster or improve the opportunities for coordination, such as policy changes related to the streamlining of required reports.

Responsible Party: The SCC, with input from potential RCCs.

Timeframe: 2007

Action Step 10:

Identify new policies and practices that foster coordination: Following along the lines of Action Step 9, the SCC must promote new, alternative policies and practices that agencies can adopt to facilitate coordination.

Responsible Party: The SCC, with input from potential RCCs.

Timeframe: 2007

Action Step 11:

Determine need for – and seek – common IT solution: The Study identified some of the current problems – and possible solutions resulting from inconsistent information technology among agencies. Following along the lines of Action Step 9, the SCC – or perhaps NHDOT on behalf of the SCC – may wish to explore the costs and benefits of common IT solution for each Regional Transportation Coordinator (RTC).

Responsible Party: The SCC, with input from potential RTCs.

Timeframe: 2007

Note on Software: A few of the operators that we interviewed in Task 1 utilize different software for their reservations, scheduling and dispatch functions. For the purposes of consistency, common reporting, better support, etc., it may make sense for all RTCs to use the same package, also ensuring that it can communicate with the software used by the DHHS Medicaid NEMT broker. DOT and the candidate RTCs may wish to start looking into this.

Implementation Stage II: Establish the Regional Coordination Councils

Once the Community Transportation Regions have been determined, the SCC can help each RCC to form, noting that the seeds of this effort began in Task 5 of this study, and in some cases even before. This assistance can involve the provisions of facilitation/technical assistance, as well as the provision of seed funding for planning (see below). Or, the SCC may decide that the best way to encourage the RCCs to form may be through making seed grants available on a competitive basis. This is also discussed below. As organizations meet and begin to coalesce, MOUs, which describe the mission of the RCC, and bylaws, which describe how it will function, will be introduced to the groups. Once stakeholders have agreed to the MOU, representatives from each agency will assemble as Regional Coordination Councils to revise, as needed, and approve their bylaws, and to either confirm and approve the recommendations for their region's RTC, or begin the process to select one. Drafts of MOUs and bylaws, as well as suggestions for parties to include in the RCCs, are provided in the Task 2 Technical Memorandum.

Action Step 12:

Bring together interested parties in regional coordination summits. The SCC must reach out to local stakeholders who are likely to be involved in coordination, either as providers or as purchasers of service. For each of the regions in the state, the SCC will conduct a regional coordination summit to explain the overall coordination plan and the role of the RCCs and to encourage local stakeholders to become involved.

Responsible Party: The SCC will be responsible for organizing these summits.

Timeframe: 2007-2009

Action Step 13:

Regional stakeholders agree upon and sign onto RCC Memorandum of Understanding: As a result of the regional coordination summits, regional stakeholders must meet, discuss, revise (as needed) and then sign the RCC Memorandum of Understanding, similar to the process describe above regarding the formation of the SCC

Responsible Party: A draft MOU template is provided in Appendix F. The SCC will facilitate the distribution of this MOU, but interested parties must work together to modify it, as needed, and then sign up for participating in their RCC.

Timeframe: 2007-2009

Action Step 14:

Establish Bylaws for the RCC: Once stakeholders have signed onto the MOU, members must approve the bylaws that will define how the RCCs are organized. The bylaws should be similar across the many RCCs.

Responsible Party: A draft of these bylaws was created in the course of the study and is provided as Appendix G, but it will be up to the members of each RCC to finalize, modify (if necessary) and approve them.

Timeframe: 2007-2009

As part of the Study, several organizations were identified as having an interest in coordination, and in some cases as being well equipped to aid in the execution of a coordinated transportation model. In the Task 2 Technical Memorandum, in addition to describing the geographical locations of each region there is a mention of agencies that might be considered as prospective RTC candidates. In some cases, the RCCs may determine that one agency is distinctly qualified to take on the role of RTC, and will reach

a consensus to move forward with this agency. However, in cases where the answer is less obvious, it may instead make sense for the RCC to issue a Request for Proposals and select an RTC based on such a process.

Action Step 15:

Seek and select Regional Transportation Coordinators: One of the first tasks of the RCCs will be to choose an agency to act as Regional Transportation Coordinator (RTC) for the region.

Responsible Party: Each RCC must do this for their own region.

Timeframe: 2007-2009. Each region will be different in terms of whether there are one or several likely candidates for RTC, or perhaps whether there are emerging bodies that may eventually make sense as RTC. Each RCC will have to address this issue in a timeframe corresponding to the order of implementation of the pilot coordination phases.

As each RCC is formed and the RTCs are selected, the RTCs must start to think about what they will need in order to move forward. The RTCs will likely not be fully equipped to take over immediately as the primary coordinator for the region, and will have to determine what will be needed for the gradual transfer of trips to the RTC. This might include augmenting their fleet and driver roster and/or bolstering their service delivery network with additional service providers to handle the estimated number of additional trips that would be requested through the RTC. RTCs and RCCs will have to determine what expansion will mean in terms of infrastructure needs, such as expansion of call center staff and lines, reservations/scheduling/dispatch software, vehicle communications, and expansion of operations and maintenance facilities, parking and vehicle storage.

Action Step 16:

Determine implementation needs of each RTC: Each RCC must evaluate the needs of the RTC in their region, along with regional resources that could be used by the new RTC. The RCC and RTC together must compare general service design and delivery, to currently available resources, in order to determine staffing needs, dispatch and call-taking needs, needs for additional vehicles, etc. Service design scenarios and associated requirements are discussed in the study. The results will be tailored to reflect how transportation is currently being provided in that region as well as the current role of the RTC. Implementation assistance may also be necessary, depending on the particular RTC.

Responsible Party: Each RCC must do this for their own region.

Implementation Stage III: Obtain Funding for Establishing Pilots

Enacting coordination will not be an instantaneous process; no matter how carefully the new system is planned, time will be needed to iron out the kinks. The first stage of implementation can be thought of as a demonstration, or pilot stage, as described in the Task 2 Technical Memorandum:

It is not necessary – and very unlikely – that all nine RCCs would be ready to form at the same time; but as each one is established, it can move onto the demonstration stage. Rather than attempt to have all regions in the state adopt the coordination strategy simultaneously, we recommend conducting implementation with two to three regions at a time, where lessons from the first round could be utilized by the RCCs and RTCs in the next rounds of implementation. As each RCC and RTC may take six months to two years to become well established, we recommend staggering the implementation of the RCCs three at a time, six months apart, if enough seed money is available. If not, perhaps a three-a-year plan would be more practical and affordable.

For the initial set of demonstrations, we recommend selecting regions that may require different approaches: one would be rural and one more urban, and preferably one of the RTCs would be a transit agency. These first demonstration regions would be ones where most of the infrastructure and service delivery network are in place, including software for scheduling, sufficient vehicles for service delivery. This would serve two purposes: (1) any unforeseen obstacles can be addressed and surmounted, with solutions incorporated into the implementation plan for the remaining regions' transitions, and (2) since some agencies may have concerns about coming on board, successful examples could ease their apprehensions and inspire more enthusiastic participation.

By the time regional coordination is up and running, the idea is that it will pay for itself, with sponsors purchasing service at the fully allocated cost of service. However, while each RCC is in the demonstration stages, additional funding will likely be needed for implementation. As part of Action Step 16, regions will have a chance to estimate what the costs of implementation would be if things went smoothly, but the demonstrations may require additional funds due to the unpredictability of the pilot stages.

The coordination program that was established for Ohio provides some applicable experience. The Ohio Department of Transportation, beginning in the early 1990s, has worked with the Ohio Departments of Aging, Jobs and Family Services, Mental Retardation and Developmental Disabilities, Mental Health, Education, and the Rehabilitation Commission to increase transportation services available to people with disabilities, the elderly, and low-income individuals. In 1995, ODOT began a program of providing coordination grants. The primary goal of the program was/is to enhance and expand transportation through coordination, especially in the counties where there is no public transportation. ODOT initially diverted $500,000 in funding from the State General

Assembly (that was earmarked for transportation) for this program, making $50,000 to $80,000 grants available to organizations via competitive grant applications. Prioritization for these grants was given to counties with no public transit, and then counties with public transit systems that covered only a limited area, and then other counties with broader public transit service areas, but with unmet demand. To be eligible, each application had to (1) demonstrate inter-agency coordination; and (2) designate a lead agency to administer day-to-day operations. In Ohio, with its 42 counties, ODOT distributed up to 6 grants a year, noting that recipients could apply for a subsequent grant for a second year. Over the years, ODOT has supplied $6.3 million in grants to 37 projects. In this program, note that each of the ODOT coordination grants requires a 25% local match. The funding program also now includes grant monies available for more than two years; however, these grants require a 50% local match. To a large extent, this program has served as a springboard for local programs to eventually become rural public transportation (FTA Section 5311) providers.

Based on $100,000 per region ($50,000 per year), and ten regions in New Hampshire, we can estimate that $1,000,000 in funding might be needed. If the demonstrations are staggered three-to-four per year, as shown below, this $1,000,000 can be spread over four years. If this funding can be obtained up front, a six-month, as opposed to a 12-month, staggering could be accomplished: same total as above, collapsed into two years.

	Year 1	**Year 2**	**Year 3**	**Year 4**
1.	$50,000	$50,000		
2.	$50,000	$50,000		
3.	$50,000	$50,000		
4.		$50,000	$50,000	
5.		$50,000	$50,000	
6.		$50,000	$50,000	
7.			$50,000	$50,000
8.			$50,000	$50,000
9.			$50,000	$50,000
10.			$50,000	$50,000
Total	**$150,000**	**$300,000**	**$350,000**	**$200,000**

Possible funding sources include the following:

FTA Funding

United We Ride grants – The FTA has made $35,000 first-round grants and second-round grants ($75,000) for coordination efforts. This funding, which came from discretionary funds, is all exhausted for the current federal fiscal year. There may be more funding allocated for UWR grants in FY 2007; however, the likelihood of this is unknown. What NHDOT and other stakeholders can do in the meantime is actively and strategically lobby for the distribution of such funds, and/or be in a position to be "first in line" should additional UWR funds be made available.

New Freedom Funding – These are formula funds, authorized at $78 million for fiscal year 2006. They are intended "for new public transportation services and public transportation alternatives beyond those required by the Americans with Disabilities Act." While these funds will not be available to support basic, mandated ADA service, it is possible that they will be available for services that exceed basic ADA requirements. For example, the American Passenger Transit Association quotes the following possible uses that were cited in the legislative Conference Report:

Purchasing vehicles and supporting accessible taxi, ride-sharing, and vanpooling programs.

Providing paratransit services beyond minimum ADA paratransit requirements (3/4 mile to either side of a fixed route), including for routes that run seasonally.

Supporting voucher programs for transportation services offered by human service providers.

Supporting volunteer driver and aide programs.

Supporting mobility management and coordination programs among public transportation providers and other human service agencies providing transportation.

State / Local Funding

DHHS may be able to set aside seed funding for demonstrations.

Endowment for Health – this is a tax-exempt foundation that funds efforts to improve the health and well-being of New Hampshire residents, especially those who are most vulnerable and currently underserved. The Endowment for Health has helped to fund several paratransit and coordination activities in New Hampshire.

Action Step 17:

Secure demonstration funding for pilot demonstrations: The SCC – or one of its members on behalf of the SCC-- will be primarily responsible for the pilot grant program to fund the planning and implementation stages of coordination in each region.

> **Responsible Party:** The SCC will be primarily responsible for federal and state level grant applications. The RCCs may be involved if there are funding sources that are only available locally.
>
> **Timeframe**: 2007-2009

Implementation Stage IV: Implement Pilots

Once funding has been secured, the first of the pilot stages can be implemented. The groundwork for implementation of the pilot projects has been laid forth in previous steps, including the determination of the service design, selection of RTCs, changes to policy, and creation of new software.

Action Step 18:

Select RTCs for initial Pilots: The SCC, with input from the RCCs, will select which RTCs will be the first to be put into action. There will probably be 3 initial RTCs. The SCCs may make this determination based on competitive applications from RCCs and RTCs.

> **Responsible Party:** The SCC will be ultimately responsible for choosing the first RTCs for implementation, but it will also depend on the willingness of the RTC, and possibly on the availability of local funding.
>
> **Timeframe**: 2007-2009

Action Step 19:

Orchestrate contracts between purchasing agencies and RTCs: In the regions selected for the first year of implementation, the RCCs will help the RTCs with contracts between the funding sponsors and the RTC. Contracts should address what is expected of each RTC: how many rides they will provide, the general patterns of trips, service quality standards, etc. In the first round, the rate structure and level will need to be negotiated. This will likely be a function of the RTC's past/current cost experience with trips of this type, as well as the anticipated additional volume of trips. A Scope of Work for RTCs is provided as Appendix L.

Responsible Party: The RCC and sponsoring organizations/purchasers of service with input from the SCC and RTCs.

Timeframe: 2007

Action Step 20:

Conduct public outreach: Users of the many paratransit options in New Hampshire will need to be informed of any changes to the way they request trips. Informational campaigns at the state and regional level may be required.

Responsible Party: RCCs and RTCs may work together at a local level to disseminate relevant information.

Timeframe: 2007-2009; depends on which year of implementation

Action Step 21:

Communicate with local funding sources: In addition to an informational campaign targeted at the general public, local funding sources such as local towns and private donors will need to be informed of possible changes in funding and service provision.

Responsible Party: The RCC will be responsible for ensuring that local funding continues to be available.

Timeframe: 2007-2009; depends on which year of implementation

At this point in the process, based on the needs identified in Action Step 16, the first RTCs should be ready to initiate coordinated transportation provision. During the first few months of implementation, RTCs and RCCs may go over the decisions they have made in planning for implementation and re-evaluate needs, or make note of more global problems

with policies or practices set at the state level by the SCC. After service has switched over to the RTCs, evaluation and feedback must be made a priority.

Action Step 22:

Share lessons learned with RCCs and SCC, and modify Policy and Practice as necessary: It is important during initial implementation to be aware of any problems or potential setbacks that arise. The purpose of this stage is to work out the kinks, so these kinks must be noticed and addressed, either locally or statewide.

> **Responsible Party:** Each RCC and RTC is responsible for critically evaluating the implementation process and sharing this newfound knowledge.
>
> **Timeframe**: 2007-2009

Over the four years of Pilot implementation, each of the RCCs and RTCs will address steps 19 through 22 in their own time.

Appendix A. NH Transportation Coordination Questionnaire

Contact info:

Name: _____

Title: _____

Organization: _____

Tel #: _____

E-mail: _____

1. Briefly describe the types of specialized transportation services that your organization either directly provides/operates or sponsors? (e.g. advance-reservation, shared-ride, door-to-door paratransit service)

2. Are these transportation services for the general public or specific populations (e.g., seniors, ADA-certified customers, persons with disabilities, agency customers, e.g., Medicaid recipients)? Briefly describe.

3. Are these transportation services for any trip purpose or are they limited to specific destination and/or trip purposes? Briefly describe.

4. Are your services provided statewide or provided only in a specific region? If statewide, but provided on a regional basis, please provide a map of the regions. If only for a specific service area or region, please describe the general service or catchment area and provide a map.

5. Are trips taken random in nature (going to different locations on different days) or subscription in nature (going to the same place at the same time on the same days every week) or both? Briefly describe. If both, please estimate the split by percentage.

6a. Do you: operate the service directly or contract for service delivery?
If you contract for service delivery, who do you contract with? If multiple vendors, how many?
[Note: If your organization contracts for service delivery, there are several follow-up questions, presented below, that will be discussed in more detail in the interview. However, please answer as many of these in advance as possible.]

6b. When does the service provider contract expire? Is the contractual payment rate negotiated or pre-established by a state agency? What are the rates of payment and rate structure (e.g., $ ____ per trip and/or per mile) for ambulatory service vs. wheelchair service? In the case where multiple vendors are used, is the rate different or the same for all vendors (by type of service)? How often do the vendors invoice you? What, if any, service quality standards have been established for this service?

7. Who do the riders call to place trip requests? How far in advance of the trip must they call? Is same-day service offered? Is there a fare or co-payment? How much? Briefly describe:

8. In 2005 (or most recent year for which you have data), how many one-way passenger trips did you provide or sponsor?

9. What was the total (non-capital) operating cost of these trips? (This should include administration, reservations, scheduling, dispatching, operations, and maintenance.)

10. What was the annual total capital expenditures for this service?

11. What funding source(s) was/were used for these transportation services? Please provide amounts for each funding source, and specify whether these are Federal, state, local, or private funding sources. For each fund source, please describe the criteria upon which funding is based and the reporting requirements.

    a. Funding Source: _____
    Amount received (for FY 2005): _____
    Eligible expenditures or basis for funding: _____
    Reporting requirements (what needs to be reported and to whom?) _____
    _____

    b. Funding Source: _____
    Amount received (for FY 2005): _____
    Eligible expenditures or basis for funding: _____
    Reporting requirements (what needs to be reported and to whom?) _____
    _____

    c. Funding Source: _____
    Amount received (for FY 2005): _____
    Eligible expenditures or basis for funding: _____
    Reporting requirements (what needs to be reported and to whom?) _____
    _____

12a. If you represent a human service agency, does the total amount of funding cover the full cost of trips, or are some of the costs subsidized by other agencies? Which

agencies? E.g., (1) If your agency purchases bus tickets for clients, while the public transit provider(s) subsidize the balance of the cost. (2) If your clients are carried with clients from another agency, the full cost of the trip may be shared with more than one agency.

12b. If you represent a transit provider, please identify (1) the annual number of trips that your agency subsidizes with general revenues vs. (2) the annual number of trips where the full trip cost is shared with other organizations (e.g., human service agencies). Please identify the organization(s) and the portion of the total operating cost and/or the total capital cost that these other organizations provide.

13. Are your transportation services coordinated in anyway with any other transportation programs? For example: Do you information on share training curriculums, preventive maintenance programs, or operational policies with other agency transportation programs? Have you been involved in a joint purchase of software, vehicles, vehicle insurance, fuel, maintenance? Are any of the vehicles in your program shared with other agencies/programs? Do you allow (or encourage) trips from different programs to be shared, i.e., co-mingled on the same vehicle at the same time?

14. Are there any constraints related to the funding source (e.g., vendor payment / reporting requirements) that preclude opportunities to coordinate transportation services with other agencies/programs? Briefly describe.

15. Are there any other factors or obstacles (e.g., political, financial, operational) that have directly thwarted any coordination efforts in the past? Briefly describe.

16. If New Hampshire established a set of regional coordinators of public and human service agency transportation, would you be likely to purchase service through these coordinators, noting that (a) these coordinators might directly operate a portion of the service and broker out trips to other transportation vendors under contract to the coordinator; (b) service quality standards would be established with your input, and (c) the regions of the coordinators may not exactly match your regions/service area? If no, what would need to happen before you would agree to utilize the regional coordinators for your transportation program?

Please fax or e-mail the completed questionnaires back to Will Rodman by January 12 at fax: 617-521-9409 or e-mail: wrodman@nelsonnygaard.com

Appendix B. Provider/Sponsor Summaries

The following pages provide details about each of the organizations contacted in this review. Each summary provides general information about the type of organization and service provided, funding sources, rate structures, and policies, and describes the amount of cooperation currently practiced by each organization, as well as their willingness to be involved in a statewide coordination plan.

Belknap-Merrimack Community Action Program – Rural Transportation System

General Description. The Belknap-Merrimack Community Action Program (B-MCAP)'s Rural Transportation System (RTS) provides various transportation services including a door-to-door, demand response service for seniors and disabled adults, for purposes such as medical appointments, banking, grocery shopping, etc. RTS serves rural communities within Belknap and Merrimack counties, with buses located in Pittsfield, Franklin, Bradford, Laconia, Meredith and Belmont. RTS owns six 18-passenger, wheelchair lift vehicles. There is little subscription service although on certain days several people will be picked up to go to the grocery store, and they refer to this as a "shopper shuttle."

Operating Expenses & Revenues. RTS operates the service directly, but users call the senior center in their area to schedule trips, usually calling by the day before. There is a suggested donation of $1.00 per round trip. Total operating cost for the year is $235,895 for 25,188 rides, or $9.37 per trip. Around 50% of Funding comes from Title III through BEAS contract, which pays $4.58 per trip, and these funds are matched by Belknap-Merrimack Counties, by United Way, and by substantial local fundraising.

Coordination. B-MCAP staff have participated in planning sessions to explore coordination of services. The CAP agency has been assisting the Central NH brokerage, and for a time staff were leaders for a coordination project in the Twin Rivers / Lakes region, though this never got off the ground. They are also the public transit provider in the Laconia area and are looking into coordination for paratransit needs there. One constraint regarding coordination is that they primarily serve elderly and disabled adults, and would be hesitant to pick up other riders if it interfered with providing for these people. They also warn that statewide coordination must be sensitive to impacts on local funding, which in some cases have been assisting particular organizations for over 25 years and may be apprehensive about redirecting this funding.

Finally, Ms. Jolivette notes that the senior network is more than just transportation but provides an opportunity to observe individual status, which may be difficult to preserve in a more centralized coordination set up.

Contact:
Pam Jolivette, Director of Rural Transportation / Nutrition & Elder Services
603-225-3295
pjolivette@bm-cap.org

Belknap-Merrimack Community Action Program — Concord Area Transit and Central New Hampshire Transportation

General Description. Concord Area Transit (CAT), a division of B-MCAP, provides an ADA paratransit service to complement its fixed route service in the city of Concord. CAT owns two vehicles for its ADA service, operating 11,000 demand responsive trips per year. CAT also manages a brokerage called Central New Hampshire Transportation (CNHT) through which they schedule an additional 5,200 trips annually. The brokerage includes two other transportation providers: the Granite State Independent Living Center, operating 5-6 vehicles, and Riverbend Community Mental Health, operating two vehicles. These agencies schedule and operate their own services independently of the brokerage, but make any "gaps" in their schedules available to CNHT. Anyone in the Concord area may call for a ride (ADA and non-ADA trips are mingled), but trip purposes are limited to health care appointments, work, meetings, shopping, and social engagements. Trips are scheduled on a space available basis; when a customer calls (1 to 5 days in advance), a CAT dispatcher scans the vehicles operated by CAT and the schedules provided by its two agency partners to see which vehicle would be in the best position to take the ride. One of the Granite State vehicles and one of the Riverbend vehicles are radio linked to the CAT dispatcher.

Operating Expenses and Revenues. The fare structure set up by CAT is a zone structure and is sensitive to rider type. For example, a trip up to 7 miles is $1 for seniors, $2 for persons with disabilities (under 60), and $4 for the general public (under 60). This past year, the collective ridership for CAT's two vehicles and its partner agencies was 17,200 trips. The 11,000 trips operated by CAT had an associated operating cost of $131,811, or $11.98 per trip. CAT reimburses its brokerage partners at a rate of $25 per hour, prorated to the minute each month; the total cost of the 5,200 trips provided by the partners in FY 2005 was $34,431, or $6.62 per trip. CAT receives FTA funding for through NHDOT (for ADA paratransit service), and Title III-B funding (through B-M CAP) (for providing senior transportation). These funds are supplemented by farebox revenues, funding from local municipalities, and from two private grants—the Endowment for Health and the New Hampshire Charitable Fund. In addition, CNHT has recently negotiated to be a Medicaid transportation vendor.

Coordination. CNHT represents a successful coordination effort which uses different transportation providers to reduce the number of redundant trips and more efficiently use transportation resources. However, this coordination currently goes one-way: while CAT trips are scheduled onto partner agency vehicles, there is no mechanism in place for CAT vehicles to be scheduled with trips that Granite State or Riverbend vehicles are unable to carry. Staff note that a centralized dispatch center for the three agencies could result in increased efficiency. In addition, staff note that the three major issues facing increased regional coordination are turf issues, politics, and lack of sufficient funding.

Contact:
Mickey McIver
603-225-1989
mmciver@bm-cap.orgv

Community Alliance of Human Services Inc. – Community Transportation Services

General Description. Community Transportation Services (CTS) operates 2 services in Sullivan County: a door-to-door demand response paratransit service as well as deviated fixed route service. In CY 2005, 30,007 trips were provided of which approximately 25% were demand responsive.

- **Deviated Fixed Route:** This service is open to the general public for any trip purpose within the service area, which comprises the major population centers within Sullivan County, with the two fixed routes centering around Newport and Claremont . Fares for intra- and inter-town trips are $1.00 and $2.00 respectively. Various discount and monthly passes are also available. Subscription trips account for 25% of trips on the deviated service. 24-hour advance notice is required for deviated service. Three 18-passenger buses and one trolley are used for this service.
- **Demand Responsive:** The paratransit service is for seniors 60 and older and adults with disabilities, though sometimes the general public may ride if space is available. The service is provided for travel statewide, if funding allows, and the cost to riders for intra- and inter-town trips within the service area are $2.00 and $4.00 respectively (double the cost of the fixed route service). 40% of trips are subscription in nature; otherwise, riders must call between 1 and 14 days in advance to schedule trips. The service currently uses 2 vehicles although a third is being procured.

Operating Expenses and Revenues. Funding for the CTS comes from 3 sources. The NH Bureau of Elderly and Adult Services provides $24,512 in Title III-B funds annually for the demand responsive service—or $4.58 per trip for 5,352 trips—with the requirement that CTS provide quarterly and annual financial and statistical reporting. NH DOT provides $173,234 in FTA Section 5311 funding. Sullivan County provides an additional $28,000. The total operating (non-capital) costs for the 30,007 trips in FY 2005 were $330,100.

Coordination. Currently the extent of cooperation with other agencies includes the purchase of fuel at State of New Hampshire fueling sites, and regular information-sharing among NH transit agencies.

Contact:
Alison D. Jones, Director
603-863-0003
ajones@communityalliance.net

Cooperative Alliance for Regional Transportation (CART)

General Description. The Cooperative Alliance for Regional Transportation (CART) is a newly forming transit system that will serve a nine town area in the Derry-Salem area of Southern New Hampshire. The potential service area includes Chester, Danville, Derry, Hampstead, Londonderry, Plaistow, Salem, Sandown, and Windham; however, the system will only be able to provide service to those towns that participate financially. CART was formed by the NH legislature in 2005 with enabling legislation based on the model of COAST, the Cooperative Alliance for Seacoast Transportation. CART is in the process of applying for certification from the FTA as an independent recipient of FTA funding, but in the meantime is working cooperatively with the Merrimack Valley Regional Transit Authority (MVRTA, based in Haverhill, MA) as a recipient/manager of FTA funding available to CART communities to begin service in the Fall of 2006.

CART is being designed to provide coordinated demand-responsive service, similar in design to the Concord Area Transit (CAT) brokerage initiative. The broker/manager role is being filled on a contract basis by Easter Seals Special Transit Service. Like CAT, the call center will intake calls for trip requests, and attempt to fill holes in the schedules of participating providers.

Revenues. Initial seed funding has been provided by the Endowment of Health. A grant of $90,000 was provided for Year 1 (representing 2/3 of the local match for FTA funding), and a grant of $67,000 was provided for Year 2 (representing 1/3 of the local match for FTA funding).

Coordination. The exact number of providers who will take part at start-up is not certain, but a number of providers have expressed an ongoing intent to participate in the new CART service: Greater Derry-Greater Salem Regional Transit Council, Center for Life Management, Lamprey Health Care, and Granite State Independent Living.

Contact:
Scott Bogle, Rockingham Planning Commission
603-778-0885
sbogle@rpc-nh.org

Cooperative Alliance for Seacoast Transportation (COAST)

General Description. COAST provides curb-to-curb complementary paratransit for ADA-certified customers; 35% of trips are subscription. COAST serves eleven cities and towns in Strafford and Rockingham counties, and in Berwick, Maine. The fare for service is $2 for most trips (twice the fixed route fare). One-day advance notice is required.

Operating Expenses and Revenues. The service is operated directly by COAST using 1 vehicle, and scheduling is performed by a single staff member. In FY05 1,591 trips were provided at an operating cost of $96,772 ($60.82 per trip). This was funded largely by FTA Section 5307 funding, which contributed $74,349. COAST also received $12,592 from the United Way of the Greater Seacoast and $9,831 in contributions from the cities and towns served.

Coordination. COAST has been working with Strafford Network on regional agency transportation coordination. COAST has also been coordinating with Lamprey Health Care for many years to provide transportation to areas in the region not served by COAST fixed route service.

Contact:
Steve Wells, Executive Director
603-743-5777
swells@coastbus.org

Easter Seals New Hampshire Special Transit Service

General Description. The Easter Seals Special Transit Service (STS) provides special education transportation, demand-response dial-a-ride (general public), and human service transportation. Easter Seals owns 110 vehicles, of which 80 are for STS purposes; most of these are used for student transportation. Eligibility and trip purpose restrictions depend on the specific program with whom STS is contracting. Approximately 70% of client trips are subscription. Most of STS operations are centered around the greater Manchester area although they provide service statewide for DHHS Divisions of Children, Youth & Family and Juvenile Justice. STS has also been involved in the development and service provision of transportation in the Greater Derry Greater Salem area. They also provide Medicaid transportation statewide, as requested. STS has an extensive call center using RouteMatch software.

Rates and Operating Expenses and Revenues. Rates for STS trips also vary depending on the service. Rates for Medicaid-sponsored non-emergency medical transportation trips are generally $15 per hour plus $0.40 per mile, while the rates for Medical Adult Day Care trips vary depending on the type of trip and the funding source. STS also receives $90,000 per year from the Bureau of Elderly and Adult Services. In 2005, STS provided approximately 150,000 trips for the elderly and disabled adults, and 200,000 trips for student transportation, totaling 350,000 trips in 2005 at an operating cost of $3,455,723. Revenue from various school districts ($2.1 million) and from the Health and Human Services Transportation and Human Services Transportation funds ($1.1 million) covered most of the operating expenses. Easter Seals notes that community and human services transportation programming generally runs a deficit, but that revenue from student transportation services and charitable funds helps to offset this deficit.

Coordination. While STS is not the public provider of ADA paratransit services in Manchester they are working cooperatively with the Manchester Transit Authority (MTA) to coordinate services, and are exploring an agreement whereby MTA ADA trips would be coordinated through the STS call center, and STS would provide ADA eligibility determination services for the MTA. STS is also preparing to respond to an RFP for a transportation brokerage to be established for the Derry/Salem area, noting that they already provide general-public dial-a-ride services there under a contract to Greater Derry-Greater Salem Regional Transit Council. They also have experience providing coordinated and collaborative transit services in the areas of maintenance, marketing, grant writing, dispatching, training, vehicle sharing and facility sharing. Staff note that funding and turf issues have played a major role in stalling past efforts to coordinate.

Contact:
Fred Roberge, Vice President
603-668-8603
froberge@eastersealsnh.org

Grafton County Senior Citizens Council

General Description. Grafton County Senior Citizens Council provides demand responsive, door-to-door transportation for older adults and adults with disabilities living within Grafton County. Trips are primarily for medical transportation, while second priority goes to access to food (the grocery store or the senior center for a meal) and other human services. About 50% of trips are mid-day trips to the senior center, and 10% are to shopping centers; the remaining 40% of trips are random. These trips are served with 10 lift-equipped Section 5310-funded mini-buses, operated by the Council, and by 60 volunteers using their own vehicles. Each mini-bus is based at a senior center in one of 7 towns as shown below, and serves trips neighboring towns as follows:

- Littleton – 2 buses serving Littleton, Lyman, Lisbon, Sugar Hill, Franconia and Bethlehem
- Haverhill – 1 bus serving Haverhill, Monroe, Bath, Benton, and Piermont
- Lincoln – 1 bus serving Lincoln and Woodstock
- Plymouth – 1 bus serving Plymouth, Groton, Rumney, Wentworth, Warren, Thornton, Waterville Valley, Campton, Holderness and Ashland
- Bristol – 1 bus serving Bristol, Bridgewater, Alexandria and Hebron
- Canaan – 1 bus serving Canaan, Grafton, Orange and Dorchester
- Lebanon – 3 buses (two 5310-funded and one privately funded buses) serving Lebanon, Hanover, Enfield and Plainfield

Riders call the local senior center to make trip reservations; while 24 hours advance notice is preferred, they try to accommodate all requests.

Operating Expenses and Revenues. The Council operates service directly as part of a contract with the Bureau of Elderly and Adult Services (BEAS), through Title III. The contract, which will last through 6/30/07, provides $4.58 per ride for up to 35,505 rides per year, or $162,612 per year. This accounted for 32.42% of operating costs in 2005, which totaled $501,594 for 40,697 trips. This revenue is supplemented by contributions from Grafton County, grants from 37 individual towns within the county, and private donations. An additional $19,082 was collected from participants using the system; a $1.50 donation is suggested for trips but there is no required fare; the average donation is $0.47.

Coordination. The GCSCC is involved in several coordinated efforts. In terms of direct transportation coordination, they assumed responsibility of long-distance medical transportation from FISH in the Plymouth area and from Bristol Community Services, when they could no longer afford to provide the service. They also coordinate with a taxi company in the Plymouth area that is willing to accept vouchers for evening and weekend transportation, and have allocations or contracts with a number of community organizations to provide transportation for their constituents. Beyond this, they frequently provide rent-free use of their senior centers for Advance Transit meetings help coordinate meetings between transportation providers and stakeholders, and participate in regional transportation planning efforts.

Contact:
Roberta Berner, Executive Director
603-488-4897
rberner@gscc.org

Keene, NH – VNA at HCS Friendly Bus

General Description. The VNA at HCS (Visiting Nurses Association at Home Healthcare, Hospice & Community Services) is a Medicare certified home health agency in Keene, NH that operates the Friendly Bus, an advance reservation door-to-door paratransit service that also addresses their ADA complementary paratransit obligations. Service is provided for any trip purpose to people 60 and over and to adults with disabilities; approximately 15% of riders are ADA eligible. The service uses 2 vehicles and operates weekdays within the City of Keene with some trips to surrounding communities; trips are random (not subscription), based on customer requests. Riders must call and schedule trips at least one day in advance, and a donation of $1.00 is requested but not required.

Operating Expenses and Revenues. A total of 13,234 trips were made in FY 2005 at a total operating cost of approximately $168,500, or $12.73 per trip. These trips were funded by $105,951 from BEAS through Title III-B and $18,938 from United Way. Both funding sources require reports of the number of trips, unduplicated individuals and client impact/rider satisfaction reports, and BEAS requires financial information as well. This funding is supplemented by the VNA at HCS fundraising and by advertising profits.

Coordination. The VNA at HCS also operates the City Express public transit system in the City of Keene, and resources are shared between the two systems; City Express has 3 vehicles in service, of which one is owned by Keene State College , and have 2 spare vehicles as well. Staff observe that any other coordination efforts have been stalled by financial barriers: agencies cost out transportation services differently, and when costs are pulled from integrated budgets to be dedicated to transportation, the costs are sometimes prohibitive. In addition, some organizations integrate transportation with client care plans in such a way that the transportation is highly individualized and not readily applicable to a system.

Contact:
Susan Ashworth
603-352-2253
sashworth@hcsservices.org

Manchester Transit Authority

General Description. The Manchester Transit Authority (MTA) provides ADA paratransit service within the MTA operating area. Subscription trips account for roughly 50% of the trips served. Trips are scheduled by calling the transit dispatcher, up to two weeks in advance and as late as 5 pm the day before. Fare is $2.00. MTA has 101 buses of which 80 are school buses, 16 are used for fixed route service and 5 vehicles are used for the paratransit service.

Operating Expenses and Revenues. In 2005 11,136 ADA trips were provided at an operating expense of $347,279. An additional $110,000 was spent in 2005 on two vans. Funding for the MTA comes from the FTA, the City of Manchester General Fund, and the Town of Bedford; however 100% of ADA trip costs are carried by the transit authority's general revenues and fares.

Coordination. MTA currently operates their own ADA service, but are exploring the idea of working with Easter Seals to coordinate dispatching from the Easter Seals' call center. Other coordination efforts would have to be approved by the City of Manchester as they provide a significant portion of funding. MTA is an operating agency and if there were statewide coordination, they would like to participate as a service provider to use underutilized capacity. If regional brokerages are developed, the MTA would like to participate in developing the Manchester-area brokerage. Currently, MTA is not staffed for planning and rely on the regional planning commission for federally funded planning services.

Contact:
David Smith, Executive Director
603-623-8801 x612
dsmith@mtabus.org

City of Nashua

General Description. The City of Nashua operates an advance reservation door-to-door paratransit service for ADA-certified customers and seniors—about 20,000 of the 38,256 demand response trips served in 2005 were ADA trips. Trips may be for any purpose within the City of Nashua, with limited service also available to the neighboring towns of Hudson and Merrimack. Approximately 45% of trips are subscription. Riders pay $2 for trips within Nashua, $4 from Nashua to another town, and $6 between two other towns. Riders must call dispatch to schedule their trips at least 24 hours in advance.

Operating Expenses and Revenues. All service is contracted to a New Hampshire subsidiary of First Transit, Inc.; the contract is for a minimum of 5 years but can be extended for up to 10. A management fee (covering 2 positions and central office support) is fixed for the first four years and will be negotiated after that; First Transit charges actual cost for other personnel. Funding is received from nearly thirty sources, including $535,836 in FTA funding, $22,375 from NH DOT, $90,346 from the Bureau of Elder and Adult Services, and $10,618 from Medicaid. An additional $43,000 came from paratransit fares. The total operating expenses for the demand-responsive service were $882,244, of which $502,879 went towards ADA trips. The City makes reports on their program to FTA and to the New Hampshire Department of Health and Human Services.

Coordination. There is no direct coordination with other agencies, although information is shared through the management firm's network and directly with other transit providers by City staff (on an as-needed basis). Piggy-back purchases have been made for revenue vehicles, and the City has used the State contracts for other vehicles, but vehicles are not shared. Trips to different programs, as well as non-program trips, are co-mingled on the same vehicles. One factor that may continue to thwart coordination efforts is the problem of transferring liability for client transportation to the public system. The City feels that while some services to towns outside Nashua may be provided more efficiently by other providers, the City can provide most efficiently within Nashua.

Tri-County Community Action Program – North Country Transportation

General Description. The Tri-County Community Action Program's (Tri-County CAP) North Country Transportation (NCT) operates advanced reservation, shared ride, door-to-door paratransit service to elderly and disabled adults throughout Coos county, as well as two deviated fixed-route services, one connecting Berlin and Gorham and one in the towns of Lancaster, Littleton (which is in Grafton County) and Whitefield. In addition, long-distance non-emergency medical transportation for the elderly is provided using volunteer drivers. Around 25% of trips are subscription, and for non-subscription trips 24 hour advance notice through a central dispatch center is required.

Operating Expenses and Revenues. Fares for the different services range from $1.00 per day on the fixed route service to $6.00 for the longest demand response trips. NCT provided 52,601 trips in 2005 at a total operating cost of $330,870. Revenues included $109,248 from Title III-B (through BEAS), $133,140 in FTA (Section 5310 and 5311) funding, and $39,700 from Coos County, towns, and United Way of Northern New Hampshire. Of the 52,601 total trips, 3,865 trips were provided at a cost of $30,865 organizations such as the Littleton Regional Hospital and to private medical practices.

Coordination. The coordination of services is one of the principal objectives of NCT. Currently, NCT provides training throughout Coos County and neighboring towns, shares maintenance resources and vehicles with other Coos County agencies, and is an active member of the New Hampshire Transit Association, using other members as resources for operational policies and providing assistance with problem solving and research.

While NTC staff feel that coordination of services is the most effective and beneficial way to improve transportation provision, they see various obstacles that must be overcome before this can happen:

- In order to use volunteer drivers, legislation must be changed to relieve the burden of liability from the volunteers.
- Funding and coordination is needed to recruit and retain volunteers and to reimburse them for travel.
- "Territory" issues limit the ability to provide trips between service areas, or across state borders, either because funding is constrained or out of deference for other transportation providers.
- There must be education provided for different agencies so that they understand what the others' resources are and how they can cooperate.

Contact:
Beverly Raymond, Director
603-752-1741
braymond@tccap.org

DHHS – Bureau of Behavioral Health

General Description. The Bureau of Behavioral Health (BBH) funds 8 Peer Support Agencies, located at 15 sites throughout the state, which provide services (including transportation services) for people with mental illness. BBH also funds 10 Community Mental Health Centers (CMHCs) that provide transportation services for the mentally ill; the services vary from center to center but basically provide transportation for clients in residential programs to doctor's appointments, and transportation for children to various programs.

Service and Funding Details. Between the 8 Peer Support Agencies there are 14 vans, and some of the CMHCs own or lease vans for transporting clients. The BBH does not have a count of how many trips they fund each year, as transportation represents only a small part of how the Peer Support Agencies and CMHCs use funding from BBH: For FY05, line item transportation-related expenses for the Peer Support Agencies totaled around $60,000, but this includes expenses such as travel reimbursements for staff in addition to paratransit services. For the CMHCs, the budgeted transportation costs for the current fiscal year total $1,693,300.

Revenues. Funding for peer support agencies comes from Federal Mental Health Block Grants (75%) and NH general funds (25%); about 93% of NH general funds within BBH budget are used for Medicaid Match. BBH does not track how transportation expenses are paid for at the CMHCs, but Medicaid represents 70-75% of all revenue generated here.

Coordination. One constraint on coordination is that funding from Federal Block Grants is limited to use for mental health services. Currently, Peer Support Agencies and CMHCs may each use their vans to drop clients off at the other agency's programs, but generally do not make special trips for these purposes as funding for staff and vehicle costs does not allow this on a regular basis. Peer Support Agencies and CMHCs in a few regions work more closely on this. Needs of individual Peer Support Agencies and CMHCs are unique to each agency within their geographic areas, making it difficult for BBH to speak to their potential for coordination.

Contact:
Erik G. Riera, Bureau Administrator
603-271-5048
eriera@dhhs.state.nh.us

DHHS – Division for Children, Youth & Families and Division for Juvenile Justice Services

General Description. The Divisions for Children, Youth & Families (DCYF) and Juvenile Justice Services (DJJS) provide transportation services statewide for clients of the DCYF and DJJS by agency staff and by vendors for purposes including but not limited to medical, social, mental health, social services, court appointments, and for visitation. Clients of the agency are children, youth and families.

Rate Structures and Funding Details. Some clients have regular visits with providers or family members, but in most cases the caseworkers or district office staff will receive transportation requests with little to no advance notice. Trips usually are not contracted and are often provided by volunteers or family drivers; for longer statewide trips, clients can call Easter Seals STS to schedule a next-day trip with them. Personal vehicle mileage reimbursement is currently at a rate of $0.44 per mile; Accompanied Transportation services for children and families is provided at a rate of $17.46 per hour; and the Secure Transportation service rate is $8.65 for 15 minutes. Per Administrative Rule He-C 6352, non-agency staff drivers must be certified. Funding for reimbursement of transportation expenses comes from state, federal, and county funds. DHHS documentation cites SFY 2004 transportation expenditures for DCYF and DJJS at $1,160,227.

Coordination. Ridesharing among clients is currently encouraged and used when possible, but no software to coordinate this effort has been purchased. DCYF and DJJS do not have any vehicles specific for client transport. DCYF and DJJS do not cite any funding constraints that would preclude opportunities for coordination, but mention that drivers must be certified to provide the service, and that as clients are primarily children and families, drives must not represent any danger to clients. Consistency of drivers is preferred and co-mingling with other adult riders may be problematic, particularly for children and youth.

Contacts:
Eileen Mullen, Administrator
603-271-4343
emullen@dhhs.state.nh.us

Dague B. Clark
dbclark@dhhs.state.nh.us

DHHS – Bureau of Elderly & Adult Services

General Description. The Bureau of Elderly & Adult Services (BEAS) funds transportation for all residents over 60, adults with physical disabilities, long term health care residents and adult Medicaid recipients. BEAS supports single demand-responsive trips for any purpose (mostly for medical appointments or shopping), and additionally provides for bus passes in Nashua and long distance trips with North Country Transit. Riders arrange transportation with regional contract providers directly, rather than through BEAS.

Rate Structures and Funding Details. Funding for BEAS comes from two major sources as follows:

- *Title III-B Funding*— BEAS has Title III contracts through June 2007 with 15 different service providers, including Grafton Senior Citizens Council, Easter Seals, and the Belknap-Merrimack Community Action Program. These transportation vendors are generally reimbursed $4.58 per demand-response trip (the exceptions are $9.66 for Keene, NH and $5.19 for City of Nashua Paratransit), $1.95 for fixed route trips and $54.08 for long distance medical trips.[1] For one-way trips, it is roughly estimated that the actual cost for the provider is slightly more than double the BEAS rate paid. The providers secure matching funding from local sources including counties, towns/cities, and United Way, as well as through donations, fund-raising activities, and help from volunteers. BEAS provided $1,405,757 for 244,084 trips in SFY05 as part of Title III funding.
- *RSVP Funding*—BEAS also has contracts through June 2007 with 7 providers through the Retired & Senior Volunteer Program (RSVP), amounting to $130,022 in SFY05 for 34,043 miles (number of trips is not tracked). BEAS also contributes to trips for Medicaid recipients although they don't necessarily bill Medicaid.

Coordination. BEAS supports a coordinated human service transportation system focused on increased access and efficient utilization of available resources; any such system must take into account the unique realities of New Hampshire and build on those realities. BEAS suggests that the current system for funding human service transportation in the state will require significant remodeling, as well as remodeling the provider system, in order to achieve significant progress in goal achievement.

Contacts:
Doug McNutt, Bureau Chief
603-271-4394
dmcnutt@dhhs.state.nh.us

Dave Siress, Administrator
603-271-0547
dsiress@dhhs.state.nh.us

[1] The standard BEAS reimbursement rate is due to go up to $4.79 per one-way trip in March 2006, and would be retroactive to July 1, 2005. As of State Fiscal Year 2007 (July 1, 2006), the rate will increase again to $5.01.

DHHS – Division of Family Assistance

General Description. The Division of Family Assistance (DFA) provides reimbursements of up to $130 each month for participants in the NH Employment Program (NHEP), at a rate of $.25 per mile for approved travel activities including dropping off children at day care. DFA also provides monthly bus passes to clients for various public transit agencies throughout the state (approved clients get the bus passes from the transit agencies for free and the agencies then bill the DFA). Finally, DFA provides assistance for auto insurance, driver license fees, car registration payments, and car repair reimbursements. DFA reimbursements are funded through Temporary Assistance for Needy Families (TANF), and to qualify, clients must be recipients of TANF who are also participating in the NHEP.

Operation, Expenditure, and Reimbursement Details. The DFA reimbursement program is a statewide program and as such works with many different transit providers throughout the state. In 1999, for example, there were 9 transit agencies that provided monthly passes or multiple-ride tickets to NHEP eligible clients; for instance, Advance Transit in Lebanon provided $35 monthly passes and 10 ride tickets for $11.50 for fixed route service, while Rowell Rolling Wheels provides multi-ride passes with 12 round trips in a month for $65 for any trips within a 12 mile radius in the North Conway area. Most transit agencies required that DFA provide the agency with the Form NHEP 256a to verify eligibility. DFA does not track the number of trips it funds, nor total expenditures on transportation.

DFA does not have any formal contracts with either the transit providers or with local vendors but use rates pre-established by the vendors, as long as the rates of payment fall within the budgeted $130 per month. Clients uses the existing reservation and acquisition procedures set by local vendors.

Coordination. DFA does not currently conduct any coordination of services, and notes that one obstacle to coordination is that local vendors find the reimbursement and invoice system difficult to administer and manage. DFA staff mentioned that coordinated transportation could provide additional transportation resources to utilize for training and employment transportation, but notes that *affordable* options must be available for clients, once they "graduate" from TANF assistance.

Contacts:
Lynn Wilder, Program Specialist
610-271-4247
lwilder@dhhs.state.nh.us

Terry Smith
603-271-4414
tsmith@dhhs.state.nh.us

DHHS - Medicaid Administration

General Description. There are two types of Medicaid-sponsored transportation that are not reimbursed or purchased through DHHS-Medicaid Client Services: Adult Medical Day Care (ADMC) trips and Non-Emergency Medical Transportation trips that are made by Medicaid recipients who require wheelchair-accessible vehicles (NEMT/WC). (NEMT trips taken by ambulatory Medicaid recipients are handled through DHHS-Medicaid Client Services.)

- ADMC providers typically operate their own transportation and bill the Medicaid Administration (through its EDS MMIS system) at a flat rate of $10.46 per trip. However, the number of ADMC agencies using outside transportation providers has been growing and is expected to continue, increasing the likelihood that ADMCs may be interested in participating in coordination.
- NEMT clients requiring wheelchair van service must be approved by a physician through a completed Form 975. When given to a certified wheelchair van service provider, the Form 975 authorizes the use of wheelchair van transportation for that client for up to a year. Thus, when the client requires NEMT/WC service, he/she will call the provider to request service; the transportation provider then invoices the MMIS system, and EDS processes and pays the vendor. There are approximately 40-50 NEMT/WC providers in the state.

Rate Structures and Funding Details. The total costs for ADMC and NEMT/WC combined in 2005 was $3,067,610 for a total of 114,397 trips, broken out as follows:

- ADMC - There were 40,932 AMDC trips provided during the FY05. At the 2005 per-trip rate of $10.00, these trips can be estimated to have cost $409,320 altogether. (As noted above, the rate has since increased to $10.46.)
- NEMT/WC - All NEMT/WC providers across the state invoice at the same rate: in 2005, the rate was $25.00 per trip, plus a mileage charge of $2.25 per mile. (Note that these rates were increased in January 2006 by 4.6%) In FY05, 73,465 NEMT/WC trips served over 442,972 miles. Based on the rates above, this works out to a cost of $2,833,312 for an average of $38.57 per trip; however, not every wheelchair van trip is billed using both of these codes and the actual operating cost is unknown. The Medicaid Surveillance and Utilization Review Subsystem (SURS) performs spot-checks of client authorization for trips provided, as well as checking on whether the client actually made the trip and accuracy of the reported mileage.

Coordination. Currently, there is very little coordination in these two types of service. For example, in the case of NEMT/WC trips, clients choose which transportation provider they wish to use, so two similar trips (i.e. made by two clients living close to one another and going to the same medical provider at the same time) might be made on two separate vans operated by different providers. Furthermore, in the event that these two clients do choose the same provider, there is no rate break to Medicaid for grouping these trips on the same vehicle. (While the vendor may group trips to save costs, they will likely still invoice Medicaid at the same rate for both trips.) The same thing is likely the case for co-mingling ridesharable trips sponsored by Medicaid with rides for another contract.

DHHS is currently designing a statewide brokerage that will re-invent many of these functions, from trip authorization to trip requests to service quality monitoring to fraud control. DHHS staff are very positively inclined to utilize the set of regional coordinators being proposed through this and previous studies, and are currently mulling over whether this brokerage will encompass just Medicaid-sponsored transportation or possibly other DHHS-sponsored transportation as well, such as Title III.

Contacts:
Dave Siress, Administrator
603-271-0547
dsiress@dhhs.state.nh.us

DHHS – Medicaid Client Services

General Description. In New Hampshire, non-emergency medical transportation is provided to ambulatory Medicaid recipients through DHHS Medicaid Client Services, which reimburses volunteer drivers and family members for driving Medicaid clients, and also utilizes fixed route, demand-response, and volunteer drivers provided by public transportation services and private, non-profit agencies. (See DHHS – Medicaid Administration for non-emergency medical transportation for non-ambulatory clients.)

Rate/Reimbursement Structures. Through Medicaid Client Services, family members (called "recipient" drivers) and volunteer drivers are reimbursed at a rate of $0.41 per mile; this increased in September 2005 from $0.30 for volunteers and $0.20 for recipient drivers. Other trips are arranged (at negotiated rates) with local transportation providers, such as North Country Transportation, Concord Area Transit, Easter Seals, and Red Cross. Medicaid recipients can also be reimbursed for trips on buses and taxis as long as these trips are pre-approved. Medicaid recipients often contact transportation providers directly but may decide to go through Medicaid Client Services depending on how familiar they are with existing local resources.

Expenditures. In FY 2005 Medicaid Client Services spent a total of $678,307 on transportation. This included $79,019 in payments to transit providers, $240,741 to volunteer drivers for 38,292 trips, and $351,242 to recipient drivers for 68,268 trips. For volunteer and recipient driver transportation, an average of $5.56 was spent per trip. An additional $6,105 was spent on parking and tolls, and $10,200 on other services which included some taxi, bus, and other pre-arranged trips. Based on the increase in per-mileage reimbursement, the budget for FY 2006 is $1,209,913.

Coordination. Medicaid Client Services coordinates with transportation service providers, and performs a watchdog function. Cindy notes that the funding structure with DHHS is very disorganized, which may be a setback for coordination. She also mentions that volunteers are integral and must be included in a plan for coordination.

Contact:
Cindy Reid, Administrator
603-271-4360
lreid@dhhs.state.nh.us

Appendix C. New Hampshire Reports and Studies Reviewed and Other Coordination Studies

Community Transit Brokerage Study. Fittante, Steven R. and Wood, Douglas. ATC Paratransit. 2001.

Coordinating Existing Human Service Transportation Resources: Maximizing Resources and Economic Benefits. Winchester, Michelle. Franklin Pierce Law Center, 2004.

Cost Savings Coordination of Our Public Transportation Study: Report to Commissioner Vailas on Human Service Transportation. NH Department of Health and Human Services, 2003.

New Hampshire Community Action Association: 2005 Report. New Hampshire Community Action Association, Manchester, NH. 2005.

New Hampshire Speaks Out: We Want Public Transportation. Antal, Peter; Dornblut, Sonke and McIver, Mickey. UCED, UNH, BM CAP, and Endowment for Health, 2005.

Statewide Transit Coordination Study. OSP, 1995.

TCRP Report 91: Economic Benefits of Coordinating Human Services Transportation and Transit Services. 2003.

TCRP Report 105: Strategies to Increase Coordination of Transportation Services for the Transportation Disadvantaged. 2004.

Appendix D. Statewide Coordination Council Memorandum of Understanding

New Hampshire Statewide Coordination Council for Community Transportation

Memorandum of Understanding

WHEREAS there are several different transportation programs currently providing service within New Hampshire to seniors, persons with disabilities, and human ser vice agency clients;

WHEREAS there are significant unmet needs for individuals requiring such transportation services;

WHEREAS this service gap is anticipated to grow significantly in the next twenty years due to demographic trends;

WHEREAS coordination efforts have been shown to result in increased service through improved cost efficiency, elimination of duplication, and access to additional funding; and

WHEREAS there is a need – and an opportunity – to create a balanced network of diverse transportation services and options by coordinating transportation in New Hampshire,

BE IT KNOWN THAT

_____ intends to participate in the establishment and functioning of the New Hampshire Statewide Coordination Council for Community Transportation (herein after referred to as the Council or the SCC). This Memorandum of Understanding documents this intent and the organization's commitment to the primary mission of the Council.

The primary mission of the Council is to:

- Help develop, implement, and provide guidance to the coordination of shared ride transportation options within New Hampshire so that (1) seniors and persons with disabilities can access local and regional transportation services; and (2) municipalities, human service agencies and other organizations can purchase such shared ride coordinated transportation services for their citizens, clients, and customers; and

- In support of this goal, the Council will set statewide coordination policies, help establish Community Transportation Regions and Regional Coordination Councils (and assist regional efforts as needed), secure and distribute funding to help establish and sustain Regional Transportation Coordinators, and monitor the results of statewide coordination.
- The SCC will oversee the final decisions of the Regional Coordination Councils regarding their designations for Regional Transportation Coordinators, in order to ensure that the agencies chosen will be able to meet any federal or state requirements associated with major funding streams.

In signifying this intention and commitment, _____ pledges to:

- Designate one representative (and/or up to two alternate representatives) to the Council, and ensure that the representative attends regularly scheduled meetings of the Council and is active in the functioning of the Council and Committees.
- Provide meeting space for the Council and/or Committees, as needed

Signing this Memorandum of Understanding does not signify a commitment of funding at this time.

Either party may cancel this Memorandum of Understanding with 14 days written notice.

IN WITNESS WHEREOF, indicates its support and intent:

Name: _____

Title: _____

Organization: _____

Signature: _____

Date: _____

ACCEPTANCE BY:

Name:_____

Title: _____

Organization:_____

Signature: _____

Date:_____

Appendix E. Statewide Coordination Council Bylaws

New Hampshire Statewide Coordination Council for Community Transportation: Bylaws

Article I: Name

The name of the Council shall be the New Hampshire Statewide Coordination Council for Community Transportation (hereinafter called the Council or SCC). These bylaws shall provide the procedures for conduct of business of the Council.

Article II: Purpose

Established by its founding members, the Council is organized to:

- Help develop, implement, and provide guidance to the coordination of shared ride transportation options within New Hampshire so that (1) seniors and persons with disabilities can access local and regional transportation services; and (2) municipalities, human service agencies and other organizations can purchase such shared ride coordinated transportation services for their citizens, clients, and customers; and
- In support of this goal, the Council will set statewide coordination policies, help establish Community Transportation Regions and Regional Coordination Councils (and assist regional efforts as needed), secure and distribute funding to implement and sustain Regional Transportation Coordinators, and monitor the results of statewide coordination.
- The SCC will oversee the final decisions of the Regional Coordination Councils regarding their designations for Regional Transportation Coordinators, in order to ensure that the agencies chosen will be able to meet any federal or state requirements associated with major funding streams.

Article III: Membership of the Council

III.1 Membership Eligibility Criteria

Any of the following organizations are automatically a member of the Council upon formal adoption of the Council's Memorandum of Understanding by that governmental unit or organization, and formal acceptance by the Council:

1. Any public or private non-profit organization based in New Hampshire which currently funds, arranges or provides such transportation services for its citizens, clients or customers;

2. Organizations representing groups of consumers and constituents that would be positively affected by such mobility and access improvements in New Hampshire.

Each organizational member shall designate one representative and up to two alternate representatives to the Council.

III.2 Rights and Responsibilities of Membership

Each member is afforded one full vote on any decision put to a vote. Each organizational member's vote can be cast by his/her representative or alternate representative.

To be in "good standing," a member (1) must attend at least 75% of the regular monthly meetings, and miss no more than two consecutive regular monthly meetings in a calendar year; and (2) must participate in some facet of the Council's work program. The Chair may determine if a missed meeting is excused; an excused miss shall not count as non-attendance.

III.3 Annual Membership Dues

There may be annual membership dues to cover the administrative costs and other business of the Council, the amount to be determined annually.

Article IV: Officers of the Council

IV.1 Officers and Terms of Office

The Officers of the Council shall be as follows:

- Chair
- Vice Chair
- Treasurer
- Secretary

The term of each officer shall be one year. Officers may serve multiple terms.

IV.2 Election of Officers and Operating Year

The Council's operating year shall begin at the regular _____ meeting.

Officers will be elected by majority vote on an annual basis at the Council's regular _____ meeting.

Nominations for officers must be given to the Secretary no later than at the Council's last regular meeting of the calendar year.

IV.3 Responsibilities of the Officers

The Chair, or in the event of his/her absence, the Vice Chair, shall preside at all meetings of the Council; but neither shall be deprived of his/her right to vote.

The Chair or Vice Chair shall have such other powers and perform such other duties as may from time to time be voted by the Council, including the establishment of committees and appointment of committee members as may be necessary or convenient for carrying out the business of the Council.

The Treasurer shall be responsible for collection of annual dues (if any) and disbursement of funds for the conduct of Council business.

The Secretary shall be responsible for disseminating information to Council members, writing Council correspondence, keeping meeting attendance records, and taking minutes of meetings. It is not required that the Secretary be a member of the Council.

Collectively, the Chair, Vice Chair, and Treasurer shall comprise the Executive Committee. The Chair, Vice Chair, and Treasurer must be members in good standing.

IV.4 Vacancies

If an officer vacates an office for any reason (non-attendance, resignation), the Chair (or Vice Chair if the vacancy is the Chair) shall declare the vacancy at the next regularly scheduled meeting. The Chair (or Vice Chair if the vacancy is the Chair) can wait until the next nomination/election period or may accept nominations from the floor at the meeting at which the vacancy has been declared. If nominations from the floor are accepted, voting will take place at the next scheduled meeting.

IV.5 Removal of Officers

Members, by 2/3 vote of members present, may remove an officer. An officer under consideration for removal should have the opportunity to be advised and be able to speak to the concerns of the membership. Such matters and discussions should take place in an executive session. The officer under consideration for removal may be given a 30-day period to correct any deficiencies before the vote is taken.

Article V: Meetings of the Council

V.1 Regular Meetings

The Council shall meet monthly on the _____ from ____ to ____ or on another date and/or at another time at the call of the Chair. The Council may vote at a prior meeting not to hold the next regular monthly meeting. The Chair may also cancel a regular monthly meeting.

At the regular meetings, the Council may take such actions, pass such resolutions, or conduct such other business as are on the agenda or may otherwise be properly brought before it.

V.2 Special Meetings

The Chair, or in the event of his/her absence, the Vice Chair may call a special meeting of the Council as required and shall call a special meeting at the request of one-third (1/3) of the members. Business at special meetings shall be limited to the subjects stated in the call for them.

V.3 Information Meetings

The Chair may call an informational meeting as may be required for the presentation and dissemination of reports, analyses, or other data, and for the informal discussion thereof by the Council. No formal action by the Council shall be taken at such meetings. Resolutions may be introduced and discussed at such meetings, but formal debate and action on such resolutions may take place only at future regular or special meetings.

V.4 Meeting Notice and Agenda; Open Meetings

Not less than seven days advance notice in writing of regular or informational meetings shall be given to all members. Not less than three business days advance notice in writing of special meetings shall be given to all members. Such notices shall contain the time, place, proposed agenda, proposed resolutions on substantive matters, and the substance of any matter proposed to be voted on.

All meetings of the Council shall be subject to the open meetings act.

All meetings of the Executive Committee shall be posted three business days in advance, and shall be open to all Council members in good standing.

V.5 Quorum

Fifty (50%) of the membership constitutes a quorum.

V.6 Structure and Conduct of Meetings

Parliamentary discretion for the conduct of meetings shall be vested with the Chair. Council procedures shall provide an opportunity for all members to be heard on any given issue and for the efficient conduct of business.

V.7 Public Participation at Meetings

Any person is welcome to attend all regular and special meetings of the Council, excluding any required executive sessions, and be permitted to address the Council under direction from the Chair.

There shall be two separate opportunities for public comment in these meetings – the first shall be specific to agenda items, the second specific to other business. The Chair shall dictate when these opportunities shall occur in the agenda. Each public comment shall be limited to 3 minutes. This limit may be extended at the discretion of the Chair.

Prior to these meetings, any person wishing to comment at the meeting must first provide a written synopsis of the comment, along with his/her name, address, and contact information to the Secretary, who in turn will submit these written synopses to the Chair.

Article VI: Voting

No vote on a substantive matter shall be taken unless the issue to be voted on has been listed in the proposed agenda, and timely notice (see Article V.4) has been given to all members. Election of Officers and Citizen Members are considered to be substantive issues. Dues payments or financial commitments of Council members are also considered substantive issues. A quorum must exist before any formal vote is taken (see Article V.5).

Each member is afforded one vote on any decision put to a vote and must be present to vote. In the absence of a voting organizational member representative, a designated alternative may cast the vote if present at the meeting. Otherwise, no proxy voting is permitted.

All decisions put to a vote, with the following exceptions, require a majority vote of all members present to pass. The exceptions which require a 2/3 vote of all members present to pass include changes or amendments to these by-laws (see Article VIII) and officer removals (see Article IV.4).

Article VII: Committees of the Council

On an annual basis, Council shall establish or continue standing committees as may be necessary or convenient for carrying out the business of the Council. Standing committees will be chaired by members of the Council but can include non-Council members. Additional standing committees can be established if deemed necessary or convenient to conduct the business of the Council. These committees cane be established upon the affirmative vote of the majority of the Council members present at a regular or special meeting.

The Chair, or in his/her absence, the Vice Chair, shall establish ad-hoc committees and appoint committee members as may be necessary or convenient for carrying out the business of the Council. Non-members, because of their special expertise or association with particular issues, and at the discretion of the Chair, may be appointed to ad-hoc committees.

Article VIII: Amendments

These by-laws may be amended by the affirmative vote of 2/3 vote of the Council present at a regular meeting thereof, if the notice of such meeting has contained a copy of the proposed amendment. Amendments are considered a substantive issue.

Article IX: Effective Date

These by-laws will become effective upon adoption by 2/3 vote of the Council present.

Revised 04/04/06

Appendix F. Regional Coordination Council Memorandum of Understanding

Region ____
Regional Coordination Council for Community Transportation: Memorandum of Understanding

WHEREAS there are several different transportation programs currently providing service within (description of region) to seniors, persons with disabilities, and human service agency clients;

WHEREAS there are significant unmet needs for individuals requiring such transportation services;

WHEREAS this service gap is anticipated to grow significantly in the next twenty years due to demographic trends in this region;

WHEREAS coordination efforts have been shown to result in increased service through improved cost efficiency, elimination of duplication, and access to additional funding; and

WHEREAS there is a need – and an opportunity – to create a balanced network of diverse transportation services and options by coordinating transportation in this region,

BE IT KNOWN THAT

_____ intends to participate in the establishment and functioning of the Region __ Regional Coordination Council for Community Transportation. This Memorandum of Understanding documents this intent and the organization's commitment to the primary mission of the Council.

Region __ includes _____.

The primary mission of the Council is to:

- Help develop, implement, and provide guidance to the coordination of shared ride transportation options within the Region __ so that (1) seniors and persons with disabilities can access local and regional transportation services to get to locations within the regions and between regions; and (2) municipalities, human service agencies and other organizations can purchase such shared ride coordinated transportation services for their citizens, clients, and customers.
- To recruit, select (with approval from the SCC), guide, assist, monitor, and if necessary replace the Regional Transportation Coordinator, an organization which will be responsible for the day-to-day coordination of community transportation in the region.
- Provide feedback to the State Coordination Council for Community Transportation relative to the policies that this Council has established.

In addition to actual service delivery options, the focus of the Council's mission will encompass transportation options such as mileage reimbursement, subsidy programs, volunteer driver programs, and vehicle sharing, as well as related functions such as travel training, information referral, call center functions, vehicle procurement, insurance and maintenance, training, and technological support.

In signifying this intention and commitment, _____ pledges to:

- Designate one representative (and/or up to two alternate representatives) to the Council, and ensure that the representative attends regularly scheduled meetings of the Council and is active in the functioning of the Council and Committees.
- Provide meeting space for the Council and/or Committees, as needed

Signing this Memorandum of Understanding does not signify a commitment of funding at this time.

Either party many cancel this Memorandum of Understanding with 14 days written notice.

IN WITNESS WHEREOF, indicates its support and intent:

Name:_____

Title: _____

Organization:_____

Signature: _____

Date:_____

ACCEPTANCE BY:

Name:_____

Title: _____

Organization:_____

Signature: _____

Date:_____

Appendix G. Regional Coordination Council Bylaws

Region __
Regional Coordination Council for Community Transportation: Bylaws

Article I: Name

The name of the Council shall be the Region __ Regional Coordination Council for Community Transportation (hereinafter called the Council or RCC). These bylaws shall provide the procedures for conduct of business of the Council.

Article II: Purpose

Region __ includes _____.

Established by its founding members, the Council is organized to:

- Help develop, implement, and provide guidance to the coordination of shared ride transportation options within the Region __ so that (1) seniors and persons with disabilities can access local and regional transportation services to get to locations within the regions and between regions; and (2) municipalities, human service agencies and other organizations can purchase such shared ride coordinated transportation services for their citizens, clients, and customers.
- To recruit, select (with approval from the SCC), guide, assist, monitor, and if necessary replace the Regional Transportation Coordinator, an organization which will be responsible for the day-to-day coordination of community transportation in the region.
- Provide feedback to the State Coordination Council for Community Transportation relative to the policies that this Council has established.

In addition to actual service delivery options, the focus of the Council's mission will encompass transportation options such as mileage reimbursement, subsidy programs, volunteer driver programs, and vehicle sharing, as well as related functions such as travel training, information referral, call center functions, vehicle procurement, insurance and maintenance, training, and technological support.

Article III: Membership of the Council

III.1 Membership Eligibility Criteria

The Council shall be composed of organizational and citizen members as follows:

- **Organizational members –** Any of the following organizations are automatically a member of the Council upon formal adoption of the Council's Memorandum of Understanding by that governmental unit or organization, and formal acceptance by the Council:
  - Any public, private non-profit, or for-profit organization based in Region __ which currently funds, arranges or provides such transportation services for its citizens, clients or customers;
  - Any regional public transportation agency or state/regional agency involved in the planning or provision of public/passenger transportation in Region __;
  - Organizations representing groups of consumers and constituents that would be positively affected by such mobility and access improvements in Region __.

Each organizational member shall designate one representative and up to two alternate representatives to the Council.

- **Citizen members –** Citizen members must be residents of New Hampshire and take an active interest in improving mobility for seniors and persons with disabilities. There shall be at least 1 citizen member on the Council. The maximum number of citizen members on the Council shall equate to no more than 10% of the total organizational members. The term of each citizen member shall be two years. Citizen members may serve multiple terms, but must submit an application at the end of each term. Applications to be a citizen member must be submitted to the Secretary no later than the Council's regular _____ meeting. Appointed by the Chair, the Membership Committee will review the applications and recommend the appropriate number of citizen members, to be voted upon by the council at the Council's regular _____ meeting. Citizen members have voting rights but do not have the right to designate an alternate.

III.2 Rights and Responsibilities of Membership

Each member is afforded one full vote on any decision put to a vote. Each organizational member's vote can be cast by his/her representative or alternate representative. Citizen members must be present at meetings to vote; proxy votes for citizen members will be not be permitted.

To be in "good standing," a member (1) must attend at least 75% of the regular monthly meetings, and miss no more than two consecutive regular monthly meetings in a calendar year; and (2) must participate in some facet of the Council's work program. The Chair may determine if a missed meeting is excused; an excused miss shall not count as non-attendance.

III.3 Annual Membership Dues

There may be annual membership dues to cover the administrative costs and other business of the Council, the amount to be determined annually. Membership dues for any citizen member may be waived per the vote of the Council.

Article IV: Officers of the Council

IV.1 Officers and Terms of Office

The Officers of the Council shall be as follows:

- Chair
- Vice Chair
- Treasurer
- Secretary

The term of each officer shall be one year. Officers may serve multiple terms.

IV.2 Election of Officers and Operating Year

The Council's operating year shall begin at the regular _____ meeting.

Officers will be elected by majority vote on an annual basis at the Council's regular _____ meeting.

Nominations for officers must be given to the Secretary no later than at the Council's last regular meeting of the calendar year.

IV.3 Responsibilities of the Officers

The Chair, or in the event of his/her absence, the Vice Chair, shall preside at all meetings of the Council; but neither shall be deprived of his/her right to vote.

The Chair or Vice Chair shall have such other powers and perform such other duties as may from time to time be voted by the Council, including the establishment of committees and appointment of committee members as may be necessary or convenient for carrying out the business of the Council.

The Treasurer shall be responsible for collection of annual dues (if any) and disbursement of funds for the conduct of Council business.

The Secretary shall be responsible for disseminating information to Council members, writing Council correspondence, keeping meeting attendance records, and taking minutes of meetings.

Collectively, the Chair, Vice Chair, and Treasurer shall comprise the Executive Committee. The Chair, Vice Chair, and Treasurer must be members in good standing. It is not required that the Secretary be a member of the Council.

IV.4 Vacancies

If an officer vacates an office for any reason (non-attendance, resignation), the Chair (or Vice Chair if the vacancy is the Chair) shall declare the vacancy at the next regularly scheduled meeting. The Chair (or Vice Chair if the vacancy is the Chair) can wait until the next nomination/election period or may accept nominations from the floor at the meeting at which the vacancy has been declared. If nominations from the floor are accepted, voting will take place at the next scheduled meeting.

IV.5 Removal of Officers

Members, by 2/3 vote of members present, may remove an officer. An officer under consideration for removal should have the opportunity to be advised and be able to speak to the concerns of the membership. Such matters and discussions should take place in an executive session. The officer under consideration for removal may be given a 30-day period to correct any deficiencies before the vote is taken.

Article V: Meetings of the Council

V.1 Regular Meetings

The Council shall meet monthly on _____ from _____ to ____ or on another date and/or at another time at the call of the Chair. The Council may vote at a prior meeting not to hold the next regular monthly meeting. The Chair may also cancel a regular monthly meeting.

At the regular meetings, the Council may take such actions, pass such resolutions, or conduct such other business as are on the agenda or may otherwise be properly brought before it.

V.2 Special Meetings

The Chair, or in the event of his/her absence, the Vice Chair may call a special meeting of the Council as required and shall call a special meeting at the request of one-third (1/3) of the members. Business at special meetings shall be limited to the subjects stated in the call for them.

V.3 Information Meetings

The Chair may call an informational meeting as may be required for the presentation and dissemination of reports, analyses, or other data, and for the informal discussion thereof by

the Council. No formal action by the Council shall be taken at such meetings. Resolutions may be introduced and discussed at such meetings, but formal debate and action on such resolutions may take place only at future regular or special meetings.

V.4 Meeting Notice and Agenda; Open Meetings

Not less than seven days advance notice in writing of regular or informational meetings shall be given to all members. Not less than three business days advance notice in writing of special meetings shall be given to all members. Such notices shall contain the time, place, proposed agenda, proposed resolutions on substantive matters, and the substance of any matter proposed to be voted on.

All meetings of the Council shall be subject to the open meetings act.

All meetings of the Executive Committee shall be posted three business days in advance, and shall be open to all Council members in good standing.

V.5 Quorum

Fifty (50%) of the membership constitutes a quorum.

V.6 Structure and Conduct of Meetings

Parliamentary discretion for the conduct of meetings shall be vested with the Chair. Council procedures shall provide an opportunity for all members to be heard on any given issue and for the efficient conduct of business.

V.7 Public Participation at Meetings

Any person is welcome to attend all regular and special meetings of the Council, excluding any required executive sessions, and be permitted to address the Council under direction from the Chair.

There shall be two separate opportunities for public comment in these meetings – the first shall be specific to agenda items, the second specific to other business. The Chair shall dictate when these opportunities shall occur in the agenda. Each public comment shall be limited to 3 minutes. This limit may be extended at the discretion of the Chair.

Prior to these meetings, any person wishing to comment at the meeting must first provide a written synopsis of the comment, along with his/her name, address, and contact information to the Secretary, who in turn will submit these written synopses to the Chair.

Article VI: Voting

No vote on a substantive matter shall be taken unless the issue to be voted on has been listed in the proposed agenda, and timely notice (see Article V.4) has been given to all members. Election of Officers and Citizen Members are considered to be substantive issues. Dues payments or financial commitments of Council members are also considered substantive issues. A quorum must exist before any formal vote is taken (see Article V.5).

Each member is afforded one vote on any decision put to a vote and must be present to vote. In the absence of a voting organizational member representative, a designated alternative may cast the vote if present at the meeting. Otherwise, no proxy voting is permitted.

All decisions put to a vote, with the following exceptions, require a majority vote of all members present to pass. The exceptions which require a 2/3 vote of all members present to pass include changes or amendments to these by-laws (see Article VIII) and officer removals (see Article IV.4).

Article VII: Committees of the Council

On an annual basis, Council shall establish or continue standing committees as may be necessary or convenient for carrying out the business of the Council. Standing committees will be chaired by members of the Council but can include non-Council members. Standing committees may include:

- Advocacy Committee
- Consumer Liaison Committee
- Design/Operations Committee
- Executive Committee
- Finance Committee
- Land Use/Transportation Planning Committee
- Marketing/Public Information Committee
- Membership Committee
- Regulatory/Policy Committee

Additional standing committees can be established if deemed necessary or convenient to conduct the business of the Council. These committees cane be established upon the affirmative vote of the majority of the Council members present at a regular or special meeting.

The Chair, or in his/her absence, the Vice Chair, shall establish ad-hoc committees and appoint committee members as may be necessary or convenient for carrying out the business of the Council. Non-members, because of their special expertise or association with particular issues, and at the discretion of the Chair, may be appointed to ad-hoc committees.

Article VIII: Amendments

These by-laws may be amended by the affirmative vote of 2/3 vote of the Council present at a regular meeting thereof, if the notice of such meeting has contained a copy of the proposed amendment. Amendments are considered a substantive issue.

Article IX: Effective Date

These by-laws will become effective upon adoption by 2/3 vote of the Council present.

Appendix H. 5310 and 5311 Forms

Section 5310 Grant Application for 2006 (Submitted Annually)

December 21, 2005

To: Applicants for Federal Transit Administration
Elderly & Persons With Disabilities Capital
Program (Sec. 5310)

From: Kenneth Hazeltine
Public Transportation Administrator

Enclosed is a copy of the FY 2006 grant application for capital funding from the Federal Transit Administration Sec. 5310 Elderly and Persons With Disabilities Program. This program funds vehicles and transportation related equipment to non-profit agencies to assist with transportation needs of the elderly and disabled.

Please follow to guide for completing the application and follow the dates in order to be eligible for funding. The complete process of submitting an application, application review, FTA grant submission and approval and ordering equipment can take up to one year for the start for delivery.

All applicants that are approved will be required to sign required Federal Certifications and Assurances to comply with FTA program regulations and the Department will maintain a lien on all capital purchased under the grant.

If you have any questions, please contact the Bureau at (603) 271-2468.

Enclosures

FY 2006 APPLICATION FOR CAPITAL ASSISTANCE
Elderly and Persons with Disabilities Program
Section 5310

I. APPLICANT INFORMATION

1. **Applicant's legal name:**
2. **Applicant's address:**
3. **Program director/contact:**
4. **Telephone:**
5. **General services provided by applicant:**
6. **Describe your agency's transportation program and service area:**

(circle all that apply)
Type of services: **fixed route** **demand response**

Types of riders: **elderly** **disabled** **other**

Number of individuals receiving transportation service annually: _____

Other information:

7. **Agency's overall annual budget: $** _____ **Transportation budget: $**_____
8. **Civil rights - number of minority group members in service area:** _____
   (Refer to NH Regional Planning Commission for your area to obtain this information)
9. **Describe any active civil rights lawsuits or complaints against your agency:**
10. **List direct federal assistance your agency now receives or has applied for:**
11. **Describe any civil rights compliance reviews of your agency in last 3 years:**

12. Transportation program information: please provide the following information on all your agency's vehicles, including any currently on order.

MAKE & MODEL	YEAR	SEATING CAPACITY	LIFT EQUIPPED	MILEAGE
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				
11.				
12.				
13.				

VEHICLE IN USE	DAYS/WK. HRS./DAY	AVERAGE PASSENGER TRIPS/DAY	VEHICLE MILES/DAY	OPERATING PROBLEMS (If Any)
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				
11.				
12.				
13.				

II. PROPOSAL INFORMATION

13. Vehicle request (fill in blanks as appropriate; attach additional information if necessary:

QUAN.	VEHICLE TYPE	# AMB. SEATS	Number of Wheelchair Positions	Diesel or Gas Engine	EST. COST
	Small Body on Chassis	8	2		50,000
	Small Body on Chassis	9	1		50,000
	MINIBUS	14-16	2		55,000
	MEDIUM BUS *(Greater than 20 Passengers)*				85,000
	OTHER				

(**The number of seats and the type of engine must be identified in the above chart**.)

*** A DIAGRAM OF SEATING AND LIFT PLACEMENT MUST ACCOMPANY APPLICATION**

14. Other transportation capital equipment requested:

COST

Communications equipment: **$ _____**

Other: **$ _____**

15. Source(s) and amount of 20% local share (be specific):

16. Estimated operating expenses for vehicle:

Salaries & benefits **$ _____** **Insurance** **$ _____**
Fuel **$ _____** **Other** **$ _____**

Maintenance/Repair **$ _____**

17. Sources and amounts of funds for operating budget (be specific):

III. PROJECT JUSTIFICATION

18. Proposed specific use of the vehicle(s) requested in this application. This information is used in the Scope of Work for the contract and must thoroughly explain the vehicle use:

19. Explain how your agency provides service for the elderly and individuals with disabilities in the following respects?

- **Response time**
- **Geographic area served**
- **Hours and days of service**
- **Availability of information and reservation capability**
- **Restrictions on trip purpose**
- **Fares**
- **Constraints on capacity or service availability**

20. If request is for replacement vehicle(s), document the need for a replacement. Please include the Vehicle Identification Number of vehicle to be replaced. Documentation will be required showing how and when the vehicle is disposed either through a public process or for fair market value.

21. Describe existing transportation services by all providers in the area to be served, including public, private and non-profit.

22. Identify shortcomings of existing services and how this project will address them:

23. Does your agency share any of the following functions with other agencies (check all that apply):

_____ Purchasing of vehicles or parts
_____ Maintenance services
_____ Marketing of transportation services, grant writing or fund-raising
_____ Dispatching or scheduling of trips
_____ Purchasing of vehicle insurance
_____ Purchasing of fuel
_____ Training of drivers or other transportation staff
_____ Financial management or billing for trips
_____ Sharing of vehicles with other agencies
_____ Other coordination functions (describe)

List agencies involved in any of the coordination arrangements listed above and attach all agreements between agencies:

24. What restrictions exist with regard to eligibility of clients served by your transportation program?

25. What restrictions exist with regard to the purpose of trips on the vehicle(s) you have requested?

26. List training programs attended by agency drivers. Is your training up to date?

27. Estimate the miles per year the vehicle(s) requested will travel, number of days per week and hours per day:

Miles per year _____ Days per week vehicle will be in service _____
Hours per day _____

28. Estimate use of the vehicle(s):

Individuals served _____

Passenger Trips _____

29. Agencies awarded capital funding will be required to sign Federal Transit Administration Certifications and Assurances, required Federal clauses and list the Department as an additional insured for liability purposes. Agencies are required to be in compliance with Federal Transit Administration and state program requirements prior to ordering equipment. The required 20% matching funds are to be paid prior to ordering equipment and/or vehicles.

IV. ATTACHMENTS CHECKLIST

Submit one copy of this application, with the following attachments:

_____ Letters of support/concurrence from transportation providers in the service area.

_____ Certification from the Section 5311 provider(s) if this request falls in that agency's service area

_____ Map showing detailed location of service area (include all towns being served).

_____ Evidence of IRS tax-exempt status.

_____ Copy of the public notice of grant application published in a newspaper circulating in your service area. Must be a photo copy of original copy of the published notice.

Submit two (2) additional copies of pages 1-5 of the application for the committee to review.

2005 – 2006 Section 5311 Grant Application (Submitted Biennially)

Revised 12/04

APPLICATION
RURAL
PUBLIC TRANSPORTATION PROGRAM
(Section 5311)

1. **GENERAL INFORMATION**

a. Legal Name of Applicant Agency _____

b. Address _____
_____
_____

c. Telephone/Fax/E mail _____
_____
_____

d. Name of Project Director _____
Title _____

2. **PROJECT DESCRIPTION**

a. If you receive this grant, how will your community benefit? How will you know if the project was successful?

b. For each route in your system provide the following for the most recent complete operating year:

Brief Route description:
Total annual Passenger Trips:
Total annual Vehicle Hours:
Total annual Vehicle Miles:

Enclose 4 copies of your current schedule. Describe below any existing routes **not** included in the schedule.

Instructions and Reporting Form for Transportation Providers Reporting to NHDOT

The following pages contain instructions on how to fill in the required fields on your quarterly monitoring reports. The only fields that you have to enter data into are:

Maximum Service Days
Vehicle Hours
Revenue Vehicle Hours
Vehicle Miles
Revenue Vehicle Miles
Rides
Total Cost
Fares Collected
Cumulative Service Days

The worksheets and spreadsheets have formulas built into them and will automatically fill in the remaining fields as well as any total sheets that have been included on your disk. If you should have any questions about your quarterly monitoring reports, please do not hesitate to contact Shelley Winters by phone (271-4043) or email (Swinters@dot.state.nh.us). Also, if you have email capabilities please feel free to email your quarterly reports as an attachment to the above email address.

Maximum Service Days
The maximum number of service days during that month. This number should never exceed 31 because there cannot be more than 31 days in a given month. Since you report on several vehicles on one worksheet, here is how you will figure out your maximum service days:
Look at the number of service days for **each** vehicle during the month and select the **largest** number. Then enter that number as your maximum service days.

(Example #1) Here is how an agency that reports five vehicles on an individual worksheet would determine service days:

Vehicle 1—20 service days
Vehicle 2—20 service days
Vehicle 3—25 service days
Vehicle 4—20 service days
Vehicle 5—10 service days

Looking at the number of service days for each vehicle, we find that **25** is the highest number of days a vehicle was in service, thus **25** is the maximum number of service days for that month.

Vehicle Hours
The total number of hours that your vehicles were used in that month. This is what you will have to do:
Look at the number of hours **each** vehicle was used during the month and **add** these numbers. This total is your vehicle hours for the month.

(*Example #2)* Here is how an agency that reports five vehicles on an individual worksheet would determine vehicle hours:

Vehicle 1—125 vehicle hours
Vehicle 2—200 vehicle hours
Vehicle 3—60 vehicle hours
Vehicle 4—50 vehicle hours
Vehicle 5—130 vehicle hours
Vehicle hours for the month= (125+200+60+50+130)
= 565
Thus, the vehicle hours for the month would be **565**.

Revenue Vehicle Hours
This figure reflects the number of **service** hours the vehicles were used in that month. Revenue vehicle hours are basically the driver's hours—hours when people could actually ride on the vehicles. Revenue vehicle hours **do not** include the following: trips to the mechanic, dead-head hours back to the garage, driver training hours, and time spent traveling to and from a fueling facility that is not on your route.

Revenue Vehicle Hours= (Vehicle hours) – (Non-revenue vehicle hours)

(Example #3) Here is an example of an agency that reports on two vehicles:

Vehicle 1—200 vehicle hours
½ hours traveling to and from off-route fueling facility
1½ dead head hours back to the garage
10 hours of driver training
(½ +1½ +10)=**12 non-revenue vehicle hours**
200 vehicle hours **– 12** non-revenue vehicle hours = **188 Revenue Vehicle Hours**

Vehicle 2—120 vehicle hours
1 dead head hour back to the garage
¼ hours traveling to and from mechanic for repair
9¼ hours of driver training
½ hours traveling to and from off-route fueling facility
(1 + ¼ + 9¼ + ½)= **11 non-revenue vehicle hours**
120 vehicle hours **– 11** non-revenue vehicle hours = **109 Revenue Vehicle Hours**

188 Revenue Vehicle Hours + **109** Revenue Vehicle Hours= **297** Total Revenue Vehicle Hours

Vehicle Miles
The total number of miles that the vehicles put on in that month. This is what you will have to do:
Look at the number of miles **each** vehicle put on during the month and **add** these numbers. This total is your vehicle miles for the month.
(*Example #4)* Here is how an agency that reports three vehicles on an individual worksheet would determine vehicle miles:

Vehicle 1—1500 vehicle miles
Vehicle 2—4400 vehicle miles
Vehicle 3—805 vehicle miles
Vehicle miles for the month = (1500+4400+805)
= 6705
Thus, the vehicle miles for the month would be **6705**.

Revenue Vehicle Miles
This figure represents the number of **service** miles the vehicle(s) put on in that month. Revenue vehicle miles are basically the miles on which a person could ride on the vehicles. Revenue vehicle miles **do not** include the following: dead head miles back to the garage, driver training miles, miles to and from a fueling facility that is not on the route, and mileage to and from an offsite garage for maintenance. For instance, if your route is complete or you've dropped off your last passenger and it is 10 miles back to the garage, those 10 miles are deadhead miles and *are not* Revenue Vehicle Miles.
Revenue Vehicle Miles= (Vehicle miles) – (Non-revenue vehicle miles)

(Example #5) Here is an example of an agency that reports on two vehicles:

Vehicle 1—5500 vehicle miles
25 miles traveling to and from off-route fueling facility
80 deadhead miles back to the garage
400 miles of driver training
(25 +80 +400) = **505 non-revenue vehicle miles**
5500 vehicle miles **– 505** non-revenue vehicle miles = **4995 Revenue Vehicle Hours**

Vehicle 2—3600 vehicle hours
64 deadhead miles back to the garage
350 miles of driver training
10 miles traveling to and from mechanic for repair
12 miles traveling to and from off-route fueling facility
(64 + 350 + 10 + 12)= **436 non-revenue vehicle miles**
3600 vehicle miles **– 436** non-revenue vehicle hours = **3164 Revenue Vehicle Miles**

4995 Revenue Vehicle Miles + **3164** Revenue Vehicle Miles= **8159** Total Revenue Vehicle Miles

 # RIDES
The total number of individual rides on the vehicles in that given month. This means that a round-trip ride would count as 2 rides—a ride to and a ride from.

Total Cost
This figure should consider the full cost of providing your transportation services. Total cost is more than simply your fuel expenses and driver's wages. Total cost should be more comprehensive and include, but is not limited to: fuel, labor (drivers', dispatchers', and administrative salaries and wages), maintenance, insurance, facility rent/lease fee, depreciation, utilities (i.e.-phone, electricity, internet), taxes, and facility overhead.

Fares Collected
This figure represents how much money was collected through the fare box, bus passes, or donations for the vehicle(s) in that given month.

Figure H-1 Monthly Productivity Report for Transportation Providers Reporting to NH DOT

AGENCY:
FISCAL YEAR: **Vehicle Number:**

	JULY	AUGUST	SEPT	OCT	NOV	DEC	JAN	FEB	MARCH	APRIL
MAXIMUM SERVICE DAYS										
VEHICLE HOURS										
REVENUE VEHICLE HOURS										
VEHICLE MILES										
REVENUE VEHICLE MILES										
# RIDES										
COSTS MEASURES										
TOTAL COST										
COST PER MILE										
COST PER HOUR										
COST PER PASSENGER										
RIDERSHIP MEASURES										
# RIDES	0	0	0	0	0	0	0	0	0	0
RIDERS PER VEHICLE HOUR										
RIDERS PER VEHICLE MILE										
RIDERS PER SERVICE DAY										
FARES COLLECTED										
FARE BOX/TOTAL COST										
FARE PER PASSENGER										
MILES/SERVICE DAY										
HOURS/SVC DAY										
PERCENT REVENUE HOURS										
PERCENT REVENUE MILES										
CUMULATIVE SERVICE DAYS										

NOTE: Estimates shown in Italics

Appendix I. Title III-B and RSVP Reporting from Transportation Providers to BEAS

GENERAL INSTRUCTIONS
FOR
QUARTERLY PROGRAM SERVICE REPORTS

Quarterly Reports are required to be submitted as follows:

CONTRACT DATES: July 1, 2005 to June 30, 2006		
REPORT	**PERIOD REPORTING**	**DUE DATES**
1st Quarter - Sections I-VIII	July 1, 2005 - September 30, 2005	October 14, 2005
2nd Quarter - Sections I-VIII	October 1, 2005 - December 31, 2005	January 17, 2006
3rd Quarter - Sections I-VIII	January 1, 2006 - March 31, 2006	April 14, 2006
4th Quarter - Sections I-VIII	April 1, 2006 - June 30, 2006	July 14, 2006

CONTRACT DATES: July 1, 2006 to June 30, 2007		
REPORT	**PERIOD REPORTING**	**DUE DATES**
1st Quarter - Sections I-VIII	July 1, 2006 - September 30, 2006	October 16, 2006
2nd Quarter - Sections I-VIII	October 1, 2006 - December 31, 2006	January 16, 2007
3rd Quarter - Sections I-VIII	January 1, 2007 - March 31, 2007	April 16, 2007
4th Quarter - Sections I-VIII	April 1, 2007 - June 30, 2007	July 16, 2007

Submit one quarterly program service report for each service contracted. Do not submit a report for each funding source. For example, if your agency is contracted for Homemaker funding with both Title III-B and Title XX funding and Home Health Aide with Title III-B funding, two reports are to be submitted: one for Homemaker and one for Home Health Aide.

Section I -Expenses - Report total expenses incurred for identified program service for each quarterly report.

Section II - Revenue - Report funds received from BEAS on a cash basis. **For Title III services only** local share of matching funds must be at least 10% of Title III funds. This is important. **Your agency must match Title III funding to be in compliance with your contract.**

An example of local share match requirement amount is as follows:

Agency "A" received $9,000 Title IIIB funds for contract period 7/01/2005 - 6/30/2006
Total Title IIIB cost is $9,000 / 90% = $10,000
Local share match requirement is $10,000 X 10 % = $1,000

Based on your budget submitted, please note that we have modified the quarterly reports to reflect new reporting requirements for Title III Protective and Non-Protective services.

Agency "A" must show match revenue of at least $1,000. This amount can be local share, i.e. town, county, United Way, fund raising, voluntary Title III donations or contributions, or in-kind match.

Please note in-kind match cannot be more than 50% of your total local share match requirement. For example, Agency "A" in-kind match cannot be more than $500 ($1,000 x 50%). The remaining $500 must be cash. Also, other federal funds, such as Title XX, Title XX client fees and NSIP reimbursement cannot be used to meet your match requirement.

Section III - Actual Units of Services - Report the targeted units for each funding source that you submitted with your proposal. Report actual units served for each funding source for the reporting period. Cost per Unit - Calculate cost per unit by dividing the total program service by the total number of units served.

Calculate the variance between targeted and actual outcomes by dividing the actual units served by the targeted units projected. If your variance is less then the Benchmark required in your contract in Exhibit A, please provide an explanation in the box as to a timeline and action plan.

Section IV - Unduplicated Number of Clients Served - Report the targeted of unduplicated clients for each funding source that you submitted with your proposal. Report the number of unduplicated clients served for each applicable funding source. For the 1st quarter of the SFY include **all** eligible clients being served. For each subsequent quarter, report only the **new** clients added during the quarter.

NEW HAMPSHIRE BUREAU OF ELDERLY & ADULT SERVICES
QUARTERLY PROGRAM SERVICE REPORTS - Revenues and Expenses

Agency Name			
Program Service Name			
For the Period		through	

Section I - EXPENSES					Year To Date
EXPENSES	July 1 - Sep 30	Oct 1 - Dec 31	Jan 1 - Mar 31	Apr 1 - Jun 30	Totals
Total Costs					0

Section II - REVENUES					Year To Date
REVENUE	July 1 - Sep 30	Oct 1 - Dec 31	Jan 1 - Mar 31	Apr 1 - Jun 30	Totals
Federal & State Revenues					
Title IIIB - OAA - Non Protective					0
Title IIIB - OAA - Protective					0
Title IIIC - OAA					0
Title IIID - OAA - Health Promotion					0
Title IIIE - OAA (Caregiver Support)					0
Title XX - SSBG - Non Protective					0
Title XX - SSBG - Protective					0
NH General Funded Meals					0
Other NH General Funds (RSVP, Foster Grandparent, etc)					0
NSIP Reimbursement					0
Other (specify)					0
					0
					0
					0
Other Revenues					
County					0
Towns/Cities					0
United Way					0
Fundraising & Contributions					0
Other (specify)					0
					0
					0
					0
Inkind Revenue					
Occupancy					0
Volunteers					0
Other In-Kind					0
Client Donations/Fees					
Title III Donations					0
Title XX Client Fees					0
Other (please specify)					0
					0
					0
					0
Total Revenues	0	0	0	0	0

Name & Title of Person Completing this Report

Date

Director's Signature

Date

NEW HAMPSHIRE BUREAU OF ELDERLY & ADULT SERVICES
QUARTERLY PROGRAM SERVICE REPORTS - Units Served

Agency Name		
Program Service Name		
For the Period		through

Section III - Performance Measures/Outcome	**Units Served by Funding Source**								Year To Date	
FUNDING SOURCES	July 1 - Sep 30		Oct 1 - Dec 31		Jan 1 - Mar 31		Apr 1 - Jun 30		Totals	
	Targeted	Actual	Targeted	Actual	Targeted	Actual	Targeted	Actual	Targeted	Actual
Title IIIB - OAA - Non Protective									0	0
Title IIIB - OAA - Protective									0	0
Title IIIC - OAA									0	0
Title IIID - OAA - Health Promotion									0	0
Title IIIE - OAA (Caregiver Support)									0	0
Title XX - SSBG - Non Protective									0	0
Title XX - SSBG - Protective									0	0
NH General Funded Meals									0	0
Other NH General Funds (RSVP, Foster Grandparents, etc)									0	0
Other (specify)									0	0
									0	0
									0	0
									0	0
Total Units	0	0	0	0	0	0	0	0	0	0
Cost Per Unit										

Variance between Targeted and Actual Outcomes	**Jul 1 - Sep 30**	**Oct 1 - Dec 31**	**Jan 1 - Mar 31**	**Apr 1 - June 30**	**Total YTD**
Title IIIB - OAA - Non Protective					
Title IIIB - OAA - Protective					
Title IIIC - OAA					
Title IIID - OAA - Health Promotion					
Title IIIE - OAA (Caregiver Support)					
Title XX - SSBG - Non Protective					
Title XX - SSBG - Protective					
NH General Funded Meals					
Other NH General Funds (RSVP, Foster Grandparents, etc)					
Other (specify)					

Identify and explain variance between targeted and actual outcomes and provide a detailed timeline and action plan to meet targeted goals

Name & Title of Person Completing this Report

Date

Director's Signature

Date

NEW HAMPSHIRE BUREAU OF ELDERLY & ADULT SERVICES
QUARTERLY PROGRAM SERVICE REPORTS - Clients Served

Agency Name			
Program Service Name			
For the Period		through	

Section IV - Performance Measures/Outcome	**Unduplicated Number of Clients Served by funding source**									
Number of DEAS clients served by funding sources during period of:	July 1 - Sep 30		Oct 1 - Dec 31		Jan 1 - Mar 31		Apr 1 - Jun 30		Year To Date Totals	
	Targeted	Actual	Targeted	Actual	Targeted	Actual	Targeted	Actual	Targeted	Actual
Title IIIB - OAA - Non Protective									0	0
Title IIIB - OAA - Protective									0	0
Title IIIC - OAA									0	0
Title IIID - OAA - Health Promotion									0	0
Title IIIE - OAA (Caregiver Support)									0	0
Title XX - SSBG - Non Protective									0	0
Title XX - SSBG - Protective									0	0
NH General Funded Meals									0	0
Other NH General Funds (RSVP, Foster Grandparents, etc)									0	0
Other (specify funding/program source)									0	0
									0	0
									0	0
									0	0
Total number of NEW clients for the quarter	0	0	0	0	0	0	0	0	0	0

Variance between Targeted and Actual Outcomes	**Jul 1 - Sep 30**	**Oct 1 - Dec 31**	**Jan 1 - Mar 31**	**Apr 1 - June 30**	**Total YTD**
Title IIIB - OAA - Non Protective					
Title IIIB - OAA - Protective					
Title IIIC - OAA					
Title IIID - OAA - Health Promotion					
Title IIIE - OAA (Caregiver Support)					
Title XX - SSBG - Non Protective					
Title XX - SSBG - Protective					
NH General Funded Meals					
Other NH General Funds (RSVP, Foster Grandparents, etc)					
Other (specify funding/program source)					

Identify and explain variance between targeted and actual outcomes and provide a detailed timeline and action plan to meet targeted goals

Name & Title of Person Completing this Report

Date

Director's Signature

Date

NEW HAMPSHIRE BUREAU OF ELDERLY & ADULT SERVICES
QUARTERLY PROGRAM SERVICE REPORTS - Unmet Needs

Agency Name			
Program Service Name			
For the Period		through	

Section V - Performance Measures/Outcome	**Eligible Title III or XX clients served with non DEAS funds**				
This number should represent the number reported for Clients served with other funds in Section IV	July 1 - Sep 30	Oct 1 - Dec 31	Jan 1 - Mar 31	Apr 1 - Jun 30	Total
# of Eligible Title XX Clients					0
# of Eligible Title III Clients					0
# of Eligible General Funds Clients					0
# of Non Eligible Clients					0
Total Clients Served	0	0	0	0	0

Section VI - Performance Measures/Outcome	**Unmet Need**				
Number of Clients not served by your Agency because of the following:	**July 1 - Sep 30**	**Oct 1 - Dec 31**	**Jan 1 - Mar 31**	**Apr 1 - Jun 30**	**Total**
Insufficient Funding					0
Staffing Issues					0
Other (please identify)					0
					0
					0
					0
					0
Total number of clients not served:	0	0	0	0	0

Section VII - Performance Measures/Outcome	**Length of time clients remain on waiting list**				
Of the clients reported above, were any placed on a waiting list?	July 1 - Sep 30	Oct 1 - Dec 31	Jan 1 - Mar 31	Apr 1 - Jun 30	**Total**
Number of Protective clients placed on Waiting List					0
Number of Non Protective clients placed on Waiting List					
# of Protective clients on waiting list over 90 days					
# of Non Protective clients on waiting list over 90 days					0

Please provide a plan of action and time frame for providing services to these clients

Name & Title of Person Completing this Report

Date

Director's Signature

Date

NEW HAMPSHIRE BUREAU OF ELDERLY & ADULT SERVICES
QUARTERLY PROGRAM SERVICE REPORTS - Other Program Measures/Outcome

Agency Name			
Program Service Name			
For the Period		through	

Section VIII - Performance Measures/Outcome	**Survey Performance**
Please provide a brief summary of the survey outcome that was completed on or before December 31st.	
If the outcome does not meet Bureau of Elderly & Adult Services benchmark out come, please provide an action plan to improve services.	

Section IX - Other Program Measures/Outcome	**Please see Exhibit A in your contract to identify other program measure necessary to report for this service.**

Name & Title of Person Completing this Report

Date

Director's Signature

Date

Appendix J. Medicaid Reimbursement Forms

State of New Hampshire
Department of Health and Human Services

930
12/05

MEDICAL TRANSPORTATION REIMBURSEMENT SUMMARY

The Department of Health and Human Services reimburses NH Medicaid and Healthy Kids-Gold recipients for transportation to and from Medicaid covered medical and dental appointments. Individuals driving NH Medicaid and/or Healthy Kids-Gold recipients to and from Medicaid covered medical and dental appointments may also be reimbursed by the Department of Health and Human Services.

** Enrollment **

Before you request payment for medical transportation you must enroll as a driver in the Medical Transportation Program.

You can enroll as a **Recipient Driver (RT)** if you:

- Are a NH Medicaid recipient who transports him/herself to medical appointments;
- Are a NH Medicaid recipient who transports members of your assistance group to medical appointments;
- Are the parent/guardian of a NH Medicaid or Healthy Kids-Gold recipient who you transport to medical appointments; or
- Live in the same household as the NH Medicaid or Healthy Kids-Gold recipient who you transport to medical appointments.

You can enroll as a **Volunteer Driver (VT)** if you:

- Do not live with the NH Medicaid or Healthy Kids-Gold recipient being transported to medical appointments; or
- Are not a member of the recipient's NH Medicaid assistance group and do not live with the NH Medicaid recipient who you transport to medical appointments.

To enroll as a Recipient or Volunteer Driver, contact your local Department of Health and Human Services District Office or the NH Medicaid Transportation Coordinator and ask for **Form 14**, "Medical Transportation Enrollment Form." Instructions for completing **Form 14** are located on the back of the form.

IF YOU WISH TO ENROLL AS A RECIPIENT TRANSPORTER AND A VOLUNTEER TRANSPORTER, YOU MUST COMPLETE A SEPARATE FORM 14 FOR EACH ENROLLMENT.

** Billing **

To request payment for transporting a NH Medicaid or Healthy Kids-Gold recipient to a medical appointment:

- Obtain **Form 13A**, "Medical Transportation Reimbursement Form" (claim form) from your local District Office or the NH Medicaid Transportation Coordinator **before** transporting the recipient;
- Have the medical provider sign and date the claim form **at the time of the appointment**; and
- Correctly submit the claim form to the Bureau of Data Management **within 90 days of the trip**.

Note: Payment **cannot** be made for claims received more than 90 days after the date of the trip.

It takes about 5 weeks for you to receive payment after the Bureau of Data Management receives a correctly completed form. Instructions for completing **Form 13A** are located on the back of the form.

** Prior Authorization **

You must ask for authorization **before** you make the following trips:

- Trips to states other than New Hampshire, Maine, Vermont, or Massachusetts; and
- Travel by modes of transportation other than private vehicles or public buses.

Call the NH Medicaid Transportation Coordinator at 1-800-852-3345, extension 3770, between 8:00 a.m. and 4:30 p.m., Monday through Friday, to ask for prior authorization.

Note: If you have a critical need to make a trip outside of the above hours and prior authorization is required, please call the NH Medicaid Transportation Coordinator within three (3) business days of the trip. **Authorization is not guaranteed.**

SR 05-XX
(NA)

**** Limitations ****

Note: Reimbursement is not limited to one trip per day. However, if more than one trip per day is being claimed, the reason for the additional trip(s) must be documented and provided to the Transportation Coordinator.

The NH Medicaid Program only reimburses for:

- One mileage charge per trip regardless of the number of recipients transported;
- Trips to obtain NH Medicaid covered services rendered by a NH enrolled Medicaid provider; and
- Transportation to the nearest available medical provider by the shortest, most economical route.

The NH Medicaid Program will not reimburse for:

- Travel when the transportation could be obtained free of charge;
- Travel when the transportation could be paid for by any other agency;
- Trips to a pharmacy when free delivery is available;
- Transportation supplied by a medical provider to their own location of service; and
- Claims for services provided prior to the date enrollment is approved by the Transportation Coordinator.

You should submit claims only for the actual number of miles traveled from the point of origin and returning to the point of origin (recipient's or volunteer's residence). NH Medicaid will pay only for the actual number of miles traveled, not to exceed maximum allowable mileage limits. The maximum allowable mileage limits are set by the Office of Medicaid Business and Policy. These mileage limits are different for each type of medical provider.

Contact the NH Medicaid Transportation Coordinator if you are not beginning your trip from your home.

**** Payment ****

Recipient Drivers (RT) are reimbursed 41 cents/mile up to a NH Medicaid maximum mileage allowance per trip.

Volunteer Drivers (VT) are reimbursed 41 cents/mile up to a NH Medicaid maximum mileage allowance per trip.

Foster parents contracted with the Division for Children, Youth, and Families are reimbursed 41 cents/mile up to a NH Medicaid maximum mileage allowance per trip.

Tolls and parking fees are paid for only when the total equals $3.00 or more per trip. Receipts for tolls and parking fees are required, and must show the same trip date as stated on the claim form.

The cost of traveling on a public bus is paid for at the usual and customary fare. Receipts are required for each trip. **You must enroll in the Medical Transportation Program and submit claim Form 13A to request reimbursement for bus fares**.

Note: If you have a van which is modified to carry wheelchairs, please call the NH Medicaid Transportation Coordinator at 1-800-852-3345, extension 3770, to ask about payment for travel to medical appointments.

The Department of Health and Human Services conducts monitoring reviews and audits of Medical Transportation Reimbursement claims. Be sure to keep the yellow copy of Form 13A for your records.

IF YOU HAVE ANY QUESTIONS ABOUT THE MEDICAL TRANSPORTATION PROGRAM,

PLEASE CALL

THE NH MEDICAID TRANSPORTATION COORDINATOR

AT

1-800-852-3345, Extension 3770

INSTRUCTIONS FOR COMPLETING FORM 13A-Web:
MEDICAL TRANSPORTATION REIMBURSEMENT FORM

PAYEE INFORMATION:

Payee Name: Print the first and last name, full mailing address and telephone number of the person who will receive the payment.
Key Name: Print the Key Name received upon enrollment. If you do not have a key name or have not been enrolled, contact the Medicaid Transportation Coordinator at 1-800-852-3345, ext. 3770 (in-state only) or (603) 271-3770.
Resource #: Print the assigned Resource Number received upon enrollment. If you do not have a Resource Number or have not been enrolled, contact the Medicaid Transportation Coordinator at 1-800-852-3345, ext. 3770 (in-state only) or (603) 271-3770.
Relationship to Recipient: Check the box that applies to your relationship to the recipient.
Service Code: Circle the appropriate Service Code which describes your type of transportation enrollment.

RECIPIENT INFORMATION:

First Name: Print up to the first three letters of the first name of the Medicaid or Healthy Kids-Gold recipient.
Last Name: Print up to the first three letters of the last name of the Medicaid or Healthy Kids-Gold recipient.
Medicaid ID #: Print the Medicaid or Healthy Kids-Gold recipient's individual number from his/her Medicaid or Healthy Kids-Gold ID card.

TRIP INFORMATION:

If payee is **Self or Parent/Household Member**	OR: If payee is **Volunteer**
From: Print up to the first 8 letters of the Recipient's home town or city, and the zip code.	From: Print up to the first 8 letters of the Volunteer's home town or city, and the zip code.
To: Print up to the first 8 letters of the Medical Provider's town or city and state.	To: Print up to the first 8 letters of the Recipient's home town or city.
	To: Print up to the first 8 letters of the Medical Provider's town or city and state.

One Way/Round Trip: Check if the trip was made only one way, or if it was round trip (round trip means to the medical provider and return to the recipient's home).

Total Miles per Trip: Enter the number of miles traveled on the trip date. For volunteers, total miles should be from your residence and return if it was round trip. (Leave blank if provider type code is B).

Tolls/Parking: If tolls and parking for this trip total $3.00 or more, enter the total amount. Receipts, with trip date printed on them, must be attached and must show the same trip date as stated on the claim form.

Medical Provider Name: Print the name of the medical service provider, in last name, first name order. Example:

Medical Provider Type Code: Enter the provider type code from the list in the shaded area below the code (1, 2, 3, etc.) If type code is B, leave total miles per trip blank and attach bus receipts.

Trip Date: Enter the month, day and year the medical service was provided. This should be the date the transportation was provided.

Medical Provider/Pharmacy Signature: The Medicaid or Healthy Kids-Gold recipient, or their authorized representative, is responsible for obtaining the medical provider's signature on this claim form at the time of service. **The medical provider must sign and date this form on the same day as the date of service being billed. If the provider is using a signature stamp, both the yellow and white copies must be stamped.**

Recipient Signature and Date: The Medicaid or Healthy Kids-Gold recipient must sign and date the form. If the recipient is a minor, the parent or legal guardian must sign on his/her behalf.

Payee Signature and Date: The payee signs and dates the form after s/he has made sure the form is complete.

PROCESSING INFORMATION:

Claims must be received by the Bureau of Data Management **within 90 days of the date of service** on the claim. No reimbursement will be made for claims received after 90 days from the trip date.

For payment, send claims to:

NH Department of Health & Human Services, Bureau of Data Management, PO Box 2000, Concord, NH 03302-2000

Keep a copy for your records so that you may compare the claim for services provided with the payments received. Please allow 4 to 5 weeks for payment of a claim. Claims that contain errors may need to be returned to you for correction.

SR 06-XX
(3YC)

State of New Hampshire
Department of Health and Human Services

13A-Web
1/06

MFS Use Only
F-_____ **Auth:**_____
F-_____ **Auth:**_____
F-_____ **Auth:**_____

MEDICAL TRANSPORTATION REIMBURSEMENT FORM

PAYEE /RESOURCE INFORMATION

Key Name: ☐☐☐☐☐ **Resource #:** ☐☐☐☐☐☐☐☐☐☐☐

Payee Name and Address:

_____
First Last

_____
Mailing Address

_____ _____ _____
City/Town State Zip Code

Relationship to Recipient:
☐ 1. Self
☐ 2. Parent/Household Member
☐ 3. Volunteer

Service Codes:
(Circle one of the following)
RT= Recipient Transporter
VT=Volunteer Transporter
TT= Taxi Transporter

( ) _____
Telephone #

RECIPIENT INFORMATION

☐☐☐ Recipient First Name
☐☐☐ Recipient Last Name
☐☐☐☐☐☐☐☐☐☐☐ Recipient Medicaid or Healthy Kids-Gold ID Number

TRIP INFORMATION

If Payee is Self, Parent or Household Member: (RT= Recipient Transporter) **OR** If Payee is Volunteer: (VT=Volunteer Transporter TT = Taxi Transporter)

From:
☐☐☐☐☐☐☐☐ (Recipient's Home Town/City) ☐☐☐☐☐ (Zip Code)

To:
☐☐☐☐☐☐☐☐ (Medical Provider's Town/City) ☐☐ (State)

From:
☐☐☐☐☐☐☐☐ (Volunteer's Home Town/City) ☐☐☐☐☐ (Zip Code)

To:
☐☐☐☐☐☐☐☐ (Recipient's Home Town/City)

To:
☐☐☐☐☐☐☐☐ (Medical Provider's Town/City) ☐☐ (State)

☐ 1. One Way Trip
☐ 2. Round Trip

☐☐☐ Total Miles Per Trip

$☐☐.☐☐ Tolls/Parking (Minimum $3.00, Receipts Required)

☐ Receipts Verified **BDM Use Only**

☐☐☐☐☐☐ **OMBP Use Only**

☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐ Medical Provider Name

Medical Provider Type Code: ☐

Medical Provider Type Codes:
[1] Hospital
[2] Physician/Mental Health Provider
[3] Dentist
[4] Therapies (Physical/Speech/Occupational)
[5] Dialysis
[6] Referral/Specialist
[7] Pharmacy
[A] OMBP Use Only
[B] Bus Transportation with receipts

Trip Date (MM/DD/YY)
☐☐/☐☐/☐☐

Medical Provider/Pharmacy Signature (Rubber stamp preferred on both copies)
I certify that medical services were rendered for this recipient on the trip date indicated.

_____ Date_____

If Pharmacy, do you provide free delivery to recipient's residence? ☐Yes ☐No

This is to certify that the information above is true, accurate, and complete. I understand that payment of this claim may be from Federal and State funds and that any false claims, statements, documents or the concealment of material fact may be prosecuted under applicable Federal and State Laws.

Recipient Signature:_____ Date:_____

Payee Signature:_____ Date:_____

For payment, submit the completed Form 13A-Web to: NH Department of Health and Human Services, Bureau of Data Management, PO Box 2000, Concord NH 03302-2000

SR 06-XX

Keep a photocopy of the completed Form 13A-Web for your records.

(3YC)

1/00

INSTRUCTIONS FOR FORM 14-Web

MEDICAL TRANSPORTATION ENROLLMENT FORM

Enrollment Instructions for Medical Transportation Payees:

SHADED AREAS ON FORM 14-Web ARE FOR STATE USE ONLY

Payee's Name: Enter your name, or business name as it appears on your business correspondence, in first name, last name order. Leave a space between your first and last name and between words in your business name.

Payee's Federal ID Number or Payee's Social Security Number: Enter either your Federal ID or your Social Security Number. Federal identification number should be in xx-xxxxxxx format, Social Security number should be in xxx-xx-xxxx format. **One of these fields must be completed in order for payment to be made.**

Payee's Telephone Number: Enter your telephone number including your area code or a telephone number where you can be reached. Entry should be in area code-xxx-xxxx format. **This field must be completed in order for payment to be made.**

Street Address: Enter your street address, leaving a blank space between numbers and words.

PO Box Number: Enter your post office box number if you want mail delivery to that box number.

City or Town: Enter the name of the town or city where you live, or if a business, where your business is located.

State: Enter the 2-digit code for the state where you live, or if a business, where your business is located.

Zip Code: Enter your 5-digit zip code. Enter the 4-digit extension if you are using a post office box number.

Do you wish to enroll as: (Place a check mark in the appropriate box on **Form 14-Web**)

Recipient Transporter: To enroll as a Recipient Transporter you must transport either yourself (if you are Medicaid eligible) or a Medicaid eligible recipient who resides in your household. You may use your own vehicle or someone else's.

Volunteer Transporter: If you are a Medicaid recipient but will transport other Medicaid recipients who are not in your assistance case and who do not live in your household, check Volunteer Transporter; or if you are **not** a Medicaid recipient, but wish to transport Medicaid recipients, check Volunteer Transporter. If you are a Volunteer Transporter, you must use your own vehicle. You must provide a copy of your current driver's license and proof of automobile liability insurance that states the **effective date** and **expiration date** of the insurance. If you do not provide this information, enrollment can not be completed and payment can not be made.

Taxi Transporter: If you are the owner of a taxi company, check Taxi Transporter. You must provide a current taxi license, proof of automobile liability insurance with **effective dates** and **expiration dates** and a Form W-9. (Use of taxi is by **prior approval** only).

IF YOU WISH TO ENROLL AS A RECIPIENT TRANSPORTER AND A VOLUNTEER TRANSPORTER, YOU MUST COMPLETE A SEPARATE FORM 14 FOR EACH ENROLLMENT.

Payee Signature: Payees must sign and date Form 14-Web.

Mail completed Form 14-Web and copies of any required documentation to the Department of Health and Human Services, Medicaid Client Services, 129 Pleasant Street, Thayer Building, Concord, NH 03301-8575, ATTN: Medical Transportation Coordinator.

Keep a photocopy of the completed Form 14-Web for your records.

When enrollment is complete, you will receive a computer generated document which will provide you with your **key name** and **resource number(s)**. This information is very important as it **must be used on every claim form you submit for payment.**

SR 99-46

State of New Hampshire
Department of Health and Human Services

14-Web
1/06

MEDICAL TRANSPORTATION ENROLLMENT FORM

(Shaded boxes are for State use only)

Transaction Code: **A** = Add **C** = Change **X** = Close End date: _____

Payee's Name

Payee's Federal I. D. Number — Payee's Social Security Number — Payee's Telephone Number

OR

Payee Number — Code — Local District Office

W-9 Attached: **Y** or **N** (circle one) — 1099 Required: **Y** or **N** (circle one)

Street Address

PO Box Number (If available)

City or Town — State — Zip Code

DO YOU WISH TO ENROLL AS A: (Please check **one** box only. A separate Form 14W is required if you wish to enroll as a second type of provider.)

Recipient Transporter ☐	**Volunteer Transporter** ☐	**Taxi Transporter** ☐
(Transports themselves, household, and family members)	(Transports clients not in their household)	(Taxi by prior approval only)
CREDENTIALS:		
Provider Enrollment Date ___/___/___	Provider Enrollment Date ___/___/___	Provider Enrollment Date ___/___/___
Wheelchair Accessible / /	Driver's License Expiration Date / /	Driver's License Expiration Date / /
Transportation Review ___/___/___	Auto Insurance Expiration Date ___/___/___	Auto Insurance Expiration Date ___/___/___
	Transportation Review / /	W-9 / /
		Transportation Review ___/___/___

I agree to accept up to the maximum New Hampshire Medicaid mileage allowance per trip as payment in full.

Payee Signature:_____ Date:_____

Transportation Coordinator Signature:_____ Date:_____

For enrollment, submit the completed Form 14-Web to: NH Department of Health & Human Services, 129 Pleasant Street, Thayer Building, Concord, NH 03301-8575, ATTN: Medical Transportation Coordinator

Keep a photocopy of the completed Form 14-Web for your records.

SR 06-XX

Appendix K. NEMT/WC and AMDC Reimbursement Forms

PLEASE DO NOT STAPLE IN THIS AREA

APPROVED OMB-0938-0008

CARRIER

PICA

HEALTH INSURANCE CLAIM FORM

PICA

PATIENT AND INSURED INFORMATION

1. MEDICARE (Medicare #) MEDICAID (Medicaid #) CHAMPUS (Sponsor's SSN) CHAMPVA (VA File #) GROUP HEALTH PLAN (SSN or ID) FECA BLK LUNG (SSN) OTHER (ID)

1a. INSURED'S I.D. NUMBER (FOR PROGRAM IN ITEM 1)

2. PATIENT'S NAME (Last Name, First Name, Middle Initial)

3. PATIENT'S BIRTH DATE MM DD YY SEX M F

4. INSURED'S NAME (Last Name, First Name, Middle Initial)

5. PATIENT'S ADDRESS (No., Street)

6. PATIENT RELATIONSHIP TO INSURED Self Spouse Child Other

7. INSURED'S ADDRESS (No., Street)

CITY STATE

8. PATIENT STATUS Single Married Other Employed Full-Time Student Part-Time Student

CITY STATE

ZIP CODE TELEPHONE (Include Area Code) ( )

ZIP CODE TELEPHONE (INCLUDE AREA CODE) ( )

9. OTHER INSURED'S NAME (Last Name, First Name, Middle Initial)

10. IS PATIENT'S CONDITION RELATED TO:

11. INSURED'S POLICY GROUP OR FECA NUMBER

a. OTHER INSURED'S POLICY OR GROUP NUMBER

a. EMPLOYMENT? (CURRENT OR PREVIOUS) YES NO

a. INSURED'S DATE OF BIRTH MM DD YY SEX M F

b. OTHER INSURED'S DATE OF BIRTH MM DD YY SEX M F

b. AUTO ACCIDENT? PLACE (State) YES NO

b. EMPLOYER'S NAME OR SCHOOL NAME

c. EMPLOYER'S NAME OR SCHOOL NAME

c. OTHER ACCIDENT? YES NO

c. INSURANCE PLAN NAME OR PROGRAM NAME

d. INSURANCE PLAN NAME OR PROGRAM NAME

10d. RESERVED FOR LOCAL USE

d. IS THERE ANOTHER HEALTH BENEFIT PLAN? YES NO ***If yes***, return to and complete item 9 a-d.

READ BACK OF FORM BEFORE COMPLETING & SIGNING THIS FORM.

12. PATIENT'S OR AUTHORIZED PERSON'S SIGNATURE I authorize the release of any medical or other information necessary to process this claim. I also request payment of government benefits either to myself or to the party who accepts assignment below.

SIGNED _____ DATE _____

13. INSURED'S OR AUTHORIZED PERSON'S SIGNATURE I authorize payment of medical benefits to the undersigned physician or supplier for services described below.

SIGNED _____

PHYSICIAN OR SUPPLIER INFORMATION

14. DATE OF CURRENT: MM DD YY ILLNESS (First symptom) OR INJURY (Accident) OR PREGNANCY(LMP)

15. IF PATIENT HAS HAD SAME OR SIMILAR ILLNESS. GIVE FIRST DATE MM DD YY

16. DATES PATIENT UNABLE TO WORK IN CURRENT OCCUPATION FROM MM DD YY TO MM DD YY

17. NAME OF REFERRING PHYSICIAN OR OTHER SOURCE

17a. I.D. NUMBER OF REFERRING PHYSICIAN

18. HOSPITALIZATION DATES RELATED TO CURRENT SERVICES FROM MM DD YY TO MM DD YY

19. RESERVED FOR LOCAL USE

20. OUTSIDE LAB? YES NO $ CHARGES

21. DIAGNOSIS OR NATURE OF ILLNESS OR INJURY. (RELATE ITEMS 1,2,3 OR 4 TO ITEM 24E BY LINE)

1. ___ . __ 3. ___ . __

2. ___ . __ 4. ___ . __

22. MEDICAID RESUBMISSION CODE ORIGINAL REF. NO.

23. PRIOR AUTHORIZATION NUMBER

24. A DATE(S) OF SERVICE From MM DD YY To MM DD YY	B Place of Service	C Type of Service	D PROCEDURES, SERVICES, OR SUPPLIES (Explain Unusual Circumstances) CPT/HCPCS MODIFIER	E DIAGNOSIS CODE	F $ CHARGES	G DAYS OR UNITS	H EPSDT Family Plan	I EMG	J COB	K RESERVED FOR LOCAL USE
1										
2										
3										
4										
5										
6										

25. FEDERAL TAX I.D. NUMBER SSN EIN

26. PATIENT'S ACCOUNT NO.

27. ACCEPT ASSIGNMENT? (For govt. claims, see back) YES NO

28. TOTAL CHARGE $

29. AMOUNT PAID $

30. BALANCE DUE $

31. SIGNATURE OF PHYSICIAN OR SUPPLIER INCLUDING DEGREES OR CREDENTIALS (I certify that the statements on the reverse apply to this bill and are made a part thereof.)

SIGNED DATE

32. NAME AND ADDRESS OF FACILITY WHERE SERVICES WERE RENDERED (If other than home or office)

33. PHYSICIAN'S, SUPPLIER'S BILLING NAME, ADDRESS, ZIP CODE & PHONE #

PIN# GRP#

(APPROVED BY AMA COUNCIL ON MEDICAL SERVICE 8/88) ***PLEASE PRINT OR TYPE*** FORM HCFA-1500 (12-90), FORM RRB-1500, FORM OWCP-1500

BECAUSE THIS FORM IS USED BY VARIOUS GOVERNMENT AND PRIVATE HEALTH PROGRAMS, SEE SEPARATE INSTRUCTIONS ISSUED BY APPLICABLE PROGRAMS.

NOTICE: Any person who knowingly files a statement of claim containing any misrepresentation or any false, incomplete or misleading information may be guilty of a criminal act punishable under law and may be subject to civil penalties.

REFERS TO GOVERNMENT PROGRAMS ONLY

MEDICARE AND CHAMPUS PAYMENTS: A patient's signature requests that payment be made and authorizes release of any information necessary to process the claim and certifies that the information provided in Blocks 1 through 12 is true, accurate and complete. In the case of a Medicare claim, the patient's signature authorizes any entity to release to Medicare medical and nonmedical information, including employment status, and whether the person has employer group health insurance, liability, no-fault, worker's compensation or other insurance which is responsible to pay for the services for which the Medicare claim is made. See 42 CFR 411.24(a). If item 9 is completed, the patient's signature authorizes release of the information to the health plan or agency shown. In Medicare assigned or CHAMPUS participation cases, the physician agrees to accept the charge determination of the Medicare carrier or CHAMPUS fiscal intermediary as the full charge, and the patient is responsible only for the deductible, coinsurance and noncovered services. Coinsurance and the deductible are based upon the charge determination of the Medicare carrier or CHAMPUS fiscal intermediary if this is less than the charge submitted. CHAMPUS is not a health insurance program but makes payment for health benefits provided through certain affiliations with the Uniformed Services. Information on the patient's sponsor should be provided in those items captioned in "Insured"; i.e., items 1a, 4, 6, 7, 9, and 11.

BLACK LUNG AND FECA CLAIMS

The provider agrees to accept the amount paid by the Government as payment in full. See Black Lung and FECA instructions regarding required procedure and diagnosis coding systems.

SIGNATURE OF PHYSICIAN OR SUPPLIER (MEDICARE, CHAMPUS, FECA AND BLACK LUNG)

I certify that the services shown on this form were medically indicated and necessary for the health of the patient and were personally furnished by me or were furnished incident to my professional service by my employee under my immediate personal supervision, except as otherwise expressly permitted by Medicare or CHAMPUS regulations.

For services to be considered as "incident" to a physician's professional service, 1) they must be rendered under the physician's immediate personal supervision by his/her employee, 2) they must be an integral, although incidental part of a covered physician's service, 3) they must be of kinds commonly furnished in physician's offices, and 4) the services of nonphysicians must be included on the physician's bills.

For CHAMPUS claims, I further certify that I (or any employee) who rendered services am not an active duty member of the Uniformed Services or a civilian employee of the United States Government or a contract employee of the United States Government, either civilian or military (refer to 5 USC 5536). For Black-Lung claims, I further certify that the services performed were for a Black Lung-related disorder.

No Part B Medicare benefits may be paid unless this form is received as required by existing law and regulations (42 CFR 424.32).

NOTICE: Any one who misrepresents or falsifies essential information to receive payment from Federal funds requested by this form may upon conviction be subject to fine and imprisonment under applicable Federal laws.

NOTICE TO PATIENT ABOUT THE COLLECTION AND USE OF MEDICARE, CHAMPUS, FECA, AND BLACK LUNG INFORMATION
(PRIVACY ACT STATEMENT)

We are authorized by HCFA, CHAMPUS and OWCP to ask you for information needed in the administration of the Medicare, CHAMPUS, FECA, and Black Lung programs. Authority to collect information is in section 205(a), 1862, 1872 and 1874 of the Social Security Act as amended, 42 CFR 411.24(a) and 424.5(a) (6), and 44 USC 3101;41 CFR 101 et seq and 10 USC 1079 and 1086; 5 USC 8101 et seq; and 30 USC 901 et seq; 38 USC 613; E.O. 9397.

The information we obtain to complete claims under these programs is used to identify you and to determine your eligibility. It is also used to decide if the services and supplies you received are covered by these programs and to insure that proper payment is made.

The information may also be given to other providers of services, carriers, intermediaries, medical review boards, health plans, and other organizations or Federal agencies, for the effective administration of Federal provisions that require other third parties payers to pay primary to Federal program, and as otherwise necessary to administer these programs. For example, it may be necessary to disclose information about the benefits you have used to a hospital or doctor. Additional disclosures are made through routine uses for information contained in systems of records.

FOR MEDICARE CLAIMS: See the notice modifying system No. 09-70-0501, titled, 'Carrier Medicare Claims Record,' published in the Federal Register, Vol. 55 No. 177, page 37549, Wed. Sept. 12, 1990, or as updated and republished.

FOR OWCP CLAIMS: Department of Labor, Privacy Act of 1974, "Republication of Notice of Systems of Records," Federal Register Vol. 55 No. 40, Wed Feb. 28, 1990, See ESA-5, ESA-6, ESA-12, ESA-13, ESA-30, or as updated and republished.

FOR CHAMPUS CLAIMS: PRINCIPLE PURPOSE(S): To evaluate eligibility for medical care provided by civilian sources and to issue payment upon establishment of eligibility and determination that the services/supplies received are authorized by law.

ROUTINE USE(S): Information from claims and related documents may be given to the Dept. of Veterans Affairs, the Dept. of Health and Human Services and/or the Dept. of Transportation consistent with their statutory administrative responsibilities under CHAMPUS/CHAMPVA; to the Dept. of Justice for representation of the Secretary of Defense in civil actions; to the Internal Revenue Service, private collection agencies, and consumer reporting agencies in connection with recoupment claims; and to Congressional Offices in response to inquiries made at the request of the person to whom a record pertains. Appropriate disclosures may be made to other federal, state, local, foreign government agencies, private business entities, and individual providers of care, on matters relating to entitlement, claims adjudication, fraud, program abuse, utilization review, quality assurance, peer review, program integrity, third-party liability, coordination of benefits, and civil and criminal litigation related to the operation of CHAMPUS.

DISCLOSURES: Voluntary; however, failure to provide information will result in delay in payment or may result in denial of claim. With the one exception discussed below, there are no penalties under these programs for refusing to supply information. However, failure to furnish information regarding the medical services rendered or the amount charged would prevent payment of claims under these programs. Failure to furnish any other information, such as name or claim number, would delay payment of the claim. Failure to provide medical information under FECA could be deemed an obstruction.

It is mandatory that you tell us if you know that another party is responsible for paying for your treatment. Section 1128B of the Social Security Act and 31 USC 3801-3812 provide penalties for withholding this information.

You should be aware that P.L. 100-503, the "Computer Matching and Privacy Protection Act of 1988", permits the government to verify information by way of computer matches.

MEDICAID PAYMENTS (PROVIDER CERTIFICATION)

I hereby agree to keep such records as are necessary to disclose fully the extent of services provided to individuals under the State's Title XIX plan and to furnish information regarding any payments claimed for providing such services as the State Agency or Dept. of Health and Humans Services may request.

I further agree to accept, as payment in full, the amount paid by the Medicaid program for those claims submitted for payment under that program, with the exception of authorized deductible, coinsurance, co-payment or similar cost-sharing charge.

SIGNATURE OF PHYSICIAN (OR SUPPLIER): I certify that the services listed above were medically indicated and necessary to the health of this patient and were personally furnished by me or my employee under my personal direction.

NOTICE: This is to certify that the foregoing information is true, accurate and complete. I understand that payment and satisfaction of this claim will be from Federal and State funds, and that any false claims, statements, or documents, or concealment of a material fact, may be prosecuted under applicable Federal or State laws.

Public reporting burden for this collection of information is estimated to average 15 minutes per response, including time for reviewing instructions, searching existing date sources, gathering and maintaining data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing the burden, to HCFA, Office of Financial Management, P.O. Box 26684, Baltimore, MD 21207; and to the Office of Management and Budget, Paperwork Reduction Project (OMB-0938-0008), Washington, D.C. 20503.

STATE OF NEW HAMPSHIRE
DEPARTMENT OF HEALTH AND HUMAN SERVICES

975
03/05

DOCUMENTATION TO SUPPORT THE USE OF WHEELCHAIR VAN SERVICES

Wheelchair Van Providers: To support payment by the NH Medicaid/Healthy Kids-Gold (NH Title XIX) program, this completed, dated and signed form must be retained in the vendor-maintained NH Title XIX recipient's file for six years. Incomplete, undated or unsigned forms will be considered invalid. A completed Form 975 is valid as a certificate of medical necessity for wheelchair van services only for the date span requested in Section 2 of this form. The recipient's NH Title XIX eligibility must be verified each time wheelchair van services are accessed. If the recipient changes wheelchair van providers, the new provider must either obtain a copy of the 975 from the previous wheelchair van provider or have a new 975 completed for the new wheelchair van provider's file.

SECTION 1 - To be completed by the wheelchair van service provider actually providing the service.

Recipient Last Name: _____ First Name: _____

NH Title XIX ID#: _____ Date of Birth (MM/DD/YYYY): _____

Wheelchair Van Service Vendor Name: _____ Bus. Phone: _____

Will the wheelchair van service provider be providing the wheelchair during transport? Yes ____ No ____

SECTION 2 - To be completed and signed by the attending physician, physician assistant, ARNP or registered nurse. Failure to complete this form in its entirety may result in a delay in securing transportation to medically necessary services for this individual.

Primary diagnosis: _____

Secondary diagnosis: _____

Request for wheelchair van service is: ☐ a temporary need for an acute condition (90 days or less)
☐ a long term need for a chronic condition (up to one year)

Please explain reason for temporary or long term need: _____

_____

Date span of services requested: From _____ To _____

Span of dates must be 90 days or less for acute condition, or no longer than 1 year for chronic condition. A new 975 must be completed for subsequent time periods.

Does this individual require a wheelchair for: Indoor mobility? Yes ____ No ____
Outdoor mobility? Yes ____ No ____

Does this individual own or currently rent a wheelchair? Yes ____ No ____

Considering the individual's medical condition, is s/he able to utilize:

Public bus transportation (where available)? Yes ____ No ____
Transportation by taxi (where available)? Yes ____ No ____
Private automobile (without modifications)? Yes ____ No ____

By signing below, you are certifying that the above-noted individual is unable to mobilize without the use of a wheelchair for the time-period listed above, and requires the use of a wheelchair van for transportation to and from medical services.

_____ _____ _____
Signature of MD, PA, ARNP, RN — Title — Contact Phone Number

_____ _____
Printed Name — Date Signed

FOR SERVICE LIMIT OVERRIDE USE ONLY (To be completed by wheelchair van provider):

☐ I am requesting consideration of additional services beyond the 24-trip limit by submitting a copy of this form to: **DME Prior Authorization Unit, NH Medicaid, 29 Hazen Drive, Concord NH 03301**. **NOTE:** Additional services will not be authorized beyond the end date indicated in Section 2, above. Actual authorized covered services may be less than requested. If additional services are determined to be necessary subsequent to this request, a new 975 must be submitted for reconsideration.

Appendix L. Task 4–Scope of Work for Regional Transportation Coordinator

INTRODUCTION

In Technical Memorandum 4, we have opted to include the minimum requirements for the Regional Transportation Coordinator in the context of a full Request for Proposals. As a template, we borrowed parts of an RFP that was used for County Transportation Coordinator in Florida.

Section A discusses the general conditions for the RFP.

Section B introduces the general infrastructure for coordination in New Hampshire and presents the general requirements and responsibilities, as well as the scope of work, of each RTC.

Section C contains a (blank) chart that will be used to document estimates for ridership levels, for both ambulatory and non-ambulatory trips, per sponsor in the region.

Section D provides a comprehensive chart of service quality standards, to be used as a default. If particular sponsors have different service quality standards, they can be substituted.

Section E includes a list of required vehicle insurance.

Section F lays out the required proposal format.

Section G explains the proposal review process, as well as evaluation criteria and scoring.

Section A: General Conditions of Request for Proposal

1.0 LEGAL NOTICE

The Regional Coordinating Council for Region ____ (RCC) is accepting proposals from qualified organizations to serve as the Regional Transportation Coordinator (RTC). The RTC for this region will provide services relating to trip reservations and scheduling and client database management for different sponsoring agencies and organizations that "purchase" transportation from the RTC. Actual service delivery will be the responsibility of the RTC—either through direct operations or through contracts or both. Trips that will be served will include both human service agency transportation and publicly-sponsored specialized paratransit services. Proposers must have experience in work of the same or similar nature and must demonstrate that they can successfully provide the estimated volume of trips while meeting specified service quality standards. Upon being awarded the role of RTC, the Proposer will enter into contracts with the sponsoring agencies and organizations who have agreed to participate in this coordination effort.

The complete Request for Proposals (RFP) packet can be obtained from the RCC website, ____ or from the address listed below. Requests for clarification of the requirements or inquiries about information contained in the RFP packet must be submitted in writing, via email or letter **by ____ p.m. on ____.**

RFP Proposals must be received **by ____ p.m. on ____ at the office of the RCC**. One original and ____ copies of the RFP Proposal must be submitted to:

NAME
ADDRESS
E-MAIL
PHONE
FAX

Proposals must follow the format and structure of the RFP, as specified in Section F. The RCC will evaluate the proposals received based on the responsiveness to the evaluation criteria (Section G) and on the information being provided.

The outside of the envelope containing the Proposal must be marked **"PROPOSAL TO PROVIDE RTC SERVICES TO THE REGION ____"** The RCC will accept no responsibility for proposals not so marked. Proposals are to remain in effect for 90 calendar days from the date of submission. The RCC reserves the right to reject any and all proposals, to waive any formality concerning proposals, or negotiate changes to the proposals whenever such rejection or waiver or negotiation is in the best interest of the RCC.

Lobbying of RCC, SCC, sponsoring agencies, and elected officials regarding the RFP or contract by any member of a Proposer's staff, or members or employees of any legal entity

affiliated with an organization that is responding to the RFP is strictly prohibited. Such actions may cause your proposal, or the proposal you are supporting to be rejected.

The RCC does not discriminate on any basis, as required by ____ law prohibiting discrimination on the basis of race, color, creed, national origin, sex or age in employment or business opportunity, Title VI of the Civil Rights Act of 1965, as amended 42 USC 2000d to 2000d-4, and Title 49 CFR, Part 21. The RCC ensures, in accordance with 49 CFR Part 26, that all Proposers have an equal opportunity to receive and participate in Department of Transportation assisted contracts.

2.0 AWARD

Award will be made to the most responsive proposal, based upon the evaluation of RCC staff.

The proposal must meet all specified requirements and will be evaluated using the criteria detailed in Section G.

Sponsoring organizations shall contract with a single entity or joint venture that is designated by the RCC to be the RTC.

The RCC reserves the right to reject any and all proposals if it is deemed in the best interest of the RCC to do so.

3.0 TIMELINE OF CRITICAL EVENTS

DATE
Advertisement and the release of Request for Proposals.

DATE
Clarifications, questions, and other inquiries regarding the RFP submitted by ____ p.m., E.S.T.

All such requests shall be submitted in writing, via email or letter, and the person submitting the request will be responsible for its prompt delivery. There will be no pre-bid conference. After this date and time, no further questions, clarifications, or other inquiries will be addressed. All requests shall be submitted to NAME, TITLE, RCC, ADDRESS or EMAIL. Responses to written questions for clarifications will be posted on our website. It is the Proposers responsibility to check the website for any documentation relating to this RFP, up to due date and time.

DATE
Sealed proposals received by ____ p.m. E.S.T.

Any proposals submitted after the specified time and date will not be considered. No proposal may be withdrawn for a period of 90 calendar days after the scheduled deadline for receipt of proposals.

Proposals shall be submitted in one original and ____ copies.

All proposals shall be signed in ink by the authorized principals of the Proposer.

Proposals shall be submitted in a sealed container, labeled as "PROPOSAL TO PROVIDE RTC SERVICES TO THE REGION ____ REGIONAL COORDINATING COUNCIL."

Proposals shall be submitted to:

NAME
RCC
ADDRESS

DATE
Proposal Selection Committee begins reviewing all proposals submitted.

An oral presentation, additional documentation, or a site visit may be requested of any Proposer, at the RFP Selection Committee's discretion.

DATE
Proposal Selection Committee meets to review and score all proposals submitted.

DATE
Proposal Selection Committee brings its recommendation to the RCC.

DATE
Award of contract by the RCC.

The RCC reserves the right to change the timeline above, if necessary.

4.0 PERFORMANCE REVIEW

By the last year of the initial term of the agreement, RCC staff shall conduct a review of the performance of the contracted management entity using criteria the RCC and sponsoring agencies determines to be relevant.

5.0 PROJECT PERIOD

The period for this project shall begin on ____ and end on _____. The selected Proposer entity must be fully operational as of 12:01 a.m. on ____.

6.0 OPTION OF RENEWAL

The role of RTC may be renewed for up to ____ additional ____-year terms upon written agreement of the parties. These options shall be exercised only if the organization is successful in completing the Performance Review outlined above; all terms and conditions in the agreement remain the same and approval is granted by the RCC.

7.0 ORAL PRESENTATION

An oral presentation of proposal may be requested of any Proposer.

8.0 AGREEMENT

Upon selection of a management entity, a mutually agreed upon contract will be established and shall include, but shall not be limited to terms related to payment/invoices and assignment.

9.0 RIGHT TO AUDIT

The RCC reserves the privilege of auditing a Management Entity records as such records relate to purchases between the sponsoring organizations and the RTC. Records relating to this contract should be retained for seven years from final payment in any one year, unless required for a longer period by law.

10.0 CERTIFICATE OF INSURANCE

The Proposer will be required to provide a certificate of insurance, in accordance with the insurance requirements in Section E.

11.0 ADDITIONAL SERVICES

The RCC reserves the right to request additional services relating to this Agreement from the RTC. When approved by the RCC as an amendment to this Agreement and authorized in writing, the RTC shall provide such additional services as necessary.

12.0 RIGHTS OF THE RCC IN REQUEST FOR PROPOSAL PROCESS

In addition to all other rights of the RCC under New Hampshire law, the RCC specifically reserves the right to:

- negotiate with the highest-scoring Proposer. Negotiation with an individual Proposer does not require negotiation with others.
- select the proposal that it believes will serve the best interest of the RCC.
- reject any or all proposals.
- cancel the entire Request for Proposal.
- remedy or waive technical or immaterial errors in the Request for Proposal or in proposals submitted.
- request any necessary clarifications or proposal data without changing the terms of the proposal.
- select the Proposer to perform the services required on the basis of the original proposals without negotiation.

13.0 EXCEPTIONS

If a Proposer wishes to take exception to any of the terms contained in this RFP or the attached RTC Scope of Work, it must identify the term and the exception in its response to the RFP. Failure to do so may lead the RCC to declare any such term non-negotiable. The Proposer's desire to take exception to a non-negotiable term will not disqualify it from consideration.

14.0 COSTS INCURRED BY PROPOSERS

All expenses involved in the preparation and submission of proposals to the RCC, or any work performed in connection therewith, shall be borne solely by the Proposer. No payment will be made for any responses received, or for any other effort required or made by the Proposer prior to contract commencement.

15.0 CONFLICT OF INTEREST

The Proposer represents that it presently has no interest and shall acquire no interest, either direct or indirect, that would conflict in any manner with the performance or services required. The Proposer further represents that no person having any interest shall be employed for said performance. The Proposer shall promptly notify the RCC's representative, in writing, by certified mail, of all potential conflicts of interest for any prospective business association, interest, or other circumstance that might influence or appear to influence the Proposer's judgment or quality of services being provided. Such written notification shall identify the prospective business association, interest, or circumstance, the nature of work that the Proposer may undertake and request an opinion of the RCC as to whether the association, interest, or circumstance would, in the opinion of the RCC, constitute a conflict of interest if entered into by the Proposer. The RCC agrees to notify the Proposer of its opinion by certified mail within thirty (30) days of receipt of notification by the Proposer.

16.0 LOBBYING

Lobbying of RFP Selection Committee Members, RCC employees, or elected officials regarding Request for Proposals (RFPs), Bids, or Contracts, by the Proposer or any member of the Proposer's staff, an agent of the Proposer, or any people employed by any legal entity affiliated with an organization that is responding to the RFP, Bid or Contract is strictly prohibited and shall be prohibited until a written recommendation of award is made. Lobbying activities shall include, but not be limited to, influencing or attempting to influence action or non-action in connection with any RFP, Bid, or Contract through direct or indirect oral or written communication or an attempt to obtain goodwill of persons and/or entities specified in this provision. Such actions may cause the RFP, Bids, or Contract to be rejected.

17.0 EVALUATION CRITERIA

Each proposal shall be evaluated and scored by the Proposal Selection Committee. The contract will be awarded to the most qualified Proposer, per the evaluation criteria listed in Section G.

Section B: Description of RTCs and their Responsibilities

1.0 COMMUNITY TRANSPORTATION REGIONS AND REGIONAL TRANSPORTATION COORDINATORS

The State of New Hampshire is being divided into eight Community Transportation Regions, as an infrastructure to coordinate "community transportation" trips and services. Here, community transportation is defined as encompassing:

a. demand-responsive, specialized public transportation, such as ADA paratransit services and municipal-sponsored dial-a-ride services for the general public or for seniors and/or person with disabilities;
b. public and private-sponsored human service transportation programs, such as Medicaid-sponsored non-emergency medical transportation, and senior transportation sponsored through NHDHHS' Bureau of Elder and Adult Services; and
c. any other demand-responsive, specialized transportation sponsored by hospitals, insurance companies, colleges and universities, etc.

A Regional Transportation Coordinator or RTC will be established in each of the eight community transportation regions. Regional coordination must be flexible to reflect the resources of each RTC and the available service providers in the region. Indeed, each region might establish a different model for service delivery.

RTCs can be service providers themselves, or brokers, or both. They can be counties, public transit agencies or providers, human service agency operators; or private transportation management firms. However, if the public transit agency/provider in a particular region does not become the RTC, it is envisioned that the public transit agency/provider should be integrally involved as a purchaser and/or provider of services within the region's coordinated network.

2.0 OVERSIGHT OF REGIONAL COORDINATION NETWORK

A bi-level oversight of coordination activity in New Hampshire is being established to include:

d. A permanent State-level Coordinating Council (SCC) comprising major funding agencies and other key stakeholders; the role of the SCC would be to set coordination policies, assist regional efforts as needed, and monitor the results.
e. A Regional Coordinating Council (RCC) in each region, similarly composed of funding agencies (e.g., regional representatives of the state funding agencies as well as representatives from other purchasers of service), and possibly some providers, customers, and other stakeholders as well, as long as there is no conflict of interest with the RTC. The role of each RCC would be to select (if needed), guide, assist, and monitor their RTC, and to provide feedback to the

SCC about the policies that are—or are not—working well in their region. While purchase-of-service contracts and/or funding would not go through the RCCs, an RCC would be empowered to replace the RTC in its region.

3.0 CONTRACTUAL RELATIONSHIP BETWEEN SPONSORING FUNDING AGENCIES AND RTCS

At the state level, each funding agency (or its agent) will be contracting with (purchase transportation from) each RTC This will include, for example, the new Medicaid NEMT broker, the other DHHS bureaus whose transportation programs are not (at least initially) managed by the broker, and the DOT (via FTA grants). Other local/regional entities (e.g., private human service agencies, hospitals, insurance companies, colleges, municipalities, and even public transit providers, if they are not themselves the RTC) will be encouraged to also purchase transportation service from each RTC. Each purchaser-of-service will have a contract with "their" RTC.

Note that each purchaser-of-service will negotiate a separate rate or set of rates (e.g., per trip type) with each of the RTCs. It is important that these rates realistically reflect each RTC's actual cost of providing service. During the first year of service, these rates or sets of rates will likely be estimated based on the RTCs experiences. After a year's worth of data has been collected, subsequent annual rates will be based on the actual experience of delivery service to each purchaser's trips from the preceding year. The rate structures and levels may vary per region, and may be negotiated between each purchaser and each RTC.

4.0 GENERAL RESPONSIBILITIES OF THE RTC

As mentioned above, RTCs can deliver service as operators themselves and/or through subcontracts with other operators (including volunteer drivers). Regardless of the specific means of service delivery, the primary mission of the RTC is to coordinate the service delivery of customers of sponsoring organizations so as to maximize the use of scarce resources and combine ridesharable trips sponsored by different organizations. This will involve:

- "registering" on a database customers who reside in the region and who have been identified and deemed eligible by the sponsoring organization;
- intake service requests from these registered customers, according to policies established by the sponsoring organizations;
- scheduling these trips on RTC vehicles and/or subcontractor vehicles (and/or assigning trips to a subcontractor);
- tracking and monitoring the performance of service delivery to ensure that the sponsoring organizations' service quality standards and cost efficiency goals are met;
- performing various customer service functions, such as responding to requests for information, same-day issues (e.g., late vans), and complaints; and

- preparing and submitting invoices and reports, as required, to sponsoring organizations.

Each RTC will be responsible for providing all eligible and sponsored trips of designated customers, whether the destination is within or beyond the region's boundaries. The transferring of trips to other RTC service delivery networks is an acceptable way to handle inter-regional trips.

5.0 DIVISION OF RESPONSIBILITIES BETWEEN RTCS AND DHHS' MEDICAID NEMT BROKER

DHHS is in the process of establishing a statewide Broker that will initially be responsible for the provision of non-emergency medical transportation to Medicaid recipients, and might in the future include the sponsored transportation of other customers of various divisions and bureaus under DHHS. DHHS envisions that the Broker will work hand-in-hand with each RTC. The basic division of responsibilities would be as follows:

- The Broker will be responsible for all advance and same-day telephone communications with the customers. This will include processing reservations and cancellations. All trip requests will require (at a minimum) a one-day advance reservation. The two exceptions will be pre-authorized "will-call" returns (e.g., for hospital discharges) and emergency trips.
- With respect to the reservations function, the Broker will screen all calls, checking client and trip eligibility (which has already been established by the Broker), and if eligible, documenting the details of each trip request. The Broker will then immediately forward these requests (as well as cancellations, changes, etc.) to the RTC in the region that the trip originates (or where the customer resides).
- It will then be the responsibility of the RTC to directly provide the trip or arrange for the trip to be provided, ensuring that all service quality standards included in the Broker contract are met.
- The RTC will be responsible for collecting all service data required to meet the Broker contract reporting requirements (as well as any other RCC requirements), including the disposition of all trips not completed, and the measurement of service quality performance. The RTC will then submit a monthly invoice to the Broker, along with required reporting. The Broker will pay the RTC within 30 days.

6.0 OPERATING INFRASTRUCTURE

In order to support the above activities, the Regional Transportation Coordinator should have the following infrastructure and operating system in place.

6.1 Call Center Facility

The RTC should establish a call center with a sufficient number of telephone lines and a sufficient number of qualified and trained personnel during reservation hours to answer and promptly respond to all telephone and TDD/TYY calls for trip reservations, cancellations, confirmations, service inquiries, and general information requests. The RTC should implement a telephone MIS/automated call distributor system that will allow the queuing of calls, the distribution of calls to designated call-takes, a telephone decision tree that will distribute calls to appropriate staff, and the tracking of calls, call durations, and (average and maximum) hold times per hour of the day that the reservation line is open.

The RTC should provide sufficient office space in one facility to house reservations, scheduling, and (if the RTC is also an operator), dispatch personnel in numbers able to ensure proper telephone coverage and meet established standards for quick telephone response times. (See Standards.)

The RTC will operate a separate toll-free telephone number and line for a Telecommunications Device for the Deaf (TTY).

The RTC will maintain separate administrative phone lines (not toll-free) for conducting business calls and other calls not related to passenger reservations.

6.2 Call Center Paratransit Management Information System

Each RTC is encouraged to supply a computer system that specializes in providing reservations, scheduling, dispatching, trip reconciliation, and reporting/invoicing functions that support demand-responsive service.

6.3 Reservation Intake

Reservation agents will use the computer system described above to register customers, confirm eligibility, enter reservations, negotiate trip times, and schedule and confirm rides. Initial trip scheduling will take place online in real time, which means that requests for service will be booked directly on a computer and confirmed at the time the trip request is made. The reservation agent will inform the customer of the pick-up time window.

The electronic reservation system will be configured to record the following rider- and trip-related information:

f. Name of caller
g. Caller's ID number
h. Other data required to determine the eligibility of the trip requested
i. Supporting funding source
j. Pick-up location
k. Drop-off location
l. Desired pick-up time
m. Desired drop-off time or appointment time

n. Telephone number where caller can be reached
o. Number in party
p. Use of wheelchair or other mobility aids
q. Fare or co-payment (if any)
r. Other information

6.4 Scheduling

Using the computer system, RTC staff will schedule trips on dedicated fleets (and otherwise assign other trips to non-dedicated service providers) in a way that meets all service quality standards.

6.5 Transfers

For efficient transfer to other regional public transportation services, the RTC will designate transfer points. In the absence of designated transfer points, all transfers will be made at safe and convenience points. It will be the responsibility of the RTC dispatcher to arrange a transfer.

7.0 SERVICE MIX AND FLEET MIX

The ideal service mix of an RTC will include a dedicated fleet operated by the RTC or a contractor (or contractors), supplemented with non-dedicated service providers (such as taxis or wheelchair car service providers) and volunteer drivers to increase the flexibility and efficiency of the service provided. The concept is to maximize the productivity of the dedicated fleet(s) by assigning trips that would otherwise adversely affect the fleet's productivity to non-dedicated service providers.

The RTC should have a supply of service sufficient to handle demand. While the fleet available to the RTC does not have to be fully accessible, the fleet mix should include a sufficient number of accessible vehicles to meet the demand of trips that require accessible service.

8.0 OPERATIONS/MAINTENANCE FACILITY

If the RTC operates its own fleet, the RTC must establish an operation facility sufficient in size to store, operate, and maintain the fleet. Ideally, the operations/ maintenance facility would be adjacent to or attached to the call center facility, but this is not required.

If the maintenance facility is separate from the call center facility, the RTC should have an adequate supervisory plan for the storage and maintenance space. Use of a maintenance contractor is also permitted.

If the RTC operates its own fleet, the RTC must also maintain a system for communicating with drivers. While a two-way radio system and/or mobile data terminals (MDTs) is encouraged, use of cell phones, such as Nextel, can also be used. RTC also must establish and staff a dispatch center, supported by the computer system described above, such that the dispatch-to-driver ratio does not exceed 1 to25.

9.0 RECORD KEEPING AND REPORTING

In order to monitor and measure service performance, as well as submit reports to funding agencies, the RTC should maintain a data collection system. Monthly and/or weekly reports might include number of trips brokered, number of trips completed, number of no-shows and cancellations, mileage, and service hours. For example, the answering machine should provide the following reports on a daily basis by hour of day:

a. Number of calls answered directly by dispatcher
b. Number of calls answered by call sequencer
c. Average hold time of calls answered by sequencer
d. Number of calls abandoned
e. Number of calls on hold in intervals of 30, 60, 90, 120, 150, 180, 210, 240, 270, and 300 seconds

Other record keeping to be used for improving operations and in connection with weekly and/or monthly performance reports to funding agencies include, but are not limited to:

a. Number of one way passenger trips, by:
    i. Component
    ii. ADA paratransit and Non-ADA special service
    iii. Weekday service
    iv. Weekend service
b. Total weekday days of service
c. Total weekend days of service
d. Total weekday vehicle hours of service
e. Total weekend vehicle hours of service
f. Total hours of vehicle service, by component

g. Copies of the Daily Driver Activity Reports or other daily reports showing starting and ending times, starting and ending mileage, for each vehicle used by each driver
h. Copies of trip tickets and/or log sheets
i. Denied trip requests
j. Total cost to provide the service based on the contracted rates
k. Imputed and collected fares
l. Net cost to provide service (total cost less imputed fares)
m. Trip requests that are denied
n. Documentation of the RTC's on-the-road monitoring work
o. Documentation of the ongoing employee training completed during the month, including the subject(s) covered and a summary of participation by employees

Driver logs

Section C: Anticipated Ridership

The following chart may be used to assess ridership levels, which can be used to calculate the ideal service mix and fleet mix.

Anticipated Ridership

Sponsoring Organization	Number of Ambulatory Trips	Number of Wheelchair Trips
ADA Paratransit		
Medicaid NEMT		
BEAS (Senior		

Section D: Service Quality Standards

REGIONAL TRANSPORTATION COORDINATOR SERVICE QUALITY STANDARDS

	Performance Standard	Incentive	Liquidated Damages
ADMINISTRATIVE	**Service Provision:** The RTC is required to provide all of the required service specified in this agreement.	None	**$5,000** per day for each day after the commencement of this agreement that the RTC fails to provide any of the required service specified in this agreement.
	Record Keeping and Reporting: The RTC will submit all required reports, based on schedules outlined above.	None	**$500** per missing, delinquent, or deficient report.
	Complaint Ratio: The number of complaints involving the RTC shall not exceed 12 complaints per 10,000 trips in any given month.	**$500** per month for each integer met below 10 (e.g., 9 = $500, 8 = $1,000).	**$500** per month for each integer met above 14 (e.g., 15 = $500, 16 = $1,000).
	Complaint Response: The RTC will respond to each general complaint in writing within seven (7) business days. The RTC will respond to each personal injury or accident complaint within one (1) business day.	None	**$100** per incident in which the response time standard was not met.
	Performance Standard	**Incentive**	**Liquidated Damages**
OPERATIONS	**On-Time Performance**:The RTC shall achieve an on-time performance goal of 95%, i.e., 95% of the pick-up location arrivals shall be no later than 10 minutes after the negoitated pick-up time for advance-request trips, and no later than 60 minutes after a will-call request is placed.	**$5,000** per quarter for every fiscal quarter in which the average on-time performance is **97%** or greater.	**$5,000** per quarter for every fiscal quarter in which the average on-time performance productivity is less than **93%**.
	Service Productivity: The RTC shall achieve an average productivity of **2.0** trips per revenue vehicle hour for the dedicated fleet.	**$5,000** per quarter for every fiscal quarter in which the average productivity is **2.2** trips per revenue vehicle hour or greater. *Alternative: 1% increase to hourly rate for each 0.1 trips per hour above 2.2 trips per hour.*	**$5,000** per quarter for every fiscal quarter in which the average productivity is less than **1.8** trips per revenue vehicle hour. *Alternative: 1% decrease to hourly rate for each 0.1 trips per hour below 1.8 trips per hour.*
	Trip Denials: Contractor shall accommodate all eligible trip requests.	**$500** per month for each month in which there are no trip denials.	**$50** per trip denial.
	Excessive Ride Time: Contractor shall accommodate 99% of trips within maximum ride time standards. The RCC has established a maximum ride time of 60 minutes for trip lengths less than 8 (air) miles, 90 minutes for trip lengths of 8 to 15 (air) miles; 120 minutes for trip lengths of 15 to 30 (air) miles; and 150 minutes for trip lengths greater than 30 (air) miles.	**$200** per month for each month in which 100% of the trips are within the maximum ride time standard.	**$200** per month for each month in which the percentage of excessive-ride trips is less than 99%.
	Missed Trips: No more than one (1) missed trip per month.	**$200** per month for each month in which there are no missed trips.	**$200** per missed trip over one (1).
	Average Hold Time: The RTC shall provide sufficient reservations staff and resources to ensure the average hold time for the reservations line is less than **2 minutes**.	**$500** per month for each month in which the average hold time standard is met.	**$50** per month for every additional 5 seconds over the hold time standard.
	Abandoned Calls: The RTC shall provide sufficient reservations staff and resources such that the number of abadoned calls is less 5**%** of the total number of calls to the reservations line.	**$200** per month for each month in which the abandoned call percentage standard is met.	**$200** per month for each month in which the abandoned call percentage is 10% or more.
	Driver Qualifications and Training: Each driver assigned to this service shall meet all required qualifications and be fully trained as specified in this agreement.	None	**$1,000** per incident plus non-payment of all revenue vehicle hours operated by an unqualified/untrained driver.
	Driver Uniforms: Drivers shall wear a presentable, approved uniform while on duty.	None	**$100** for each incident.
	Safety: The RTC shall maintain a safety standard of no more than 1.5 preventable accidents per 100,000 miles.	**$1,000** per quarter for every fiscal quarter for meeting or exceeding this standard.	**$1,000** per quarter for every fiscal quarter in which this standrad is not met.

	Performance Standard	Incentive	Liquidated Damages
MAINTENANCE	**Lift Operation:** The RTC shall ensure that wheelchair	None	**$100** per occurrence for each incident in which
	Climate Control: Every vehicle in revenue service shall have a functioning HVAC system, sufficient to keep the vehicle at a comfortable temperature, and a functioning radio for communication with the dispatch center.	None	**$50** per day per vehicle that does not meet this standard.
	PM Adherance: The RTC shall adhere to the RCC-approved preventive maintenance schedule	**$200** per month for each month that RTC has achieved 100**%** adherance.	**$100** per late PM.
	Minor Repairs: The RTC shall repair minor vehicle body damage within **21 days** of occurrence (unless exempted or revised by the RCC).	None	**$50** per day for each damaged vehicle.
	Major Repairs: The RTC shall repair major vehicle body damage within 30 calendar days of occurrence. The RTC may supply a substitute vehicle with RCC approval during period of repair if greater than 30 days is required; ***or***, may be exempted or revised with RCC approval.	None	**$50** per day for each damaged vehicle.
	Clean Vehicles: The RTC shall provide a clean vehicle (both interior and exterior) for this contract service.	None	**$50** per day for each unkempt vehicle.
	Vehicle Reliability: Contractor shall meet or exceed the standard of 17,500 miles between roadcalls.	**$500** per month for each month in which the miles between roadcalls figure is less than 15,000.	**$500** per month for each month in which the miles between raodcalls figure is more than than 20,000.

Section E: Vehicle Insurance

The RTC and/or its operational subcontractor(s) will procure and provide the following insurance for operations performed under this agreement.

Comprehensive or General Liability coverage for $2,000,000/$4,000,000 aggregate per occurrence naming the RCC and its directors, officers, agents, and employees as additional insureds. This coverage should include, at a minimum, premises, operations, contractual, and personal injury coverage.
Automobile Liability coverage for $2,000,000/$4,000,000 aggregate per occurrence
Automobile Physical Damage coverage whose deductibles do not exceed $5,000.
Statutory Worker's Compensation coverage for at least $1,000,000 per occurrence.

All policies required will be issued by companies who hold a current policyholder's alphabetic and financial size category rating of not less than (A minus 8) rating according to Best's Insurance Report. All policies will contain a stipulation that insurance is **primary** insurance and that any insurance of the RCC will be excess and noncontributory. All policies will not be cancelled nor the coverage reduced until 30 days after the RCC has received written notice of cancellation or reduction.

Section F: Proposal Format

Proposers must organize their response according to the following format.

I. Management and Planning

Key Personnel Experience
Proposer shall submit with this section of its proposal the job descriptions and resumes of key personnel whose duties relate directly to fulfillment of the RTC's obligations. Enclose as an exhibit. If the Proposer does not currently employ such key personnel, provide as much information regarding the job descriptions and qualifications as possible. RFP documents are not public record until after award; therefore, when possible provide the candidate's resume and letter of intent. If Proposer anticipates initial use of an implementation management team, that is different in makeup from the permanent management team, Proposer shall describe the anticipated schedule of personnel assignments associated with such implementation plan.

Experience of Proposer
Proposer shall describe any experience similar in nature to the work required by this RFP. Describe how the organization sets strategic directions to maintain and strengthen its provision of services, maintenance of contractual obligations, and performance requirements. Discuss briefly quality management methods currently employed by the Proposer. Provide at least two (2) references.

Schedule for Implementation
Proposer shall submit a detailed work plan and timetable for implementing services effective ____.

Rapid Startup Capability
Proposer shall submit a description of its capability to rapidly start transportation services for any reason service become necessary prior to the scheduled startup date.

Performance Monitoring
Proposer shall summarize how it tracks performance, especially in view of the service quality standards presented in Section __. Proposer shall list key methods that would be used by the Proposer to track performance. Where possible, Proposer shall provide examples of real data.

II. Management of Program Costs and Demand for Services

Procedures
Proposer shall describe the processes by which it will perform each function of the RTC. Proposer shall also describe any procedures to identify potential opportunities to implement cost-saving measures, and describe any cost-saving measures that the Proposer would implement to ensure cost-efficient service.

Cost Proposal
Proposer shall include a detailed cost proposal in a sealed envelope. The cost proposal should include a financial element (detailed ___-year finance plan, including revenues and expenses) and a management fee summary. Proposer is free to suggest different rate structures and levels for each of the sponsoring organization's trip types. Proposer's costs will serve as the point of departure on contract negotiations between the Proposer and each sponsoring organization once the Proposer has been named the RTC for the region.

III. Information Systems, Reporting, and Invoicing

Proposer will describe the computer system(s) it intends to use to support the RTC functions. Include a detailed description of the proposed software and hardware and implementation timeline.

Reporting
The RTC will be responsible for developing reports including, but not limited to, basic monthly ridership, performance, and cost reports as well as a variety of other regular and ad hoc reports as requested by the RCC or a sponsoring agency/organization. The Proposer should describe its ability to generate reports, and to work with a variety of agencies to meet their reporting needs.

Invoicing
The Proposer shall describe how its processes for obtaining data from its own operation and/or from subcontracted transportation providers in a manner that minimizes duplication of effort and ensures timeliness, completeness, and accuracy of the invoice provided to each sponsor.

Transfer of Trip Data between Management Entity and Providers
The Proposer shall describe how daily trip data will be transferred between the RTC and any subcontracted transportation providers.

IV. Commitment to Clients and Community

Client Satisfaction
The Proposer shall describe the processes, measurements, and data used to determine client satisfaction and dissatisfaction, and how the Proposer will ensure and improve client satisfaction. This discussion should include complaint management and resolution, and other customer service functions.

Community Commitment
The Proposer shall describe its knowledge of the region, including any experience in serving the local service area, and participation in the community. If Proposer does not currently operate within the service area, the Proposer shall outline how it will become engaged in the community and gain an understanding of the community-specific transportation needs, issues, and resources.

Public Education
The Proposer shall describe how it will assist the RCC in increasing public awareness and education about community transportation services and coordination issues.

V. Financial Capability and Ownership

Owners and Officers
Submit along with the proposal an organizational list of owners, officers, and key personnel of the Proposer and all interested parties for the purpose of investigation by the RCC. Discuss the relationship with parent corporations, subsidiaries, and affiliates, listing the principals of each.

Financial Statements
Document the Proposer's current estimated net worth and the form of the net worth (liquid and non-liquid assets). Provide the most recent audited annual financial statements for the Proposer and affiliated organizations.

Working Capital
Document the estimated amount of working capital that will be committed to the startup of the contract if awarded. Document the method of financing, attach any endorsement documents necessary, of all startup and operational costs including, but not limited to, the initial office space and equipment required to begin operations if the contract is awarded. Document the amount of funding that will be dedicated to "Reserve for Contingencies," for all startup activities of this contract if awarded.

Section G: Proposal Review Process, Evaluation Criteria, and Scoring

1.0 PROPOSAL REVIEW PROCESS

The Proposal Selection Committee will be composed of ____ members of the RCC.

- After initial review and discussion of all proposals, each member of the Proposal Selection Committee will complete an individual ranking sheet using the scoring guidelines outlined in the next section for each proposal submitted.
- The Proposal Selection Committee will seek to achieve consensus on the appropriate score for each section of each proposal. A Proposal Selection Committee member may revise their initial score after discussion and debate of the committee, at their individual discretion.
- The evaluating committee members' scores will be added for each proposal by section.
- After the proposal has been scored, the Proposal Selection Committee will open the Proposer's cost proposal (submitted in a sealed envelope) and evaluate its financial elements.
- The overall score will be totaled for each proposal.
- The Proposal Selection Committee will then forward the highest-scoring proposals to the RCC, along with a recommendation.
- The RCC will then either concur with the Committee's recommendation or make a new recommendation to be discussed before final approval.
- The State Coordinating Council (SCC) is empowered to accept or reject the RCC's recommendation.

2.0 EVALUATION CRITERIA AND SCORING

2.1 Scoring Guidelines

In assigning a score to a section, the Proposal Selection Committee member shall assign a score to the nearest whole percent that best fits the overall response to the section. For example, if a section is worth 20 points and the proposal scores a 50% for that section, the point total awarded will be 10.

2.2 Score Description

0%-9% Unresponsive to the requirements of the section.
10%-30% Does not meet current service level or requirements of the section.
31%-60% Partially meets the requirements of the section.
61%-90% Fully meets the requirements and exceeds some of the requirements of the section.
91%-100% Exceeded ALL requirements of the section.

2.3 Scoring Matrix

Section	Section Title	Total Possible Points	Raters Score 0% to 100%	Weighted Score
I	Management and Planning	20		
II	Management of Program Costs and Demand for Services	25		
III	Information Systems	20		
IV	Commitment to Clients and Community	20		
V	Financial Capability and Business Ethics	15		
	TOTAL	**100**	**--**	

Sample Scoring Matrix

FIRM A

Section	Section Title	Total Possible Points	Raters Score 0% to 100%	Weighted Score
1.0	Management and Planning	20	70%	14
2.0	Management of Program Costs and Demand for Services	25	80%	20
3.0	Information Systems	20	70%	14
4.0	Commitment to Clients and Community	20	60%	12
5.0	Financial Capability and Business Ethics	15	70%	10.5
	TOTAL	**100**	**--**	**70.5**

Appendix M. WORK PLAN

Task 1: Review Previous Studies, Conduct Interviews, and Meet with Project Steering Committee – 40 Hours

1.1 Review Previous Studies

Upon receiving authorization to proceed, we will review several pertinent studies including:

New Hampshire Studies

- New Hampshire Residents Views on the Use Availability and Need for Public Transportation, UNH, B-MCAP, and Endowment for Health, 2005
- Coordinating Existing Human Service Transportation Resources, Pierce Law Center, 2004
- Cost Savings Through Transportation Coordination, DHHS, 2003
- Statewide Transit Coordination Study, OSP, 1995
- Community Transit Brokerage Study, ATC, 2001

National Studies

- TCRP Report 105, Strategies to Increase Coordination of Transportation Services for the Transportation Disadvantaged, 2004
- TCRP Report 91, Economic Benefits of Coordinating Human Service Transportation and Transit Services, 2003
- United We Ride materials

1.2 Meet with Project Steering Committee

On December 13, we will meet with the Project Steering Committee (Governor's Task Force on Community Transportation) to review, and as needed, revise, the Work Plan and Project Schedule. A revised Work Plan and Project Schedule will be submitted to NHDOT by December 30.

At this meeting, we will also elicit comments regarding support for the conclusions of the 1995, 2003, and 2004 report conclusions and recommendations, and discuss, as time allows, other recent factors that might foster or impede implementation of those recommendations. These discussions will be continued in Subtask 1.3.

1.3 Interview Task Force Members and Other Stakeholders

We will interview several members of the Task Force and other key stakeholders involved in providing community transportation and human service transportation in New Hampshire. These interviews will be held at the State Office of Disabilities on January 19. A debriefing session/workshop for the Task Force will occur on the following day at DHHS.

The objective of the interviews will be to hear individual stakeholder comments relating to expectations, perceived strengths, weaknesses and obstacles relating to the preceding reports' recommendations and current needs and to identify current/possible solutions to address any perceived shortcomings of the recommendations. We will also elicit stakeholder perceptions on the underlying reasons why statewide coordination has not happened, and why they believe that this effort will be successful. The interviews will help us determine how applicable the past plan is to today's environment, and to determine what worked well with the successful local coordination efforts and what thwarted - or is limiting the success of – other coordination efforts as well as how these local efforts might "fit" into the statewide scheme.

We will then document and summarize input from comments in a Task 1 memorandum and similarly send this to NHDOT (for distribution to the Project Steering Committee) by February 3.

Task 2: Develop General Structure for State and Regional Coordination – 32 Hours

In this task, we will develop state and regional structures for coordination in New Hampshire, using, as a point of departure, the recommendations from the preceding reports. The model will be refined or changed as needed based mainly on the perceptions, suggestions, and comments from the interviews and meetings conducted in Task 1, as well as on our own experiences.

In the course of documenting the model, we will identify and clarify the coordinating roles of each state (and regional) agency, as well as the roles of state-level and regional levels coordinating bodies, such as the State Coordinating Council (SCC) and the Local Coordinating Councils (LCCs). The description will include the policy-making, administrative, funding, and support roles of each entity. Based on information obtained in Task 1 we will also recommend the regional structure to pursue, and discuss the inter-relationships between human service agencies, public transit providers, and planning commissions, as well the SCC, the LCCs, and the regional coordinators.

We will identify several action plan components that incorporate steps and strategies that the state agencies will need to take (1) to support/implement the state coordination initiatives; and (2) to ensure that future programming/funding is supportive of local coordination plans. This will include identifying opportunities to establish mechanisms

and/or incentives that support these local efforts and identifying solutions to existing or prospective obstacles.

Examples of the strategies might include (1) the joint establishment of the SCC and associated MOUs indicating each agency's willingness to work with other SCC members to coordinate transportation under their auspices; or (2) the issuance of an executive order for such a group; and (3) the development of by-laws that would govern how the SCC will work;

All of the above will be documented in a Task 2 memorandum. Upon completion, the Task 2 memorandum will be sent to NHDOT by March 3 for circulation to the Project Steering Committee for review and comment.

Task 3: Develop Recommendations for Administrative/Policy Changes – 48 Hours

In Task 3, we will identify state-level policies and other administrative requirements that need to be changed or streamlined to foster local coordination efforts. This might include changes for reporting requirements and reimbursement/payment structures and billing and reporting formats that are associated with the pertinent funding streams from NHDHHS, NHDOT, and other agency participants.

In the case of the reporting requirements, the idea will be to develop and recommend ways in which the reporting requirements can be more standardized -- or made more uniform – among the different funding sources. And, in the case of reimbursement structures, the idea will be to recommend payment schemes that effectively reflect the shared, actual cost of service, that are easy to administer, that do not encourage or promote expensive, exclusive-ride trips, and that accommodate trips served by paratransit or transit.

Note that our efforts will not only cover reimbursement from the state perspective, but the reimbursement paid by the regional coordinators to contractors operating dedicated vehicles or non-dedicated vehicles. In both cases, we will not suggest any changes that compromise federal or state requirements; however, as has been the case in other states, there may changes that can accomplish these objectives without adversely affecting compliance.

We will also identify governing policies for – and recommend best practices or templates for -- purchase of service contracts, joint procurements, inter-agency vehicle utilization agreements, cost allocation for coordinated paratransit, use of public transit by human service agencies, risk management issues, customer service, and use of technology.

We will base our findings largely on the input we receive from the Task 1 interviews. We will also come to New Hampshire to meet with other DHHS and DOT staff people responsible for day-to-day reimbursement and reporting-related tasks as well as with representatives from other organizations and partnership groups.

The Task 3 memorandum will be sent to NHDOT by March 31 for circulation to the Project Steering Committee for review and comment. Feedback from the committee members, and especially those that are operators and are otherwise currently involved in coordinated efforts will be key.

Task 4: Develop Minimum Requirements for Regional Coordinators – 24 Hours

One of the key recommendations of the past reports has been the establishment of the regional coordinators. In Task 4, we will develop a set of minimum qualifications and requirements for each regional coordinator, as well as a sample RFP that includes a scope of service. This RFP template will include a scope of services and be designed to allow organizations to propose alternative service delivery structures ranging from an all in-house operation to a brokerage with dedicated and/or non-dedicated service providers (and all variations in between). We will also identify organizations in each region, and supply a list of national organizations to which the RFP should be sent.

This Task 4 product will be sent to NHDOT by April 21 for circulation to the Project Steering Committee for review and comment.

The recommendations for Tasks 2 through 4 together, as revised, per the comments from the Task Force, will form the Draft Action Plan. Prior to seeking feedback from the stakeholders in Task 5, we will come to Concord to present our Draft to the Task Force, and will revise the draft, as needed, to reflect any changes that the group deems to be necessary. We will require <u>one</u> marked up version that includes the complete set of comments from the Task Force.

Task 5: Collect Stakeholder Feedback / Input on State Action Plan – 64 Hours

In Task 5, we will present the Draft Action Plan to a gathering of stakeholders in each region. Each public meeting will be roughly 2 hours long. We will work with the Task Force, the local/regional planning commissions, and other key stakeholders to develop a list of invitees for each meeting.

Each meeting will be divided into three parts. The first part will be a presentation/primer on coordination (in general). This presentation will cover different forms of coordination, the benefits, obstacles, and solutions. We will attempt to "personalize" this presentation to each region, as the budget allows. The purpose of this introductory presentation is to educate people as to what coordination is; there are many pre-conceptions out there, not all of which are accurate.

Next, we will go around the room, and have everyone introduce themselves, and in doing so, highlight any forms of transportation with which they are currently involved. Often, there are current instances of lower-level coordination or collaborative efforts that have not appeared on the state's radar screen. A side benefit of these self-introductions is to make

other people in the room aware of their colleagues transportations programs. In addition, some attendees may be involved with instances of coordination and not realize it.

The third part will involve presenting the Draft Action Plan, and seek feedback/input from the stakeholders, seeking especially comments on how this might work in their region, and who likely candidates for the LCC and coordinator might be, and what obstacles (if any) might thwart the plan or constrain its success.

Input and comments from these stakeholder meetings will then be summarized in a Task 5 memorandum, along with recommendations for changing the draft action plan in view of these comments. It will be sent to NHDOT by June 2 for distribution to the Project Steering Committee for review and comment. Comments from the Project Steering Committee -- again submitted to us in one document reflecting the complete set of comments -- will then be incorporated into the final State Action Plan.

Task 6: Prepare Final Report and Present Action Plan to Task Force – 40 Hours

In Task 6, we will produce and submit, by June 30 (1) twenty bound copies of the final report; (2) one unbound original copy of the final report capable of being reproduced by a typical office photo-copier; (3) a digital copy of the final report in a commonly accessible format and medium; and (4) all background information used for and developed through the planning process.

We also would available to present the Action Plan to members of the Project Steering Committee and State Coordination Task Force.