

REVIEW OF PARATRANSIT SERVICES

1 INTRODUCTION

Green Mountain Transit (GMT) is responsible for the provision of ADA complementary paratransit service, as well as Elderly and Disabled (E&D) paratransit service funded with FTA 5310 funding, and Medicaid-funded Non-Emergency Medical Transportation (NEMT), a portion of which is provided with paratransit.

For the purposes of this review, we will review separately the paratransit/demand-responsive services in Chittenden County, which are operated through a contract with Special Services Transportation Agency (SSTA), a private not-for-profit corporation operating out of Colchester, VT, and the paratransit services that GMT directly operates (or uses contractors or volunteer drivers for) in other counties. These will be referred to as Urban Paratransit Service and Rural Paratransit Service, respectively.

2 URBAN PARATRANSIT SERVICE

Background and Division of Responsibilities

GMT contracts with SSTA to provide both ADA paratransit and Elderly and Disabled (E&D) trips, which SSTA is permitted to commingle on the same vehicle. Under the same contract, SSTA also operates a demand-responsive shuttle called the Tilley Drive Shuttle, a next-day request, general public demand-responsive service that serves the Tilley Drive Medical Center and University Mall only if requested. The current contract is for 5 years, beginning on July 1, 2014 and ending June 30, 2019.

[Note: SSTA also serves other trips and notably non-emergency medical transportation (NEMT) for Medicaid recipients living in Chittenden County. While GMT is the NEMT contractor for the rural area (see Rural Paratransit Service below), SSTA is the direct NEMT contractor for Chittenden County, i.e., GMT has nothing to do with these NEMT trips. Still, SSTA is allowed to commingle NEMT trips with ADA paratransit and E&D trips that are covered under the GMT-SSTA contract, and this in turn has an effect on the rate structure described later in this report.]

Under the GMT-SSTA contract, SSTA performs the four primary call and control center functions (reservations, scheduling, dispatching, and handling customer's same-day issues/ETA calls), operates service, provides about 30% of the vehicles and insures those vehicles, performs some of the fleet maintenance, and provides the operations/maintenance facility and the telephone, IVR, and radio systems. SSTA also arranges for volunteer drivers to assist with the delivery of E&D trips.

GMT provides ADA paratransit eligibility certification functions (there really are no parallel eligibility-related functions for E&D service) and performs some of the fleet maintenance. Regarding supporting assets, GMT provides the paratransit software (RouteMatch), the in-vehicle tablets, and about 70% of the dedicated fleet that SSTA operates.

How it Works and Policies

ADA Paratransit

Under the ADA, GMT is obligated to provide ADA complementary paratransit (shortened to “ADA paratransit” for purposes of brevity) where and when it provides fixed-route transit service to individuals who are certified as ADA paratransit eligible. Eligibility is based on a person not being able to access or use GMT's fixed-route service because of their disability or disabilities.

Service Model and Level of Driver Assistance: This is a turnkey contract with SSTA providing all major functions, as mentioned above. Door-to-door transportation is the standard, noting that by definition, ADA paratransit is an “origin to destination” service. This means that staff shall assist passengers between the door of the origin and destination and the vehicle, including going up or down one step, and into the vehicle, as needed or requested.

Eligibility Certification: This is the responsibility of GMT, and is conducted with a paper application process, a review of the application, and an in-person interview/evaluation by GMT staff. Part 1 of the application is completed by the applicant, and Part 2 is completed by the applicant's health care professional. Free transportation via the service provider contractor, SSTA, is provided to applicants who need transportation to get to the interview/evaluation.

In the cover letter of the application, it is made clear that “fixed route service” means GMT buses that run on fixed schedules in the greater Burlington area. A GMT transit map is also enclosed with the materials. It is also noted that fixed-route maps and schedules can also be found online at: www.RideGMT.com. The cover letter also specifies that ADA paratransit service provides pick-ups and drop-offs to any location no more than ¾ mile from the fixed routes, during the same days and hours as the fixed routes operate, and that ADA paratransit obligation does not apply to GMT's commuter or LINK routes.

Applicants are deemed to be unconditionally eligible, conditionally eligible, or not eligible, and the appropriate letter is sent to the applicant based on the determination. There is an appeals process for those who are not deemed to be unconditionally eligible, which is described in the letter and meets ADA specifications. Currently, there are 1,291 individuals who have been deemed to be unconditionally or conditionally eligible, noting that functional assessments were implemented in 2013. Of these, 998 (77%) were certified as unconditionally eligible, and 293 (23%) were certified as conditionally eligible.

Items for improvement:

1. The transit map sent along with the determination letter and that is online shows routes but not the ¾ mile corridors. Interactive maps that show the ¾-mile corridors and days/hours of service are available online (www.ridegmt.com/regions/chittenden-county/ada-paratransit), but this is not indicated in the eligibility application materials. GMT should consider explicitly stating that these maps are available and provide the direct link to the webpage with these maps.
2. While route times are provided on line, they are not provided with the eligibility determination letter; GMT should consider providing new customers with this information; and should provide existing paratransit customers with new maps and timetables if they are impacted by any changes to the fixed route system.
3. There is nothing in the application material about presumptive eligibility in the event GMT does not meet the 21-day response date; this should be added.

ADA Paratransit Service Area: Within $\frac{3}{4}$ mile of fixed-route transit corridors.

ADA Paratransit Service Days and Hours: The core day and hours of service are Monday-Saturday 6 AM to 8 PM, and on Sunday, 6 AM to 5 PM, although hours may vary depending on the specific route corridor.

ADA Paratransit Fare: \$2.50 but free within the College Street corridor. Fares may be paid in cash or by purchasing (from SSTA) a 10-ride ticket for \$25 that can be purchased with cash or check. Ultimately, fare revenue is deducted from SSTA's monthly invoice to GMT.

Call Center Functions (Reservations, Scheduling, Dispatching and Handling Customer's Same-Day Trip Status Calls): According to the ADA Paratransit Guide, and the scope of services from the contract, customer service representatives are available Monday through Friday from 8 AM to 5 PM to book trip requests. GMT staff interviewed reported that the reservations hours have since been changed to 7:30 AM to 4:30 PM, although we could find no evidence of this. We did find a policy that says that customers may call SSTA to request a trip up to 7 days in advance, but no later than 4:30 PM on the day before the trip. And yet, in another part of the contract, it says that reservations staff shall ensure that requests are placed no later than 5 PM the day prior to transportations.

Note that while customers are encouraged to call at these times, they are not required to, and are permitted to leave a trip request after hours on weekdays or over the weekend by leaving a voice message (see below). Customers may also request subscription trips (see below). Trip requests may be based on a requested pick-up or a requested drop-off, especially for trips to work, school, appointments, etc.

Reservation agents use RouteMatch to book and schedule the trip requests. Scheduling is performed in real-time, i.e. while the customer is on the phone and immediately after the trip request is booked. RouteMatch will offer a few suggestions for a trip assignment to a specific run.

If there are no suggested trip assignments to a run, reservation agents may try to book the trip at another time, but within the "useful hour" parameters. If there is a suggestion within the useful hour, and the customer ends up deciding not to take the trip, this is documented as a customer refusal. If no suggestions present themselves within the useful hour and the reservation agent searches for suggestions beyond the useful, the request should be documented as a denial, whether or not the customer accepts this time. i.e., acceptance or refusals of pick-up times after the useful hour should both be documented as denials. It is unclear, however, whether or not SSTA is correctly following this protocol.

Upon customer acceptance of a pick-up or drop-off time, the system-scheduled pick-up time becomes the basis for the 30 minutes (10/+20) pick-up or ready window that is quoted to the customer.

Items for Improvement:

1. GMT needs to be consistent about reservations hours, especially in customer materials and in the contract.
2. GMT needs to ensure that SSTA is following the correct protocol for documenting denials.

3. In the GMT-SSTA contract, it says, "Same-day trips shall not be accommodated." GMT staff interviewed reported that they suspect that SSTA is accommodating new same-day requests. Such a policy of accommodating new same-day trips is not such a bad thing if (a) the level of funding can support such a policy; and (b) if these same-day trip requests are accommodate on a space-available basis only on an existing run. Yes, it does increase the invoice as SSTA is paid by the trip, so such a policy will increase GMT's cost.

If SSTA is accommodating the new same-day E&D trip request by assigning it to a volunteer driver, then this is a clear attempt to maximize revenue by adding more service. This should clearly not be allowed under any circumstances.

However, if the level of funding is severely limited, the current policy should be observed. If upon finding that such trips were accommodated, GMT should not only remove that trip from the invoice, there should be a penalty equal to the trip rate. This should be included as an amendment to the contract.

As mentioned above, customers may request trips for subscription trips, defined by GMT as the same trip or trips taken weekly on the same day(s) at the same time(s) at least once a week. In concert with the ADA and FTA policy, GMT notes in its contract with SSTA that subscription trips may not absorb more than 50% of the total capacity of the system (at any point in time) unless excess non-subscription capacity is available. This becomes tricky with E&D trips commingled with ADA paratransit trips, noting that under the ADA, there is no obligation to provide subscription service at all.

This same reservation staff also intakes requests from E&D customers and, through a separate contract, NEMT customers, schedules these customers on the same vehicles, i.e., ADA, E&D and NEMT customers may be commingled on the same vehicles, as long as there are no ensuing capacity issues (for ADA paratransit) that arise from this policy.

The telephone system that supports call center functions as well as administrative and support functions is supplied by SSTA, and provides automated call distribution capabilities and reports that include key daily and hourly telephone statistics related to performance. These include average and longest hold time and average and longest call time by hour by group. Monthly telephone statistics are one of the required reports sent to GMT; however, hour by hour reports for each date, while available, are not. Based on the RFP, GMT requires that the phone system also be capable of receiving trip request messages during non-business hours, i.e., on weekdays after 5 PM more than one day in advance of the trip date, and on weekends and holidays.

Item for improvement: Currently, SSTA sends a monthly report on average hold times. GMT should require SSTA to also send (in support of that report) hour-by-hour reports for each day of the month to see if there are any capacity issues related to hold time at certain hours on certain days.

After the reservations staff have completed their tasks on the afternoon before a trip date, SSTA schedulers use RouteMatch to batch schedule and optimize the runs and to schedule trips that are unassigned because there were no suggested trip-to-run assignments at the time the trip was booked.

After the scheduling process has been completed, the IVR system is used to place automated calls to customers traveling the following day to remind them of the specific details of their trip(s). In addition, any remaining unscheduled trips are left for the evening or morning dispatcher to schedule – either with RouteMatch’s assistance or manually – into holes in the schedule that stem from overnight cancellations.

On weekends, customers may leave a trip request via a voice message. Weekend supervisors and dispatchers monitor requests left by voice message, schedule the trips, and send trips requested and scheduled over the weekend to the IVR system for an automated trip confirmation call to the customer.

Contractually, one of the functions performed by the SSTA reservation agents is to ensure that trip requests from conditionally eligible customers are in fact screened for their eligibility. According to GMT staff, SSTA management reports that they are screening for trip by trip eligibility. However, SSTA is paid by the trip and thus there is a built-in incentive to overlook conditions; moreover, SSTA has produced no evidence that they are doing this and there is no contractual incentive tied to do this, nor a liquidated damage for not doing this.

Items for improvement: GMT is uncertain whether or not SSTA reservation agents are checking on trips requested by ADA paratransit customers who are conditionally eligible. This can be assessed by randomly checking trips made by conditionally eligible customers in arrears. Invoice deductions can be made based on this check. If the checks unveil a pattern of inattention, associated incentive/LDs should be added to the contract.

Dispatching is performed by SSTA dispatchers using RouteMatch and in-vehicle tablets (both provided by GMT), and via the radio system provided by SSTA.

The IVR system is also used to make “imminent arrival calls.” However, these automated calls are based on the scheduled pick-up time, and not the ETA based on the real-time location of the vehicle.

Items for improvement: GMT should look into the automated triggering of imminent arrival calls based on the real-time location of the vehicle. Until this is in place, drivers could manually trigger these calls, when they believe they are approximately 5 minutes away.

SSTA also handles customers’ same-day issues, which mainly consist of responding to trip status (or ETA) calls. Customers have been instructed to wait until the end of the pickup window to make such calls, and SSTA has been instructed to strongly suggest to customers calling earlier to follow the GMT policy.

Call Center Staffing: Currently, there are 6 to 8 customer service representatives (CSRs) who intake calls for reservations. Most of the CSRs have a shift of 7:30 AM to 4:30 PM, which matches the reservations hours, with one having a slightly earlier shift (7 AM to 4 PM), and one with a slightly later shift (8 AM to 5 PM). SSTA also has three persons who are responsible for both scheduling and dispatching, noting that ETA calls are received by these three individuals. In the contract, GMT specifies that the dispatcher to vehicle ratio shall not exceed 1 to 30, which is very reasonable per industry standards.

Operations/Maintenance Facility: SSTA’s operations facility is located at 2091 Main Street in Colchester. The facility has sufficient room to house the call center and administrative and

support functions. It provides secure vehicle storage for the 59-vehicle fleet and also houses the vehicle maintenance.

Vehicle Fleet: SSTA's 59-vehicle fleet includes 41 vehicles owned by GMT and leased to SSTA (at 10% of the vehicle's cost at delivery) for operation of ADA paratransit and E&D transportation. (As mentioned above, SSTA is also permitted to use this fleet for NEMT trips as well, but only in an incidental fashion). Of these 41 vehicles, 12 are sedans, 6 are minivans, and 23 are vans. The minivans can accommodate up to 2 wheelchairs, and up to 4 seated riders (without any passengers in wheelchairs), while the vans can accommodate up to 4 wheelchairs and up to 8 seated riders (without any passengers in wheelchairs). In addition, SSTA owns 18 vans, most of which are minivans, which are used to provide ADA paratransit, E&D, and NEMT trips. Vehicle insurance is provided by the owner of the vehicles.

In 2016, GMT began a program of installing in-vehicle cameras in new vans. To date, cameras have been installed in less than 20% of the revenue vehicles provided to SSTA.

Fueling: According to GMT management, SSTA purchases fuel in bulk and fuels vehicles onsite at its fuel island. The cost of fuel is embedded in SSTA's rate.

Miscellaneous Service Delivery Policies and Definitions and Performance Standards:

- Late cancellation: Within 2 hours before the scheduled pick-up time; a valid late cancellation constitutes a "failure to board" similar to a no-show or a cancel-at-door. A pattern of such failures may result in a suspension for an appropriate period of time.
- Driver wait time: Five minutes.
- Denials: GMT's goal for denials is to have no denials. However, under the ADA, denials do not include flat-out denials because there is no capacity at that time, but also in cases where the trip negotiation process results in an offered pick-up time that is beyond the "useful" hour, regardless of whether the customer accepts or refuses that pick-up time. However, it is unclear whether or not such events are occurring and if they are, whether or not these events are being correctly tracked as such by RouteMatch.
- On-time and late trips: An on-time trip is defined as a completed trip where the vehicle arrives at the pick-up location before the end of the pick-up window and/or when the vehicle arrives before a requested "no later than" drop off time. Late trips are defined as completed trips where the vehicle arrives after the end of the pick-up window. For trips requested based on an appointment or a "no later than" drop-off time, a late trip is also defined as a vehicle arrival at the destination that is later than this appointment or requested time. In the contract, GMT also specifies that SSTA shall not drop off a rider more than 30 minutes before the scheduled drop-off time. GMT's standard for OTP is 90% of completed trips.
- Missed Trips: Up until our on-site visit, GMT had not defined nor tracked missed trips. It has since adopted the following definition of missed trips: (1) the vehicle never shows up at the pick-up location; (2) the vehicle shows up late at the pick-up location (i.e., after the pick-up window), and the customer is not present or cancels the trip, either in person or over the phone; and (3) the driver does not wait the required 5 minutes. GMT has also established a target of keeping the percentage of missed trips under 0.5% of trips, and has instituted the tracking of missed trips in RouteMatch.
- No shows, also called "failure to board": No-shows can have an adverse impact on system productivity, and while improved productivity will not impact GMT's cost mid-contract (because GMT pays a per-trip rate to SSTA), it can be used as leverage at the time of re-procurement. While GMT has instituted a suspension policy for a pattern of

failures to board, it is not clear whether these are even being tracked. Most transit agencies have a goal of keeping no-shows under 5% of trips.

Item for improvement: GMT should establish no-show or failure to board as a metric to track, and establish the standard suggested above. This may require a contract amendment with SSTA.

- Excessively long trips: This is a service quality measure, and is not to be confused with maximum ride time. GMT has established two different maximum ride times.
 - The first is 60 minutes as a scheduling parameter in RouteMatch. This means that RouteMatch's batch scheduling and optimization routines will not purposely schedule a trip with ride time over 60 minutes. This is not to say that a scheduler or a dispatcher might do this manually; there is nothing but a warning that will alert the scheduler or dispatcher that the maximum ride time standard is being exceeded when they manually schedule a trip.
 - The second, from the contract, says that "ride times shall not be more than 15 minutes longer than similar rides on the fixed route, taking into account a reasonable amount of time to travel to and from a bus stop, plus travel time on the fixed route."

The FTA requires transit agencies to ensure that there is not a pattern of excessively long trips. From a practical standpoint, GMT already checks this on a monthly basis by using Google Transit to compare all trips that do exceed 60 minutes with the origin to destination time of a transit customer making the same trip on transit.

Item for improvement: GMT should augment its monthly procedure, making a similar comparison with randomly-selected shorter trips.

- Average hold time: Based on the RFP, GMT has established a standard for average hold time for reservation calls: 95% of the call hold times shall be under 2 minutes, and 99% of the hold times shall be under 3 minutes. There are no standards however for longest hold time. Based on interviews with GMT staff, it would appear that SSTA is not providing monthly information on hold times, so it is difficult to assess whether there is a capacity issue or not.

Items for improvement: By contract amendment, GMT should (1) add a requirement that no calls should have a hold time over 5 minutes; (2) add another requirement that differentiates between hold times for reservations vs. trip status/ETA calls; and (3) modify its reporting requirements to include a monthly reporting of average hold times, with supporting documentation that reports on the average hold time and maximum hold time for each hour of the reservations period) for each day of the month. With this data, GMT staff will be able to ascertain whether or not there are any (seasonal, day of the week, or hourly) patterns where there is insufficient staffing or telephone lines to handle the call volume. We also understand that SSTA is getting a new telephone system.

- Complaint Frequency Ratio (CFR): GMT does not currently distinguish complaints as ADA vs. E&D, nor does it track the dates of the initial intake, investigation, resolution, and communication back to the complainant. GMT also does not have any scale with which to judge the level of complaints.

Item for improvement: GMT should establish a database for tracking complaints and GMT's response. GMT should also establish a reasonable standard for responding to complaints, such as 10 business days. Complaint reports should include both the number and percentage of responses that exceed the standard, as well as complaints by type. GMT can use this information both as a yardstick for customer satisfaction but also to pinpoint certain areas which may suggest additional or different training or modification to policies or procedures. This will need to be added to the SSTA contract.

- Safety: Preventable Accident Frequency Ratio (PAFR): While the GMT-SSTA contract does have a provision for accident reporting, requiring a differentiation between preventable and non-preventable accidents, GMT does not have a PAFR standard, nor a requirement for reporting accidents or penalty for exceeding the standard.

Item for improvement: GMT should establish a PAFR standard of 1.0 preventable accidents for every 100,000 total miles. That is, SSTA should strive to have a PAFR that does not exceed this threshold. Liquidate damages for exceeding this threshold should also be established by contract amendment or in the next contract.

Also note: for all of these metrics and statistics above, it is important that the metrics associated with ADA trips vs. E&D trips be differentiated.

- Productivity: In the contract, productivity expectations are specified as 1.65 trips per RVH for ADA paratransit trips and 1.45 trips per RVH for E&D trips. In contrast, GMT staff interviewed reported and confirmed that the target is now 1.9 trips per hour, although this cannot be verified in the materials provided. Moreover, there is no explanation in the contract as to whether the numerator is total trips or customer trips. We understand why two productivity figures (for ADA paratransit and E&D) exist. SSTA is required to produce – and this is done through RouteMatch – the number of live passenger hours for ADA and each E&D program for each partner (see below). Thus, as long as RouteMatch produces numbers of trips and live passenger hours for ADA paratransit and E&D transportation, one can construct a productivity figure and productivity target for each. However, this is a meaningless figure. If ADA paratransit trips and E&D trips are commingled together and sometimes with Medicaid NEMT trips as well, we do not see any value in attempting to have a productivity standard for each bucket of trips.

Items for improvement:

1. As a target, a combined productivity target will suffice and needs to be memorialized, by contract amendment.
2. GMT also needs to define productivity better, as it is not clear whether these are total trips or customer trips.

Also, as long as SSTA is paid by the trip, there probably is no need for there to be any liquidate damages for not achieving this productivity nor any incentives for exceeding this threshold. However, productivity should continue to be tracked as it will be meaningful in re-procurement.

- Other Performance Metrics: Also included in the contract are the following standards:
 - 6.63 trips per RVM for ADA paratransit trips and 10.34 trips per RVM for E&D trips
 - Percentage of ADA subscription trips (minimum 25%)
 - Percentage of sedan trips (minimum 30%)

Items for improvement:

1. Having a mileage-based productivity standard has little value. This can be stripped from future contracts.
2. Similarly, there is no reason to have standards for a minimum subscription trip percentage or a minimum sedan trip percentage.

Elderly and Persons with Disabilities (E&D) Transportation Service

GMT receives FTA 5310 grant funding from the State of Vermont Agency of Transportation's Elderly and Persons with Disabilities (E&D) program. Grant funds pay for 80% of the cost of rides for seniors (60+) and people with disabilities to travel within parameters established by GMT's partners, who match the 80% funding with 20% of their own resources. E&D grant regulations classify trips under seven trip purpose categories. GMT's program partners include 11 municipalities and nonprofit social service agencies that "sponsor" eligible trips made by their municipal residents or human service clients. Each partner sets trip parameters based on local needs or agency mission goals. The partnership is memorialized in a Local Agreement.

As mentioned above, SSTA uses the same service platform to serve both ADA and E&D trips; that is, both types of trips may be commingled with each other on the same vehicle. Many of the policies regarding the delivery of service are the same as above (i.e., as the ADA paratransit service) with the exception of the policies noted in the figure on the following page.

E&D Eligibility Certification: There is no eligibility certification process for the E&D program. Rather, the 11 partners identify specific individuals or broad categories of individuals as eligible, as long as it is consistent with the 5310 grant program.

E&D Service Area: E&D service is provided throughout Chittenden County; this includes the municipalities of Buels Gore, Burlington, Charlotte, Colchester, Essex, Essex Junction, Hinesburg, Huntington, Jericho, Milton, Richmond, Shelburne, St. George, South Burlington, Underhill, Westford, Williston, and Winooski. Note that this area is larger than the ADA paratransit service area. Some origin and destination restrictions apply (see Table 1).

E&D Service Days and Hours: Service days and hours vary for each partnering agency (see Table 1).

E&D Service Fare: In concert with FTA policy governing 5310 funded service, there is no service fare collected for these trips. Rather, suggested donations are gratefully accepted. SSTA is responsible for collecting and accounting for cash donations and for deducting the amount collected from invoices to the partner agencies.

E&D Service Delivery: Schedulers and dispatchers may schedule E&D trips onto dedicated service runs or assign the trip to a volunteer driver. SSTA maintains a roster of about 29 volunteer drivers that are used for E&D and Medicaid NEMT trips.

E&D Trip Tracking: SSTA is responsible for tracking eligible trip parameters (which partners may change over the course of a year), correlating each E&D passenger with the appropriate E&D partner, consulting GMT on questions regarding client eligibility and program compliance, providing direct service on SSTA-operated vehicles or coordinating with an available volunteer driver to provide the trip (whichever is lower cost), and billing each partner agency monthly for the 20% match and bill CCTA for the 80% cost of trips. It is also SSTA's role to track each partner's monthly billed amount against the 80% grant allocation and 20% match requirement, and to send this tracking spreadsheet to all partners with the monthly billing.

Tilley Drive Shuttle

The Tilley Drive Shuttle is a general public demand-responsive service that serves trips being taken between the Fletcher Allen Health Care medical campus and surrounding health care providers located on Tilley Drive in South Burlington. More specifically, the Tilley Drive Shuttle operates between the fixed-route transfer point at University Mall and designated locations and time-points along Tilley Drive and Hinesburg Road. These specific demand-response times align with fixed-route arrivals and departures from the University Mall. Requests must be made at least 24 hours in advance. This past June 2017, 60 rides were requested.

Table 1: E&D Service Days, Hours, and Restrictions

Partner	Service Days & Hours	Suggested Donation	Purpose/Restriction Notes
Cathedral Square Senior Living and Holy Cross	M-F 5:45 AM – 6 PM	--	Group shopping trips on Friday; social/personal walking trips 2-3 times per month at Champlain Valley Expo Center
CVAA	M-F 5:45 AM – 6 PM	--	Group trips to senior meals
CVAA/countywide: no restrictions on origins/destinations	M-F 5:45 AM – 6 PM	\$2.50	Other (non-sponsored) E&D trips; up to 8 round trips/month for Critical Care; up to 4 unrestricted round trips/month
Champlain Senior Center	M-F 5:45 AM – 6 PM	\$2.50	Group trips to senior meals
City of Winooski	M-F 5:45 AM – 6 PM	\$2.50	Trips within ADA para service only; no restrictions on Critical Care; up to two round trips/month for (non-Medicaid) medical trips
Milton Family Center	T/W/F 5:45 AM – 6 PM	\$1.00	Up to 2 round trips/week, of which 2 round trips/month may be other than medical or grocery or shopping with some purpose limitations on social/personal)
Colchester	M-F 5:45 AM – 6 PM	\$1.00	No restrictions on medical trips; up to 3 round trips/week for non-medical trips, with some purpose limitations on social personal trips; no restrictions on origin/destination
Hinesburg	M-F 5:45 AM – 6 PM	\$1.00	No restriction for qualifying residents; except for no personal trips (except for volunteers). St. George and Charlotte volunteer programs available for ambulatory riders
Richmond	M-F 5:45 AM – 6 PM	\$1.00	Up to 2 round trips/month for social/personal; 1 round trip/week for any other purpose
Williston	M-F 5:45 AM – 6 PM	\$2.50	Round trips must originate in Williston; except for 2 pre-approved (limited-purpose) social/personal round trips/week
VNA	M-F 5:45 AM – 6 PM	\$2.50	Used for VNA volunteers only

SSTA Rate Structure

Up through FY 17, SSTA was paid a zone-based “seat charge” for each eligible customers and PCA/companion. This zone-based rate structure is also a factor of whether a sedan or van is used to serve the trip. For FY 18, which began July 1, 2017, a \$45 flat per-trip rate structure went into effect, which was derived from the average actual cost of service.

Table 2: One-Way Trip Seat Rates

	FY 16 Van	FY 16 Sedan
Burlington	\$23.21	\$15.73
South Burlington	\$25.80	\$17.20
Colchester	\$29.05	\$18.90
Milton	\$29.05	\$18.90
St. George	\$29.05	\$18.90
Williston	\$29.05	\$18.90
Winooski	\$29.05	\$18.90
Essex	\$30.24	\$20.21
Essex Junction	\$30.24	\$20.21
Shelburne	\$38.68	\$26.98
Buels Gore	\$58.05	\$47.25
Charlotte	\$58.05	\$47.25
Hinesburg	\$58.05	\$47.25
Huntington	\$58.05	\$47.25
Jericho	\$58.05	\$47.25
Richmond	\$58.05	\$47.25
Underhill	\$58.05	\$47.25
Westford	\$58.05	\$47.25

SSTA Ridership

Ridership on SSTA-operated services over the years is shown in Table 3. Note that in the last three years, ADA paratransit ridership has decreased significantly – from 55,229 in FY 2015 to 41,526 in FY 2017, **a 25% reduction**. At the same time, this reduction undoubtedly opened up capacity for E&D trips, as they increased from 16,518 in FY 2015 to 18,445 trips in FY 2017, **a 12% increase**.

Table 3: SSTA Services Ridership, 2008-2017

FY	ADA	E&D	Tilley Drive	Total	% Change
2008	35,586	17,468	--	53,054	
2009	36,167	17,894	--	54,061	1.9%
2010	43,153	17,604	161	60,918	12.7%
2011	47,379	17,705	255	65,339	7.3%
2012	52,792	18,355	594	71,741	9.8%
2013	53,363	15,782	562	69,707	-2.8%
2014	54,890	16,232	858	71,980	3.2%
2015	55,229	16,518	685	72,432	0.6%
2016	45,732	16,999	684	63,415	-14.2%
2017	41,529	18,445	590	60,564	-4.7%

Meanwhile, in FY 17, 590 trips were served by Tilley Drive Shuttle, ranging between 31 and 65 trips served in a given month. On average, this equates to about 2.3 trips per day. Also, the number of individual customers requesting service ranged from 20 to 37 in a given month. The number of individuals actually receiving service is not reported, noting that the number of cancellations and no-shows respectively represented 15% and 10% of the trips requested. Even though this service is only provided by request, GMT may consider the elimination of the service given the very low usage, and high percentage of no-shows.

Productivity

In **FY 17**, SSTA achieved an actual combined productivity that ranged between 1.92 and 1.93 trips per hour, meeting the established standard of 1.9 trips per RVH. **Need to get an actual figure for FY 17.**

Service Performance

On-time performance

SSTA reported an OTP of 96.5% for both FY16 and F17, meeting GMT's standard of 90%.

Need or summarize customer satisfaction survey.

Cost

Coming from Michelle.



Funding

GMT does not use any federal funding to pay SSTA for the transport of ADA paratransit trips.

E&D trips are funded from 80% federal funding sources (FTA 5310 funding that GMT receives from VTrans) and 20% local match, which comes from the 11 partners (see above).

Miscellaneous Observations

Poor working relationship with SSTA, not welcome on-site; tough to monitor

3 RURAL PARATRANSIT SERVICE

Background and Division of Responsibilities

Unlike in Chittenden County, where GMT retains SSTA to perform virtually all of the major functions associated with the transportation of ADA paratransit trips and E&D transportation, the service model utilized for the rural counties of Washington, Franklin, Grand Isle, and Lamoille are very different.

- Paratransit service is operated for E&D transportation and Medicaid NEMT trips by GMT in Washington County and Franklin County and by CIDER (under contract to GMT) in Grand Isle County. Note that unlike in Chittenden County, GMT is the NEMT broker for these three counties. GMT is also responsible for E&D transportation (but not NEMT) in Lamoille County, but passes these funds to Rural Community Transportation (RCT) to serve these trips. **is that last part true?**
- GMT provides all call center functions and assets for its operations in Washington and Franklin Counties.
- Under contract to GMT, Champlain Islanders Developing Essential Resources, Inc. (CIDER) performs all the primary functions in Grand Isle County and supplies most of the assets with the exception of the software.

The paratransit service models in each of the four rural counties are summarized below.

Table 4: Rural Paratransit Service Models

County	Paratransit Riders	Eligibility (for E&D), Reservations & Scheduling	Dispatching and ETA Calls	Operations and Maintenance	Facility, Vehicles, Tablets, Paratransit Software, Telephone, IVR, Radio
Washington	E&D and Medicaid	GMT	GMT (Berlin)	GMT	GMT
Franklin	E&D and Medicaid	GMT	GMT (St. Albans)	GMT	GMT
Grand Isle	E&D and Medicaid	CIDER	CIDER	CIDER/volunteers	CIDER**
Lamoille	E&D/ADA*	RCT	RCT	RCT	RCT

* There are a few ADA paratransit trips/year in the Stowe Mountain route corridor

**GMT provides RouteMatch to CIDER

ADA Paratransit Obligations

According to interviews with GMT staff, GMT has no real ADA paratransit obligations in Washington County because the needs of people who would otherwise be deemed to be ADA paratransit eligible are being met with GMT-operated flex transit routes (route deviation) that deviate up to ¼ mile for the route upon request (for anybody). However, upon further examination, there are some fixed routes that do not deviate, as detailed in the following tables.

Washington and Lamoille Counties

The following table is based on information from the GMT Bus Map and Guide for Washington and Lamoille Counties (June 19, 2017).

Table 5: ADA Paratransit Obligations by Route, Washington and Lamoille Counties

Route	Name	Type	ADA Paratransit Obligation?
79	CVMC Barre Health Shuttle	General Public DAR in greater Barre City and Barre Town areas including Graniteville, East Barre, South Barre, Websterville, Williamstown and Montpelier	No
80/89	City Route/City Commuter	FRT + ¼ mile deviations via next-day requests for 80 Only	No for 80 but Yes, for 89, which is essentially the same type of service as 80; it is not a “commuter service” as defined by FTA
81	Barre Hospital Hill	FRT + ¼ mile deviations via next day requests	No
82	Montpelier Hospital Hill	FRT + ¼ mile deviations via next day requests	No
83	Waterbury Commuter	Commuter Service	No
84	US 2 Commuter	Commuter Service	No
85	Hannaford Shopping Shuttle	FRT (Tues only shopping shuttle)	Yes
86 / 286	Montpelier LINK Express / Burlington-Waterbury Express	Commuter Service	No
87	Northfield Community Shuttle	FRT + deviations w/i Northfield area; Wed. only; time qualifiers for requests not mentioned	Unclear
90	Health Center in Plainfield Shuttle	General Public DAR for medical trips only Tue: Barre/10-2 Wed: Washington County/9 AM – noon Thu: Washington County/10 AM – noon	No
91	Barre Hospital Hill	General Public DAR from Barre to primary medical and care centers in Hospital Hill (Tues, Wed, Thurs only from 9 AM to 2 PM); next day requests for trips from Barre City to Hospital Hill	No
92	Montpelier Circulator	FRT + ½ mile deviations; same-day requests	No
93	Northfield Commuter	Commuter service	No
100	Route 100 Commuter	Commuter service	No
102	Morrisville Loop	FRT +3/4 mile deviations; next-day requests	No

Route	Name	Type	ADA Paratransit Obligation?
103	Morrisville Shopping Shuttle	FRT (M-F at certain times)	Yes

Franklin and Grand Isle Counties

The following table is based on information from the GMT Bus Map and Guide for Franklin and Grand Isle Counties (January 25, 2017).

Table 6: ADA Paratransit Obligations by Route, Franklin and Grand Isle Counties

Route #	Name	Type	ADA Paratransit Obligation?
96	St. Albans LINK Express	Commuter Service	No
109	Price Chopper Shopping Shuttle	FRT + ¾ mile deviations via next-day requests on Tuesdays only – serves the St. Albans and Swanton area	No
110	St. Albans Downtown Shuttle	FRT + ¾ mile deviations via next-day requests on weekdays; also operates on Saturdays but with no deviations	Yes on Saturdays
115	Alburgh/Georgia Commuter	Commuter Service + ¾ mile deviations via next day requests	No
116	Richford / St. Albans Commuter	Commuter service	No

E&D Paratransit and Medicaid NEMT

Using RouteMatch, GMT call center staff in its Burlington facility perform reservations, scheduling, and dispatch functions for E&D and Medicaid NEMT trips in Washington County and Franklin County. In addition to scheduling trips onto paratransit vehicles, GMT staff also have a volunteer driver roster at their disposal, especially for very rural Medicaid NEMT trips.

Centralized fare “accounts” are managed by the call center staff. As in Chittenden County, there may be a certain allotment of trips allowed per month, some of which may be further limited by trip purpose. This is all managed by the GMT call center staff, who will inform callers if they have reached their monthly allotment of trips.

GMT also maintains two operations facilities in Washington County and Franklin County, respectively, where the paratransit vehicles are based. The vehicle runs are organized as described below.

Washington County

E&D Transportation

- Unit 1 – T-35 Project Independence; 2 hour runs in morning and afternoon - weekdays
- Unit 278 – T-2 / Twin Valley Senior Center – Mon/Wed/Fri – all day run
- Unit 294 – T-39 / Waterbury Area Senior Center – Wed only – 4 hour mid-day run



- Unit 367 – Barre Town Senior Center – Tues only

Medicaid NEMT

- Units 2, 24 and 25 – All-day runs
- Unit 277 – t-1/BAART – Morning run

E&D and Medicaid NEMT (trips co-mingled)

- Unit 294 – t-37 / Project Independence Barre route - 3 hour morning run and 2 hour afternoon run
- Unit 26 – Sedan trips – day-long run

Franklin County

E&D Transportation

- Unit 26 – E&D Medicaid runs in midday

Medicaid NEMT

- Unit 22 – BAART (Newport Clinic) in AM

E&D Transportation and Medicaid NEMT (trips co-mingled)

- Unit 21 – Medical run -- afternoon
- Unit 22 – Medical run – afternoon and early evening
- Unit 23 – Medical Run / Dialysis Run
- Unit 25 – Medical Run / Dialysis Run / Medical Run
- Unit 26 – St. Albans AM Care / Richmond PM Care
- Unit 27 – Fairfax AM Care / Dialysis Run / St Albans PM Care / Dialysis Run
- Unit 290 – to South Burlington Clinic

Grand Isle County

GMT has a turn-key contract with Champlain Islanders Developing Essential Resources, Inc. (CIDER) to provide E&D transportation and Medicaid NEMT trips to eligible persons in Grand Isle County. Thus, CIDER intakes all such trip requests, schedules trips onto their vehicles, and provides dispatching and handles the ETA calls. GMT does provide CIDER with access to RouteMatch, which CIDER uses to support its transportation services.

CIDER currently has a total of 7 vehicles used for transportation in and around Grand Isle County. There are 3 wheelchair lift equipped multi-passenger mini-bus sized vehicles that are on the road 5 days a week. These vehicles can carry upwards of 14 passengers and are used primarily for meal site, shopping, and adult day care transportation. In addition to those, CIDER also has 3 Dodge Caravan vehicles that are wheelchair accessible via a side ramp, and one vehicle primarily for ambulatory passengers.

Rural Paratransit Ridership, Productivity, Service Performance

All coming from Michelle

Cost

Actual costs coming from Michelle.

GMT has calculated that its fully-allocated operational costs equate to \$69/hour. This is the basis of the rates charged to E&D sponsors.

Funding

E&D trips are funded from 80% federal funding sources (FTA 5310 funding that GMT receives from VTrans) and 20% local match, which comes from the E&D partners in Washington, Franklin and Grand Isle Counties.

Medicaid trips are performed under contract to the Vermont Public Transportation Association (VPTA), who in turn contracts (on behalf of all the transit agencies in Vermont) with the Department of Vermont Health Access (DVHA). This contract covers the NEMT transportation of Medicaid recipients in Washington, Franklin, and Grand Isle Counties (RCT is the NEMT contractor for Lamoille County).

4 PRELIMINARY RECOMMENDATIONS

Urban Paratransit Services

Eligibility Certification

- The transit map sent along with the determination letter and that is online shows routes but not the $\frac{3}{4}$ mile corridors. Interactive maps that show the $\frac{3}{4}$ -mile corridors and days/hours of service are available online (www.ridegmt.com/regions/chittenden-county/ada-paratransit), but this is not indicated in the eligibility application materials. GMT should consider explicitly stating that these maps are available and provide the direct link to the webpage with these maps.
- While route times are provided on line, they are not provided with the eligibility determination letter; GMT should consider providing new customers with this information; and should provide existing paratransit customers with new maps and timetables if they are impacted by any changes to the fixed route system.
- There is nothing in the application material about presumptive eligibility in the event GMT does not meet the 21-day response date; this should be added.

Call Center Functions

- Key items for improvement include:
 - GMT needs to be consistent about reservations hours, especially in customer materials and in the contract.
 - GMT needs to ensure that SSTA is following the correct protocol for documenting denials.
 - In the GMT-SSTA contract, it says, "Same-day trips shall not be accommodated." GMT staff interviewed reported that they suspect that SSTA is accommodating new same-day requests. Such a policy of accommodating new same-day trips is not such a bad thing if (a) the level of funding can support such a policy; and (b) if these same-day trip requests are accommodate on a space-available basis only on an existing run. Yes, it does increase the invoice as SSTA is paid by the trip, so such a policy will increase GMT's cost.

If SSTA is accommodating the new same-day E&D trip request by assigning it to a volunteer driver, then this is a clear attempt to maximize revenue by adding more service. This should clearly not be allowed under any circumstances.

However, if the level of funding is severely limited, the current policy should be observed. If upon finding that such trips were accommodated, GMT should not only remove that trip from the invoice, there should be a penalty equal to the trip rate. This should be included as an amendment to the contract.

- Currently, SSTA sends a monthly report on average hold times. GMT should require SSTA to also send (in support of that report) hour-by-hour reports for each day of the month to see if there are any capacity issues related to hold time at certain hours on certain days.
- GMT is uncertain whether or not SSTA reservation agents are checking on trips requested by ADA paratransit customers who are conditionally eligibility. This can be assessed by randomly checking trips made by conditionally eligible customers in arrears. Invoice deductions can be made based on this check. If the checks unveil a pattern of inattention, associated incentive/LDs should be added to the contract.

- GMT should look into the automated triggering of imminent arrival calls based on the real-time location of the vehicle. Until this is in place, drivers could manually trigger these calls, when they believe they are approximately 5 minutes away.

No-Shows

- GMT should establish no-show or failure to board as a metric to track, and establish the standard suggested above. This may require a contract amendment with SSTA.

Excessively Long Trips

- GMT should augment its monthly procedure, making a similar comparison with randomly-selected shorter trips.

Average Hold Times

- By contract amendment, GMT should
 1. Add a requirement that no calls should have a hold time over 5 minutes;
 2. Add another requirement that differentiates between hold times for reservations vs. trip status/ETA calls; and
 3. Modify its reporting requirements to include a monthly reporting of average hold times, with supporting documentation that reports on the average hold time and maximum hold time for each hour of the reservations period) for each day of the month.

With this data, GMT staff will be able to ascertain whether or not there are any (seasonal, day of the week, or hourly) patterns where there is insufficient staffing or telephone lines to handle the call volume. We also understand that SSTA is getting a new telephone system.

Complaints

- GMT should establish a database for tracking complaints and GMT's response. GMT should also establish a reasonable standard for responding to complaints, such as 10 business days. Complaint reports should include both the number and percentage of responses that exceed the standard, as well as complaints by type. GMT can use this information both as a yardstick for customer satisfaction but also to pinpoint certain areas which may suggest additional or different training or modification to policies or procedures. This will need to be added to the SSTA contract.

Safety

- GMT should establish a PAFR standard of 1.0 preventable accidents for every 100,000 total miles. That is, SSTA should strive to have a PAFR that does not exceed this threshold. Liquidate damages for exceeding this threshold should also be established by contract amendment or in the next contract.

Productivity

- As a target, a combined productivity target will suffice and needs to be memorialized, by contract amendment.
- GMT also needs to define productivity better, as it is not clear whether these are total trips or customer trips.
- Also, as long as SSTA is paid by the trip, there probably is no need for there to be any liquidate damages for not achieving this productivity nor any incentives for exceeding

this threshold. However, productivity should continue to be tracked as it will be meaningful in re-procurement.

Other Performance Metrics

- Having a mileage-based productivity standard has little value. This can be stripped from future contracts.
- Similarly, there is no reason to have standards for a minimum subscription trip percentage or a minimum sedan trip percentage.

Rural Paratransit Service

Probably the most significant call for action in the rural counties is that there are fixed route services (with no deviations) that come with an ADA paratransit obligation that is not being fulfilled by GMT. This obviously needs to be corrected. Moreover, as deviated services are replaced by true local fixed-route services, an obligation for complementary ADA paratransit also comes with this change.

The good news is that GMT already had a paratransit service in place that services E&D trips and NEMT trips. Adding ADA paratransit trips to this service is not seen as a significant expansion as it is assumed that many of the trips that are now be considered to be E&D trips and are taken by persons with disabilities may be re-classified as ADA paratransit trips. For trips which are dually-eligible, GMT may want to establish a decision tree policy as to which funding bucket is used to fund a dually-eligible trip. Some systems have developed policies based on the fare. For example, the funding bucket tapped for a dually-eligible trips is the program with the lower fare. Or, since the trip allotment of many of the E&D programs are constrained by trip purposes, GMT may want to exhaust theses sponsored buckets first before funds are used for ADA paratransit trips.

With such policies in mind, costing out a service expansion to accommodate ADA paratransit transit trips is a challenge. There is a good chance that the “utility” runs that serve E&D and Medicaid trips in a co-mingled fashion may be able to accommodate the new ADA paratransit trips. At worst, one additional vehicle, operating up to 10 hours per day and six days a week would be needed to augment the current fleet. As an estimate only, adding this one vehicle at \$69 per hour equates to over \$215,000. That said, the marginal cost for adding a vehicle is probably far lower than \$69.00 per hour. *However, without the cost data from Michelle, we do not know how much lower.*