

2025

Human Services Transportation Plan for Region 10



*IL. Department of Transportation/Office of
Intermodal Project Implementation and
South Central Illinois Regional Planning and
Development Commission*

1/1/2025

Table of Contents

Mission Statement.....	2
Introduction and Executive Summary.....	2
Purpose of the Human Service Transportation Plan.....	3
Regional Description.....	3
Regional Demographic Information	5
Regional Transportation Committee (RTC) Make-Up.....	7
Levels of Participation.....	8
Transportation Service Providers.....	8
Coordination Efforts and Success from Previous Plan.....	10
Regional Coordination Success.....	10
Needs Assessment.....	13
Identification of Service Gaps and Needs/Strategies and Actions.....	15
Mobility Management.....	18
References.....	19

Mission Statement

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 Safe, Accountable, Flexible, Efficient Transportation Equity Act: A Legacy for Users (SAFETEA-LU) was signed into law by President George W. Bush. It guaranteed funding for various transportation projects including highways, highway safety, public transportation, and human services transportation. Under SAFETEA-LU, all grantees receiving Section 5310: Enhanced Mobility of Seniors & Individuals with Disabilities, Section 5316: Job Access and Reverse Commute Program, Section 5317: New Freedom Program were required to participate in a locally developed coordinated public transit human service transportation plan (HSTP) to be eligible for transportation funding for federal fiscal year 2007 and beyond. Since then, the HSTP program has been continued by each transportation bill as a means of enhancing access and quality through coordination.

In 2012, the Moving Ahead for Progress in the 21st Century Act (MAP-21) was signed into law by President Obama replacing the SAFETEA-LU. MAP-21 is the first long-term highway authorization enacted since 2005 and authorized \$105 billion for fiscal years 2013 and 2014. MAP-21 provided funding highway infrastructure, public transportation projects, and reaffirmed the statute mandating local coordination of transportation services. Some of the SAFETEA-LU programs were repealed in MAP-21; JARC funding was absorbed into Section 5307: Urbanized Area Formula Grants and Section 5311: Formula Grants for Rural Areas. The New Freedom funding was rolled into Section 5310: Enhanced Mobility of Seniors and Individuals with Disabilities.

In 2015, the Fixing America's Surface Transportation Act (FAST Act) was signed into law by President Obama replacing the MAP-21. The FAST Act authorized \$305 billion for highways, public transportation, rail, research, etc. for fiscal years 2016 through 2020. This is the first federal law in over a decade to provide long-term funding certainty for surface transportation programs. Replacing MAP-21, the FAST Act maintained focus on safety, maintained the established structure of the various highway-related programs, and continued efforts to streamline project delivery. It also revived Section 5339: Grants for Bus and Bus Facilities Program, which is available to Section 5307 and Section 5311 recipients.

In 2021, the Infrastructure Investment and Jobs Act (IIJA) was signed into law by President Biden replacing the FAST Act. The law authorized \$1.2 trillion for transportation and infrastructure for fiscal years 2021 through 2026. This is the largest federal investment in public transportation in

the nation's history. Federal Transit Administration (FTA) formula grant programs experienced a 30% increase in funding from fiscal years 2021 and 2022 and will continue increasing through 2026. Which means that "local match" funding required to leverage these funds will also need to grow 30%. If local match dollars are not met, leftover funds will be returned to the State. Service contracts with stakeholder agencies such as human service agencies, Medicaid brokers/MCO's, nursing homes, community colleges, etc. can be utilized as local match. The IJA continues the requirement for the coordination of transportation services.

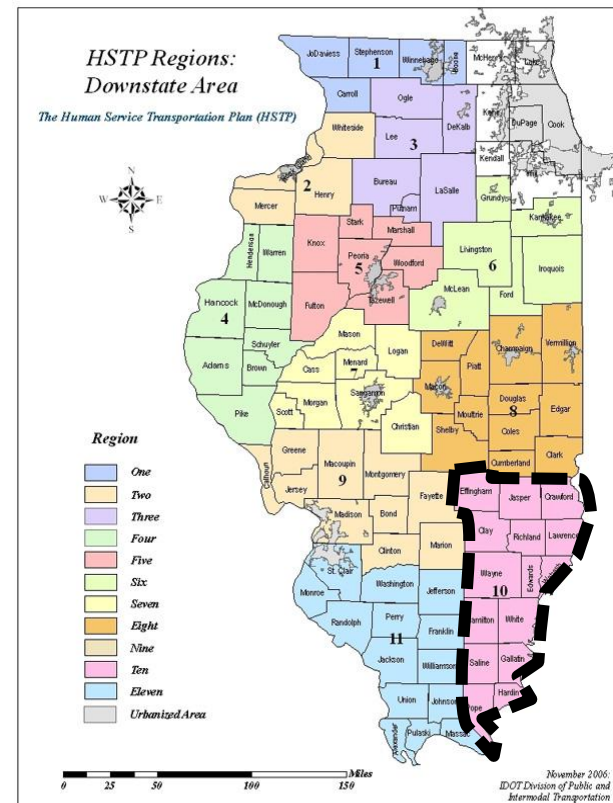
Purpose of the Human Service Transportation Plan

A coordinated plan maximizes the programs' collective coverage by minimizing duplication of services. Further, a coordinated plan is developed through a process that includes representatives of public, private, and non-profit transportation, as well as human services providers and the public. A coordinated plan incorporates 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 purpose of all programs.

Regional Description

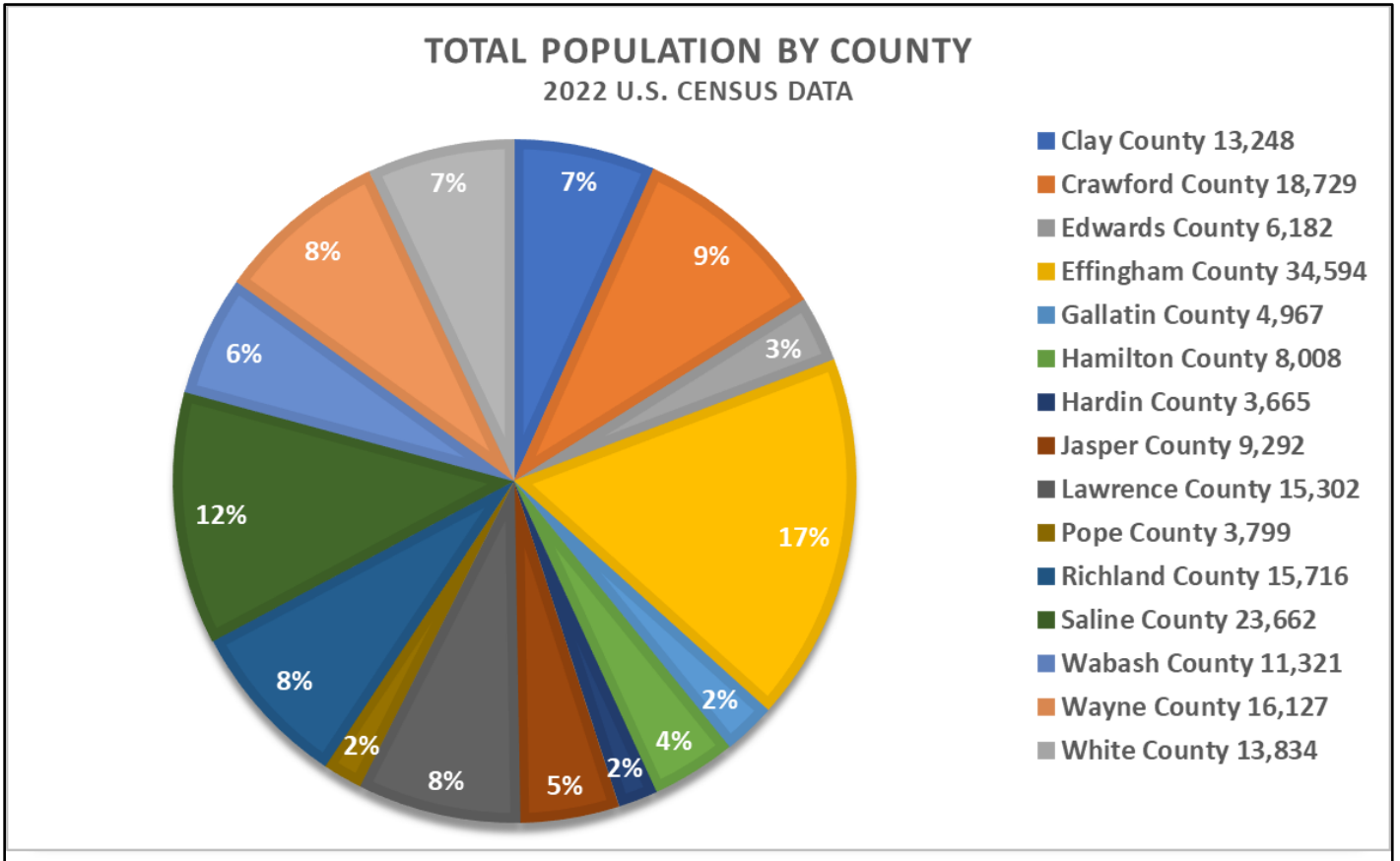
Region 10 is one of eleven downstate Human Service Transportation Planning Regions established by the State of Illinois Department of Transportation, through the Division of Public and Intermodal Transportation (DPIT), now known as the Office of Intermodal Project Implementation (OIPI). The region is comprised of fifteen counties located in the Southeastern half of Illinois, from west of the Wabash River to roughly east of Interstate 57. These counties are Clay, Crawford, Edwards, Effingham, Gallatin, Hamilton, Hardin, Jasper, Lawrence, Pope, Richland, Saline, Wabash, Wayne, and White.

Region 10 has a population of 198,446. In the northwest corner of Region 10, near the Little Wabash River, is Effingham County with a population of 34,594. The county seat is Effingham and has a population of 12,244. Saline County with a population of 23,662, is the second largest county in the region. The county is located in the southern Illinois, between the Ohio and



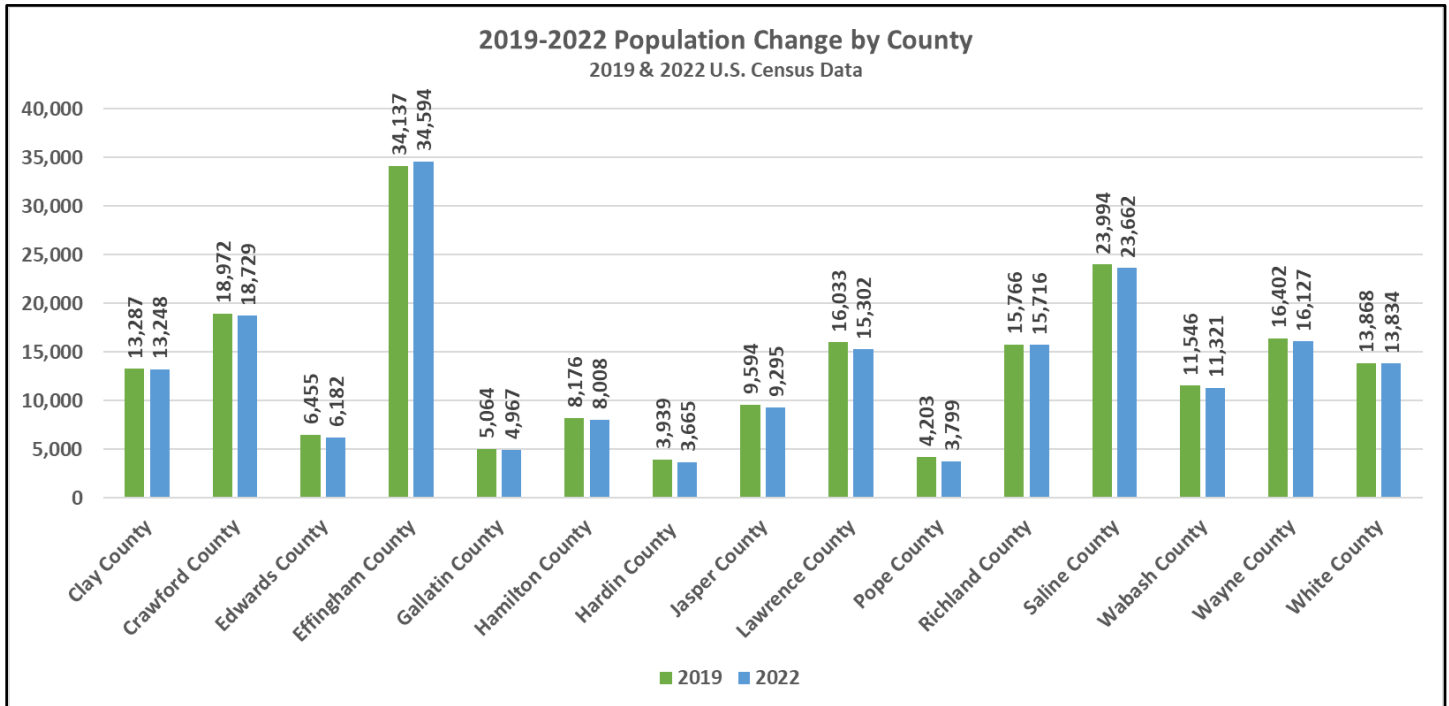
Mississippi Rivers. The county seat is Harrisburg and has a population of 8,380. The charts below highlight the population of Region 10.

Total Population by County:



Source: U.S. Census Bureau (n.d.-a)

Total Population Change by County:



Sources: U.S. Census Bureau (n.d.-a) and U.S. Census Bureau (n.d.-b).

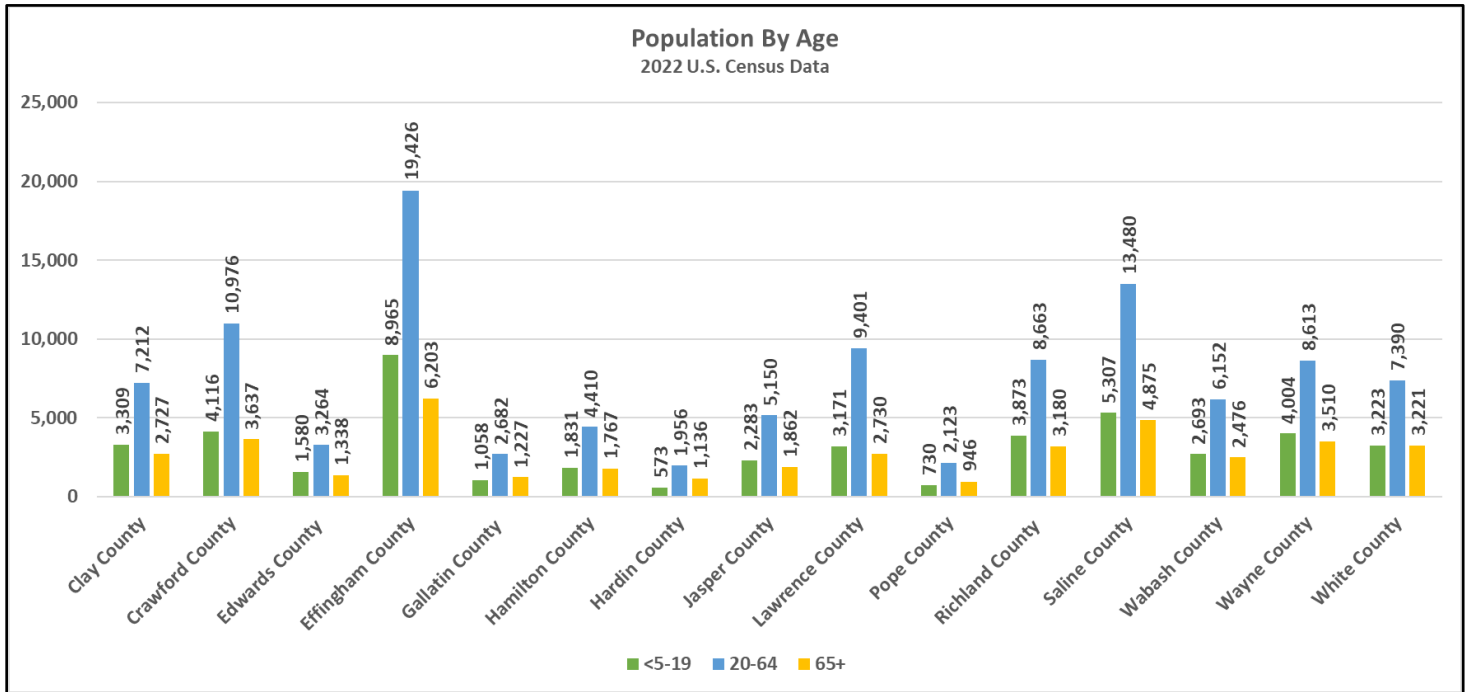
Regional Demographic Information

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 transportation providers. Spatially, Region 10 is very spread out. The average person living in this region is a further distance from jobs, education, medical, and shopping 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 Mass Transit District serves thirteen of the fifteen counties. In Region 8, Rides MTD covers Clark, Cumberland, and Edgar County and in Region 11, they cover Williamson County.

Central Illinois Public Transportation (CIPT) serves Clay County. CIPT's sister transit agency, Effingham County Public Transportation (ECPT), serves Effingham County only. In Region 8, CIPT serves Christian, Moultrie, and Shelby Counties.

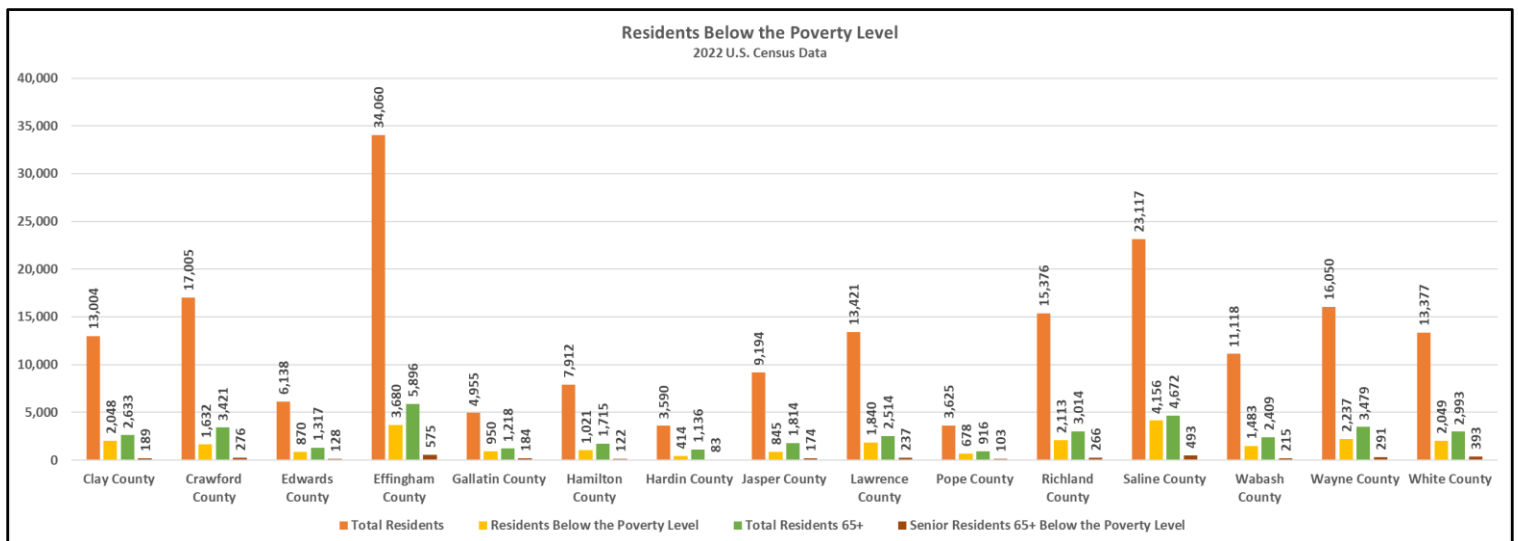
Region 10 stands out in Illinois as having perhaps the most comprehensive human service transportation systems in the state, a notable distinction given the lack of population density and infrastructure in Southeastern Illinois.

Total Population by Age:



U.S. Census Bureau (n.d.-a)

Population Above and Below the Poverty Line:



Source: U.S. Census Bureau (n.d.-c)

The poverty level is determined by a household's income. If a household's income is below the federal poverty threshold, then the household is considered low income. Rather than list every

county in Region 10's poverty level for households of different sizes, averages have been calculated for all fifteen counties in the region and can be seen below.

- 1 person: \$42,837
- 2 person: \$48,977
- 3 person: \$55,080
- 4 person: \$61,177

Source: Emad, H. (n.d.)

Disability Population:

	>5-17 years		18-64 years		65+ years	
	Total Population	Residents with a Disability	Total Population	Residents with a Disability	Total Population	Residents with a Disability
Clay	3,022	138 (4%)	7,418	1,115 (15%)	2,633	1,159 (44%)
Crawford	3,719	164 (4%)	9,984	1,408 (14%)	3,421	1,172 (34%)
Edwards	1,427	83 (6%)	3,417	500 (15%)	1,317	550 (42%)
Effingham	8,268	467 (6%)	20,054	2,190 (11%)	5,896	2,229 (38%)
Gallatin	948	105 (11%)	2,792	407 (15%)	1,218	617 (51%)
Hamilton	1,753	84 (5%)	4,474	859 (19%)	1,715	802 (47%)
Hardin	499	29 (6%)	1,967	510 (26%)	1,136	523 (46%)
Jasper	2,091	95 (5%)	5,318	813 (15%)	1,814	644 (36%)
Lawrence	2,885	196 (7%)	8,082	1,525 (19%)	2,514	891 (35%)
Pope	617	26 (4%)	2,143	369 (17%)	916	338 (37%)
Richland	3,609	132 (4%)	8,873	1,505 (7%)	3,014	1,102 (37%)
Saline	4,864	357 (7%)	13,716	2,968 (22%)	4,672	2,204 (47%)
Wabash	2,472	62 (3%)	6,357	1,156 (18%)	2,409	1,102 (46%)
Wayne	3,628	185 (5%)	8,947	1,185 (13%)	3,479	1,511 (43%)
White	2,966	264 (9%)	7,554	1,262 (17%)	2,993	1,220 (41%)
Region Total	41,820	2,282 (6%)	108,304	17,365 (16%)	37,929	12,141 (32%)

U.S. Census Bureau (n.d.-d)

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, the HSTP Coordinator directing assistance to

ride-seekers, etc. Committee members and other attendees are encouraged to bring any transportation service gaps and community need that they have identified to meetings. The committee is also tasked with reviewing and recommending applications for funding for the Section 5310 Consolidated Vehicle Procurement (CVP) program, as well as discussion of the program and vehicle issues. The RTC role is vital to ensure 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 representative that routinely volunteers' leadership, data, and resources to coordination planning and service provision and attends all quarterly HSTP Committee meetings.

Active Participant: An agency representative 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 representative that regularly attends planning meetings only.

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

Transportation Service Providers

Public Transportation Providers:

- Central Illinois Public Transportation
 - Service Area: Christian, **Clay**, Fayette, Montgomery, and Moultrie County
- Effingham County Public Transit
 - Service Area: **Effingham** County
- Rides Mass Transit District

- Service Area: **Crawford, Edwards, Gallatin, Hamilton, Hardin, Jasper, Lawrence, Pope, Richland, Saline, Wabash, Wayne, White,** and Williamson County.

Human Service and 5310 Transportation Providers:

- C.E.F.S. Economic Opportunity Corporation
 - Located In: Effingham (Effingham Co.)
- CILA Corporation
 - Located In: Flora (Clay Co.)
- Charleston Transitional Facility
 - Located In: Olney (Richland Co.)
- Clay County Rehab
 - Located In: Flora (Clay Co.)
- Coleman Tri-County Services
 - Located In: Harrisburg (Saline Co.)
- Community Support Services
 - Located In: Teutopolis (Effingham Co.)
- Healthcare Management Corporation/Marion County Horizon Center
 - Located In: Salem and Flora (Clay and Marion Co.)
- Lawrence-Crawford Association for Exceptional Citizens
 - Located In: Lawrenceville and Robinson (Crawford and Lawrence Co.)
- Trade Industries
 - Located In: McLeansboro (Hamilton Co.)

Other Transportation Providers:

- Amtrak
 - Located In: Effingham (Effingham Co.)
- Abbott Ambulance
 - Located In: Effingham (Effingham Co.)
- Clay Co. Hospital Ambulance
 - Located In: Flora (Clay Co.)
- Edwards Co. EMS/Ambulance
 - Located In: Albion (Edwards Co.)
- Effingham Taxi
 - Located In: Effingham (Effingham Co.)
- Hamilton Co. Ambulance Service
 - Located In: McLeansboro (Hamilton Co.)
- Jasper Co. Ambulance

- Located In: Newton (Jasper Co.)
- United Lifecare Ambulance
 - Located In: Robinson (Crawford Co.)
- White Co. Ambulance
 - Located In: Carmi (White Co.)

Coordination Efforts and 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

Gap #1 – Staff Shortages and Increasing Cost of Doing Business

- **Goal** – Hire and retain drivers and schedulers. Improve day-to-day operating issues.
- **Strategies:**
 1. Keeping wages and benefits at a competitive rate.
 2. Recruitment – advertising and community involvement.
 3. Improving work environment.
- **Accomplishments:**
 - ✓ All providers have been offering incentives to potential new employees and raised wages as much as financially feasible. The three public transportation providers in the region report some improvement in hiring and retaining drivers and schedulers.
 - ✓ RTAC has created a webpage with an interactive map that takes users to transit jobs available within the county. They have also developed a QR code that can be put on buses to advertise employment opportunities available. Alternative Transportation Services has developed driver t-shirts with the QR code on it.

Gap #2 – Problems with Riders Getting Local In-Town Transportation

- **Goal** – Prioritize and improve in-county and in-town service. Extend hours and weekend service.
- **Strategies:**

1. Expand satellite offices to counties that do not 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 to go farther without expanding the local vehicle areas of service.
 2. Public providers will explore the possibility of extending services and attempt to provide such services to the extent that is feasible, affordable, and effective.
- **Accomplishments:**
 - ✓ Central Illinois Public Transportation received a grant from Effingham County to provide free trips for persons 60+, veterans (need valid military ID), and individuals with disabilities within the county. This started May 1st of 2024.
 - ✓ Central Illinois Public Transportation started a deviated response route, in the city of Effingham only. Started on July 1st of 2024, with 190 trips a month and is now up to 453 trips a month. They are planning on adding another route on the south side of Effingham as soon as interstate construction is finished.
 - ✓ Rides introduced two new fixed routes; one in Olney (Richland Co.) and the other in Robinson (Crawford Co.). The agency reports that these routes are doing well and are looking to expand their fixed routes in other counties.

Gap #3 – Improve the Relationship and Coordination Between Transportation Providers

- **Goal** – Improve working relationship and communication between all types of transportation providers.
- **Strategies:**
 1. 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, and/or reassess the use of Rides one-call center.
- **Accomplishments:**
 - ✓ In Region 10 and 11, the HSTP Coordinators have hosted Scheduler’s Trainings at volunteering transit agencies to allow the schedulers to get together to help bridge any transportation gaps. This has led to the agencies working together to help make a trip happen. Some of the items that have been discussed during these trainings are reasonable modifications, the new Medicaid non-emergency medical transportation (NEMT) guidance, and microtransit.
 - ✓ Illinois was awarded \$1.8 million from the Federal Transit Administration to launch a pilot program in Southern Illinois. The grant is 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, software systems, 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. ***This accomplishment is an ongoing effort and updates will be reflected in this plan within the Gaps and Needs.***

Gap #4 – Surveys Reflect a Community Need for Better Awareness of Transit Services Available

- **Goal** – Improve community knowledge of transit services available and how to utilize it.
- **Strategies:**
 1. Public transportation providers will provide outreach to community members, medical office staff, social workers, etc. by offering 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.
 2. 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.
- **Accomplishments:**
 - ✓ Rides Mass Transit District has a designated 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.
 - ✓ CIPT has a designated Medical Transport Coordinator that the dispatchers refer calls to when the trips are Medicaid related. The coordinator works with Medicaid billing and Non-Emergency Medical Transportation. It has led to an 80% improvement in medical transportation.

Gap #5 – Concerns with Non-Emergency Medical Transportation regarding difficulties with the Managed Care Organization's (MCO's).

- **Goal** – To improve issues with NEMT and the MCO's.
- **Strategies:**

1. Everyone involved with medical transportation (providers, riders, social service agencies, 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 Illinois Public transportation Association (IPTA) on their advocacy efforts with DHS and legislators.
- Accomplishments:
 - ✓ HSTP Coordinators, RTAC, IDOT, Center's for Independent Living, Statewide Independent Living Council, Illinois 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.
 - ✓ There has been a meeting with DHS, Statewide Independent Living Council (SILC), RTAC, and 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 Non-Emergency Medical Transportation (NEMT) by the Managed Care Organizations (MCO).

Needs Assessment

The identification of the gaps and needs is paramount to the 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 the survey results and conversations during HSTP-RTC meetings. These surveys were disseminated by the HSTP Coordinator's and the Region 10 HSTP committee members in the summer of 2024. 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 to use the strategies listed to work towards meeting the gaps and needs. Any agency that plans on requesting grant money to provide transportation or agencies that may request grant money in the future should take into account strategies and methods of coordination (which involve communication, service, and any possible resources). Requests for federal funding from Sections 5310, 5311, or other

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. With each gap listed, there is a goal, then a strategy or strategies on ways to mitigate and/or close the gap.

- **Community:** The community survey results reflect a diverse group of individuals. Community members 20-80+ years of age responded to the survey. 57% of those surveyed have a disability that impacts their ability to drive. Overall, 60% of those surveyed report that there are places they cannot go due to lack of transportation. The results show that there is strong need for transportation to medical appointments, shopping, social/entertainment, and work. The hours of service needed are Monday through Friday 7 a.m. to 10 p.m. and Saturday and Sunday from 7 a.m. to 10 a.m. Survey results show that 54% prefer door-to-door demand response service and 38% prefer curb-to-curb demand response service. Locations that community members would like to go in Illinois are Olney, Robinson, Effingham, Lawrenceville, Fairfield, and Flora. In Indiana, community members would like to go to Vincennes, and Evansville. There is a strong desire for public transportation to get community members to appointments, work, shopping, etc. on a daily, weekly, and monthly basis.
- **Riders:** The rider surveys reflect a similar demographic to the community surveys. People ages 18-60+ responded to the survey. Over half of those surveyed have a physical disability. The survey results show there is a need for transportation related to medical, work, and shopping on a monthly, weekly, and daily basis. To riders, the greatest barriers to transportation are lack of weekend service, especially on Sundays, hours of operation, being late to appointments due to unpredictable pick-up and drop-off times, limited out-of-county service, and the advanced reservation timeframe not being convenient. On a positive note, 75% of those surveyed are very satisfied/satisfied with their service and 79% are able to travel everywhere they would like to go within the community. Riders report an overall great service with friendly, dependable drivers and satisfactory hours of operation during the week.
- **Agency:** The agency survey results came from agencies that provide services for seniors, the general public, students, low-income persons, etc. A majority of the agencies surveyed operate transportation vehicles directly or contract with transportation providers to service clients. The agency surveys reflect a need for expanded hours of operation, expanded services outside of town, accessibility of service, improved coordination between service providers, and increased capacity during operational hours. 70% of the agencies surveyed say there are unmet needs in their community. The survey results show there is a need for transportation to employment, medical outside/inside county, shopping, entertainment, social service appointments, religious, and family/friends visits. Times of service most needed are Monday through Friday 7

a.m. to 10 p.m. and Saturday and Sunday 7 a.m. to 5 p.m. on a daily, weekly, and monthly basis. Locations that agencies reported their clients would most like to go within the region are Effingham, White, Jasper, and Lawrence counties. 78% of agencies need medical transportation outside of the county. Survey respondents report needing medical transportation to Marion, IL, Vincennes and Evansville, IN, and St. Louis, MO.

Identification of Service Gaps and Needs/Strategies and Actions

Gap #1 – Complaints of riders being late for appointments due to unpredictable pick up and drop off times. Survey results do not distinguish whether this is a public transportation issue or a Managed Care Organization (MCO) scheduling issue.

- **Goal** – To improve on-time performance and to communicate efficiently with the riders and the medical offices for successful scheduling.
- **Strategies:**
 1. Communicate with medical offices regarding transportation that is available. Better their understanding of when transportation runs to improve on-time performance for pick-up and drop-off.
 2. Educate riders and medical offices/providers on the difference between MCO trips and public transportation trips.
- **Updates:**
 1. **January of 2026:** As listed in Gap #2 under updates, “The HSTP Coordinator’s have received information from a representative of the Illinois Dept. of Healthcare and Family Services (HFS) on how a Medicaid recipient can submit a Medicaid transportation complaint. That information has been put into a flyer and is in the process of being disseminated to the HSTP Committee’s in Regions 9, 10, and 11.”

Gap #2 – Need for Non-Emergency Medical Transportation (NEMT) across Region 10 and into other HSTP regions. The results suggest that patients/riders are missing their medical appointments due to lack of accessible transportation.

- **Goal** – To advocate for the transportation providers and the riders regarding NEMT concerns and issues, specifically with the MCO’s and the Department of Health and Family Services (HFS).
- **Strategies:**
 1. As stated in the strategies of Gap #1: “Communicate with medical offices regarding transportation that is available. Better their understanding of when transportation runs to improve on-time performance for pick-up and drop-off.”

To add to this, when communicating with the medical offices the public transportation provider can discuss scheduling issues that is impeding the ability to provide the trip to the patient/rider. It is understood that staff turnover at medical offices is an obstacle to ongoing communication with the medical provider.

2. Public transportation providers will continue to advocate on their own behalf with the MCO's to achieve financially appropriate outcomes that will not be detrimental to the agency. It is understood that it is difficult to negotiate trips with the MCO. The new Medicaid guidance allows for the transportation provider to negotiate deadhead miles, no shows, etc. in the rate of the trip provided. It is important to keep this in mind when conversing with your MCO about the cost of the trip. It is important for everyone involved in NEMT to use advocacy skills to inform MCO's of the problems transportation providers and riders are experiencing regarding NEMT.
3. HSTP Coordinators will continue to advocate for the transportation providers and the riders regarding Non-Emergency Medical Transportation, as well as providing resources regarding MCO's and NEMT at the quarterly region meetings.
 - **November of 2025: The HSTP Coordinator's attended the Annual Transportation Meeting that is hosted every year by the Statewide Independent Living Council in Springfield. The Center's for Independent Living, HSTP Coordinators, IDOT, Dept. of Human Services, Healthcare and Family Services, and transportation providers were all in attendance. The HSTP Coordinators advocated for the transportation providers and riders regarding issues with Medicaid/MCOs and NEMT.**
 - **After the Annual Transportation Meeting, Ryan Croke from the Governor's office reached out to the HSTP Coordinators and have put us in contact with Jill Hayden from the Illinois Association of Medicaid Health Plans (IAMHP). Since then, the HSTP Coordinators have had several meetings with both parties to discuss issues with Medicaid/MCO's and NEMT. They have collected stories from human service agencies and public transit agencies in HSTP Regions 9, 10, and 11 and shared them with the group. This group is growing. Updates will be noted as things move forward.**
 - **January of 2025: The HSTP Coordinator's have received information from a representative of the Illinois Dept. of Healthcare and Family Services (HFS) on how a Medicaid recipient can submit a Medicaid transportation complaint. That information has been put into a flyer and is in the process of being disseminated to the HSTP Committees in**

Regions 9, 10, and 11. It has been shared at the RTAC Conference, the Statewide Independent Living Council (SILC), IDOT, the other HSTP Coordinators, etc. The HSTP Committees are encouraged to share this information with riders who have Medicaid transportation complaints. This information goes directly to HFS.

Gap #3 – Community members need transportation for medical, shopping, work, and social/entertainment trips on a daily, weekly, and monthly basis. For riders, limited hours of service, limited transportation in extremely rural areas, and difficulty scheduling trips impedes their ability to secure a trip and get to their destination. There is an especially heightened need for Sunday service.

- **Goal** – To improve the community’s access to transportation to get to where they need to go with an emphasis on the following towns; in Illinois: Olney, Robinson, Effingham, Marion, Lawrenceville, and Flora. In Indiana: Vincennes and Evansville. In Missouri: St. Louis.
- **Strategies:**
 1. Extend hours of service. There is a need for transportation Monday through Sunday from 7 a.m. to 10 p.m.
 2. Coordinate transportation between transportation providers and human service agencies. Transportation providers could work with human service agencies with 5310 vehicles that may be sitting during the day, evening, or weekend, to meet some of these transportation gaps. This goes both ways with the agencies. An agency with 5310 vehicles could provide a trip for a rider that cannot be provided by the Public Transportation Agency if they have the staff and vehicle availability to make it happen.
 - Service contracts could be altered/written in a way that allows for an understanding between the two agencies that they will work together to pick up community members.
 3. As stated in the strategies of Gap #5: “All 5310 transportation providers can continue to do outreach for hiring by advertising and being involved with the community, keeping wages at a competitive rate, and implementing strategies to retain current staff.”
- **Updates:**
 1. **July of 2025: Rides Mass Transit is introducing a fixed route to Mt. Carmel (Wabash Co.) that will operate Monday through Friday from 8 a.m. to 5 p.m. starting August 1st.**

CIPT has introduced Discounted Grocery Days, a fixed route that operates in select areas. Periodically, riders can travel from Shelbyville to Effingham/Mattoon or from Altamont to Effingham.

2. November of 2025: Rides Mass Transit has a new app called 'Rides MTD GO' that allows the rider to track their bus in real time, view stops/schedules, and set reminder alarms to notify them before the bus arrives. This also meets needs listed in Gap #4.
3. January of 2026: Rides Mass Transit launched a new website in January. It allows riders to virtually schedule their trip. This update also meets needs listed in Gap #4.

Gap #4 – Riders are not able to access transportation within their county, outside the county they reside in, and outside of the service area of their transportation provider.

- **Goal** – To get the rider where they need to go within their counties, outside of their counties, and connect them to other transportation agencies when transportation is needed to get them outside of the service area that the transportation provider covers.
- **Strategies:**
 1. Coordinate transportation between transportation providers, plus the human service agencies to make out-of-county, in-county, and outside of transportation provider's service area trips happen. All 5310 vehicle recipients should work together regarding this strategy.
 2. As stated in the strategies of Gap #5: "All 5310 transportation providers can continue to do outreach for hiring by advertising and being involved with the community, keeping wages at a competitive rate, and implementing strategies to retain current staff." To add to this, staff shortages might be impacting the transportation provider's ability to provide in-county and out-of-county trips.
 3. As stated in the strategies of Gap #5: "Apply for vehicles in the upcoming 2025 CVP application process and future years if application is available." To add to this, the lack of buses might be impacting the public transportation agencies' ability to travel outside of their service area and connect the rider to the service area of another transportation provider.

Gap #5 – Continued staff shortages and higher costs of doing business/limited funding and aging vehicles negatively impacting their ability to provide transportation to their clients/service area.

- **Goal** – To improve staffing and replace aging vehicles.
- **Strategies:**

1. Apply for vehicles in the upcoming 2025 CVP application process and future years if application is available.
 2. Coordination scoring could impact whether the agency is awarded 5310 vehicles from IDOT in the CVP application process. It is encouraged that agencies coordinate/work together to positively impact their being awarded. This would also positively impact ridership. Agencies should consider working together because of limited funding to help provide the trips that are needed.
 - Agencies will report to the HSTP coordinator any and all coordination efforts with human service agencies and public transportation agencies.
 3. Preventative maintenance is vital to keeping aging vehicles on the road. Due to gaps in CVP funding at times, it is of the utmost importance to stay on top of maintenance of vehicles.
 4. All 5310 transportation providers can continue to do outreach for hiring by advertising and being involved with the community, keeping wages at a competitive rate, and implementing strategies to retain current staff.
- **Updates:**
 1. **April of 2025: IDOT CVP vehicles that were awarded in the 2022 grant cycle are in the process of being delivered/picked up by the agencies. These vehicles will be replacing the aging fleet. So far, Marion Co. Horizon Center, CIPT, Rides MTD, CILA Corp., and Community Support Services have received some/all of their vehicles.**

Rides MTD has received 5339 funding that will allow for an extra 13-16 new vehicles to replace aging vehicles in their fleet.

This update also meets needs listed in Gap #4.
 2. **June of 2025: The HSTP Coordinators coordinated two meetings for the human service agencies with 5310 vehicles in HSTP Regions 9, 10, and 11. The first meeting was hosted by Challenge Unlimited in Alton. The second was hosted by Clay County Rehab in Flora. The agencies have expressed interest in continuing these '5310 Meetings' on an annual basis. These meetings have yielded positive results and allowed the agencies to speak about a slew of transportation concerns and coordination efforts.**
 3. **October of 2025: Through Rebuild Illinois funding, Effingham Co. Public Transit/Central IL. Public Transit was awarded nearly \$3 million to build a new administration and maintenance facility in Effingham and Rides Mass Transit**

District was awarded \$2,600,000 for Heavy Duty and Super Medium Duty Buses.

Mobility Management

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

References

Bureau, U. S. C. (n.d.-a). *Age and Sex*. U.S. Census Bureau.

<https://data.census.gov/table/ACSST5Y2022.S0101?t=Age+and+Sex%3APopulations+and+People&g=050XX00US17025%2C17033%2C17047%2C17049%2C17059%2C17065%2C17069%2C17079%2C17101%2C17151%2C17159%2C17165%2C17185%2C17191%2C17193>

Bureau, U. S. C. (n.d.-b). *Age and Sex*. U.S. Census Bureau.

<https://data.census.gov/table/ACSST5Y2019.S0101?q=2019+population+&g=050XX00US17025%2C17033%2C17047%2C17049%2C17059%2C17065%2C17069%2C17079%2C17101%2C17151%2C17159%2C17165%2C17185%2C17191%2C17193>

Bureau, U. S. C. (n.d.-c). *Poverty Status in the Past 12 Months*. U.S. Census Bureau.

<https://data.census.gov/table/ACSST5Y2022.S1701?t=Income+and+Poverty&g=050XX00US17025%2C17033%2C17047%2C17049%2C17059%2C17065%2C17069%2C17079%2C17101%2C17151%2C17159%2C17165%2C17185%2C17191%2C17193>

Bureau, U. S. C. (n.d.-d). *Sex by Age by Disability Status*. U.S. Census Bureau.

<https://data.census.gov/table/ACSDT5Y2022.B18101?t=Disability&g=050XX00US17025%2C17033%2C17047%2C17049%2C17059%2C17065%2C17069%2C17079%2C17101%2C17151%2C17159%2C17165%2C17185%2C17191%2C17193>

Effingham, IL. Data USA. (n.d.-a). <https://datausa.io/profile/geo/effingham-il>

Harrisburg, IL. Data USA. (n.d.-b). <https://datausa.io/profile/geo/harrisburg-il>

Emad, H. (n.d.). FY income limits documentation system. Redirect.

https://www.huduser.gov/portal/datasets/il/il2022/select_Geography.odn