

Regional Elders and Persons with Disabilities Advisory Committee

REDPAC Meeting

Wednesday, January 13, 2021 at 2:00 pm

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AGENDA

<u>Page</u>	<u>Time</u>	<u>Item</u>
	2:00	Introductions
		Adjustments to the Agenda
2	2:05	Minutes (enclosed; action) Review/accept minutes of October 28, 2020
5	2:10	Needs Assessment of Vermonters Age 60+ and Their Family Caregivers, Jeanne Kern (enclosed) Presentation of statewide and CVCOA service area findings.
	2:30	Program Review and Updates, All Current service levels, service quality concerns, budget balances, funding issues, and matters that will improve services to consumers.
12	2:50	Draft Ride Guide (enclosed) Review/comment on text of draft guide.
24	3:00	REDPAC Workplan, Bonnie Waninger (enclosed) Mission/Purpose: What are the key words that describe REDPAC's charge and why it has been established?
	3:15	Mobility Project, Elena Juodisius Review transportation services research.
	3:25	Next Meeting Set date and initial agenda.
	3:30	Adjourn

Persons with disabilities who require assistance or special arrangements to participate in programs or activities are encouraged to contact Nancy Chartrand at 802-229-0389 or chartrand@cvregion.com at least 3 business days prior to the meeting for which services are requested.

Regional Elders and Persons with Disabilities Advisory Committee

Meeting Minutes

October 28, 2020 at 2:00 pm

Via GoToMeeting Online Meeting Platform

Present:

- | | | |
|--|--|---|
| <input checked="" type="checkbox"/> Dan Currier, VTrans | <input checked="" type="checkbox"/> Jeanne Kern, CVCOA | <input checked="" type="checkbox"/> Jordan Posner, GMT |
| <input checked="" type="checkbox"/> Donna Gallagher, GMT | <input type="checkbox"/> Ursula Margazano,
Gifford | <input checked="" type="checkbox"/> Bonnie Waninger,
CVRPC |
| <input checked="" type="checkbox"/> Peter Johnke, VCIL | | |

Guests: None.

Introductions

Hellos were shared.

Adjustments to the Agenda

None.

Updates

VTrans: Dan Currier noted E&D strengthening workplan development and described efforts around the state. Need goals and workplan. VTrans wants an outcome of survey follow up – actions, tracking, partners, improvements to REDPAC. Adult days can open; Dan fielding calls about associated transportation. Uber bought Route Match. VTrans having conversations about potential merger of Uber app for volunteer driver services as a potential service model statewide.

Green Mountain Transit: Jordan Posner reported no budget worries. Ticket to Ride changes implemented July 1 seem to be working – no overbudgets and passengers getting more rides. Franklin County adult day opening this month. Haven't hear about local provider for Washington County. Microtransit progressing; met with VIA and working out how NEMT will work. Montpelier Transit Center opening soon.

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Peter asked about bus capacity challenges. Jordan reported their had been challenges, resulting in a “demand response” accompanying the fixed route service. Model is not permanent.

VT Center for Independent Living: Peter Johnke shared a new program called RISE. VCIL is using Cares Act money to have people with disabilities access supplies and services to mitigate COVID-related challenges. Electronics for telecommuting are highest area of need. The program’s advantages are lack of income guidelines, a higher limit for assistance (\$2,500), and an ability to access more assistance within the overall limit. Creating a brochure is in progress. In a Burlington location, VCIL is exploring providing tablets in specific locations for individuals experiencing homelessness’ who need them to access services.

Central VT Council on Aging: Jeanne Kern updated the group on Beth Stern’s resignation. She accepted a new position with Senator Sander’s office. Co-interim Executive Directors are Jeanne and Davoren Carr. New director anticipated in early spring. Jeanne is doing more with the Senior Companion Program since the previous Director left. CVCOA anticipated relinquishing the program, but extended it a 4th year. COVID focus is shifting services to phone calls and grocery shopping, not transportation due to safety protocols. Area plan will need to be done in the next few years. (Helpful data sources: CVMC CHNA, Capstone Needs Assessment, Housing Needs Assessment, GMT NextGen Plan)

Central VT Regional Planning Commission: Bonnie Waninger said CVRPC has begun a bus stop facilities inventory using GMT’s app. CVRPC is participating in the Microtransit Advisory Committee. CVRPC’s Planning Technician, Elena Judicious, is providing data and maps for the REDPACs workplan

Questions: How do new models of service provide statewide/regional service? Will we gain more or lose service in certain areas as limiting funding is used differently?

Quick Guide

Completed a quick walkthrough of text. Partners will review the text and provide comments to Bonnie.

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Discussed VTrans goals for transitioning E&D committees to mobility committees. Discussed need for REDPAC to separate funding decisions from mobility discussions; idea is that those contributing funding participate in funding decisions.

REDPAC Work Plan

Waninger shared a table depicting transit dependent demographics by town. This table may be something a mobility group might review.

Brainstormed formal/informal transportation services operating in the region. CVRPC will develop a contact list.

- Green Mountain Transit, Jordan Posner/Jenn Wood – public transit services (fixed route, demand response, seasonal)
- VT Center for Independent Living, Peter Johnke
- WCMHS, Clare Kendall – students with special needs
- Vermont Foodbank, John Sayles/Chris Meehan
- Better Beginnings of Central VT, Gretchen Elias
- Central VT Home Health & Hospice, Sandy Rouse
- Capstone Community Action, Sue Minter
- Sustainable Montpelier, Dan Jones
- Northfield Energy Committee, Sarah Wolfe
- Central VT Medical Center, Anna Noonan
- OneCare VT, Maureen Fraser

Next Steps

The REDPAC scheduled its next meeting for January 13, 2021 at 2 pm. The agenda will include REDPAC member updates (GMT requested to discuss Microtransit and seasonal service), final Committee Quick draft, and continued discussion of workplan development.

Adjourn

The meeting adjourned at 3:40 pm.



NEEDS ASSESSMENT OF
VERMONTERS AGE 60+
AND THEIR FAMILY
CAREGIVERS

Vermont Department of
Disabilities, Aging and
Independent Living

December 1, 2020

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Executive Summary

Introduction

The Department of Disabilities, Aging, and Independent Living (DAIL) is a department within the Vermont Agency of Human Services and serves as the designated State Unit on Aging (SUA) under the federal Older Americans Act (OAA). Under the OAA, Vermont is required to develop a State Plan on Aging every four years that serves as the blueprint for how the State and its network of five Area Agencies on Aging (AAA) and service providers will work to meet the changing needs of older Vermonters and their family caregivers.

In July 2020, the Vermont Department of Disability, Aging and Independent Living (DAIL) entered into a contract with Flint Springs Associates (FSA), a Vermont-based consulting firm, to conduct an assessment of the needs of older Vermonters, i.e., persons sixty years and older, and their family caregivers, and an assessment of community services and supports available to assist older Vermonters and family caregivers. The results of the needs assessment will serve as a key source of information to guide DAIL's planning for the development of services and responses to the needs of these populations for the 2023 through 2026 four-year period. In addition, AAAs will use the data to develop their regional plans for serving Vermonters age 60 and older.

Flint Springs Associates developed two surveys: one for older Vermonters, defined as people age 60 and over, and one for family caregivers of older Vermonters. Surveys for each target population were reviewed by DAIL project staff and then by representatives from the state's five regional Area Agencies on Aging. The input received was incorporated into the final set of questions included in each survey.

Survey Responses

Each region had a target number of surveys to collect to ensure high confidence in the findings. All regions exceeded numeric target sample sizes, supporting a Confidence Interval, or margin of error, of ± 2 (or less) percentage points for findings. That is to say, there is at least a 95% chance that a percentage found in the sample (e.g., 22% of respondents received hearing care) is an accurate reflection of the population by ± 2 (i.e., 20% to 24% of the population receive hearing care). Table 1 summarizes the number of survey responses and percent of the target achieved by each AAA region.

Table 1: Number of Survey Responses by AAA Region

AAA Region	Target number surveys to achieve ± 2 C.I.	# survey responses	Percent of target
Age Well	565	695	123%
NEKCOA	185	399	216%
CVCOA	290	661	228%
SVCOA	265	477	180%
Senior Solutions	295	402	136%
Total	1,600	2,634	165%

General Findings: Impact of Distribution Methodology

FSA created an online and hard copy version of each survey and responsibility for distribution of both surveys was assumed by each of the five AAA's. Methods for survey distribution to both older Vermonters and family caregivers varied across the regions, yielding higher proportions of online responses and much lower proportions of hard copy responses in some regions, and higher proportion of hard copy responses in others.

Of the five AAAs serving Vermont, two had significantly higher hard copy survey responses than the remaining three: Northeast Kingdom Council on Aging (NEKCOA) and Southwest Vermont Council on Aging (SVCOA). These two AAAs used the following methods which resulted in higher proportions of hard copy survey responses:

- Distribution and pick-up of hard copy surveys through Meals on Wheels (MOW) sites
- Outreach to younger family members, friends, and volunteers to help older Vermonters and family caregivers complete and return hard copy surveys.

As a result, demographic characteristics associated with the use of Meals on Wheels, meant hard copy respondents were more likely to meet OAA's interest in assessing the needs of low income, rural citizens. Efforts to capture feedback from minority populations, another OAA target, were attempted but yielded less than 1% of survey responses.

Vermonters 60+ Survey Findings

1. Prior to the COVID-19 pandemic, older Vermonters felt they were living the life they desired most of the time. (see pages 24 to 25)

The needs assessment found that COVID-19 has negatively impacted a number of quality of life issues, as social connections have been disrupted, leading to more isolation and difficulty engaging in activities that give one pleasure. Hard copy respondents were a little less likely to express satisfaction with their lives prior to COVID and had more difficulty attaining life quality during the pandemic.

2. More than 50% of older Vermonters report their physical health has impacted their ability to live life as desired. (see pages 26 to 29)

The responses varied significantly based on type of survey used. Three quarters of hard copy respondents noted impacts to their life due to physical health while 46% of online respondents reported the same.

Regardless of region or type of survey, a majority of people do get care for their overall physical health through medical appointments including eye care, however, significant gaps exist in the number of older Vermonters who seek care for mental health and hearing issues.

Across the state, two-thirds of persons sixty and over report having taken steps to address the risk of falling. Notably, three-quarters of hard copy survey respondents say they have acted in this direction compared to 57% of online respondents. As hard copy respondents tend to be older and have more reported interaction with services including Meals on Wheels, it is likely that prompts from services providers who connect with them may be associated with this difference.

3. The vast majority (91%) of older Vermonters responding to this survey live in their own home. (see pages 30 to 33)

The survey revealed that when considering future living situations, the majority of respondents, regardless of region or survey type, identified the need to feel safe in their surroundings and the ability to afford the costs of staying in their homes as most important.

Significant differences, however emerged between online and hard copy responses when rating other issues that go into the calculation of where to live as one ages. Persons who completed hard copy surveys identified availability of food/meal services, public transportation and walking distance to needed services at higher rates than online respondents and most likely can be attributed to the differences in household income associated with each survey type.

When asked what is needed to enable one to live in his/her own home, help with home maintenance, housekeeping and home modifications were cited by all respondents as the most important forms of assistance required to age in place. However, the findings revealed across all regions and types of survey completed that difficulties experienced in getting needed help were most associated with an individual's unwillingness to ask for help, and/or their ineligibility for needed help. While between half and two-thirds of respondents noted that needed services were not available in four AAA regions, between 79% and 82% of responses from the Senior Solutions' region said that the absence of, and inability to afford services made it difficult to get needed help.

4. 83% of older Vermonters drive their own car, making the ease of getting to friends, shopping, appointments, etc., relatively simple. (see pages 34 – 37)

This finding, however, differed between those who completed online surveys versus hard copies. The former group were more likely to have their own cars, while the latter were more likely to depend on other forms of transportation, e.g., friends, relatives, public services, to get where they wanted and needed to go. More than 50% and as high as 85% of respondents have sufficient income to keep their cars running. Again, differences in responses were associated with the type of survey completed. Greater ability to maintain a car was associated with online respondents who in turn reported higher household incomes than hard copy respondents.

Regardless of the type of transportation used, most older Vermonters were satisfied with the ease and accessibility of needed transportation. However, when disaggregated by AAA region, nearby public transportation was reported as less accessible for respondents living in the regions served by Senior Solutions and NEKCOA.

5. More than three-quarters of Vermonters age sixty and over rely on Social Security as a source of income. (see pages 38 – 40)

Among hard copy respondents, 49% rely solely on Social Security compared to 14% of persons completing online surveys. Additionally, less than one-half of persons completing hard copy surveys report having enough money to pay expenses with extra funds left over, compared to 71% of online respondents who report their income is sufficient.

Across all regions, large percentages of respondents claim Social Security as an income source, with highest rates in the Northeast Kingdom and Southwest Vermont. In addition to Social Security, nearly two-thirds of respondents receive income from retirement savings and/or pensions and nearly one-quarter still earn income through employment. When disaggregated by AAA region, the percent of income coming from retirement and from current employment is higher where online survey responses were highest (Age Well, CVCOA and Senior Solutions) and lower in the two regions (NEKCOA and SVCOA) where more hard copy surveys were completed. Again, it can be inferred that

online responses are associated with higher household income while hard copy responses are associated with lower household income – and thus fewer income sources and of a lower amount.

6. Nearly all older Vermonters have health insurance coverage, but responses regarding the extent of coverage varies by income level and type of survey completed. (see page 41)

Ninety-nine percent of respondents have some type of health care insurance. Medicare covers between 78% to 84% of respondents within the five AAA regions. Rates of supplemental Medicare coverage drop to between 25% and 39%. Significantly fewer respondents from NEKCOA and SVCOA have Medicare supplemental plans than those from Age Well, CVCOA and Senior Solutions. Thirty percent of SVCOA respondents have Medicaid insurance, a rate much higher than the other four AAA regions. Across the state, a small percent is covered by Veterans' benefits. Finally, between 28% to 41% of respondents report having private health insurance.

7. Older Vermonters misunderstand how long-term care services, if needed, will be paid for. (see page 42)

In response to the question of how people would pay for long term care, should they need it, nearly half (47%) of respondents identified Medicare as a possible payment option. Forty-six percent reported they did not know how these services, if needed, would be paid for. Clearly, educational efforts are needed to reduce misconceptions and increase knowledge about how to pay for long term care so that this population can make informed, accurate plans for future needs.

The survey revealed that 12% of respondents (n= 285) currently have long term care insurance. Amongst this group were older respondents, with higher household incomes, who primarily completed online surveys.

8. Food insecurity, as evidenced by use of food programs, is significantly more present in respondents who completed hard copy surveys. (see pages 43 – 44)

Meals on Wheels, Three Squares VT, Commodity Supplemental Food Program (CSFP), and community food shelves are used significantly more by hard copy as compared to online respondents. In each of these program categories, higher utilization rates were reported in regions served by SVCOA and NEKCOA, aligning with their higher rates of hard copy responses. In particular, 45% of respondents from NEKCOA and 36% from SVCOA use MOW compared to 1% of respondents in Age Well's region, 5% in the Senior Solutions region and 6% in CVCOA's region. As noted above, lower household income was reported at higher rates amongst those who completed hard copy surveys.

9. Knowledge of resources focused on older Vermonters varies widely and by specific programs. (see pages 45 – 47)

The survey found that higher percentages of respondents *know all or something about* Senior Centers (84%), AAA's (78%), volunteer opportunities (71%) and transportation services (70%).

However, those reporting *no knowledge* of programs increases significantly when asked about the following: Senior Helpline (45%), Legal Aid assistance (47%), 2-1-1 (48%), Adult Protective Services (53%), Respite care for family caregivers (54%) and family caregiver support groups (58%). Across Vermont, opportunities are ripe to increase older Vermonters' knowledge of and participation in the wide array of programs and resources available to them.

Family Caregiver Survey Findings

10. The majority of family caregivers provide care to their family member between 20 hours and round-the-clock on a weekly basis. (see pages 51 – 53)

Twenty-eight percent of respondents provide care twenty-four hours, seven days a week and half of those caregivers are spouses to the family member.

Adult children represent one-half of Family Caregiver survey respondents, while spouses make up 31% of responses and “other” relatives constitute 18% of respondents.

11. Caregivers devote years of their lives providing care to their family member. (see page 52)

Fifty three percent of respondents have been caring for their family member for no fewer than four years. Among those who have cared for their family member for more than six years, spouses make up 37%, followed by other relatives, e.g., grandchildren, cousins, etc., (29%) and adult children (23%).

12. Family caregiving negatively impacts the caregiver on a range of personal dimensions. (see pages 53 – 55)

Emotional health, ability to pursue individual interests and hobbies, sleep, and social connections were cited as negatively impacted by between three-quarters to one-half of respondents. In most areas, the negative impact on spouses giving care was significantly higher than on adult children or other relatives. Along with that, individuals providing 24/7 care reported significantly higher negative impacts on all nine dimensions of inquiry.

13. Despite reports of negative impacts associated with caregiving, slightly less than a quarter of family caregivers use respite services. (see pages 55 – 57)

Of those who would like to but currently do not use respite, the following reasons, across the five AAA regions, stood out. First, people do not know where to find respite care, second, they feel they cannot afford it, and finally but critically, the person being cared for will not accept it.

14. More than half of family caregivers expressed interest in gaining information and/or education around self-care, medical benefits, long term care and estate planning, and medical conditions. (see pages 58 – 59)

Caregivers responses were relatively consistent across the five AAA regions, showing strong interest in learning how to take care of self, gaining information about health coverages including Medicare, Medicaid and SSI, being better informed to plan for future care needs and wills, and learning more about medical conditions of their family member. Slightly less than one-quarter of respondents said that information addressing how to deal with behavior issues of the family member being cared for would be helpful.

15. Engagement and/or interest in individual counseling or caregiver support groups as a helpful form of support varies. (see page 60)

Approximately one-third of respondents reported participating in individual counseling as helpful and an almost equal amount noted that while they hadn't engaged in counseling to date, they expected it would be helpful. Engagement in caregiver support groups was much lower with only 16% of respondents saying they'd found it helpful, yet 46% said that although they hadn't tried it, they'd expect it would be helpful. Given the degree to which family caregivers reported a high

incidence of negative impacts on their lives, determining ways to engage caregivers in support activities potentially could improve outcomes for both caregivers and their family member.

16. Friends, family members, health care providers and the internet are the most common sources of support and information that family caregivers rely on. (see page 61)

While the above comprised between one-half and two-thirds of responses identifying where family caregivers look for needed information and support, much smaller percentages identified the following formal organizations as information sources: Home Health Agencies (27%); Senior Help Lines/AAA's (23%); social media (11%); libraries (7%); and Vermont 2-1-1 (4%).

Conclusions

The findings that emerge from analysis of each survey type should guide future efforts to not only gain feedback from all Vermonters but to increase participation from low-income, minority persons living in rural areas. Specifically, the results demonstrate the importance of:

- Utilizing methods that gain wider representation of older Vermonters who identify as lower income, minority and live in rural areas. Minority populations include persons of color, New Americans, and LGBTQ individuals.
- Adopting uniform methods to gather information across all regions in the state.

Statewide and regional planning for supports and services that meet the needs of older Vermonters and family caregivers can be informed by survey results.

E&D Ride Guide—Updated October 2020

This document will be formatted into a brochure-style document after REDPAC approves the text.

Central Vermont Elders and Persons with Disabilities Transportation

Ride Guide Informational Handbook

[insert image]

Prepared by Central Vermont Regional Planning Commission

In cooperation with the Regional Elders and Persons with Disabilities Committee

About this Guide

The purpose of this document is to enable riders to make use of information regarding Elders and Persons with Disabilities (E&D) transportation, and to better understand a valuable service available to them in our community.

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How to support this service	

Program Overview

E&D transportation is a program to support community members through affordable transportation to medical appointments, access to fresh food at the grocery store and social visits with friends and family. In Washington and Orange Counties, Green Mountain Transit (formerly CCTA) provides the service.

The E&D transportation program is specifically designed to serve individuals who live more than 3/4 of a mile away from a bus route. We use a combination of lift-equipped vans, sedans and minivans, along with volunteer drivers who use personal vehicles to get you where you need to go. Last year, E&D transportation provided over 6,000 rides to people in Washington County alone.

Learn more about the program at: <https://ridegmt.com/regional-programs/>

Program Eligibility

E&D Transportation is available if you are:

- 60 years of age or older
- and/or
- Living with an ADA defined disability

There is no income requirement, application, or physical exam required.

To determine eligibility and start riding, call GMT (Green Mountain Transit) at (802) 540-2589 and the operator will work with you to determine your eligibility.

Fares

E&D currently operates without charge in Central Vermont. If you are able, you can send a donation to our Berlin office at GMT, 6088 VT Rt. 12, Berlin, VT 05602.

About the Service

Combined Rides: Schedules are created to efficiently use the vehicles over the course of the day. If the vehicle and schedule allow it, your ride may be combined with that of one or more other passengers.

Door-to-Door: Upon request, drivers and volunteers can provide door to door service, meaning that if you need assistance they will accompany you from your door to the vehicle, and from the vehicle into the door of your destination. We will not go inside the home.

Missed Ride: If you miss your scheduled trip home through circumstances beyond your control, or your appointment is running late and you know you will miss a scheduled ride, please call GMT at (802) 540-2589 as soon as possible to have a new ride scheduled. GMT will dispatch a driver to complete your trip at the next available opportunity.

Other Services

You may also be eligible for other programs that provide transportation at little to no cost to you, that can complement the services provided through E&D transportation.

GMT Fixed Route: Green Mountain Transit's fixed route buses are equipped with lifts and drivers are trained to meet mobility needs. Information on their service can be found at <http://ridegmt.com/gmt-schedules/> or by contacting GMT at (802) 864-2282.

GMT ADA Transportation: Federal guidelines require that GMT make door to door service with lift-equipped vehicles available to persons with ADA defined disabilities traveling within three quarters of a mile of fixed route bus service. One-way fare is \$2.50. Ride eligibility is determined through an application process—request an application by calling (802) 540.0874 or email Jposner@ridegmt.com. For more information please see <http://ridegmt.com/wp-content/uploads/ADAPartransitGuide.pdf>.

Medicaid Transportation: Medicaid provides transportation to qualified patients so that they can attend medical appointments. If your trip qualifies for Medicaid funding, Medicaid will take precedence over all other ride funding sources. Call GMT at (802) 540-2589 to determine eligibility. Medicaid trips are always free.

What can I use the rides for?

The number of rides you are eligible per month may be different depending on where you live. The best way to determine the current ride parameters is to call the GMT office at (802) 223-7287 and choose option 1.

Commented [11]: Elsewhere, 24 monthly one-way trips are mentioned. "The program provides trips for critical care and non-Medicaid medical needs. Trips are limited to 24 one-way trips per month, including out of town medical trips when local facilities cannot address medical needs (ex. no specialist locally). Travel is limited to Dartmouth and Burlington. Currently, individuals can chose how to use their rides among eligible uses."

Eligible Trip Categories	Definitions	Trip Examples
Critical Care	Non-Medicaid transportation	Kidney Dialysis Regular Chemotherapy
Medical	All trips to non-emergency medical appointments, except critical care as defined above.	Physical & mental health appointments Specialist visits Dental and eye care
Meal Programs	Trips to local congregate meal programs or group settings for seniors at a meal site approved by the local AAA as outlined by the Older Americans Standards	Regular meal sites AgeWell's popular Restaurant Ticket program
Adult Day Services	Trips to access Adult Day programming	Professional nursing services respite, personal care Therapeutic activities Nutritious meals Support and education to families and caregivers
Shopping	Food shopping and pharmacy services	Grocery stores Pharmacies
Vocational	Trips related to paid employment	Interviews Training programs
Social/Personal	Local trips for socialization and/or personal trips	Visit with friends and family Recreational opportunities or events Religious services Activities that support health &

Eligible Trip Categories	Definitions	Trip Examples
		wellness Local shopping trips to grocery stores, department stores, etc.

Volunteers are currently unable to provide daily rides to and from work. If you live within ¼ mile of a bus route, it may be possible for the bus driver to add your house as a stop.

How to Schedule a Ride

Call GMT: (802) 540-2589, Monday-Friday, 7:45am-4:30pm

To schedule a ride, you must call GMT at (802) 540-2589, ideally before 48 hours and at least 24 hours before your ride is needed. Your customer service representative will ask questions to help determine:

- Your Formal/Legal Name
- The exact street addresses of trip’s origin and destination
- Day of travel and preferred pick-up or drop-off times
- Any mobility devices you’ll be bringing with you
- The name of anyone will be accompanying you on your trip

GMT asks that you be **ready to leave within five minutes during your 30-minute pickup window.**

The pickup window begins the 10 minutes before your scheduled ride time, and ends 20 minutes after. You can be picked up before your scheduled time if you are ready and your vehicle arrives early.

You will be contacted by GMT in the event of any day-of changes.

The day of your ride

The night before your ride

By 4:30pm the day before your ride

The GMT staff use scheduling software to assign drivers and vehicles to the rides that have been requested the night before the ride.

You will then receive an automated phone call with your ride’s scheduled time. **This is your estimated ride time.**

Pick up Rides

Pick-up rides are for situations where you must leave at a certain time (for example if a class session ends at 10:00am, you would be asked to be picked up at 10:00am

Drop Off Rides

Drop-off rides are for situations where you must be at an appointment by a certain time (for example, if you have an appointment beginning at 11:00am).

Canceling a ride? Please call GMT at (802) 540-2589 as soon as you know your plans have changed

We need your help!

Please consider a gift to support E&D transportation!

Last year we provided over 6,000 rides in Central Vermont, helping people to access services they rely on, maintain connections in their community, and access critical medical services.

When you make a donation to support E&D transportation in Central Vermont, your tax deductible gift is matched 4 for 1 by a grant from the Federal Transportation Administration

Commented [12]: Chittenden County’s guide included several requests for donations, however I understand that Central Vermont operates differently. Are these donation requests still worth mentioning?

To make a gift, please see the attached mailing address list to determine who is your partner and how to reach them.

Together we can keep this service affordable for all our riders, and make our community a more connected, healthier place to live.

Feedback

E&D clients are surveyed annually about their experience with the E&D transportation service. Riders are encouraged to reach out to their program partner contact with questions and comments. We value your honest feedback and use this data to help improve our service

Happy Riding!

Frequently Asked Questions

Who are the volunteers?

All volunteer drivers are verified by federal and state background checks, have a clean driving record and complete a vehicle safety inspection. Volunteers use personal vehicles to transport community members and are reimbursed for miles driven. While you cannot request a volunteer driver, one may be assigned to you depending on your mobility status. Volunteers are recruited by the Neighbor Rides program through United Way, directly by GMT, and sometimes by the partner agencies themselves. Volunteers dramatically reduce the cost of rides to the system, and enable more rides to be provided.

What is an ADA defined disability?

An ADA defined disability that qualifies an individual for paratransit is “a mobility need that limits an individual’s ability to access and/or ride a local, regular route bus, either some of the time or all of the time.”

Can I schedule one way or round trips inter-changeably?

Yes! When viewing the current ride parameters, any round trips can be broken up into two one way trips. There is no incentive for traveling using round trips and

riders are encouraged to use their *24 monthly* trips in the way that is best for them.

What if I didn't receive an automated phone call the night prior to my requested ride?

Call (802) 540-2589 and speak with GMT's customer service staff to confirm your ride during business hours, or leave a message at the same number after hours and you will be contacted at the next opportunity.

What do I do if an appointment runs late resulting in a missed ride?

If you miss your scheduled GMT trip home through circumstances beyond your control, or your appointment is running late and you know you will miss a scheduled ride, please call GMT dispatch as soon as possible to have a new ride scheduled. GMT will dispatch a driver to complete your trip at the next available opportunity.

Can I schedule a ride for myself and a friend?

Care companions are always permitted at no extra cost. Other riders may be able to join your ride if seats are available. GTA should always be notified of additional riders at the time the ride is scheduled.

How many bags can I bring with me?

Each passenger is allowed to travel with 2 grocery bags. All baggage needs to be carried by the passenger.

Do I need to make a donation?

E&D currently operates without charge in Central Vermont. If you are able, you can send a donation to our Berlin office at GMT, 6088 VT Rt. 12, Berlin, VT 05602. For more information on how to give to support a partner's funding contribution, please call (802) 540-2589.

What do I do if I need a ride right away?

This service is not emergency transportation and is not designed to accommodate urgent and/or emergency rides.

Is E&D Transportation available in other areas of Vermont?

All regions of Vermont have an E&D transportation program. There are differences in how they are administered. Please contact the local transit provider to learn more.

Can I use E&D transportation for trips outside of Central Vermont?

In general, trips through Central Vermont E&D transportation are limited to destinations closest to your residence. Longer trips outside the county can be approved only rarely, usually for medical trips to a specialist, and are evaluated on a case-by-case basis.

Are service animals allowed?

Service dogs and miniature horses are welcomed to board .

Other Policies and Important Information**Winter Weather**

GMT's drivers are experienced with driving in winter and inclement weather conditions, and best efforts are made to keep this service running safely even in snow events. Service is rarely cancelled system wide, as there can be variable conditions across the county. Given an approaching snowstorm, GMT will notify affected riders between 5:00am and 8:00am the morning of cancelled service. GMT takes into account the need for return service and therefore may cancel trips preemptively, even if a storm has yet to arrive if they believe they will not be able to get you home safely. Drivers may make a final determination at the time of a ride that the route or access is unsafe. In this circumstance, the rider will be contacted by GMT dispatch or CSR. Riders should feel confident that if GMT is continuing service, their round trip will be completed safely.

Winter Weather Preparedness and Snow Removal

In the interest of safety, GMT asks that drive-ways, paths and entry ways necessary for door-to-door service are clear prior to the trip. GMT may use large, lift equipped vehicles for all/any rides to allow for efficient scheduling. These vehicles are 8.5 feet wide, 26 feet long and require 11 feet of overhead clearance to maneuver safely. If your property includes a long driveway or single lane access

road, GMT's vans will need a 20 by 40-foot area to turn around. To accommodate these vehicles, GMT asks that turnaround space be cleared of snow, ice or debris. Even if you have performed adequate snow removal on your property, your trip may still be cancelled due to unsafe conditions on state or town managed roads. In this circumstance, the rider is advised to contact their funding partner.

COVID-19 Policies

To help reduce the spread of COVID-19, we require that all riders wear a mask. In addition, you will need to call the day before your ride before noon so that GMT staff can ask screening questions.

Failure to Board

Failure to board incidents, or No Shows, add cost to the system and create scheduling challenges. The following is GMT's official failure to board policy for non-Medicaid paratransit:

Policy: The purpose of this policy is to minimize repeated failure to board incidents to make the best use of scarce transportation re-sources and maintain high quality service. The policy is as follows:

If a passenger schedules a ride with GMT's contracted paratransit service provider and can-not meet the vehicle, s/he must cancel the scheduled ride at least two (2) hours before the scheduled pick-up time.

Canceling a ride less than two hours before scheduled pickup time can result in being charged with a 'failure to board.'

After you have scheduled and confirmed your pickup time, your ride may arrive up to ten (10) minutes before or up to twenty (20) minutes after your confirmed pick up time. Please be ready to board the bus within five minutes of its arrival within this "pick up window."

Not being ready to board the vehicle within five minutes of its arrival can result in being charged with a "failure to board."

If a customer exhibits a pattern or practice of repeated failures to board, that customer will have their travel privileges suspended for an appropriate period of time.

Appeals

If you feel that you received a no-show or failure to board in error, or because of circumstances beyond your control, you are able to file a written appeal, which can be sent to:

Green Mountain Transit
Attn: Jordan Posner
01 Queen City Park Road
Burlington, VT 05401

Contact Information

To determine your eligibility or provide program feedback, call your program partner contact shown by town of residence in the table below.

To Schedule a Ride, Call GMT at: (802) 540-2589. Hours: 7:45–4:30, Monday through Friday.

Town	Program Partner	Contact	Phone
Bolton	AgeWell	Jordan Posner	(802) 540-0874
Richmond	Town of Richmond	Josh Arneson	(802) 434-5170
ETC.			

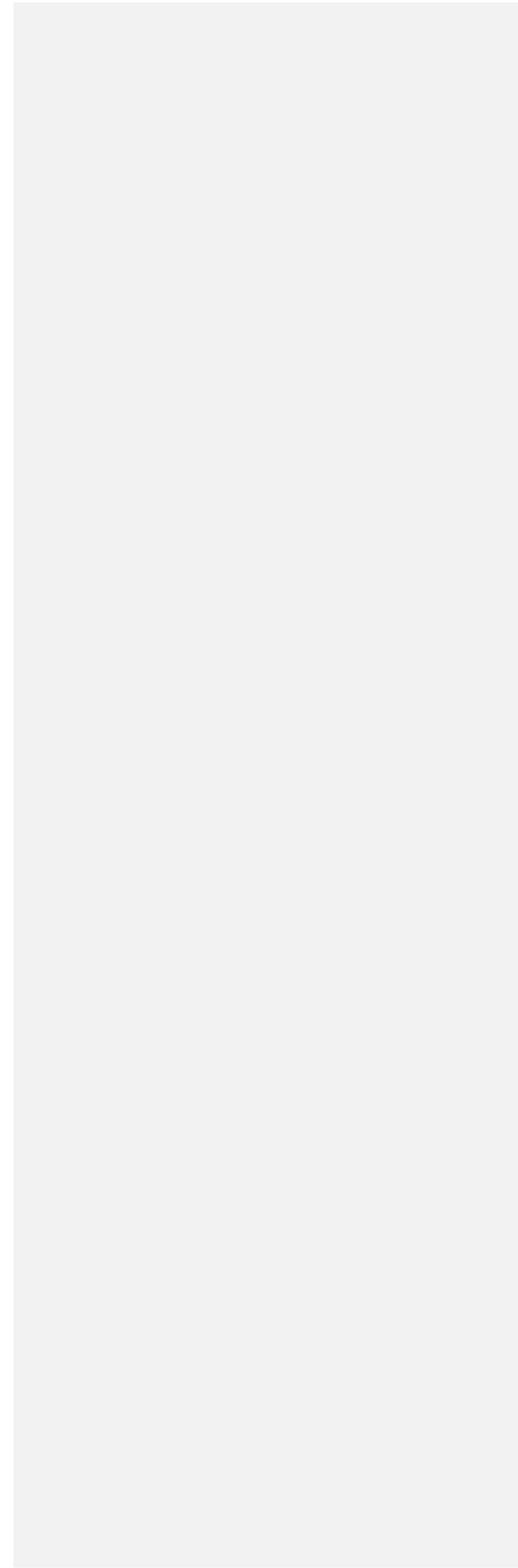
Commented [I3]: Chittenden County broke up services by town, this may not be relevant to Central Vermont region. Are there any discrepancies between service providers or coordination in different towns, such as those in Orange County?

Commented [I4]: Most of the program partners were AgeWell (GMT) or town offices (direct line to town administrator) for Chittenden County

GTA Wallet Card

Take this card with you.
Missed your ride home?
Please call (802) 540-2589

Please cut this card out and take it with you in case you miss your return ride. If you are at an appointment that runs longer than expected, please dial the number on the card to be connected with a dispatcher.





Regional Elders and Persons with Disabilities Committee

Purpose and Mission

VTrans has requested that E&D Committees develop workplans by June 30, 2020. It has provided a template to define anticipated workplan contents. The following exercise discussion is intended to assist REDPAC with workplan development, specifically the Committee background.

In the short term, it may be helpful to answer these questions based on REDPAC’s current activities because those activities are REDPAC’s foundation. As the Committee shifts to a mobility-focused group, it will gain new members who will shape a broader focus. Defining the foundation can help insure that foundational activities remain a strong focus of the mobility group.

Mission: What drives REDPAC to act?

<p>Target Audience: Who does REDPAC aim to serve?</p>	<p>Ex. Elders and people with disabilities Other?</p>
<p>Contribution: What product or services are provided?</p>	<p>Ex. rides, coaching about how to use the service</p>
<p>Distinction: What makes the product or service unique? Why should people use this service over other services, such as friends, taxis, Uber/Lyft, etc.?</p>	

Purpose: What guides REDPAC’s work?

VTrans	E&D Committees fill gaps in existing transportation services for older adults age 60 and above as well as individuals with disabilities as defined by the Americans with Disabilities Act (ADA) and coordinate E&D trips with Non-Emergency Medical Transportation (NEMT) provided through Medicaid, contracted service with community organizations and institutions, and transportation for the general public.
VTrans	The E&D Program assists older adults and persons with disabilities in getting out of their homes to medical appointments, to the local adult day facilities, to senior meal sites, and for essential shopping.
Other	Ensure all people are empowered to reach their desired or necessary destinations regardless of age, income, physical or mental ability, use of mobility devices, geographic location, housing or caregiver status

Communities Served

- 20 communities in Washington County
- Orange, Washington, and Williamstown in Orange County
- Others?

Types of Partner Organizations

- Governmental (VTrans, CVRPC)
- Non-profit (VCIL, CVCOA)
- Others?

Transportation Services Provided

- Fixed route transit?
- Demand response, door-to-door rideshare with lift-equipped vehicles for qualifying individuals
- Rider assistance for passengers who need help
- Free travel training to help new riders learn to travel safely on public transit

- What other customer service services should be highlighted (value added transportation services)?

Leadership

- Administrative services: Green Mountain Transit
- Committee facilitation: Central Vermont Regional Planning Commission
- Other?