Non-Emergency Medical Transportation Coordination

2021 Home and Community Based Services Conference

Danielle Nelson

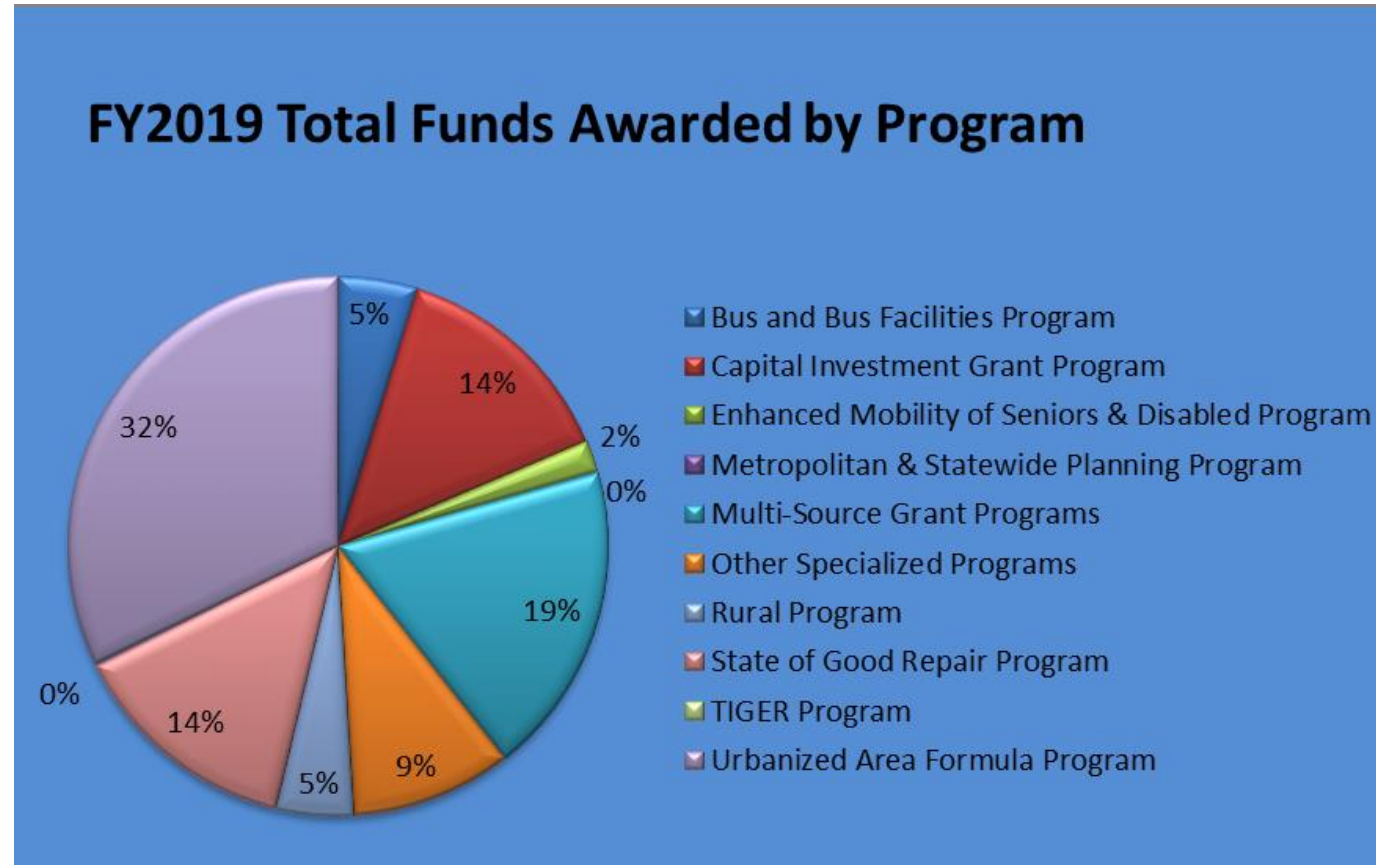Senior Program Analyst, Rural and Targeted Programs

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FTA
FEDERAL TRANSIT ADMINISTRATION

U.S. Department of Transportation
Federal Transit Administration

FTA Rural and Tribal Funding

5311 - Rural Area Formula	$	665,388,937	
5311 - Tribal Transit Competitive	$	4,205,077	
5311 - Tribal Transit Program Formula	$	36,189,043	
FHWA Transfer to 5311 Rural Area Formula	$	17,864,850	
Rural Program - Subtotal	**$**	**723,647,907**	**4.7%**
5310 - Mobility of Sr. & Individual w/ Disabilities Formula		218,350,495	
FHWA Transfer to 5310 Seniors & Individuals w/Disabilities		71,719,000	
Enhanced Mobility of Seniors & Disabled Program - Subtotal		**290,069,495**	**1.9%**

FY2019 Total Funds Awarded by Program

- Bus and Bus Facilities Program
- Capital Investment Grant Program
- Enhanced Mobility of Seniors & Disabled Program
- Metropolitan & Statewide Planning Program
- Multi-Source Grant Programs
- Other Specialized Programs
- Rural Program
- State of Good Repair Program
- TIGER Program
- Urbanized Area Formula Program

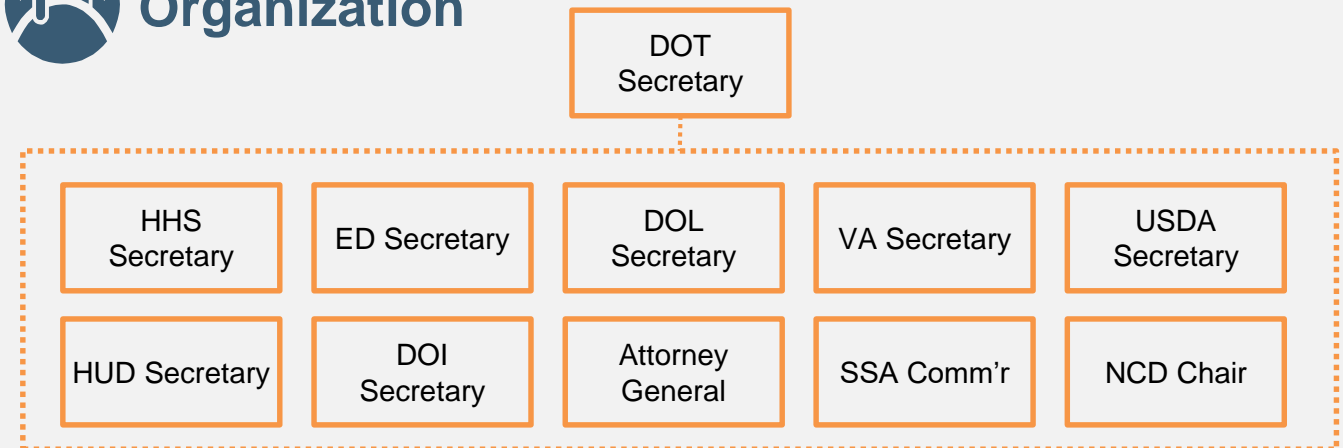# Coordinating Council on Access and Mobility (CCAM)

Mission

The CCAM issues policy recommendations and implements activities that improve the **availability**, **accessibility**, and **efficiency** of transportation for the following targeted populations:

- **People with Disabilities**
- **Older Adults**
- **Individuals of Low Income**

History

The CCAM is an interagency partnership **established in 2004 by Executive Order 13330** to coordinate the efforts of the federal agencies that fund transportation for targeted populations.

Organization

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                    DOT
                  Secretary
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HHS Secretary	ED Secretary	DOL Secretary	VA Secretary	USDA Secretary
HUD Secretary	DOI Secretary	Attorney General	SSA Comm'r	NCD Chair

CCAM Program Inventory

The [CCAM Program Inventory](#) identifies 130 Federal programs that are able to provide funding for human services transportation for people with disabilities, older adults, and/or individuals of low income.

Number of Programs by Department

Department	Number
HHS	66
DOT	12
HUD	12
DOL	11
DOJ	10
ED	10
DOI	4
VA	3
USDA	2
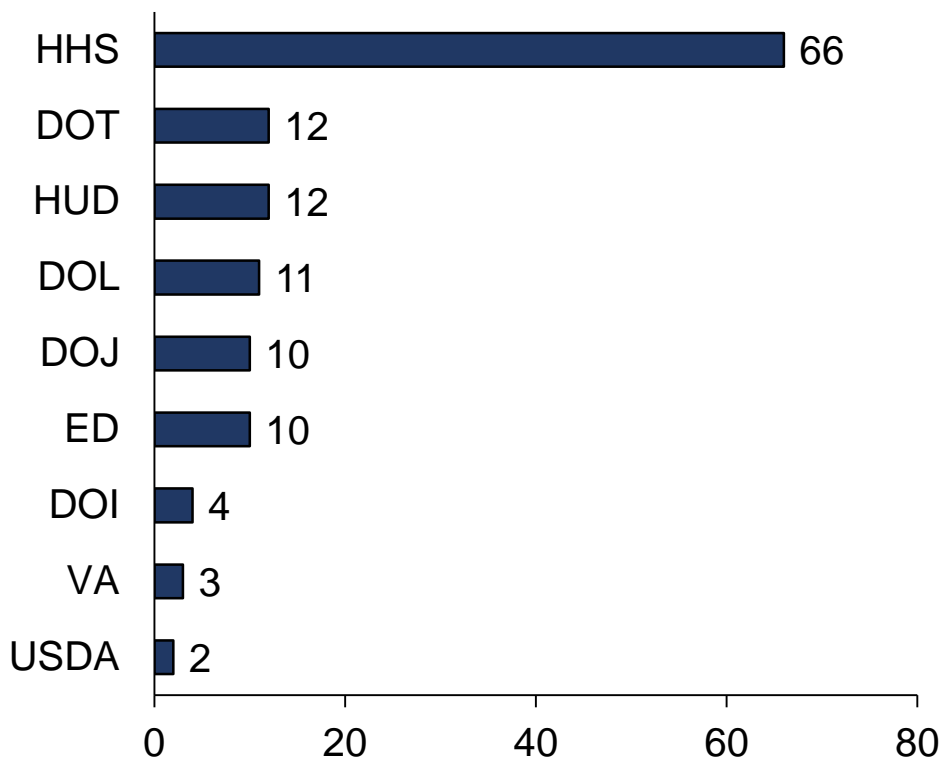
n=130

Sample of the 130 Programs

Department of Health and Human Services programs:
- Children's Health Insurance Program (CHIP)
- Centers for Independent Living (CILs)
- Older Americans Act (OAA) programs

Department of Transportation programs:
- Section 5310 Enhanced Mobility of Seniors and Individuals with Disabilities
- Section 5311 Formula Grants for Rural Areas

Department of Housing and Urban Development programs:
- Community Development Block Grants/Entitlement Program
- Supportive Housing for the Elderly

Department of Labor programs:
- Job Corps
- WIOA Adult Program

*If an organization receives funding from one of these programs, **a portion of the funds may be used for transportation.***
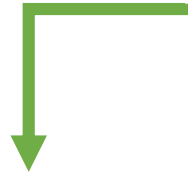
Federal Fund Braiding Guide

The CCAM Federal Fund Braiding Guide is a CCAM resource that clarifies acceptable Federal fund braiding for local match opportunities.

Federal fund braiding for local match is when Federal funds from one grant program are used to fulfill the local match requirement of another Federal grant.

FTA's Section 5310 Enhanced Mobility of Seniors & Individuals with Disabilities Program 80%

Section 5307, 5310, and 5311: Using Non-DOT Federal Funds for Local Match

ACL's Centers for Independent Living or Older American's Act Title III-B Supportive Services Program 20%

In order to participate in Federal fund braiding, a project **must meet all requirements** of the participating Federal agencies, including eligibility requirements, reporting requirements, regulatory requirements, statutory requirements, and program guidance.

Centers for Medicare & Medicaid Services & FTA Partnership: Medicaid NEMT Assurance

Legislation Change:

Section 209 of H.R.133—The Consolidated Appropriations Act of 2021—codified into law the Medicaid non-emergency medical transportation (NEMT) assurance benefit. Previously, the requirement for States to assure NEMT to Medicaid beneficiaries was not law but instead an interpretation via regulation.

Requirements:

1. Convene a series of stakeholder meetings on Medicaid NEMT coverage within 18 months of enactment; and
2. Assess and update guidance issued to States concerning Federal NEMT requirements as needed within 24 months of enactment.

Additional Relevant Provisions: NEMT transportation provider and driver requirements, including a State plan in place to address any violation of a drug or alcohol law; and GAO must conduct and submit a study to Congress on coverage of Medicaid NEMT.

Opportunities:

Where available, publicly provided transportation will frequently be the most cost-effective option to deliver NEMT trips. Utilize existing transportation infrastructure in rural communities. Many jurisdictions have spent decades investing and building both the infrastructure and technology to effectively deliver ADA paratransit and demand response services.

CCAM Cost Allocation Technology for Non-Emergency Medical Transportation (NEMT)

This CCAM project is developing a cost allocation technology that accounts for divergent Federal requirements and funding sources by trip. This allocated cost model for NEMT can result in improved coordination across multiple Federal agency programs that provide funding to access human services transportation.

The CCAM Cost-Sharing Policy Statement is incorporated, requiring a least path distance component:
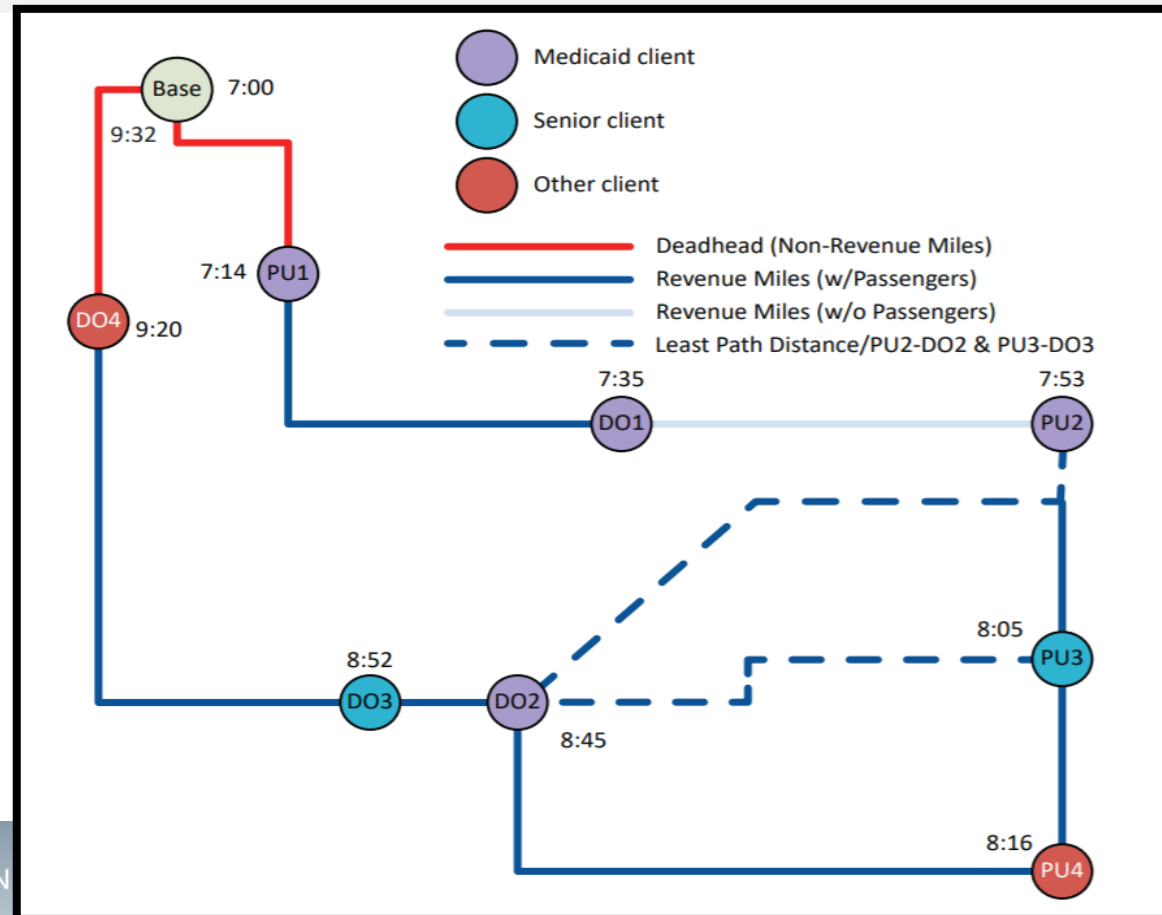
Cost Allocation Technology for Non-Emergency Medical Transportation Final Report, published June 2020.

Administration for Community Living Transportation

December 8, 2021

ADMINISTRATION FOR COMMUNITY LIVING

IMPROVING THE LIVES OF OLDER ADULTS AND PEOPLE WITH DISABILITIES THROUGH SERVICES, RESEARCH, AND EDUCATION

WHAT IS COMMUNITY LIVING?

OLDER ADULTS AND PEOPLE WITH DISABILITIES HAVE THE SAME OPPORTUNITIES AS EVERYONE ELSE TO:

- ☑ CHOOSE WHERE TO LIVE
- ☑ EARN A LIVING
- ☑ PARTICIPATE IN SOCIETY
- ☑ MAKE DECISIONS ABOUT THEIR LIVES

WHY IS COMMUNITY LIVING IMPORTANT?

PEOPLE PREFER IT	IT COSTS LESS	IT'S A LEGAL RIGHT	EVERYONE BENEFITS WHEN EVERYONE CAN CONTRIBUTE

HOW DOES ACL SUPPORT COMMUNITY LIVING?

FUNDS SERVICES THAT HELP PEOPLE LIVE INDEPENDENTLY	**INVESTS** IN RESEARCH, INNOVATION, TRAINING, AND EDUCATION	**ADVOCATES** FOR PEOPLE WITH DISABILITIES AND OLDER ADULTS

WHO ARE ACL'S PARTNERS?

NATIONWIDE AGING AND DISABILITY NETWORKS	STATES, TRIBES, AND COMMUNITIES	COLLEGES AND UNIVERSITIES	NONPROFIT, FAITH-BASED, AND INDUSTRY PARTNERS	OTHER FEDERAL AGENCIES

ACL
Administration for Community Living

The Disability and Aging Networks

- Aging & Disability Resource Centers/No Wrong Door Systems (ADRC/NWD Systems)
- Centers for Independent Living
- Area Agencies on Aging
- Developmentally Disability Councils
- Elder Rights & Services

- Assistive Technology Act Programs
- Benefits Enrollment Centers
- University Centers of Excellence for Developmental Disabilities
- Protection & Advocacy Programs
- Adult Protective Services

The Disability and Aging Services Network

- Aging and disability organizations (AAAs, CILs, and other CBOs) reach into every community across the nation. In 2019*:

Group of Individuals	Number/Percent
Total Clients	10,856,053
Total Registered Clients	2,735,229
% Clients from Minority Populations	32.70%
% Clients living in rural areas	34.15%
% Clients Below Poverty	33.40%

- Decades of expertise in helping people access and receive home and community-based services, transportation, housing and housing related services.

- Engage in partnerships to streamline access to services for the people we serve

*National Survey of Older Americans Act Participants

Core Competencies and Services Offered by Aging and Disability Networks

- Acute focus on high cost, high need populations
- Robust planning and assessment, expert knowledge/navigation of complex social services system
- Core services include:
  - Person Centered Planning and Assessment
  - Assistance with applications and enrollment in publicly funded benefits
  - Assistance with service plan development, activation, and on-going care/service coordination.
  - Financial resource coordination
  - Transportation assistance
  - Care transitions
  - Housing assistance (eviction prevention, supportive services, home modifications, access to assistive technology)
  - Information and referral
  - Nutrition assistance (home-delivered and congregate meals, access to SNAP benefits, food banks, etc.)
  - Social isolation support

How Do I Find Disability & Aging Network Agencies?

- Disability Information & Access Line:
  - **Call 888-677-1199 Monday-Friday from 9 a.m. to 8 p.m. (Eastern) – or**
  - **email** DIAL@usaginganddisability.org
- Eldercare Locator: https://eldercare.acl.gov/Public/Index.aspx
- Assistive Technology Act Program: https://www.at3center.net/stateprogram

ACL/FTA Transportation Resource Centers

Free Technical Assistance (TA) Centers

Technical assistance centers provide a range of services that support the provision and coordination of transportation services and promote the mobility of Americans.

ADA Participation Action Research Consortium (PARC) publishes maps that assist policy makers, community leaders, transportation developers and state leaders in understanding transportation needs and opportunities for improvement.

AT3 is a one-stop connection to information about assistive technology (AT). Every state has an AT program. The state AT program demonstrates AT, provides training on AT, and makes short term loans of AT so people can try the AT prior to making a purchase. There is AT available to assist people with transportation. The AT3 site lists every state AT program.

ACL/FTA Transportation Resource Centers

Paralysis Resource Center (PRC) provides information for traveling with your wheelchair and makes grants to communities to increase access to transportation and technology.

Transit Planning 4 All resource center issues demonstration grants to communities of older adults, people with disabilities and transportation providers to engage in inclusive planning and develop technical assistance resources to replicate successful strategies.

National Aging and Disability Transportation Center mission is to promote the availability and accessibility of transportation options for older adults, people with disabilities, and caregivers.

Carrie Diamond

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National Aging & Disability Transportation Center
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MISSION: To promote the availability of accessible transportation options that serve the needs of **Older Adults**, **People with Disabilities**, **Caregivers** and **Communities**.

- Person-centered technical assistance
- Information Clearinghouse: Resources, Publications & Training
    - Blog – Section 5307, 5310, and 5311: Using Non-DOT Federal Funds for Local Match
- Focus on Section 5310, *Enhanced Mobility for Seniors and Individuals with Disabilities* formula grant
- Community Grants - Investment in community solutions

Photo Credit: Metrolina Association for the Blind, Charlotte, NC

NEMT Workgroup Members

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National Center for Mobility Management
Amy Conrick

National Rural Transit Assistance Program
Robin Phillips

Shared-Use Mobility Center
Al Benedict

National Center for Applied Transit Technology
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TACL: The Transportation Technical Assistance Coordination Library

http://transportation-tacl.org

The Transportation Technical Assistance Coordination Library (TACL) provides a sustainable methodology and platform to access rural and tribal transportation coordination resources across a diverse range of transportation technical assistance centers and the Federal Transit Administration (FTA).

The FTA-funded technical assistance centers participating in this ongoing work with links to their coordination resources are:

- National Aging and Disability Transportation Center (NADTC)
- National Center for Applied Transit Technology (N-CATT)
- National Center for Mobility Management (NCMM)
- National Rural Transit Assistance Program (National RTAP)
- Shared-Use Mobility Center (SUMC)

Call toll-free: 866.983.3222

Email: contact@nadtc.org

Web: http://www.nadtc.org

Find us on Facebook, Twitter, YouTube & LinkedIn

Background

* 2015 - NCPTA produced a document in response to the NC General Assembly's requirement for DHHS to issue an RFP for Broker-model services for NEMT.

* 2016 – NC General Assembly enacted Session Law 2015-245, directing the transition of Medicaid from a fee-for-service structure to a managed care structure.

* 2018 – NCDHHS issued RFP for Pre-paid Health Plans (PHPs) to manage NC's medicaid services, including NEMT.

Getting to the Table

* February 2019 – Five (5) PHPs were selected by DHHS. Three (3) transportation brokers were included as sub-contractors for the PHPs, to manage NEMT services.

* Following the PHP selection by DHHS, NCPTA contacted DHHS to create an ongoing partnership.

* April 2019 – NCPTA convenes all stakeholders (DHHS, PHPs, Brokers, NCDOT, and Transit Systems) during a general session of the annual conference.

At the Table

* May 2019 – NCPTA begins building on newly created partnerships
* Two-fold approach – 1)NCPTA Executive Director began reaching out to create a relationship with CEOs of the PHPs 2) NCPTA sub-committee (system members) began discussing the NC Coordinated model with Brokers
* May 2019 – February 2021 – Contract process/NC Coordinated model approach – NCPTA worked toward a contract that would generally be in the best interest of NC Transit systems and would preserve the coordinated model.

Transit At the Table

* May 2019 – February 2021 – NCPTA convened quarterly stakeholder roundtable meetings.
* Meetings were held in person across the state until March 2020 when the Pandemic began and have been virtual since.

The Broker Experience

* Weekly meetings between NCPTA and Brokers were held.
* Over one hundred (100!) conversations with the two remaining Brokers, working toward a public transportation-specific contract.
* Through conversations with DHHS and PHP leadership, NCPTA successfully explained the value of the NC coordinated model and the need for the Brokers to create a public transportation-specific agreement for its Members.

The Broker Experience

* February 2021 – Following a delay of initial launch due to budget impass in NC General Assembly and the beginning of the Covid-19 Pandemic, NCPTA members **<u>FINALLY</u>** began signing contracts with Brokers in preparation for the July 2021 transformation launch.

Crunch Time
(Months leading up to launch)

* February 2021 – Ongoing – Due to operational and structural differences, NCPTA members negotiated their own contracts with the Brokers using the basic "template" negotiated by NCPTA and accepted by NCDHHS & PHPs.

* February 2021 – June 2021 NCPTA staff and sub-committee began focusing on the launch date of July 1, 2021 and how transit systems and Medicaid beneficiaries would be affected.

* NCPTA expressed concerns with PHPs and DHHS that Brokers would not be fully prepared to launch on July 1, 2021.

Broker Model Begins

* July 1, 2021 – A number of NC public transit systems did not have access to or appropriate training in the Broker portals
* Medicaid beneficiaries with critical appointments got left for long periods of time by private providers
* Brokers assigned trips to transit systems hundreds of miles out of their service area

Broker Model Begins

* Brokers assigned trips to private providers hundreds of miles out of their service area
* Public transit systems lose large percentages of Medicaid trips for July compared to previous years (including 2020 that was during the Pandemic!)
* Network adequacy not there!

So, Now What?

* Before the end of July, PHPs asked NCPTA for assistance in creating a more robust NEMT model for NC.
* Four of the five PHPs directed their Broker to immediately institute first choice provider status for NC public transit systems to ensure continuity of care and to increase trip volume to transit systems.
* PHPs committed to NCPTA to fix communication and call center issues.

Going Forward

* Upon recommendation by NCPTA, all PHPs agreed to the creation of a PHP-led work group that partners with NCPTA to develop a new NEMT model that includes NC's coordinated model and highlights the value of multiple partners in NEMT to ensure high quality, dependable service to Medicaid beneficiaries.

* PHP CEOs committed to monthly meetings with NCPTA leadership to ensure ongoing progress and network adequacy.

* NCDHHS and NCPTA continue monthly meetings to share information on how the Broker/ NC model is progressing since launch.

Contact Information

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Mobility Ohio

Ohio State Agencies
Update to Directors

Mobility Ohio

» A collaboration to coordinate community and human service transportation (HST) among funding agencies

» The goal is to improve safety, availability and quality of transportation for older adults, people with disabilities, those with lower incomes and others with transportation needs

Mobility Ohio

The Current Maze of Human Service Transportation

Statewide Stats

3,600+ Entities **provide HST in Ohio**

88 Counties **administer HST funds locally**

14 Ohio state agencies **receive and administer federal HST $**

12+ Federal agencies **provide HST $ to Ohio via 130+ federal programs**

Mobility Ohio

The Proposed Mobility Ohio Pilot

» A Regional Transportation Resource Center (RTRC), a one-stop hub where clients and customers can conveniently schedule trips by phone or online for multiple trip purposes

Mobility **Ohio**

Public Brokerage intentional with Public Transit

- Importance to leverage the existing public funded network.

- No need to recreate a network

-

Mobility **Ohio**

RTRC's Roles and Responsibilities

» Contract with for-profit, non-profit and public transportation providers

» Ensure compliance with safety and quality standards

» Serve as the region's hub for mobility management services

Mobility Ohio

RTRC Trip Scheduling Process

(1) Receive a trip request from a HST agency or directly from a client or customer online or by phone

(2) Reconfirm eligibility; refer ineligible individuals to mobility managers (for referral to public transit or other options)

(3) Schedule the trip(s)
- Using dedicated assets (drivers and vehicles) or a trip brokering system for non-dedicated assets
- Braiding funds when appropriate
- Sharing trips between multiple clients or customers when feasible

(4) Monitor/report on-time performance and client's or customer's duration onboard

(5) Administer automatic, follow-up client/customer satisfaction surveys to use as a pilot performance measure and report results on a regular basis

Mobility Ohio

HST State/Local Funding Agency Roles and Responsibilities

» Direct federal and state funding to county governments

» Contract with RTRC for HST

» Determine customer eligibility

» Refer customers to the RTRC to schedule their trips

» Pay one monthly invoice from the RTRC, for all services provided

» Receive/review trip data reports per funding source (from the RTRC)

Mobility Ohio

Key Parts to the Pilot success

1 Standardize to a single set of Safety and Quality Standards for Drivers and Vehicles

2 Develop a rate-setting tool that standardize how providers develop their cost

3 Establish a driver, vehicle and provider oversight database that allows for ease of administration

4 Develop centralized scheduling and brokerage combined software

5 Allow for sharing rides through cost allcoations

Desired Outcomes
Clients/ Customers

» Safe, easy access

» More freedom

» Convenient, one-stop hub for all community and human services transportation rides

» Improved quality assurance

Mobility Ohio

Transportation and social determinates of health

» Access to Healthy Foods

» Access to Jobs

» Access to Friend and Family

» BMV – Government Services

» Library

» Etc.

Mobility **O**hio

Desired Outcomes
State/Local Agencies

» Easy-to-understand program

» Mitigate risk through more transparent, auditable process

» Reduced oversight

» Consistent safety and quality standards

» Shared trip costs among multiple funding sources

Mobility Ohio

Desired Outcomes
For-Profit, Non-Profit & Public Transportation Providers

» Single contract trip network

» Optimized trip assignments

» Streamlined interactions

» Trip effectiveness

» Reduced wait times and shared trips

» One set of standards

» Reduced administrative burden

Mobility Ohio

Mobility Ohio Committee

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Ohio Department of
Developmental Disabilities

Ashley Davis
Ohio Department of Aging

Chuck Dyer
Ohio Department of Transportation

Rafiat Eshett
Ohio Department of Medicaid

Dyane Gogan-Turner
Ohio Department of Health

Stephanie Andrian
Opportunities for Ohioans with Disabilities

Kara Wente
Ohio Department of Jobs
and Family Services

Mobility Ohio

Take-Aways

- Communicate early and often
  - Providers and stakeholders
  - Consumers

- Partnerships Matter

- Messaging is important

- Coordination increases efficiency and cost effectiveness

- Leverage existing public infrastructure

- Build in effective and independent oversight and complaint resolution

- Don't underestimate the value of relationships

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Thank you!