

Public Transit - Human Services Transportation Coordination Plan Update

Delaware-Muncie Metropolitan Plan Commission

Final Report



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Metropolitan Plan Commission

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INTRODUCTION

OVERVIEW

This plan updates the Delaware-Muncie Metropolitan Plan Commission (DMMPC) Public Transit – Human Services Coordination Plan that was developed in 2007 to fulfill the planning requirements for the Federal Transit Administration’s (FTA) United We Ride initiative and the Safe, Accountable, Flexible, and Efficient Transportation Equity Act – A Legacy for Users (SAFETEA-LU), the 2005 authorization of U.S. Department of Transportation funding programs. These requirements continued under the Moving Ahead for Progress in the 21st Century (MAP-21) Act. The SAFTEA-LU and MAP-21 Acts were effective through September 30, 2015.

On December 4, 2015, the Fixing America’s Surface Transportation (FAST) Act, was signed into law as a reauthorization of surface transportation programs through Fiscal Year 2020. The FAST Act applies new program rules to all FTA funds and authorizes transit programs for five years. According to requirements of the FAST Act, locally developed, coordinated public transit-human services transportation plans must be updated to reflect the changes established by the FAST Act Federal legislation.

Funding to update this locally-developed Public Transit – Human Services Coordination Plan was provided by the Indiana Department of Transportation, Office of Transit (INDOT) and involved active participation from local agencies that provide transportation for the general public, older adults, and individuals with disabilities.

Section 5310 Program: Enhanced Mobility for Seniors and Individuals with Disabilities

The program most significantly impacted by the plan update is the Section 5310 Program because participation in a locally developed Coordinated Human Services Transportation Plan is one of the eligibility requirements for Section 5310 Program funding.

The Section 5310 Program provides formula funding to States and urbanized areas for the purpose of assisting public and private nonprofit groups in meeting the transportation needs of older adults and people with disabilities when transportation service provided is unavailable, insufficient, or inappropriate to meet those needs. The FTA apportions Section 5310 Program funds to direct recipients based on the population within the recipient service area. For rural and small urban areas in Indiana, the Indiana Department of Transportation (INDOT) is the direct recipient. As the direct recipient, INDOT solicits applications and selects Section 5310 Program recipient projects for funding through a formula-based, competitive process which is clearly explained in the INDOT Transit Section

5310 State Management Plan. In Indiana, eligible activities for Section 5310 Program funds include purchasing buses and vans, wheelchair lifts, ramps, and securement devices.

Section 5310 Program projects are eligible to receive an 80 percent Federal share if the 20 percent local match is secured. Local match may be derived from any combination of non-U.S. Department of Transportation Federal, State, or local resources. The FAST Act also allows the use of advertisement and concessions revenue as local match. Passenger fare revenue is not eligible as local match.

PLAN DEVELOPMENT METHODOLOGY

Some human service agencies transport their clients with their own vehicles, while others may also serve the general public or purchase transportation from another entity. Regardless of how services are provided, transportation providers and human service agencies are all searching for ways to economize, connect, increase productivity, and provide user-friendly access to critical services and community amenities. In an era of increasing need and demand for shared-ride and non-motorized transportation, and stable or declining revenue, organizational partnerships must be explored and cost-saving measures must be made to best serve the State's changing transportation demands. Interactive coordinated transportation planning provides the best opportunity to accomplish this objective.

According to FTA requirements, the coordinated plan must be developed and approved through a process that includes participation by older adults and individuals with disabilities. And, INDOT and FTA also encourage active participation in the planning process from representatives of public, private, and nonprofit organizations that provide or support transportation services and initiatives, and the general public. The methodology used in this plan update includes meaningful efforts to identify these stakeholders and facilitate their participation in the planning process.

The fundamental element of the planning process is the identification and assessment of existing transportation resources and local/regional unmet transportation needs and gaps in service. This was accomplished by receiving input from the stakeholders noted above through a public meeting, telephone interviews, email conversations, and completion of a public survey available both online and on paper. Social distancing protocols led to changed public engagement and outreach methods.

The coordination plan update incorporated the following planning elements:

1. Review of the previous regional coordination plan updates to develop a basis for evaluation and recommendations;
2. Evaluation of existing economic/demographic conditions in each county;
3. Conduct of a survey of the general public. It must be noted that general public survey results are not statistically valid, but are intended to provide insight into the opinions of the local community. The survey also includes distribution to agencies that serve older adults and individuals with disabilities and their consumers. A statistically valid public survey was beyond the scope of this project. However, U.S. Census data is provided to accompany any conclusions drawn based on general public information;
4. Conduct of two local meetings for stakeholders for the purpose of soliciting input on transportation needs, service gaps, and goals, objectives and implementation strategies to meet these deficiencies;

5. Update of the inventory of existing transportation services provided by public, private and non-profit organizations;
6. Update of the summary of vehicle utilization for the purpose of determining where vehicles can be better utilized to meet transportation needs;
7. Update of the assessment of unmet transportation needs and gaps in service obtained through meetings, interviews, and surveys; and
8. Development of an updated implementation plan including current goals, strategies, responsible parties and performance measures.

GLOSSARY OF TERMS

Buses and Bus Facilities Grants Program (Section 5339 Program) – The Grants for Buses and Bus Facilities program make Federal resources available to States and direct recipients to replace, rehabilitate and purchase buses and related equipment and to construct bus-related facilities, including technological changes or innovations to modify low or no emission vehicles or facilities. Funding is provided through formula allocations and competitive grants. Eligible recipients include direct recipients that operate fixed route bus service or that allocate funding to fixed route bus operators; State or local governmental entities; and, Federally recognized Indian tribes that operate fixed route bus service that are eligible to receive direct grants under Sections 5307 and 5311. Subrecipients may allocate amounts from the grant to subrecipients that are public agencies or private nonprofit organizations engaged in public transportation.

Direct Recipient – Federal formula funds for transit are apportioned to direct recipients; for rural and small urban areas, this is the Indiana Department of Transportation. In large urban areas, a designated recipient is chosen by the governor. Direct recipients have the flexibility in how they select subrecipient projects for funding. In Indiana, their decision process is described in the State or Metropolitan Planning Organization’s Program Management Plan.

Enhanced Mobility for Seniors and Individuals with Disabilities (Section 5310 Program) – The program provides formula funding to improve mobility for seniors and individuals with disabilities by removing barriers to transportation service and expanding transportation mobility options. This program supports transportation services planned, designed, and carried out to meet the special transportation needs of seniors and individuals with disabilities in all areas – large urbanized, small urbanized, and rural. The Indiana Department of Transportation, Office of Transit (INDOT) administers the Section 5310 Program in Indiana. The Federal share is 80 percent for capital projects. In Indiana, the program has historically been utilized for capital program purchases.

Fixing America’s Surface Transportation (FAST) Act – On December 4, 2015, President Obama signed the Fixing America’s Surface Transportation (FAST) Act, reauthorizing surface transportation programs through Fiscal Year 2020. Details about the Act are available at <https://www.transit.dot.gov/FAST>.

Indiana Department of Transportation, Office of Transit (INDOT) administers the Section 5311 program in Indiana, as well as the Section 5310 program for rural and small urban areas. The Federal share is 80% for capital projects. The Federal share is 50% for operating assistance under Section 5311.

Individuals with Disabilities – This document classifies individuals with disabilities based on the definition provided in the Americans with Disabilities Act implementing regulations, which is found in 49 CFR Part 37.3. This definition, when applied to transportation services applications, is designed to permit a functional approach to disability determination rather than a strict categorical definition. In a functional approach, the mere presence of a condition that is typically thought to be disabling gives way to consideration of an individual’s abilities to perform various life functions.

Local Matching Funds – The portion of project costs not paid with the Federal share. Non-Federal share or non-Federal funds includes the following sources of funding, or in-kind property or services, used to match the Federal assistance awarded for the Grant or Cooperative Agreement: (a) Local funds; (b) Local-in-kind property or services; (c) State funds; (d) State in-kind property or services; and, (e) Other Federal funds that are eligible, under Federal law, for use as cost-sharing or matching funds for the Underlying Agreement. For the Section 5310 Program, local match can come from other Federal (non-DOT) funds. This can allow local communities to implement programs with 100% Federal funding. One example is Older Americans Act (OAA) Title III-B. Support Services.

Public Mass Transportation Fund (PMTF) – The Indiana State Legislature established the Public Mass Transportation Fund (I.C. 8-23-3-8) to promote and develop transportation in Indiana. The funds are allocated to public transit systems on a performance-based formula. The actual funding level for 2021 was \$38.25 million. PMTF funds are restricted to a dollar-for-dollar match with Locally Derived Income and are used to support transit systems’ operations or capital needs.

Rural Transit Program (Section 5311 Program) – The Formula Grants for Rural Areas program (49 U.S.C. 5311) provides capital, planning, and operating assistance to States to support public transportation in rural areas with populations of less than 50,000, where many residents often rely on public transit to reach their destinations. The program also provides funding for State and national training and technical assistance through the Rural Transportation Assistance Program. Additional information is available at <https://www7.fta.dot.gov/rural-formula-grants-5311>.

Seniors – For the purpose of the Section 5310 Program, people who are 65 years of age and older are defined as seniors.

Subrecipient – A non-Federal entity that receives a subaward (grant funding) from a pass-through entity to carry out part of a Federal program; but does not include an individual that is a beneficiary of such program. Subrecipient programs are monitored by the direct or designated recipient for grant performance and compliance.

Transit Demand – Transit demand is a quantifiable measure of passenger transportation services and the level of usage that is likely to be generated if passenger transportation services are provided. Refer to the

following website for a toolkit and more information on methods for forecasting demand in rural areas.
<http://www.trb.org/Publications/Blurbs/168758.aspx>

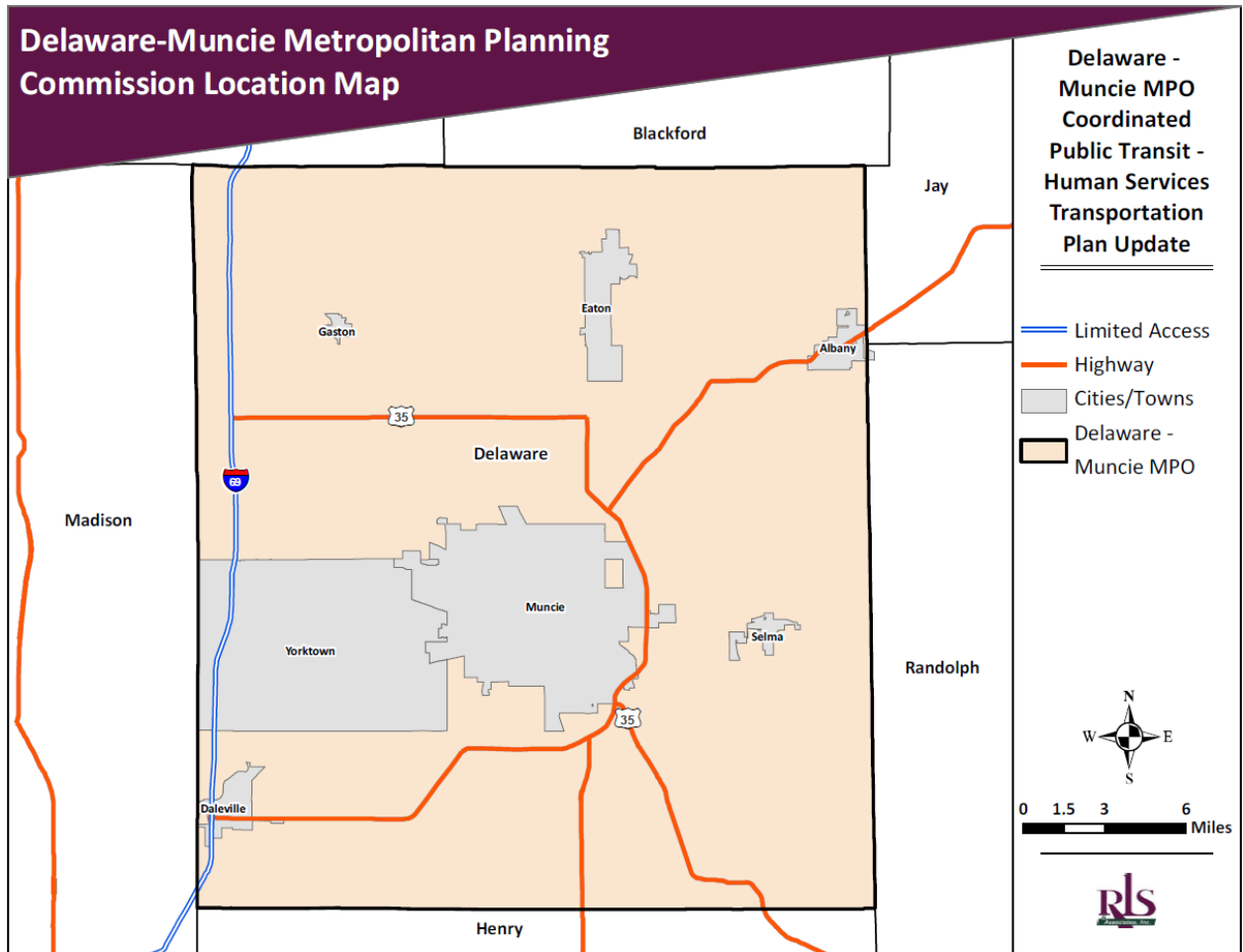
Urbanized Area Formula Grants Program (Section 5307) – The Urbanized Area Formula Funding program (49 U.S.C. 5307) makes Federal resources available to urbanized areas and to governors for transit capital and operating assistance in urbanized areas and for transportation-related planning. An urbanized area is an incorporated area with a population of 50,000 or more that is designated as such by the U.S. Department of Commerce, Bureau of the Census. Funding is made available to designated recipients that are public bodies with the legal authority to receive and dispense Federal funds. Eligible activities include planning, engineering, design, and evaluation of transit projects and other technical transportation-related studies; capital investments in new and existing fixed guideway systems, including rolling stock, overhaul and rebuilding of computer hardware, software, and vehicles; and, more.

Zero Vehicle Households – No vehicles available to a housing unit, according to U.S. Census data. This factor is an indicator of demand for transit services.

EXISTING CONDITIONS

The DMMPC planning area encompasses Delaware County, including the City of Muncie. The map in Figure 1 provides a depiction of the area included in this study.

Figure 1: Location Map

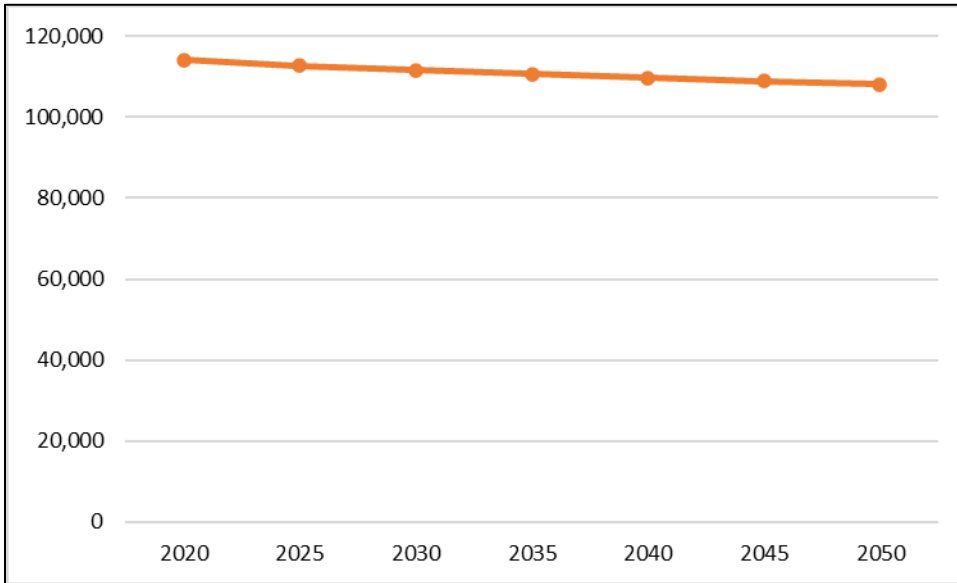


The demographics of an area are a strong indicator of demand for transportation service. Relevant demographic data was collected and is summarized in this section. The data provided in this chapter was gathered from multiple sources, including the U.S. Census Bureau’s 2019 American Community Survey (ACS) Five-Year Estimates and the State of Indiana. These sources are used to ensure that the most current and accurate information is presented. As a five-year estimate, the ACS data represents a percentage based on a national sample and does not represent a direct population count.

POPULATION PROJECTIONS

STATS Indiana, using data from the Indiana Business Research Center, IU Kelley School of Business projects that the Delaware County population will decrease to 108,135 by 2050, an estimated loss of 5.3 percent over the population projection for 2020. Figure 2 shows the population trend between 2020 and 2050 for the county.

Figure 2: Population Growth Projection for Delaware County, 2020 – 2050



OLDER ADULT POPULATION

Older adults are most likely to use transportation services when they are unable to drive themselves or choose not to drive. This may include self-imposed limitations, including driving at night and trips to more distant destinations. Older adults also tend to be on a limited retirement income and, therefore, public or agency sponsored transportation services are a more economical alternative to owning a vehicle. For these reasons, the population of older adults in an area is an indicator of potential transit demand.

There is a trend occurring in the United States relating to the aging of the population. Increasing numbers of people born during the post-WWII “baby boom” era defined by the Census Bureau as persons born from 1946 through 1964 are over the age of 65 and are more likely to need alternatives to driving personal vehicles. Further, the Administration on Aging (U.S. Department of Health and Human Services) reports that, based on a comprehensive survey of older adults, longevity is increasing and individuals in this category are younger and healthier than in all previously measured time in our history. Quality of life issues and individuals’ desire to live independently will put increasing pressure on existing transit services to provide mobility to this population. As older adults live longer and remain independent, the potential need to provide public transit is greatly increased.

Figure 3 shows the population growth projections by age group for Delaware County. The “senior” category, representing individuals aged 65 and older, is the only group projected to increase over the 30-year horizon, though it will be a small increase of 1.4 percent. Figure 4 displays the population density of persons over 65 years of age by block group in Delaware County.

Figure 3: Population Growth Projections by Age Group for Delaware County, 2020-2050

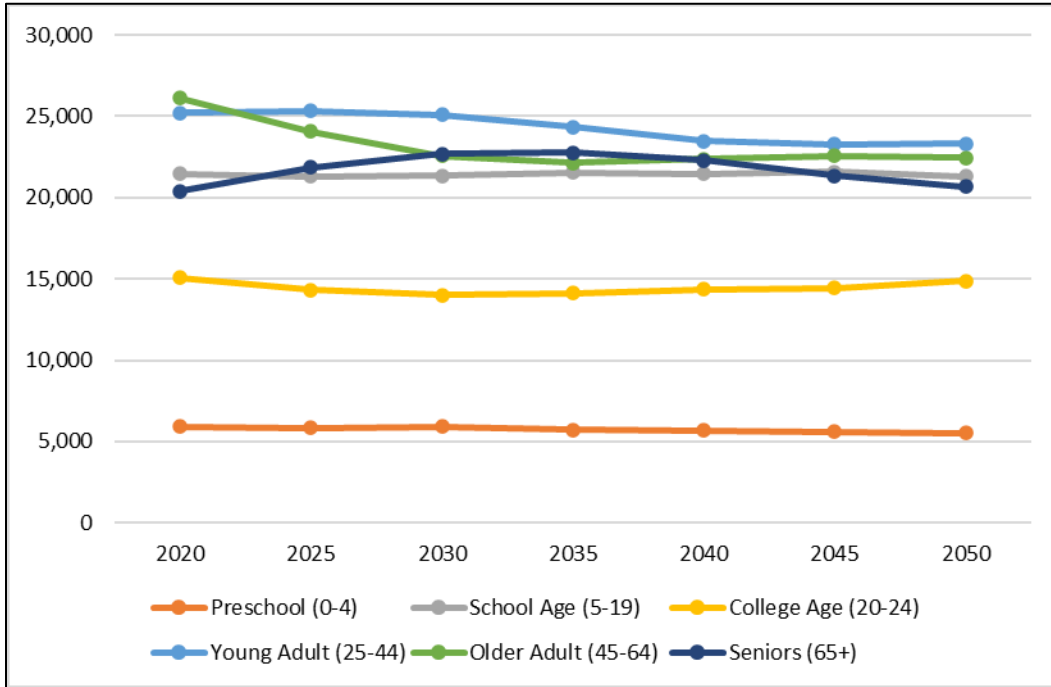
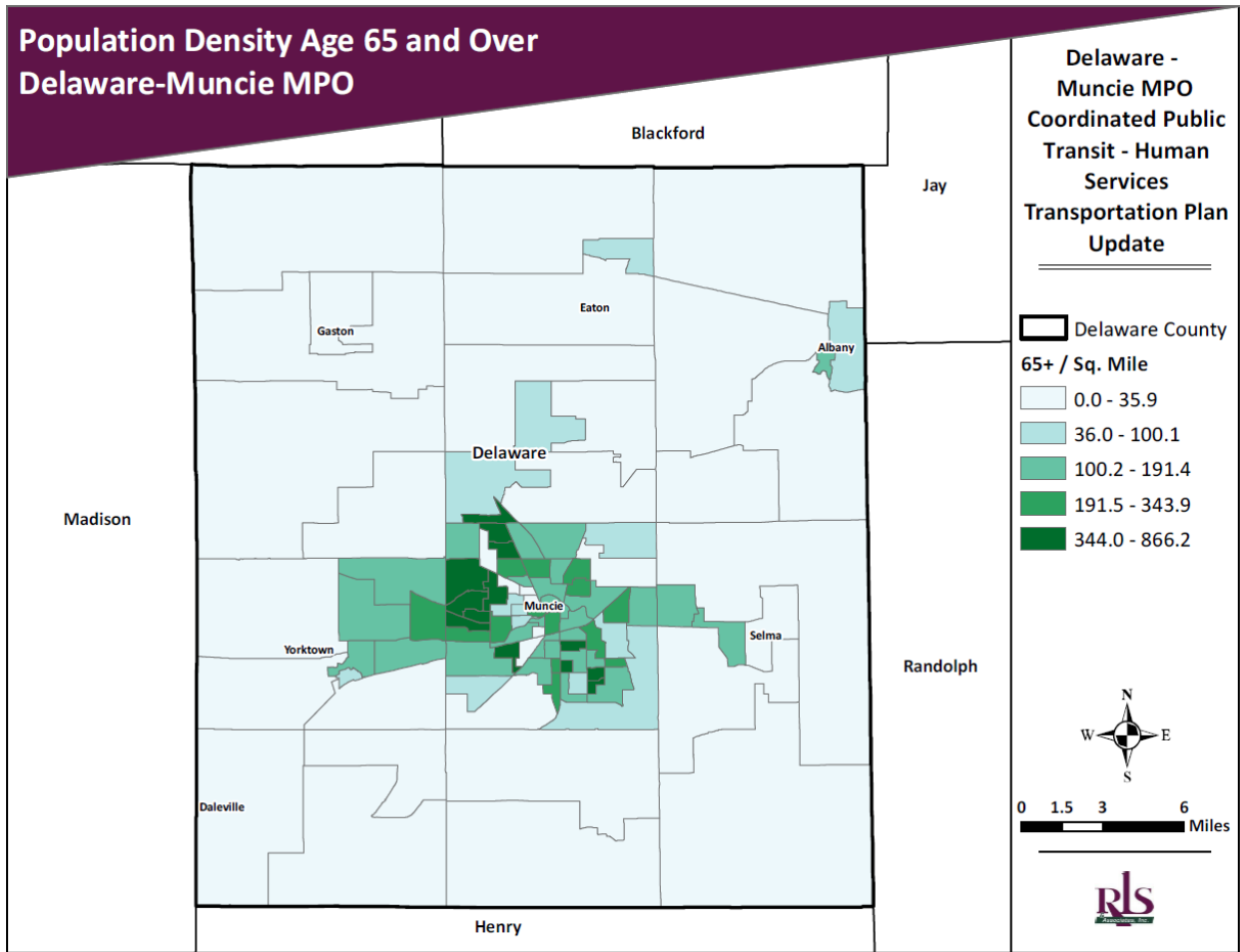


Figure 4: Older Adult Population Density



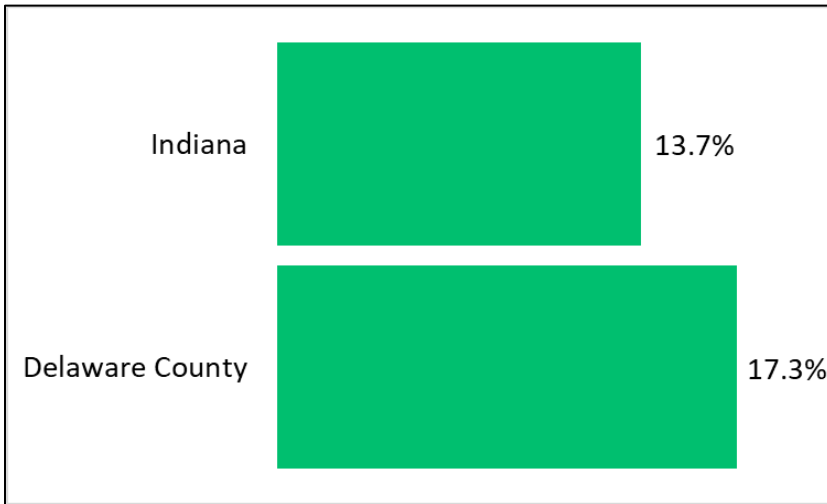
INDIVIDUALS WITH DISABILITIES

Enumeration of the population with disabilities in any community presents challenges. First, there is a complex and lengthy definition of a person with a disability in the Americans with Disabilities Act implementing regulations, which is found in 49 CFR Part 37.3. This definition, when applied to transportation services applications, is designed to permit a functional approach to disability determination rather than a strict categorical definition. In a functional approach, the mere presence of a condition that is typically thought to be disabling gives way to consideration of an individual's abilities to perform various life functions. In short, an individual's capabilities, rather than the mere presence of a medical condition, determine transportation disability.

The U.S. Census offers no method of identifying individuals as having a transportation-related disability. The best available data for Delaware County is available through the 2019 ACS Five-Year Estimates of disability for the non-institutionalized population.

Figure 5 provides a comparison of the population percentage of individuals with disabilities in Delaware County and the entire state. In Delaware County, approximately 17.3 percent of the population has a disability.

Figure 5: Disability Incidence



HOUSEHOLD INCOME AND POVERTY STATUS

Figure 6 illustrates the household incomes for the study area according to the 2019 ACS Five-Year Estimates. According to the survey, there are a total of 46,026 households in Delaware County. Of those households, 41.5 percent make less than \$35,000 per year. Of the households earning less than \$35,000, 11.7 percent earned between \$25,000 and \$34,999. Another 19.6 percent earned between \$10,000 and \$24,999 and about 10.2 percent earned less than \$10,000 per year. The median household income for Delaware County is \$43,512 compared with \$56,303 for the State of Indiana.

Figure 6: Distribution of Household Income

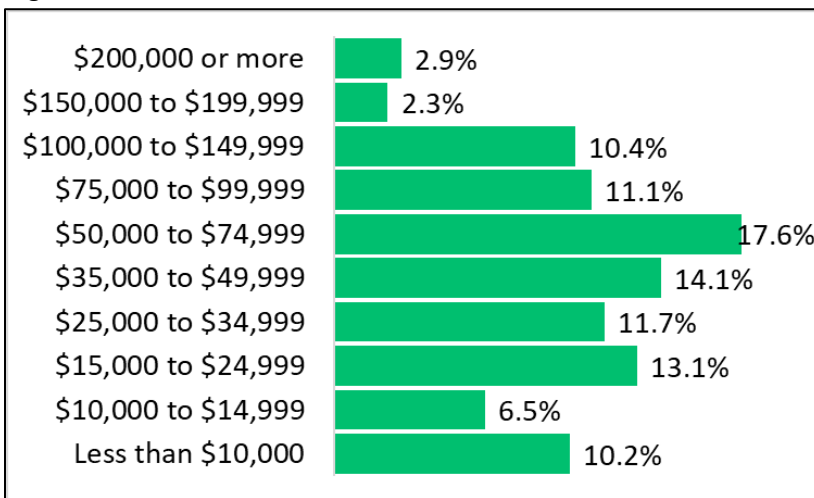
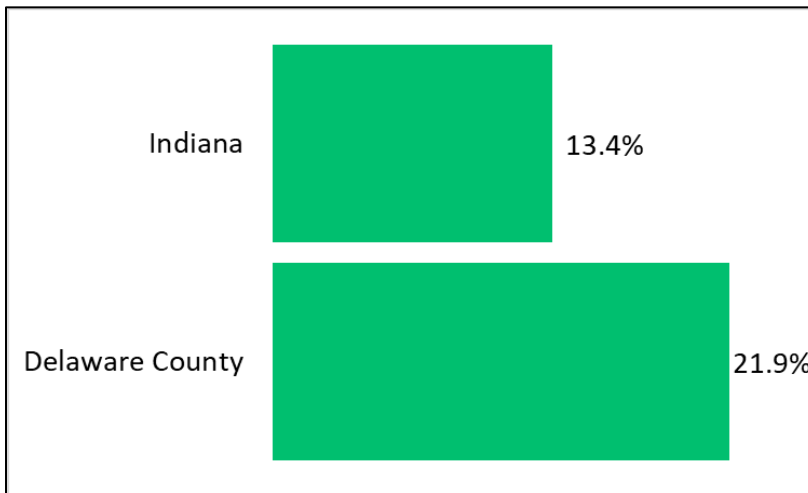


Figure 7 illustrates the percentage of the population in each area that is living below the poverty level. As the Census data was reported for 2019, the poverty guideline for that year was set at an annual income

of \$25,750 for a family of four. In Delaware County in 2019, the rate of individuals in poverty was 21.9 percent, compared to 13.4 percent for the State of Indiana. In 2021, the poverty guideline is an annual income of \$26,500 for a family of four or \$12,880 for an individual.

Figure 7: Percent of People in Poverty



According to 2020 data from Stats Indiana, the largest percentage of jobs in Delaware County is in the health care and social assistance sector, at 20.9 percent. Federal, state, and local government (18.8 percent), retail trade (13.4 percent), and accommodation and food service (10.0 percent) are the next largest employment sectors. Health care, social service, and retail jobs are typically low-wage sectors. The unemployment rate for Delaware County was 4.7 percent of the labor force in July 2021.

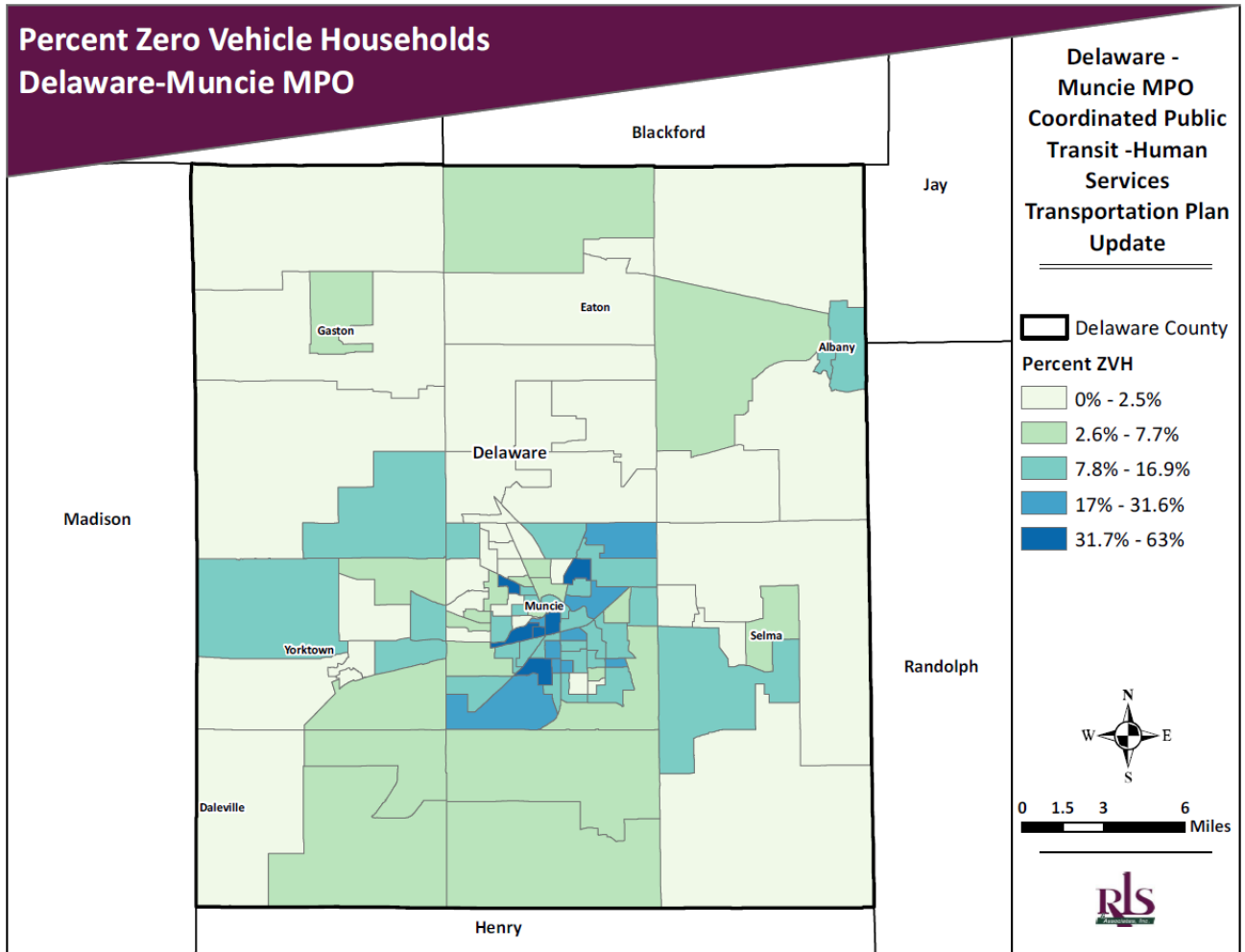
ZERO VEHICLE HOUSEHOLDS

Transportation is typically a household’s second-largest expense after housing. The characteristics of the household’s neighborhood or community will impact the costs of transportation. Locations that are close to services and employment will allow the household to spend less time, energy, and money on transportation, while more spread-out locations may involve higher costs and more time for transportation. The Center for Neighborhood Technology’s Housing and Transportation (H+T) Index calculation for Delaware County is \$11,681 for the typical household’s annual transportation spending, an average of 30 percent of household income. Combining this with the average housing expenses in the county, at 27 percent of average household income, means that the typical household spends 57 percent of income on housing and transportation. While housing alone is traditionally deemed affordable when consuming no more than 30 percent of income, the H+T Index incorporates transportation costs—usually a household’s second-largest expense—to show that location-efficient places can be more livable and affordable. More information about the H+T Index can be found at <https://htaindex.cnt.org/map/>.

Figure 8 illustrates the percentage of housing units that have no available vehicle, according to the 2019 ACS Five-Year Estimates. The block groups with the darkest shading have the highest percentage of housing units with no available vehicles. These block groups are concentrated in and around Muncie,

with high percentages of zero vehicle households in several suburban areas. In the block groups with the highest densities of zero vehicle households, between 31.7 and 63 percent of households have no access to a vehicle.

Figure 8: Zero Vehicle Household Density



INVENTORY OF EXISTING TRANSPORTATION PROVIDERS AND SERVICE GAPS

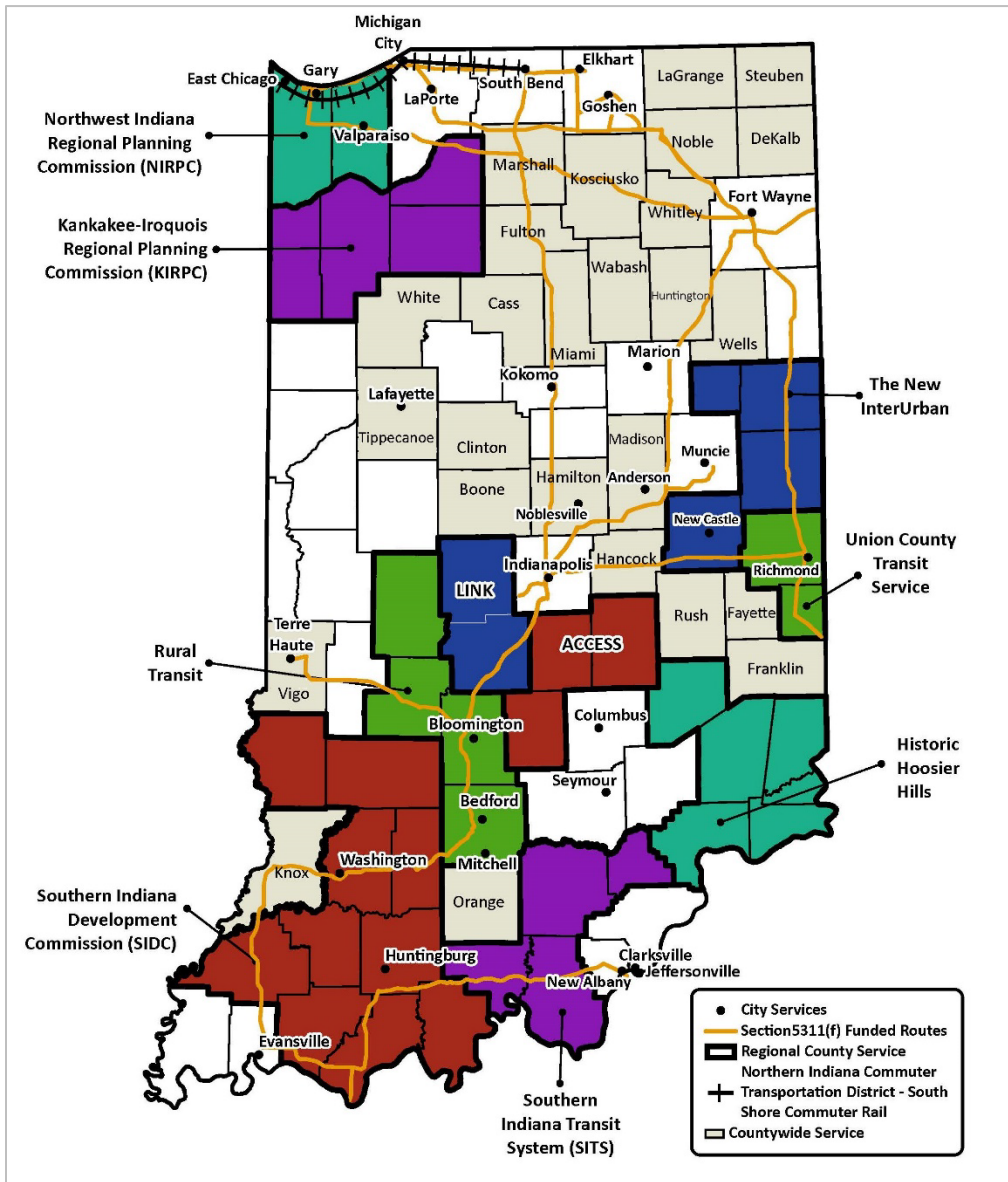
Providers of public and human service transportation were asked to participate in interviews and to share service and asset data to update the transportation provider inventory for the MPO area. Providers were also invited to participate in a virtual public meeting to evaluate unmet human service transportation needs and service gaps. The public meeting included a discussion of goals and strategies/projects to address unmet needs and service gaps, promoting coordination in the delivery of transportation services to maximize the use of resources.

An update of the inventory of provider services and vehicles was obtained through phone interviews and e-mail requests. A set of scripted questions was used for the interviews to ensure that similar information

was gathered from all agencies. The provider summaries listed below include providers who serve primarily older adults and individuals with disabilities. These agencies provide transportation primarily to their agency consumers, but may have the potential for shared services with other providers in the future. Public transit agencies, like Muncie Indiana Transit System (MITS), also serve these same populations of older adults and individuals with disabilities, within the City of Muncie.

The map in Figure 9 shows where public transit systems are working across the state, including intercity bus connections between cities. Intercity buses in Indiana are operated by private companies, but serve a general public purpose and receive public funding for critical route connections. These routes are marked as 5311(f)-funded routes on the map legend.

Figure 9: Public Transit Systems in Indiana (2020)



Source: CY 2020 Indiana Public Transit Annual Report

EXISTING TRANSPORTATION RESOURCES

Table 1 describes the study area’s public transportation providers. The City of Muncie’s transit system, MITS, is the largest provider in the DMMPC service area. The rural areas of Delaware County, outside the Muncie urbanized area, do not have public transit service. The following table provides basic information about MITS, Commuter Connect (a commuter rideshare program) and Hoosier Ride, an inter-city bus system. Table 2 summarizes information about human service agency transportation programs, which provide demand response transportation to clients or specific population groups (e.g., older adults).

Table 1: Public Transportation Providers

	MITS	CIRTA Commuter Connect	Hoosier Ride
Location / Contact	1300 E Seymour St Muncie, IN 47302 765-282-2762 www.mitsbus.org	320 N Meridian St Ste 920 Indianapolis, IN 46204 317-327-RIDE (7433) commuterconnect.us	4045 Park 65 Dr Indianapolis, IN 46254 800-544-2383 hoosieride.com
Organization Type	Public Non-Profit	Public Non-Profit	Private For-Profit
Service Type(s)	Fixed route and complementary paratransit	Vanpool and carpool matching database; Vanpool leasing	Intercity bus transit
Service Area	City of Muncie	Central Indiana	Muncie to Indianapolis
Eligibility Criteria	General Public	General Public	General Public
Days/Hours of Service	Monday – Friday: 6:15 am – 9:30 pm Saturday: 8:00 am – 6:15 pm	N/A - Riders establish their own schedules	Schedules vary
Ridership	2019: 1,408,230 2020: 751,738	Not Provided	Not provided
Fare/Donation Structure	Base – \$0.50 (Youth – Free) Elderly/Disabled – \$0.25 30-Day Pass – \$18 Senior Pass – \$9	Passenger fares and agency subsidies for some services	Varies by distance
Funding Sources	Section 5307, PMTF, City of Muncie	Section 5307, Congestion Mitigation Air Quality	Section 5311(f), Ticket Revenue
Operating Budget (2019)	\$7.1 million	N/A	N/A
Fleet and Wheelchair Accessibility	50 Vehicles, 100% WC accessible	Personal vehicles and commuter vans	Call 1-800-544-2383 48 hours before departure for accessible service
Reservations Requirements	1-day advance notice for MITSPlus	N/A	Purchase tickets online or at terminal

	MITS	CIRTA Commuter Connect	Hoosier Ride
Scheduling/ Dispatching	Novus	N/A	N/A

Table 2: Human Service Transportation Providers

	Eaton EMTs MITS Voucher Services	Hillcroft Services Reliable Transit	LifeStream Senior Rides	Meridian Health Services	Community Transport Service LLC
Location and Contact Information	105 W Indiana Ave Eaton, IN 47338 (765) 396-9483 eatonemts.org	501 W Air Park Dr Muncie, IN 47303 (765) 284-4166 www.hillcroft.org/services/reliable-transit	1701 Pilgrim Blvd, Yorktown, IN 47396 (800) 589-1121 lifestreaminc.org/transit	424 E. Southway Blvd. Kokomo IN 46902 (866) 306-2647 www.meridianhs.org	3 Industrial Park Dr Winchester, IN 47394 (765) 584-6040
Organization Type	Private Non-Profit	Private Non-Profit	Private Non-Profit	Private Non-Profit	Private For-Profit
Service Area	Delaware County (outside of MITSPlus service area during MITSPlus hours)	Transports from Delaware County to anywhere in the state	East Central Indiana	Statewide, including multiple locations in Muncie	Randolph and Delaware Counties
Eligibility Criteria	Certified MITSPlus customers	Medicaid Waiver and NEMT clients	Age 60+	Clients of Meridian Health Services	Not reported
Days/Hours of Service	Monday – Sunday 24 hours/day	Monday – Friday 7:00 am – 5:00 pm	Monday – Friday 8:00 am – 5:00 pm	Not reported	Not reported
Ridership (2020)	2,074	28,000	63,592 (176 in Delaware)	Not reported	Not reported
Fare/Donation Structure	\$8 (vouchers sold by MITS)	N/A	Suggested donation of \$2	Not reported	Not reported
Funding Sources	FTA Section 5317 (New Freedom), Passenger Fares	Medicaid	Older Americans Act, United Way of Delaware County, Community Foundation of Muncie & Delaware County	Not reported	Not reported
Operating Budget	\$4,100,000 (all services)	Not reported	\$1,153,287 (July 2019 – June 2020)	Not reported	Not reported

	Eaton EMTs MITS Voucher Services	Hillcroft Services Reliable Transit	LifeStream Senior Rides	Meridian Health Services	Community Transport Service LLC
Fleet by Location and Wheelchair Accessibility	34 (10 WC accessible vans, 16 ambulances, 3 minivans/sedans, 5 response vehicles); Located in Eaton and Muncie	16 (All are WC accessible)	23 vehicles (22 WC accessible)	Caseworkers use their personal vehicles to transport clients	Not reported
Scheduling/ Dispatching	Zoll	Manual (pen and paper)	Easy Rides	Not reported	Not reported

NEEDS ASSESSMENT

OVERVIEW

Local human service agencies, all transportation providers serving each county, and the general public were invited to participate in the coordinated transportation plan needs assessment process. An online public survey and two virtual meetings of the Delaware County Transit Coordination Committee were used to gather input. The provider interviews described in the previous chapter supplemented the needs assessment. The following paragraphs outline transportation needs identified through public surveys and stakeholder coordinated transportation meetings.

GENERAL PUBLIC AND STAKEHOLDER MEETINGS

Due to pandemic-related restrictions, an online input meeting was organized in lieu of in-person meetings to identify ongoing or new transportation needs. RLS & Associates facilitated a discussion at a virtual meeting of the Delaware County Transit Coordination Committee in March, 2021 to discuss unmet needs and gaps in service for older adults, individuals with disabilities, people with low incomes, and the general public. This meeting of Muncie and Delaware County transportation stakeholders was held on March 23, 2021, at 10:00 AM. Additionally, RLS & Associates conducted a virtual meeting for INDOT rural coordination Region 7 on March 23, 2021 at 12:00 PM. Region 7 is comprised of Adams, Blackford, Delaware, Grant, Henry, Jay, Madison, Randolph, and Wells Counties. Both meetings were held virtually using the Zoom meeting platform. Local organizations serving older adults and people with disabilities, as well as city and county government officials were invited to these meetings via email and a mailed postcard. Lists of attendees and meeting notes, and documentation of advertisement of the meetings, are provided in Appendix A. Organizations that were represented at the meetings are listed below:

- ◆ Delaware Muncie Metropolitan Planning Commission
- ◆ Governor’s Council for People with Disabilities
- ◆ Hillcroft Services
- ◆ MITS
- ◆ Eaton EMTs

During the meeting, the RLS facilitator presented facts about the Section 5310 program and discussed the activities since the 2007 Public Transit – Human Services Coordination Plan that have helped to address some of the unmet transportation needs and gaps in services for the area.

The meeting attendees were asked to review the gaps in transportation services and needs from the 2007 plan, to identify any gaps that were no longer valid, and any new needs/gaps. The focus of the discussion was transportation for older adults and individuals with disabilities. However, several topics discussed also impact mobility options for the general public, especially the lack of rural and cross-county transportation services.

Additionally, a public input survey was made available online. The survey was open for about three months. The purpose of the survey was to gather input about transportation from the general public and transportation customers. In addition, printed surveys were distributed by local stakeholders.

This section provides the identified unmet transportation needs and gaps in services that were identified by meeting participants or during the public survey process. Coordinated transportation stakeholders will consider these unmet needs and gaps in service when developing transportation strategies and grant applications.

RESULTS OF THE GENERAL PUBLIC SURVEY

The following charts outline the public survey results received from individuals living in Delaware County. Surveys were available online, on public transit vehicles, and at various non-profits in English and Spanish. The survey was available January 2021 through May 2021. The survey instrument is provided in Appendix A.

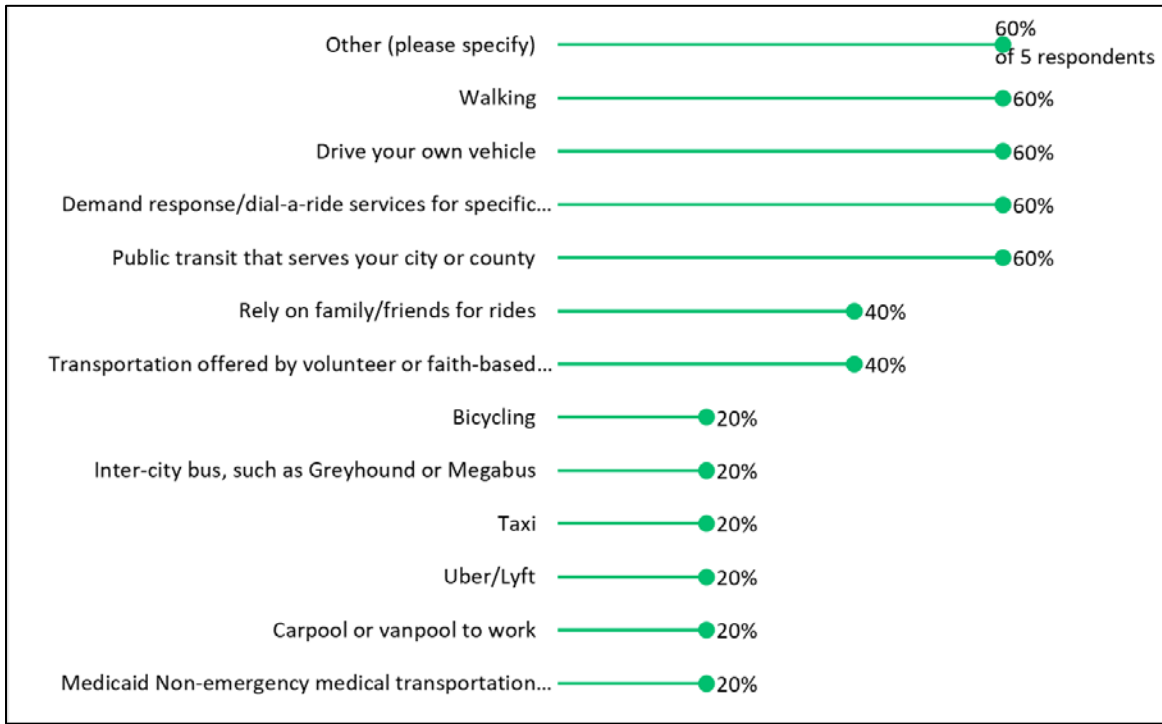
This section includes the information gained from five surveys from the general public. Each chart is based on the number of responses received for individual questions. If an individual skipped a question or did not provide an eligible answer, the distribution of responses for that particular question will be based on fewer than five surveys. The survey results are not statistically valid, but do offer insight into the unmet transportation needs and gaps in services for the general public in the county.

Modes of Transportation Used

Survey respondents were asked to report all forms of transportation they or their family have used in the past 12 months. As indicated in Figure 10, the respondents used all forms of transportation available as response choices, as well as other modes. Those who selected “Other” specified the following forms of transportation:

- ◆ Wheelchair is my form of walking.
- ◆ While I own my own wheelchair accessible vehicle, I am unable to drive it myself due to my visual impairments. I have to depend on others to drive it! I was only able to afford this due to the passing of family members and their generosity!! It became a necessity because county to county transportation connections have become spotty and iffy over the years. You cannot depend on that transportation for a doctor’s appointment even to go from Muncie to Anderson if you are not a recipient of Medicaid. It is often assumed that somebody with a disability is always a Medicaid recipient!! Not everyone with a disability is on Medicaid.
- ◆ Airport Shuttle services
- ◆ Campus Transit services

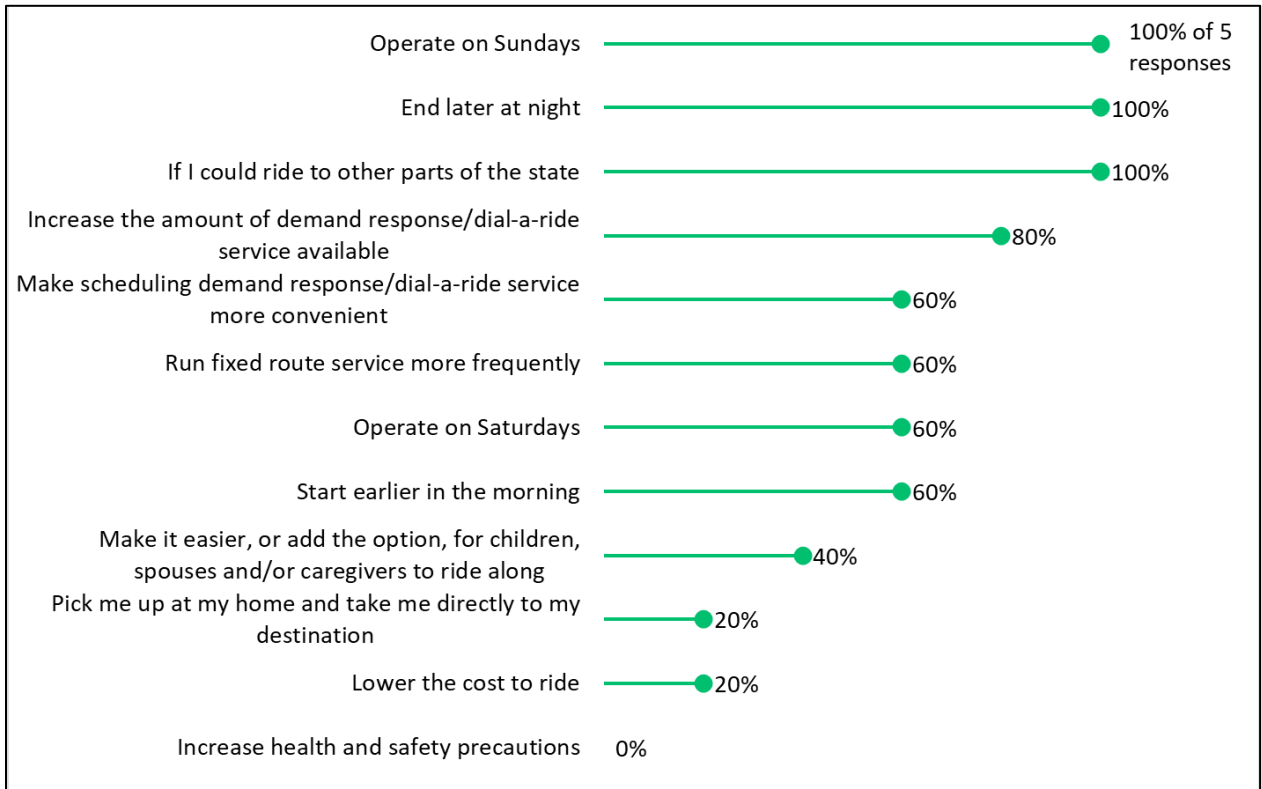
Figure 10: Modes of Transportation Used



Desired Changes to Local Transportation Options

When asked what changes could be made to the local transportation options to make using them more appealing, the most common responses were to operate on Sundays, end later at night, provide rides to other parts of the state (100 percent of respondents selected these choices). Eighty percent said that an increase in the amount of demand response/dial-a-ride service available would make transportation options more appealing. All responses to this question are displayed in Figure 11.

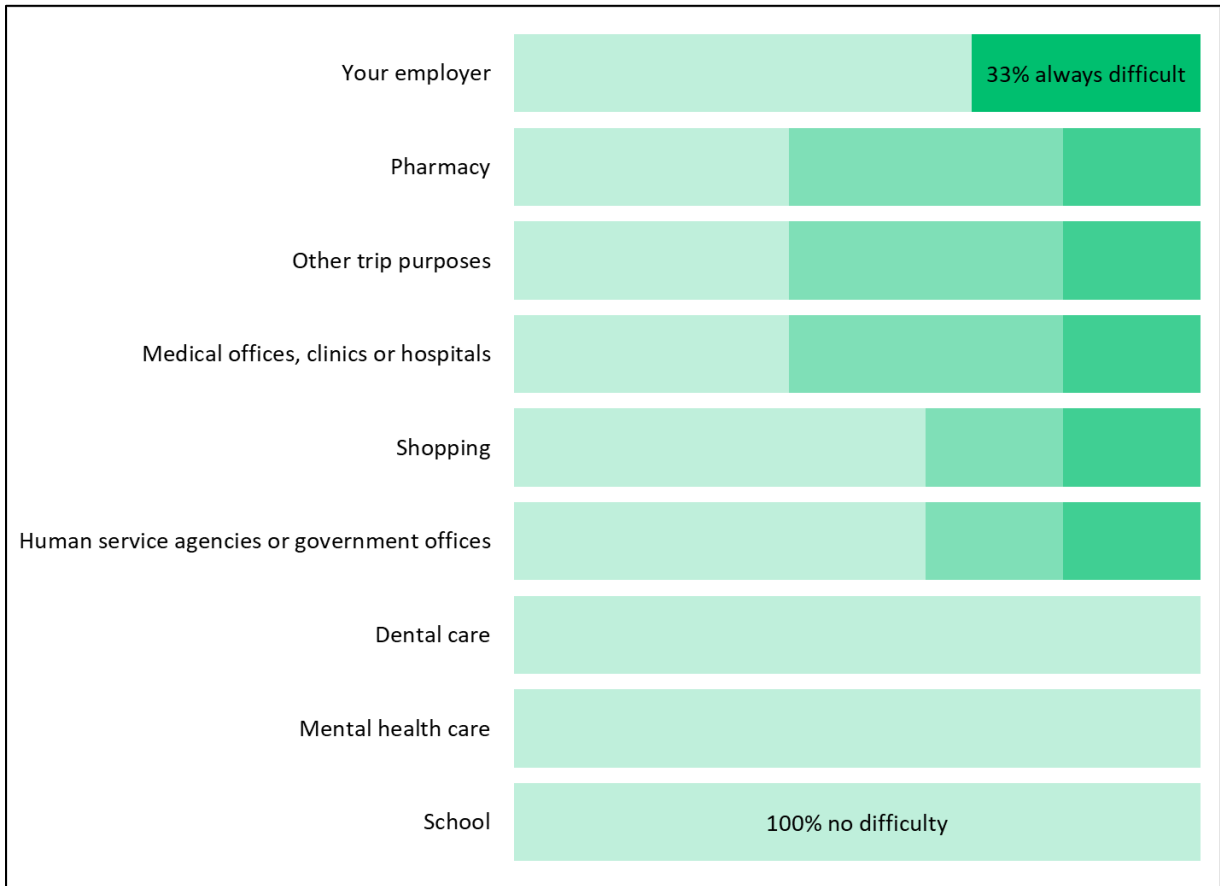
Figure 11: Changes that Would Make Transportation Options More Appealing



Difficulty Getting Needed Transportation

Respondents were asked if they have difficulty getting the transportation they need to a variety of specific types of destinations. The results are provided in Figure 11. The most difficulty was indicated for employment, medical, shopping and other trip purposes, multiple respondents selecting ‘sometimes’, ‘frequently’, or ‘always difficult’.

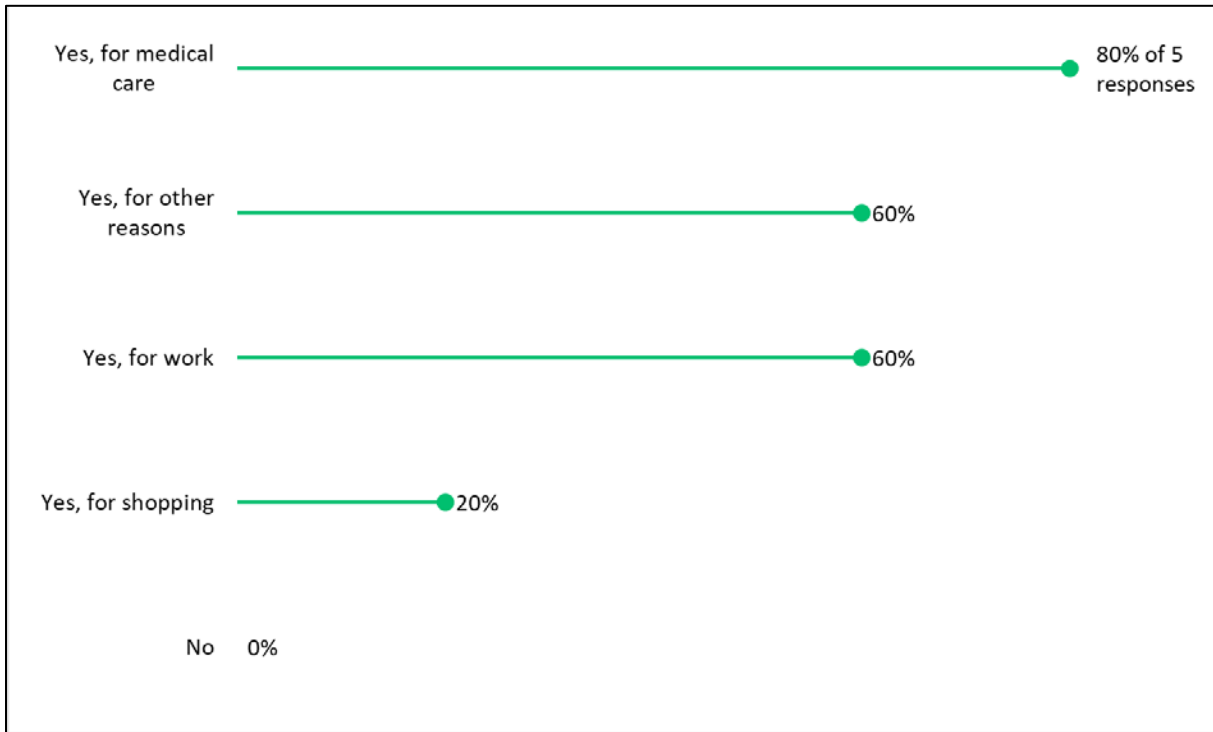
Figure 12: Difficulty with Transportation to Specific Destination Types



Out-of-County Destinations

Two questions concerned travel to out-of-county destinations. Respondents indicated whether they needed to travel outside of the county for work, medical care, shopping, or other reasons. As shown in Figure 13, the majority of respondents have out-of-county travel needs, especially for medical care.

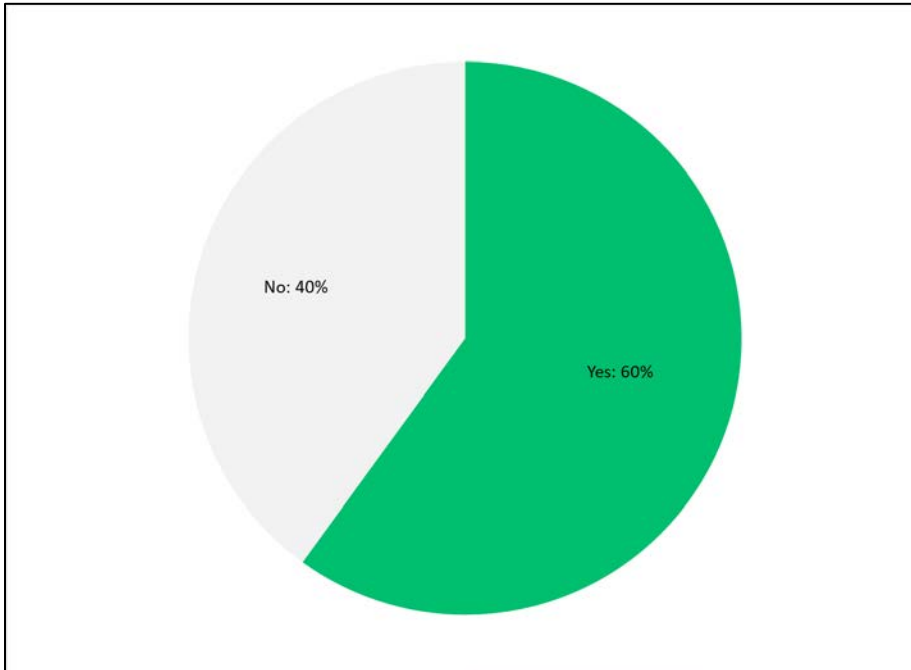
Figure 13: Need for Travel Outside of the County



Respondents also indicated whether it was difficult to travel outside of the county (see Figure 14), and if yes, to provide more information in an open-ended response. More than half of respondents to this question said that they have difficulty leaving the county. Their open-ended responses were:

- ◆ Limited options to go out of city.
- ◆ It is the public transportation as listed above and some other answers to questions! I am very grateful to have my accessible van that others can drive me but if it breaks down or I am unable to find someone to drive my van I am stuck!!
- ◆ Limited options. Surrounding counties don't connect with services eligible for in county live in. Difficulty in coordinating with multiple transportation services.

Figure 14: Is It Difficult for You to Travel Outside Your County?



Other Comments About Community Transportation Services

Finally, the survey included an open-ended question that asked if the respondent had any other comments about transportation services in their community. Three respondents provided input. The responses are provided below.

- ◆ We need freedom to worship on Sundays and we need same day services for those of us with mobility limitations.
- ◆ I don't know if this will ever happen, I think that MITS Union should not have been able to change the original agreement. It should go back to the original agreement! Allowing Eaton EMT service to provide the accessible taxi service 24/7! In the end it makes it an issue of discrimination for people in wheelchairs because we cannot use any other public taxi service because they are not wheelchair accessible!!
- ◆ Just because a person doesn't use one of the aforementioned mobility aids does not mean they don't have a qualifying disability. There are many more disabilities which affect a person's mobility but aren't improved by mobility devices; endurance and stamina may be more telling of their need for door-to-door service. A throwback to why the transportation services now seen as paratransit were formerly Older Americans/senior services. I just believe you should offer rides out to other areas so people could use services to get to and from work.

Respondent Demographics

Demographic questions on the survey included age group (Figure 15), status as an individual with a disability that requires a mobility device (Figure 16), and ZIP code (Figure 17).

Figure 15: Age Ranges

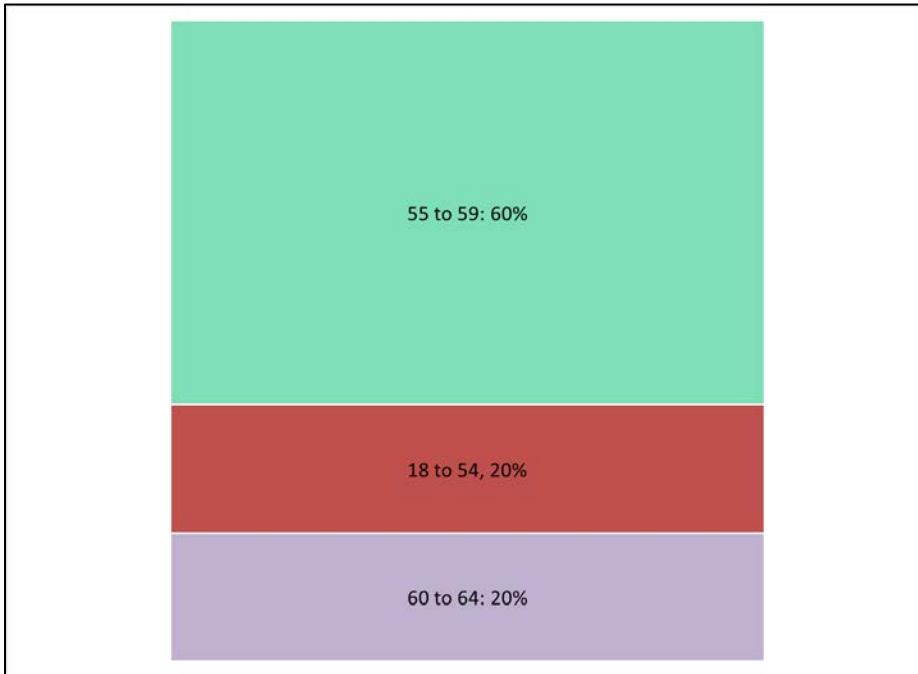


Figure 16: Disability Status that Requires a Cane, Walker, Wheelchair, or Other Device, or a Service Animal

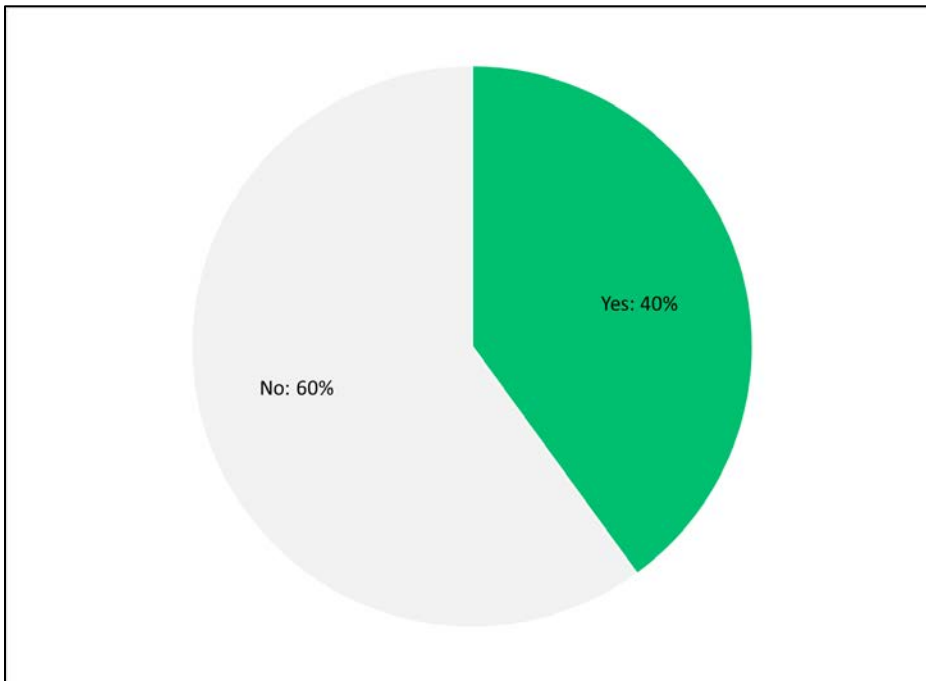
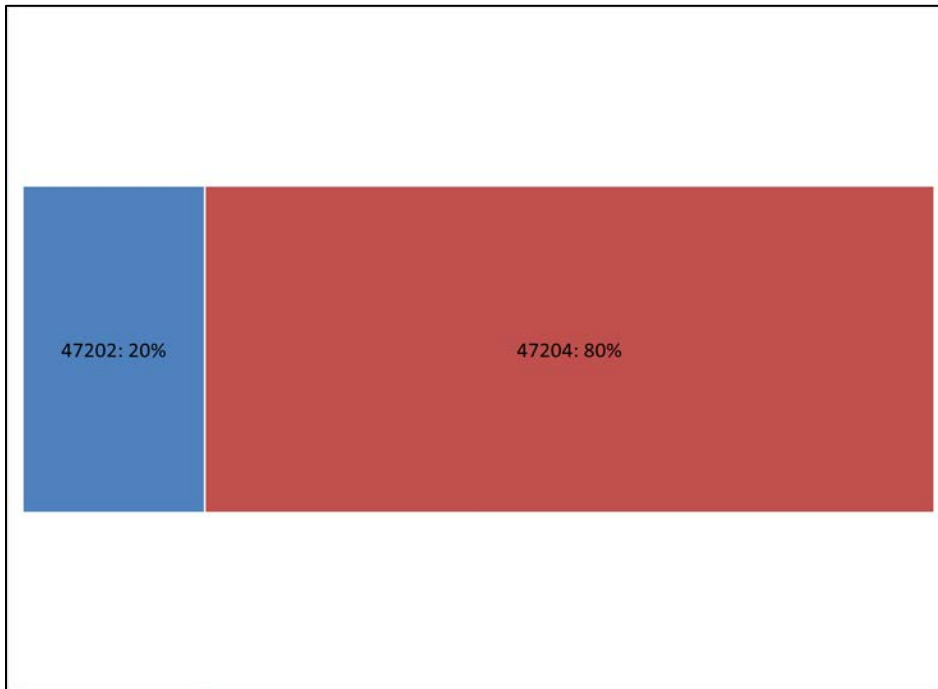


Figure 17: ZIP Code



NEEDS IDENTIFIED IN THE 2007 COORDINATED PLAN

The 2007 Coordinated Public Transit Human Services Transportation Plan included an inventory of unmet needs identified by stakeholders and as ascertained by various transit demand estimation techniques and demographic analysis.

- ◆ Overall Needs - Improve coordination and communication; Identify new sources of revenue to fund services; Simplify service use for consumers
- ◆ Older Adults' Needs - Decrease service denials; Extend hours and shorten waiting times; Increase public awareness of services
- ◆ Needs of Individuals with Disabilities - Expand services to include accessible, affordable 24 hour and weekend service; Provide regional and state-wide transportation options for trips outside county
- ◆ Low Income Needs – After-hours service for employment and school functions; Identify new revenue sources and possibly new provider to continue service; Increase awareness and use of service, coordination and efficiency; Multiple destination trips (work and daycare); Improve employer and human service agency support for service

UNMET NEEDS AND GAPS IN SERVICE

The unmet transportation needs and service gaps listed in Table 3 were identified through reviewing the input received in the survey, the stakeholder input meetings, the demographic analysis, and the 2007 plan. Following the table, each need or gap is explained in further detail.

Table 3: Unmet Needs and Service Gaps

Unmet Transportation Needs and Gaps in Service
Accessible Out-of-County Transportation
Additional Capacity on Origin-to-Destination Services
Better Awareness and Public Perception of Transportation Options
Delivery Services for Food, Medications, and Other Needs
Hospital Discharge Transportation
Improved Delivery of Medicaid Non-Emergency Medical Transportation (NEMT)
Late Evening and Sunday Service
Same-Day and On-Demand Origin-to-Destination Service
Sidewalks, Street Crossings, and Other Infrastructure for Pedestrians and Wheelchair Users
Transportation Outside of Muncie City Limits
Transportation to Religious Services

Accessible Out-of-County Transportation

At present, there are very few choices for residents of the study area to travel outside of the MITS service area at affordable rates. Taxi services are reported to be available, but charge prices that are higher than many people can afford. Uber and Lyft are not wheelchair-accessible, either. Residents need access to transportation outside of county that they can afford. Survey respondents and human service agencies indicated that accessible transportation is needed to out-of-county destinations like Indianapolis and Fort Wayne.

Additional Capacity on Origin-to-Destination Service

In general, this needs assessment found that the network transportation providers in Delaware County need additional capacity to provide origin-to-destination rides. MITSPPlus guarantees the availability of advance-notice rides to eligible customers with disability within the MITS service area. Otherwise, there are few options.

Better Awareness and Public Perception of Transportation Options

Delaware County has several providers of public and human service transportation, but there is no one local resource to find information about all of them. Marketing and public awareness are a common challenge for small transit systems and human service agencies. Potentially, additional outreach methods could help educate the community about riding the bus and using human service transportation, and improve the public’s perception of these options.

Delivery Services for Food, Medications, and Other Needs

Delivery services have become more widely available and used during the COVID-19 pandemic. In many cases, delivery of items like groceries or medications is a cost-effective alternative to transporting an individual to or from a store, and is the preferred option for the individual due to health or convenience reasons.

Hospital Discharge Transportation

Hospitals in Delaware County sometimes find that there is no way for discharged patients to return home, especially during evening and weekend hours. Patients with Medicaid NEMT benefits or MITSPlus vouchers may be able to receive on-demand rides home, but otherwise, patients must rely on private providers, family members, or friends. Many people don't have access to these options because they have low incomes or they are isolated.

Improved Delivery of Non-Emergency Medical Transportation

Many transportation providers in Indiana, including local providers, have documented problems with the statewide Medicaid NEMT brokerage. Problems have included missed trips, customers who are told by the brokerage they have a trip but no provider shows up, and difficulties receiving payment for provided trips. In 2018, the Indiana Family and Social Services Administration (FSSA) converted the oversight of the NEMT program for fee-for-service Medicaid members to Southeastrans, a transportation brokerage company. Southeastrans accepts ride requests from NEMT beneficiaries and schedules the rides with participating transportation providers.

Late Evening and Sunday Service

Late evening and weekend service would benefit many customers with employment and other trip needs. Potentially, MITS could offer limited demand response service to the general public during the late evenings and/or on Sundays. This would be a less expensive alternative to expanding fixed route service to times when demand is lighter. Partnerships with local non-profit providers, similar to the existing Eaton EMTS MITS Voucher program, could also be used to fulfill this need.

Same-Day and On-Demand Origin-to-Destination Service

Same-day service is available to MITSPlus customers based on availability. MITSPlus customers also have access to Eaton EMTs vouchers, but only outside of MITS' operating hours. There is no affordable, accessible on-demand or same-day option for the general public. Newer forms of scheduling and dispatching technology have made it easier for providers to schedule same-day and on-demand trips and to coordinate rides with multiple providers within a network. Similar to the MITS voucher partnership with Eaton EMTs, some public transit systems have partnered with taxis and transportation network companies (e.g., Uber or Lyft) to offer subsidized on-demand rides.

Sidewalks, Street Crossings, and Other Infrastructure for Pedestrians and Wheelchair Users

Sidewalks, trails, and street crossing infrastructure are necessary for pedestrians and people who use wheelchairs to safely get from place to place, including by public transportation. McGaillard Road was noted as an example of a highly-used roadway that needs more of this type of infrastructure. In general, adding concrete pads, sidewalks, shelters, and benches to bus stops makes fixed route transit more accessible to older adults and people with disabilities.

Transportation Outside of Muncie City Limits

MITS serves the City of Muncie only. Public and stakeholder input indicated rides are needed to and from Yorktown, Selma, and the rural areas of the county. Delaware County offered rural public transit in the past, but discontinued the service over cost concerns. The demographic analysis for this plan showed that

Delaware County has some Census block groups in rural areas where up to 16.9 percent of households do not have access to a vehicle. Even a small fleet of vehicles dedicated to providing rural service would make an impact for the rural population.

Transportation to Religious Services

People who rely on public and human service transportation need access to their religious congregations. Religious services are often held on Saturdays, Sundays, or weekday evenings. Expansions of operating hours to weekends and evenings would ensure that people have access to worship services and other faith-based activities.

CONTINUING CHALLENGES TO COORDINATED TRANSPORTATION

There are numerous challenges to the coordination of human service agency and public transportation in any community or region. Some of the unmet transportation needs listed in Table 3 are unmet either because of the level of difficulty to implement strategies that will address them, or funding to support the activity is not available. While these needs remain top priority, some may take more time to implement because of the necessary steps and changes that must precede them. Additionally, some of the unmet transportation needs may be addressed before the top priority needs simply because they are easily addressed and/or they are a step that will improve the likelihood of implementing a priority improvement.

During the stakeholder meetings, participants mentioned that inadequate funding, as well as the real and perceived limitations on use of available funding resources create challenges to achieving a higher level of service or service expansions. It is also critical for individuals to actively champion the cause of improved transportation. Change requires leadership with long-term commitment and the ability to generate buy-in and support from the right players.

While there are challenges to implementing coordination among various transportation providers, services, and funding sources, it is important to note that transportation coordination is being successfully implemented throughout the country and in Indiana. Therefore, issues such as conflicting or restrictive state and Federal guidelines for the use of funding and vehicles, insurance and liability, and unique needs presented by the different populations served, to name a few, should challenge, but not stop, a coordination effort. There are many resources available to assist communities as they work together to coordinate transportation. Contact the Indiana Department of Transportation (INDOT), Office of Transit (<https://www.in.gov/indot/multimodal/transit/>) for assistance.

IMPLEMENTATION PLAN

Stakeholders are willing to continue to work toward coordinated regional transportation services by utilizing existing resources and implementing new projects that fill the service gaps associated with rural trips, cross-county trips, and general quality of life for older adults, individuals with disabilities, and the

general public. Local stakeholders set five coordinated transportation goals to address the unmet needs. The coordinated transportation goals are as follows:

- ◆ Goal 1: Increase Awareness of Available Transportation Services Among Community Stakeholders and the General Public
- ◆ Goal 2: Maintain Existing Transportation Services for Human Service Agency Clients and the General Public
- ◆ Goal 3: Expand Transportation Service for Older Adults, People with Disabilities, Low-Income Individuals, and the General Public
- ◆ Goal 4: Add or Improve Infrastructure for Pedestrian and Wheelchair User Safety
- ◆ Goal 5: Increase Participation in Statewide Initiatives to Enhance Mobility

STRATEGIES FOR IMPLEMENTATION

The following strategies are needed in order to make further progress on the accepted goals. During a follow-up meeting of the Delaware County Transit Coordination Committee, held on September 22, 2021 at 10:00 AM, the stakeholders discussed the priority levels for the strategies (high, medium, low) and the consensus reached is shown for each strategy (see Table 4). Notes taken during this meeting are provided in Appendix A.

The following paragraphs outline the timeframe, responsible party, and performance measure(s) for implementation of each of the above noted coordination goals and objectives. The implementation timeframes/milestones are defined as follows:

- ◆ Immediate – Activities to be addressed immediately
- ◆ Near-term – Activities to be achieved within 1 to 12 months
- ◆ Mid-term – Activities to be achieved within 13 to 24 months
- ◆ Long-term – Activities to be achieved within 2 to 4 years
- ◆ Ongoing – Activities that either have been implemented prior to this report, or will be implemented at the earliest feasible time and will require ongoing activity

Goals and implementation strategies are offered in this chapter as a guideline for leaders in the coordination effort, as well as the specific parties responsible for implementation. Goals and strategies should be considered based upon the available resources for each county during the implementation time period.

GOAL 1: INCREASE AWARENESS OF AVAILABLE TRANSPORTATION SERVICES AMONG COMMUNITY STAKEHOLDERS AND THE GENERAL PUBLIC

Strategy 1.1: Generate Public Awareness of Existing Transportation Options

DMMPC, MITS and the human service transportation providers will expand their marketing of provider information to increase public awareness of services. Potentially, these organizations will collaborate to produce a “Ride Guide” that describes all public and human service transportation options in the area. This guide can be printed, made available online, or both.

Implementation Time Frame:
Near-Term (1-12 months)

Staffing Implications:
No additional staff required but additional time by existing staff will be necessary for updating and maintaining information.

Implementation Budget: Additional marketing and outreach efforts involve labor time for existing staff and potentially up to \$1,000 in graphic design and printing costs to ensure information is available and widely distributed. Design of a simple, freestanding website would be an additional cost.

Potential Grant Funding Sources: Various FTA/FHWA or human service agency grant funds could be used for printing and/or website development costs.

Responsible Parties: DMMPC or MITS

Performance Measures:

- ◆ Number of brochures distributed or website developed
- ◆ Increase in number of calls from passengers to request trips, and passenger trips provided

GOAL 2: MAINTAIN EXISTING TRANSPORTATION SERVICES FOR HUMAN SERVICE AGENCY CLIENTS AND THE GENERAL PUBLIC

Strategy 2.1: Continue to Provide Public Transit and Human Service Transportation at Pre-Pandemic Levels

The services provided by MITS and human service agencies, including those identified in Table 1 and Table 2, will maintain their existing transportation services through continuing to secure funding from their typical funding sources, and networking to ensure they are meeting the mobility needs of their clients/customers. The agencies will seek to restore services that were reduced or discontinued in response to the COVID-19 pandemic. Since the pandemic, many agencies have had difficulty hiring adequate staff.

<u>Implementation Time Frame:</u> Ongoing	<u>Staffing Implications:</u> Staff time to continue to fulfill requirements for receiving funding from various sources.
<u>Implementation Budget:</u> Not applicable	
<u>Potential Grant Funding Sources:</u> Section 5310 funding for vehicles; Section 5307 for public transit in the Muncie urbanized area; human services funding.	

Responsible Parties: MITS, Eaton EMTs, Hillcroft Services, LifeStream, and other providers

Performance Measures:

- ◆ Number of passenger trips provided

GOAL 3: EXPAND TRANSPORTATION SERVICE FOR OLDER ADULTS, PEOPLE WITH DISABILITIES, LOW-INCOME INDIVIDUALS, AND THE GENERAL PUBLIC

Expanded transportation services could meet a variety of the unmet needs identified in this plan. Different types of service expansions could meet needs for affordable out-of-city and out-of-county transportation, additional origin-to-destination service, late evening and Sunday service, hospital discharge transportation, and same day and on-demand origin-to-destination service.

Strategy 3.1: Initiate Demand Response Public Transportation Service in Rural Areas Outside of the City of Muncie Limits

As shown in Figure 9, Delaware County is one of the Indiana counties that does not have countywide public transit service. Even a small transportation program to provide rides outside of the city limits would be beneficial to people who are unable to drive or do not have a vehicle available to them. Such a program could be implemented as an expansion of MITS, or another provider could expand their services to provide rides to the general public in rural areas. Early steps toward implementation could include forming a committee of interested community stakeholders, working with potential funders to identify operating and capital funds for the expansion, and initiating a service planning study.

Implementation Time Frame:
Long-Term (2-4 years)

Staffing Implications:
No additional staff required during the planning stages, but additional time by existing staff will be necessary for conducting preliminary research and holding meetings with interested stakeholders. To launch a new transportation program, a new or existing organization would have to hire drivers and other personnel.

Implementation Budget: Demand response transportation services typically range in cost from \$45 to \$100 per vehicle service hour, depending on the type of operator.

Potential Grant Funding Sources: FTA Section 5311 provided through INDOT if available (50% local match required), contracted human service transportation revenue, or other sources identified by local stakeholders.

Responsible Parties: Delaware County, DMMPC, MITS, Hillcroft Services, LifeStream, and Eaton EMTs would conduct initial meetings to discuss this strategy. A lead organization would need to be identified to carry the program forward by securing funding and creating a service plan.

Performance Measures:

- ◆ Meetings among providers held to discuss expanded services
- ◆ Service plan developed
- ◆ Funding secured
- ◆ General public services initiated
- ◆ Number of passenger trips provided

Strategy 3.2: Establish Procedures and Funding to Provide Vouchers for Same-Day Service and Out-of-county Rides Using a Coordinated Provider Network

As described previously, Delaware County residents, except in certain circumstances, do not have access to affordable, accessible same-day or out-of-county rides. This strategy builds on the existing, successful partnership between MITS and Eaton EMTs that offers rides to MITSPlus customers outside of MITSPlus' hours. An expansion of this partnership, potentially incorporating additional providers beyond Eaton EMTs, could fund additional trips. MITS (or an alternate lead agency) could house the program. The program would establish eligibility criteria. For example, it could be limited to older adults and people with disabilities. Hospitals could pay into the network to reserve vouchers for discharge trips for patients with no other options.

Implementation Time Frame:

Mid-Term (13-24 months)

Staffing Implications:

An expansion of the MITSPlus/Eaton EMTs program would require additional administrative time at MITS, Eaton EMTs, or an alternate lead agency. The program expansion may require providers to hire more drivers.

Implementation Budget: Demand response transportation services typically range in cost from \$45 to \$100 per vehicle service hour, depending on the type of operator. Operators would bill the program for rides based on their fully allocated costs.

Potential Grant Funding Sources: FTA Section 5307, FTA Section 5311 provided through INDOT if available (50% local match required) for trips that begin or end outside the urbanized area, contracted human service transportation revenue, hospitals, or other sources identified by local stakeholders.

Responsible Parties: DMMPC, MITS, Hillcroft Services, LifeStream, and Eaton EMTs would conduct initial meetings to discuss this strategy. A lead organization would need to be identified to carry the program forward by securing funding, establishing procedures and inter-agency agreements, and launching the program.

Performance Measures:

- ◆ Policies and procedures for voucher expansion developed
- ◆ Funding secured
- ◆ Number of passenger trips provided

Strategy 3.3: Develop and Implement a Technology-Supported Coordinated Provider Network

Strategy 3B is to develop and implement trip-sharing arrangements. Trip-sharing is a type of joint use arrangement that may require a new level of policymaking and management. This strategy is a more intensive form of coordination than a voucher program; it could be phased in after the voucher program is established. All of the providers who accept the vouchers, or only some of them, could participate.

When one demand response provider operates with empty seats, the opportunity to develop trip-sharing is present. By matching unfilled seats with another participant's clients, vehicle capacity is maximized. This results in reducing the cost per one-way trip for all riders. To set up a trip-sharing program, a method to collect and share information about unfilled seats must be developed. That information will be used to identify the specific service areas, times of the day, and days of the week when any unfilled seats are available. A lead agency—MITS or an alternate provider—would collect this information from each participating transportation provider, then distribute it to all participants. The participants would use this information to request a trip for a client on one of the other participant's vehicles. Scheduling and

dispatching software can be used to make the trip-sharing process more convenient, potentially making it possible to trip-share instantaneously in real time.

A more formalized approach involves the lead agency collecting information from all participants on available capacity and, also, collecting information from all participants on transportation needs. The lead agency is then responsible for matching unmet needs and available seats. One advantage of this approach is that often it is possible to identify service duplications. The lead agency can then work with the participants to eliminate duplicate service.

Trip sharing arrangements require detailed coordination. Due to liability issues and the need to share costs, it is recommended that this activity be formalized. Formal arrangements should include the following elements:

- ◆ A policy-making body should be selected to set overall policy for the joint use arrangement. The body may be a new entity established for transportation coordination, or it could be the board of an existing organization. The policy-making body will be responsible for monitoring the performance of the trip sharing arrangement to determine if it is achieving its intended goals. The participating transportation providers should be represented on the policy-making body and/or should pass resolutions or adopt formal agreements that endorse the administrative structure.
- ◆ Guiding policies for the trip sharing arrangement should be established by the policy-making body. It must be someone's responsibility to manage the trip-sharing arrangement and ensure that policies are followed. The actual operations of the trip-sharing arrangement may be performed by the managing entity, or by another participant. The structure should be what makes the most sense in the local context.
- ◆ A trip accounting system must be developed to ensure that shared trips are accurately billed to the appropriate agency. This system may be based, for example, on cost-per-passenger trip or cost-per-passenger mile. Each provider must determine the fully-allocated costs of their transportation service, and bill at the appropriate unit rates. Fundamental principles for cost-sharing between Federally funded transportation providers are set forth in the Coordinating Council on Access and Mobility Cost-Sharing Policy Statement, which is included in the appendix to this plan.

A helpful resource for agencies pursuing trip sharing arrangements is Transit Cooperative Research Program (TCRP) Report 144: Sharing the Costs of Human Services Transportation, which explores issues and potential solutions for identifying and sharing the cost of providing transportation services for access to community-based human services programs. The report examines current practices and offer strategies for collecting necessary data, addressing administrative and policy-related issues, and establishing cost allocation procedures.

Implementation Time Frame:

Long-Term (2-4 years)

Staffing Implications:

An expansion of the voucher program described in Strategy 2.2 to the more robust program described in this strategy would require significant additional administrative time within a lead agency. The program expansion may require providers to hire more drivers.

Implementation Budget: The purchase or upgrade of scheduling and dispatching software would be a significant cost, if the strategy incorporates the use of technology. Scheduling and dispatching software packages for small or medium transit systems typically require investments of \$50,000-\$100,000 or more.

For the additional transportation that would be provided, demand response transportation services typically range in cost from \$45 to \$100 per vehicle service hour, depending on the type of operator. Operators would bill the program for rides based on their fully allocated costs.

Potential Grant Funding Sources: FTA Section 5307, FTA Section 5311 provided through INDOT if available (50% local match required) for trips that begin or end outside the urbanized area, contracted human service transportation revenue, hospitals, or other sources identified by local stakeholders. One-time technology acquisitions for non-profit organizations may be eligible for local philanthropic funding.

Responsible Parties: DMMPC, MITS, Hillcroft Services, LifeStream, and Eaton EMTs would conduct initial meetings to discuss this strategy. A lead organization would need to be identified to secure funding and develop the program.

Performance Measures

- ◆ Policies and procedures for coordinated transportation network operations developed
- ◆ Funding secured
- ◆ Technology acquired
- ◆ Number of passenger trips provided

GOAL 4: ADD OR IMPROVE INFRASTRUCTURE FOR PEDESTRIAN AND WHEELCHAIR USER SAFETY

Strategy 4.1: Improve Accessibility Infrastructure

The City of Muncie and MITS will be encouraged to allocate resources to make more places accessible for people with disabilities, including adding curb cuts, repairing or extending sidewalks, adding concrete pads, adding shelters, or adding benches.

Implementation Time Frame:

Ongoing

Staffing Implications:

Staff time to plan improvements.

Implementation Budget:

Capital, construction and maintenance costs of added infrastructure.

Potential Grant Funding Sources: FTA Section 5310 or FTA Section 5307 for public transportation providers. FHWA funds for eligible projects. Local match may be derived from nonprofit or state/local government sources.

Responsible parties: DMMPC, City of Muncie, and MITS.

Performance Measures:

- ◆ Additional infrastructure constructed.

GOAL 5: INCREASE PARTICIPATION IN STATEWIDE INITIATIVES TO ENHANCE MOBILITY

Strategy 5.1 Participate Actively in the Indiana Council on Specialized Transportation (INCOST) and Other Statewide Organizations

INCOST is the most active statewide association for rural and specialized transportation providers. Participation is not limited to public transit systems; human service agencies may also participate. INCOST meets on a regular basis to discuss statewide policy issues and network to find solutions to common problems. The organization holds an annual conference. The Indiana Transportation Association (ITA) as another statewide transportation organization that focuses on public transit.

There are many other interest groups and advocacy organizations that discuss transportation issues and advocate for improvements. The Governor’s Council for People with Disabilities, for example, conducted a statewide study revealing that transportation is one of the top needs for their constituents, prompting new policy and program discussion. The National Federation for the Blind has similar state and local chapters. The American Planning Association organizes professionals that care deeply about filling infrastructure gaps. Health by Design advocates for increased transportation funding and built environment changes that increase accessibility and quality of life. Participation in these and other

statewide networks which may lead to opportunities for new grants, pilot projects and funding partnerships.

<u>Implementation Time Frame:</u> Immediate and Ongoing	<u>Staffing Implications:</u> Staff time to provide meaningful participation in meetings.
<u>Implementation Budget:</u> Minimal expenses to develop meeting agenda, but significant time to provide a leadership role in advancing coordination of resources and/or services.	
<u>Potential Grant Funding Sources:</u> Not required.	

Responsible Parties: Public and human service transportation providers; members of the DMMPC Transportation Coordination Committee.

Performance Measures

- ◆ Number of representatives from Delaware County representatives who attend meetings of INCOST and other statewide organizations
- ◆ Number of contacts with state-level policymakers about transportation needs and funding concerns

Strategy 5.2 Educate Local Elected Officials About Transportation Needs

It is critical that transportation providers and stakeholders educate County Commissioners, City Council members, and other local elected officials about the value of public transit and human service transportation. The disconnect between transit and other transportation programs (roads and bridges) can be resolved by bringing transit conversations and trainings to the notice of elected officials.

<u>Implementation Time Frame:</u> Immediate and Ongoing	<u>Staffing Implications:</u> Staff time to provide meaningful participation in meetings.
<u>Implementation Budget:</u> Minimal expenses to develop meeting agenda, but significant time to provide a leadership role in advancing coordination of resources and/or services.	
<u>Potential Grant Funding Sources:</u> Not required.	

Responsible Parties: Public and human service transportation providers; members of the DMMPC Transportation Coordination Committee.

Performance Measures:

- ◆ Number of networking and outreach activities that are used to educate local policymakers about transportation needs

Strategy 5.3 Track and Communicate Concerns About Brokered Service Delivery to FSSA and INDOT

As noted previously, problems with the statewide NEMT brokerage have included missed trips, customers who are told by the brokerage they have a trip but no provider shows up, and difficulties receiving payment for provided trips. The brokerage contract is held by the Indiana Family and Social Services Administration (FSSA). While contract oversight is carried out by FSSA, the Indiana Nonemergency Medical Transportation Commission provides a state-level forum for discussing problems within NEMT service delivery. These entities need to be made aware of ongoing difficulties experienced by customers and providers. With better awareness of the existing challenges, FSSA, the NEMT Commission, or state legislators can make policy improvements and changes based on local feedback.

Address information for the FSSA/NEMT Commission:

Office of Medicaid Policy and Planning
MS 07, 402 W. Washington St., Room W382
Indianapolis, IN 46204-2739

Address information for NEMT brokerage as of Summer 2021:

Southeastrans, Inc.
4751 Best Road, Suite 300
Atlanta, GA 30337

Complaint form available at <https://www.southeastrans.com/indiana-providers/#open-overlay> (scroll to “File a Complaint”)



Implementation Time Frame:

Immediate and Ongoing

Staffing Implications:

Staff time to document problems.

Implementation Budget: None

Potential Grant Funding Sources: Not required

Responsible Parties: Providers of NEMT.

Performance Measures

- ◆ Number of NEMT brokerage complaints and incidents documented by transportation providers
- ◆ Number of communications relayed to the NEMT brokerage, FSSA, NEMT Commission members, or state legislators

POTENTIAL GRANT APPLICATIONS

The following table outlines the strategies and objectives designated to achieve the locally identified transportation goals that are intended to meet local unmet transportation needs, reduce duplication, and improve coordination of human service agency and transportation provider resources. Potential funding sources for many of these strategies include grants from the Transportation for Enhanced Mobility of Seniors and Individuals with Disabilities program (Section 5310) and the Urbanized Area Formula Grants Program (Section 5307)/Formula Grants for Rural Areas (Section 5311) programs for public transportation providers. Page numbers are provided in Table 4 for quick reference to detailed information for each objective.

All Section 5310 grant funds will be available through a competitive process. Please also note that each grant application for Section 5310 will be considered individually to determine if the proposed activities to be supported by the grant adequately meet the requirements of the intended funding program. Grant applications for strategies that do not meet the intended requirements of the FAST Act will not be awarded, regardless of the designated eligibility in this report.

The implementation timeframe for each strategy ranges from the date of this report through 2025. It is noted that a coordinated transportation working group (such as a regional coordination committee) should update this plan on an annual basis and as new coordinated transportation strategies and objectives are developed.

Table 4: Implementation Key

Goal 1: Increase Awareness of Available Transportation Services Among Community Stakeholders and the General Public			
Page Number	Strategy Number	Objective/Strategy Description	Priority
31	1.1	Generate Public Awareness of Existing Transportation Options	Medium
Goal 2: Maintain Existing Transportation Services for Human Service Agency Clients and the General Public			
32	2.1	Continue to Provide Public Transit and Human Service Transportation at Pre-Pandemic Levels	High

(Table continues on following page)

Goal 3: Expand Transportation Service for Older Adults, People with Disabilities, Low-Income Individuals, and the General Public			
Page Number	Strategy Number	Objective/Strategy Description	Priority
33	3.1	Initiate Demand Response Public Transportation Service in Rural Areas Outside of the City of Muncie Limits	Medium
34	3.2	Establish Procedures and Funding to Provide Vouchers for Same-Day Service and Out-of-county Rides Using a Coordinated Provider Network	Medium
35	3.3	Develop and Implement a Technology-Supported Coordinated Provider Network	Low
Goal 4: Add or Improve Infrastructure for Pedestrian and Wheelchair User Safety			
Page Number	Strategy Number	Objective/Strategy Description	Priority
37	4.1	Improve Accessibility Infrastructure	High
Goal 5: Increase Participation in Initiatives to Enhance Mobility			
Page Number	Strategy Number	Objective/Strategy Description	Priority
37	4.1	Participate Actively in the Indiana Council on Specialized Transportation (INCOST) and Other Statewide Organizations	Medium
38	4.2	Educate Local Elected Officials About Transportation Needs	Medium
39	4.3	Track and Communicate Concerns About Brokered Service Delivery to FSSA and INDOT	Medium

APPENDIX: OUTREACH DOCUMENTATION AND CCAM COST-SHARING POLICY STATEMENT

DMMPC Transportation Coordinating Committee

March 23, 2021 - 10:00 AM; Held via Zoom

Attendance:

Dee Ann Hart

Linda Muckway

Jody Powers

Roger Hollands

Fred Daniel, Delaware Muncie Metropolitan Planning Commission

Marty Moody, Delaware Muncie Metropolitan Planning Commission

Hugh Smith, Delaware Muncie Metropolitan Planning Commission

Mark Yaudas, Hillcroft

Christy Foster, MITS

Mike Foster, Eaton EMTs

Christy Campoll, RLS & Associates, Inc.

Kjirsten Frank Hoppe, RLS & Associates, Inc.

Kjirsten Frank Hoppe conducted a presentation about the Coordinated Plan process. RLS will provide the group with information about the public input survey. Kjirsten showed maps of demographics related to transportation demand. It was noted that the zero-vehicle households are higher in the NE - Morningside and Old West End areas, Thomas Park/Avondale, and the areas where college students live toward Ball State along Bethel. There not very much overlap between zero-vehicle and age 65+ areas because the areas with older residents tend to be higher-income. Regarding the Senior map, the neighborhoods to the west and NW are newer, higher value homes.

The presentations included a list of transportation needs from the previous plan. Dee Ann Hart said the needs are still relevant today. There is a Muncie-Indianapolis transportation but it is limited. There are not adequate services for people under age 60. There are limited options for crossing between the Muncie city limits and the outlying areas of Delaware County.

Same day service is not available.

People often have to travel out of county for medical care, which is more difficult with transportation services. Linda Muckway said the accessible taxi service that is now available (through Eaton EMTs) is helpful. But, same-day service is not available due to objections from the union representing the MITS paratransit drivers. Same-day service is provided on MITS paratransit but it not always available due to capacity constraints. The accessible taxi is only available outside of MITS' hours. It is a 24-hour service, which is very helpful. Linda and others feel that putting the accessible taxi back in the mix during MITS' hours is desirable. MITS administers the funding through the end of this year. They provide vouchers for

the taxi program. The ride must start and end during transit hours and within the service area to be denied for Eaton EMTs but accepted by MITS paratransit, per the union agreement.

In rural areas of the county such as Yorktown and Selma, there is no public transit. This is beyond MITS' service area. There was rural public transit in the past, but the service provider, LifeStream, required more funding to operate than was available.

Going outside the county is a challenge. As Delaware County has no rural transit, it is a challenge to get to the county line to transfer to other services. Linda had used Eaton EMTs to transfer to other county services.

Rural areas have fewer sidewalks or no sidewalks. Cab rides are more expensive, for example going from Albany to Ball Hospital. However, the Accessible Cab program is available in the county, outside of MITS service area, on a 24/7 basis.

Jody Powers said that transportation was the #1 need identified in the Governor's Council for People with Disabilities Town Halls that were held earlier in the year.

LifeStream provides senior transportation in Delaware County. The Center for Independent Living/Future Choices has transportation for people with disabilities for medical appointments. Meridian Health Services has transportation for clients. Community Transport Service LLC is a private provider. There may be other taxi services but the group was not sure of their status. Mickey's (Taxi) is gone.

Mike Foster with Eaton EMTS said that they have not been able to secure Section 5310 funding because they are not perceived as a non-profit organization. They are a non-profit.

Both Eaton EMT and MITS have trouble meeting same-day requests. They do not have enough drivers available, and with more riders again (following Covid) they are struggling to hire and train drivers. Other participants agreed there is a gap for urgent and same day trips.

People released from the hospital or with an urgent medical need are not served – their need is unpredictable. Medicaid provides urgent care trips, but some people don't qualify or would choose to use MITS+ vouchers instead.

Getting the word out about the available services in Delaware County is a challenge. The Planning Commission would be a good candidate for hosting online information about transportation service information. 211 isn't a strong resource. The information comes through Indianapolis. Agencies that could benefit from getting the word out are not applying or updating their information there. Listing the types of service and providers would benefit the community.

Private providers aren't held to the same ADA enforcement, they don't have the same access to accessible vehicles, and they don't go through the same training.

Jody Powers said that transportation services to religious services are important.

People want to be involved in the community and have busy lives. It is hard to make that happen with transportation that requires advance scheduling.

There are two committees that discuss transportation needs and services- the TAC committee, which consists of providers, and the Delaware Coordinating Committee, which meets quarterly to discuss coordination. They have the capacity to manage grants as needed, but mainly provide resources and assistance.

Lifestream gets funding from the Older Americans act. Could they stand up a Senior Citizens Council? MITS would support and provide rider representatives. Seniors don't always identify as such.

Delivery services are important. They have played a bigger role during the pandemic. The issue of using EBT cards was fixed which reduced that barrier, but there is still a concierge fee. Telehealth has made some medical care much more convenient.

Employment transportation is a need for people with disabilities and others. Vanpools pick up in a parking lot, so a person still needs a ride to meet them. The State Employment Office and WorkOne centers should be involved in a solution. Commuter Connect is available through CIRT (https://www.cirta.us/county-connect/transportation-resources/commuter-connect/).

The Fort Wayne-Hoosier Shuttle (goes to Indy – stops in Muncie) is not accessible. The drivers do not assist passengers. Roger Hollands suggested that incentives might help that provider to increase their accessibility.

Community infrastructure should be put in place to make getting out and walking an option. Trails and sidewalks are a part of the solution. All public buses have bike racks. Micromobility could be made more useful. Street crossings should be safe and accessible. McGalliard Rd has dangerous crossings.

A strategy should be the continuation of the MITS/MPO transit access project. MITS, the City, and the MPO flex FHWA funds to build sidewalks ¼ mile from transit to access bus stops.

There is a need for more and better Medicaid transportation. Their reimbursement rates are too low. They do not cover the providers' costs. The reservations/scheduling functionality isn't great but it has improved recently. They don't always send accurate information to the providers.

The Sheriff's department would be an ally, as they are working on older driver safety and options.

DMMPC Transportation Coordinating Committee
September 21, 2021 - 10:00 AM; Held via Zoom

Attendance:

Dee Ann Hart

Linda Muckway

Fred Daniel, Delaware Muncie Metropolitan Planning Commission

Marty Moody, Delaware Muncie Metropolitan Planning Commission

Hugh Smith, Delaware Muncie Metropolitan Planning Commission

Mark Yaudas, Hillcroft

Amanda Price-Clark, MITS

Christy Foster, MITS

Mike Foster, Eaton EMTs

Kevin DeCamp, LifeStream

Tim Norris, LifeStream

Christy Campoll, RLS & Associates, Inc.

Christy Campoll provided an overview of the unmet needs and gaps in service identified during the planning process. Linda Muckway commented that MITS has changed its paratransit and fixed route operating hours in response to staffing challenges that are a result of the pandemic. The last time for a paratransit pick-up is now 6:45 AM. Amanda Price-Clark reported that the changes to the operating hours will be reevaluated by MITS at the end of October. She said the staffing challenges are associated with difficult in hiring drivers, and drivers becoming ill with COVID-19.

Linda Muckway said that the City of Muncie will implement a sidewalk plan. Amanda Price-Clark and Hugh Smith described the project, which involves transferring FHWA funds to MITS to construct sidewalks in areas that are up to ¼ of a mile away from a bus stop. The project is currently in the environmental review stage.

Christy Campoll presented the draft goals and strategies for the plan. Marta Moody recommended that Strategy 2.1, on maintaining existing services, be edited so that it addresses the need for services to return to pre-COVID levels.

Members of the committee said that supporting an expanded voucher program, as proposed in Strategy 3.2, would be difficult in light of the staffing challenges faced by transportation providers. Mike Foster reported that he has had some discussions with staff of IU Health Ball Memorial Hospital about meeting the transportation needs of patients.

Hugh Smith recommended removing the words “shared ride” from Strategy 3.3 so that the program is not confused with a commuter rideshare program.

The group discussed the prioritization of the strategies and recommended that Strategy 2.1 and Strategy 4.1 be classified as high-priority. Strategy 3.3 was recommended for a low-priority classification due to the large-scale nature of the project, which would require a significant amount of funding. The group felt that there was value in keeping Strategy 3.3 in the plan. The group recommended classifying the other strategies as medium-priority.

Christy Campoll reported that she will make the requested changes to the plan and contact some of the providers about collecting their information for the provider inventory. Then, the final report will be provided to the DMMPC for adoption.

General Public Survey Instrument

2020 INDIANA PUBLIC & HUMAN SERVICE TRANSPORTATION NEEDS SURVEY

Please complete this survey about your transportation needs and preferences. This information will be used in your local area's Coordinated Public Transit-Human Service Transportation Plan. For more information please contact RLS & Associates at (937) 299-5007. Thank you!

1. What forms of transportation do you use? Select all that apply.

- Public transit that serves your city or county, including bus systems, rail lines, ADA paratransit, or general public demand response/dial-a-ride
- Rely on family/friends for rides
- Medicaid Non-emergency medical transportation (NEMT)
- Uber/Lyft
- Demand response/dial-a-ride services that are for specific groups only – for example, older adults or people with disabilities (this excludes ADA complementary paratransit provided by public transit systems)
- Taxi
- Inter-city bus, such as Greyhound or Megabus
- Transportation offered by volunteer or faith-based groups
- Drive your own vehicle
- Other (please specify) _____

2. If you use any transportation services, such as public transit or demand response/dial-a-ride, please tell us the name(s) of the services you use:

Name of Service 1: _____

Name of Service 2: _____

Name of Service 3: _____



3. What changes could be made to your local transportation options to make using them more appealing to you?

- If I could ride to other parts of the state (such as Indianapolis or other cities/towns)
- Lower the cost to ride
- Start earlier in the morning
- End later at night
- Operate on Saturdays
- Operate on Sundays
- Pick me up at my home and take me directly to my destination
- Increase health and safety precautions
- Run fixed route service more frequently (for example, make a bus route run every 30 minutes instead of every 60 minutes)
- Increase the amount of demand response/dial-a-ride service available (for example, operate more vehicles so there are fewer turn-downs for trip requests)
- Make scheduling demand response/dial-a-ride service more convenient (for example, allow for same-day or on-demand trip requests)
- Make it easier, or add the option, for children, spouses and/or caregivers to ride along

Other (please specify) _____

4. Do you have difficulty getting the transportation you need to any of the following types of destinations?

	No difficulty	Sometimes difficult	Frequently difficult	Always difficult	Not applicable to me
Your employer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Medical offices, clinics or hospitals	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mental health care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dental care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pharmacy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Shopping	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
School	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Human service agencies or government offices	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other trip purposes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

5. Do you need to travel to destinations outside of your county for work, medical care, shopping, or other reasons?

- No
- Yes, for work
- Yes, for medical care
- Yes, for shopping
- Yes, for other reasons (please specify) _____

6. Is it difficult for you to travel outside of your county? If yes, please indicate what makes it difficult.

- Yes
- No
- Not applicable (No need to travel outside my county)

If yes, please provide more information: _____

7. What is your age group?

- Under 18
- 18-54
- 55-59
- 60-64
- 65+

8. Do you have a disability which requires you to use a cane, walker, wheelchair, and/or another device, or a service animal, to help you get around?

- Yes
- No

9. What county do you live in? _____

10. What is your ZIP code? _____

11. Do you have other comments about transportation services in your community?



Coordinating Council on Access and Mobility Cost-Sharing Policy Statement

Revised August 2020

Introduction

The Coordinating Council on Access and Mobility (CCAM) was established in 2004 by Executive Order 13330 in order to improve the accessibility, availability, and efficiency of transportation services for people with disabilities, older adults, and individuals of low income. The Secretary of Transportation chairs the CCAM and the CCAM's membership consists of the secretaries of Agriculture (USDA), Education (ED), Health and Human Services (HHS), Housing and Urban Development (HUD), the Interior (DOI), Labor (DOL), Transportation (DOT), and Veterans Affairs (VA), as well as the Attorney General (DOJ), the Chairperson of the National Council on Disability (NCD), and the Commissioner of the Social Security Administration (SSA).

The Executive Order directs CCAM members to work together to provide the most appropriate, cost-effective transportation services within existing resources, and reduce duplication to make funds available for more services. Fully coordinating transportation through vehicle and ride sharing for Medicaid, aging, and other human service transportation trips can result in a 10 percent increase in passengers per revenue hour, which can create significant cost savings for Federal, State, and local agencies.¹

This CCAM Cost-Sharing Policy Statement provides key transportation cost-sharing information to encourage greater State and local cost sharing. This includes principles specific to the provision of Medicaid nonemergency medical transportation (NEMT) and the Veterans Health Administration's (VHA) Highly Rural Transportation Grants (HRTG) program, which provides NEMT for Veterans living in highly rural areas.

Policy Statement

CCAM agencies agree that Federal grantees should coordinate their transportation resources where possible, including sharing costs for mutually beneficial transportation services, in order to maximize the availability and efficiency of transportation services.

Cost-sharing arrangements include both **vehicle and ride sharing** as well as **Federal fund braiding for local match** across Federal programs, which are discussed in more detail below.

Vehicle and Ride Sharing

Vehicle and ride sharing occur when a single shared vehicle transports beneficiaries of multiple Federal programs. Vehicle sharing may occur with shared rides, when multiple Federal programs' beneficiaries are on the same vehicle simultaneously, or with individual rides, when a vehicle transports a single beneficiary at a time. Participating partners pay for the equitable proportion of shared costs for transporting its beneficiaries.

Before local partners begin to share vehicles and rides, they should first establish a local transportation cost-allocation agreement that details how partner organizations will allocate shared costs. To establish this agreement, local partners may wish to consult the Federal Transit Administration's Cost Allocation Handbook, which provides high-level guidance on determining and allocating shared costs. Local partners should incorporate the general and program-specific principles below, as applicable. Local partners should also consult and adhere to any Federal, State, or local laws and regulations related to vehicle and ride sharing and cost allocation.

¹ "Uncover the Impacts of Coordinating Human Services Transportation—One Study, Two Locations, and Three What-If Coordination Scenarios." Charlotte Burnier, et al. Presented at 93rd Annual Meeting of the Transportation Research Board. 2014.



General Principles: These principles apply to any local transportation cost-allocation agreement.

1. Costs must be allocated based on the benefit received by each local partner and may not be allocated based on how much funding individual partners have available.
2. Each local partner must pay the amount equal to its allocable share of the costs.
3. No local partner may pay for a cost that does not benefit its program as determined in the cost-allocation process.
4. No program may pay for a cost that is unallowable under its governing statutes and regulations.
5. The local transportation cost-allocation agreement should be updated regularly (e.g., annually) to account for changes in expenses or frequency of use.
6. If shared activities result in program income, then the program income should be allocated to partners in the same proportion as shared costs.
7. Local transportation cost-allocation agreements should include how rates address the cost of a required attendant for a passenger.
8. No program may pay directly for unloaded miles (miles driven when the program's beneficiary is not in the vehicle) or for missed trips. However, a program may pay indirectly for these costs and other indirect costs, such as vehicle depreciation, when they are built into the rate methodology for completed trips.
9. No program may pay any additional costs that arise from sharing rides with local partners' beneficiaries, such as costs associated with longer trip times.

Medicaid Principles: These principles apply to any local transportation cost-allocation agreement that includes a local partner using Federal Medicaid funds on transportation.

10. Medicaid will only pay for transportation to and from covered medical care.
11. Medicaid is the payer of last resort and will only pay for transportation if there are no other legally liable third payers. There are some exceptions to this rule.²

HRTG Principles: These principles apply to any local transportation cost-allocation agreement that includes a local partner using HRTG funds.

12. HRTG will pay for the transport of Veterans who live in highly rural areas (county or counties with less than seven persons per square mile) to and from VA medical facilities or VA-authorized medical facilities.
13. Before participating in vehicle or ride sharing with local partners, HRTG grantees should consult the VHA.
14. Vehicles purchased with HRTG funds may be used for vehicle and ride sharing to transport local partners' beneficiaries within or outside highly rural areas. Costs to transport local partners' beneficiaries must be allocated to those local partners.
15. The VHA encourages HRTG grantees to avoid potential public misperception that passengers who are not highly rural Veterans are being served by HRTG funds. To support this goal, HRTG grantees using HRTG-branded and Veteran-branded vehicles to transport local partners' beneficiaries may consider covering HRTG-specific and Veteran-specific vehicle markings or using unbranded vehicles when serving local partners' beneficiaries.

Federal Fund Braiding for Local Match

Federal fund braiding for local match, also referred to as Federal fund braiding, is when Federal funds from one grant program are used to fulfil the local match requirement of another Federal grant. This provides Federal grantees the opportunity to share costs of a transportation project across multiple Federal programs. All statutory and regulatory requirements, such as eligibility and reporting, must be met for both programs.

Federal fund braiding arrangements can especially benefit communities that are otherwise unable to provide match funds for Federal transportation projects. Federal fund braiding also encourages greater

² For exceptions to Medicaid's payer of last resort rule, see pages 20–22 of the "Coordination of Benefits and Third Party Liability (COB/TPL) in Medicaid 2020" handbook (<https://www.medicaid.gov/medicaid/eligibility/downloads/cob-tpl-handbook.pdf>).



coordination at the local level due to the additional reporting requirements that grantees must meet when receiving funds from two Federal sources.

Federal fund braiding is not available between all Federal programs that may fund transportation. To determine if Federal fund braiding is a possibility, potential grantees should consult the CCAM's Federal Fund Braiding Guide. The Federal Fund Braiding Guide discusses whether Federal fund braiding is allowable for 67 Federal programs that may fund transportation and provides additional information on grantee eligibility requirements.

Potential grantees looking to find State or local partners to coordinate and braid funds with may also consult the CCAM Program Inventory, which identifies 130 Federal programs that may provide funding for human service transportation. Grantees of these Federal programs may be potential future partners for transportation projects funded via Federal fund braiding.

List of Resources

1. **“Appendix A: Cost Allocation Handbook.” Federal Transit Administration. 2016.**
https://www.transit.dot.gov/sites/fta.dot.gov/files/docs/ntd/56681/uniform-system-accounts-usoa-effective-fy18_0.pdf

The Federal Transit Administration’s Cost Allocation Handbook provides high-level guidance for Federal grantees to assign costs when participating in vehicle and ride sharing. The Cost Allocation Handbook begins on page A-1 of this document.

2. **“CCAM Program Inventory.” Coordinating Council on Access and Mobility. 2019.**
<https://www.transit.dot.gov/regulations-and-guidance/ccam/about/ccam-program-inventory>

The CCAM Program Inventory identifies 130 Federal programs that may provide funding for human service transportation for people with disabilities, older adults, and/or individuals of low income.

3. **“Federal Fund Braiding Guide.” Coordinating Council on Access and Mobility. 2020.**
<https://www.transit.dot.gov/regulations-and-programs/ccam/about/coordinating-council-access-and-mobility-ccam-federal-fund>

The Federal Fund Braiding Guide provides information for Federal employees and potential grantees on whether CCAM agency programs may participate in “Federal fund braiding,” or the use of Federal program funds to fulfil the match requirement of other Federal programs on eligible transportation projects.



DELAWARE-MUNCIE METROPOLITAN PLAN COMMISSION

Delaware County Building, 100 West Main Street, Room 206, Muncie, Indiana 47305

TRANSPORTATION POLICY COMMITTEE OF THE DELAWARE-MUNCIE METROPOLITAN PLAN COMMISSION

RESOLUTION 21-15

- WHEREAS,** the Delaware-Muncie Metropolitan Plan Commission (DMMPC) is the Metropolitan Planning Organization (MPO), as designated by the Governor of the State of Indiana, for the Muncie Urbanized Area; and
- WHEREAS,** the Transportation Policy Committee is the policy committee of the Metropolitan Planning Organization involved in the transportation planning process for the Muncie Urbanized Area; and
- WHEREAS,** the RLS & Associates, Inc. developed a transit coordination plan for Delaware County (Muncie MPO) and solicited public input toward it, including consultation with the Delaware Muncie Transit Coordination Committee; and
- WHEREAS,** The Muncie Delaware County Coordination Plan (2021) was reviewed by the Technical Advisory Committee with opportunity to comment at the virtual meeting on November 17, 2021; and
- WHEREAS,** the Muncie Delaware County Coordination Plan (2021) was reviewed and approved by the Transportation Policy Committee at the virtual meeting on November 17, 2021.

NOW, THEREFORE, BE IT RESOLVED by the Transportation Policy Committee of the DMMPC as follows:

Section 1. That the Muncie Delaware County Coordination Plan (2021) was approved and adopted as the transit coordination plan for the Delaware County area.

Approved this 17th day of November, 2021

TRANSPORTATION POLICY COMMITTEE

ATTEST:

BY:

Cheryl McGairk, Recording Secretary
Transportation Policy Committee

Marta Moody, Chairperson
Transportation Policy Committee