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FEATURE

The Birth of a Brokerage

By Christy Lane, MTM Program Director–Kansas

Learn how Kansas has transitioned to a new way of providing non-emergency medical transportation, statewide.

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Establishing a statewide Medicaid Transportation Broker in Kansas took many years to implement: 12 years in fact. Discussion about the topic started in 1996, in response to a *Kansas Trans Reporter* article that described initiatives by two states to improve Medicaid transportation service and improve costs. Last year we became Kansas's statewide transportation broker. We at MTM are excited that the State of Kansas and its managed care providers have transitioned toward improving its non-emergency medical transporation (NEMT) services and lowering transportation costs to the State through the use of brokers. This article will explain MTM's duties as a statewide Medicaid transportation broker, what our successes and challenges have been during the first year, and the advantages to you of being a transportation provider contracted with MTM.

Continued on page 2

MANAGEMENT

Work with Your Workforce Investment Board to Coordinate Transportation

By Matt Baker

Kansas workers are going without vital transit links, but a resource exists to help with that. Across the United States, rural transit providers are collaborating with local workforce investment boards (WIBs) to create transit links between home and the workplace.

Because many unemployed persons may not have access to a working vehicle or money to fill it with gas, they may be unable to get to skills training, interviews, childcare centers, and the workplace itself. WIBs are statutory organizations created in 1998 by the federal government that facilitate job training and placement for the unemployed.

Many WIBs have found that they can further their mission by setting up partnerships with local transit providers to close the transportation gap. Partnerships

Continued on page 5

INSIDE

Statewide transportation broker, *Continued from page 1*

What spurred the transition?

The Kansas Health Policy Authority (KHPA), the State's Medicaid Agency, has faced some significant challenges in administering the NEMT program. In 2008, KHPA completed a review of its Medicaid programs and services including NEMT. Its report titled *2008 Medicaid Transformation* details some of those challenges, including:

• Increased transportation expenditures for the elderly and disabled populations anticipated in the near future;
• Increased documentation requirements by the federal government; and
• Fluctuations in fuel costs for transportation providers are not linked to reimbursement rates.

That report recommended that KHPA outsource the management and provision of statewide transportation services to a broker.

Before 2007, there was no medical transportation broker of any kind in Kansas. That changed in 2007 when two Medicaid Managed Care Organizations for children's services—Children's Mercy Family Health Partners and UniCare—contracted with transportation brokers for the needs of their clients participating in CHIP (Children's Health Insurance Program)—see sidebar on page 3. However, the rest of the Medicaid-eligible population did not have access to a broker for their transportation needs until 2009, when the KHPA contracted with MTM to become a statewide transportation broker.

Steps in setting up the brokerage

KHPA first needed approval from the U.S. Department of Health and Human Services, Center for Medicaid Services (CMS), before issuing a Request for Proposal (RFP) for a Kansas Medicaid transportation broker. The federal government provides approximately 60 percent of the cost for Medicaid services and the State of Kansas provides 40 percent. The KHPA received approval from CMS in early 2009 and issued a RFP shortly thereafter. Last summer, MTM was awarded a three-year contract with two, one-year extensions.

MTM has a fully capitated contract with KHPA and is paid a "per Medicaid member per month" (PMPM) rate. The contract with KHPA is risk based, which means MTM takes on a higher financial risk because it pays for the transportation costs and must find efficiencies and ways to create cost savings by eliminating fraud and abuse and ensuring the appropriate mode is assigned for each trip. The other type of contract is a fee for service contract, where the broker has low risk because they are not responsible for the transportation costs.

Getting the brokerage underway was daunting. MTM and KHPA had just 90 days to prepare for the implementation of the brokerage for approximately 120,000 eligible Medicaid members. On November 1, 2009, the brokerage went live and MTM started taking calls and providing trips. A new Medicaid transportation brokerage was born.

What are the duties of MTM as Kansas's statewide Medicaid Transportation Broker?

MTM arranges transportation for Medicaid eligible individuals to services covered by Medicaid and provided by a Medicaid enrolled provider. The contract with KHPA does not include transportation to Home and

MTM requirements for transportation providers

Insurance items

Certificate of Liability:
1. Auto liability policy ~ $300,000 combined single limit
2. General liability policy ~ $300,000
3. Workers Comp, and if not applicable, a letter with a copy of the state law and why you are exempt.

MTM must be listed as a Certificate holder and as additionally insured on all three policies.

Driver's information needed

1. Legible copy of driver's license.
2. Criminal background check (KBI) –statewide within the last 12 months and updated yearly.
3. Motor Vehicle Report (MVR) – performed in KS, within the last 12 months and updated yearly.
4. Drug test – If submitted to Kansas Medical Assistance Program (KMAP) prior, those results can be submitted; Kansas Department of Transportation providers that are in that pool are exempt.
5. Any other certificates such as for CPR or defensive driving.

Sources

• 2008 Medicaid Transformation. Kansas Health Policy Authority. January 2009. http://www.khpa.ks.gov/medicaid_transformation/download/2008/KHPA_2008_Medicaid_Transformation.pdf
• Weaver, Pat and Ron Straight. January 1996. Innovative Medicaid Transportation Programs Rely on Partnership: A Look at What They've Done. Kansas Trans Reporter.

Community Based Services such as day programs for persons with developmental disabilities and adult day care for the frail elderly. Below is a summary of MTM's primary duties:

Arrange rides through a Customer Service Center.

• Offer routine scheduling of trips at least 48 hours in advance, available Monday through Friday, 8 am to 5 pm. (MTM schedules each ride with the provider in the area that offers the lowest-cost ride to the requested destination.)

• Offer urgent/next day scheduling, available 24 hours a day/ 7 days a week.

• Provide a Call Center number: 1-888-240-6497.

Contract with and verify credentials of transportation providers.

• Require vehicle inspections, insurance, and driver motor vehicle and KBI background checks

• Maintain a network of transportation providers to ensure trips can be provide throughout the state

Monitor service quality

• Maintain a formal grievance process and grievance hotline: 1-866-436-0457

• Track on-time performance

• Reduce fraud, waste and abuse

• Verify service provided, through a driver's manifest

• Verify attendance of passengers at medical appointments

Provide care management services to major Medicaid providers.

• Serve as a single point of contact for facilities and sole-source providers such Community Mental Health Centers and Community Developmentally Disabled Organizations

• Ensure medically appropriate transportation for special needs groups

• Set recurring trips

• Prior-authorize trips of 50 or more miles, out-of-state trips, and those that require meals and lodging

• Assign appropriate mode based the level of need verified by a Health Care Professional

What successes have been achieved in this first year?

There have been several successes so far. Chief among them is this: More people are accessing needed health care than before the contract, especially in rural areas with few transportation providers. Also, Medicaid members are being transported by drivers who have had background checks and in vehicles that have been inspected. When Medicaid members call to schedule a ride, customer service representatives set up trips for persons eligible for Medicaid-covered services to Medicaid providers.

What challenges has MTM faced?

Communication. Communication has been the greatest challenge of implementing the brokerage in Kansas. Good

continued on page 4

Medicaid Transit in Kansas: A Closer Look

Three years ago, two Medicaid Managed Care Organizations were awarded contracts to administer the Kansas Children's Health Insurance Program (CHIP). Children who are younger than 21 who live in the Eastern two-thirds of the Kansas have the option to select either Children's Mercy Family Health Partners (CMFHP) or UniCare as their Managed Care Organization. Children enrolled in CHIP and that live in the Western third of Kansas are automatically assigned to UniCare.

Both CMFHP and UniCare act as the gateway for all of the health care services for their plan-members, and they currently contract with NEMT brokers to arrange transportation services. MTM is the transportation broker for CHFHP and LogistiCare is the transportation broker for UniCare. The remainder of the Medicaid population in Kansas is eligible for fee-for-service care through the State's traditional Medicaid plan and these individuals have the opportunity to use MTM as their transportation broker.

MTM is already seeing success. More people are accessing needed health care than before the Kansas Medicaid brokerage was established, especially in rural areas.

Statewide transportation broker, *Continued from page 3*

communication with members, transportation providers, medical providers, case management agencies, and other partners who serve Medicaid beneficiaries was extremely critical during the implementation. Because the initial start-up time was extremely compressed, 90 days, we admittedly did not have time to develop the best communication plan. We have reviewed lessons learned, and going forward, will continually emphasize the need for effective written and verbal communication with all of our customers and partners. We have made progress in explaining our service to Medicaid beneficiaries so that they know what to expect when they call MTM, how the service is provided, and what to do when there are issues.

MTM is also building solid partnerships with medical and transportation providers. During mid-July we completed our second tour of Kansas, offering workshops for medical providers and care management agencies in eight locations. On July 27th, we held our first Provider Advisory Committee meeting. Committee members provided feedback on areas in which MTM has improved or could continue to improve.

Long-distance trips. Another big challenge has been providing services to the entire state. While Kansas is not as big a state as, say, Texas or California, the lack of specialized medical providers and dialysis clinics in rural areas makes it difficult to provide transportation due to the length and expense of the trips. For example, we have provided many trips from Garden City to Kansas City where many of the state's closest specialists are located. That's 375 miles or six and a half hours, one way. MTM is paid at the same capitated rate for members who take long-distance trips as those whose trips are 10 or fewer miles.

Along with a lack of Medicaid *medical service* providers in rural areas, there is also a lack of medical *transportation* providers in those areas. In an urban area, transportation providers are abundant, there are more transportation-dependant individuals who use medical transportation, and most commercial medical transportation providers serve Medicaid riders as well as private-pay customers.

In contrast, in rural areas like Northwest and Southwest Kansas, there are not enough Medicaid trips to support commercial medical transportation providers. General public transportation and human service transportation providers like senior centers are sometimes reluctant or unable to provide trips outside of their counties. One reason may be because the local governments that provide the match do not to pay for transportation to other counties and lose sales tax revenue for goods and services. However, the medical care their residents need is available often only outside of their county at a regional health center or in Wichita, Kansas City or Denver. It is MTM's duty to provide transportation so Medicaid beneficiaries can access the health care they need, and we are trying to bridge the gap.


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How does MTM assign transportation modes for Medicaid trips?

Public transit is assigned:
• If the Medicaid member lives within 3/4 of a mile of a fixed bus route and is physically and mentally able to do so.
• If a member states an inability ride the bus, the Care Manager will request and verify the member's level of need through the member's physician or other health care professional.

An ambulatory/sedan vehicle is assigned:
• If the member can transfer from a wheelchair to vehicle seat and the wheelchair fits in the trunk. This category includes sedans, cabs, vans and minibuses without wheelchair lifts.

A wheelchair lift-equipped vehicle is assigned:
• If the member uses a wheelchair and he or she cannot transfer from the wheelchair to the sedan.

A stretcher vehicle is assigned:
• If the member must lay prone during transport, but does not require medical attention/monitoring.

WANTED: Regional, rural transportation providers

While there are plenty of local rural transportation providers in Kansas, MTM seeks to partner with agencies that want to provide *regional* medical transportation. MTM is prohibited by federal and state rules from providing this service directly—it must be contracted-out. This is why we are looking for providers that can transport members to regional health care centers in Kansas and bordering states.

Specifically, right now we are looking for providers in Northwest Kansas to transport passengers to McCook, Nebraska and also to Hays, Kansas, which have the closest dialysis clinics in that region. We have contacted all of the Kansas Department of Transportation providers in that area and still have not found one that is able to provide regional service. Under our contract, we serve this area of the state but it requires our current providers to travel long distances to provide the trips. Finding a closer provider to the service population would be much more cost effective. In the future, MTM hopes to work with regional transportation agencies in all areas of Kansas as they are developed.

What are the advantages to you of being an MTM transportation provider?

- Additional revenue including Medicaid revenue used to match FTA grants
- Increased ridership
- Decreased insurance premiums
- Online resources for credentialing
- Guaranteed payment for trips provided, no recoupments
- Direct deposit, paid every two weeks

What are the disadvantages of being an MTM transportation provider?

- Possibly some additional paperwork steps if you are not already recording pick up/drop off times, for example.
- Normal fax-related expenses unless you can receive trips assignments electronically.

Climb on board

Clearly there are many advantages to participating as an MTM transportation provider, and just a few minor disadvantages. Setting up the contract will take a little extra time, but the benefits to your agency and individuals who need medical transportation are well worth it.

We at MTM have developed a Web resource for transportation providers and medical providers and partners that schedule trips for patients. Go to: http://mtm-inc.net/kansas/.

I encourage you to use our Web site as a resource and contact our staff with any questions. We are very excited to have the Medicaid Transportation Brokerage contract in Kansas and are here to serve you.

Below is my contact information if you have any questions or concerns. Do not hesitate to contact me. Christy Lane, MTM, Inc., Program Director, Kansas, (888) 561-8747 ext. 5557, clane@mtm-inc.net.

If you have questions about becoming an NEMT transportation provider, contact Dana Tuepker, MTM, Inc., Network Management Representative, (888) 561-8747 ext. 5030, dtuepker@mtm-inc.net.

We look forward to working with you as we continue to improve access to medical transportation for Medicaid recipients in Kansas.

MANAGEMENT

Workforce investment boards, *Continued from page 1*

can be initiated by WIBs or by transit providers themselves. Employees, employers, WIBs, and transit providers all benefit from collaboration. And on a more fundamental level, the economy benefits because transportation provides access to jobs that support economic development.

Barriers to transit for commuters

Access to transportation is a vital link to employment. What's more, individuals who have difficulty getting to job training, interviews, or career centers may not even have the opportunity to get a job in the first place.

According to 2009 estimates, 60,000 Kansas households do not own a vehicle. Many more rely on a chronically unreliable vehicle. Persons in these households must live within walking distance of their workplace, be dependent on family and friends with vehicles, or on transit. Clearly, there is a mobility gap that needs closing. Yet, on a daily basis, fewer than 7,000 Kansans take transit to work. Transit does not serve the needs of a significant number of Kansans. Why?

Especially in rural areas, the hours during which transit operates are often not conducive to commuting. If service only runs from 8:00 a.m. to 8:00 p.m., most workers will be unable to take the bus to work. Third shift employees must find other transportation, and the bus does not run early enough for an 8 a.m. start time at the job. By collaborating with WIBs and employers and tailoring service hours to workplaces, transit can begin to chip away at the mobility gap.

Another barrier is lack of flexibility. A worker with a private vehicle often bundles trips together during a commute. It is not unusual for a working mom to drop off a child at day-care on her way to work, pick up that child on the way home, and stop at the grocery store too. But, without a car, this kind of convenience is hard to come by. It is doubtful that a fixed transit route serves all these destinations and the transit vehicle is certainly not going to stop long enough at each one to allow a commuter to run an errand. After 20 minutes of shopping for groceries, when is the next bus going to come? Is it worth waiting?

Transit agencies and WIBs can step up and facilitate conversations with employers, businesses and services such as childcare centers that serve commuters. The WIB can help identify the day-to-day transportation needs of their clients. Transit providers can reach out to their local WIB to spur such collaboration and then widen the scope to a larger community dialogue—with the goal of making transit a workable option for commuters. One possible improvement, for example, would be to co-locate transit stops and day care facilities. We'll identify a few other

continued on next page

Workforce investment boards *Continued from page 5*

examples of collaborative solutions below.

Build awareness first

Before looking to expand transit services, transit providers should maximize the awareness of the services they already provide. This can be done easily through promotion, especially at a WIB's local One-Stop Career Center. Also known as workforce centers, these provide unemployed individuals with skills assessments, job search and placement services, education about the local employment market, information on funding for job training programs and filing for unemployment benefits, and information about and help with supportive services related to employment. Supportive services include transportation options available in the local area.

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Your agency's transit services can be promoted through your local WIB's One-Stop Career Center. These Centers provide several job-related services including information on supportive services for job-seekers, such as transportation to jobs.

This is a perfect opportunity for transit providers to get involved with their local WIB. Promotion can be as simple as providing brochures explaining transit service (and perhaps other transportation options) available in your community. Not only does the WIB benefit by being able to more easily place job-seekers in transit-accessible jobs, but also transit providers benefit by attracting new riders.

Another simple way to promote your service is to provide free service for One-Stop Center clients looking for jobs. For example, in Salina, the CityGo transit system provided transportation as a public service to job interviews for Kansas WorkforceONE clients who do not have access to a personal vehicle. CityGo provided either a free bus pass for the day or dial-a-ride service tailored to the individual. This amounted to one or two passengers per week; not a big outlay, but a great way to help job-seekers and introduce them to transit as an option for commuting.

In addition to promoting the use of current transit services, it may be reasonable to explore expanding transit services. Through collaboration with a local WIB, transit providers also can develop a relationship with local employers and learn about their needs and those of their employees. Service might be made more functional for commuters by altering a route, shortening headways, or by changing service times altogether to better reflect the operating hours of the workplaces. New stops could be added where needed.

For instance, in Hutchinson, Kansas WorkforceONE worked with Reno County Public Transportation to place a new bus stop that serves the local One-Stop Career Center.

The *type* of service might also be altered. Instead of providing traditional fixed-route service, it might be more practical to provide a "service route"—one that collects employees and takes them to

Sources

- Interviews with: Bob Dalke, Executive Director, Kansas WorkforceONE and John Flanagan, Supervisor, Salina CityGO.
- Kansas Strategic State Plan for Title I of the Workplace Investment Act of 1998, the Wagner-Peyser Act and the American Recovery and Reinvestment Act of 2009, KansasWorks State Board, http://kansasworksstateboard.org/SiteCollectionDocuments/State%20WIAWP%20Plan%202009%20Mod%2005%2019%2009.pdf.
- Linking People to the Workplace, Community Transportation Association of America, http://web1.ctaa.org/webmodules/webarticles/articlefiles/toolkit_full.pdf.
- Local Workforce Investment Boards, http://kansasworksstateboard.org/SiteCollectionImages/WF_Invstmnt_AreasMap.gif
- Nielson 2009: Demographic Updates [Kansas], PCensus for ArcView.
- A Report on One Stop Centers and Employment Transportation, Community Transportation Association of America, http://web1.ctaa.org/webmodules/webarticles/articlefiles/one_stop_final.pdf.
- Workforce Investment Act of 1998, http://www.doleta.gov/regs/statutes/wialaw.txt.

a particular workplace. An employer might even help fund such service if it means the company can consistently count on employees being at work on time when they were previously relying on friends, family, or a car that broke down more often than it ran.

In the Missouri Bootheel region, the Workforce Investment Board of Southeast Missouri previously worked with transit providers to do just that. Some people who could find jobs were still unable to actually get to those jobs. Looking for creative solutions, the Southeast Missouri WIB took a multi-pronged approach, getting employers, workers, and transit providers together to tailor an impressive transit solution that fit their needs.

The WIB worked to find employers who would pay a living wage and benefits. They then contracted with local transit agencies to provide vanpool service from homes (or more-centralized locations within easy walking distance of homes) to workplaces. The Missouri Bootheel Transportation Outreach Program connected workers in seven highly impoverished counties with workplaces in Missouri, Arkansas, and Tennessee. Workers who used the Bootheel program paid directly for transit passes or their employers paid after deducting the amount from an employee's earnings. Either way, the state used Temporary Assistance for Needy Families (TANF) funds to reimburse workers, effectively subsidizing the service.

As a result, everyone benefited. Transit agencies in the region were able to carry more passengers and hundreds of workers no longer required public assistance. While this program eventually succumbed to funding problems, being unable to locate additional local matching grant funds, this is an excellent example of what can be achieved through a productive and collaborative partnership between a local WIB and transit providers.

How to get started

While there is no set formula for creating a collaborative partnership between your transit agency and a local WIB—every case is unique—these are some helpful steps that can be taken:

- **Get prominent players to the table.** Create a task force of local stakeholders. These include major employers in the community, WIB representatives, elected officials, the WIB's unemployed clientele, transit providers, etc. Everyone has a slightly different angle from which to attack the problem. The most successful partnership is the one that best combines each stakeholder's interest.
- **Mix and match transit services.** It

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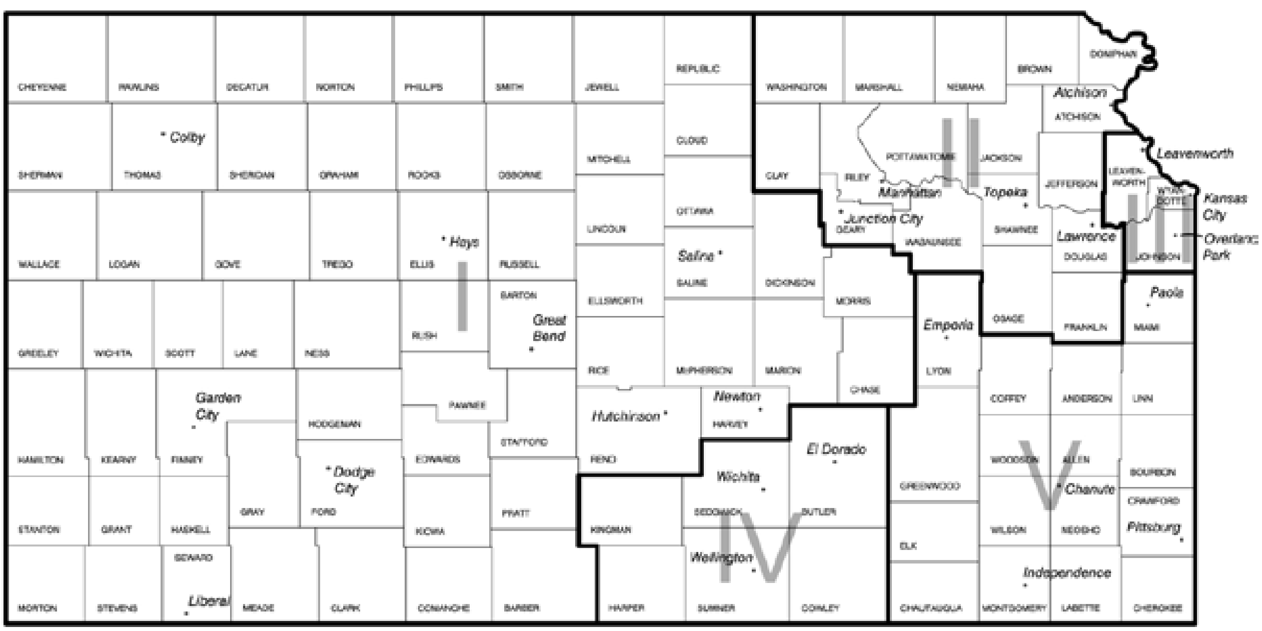
Workforce Investment Board (WIB) Contacts and Areas in Kansas

Area I	Kansas WorkforceONE	Robert Dalke, Exec. Dir	(785) 493-8018	bob@la1wib.org
Area II	Heartland Works, Inc.	Kristina Kitchen, Exec. Dir	785) 234-0500	krisk@heartlandworks.org
Area III	Workforce Partnership	Scott Anglemyer, Exec. Dir	(913) 287-1116	scotta@workforcepartnership.com
Area IV	Workforce Alliance of South Central Kansas	Keith Lawing	(316) 771-6800	keith@workforce-ks.com
Area V	Southeast KansasWorks	Renea Cavaness, Exec. Dir	(620) 332-5900	rcavaness@southeastkansasworks.com



Kansas WIB Areas, by county.

Map is based on an image at http://kansasworksstateboard.org/SiteCollectionImages/WF_Invstmnt_AreasMap.gif.

may not be practical to provide traditional fixed-route bus service for third shift employees at a meat-processing plant at the edge of town who need to start work at 10 p.m. But, a smaller scale demand-response or deviated-route service might work quite well.

- **Emphasize mutual benefits.** Flexibility among partners will help to avoid turf wars. Just because an agency has always done things the same old way does not mean it should continue to do so just because it seems easier. There could be entire untapped markets waiting to be served. It might just require looking at the situation from a new perspective.
- **Funding, funding, funding.** Be creative and find a mix of sources that can adequately fund the service to be provided. Sources include WIA, TANF, and JARC grants as well as various FTA programs, local sales taxes, and numerous block grant programs at the state and federal levels.
- **Think big picture.** Consider development patterns in your region, especially the placement and density of low-income housing as it relates to workplaces, transit facilities, and supportive services. This could go a long way toward minimizing or even eliminating the transportation gap in the decades to come.

Transit / WIB Partnership Funding Sources

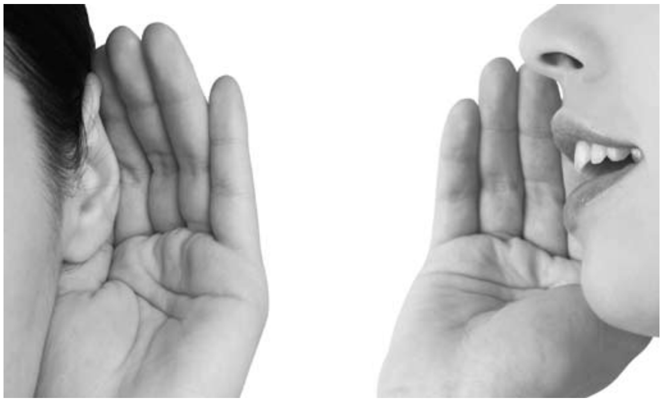
WIA—Workforce Investment Act
TANF—Temporary Assistance for Needy Families
JARC—Job Access and Reverse Commute Program (§5316)
FTA—Federal Transit Administration

MARKETING

Spreading the Word About Transit

By Matthew Barnett

Grateful riders "tell the story" of transit's benefits like no one else can.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The Easter Seals Project ACTION's (ESPA) Accessible Transportation Success Stories Project was designed to collect and share stories about how accessible transportation has helped people move about their communities as independently as possible and get to the places they want to go. Those places may include school, a friend's home, a job, their church, the hairdresser, a movie, or an event at a local community center. Through these stories ESPA hopes to help increase awareness about the benefits of accessible transportation and illustrate how it affects lives and livelihoods every day. People with disabilities, older adults, teenagers, family members, caregivers, and representatives of organizations and companies that provide accessible transportation are invited to write about how accessible, reliable public transportation made someone's life better.

Two success story examples

Success Story 1 was submitted by the Executive Director of the Partnership Transportation Management Association of Montgomery County, PA, about a travel training program.

> *"The transition students at North Penn High School in Lansdale, Pennsylvania had completed two semesters of travel training with the Partnership Transportation Management Association of Montgomery County (PTMA). They had successfully learned how to ride the bus and the rail line [train], but they didn't want to stop learning! How about going to see their beloved Phillies at Citizens' Bank Park? So the PTMA designed a class for them that reviewed the rail line and how to make connections, taught them about the Broad Street subway line, and had them plan their trip to the Park. As a surprise reward, the PTMA arranged*

for the students to have a private tour of the Park. The training went off beautifully, even including a dose of reality when the students had to move quickly to make a connection back to the high school. On the way back, they discussed with their trainer where they want to go next year—although the trip to the ball park will be hard to beat!"

Success Story 2 was submitted by an Ohio resident.

"For nearly a decade, I've relied on Laketran to get around Lake County on my own. I live with my parents, but being as independent as possible is always on my mind. Laketran has helped me to work, shop, attend medical appointments, visit friends, and so much more—more than I may ever do if only relying on my family for transportation. As a young professional, it's also enabled me to serve my community, volunteering at an after-school program and acting as a board member for a local disability-related organization. No matter where I am going, Laketran's drivers are always ready with a smile and excellent service, even in bad weather and other stressful situations. Over the years, the drivers often become friends, making the ride an even more enjoyable experience.

Besides giving me independence, Laketran has helped me to achieve life's goals in ways I never thought possible. When I chose to go to Case Western Reserve University for law school, I didn't want to rely on my family to drive me every day, but I had no idea how else I was going to get there. Laketran stepped up in a big way by agreeing to drive me, and their immeasurable support during those years is a main reason why I was able to earn my law degree. For that, I will be eternally grateful.

Clearly, Laketran has supported me in accomplishing major life goals as well as the mundane tasks of life. It's not, however, just me getting this support. Laketran has thousands of customers, and it supports every one of them just as it has supported me. Because of Laketran, people with disabilities are able to feel like independent, valuable members of society. To me, that's the greatest gift of all."

ESPA plans to use all or parts of the stories in its publications to underscore the importance of accessible transportation. The staff has found, however, that gathering success stories is an effort that takes time and patience because riders are not quick to share their stories. During various events related to ESPA's mission (e.g., in-person technical assistance events, presentations at national conferences), staff describes the accessible transportation success story project and invites the participants to submit such stories. ESPA continues to use its current methods for collecting stories, but also seeks new ways to encourage transportation customers and providers to add their stories.

Easter Seals' Project ACTION (ESPA) was originally commissioned by Congress in 1988 as a research and demonstration project to improve access to public transportation for people with disabilities. Two years later the Americans with Disabilities Act was passed and Easter Seals Project ACTION expanded its goal to help transportation providers implement the transportation provisions of the law.

ESPA's mission is to promote universal access to transportation for people with disabilities under federal law and beyond, by partnering with transportation providers and the disability community and others through the provision of training, technical assistance, applied research and outreach and communication. ESPA provides many informational and training resources in print and electronic versions, and technical assistance and training through both in person and distance learning events.

To learn more about Project ACTION, visit their Web site at http://www.projectaction.org.

How to submit a story

Stories can be up to 300 words. Provide your name, address, and telephone number at the top of the page. Stories for the project can be submitted online at the Easter Seals website below or emailed to Marie Maus at ESPASuccessStories@easterseals.com. If you email it, you can either attach the story as a file or put it directly into the body of the email. Be sure to type "Success Story" in the subject line. All submissions will be acknowledged, and Easter Seals Project ACTIOM will let you know if your story will be used on the Success Stories site or in an ESPA publication.

Sources

- Easter Seals Project ACTION: About Us. About Us Page. Accessed 7-5-10. Web site. http://projectaction.easterseals.com/site/PageServer?pagename=ESPA_who_we_are&s_esLocation=wwa.
- Easter Seals Project ACTION: Transportation Success Stories. Accessible Transportation Success Stories Project Page. Accessed 7-5-10. Web site. http://projectaction.easterseals.com/site/PageServer?pagename=ESPA_who_we_are_success_stories.
- Marie Maus. Personal interview. 7-29-10.

Transit as Part of a Community's Emergency Response Plan

By Anne Lowder

Do you have written protocols for drivers, dispatchers and supervisors to be used during an emergency? Do you share these protocols with external stakeholders? Do employees train and practice the written protocols for taking emergency action? What do you do after an emergency?

On February 14, 2010 these and other questions were discussed after a freak snow storm created a massive crash on Interstate 70 between Bonner Springs and Lawrence. The westbound lanes of the highway were closed for hours as emergency crews freed trapped passengers. Over 40 vehicles were involved in the crash. Luckily no one was seriously hurt, and none of the vehicles involved was a transit vehicle, but transit vehicles were needed to help keep people warm and to also transport them to central locations for pickup by family and friends. To help in this emergency transportation, Tiblow Transit, located in Bonner Springs, was called upon to respond.

Plan ahead for emergency response

The moment of a crisis is not the time to decide who can be called, what type of equipment is available, who the responsible personnel are and what steps should be taken during the emergency. Instead, be proactive and create a written emergency preparedness plan. The plan must first address the transit agency's responsibilities and protocols before, during and after an emergency and secondly, the plan needs to outline relationships and responsibilities within your agency and with other community stakeholders such as first responders (e.g. fire, police, EMS, public works).

Implementing a good plan starts with an agency self-assessment that evaluates your agency's strengths and gaps regarding safety, security and emergency preparedness. Once known, the gaps can be prioritized by: 1) impact they would have on employees, passengers and the community, and 2) the reality of the hazard or risk compared to the limitations of staffing and budget constraints.

An old saying goes "You never reach the mountaintop, you only experience the climb." Similarly, an emergency preparedness plan is a living document constantly being redeveloped as new resources become available. To help in building your agency's action plan go to www.bussafety.fta.dot.gov. The Federal Transportation Agency (FTA) web site offers templates to help you create policies and procedures, operating and maintenance protocols, employee training programs, human resource practices and developing external stakeholders.

Coordinate with emergency responders

It has been said more than once: "My agency has not been invited or asked to participate in the community's local emergency preparedness planning meetings." So what do you do? Be proactive. Introduce yourself to the members of the planning committee and sell your agency as a valuable transportation resource within the community. It is important that your agency develop a strong ongoing relationship with the emergency management team and the local fire/police and EMS. Without these relationships, your community lacks critical knowledge from your expertise. For instance, do you maintain a list of individuals (who have voluntarily signed-up) that would need transportation assistance during an emergency such as a flood or tornado?

Your agency is the transportation expert in your community. You know how to transport persons with mobility disabilities and you have the equipment (wheelchair lift and securement) that will be needed during an emergency evacuation.

Example of transit participation

An example of a transit agency being involved in the community's emergency planning and response is "The T" in Lawrence, KS. The T's department head is a member of the Douglas County Emergency Management's Emergency Operations Center (EOC) team. The EOC team, composed of heads of city and county departments (fire, police, medical and transit), acts as central command

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in an emergency. The first responding agency at an emergency designates a field commander who communicates with and takes direction from the EOC team. This person is the team's eyes on the scene.

The EOC team decides what resources to provide to the scene, whether personnel, equipment, food, water, portable toilets, or vehicles. If the field commanders says that several types of transportation vehicles are needed, including some with lifts, the EOC team would reach out to its transportation contacts with those resources. The transit manager is a key resource for this information and these decisions.

The team plans ahead of time how they will respond to certain situations of different durations. For example, if an incident is projected to last 6 to 8 hours, what will be needed? What if recovery is expected to be much longer, like 6-8 months? If shelter is needed for victims, the EOC would contact the Red Cross to provide shelter. During an emergency the EOC team has the responsibility for determining when local resources are not sufficient and will call the Kansas Division of Personnel Management for additional support. If federal assistance is needed, the state has the responsibility for requesting that.

Some key considerations in emergency response for transit

In making sure transit is included in your own community's emergency response plans, several aspects of transportation need to be considered, from communication to insurance to training. Here are some of the key points:

Communication. Working with and exchanging information with other first responders such as fire and police is also an important part of planning and training for an incident. Do all personnel responding to an emergency use the same communication language and follow the same emergency protocols? Cohesiveness among stakeholders in emergency preparedness protocol and communication is an essential tool taught online under the National Incident Management System (NIMS).

Contingency plans. It's important to think through how an emergency could change how you operate. What about alternative routes if roads become blocked? Have shelter-areas been identified in which to take cover in case a transit vehicle needs to evacuate?

Liability. What if transit vehicles

continued on next page

Lawrence Journal-World photo

The pile-up on I-70 last winter near **Bonner Springs**, shown above, left many motorists stranded in the cold. City-run Tiblow Transit in Bonner Springs provided vehicles to respond to the scene. The Emergency Response Plan of the Unified Government of Wyandotte County and Kansas City, Kansas specified using Tiblow's vehicles in certain emergencies, like this one.

Rita Hoag, Bonner Springs City Clerk, said fire personnel on the scene who had established command determined the need for the transit vehicles, the EMS Chief then contacted her, and she contacted the transit drivers to respond to the command location.

"Our vehicles were basically at the scene to give people who were waiting to be processed a place to be out of the weather," Hoag said. A few people were transported in the vehicles—one person to a hospital to be with family members and the other to a non-emergency location. Hoag noted that the City's EMS and a couple of other EMS jurisdictions handled transport of injured persons.

After the emergency, the Unified Government had a meeting of all personnel who had any part in the event, to determine if things could have been done better. They discussed the sequence of what happened from the time of the first call to when all personnel cleared the scene, said Hoag. A few discussion points will play out in new policies and procedures, and continued training.

Bonner Springs now has a Mobile Command Vehicle for similar incidents, donated by an adjacent city. The vehicle is equipped with necessary gear, forms and other supplies that might be needed during an emergency. This vehicle also houses a copy of the City's emergency operations book that has been expanded to include tactical inter-operability—i.e., coordinating with other communities to respond to an event. The book will be reviewed at least twice a year to make sure it is up to date and includes contact information for hospitals, adjacent emergency services, hospitals, Kansas Highway Patrol, etc.

Last February, one glitch in providing transit vehicles to the crash scene was getting the building open to access the keys for the drivers. Other than that, no other real obstacles occurred, said Hoag. She is drafting a new policy to provide quicker access to the vehicles. "I will make sure that our headquarters office has [their own set of] keys along with proper training for use of the vehicles by emergency personnel if Tiblow drivers are not available to drive them, " Hoag said. "KDOT already concurred with the use of these vehicles for such purposes so long as there are controls in place."

Overall, Hoag said the crash response was handled very well, especially given the fact that there was another pileup west of the one in Bonner Springs on I-70, another major one on I-435 and multiple small ones throughout the metro area. Hoag said the Mid-America Regional Council (MARC) is working with area responders to improve inter-operability for similar multiple events.

Transit as part of emergency response *Continued from page 11*

Benchmarks for Security and Emergency Preparedness

Management.
Management should develop the agency's mission statement that includes an organizational chart, written policies concerning safety, security and procurement, formal contractual agreements for safety and security mechanisms, proper insurance coverage and written labor/management protocols.

Equipment and Systems Operations and Maintenance.
Equipment and systems operations and maintenance need to be tasked under the oversight of an individual. Polices should be written to be in compliance with federal and state regulations and standards, that building design and equipment procurement is acquisitioned with safety and security considerations, hazard material training and that vehicles have a written maintenance plan, documentation forms for inspections /defects and that formal records are maintained. A written policy should be available to passengers, operators, stakeholders and the community on related safety concern, radio and communication equipment and policies and to evaluate the driver through supervisor on-board audits.

Human Resources.
Human resources should have written agency policies procedures for drug and alcohol, workplace violence, wellness/fitness for duty, operator/employee recruitment and selection and training, a drivers' handbook, a dispatcher handbook and a customer service handbook.

Safety Activities and Security Activities.
Safety activities should identify individual's roles and responsibilities for safety activities for hazard management, accident reporting, internal safety audit and contractor safety audit. Security activities should be identified though a security assessment which will establish strengths and weaknesses of reporting and revenue collection procedures, vehicle storage and facility protection and internal security audit.

Emergency/ All Hazards Management.
Emergency/All hazards management is externally working with stakeholders in your community to participate in local written protocols for emergencies that include incident management, recovery analysis, coordinate with first responders and simulations. Internally, your agency should develop protocols for drivers, dispatchers and supervisors ensure NIMS certification and identify essential employees.

Source: Federal Transit Administration Transit Bus Safety and Security Program. *Transit Bus Safety and Security Program.* FTA and State DOT Orientation Seminar. Salina, Kansas 6-22-2010.

are needed for evacuation, and first responders, such as firefighters, will be the drivers? Do the firefighters have the knowledge and skill set to operate the vehicle and the lift? Are protocols in place that protects against liability of the vehicle and driver during such an emergency? This is a conversation you should have with your insurance carrier and with your human resources manager. Does your insurance cover your equipment if it is being used for something other than day-to-day transportation activity?

Contractual agreements. Have you made contractual agreements with the local emergency preparedness committee for reimbursement of expenses? Pre-incident agreements establish funding guidelines for your agency's cost of labor and equipment that would be incurred during an emergency. Some vehicles used in the Katrina National disaster did not have coverage or contractual agreements and were not able to be reimbursed for expenses. The funding flows from Homeland Security through the Emergency Management Assistance Compact (EMAC) to the local government for pre-identified and credentialed resources.

Training. Training and more training is integral to effective incident management. Transit is a community resource and it is important for your agency to participate in community emergency management exercises. Participating in emergency simulations helps you to evaluate your strengths and weaknesses. Then lets you adjust and edit your agency's written protocols and become bettered prepared to react to an emergency. Managers, supervisors and frontline employees need to participate in practice drills and simulations.

Your staff also need agency-specific training. For example, you might have an instance of a threatening passenger on your vehicle and police would need to be called. Are emergency radio protocols in place for both the dispatcher and the driver? Have they practiced these protocols to ensure that the skill set is there to react to the emergency?

What about cross-training? Who would dispatch if your one dispatcher is unavailable? Training exercises will ensure that written protocols are not only followed by your employees but that they are viable. If something doesn't work well in the training, it can be remedied before an actual emergency.

Practice makes perfect. What else can be said?

Job descriptions. Finally, have you reviewed your employees' job descriptions to cover work as an essential employee? An essential employee is required to report to work in emergency situations.

Post-incident de-briefing

What do you do after an incident? Go have a cup a coffee and talk about it? That's actually a good strategy. Stakeholders need to come together—not to criticize or brag but to acknowledge the strengths and recognize the gaps that occurred during the incident. Formal action reports need to be completed about the emergency event and submitted to all members of the local emergency preparedness planning committee. The reports should document vehicle use, staff on duty, and who among them were designated as "essential" employees. (An essential employee is defined by the Federal Transit Administration as

continued on page 14

Taking the Fear Out of New Technology

By John Elias

In this space we often discuss how to improve transit service with new technology. But what about the employees using the technology? New technology can present thrilling possibilities for some and represent a chilling fear of the unknown for others. How can transit managers most effectively implement new technology and ensure their employees get the most out of the promise of new computers, software and services?

istockphoto.com

Employee readiness

First, how ready or willing are they to use technology? No two employees are the same. A good way to determine the "tech readiness" of your employees is to ask questions. Pam Ward, transit manager at 10-15 Transit (Ottumwa, IA), and veteran of several information technology (IT) installations, recommends asking a few simple questions to determine employee familiarity with technology in gerneral:

- Do you have a computer at home?
- What tasks do you use it for?
- Do you have a cell phone?
- Do you use it for just emergencies?
- How often do you check voice mail, take pictures or send text messages on your phone?

Ward has found that comfort with technology is not necessarily tied to age or gender. "We have older employees who love to work on the computer and are very comfortable with the whole process," she said.

Managers and trainers with a working knowledge of employee tech readiness can better develop training for their employees. Ward suggests selecting key individuals with high tech readiness, peer respect, leadership and an innovative attitude to act as beta testers in initial pilot programs. These individuals become implementation "early adopters" and can help direct the training and discover changes that must be made to processes. Early adopters also bring their expertise as users of the current system as a good first test for the new technology and can act as peer mentors after the initial staff training.

Gaining acceptance

Trainers, augmented with early adopter peer mentors, then roll out the new technology to the staff. Tom Jones, operations manager at 10-15 Transit, orients all employees, regardless of readiness, to the basics of the new system. Some will immediately grasp it while others may need one-on-one instruction or help from peer trainers.

When developing training, Jones recommends concentrating on actual tasks the employee will perform. In a mobile data terminal training session, he input the driver's actual schedules into the training module to increase familiarity. "The driver could see that Ruth was ready to be picked up on the terminal screen, just like before. Some of the employees that were most concerned about using new technology responded, 'This isn't as bad as I thought it would be," said Jones.

Overwhelmed employees

Early adopters' jobs don't end after the training sessions. Some employees may still feel uncomfortable or even actively hostile to the new technology. Enthusiastic and knowledgeable peers become valuable assets in the day-to-day use of the new technology. Peer trainers should be on the lookout for any employees in need of encouragement and mentoring. Vigilant mentors can resolve coworker concerns and struggles without costly technical support or consultants.

In sum

Initial work identifying your employees' tech readiness will continually reap benefits. Development of peer mentors and a well-planned course of training can take the fear out of new technology. Transit managers with an informed understanding of their staff's readiness can help their employees embrace new technology and cope with the inevitable concern change can bring.

Sources

- Interview: Pam Ward and Tom Jones, 10-15 Transit Ottumwa, IA.
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Other Services

In addition to publishing the *Kansas TransReporter*, the Kansas RTAP Program offers a variety of other educational services. Following is a partial list of these services:

- Publication dissemination
- Program planning assistance
- Technical assistance
- Video lending library
- Telephone consultation
- Computer database searches
- Training development
- Referral services
- Web site
- E-mail discussion group

Emergency response *Continued from page 12*

More About NIMS Training

Are your agency's supervisors and managers National Incident Management System (NIMS) certified?

As mandated by Homeland Security Presidential Directive-5, beginning in FY 2005, adoption of NIMS will be a condition for the receipt of federal preparedness funds, including grants, contracts and other activities.

NIMS education and training is directed towards all emergency management and response efforts by individuals on an executive, managerial, or first-hand level. The training is not required for all employees.

The online training program is composed of a core curriculum of courses that range from beginner to advanced. This training provides managers and supervisors with a comprehensive approach to incident management as well as provides first-line employees with the basic protocols of NIMS. The online training provides core sets of concepts, principles, terminology and organizational processes for all hazards.

Basically, NIMS creates a proactive system to assist those responding to incidents or planned events. The five components of the NIMS training include:

- Preparedness
- Communications and information management
- Resource management
- Command and management
- Ongoing management and maintenance

Two vital courses are ICS 100 and ICS 800. ICS 100 teaches the basics of NIMS protocol. The ICS 800 is a course for emergency response and prevention workers. Training and certification for the National Incident Management System (NIMS) is at: http://www.fema.gov/emergency/nims/NIMSTrainingCourses.shtm.

"an employee whose duties are of such a nature as to require the employee to report for work or remain at the work site to continue agency operations during an emergency situation.")

In your discussions with the emergency preparedness planning committee, also ask: Does there need to be a contractual element to your agency's vehicles and personnel during an emergency? (Who's paying the bill for maintenance, equipment and personnel during the emergency?) Were the written protocols followed or did they fail and why?

Once these reports are completed, it's back to the written emergency planning stage to revise the plans based on the information learned during the incident.

Summary

For effective emergency response, it's important to start at the beginning and know your agency's baseline for emergency response. This is done with a self-evaluation of your agency's safety, security and emergency preparedness.

Once the baseline is established, any gaps/ needs can be prioritized based on community impact, possibilities of certain types of emergencies occurring and the resource limitations of your agency. Create an action plan using Web resources for templates. Look at all areas of your agency: management, equipment and systems operations and maintenance, human resources, safety activities, security activities, emergency/ all hazards management and develop benchmarks for each of these areas (see sidebar on page 12). Integrate and share your agency's working emergency preparedness plan with the community's local emergency planning committee.

And practice! Make sure that your agency is involved and participating in community and internal drills, simulations and exercises. Then evaluate. Have you reached your benchmarks? Did training follow protocol? Finally, edit and re-engineer your written protocols so that they stay current with new information, resources and technology. Your community will be better able to respond to emergencies as a result.

Web Sites and Downloads of Interest

Medicaid's Medical Transportation Assurance: Origins, Evolution, Current Trends, and Implications for Health Reform. 2009. http://www.gwumc.edu/sphhs/departments/healthpolicy/dhp_publications/pub_uploads/dhpPublication_377A5480-5056-9D20-3DF264AA41CFBDEC.pdf

This policy brief examines Medicaid's assurance of medical transportation in the context of medically necessary but non-emergency health care.

Medicaid Non-Emergency Transportation. Part 1 History and Evolution of Medicaid Transportation. (CTAA Recorded webinar). 2009. http://ctaa.acrobat.com/p32821761/?launcher=false&fcsContent=true&pbMode=normal.

Medicaid Non-Emergency Transportation. Part 2. Brokerage Rule and Future of Medicaid Transportation. (CTAA Recorded webinar) 2009. http://ctaa.acrobat.com/p16395603/?launcher=false&fcsContent=true&pbMode=normal.

A Report on One Stop Centers and Employment Transportation. Executive Summary. 2006. CTAA. http://web1.ctaa.org/webmodules/webarticles/articlefiles/one_stop_executive_summary.pdf.

Delivering Community Transportation Services: A Report on the Roles, Responsibilities, and Contributions of Paid Drivers. 2009. The Beverly Foundation. http://web1.ctaa.org/webmodules/webarticles/articlefiles/DeliveringCommunityTransportationServices.pdf.

This report provides information about the roles, responsibilities, challenges, and contributions of paid drivers; examples of what they do to meet the transportation needs of older adults; and data on transportation services and programs that employ them.

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The *Kansas TransReporter* is an educational and technology transfer newsletter published quarterly by the Kansas University Transportation Center (KUTC), under the umbrella of KU's Transportation Research Institute. The newsletter is free to rural and specialized transit providers and others with an interest in rural and specialized service.

The *Kansas TransReporter* is co-sponsored by the Federal Transit Administration under its Rural Transportation Assistance Program (RTAP) and the Kansas Department of Transportation.

The purposes of the RTAP program are to: 1) educate transit operators about the latest technologies in rural and specialized transit; 2) encourage their translation into practical application; and 3) to share information among operators.

October 2010, Volume 23, Number 4.

Calendar

Rural Transit Training and Conferences

2010 Driver Training:

Kansas RTAP Driver Training: Defensive Driving and Emergency Procedures
October 7 in Garden City, KS
Contact Kansas RTAP**

Kansas RTAP Driver Training: Defensive Driving and Passenger Assistance Skills
October 14 in Pittsburg, KS
October 21 in Newton, KS
Contact Kansas RTAP**

Please note! *The 2011 Kansas RTAP driver training calendar is being planned now. Spring offerings will be announced in December. If you have requests for locations convenient to agencies in your area, please contact Anne Lowder at Kansas RTAP, alowder@ku.edu.*

Additional Training:

APTA Annual Meeting
October 3-6, 2010
San Antonio, TX
http://www.apta.com

19th National Conference on Rural Public and Intercity Bus Transportation
October 24-27, 2010
Burlington, VT
http://www.trbruralconference.org

Tribal Transit Conference
November 21-23 , 2010
Fort McDowell, AZ
http://conference.navajotransit.com

SWTA Annual Conference & Expo – Joint conference with Texas Transit Association
February 28–March 3, 2011
Austin, TX
http://www.swta.org

APTA Legislative Conference
March 13-15, 2011
Washington, DC
http://www.apta.com

***To register for a Kansas RTAP workshop, go to http://www.ksrtap.org. Click on "Register to attend." Questions? Contact Kristin Kelly at (785) 864-2594 or kbkelly@ku.edu.*

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