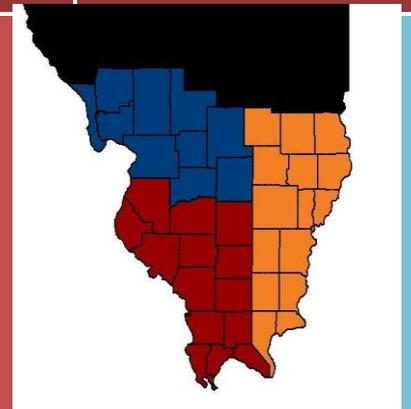


# Human Service Transportation Plan

Region 10



2022



ILLINOIS DEPARTMENT OF TRANSPORTATION \ OFFICE OF INTERMODAL PROJECT  
IMPLEMENTATION  
SOUTH CENTRAL ILLINOIS REGION PLANNING AND DEVELOPMENT COMMISSION

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## Mission Statement

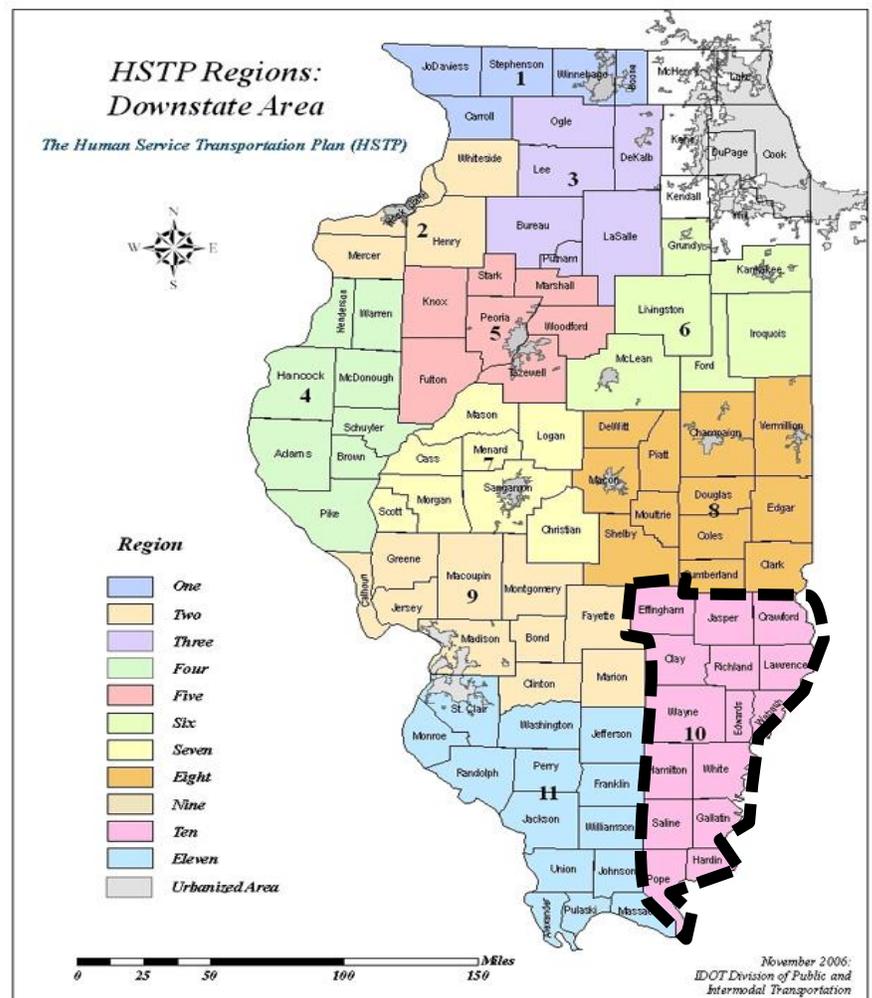
The mission of Region 10 is to improve coordinated transportation for area residents by providing a safe, affordable, and efficient system that improves their quality of life while providing better access to work, school, medical, social, and recreational activities.

## Introduction and Executive Summary

In 2005 the United States Congress enacted the Safe, Accountable, Flexible, Efficient Transportation Equity Act: A Legacy for Users (SAFETEA-LU). This act provided funding for various transportation projects including highway construction, mass transit, and human services transportation. Among its provisions, SAFETEA-LU legislation required that all requests for funding through three federal programs; Elderly Individuals and Individuals with Disabilities (Section 5310), Job Access and Reverse Commute (JARC, Section 5316), and New Freedom (Section 5317) and be derived from a locally developed Coordinated Public Transit-Human Services Transportation Plan (HSTP).

- Purpose of the Human Service Transportation Plan

A coordinated plan should maximize the programs' collective coverage by minimizing duplication of services. Further, a coordinated plan should be developed through a process that includes representatives of public, private and non-profit transportation and human services providers, and the public. A coordinated plan may incorporate activities offered under other programs sponsored by Federal, State, and local agencies to greatly strengthen its impact. The Federal Transit Administration (FTA) also encourages participation in coordinated service delivery as long as the coordinated services will continue to meet the purposes of all programs.



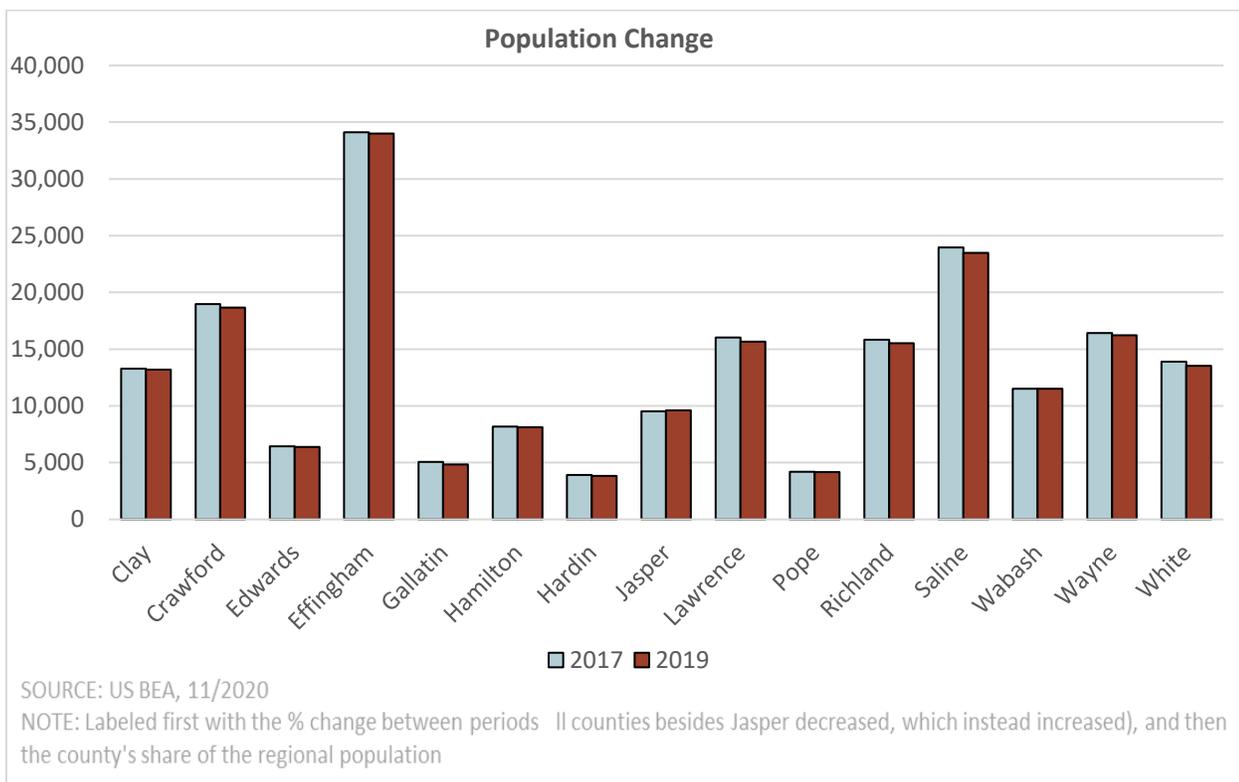
○ Regional Description

Region 10 is one of eleven downstate Human Services Transportation Planning Regions established by the State of Illinois Department of Transportation, through the Division of Public & Intermodal Transportation (DPIT), now known as the Office of Intermodal Project Implementation (OIPi).

The region is comprised of 15 counties located in Southeastern Illinois from west of the Wabash River to roughly east of Interstate 57. These counties are: Effingham, Jasper, Crawford, Clay, Richland, Lawrence, Wayne, Edwards, Wabash, Hamilton, White, Saline, Gallatin, Pope, and Hardin. Region 10 contains no urbanized areas.

Region 10 has a population of 198,760 residents who are spread out across the 15 counties. Effingham County, in the northwest corner of Region 10, is the most populous, with 34,008 residents. The city of Effingham has a population of 12,563 and is the largest town in Region 10. Saline County, with 23,491 residents, is the second largest county in the region and is located in the southern third of the region. The county seat is Harrisburg and has a population 8,994, making it the largest town in the southern half of Region 10.

The chart below shows the current population, as well as the population at the time of the last Plan update (2017).



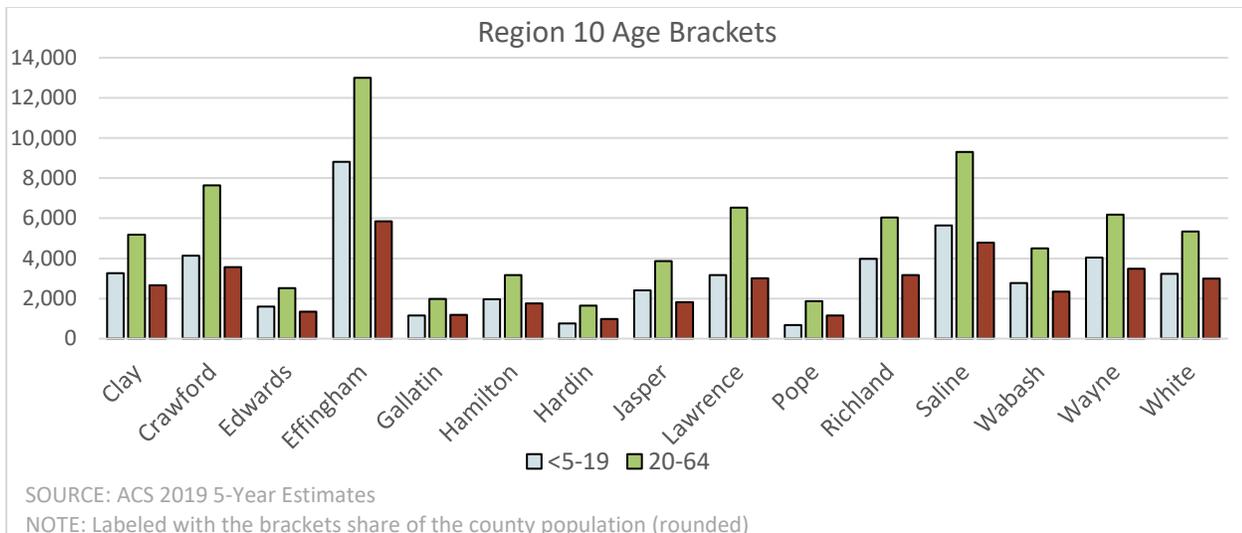
## Regional Demographic Information

Region 10 is rural in character, typified by large regions of agriculture with small communities interspersed. Low population densities and the lack of urban commercial centers provide unique challenges for transit providers.

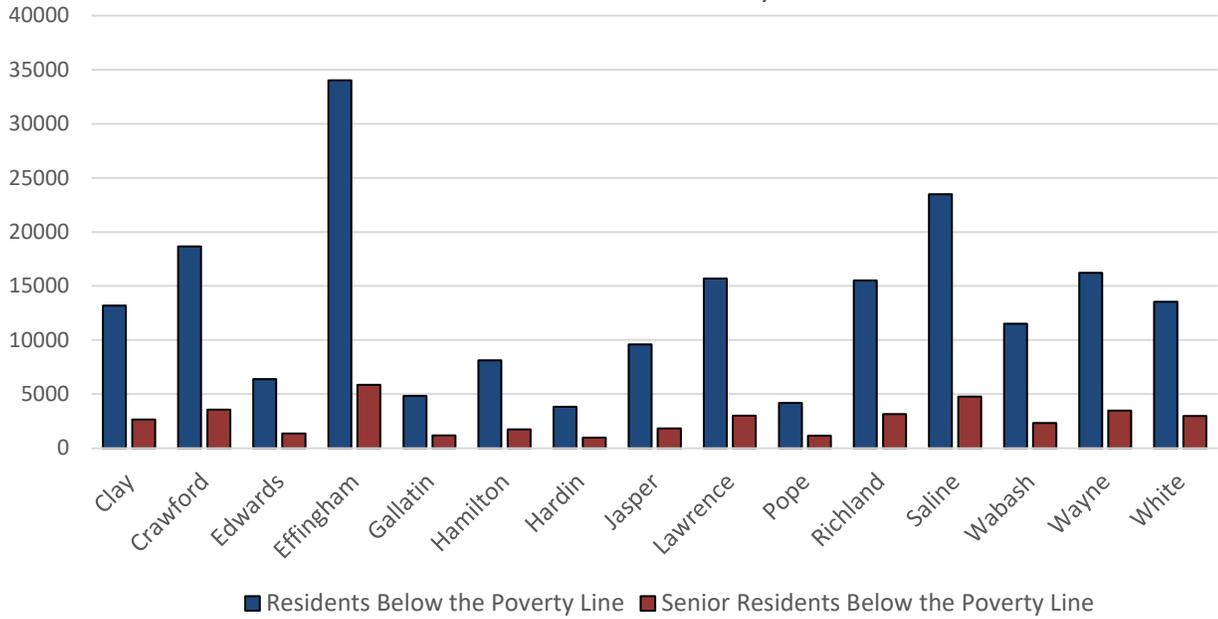
Spatially, Region 10 is very spread out, and the average person living in the region is further from jobs, education, and other services than residents living in other parts of the state. Despite being perhaps one of the most difficult areas of the state to provide public transportation to, Region 10 is home to the largest mass transit district in the state. Rides MTD serves 13 of the 15 counties in Region 10 (all except Effingham and Clay), has annexed Williamson County (Region 11) and Clark, Cumberland & Edgar counties (Region 8).

Central II. Public Transportation (CIPT) serves Clay County, along with neighboring counties outside of Region 10. CIPT's sister transit agency, Effingham Co. Public Transportation serves Effingham Co.

Region 10 stands out in Illinois as having perhaps the most comprehensive human services transportation systems in the state, a very notable distinction given the lack of population density and infrastructure in this region of the state.



### Residential & Senior Poverty



■ Residents Below the Poverty Line ■ Senior Residents Below the Poverty Line

SOURCES: US BEA 11/2020, U.S. Census Bureau ACS (2015-2019) retrieved from <<https://censusreporter.org>> & [data.census.gov](https://data.census.gov)  
 NOTES: 1) labeled with the share of total residents in poverty and the share of seniors in poverty 2) Seniors are 65 years or older

#### Disabled population & percentage of population

County	Statistic	All Ages	>5-17	18-64	65+
Clay	Residents	13,119	3,017	7,556	2,546
	With a Disability	2,576 (20%)	153 (5%)	1,247 (17%)	1,176 (46%)
Crawford	Residents	16,659	3,713	9,604	3,342
	With a Disability	2,970 (18%)	179 (5%)	1,413 (15%)	1,378 (41%)
Edwards	Residents	6,428	1,499	3,606	1,323
	With a Disability	1,038 (16%)	38 (3%)	486 (13%)	514 (39%)
Effingham	Residents	33,733	8,094	20,124	5,515
	With a Disability	4,545 (13%)	326 (4%)	2,502 (12%)	1,717 (31%)
Gallatin	Residents	5,064	1,038	2,835	1,191
	With a Disability	1,164 (23%)	111 (11%)	447 (16%)	606 (51%)
Hamilton	Residents	8,100	1,812	4,571	1,717
	With a Disability	1,725 (21%)	95 (5%)	732 (16%)	898 (52%)
Hardin	Residents	3,841	673	2,192	976
	With a Disability	958 (25%)	33 (5%)	437 (20%)	488 (50%)
Jasper	Residents	9,532	2,226	5,527	1,779
	With a Disability	1,951 (20%)	112 (5%)	1,045 (19%)	794 (45%)
Lawrence	Residents	13,675	2,894	8,034	2,747
	With a Disability	2,902 (21%)	222 (8%)	1,469 (18%)	1,211 (44%)
Pope	Residents	4,049	626	2,300	1,123
	With a Disability	1,055 (26%)	30 (5%)	542 (24%)	483 (43%)
Richland	Residents	15,571	3,626	8,931	3,014
	With a Disability	2,709 (17%)	197 (5%)	1,334 (15%)	1,178 (39%)
Saline	Residents	23,540	5,179	13,843	4,518
	With a Disability	5,240 (22%)	469 (9%)	2,477 (18%)	2,294 (51%)

Wabash	Residents	11,466	2,566	6,635	2,265
	With a Disability	2,041 (18%)	87 (3%)	1,036 (16%)	918 (41%)
Wayne	Residents	16,355	3,723	9,166	3,466
	With a Disability	2,858 (17%)	182 (5%)	1,228 (13%)	1,448 (42%)
White	Residents	13,527	2,969	7,745	2,813
	With a Disability	2,648 (20%)	219 (7%)	1,138 (15%)	1,291 (46%)
SOURCE: ACS 2019 5-Year Estimates, NOTE: "Residents" only counts non-institutionalized individuals					

## **Regional Transportation Committee (RTC) Make-Up**

The primary purpose of the RTC is to discuss mobility management and coordination issues of the region. These issues can come from results of needs assessments, updates on the progress of the Regional Plan that address service gaps, Coordinator's direct assistance to ride-seekers, etc. Committee members and other attendees are encouraged to bring any transportation service gaps and need that they have identified.

The committee is also tasked with reviewing and recommending applications for funding for Section 5310 Consolidated Vehicle Procurement (CVP) program, as well as discussion of the program and vehicle issues.

The RTC role is vital to insure that the planning process is reflective of the needs of local transit operators and the general public in Region 10 and the surrounding area.

Meetings are held quarterly throughout the region and hosted by committee members on a voluntary basis.

### Levels of Participation

As part of any application endorsement process, agencies applying for various IDOT funds must participate in the Regional Committee meetings, as a coordinating entity, throughout the year. There are various levels of participation that an agency can achieve. This level system will be used by the HSTP Coordinator(s) when evaluating and scoring any agency applying for vehicle funds (5310 Consolidated Vehicle Procurement). Agencies designated as Inactive will be removed from consideration for funding.

**Leadership Participant:** An agency designate that routinely volunteers leadership, data, and resources to coordination planning and service provision and attends all quarterly HSTP Committee meetings.

**Active Participant:** An agency designate that routinely meets committee requests with data, information and resources in the development of strategic planning and attends all quarterly HSTP Committee meetings.

**Participant:** An agency designate that regularly attends planning meetings only.

**Inactive:** An agency designate that does not currently participate in meetings, planning, or service provision.

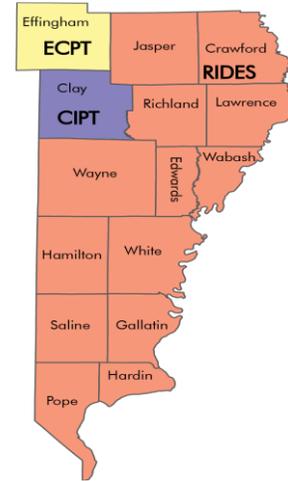
## **Transportation Service Providers**

### **Public Transportation Providers:**

Central II. Public Transit-Service area: **Clay**, Christian, Fayette, Montgomery, Moultrie, and Shelby counties

Effingham Co. Public Transit- Service area: Effingham county

Rides Mass Transit District-Service area: Clark, **Crawford**, Cumberland, Edgar, **Edwards**, **Gallatin**, **Hamilton**, **Hardin**, **Jasper**, **Lawrence**, **Pope**, **Richland**, **Saline**, **Wabash**, **Wayne**, **White**, and Williamson counties



### **Human Service and 5310 Transportation Providers:**

CEFS-Effingham

CILA Corporation-Flora

Charleston Transitional Facility-Olney

Clay Co. Rehab-Flora

Coleman Tri-County Services-Harrisburg

Community Support Services-Teutopolis

Healthcare Management Corp./Marion Co. Horizon Center-Salem & Flora

Lawrence-Crawford Association for Exceptional Citizens-Lawrenceville & Robinson

Trade Industries-McLeansboro

### **Other:**

Clay Co. Hospital Ambulance-Flora

Edwards Co. EMS\Ambulance-West Salem

Effingham Taxi-Effingham

Hamilton Co. Ambulance-McLeansboro

Jasper Co. Ambulance-Newton

Midwest Transport-Robinson

North Wayne Co. Ambulance-Cisne

Pope Co. Volunteer Ambulance-Golconda

Rural Med-Farina

United Lifecare Ambulance-Robinson

United Medical Response-Mt. Vernon

White Co. Ambulance-Carmi

## **Coordination Efforts & Successes from Previous Plan**

Coordination of transportation efforts in most rural areas of Illinois, including Sub-state Region 10, has been at best limited, and only on a local scale. The HSTP process represents the first real effort to coordinate transportation services on a regional scale. Prior to the beginning of the HSTP planning process, any coordination was done informally between service providers or agencies who require transportation for their clients.

The Regional Plan was developed to promote a more managed effort for all providers of transportation to coordinate trips, services, funding, etc.

### **○ Regional Coordination Success**

**Coordination Gap:** *Goal: Increase coordination through communication, vehicle sharing and service contracts*

**Strategy:** Utilize service contracts to include vehicle resource information and increase vehicle sharing.

**Result:** While vehicle sharing is a rarity between providers and service that is provided, it is occurring slightly in this region.

Communication between human service & transit providers has increased since the Plan's last update, as have service contracts.

CIPT, CILA Corp. & CCR are all working together to get clients to their employment hub(s).

CCR is reducing its fleet and coordinating with Rides, South Central Transit (Region 9) and CIPT to manage client trips.

Communication and route/travel pattern changes are the key in making coordination work in this region.

**Cost Gap: Goal:** Keep fares affordable while maintaining provider solvency

**Strategy:** Continue to apply for funding opportunities while decreasing expenses through coordination efforts with neighboring providers

**Result:** This gap ties to the Geographic Gap since the farther the travel distance, the higher costs are. The increases in minimum wage will also impact operational costs.

CIPT has surveyed riders. Data indicates that riders feel that, currently, fares are at a fair price and passes help deter their costs.

**Geographic Gap: Goal:** Increase fleet sizes to better increase services\vehicles

**Goal:** Increase routes and frequency of stops on fixed routes

**Strategy:** Apply for available funding to increase vehicle fleets and identify underserved areas & increase vehicle availability to those areas.

**Result:** All providers use 5310 CVP funding to replace vehicles or increase their fleet size. In 2019, 2020 & 2021 that funding source was not available which has & will impact most every agency's fleet size and service delivery. \*\*Another issue (future gap), if fleet inventory and service delivery are to increase where will we find people willing to work? (drivers, etc.)

**Goal:** Increase general public demand response service within the Region

**Strategy:** Increased coordination, education and funding

**Result:** See Coordination Gap and above on the issues that affect this gap

**Service Provision Gap: Goal:** Increase collaboration between providers

**Strategy:** Regular meetings that are meaningful and spark communication & collaboration between providers

**Result:** While HSTP meetings occur quarterly and communication as a region takes place, most providers do have 'behind the scene' meetings to address specific concerns and needs.

**Goal:** Increase in employment related shuttles that accommodate all shifts in all counties

**Strategy:** Provide shuttle service that accommodates employment hubs and work shifts

**Result:** Shuttle service and routes are increasing but remote locations are still a problem due to cost effectiveness.

**Medical Transportation Gap: Goal:** Increase access to transportation for non-emergency medical trips in the Region

**Strategy:** Improve coordination with ambulance companies, medical\health care providers and hospitals to increase rides for patients and reduce re-hospitalizations

**Strategy:** Promote the mobility management services provided by Rides Plus One Call Centers

**Result:** *The Rural Medical Transportation Network, HSTP Coordinator & Rides staff have done promotional meetings with medical providers in the region to inform them of the One Call Center, routes that include stops at medical hubs and pricing/fare information for patients.*

*MCO's have also become source in helping patients find affordable, available transportation whether thru a transit provider or other approved source.*

*One problem still remains, Medicaid's rules that do not allow split billing/payment for trips that could be shared among providers which would greatly reduce long distance trips with dead head miles.*

**Education Gap: Goal:** *Raise awareness of transit services to increase ridership*

**Strategy:** *Education, wherever possible including but not limited, to medical facilities, religious institutions, and educational facilities through speaking presentations, flyers, marketing tactics, mobility training, interagency meetings and social media*

**Result:** *Providers have worked diligently to make their individual services known and ridership has increased since the last Plan update. CIPT has a video on their Facebook page and on the local hospital website.*

## **Needs Assessment**

The identification of needs and gaps is paramount to a coordinated transportation plan as well as the ongoing effort to improve the system for the community, riders and the transportation providers. The following is not an exhaustive list but represents conclusions drawn based on a surveying effort of Community, Transit Agencies and Transit Riders in the Spring of 2022 as well as discussions held during HSTC meetings. This list seeks to provide direction for funding and efforts to improve the current transportation system and any agency providing or purchasing transportation for clients should consider this plan and its objectives when making decisions affecting transportation services.

Each identified gap represents an area for improvement within the existing transportation system. All organizations which provide transportation are urged use the strategies listed. Agencies which plan on requesting grant money to provide transportation, or that may do so in the future, should take into account strategies and methods of coordination which involve communication, service, and possible resources. Requests for Federal funding from Sections 5310, 5311 or other such governmental funds which meet the needs outlined below will receive a more favorable score than projects which do not address an identified gap in service. Each general gap is followed by a goal, strategy for achieving the goal & closing the gap, and a quick description of the problem.

**Community:** The community has indicated through the surveying effort that disabilities are the largest obstacle to getting around the region to their necessary doctor appointments and personal shopping. In fact, the conclusions indicate that the most common types of travel that can't be made are medical appointments and shopping. Additionally, the surveys of community members indicate that a door-to-door transportation service is the most requested type of public transportation. All of these difference conclusions indicate that folks need available transportation from their home to nearby medical and shopping centers.

**Riders:** The surveying effort of current public transportation riders also indicate that medical trips and personal shopping are the most essential trips that are needed. Since the ridership in this region includes predominantly senior citizens and individuals with disabilities, reaching their scheduled medical appointments and having access to shopping centers for grocery and household goods are vital.

The current ridership has noted that the largest obstacle in the current service is the hours of operation and the advance reservation timeframe required. Stemming directly from this surveying conclusion, the ridership has noted:

- The need for more available service hours in the evening and weekends
- That the greatest barrier to mobility in community is the reliability of getting a ride and being able to rely on the bus showing up
- The ability to connect to other transit agencies is also a big transportation issue

**Agency:** The surveying effort of the region’s agencies have found that the current public transportation service can be improved in the community through expanded hours of operation, expanded services outside of town, and the accessibility of service. According to the region’s agencies, the clients are requiring medical transportation outside of the county. This may require more inter-agency communication to allow riders to move from one transit agency to another to make these medical trips from one county to another. The overall availability of service is the highest requested change for clients according to Region 10 agencies.

○ Identification of Service Gaps and Needs\Strategies & Actions to Reduce Need

As with most rural areas of the state, resources are sparse and costly. Getting people to the services they need for daily living is the major roll of public transportation. Region 10, while large in size, is the most rural HSTP region in Southern Illinois.

Residents, service providers, transit riders and transit providers were recently surveyed to assess the transportation needs that they feel are not being met in their communities. Most respondents are satisfied with service but have provided insight on ways that services might be improved or enhanced.

Transportation providers that responded to the survey have suddenly been met with the problem of being short-staffed. There aren’t enough drivers to drive buses, scheduling & dispatch staff are needed to fill customer requests, and staff that made it through the pandemic are deciding to either change jobs or retire. Incentives and pay increases have been used to retain staff and try to lure new staff in but nothing has made much impact.

With that said, the following is not an exhaustive list of ideas that regional community members addressed but it does represent the main points of action that should be addressed and a common thread that weaves them together in this 3-year plans duration.

**Service:** The 3 public transit providers are encountering staff shortages and higher costs of doing business. These problems are greatly affecting the service that they can provide. Staff shortages at the numerous human service agencies in the region are also affecting day-to-day operations, which includes transporting clients. Until the staff shortages decrease, it will be hard to get all riders where they want to go when they want to be there.

- **Strategy:** Both entities are using and will continue to do the following to try to attract new staff & retain the qualified\trained staff that they have:
  1. Keeping wages & benefits at a competitive rate
  2. Recruitment—advertising & community involvement
  3. Improving work environments
- *ECPT reports improvements in hiring & retaining drivers (Jan. '23)*
- *Rides reports some improvement in hiring in various counties. (Oct.'23)*
- *Rides reports that they have hired three more drivers since Sept. 23' & raised the minimum wage by a \$1. (Jan. 24')*
- *Rides also reported that since recreational marijuana has been legalized it has impacted hiring of drivers. (Jan. 24')*
- ***CIPT is experiencing issues with hiring due to potential employees not being able to pass the drug test/make it through the training process. They recently hired five drivers and are in the process of training. (Oct. 24')***

Problems getting local in-town service was addressed on both riders and agency\community survey results. It was expressed that in-county and in-town service should be provided first and foremost since transit funding is for counties they serve.

- **Strategy:** Expand satellite offices to counties that don't currently have a satellite location. These locations would house vehicles that would be readily available to provide the needed trips. These offices or other locations could also serve as transfer stations that would allow riders go farther without expanding the local vehicles area of service.

***April 17<sup>th</sup>, 2024 updates: CIPT has a received a grant from Effingham Co. to provide trips for persons 60+, veterans (need a valid military ID), and individuals with disabilities within the county. This started May 1<sup>st</sup>.***

***CIPT also started a deviated response route, in Effingham only. Started July 1<sup>st</sup> with 190 units a month and is now up to 453 units a month. They are planning on adding another route on the south side of Effingham as soon as interstate construction is finished.***

Extended hours and weekend service are always listed as a need in survey results. Currently public transit providers are attempting to provide some extended evening hours and\or short weekend hours of service so at this time, we acknowledge the gap and need but may not be able to fully address the issue during this Plan's timeframe.

- **Strategy:** Public providers will explore the possibility of extending services and attempt to provide such services to the extent that it is feasible, affordable & effective.

- *Currently, extended evening hours and weekend service are occurring in limited areas inside the Rides service area.*

*An issue was addressed, Jan. 2023, that Choate Hospital will be downsizing and moving residents to CILA's throughout the state which will increase the need for transportation for these new community residents.*

*Also addressed, dialysis clinics and hospitals are closing or merging which is requiring longer distance trips to these medical facilities.*

*July '23 Update: CILA Corp. & TRADE report that they have 1 new resident each. Most from Choate are going to Murray Center in Marion County.*

*July of 2024 Update: Rides announced that they are starting two new fixed routes; one in Olney in September and the other in Robinson in August.*

*October of 2024 Update: Rides introduced two new fixed routes in September. So far, they are going well. The two routes have allowed Rides more availability to provide service in the county and outside city limits.*

*January of 2024 update: Rides reports that the two fixed routes are doing well. They plan to add more fixed routes throughout their service area.*

**Coordination:** A good working relationship and effective communication between all types of transit providers is key to moving people to various destinations in the most effective way. Working together can reduce costs, travel times, wear & tear on vehicles, etc. Rider survey responses reveal that reliability is most important to them. They must be able to trust in the fact that when they schedule a trip for a specific time & place, the scheduling staff has reserved their trip, and they will be able to get there. This cannot be done without everyone working together.

- **Strategy:** Transportation providers will work together to develop a system that helps to reduce overlap. Possible ways that this can be done are constant communication of services and routes, access funding to develop a software app, & \or reassess the use of Rides one-call center.
  - *Meetings are occurring with transit providers that were involved with the previous One-Call Center. Progress will be reported as it occurs, in this document.*
  - *We have held Scheduler's Trainings with the public transit providers in Region 10 and Region 11 to allow the dispatchers to get together and make a contact at the neighboring transit agency to help bridge any transportation gaps. This has led to the agencies working together to help make a trip happen. The most recent training was in April of 2024 and we discussed the new Medicaid guidance and how the dispatchers can use it to their advantage. The previous meeting with the schedulers was August of 2023 and there was a discussion of Reasonable Modifications among the schedulers. What is allowed and what is not was a big part of the discussion.*
  - **June of 2023 update:** *Illinois was awarded \$1.8 million from the Federal Transit Administration to launch a pilot program in Southern Illinois. The grant was*

*administered through the federal Innovative Coordinated Access and Mobility Pilot Program, will support efforts to integrate trip scheduling and fare collection across 20 counties served by Shawnee Mass Transit District, Rides Mass Transit District, South Central Mass Transit, and Monroe-Randolph Transit District. The initial goal is to create better links among the four transit providers' schedules and transfer locations to make it easier for riders to travel beyond the limits of their transit districts. The larger mission is to eventually integrate fare collection and improve the coordination of public funding for transit throughout the region, relieving riders of the burden of arranging fares and payments.*

State protocols allow customers of day programs to choose the agency that they receive service from and to be able to get transportation to that location. Protocols also regulate the amount of time that these customers can be transported. Many times, agencies are traveling long distances and through other agencies areas to transport the customer.

- **Strategy:** Human service agencies will work together to address overlapping trips, outside of their normal service area, by meeting to discuss where customers are traveling to/from, setting up transfer locations, and more efficiently move customers to the designated location.

**Outreach\Mobility Management:** Many community surveys that were returned implied that residents really don't know or understand who public transportation is for and what the actual purpose of it is except to transport elderly or disabled people. This long-time myth is what sometimes prevents prospective riders from trying the service. Also, many people just don't know how to go about getting a ride, so they don't even attempt to use transit. Many medical facilities that completed the survey indicated that transit is not always available for their patients. This would imply that some or most medical office staff are not aware that many transit buses make regular stops at medical offices along a route.

- **Strategy:** Public transit providers will provide outreach to community members, medical office staff, social workers, etc. by offering service information through face-to-face conversations, in-service trainings, at various local meetings, public gatherings, resource fairs and any other opportunities that would get information into the hands of prospective riders.
  - *There is an increased number of medical facilities & hospitals that are either closing or limiting the medical services that they provide. This is causing longer trips and makes getting riders to appointments more difficult. More outreach with medical providers is being done in an effort to help in scheduling and dead heading.*
  - *There is a need for transit service information to be disseminated and made available to residents of the southern & southeastern portion of Region 10.*
  - **July of 2024 update:** *Rides MTD has a PR employee that makes important contacts with medical providers and tries to keep dialysis centers and the other medical*

*offices they regularly provide transportation to informed on transportation changes.*

- **Strategy:** Public transit providers will explore the possibility of having “Rider Ambassadors”. Ambassadors would be experienced riders that could provide many services to new or less experienced riders such as limited assistance with packages, greeter, a ride-along companion, etc.
  - **October of 2023 update:** CIPT’s medical transportation coordinator is having an impact as far as better communication and education to larger medical facilities in their area.
  - **April of 2024 update:** CIPT has seen a 53% improvement in medical transportation. They have a designated Medical Transport Coordinator that the dispatchers refer calls to when the riders are Medicaid related. The coordinator works with Medicaid billing and NEMT trips.
  - **January of 2024 update:** CIPT reports that Effingham County is up 80% for medical trips since hiring a medical dispatcher.

**Managed Care Organizations (MCO) transportation:** Public transportation & human service agencies, and those required to get transport approval thru the MCO continue to have problems with this transport system. MCO’s contract with transportation providers, some do not have vehicles that are able to transport wheelchair users, this causes a cancellation of the trip and a missed medical appointment. Many times, the contracted transport service cancels the trip, again, causing a missed medical appointment. The list goes on and on about frustrations with contracted transportation services and due to the lack of knowledge in knowing the difference in a contracted substandard service and public transportation, local providers often get blamed for all problems that occur.

- **Strategy:** Everyone involved with medical transportation (providers, riders, social service agencies and staff, etc.) will use their advocacy skills to inform the Department of Human Services (DHS), state legislators and the MCO’s of the problems that are occurring. Technical support\assistance can be provided to riders on how to advocate for themselves. Medical office and human service agency staff can be informed of contracted transport service providers, so they are able to make complaints to the proper channels. Public transportation providers should continue to work with the Ill. Public Transportation Association (IPTA) on their advocacy efforts with DHS and legislators.
  - *HSTP Coordinator’s\RTAC\IDOT and Centers for Independent Living\Statewide Independent Living Council\Ill. Network of Centers for Independent Living have met and are working together to address the problems that patients are having when trying to access non-emergency medical transportation to appointments.*
  - **Oct. 23 update:** *There has been a meeting with DHS, Statewide Independent Living Council (SILC), RTAC & IDOT. SILC is attempting to collect survey information from riders throughout the State that have complaints about the transportation service*

*they have received while trying to get to medical appointments. These results will be used to continue the advocacy for better NEMT by MCO's.*

- ***April of 2024 update:*** *CIPT reported that Safe Rides tried to contract with them to provide transportation, however, they felt that terms of the contract were unrealistic and were unable to reach an agreement.*

*CIPT has a contract with MTM/Modivcare (Medicaid brokers) to provide dialysis/medical appointments.*

## **Mobility Management**

Mobility Management is a service provided to assist local agencies and individuals to gain better access to transportation. The HSTP Coordinator's along with staff, of most if not all public transportation agencies are working to advance the coordination within their regions and the State of Illinois. Given the right Mobility Management tools, citizens should be able to find the rides that they need, as well as, empower those citizens on how to access and use the services offered in their communities.