



Paratransit Update – Family Care Transition

What is Family Care?

Family Care has been in place in Wisconsin for nearly 20 years. This program is aimed at addressing the long-term care needs of frail elders and adults with disabilities within their homes or community settings, rather than costlier nursing homes. Until implementation of Family Care earlier this year, Dane County had responsibility for administering Medicaid waiver funds locally. A long-standing intergovernmental agreement between Dane County and Madison was in place for cost sharing regarding paratransit service for common clients. The new Family Care structure for long-term care services does not permit a similar cost sharing arrangement.

What was the expected impact to Metro?

Coordination and cost sharing with Dane County provided access to approximately \$3.9 million and allowed Metro to provide human services level transportation. The prospect of loss of this funding necessitated an examination of fare and service changes. A committee was convened to examine the issue and provide recommendations. The 2018 budget was developed incorporating cost cutting strategies. This included the elimination of directly operated paratransit service. Additionally, Metro proposed the following fare and service changes, none of which have been implemented to date:

- Fare increase to \$4.00
- Cash fare/agency ticket only
- Elimination of “leave attended” service
- Service becomes primarily “curb-to-curb”

How is Metro doing now?

The transition of individuals from the Dane County administered program to Family Care began in February and was completed in May. Paratransit ridership has declined by 37% since implementation of Family Care. With regard to revenue, the phased implementation allowed for some level of Dane County revenue to continue until May. In addition, Metro was successful in working closely with Family Care agencies to establish procedures for agency fare ticket sales. This has resulted in revenue exceeding expectations. The phase out of directly operated service rather than the full elimination at the start of 2018 also resulted in expenses higher than anticipated. The overall financial picture is presently under budget.

What are expectations going forward?

Family Care implementation includes the elimination of waiting lists for long-term care support. This may mean additional Family Care individuals needing transportation services that could increase paratransit ridership. By year end, ridership attributed to Family Care may stabilize. Metro remains hopeful that agency revenue will continue, however, a modest decline is anticipated. Directly operated service ended in August so that this, in combination with the ridership decline, will reduce expenses for the remainder of 2018.



What are current recommendations?

Continued agency revenue remains important to Metro. A significant loss of this source of funding would give rise to consideration of previously proposed fare related changes. Metro is prepared, however, to recommend a current change in the level of service. The following, from previous proposed changes, are recommended:

- Elimination of “leave attended” service
- Service becomes primarily ~~“curb-to-curb”~~ “door-to-door”

This would allow movement away from human services level transportation to public transit service. This recommendation will be presented to the policy board at a later date.

The following table provides a comparison of key data regarding Metro paratransit service.