

Technical Task Force meeting  
May 2, 2008

Attendees:

Michael Randolph, NJ Transit, Access Link  
Ed Hess, Camden County BSS  
Bernadette Mahoney, CPAC  
Winifred Miller, Camden County BSS  
Joy Merulla, CCDS&DS  
Robert Koska, NJTransit – Local Programs  
Terri Hirschhorn, NJDHS  
Kathleen Imperatore, DRPA/PATCO  
Donna Kovalevich, SCUSC/Sen Han Transit  
Andres Levecchia, CCIA  
Jeffrey S. Swartz, CCWIB  
Eric Grugel, DVRPC  
Abe Caceres, To & Fro Transportation  
Rodney Bush-Roland, To & Fro Transportation  
Robin Widing, Widing Group  
Leona Tanker, CCWIB  
Gregg T. DeBaere, Atlantic Coast Communications NJ, Inc  
Hilary Colbert, CPAC  
Dale Keith, SCUCS, Inc.  
Peter Bilton, VTC  
Pippa Woods, VTC  
Steve Fittante, VTC  
Donna Johnston, CCWIB

Handouts: agenda, ppt slides, working draft of TMCC technology elements

Helpful aids: [www.ccwib.com/transportation](http://www.ccwib.com/transportation)

More detail of the telephony, the phone system

Key stockholders, roles & responsibilities

Tight time schedule:

- Design due 6/30
- Implementation due 6/30
- Proposal due 7/31

Review of the process that has gotten us where we are now.

Continuing High Level discussion

Key dates:

- 5/23 next meeting
- 6/11 federal partners visiting (rescheduled for 6/12)

Steve & Pippa had a great discussion with Barbara Gallagher, United Way 211; next week meeting with Access Link at their call center.

Discussion of the red diagram of the TMCC developed back in December

- a few edits, mostly to dept names
- add Children & Family Services
- clearer to say under operators: other human services & municipalities
- Under functions: concerns about rider registrations/eligibility, funding verification

Key Elements of the TMCC

- customer trip info
- seamless fair and billing
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- One stop call center
- Rider security

Walk through and discussion of diagram slides:

- We work the technology to fit the ITS regional technology, so one system can talk to another system. DVRPC makes sure it all fits. We are making sure that the TMCC technology meets the standards and fits into the ITS regional technology.
- slides not necessary in a logical sequence related to underlying software and linkages; it will be as we move forward
- Steve walked through the slides
- MDC has the ability to store data that includes storing data during interruptions; when interruption is over then send data
- Current slide on telephone system includes key system elements; waiting on more detailed information for United Way 211 and from Access Link
- Haven't gotten to the point of looking at manufacturers for telephony yet; one of the requirements of this project is to do a trade study that includes off the shelf
- telephony interface with providers; some of this project could include be upgrading providers systems; we're not that far yet
- provide bi-lingual operators as well as TDDY and other technology to assist persons with disabilities
- 511 is setting up a training to bring providers in
- What is most important in implementation? Be thinking about that for the next meeting
- part of web portal technology is for customers, through login, to access departure and arrival times

Key Stakeholders roles & responsibilities:

- First draft table in the meeting materials
- Pippa walks through table

- Phase I is the demonstration part, what we're doing now; Phase II is implementation (year 1) and sustainability (year 2, year 3)
- table outlines in general terms what is needed in letters of intent/memorandums of agreement
- "any moment" Medicaid clients will each have a swipe card (laughter)
- phasing involving functions and a large Medicaid client base; discussion around gate keeping, i.e. client has a Medicaid appointment and decides to visit Aunt Sally; and this is fine as long as the client completes the Medicaid appointment; medical facility confirms to the state that the client was there
- No-show policy is a federal policy: providers are not paid for no-shows; sanction should not be against the provider but against the client, especially if the client takes the ride and does not complete the medical appointment => providers have to inflate ride cost to absorb no shows and cancellations
- By tying these systems together a client can only fleece the system once because providers are linked and sharing information

Next meeting: May 23<sup>rd</sup>