

Phase 1 Institutional, Partnership, and Financial Plan

Heart of Iowa Regional Transit Agency ITS4US Deployment Project

www.its.dot.gov/index.htm

Final Report – May 12, 2022
FHWA-JPO-21-907



U.S. Department of Transportation

Produced by HIRTA ITS4US Deployment Program
U.S. Department of Transportation
Intelligent Transportation Systems Joint Program Office
Federal Highway Administration
Office of the Assistant Secretary for Research and Technology
Federal Transit Administration

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1. Report No. FHWA-JPO-21-907		2. Government Accession No.		3. Recipient's Catalog No.	
4. Title and Subtitle Phase 1 Institutional, Partnership, and Financial Plan Heart of Iowa Regional Transit Agency ITS4US Deployment Project				5. Report Date May 12, 2022	
				6. Performing Organization Code N/A	
7. Author(s) Brooke Ramsey, Santosh Mishra, Hoki Tse, Heidi Guenin				8. Performing Organization Report No. N/A	
9. Performing Organization Name and Address Heart of Iowa Regional Transit Agency (HIRTA) 2824 104th St Urbandale, IA 50322				10. Work Unit No. (TRAVIS)	
				11. Contract or Grant No. 693JJ321C000006	
12. Sponsoring Agency Name and Address U.S. Department of Transportation ITS Joint Program Office 1200 New Jersey Avenue, SE Washington, DC 20590				13. Type of Report and Period Covered Final, Phase 1 (3/2021-6/2022)	
				14. Sponsoring Agency Code HOIT-1	
15. Supplementary Notes Fred Bowers (FHWA)					
16. Abstract The Heart of Iowa Regional Transit Agency (HIRTA) is one of the 5 awardees for Phase 1 of the Complete Trip – ITS4US contract for its proposed concept “Health Connector for the Most Vulnerable: An Inclusive Mobility Experience from Beginning to End” (Health Connector) by the United States Department of Transportation (USDOT). HIRTA has engaged with a range of stakeholders and deployment partners for the concept and requirements development during Phase 1 of the project. The Institutional, Partnership and Financial Plan (IPFP) provides documentation of all stakeholder or partnership agreements on concept, objectives, institutional and financial arrangements necessary for the successful deployment and operation of the deployment during Phase 2/3. The document also provides a description of plans for continued operation of Health Connector once the Phase 3 is accepted and the system transitions into the long-term operations and maintenance phase.					
17. Keywords ITS4US; Complete Trip; Deployment; ITS; intelligent transportation systems; stakeholders, partners, financial plan, agreements			18. Distribution Statement		
19. Security Classif. (of this report) Unclassified		20. Security Classif. (of this page) Unclassified		21. No. of Pages 49	22. Price
Form DOT F 1700.7 (8-72)				Reproduction of completed page authorized	

Revision History

Name	Date	Version	Summary of Changes	Approver
Brooke Ramsey, HIRTA Santosh Mishra, IBI Group Hoki Tse, IBI Group	22 February 2022	1.0	Initial Draft	Brooke Ramsey
Santosh Mishra, IBI Group; Brooke Ramsey, HIRTA	15 Mar, 2022	2.0	Revised to address USDOT comments	Brooke Ramsey
Santosh Mishra, IBI Group Heidi Guenin, IBI Group	14 Apr, 2022	3.0	Revised to address USDOT comments	Brooke Ramsey
Santosh Mishra, IBI Group	11 May, 2022	4.0	Revised to address USDOT comments	Brooke Ramsey
Brianna Jasset, IBI Group	12 May, 2022	5.0	Revised to address 508 compliance requirements	Brooke Ramsey

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1 Introduction

1.1 Project Background

The Heart of Iowa Regional Transit Agency (HIRTA) is one of the 5 awardees for Phase 1 of the Complete Trip – ITS4US contract for its proposed concept **“Health Connector for the Most Vulnerable: An Inclusive Mobility Experience from Beginning to End”** (Health Connector) by the United States Department of Transportation (USDOT).

Health Connector will demonstrate an innovative concept to address various bottlenecks associated with healthcare access for HIRTA communities. The HIRTA team will implement a scalable and replicable solution that enables inclusive access to non-emergency medical transportation for all underserved populations and their caregivers by resolving access barriers through advanced technologies. This solution will allow Dallas County residents without access to transportation who may be seeking a medical appointment (Travelers) to explore their transportation alternatives and book both medical and transportation appointments at the same time. Further, Health Connector will include information and wayfinding services to guide Travelers at every step of their trip.

The referenced underserved populations’ mobility needs vary based on the individual. Health Connector will provide enhanced access to healthcare options for “all travelers” in Dallas County with a specific focus on underserved communities, including persons with disabilities, low income, rural, older adults, Veterans, and persons with limited English proficiency (LEP).

In addition to addressing mobility needs, the proposed deployment will recognize the net impact that access to health services has on patient health care outcomes as well as both the financial and health outcomes from the perspective of the healthcare community/Dallas County Health Department (DCHD).

Figure 1 provides an overview of Health Connector.

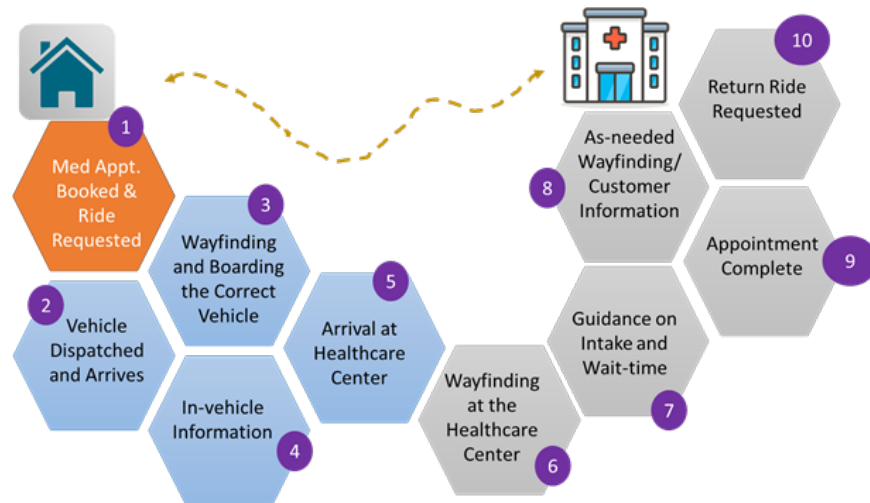


Figure 1. Overview of Health Connector System Concept (Source: HIRTA team)

1.2 Intended Audience

The intended audience for this document is as follows:

- Members of the HIRTA ITS4US Complete Trip Project Team that are leading the Phase 1 concept development activities: HIRTA, IBI Group, Capture Management Solutions, and CTAA.
- HIRTA's executive management, operations, and maintenance staff.
- HIRTA's deployment partners.
- HIRTA stakeholders engaged in this project.
- The USDOT Team managing and supporting the project.
- Other entities implementing similar systems in the future.

2 Project Team

HIRTA is the contractor and site lead for Phase 1 and is the designated lead organization for Phase 2/3. HIRTA's project management lead (PML), Brooke Ramsey, has been the single point of contact (POC) for the USDOT Contract Officer's Representative (COR) and the rest of the USDOT team for meeting project requirements and finalization of deliverables. HIRTA PML has also been coordinating with the following deployment partners for completion of Phase 1 activities:

- **IBI Group:** leading concept development and systems engineering activities in Phase 1. Also, designated as the lead for systems engineering and software development activities in Phase 2/3.
- **Community Transportation Association of America (CTAA):** leading stakeholder engagement, human use approval, and training efforts in Phase 1 and will lead the deployment team in Phase 2/3.
- **Iowa State University (ISU):** serving as the Advisor on performance management, data collection, and human use approval tasks in Phase 1. ISU also served as the Institutional Review Board (IRB) for human use approval summary development and will continue to do so in Phase 2/3. ISU will lead the finalization of DMP and PMESP in Phase 2 and will lead evaluation effort in Phase 3.
- **Dallas County Health Department (DCHD);** has been acting as the liaison with healthcare partners and will continue to serve in that role in Phase 2 and 3.

Except for the mobility on demand (MOD) vendor that HIRTA will procure in Phase 2, other partners for the HIRTA site are consistent across the three phases, including NaviLens, the provider of wayfinding solution.

Additionally, stakeholders, as listed in the Stakeholder Registry, have been participating at Phase 1 meetings and workshops.

HIRTA PML has been coordinating the development and management of agreements with all partners. For Phase 1, HIRTA has established subcontracts with each of the above partners, except for Dallas County Health Department (DCHD).

For DCHD, an informal agreement exists to support the delivery of healthcare transportation through Health Connector with the help of Health Navigators. Health Navigators assists Dallas County residents with resources to meet their needs, which may include assistance filling out paperwork, completing phone calls, and learning how to navigate the healthcare system. The Health Navigator program is funded by Dallas County and the local chapter of United Way. DCHD has been participating in all Phase 1 meetings, as necessary, and has indicated in their letter of support their intention to continue participating throughout Phases 2 and 3 as discussed in Section 3.

The document refers to Phase 2/3 partners under the following categories:

- **Institutional:** key public and private sector organizations that will be involved, some of which will also provide financial support as discussed in Section 3. For HIRTA team, this category includes government agencies, healthcare partners, ISU and DCHD.
- **Business:** technology providers (vendors) and providers of technical services. This category includes IBI Group, CTAA, ISU-Intrans, CMS, MOD vendor and NaviLens.
- **Local:** community partners representing the interests of underserved population groups.

The following subsections provide a high-level overview of how HIRTA plans to engage with partners going forward in Phases 2 and 3. Further details are provided in Section 3.

2.1 Institutional and Business Partners

As a community transportation provider in central Iowa, HIRTA has longstanding partnerships with various government institutions for planning and delivery of transportation services to the residents in its service area. These partners include Dallas County Health Department, City of Perry, City of Adel, and City of Waukee. HIRTA has received letters of support for funding commitment from these organizations. Funding commitments from local partners are stipulated in HIRTA's contract with the Iowa DOT. Any specific agreements (e.g., data sharing and reporting) are not drafted yet and will be completed as part of Phase 2 activities. Except for ISU and DCHD, most of these partners are engaged in an advisory role for the deployment activities.

Business partners will provide their services per scope and budget as included in their fully executed contracts. Contracts will also incorporate, by reference, the terms and conditions of the USDOT agreement signed by HIRTA for Phase 2/3. HIRTA PML will serve as the contract administrator and will verify deliverables before invoices are paid. A detailed approach for regular partner engagement and coordination of deliverables will be included in the Phase 2 and Phase 3 project management plan (PMP) documents. Also, as part of PMP development process, HIRTA will develop a roles and responsibilities matrix which will identify which tasks will be conducted by individual organizations.

HIRTA has been conducting bi-weekly meetings internally with all partners in Phase 1 and plans to continue that in Phase 2/3. If necessary, meetings are conducted weekly or on ad-hoc basis as well. Also, HIRTA partners regularly use cloud-based tools such as Slack (for instant messaging), Asana (for project action item coordination), and Zoom/Teams (for video chat) for staying connected. Further, HIRTA team has been using virtual engagement software, Miro, for conducting remote workshops. These tools will allow HIRTA partners to stay connected and collaboratively work on successfully delivering on project milestones in Phase 2/3.

For government partners, HIRTA has a formal agreement/contract only with Iowa DOT. In accordance with Iowa Code, Chapter 324A, HIRTA receives both Federal Transit Assistance 5311 funds and State Transit Assistance funds through contracts with the Iowa DOT. The contracts specify the amount, term, and any local match requirements. Further, HIRTA is a voting member of the Central Iowa Regional Transportation and Planning Alliance (CIRTPA) and receives Non-Urban Surface Transportation Project (STP) funds through contracts maintained by the Iowa DOT. The contracts specify the term, federal funds ceiling, and percent of federal participation in

the projects. Also, HIRTA is a non-voting member of the Des Moines Area Metropolitan Planning Organization (MPO) but does not receive any funding through the MPO.

Among healthcare partners, HIRTA has obtained a letter of support from Dallas County Hospital (DCH), a 25-bed private hospital that is an affiliate of Mercy One hospital, for their participation in the project as a primary deployment site. DCH will coordinate with HIRTA on installation of NaviLens wayfinding visual markers outside and inside the facility. Also, DCH has requested installation of 2 information kiosks. Broadlawns Clinic has also been participating in Phase 1 activities and will participate in Phase 2 and 3 as one of the deployment sites (letter of support is pending).

Also, Access2Care is an existing partner that HIRTA works with on a daily basis. They have participated in Phase 1 ConOps and SyRS meetings and intend to engage for required activities (e.g., interface between MOD software and Access2Care).

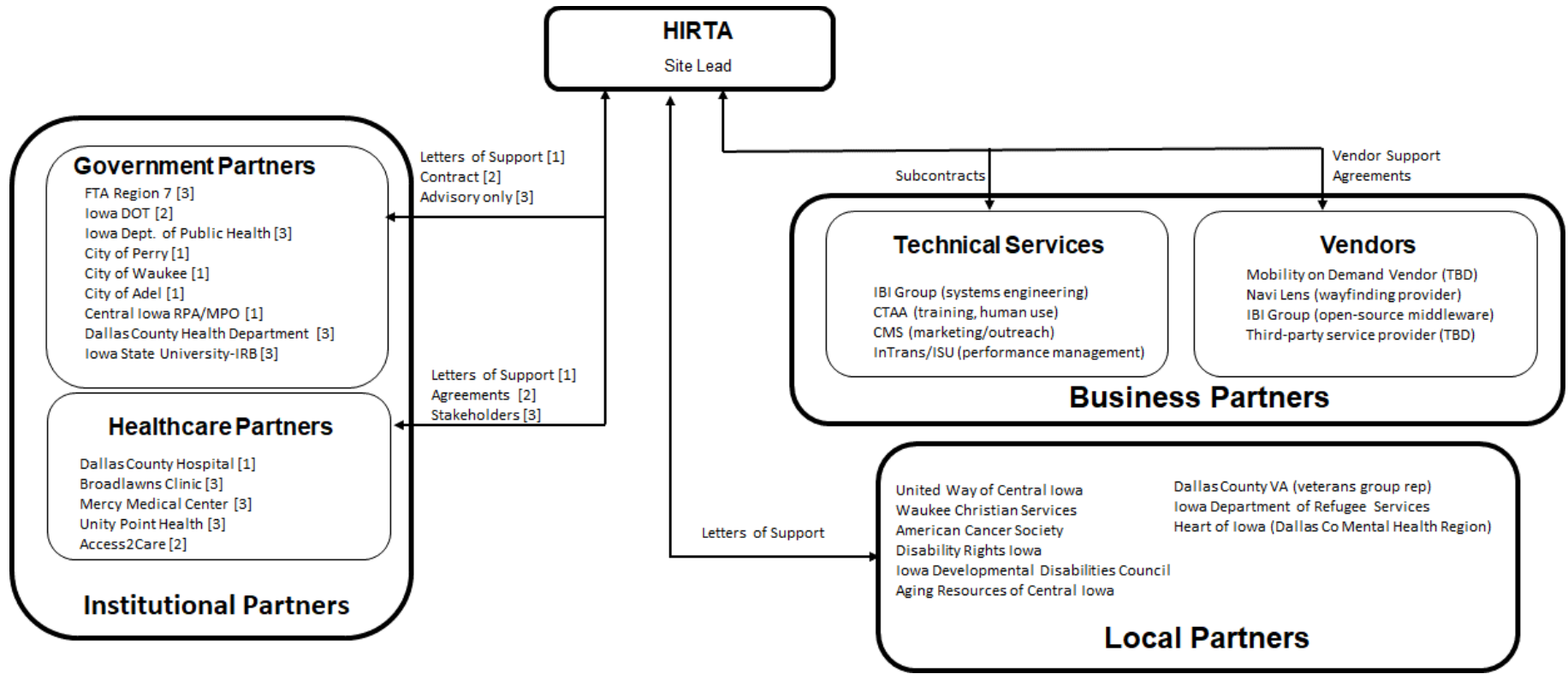
HIRTA has not received a formal letter of support from Unity Point or Mercy One. They were also not involved in ConOps and SyRS walkthrough activities in Phase 1 due to their commitments related to the COVID-19 pandemic. However, their community liaisons have participated in initial Phase 1 meetings (e.g., needs assessment focus group and one-on-one meetings). Through initial meetings and other outreach efforts in Phase 1, they have expressed their support of the project and have a desire to participate as the project progresses. To be respectful of their time, the HIRTA team has decided to re-engage with UnityPoint, Mercy One, once the team is notified of the Phase 2/3 award. Also, HIRTA team has the opportunity to work through the Transit Taskforce at Greater Des Moines Partnership, where HIRTA team will present the project and coordinate further as part of the Phase 2 outreach efforts.

2.2 Local Partners

As described in Section 2.3, several community and advocacy groups have been part of the stakeholder engagement process in Phase 1 and will continue to represent the six core underserved groups that include: older adults, persons with disabilities, persons with LEP, persons living in rural areas, Veterans, and persons with low income. The community partners have provided excellent input in the Phase 1 ConOps and SyRS development through the walkthrough meetings.

HIRTA has obtained letters of support from each of the community partners for their support in developing and deploying Health Connector. These letters indicate their continued representation of the community interests for Health Connector deployment during design meetings, participant recruitment and training, and acceptance testing through participation of their representatives. HIRTA team will engage with these partners during Phase 2/3 as necessary.

Figure 2 provides a diagram of the governance structure for HIRTA site and identifies the nature of agreements that currently exist. Some of these agreements will be refined further as Phase 2 and 3 activities are finalized.



Source: HIRTA

Figure 2. Governance Structure for Phases 1, 2, and 3 (Source: HIRTA team)

2.3 Partnership Status Summary

Table 1 provides a summary of organizations, their project role, the state of HIRTA team's partnership and engagement activities in Phase 1, and other information relevant to Phase 2/3 activities and deployment. These are categorized under institutional, business, and local partnership categories, for which a detailed description is provided in Section 3.

Table 1. Partnership Status Summary

Category	Organization	Role	Status
Institutional	FTA Region 7	Funding partner	Completed
Institutional	Iowa DOT	Funding partner	Completed
Institutional	Iowa Department of Public Health	Advisory support in launch of health care transportation service and measuring health outcomes	In-progress
Institutional	City of Perry	Funding partner	Completed
Institutional	City of Waukee	Funding partner	Completed
Institutional	City of Adel	Funding partner	Completed
Institutional	Central Iowa Rural Transportation and Planning Alliance / Metropolitan Planning Organization	Advisory, assistance with passenger transportation planning and long-range transportation plans, interested in transportation for all population.	Completed
Institutional	Access2Care	Iowa Medicaid Enterprise transportation broker, assist with testing and deploying middleware solution and its integration with their software/application	Completed
Institutional	Dallas County Hospital	Primary hospital site involved in the deployment	In-progress
Institutional	Broadlawns	Primary clinic site involved in the deployment	In-progress
Institutional	UnityPoint	Secondary private hospital site involved in the deployment	In-progress
Institutional	Mercy One Medical Center	Secondary private hospital site involved in the deployment	In-progress
Institutional	Iowa State University	Institutional Review Board	Completed
Institutional	Dallas County Health Department	Advisory and deployment partner; support with engagement of Health Navigator; facilitator with healthcare partners and focused on health outcomes	In-progress
Business	IBI Group	Deployment partner for systems engineering and software development activities	Completed
Business	MOD Vendor	Deployment partner for providing traveler app, vehicle solution and central transportation management solution	Not started
Business	NaviLens	Wayfinding solution provider	In-progress

Category	Organization	Role	Status
Business	CTAA	Serving Deployment Lead role in Phase 2/3 and coordinating other activities	Completed
Business	ISU-InTrans	Providing performance measurement and evaluation support services	Completed
Business	Third-party non-dedicated service provider (NDSF)	Refers to third-party providers (local taxi, private accessible transportation providers) and local volunteer networks	Not started
Business	CMS	Providing marketing and outreach services	Completed
Local Partners	Dallas County Veteran's Affairs (VA)	Advisory and deployment partner, representing Veterans	Completed
Local Partners	Aging Resources of Central Iowa	Advisory, representing older adults and persons with disabilities	Completed
Local Partners	United Way of Central Iowa	Advisor partner in representing interests of low-income groups	Completed
Local Partners	Waukee Area Christian Services	Advisor partner in representing interests of low-income groups	Completed
Local Partners	Iowa Developmental Disabilities Council	Advisory and deployment partner, representing persons with disabilities	Completed
Local Partners	Iowa Department of Refugee Services	Advisory and deployment partner, representing persons with limited English proficiencies	Completed
Local Partners	Heart of Iowa (Dallas County Mental Health Region)	Advisory partner, representing low income, rural, and limited English proficiencies	Completed

2.4 Deployment Partnership Coordination Activities

As stated earlier, stakeholders and partners have been engaged throughout Phase 1 activities for compiling user needs, defining requirements, validating approach for outreach and training, and other activities. The following subsections provide a brief discussion of all partner engagement, coordination, and document reviews that have occurred to come to an agreement on the main elements of the deployment.

2.4.1 Concept of Operations (ConOps)

The following activities have been performed for compiling user needs and identification of user scenarios along with relevant operational details:

- Workshop with Community Partner Stakeholders:** First workshop was conducted in April 2021 to gain insights on healthcare access challenges tied to lack of transportation access. This session included members of social service groups that represent underserved populations. Discussions revolved around specific needs of underserved populations, primarily LEP and low income (Medicaid-dependent), as those relate to transportation access.

- **One-on-One Interviews:** One-on-one interviews with various group representatives were conducted to understand the current processes and challenges related to referral, medical appointment booking, ride booking, service delivery, customer information, patient intake process, and other needs.
 - **DCHD Health Navigator:** HIRTA team conducted meeting with one of the Health Navigators with DCHD who works with Dallas County residents and connects them with healthcare and other resources. Racial/ethnic minorities make up 25% of the Dallas County population, accordingly LEP was cited as the major challenge, alongside addressing the needs of a large elderly population (58% of DCHD's customer base).
 - **Healthcare Provider Stakeholders:** Originally, HIRTA team had planned a focus group session/workshop with healthcare providers. However, due to COVID-19, scheduling meetings with healthcare providers proved to be challenging. Therefore, the HIRTA team decided to conduct one-on-one interviews as those providers became available. Interviews involved discussions related to arrival at medical facilities for medical appointments, guiding customers towards other offices within their facilities, transportation needs in case of referrals to other facilities, booking transportation for future appointments, and booking transportation after discharge.
 - **Dallas County VA:** The interview with VA staff indicated that transportation is not a major challenge, as most of the VA population looking for healthcare access generally uses Medicare instead of VA. Other groups rely on family and friends or personal transportation.
 - **Medicaid Broker:** HIRTA team conducted an interview with Access2Car, the State of Iowa broker through whom all Medicaid-funded trips must be booked. The team learned about the unique process for Medicaid transportation booking, scheduling, and service coordination. Access2Care works with various public and private service providers, including HIRTA.
- **User Scenario Discussion:** The HIRTA team conducted use a cases/operational scenarios workshop with stakeholders. These scenarios were developed to identify specific challenges faced by end users (e.g., Travelers, Medicaid/MCO, HIRTA, hospital staff and DCHD, community partners). The team discussed applicability of those scenarios to various underserved population groups and any applicable constraints with respect to booking and completing the appointments.
- **ConOps Walkthrough:** Once the needs, scenarios, operational constraints, and other details were developed in the ConOps, the HIRTA team conducted walkthrough meetings with stakeholders to understand any additional needs not captured in the ConOps.

ConOps serves as the official source of user needs and scenarios agreed on by the stakeholders and end-users.

Going forward, HIRTA plans to engage with the partners in Phase 2 and Phase 3 as follows:

- **Design:** HIRTA team will involve all partners that have participated in ConOps and SyRS meetings at design meetings to incorporate their input into the system implementation process. Further, as stated earlier, HIRTA team will restart the engagement activities with Unity Point and Mercy One healthcare partners to engage them in design activities.

HIRTA team, in partnership with the MOD vendor and IBI Group, will also engage with healthcare partners for the design of the open-source middleware solution.

- **Development:** HIRTA team will use bi-weekly meetings and project design and development approach as discussed in the Task 12 - Systems Engineering Management Plan (SEMP) document for both system implementation/configuration and new software development activities.
- **Participant Recruitment and Training:** Task 9 - Participant Training and Stakeholder Education Plan (PTSEP) identified stakeholder groups that will be engaged to complete the training activities needed for Traveler use of Health Connector. HIRTA will also engage with ISU for IRB engagement activities prior to initiating any training activities.
- **Standard Operating Procedures (SOP):** HIRTA will build upon ConOps, SyRS, and safety management plan (SMP) discussions to develop SOPs for engagement with healthcare partners, DCHD, third party-service providers, and vendors for Phase 3 and post-Phase 3 operations and maintenance.
- **Outreach:** Task 10 - Outreach Plan provides the details on the stakeholder activities to be conducted during Phase 2 and Phase 3.
- **Testing:** HIRTA team will work with the community partners and healthcare partners for participant recruitment and will coordinate with them for conducting testing activities to verify user needs and requirements. HIRTA team will also engage with funding partners for ensuring their data sharing and reporting needs are met.
- **Operations and Maintenance (O&M):** As the system moves into the O&M phase, HIRTA will coordinate with ISU for data validation and performance measurement activities. HIRTA will also coordinate with vendor partners for providing technical support services according to the service level agreements (SLA) defined in their contracts.

2.4.2 Performance Measures and Targets

The performance measurement plan was developed based on goals and objectives defined as part stakeholder engagement activities conducted during the ConOps development process. Goals and objectives, along with user scenarios, formed the basis of identification of measures and targets. While most targets have been identified through ConOps and SyRS walkthrough meetings, some of the measures that involve healthcare partners require further discussions as part of Phase 2 design, once the data needs have been defined and the scope of performance measurement is refined further (e.g., measuring of health outcomes), as discussed in the Performance Management and Evaluation Support Plan (PMESP).

HIRTA partner ISU/InTrans has been leading the performance management development and refinement activities.

2.4.3 Operational Changes

From an operational standpoint, all partners are currently used to the service delivery framework used by HIRTA. However, ConOps outlines changes that will occur with the introduction of new

technologies. ConOps also defines operational constraints and outlines some of the expected changes. This includes the use of applications by partners and the exchange of data between HIRTA and partners for the needs of delivering and measuring Health Connector services.

In Phase 2, HIRTA team will develop an SOP document that will define how various components of the system will be used in the new Complete Trip delivery framework available through Health Connector. The existing agreements between HIRTA and its partners (Access2Care, healthcare providers, and DCHD) will be modified with respect to the changes brought by Health Connector applications and data sharing needs. Please note that these partners have participated in ConOps and SyRS walkthrough meetings. Also, HIRTA team has conducted several other meetings with these partners during Phase 1. These partners well understand the expectations of their organizations for Phase 2/3 activities and any support needed beyond Phase 3.

2.4.4 Governance Framework and Processes

As described earlier in Section 2, HIRTA is the lead organization for the coordination of all activities pertaining to the planning, designing, deployment, operations, and maintenance of Health Connector. HIRTA has subcontract agreements in place to complete the Phase 1 documents as required by the USDOT contract. Further, HIRTA partners have provided letters of support and have been participating in meetings and workshops when organized by HIRTA. Other agreements for data sharing, support with participant recruitment, testing of system, and other activities are not yet defined and will be done once the system design is complete in Phase 2. However, HIRTA plans to continue engagement in coming months with healthcare partners on identifying details needed for data sharing agreements, particularly in relation to middleware development and data needs for performance management. Also, HIRTA will coordinate with local partners and DCHD regarding support with participant recruitment.

2.4.5 Data Sharing Agreements

Data sharing agreements currently exist but in limited capacity, and as needed, to provide requested trips by HIRTA or to get reimbursed for delivered trips. HIRTA team plans to develop detailed data sharing terms and conditions per the data needs as defined in the Data Management Plan (DMP) to refine the current agreements between HIRTA and its healthcare partners (Access2Care, healthcare providers, and DCHD) in the context of Health Connector applications and data sharing needs.

2.4.6 Financial Agreements

The Federal Transit Administration (FTA) formula grants for rural areas program provides operating assistance to states to support public transportation in rural areas having populations under 50,000. As a rural transit system, HIRTA's 5311 federal transit assistance comes through the Iowa DOT. Unlike 5307 urbanized funding, 5311 non-urbanized operating funds are required to have a 50/50 match. Matching funds come from a variety of sources, as discussed below:

- HIRTA receives State Transit Assistance from the Iowa DOT in addition to federal funding. Local sources of revenue include county general fund dollars, city general funds, economic development funds, local sales tax option, and health and human service funds.

- Contract services like the mental health regions, Iowa Medicaid Enterprise Non-Emergency Medical Transportation (NEMT) and Health and Community Based Services (HCBS), nursing homes, the local Area Agency on Aging, and CyRide's ADA paratransit service.
- Grant revenues come from a variety of sources (e.g., United Way, local community foundations).
- Some funds are raised through HIRTA's stand-alone 501c3, Heart of Transit, which solicits donations, bestowals, and endowments.
- Passenger revenues are a small portion of HIRTA's overall revenue streams, comprising only 2% of revenues in FY2021.
- HIRTA can use FTA 5311 funding to provide services for Health Connector and will match those funds through a variety of local sources. FTA 5311 funds eligible expenses include operating expenses and the acquisition of public transportation services.

While it cannot be planned as a dedicated funding source, HIRTA will also coordinate with healthcare providers on utilizing compassion funds available to them to pay for transportation in form of discount credit/coupon or through after-the-fact billing. Further discussion on accounting procedures for such funds is needed with healthcare partners. These discussions will take place during Phase 2 design discussions.

3 Phase 1 Partnerships and Agreements Details

This section builds upon the partnership summary provided in Section 2 and provides further details related to the documentation of agreements, expected level of support including any financial commitments, and level of involvement.

3.1 USDOT Phase 1 Contract

3.1.1 Documentation

For Phase 1, HIRTA is the prime contractor under contract # 693JJ321C000006 to complete all activities required for Phase 1. The period of performance of this contract is valid from Jan 2021 through June 2022.

3.1.2 Financial Agreements

Total contract value for the Phase 1 contract is \$1,084,257.

Phase 1 contract does not require any state or local match. However, partners such as DCHD, healthcare partners, and community partners have not billed to the project, as participation in meetings and workshops has been part of their regular work activities.

3.2 Institutional Partnerships

HIRTA collaborated with several institution partners throughout Phase 1 to support the concept development, design, deployment, and performance analysis of Health Connector. These partners include the following types of organizations:

- State DOT
- Local (City) DOT
- Metropolitan Planning Organization
- Public Health departments (IDPH and DCHD)
- Healthcare partners
- ISU

Table 2. List of Institutional Partners

Institutional Partner	Nature of Support	Deployment Phase
FTA Region 7	Involved in advisory capacity.	<ul style="list-style-type: none"> • Phase 1 – SyRS walkthrough and input
Iowa DOT	Involved in advisory capacity. Also, the provider of state match for federal funds obtained in Phase 2/3 and later activities.	<ul style="list-style-type: none"> • Phase 1 – SyRS walkthrough and other input) • Phase 2/3 – input on design/implementation activities; funding match • Post-deployment – operational funding
Iowa Department of Public Health	Advisory partner in determining health outcomes due to provision of healthcare transportation service.	<ul style="list-style-type: none"> • Phase 1 – SyRS walkthrough and other input • Phase 2/3 – input on design/implementation/evaluation activities
City of Perry	Funding partner.	<ul style="list-style-type: none"> • Phase 3 – funding match via Iowa DOT • Post-deployment – funding match via Iowa DOT
City of Waukee	Funding partner.	<ul style="list-style-type: none"> • Phase 3 – funding match via Iowa DOT • Post-deployment – funding match via Iowa DOT
City of Adel	Funding partner.	<ul style="list-style-type: none"> • Phase 3 – funding match via Iowa DOT • Post-deployment – funding match via Iowa DOT
Central Iowa Rural Transportation and Planning Alliance / Metropolitan Planning Organization	Advisory, assistance with passenger transportation planning and long-range transportation plans, interested in transportation for all populations.	<ul style="list-style-type: none"> • Phase 1 – no direct involvement • Phase 2/3 – may participate in design and implementation meetings; may need input for regional ITS architecture update

Institutional Partner	Nature of Support	Deployment Phase
Dallas County Health Department	Active participation from Dallas County Health administrator and Health Navigators in all stakeholder meetings, needs workshops, and requirements development meetings in Phase 1. Continued participation is planned in Phase 2/3 for system design and implementation. DCHD will also be the user of the system.	<ul style="list-style-type: none"> All 3 phases and post-deployment
Access2Care	Iowa Medicaid Enterprise transportation broker, assist with testing and deploying middleware solution and its integration with their software/application.	<ul style="list-style-type: none"> Phase 1 – meetings and workshops Phase 2/3 – meetings and workshops; design and implementation support Post-deployment – operation
Dallas County Hospital	Primary hospital site involved in the deployment. Active participation in stakeholder meetings. Involvement of staff in Phase 2/3 for design, implementation, training, and system use.	<ul style="list-style-type: none"> Phase 1 – meetings and workshops Phase 2/3 – meetings and workshops; design and implementation support Post-deployment – system use
Broadlawns	Broadlawns is a private hospital in Polk County but has a local clinic in Dallas County. It is a primary clinic site involved in the deployment. Active participation in stakeholder meetings. Involvement of staff in Phase 2/3 for design, implementation, training, and system use.	<ul style="list-style-type: none"> Phase 1 – meetings and workshops Phase 2/3 – meetings and workshops; design and implementation support Post-deployment – system use
UnityPoint	Secondary private hospital site involved in the deployment.	<ul style="list-style-type: none"> Phase 1 – limited meetings Phase 2/3 – meetings and workshops; design and implementation support Post-deployment – system use
Mercy Medical	Secondary private hospital site involved in the deployment.	<ul style="list-style-type: none"> Phase 1 – limited meetings Phase 2/3 – meetings and workshops; design and implementation support Post-deployment – system use

3.2.1 Documentation

For government partners, HIRTA has a formal agreement/contract only with Iowa DOT. In accordance with Iowa Code, Chapter 324A, HIRTA receives both Federal Transit Assistance 5311 funds and State Transit Assistance funds through contracts with the Iowa DOT. The contracts specify the amount, term, and any local match requirements. Further, HIRTA is a voting member of the Central Iowa Regional Transportation and Planning Alliance (CIRTPA) and receives Non-Urban Surface Transportation Project (STP) funds through contracts maintained by the Iowa DOT. The contracts specify the term, federal funds ceiling, and percent of federal participation in the projects. HIRTA is a non-voting member of the Des Moines Area Metropolitan Planning Organization (MPO) but does not receive any funding through the MPO.

Among healthcare partners, HIRTA has obtained a letter of support from Dallas County Hospital (DCH), a 25-bed private hospital that is an affiliate of Mercy One hospital, for their participation in the project as a primary deployment site. DCH will coordinate with HIRTA on installation of Navilens wayfinding visual markers outside and inside the facility. Also, DCH has requested installation of 2 information kiosks. Broadlawns Clinic has also been participating in Phase 1 activities and will participate in Phase 2 and 3 as one of the deployment sites (letter of support is pending). HIRTA has not received a formal letter of support from Unity Point or Mercy One. They were also not involved in ConOps and SyRS walkthrough activities in Phase 1 due to their commitments related to the COVID-19 pandemic. However, their community liaisons have participated in initial Phase 1 meetings (e.g., needs assessment focus group and one-on-one meetings) and HIRTA intends to restart the conversation for Phase 2 activities to involve them as deployment sites for the wayfinding solution and for use of Health Connector platform for transportation coordination.

Further, HIRTA has a contract with Access2Care for providing credentialed vehicles and drivers for Medicaid-funded trips. HIRTA will develop an agreement with Access2Care for supporting the development of middleware for the data exchange with the MOD vendor solution.

3.2.2 Financial Agreements

No formal financial agreements are yet established for this project. Regular financial agreements for funding partners, as described in Section 2.4.6, are applicable.

3.3 Local Partnerships

This section includes a summary of local partnerships, including advocacy groups and community organizations, and the nature of their support for the deployment. As the provider of community transportation services, HIRTA works with these organizations on a regular basis and these organizations are part of the HIRTA's Transportation Advisory Group (TAG).

The TAG acts as a liaison between local communities, business representatives, agency representatives, and HIRTA. The group provides local and regional input regarding transportation issues important to the region and included in the HIRTA Strategic Plan. Feedback from the TAG is incorporated into the Central Iowa Regional Transportation Planning Alliance (CIRTPA) Passenger Transportation Plan (PTP). The HIRTA Board of Directors receives regular updates from the TAG, including, but not limited to, suggested updates to the HIRTA Strategic Plan, recommended service improvements, and transit project selections. Appointed representatives

serve as voting and non-voting members on the HIRTA TAG. Any governmental entity located wholly or partially within HIRTA's region and having a population of at least 1,000 is eligible to be a voting member. Non-voting members represent local business, agencies, and groups including, but not limited to, health and human services, persons with disabilities, senior citizens, youth, the business and freight moving communities, traditional automobile users, and advocates for non-motorized transportation or public transit (Source: HIRTA website; bylaws available at: <https://irp-cdn.multiscreensite.com/bdcffb01/files/uploaded/TAG%20ByLaws.pdf>).

Table 3. Local Partners

Local Partner	Nature of Support	Deployment Phase
United Way of Central Iowa (Dallas Co)	Community Liaison	As needed
Aging Resources of Central Iowa	Funding Partner, Community Liaison	As needed
Waukee Area Christian Services	Community Liaison	As needed
American Cancer Society	Community Liaison	As needed
Disabilities Rights Iowa	Community Liaison	As needed
Dallas County VA (Veteran's group rep)	Community Liaison	As needed
Iowa Developmental Disabilities Council	Community Liaison	As needed
Iowa Department of Refugee Services	Community Liaison	As needed
Heart of Iowa (Dallas Co Mental Health Region)	Community Liaison	As needed

3.3.1 Documentation

Letters of support are available, but no other formal agreements exist with local partners listed in Table 2. HIRTA team will establish formal agreements once the status of Phase 2/3 is award is known.

3.3.2 Financial Agreements

No financial agreements are needed since support is provided by organizations as part of their regular work activities.

3.4 Business Partnerships

This section summarizes partnerships and formal relationships with organizations to provide services, expertise, or products to HIRTA. Business partnerships are split into two sections: technical services and vendor partnerships.

Table 4. Business Partnerships

Business Partner	Nature of Support	Deployment Phase
IBI Group	Systems and concept development leads in Phase 1 (2-3 FTEs), Systems Engineering lead in Phase 2/3 (3-4 FTEs) and Technical Developer (1-2 FTEs).	<ul style="list-style-type: none"> All phases Post-deployment support for middleware
MOD vendor (TBD)	Solutions provider that will provide the transportation platform for registration, scheduling, dispatching, and administration of healthcare trips. 2-3 FTEs will be dedicated by the MOD provider to participate in design and other implementation activities, as HIRTA will procure both the MOD solution and implementation services.	<ul style="list-style-type: none"> All phases Post-deployment support for MOD solution
Community Transportation Association of America	Has been leading stakeholder and end-user-related planning activities in Phase 1 (1 FTE). Deployment Lead services in Phase 2/3 are planned (1-2 FTE).	<ul style="list-style-type: none"> All phases
NaviLens	Wayfinding solutions partner.	<ul style="list-style-type: none"> All phases Post-deployment support for wayfinding solution
Iowa State University / InTrans	Performance Management Lead who will provide the principal investigator (PI) and research staff (1-2 FTE).	<ul style="list-style-type: none"> All phases Additional surveys and performance management services may be needed post-deployment
Capture Management solution	Marketing and Outreach Lead that will lead all stakeholder outreach, product marketing, and showcase as defined in the Outreach Plan (0.5-1.0 FTE).	<ul style="list-style-type: none"> All phases Additional outreach and marketing services may be needed post-deployment
Access2Care	Medicaid application provider; participation in meetings for the development of open source middleware for Medicaid brokerage needs.	<ul style="list-style-type: none"> All phases Post-deployment support for Medicaid integration

Business Partner	Nature of Support	Deployment Phase
NDSP	Third party service providers will be under contract to provide vehicles and drivers per contractual requirements. They will be reimbursed per terms and conditions in their contract.	<ul style="list-style-type: none"> • Phase 2 – training • Phase 3 – vehicle operations and maintenance • Phase 3 – vehicle operations and maintenance

3.4.1 Technical Services

HIRTA has partnered with several organizations to provide technical/professional services, particularly related to the completion of Phase 1 documentation. This includes activities such as systems engineering process, performance evaluation, marketing and outreach, and others. The business partners for technical services include:

- IBI Group
- Community Transportation Association of America
- Capture Management
- MOD Vendor
- NaviLens
- Iowa State University / InTrans

3.4.1.1 Documentation

All business partners are under subcontract to HIRTA for completion of Phase 1 documentation.

No agreements can be established for Phase 2/3 activities with current partners until a notice to proceed (NTP) is received from USDOT and the terms and conditions of the award are known. However, partners have been involved in Phase 2/3 proposal development and are aware of their commitments.

3.4.1.2 Financial Agreements

All business partners are under subcontract to HIRTA for completion of Phase 1 documentation. Business partners are paid once the documents are accepted by the USDOT.

For Phase 2/3, please see Figure 3 for planned labor cost and expenses.

3.4.2 Vendor Procurement

In Phase 2, HIRTA will procure vendors to provide products and solutions to meet the requirements as defined in the SyRS document for Health Connector. SyRS requirements will be used as the scope of work in the RFP.

- MOD vendor – commercially available off-the-shelf (COTS) transportation management solution and implementation services.

- Visual markers vendor – to provide product capable of integrating with NaviLens wayfinding solution. This involves production of hardware (e.g., a QR code sticker/metal plate) and installation.

NaviLens is already a deployment partner included in Phase 2/3 proposal, so no procurement will be conducted for their software or technical services.

Further, IBI Group will lead the development of open-source middleware for the following two interfaces:

- Interface between MOD vendor and Medicaid broker (Access2Care in this case).
- Interface between MOD vendor and Electronic Health Record (EHR) software (Epic in this case).

3.4.2.1 Documentation

HIRTA is preparing for a procurement package for a MOD vendor to provide a COTS solution for Health Connector. The procurement package will include the final version of the documents and deliverables developed for this project, including:

- Concept of Operations (ConOps) – The final version of ConOps has been completed during Phase 1 of this project. The project team worked with the ConOps Review Panel (CRP), developing a needs summary which the team used to develop and further refine the deployment concept, develop operational scenarios to guide the requirements development, describe any impacts on HIRTA's business, and define the performance measures for this project.
- Data Management Plan (DMP) – The final version of DMP provides a detailed list of data and the process to collect, process, store, analyze, and report on said data. The developed DMP included details of system components using the workflow diagrams developed in the ConOps. HIRTA team will develop data agreements referring to the DMP.
- Performance Measurement and Evaluation Support Plan (PMESP) – The PMESP builds on the performance measurement guidelines as established in the ConOps and based on targeted outcomes and KPIs. The KPIs will focus on measuring the impact of the solution at different levels that may be used in the procurement as Service Level Agreements (SLA) with MOD vendor.
- Deployment System Requirements (SyRS) - The project team developed the SyRS to define functional, performance, interface, and data/workflow requirements in a system requirements document. This document serves as a high-level design guide for the project describing what Health Connector will do.

3.4.2.2 Financial Agreements

Figure 3 provides the cost breakdown for each phase by vendor. These tables provide rates and total number of hours needed to complete the Phase 2 and 3 deliverables. Costs includes the

budget needed for all deployment partners that will be involved as part of the HIRTA team. This includes IBI Group, MOD vendor, NaviLens, CTAA, CMS and ISU.

Labor budget also includes the cost for MOD vendor, who will provide the core transportation management software and driver and traveler applications, to participate in design, installation and test planning, and other Phase 2 discussions. Similarly, labor budget for NaviLens, the provider of wayfinding software, is included to participate in Phase 2 activities. Figure 3 also includes contingency funds for extended operations and evaluation (additional 6 months beyond planned 18 months for phase 3), if needed for data quality.

Vendor costs include the following items:

- Traveler app
- MOD platform
 - HIRTA vehicles
 - NDSP
- Vehicle hardware
 - Tablet
- NaviLens
 - NaviLens code - physical marker
 - NaviLens license
- Kiosk
 - Hardware
 - Software
 - Configuration and testing
- MOD vendor implementation services
 - Training
 - Configuration

Software development costs includes the labor cost of developing the middleware, preparing all documentation, and releasing the source code under an MIT License on GitHub.

Category	Phase 2	Phase 3
Phase 2 and 3 SE Deliverables (Labor + ODC)	\$ 1,371,261	\$ 1,003,011
Labor	\$ 1,331,261	\$ 903,011
ODC (materials and tools)	\$ 40,000	\$ 100,000
Vendor Cost (Hardware, Software, Services)	\$ 185,000	\$ 140,000
Extended Phase 3 Operation Cost - 6 months (Optional, if needed)		\$ 122,839
Software Development Labor Budget	\$ 675,000	\$ -
Travel Budget (not assigned to partner)		
Project Needs	\$ 33,200	\$ 8,400
Conferences	\$ 17,325	\$ 34,650
Total	\$ 2,281,786	\$ 1,308,899
Federal Share	\$ 1,825,428	\$ 1,047,120
Non-federal Cost-share	\$ 456,357	\$ 261,780

Figure 3. Phase 2/3 Cost (Source: HIRTA team)

3.5 Other Supporting Partnerships

Per the requirements of Phase 2 and 3 of the Complete Trip- ITS4US Deployment project, the HIRTA Project team will be conducting an evaluation of the Health Connector deployment. The evaluation will be conducted per the PMESP to measure the outcomes on Travelers, the HIRTA system, Dallas County residents, and the broader HIRTA service area. These evaluations will be performed during Phases 3 by the Institute for Transportation (InTrans) at Iowa State University (ISU).

HIRTA partners with the Iowa State University (ISU) Institutional Review Board (IRB) to review the proposed plan for carrying out this project, including surveys of its participants. The Health Connector project is currently determined by the IRB to be “research that does not involve human subjects according to federal regulations.”

Regardless the current determination by the IRB, InTrans will follow up with the IRB in the initial period of Phase 2 with specific details concerning research techniques and methodology and will not commence any survey work or other use of individuals’ data without either IRB approval or a reaffirmed determination from the IRB that this project continues to be exempted from the need for IRB approval. Furthermore, InTrans will solicit review and approval from the ISU IRB in the first quarter of every project year during the performance of Phases 2 and 3 of the Health Connector project.

4 Risk Assessment

HIRTA has assembled a committed team with dedicated partners for this project. However, uncontrollable events, such as changes in business environment or funding priorities may occur and create potential impacts to this project. Table 5 provides a list of key anticipated institutional-, financial-, and partnership-related issues and risks and planned mitigation strategies.

These identified risks below will be monitored and tracked actively in the Risk Register.

Table 5. Institutional, Financial and Partnership Risks and Mitigation Strategies

Risk	Probability	Impact	Mitigation Strategy
Institutional funding partners unable to provide local-match funding	Low	High	While probability is low, it is possible for local agencies to reallocate funding to other prioritized projects. HIRTA will seek alternative source of funding if such events occur and already identified contingency funding sources (e.g., braided funds: https://www.transit.dot.gov/sites/fta.dot.gov/files/2021-04/ccam-federal-fund-braiding-guide-june-2020.pdf).
Access2Care ends brokerage partnership with HIRTA and other state agencies	Low	High	Without a broker, the State of Iowa and HIRTA will have to partner with Medicaid to look for a new broker or use other partnership models to connect between Medicaid trip requests and Health Connector. HIRTA team has taken an approach to develop an open-source middleware which will minimize any impact on interface between the MOD vendor and the Medicaid broker.
Access2Care declines to participate in the project	Low	Medium	Given Access2Care is the only Medicaid broker in Iowa, development and demonstration of the interface is dependent on their cooperation. Based on Phase 1 discussions and the level of interest demonstrated so far so far, HIRTA team believes this to be a low-risk item. However, if Access2Care declines to participate, Medicaid-MOD middleware will be demonstrated with data exchange capabilities as enabled through the public APIs from Access2Care. HIRTA's current agreement with Access2Care will still provide HIRTA the ability to complete any Medicaid trips booked within the Access2Care system using the MOD software.

U.S. Department of Transportation
Office of the Assistant Secretary for Research and Technology
Intelligent Transportation System Joint Program Office

Risk	Probability	Impact	Mitigation Strategy
Unity Point and Mercy One decline to participate in the project as currently planned	Medium	Medium	HIRTA team has received the confirmations and letters of support from DCH and Broadlawn clinic for their intent to participate in the project. While Unity Point and Mercy One have not provided a formal letter of support, they have expressed their desire to participate through HIRTA's Phase 1 outreach efforts. Should these facilities decide to not participate, HIRTA will still be able to book rides to/from those locations. However, capabilities such as coordination on transportation and medical appointments, and indoor/wayfinding will not be provided. This will impact the calculation of some of the performance measures.
Partners unable to provide infrastructural needs	Medium	Low	Partners, such as a hospital, may have to change how they would provide infrastructural needs such as pick-up and drop-off spaces due to the ever-changing situations related to the COVID-19 pandemic or other operational changes (e.g., construction). HIRTA would work with such partner to find alternative ways to mitigate such issues.
Business partners unable to commit dedicated staff and resource during a particular phase of the project	Medium	Medium	<p>While HIRTA requires vendors to make commitments to provide at least one or two dedicated staff throughout the project, staff and resource needs may change during each project phase. HIRTA will negotiate with the vendor on commitment of staff time for specific deliverables to keep the project on schedule.</p> <p>HIRTA team will also be using lessons learned from Phase 1 to ensure partners are available per their required commitment. HIRTA PML will be coordinating with institutional and local partners to inform them well ahead of the upcoming meetings, about the meeting agenda, along with expectation from their participations. Further, similar to MOD partner, other business partners will be contractually bound to participate in the project activities in a timely manner to avoid any delays.</p>

Risk	Probability	Impact	Mitigation Strategy
New MOD vendor unable to provide customization	Medium	High	HIRTA will soon be conducting a procurement instead of partnering with existing vendor to explore options that may be better suited to project needs. Based on HIRTA team's research, 3-4 vendors provide COTS applications that can meet the requirements in SyRS. Given the risk with new development, HIRTA team has taken the approach of developing open-source middleware in partnership with IBI Group. MOD Vendor is not required to develop any new features as part of this deployment.
Procurement timeframe may not be sufficient, and there is a risk of protest or other uncertainties that may delay getting the vendor on-board	Low	High	In HIRTA team's experience, such occurrences are very low for technology procurements if RFP requirements are well defined and a sound evaluation process is followed. HIRTA team plans to manage the risk upfront by clearly defining all requirements and addressing any questions during the pre-proposal stage. HIRTA team also has a procurement specialist on the team to assist with any nuances relates to federal procurement rules.
Funding not sufficient, as some activities could not be anticipated during Phase 1 planning	Low	High	Probability is low, but it is possible to occur (e.g., more than expected demand resulting in additional vehicles and added cost). HIRTA team understands that the USDOT funds are fixed, but in such situations the team has planned for contingency funding sources, if needed.
Pandemic uncertainty may cause delays to the project	Medium	Medium	While the COVID-19 situation has improved, HIRTA team acknowledges this as a risk given healthcare partners are involved. While Phase 2 activities will likely not be impacted, 50-100% at-scale operations may get impacted if trip volumes are low. HIRTA team has planned for extended operation (additional 6 months) as a contingency measure to ensure sufficient data is collected.

5 Operations and Management Concept

5.1 Post-Deployment Operations & Management

This section provides a vision of how the partnerships and financial agreements are expected to be altered or adapted in the post-deployment period to ensure a transition to sustained operational practice after the conclusion of this program for a minimum period of five years after Phase 3 is completed with no supplementary funding from the ITS4US Deployment Program.

This section provides a preliminary financial/business plan demonstrating financial sustainability for the continued operations of the deployment after program funding ends. Additional information will be included in Phase 2 as more details become available on business and technical services partners.

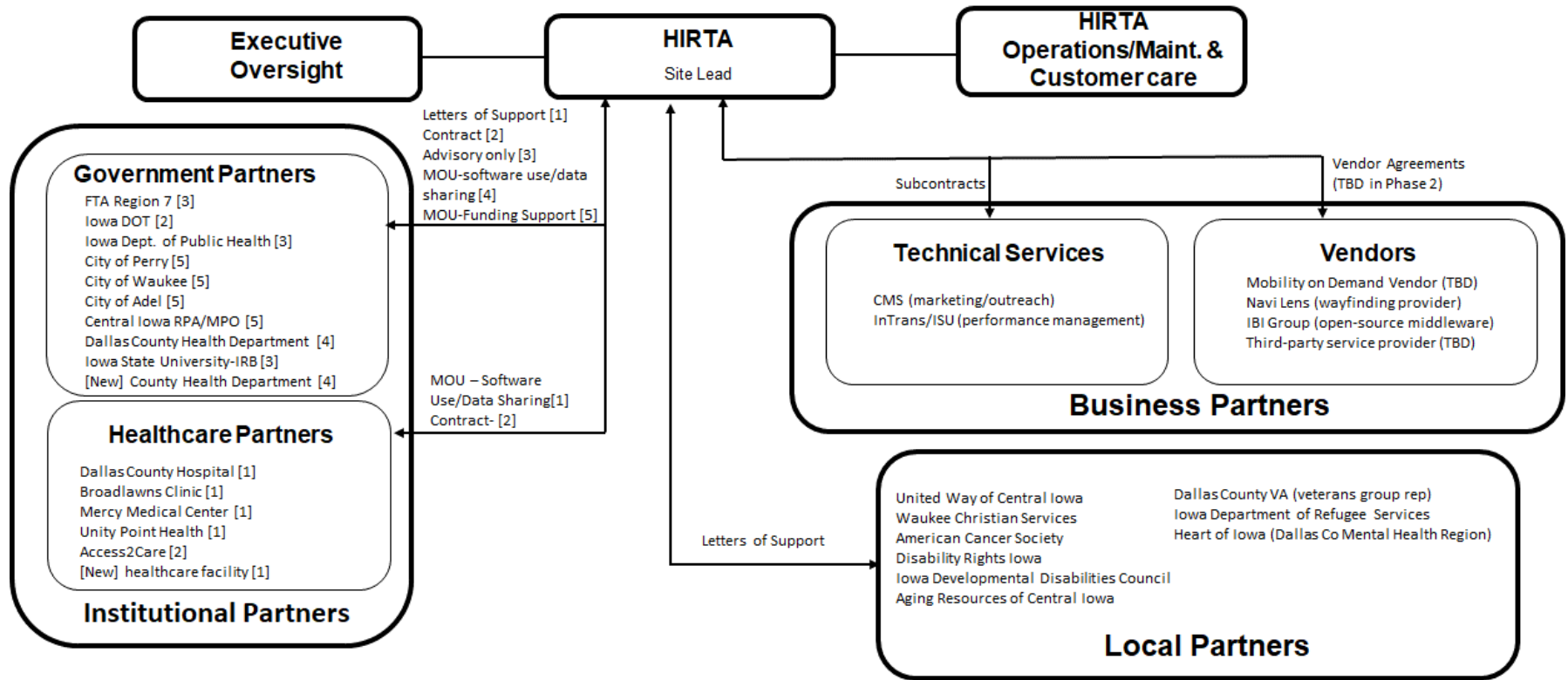
Year 1 (post deployment) operating expenses for the Health Connector are anticipated in the range of \$150,000-\$175,000. This includes the direct operation (trips performed by HIRTA on the HIRTA fleet), trips provided by a third-party provider (local taxi, private accessible transportation providers), and local volunteer networks. Through the SaaS model, the vendor unit cost will not vary much annually, but the annual cost will vary depending on how many vehicles are used. Also, the cost will vary depending on the number of trips delivered by contractors.

Through industry research during Phase 1 of Health Connector concept development, reimbursement for third party providers was found to be less per trip than HIRTA's current operating expenses, providing an opportunity for HIRTA to reduce overall operating expenses while diversifying the way service is delivered and enhancing the rider experience. During the COVID-19 pandemic, ridership has been at a historical low, and expenses have increased dramatically, which has increased HIRTA's cost per trip from \$16.67 to \$26.64. Volunteer transportation will be donation-based for the Travelers, and volunteers will be eligible for reimbursement at 35¢ per mile. Trips provided under the volunteer network will also reduce the cost of providing Health Connector trips, helping to ensure long term sustainability.

5.2 Post-Deployment Governance Structure

This section includes a governance framework (see Figure 4) adapted from the structure provided in Section 2.2. There are no substantial changes in this diagram from Figure 2, except that the activities for some of the business partners providing technical services will be complete and will not continue into the post-deployment phase. Further memoranda of understanding (MoU) with institutional partners for programming funds for the sustained operation of Health Connector will be complete.

Also, MoUs and user license agreements for healthcare partners and other external end-users (funding partners and DCHD) will be complete.



Source: HIRTA

Figure 4: Post-Deployment Governance Structure (Source: HIRTA team)

5.3 Post-Deployment Partnerships

Institutional and local partners who are members of the TAG will continue to meet and to provide guidance and feedback throughout the post-deployment and Phase 3. These partners are identified in Section 2.3. HIRTA will continue to treat this IPFP as a living document after it is finalized in Phase 2 and will add new partners to the document along with their roles and responsibilities, as they become available and partnership agreements are finalized.

Further, upon completion of activities and tasks for all phases, HIRTA plans to continue operating and maintaining Health Connector with the following post-deployment tasks and will build partnerships accordingly:

- **System expansion to other counties:** HIRTA plans to expand Health Connector beyond Dallas County and implement it in the rest of its service area. Plan for this expansion will be developed based on performance of Health Connector and any impact brought to the system to better estimate the demand (e.g., new riders gained due to improved level of service for same day response).
- **Support replication at other Iowa agencies in coordination with Iowa DOT:** HIRTA plans to coordinate with Iowa DOT and other agencies in Iowa to deploy similar capability solutions for other regions.
- **System operations and maintenance:** HIRTA plans to continue to operate the system for at least five years beyond Phase 3. Funding sources will be those described in Section 2.4.6.
- **System use assessment:** HIRTA will conduct periodic “system use” assessments, so targeted improvements can be planned and executed for the system (e.g., system enhancement, training, configuration changes).
- **Data validation and sharing:** HIRTA will continue to partner with researchers beyond Phase 3 for evaluating the benefits of Health Connector or similar systems on improved health outcomes.
- **System enhancements:** HIRTA will continue to work with deployment partners to add new system functionalities and add additional capabilities as they become available in the future.
- **System upgrade and/or replacement:** HIRTA will continue to monitor the emerging industry trends and will plan for implementing new trends and opportunities as they become available (e.g., connected and autonomous shuttles, V2X-based guidance to pedestrians to assist with intersection crossings, V2X technologies to provide priority to transit vehicles at intersections and smart corridors, blockchain-based distributed identity and distributed ledger) for providing improved access to healthcare.

6 Americans with Disabilities Act (ADA) Transition Plans

The Americans with Disabilities Act (ADA) requires some public agencies to conduct self-evaluations (including evaluation of policies/practices) to identify barriers in programs and activities which prevent persons with disabilities from accessing services. In addition, the ADA requires a transition plan to set forth steps necessary to complete modifications identified through self-evaluation and to provide a schedule for completing modifications.

HIRTA is not required to have an ADA transition plan, because HIRTA is not a Title II entity under ADA regulations. HIRTA does not own any facilities or have fixed route services with bus stops. HIRTA's fleet is fully accessible and in compliance with USDOT regulations regarding vehicles. Also, HIRTA provides door-to-door service which are ADA compliant. Therefore, HIRTA is not required to have an ADA transition plan. Also, while there is a plan to partner with non-dedicated service providers (NDSP), for additional capacity as needed to meet the travel demand (e.g., during extended hours). HIRTA will be partnering with only those providers that have accessible vehicles available.

If HIRTA decides to construct any bus stops or shelters in the future, HIRTA will build those in accordance with the requirements outlined by the US Access Board. Further, if such structures are constructed on Iowa DOT right of way, a work in right of way permit will be obtained, which will include the necessity to comply with all federal laws pertinent to the project.

Further, the project's partner team members investigated the status of all ADA transition plans and related legal action against any partner with respect to delivery of Health Connector service. In review, there are no ADA Transition Plans, either in place or under development, that have any open, pending, or resolved actions with HIRTA, project partners, and current stakeholders.

Table 6 provides the current status of ADA transition plan for all partners who will be directly involved in the project or will be providing the funding. Please note that not all information was available at the time of development of this document and will be updated as information becomes available. In particular, HIRTA has reached out to the contacts at the City of Perry, IDPH, DCHD, ISU and Iowa Dept of Refugee Services but is still waiting on their input on the status of their ADA transition plans. HIRTA will continue to coordinate and will update this section accordingly as soon as the information becomes available.

Table 6. ADA Transition Plan Status of Project partners

Organization	Subject to ADA Title II Regulations (Yes/No)	Self-Evaluation Conducted (Yes/No)	ADA Transition Plan (TP) or Other Plan Developed (ADA TP, Other Plan, No Plan)	Date of Current Plan or Most Recent Update (with link)
Iowa DOT	Yes	Yes	Yes	December 2019
Iowa State University	Yes	Awaiting partner input	Awaiting partner input	
City of Perry	Yes	Awaiting partner input	Awaiting partner input	
City of Waukee	Yes	Yes	Yes	December 2018
City of Adel	Yes	Yes	Yes	October 2020
Dallas County Health Department	Yes	Yes	Awaiting partner input	N/A
Iowa Department of Public Health	Yes	Awaiting partner input	Awaiting partner input	
Central Iowa Rural Transportation and Planning Alliance / Metropolitan Planning Organization	No	N/A	N/A	N/A
Access2Care	No	N/A	N/A	N/A
Dallas County Hospital	No	N/A	N/A	N/A
Broadlawns	No	N/A	N/A	N/A
UnityPoint	No	N/A	N/A	N/A

Organization	Subject to ADA Title II Regulations (Yes/No)	Self-Evaluation Conducted (Yes/No)	ADA Transition Plan (TP) or Other Plan Developed (ADA TP, Other Plan, No Plan)	Date of Current Plan or Most Recent Update (with link)
Mercy One Medical Center	No	N/A	N/A	N/A
IBI Group	No	N/A	N/A	N/A
NaviLens	No	N/A	N/A	N/A
CTAA	No	N/A	N/A	N/A
CMS	No	N/A	N/A	N/A
Dallas County VA	No	N/A	N/A	N/A
Aging Resources of Central Iowa	No	N/A	N/A	N/A
United Way of Central Iowa	No	N/A	N/A	N/A
Waukee Area Christian Services	No	N/A	N/A	N/A
Iowa Developmental Disabilities Council	No	N/A	N/A	N/A
Iowa Department of Refugee Services	Yes	Awaiting partner input	Awaiting partner input	Awaiting partner input
Heart of Iowa (Dallas Co Mental Health Region)	No	N/A	N/A	N/A

Appendix A. Acronyms and Glossary

Access2Care

A transportation broker for State of Iowa Medicaid program that performs booking and scheduling and works with service providers such as HIRTA for successful delivery of Medicaid-eligible trips.

ADA – Americans with Disabilities Act

Refers to the civil rights legislation passed and signed into law in 1990 to prevent discrimination against people with disabilities.

Billing

Refers to the process of invoicing third-party funding sources (e.g., Medicaid) after a successful delivery of a trip. Billing is typically done on a monthly basis.

CO – Contract Officer

The CO will serve as the USDOT point of contact for any concerns related to the contracts.

COR – Contract Office Representative

The Contract Office Representative will serve as the USDOT representative for this project and is responsible for coordination and review of the proposer's work.

Cost Allocation

Refers to the process of associating a funding source that should be billed for a trip in a shared ride scenario when riders covered by separate funding sources share the vehicle for their trips and trip purposes at the same time.

CTAA – Community Transportation Association of America

One of the project Partners who will lead stakeholder engagement on this project.

DCHD – Dallas County Health Department

One of the project Partners who will lead integration with health care services.

DR – Demand Response

Refers to a service that is not run on a fixed route or a schedule (e.g., dial-a-ride, vanpool etc). This requires making trip booking by contacting the service provider (e.g., HIRTA). However, DR is different than an ADA Paratransit service which is provided as a complement to a fixed route

and is governed by specific requirements provided in 49 CFR- Part F. HIRTA operates only DR Service in Dallas County and all discussion in this document is related to DR Service.

Dispatching

Refers to an operations management function which involves assigning vehicle, tracking fleet location, managing schedule adherence, managing trip manifests and other operational functions.

DMP – Data Management Plan

The Data Management Plan is Task 3 of Phase 1 and will describe the approach for data collection, processing, storage, and utilization.

DOT – Department of Transportation

The government department responsible for transportation. In this report, this generally refers to either the State of Iowa's DOT or the United States DOT referred to as Iowa DOT and USDOT, respectively.

EDI – Electronic Data Interchange

In this context, refers to the electronic data interchange (EDI) format messages developed by HIPAA following American National Standards Institute (ANSI) X12 standard for electronic data exchange and are used to communicate with third-party health care provider systems (e.g., Medicaid).

EHR – Electronic Healthcare Record

Refers to the healthcare information management system used by hospitals for patients' healthcare-related appointments, transactions, and records management.

GTFS – General Transit Feeds Specification

GTFS is a standard to provide static public transportation schedule information. The standard has been expanded to include real-time passenger information (GTFS-real-time), flexible services (GTFS-flex) and accessible routing within stations (GTFS-pathways).

HIPAA – Health Insurance Portability and Accountability Act of 1996

Provides guidelines for data protection of sensitive patient health information.

HIRTA – Heart of Iowa Regional Transit Agency

Rural, regional public transit agency in central Iowa. HIRTA will serve as Proposer/Applicant for the Complete Trip - ITS4US project.

HL7 – Health Level Seven International

A not-for-profit, standards developing organization focused on electronic health information.

HN –Health Navigator

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Intelligent Transportation System Joint Program Office

Refers to services provided by Dallas County Health Department to Dallas County residents in identifying resources as necessary for improving social determinants of health.

ICTDP – Integrated Complete Trip Deployment Plan

The Integrated Complete Trip Deployment Plan is a deliverable of Task 13 under Phase 1.

Information and Referral

Refers to public and private entities that help their customers in identifying resources for health and human services and other needs.

IPFP – Institution, Partnership, and Financial Plan

The Institution, Partnership and Financial Plan is a deliverable of Task 10 under Phase 1.

ISU – Iowa State University

Iowa State University is a public research university with multiple campuses in the State of Iowa and will be engaged as the research and evaluation partner in Phases 2 and 3.

KPI – Key Performance Indicators

Represents primary metrics used to assess the success of a project or operations.

LEP – Limited English Proficiency

Refers to individuals who have a limited ability to read, speak, write, or understand English.

NDSP – Non-Dedicated Service Provider

NDSP refers to operators providing service under contract (e.g., taxis) to an agency (e.g., HIRTA).

NEMT – Non-emergency Medical Transportation

The provision of transportation to patients for medical appointments, lab visits, and other routine care. Generally, used in the context of Medicaid service only.

PII – Personally Identifiable Information

Refers to any data that can distinguish an individual, either alone or when linked with other available data.

Provider

Provider in this context mainly refers to an entity performing service delivery for requested trips, sometimes also referred as service provider. The HIRTA team has also used healthcare partners as providers in some cases but referred as 'healthcare providers.'

Reservation

Refers to the act of booking a trip based on a request from a customer. Reservation is available to only registered customers.

RWP – Requirements Working Group

Is subset of identified stakeholders that will guide the requirements development process.

Scheduling

Refers to the process of identifying driver and vehicle resources and their runs/shifts for a given workday. Scheduling is typically performed for all requests received until 24 hours in advance. Booking within 24-hour notice and on-demand is offered but not encouraged due to limited system capacity and resources.

SEMP – System Engineering Management Plan

A System Engineering Management Plan describes how systems engineering process of planning, design, and deployment is applied to a project.

SMP – Safety Management Plan

A Safety Management Plan describes the steps to be taken to ensure the safety of the project stakeholders and beneficiaries.

Smart Device

Refers to smartphone, smartwatch and similar personal devices that may be internet enabled and are equipped with sensors.

TAG – Transportation Advisory Group

The TAG is a diverse group of community stakeholders and business representatives interested in the advancement and improvement of public transportation in the HIRTA service area.

TNC – Transportation Network Company

Encompasses a group of companies that provide on-demand Ridehailing services.

Wayfinding

Refers to the tools and technologies that assist in orientation, locating objects, and step-by-step navigation to destinations in outdoor and indoor environments using visual markers, sensors or physical signage.

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FHWA-JPO-21-907



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