CONCEPT OF OPERATIONS

GWAAR TMCC of Southern Wisconsin

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1.0 Overview

The Greater Wisconsin Agency on Aging Resources, Inc. (GWAAR), in cooperation with municipal, county, and regional transportation agencies, private and non-profit transportation providers, and user groups, will leverage and expand upon local and regional coordination agreements to develop a phased plan for creation of a regional Travel Management Coordination Center (TMCC) in an 11-county area of southern Wisconsin. The TMCC will coordinate community transportation services through a combination of collectively-designed technology solutions and cooperative agreements. Integral to the design process are the goals of modularity, scalability and replicability, interoperability with existing software systems, adaptability to areas with limited 4G infrastructure, ease of use for participants, and low cost-of-entry for all.

The regional TMCC will coordinate transportation for older adults, Veterans, persons with disabilities, individuals with lower incomes, and other transit-dependent user groups as well as for healthcare facilities. The Center will be supported by a technology solution which facilitates eligibility determination, ride scheduling, coordination, data tracking, reporting and billing functions. This solution will leverage emerging cloud and mobile-based technologies to enhance service accessibility and operational efficiency.

The TMCC will provide a single point of access for travel information and trip planning. Person-to-person contact will be the primary interface. For those ride services for whom automated ride requesting and/or scheduling is feasible, however, optional on-line features will increase efficiencies.

The service area is primarily rural, with unique terrain and limited infrastructure. As with many rural areas nationwide, funding is limited and cooperation is key to maintaining quality transportation services. Further, Wisconsin has an outstanding network of Mobility Managers, who will play a key role in the development of the system, and for whom the system will provide considerable operational support.

1.1 Service Area Characteristics - Population

The project will serve an area of southern Wisconsin comprised of eleven contiguous counties.

The population in this region has a high percentage of older adults and rural poverty. While the county-level poverty and unemployment levels do not vary significantly from the state average, the rural areas of several these counties consistently lead the state.
Seniors and people with disabilities are served by the ADRCs, which in the case of Richland, Grant, Green, Lafayette and Iowa, are served by large multi-county ADRCs (see Appendix A, Wisconsin’s Aging and Disability Resource Centers). Given the fragmented and limited availability of public transit (see Current System, Section 2.1, below), most riders needing accessible transportation are limited to transportation provided by county ADRCs/Aging Units or volunteer driver programs.
1.2 Service Area Characteristics - Topography

The southwestern portion of Wisconsin is characterized by steep ridges and deep valleys – this is the never-glaciated Driftless Area. There is currently very spotty 4G reception in this region. The counties so affected are Grant, Iowa, Lafayette, Richland, and to a lesser extent, Green and western Dane. There are several major rivers in the 11-county area, making some routes on secondary roads more lengthy (on the other hand, the Rock County Mobility Manager is working on developing accessible waterway travel).

Figure 5: Landforms of Southern Wisconsin

2.0 Current System

The current system is fragmented and, with regard to software, cannot be described as having operational boundaries. Each provider, county and municipal operator has their own system (which includes spreadsheet-based, and pencil and paper systems), some of which involve commercial software, and few of which have any capability of communicating with other systems. The primary weakness of the current system, which the TMCC project proposes to address, is this fragmentation and inability to share information.

There are 11 county-specific Locally Developed Public Transit Human Services Transportation Coordination Plans. Most counties have a transportation planning committee or commission, and there is one regional transportation team – The Southwest Wisconsin Transit Team, organized by the Southwest Regional Planning Commission, which covers Grant, Green, Iowa, Lafayette and Richland counties\(^1\). There are currently few formalized inter-agency or interjurisdictional coordination agreements, however. It is a goal of the TMCC to create model coordination agreements and shepherd their adoption.

2.1 Current Transportation Operations by County

There are currently two transportation call centers. One serves all of Dane County, and uses custom software, which is interoperable with the product used by one non-profit volunteer driver program but no other providers in the county. The other call center is managed by a Community Action Commission volunteer driver program which serves five of the counties in the proposed TMCC service area. It uses a commercial software, which is not shared by anyone else in southern Wisconsin. Further, the owner/developer of the software system is in the process of selling and retiring. While this call center provides information and referral (cold transfer) to other ride programs in its service area, it does not coordinate rides or client information.

There are four providers which currently operate within multiple jurisdictions. One contracts to operate 8 §5311 municipal shared-ride taxi (SRT) systems in the 11-county proposed TMCC area (the managers of the SRTs are the municipalities; the provider contacts for operations, and could be replaced subject to RFP processes). This provider uses a locally-developed, older software system, which has several difficulties – no GPS, limited ability to reformat for screen size (e.g., tablets), a solo programmer, etc. This software does not communicate with other systems, except by exporting Excel tables. The second multi-jurisdictional provider provides contracted services and Medicaid rides to a large area of the state, including being one of the paratransit vendors for the Madison urban public transit system. They use a large commercial software system, with which they are satisfied, but which is used by only one other entity in the proposed TMCC area (a county ADRC which uses it exclusively for their volunteer driver program). The third provider is the volunteer driver program, described in the paragraph above, operated by a Community Action Commission, which uses a small, web-based commercial system, which will be sold or discontinued by its solo programmer in the near future. Finally, the fourth provider is a taxicab cooperative,

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\(^1\) Four of the 11 counties – Columbia, Dodge, Jefferson and Rock are not members of a Regional Planning Commission (RPC). Walworth County is a member of the Southeast RPC. Dane County has its own RPC, but the transportation planning function is contracted to the Madison Metropolitan Planning Organization, with oversight by the Specialized Transportation Commission of the County Board. See Appendix B: Map of Regional Planning Commissions.
which serves the entire TMCC area, and uses a commercial automated dispatch software, which is not interoperable with any other system. It uses separate software for billing.

Madison (Dane County) has a large number of providers, including the urban mass transit system, three ambulance services, seven private paratransit providers, four taxicab companies (one of which provides accessible taxi service), three non-profit volunteer driver programs, and an ever-shifting number of small contractors for the state Medicaid brokerage. Each of these providers has their own ride-tracking and dispatch system, and none of them are interoperable with each other, including the paratransit contractors for the public transit system, which communicate with Madison Metro Transit’s large commercial software system via spreadsheet.

There are 13 municipal §5311\(^2\) Shared-Ride Taxi (SRT) systems, four municipal transit utilities, one county transit agency and one multi-county rural transit system, as well as 4 publicly-funded inter-city bus routes (see Appendix C, Wisconsin Public Transit Systems). There are two VA hospital-based Veteran’s transportation services, 9 DAV van routes, and 11 County Veterans’ service offices which provide vouchers and reimbursements. The remainder of the proposed TMCC area is served by 11 county aging units, 8 ADRCs, non-profit volunteer driver programs, and approximately 30 paratransit providers (this number changes frequently, as the statewide Medicaid brokerage provider contracts shift). There are two RPC/MPOs actively involved in managing transportation (the Southwest RPC’s Southwest Transit Team and the Madison MPO Board). There are over 30 agency-based §5310\(^3\) projects\(^4\). The 211 and 511 systems do not formally interact with the transportation provider, Mobility Management, or Aging networks, although the 211 agencies (United Ways) do occasionally cold transfer calls to transportation providers and the two existing transportation call centers.

Given the piecemeal ownership and operation of transportation resources, and the non-contiguous distribution and service area, and the often limited hours of service of publicly-funded services, as well as the rural nature of most of the 11-county service area, coordination of transportation between counties/municipalities is limited and inconsistent.

For example, many of the rural areas have limited medical facilities for treatments like kidney dialysis or chemotherapy. Individuals who require these treatments may need to cross county lines in order to get to the nearest eligible clinic. However, there is no existing set of coordination or funding agreements, with the result that, on the trip to the clinic, one county’s volunteer driver passes near the home of a dialysis patient in another county several times per week without knowledge or ability to assist that potential rider. In another county, a shared-ride taxi, with contractual limits on trips outside the municipal service area, cannot pick up a (nearby) rural rider for grocery shopping, with the result that the county Aging van travels 28 miles each way to take the rider 2 miles into town. A final example is a suburban community that does not contract with the adjacent metropolitan transit system, with the result that buses travel down a common thoroughfare, bypassing several low-income and accessible housing developments located within the suburban jurisdiction, the residents of which are unable to ride. All of these examples would

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\(^2\) 49 U.S.C. 5311 (Formula Grants for Rural Areas)

\(^3\) 49 U.S.C. 5310 (Enhanced Mobility of Seniors & Individuals with Disabilities Section 5310)

\(^4\) It is not possible to precisely identify this number, as the awardees change annually, and the recording system WisDOT used prior to MAP-21 is different from the current system.
require coordination agreements to resolve, the exploration of which is as much a part of the TMCC planning and development as the software component.

The following schematics show the relationships between transportation entities in each county\(^5\). A line between entities denotes a funding, contractual or coordination agreement in place, not simply a referral relationship. The absence of a line may infer a referral relationship, but not in all cases.

![Diagram of transportation operations in Columbia County](image)

*Figure 6: Transportation Operations in Columbia County*

![Diagram of transportation operations in Dodge County](image)

*Figure 7: Transportation Operations in Dodge County*

\(^5\) Grant, Green, Lafayette and Iowa counties are part of the ADRC of Southwest Wisconsin, however this is a collaboration, not a merger, and each retains its own volunteer driver pool.
Figure 8: Transportation Operations in Dane County

Figure 9: Transportation Operations in Grant County
Figure 10: Transportation Operations in Green County

Figure 11: Transportation Operations in Iowa County
Figure 12: Transportation Operations in Jefferson County

Figure 13: Transportation Operations in Lafayette County

Figure 14: Transportation Operations in Richland County
2.2 Current Stakeholder Processes

The user base for the system is comprised of county, municipal, and agency-based transportation projects, private providers, and health-care facilities, with a broad range of technological
capabilities, trending toward the no-specialized-technology end of the spectrum.

There are significant exceptions, but currently most of the prospective participants accomplish their tasks with only generalized consumer level software such as email, word processors and spreadsheets, or with pencil and paper. These ad-hoc tracking systems require contextual and historic knowledge about the agencies’ processes, making it more difficult to train new Mobility Managers and/or office staff.

There are several stakeholder agencies that have made investments in ride scheduling and tracking systems, especially in the cases where the agency has a significant number of drivers to manage directly, however these lack any standardized interchange formats, leading to one or more error-prone manual transcription steps as the information travels from one entity to another. Some transportation providers, and very few agencies, use commercially-available software systems for tracking, dispatch, billing and data collection. Interoperability across the range of technology in place will also be addressed in this report.

In spite of the varied technological environments, some workflow generalizations can be made.

**Transportation Request Current Workflow**

The current process of arranging transportation in most jurisdictions in the 11-county area is based on telephone calls, and tracking information in spreadsheets. Information is copied and recopied manually, providing many opportunities for transcription errors. Each step that requires a phone call or other synchronous contact creates an additional delay in the workflow.

*Figure 17: The Current Workflow*

The current workflow of a transportation request. See Appendix D for larger format
3.0 Stakeholder Surveys and Research

Both telephone and in-person interviews were conducted with project stakeholders throughout Summer 2017 to create a map of each stakeholder’s current operations, coordination environments and available assets. This information is in Appendix E.

A second round of in-person interviews was conducted in the fall of 2017 to generate more in-depth information about current stakeholder processes, technology needs, and coordination barriers. This information is summarized in Section 3.1, below, and the full interview notes are contained in Appendix F.

After analysis of the interview results, we devised four major categories of issues that we wanted to explore further with the stakeholders:

1. Facilitation of agreements between participants, both between stakeholder jurisdictions and between stakeholders, ride providers and the Managed Care Organizations that use the stakeholders’ services.
2. Collaboration in outreach, recruitment and communication with regard to volunteer drivers and the public (both as potential customers and potential volunteer drivers).
3. Data-related issues, both in terms of what information is tracked and how that information is shared.
4. Software-related issues: the software feature set, capabilities needed, as well as licensing and SDLC issues.

The project team organized a full-day design sprint exercise with the stakeholders, using techniques from DSDM\(^6\) to explore these categories in more detail, as well as engage in some group brainstorming activities. The design sprint is detailed in Section 3.2, below.

3.1 Summary Analysis of Stakeholder Interview Results

The following issues and hindrances to current operations and potential mitigations were derived from the stakeholder interviews.

Table 1: Process difficulties in current operations

<table>
<thead>
<tr>
<th>Process Difficulties</th>
<th>Technology</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Issue</strong></td>
<td><strong>Potential Mitigation</strong></td>
</tr>
<tr>
<td>Lack of comfort/expertise using software in general</td>
<td>Model software-based workflows after straightforward paper-based ones, using concepts that domain users already use.</td>
</tr>
<tr>
<td>Lack of fiscal and personnel resources to prioritize training to optimize usefulness of existing software</td>
<td>Software that is specialized to task requirements requires less expert knowledge of the tool.</td>
</tr>
</tbody>
</table>

\(^{6}\) Dynamic Systems Development Method
Lack of organizational commitment to upgrade technology resources | Providing software as a service requires less commitment to technology upgrades, since the organization would not need to perform them.

<table>
<thead>
<tr>
<th>Issue</th>
<th>Potential Mitigation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Lack of shared metrics</td>
<td>Provide compelling tracking tools that share a common metrics basis and data model.</td>
</tr>
<tr>
<td>Lack of common reporting requirements - data gathered is often funder-specific</td>
<td>Provide tools to gather as much information as possible, then do funder-specific reporting</td>
</tr>
<tr>
<td>Lack of common ride- and route-tracking tools</td>
<td>Provide free tools that work together</td>
</tr>
</tbody>
</table>

**Table 2: Policy difficulties in current operations**

### Service policies

<table>
<thead>
<tr>
<th>Issue</th>
<th>Potential Mitigation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Lack of common eligibility criteria, e.g., definition of “Older Adult”, military discharge status</td>
<td>Facilitating common client attribute tracking will provide a common language for eligibility.</td>
</tr>
<tr>
<td>Lack of common service standards: ride specifications, e.g., wait times, no-show policies, curb-to-curb vs door-to-door</td>
<td>Facilitating common ride attribute tracking provides better data for service comparisons.</td>
</tr>
<tr>
<td>Lack of common service standards: vehicle specifications, e.g., insurance and inspection standards</td>
<td>Facilitating common vehicle attribute tracking provides better data for service comparisons and qualification for specific accessibility and other vehicle requirements.</td>
</tr>
<tr>
<td>Drivers specifications, e.g., background check standards, AODA testing</td>
<td>Facilitating common driver attribute tracking provides better data for service comparisons, drivers could be prequalified for work in different regions.</td>
</tr>
</tbody>
</table>

### Coordination Policies

<table>
<thead>
<tr>
<th>Issue</th>
<th>Potential Mitigation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Lack of coordination agreements between agencies, funding sources and jurisdictions</td>
<td>Providing tools and a framework for coordination will simplify the task of negotiating agreements between the entities.</td>
</tr>
<tr>
<td>Lack of common policies regarding overlapping jurisdictions</td>
<td>A software tool will enable model policy sets that can be customized and applied appropriately via the software.</td>
</tr>
</tbody>
</table>
### Legal Policies

<table>
<thead>
<tr>
<th>Issue</th>
<th>Potential Mitigation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Perceived HIPAA barriers</td>
<td>A shared software system can act as a knowledge base with regard to the requirements and impact of HIPAA on operations. In addition, information can be displayed according to a role-based access system built around a need-to-know principle.</td>
</tr>
<tr>
<td>Lack of understanding of state/federal support for coordination policies</td>
<td>Same as above, a common system will organize coordination operations and reduce ambiguity.</td>
</tr>
<tr>
<td>Turf Issues/entrenched exclusivity reflected in existing policies</td>
<td>Software tools can help provide the building blocks of coordination agreements and standards.</td>
</tr>
</tbody>
</table>

**Table 3: Technology difficulties in current operations**

<table>
<thead>
<tr>
<th>Technology Difficulties</th>
<th>Potential Mitigation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Lack of transportation software tools beyond spreadsheets</td>
<td>Provide purpose built tools free or at cost.</td>
</tr>
<tr>
<td>Lack of interoperability of existing software systems</td>
<td>Mobility Managers are in a position to create a reference standard that commercial systems can use as a compatibility target.</td>
</tr>
<tr>
<td>Lack of up-to-date mobile data hardware</td>
<td>Without a computerized workflow, there is little advantage to having mobile hardware. Once the workflow is computer-assisted, the rationale for and benefits of having drivers equipped with mobile devices will be more obvious.</td>
</tr>
<tr>
<td>Topographic issues - lack of cell phone reception in deep valleys of Southwest Wisconsin (the Driftless Area)</td>
<td>A potential solution shall be able to provide a basic level of offline functionality equal to at least a pencil and clipboard.</td>
</tr>
</tbody>
</table>

Lack of agreements regarding billing policy for shared rides | Billing agreements can be enacted and reflected in software.                                                                                     |
Lack of agreements and standards regarding coordination across user groups | Software tools can help provide the building blocks of those agreements and standards.                                                           |
Table 4: Financial difficulties in current operations

<table>
<thead>
<tr>
<th>Issue</th>
<th>Potential Mitigation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Lack of fiscal resources in rural, low-income counties</td>
<td>Assuming free software licenses, the actual cost of hosting an existing application can be quite low, especially if shared with other stakeholders, and can easily pay for itself through operational efficiencies.</td>
</tr>
<tr>
<td>Significant up-front costs of hardware to support system</td>
<td>Cloud hosted, web-based software eliminates this issue.</td>
</tr>
<tr>
<td>Large number of volunteer drivers to train/equip</td>
<td>Standards created by shared tools and software systems can make it much easier to share training material and resources.</td>
</tr>
</tbody>
</table>
3.2 MSAA Design Sprint

On November 7, 2017, representatives of stakeholder groups met for an all-day design sprint to identify and prioritize project tasks. Five project staff, an outside facilitator and graphic recorder led several large- and small-group exercises.

We began the session by organizing into a World Café type discussion using the four topic areas described above: Agreements, Outreach and Recruitment, Data and Software. All participants rotated through small group brainstorming activities about each one of these topic areas for 20 minute segments until each stakeholder had participated in discussions on all four topics.

Participants were given “dance cards”, which designated the order in which they participated at each table, ensuring that the groups had rotating memberships, and that each participant attended at least one table with each other participant.
The results were collated during the event, then displayed on whiteboards around the room. Each participant was given 6 stickers of each of 4 colors representing the scoring used in a typical MoSCoW Minimum Viable Product development exercise: Must, Shall, Could and Won’t.

Each participant was directed to use the stickers to vote on how important each issue or potential feature was in terms of these scoring categories. This served to both rank and triage all of the items that surfaced during the World Café discussions into an ordered set of priorities, summarized below.

### 3.2.1 MoSCoW Exercise: Top Scoring Items in Each Category

*Table 5: Agreements (Multi-Agency), MOUs, Contracts*

<table>
<thead>
<tr>
<th>Item To be Addressed by the Solution</th>
<th>Must</th>
<th>Shall</th>
<th>Could</th>
<th>Won’t</th>
</tr>
</thead>
<tbody>
<tr>
<td>Model Team Composition: Who needs to be at the table? County Admin, Transit Agencies, Employers, Council Members</td>
<td>11</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Resource sharing arrangements: Shortage of Volunteer Drivers</td>
<td>7</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Negotiated agreements with MCOs to avoid fighting repayment</td>
<td>6</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Sell to County Boards: better service for lower cost</td>
<td>4</td>
<td>3</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Get decision makers to ride the bus</td>
<td>4</td>
<td>4</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Coordination at the regional level</td>
<td>4</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Sustainable Funding</td>
<td>3</td>
<td>3</td>
<td></td>
<td></td>
</tr>
<tr>
<td>MOUs/Agreements re: utilizing what’s available (e.g., vehicles used 1-2x/wk)</td>
<td>3</td>
<td>2</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Driver Qualifications <em>(Common Standards)</em></td>
<td>3</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

*Complete List of Scored Items is in Appendix G.*
### Table 6: Outreach, Recruitment & Communication

<table>
<thead>
<tr>
<th>Item To be Addressed by the Solution</th>
<th>Must</th>
<th>Shall</th>
<th>Could</th>
<th>Won’t</th>
</tr>
</thead>
<tbody>
<tr>
<td>Consistent marketing – dual purpose: targets same (Using same marketing channel for both client outreach and volunteer recruitment)</td>
<td>7</td>
<td>3</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Driver incentives for driving and recruiting</td>
<td>6</td>
<td>4</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Messaging benefits: Community self, role model</td>
<td>5</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Driver appreciation</td>
<td>4</td>
<td>1</td>
<td>2</td>
<td></td>
</tr>
<tr>
<td>Training overall</td>
<td>4</td>
<td>1</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>Policy (Common qualification policies)</td>
<td>4</td>
<td>1</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Social Media Overall <em>(Use of)</em></td>
<td>3</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Table 7: Data related issues

<table>
<thead>
<tr>
<th>Item To be Addressed by the Solution</th>
<th>Must</th>
<th>Shall</th>
<th>Could</th>
<th>Won’t</th>
</tr>
</thead>
<tbody>
<tr>
<td>HIPAA parameters, legal opinion, shared training/standard</td>
<td>7</td>
<td>2</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>Reports, driver hours, trip purpose, loaded unloaded miles, trip miles, # rides, origin/destination data mapped</td>
<td>7</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Unmet needs reports, including employment, rides</td>
<td>7</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Ability to customize reports</td>
<td>5</td>
<td>1</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Client satisfaction report, shared qualitative measure</td>
<td>4</td>
<td>4</td>
<td></td>
<td></td>
</tr>
<tr>
<td>No loads (track by MCO, client cost fees, admin time, coordination fees)</td>
<td>4</td>
<td>1</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Shared ride data coordination with common destinations</td>
<td>3</td>
<td>1</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Table 8: Software concerns

<table>
<thead>
<tr>
<th>Item To be Addressed by the Solution</th>
<th>Must</th>
<th>Shall</th>
<th>Could</th>
<th>Won’t</th>
</tr>
</thead>
<tbody>
<tr>
<td>Track reoccurring places/locations and trips/appointments</td>
<td>7</td>
<td>1</td>
<td></td>
<td></td>
</tr>
<tr>
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<td>Future access guarantees <em>(stability of product)</em></td>
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<td>User based licenses are an issue <em>(can’t afford enough of them)</em></td>
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<td>Most rides scheduled at least 1-2 days ahead, except for exceptions</td>
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3.3.2 Definitions

**Transportation Provider**

A provider represents a resource that can provide transportation from one point to another. It might be a large, multivehicle fleet of paratransit vans, or a single retired volunteer with a car. Each participating Mobility Management Office will periodically submit and sync their own list of local providers with the central Service Bus. Provider data will include enough information to generally qualify them or disqualify them for a given ride assignment. Some providers, such as cab companies or municipal bus companies, may accept ‘blind’ orders without an acceptance approval step, while most others will require some direct contact to check availability for a given transportation request.

**Client**

A client is a member of the public that uses the services of one of the mobility management offices in such a way as to require their information be imported to the central system. Neither the Mobility Management Office or Transportation Provider modules routinely export client information to the centrally held data store, as opposed to each other. The only times this is done are when a Mobility Management Office user sends in a sharing request for one of the client’s rides. The information that is held centrally is restricted to that required to service the client’s transportation needs, such as how to contact them at pickup, emergency information, etc. If further information is required to service a ride, it must be obtained through the Mobility Management Office that arranged the funding and the request for the ride.

**Funder**

A funder represents a means of funding a transportation request, such as a grant program or a budget account. It may have a variety of restrictions and qualification attributes, such as geographic limits, per-request reimbursement limits, targeted purposes or populations, and annual budget limits. Funder entities are initially created by Mobility Management offices and synced up with the central Bus in a manner similar to providers.

**Ride Request**

A ride request represents a transportation need from a client that has been approved for service and funding by a Mobility Management Office, but requires a provider to service the ride. It contains references to the client, the funder paying for the ride, and the provider servicing the ride.
4.0 Outcomes and Impacts

- All transportation requests in the 11-county area are tracked, including requests that could not be serviced.
  - *Impact:* Mobility offices will be able to target transportation requirements, and the budgets to serve them, with greater accuracy.

- A service history database will allow searches of past service requests for analysis and reporting purposes.
  - *Impact:* Trends and outliers can be analyzed. Reporting requirements can more easily be fulfilled.

- Once the information for a ride request is entered, it never needs to be re-entered or transcribed. Rider information is reused in future requests.
  - *Impact:* Service failures due to mistakes are reduced, efficiency of data entry is increased, quality of information is improved, especially over time.

- Mobility offices in one jurisdiction will have the ability to search for, and contact, providers in both their own, and other, jurisdictions based on a variety of criteria such as geographic locations, time of day/week, rider characteristics and requirements, and funding requirements.
  - *Impact:* Difficult ride requests, such as arranging twice weekly trips to dialysis from a rural area to a more central hospital, become easier problems to solve. Every one of them that is serviced is an improvement.

- A shared repository of domain knowledge will be built and maintained containing information about transportation providers, funding sources, and geolocation specific information like which doors at a hospital are accessible to wheelchairs.
  - *Impact:* Efficiency and accuracy of transportation services is improved due to shared knowledge of providers and funders.

- More quantity and better accuracy of information about regional transportation needs and resources will be available for reporting and budget preparation.
  - *Impact:* Local transportation needs are better served, fewer requests go unserved or inadequately served.

- Sample MOUs, model resource sharing agreements, and cost allocation tools will be cooperatively developed.
  - *Impact:* Efficiency and cost-effectiveness of transportation services is enhanced by increased coordination and resource sharing.

- Uniform service policies, driver qualification and minimum training standards, rider eligibility criteria (e.g. age definition of “older adult”), service specifications (e.g., door-to-door vs curb), and vehicle standards will be collaboratively developed.
  - *Impact:* Coordination across programs is facilitated; cross-jurisdictional differences are resolved formally.

- Uniform contracting standards will be supported by collaboratively developed and collectively adopted cost allocation standards, fees, and reimbursements (e.g., MCO administration fees, driver reimbursement standards, loaded/unloaded miles policies).
• Impact: Transportation agencies are better protected from contracting pressure by adopting uniform standards, volunteer drivers are treated equitably across programs, and coordination of volunteer-provided rides is facilitated across jurisdictions.

• Driver recruitment and training materials, outreach and marketing tools, and social media strategies will be collaboratively developed.
  o Administrative costs and duplicative effort will be reduced.

5.0 Relationship to the National ITS Architecture.

The proposed software system implements and provides service package "APTS03-dal". It also implements portions of "APTS07-Multi-modal Coordination" where feasible.
6.0 Appendices

Appendix A: Wisconsin's Aging and Disability Resource Centers (ADRCs)

TGP - Tribal Governing Partner
T - Tribal Aging and Disability Resource Specialist

Revised 8-15-17
Appendix B: Map of WI Regional Planning Commission Service Areas.

Wisconsin Regional Planning Commissions
Appendix C: Wisconsin Public Transit Systems 2017

WISCONSIN PUBLIC TRANSIT SYSTEMS 2017

Wisconsin Department of Transportation
Bureau of Transit, Local Roads, Railroads & Harbors

Legend
- County-Wide Transit System
- Multi-County Transit System
- Municipal Transit System
- Shared-Ride Taxi (SRT) System
- Publicly Funded Inter-City Service
- Shuttle/Commuter Service

Note: This map identifies the several known areas of public transit systems within Wisconsin. For additional data, contact the pertinent agencies directly.
Appendix D: First Round Interview Data: Operations & Assets

5304 & MSAA Outreach Call Questions

Southwestern Wisconsin Regional Planning Commission is working with Greater Wisconsin Agency on Aging Resources and the Aging & Disability Resource Centers for the region to determine the existing and future needs for transportation services in your area and throughout the region and current pitfalls to meeting those transportation needs.

An important part of this information gathering is talking to health care providers, such as yourselves, that work with clients or patients that may have transportation needs that are not being met, or may be met in a more efficient manner.

1. Please describe the type of transportation services that you provide.
   - Do you provide rides to your clients?
     If so, what type of rides do you provide?
   - Do you currently coordinate rides for clients with other agencies?
     If so, how is that done, if not do you see a need?

2. How do customers access your services? (For example, Newsletters, word of mouth, Health Care Coordinators?)

3. Are there specialized services that you provide clients from other communities?
   If so, how far are clients typically traveling?

4. Do you see clients that are missing appointments because they do not drive? (For example, do they struggle to plan appointments around a friend or family member providing a ride, or do they frequently cancel or miss appointments due to not have a ride?)

5. How do you discharge patients and help them get home after appointments or treatment? Through this process do you see, there services lacking in the area of transportation?

6. Are you familiar with the current transportation options available to your clients or would you like to know?

7. Would you be willing to participate in an advisory capacity to help evaluate client transportation options and needs?
Dane County- Jane Betzig- Call Notes

General

Multi-faceted transportation options supported by a wide range of county agencies & private providers.
  • Contract based service models in place

Software supported Coordination
  • Provider specific

Transport options

Single Rider - various

Group – various

Private Providers- various

Challenges
  • Transport of semi-sedated
  • Funding
  • Implementation of Family Care
  • Increasing demand
Dodge County MSAA Grant; Stephanie Levenhagen

General

- Very pleased with “Route Match”
- Significant number of transports provided on a priority basis
- Medical, Nutritional, Business, Recreational prioritization

**Software supported Aging Unit/ADRC Coordination**

- Route Match

**Transport options**

**Single Rider**

- Volunteer supported
- Single vehicle and ADRC vans

**Group**

- ADRC Vans 6 Drivers; ridership increasing

**Value**

- Transport for a range of activities; strong wheelchair access and multi-person transport
- Significant number of transports
- Easter Seals “Getting to Work Grant”

**Challenges**

- Volunteer drivers are hard to find
- Limited hours

Increasing demand, exceeding capacity
Grant County MSAA Grant; Lori Reid- Survey Call Notes  2.27.17

General
- No night or weekend availability, 5 days per wk. ADRC hours of operation
- Coordinated by ADRC
- Service provided to Platteville, Dubuque, Madison, Winnebago County
- Support of 9 nursing home facilities and Veterans Organization
- Call in reservations
- Transport provided for county residents across county lines

Software
- Excel based scheduling
- Access Database Billing

Bus Service
- Volunteer staffed
- 5 day per week service
- Group ride format
- No prescribed routes
- Destinations are rider specific
- Call-in reservations
- Advertised service
- Home pick up and drop off
- Minimal fee service
- 480 + round trip destinations served per month

“Taxi Program”
- Primary focus is transportation to non-emergency medical appointments
- Volunteer driver supported
- Fee supported
- Out of county transportation
- At home pick up and drop off
- Established user, volunteer, and route familiarity,
- Single rider format
- 280+ trips per month

Value added
- Assessment, “Dementia Friendly” trained
- Non-answer appointment protocol in place
- Significant and growing demand
- Established rider, volunteer relationships

Challenges
- Ridership demand for single rider format increasing
- Need for more increased “specialized “transportation
- Driver availability
- 9 local nursing homes consume significant demand
- Single rider format coordination
Green County- Linda Boll/Stephanie Hafez- Call Notes
A mix of transport options exist.

General

- 8-5 transportation availability through ADRC, special case exceptions
- Escort Drivers Services, Monthly, Wkly and Specialty Shuttle Services Coordinated Manually.
- Call in reservations required
- Monroe Clinic has outpatient transport coordination interest; meeting March 14th
- ADRC transit services prohibited in City of Monroe by “implied” non-compete
- Monroe Cab has 5311 grant for City of Monroe
- In county and out of county scheduled shuttles available
- Population specific transit programs “Sugar River Transit, Adult Day Center Transport”
- Transport available to county residents across county lines

Software supported Aging Unit/ADRC Coordination

- Reservation coordination is manual

ADRC/ Aging Unit Supported Bus Service

- Shuttle service made available on a revolving basis to destinations both in county 2x monthly, and out of county, 12-14 rider average
- Curbside pick-up and drop off
- Group ride format
- No City of Monroe service
- Call-in reservations
- Highly promoted service

Value

- Service for errand completion and recreation from rural areas
- Low fee schedule
- Support of special needs populations; Adult Day Center Participants
- Increased access to county services

Challenges

- Ridership declining, increased ridership needed
- Possible perception/stigma associated with group ride format.
- Access to services and market limited by non-compete

Aging Unit supported Driver Escort Program

- Medical appointment focused
- 15 Volunteer drivers
- Co-pay supported
- Out of county transportation
- At home pick up and drop off
- Established user, volunteer, and route familiarity,
- Single rider format

Value
• Only “door through door” service provider
• In demand service

Challenges

• Impediments to cross county ride cooperation (funding, mapping, coordination)
• Increasing demand, volunteer availability
• Non-compete understanding, prohibits market growth

Private Sector Service Providers

• Monroe Cab (5311 Grantee)
• Non-compete agreement in place covering Monroe City limits restricting Aging Unit /ADRC
• Limited coordination with Aging Unit ADRC
Iowa County ADRC- Jamie Gould- Call Notes

2 transport options currently “Caravan” & “Driver” Escort program.

General
- No night or weekend availability, 5 days per wk. ADRC hours of operation
- Coordinated by ADRC
- 211 destinations served
- Call in reservations
- Transport provided for county residents across county lines

Software
- “Assisted Ride”
- $2500 up front cost
- $1500 yearly fee
- Allows mapping
- Rider data collection

“Caravan” Service
- 2 buses available, 1 driver 80% staffed position
- 1 bus on the road per day
- Group ride format
- No prescribed routes
- Providing transport 2 days per week outside of county
- Call-in reservations
- Advertised service
- Pick up at ADRC or reservation location
- 60+ and special needs free, others -suggested donation
- Robust process

Value
- Recreational destinations offered
- Service for errand completion
- Increased access to county services

Challenges
- Ridership declining, increased ridership needed
- Possible perception/stigma associated with group ride format.
- Time

“Driver Escort Program”
- Primary focus is transportation to non-emergency medical appointments
- Volunteer driver and vehicle supported
- Co-pay fee support
- Out of county transportation
- At home pick up and drop off
- Established user, volunteer, and route familiarity,
- Single rider format
- Robust process
Value

- Assessment, “Dementia Friendly” trained
- Non-answer appointment protocol in place
- Significant and growing demand
- Established rider, volunteer relationships

Challenges

- Software costs
- Impediments to cross county ride cooperation (funding, mapping, coordination)
- Declining group ridership
- Availability of volunteers (particularly during winter months) to support Driver Escort Prog
Lift Meeting Notes- Iowa County, Dodgeville 3/23/17

Lori & Ashley- Lift

Norah & Sue- Codeversant

Sky - GWAAR

**General**

- Software- Transit Exec
- 5 county service area Iowa, Green, Richland, Lafayette, Grant also Crawford, Vernon, Sauk
- Most transports come through MCO’s
- 2 day advanced notice ideal, no necessary
- 700-800 transports monthly
- 20- 30 requests daily, 5-10 email request
- 5310 supported
- Single transport and wheelchair access
- 5 wheelchair accessible vans, paid staff, trained, owned vehicles
- MTM brokers with Lift for transport, often with little notice or consideration of destination
- Lift handles ADRC overflow requests
- No prioritization; first come first serve
- Data kept on transportation
- Multi-tiered billing structure
- All Medicaid billable transports must be brokered through MTM

**Challenges**

- Billing
- Intake and transport processing
- Reporting
- Capacity
- Volunteers
- ADRC partnering
- Funding
- Inter-agency transportation coordination

**Open Items**

- Lori reaching out to MCO contacts
- Volunteer Pool
- ADRC Coordination
2 transport options currently “Caravan” & “Driver” Escort program.

General
- No night or weekend availability, 5 days per wk. ADRC hours of operation
- Coordinated by ADRC
- Service provided to Platteville, Dubuque 3X monthly
- Transport to Madison, Grant Cty, and Iowa Cty.
- Call in reservations
- Transport provided for county residents across county lines

Software
- “Custom” program

Bus Service
- Volunteer staffed
- Service available to general public $15 fee
- Group ride format
- No prescribed routes
- Destinations are rider specific
- Call-in reservations
- Marketed service
- 8521 supported
- Good ridership

Driver Escort Program
- Primary focus is transportation to non-emergency medical appointments
- Volunteer driver supported
- Available to those 60+ and disabled
- Out of county transportation
- At home pick up and drop off
- Established user, volunteer, and route familiarity,
- Single rider format

Value
- Significant and growing demand
- Established rider, volunteer relationships

Challenges
- Ridership demand for single rider format increasing
- Need for more increased "specialized “transportation
- Need for service beyond 8-5
- Wheelchair accessibility
Richland County- Roxanne Klubertanz- Call Notes

2 transport options currently “Caravan” & “Driver” Escort program.

General

- 8-5 transportation availability through ADRC, special case exceptions
- Escort Drivers Services & Buses Coordinated by ADRC
- Call in reservations required, coordination with outpatient transport needs
- ADRC Transit Services prohibited in Richland Center by non-compete
- Multiple private providers in Richland Center
- Call in reservations needed
- Transport available to county residents across county lines

Software supported

- Access based data system.
- Home grown system
- In place for 1 year

Bus Service

- Multi bus, 5 day per week capability, currently utilized 3 days per week
- Standard routes with deviation on request
- 4 rider average per day
- Group ride format
- No Richland Center Service
- Call-in reservations
- Highly Promoted service

Value added

- Service for errand completion to rural area
- Low fee schedule
- Significant support for Veterans
- Increased access to county services

Concerns

- Ridership declining, increased ridership needed
- Possible perception/stigma associated with group ride format.
- Access to services and market limited by non-compete

“Driver Escort Program”

- Primary focus is transportation to non-emergency medical appointments
- Volunteer driver and vehicle supported
- Co-pay fee support
- Out of county transportation
- At home pick up and drop off
- Established user, volunteer, and route familiarity,
• Single rider format
• Robust process

Value added

• Assessment, “Dementia Friendly” trained
• Non-answer appointment protocol in place
• Significant and growing demand
• Established rider, volunteer relationships

Concerns

• Software costs
• Impediments to cross county ride cooperation (funding, mapping, coordination)
• Declining group ridership
• Availability of volunteers (particularly during winter months) to support Driver Escort Program
Rock County MSAA Grant; Ryan Booth - Survey Call Notes  2.28.17

General

- 5 day per wk. availability= ADRC hours of operation
- Saturday availability 8-12 PM
- Coordinated by ADRC
- Multi-rider bus service and specialized transport is offered
- No individual rider service supported through
- 12 bus fleet
- Janesville and Beloit have their own bus services
- Call in reservations
- No cross county travel

Software supported

- Rate Match Software
- Route tracking & data collection capable

Bus Service

- Extensive service within county boarders
- 5 day per week service
- Group ride format
- No prescribed routes
- Destinations are rider specific
- Call-in reservations
- Advertised service
- Home pick up and drop off
- Minimal fee service
- 150 riders estimated per week

Concerns

- Funding Support
- Extended hour and outside county transport
- Individual medical appointment transport
- Availability of transport option for employment
Jefferson County- Sharon Olson- Call Notes 3/20/17

General
- Substantial volunteer escort driver supported. ADRC also handles VA transport scheduling
- 4 part-time drivers, 1 full-time driver, 7 volunteers
- Reservation based, fee/donation supported
- Cross county transport

Software supported Aging Unit/ADRC Coordination
- TC Tram

Transport options

Single Rider
- Volunteer based, ADRC coordinated- priority given to medical needs

Group
- One van available

Value
- Schedules Veterans transports
- Transports outside of ADRC operation

Challenges
- More demand than availability
- Demand for employment transport
- Funding
- No call, no shows, cancelations
Walworth County MSAA Grant; Al Stanek – 3/22/17 Survey Call Notes

General

- Shared ride and specialized ride services. Veterans Transport services provided via contracted supplier

Software supported Aging Unit/ADRC Coordination

- Transportation coordination and technology are managed by the contracted provider

Transport options

Shared Ride Service

- Service initiated January 2017
- Available only in county
- Reservations preferred, but transport provided with minimal notification
- Dispatch and data collection are managed by the contracted supplier
- Extended hrs. of service M-F 6AM to 7 PM, Saturday 7AM-5:30PM
- 250 + transports per week

Specialized Transport

- Contracted with Shared Ride provider
- Service provided outside of county 70-mile radius
- Service can be prioritized based on need
- Two-day notice required

Value

- Efficiency
- Competitive RFP opportunity (single bidder this round)
- Block of available resources is defined
- Coordinated dispatch

Challenges

- Shared service and specialized service requirements are different
- Complicated billing
- Client payment management
Appendix F: Second Round Interview Data: User Needs

Mobility Services for All Americans 2017 – WI Grant User Needs Survey Template

Initial Discussion Openers:
- What do you really like about your job (transportation-related)?
- What do you dislike about your job (ditto)?

Refining Problem Identification - Software:
- What do you do repeatedly that makes you nuts?
- Are there tasks you do regularly that have a high error rate?
  (Or) where do mistakes frequently happen in your operations? Recurring mistakes?
- Where do you see bottlenecks in the work i.e., where do you get stuck productivity-wise?

Refining Problem Identification - Coordination:
- Where do you see roadblocks to getting the job done, serving your customer base - for example, jurisdictional issues, hours of day, volunteer availability, volunteer recruiting?
- What do you think your customers would say are other problems that they face - not necessarily with your program but with transportation in your area?
- What do your customers want that you can’t provide?
- What kinds of rides would you love to refer to someone else and what keeps you from doing that?
- Do you have any extra capacity in the day or week?
- When you think about collaborating with other organizations, what issues do you foresee?

Visioning:
- What changes do you see coming that will change your work, for example, funding, legislation, Family Care, TNC’s, social changes/demographic changes?
- Do you feel like you have all the information and data that you need to make good decisions for your operations?
- What kinds of calculations and reports do you have to do and how do you do them?
- What do you think you do well?
- What do you think other providers do well that you don’t or can’t do?
- What do you think you could do better? What would facilitate that? What tasks do you see automation making easier for you?
User Needs Questions Columbia County

Pre-discussion:
(20+ vol Some just 1day/per) Volunteer program... home delivered meals, some to Madison... paid drivers delivered meals and most of business is medical trips.

6 drivers per day 9-1 do meals, weekly schedule for deliveries, some drivers do med transport b4, some after. Have a local and a madison route. Routes planned by hand,

Questions for stakeholders:

What you really like about your job (transportation-related)?
   Talking to people, the appreciative riders,

What do you dislike about your job (ditto)?
   Hearing details of medical issues from riders, trying to get last minute rides
   Volunteer drivers recruited through meal program. 5 meal sites.
   Would be interested in centralized volunteer driver recruitment and onboarding (esp.
Understanding of requirements of the job-- with a ride-a-long. Use a waiver)

What do you do repeatedly that makes you nuts?
   Recurring, standing rides
   Medical appointments clustered in am
   Could use more volunteer drivers for meals to free up paid drivers for medical
   Common sheet everyone could see route sheets are mixed, not ordered by time, making
   geographical sense (not shipping drivers all over, be able to look up calls to be able to verify
   a ride has been scheduled)
   Auto complete addresses.
   Currently have an Access database. Subscription 360 per computer, and only 1 seat (could
   use more seats). $300/year?
   9 vehicles, 12 part-time drivers, some retirees can only work 11 ours per day, sometimes
   hard to tell if they have hours left in a week to take more calls.
   1 Rider outside of hours, or confirmation calls by end of day before or cancel (dont cancel
dialysis)
   24 hr minimum notice, but would be nice to be able see openings in the schedules and be
   able to add late calls on the fly
   Would like to collaborate to fill empty return trips or drive while waiting (have a max of 125
   miles RT)
   Funding: 8521... see Norah's notes... accounting office does the reports from submitted
mileage and hours (they have 3-point verification system). Take cash (drivers have a receipt
book) or check (CC might be fun, except added fee ). Drivers do not have cash or make change, overpayment is considered a donation. (fare is .50/mile, minimum 5.00). Drivers turn it money at the office, goes right to accounting, get a receipt from them and are 2 signers from accounting, and 2 signers to put deposit together.

Portage Cab (is 5310) contracted city of Portage, charge more to go outside city. Sometimes coordinate with healthcare facilities to use portage cab if county has too many calls at a given time, esp. riders in need of chair access vehicles. Portage city limits is pretty firm, think typically won’t take additional money to finish rides outside the city boundary.... Have a new work place in neighboring township... potential to get funds contributed to portage cab to expand boundaries. Employer supported employee carpool coordination

Are there tasks you do regularly that have a high error rate?

(Or) where do mistakes frequently happen in your operations? Recurring mistakes?

Where do you see bottlenecks in the work i.e., where do you get stuck productivity-wise?

Clustered medical calls in am or tail-end of meal routes

Where do you see roadblocks to getting the job done, serving your customer base - for example, jurisdictional issues, hours of day, volunteer availability, volunteer recruiting?

Try to coordinate out-of-county or long trips to be going to the same area at the time/day so can keep a driver working in a certain area, less deadheading

Coordinating health care facilities so we know a call may come in:

Approx. Times of discharge for a will call
Schedule riders that are county riders first and then
Conflicts with their priorities of severity, length of surgery or treatment
Scheduling surgeries don’t know ride time for a will call

What do you think your customers would say are other problems that they face - not necessarily with your program but with transportation in your area?

What do your customers want that you can’t provide?

Too expensive after hours service and weekend

What kinds of rides would you love to refer to someone else and what keeps you from doing that?

Equipment restriction

Do you have any extra capacity in the day or week?

If I could see open pockets easily in driver schedules, and allow fill ins

When you think about collaborating with other organizations, what issues do you foresee?
Fiduciary (very tight budget): would charge more than we can pay, non-payment.... Not being taken advantage of... equity of policy... like Dane employees can take the day before a holiday off, but here we can’t

What is your holiday schedule?

What changes do you see coming that will change your work, for example, funding, legislation, Family Care, TNC's, social changes/demographic changes?

Keep getting more people comfortable driving in town but don’t want to drive with speed, roundabouts, other conditions, city driving....

Family care try to use other vendors, don’t want MTM

Do you feel like you have all the information and data that you need to make good decisions for your operations?

Yes. locations sometimes hard to find

What kinds of calculations and reports do you have to do and how do you do them?

What do you think you do well?

What do you think other providers do well that you don’t or can't do?

nothing! we are best, most reliable.... Well a lift of rearloader, equipment restrictions

What do you think you could do better? What would facilitate that? What tasks do you see automation making easier for you?
User Needs Survey - Iowa County

Initial Discussion Openers:

What do you really like about your job (transportation-related)?

Able to help people (when we can) get them where they need to go. Looking at the data and for areas where we can improve: ridership data comp same time 1 yrs ago or more, trends for planning, # riders, where does the money go, vehicle maintenance, 5310 buses, 2011 or 12

Not enough drivers, at times

What do you dislike about your job (ditto)?

Turning people away, only one bus driver, must have a CDL even in smaller bus (# of people)

Have senior days MF ( more people): leave county thrift store, apple orchard Gays Mills, xmas lights

TF: RT to Dodgeville small bus holds 10 people

Driver escort, volunteer drivers, door-to-door, often short of, esp when snowbirds leave

More advanced notice the more likely we can get a ride. Ask for at least 48 hours, try to use same driver

Refining Problem Identification - Software:

What do you do repeatedly that makes you nuts?

Fuel bills breakout usage per bus, to get cost per month or quarter

Wages for driver, how many on road, bus and volunteer hour loaded and unloaded total service hour, rider type for 5310, 8521 + other like aides or children (less than 60 yrs of age, then trip purpose ed, work, medical

Categories: Disabled, Elderly (Different for county) —Medical, Social, Nutrition etc.

Data pulled from paper (bus) all expenses down to office supplies. Driver hours comes from timesheet.

No fixed routes

General Ledger printout with minimize NUMBER of accounts (Hand Coded)

Driver escort—”Assisted Rides” software (Scheduling)

GL numbers associated with expenses for reporting, when number comes from Fuel pumps rather than GL

Driver escort is all medical and Rx tracked by driver

Stops on bus tallied by driver indicating trip purpose

Are there tasks you do regularly that have a high error rate?

(Or) where do mistakes frequently happen in your operations? Recurring mistakes?

Where do you see bottlenecks in the work i.e., where do you get stuck productivity-wise?
Refining Problem Identification - Coordination:

Where do you see roadblocks to getting the job done, serving your customer base - for example, jurisdictional issues, hours of day, volunteer availability, volunteer recruiting?

Volunteer availability/volunteer; recruiting hours of service (8-430, sometimes a bit before or after), so can’t do evenings, no after hours number bc budget doesn’t allow for it County doesn’t want to pay overtime. Incident report right away, but turn in rides at end of month. track sometimes as cancelled ride in Assisted Rides. Hospitals report ER rides, unmet need leads to sheriff’s depts providing the ride -- very costly, sometimes pt sit in the waiting room til County office opens.

What do you think your customers would say are other problems that they face - not necessarily with your program but with transportation in your area?

Financial aspect: co-pay or total fare
Few options. Affordability, Rural, Bariatric
Hospital and clinic issues: Cancelled appointments (Clients not aware of transportation options.

What do your customers want that you can’t provide?
Free service, rides when no drivers, bus not always door-to-door, on demand service-- applied (5310) for a vehicle to run on demand
Driver escorts usually as non-er medical, funding restriction and lack of volunteers

What kinds of rides would you love to refer to someone else and what keeps you from doing that?
Dialysis, expensive, eats up funding, often are super early in the morning... feeling responsible for doing the service

Do you have any extra capacity in the day or week?
Depends - could be 3 rides or all 20 drivers on any given day - bus has spare capacity (advertise in ADRC monthly newsletter... goes to every house in county... and promotion of driver escort program. also in church bulletins, newspaper)

When you think about collaborating with other organizations, what issues do you foresee?
Different rates, can’t make uniform all have different expenses and wages for volunteer drivers
Admin charges are really different
Have worked to find ways to coordinate across counties, coordinating meeting points for splitting rides, zones vs mileage vs hourly charges, deadhead miles rates
Title 3 $$$ through GWAAR, tax levy, with multiple limits

Visioning:

What changes do you see coming that will change your work, for example, funding, legislation, Family Care, TNC’s, social changes/demographic changes?
Funding 5310 for vehicle purchases, less funding will be available, some already cut for 5310 operating
Family Care (# MCOs determined by the state. have 2nd and a 3rd coming, first 2 were willing to reimburse at fed mi. rate, but new one is not willing-- it really is built into the $ they are paid, but they are trying to cut costs, instead want to pay medicare reimbursement rate) will increase rides, will only pay lowest per mile. ADRCs can’t subsidize per their funding per Medicaid rules, restrictions even on the rides they can take.

Do you feel like you have all the information and data that you need to make good decisions for your operations?

Think so, not totally automated, but can get it

What kinds of calculations and reports do you have to do and how do you do them?

What do you think you do well?

Program has good driver training→ care for clients, notifying someone when trouble with client;

Good relationship with Board, always looking for ways to improve, able to better bridge staff turnover and more organized, 3-4 yrs using Assisted Ride

What do you think other providers do well that you don't or can't do?

Does everyone have to turn so many people away? Since we just have the busses, does that limit our ability to do door-to-door.

What do you think you could do better?

Not piece information together. Reports. More types of reports expand program.

What would facilitate that?

Software. Data entry. Flow

What tasks do you see automation making easier for you?

Scheduling of rides. Allowing drivers to choose riders. Hours on road limit; restrictions; Areas; Personalities (Confidentiality Issue); Driver doesn’t want passenger.
User Needs Questions LIFT (SWCAP) Iowa, Grant, Green, Richland, Green, Crawford, Sauk Co’s

Lori at LIFT

MSCW
Tools to allow non-computerized transportation providers (eg., on a website). Tools available via a secure website, private to each provider, to receive, track and bill orders electronically.

Structure and tools to facilitate brokering full and partial payments of trips between various county-based funding sources.

Tools to facilitate sharing rides between (MM) jurisdictions.

Tools to assist mobility managers to track and report on billings from different providers (contracted vendors and volunteer drivers and to different funders (a little confusing if you don’t outsource any rides)

Tools to interact more effectively with MTM

Tools to track demand comprehensively (after hours, etc) to gauge unmet needs.

Tools to track and reimburse volunteer drivers (mileage, etc)

Tools to track demand comprehensively (after hours, etc)

Tools to track and reimburse volunteer drivers (mileage, etc)

Questions for stakeholders:

What you really like about your job (transportation-related)?

Logistics & people problem solving

What do you dislike about your job (ditto)?

Third party incorrect information is often frustrating, so busy, reports especially from handwritten, incomplete driver logs

What do you do repeatedly that makes you nuts?

reports especially reschedules constantly like dialysis, same day rescheduling calls and drivers

Are there tasks you do regularly that have a high error rate?

(Or) where do mistakes frequently happen in your operations? Recurring mistakes?

Transit Exec software does not allow editing of collected data, for instance when a passenger moves they get sent to wrong address

Where do you see bottlenecks in the work i.e., where do you get stuck productivity-wise?
Last minute stuff, changes exhaustion from volume there are so many steps to make ride happen: contact person and caregiver and don't know how long appointment will be (usually with an MCO) time could be wrong. Lots communication pieces where thing could go wrong; social workers are bombarded, can't remember when they call what info will be needed, sometimes leads to a lot of background work to get all the info.

Where do you see roadblocks to getting the job done, serving your customer base - for example, jurisdictional issues, hours of day, volunteer availability, volunteer recruiting?

- volunteer availability in certain areas, time to recruit, communication issues (phone tag with riders, riders don't have phone service or enough minutes), driver availability and riders understanding how to make sure they have a ride ("the social worker said you could drive me...")

What do you think your customers would say are other problems that they face - not necessarily with your program but with transportation in your area?

- MTM never shows up (can you quickly come take us bc ....)

What do your customers want that you can't provide?

- 1am return trips from work; 3am dialysis runs; certain areas lack drivers (Greene, Crawford, and Richmond, and kinda Lafayette... but may have a grant to recruit more in these areas)
- illegal immigrants driving w/o licenses

What kinds of rides would you love to refer to someone else and what keeps you from doing that?

- Short in town rides; hard to find drivers for them (grant co shared ride taxi through ADRC and if their jurisdiction went a little bit further out than 8 miles...8521 $)

Do you have any extra capacity in the day or week?

- Some with volunteer drivers... when they are available... tricky Q
- Do have more open seats in vehicles

When you think about collaborating with other organizations, what issues do you foresee?

- Insurance possibly, wait time on one end or the other for splits, personality conflicts and sex offender type issues, jail transport...or Riders appointment goes from 1 hour becomes 4 hours for, who do drivers report to after hours, what if other agency’s driver finishes shift at 5pm, but passenger is still in ER ; how trips are counted for rides vs busses
- Territoriality issues, with volunteers drivers and who will be the recruiter... @ swit meetings: confidentiality issues, who is the driver committed to

- Could get routed pick ups and drop offs esp w/ dialysis esp could really work well
- SWIT volunteer driver... accuracy is a still an issue (bc of worry abt volunteer drivers being pinched

What changes do you see coming that will change your work, for example, funding, legislation, Family Care, TNC's, social changes/demographic changes?

- Political climate may lead to less funding, drivers aging out and needing recruitment methods for new generation of drivers
Do you feel like you have all the information and data that you need to make good decisions for your operations?

Other agencies withhold information,
drivers don’t always complete forms and has to looked up, hand written forms, some illiteracy, lost paper, switching sort by drivers to pay mileage then by passenger for billing
MCOs don’t always have the correct information

What kinds of calculations and reports do you have to do and how do you do them?
Excel volunteer hours miles passenger trips counties purpose who paid who provides miles (loaded and unloaded) hours entered into excel by hand

What do you think you do well?
Pretty good at making the ride happen, recruiting (use drivers to recruit), low error rate, doing great considering ratio of drivers to rides

What do you think other providers do well that you don't or can't do?
group/bus trips

What do you think you could do better? What would facilitate that? What tasks do you see automation making easier for you?
Efficient accuracy effective use of time, reduce work monotony
In kind hours versus ...

Anything else you are hoping for or dreading
Looking forward to having a bigger pool of drivers, coordinating rides, reducing repetitive miles

We refer first and then only run leftovers and are doing tons of rides... 33 rides w/ 110 legs

5310 8511 is pretty flexible

Trouble is insurance companies for volunteer drivers 1099 14¢ charitable rate driver ends up paying tax on 55¢ - 14¢... non-profit not sending 1099 is a real problem sharing drivers when different policies followed
User Needs Survey - Green County

Initial Discussion Openers:
Who:
Katie, Secretary... Mobility Manager
Morgan... Aging - Group trips
Rae, Admin - pays drivers, stats for reports - trips, miles, hours. Funders and separate funds
Linda, Manager of ADRC, LT Care
4 county ADRC for SW WI. Collaboration, but separate due to legalities... Green Iowa Grant Lafayette

Initial Discussion Openers:
What do you really like about your job (transportation-related)?
MM: Involve with consumers and volunteers, building familiarity and trust
Program development, to meet needs, good feeling of getting access to services for people who couldn’t get there otherwise

What do you dislike about your job (ditto)?
No drivers avail, late ride requests, passengers don’t know the destination
1000s questions, finding drivers for calls, shuttles not fully utilized, more people on the routes (ads: newspapers radio website newsletter); must have 3 riders min. (shuttle to Monroe for day from outlying areas)
Not filling shuttles
Dealing with authorizations per trip; no contract with Inclusa (MCO)
** Taking unloaded as well as loaded miles
Idea: Single way to cost allocations for rates and keeping the same across counties

Refining Problem Identification - Software:
What do you do repeatedly that makes you nuts?
Manual entry on spreadsheets with no double check; no exception reports, manual trip cross check across drivers.
Write call info over and over on paper for call taking: rider record and common destinations, passenger attributes/needs-- notes, DB of locations
Would be great to be able to enter calls and be able to offer them to drivers and know when they pick a call up rather than calling all drivers over and over for each ride

Are there tasks you do regularly that have a high error rate?
AM/PM and other communications issues -- call confirmations: IVR/SMS
Clinics forwarding calls to ADRC
Clinic/hospital follow up appointments that require transportation services
Automated reporting 8521/5310 reports; benefit to county report, pickup drop locations (heatmaps?)

(Or) where do mistakes frequently happen in your operations? Recurring mistakes?

Where do you see bottlenecks in the work i.e., where do you get stuck productivity-wise?

Phone tag with riders/drivers

**Refining Problem Identification - Coordination:**

Where do you see roadblocks to getting the job done, serving your customer base - for example, jurisdictional issues, hours of day, volunteer availability, volunteer recruiting?

Volunteers work hard, escorted rider #s growing, but not # of volunteer drivers, don’t compete with Monroe Brown Cab Taxi, 1-2x per month folks call that are afraid of cab or the taxi voice on the phone... also don’t want to ride with MTM (Medicaid Broker);

Maybe batch upload of calls from clinics rather than emails and faxes, verifies the ride was requested by clinic

What do you think your customers would say are other problems that they face - not necessarily with your program but with transportation in your area?

Availability: hours of the day, weekends, wheelchair accessibility on Sat (family events)

Discharges from hospital, one-to-one service when they want it...

Not tracking unmet needs

100 driver escort rides/mo

Cost

Non-medical out-of-county is very expensive

*** get into Vet transport, ADRC does most of it here not DVA (1x per week from Freeport IL 1st pick), could offer the grant writing for the vets ....

**** doing a lot more rides budget is getting tighter, increased elderly, growing awareness, want escort not shuttle, shuttle to medical doesn’t really work...

** sugar river transit, did #s of interested riders ahead of time; contract with Brown Cab to go 1x per week local foundation pilot grant → 8521... or expand Monroe rideshare taxi to cover New Glarus... but pilot running flat just over a year, some initial riders have died, priority .... Event organizing?

What do your customers want that you can’t provide?

What kinds of rides would you love to refer to someone else and what keeps you from doing that?

Cab just outside of town costs too much, defined by Monroe

Do you have any extra capacity in the day or week?
Shuttles (3, Have a 4th coming, a van...LG 14 passengers or 11 with 1 wheelchair)

Do transport to adult daycare routes (2/4th wed yo Monroe (2/4th tues of Monroe
1st thur of month Janesville
3rd thurs to Madison

Volunteer burnout

When you think about collaborating with other organizations, what issues do you foresee?

Volunteer burnout... how applications/training are hired, reimbursement rates, loaded/unloaded miles....common fee structure

Visioning:

What changes do you see coming that will change your work, for example, funding, legislation, Family Care, TNC’s, social changes/demographic changes?

Less $ from usual sources (real cuts to 5310 in rural areas), increased fuel cost, aging population

Do you feel like you have all the information and data that you need to make good decisions for your operations?

Rider wants/needs, what will they use...

What kinds of calculations and reports do you have to do and how do you do them?

5310/8521 by hand in spreadsheets

What do you think you do well?

What do you think other providers do well that you don’t or can’t do?

Cabs: On demand, bar time grant

What do you think you could do better? What would facilitate that? What tasks do you see automation making easier for you?

Less paper shuffling for each ride, increasing tech ability of drivers
User Needs Survey Rock County

Initial Discussion Openers:

What you really like about your job (transportation-related)?

Helping people out, people don’t know what the MM job is. Is doing a lot more than just coordinating vehicle transport; also working on bike and pedestrian safety, etc.

What do you dislike about your job (ditto)?

Love what he is doing. Nothing, but having to tell people he doesn’t have the resources. Tries to direct them to other resources.

Residents using EMS to get to hospital instead of finding transportation to a primary physician.... Or using sheriff depts to do transports for ERs, very expensive

Refining Problem Identification - Software:

What do you do repeatedly that makes you nuts?

Repetitive phone calls confirming this user has been spoken to.... Shared notes to make sure correct information across department used to use CARES system from WI economic support

Report writing: now all in excel would like to have more about ride type, would like bar graphs, pie charts

Are there tasks you do regularly that have a high error rate?

Rates are different for bus fares for instance btwn Beloit and Janesville, could be easier to get correct info to them... express bus between funded by business... → 4 fares in all

(Or) where do mistakes frequently happen in your operations? Recurring mistakes?

Where do you see bottlenecks in the work i.e., where do you get stuck productivity-wise?

Backup and recovery

Refining Problem Identification - Coordination:

Where do you see roadblocks to getting the job done, serving your customer base - for example, jurisdictional issues, hours of day, volunteer availability, volunteer recruiting?

Fixed route systems, funding for buses, 2nd-3rd shift workers, maybe vans or smaller buses to accommodate these, would be a great to try a pilot maybe grant funding, collaboration with bus co. and serving folks with mobility devices.

What do you think your customers would say are other problems that they face - not necessarily with your program but with transportation in your area?

What do your customers want that you can’t provide?

Free rides, fares are reasonable but still out of reach for some
What kinds of rides would you love to refer to someone else and what keeps you from doing that?

Enter person’s location etc and get a listing of what is available to serve them: programs available, transportation provider and get schedule, capacity to handle various disability, door-to-door...

Do you have any extra capacity in the day or week?

Use RouteMatch... does it track denials? How if you deny when on the phone... need reason for and time/location of request.

**Rock CO Transit** at capacity, is door-to-door service for folks with disability

They do paratransit for Janesville and Beloit

When you think about collaborating with other organizations, what issues do you foresee?

Would like to... would like a volunteer driver, business and medical facilities

**Visioning:**

What changes do you see coming that will change your work, for example, funding, legislation, Family Care, TNC’s, social changes/demographic changes?

Want to get out and hear from folks, local office hours for rural areas evening and Sundays, bring co. committee to hear also

Social Media

Call Center, always someone answering the phone, able to give some info.

Braille business cards

Boating btwn Beloit & Janesville not just bike/ped

Do you feel like you have all the information and data that you need to make good decisions for your operations?

What kinds of calculations and reports do you have to do and how do you do them?

5310 contacts & financial report, would like to have some more detailed info about the contacts to work with

What do you think you do well?

MM networking, what the program is out in the community, presentations with rider training and a ride. Working with the kids to ride the buses to school. Working Social Media, learning for others in the MM networking the state, writing articles

What do you think other providers do well that you don't or can't do?

DRM, is a creature of MTM, sell insurance to low paid drivers...

What do you think you could do better? What would facilitate that? What tasks do you see automation making easier for you?
User Needs Questions Walworth County

Questions for stakeholders:

What you really like about your job (transportation-related)?
Discussion ensued about statewide data set, esp. Trip Purposes
Provider, VIP Services (sheltered workshop, 2 contracts with them: specialized transportation & Dial-a-Ride) See black graph
Provider has 30+ vehicles
Only responder to Walworth County RFP
VIP just signed a contract with a new software provider - Al doesn’t know who
Importance of training user groups for software!

What do you dislike about your job (ditto)?

What do you like ....?
Work is worth it, basic necessity that you are facilitating.

What do you do repeatedly (esp. that makes you nuts)?
Quarterly reports....utilization, costs, performance measures. Weekly manifest every week from VIP, pivot tables

Are there tasks you do regularly that have a high error rate? How do you identify/find/correct the errors?
(Or) where do mistakes frequently happen in your operations? Recurring mistakes?
4 monthly invoice from manifests is gone through by hand....exception looked for:
%NS, outliers
Average cash fare... monitor cash handling
hours as extrapolation of miles (new software will have actual miles)

8520 by hours, specialized by trips

Al does his report by average # of business days - avoids scatter created in monthly reports due to diff # of days

Where do you see bottlenecks in the work i.e., where do you get stuck productivity-wise?
Billing shared ride trips by the hr is disincentive to provider, NoShows are an issue (4-6% would like 3%-- developed a NS policy for NS w/o 2 hour notice leads to a 1 week suspension)
Where do you see roadblocks to getting the job done, serving your customer base - for example, jurisdictional issues, hours of day, volunteer availability, volunteer recruiting?

No volunteer drivers in Walworth

Whitewater issue, they have a shared ride taxi run by Brown cab and coordinate better

Whitewater - Local share is mostly revenue-generated; hauling students to bars.

Brown cab has policy - charge for out-of-jurisdiction rides (this is actually a municipal decision, not Brown Cab)

Local private taxi $28 for ride to Fort Atkinson where medical center is located, SRT fare ____, but VIP does it for $2.50

Richmond to Whitewater, have to send a van from Elkhorn.... If Brown cab could expand their boundaries in less ¾ # miles.... Transportation needs don’t stay within municipal boundaries... a lot of obstacles in RFP process from the state (prob federal issue, actually)

What do you think your customers would say are other problems that they face - not necessarily with your program but with transportation in your area?

Don’t like carry on policy: only 2 grocery bags, etc.

New service

What do your customers want that you can’t provide?

Immediate, same day service wanting to cross the county line to Burlington medical facility, grocery stores for NE co residents across the line, Whitewater could go to Elkhorn for groceries but would $28, so go to Fort Atkinson

What kinds of rides would you love to refer to someone else and what keeps you from doing that?

Specialized side: discharge pickups from Taycheeta (women’s prison), etc and commitments, (some 8521, but not charged to that) 1 day driver out of service and drivers are not prepared

Do you have any extra capacity in the day or week?

No, have capacity problems= lack of drivers.... General diversified recruitment (balance seniors),

When you think about collaborating with other organizations, what issues do you foresee?

What changes do you see coming that will change your work, for example, funding, legislation, Family Care, TNC’s, social changes/demographic changes?

Growing populations, political pressures to privatize systems

Do you feel like you have all the information and data that you need to make good decisions for your operations?

Think so...

What kinds of calculations and reports do you have to do and how do you do them?
What do you think you do well?

What do you think other providers do well that you don't or can't do?
  Amazed (I am in WI Assn of Mob Mgrs) Washington County & Outagamie Co (not in WAAM) both have shared ride systems could share a lot with smaller providers - WAAM outreach

What do you think you could do better? What would facilitate that? What tasks do you see automation making easier for you?
  Consistency of data
  Uniform data across platforms for reports to state who control funding
## Appendix G: Design Sprint MoSCow MVP Full Scores

### Agreements, Contracts, MOUs

<table>
<thead>
<tr>
<th>Item To be Addressed by the Solution</th>
<th>Must</th>
<th>Shall</th>
<th>Could</th>
<th>Won’t</th>
</tr>
</thead>
<tbody>
<tr>
<td>Who needs to be at the table? County Admin, Transit Agencies, Employers, Council Members</td>
<td>11</td>
<td></td>
<td></td>
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<tr>
<td>Shortage of volunteer drivers</td>
<td>7</td>
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<tr>
<td>Negotiated agreements with MCOs to avoid fighting repayment</td>
<td>6</td>
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<tr>
<td>Sell to County Boards: better service for lower cost</td>
<td>4</td>
<td>3</td>
<td></td>
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<tr>
<td>Get decision makers to ride the bus</td>
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<td>4</td>
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<tr>
<td>Coordination at the regional level</td>
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<tr>
<td>Sustainable Funding</td>
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<td>3</td>
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<tr>
<td>MOUs/Agreements re: utilizing what’s available (ex vehicles used 1-2x/wk)</td>
<td>3</td>
<td>2</td>
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<tr>
<td>Driver Qualifications</td>
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<tr>
<td>Service Characteristics – Door to Door</td>
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<tr>
<td>Item To be Addressed by the Solution</td>
<td>Must</td>
<td>Shall</td>
<td>Could</td>
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<tr>
<td>Volunteer drivers already drive for multiple program coordinated rides, but need prior authorization</td>
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<tr>
<td>What to charge</td>
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<tr>
<td>Employment transportation leads to collaborative group</td>
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<tr>
<td>Coop agreements protect existing providers – benefit local economy, benefit rider</td>
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<tr>
<td>Software considerations: id, location, gps, zip code</td>
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<tr>
<td>Fallback agency of last resort for rides no one else does (regional)</td>
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<td>Policy Decisions</td>
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<tr>
<td>Who is the Decision Maker?</td>
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<td>Clearing house for rides</td>
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<td>Regional Entity</td>
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<td>Volunteer drivers can cross jurisdictions and could do additional rides</td>
<td>3</td>
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<td>Consistent rates</td>
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<tr>
<td>Who gets the subsidized rate? If no, what rate is used?</td>
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<tr>
<td>Need Back up plans</td>
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<tr>
<td>Change funding restrictions regarding serving cross jurisdictional rides</td>
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<tr>
<td>No good clearing house, especially for available vehicles and drivers</td>
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<td>Hubs</td>
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<td>Needs to be negotiated – HIPAA</td>
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<td>Different County Policies</td>
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<tr>
<td>Not Every Jurisdiction has same agreements with MCOs</td>
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<tr>
<td>Relationships ex: Rider likes a specific provider</td>
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<tr>
<td>No Sense of Community</td>
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<tr>
<td>Rider qualifications differ (age, etc)</td>
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</table>
# Outreach, Recruitment & Communication

The table below shows the items to be addressed by the solution, along with the corresponding must, shall, could, and won't categories:

<table>
<thead>
<tr>
<th>Item To be Addressed by the Solution</th>
<th>Must</th>
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<th>Could</th>
<th>Won't</th>
</tr>
</thead>
<tbody>
<tr>
<td>Use public comment section of trans committee meetings</td>
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<tr>
<td>Jurisdictions – who does the driving</td>
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</table>

## Item To be Addressed by the Solution

### Consistent marketing – dual purpose: targets same

<table>
<thead>
<tr>
<th>Item</th>
<th>Must</th>
<th>Shall</th>
<th>Could</th>
<th>Won't</th>
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</thead>
<tbody>
<tr>
<td>Consistent marketing – dual purpose: targets same</td>
<td>7</td>
<td>3</td>
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### Driver incentives for driving and recruiting

<table>
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<tr>
<th>Item</th>
<th>Must</th>
<th>Shall</th>
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<td>Driver incentives for driving and recruiting</td>
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### Messaging benefits: Community self, role model

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<th>Item</th>
<th>Must</th>
<th>Shall</th>
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<tr>
<td>Messaging benefits: Community self, role model</td>
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### Driver appreciation

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<td>Driver appreciation</td>
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### Training overall

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<th>Item</th>
<th>Must</th>
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### Policy

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### Social Media Overall

<table>
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<tr>
<td>Social Media Overall</td>
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### Social Media Recruitment

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<td>Social Media Recruitment</td>
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### Auto enroll in AARP

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<th>Shall</th>
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<th>Won't</th>
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<td>Must</td>
<td>Shall</td>
<td>Could</td>
<td>Won't</td>
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<td>------------------------------------------------------------------------</td>
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<tr>
<td>Member only website Ride Logistics</td>
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<tr>
<td>Ease of Onboarding</td>
<td>1</td>
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<tr>
<td>Member only website overall</td>
<td>1</td>
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</tr>
<tr>
<td>Statewide/regional marketing person</td>
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<tr>
<td>Driver Mapping</td>
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<tr>
<td>Social Media marketing</td>
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<tr>
<td>Driver club</td>
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<tr>
<td>Marketing plan scheduled posts, sample posts</td>
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<td>Social Media Regular Communication</td>
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<tr>
<td>Training mandatory on how to do the job</td>
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<tr>
<td>Share Drivers as related to IRS Rules</td>
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<td>Radio ads and morning show</td>
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<td>Regional transportation team meeting</td>
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<tr>
<td>Target recruitment</td>
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<tr>
<td>Auto enroll in something</td>
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<td>Driver Recognition</td>
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<td>Volunteer Center</td>
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<tr>
<td>Member only website internal communication</td>
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<tr>
<td>Training personal development/inspirational</td>
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<td>Training Insurance co. programs</td>
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<tr>
<td>Skills assessment other than driving</td>
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<tr>
<td>Long distance trips</td>
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<tr>
<td>Flexibility of Commitment</td>
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<tr>
<td>Farm out entire program, incl agreements, quality</td>
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<td>6</td>
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### Data

<table>
<thead>
<tr>
<th>Item To be Addressed by the Solution</th>
<th>Must</th>
<th>Shall</th>
<th>Could</th>
<th>Won't</th>
</tr>
</thead>
<tbody>
<tr>
<td>HIPAA parameters, legal opinion, shared training/standard</td>
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<tr>
<td>Reports, driver hours, trip purpose, loaded/unloaded miles, trip miles, # rides, origin/destination data mapped</td>
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<tr>
<td>Unmet needs reports, including employment, rides</td>
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<tr>
<td>Ability to customize reports</td>
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<td>Client satisfaction report, shared qualitative measure</td>
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<td>No loads (track by MCO, client cost fees, admin time, coordination fees)</td>
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<td>Shared ride data coord with common destinations</td>
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<td>Unified MCO Rates</td>
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<td>Reports Cost input to revenue/ride, outlier exception report, compared across systems or years</td>
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<td>Cause, after hours, hospital discharge</td>
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<tr>
<td>Item To be Addressed by the Solution</td>
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<td>Could</td>
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<tr>
<td>w/wheelchair</td>
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<td>Doors database (which doors are accessible at public places like hospitals)</td>
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<td>Passenger preferences/attributes, ESL/language/speech, behavior issues</td>
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<td>Time of day for reports and other crucial demand</td>
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<tr>
<td>Understanding trends</td>
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<td>Record most frequently traveled route data</td>
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<td>Unmet sedated rides</td>
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<td>SWRPC data/heatmaps</td>
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<td>Line plot rides (origin connected to destination)</td>
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<td>Permissions – what we will all share, what each county will allow</td>
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<tr>
<td>Sharing across rates, donation based</td>
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<td>Permissions – grant funding doesn't need to be shared</td>
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<tr>
<td>Level loading across counties</td>
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<tr>
<td>Reports origin/destination data mapped – show cluster vs outlier, overlaps across adrc providers</td>
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<tr>
<td>Reports trip purpose</td>
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<tr>
<td>Client referrals</td>
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<td>Rates, rider qualification, REAs 55 vs 65 years</td>
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<tr>
<td>Permissions, generic block numbers at pickup (no client names)</td>
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<tr>
<td>Complicated to make rate changes (multi boards and approvals)</td>
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<td>Unmet bariatrics rides</td>
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Software

<table>
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<th>Must</th>
<th>Shall</th>
<th>Could</th>
<th>Won't</th>
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</thead>
<tbody>
<tr>
<td>Track reoccurring places/locations and trips/appointments</td>
<td>7</td>
<td>1</td>
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<tr>
<td>Data tracking for reporting and operations</td>
<td>7</td>
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<tr>
<td>Security</td>
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<tr>
<td>Both tabular data and maps</td>
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<td>IT Dept approval</td>
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<tr>
<td>Same info entered multiple times</td>
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<td>Map integration</td>
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<tr>
<td>Future access guarantees</td>
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<tr>
<td>User based licenses are an issue</td>
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<td>Most rides scheduled at least 1-2 days ahead, except for exceptions</td>
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<td>Google maps all the time</td>
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<td>Wireless data issues</td>
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<td>Up to date catalogue of agencies and services and funding restrictions</td>
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<td>No policies for no shows</td>
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<tr>
<td>Keep track of denials/rejections</td>
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<td>Mostly repeat rides, some short term</td>
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<tr>
<td>Item To be Addressed by the Solution</td>
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<tr>
<td>---------------------------------------------------------------------------------------------------</td>
<td>------</td>
<td>-------</td>
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<tr>
<td>Not a lot of routing (1 at a time) except some outliers</td>
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<td>Group rides (mixed buses) demand is growing</td>
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<td>Data validation on the fly</td>
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<td>Providing situational intelligence when interacting with clients (issues, past usage)</td>
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<td>Tracking volunteer availability</td>
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<td>Ongoing development needed</td>
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<td>Calendar integration</td>
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<td>Client history is important</td>
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<td>Self-service (with limits)</td>
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<td>Would like open access to data to extract more value after the fact</td>
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<td>Text msg reminders/notifications</td>
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<tr>
<td>Many drivers have smart phones, but not all and some reject them</td>
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<tr>
<td>Use google maps to generate directions for drivers</td>
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<tr>
<td>Some rides routed/reimbursed to/from home, not all, some routed from office (paid)</td>
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<tr>
<td>Resource limits prevent on-demand</td>
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<tr>
<td>Some software provided by IT department</td>
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<tr>
<td>Self-service access to vehicles (BYOD)</td>
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</table>
7.0 Dictionary of Acronyms Used in the Document

<table>
<thead>
<tr>
<th>Acronym</th>
<th>Description</th>
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<tbody>
<tr>
<td>ADRC</td>
<td>Aging and Disability Resource Center</td>
</tr>
<tr>
<td>API</td>
<td>Application Programming Interface</td>
</tr>
<tr>
<td>APTS</td>
<td>Advanced Public Transportation Systems</td>
</tr>
<tr>
<td>CRM</td>
<td>Customer Relationship Management</td>
</tr>
<tr>
<td>DSDM</td>
<td>Dynamic System Development Method</td>
</tr>
<tr>
<td>GPS</td>
<td>Global Positioning System</td>
</tr>
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<td>GWAAR</td>
<td>Greater Wisconsin Agency on Aging Resources</td>
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<tr>
<td>MAP-21</td>
<td>Moving Ahead for Progress in the 21st Century Act - the current Highway Bill</td>
</tr>
<tr>
<td>MCO</td>
<td>Managed Care Organization, also sometimes known as CMOs</td>
</tr>
<tr>
<td>MoSCoW</td>
<td>Must-Should-Could-Won’t, A Minimum Viable Product development exercise</td>
</tr>
<tr>
<td>MPO</td>
<td>Metropolitan Planning Organization</td>
</tr>
<tr>
<td>MSAA</td>
<td>Mobility Services for All Americans</td>
</tr>
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<td>RFP</td>
<td>Regional Planning Commission</td>
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<td>SDLC</td>
<td>Systems Development Lifecycle</td>
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<td>SRT</td>
<td>Shared-Ride Taxi</td>
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<td>TMCC</td>
<td>Travel Management Call Center</td>
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<tr>
<td>WisDOT</td>
<td>Wisconsin Department of Transportation</td>
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