



AGENDA

VETERANS TRANSPORTATION & COMMUNITY LIVING INITIATIVE (VTCLI) STAKEHOLDER MEETING

Thursday, January 17, 2019 @ 10:00 a.m.

**1001 17th St.
7th Fl. Red Rocks Conference Room**

Conference Dial-in Number: 515-739-1034

Participant Access Code: 216470#

- 1. Introductions**
- 2. Project Update**
- 3. Routematch Update on Core System Development**
- 4. Business Rules Presentation and Discussion**
- 5. RTD FlexRide Briefing**
- 6. Next Steps**
- 7. Next Meeting - February 21, 2019**
- 8. Adjourn**

MEETING SUMMARY

Veterans Transportation and Community Living Initiative (VTCLI) STAKEHOLDERS MEETING #10 Thursday, November 15, 2018

DRCOG – 1001 17th St. – 7th Fl. Red Rocks Conference Rm.

Attendee	Organization
Robert Sheetz	Adams County
Carlene Okiyama	Boulder County AAA
Troy Erickson*	Clear Creek County, Veterans Service
Will Cummings	Denver Regional Council of Governments
Natriece Bryant*	Colorado State Dept. of Local Affairs
Troy Larson*	Colorado State Unit on Aging
Travis Noon	Denver Regional Council of Governments
Matthew Helfant	Denver Regional Council of Governments
Roger Teal	Demand Trans
Nicholas Lervick	Denver Regional Council of Governments
Winna MacLaren	Denver Regional Council of Governments
Kate Williams	Denver Regional Mobility and Access Council
Rand Clark	Douglas County
Paul Hamilton	Regional Transportation District
Jeff Becker	Regional Transportation District
Larry Buter	Regional Transportation District
Hank Braaksma	Seniors' Resource Center
Suzanne O'Neil	Transit Plus

**by phone*

Matthew Helfant, DRCOG, called the meeting to order at about 10:30 a.m.

Project Update

Matthew noted:

- Data-sharing agreements from Seniors Resource Center and Via Mobility for the hub have been finalized and signed. This will enable population of facility data (i.e., addresses and common locations) into the hub core interface system.
- DRCOG and Routematch Software are finalizing the contract amendment for maintenance and hosting of the trip exchange hub. Routematch is anticipated to subcontract the maintenance/hosting project.
- DRCOG-internal testing of the pilot system will start in early spring 2019. The start of full implementation with initial partners is anticipated in later spring 2019. Routematch is currently about 95% done with the core system development.
- DRCOG Communications and Marketing Division began work on project branding.
- DRCOG staff is working with Douglas County to help fund software improvements to help them connect with the hub. There is some room in the budget if other agencies have the same need.

Subgroup Update

Trip Cost/Business Rules (*lead – Hank Braaksma*)

Hank Braaksma gave a brief overview of the subcommittee's discussions on developing common rules for the hub. There was general discussion on developing protocols, including the following:

- addressing the need to geofence everybody's boundaries
- determining driver/service certification levels (trust relationship)

- determining two data levels: the basic minimum required data and other optional data
- determining the value of the trip
- specifics on how data exchange will be done, i.e., on demand
- It was discussed there is an expectation of having a high level of automation for the project to be successful.
- Matthew noted in the initial pilot, the focus should be towards veteran population.
- The VTCLI grant ends December 31, 2020; time is of the essence to get the project completed. The initial MSAA hub has been proof of concept-tested with Routematch technology; the next level is to document it in a new environment using APIs.
- Matthew noted, as part of the Routematch system, there will be unlimited user and facility portals that are web-based (especially to request trips).

Next steps:

- Hank suggested starting to push trips but need to decide where. (if veterans-focused, need to decide VA hospital or community-based outpatient clinics)
- Do a Longmont area pilot program?
- DRCOG staff will meet with Routematch to discuss questions brought up today.
- Need to have a timeline of Routematch's completion dates.
- DRCOG will provide draft business rules for the group to comment on at the next meeting

The meeting ended at around 11:30 a.m.

VTCLI Data Exchange Hub Business Rules

Adopted from MSAA Data Exchange Hub Systems Requirements

1. Definitions

- a. The “requestor” is the agency that uploads trip data into the hub for another provider to fulfill. The requestor is responsible for payment to the provider and the owner of the trip for reporting purposes on grants and performance reports.
- b. The “provider” is the agency that claims the trip from the hub and is responsible for delivering the direct service to the consumer. The provider does not own the trip for reporting purposes.
- c. “Maximum Charge” is the maximum amount a requestor is willing to pay for a provider to complete the ride on their behalf.
- d. “Charge” is the amount the requestor will pay the provider for completing the ride on their behalf.
- e. “Fare” is the cost of the ride for the consumer.
- f. The “hub” is the data exchange system that allows providers to transfer trip information to share trips.
- g. A “facilitator” is a non-provider requestor that may upload trip data to the hub for providers to fulfill. In general, the role of a facilitator is like that of a requestor.

2. Operating Practices

- a. The requestor will ask the consumer if they would like to see if another provider can complete their ride. The requestor will only enter in trip data to hub after confirmation from the consumer that it is okay for them to see if another provider can schedule the ride.
- b. Prior to entering in trip data, it is the responsibility of the requestor to ensure consumer is well informed of potential required fares that would need to be paid by the consumer.
- c. If the requestor typically charges the passenger a required fare and a ride is picked up by a provider that doesn't charge a required fare, the requestor should recommend the consumer provide the fare as a donation to the provider's program.
- d. It is the responsibility of the requestor to screen the client and ensure that all necessary information is attained to upload the trip to the hub. In addition, the provider should verify all necessary information for the provider to complete the trip is provider when claiming a trip from the hub. If more information is needed, the provider should follow up with the requestor.
- e. The requestor is responsible for notifying the client if the trip cannot be scheduled through another provider, and as necessary provide information and referral assistance to the consumer.
- f. Further, the requestor is responsible for providing the client information regarding who will be picking them up for the trip, ensuring the customer understands any branding, or lack thereof on vehicles that would be picking them up, and that they would not be picked up by the requestor.
- g. Each agency shall maintain internal procedures to follow for interactions between customers. This includes procedures to be followed in the event a provider arrives at the pickup address and the consumer cannot be located.

Commented [TN1]: Need to further define what this means to the stakeholders and agree on a definition.

- h. The requestor has control over the trip until it is claimed by another provider and may change the status of the trip or remove it from the hub. While the trip remains unclaimed the requestor is responsible for keeping the clients informed of any status changes.
 - i. Once a trip is claimed by the provider the provider has control of the trip until the services are delivered and confirmed on the hub. The provider is responsible for 1) providing the service, except in extraordinary circumstances, and 2) notifying the customer and the requestor of any status changes.
 - j. If a requestor needs to cancel a trip that has already been claimed, then the requestor shall inform the providers through the following means:
 - i. Less than two hours before pick up, a call to the provider is required as well as a message sent to the hub.
 - ii. Greater than two hours before pick up, just a message to the hub is required.
3. Ride payments
- a. To maintain non-duplication of trips being reported to applicable entities, the requestor retains reporting responsibility for the trip. Requestors can seek reimbursement through applicable grants, subject to the grant's requirements and approval processes; report the trip on performance metric reports, including the National Transit Database, if applicable. Providers will not seek reimbursement through grants or report the trip on any performance metric reports.
 - b. Each agency will make available information on how the charge to the requestor will be calculated. This may vary by agency.
 - c. The requestor retains the right to enter a maximum amount that they are willing to pay into the hub. If the maximum charge field is left blank, the provider's normal charge calculation will be used, and the actual cost of the trip will be charged to the requestor. Otherwise, the amount charged to the requestor will be the lessor of the providers typical charge, or the maximum charge.
4. Data Entry Rules
- a. As described in Appendix C of the MSAA Data Exchange Hub Systems Requirements. (Appended Below)

Commented [TN2]: What defines a message through the hub? Automated messages? Does this time frame still work?

Appendix C

I. Client Intake Guidelines

Purpose: To properly enter all data into RouteMatch to produce consistent reporting or gathering of data.

Frequency: As needed

Procedure: The following guidelines are to be followed when entering any information into RouteMatch. Keep in mind not only is this information used for trips but mailings and statistics and DRCOG reporting. All entries must be professional and accurate.

All fields with * on intake form designate demographic data collected by the state and federal government to support the need for continued funding for this program. This data will be de-identified and used in aggregate form to complete statistical information. None of the data is sold to a third party and any personal information will only be used in an effort to better serve the client in providing him/her services.

General: Upper and lower case is to be used
No periods

First Name: Proper and accurate with no "quotes", no (xx) using what the customer desires to be addressed as (use your discretion). To be most client-friendly please ask the client how they wish to be addressed, understanding mailings will use the same. (Example: Mary wants to be called Diamond =Diamond, Edward wants to be called Ed=Ed, George Bob wants to be called Bob=Bob, Bobby wants to be called Butch=Butch.

Official Name: When using a nickname or shortened name please use this field to put in the legal name.

Last Name: Spaces are allowed as per Clients wishes, use hyphens, use upper/lower as told by client, and apostrophe.

(Example: Van Gordon, Smith-Gordon, O'Brian)

- When searching in RM you will have to search both ways when it comes to spacing. Make sure to do this before creating duplicate record.

Address: Use address abbreviation guide, using address 2 line for apartment # or building # if needed. Please refrain from using the # symbol and just put the numeric or alpha information.

Date of birth: Since our program is specifically for the elderly, particularly for persons age 60 or over, the date of birth needs to be filled in. In the client refuses please enter January 1 and the year which would make them the age they are stating. Then indicate in comments client would not provide DOB.

Language: Is that most understood or spoken even if many apply.

Ethnicity & Hispanic or Latino: please choose from categories in drop down screen for ethnicity and mark yes/no for other. In addition to ethnicity question you must also ask if the client is Hispanic or Latino. These are 2 different questions that need to be asked separately and a separate answer provided.

Elderly: If client is over 75 [Note: Broomfield checks elderly for everyone over 60 so they can pull reports quickly. Would SRC be willing to change on this?]

Or

Age 60-74 wheelchair, or needing assistance with 2 daily life functions

(wheelchair, oxygen, cooking, walking as examples)

Disabled: Please use when client is in wheelchair, vision/hearing impaired, physical or mental disability or other qualifying disability

Low income: Under poverty level as stated on intake form

How many people live in household: needed for statistical purpose only, if client refuses for any reason put n/a

What is your monthly household income (from all parties in household including self): needed for statistical purpose only, if client refuses for any reason put n/a

II. Addressing Abbreviations

Purpose: To properly enter all data into RouteMatch to produce consistent reporting or gathering of data.

Frequency: As needed

Procedure: The following guidelines are to be followed when entering any information into RouteMatch.

Upper and lower case is be used

No periods

Abbreviations:

Apt = Apartment

Ave = Avenue

Bldg = Building

Blvd = Boulevard

Ctr = Center

Ct = Court

Dr = Drive

E = East

Hwy = Highway

MHP = Mobile Home Park

N = North

Pkwy = Parkway

S = South

Sp = Space

Ste = Suite

St = Street

Svc = Service

Th = Town Home

Wy = Way

W = West

III. Standard Definitions

Mobility Requirements

Ambulatory
Wheelchair
Knee Walker
Unstable needs assistance
Walker
Ambulatory Lift
Ambulatory
Scooter
Extended Leg W/C D2D
Ambulatory

Service Needs*

Oxygen
Walker
VIP = Visually impaired HIP
= Hearing Impaired
MIP = Memory Impaired
Wheelchair
Electric Wheelchair
Wide Wheelchair
Wheelchair, can transfer
Scooter
D2D = door to door
DTD = door through door
NLA = never leave alone/no leave alone
Crutches
Cane
Service Animal
Driver Alert
IDD = Intellectually or developmentally disabled
SD = Seizure Disorder Other

*Gate codes and "unstable" will move to notes instead

Trip Purpose*

Medical
Personal
Employment
Adult Day Program
Grocery
HR = Health Related (includes dentist, pharmacy, etc.)
Dialysis
Recreation

*There may be other codes that providers may use but those trips are not likely to be put in the hub (for example, Broomfield meal program code).

Medical Problem ID

MIP = Dementia
VIP = Vision Impaired
HIP = Hearing Impaired
IDD = Intellectually or developmentally disabled
SD = Seizure Disorder
Mental Health
Speech Impaired
Temporary Disability
Neurologic and Degenerative Diseases
Kidney Disease