

Request for Proposal
Medical Assistance Transportation Hybrid Model

Delaware County Human Services

I. Introduction

Delaware County Human Services currently operates the Medical Assistance Transportation Program (MATP), as a hybrid model in conjunction with a transportation provider.

II. Objective

Delaware County Human Services issued this Request for Proposal to procure the transportation services for the Medical Assistance Transportation Program within the County. The provider will be responsible for coordination of the non-emergency medical transportation for eligible Medical Assistance consumers and to be in compliance with:

- a. The Medical Assistance Transportation Program Instructions and Requirements, policies and procedures
- b. Title 55, Pennsylvania Code, Part IV, Chapter 2070
- c. The Agreement between the MATP Grantee and the Department of Human Services
- d. The American with Disabilities Act (42 U.S.C. Section 12101 et seq)
- e. All audit requirements as established by the Uniform Guidance, (2 C.F.R., Section 200), Pennsylvania Department of Human Services, and the County of Delaware
- f. All federal and state laws and regulations related to the use and disclosure of information, including that which constitutes Protected Health Information.

III. Proposal Timelines

<i>Action</i>	<i>Date</i>
RFP Released	April 22, 2019
Applicant Questions Due: Address questions to: Kelly Wiltsie WiltsieK@delcohsa.org	May 1, 2019
RFP Responses Due	May 22, 2019
Proposal Review Dates	May 22, 2019 -May 31, 2019
Applicant Selection Date	June 8, 2019

IV. Instructions

The County reserves the right to disqualify any proposals received after the specified date/time and not completed in the indicated format and inclusive of required information.

- A. Applicants must respond to all components of this Request for Proposal (RFP)
- B. All responses to the RFP are due by the close of business on May 22, 2019.
 - a. Submissions can be sent via email or through the US Mail
 - i. Email submissions are to be forwarded to
WiltsieK@delcohsa.org
 - ii. US Mail submissions are to be forwarded to
Kelly Wiltsie
Delaware County Human Services
20 South 69th Street
Upper Darby, PA 19082
- C. The submission must include the following separate documents:
 - a. Technical Proposal
 - b. Cost Proposal
 - c. Transmittal Letter signed by an official who has the legal authority to bind the company to the terms of the proposal

- D. All costs of developing the proposal and any subsequent expenses related to contract negotiations are entirely the responsibility of the applicant.
- E. Best and final negotiations may occur.

V. Additional Information for Applicants

- A. Issuing Office
The issuing officer is the sole point of contact for this RFP. Note that, following the release of this RFP, all questions should be submitted to the Project Manager in writing or via email by the indicated date.
- B. Contract
The successful applicant will be expected to enter into a contract with Delaware County. County contracts are subject to approval by County Council.
- C. Rejection of Proposals
The County may reject any and all proposals received as a result of this RFP and may negotiate separately with competing applicants. If all proposals are unacceptable, the County reserves the right to reject the proposals and to issue a new RFP, if indicated. The County reserves the right to reject a proposal at any time during the process.
- D. Amendments to RFP
If it becomes necessary to revise any part of this RFP, the County will issue an amendment to all applicants who responded to the original RFP.

VI. Information Required from Applicants

Failure to adhere to requirements for each section of the proposal may result in disqualification.

- A. Technical Proposal
The Technical Proposal should address all questions and requirements as outlined in this RFP.
- B. Cost Proposal
The Cost Proposal should include all costs required to implement the submitted proposal and must be submitted in the required format.
- C. Transmittal Letter
The Transmittal Letter must be on the applicant's letterhead and signed by an individual with the legal authority to bind the applicant. The letter must identify the primary program and fiscal contact for the applicant and state the applicant accepts the terms, conditions, criteria, and requirements set forth in the RFP.

VII. Technical Proposal

- A. Regulatory Compliance
The applicant is to detail how they will comply with all relevant regulations and laws as related to providing non-emergency medical transportation services for the Medical Assistance population. This section should effectively address compliance with:
 - a. The Medical Assistance Transportation Program Instructions and Requirements, policies and procedures
 - b. Title 55, Pennsylvania Code, Part IV, Chapter 2070
 - c. The Agreement between the MATP Grantee and the Department of Human Services
 - d. The American with Disabilities Act (42 U.S.C. Section 12101 et seq)
 - e. All audit requirements as established by the Uniform Guidance, (2 C.F.R., Section 200), Pennsylvania Department of Human Services, and the County of Delaware
 - f. All federal and state laws and regulations related to the use and disclosure of information, including that which constitutes Protected Health Information.
 - g. Emergency Preparedness and Disaster Recovery

B. Statement of the Problem

The applicant is to state their understanding of the services to be provided to demonstrate an understanding of the scope of services and how the applicant will effectively manage the provision of said services.

C. Management Summary

The applicant is to include a summary of the services provided and highlight the contents of the Technical Summary.

D. Prior Experience

The applicant is to indicate prior experience with transportation services or other similar experience.

E. References

The applicant must provide three (3) references to serve as corporate references and include the following: name of the customer, type of contract, type of services provided, and time period service was provided.

F. Personnel

The applicant is to include the number and type of personnel who will be engaged in the project as well as time devoted to the project. Key personnel (Program Manager, Transportation Manager, Special Needs Coordinator, Operations Manager, and Customer Support Manager) are to be identified and resume or similar documentation provided. Any subcontractors the applicant plans to utilize are to be identified and responsibilities detailed.

G. Training

The applicant is to describe any training to be provided to agency personnel.

H. Financial Capability

The applicant is to describe their financial stability and include financial statements for the past three fiscal years.

I. Work Plan

The applicant is to report in detail, how the requirements of the program will be met, to include the following:

a. Readiness Review

The applicant is to describe the plan to meet the requirements of the program and timetable for implementation.

b. Inform and Educate MA Consumers

The applicant is to indicate how they will provide information on the availability of services, eligibility for services, the service authorization process, and how to properly access services.

c. Consumer Handbook

The applicant is to provide a sample of a brochure created for a similar project that includes all required information.

d. Written Materials

e. Limited English Proficiency

The applicant is to describe how they will meet the Limited English Proficiency requirements as required by 42 C.F.R. Section 438.10.

f. Alternate Formats and Auxiliary Aids

The applicant is to describe how they will meet the Alternate Formats and Auxiliary Aids requirements as required by 42 C.F.R. Section 438.10.

g. Operate a Customer Services Center

h. Telecommunication Capabilities

- i. Systems Requirements
The applicant is to describe the data infrastructure they will utilize to manage the transportation and maintain all required client and trip information.
- j. Recruit and Maintain an Adequate Transportation Network
The applicant will indicate how they will meet the needs of the County's eligible residents.
- k. Paratransit Network
- l. Transportation Network Standards
The applicant is to summarize how they will meet satisfy transportation standards including, driver clearances, vehicle standards, vehicle inspections, training, monitoring, and timely payment.
- m. Authorize Transportation Service
The applicant is to describe the process that will be utilized to verify eligibility, determine transportation need, and determine mode of transport.
- n. Authorize and Schedule Transportation
The applicant is to indicate the procedure for approving and scheduling transportation.
- o. Covered and Non-Covered Services
- p. Coverage Area
- q. Modes of Transportation
- r. Pick-up and Drop-off Standards
The applicant is to detail the trip standards, including verification of trips.
- s. Escorts and Attendant Services
- t. Special Needs Coordination and Outreach
- u. Consumer No-Shows
The applicant will describe their plan to reduce no-shows.
- v. Satisfaction Surveys
The applicant will describe their strategy to have satisfaction surveys completed and address issues that arise with the surveys.
- w. Adverse Conditions Plan
The applicant will provide the plan for eligible consumers who need critical medical care during adverse weather conditions.
- x. MATP Advisory Committee
- y. Complaint Process
The applicant will describe the process to receive and respond to consumer complaints.
- z. Appeals and Fair Hearings for MA Consumers
- aa. Training
The applicant will describe their approach to the ongoing training of staff.
- bb. Fraud and Abuse
The applicant will provide their policies and procedures to detect and prevent fraud and abuse.
- cc. Continuous Quality Improvement
The applicant will provide the quality assurance plan to include descriptions of the process and how the key indicators of quality will be monitored on an ongoing basis.
- dd. Performance Monitoring
The applicant must indicate they will cooperate with performance monitoring and supply all required documentation.
- ee. Turnover
The applicant will describe how the turnover will occur and provide a copy of the turnover plan.

J. Reports

The applicant will detail the process they will maintain in order to verify all required reports, including status, ad hoc, monthly trip summary, customer service center, complaint and appeal summary, incident, trip encounter data, audit, and all other reports as required will be submitted per deadlines and in the proper format.

K. Performance Standards

The applicant will describe the process they will have in place in order to meet all Performance Standards for the Medical Assistance Transportation Program.

VIII. Cost Proposal

The applicant is to complete the Cost Report per instructions.

Delaware County Human Services Budget Proposal Instructions

The budget proposal packet is designed to require information to only be entered in one place and then carry to all other places where required. The cells which require data entry are highlighted in yellow. Any miscellaneous costs need to have supporting information/detail.

Agency Coversheet Tab:

Provider	Enter the name of the provider
Federal Identification Number:	Enter the provider's Federal Identification Number
DUNS Number:	Enter the provider's DUNS Number
Fiscal Contact Name	Enter the name of the individual to contact with questions regarding the submission
Fiscal Contact Phone	Enter the individual's phone number
Fiscal Contact Email	Enter the individual's email
Provider Address	Enter the address of the provider
Submission Date	Enter the date the proposal is being submitted

Roster of Personnel

Employee Number or Initials	Enter an identifier for all employees associated with the proposal
Employee Title	Enter the title for all employees associated with the proposal
Total Hours Compensated	Enter the total number of hours the employee will be compensated during the proposal period
% of MATP Hours	Enter the percentage of total hours the employee will spend on the Medical Assistance Transportation Program during the proposal period
Hourly Rate	Enter the employee's hourly rate

Benefits

Percentage of Benefits	Enter the benefit rate for the provider
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Cost Proposal

Costs	Enter the costs associated with the various line items indicated. For any expenditures categorized as miscellaneous, please provide additional detail. Enter the interest and Shared Ride Copay amounts where indicated.
Estimated Trips	Enter the number of estimated trips per category and the total number of clients anticipated to be served.

Equipment Purchases

Enter the description, quantity, and per item cost for all equipment purchases associated with the proposal.

**DELAWARE COUNTY HUMAN SERVICES
BUDGET INFORMATION FOR MEDICAL ASSISTANCE TRANSPORTATION PROPOSAL**

Provider:	<input type="text"/>
Federal Identification Number:	<input type="text"/>
DUNS Number:	<input type="text"/>
Fiscal Year :	<input type="text" value="July 1, 2019 - June 30, 2020"/>
Fiscal Contact Name:	<input type="text"/>
Fiscal Contact Phone:	<input type="text"/>
Fiscal Contact Email:	<input type="text"/>
Provider Address :	<input type="text"/>
Submission Date:	<input type="text"/>

ROSTER OF PERSONNEL

PROVIDER:

Employee Number or Initials	Employee Title	Total Hours Compensated	% of MATP Hours	Hourly Rate	Total MATP Wages
					\$ -
					\$ -
					\$ -
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Total Personnel Costs					\$ -

COST PROPOSAL

PROVIDER:
 COUNTY MODEL:
 FISCAL YEAR:

Hybrid
 July 1, 2019 - June 30, 2020

COSTS		
Salaries & Benefits		
Staff Wages		
Benefits		
Miscellaneous Personnel (details must be attached)		
Subtotal Salaries & Benefits		
Occupancy		
Rent		
Utilities		
Insurance		
Telephone		
Miscellaneous (details must be attached)		
Subtotal Occupancy		
Materials & Supplies		
Office Supplies		
Printing & Copying		
Postage		
Miscellaneous (details must be attached)		
Subtotal Materials & Supplies		
Office Furniture & Equipment		
Data Processing		
Computer Equipment		
Subcontract Services		
Software		
Miscellaneous (details must be attached)		
Subtotal Data Processing		
Travel		
Fees - Other Related Costs		
Professional Fees		
Bank Charges		
Insurance (officers, board, liability, etc.)		
Miscellaneous (details must be attached)		
Subtotal Fees - Other		
Vehicles		
Depreciation Expense		
Autos-Loan Interest Expense		
Autos-Leased		
Maintenance Repairs		
Fuel Charges		
Tires		
Insurance		
Miscellaneous (details must be attached)		
Subtotal Vehicles		

COST PROPOSAL

PROVIDER:
COUNTY MODEL:
FISCAL YEAR:

Hybrid
 July 1, 2019 - June 30, 2020

COSTS		
Special Equipment		
Para transit		
Shared Ride (Under 65)		
Taxi		
Other		
Subtotal for Para transit		
Reimbursement		
Mileage Reimbursement		
Fixed Route		
Other		
Subtotal for Reimbursements		
Mass Transit		
Total Cost		
Interest Earned		
Allowable Indirect Costs		
Senior Shared Ride Copay (Over 65)		
Net Total Cost		

Estimated Trips		
Trips		
(1) Para transit Trips		
(2) Reimbursement Trips		
(3) Mass Transit Trips		
(4) Volunteer Trips		
Net Trips		
Trip Rate		
Estimated Clients		

SCHEDULE OF EQUIPMENT PURCHASES

PROVIDER:

DESCRIPTION OF ITEM	QUANTITY	PER ITEM COST	TOTAL COST
			\$ -
			\$ -
			\$ -
			\$ -
			\$ -
			\$ -
			\$ -
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			\$ -
			\$ -
TOTAL			\$ -

County : 23 DELAWARE
 State County MATP Data(JAN2013 - DEC2017)

		2013M01	2013M02	2013M03	2013M04	2013M05	2013M06	2013M07	2013M08	2013M09	2013M10	2013M11
Type	Mode											
MATP Eligible Consumers	MATP Consumer	101,021.0	101,168.0	100,706.0	99,444.0	98,511.0	97,679.0	98,094.0	98,198.0	97,718.0	98,343.0	97,362.0
	%Growth From Prior Year	.	.	.	.	.	.	.	.	.	.	.
Unduplicated Consumers using MATP	Mass Transit	128.0	134.0	130.0	152.0	139.0	135.0	130.0	114.0	102.0	94.0	82.0
	Mileage Reimbursement	78.0	87.0	78.0	82.0	77.0	61.0	74.0	81.0	71.0	71.0	74.0
	Para Transit	891.0	914.0	912.0	960.0	943.0	982.0	1,082.0	437.0	922.0	966.0	953.0
	Total	1,092.0	1,132.0	1,117.0	1,188.0	1,152.0	1,169.0	1,274.0	630.0	1,092.0	1,127.0	1,104.0
Trips	Mass Transit	3,496.0	3,138.0	2,896.0	3,896.0	4,842.0	6,144.0	2,960.0	2,812.0	2,532.0	2,822.0	4,322.0
	Mileage Reimbursement	3,306.0	3,490.0	3,552.0	3,890.0	4,978.0	4,296.0	2,756.0	3,542.0	2,810.0	4,120.0	6,893.0
	Para Transit	10,448.0	10,095.0	10,315.0	11,809.0	11,545.0	19,330.0	13,748.0	1,666.0	9,857.0	12,010.0	10,744.0
	Total	17,250.0	16,723.0	16,763.0	19,595.0	21,365.0	29,770.0	19,464.0	8,020.0	15,199.0	18,952.0	21,959.0
Average Trips Per Consumer	Mass Transit	27.3	23.4	22.3	25.6	34.8	45.5	22.8	24.7	24.8	30.0	52.7
	Mileage Reimbursement	42.4	40.1	45.5	47.4	64.6	70.4	37.2	43.7	39.6	58.0	93.1
	Para Transit	11.7	11.0	11.3	12.3	12.2	19.7	12.7	3.8	10.7	12.4	11.3
	Total	15.8	14.8	15.0	16.5	18.5	25.5	15.3	12.7	13.9	16.8	19.9

County : 23 DELAWARE
 State County MATP Data(JAN2013 - DEC2017)

		2013M12	2014M01	2014M02	2014M03	2014M04	2014M05	2014M06	2014M07	2014M08	2014M09	2014M10
Type	Mode											
MATP Eligible Consumers	MATP Consumer	96,931.0	98,134.0	97,685.0	98,841.0	98,410.0	97,588.0	97,031.0	97,202.0	96,899.0	96,598.0	96,697.0
	%Growth From Prior Year	.	-2.9	-3.4	-1.9	-1.0	-0.9	-0.7	-0.9	-1.3	-1.1	-1.7
Unduplicated Consumers using MATP	Mass Transit	61.0	35.0	0.0	0.0	43.0	0.0	58.0	59.0	54.0	59.0	64.0
	Mileage Reimbursement	60.0	29.0	44.3	44.3	43.0	48.9	62.0	66.0	66.0	65.0	72.0
	Para Transit	922.0	936.0	589.5	589.5	981.0	650.6	1,078.0	973.0	853.0	975.0	990.0
	Total	1,041.0	1,000.0	688.0	688.0	1,062.0	759.3	1,193.0	1,095.0	972.0	1,096.0	1,123.0
Trips	Mass Transit	5,678.0	2,408.0	0.0	0.0	1,452.0	0.0	1,723.0	1,786.0	1,734.0	2,011.0	1,786.0
	Mileage Reimbursement	6,026.0	2,908.0	5,011.3	5,011.3	1,530.0	3,049.3	2,340.0	2,682.0	2,726.0	2,548.0	3,002.0
	Para Transit	38,240.0	20,570.0	10,009.0	10,009.0	11,815.0	11,382.3	11,304.0	13,570.0	10,349.0	10,665.0	12,671.0
	Total	49,944.0	25,886.0	15,020.3	15,020.3	14,797.0	14,431.7	15,367.0	18,038.0	14,809.0	15,224.0	17,459.0
Average Trips Per Consumer	Mass Transit	93.1	68.8	.	.	33.8	.	29.7	30.3	32.1	34.1	27.9
	Mileage Reimbursement	100.4	100.3	113.1	113.1	35.6	62.4	37.7	40.6	41.3	39.2	41.7
	Para Transit	41.5	22.0	17.0	17.0	12.0	17.5	10.5	13.9	12.1	10.9	12.8
	Total	48.0	25.9	21.8	21.8	13.9	19.0	12.9	16.5	15.2	13.9	15.5

County : 23 DELAWARE
 State County MATP Data(JAN2013 - DEC2017)

		Trip_YMMM										
		2014M11	2014M12	2015M01	2015M02	2015M03	2015M04	2015M05	2015M06	2015M07	2015M08	2015M09
Type	Mode											
MATP Eligible Consumers	MATP Consumer	95,557.0	95,591.0	99,962.0	101,639.0	103,057.0	101,792.0	103,024.0	104,885.0	104,787.0	105,746.0	106,510.0
	%Growth From Prior Year	-1.9	-1.4	1.9	4.0	4.3	3.4	5.6	8.1	7.8	9.1	10.3
Unduplicated Consumers using MATP	Mass Transit	57.0	31.0	5.0	54.0	59.0	58.0	61.0	46.0	37.0	1.0	0.0
	Mileage Reimbursement	61.0	28.0	14.0	71.0	77.0	71.0	76.0	99.0	103.0	107.0	89.0
	Para Transit	969.0	1,010.0	1.0	963.0	1,003.0	1,020.0	1,002.0	1,019.0	865.0	834.0	957.0
	Total	1,082.0	1,066.0	20.0	1,084.0	1,135.0	1,142.0	1,127.0	1,137.0	967.0	938.0	1,074.0
Trips	Mass Transit	1,880.0	1,032.0	122.0	1,773.0	1,960.0	2,750.0	3,148.0	1,448.0	1,282.0	8.0	0.0
	Mileage Reimbursement	2,638.0	1,298.0	419.0	2,602.0	2,896.0	4,994.0	4,747.0	4,486.0	5,906.0	3,723.0	4,872.0
	Para Transit	10,350.0	11,529.0	2.0	11,083.0	11,775.0	12,475.0	11,575.0	15,314.0	14,802.0	18,787.0	9,584.3
	Total	14,868.0	13,859.0	543.0	15,458.0	16,631.0	20,219.0	19,470.0	21,248.0	21,990.0	22,518.0	14,456.3
Average Trips Per Consumer	Mass Transit	33.0	33.3	24.4	32.8	33.2	47.4	51.6	31.5	34.6	8.0	.
	Mileage Reimbursement	43.2	46.4	29.9	36.6	37.6	70.3	62.5	45.3	57.3	34.8	54.7
	Para Transit	10.7	11.4	2.0	11.5	11.7	12.2	11.6	15.0	17.1	22.5	10.0
	Total	13.7	13.0	27.2	14.3	14.7	17.7	17.3	18.7	22.7	24.0	13.5

County : 23 DELAWARE
 State County MATP Data(JAN2013 - DEC2017)

		2015M10	2015M11	2015M12	2016M01	2016M02	2016M03	2016M04	2016M05	2016M06	2016M07	2016M08
Type	Mode											
MATP Eligible Consumers	MATP Consumer	107,257.0	103,910.0	103,724.0	107,041.0	107,788.0	108,608.0	108,620.0	108,922.0	109,320.0	109,732.0	110,237.0
	%Growth From Prior Year	10.9	8.7	8.5	7.1	6.0	5.4	6.7	5.7	4.2	4.7	4.2
Unduplicated Consumers using MATP	Mass Transit	54.0	62.0	51.0	55.0	26.0	25.0	65.0	93.0	97.0	61.0	50.0
	Mileage Reimbursement	64.0	63.0	68.0	63.0	61.0	73.0	64.0	80.0	89.0	69.0	63.0
	Para Transit	756.0	952.0	940.0	673.0	706.0	719.0	705.0	698.0	686.0	683.0	743.0
	Total	869.0	1,070.0	1,046.0	774.0	770.0	812.0	819.0	816.0	799.0	784.0	827.0
Trips	Mass Transit	1,718.0	1,738.0	1,630.0	1,937.0	910.0	666.0	2,263.0	3,394.0	3,838.0	2,518.0	1,976.0
	Mileage Reimbursement	2,560.0	2,459.0	2,699.0	2,770.0	2,466.0	2,888.0	2,555.0	3,044.0	3,282.0	2,672.0	2,666.0
	Para Transit	7,445.0	17,235.0	17,440.0	6,264.0	7,165.0	7,474.0	6,993.0	6,795.0	6,763.0	6,475.0	7,479.0
	Total	11,723.0	21,432.0	21,769.0	10,971.0	10,541.0	11,028.0	11,811.0	13,233.0	13,883.0	11,665.0	12,121.0
Average Trips Per Consumer	Mass Transit	31.8	28.0	32.0	35.2	35.0	26.6	34.8	36.5	39.6	41.3	39.5
	Mileage Reimbursement	40.0	39.0	39.7	44.0	40.4	39.6	39.9	38.1	36.9	38.7	42.3
	Para Transit	9.8	18.1	18.6	9.3	10.1	10.4	9.9	9.7	9.9	9.5	10.1
	Total	13.5	20.0	20.8	14.2	13.7	13.6	14.4	16.2	17.4	14.9	14.7

County : 23 DELAWARE
 State County MATP Data(JAN2013 - DEC2017)

		2016M09	2016M10	2016M11	2016M12	2017M01	2017M02	2017M03	2017M04	2017M05	2017M06	2017M07
Type	Mode											
MATP Eligible Consumers	MATP Consumer	110,272.0	110,501.0	111,093.0	111,926.0	112,947.0	113,161.0	113,238.0	113,092.0	113,145.0	113,133.0	113,518.0
	%Growth From Prior Year	3.5	3.0	6.9	7.9	5.5	5.0	4.3	4.1	3.9	3.5	3.5
Unduplicated Consumers using MATP	Mass Transit	57.0	31.0	29.0	36.0	40.0	45.0	53.0	45.0	43.0	40.0	43.0
	Mileage Reimbursement	53.0	26.0	24.0	63.0	48.0	46.0	50.0	33.0	41.0	44.0	36.0
	Para Transit	707.0	697.0	689.0	680.0	699.0	702.0	720.0	689.0	715.0	959.0	874.0
	Total	787.0	729.0	740.0	774.0	782.0	788.0	819.0	763.0	795.0	1,040.0	949.0
Trips	Mass Transit	2,136.0	1,254.0	1,002.0	1,340.0	1,472.0	1,574.0	1,727.0	1,759.0	1,544.0	1,368.0	1,727.0
	Mileage Reimbursement	1,988.0	992.0	696.0	2,162.0	1,822.0	1,464.0	1,718.0	1,142.0	1,568.0	1,594.0	1,369.0
	Para Transit	6,758.0	6,533.0	6,349.0	6,450.0	6,551.0	6,216.0	6,750.0	6,315.0	6,847.0	9,987.0	9,800.0
	Total	10,882.0	8,779.0	8,047.0	9,952.0	9,845.0	9,254.0	10,195.0	9,216.0	9,959.0	12,949.0	12,896.0
Average Trips Per Consumer	Mass Transit	37.5	40.5	34.6	37.2	36.8	35.0	32.6	39.1	35.9	34.2	40.2
	Mileage Reimbursement	37.5	38.2	29.0	34.3	38.0	31.8	34.4	34.6	38.2	36.2	38.0
	Para Transit	9.6	9.4	9.2	9.5	9.4	8.9	9.4	9.2	9.6	10.4	11.2
	Total	13.8	12.0	10.9	12.9	12.6	11.7	12.4	12.1	12.5	12.5	13.6

County : 23 DELAWARE
 State County MATP Data(JAN2013 - DEC2017)

		2017M08	2017M09	2017M10	2017M11	2017M12
Type	Mode					
MATP Eligible Consumers	MATP Consumer	114,102.0	114,078.0	113,860.0	114,294.0	114,537.0
	%Growth From Prior Year	3.5	3.5	3.0	2.9	2.3
Unduplicated Consumers using MATP	Mass Transit	40.0	42.0	39.0	33.0	41.0
	Mileage Reimbursement	39.0	54.0	51.0	47.0	30.0
	Para Transit	922.0	945.0	981.0	971.0	914.0
	Total	998.0	1,037.0	1,068.0	1,047.0	983.0
Trips	Mass Transit	1,657.0	1,618.0	1,519.0	1,506.0	1,776.0
	Mileage Reimbursement	1,446.0	1,897.0	2,218.0	1,984.0	1,215.0
	Para Transit	10,514.0	9,696.0	10,958.0	10,165.0	9,199.0
	Total	13,617.0	13,211.0	14,695.0	13,655.0	12,190.0
Average Trips Per Consumer	Mass Transit	41.4	38.5	38.9	45.6	43.3
	Mileage Reimbursement	37.1	35.1	43.5	42.2	40.5
	Para Transit	11.4	10.3	11.2	10.5	10.1
	Total	13.6	12.7	13.8	13.0	12.4