



ASSESSMENT OF CAPACITY TO MEET TRANSPORTATION NEEDS OF PERSONS WHO EXPERIENCE INTELLECTUAL & DEVELOPMENTAL DISABILITY IN SEDGWICK COUNTY

**PREPARED FOR:
SEDGWICK COUNTY COMMUNITY DEVELOPMENTAL DISABILITY ORGANIZATION**

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29 October 2019

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Acknowledgements

This report was made possible by a grant from the Sedgwick County Developmental Disability Organization (SCDDO). We wish to thank the SCDDO staff; in particular Jeannette Livingston, Dee Nighswonger, Heather Pace and Rebecca Sutter. We are grateful for the assistance of the transportation staff who taught us about routes, reimbursement and 5310 grants. Many thanks to case managers and persons served who contributed to a better understanding of the transportation opportunities and challenges individuals who experience I/DD and live in Sedgwick County face.

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*“Perhaps no other barrier inhibits community inclusion more than the lack of appropriate, accessible, and available transportation.”
p. 274, Sherman & Sherman (2013)*

Reliable, Safe, Affordable Transportation

Reliable, safe and affordable transportation affects every aspect in the life of a person who experiences intellectual or developmental disability (I/DD). Transportation is an essential part of every domain of life functioning including self-determination, inclusion (participation), personal development (habilitation and education) as well as physical, emotional and material well-being (Sherman & Sherman, 2013; Buntinx & Schalock, 2010). It connects individuals who experience I/DD with a range of individualized supports including day and residential services, medical care, social activities, work and more. It is an essential tool in person-centered support and in person-centered support planning; to fully participate, transportation appropriate to the needs of each person served is required.

Cognitive, behavioral, physical and/or medical conditions can limit access to the opportunities transportation affords. Negotiating unknown terrain and routes, troubleshooting travel disruptions, these are among the challenges. Navigating a fixed route public transport or paratransit system without the assistance of a caregiver, care attendant, friend or family member can be difficult. In many cases, using public transportation without support is not possible.

Organizations affiliated with the Sedgwick County Developmental Disability Organization (SCDDO) are meeting many of the transportation needs of the 2,500 individuals who experience I/DD and live in Sedgwick County. As noted in the 2018 WAMPO Human Service Public Transit plan, there are opportunities to collaborate and coordinate. This report will explore how persons served use transportation. What modes? At what cost? What steps could improve coordination and delivery of this essential service?

The hope is this report will contribute to an ongoing conversation involving the SCDDO, persons served, caregivers and policymakers about how to best meet the transportation needs of individuals living in Sedgwick County.

Overview of the Study

The SCDDO provided investigators de-identified BASIS (Basic Assessment and Services Information System) assessment data for the years 2000-2019. An annual BASIS assessment is used to determine eligibility and service needs. It includes assessment of physical, cognitive and behavioral challenges that could affect transportation use. The most recent BASIS assessment was used for this report. A BASIS and tier assessment along with demographic characteristics for 2,521 individuals who experience I/DD and live in Sedgwick County were used in this analysis.

It is important to note not everyone who lives in Sedgwick County and experiences I/DD is represented in these data. In September 2019 there were over 4,107 individuals across Kansas on the I/DD waiting list including at least 1,000 in Sedgwick County. Individuals on the waiting list are not included in the analysis. It is likely the demographic characteristics and service needs of those on the waiting list are similar to persons served by affiliates of the SCDDO.

Since the majority of persons served experience, per state statute, MR/DD (mental retardation or developmental disability), this group will be the primary focus. MR/DD must present between birth and age 18 or manifests before the age of 22. Individuals who experience MR/DD make up 71% of these data.

Table 1. Characteristics of 2,523 Persons Served in Sedgwick County with BASIS Assessment in 2019

<u>Demographic</u>		
Male	62%	1556
Female	38%	967
Minority	32%	803
White	68%	1718
<u>Tier</u>		
Tier 1	17%	443
Tier 2	18%	455
Tier 3	24%	603
Tier 4	16%	395
Tier 5	22%	558
Tier 0	3%	70
<u>I/DD</u>		
MR/DD	71%	1782
Autism	28%	707
<u>Behavioral</u>		
Medication - Psychosis	38%	960
Medication - Anxiety	23%	586
Medication - Depression	26%	656
<u>Physical</u>		
Uses a wheelchair	12%	309
Seizures in last year	15%	308
Medication - Seizures	29%	742
Cerebral Palsy	13%	324

2544 persons in BASIS; 21 persons no BASIS assessment (missing)

There are 49 agencies affiliated with the SCDDO. In total, 53 staff members and 22 individuals who receive services from SCDDO affiliates (persons served) were interviewed. Investigators spoke with chief executive officers, transportation directors, program staff as well as persons served and caregivers at 14 agencies that provide residential, day services and/or targeted case management.

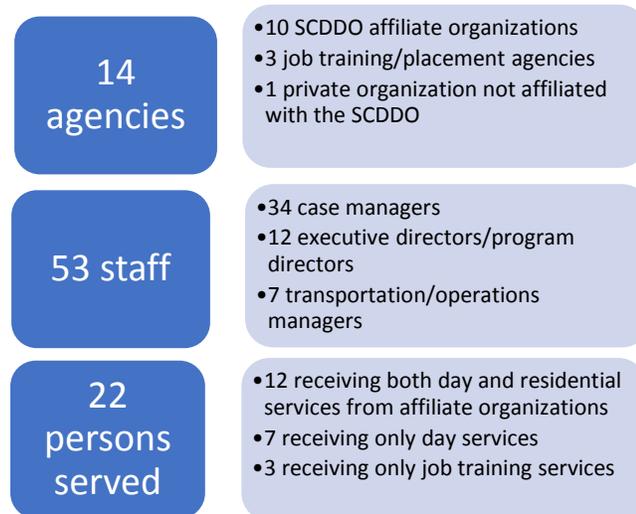


Figure 1. Data sources

The focus of the report will be residential and day programs that provide the majority of transportation involving persons who experience I/DD and live in Sedgwick County. As a frame of reference for these agencies and the persons served, among the 2,521 represented in BASIS assessment data in the most recent year:

- eight out of every ten (84%) received TCM ($n=2,149$)
- four out of ten (43%) were part of day services ($n=1,090$)
- one in three (31%) was in a residential program ($n=796$)

Nearly 100% of those in a day program received TCM. Ninety-four percent of those in residential services were part of a day program. Roughly two-thirds of residential participants (69%) also participate in a day program. Agencies affiliated with the SCDDO that provide all three services - residential, day and case management - are the largest transportation providers.

“The ideal transportation system will take a person served wherever he or she wants to go, whenever she or he wants to go.”

Interviews and data from SCDDO affiliates provide insight on the logistics and cost of providing transportation. Three affiliates (CPRF, KETCH and Starkey) shared de-identified trip data investigators used to analyze routes, reason for travel and cost. Transportation directors and program staff provided information on the affiliate’s transportation fleet, how transportation is staffed and how the agency covers the related cost.

Interviews with case managers, program staff and persons served focused on transportation use and access. Each interview was recorded and written up for analysis. Details on how existing transportation services are used helped identify and map transportation gaps. Conversations with administrators shed light on the limitations of both transportation funding and, therefore, routes.

Using these three data sources - BASIS assessment, interviews and travel data - the report presents analysis and recommendations in the following areas.

- current transportation system
 - providers
 - routes
 - cost
- transportation experiences of persons served
 - access to services; medical to social
 - support needs of those using transportation
- approaches that could increase support for and improve delivery of transportation

This study was approved by the Institutional Review Board (IRB) of Wichita State University. Informed consent was obtained from agencies and individuals participating. Each investigator completed and received CITI certification in the area of basic social science research.

Self-Determination and Community Inclusion

The Americans with Disabilities Act (1990), the Rehabilitation Act (1973) and the U.S. Department of Health and Human Services' Center for Medicare and Medicaid Services (CMS) have made community inclusion a priority. Inclusion involves self-determination as well as opportunities to fully participate in the community; from supportive services to work opportunities. Studies have found a number of factors contribute to community participation and inclusion. For persons who experience I/DD, social supports, access to medical professionals as well as access to social and recreational venues are important (Schalock et al., 2010; Bogenschutz et al., 2015).

ADA

The Americans with Disabilities Act (ADA) of 1990 became the first civil rights law prohibiting discrimination against individuals experiencing disabilities. ADA legislation was created to ensure those who experience disabilities have the option to obtain employment, attend school, access transportation, be present in public and private spaces and participate in the community.

To achieve inclusion, transportation that is accessible to all regardless of ability is key. What is more, individuals who experience physical, developmental and/or intellectual disability require access to transportation for which they have the appropriate training, navigational aids and assistance above the minimum standards set by the ADA (Autism Self Advocacy Network, 2011).

To live in the community, an individual who experiences I/DD must be able to get to and from home, school, day services, medical appointments, work and social activities (Jansuwan, Christensen & Chen, 2013; Wasfi, Levinson, & El-Geneidy, 2006). If a person served is using public transportation, this requires comprehension, memory, literacy and problem solving skills (Blais & El-Geneidy, 2014; Carmien et al., 2005; Sherman & Sherman, 2013). Safety concerns, cognitive and behavioral challenges, these and other factors can affect a person's capability to use public transport (Davies, Stock, Holloway, & Wehmeyer, 2010; Samuel et al., 2013). Under these circumstances, transportation provided by agencies that specialize in serving persons who experience I/DD may be most effective. Staff familiar with a person served can be on hand to provide support when and where needed.

Transportation Services

The mission of the SCDDO and its 49 affiliates is to provide supportive services that enable persons served to “experience life according to their preferences.” Achieving this goal requires being a full participant in the community. Transportation is an essential ingredient. Transportation connects persons served with things big and small; e.g. groceries, training, employment, social activities, healthcare and more.

To use transportation, it must be available. The SCDDO estimates 17% of those eligible to receive services in Sedgwick County, live outside of the City of Wichita. Some persons served who live in the City of Wichita use Wichita Transit; i.e. on-demand fixed route bus and paratransit van service. Rita's Rides and Wisdom Travels are two for-profit transportation companies that agency staff mentioned in interviews. However, public transit (fixed routed and paratransit) is not available outside the City. Since 2016 when \$1.3 million in Wichita Transit funding for transportation services provided by agencies ended, service in Wichita and outside of the City provided by agencies has decreased.

Investigators found a small number of persons served using fixed route bus and paratransit services. In interviews with persons served and agency staff, the largest number of persons served at any agency who reported using the fixed route bus system was 11. Interviews with two affiliates identified 10 individuals at each who use paratransit. Most persons served are being transported by agencies affiliated with the SCDDO. Among the 22

persons served interviewed, 11 (59%) arrived at a day program via transport provided by an affiliate. Two arrived by means of paratransit. Two drove to the day program. Six arrived by other means; most often driven by a family member or friend. The most common reason for a trip is transporting persons served from residential to day services and back again. Persons served are also being transported to other activities in the community, to family events, to work and to medical appointments.

Transportation is not part of day or residential services under the Kansas Home and Community Based Services (HCBS) I/DD waiver. Non-emergency medical transportation (NMET) is available through the State Medicaid plan; however, NMET does not support transportation to destinations other than non-emergent medical care.

Transportation Provided by SCDDO Affiliates

A large day program located downtown describes how participants arrive each day. This program offers limited transportation to participants who live nearby. The rest arrive by other means. Depending on the day, staff interviewed estimated vehicles come from as many as six different agencies. Each day wheelchair accessible vans, mini-buses and buses transport persons served. In addition to SCDDO affiliates, persons served arrive via Sedgwick County Transportation (public) and Rita's Rides (private). Most are transported by the largest SCDDO affiliates that offer transportation service.

Persons served are most frequently traveling from residential to day services and back. Some are traveling to jobs at Goodwill, Center Industries, KETCH or Starkey. Others are being transported to work at a Dillions grocery store or restaurants such as Olive Garden, Wendy's or Carlos O'Kelly's. Students are making trips to school; e.g. Dunlap Transition Campus at Chisholm (part of USD 259). There are social trips during the day, in the evening and on weekends. Often residential staff are providing transport to day services as well as evening and weekend activities.

Each affiliate maintains a fleet of minivans, vans and buses that include wheelchair accessible vehicles. Drivers are often staff in an agency's residential or a day program. This could reduce transportation costs. Since drivers are trained, experienced and familiar with persons served, drivers may be able to provide physical, cognitive and behavioral support.

Table 2. SCDDO Affiliates Providing Transportation

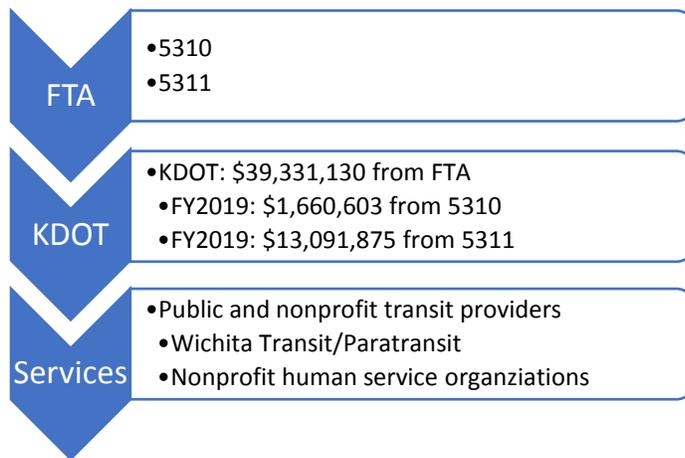
<u>Agency</u>	<u>Vehicles</u>	<u>NEMT</u>	<u>Staff Driver</u>	<u>Hours of service</u>	
				<u>Start</u>	<u>End</u>
Arrowhead West	17	yes	yes	7:30 a.m.	9:00 p.m.
Catholic Charities	7	no	yes	7:30 a.m.	4:30 p.m.
Cerebral Palsy Research Foundation	4	yes	yes	6:00 a.m.	5:00 p.m.
Dream Vision	6	yes	yes		
KETCH	75	yes	yes	6:30 a.m.	10:00 p.m.
New Hope Services (Medicalodges)	6	no	yes	8:30 a.m.	4:00 p.m.
Starkey	107	no	yes	6:00 a.m.	10:00 p.m.

In addition to transportation to and from residential and day services, work and social events, there are trips for medical care. Arrowhead West, CPRF, KETCH and Dream Vision provide NEMT (non-emergency medical transportation). Research has found medical transport increases use of health care and reduces other health costs (Wallace, Hughes-Cromwick, Mull, 2006; Wallace, Hughes-Cromwick, Mull, Khasnabis, 2005).

NEMT is part of the State Medicaid plan and is reimbursed by Medicaid. Day and residential services are part of the State's I/DD HCBS waiver services reimbursed by Medicaid. Transportation not is service that is covered by the State's I/DD HCBS waiver.

KETCH and Starkey provide a substantial proportion of all transportation. Together, these two agencies have a fleet of nearly 200 vehicles (Table 2). Some vehicles in agencies' fleets have been purchased and/or are operated using 5310 grants from the Federal Transportation Authority (FTA). FTA grants are dispersed through Kansas Department of Transportation (KDOT) and regional organizations such as WAMPO (Wichita Area Metropolitan Planning Organization). Nonprofit organizations can apply to KDOT or WAMPO for 5310 grants.

Figure 2. Public funding for transport



Agencies purchase vehicles with the help of FTA and KDOT 5310 specialized transit formula grants. This grant can be used to purchase new vehicles such as vans and buses as well as to purchase accessibility equipment such as wheelchair lifts and ramps. The grant can be used to improve door-to-door service. Agency staff describe having to “juggle” vehicles purchased using 5310

when delivering services reimbursed by Medicaid.

Residential, day and TCM providers have large fleets and transport the most persons served. These agencies include:

- Starkey
- KETCH
- ResCare
- Catholic Charities
- Arrowhead West
- Cerebral Palsy Research Foundation (CPRF)

In 2010 Catholic Charities Adult Day Services, Cerebral Palsy Research Foundation, Envision, KETCH and Starkey began to receive FTA funding from Wichita Transit to transport persons who experience I/DD. In 2014, after a review of compliance, coordination and public access it was determined Wichita Transit had not completed a competitive procurement process for the contracted transportation providers. A Request for Proposal (RFP) was issued and potential paratransit providers submitted applications to the City. In 2015, a cost-benefit analysis determined that it would be more cost effective to provide paratransit ‘in-house’ rather than through contracted agencies. By the end of 2016, the \$1.3 million that service agencies were receiving was reinvested in Wichita Transit’s Paratransit system.

Figure 3. Wichita Transit transportation funding ends



After the loss of Wichita Transit funding, agencies affiliated with the SCDDO made significant changes. Starkey increased fees from \$110 to \$125 per month and reduced its transportation service area. Another agency that had not previously charged for its transportation service, introduced a fee. KETCH accelerated consolidation of residential homes to reduce the area covered by its transportation service.

"We lost a lot of clients after we lost that funding and had to implement a fee scale."

Half of Wichita Transit funding had gone to Starkey to provide half the rides. Monthly transportation fees for Starkey and other affiliates have increased. Agencies are becoming more reliant on fees to cover transportation costs to access medical, school, work and social activities.

Monthly transportation fees range from \$50 to \$174 (Table 3). For persons served who do not pay a monthly fee, individual one-way rides can be scheduled. Rates for a one-way ride range from \$2.50 to \$4.35 per ride (Table 3). NEMT rides are reimbursed by MCOs (managed care organizations) at approximately \$25 to \$30 per ride. Monthly fees range from \$50 to \$147 (see Table 3).

Table 3. Monthly transportation fees

<u>Agency</u>	<u>Day or Residential</u>	<u>Day & Residential</u>	<u>Per Ride</u>
Arrowhead West	\$125	\$50	
Dream Vision	\$100	\$50	
KETCH	\$147/\$174*	\$147	\$3.68/\$4.35*
New Hope	\$150	\$100	
Starkey	\$125	\$125	\$2.50

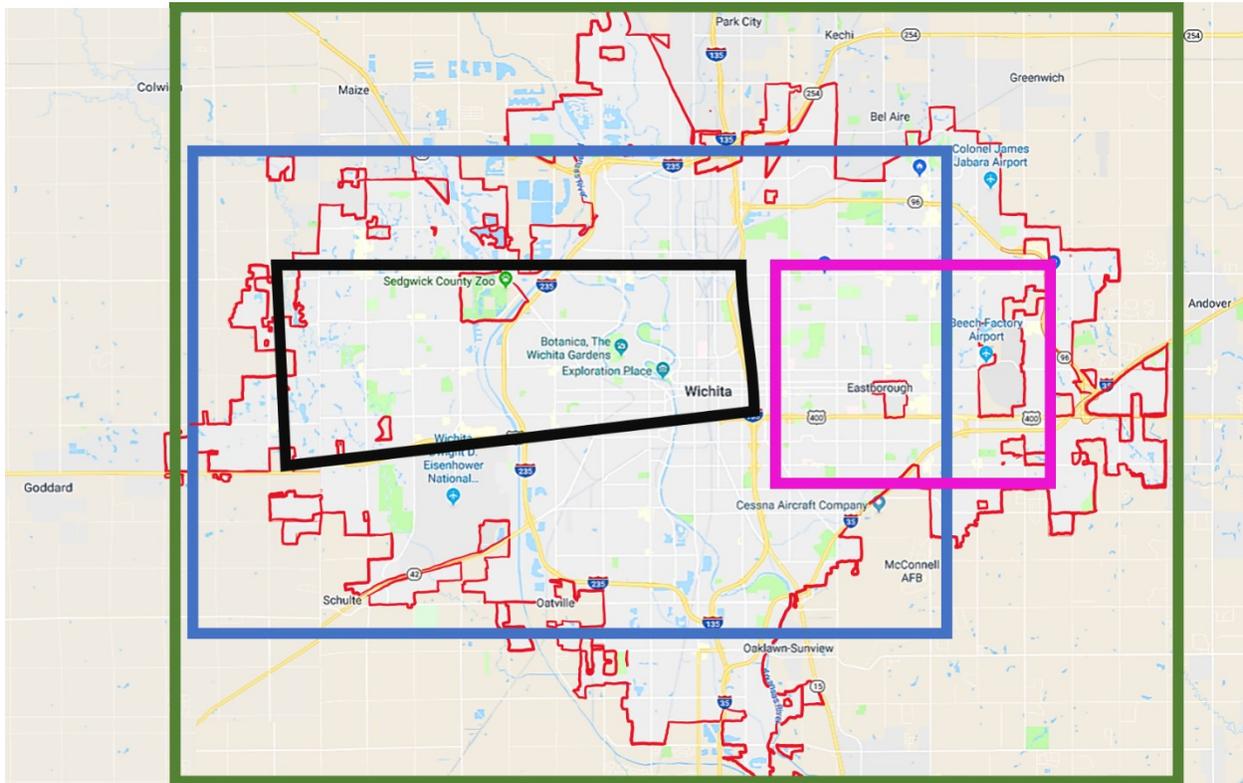
* \$174 if distance traveled is ten miles or more

SSI (Supplemental Security Income) the most likely resource tapped to cover transportation fees. The current monthly federal rate is \$783 plus a \$32 supplement from the State; a total of \$815 in SSI benefits per month.

The actual transportation cost per person, per trip and per agency is difficult to assess. One agency estimated the actual cost for NEMT rides is \$40 per trip. The NEMT reimbursement rate is lower. Agencies consistently reported fees do not cover actual transportation cost. The gap between payment and cost cannot be determined with these data.

Based on interviews and trip data investigators received from SCDDO affiliates, the maps that follow illustrate changes in transportation boundaries. This is another way agencies are managing transportation cost. When funding ended, Starkey reduced its transportation footprint from 1,000 square miles (Sedgwick County) to 200 square miles (City of Wichita). Eleven individuals who no longer lived in the agency's transportation zone, could no longer be served.

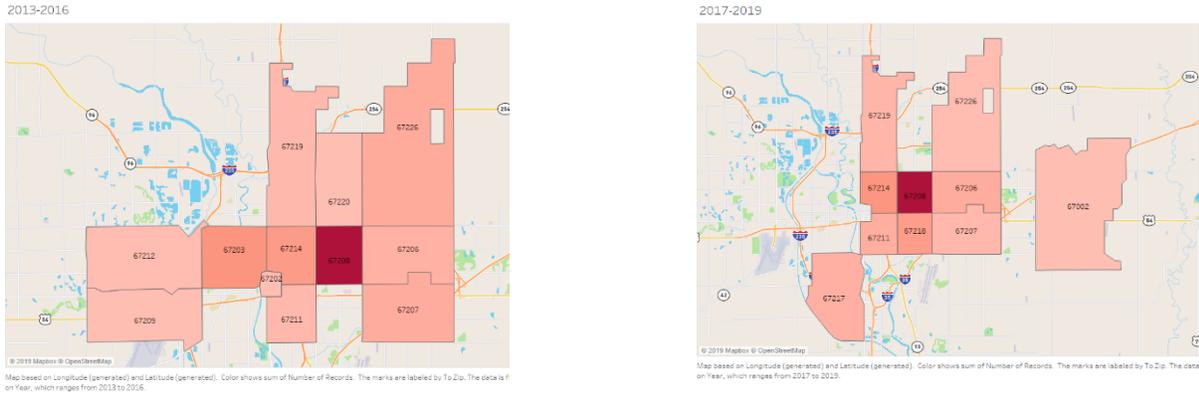
Figure 4. Transportation boundaries – Arrowhead West, KETCH, Starkey, Catholic Charities & CPRF



- City of Wichita perimeter
- Arrowhead West Boundaries
- KETCH Boundaries
(Park City, East of Goddard, North of Derby, West of Andover)
- Starkey Boundaries
(45th St, Webb Rd, 47th St, 135th St)
- Catholic Charity Boundaries
(Maize, 21st St, Hydraulic, Kellogg, Maize)
- CPRF Boundaries
(21st St, Greenwich, St. Joe's Hospital, Harry St.)

To manage the loss of City of Wichita/Wichita Transit funding, in northeast Wichita CPRF now provides non-emergent medical rides (NEMT) to persons who experience I/DD. This reduced the number of rides. Between 2013 and 2016 (image on the left), CPRF provided 481 rides. From 2017 to 2019 the agency delivered 171 rides (image on the right).

Figure 5. Comparison of Transportation Area – CPRF

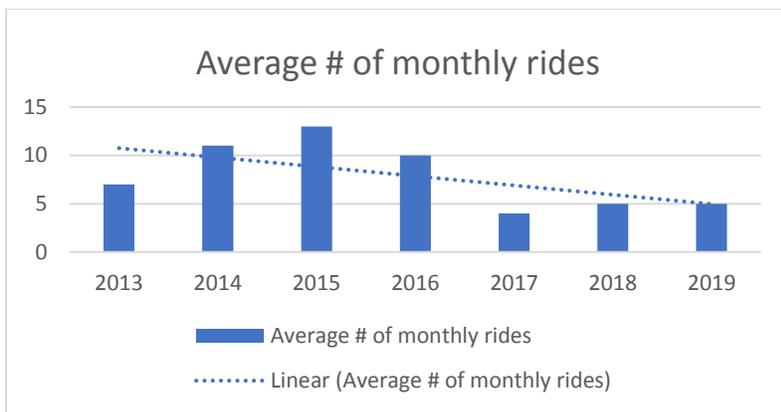


Transportation area – 2013

Transportation area – 2016

The average number of monthly rides decreased after City funding ended in 2016.

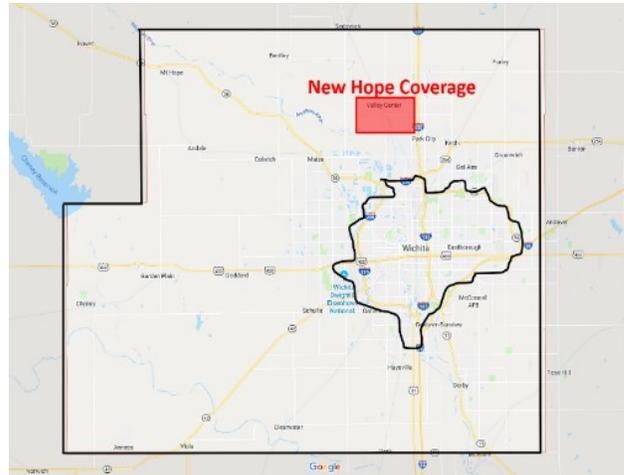
Figure 6. Average Monthly Rides – CPRF



CPRF trip destinations for persons served are most often for medical care. This service is reimbursed by NEMT. CPRF uses LogistiCare and Access2Care to schedule rides and bill Medicaid. LogistiCare is software used by two MCOs (managed care organizations), Aetna and United Healthcare. Sunflower, a third MCO, uses Access2Care. The State contracts with MCOs to manage Medicaid. The reimbursement rate with Sunflower is \$30 per leg. The rate is \$25 per leg with Aetna and United Healthcare. CPRF estimates the actual cost per leg is \$40.

Persons served outside the City of Wichita have been affected by the reduced geographic area served by providers in the City. New Hope Services, for example, is located in Valley Center. This affiliate provides residential, day and case management services. The residential program serves 27 individuals. Forty participants receive case management. Two persons served work at Goodwill and one works at KETCH. New Hope provides transportation within Valley Center, to Newton and to Wichita. As Figure 7 shows, most of the transportation service New Hope delivers is in Valley Center.

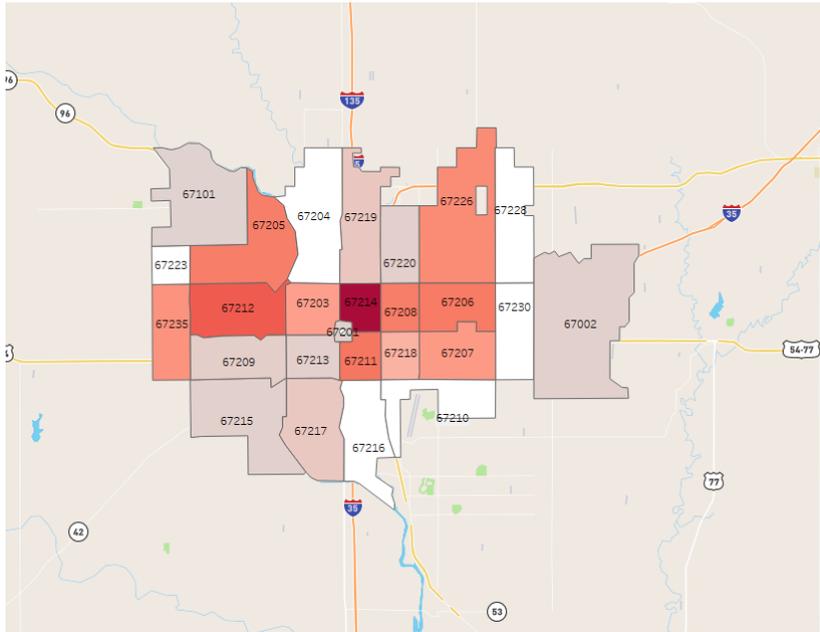
Figure 7. Transportation – New Hope



Wichita Transit and paratransit do not serve Valley Center. Transportation to services in the City of Wichita is more difficult for those who live independently or at home outside of the City in Sedgwick County. Without access to transportation provided by agencies like New Hope, persons served depend on family and friends for transportation.

Three agencies provided ride data that includes a destination zip code. Most trips in these data involve medical care. It is therefore not surprising that zip code 67214, where several health clinics are located, is most frequented. The map below shows zip code destinations. The darker zip codes are where agencies are most often transporting persons served. White blocks indicate zip codes in Wichita the three agencies are not transporting individuals to or from.

Figure 8. Destinations – Starkey, KETCH & CPRF



Although agencies recoup some of the cost of transportation through fees and reimbursement, SCDDO affiliates report transportation expense consistently exceeds transportation revenue. To reduce expenses, service providers have reduced the transportation service area and/or increased fees. Among four of the six agencies that lost funding:

- 3 increased transportation fees for persons served
- 3 decreased the distance traveled to pick-up or drop-off
- 2 both increased fees & decreased transportation boundaries

Agency staff reported in interviews that because of these changes, some individuals who only receive day services are no longer able to access this service due to boundary changes and/or fees. One agency receives 5310 grants that have offset some of the operating funding lost from the City. In addition to grants, this agency increased fees. Even so, the agency is no longer able to provide outings to day participants outside the City of Wichita. Despite changes in logistics (boundaries) and funding (fees), SCDDO affiliates consistently report losing money delivering transportation.

“To this day, we are still struggling financially from the decision that was made.”

Transportation provided by Wichita Transit

While most persons served use transportation services provided by the largest SCDDO affiliates - programs that offer day, residential and case management services - there are a small number of persons served who use fixed route bus and paratransit service. Both services are provided by Wichita Transit (City of Wichita). Interviews and BASIS assessment data provide a number of reasons why persons served are more likely to use the transportation services of an SCDDO affiliate. One reason is many persons served require training and/or on-board cognitive support that is not available on either fixed route or paratransit.

- Among the 2,523 individuals represented in BASIS, 8 out of every 10 have an assessed need for total support in order to use public transit
- Individuals who experience less acute I/DD (tiers 4, 5 & 0) are most likely to use public transit and, on average, are 4 times more likely to be assessed with a need for total support to use public transit

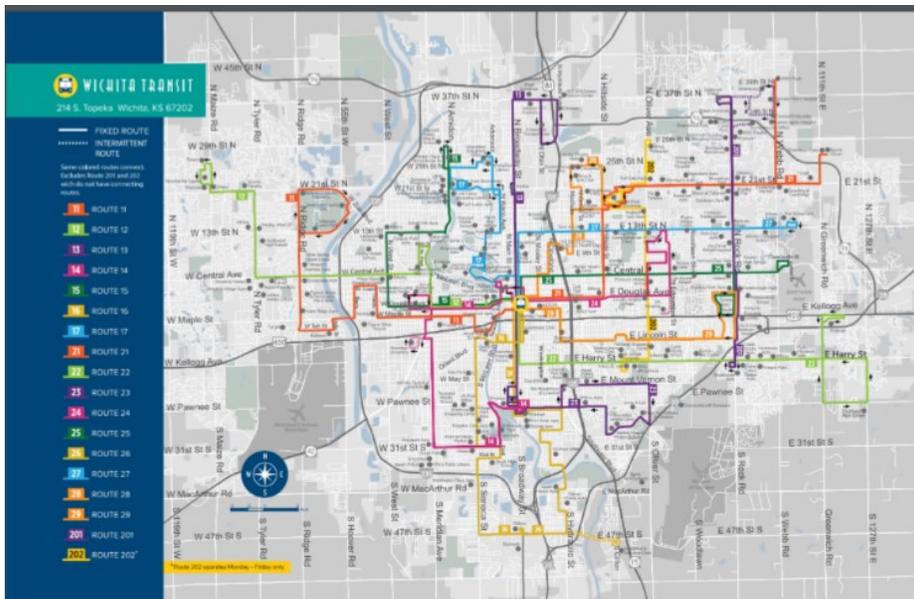
Another reason for limited use of public transit has to do access.

- Wichita Transit primarily serves the City of Wichita. Persons served who live in Sedgwick County outside of the City must travel into the City to use public transit.
- The bus and paratransit systems are not available after 7 PM or on Sundays.
- Persons served and/or a designee must apply. Once eligible, a ride must be scheduled by the person served or a caregiver at least 24 hours and no more than 7 days in advance. The subscription service to schedule regular rides to work or appointments is currently full. There is a waiting list. For those who are using the subscription service, it can be terminated if the person served is not present for transport at the scheduled time.
- Fixed bus route and paratransit scheduling often involve long wait times for persons served.
- Bus and paratransit services are not available in the evenings or on Sundays.

Wichita Transit – bus service

Wichita Transit operates 18 fixed bus routes and a paratransit service. Wichita’s fixed route and paratransit systems comply with ADA. Buses and paratransit vehicles are equipped with a wheelchair lift or ramp.

Figure 9. Wichita Transit - Fixed Bus Routes



The dots (circles) on the map above are bus stops. A few fixed bus routes travel near program sites of agencies affiliated with the SCDDO. Some bus stops near programs have been added or a flex route has been introduced to accommodate persons served.

Persons served attending Dunlap Transition Campus at Chisholm (USD 259) use and are learning to use public transit. KETCH provides training for persons served on how to use the bus.

Fixed route passengers who have a disability may apply for a half fare card. This makes using a fixed bus route more affordable for a person who experiences I/DD. ADA requires paratransit fares be no more than twice the amount charged for a trip of similar length on a fixed route. The fare for a one way paratransit trip (Table 4. Wichita Transit fares) just meets this criterion. Compared to fixed route fares, the cost of a one way paratransit trip is higher.

Table 4. Wichita Transit fares

	Bus fare	Bus w/ half fare	Paratransit fare
one way trip	\$1.75	\$0.88	\$3.50
2 weekly passes/10 ride pass	\$50.00	\$25.00	\$34.00
monthly pass/20 ride pass	\$55.00	\$27.50	\$68.00

All fixed route and paratransit services operate within the City limits. Hours of operation are the same for both systems: Monday through Friday from 5:30 AM to 7:30 PM and Saturdays from 6:00 AM until 6:30 PM.

A consistent concern expressed during interviews with persons served and agency staff is being able to get to and from work using either a fixed route bus or paratransit in the evening. Persons served may be able to get to work or a social activity but not back home. Some persons served have changed jobs based on the bus schedule.

In interviews with agency staff and persons served, the most frequent transportation challenges include the following.

- Connections to services in the City of Wichita are difficult to make for persons served who live outside the City limits. There were reports of persons served being driven into and out of the City to connect with transportation.
- Persons served working evening hours or attending evening or Sunday work or social events are unable to use fixed route or paratransit at these times.
- Extended wait times and travel times at bus stops and for paratransit are another set of challenges.

Interviews with staff at SCDDO affiliated agencies as well as with persons served suggest a small number are currently using the fixed route or paratransit systems. Most persons served in residential programs rely on transportation provided by an agency. However, investigators learned of about 10 persons served at KETCH who are using the bus. Catholic Charities and Starkey each reported approximately 10 persons served who regularly use paratransit. It is possible persons served are not aware of the City's paratransit service. Getting a subscription and scheduling a ride may be barriers. However, when persons served use a fixed bus route or paratransit, it brings a sense of accomplishment.

Wichita Transit – Paratransit service

Wichita Transit employs 20 paratransit drivers to operate 24 paratransit vans (including wheelchair accessible vans). Over 1,000 individuals have been determined eligible for paratransit. It is unknown how many of those eligible for paratransit experience I/DD. This would be difficult to determine using the Eligibility Application. On average, 350 to 400 paratransit trips are scheduled daily. Wichita Transit estimates 20% of paratransit trips are medical appointments.

Personal care attendant(s) do not pay to ride in a paratransit van. An attendant could be a family member, friend or agency staff. Travel companions who are not an attendant, pay the same fare as a person served who qualifies for paratransit service.

Individuals are eligible for paratransit if there is evidence the person is not able to independently use a fixed route system; i.e. unable to transfer from one route to another due to physical, cognitive and/or behavioral challenges. When this is the case, a determination of “standard eligibility” or “Category 1” is made.

————— *“Persons served need door-to-door service. Paratransit is curb-to-curb.”*

To use paratransit, a person served or a caregiver must apply. The five-page application has two parts. The first portion is completed by the person served or a designee. A second section is written by a medical professional who provides information about ability and mobility. Once a determination of eligibility is made, it is in place for three years.

—————

Scheduling a “standard ride,” involves a rider or caregiver contacting Wichita Paratransit at least 24 hours in advance and no more than one week before a trip. A subscription service can set up for regular trips to school, work or medical appointments; i.e. trips that happen at the same time and on the same day each week. These regular subscription trips may be scheduled over a period of up to 30 days. Subscription riders do not have to call to schedule each individual trip. As of this writing, the subscription service is full. There is a waiting list. For those eligible for paratransit, the only option now is to call at least 24 hours in advance and schedule a standard trip. A caregiver or staff person most likely makes this call.

While a paratransit van does provide curb-to-curb service, the driver does not escort a person to the door. When agency staff are driving, a person served is more likely to receive door-to-door assistance if needed.

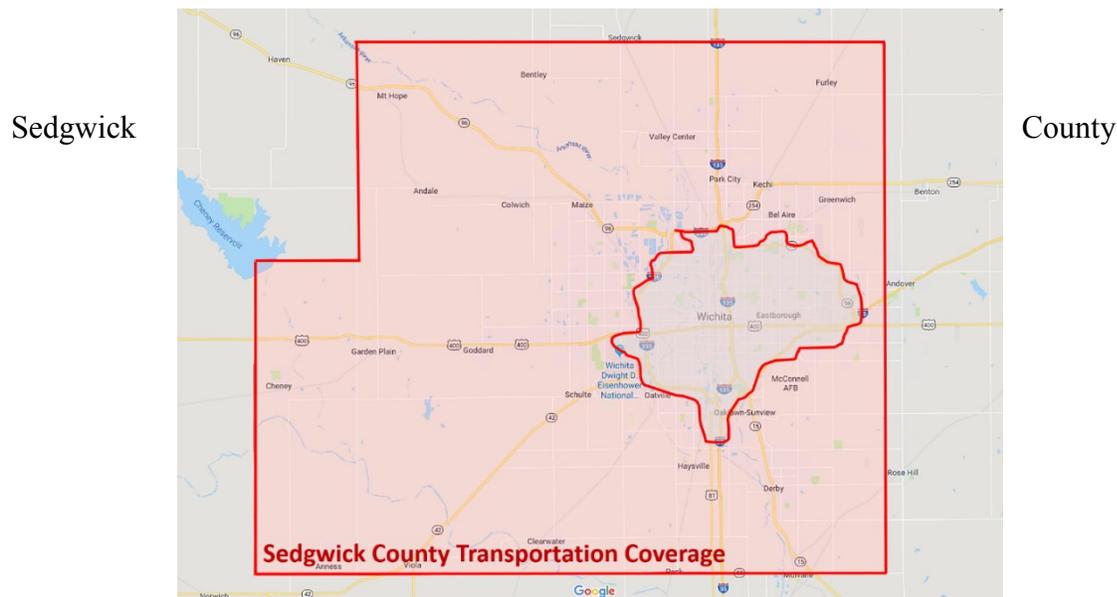
For those riding paratransit, most have difficulty securing a subscription. Many persons served are unable to call and schedule their own ride. This leaves coordination up to case managers, residential staff or family members. Calling 24 hours in advance does not accommodate spur of the moment trips. Each trip must be planned in advance. If a ride is scheduled and missed in the morning, paratransit will cancel the afternoon ride, leaving the person served to find last minute transportation on their own. Missed rides can result in cancelation of a subscription.

Program providers are hesitant to schedule evening activities since bus and paratransit systems do not run in the evening. One provider reported adjusting program hours due the schedule of the bus system.

Sedgwick County Transportation

Sedgwick County Transportation serves older and differently abled adults who live in the County. It picks up and drops off outside the City limits. The service uses seven minivans including one that is wheelchair accessible.

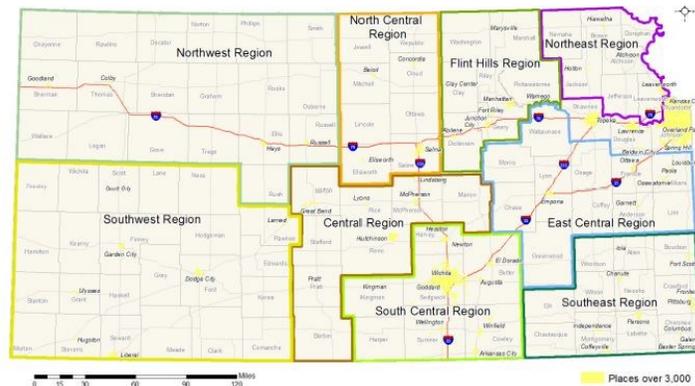
Figure 10. Sedgwick County Transportation service area



Transportation is designated as the administrator for the South Central Coordinated Transit District (District 9). As such, it receives funding from the 5311 rural program grant and disperses these funds in Butler, Cowley, Harper, Harvey, Kingman, Sedgwick and Sumner counties.

Figure 11. Coordinated Transit District – South Central

A Coordinated Transit District brings together representatives from state and local government as well as human service organizations to better serve seniors, low-income households and persons who experience I/DD. In addition to coordinating public transit, this group develops regional transportation routes to serve riders traveling from city to city for services, jobs and community activities. KETCH, Starkey, Envision and CPRF (Timberline Transportation) participate in the Region 9 Coordinated Transit District.



Other Modes of Transportation

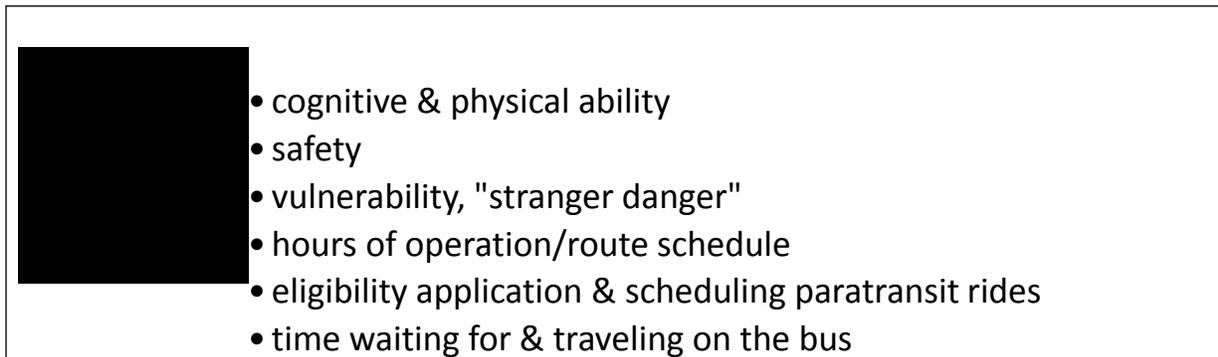
More than half the 22 persons served interviewed discussed transport to day services. This was a function of the interview setting which was a day program. Some persons served had been transported from a group home while others were picked up from their own home. Some got a ride from a family member or friend. Two persons served reported driving to day services. Others discussed their use of paratransit. A few talked about walking to and from places.

Many persons served rely on family to travel to destinations in the community. About half of those interviewed depend on agency transport to get to and from residential and day services. Residential staff will also transport residents of a group home to other destinations. Some rely on family to participate in community events such as Special Olympics. Persons served want to go to a baseball game, to a museum and to the store.

Critiques of transportation options from persons served include:

- taxis are too expensive
- do not feel comfortable on public transit
- Wichita Transit and Paratransit do not operate in the evening or on Sundays
- no public transportation option to get into and out of the City

Figure 12. Circumstances that affect transport use



The next section will explore these themes with the help of BASIS data.

Cognitive & Behavioral Support for Public Transport Use

Eight out of every ten persons served represented in BASIS were assessed to be in need of total support to make a direct trip using public transportation. While public transportation

Using public transportation for a direct trip

- *In 2002, 71% of persons represented in BASIS were assessed to be in need of total support in order to use public transportation*

- *In 2019, 81% were in need of total support*

is not the only form of transportation used by persons served, it is a question in BASIS that provides a point of comparison. This section will analyze support needed to use on-demand, fixed route and/or paratransit services among the 2,523 persons represented in these data.

Going back in time, BASIS shows the need for support to use public transport has increased since 2007. In 2007, the percentage of persons served in need of total support was 71%. By 2019, it was 81%. Over the same time period, the percentage of persons served able to use public transport independently decreased from 11% in 2007 to 4% in 2019.

Persons served who are most likely to use public transportation, (tiers 4, 5 & 0) are four times more likely to need total support to use public transit. Persons served may be more likely to receive training to use the bus and/or to receive cognitive support while riding when using transportation provided by an agency that specializes in serving individuals who experience I/DD. Mobility may also be a factor. Twelve percent of those represented in BASIS use a wheelchair; however, the proportion of persons who

use a wheelchair and need total support are about the same. Since public transit vehicles are wheelchair accessible, this may not be a major factor.

The largest residential and day providers - Starkey, KETCH, ResCare, Arrowhead West, Cerebral Palsy Research Foundation (CPRF) and Catholic Charities (day only) – provide transportation and transportation support. KETCH, for example is providing training for persons served to ride the bus. Participants in these programs are just as likely to require total support for public transportation. In fact, the proportion is a bit higher for day program participants; 91% with a BASIS assessed need of total support compared to 81% for all persons represented in BASIS. Day participants may be getting travel support; however, those who are not participating in day services are four times more likely to be assessed in the total support category (odds ratio 4.03, $p \leq .01$). This is also true for persons served who are not participating in residential services (odds ratio 3.5, $p \leq .01$) and not participating in case management (odds ratio 3.71, $p \leq .01$). Service engagement is associated with more support for public transport use.

Using public transit requires person-specific and setting-specific skills and behaviors. Being able to attend to as well as interpret signs and signals, understanding time - there may be a one hour window before paratransit arrives or 20 minutes before the next bus - are among the skills needed. An ability to manage money or a travel voucher, being able to follow multiple steps, these are also part of the process (Sherman & Sherman, 2013).

Cognitive ability, behavioral and physical challenges, these factors can affect public transportation utilization. Eight out of ten persons served require support; e.g. help following two-step instructions. Table 5, below, shows the percentage of persons served with an assessed need for total support. Among those with an assessed need for total support, 74% were not able to read or to comprehend a simple sentence. The items in

Table 5 are all measures of cognitive ability.

Table 5. BASIS Cognitive Ability & Total Support to Use Public Transport

	<u>% Total Support</u>
Unable read/comprehend simple sentence	74%
Unable perform simple addition & subtract	64%
Unable to understand 2-step directions	62%
Unable to distinguish left & right	58%
Unable to tell time to nearest 5 minutes	57%

Behavioral factors may also affect public transport utilization (Community Engagement Institute, 2016). BASIS also includes assessments of behavioral factors; e.g. frequency of disruptions such as tantrums, verbal abuse and resisting supervision. Each has a small, inverse and significant relationship or correlation with public transport ($r = -.10, p \leq .01$); however, these behavioral measures are not associated with an increase in the probability of needing total support to make a public transit trip.

Medication is another part of the BASIS assessment. Eighty-two percent of persons served take medication; e.g. medication for behavioral disorders such as psychosis or medication to treat depression. Among persons served who receive medications for these behavioral disorders, there is a lower probability of needing total support to make a public transit trip. In summary, the BASIS analysis and interviews point to cognitive, acuity of disability and behavioral factors that, in many cases, require support to use public transportation. This support is not offered when using Wichita Transit.

Summary of Transport Findings

Interviews with staff and persons served together with BASIS point to a number of cognitive and behavioral challenges that make it difficult to use fixed route or paratransit services. Paratransit subscriptions are full which means persons served and caregivers must schedule trips one at a time at least 24 hours in advance. Hours of operation do not allow persons served to reach destinations in the evening. Wichita Transit does not serve communities outside of the City.

Most persons served receive transportation provided by an agency affiliated with the SCDDO; however, the loss of \$1.3 million dollars in transportation funding has resulted in a smaller footprint for transportation services delivered by affiliates. This leaves persons served living in Sedgwick County outside of the City of Wichita - about 17% of those eligible for services - having to be driven into and out of the City for services and activities. In some cases this involves being transported by family, a friend or an agency to/from the City limit to connect with transportation provided by an agency or by the City.

Affiliates shared details about trips, drivers, vehicles, fees and actual cost. Most transportation is provided by about seven agencies that also deliver day, residential and case management services. Trained staff who work with persons served are doing the driving. Drivers, as needed and appropriate, provide cognitive and behavioral support as well as assist passengers door-to-door. While using residential staff as drivers may reduce some costs associated with transportation, any savings there might be are not enough to cover the actual cost. The daily Medicaid reimbursement rate for residential support does

not cover transportation costs. This is particularly true for persons served who experience less acute I/DD and are assessed to be in a lower tier.

Program participants who experience less acute I/DD are four times more likely to have an assessed need for total support in order to use public transit. This group of persons served is most likely to use and to benefit from using public transit. Trips to day services, to social activities, to the store and to work may be within reach for this group. It is likely the cost to agencies to transport persons served in lower tiers is higher than the Medicaid reimbursement for day services.

Since City of Wichita transportation funding ended in 2016, agencies have struggled to cover the cost of providing transportation. Agencies have made a number of changes. Overall, the transportation service area is smaller. Some agencies have shorter hours of service, have reduced activities transported to/from and provide fewer rides. It is likely these changes have made it more difficult for persons served who live in Sedgwick County and outside the City of Wichita to travel. For those who live outside of the City Sedgwick County Transportation may not be filling the gap. Private services such as Rita's Rides and Wisdom Travels are expensive. Ride-hailing services (e.g. Uber and Lyft) are expensive too. These services are rarely used. There was only one report of a person served using a ride-hailing service. These transportation services do not provide door-to-door service. Neither Wichita Transit nor private ride services provide the cognitive and/or behavioral support needed. Agencies affiliated with the SCDDO do transport door-to-door. Drivers familiar with persons served are providing cognitive and behavioral support.

The loss of City funding is one problem. Another is Medicaid reimbursement. The bulk of transportation in Sedgwick County is provided by agencies that also deliver day and residential services. These services are part of the HCBS I/DD waiver. Transportation is not included in the HCBS waiver. Affiliates receive Medicaid reimbursement for day and residential services; not for transportation. Residential and day service providers have increased or introduced transportation fees. Affiliates are not able to cover the actual cost of transportation.

NEMT (non-emergent medical transportation) is part of the State Medicaid Plan. Agencies that provide this service bill through MCOs (managed care organizations) for Medicaid reimbursement. LogistiCare and Access2Care software systems facilitate ride scheduling and billing. The data available from these systems can be used to map rides, coordinate routes and analyze cost. Agencies that tap these data may come closer to covering the cost of transportation.

Affiliates that provide transportation each have a separate system for scheduling trips, mapping routes and keeping track of billing. It does not appear agencies coordinate transportation with other affiliates. Coordination could reduce administrative costs and improve cognitive and behavioral support for persons served.

A new funding model is needed; a model that will improve access to transportation and support of persons served using transport. A cost effective system that serves persons who experience I/DD and live in Sedgwick County should also include those who live outside of the City of Wichita. A coordinated transportation system and new funding model can help reach these objectives.

Transportation Alternatives

This last section describes different approaches the SCDDO and affiliates could explore. There are advantages and disadvantages associated with each. It is unlikely there will be a single solution. Rather, there will be several that, together, produce a more equitable and efficient system that serves the entire County; a system that better meets the unique needs of individuals who experience I/DD.

There are many conversations to come. A structure is needed to review analyses like this one and to vet ideas such as those below. A ‘transit council’ could involve many actors including agencies serving persons who experience I/DD and older adults, the SCDDO, Sedgwick County Department on Aging, Wichita Transit and others. The purpose, to find better ways to transport individuals affected by cognitive, behavioral and physical challenges across Sedgwick County. Public and private approaches for consideration follow.

Training for Persons Served, Caregivers & Drivers

Travel training for persons served could increase and improve public transit use. Training in the areas of cognitive and behavioral support for caregivers, attendants and drivers also has the potential to improve the transportation experience of persons served. A 2016 report by the Community Engagement Institute highlights the importance of providing behavioral support to those who need it. The report calls for cross-training. Cross-training has been adopted by the SCDDO as a strategic priority for 2017-2021. Here are some examples of travel training.

Travel training

Travel training provided by transit systems emphasizes skills needed to find and follow a route.

- planning a trip
- using a map
- pedestrian skills
- locating a transit stop
- boarding and exiting a bus
- recognizing and calling for a correct stop
- what to do when a stop has been missed

Understanding appropriate behavior on the bus is important too. Some training offers opportunities to learn how to be safe on the bus and how to avoid potentially dangerous situations; i.e. responses to stranger danger. Recognizing when help is needed and asking for help from the appropriate person are important skills. Training should help persons served reason, make decisions and take action. All good skills applicable in many settings.

Here are some examples of travel training. Most training is designed for seniors and for individuals who experience any disability. Links to websites for these programs can be found in the references section at the end of this report.

Let's All Go! is a free individualized, one-on-one training that prepares individuals who have disabilities and seniors to ride the transit system in Charlotte, North Carolina.

“Once a person accomplishes getting somewhere on their own, that is such a door opener. They feel that self-worth. It builds confidence. They believe they can.”

Sessions are adapted based on the abilities and needs of participants. The training is provided by Disability Rights & Resources, a nonprofit organization funded by the United Way of Central Carolinas.

Ride Connection in Portland, Oregon provides free travel training in three counties (RideWise). Travel Trainers are screened and trained. There are one-on-one training trips and group transit outings that help persons served feel more comfortable using public transit. Ride Connection also offers classroom and customized training as well as technical assistance to agencies and drivers. The

organization has more than 30 community partners including government, nonprofit organizations and medical centers. It is funded by private foundations, corporations and individuals.

Dallas My Ride offers travel training on routes in Dallas County. In addition, it is a coalition of transportation providers, seniors, individuals who have disabilities who are dedicated to promoting independence and improving transport in Dallas County.

Travel training is important. Public transit vehicles are wheelchair accessible and have designated seating areas. These accommodations support the travel needs of seniors and others with a physical disability. Physical accommodation alone does not make vehicles accessible to individuals who experience I/DD. Training that builds cognitive and behavioral skills relevant to public transit travel is needed.

Regional transportation system

A regional transportation could serve the whole of Sedgwick County. Here are some examples of partnerships that involve both public and private nonprofit organizations. Most transit systems, including Wichita Transit, are funded by a combination of fares, federal grants and local government. In the examples that follow, county-wide transport is subsidized by private foundation grants and coordinated by nonprofit organizations. Some programs use volunteer drivers.

OCCK Transportation is a nonprofit that coordinates transportation in Salina, Kansas and beyond. It operates bus and paratransit service; delivering CityGo (City of Salina) and 81 Connect (Salina to Belleville). CityGo bus fare in Salina is \$1 per trip. The fare to ride a regional paratransit system that serves 14 counties in north central Kansas is \$2 per trip in Saline County. Outside of Saline County, the paratransit fare is 10 cents per mile. Personal care attendants ride free. Regional paratransit service is available weekdays from 8 AM to 5 PM.

New Freedom Transportation serves 28 counties in Western Wisconsin. Volunteers use their own cars to transport seniors and individuals with disabilities. A background check, valid drivers' license, good driving record and proof of insurance are required of each volunteer. Participants may choose a driver; a volunteer or their own. Vouchers are available to defray transportation cost. Transportation is available for medical, educational, work and social activities. New Freedom Transportation is operated by the Center for Independent Living for Western Wisconsin, a consumer-run nonprofit organization. The Center for Independent Living provides support for community living and advocacy on behalf of individuals who have many different disabilities.

The Kenai Peninsula Center for Independent Living received grants from the Alaska Department of Transportation, Alaska Mental Health Trust Authority and other sources to purchase wheelchair accessible vans. Vans are leased to the organization for free by a

local taxi company in exchange for discounted rides for people with disabilities. Riders pay a small fee. Grants cover the rest of the cost.

Benton County, Oregon established a Special Transportation Fund to serve adults age 60 and over and any age person with a disability. Benton County contracts with a nonprofit organization, Benton County Dial-A-Bus, to provide bus and paratransit service. Benton County works with two regional transportation authorities, special districts and rural districts as well as nonprofit organizations.

The City of Denver has a regional transportation service that includes paratransit. Access-A-Ride paratransit serves 7 counties. Hours of operation are the same as fixed route bus service. A local one way fare is \$5.00; regional is \$9.00. The cost of a 6-ride ticket book is \$30. There is no cost to ride for a personal attendant who has a disability. Free travel training to learn how to use routes is available. The City is implementing a voice recognition system to schedule rides.

These regional systems serve one or more counties; however, the limitations of paratransit remain. Hours of operation are limited. Paratransit trips are expensive. Transport is point-to-point rather than door-to-door. Regional systems that rely on trained volunteers may offer more support. In the absence of an attendant, drivers do not provide riders cognitive and/or behavioral support.

NEMT brokerage

NEMT (non-emergent medical transportation) is often part of a state Medicaid plan or HCBS I/DD waiver. In most states, a competitive bidding process is used to select an entity to coordinate on-demand transportation to medical care that does not involve an emergency. Brokers bid to manage transportation services in a geographic area (Kim, Norton & Stearns, 2009). A broker may determine eligibility, handle enrollment, schedule trips, bill Medicaid and reimburse transportation providers. Brokers usually receive a capitated payment (rate per person).

Transportation providers are often reimbursed per mile. NEMT reimbursement depends on the level of ambulatory assistance required, travel and mileage. This is the way LogistiCare and Access2Care, systems MCOs working for KanCare, use. The Kansas State Medicaid plan includes NEMT as a service.

Colorado, Hawaii and Nebraska have begun using a web-based vendor to schedule NEMT trips, for billing and Medicaid reimbursement. WellCare of Nebraska starting using IntelliRide for NEMT rides on July 1, 2019. On September 1, 2019, IntelliRide began to work with Health First Colorado. WellCare (Nebraska) and Health First (Colorado) are

state Medicaid programs. IntelliRide in Colorado coordinates scheduling, billing and payment for NEMT rides as well as nonmedical rides.

A brokerage model could be used to contract for NEMT in Sedgwick County. The service would be delivered across the entire County including in accessible vehicles. The broker would be responsible for scheduling rides, recruiting drivers with vehicles, billing and payment of drivers. This model depends on agencies and private providers to deliver transportation. An on demand system could offer door-to-door service. It could employ drivers trained to provide cognitive and behavioral support. However, transportation in Sedgwick County under this model would be only be available for non-emergent medical care. Trips to participate in social activities, trips to the store and to work would be excluded.

Medicaid funding for transportation

CMS (Centers for Medicare & Medicaid Services) lists 20 states that include transportation as a service on the state's I/DD HCBS waiver. When transportation is part of a state plan or an HCBS I/DD waiver, NEMT may be specified. In addition to Kansas, I/DD waivers for Colorado, Hawaii, Idaho, Illinois, New Mexico and Utah include NEMT. More often, a state plan or HCBS waiver simply names "transportation" as one among other services covered by Medicaid. Few states specify community transportation that could include transportation to employment or to day services.

There are rules about what constitutes a reimbursable transportation expense. In Kansas, transporting from one Medicaid service to another is not billable. Florida's I/DD waiver includes transportation. Medicaid payment to residential programs is permitted in Florida when a program is enrolled as a transportation provider. An agency must be transporting individuals between two sites delivering services covered by the I/DD HCBS waiver.

The Oregon Health Plan and Office of Developmental Disability Services (ODDS) recognize community transportation that connects individuals with services in the community needed to meet activities of daily living (ADL) as well as instrumental activities of daily living (IADL). The cost to support ADL and IADL needs cannot be greater than \$500 per month. Transportation is also available to travel to and from work or day services. The cost per month for transport to work or day services cannot exceed \$350. Those eligible, may be transported by a personal support worker. This approach has the potential to meet the goal of community inclusion by connecting persons served to a range of activities while providing the cognitive and behavior supports to do so.

Given the central role transportation plays in supporting independence and the preferred life of persons served, community transportation persons served can use to travel to day

services, the store, routine medical appointments (not just non-emergent care), to work and to social activities could be added to the Kansas I/DD HCBS waiver or to the State Medicaid plan. This would include reimbursement for travel to day services from residential programs. Day programs are a particularly important source of support with respect to travel. Those who are not in day a program are four times more likely to have an assessed need for total support to use public transportation. Supporting travel to day services could improve daily living skills including cognitive and behavior skills related to making a successful public transit trip.

Next Steps

A perfect transportation system that serves everyone, including the more 2,500 individuals served by affiliates of the SCDDO, is unrealistic; however, better serving individuals who experience I/DD and live in Sedgwick County can be achieved. A foundation of private and public resources is in place. SCDDO affiliates are providing transportation that can include cognitive and behavioral support. Wichita Transit offers bus and paratransit service. What can be done to improve and increase existing service? Here are some possibilities.

- provide training
- expand paratransit

- coordinate transportation
- explore support from the City & County
- investigate adding community transportation to the I/DD HCBS waiver

Transit and paratransit systems accommodate individuals with physical disabilities and seniors. Accommodation for individuals with I/DD has the potential to increase bus and paratransit use. Some of the nearly 1,000 individuals with a lower acuity are more likely to use public transit. This group is four times more likely to have an assessed need for total support when using public transportation. ‘Live’ travel training on a bus or paratransit route with a travel companion is one possibility. Travel training could be part of basic skills taught in a day program. In addition, training bus and paratransit drivers in the areas of cognitive and behavioral support could lead to more successful rides.

Expanding paratransit service to Sedgwick County would improve access to services for persons served living outside the City of Wichita. Door-to-door service along with drivers able to provide cognitive and behavioral support as needed would improve paratransit in

both the City and the County. Increasing the number of people who are part of the paratransit subscription service is another way to increase utilization by persons served.

Coordination of transportation services among SCDDO affiliates could enhance delivery and reduce cost. Perhaps the SCDDO could play a ‘broker’ role in the sense of collecting trip data which could become part of a single, uniform database. Each person served would be identified using a number assigned at the time of the BASIS assessment. This would allow BASIS and trip data to be merged. Add reimbursement rates and it is possible to do a cost analysis. Just as important as these data are the conversations among transportation providers about how to better serve and fund this service.

Finally, more funding is need to support transportation services for persons with I/DD who live in Sedgwick County. This could involve funding from the City of Wichita and Sedgwick County. Transportation could be included as a service on the State’s HCBS I/DD waiver. To promote independence and support living a preferred life, transportation is an essential service. Community inclusion involves being able to get from home to day services, the store, doctors’ appointments, school, work and social activities. This is how the addition of transportation to Kansas I/DD waiver should be framed.

This report is another step in an ongoing conversation. A ‘steering committee’ is needed to gather and review information as well as consider new approaches. Planning bodies are in place that could help. KETCH, Starkey, Envision, CPRF (Timberline Transportation) are members of the South Central Regional Coordinated Transit District 9. WAMPO (Wichita Area Metropolitan Planning Organization) has developed a Coordinated Public Transit – Human Services Plan. Sedgwick County Transportation and others need to be ‘at the table.’ What comes next will rely on coordination and leadership of the SCDDO, SCDDO affiliates and other stakeholders.

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