

Annual Report on FAST Act Section 3006(b) Pilot Program for Innovative Coordinated Access and Mobility Fiscal Year 2022



PREPARED BY

Federal Transit Administration
Office of Program Management
Rural and Targeted Programs Division



U.S. Department of Transportation
Federal Transit Administration

DECEMBER

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COVER PHOTO

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FTA Report No. 0238

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Federal Transit Administration
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Metric Conversion Table

SYMBOL	WHEN YOU KNOW	MULTIPLY BY	TO FIND	SYMBOL
LENGTH				
in	inches	25.4	millimeters	mm
ft	feet	0.305	meters	m
yd	yards	0.914	meters	m
mi	miles	1.61	kilometers	km
VOLUME				
fl oz	fluid ounces	29.57	milliliters	mL
gal	gallons	3.785	liters	L
ft³	cubic feet	0.028	cubic meters	m ³
yd³	cubic yards	0.765	cubic meters	m ³
NOTE: volumes greater than 1000 L shall be shown in m ³				
MASS				
oz	ounces	28.35	grams	g
lb	pounds	0.454	kilograms	kg
T	short tons (2000 lb)	0.907	megagrams (or "metric ton")	Mg (or "t")
TEMPERATURE (exact degrees)				
°F	Fahrenheit	5 (F-32)/9 or (F-32)/1.8	Celsius	°C

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14. ABSTRACT This report provides an update on projects selected pursuant to four FTA Notices of Funding Opportunity (NOFOs) (81 FR 17549, 83 FR 46534, 84 FR 58819, and 86 FR 55907) for Section 3006(b) of the Fixing America's Surface Transportation Act (FAST), Public Law 114-94, Pilot Program for Innovative Coordinated Access and Mobility (ICAM Pilot Program). The primary purpose of these projects is to find and test promising, replicable public transportation health care access solutions that support the goals of (1) increase access to care; (2) improve health outcomes; and (3) reduce health care costs. The ICAM Pilot Program, Mobility for All Pilot Program, Access and Mobility Partnership Grants, and Rides to Wellness Demonstration Program are initiatives that build partnerships, stimulate investment, and drive change across the health and transportation sectors to ensure that transportation disadvantaged Americans can access non-emergency medical transportation to the health care services they need.					
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Executive Summary

Section 3006(b) of the Fixing America's Surface Transportation (FAST) Act, Pub. L. 114-94, created the Pilot Program for Innovative Coordinated Access and Mobility (ICAM Pilot Program). ICAM Pilot Program funds must be used for capital projects to improve the coordination of nonemergency medical transportation (NEMT) for persons who are transportation disadvantaged.

Section 3006(b) further requires that:

The Secretary shall make publicly available an annual report on the pilot program carried out under this subsection for each fiscal year, not later than December 31 of the calendar year in which that fiscal year ends.

The ICAM Pilot Program was authorized for \$2 million in Fiscal Year (FY) 2016, \$3 million in FY 2017, \$3.25 million in FY 2018 and \$3.5 million in FY 2019, FY 2020, and FY 2021. The Infrastructure Investment and Jobs Act (Pub. L. 117-58, Nov. 15, 2021), also known as the Bipartisan Infrastructure Law (BIL), authorized additional funding for the ICAM Pilot Program. The BIL authorized an additional \$4.6 million in FY 2022, \$4.7 million in FY 2023, \$4.82 million in FY 2024, \$4.92 million in FY 2025, and \$5 million in FY 2026.

To date, FTA has awarded projects under four separate funding opportunities for the ICAM Pilot Program.

In FY 2016, FTA issued a Notice of Funding Opportunity (NOFO) (81 FR 17549) for the ICAM Pilot Program called the Rides to Wellness Demonstration Program. From the FY 2016 NOFO, 11 capital-only projects were funded with \$4,346,285 in FY 2016 and FY 2017 ICAM Pilot Program funding. A summary of these 11 projects is included in this report.

In FY 2018, FTA issued a NOFO (83 FR 46534) for Access and Mobility Partnership Grants for transit coordination projects that improve access to healthcare. From the FY 2018 NOFO, 23 capital-only projects were funded with \$7,394,124 in FY 2016, FY 2017, FY 2018, and FY 2019 ICAM Pilot Program funding. A summary of these 23 projects is included in this report.

In FY 2020, FTA issued a third NOFO (84 FR 58819) for the ICAM Pilot Program called the Mobility for All Pilot Program. From the FY 2020 NOFO, 17 capital-only projects were funded with \$3,502,820 in FY 2019 and FY 2020 ICAM Pilot Program funding. A summary of these 17 projects is included in this report.

In FY 2021, FTA issued a fourth NOFO (86 FR 55907) for the ICAM Pilot Program. Applications were due by December 6, 2021, and selections were announced on June 16, 2022. Seventeen capital-only projects were funded with \$8,404,279 in FY 2021 and FY 2022 funding. A summary of these 17 projects is included in this report.

Section 1

Legislative Background

Section 3006(b) of the FAST Act created a new Pilot Program for Innovative Coordinated Access and Mobility (ICAM Pilot Program). ICAM Pilot Program funds must be used for capital projects to improve the coordination of nonemergency medical transportation (NEMT) for persons who are transportation disadvantaged. Funding, intended for organizations that focus on coordinated transportation solutions, was authorized for \$18.75 million between FY 2016 through FY 2021. The BIL authorized \$24,102,620 in funding from FY 2022 through FY 2026 for the ICAM Pilot Program. The BIL authorized \$4.6 million in FY 2022, \$4.7 million in FY 2023, \$4.82 million in FY 2024, \$4.92 million in FY 2025, and \$5.05 million in FY 2026. A summary of the ICAM funding for FY 2022 – FY 2026 is shown in Table 1.

Table 1 ICAM Funding, FY 2022–2026

	FY 2022 (mil \$)	FY 2023 (mil \$)	FY 2024 (mil \$)	FY 2025 (mil \$)	FY 2026 (mil \$)
Competitive ICAM Pilot Program	4.61	4.70	4.82	4.92	5.05

Additionally, Section 3006(b) requires that:

The Secretary shall make publicly available an annual report on the pilot program carried out under this subsection for each fiscal year, not later than December 31 of the calendar year in which that fiscal year ends. The report shall include a detailed description of the activities carried out under the pilot program and an evaluation of the program, including an evaluation of the performance measures described in paragraph (3)(D).

In accordance with Section 3006(b)(3)(D), each applicant must identify specific performance measures the eligible project will use to quantify actual outcomes against expected outcomes.

Section 2

FY 2016 Selected Projects

In FY 2016, FTA issued a NOFO (81 FR 17549) for the ICAM Pilot Program called the Rides to Wellness Demonstration Program. As a result of this NOFO, 11 capital-only projects were funded with \$4,346,285 in FY 2016 and FY 2017 FAST Act Section 3006(b) ICAM Pilot Program funding. A summary of these 11 projects is included in this report.

An additional eight projects were funded through FTA's Public Transportation Innovation program (49 U.S.C. 5312) in the amount of \$2,865,233. An annual report, FTA Annual Report on Public Transportation Innovation Research Projects for FY 2021, describes these projects in the Rides to Wellness Initiative section on page 27: <https://www.transit.dot.gov/research-innovation/fta-annual-report-public-transportation-innovation-research-projects-fiscal-0>. The Rides to Wellness Demonstration Grants Program Evaluation detailing the project outcomes, lessons learned, findings, and recommendations can be found at <https://www.transit.dot.gov/research-innovation/rides-wellness-demonstration-grants-program-evaluation-report-0190>.

Of the 11 ICAM projects awarded grants based on the 2016 NOFO, eight are completed and the remainder are in the final stages of completion. Appendix 1 contains a summary of reported data and outcomes from these projects.

Table 2 *FY 2016 Rides to Wellness Demonstration Projects (ICAM-funded)*

Recipient	Recipient Location	Federal Award
Jacksonville Transportation Authority	Jacksonville, FL	\$399,200
Rides Mass Transit District	Harrisburg, IL	\$518,844
Montachusett Regional Transit Authority	Fitchburg, MA	\$200,000
Maryland Transit Administration	Baltimore, MD	\$103,334
Michigan Department of Transportation	Lansing, MI	\$1,006,387
Flint Mass Transportation Authority	Flint, MI	\$310,040
Research Triangle Regional Public Transportation Authority	Durham, NC	\$65,600
New Hampshire Department of Transportation	Concord, NH	\$182,880
Pennsylvania Department of Transportation	Harrisburg, PA	\$1,190,000
Knoxville Area Transit	Knoxville, TN	\$200,000
Vermont Agency of Transportation	Montpelier, VT	\$170,000

Section 3

FY 2018 Selected Projects

On September 13, 2018, FTA issued a NOFO for Access and Mobility Partnership Grants for transit coordination projects that improve access to healthcare. The two competitive grant programs included in the NOFO (83 FR 46534) were designed to improve options for people with limited transportation choices, and bridge the gap between service providers in the transportation and health sectors. Two funding sources supported the NOFO: The ICAM Pilot Program, which funds eligible capital projects, and the Public Transportation Innovation program (49 U.S.C. 5312), which funds projects that may include operating expenses.

FTA's Access and Mobility Partnership Grants focus on transportation and technology solutions to reach medical appointments, access healthy food, and improve paratransit services. The program emphasizes better coordination between health care providers and transit agencies, as well as technology improvements such as mobility-on-demand, shared transportation services, and smart phone apps for booking services.

On May 22, 2019, FTA announced project selections totaling approximately \$9.6 million to 37 projects led by transit agencies, governmental authorities, and nonprofit organizations to support innovative transportation solutions to expand access to health care.

Of these 37 projects, FTA selected 23 projects for funding under the ICAM Pilot Program, totaling \$7,394,124. The ICAM Pilot Program finances innovative capital projects for the transportation disadvantaged, with the goal to improve the coordination of transportation and Non-Emergency Medical Transportation (NEMT) services.

The projects are 18 months long and commence once funds are obligated via a grant agreement. To date, all of the ICAM projects have been obligated. Each grant recipient must report progress on key performance measures and submit a detailed final report of its results to FTA within 90 days of project completion. Performance measures and outcomes of the selected projects will be reported in future FAST Act Section 3006(b) Reports.

FTA also awarded \$2,207,857 for 14 Human Services Coordination Research (HSCR) projects funded through FTA's Public Transportation Innovation program (49 U.S.C. 5312). Research activities awarded under this competitive program support the implementation of innovative strategies in the coordination of human services transportation to provide more effective and efficient public transportation services to seniors, individuals with disabilities, and low-income individuals. An annual report, FTA Annual Report on Public Transportation Innovation Research Projects for FY 2021 describes these projects in the

Human Service Coordination Research Deployment Program section on page 28: <https://www.transit.dot.gov/research-innovation/fta-annual-report-public-transportation-innovation-research-projects-fiscal-0>.

Appendix 2 contains a summary performance measures and targets for the 23 ICAM Pilot Program projects. Each recipient was required to describe potential measures and outcomes in their original competitive proposal. Upon project selection, each recipient worked with the National Aging and Disability Transportation Center (NADTC), a technical assistance center that operates under a cooperative agreement with FTA, to refine and finalize their project evaluation strategies.

Table 3 *FY 2018 Access and Mobility Partnership Projects (ICAM Pilot Program Projects)*

Recipient	Recipient Location	Federal Award
Aaron E. Henry Community Health Services Center, Inc.	Clarksdale, MS	\$360,540
Boat People S.O.S., Inc.	Falls Church, VA	\$101,928
Capacity Builders, Inc.	Farmington, NM	\$130,000
Capitol Hill Village	Washington, DC	\$290,500
Central Midlands Regional Transit Authority	Columbia, SC	\$249,912
Council on Aging of Southwestern Ohio	Cincinnati, OH	\$470,000
Disability Services Inc., dba Envida	Colorado Springs, CO	\$249,526
Flint Mass Transportation Authority	Flint, MI	\$734,752
Geisinger Clinic	Danville, PA	\$499,484
Indiana University Health, Inc.	Indianapolis, IN	\$208,352
Missouri Rural Health Association	Jefferson City, MO	\$592,328
North Central Texas Council of Governments	Arlington, TX	\$511,106
People For People	Yakima, WA	\$206,846
Pinellas Suncoast Transit Authority	St. Petersburg, FL	\$100,000
Pioneer Valley Transit Authority	Springfield, MA	\$333,000
Ride Connection, Inc.	Portland, OR	\$96,921
San Diego Metropolitan Transit System	San Diego, CA	\$536,000
Southern Highlands Community Mental Health Center, Inc.	Princeton, WV	\$194,944
SouthWest Transit	Eden Prairie, MN	\$290,500
Southwestern WI Community Action Program, Inc.	Dodgeville, WI	\$205,360
The C. W. Williams Community Health Center, Inc.	Charlotte, NC	\$112,000
Utah Transit Authority	Salt Lake City, UT	\$700,125
West River Transit Authority, Inc.	Spearfish, SD	\$220,000
		Total: \$7,394,124

Section 4

FY 2020 Selected Projects

On November 1, 2019, FTA issued a NOFO for the Mobility for All Pilot program. FTA announced the FY 2020 Mobility for All Pilot Program project selections on June 3, 2020. Through improved coordination of transportation services and enhanced collaboration, these projects will provide more efficient service to people in rural and small urban areas and individuals affected by healthcare challenges, such as the opioid epidemic. Selected projects support coordination among programs funded by the Coordinating Council on Access and Mobility (CCAM), an interagency partnership which includes representatives from USDOT and 10 other Federal agencies to coordinate efforts and improve the quality, efficiency, and availability of transportation services for targeted populations. The list of funded projects is shown in Table 4. The recipient of one of the 17 selected projects decided not to pursue funding due to impacts caused by the coronavirus disease 2019 (COVID-19) pandemic. The remaining projects have all been obligated. Appendix 3 contains a summary of proposed performance measures and targets from these projects. Each recipient was required to describe potential performance measures and expected outcomes in their original competitive project proposal. Upon project selection, each recipient worked with the NADTC to refine and finalize their project evaluation strategies.

Table 4 FY 2020 Mobility for All Pilot Program Projects

Recipient	Recipient Location	Federal Award
Access Services	El Monte, CA	\$330,000
Metropolitan Washington Council of Governments	Washington, DC	\$151,200
Georgia Department of Transportation	Atlanta, GA	\$120,000
Iowa Department of Transportation	Ames, IA	\$70,720
Regional Transit Authority	New Orleans, LA	\$300,000
MetroWest Regional Transit Authority	Framingham, MA	\$300,000
Maryland Transit Administration on Behalf of Bayside Community Network, Inc.	Baltimore, MD	\$40,000
Maine Department of Transportation	Augusta, ME	\$187,855
Flint Mass Transportation Authority	Flint, MI	\$545,696
Missouri Rural Health Association	Concordia, MO	\$391,709
N.C. Department of Transportation	Raleigh, NC	\$280,000
Regional Transportation Commission of Southern Nevada	Las Vegas, NV	\$128,624
Lane Transit District	Eugene, OR	\$76,000
Oregon Department of Transportation	Salem, OR	\$40,000
Greenville Pickens Area Transportation Study	Greenville, SC	\$326,000
Virginia Department of Rail and Public Transportation	Richmond, VA	\$79,016
Stillaguamish Tribe of Indians of Washington [†]	Arlington, WA	\$136,000
		Total: \$3,502,820

[†] This recipient withdrew from the pilot program.

Section 5

FY 2021 ICAM Grants

On October 1, 2021, FTA issued a NOFO for the FY 2021 Innovative Coordinated Access and Mobility pilot program. FTA announced the FY 2021 project selections on July 16, 2022. FTA funded 17 projects in 16 states. This funding supports innovative capital projects on a regional and statewide level to improve access to non-emergency medical transportation and comprehensive community access for the transportation disadvantaged. Selected projects support coordination among programs funded by the agencies of the Coordinating Council on Access and Mobility (CCAM), an interagency partnership which includes representatives from USDOT and 10 other Federal agencies to coordinate efforts and improve the quality, efficiency, and availability of transportation services for targeted populations. The list of funded projects is shown in Table 5. Appendix 4 contains a summary of these projects.

Table 5 *FY 2021 Innovative Coordinated Access and Mobility Pilot Program Projects*

Recipient	Recipient Location	Federal Award
Full Access and Coordinated Transportation Inc. (FACT)	Sacramento, CA	\$240,000
Disability Services, Inc, dba, Envida	Colorado Springs, CO	\$260,000
Southwest Colorado Council of Governments	Durango, CO	\$350,000
Metropolitan Washington Council of Governments	Washington, DC	\$100,000
G1ve Atlanta	Marietta, GA	\$500,000
City of Salem	Salem, MA	\$367,225
Michigan Department of Transportation	Lansing, MI	\$711,594
Missouri Rural Health Association	Jefferson City, MO	\$725,387
City of Winston-Salem/ Winston Salem Transit Authority	Winston-Salem, NC	\$320,000
Lifespan of Greater Rochester Inc.	Rochester, NY	\$240,000
Ohio Department of Transportation	Columbus, OH	\$2,813,123
Central Oklahoma Transportation and Parking Authority (COPTA) dba Embark	Oklahoma City, OK	\$325,000
Pennsylvania Department of Transportation	Harrisburg, PA	\$750,000
Rhode Island Public Transit Authority (RIPTA)	Providence, RI	\$96,000
Panhandle Regional Planning Commission	Amarillo, TX	\$160,200
Summit County	Coalville, UT	\$345,250
Virginia Department of Rail and Public Transportation (DRPT)	Richmond, VA	\$100,500
		Total: \$8,404,279

Section 6

Program Evaluation

The ICAM Pilot Program participants are required to evaluate the progress of their pilot projects through performance measures and prepare a final report that summarizes the outcomes of their pilot projects. FTA required applicants to design their projects under an 18-month pilot period for the FY 2016 through FY 2020 programs, and a 24-month pilot period for the FY 2021 program.

Over the first five years of program authorization and four separate funding rounds, FTA refined its management of the ICAM Pilot Program. Beginning with the 2018/2019 Access and Mobility Partnership Grants cohort and continuing with the 2020 Mobility for All Pilot Program and the 2021 Innovative Coordinated Access and Mobility cohorts, FTA has worked with NADTC to provide technical assistance to pilot program recipients. NADTC structures its technical assistance through Learning Collaboratives, a periodic webinar and discussion series for recipients, which presents information ranging from performance measure and data collection strategies to community partnership-building. Through the Learning Collaborative, recipients can share their experiences with one another and have regular opportunities to request technical assistance and advice.

FTA has revised direct recipient eligibility over the course of the first four program cohorts. Many prospective program participants are local non-profit transportation providers or local transit authorities that may typically only receive FTA funding as subrecipients of direct or designated recipients of one of FTA's formula funding programs. Organizations that typically are subrecipients of the Urbanized Area Formula Program (49 U.S.C. 5307), the Enhanced Mobility for Seniors and Individuals with Disabilities Formula Program (49 U.S.C. 5310), or the Rural Area Formula Program (49 U.S.C. 5311) may not be aware of the legal capacity necessary to sign documents required of all FTA direct recipients, such as the Master Agreement or Certifications and Assurances. Furthermore, they may not be familiar with developing grant applications in FTA's Transit Award Management System (TrAMS) or FTA's grant reimbursement procedures and policies. Limiting direct program participation to entities that are existing FTA recipients reduces the administrative burden for both recipients and FTA regional offices. It also reduces the risk to new FTA recipients of inadvertently violating FTA policies or program requirements due to lack of awareness or understanding. The 2020 Mobility for All Pilot Program required entities that were not previously direct FTA recipients to apply in partnership with an FTA direct recipient. The FTA direct recipients agree to manage the funding agreement and award on behalf of the smaller entity. Three of the seventeen project selections in 2020 were funded under these arrangements. The 2021 Innovative Coordinated Access and Mobility Pilot Program required all applicants to be the leading agency of a regional or statewide consortium and allowed organizations eligible to apply to FTA's Section 5310 Program as

subrecipients to apply directly to the FY 2021 Innovative Coordinated Access and Mobility Pilot Program.

Eight of the FY 2016 Rides to Wellness Demonstration Program recipients have completed their pilots. The outcomes of these pilots and can be found in Appendix 1. Some have grown into self-sustaining transportation programs, such as the Flint Mass Transportation Authority's 2016 Rides to Health and Wellness project in Flint, Michigan. Others, in the course of their pilots, identified ways to adapt their programs to better suit their agencies' and communities' needs. As a result, some recipients may no longer operate the platform, service or program that was initially funded under the Rides to Wellness Demonstration Program. However, several have stated that the pilot-initiated coordination and partnership with other entities in their areas that did not previously exist.

In March 2020, the COVID-19 pandemic began to significantly disrupt the public transportation industry. ICAM Pilot Program participants already operating their pilots faced unexpected barriers to continuing transportation service safely. Some participants suspended or reduced service. Several noted significant ridership declines. In August 2020, some projects began providing rides again, either with vehicles outfitted with protective barriers for drivers and passengers or in new coordination with local meal delivery services. Other Pilot Program participants in earlier stages of their projects faced delays to their implementation or start-up dates. Some recipients were able to adapt; pilots that required meetings among numerous project partners and significant community engagement before service start-up began holding virtual community meetings.

With the increase in transit ridership in 2021, the majority of ICAM grant recipients began implementing their projects again. As of 2022, many of the grant recipients are still experiencing delays due to low ridership and nationwide new vehicle shortage. FTA staff worked with each individual ICAM Pilot Project recipient to find implementation solutions during the on-set of the pandemic. This included granting project extensions and revisions to budgets and performance measures; as well as providing individualized technical assistance. The NADTC is working with each individual project to find innovative ways to sustain their projects after the grant period ends.

Applications submitted for each round of the ICAM Pilot Program funding exceeded funds available, indicating high demand for funding. The FY 2016 Rides to Wellness NOFO made \$7.2 million available for allocation (including Human Services Research Coordination funds available under Section 5312); FTA received 78 applications requesting \$27 million. The FY 2018 Access and Mobility Partnership Grants NOFO made \$9.6 million available for allocation (including Human Services Research Coordination funds available under Section 5312); FTA received 126 applications requesting \$37 million. The FY 2020

Mobility for All Pilot Program NOFO made \$3.5 million available for allocation; FTA received 52 applications requesting \$15 million. The FY 2021 Innovative Coordinated Access and Mobility Pilot Program NOFO announced \$3.5 available for allocation; FTA received 26 eligible applications requesting \$11.8 million. FTA awarded \$8.4 million (including the FY 2022 allocation and prior year funding) to 17 projects. Many urban, rural, and tribal communities continue to seek financial and technical assistance from FTA to implement coordinated, integrated transportation services.

Appendix 1

FY 2016 Rides to Wellness Demonstration Program: Summary of Reported Data and Outcomes

All projects in this table are complete, except those indicated by a footnote, which are still underway.

Recipient	Project Description	Project Outcome
Jacksonville Transportation (Jacksonville, FL)¹	The Jacksonville Transportation Authority (JTA) received funding to develop a software interface connecting medical scheduling programs and transit schedules to estimate transit travel times and costs for health care receptionists and patients as they choose appointments. The project aims to improve health outcomes by connecting patient appointments with transit availability.	In order to address the COVID-19 pandemic and recovery process, JTA made a determination to refocus the project on providing itineraries for those with COVID-19 symptoms that would help such passengers maintain social distancing. The redesigned software is also equipped with several tools to facilitate analysis of no-show rates and has several reports that can be downloaded.
Rides Mass Transit District (Harrisburg, IL)	The Rides Mass Transit District (RMTD) received funding to establish a One-Call/One-Click Center, expand mobility management services for patients at risk of re-hospitalization, and initiate transportation coordination for patients seeking drug-abuse and mental health services in an area with a disproportionately low number of health care providers.	The accessibility improvements offered by adding mobility managers to RMTD call centers was significant enough to warrant adopting the model as part of ongoing operations after the initial project was completed. There was a 36% increase in the number of trips.
Montachusett Regional Transit Authority (Fitchburg, MA)	The Montachusett Regional Transit Authority (MART) received funding to implement technology to analyze routing/dispatching among several providers to integrate management of rides to health care in western Massachusetts and boost underused fixed route and paratransit services. Software will allow paratransit and Council on Aging systems to bid on demand-response, long-term, and shared-ride contracts so people seeking fixed-route, paratransit, and senior ride services can request additional rides or mix rides to maximize efficiencies. It will also determine if a provider has capacity to deliver service.	Overall, the pilot program for MART was unsustainable. Despite outreach, MART was unable to get the partnerships needed to make the pilot successful. Most of the hospitals/medical centers were located along MART's fixed bus routes, and the majority of unmet needs were outside of normal service hours. After the program ended MART launched a Microtransit Project in the City of Fitchburg in FY 2020 that used the concept of building micro-routes around Medicaid rides using a better scheduling engine. This had a little more success and MART was able to fit some of those non-Medicaid, non-senior rides. However, this was still within normal service hours.
Maryland Transit Administration (Baltimore, MD)	The Maryland Transit Administration received funding to increase capacity of the mobility management program (MMP) that addresses barriers for low-income individuals in Allegany County in western Maryland who lack reliable access to transportation. The project coordinates and provides transportation to and from non-emergency medical appointments at no cost to the individuals and includes transportation coordination software.	This program has helped fill the gap for people who could not afford to pay for transportation or those who had dialysis and medical appointments scheduled at times before local bus companies began running. The MMP program has increased partnership with local UMPC-WM Hospital to get clients to their routine doctors' visit, treatments and surgeries to prevent Emergency Department visits. Program coordinators estimate a 46% decrease in readmission rate for users of MMP who have demonstrated improved health outcomes.

¹ This project is underway.

Recipient	Project Description	Project Outcome
<p>Michigan Department of Transportation (Lansing, MI)</p>	<p>The Michigan Department of Transportation received funding to expand a brokerage-based program previously available only in certain parts of the State to a statewide model. The program manages and delivers non-emergency medical transportation for older adults, people with low incomes, and people with disabilities, ensuring they have access to non-emergency health care.</p>	<p>The project sponsor found that it was important to build an infrastructure to find more providers and partners to have a comprehensive transportation program and to be sustainable. The project covered some of the cost of the rides with partners, who will in the future pick up that cost to help sustain the service, so people from Michigan have ongoing access to where they need to go for their mental and physical wellness.</p>
<p>Flint Mass Transportation Authority (Flint, MI)</p>	<p>The Flint Mass Transportation Authority (MTA) received funding to develop a mobility-management program, including coordinated non-emergency medical transportation, trip planning, and training. The program provides rides to wellness appointments for behavioral health patients, dialysis patients, primary/urgent care for families, elderly, and elderly disabled patients in Flint and Genesee County, both impacted by Flint's municipal water crisis.</p>	<p>MTA reports that their project performed far better than anticipated. In September 2016, the first month the project was fully operational, it provided 169 trips. It was housed in a small office in the MTA's downtown transit center and had five drivers, three vehicles, and two committed partners, the local Department of Health and Human Services and the Valley Area Agency on Aging. In FY 2019, the third full year of the program, the program provided 111,339 trips with 140 drivers, 75 vehicles, and 14 partner agencies that assist in the funding of the program.</p>
<p>Research Triangle Regional Public Transportation Authority (Durham, NC)</p>	<p>The Research Triangle Regional Public Transportation Authority received funding to expand GoTriangle's Regional Call Center to improve coordinated transit planning and application assistance for paratransit riders who are low income, uninsured, or have mental health special needs.</p>	<p>Project staff trained clinicians in the variety of transportation options available in the area and their eligibility requirements, significantly increasing their comfort with lesser-known modes of transportation and increasing their comfort with booking rides for clients. GoTriangle hired, trained, and supervised a call center operator to be housed at its Regional Call Center. This operator was equipped to help callers determine the best mode of transportation for their individual needs and to connect them directly by phone to those services that required an application process.</p>
<p>New Hampshire Department of Transportation (Concord, NH)</p>	<p>The New Hampshire Department of Transportation received funding for technology that bridged the gap between Medicaid-funded transportation brokers and New Hampshire DOT's coordination software vendor system. This innovation is being tested at three pilot sites with the goal of increasing access to transportation for health care appointments for Medicaid recipients, older adults, and people with disabilities.</p>	<p>Of the three pilot sites for the program, only the Cooperative Alliance for Regional Transportation (CART) completed the project. CART accepted 9,420 trips, performed 8,692 trips, and declined 2,154 trips. 22.72% of the trips were shared. The other pilot sites reported difficulty with the software or rates provided and dropped out.</p>

Recipient	Project Description	Project Outcome
<p>Pennsylvania Department of Transportation (Harrisburg, PA)²</p>	<p>The Pennsylvania Department of Transportation received funding for a One-Call/One-Click Center and real-time transportation service serving a three- county area in central Pennsylvania. The project can be broken into three parts: an online eligibility application for human service programs, enhancements to the FindMyRidePA trip planning service, and a collection of educational content intended to inform people how to use human service transportation.</p>	<p>This project is still in the process of being implemented due to a change in implementation plans. After the pilot program ends, PennDOT plans to continue to make improvements to the applications and content developed during the pilot program.</p>
<p>Knoxville Area Transit (Knoxville, TN)</p>	<p>Knoxville Area Transit (KAT) received funding to expand the 2-1-1 call center as a single point of entry for older adults and people with disabilities to access transit to health care facilities in the region. The project will improve local coordination and access in the community and train public information staff, health care providers, and residents on how to use KAT buses</p>	<p>The 2-1-1 call center saw a 54% increase in transit inquiries over the same 9-month period in the previous year (June-Feb). KAT ridership at clinic stops increased after implementation. Western Ave had 548 riders (+11%), Fifth Ave had 584 riders (+12%), Dameron Ave had 33 riders (+0.6%), Martin Luther King Jr. Ave* had 472 riders (+10%). *Facility was undergoing renovations during majority of the program's duration.</p>
<p>Vermont Agency of Transportation (Montpelier, VT)³</p>	<p>The Vermont Agency of Transportation (VTrans) received \$170,000 to establish pilot projects for a program to ensure that patients of partner healthcare agencies are able to attend their medical and wellness appointments. The project included funds to develop the program with the assistance of a consultant and working with local partner committees, and funds to provide transportation—through taxis, volunteer drivers, gas cards, and transit agency vans and buses—when no other funding program was applicable or available.</p>	<p>This project is still in the process of being implemented. The project has provided 328 rides and/or gas cards to Northeast Kingdom Human Services, Mt. Ascutney Hospital and Health Center, Gifford Health Care, and Community Health Services of the Lamoille Valley. COVID-19 had a major impact on transportation demand and greatly reduced the need for assistance through the Rides to Wellness program.</p>

² This project is underway.

³ This project is underway.

Appendix 2

FY 2018 Access and Mobility Partnership Grants: Summary of Proposed Performance Measures and Targets

All projects in this table are still underway, except those indicated by a footnote, which have been completed.

Recipient	Project Description	Performance Measures	Targeted Outcomes
Aaron E. Henry Community Health Services Center, Inc. (Clarksdale, MS)	Aaron E. Henry Community Health Services Center, Inc. will receive funding to launch a Rides to Recovery (R2R) Program to address NEMT services by increasing focus on preventive care, mental health and substance abuse treatment in response to the Opioid epidemic.	Access to services using mobile technology; Customer satisfaction for Rides to Recovery service; Healthcare related trips; Emergency room rate of use for health center patients	Rides to Recovery will decrease the emergency room utilization rate by 20% for health center patients; Customer satisfaction surveys will indicate 85% approval for Rides to Recovery service.
Boat People S.O.S., Inc. (Falls Church, VA)	Boat People S.O.S., Inc. will receive funding for the Health Awareness and Promotion Program (HAPP). This transportation project will increase access to public transportation for 200 Vietnamese American older adults with limited English and individuals with disabilities residing in Northern Virginia by improving the coordination of transportation services and non-emergency medical transportation services and expanding public transportation options.	Number of referrals using e-referral system; Number of participants who gain access to preventive health services; Number of participants who utilize preventative services; Number of guidebooks distributed to the seniors and people with disabilities; Number of participants who are connected to wrap-around services; Number of trainings provided to participants; Number of participants who use the transportation services	80% of Vietnamese participants will report increased access to preventive health services; 90% of Vietnamese participants will report increased healthy behaviors; 85% of Vietnamese participants will report changed attitude toward their own health status; 90% of Vietnamese participants will self-report data on transportation costs related to care.
Capacity Builders, Inc. (Farmington, NM)	Capacity Builders, Inc. will receive funding for a project focusing on transportation services to non-emergency medical services for the aging and people with disabilities populations in Northwest New Mexico and Montezuma County, Colorado. The project will increase affordable access to care, improve health outcomes, and reduce healthcare costs in a predominantly rural region.	Number of unduplicated rides; Number of medical trips provided; Percent of rides that arrive to destination on time	1000 new unduplicated rides in San Juan County, 500 medical trips provided over the course of the grant. On-time rides (+/-15 minutes of scheduled): 70% of rides to arrive to the destination on time as scheduled, 80% of rides to arrive at the destination on time as scheduled.

Recipient	Project Description	Performance Measures	Targeted Outcomes
Capitol Hill Village (Washington, DC)	Capitol Hill Village will receive funding to improve health outcomes of low-income seniors and persons with disabilities by developing transportation skills through a travel training program designed to increase clients' transportation awareness, knowledge, and confidence. Peer Support Health Educators will work one-on-one with clients to assess transportation needs, enroll in appropriate transportation, and assist in planning medical visits.	Number of project partners; Number of peer health educators; Number of volunteers from community members; Engagement in Capitol Hill Village programs;	Low income seniors and persons with disabilities (clients) will increase their awareness, knowledge and skills around transportation and use that to improve health outcomes by increasing by 50% the ability to make and keep medical appointments and be connected to wellness activities.
Central Midlands Regional Transit Authority (Columbia, SC)	The Central Midland Regional Transit Authority will establish best practices in transportation for coordinated care in serving veterans, seniors, and single parents with Mobility-as-a-Service. They will create a first- and last-mile shuttle system to increase use of the fixed route transit services for accessing medical care as well as a door-to-door shuttle for those needing critical care.	Number of nurses, social workers, and Medical Support Personnel Trained to use the AARP Ride@50+ platform to book rides for patients; Number of unique passengers using the first/last mile service provided by the partnership to book rides; Number of taskforce meetings for Medical and Health Community Members held ; Number of non-profit/agency partners collaborating with The COMET/Feonix; Number of trips booked; Number of community public meetings held to educate members of the public	75% of Program Participants will use the pilot service provided by Feonix to access fixed route public transit; 33% of Program Participants will respond in survey results that they have an improved quality of life due to enhanced access to healthcare services; 30% of the hospitals in the Columbia region will have a staff member who has been trained on how The COMET fixed route, paratransit, and AARP Ride@50+ Program.
Council on Aging of Southwestern Ohio (Cincinnati, OH)⁴	The Council on Aging of Southwestern Ohio will receive funding to implement an On-Demand Transportation service and Coordination of NEMT for older adults in the Cincinnati Region titled home52 Transportation.	Number of rides; Number of rides that arrive on time; Customer satisfaction survey	95% of rides arrive to the destination on time as scheduled; 95% of clients rate the quality of home52 Transportation excellent or very good; 20% of rides are provided on-demand, a service previously unavailable to clients.

⁴ This project is complete.

Recipient	Project Description	Performance Measures	Targeted Outcomes
Disability Services Inc., dba Envida (Colorado Springs, CO)⁵	Disability Services, Inc. will receive funding to purchase vehicles and scheduling and routing software to increase access to healthcare. Additionally, a Mobility Manager will increase coordination and foster partnerships with the healthcare services in the community.	Number of monthly NEMT rides for behavioral health (BH) delivered by Envida; No-shows to BH appointments; Cancelled BH appts; The grant recipient will also conduct pre- and post BH quantitative and qualitative patient & provider surveys	Envida reduced emergency transport (healthcare) costs per ride due to more efficient and appropriate transport by 40 percent; Envida increased access to care for its behavioral health riders monthly by 20 percent; 50 percent of Envida riders said their behavioral health outcomes have improved
Flint Mass Transportation Authority (Flint, MI)	Flint Mass Transportation Authority will receive funding to increase access to a highly responsive, on-demand non-emergency medical transportation services for seniors and person with disabilities.	Number of rides provided for hospitals and related organizations; Number of rides provided to seniors; Number of trips booked through online scheduling; Number of senior living facilities utilizing Rides to Wellness for clients; Mobility Navigator hired for coordination with hospital	Rides to Wellness increased service to seniors by 218%, increased services to hospitals by 105%, increased rides booked via the portal by 227%. A Mobility Navigator was hired and the service is partnered with 13 dialysis centers.
Geisinger Clinic (Danville, PA)	Geisinger Clinic will receive funding to employ an innovative approach to increase access to healthcare by combining Mobility Management and Technology Solutions.	Expand to community planner; hire a second mobility manger; number of discharge trips; secure relationship with AI vendor; Customer satisfaction survey distributed to participants; Number of rides provided to unique patients	Goals: 15% increase in patient utilization of outpatient services (improved access to care); 15% reduction in Emergency Department (ED) visits by high ED utilizers; 15% reduction in admissions for patients with two or more admissions within 12 months; 15% reduction in medical appointment no-shows; 200 patients successfully transitioned to MATP, Lottery, or other transport funding sources
Indiana University Health, Inc. (Indianapolis, IN)	Indiana University Health Inc. will receive funding to purchase an innovative software platform that will reduce transportation barriers to healthcare for patients in numerous locations in Indiana through the deployment of patient transportation assistance coordination technology at Indiana University Health.	Indiana University Health, Inc will track: Trips booked through scheduling software; Number of Patients served (unique encounters); Number of Rides for hospital inpatient/emergency room discharges to home or extended care; Number of Trips to/from rural areas; Number of trips to/from high-risk zip codes; Number of non-emergency medical transportation rides (use of specialty vehicles)	Increase access to health care services through the use of coordination technology by 25%.

⁵ This project is complete.

Recipient	Project Description	Performance Measures	Targeted Outcomes
Missouri Rural Health Association (Jefferson City, MO)	Missouri Rural Health Association (MRHA) will receive funding to enhance Health Care Access in rural Missouri through the employment of Mobility Management strategies.	Number of ride referrals; Size of service area; Number of HealthTran memberships	MRHA will increase knowledge and/or access to care and mobility management services within 60% of the MO counties (68 of 114), with a focus on rural counties.
North Central Texas Council of Governments (Arlington, TX)	The North Central Texas Council of Governments will receive funding to implement My Ride North Texas 2.0, a regional mobility management program to improve the coordination of transportation and medical services. Leveraging healthcare and transportation-focused partnerships in the North Central Texas 16-county region, the project will support new and current mobility management efforts to identify and address specific populations that lack transportation to wellness resources.	Number of trips counseled; Number of individuals connected to a transit provider; Number of outreach events and presentations to promote services; Number of Regional Partner Meetings; Number of Mobility Management trainings and presentations; Number of new Regional Mobility Management members	Increase access to transit navigation services and referrals by 25 percent; Improve coordination of transit services and increase regional engagement by 75 percent.
People For People (Yakima, WA)	People for People will receive funding to improve coordination of patient access to healthcare using the software platform Goin. Goin provides real-time coordination for transportation and healthcare partners to monitor whether a client was picked up or not, vehicle capacity, expected time of arrival, weather, and travel conditions. Transportation and healthcare costs are reduced by filling vacant seats and accurately scheduling medical teams.	Number of rides; Number of no-shows/canceled trips to Seattle Children's hospital; Number of Patients called by Greater Columbia 2-1-1 to verify trips; Customer survey of service provide	80% of Participants will provide a satisfactory rating of the Goin application (through surveys);

Recipient	Project Description	Performance Measures	Targeted Outcomes
Pinellas Suncoast Transit Authority (St. Petersburg, FL)⁶	Pinellas Suncoast Transit Authority will receive funding to purchase software technology that integrates accessible vehicles into the existing on-demand dispatch platform. This project is a partnership with the Transit Authority and several health and human services agencies in the region.	Health outcomes of clients; Average trips per month; Survey of clients satisfaction with the transportation service; Average duration between trip request and pick-up for wheelchair/scooter users; Number and type of users who use the mobility on demand program	10% increase in monthly wheelchair use of the Mobility on Demand Program
Pioneer Valley Transit Authority (Springfield, MA)	Pioneer Valley Transit Authority will receive funding for a pilot program to purchase transportation services through brokerage system in partnership with RideCare of Pioneer Valley. This service will connect vulnerable patients to the best transportation option available, and thereby reduce waste in the Medicaid system.	Percentage of no-shows at Be Healthy ACO facilities; Understanding of transportation options among medical staff; Reported stress and discouragement from trying to navigate the transportation system among patients; Number of patients reached through Transportation Specialist services; Percentage of patients from Title VI populations (minority or low-income); Number of transportation trainings held; Number of Transportation Software Portal hits	Reduction in percentage of no-shows at Be Healthy ACO facilities; increase in understanding of transportation options among medical staff; reduction of stress and discouragement from trying to navigate the transportation system among patients; increase in patients reached through Transportation Specialist services; increase in percentage of patients from Title VI populations (minority or low-income).
Ride Connection, Inc. (Portland, OR)	Ride Connection, Inc. will receive funding to increase access to healthcare services by providing mobility management services, in partnership with Providence Health Services, a major regional healthcare system. A Ride Connection Mobility Specialist will collaborate with staff from two hospital locations and local social services provider to provide individual travel options, counseling, and clinic level support to integrate transportation referrals.	Number of clients/patient interactions; Number of clinical staff and other stakeholder interactions; Number of transportation champions engaged; Number of rides provided; Number of completed surveys; Number of total members of cohort; Number of cohort members with positive health outcomes	50% of patients referred will successfully receive transportation service from Ride Connection.

⁶ This project is complete.

Recipient	Project Description	Performance Measures	Targeted Outcomes
San Diego Metropolitan Transit System (San Diego, CA)	San Diego Metropolitan Transit System will receive funding to enhance the automated and web reservation system for arranging Non-Emergency Medical Transportation trips.	San Diego Metropolitan will track: Number of clients registered to use PASS WEB; Number of trips booked through PASS WEB; Number of fares paid through cashless fare system; IVR notifications sent to clients on a monthly basis	Decrease reservation costs by 5%; Decrease No Show trips by 5%; Increase rides by 5%
Southern Highlands Community Mental Health Center, Inc. (Princeton, WV)	The Southern Highlands Community Mental Health Center, Inc. will receive funding to increase access to healthcare with the purchase of accessible vans and the employment of a mobility manager. The center will implement the Transportation for Rural Appalachian Communities Program (TRAC), which will transport a vulnerable, underserved population in rural southern West Virginia by coordinating and providing non-emergency medical home-to-service transport for clients via a 7-vehicle fleet.	Missed appointment rate; Agency census; Transportation for Rural Appalachian Communities Program (TRAC) usage; Health outcomes (blood pressure, weight, and pulse); Responses to a satisfaction and health questionnaire	Reduce the agency missed appointment rate by 10%; Increase the census by 10%; TRAC Usage by 10% of agency clients; Responses to a satisfaction and health questionnaire will be at least 85% positive.
SouthWest Transit (Eden Prairie, MN)	SouthWest Prime MD will receive funding to implement an innovative approach to providing NEMT through public microtransit services to hospitals, medical centers, and clinics in and around the designated service area.	Number of riders dropped off ahead of their scheduled medical appointment; Passengers per service mile; Fulfilled trips; Average customer satisfaction score; Outreach and marketing efforts promoting the service to medical facilities within the service area	80% of riders dropped off ahead of scheduled appointment; At least 2 passengers per service mile; 80% of requested trips fulfilled; Average customer satisfaction score is at least 4.0 out of 5.0.
Southwestern WI Community Action Program, Inc. (Dodgeville, WI)	Southwestern WI Community Action Program, Inc. will receive funding to implement a travel management Coordination Center. The Center will improve coordination of NEMT transportation in nine counties of WI through the implementation of a technology solution with a NEMT-focused mobility manager.	Number of new, unduplicated passengers per month; Average monthly rides provided; Number of missed follow-up appointments after hospital stays	Average monthly increase of 9 unduplicated passengers using the services for medical purposes

Recipient	Project Description	Performance Measures	Targeted Outcomes
The C. W. Williams Community Health Center, Inc. (Charlotte, NC)	The C. W. Williams Community Health Center, Inc. (CWWCHC) will receive funding to expand access to quality healthcare for transportation disadvantaged populations in Mecklenburg County and surrounding communities.	Number of unique clients receiving rides to primary and preventative healthcare; Rate of program participants keeping appointments with primary care provider; Number of program participants reporting improved adherence to medication and treatment plans; Number of Program Participants reporting CWWCHC as their medical home	1,000 unduplicated clients receive rides to primary and preventative healthcare; 75% of program participants keeping appointments with primary care provider 80% of the time; 75% of program participants report improved adherence to medication and treatment plans; 75% of program participants reporting CWWCHC as their medical home; 75% of program participants report improved health status
Utah Transit Authority (Salt Lake City, UT)	Utah Transit Authority will receive funding to purchase Electronic Voucher (E-Voucher) Software Development in partnership with Jacksonville Transit Authority (JTA), Community Health IT (CommHIT), and Cambridge Systematics (CS).	Number of clients served; Number of canceled medical appointments	Reduce the administration cost of paper-based voucher programs by 25%; Increase the number of clients by 10%; Reduce missed medical appointments by 10%
West River Transit Authority, Inc. (Spearfish, SD)⁷	West River Transit Authority, Inc. will receive funding to expand services for medical and other rides by increasing customer access via smartphone apps for ride booking, cancellation and confirmation, with ease of use enabling more people access.	Total ride requests, changes and cancellations received through the app or online customer portal; average rides per active customer; number of unique active customers	15% increase in the number of medical trips provided per quarter; 30% of total ride requests, changes and cancellations received via the app or online customer portal; 10% increase in average rides per active customer; Increase of 150 unduplicated active customers

⁷ This project is complete.

Appendix 3

FY 2020 Mobility for All Pilot Program Grants: Summary of Proposed Performance Measures and Targets

All projects in this table are underway, except as indicated.

Recipient	Project Description	Performance Measures	Targeted Outcomes
Access Services (El Monte, CA)	Access will receive funding for an Accessible Traveler Mobile App (ATMA) with a focus primarily on Americans with Disabilities Act (ADA) transportation services that is fully compliant with the ADA Section 508 Accessibility and Web Content.	Specific measures under final development with project partners	Specific outcomes under final development with project partners
Metropolitan Washington Council of Governments (MWCOG) (Washington, DC)	The Rides to Health pilot project will receive funding to develop a technology platform which will integrate and synchronize transportation services to/from dialysis centers for underserved populations.	Number of pickups from dialysis centers; Number of pickups from patient homes; Improvement in one-time performance (5-min increments); Reduction in wait time for transportation home following dialysis treatment; Number of patients serviced with the Rides to Health platform	Of dialysis patients who experienced dissatisfaction with timeliness of transportation services, 80% report an increase in satisfaction when using the Rides to Health service. Of dialysis patients who experienced difficulty accessing transportation, 80% report that transportation is easier to access when using the Rides to Health service. Dialysis centers report an 80% reduction of late patient arrivals when using the Rides to Health service, resulting in an improvement in treatment consistency (and therefore health outcomes).
Georgia Department of Transportation (Atlanta, GA)	Georgia Department of Transportation will receive funding to implement a new Rural Transit and Human Services Transportation (RHST) Regional Program and a trip scheduling app and website, with a pilot in Coastal Georgia.	Hire a Transit Mobility Manager; Increase in unduplicated riders utilizing Coastal Regional Commission (CRC) services; Increase the number of transit partners within the community; Develop and launch tailored outreach events; Develop rider satisfaction and provider surveys.	75% of the Department of Human Services (DHS) Regional Transportation Coordinating Committee agree that coordination has improved. 75% of the DHS Regional Transportation Coordinating Committee agree that accessibility has improved.

Recipient	Project Description	Performance Measures	Targeted Outcomes
Iowa Department of Transportation (Ames, IA)	The Iowa Department of Transportation will receive funding on behalf of Heart of Iowa Regional Transit Agency (HIRTA) to implement a travel training program designed to make a powerful impact, through education, marketing and partnerships on the benefits of keeping people mobile.	Develop “Do You Have Transportation?” program for medical facilities; Number of website views; Number of local facility partnerships; Implement travel training; Number of social media post and views	The targeted outcome is to increase the number of older adults, people with disabilities and individuals living below the poverty level with access to the services they need by two percent.
Regional Transit Authority (RTA) (New Orleans, LA)	New Orleans RTA will receive funding for a program entitled MOVE East NOLA. Mobility On-Demand Vehicle Express (MOVE) is a pilot that will provide better connectivity for people with low income, older adults, and people with disabilities.	Number of passengers who board per Vehicle per Hour; Percent of rides that arrive on time; The average travel time in minutes; The average cost of rides	80% customers satisfied with RTA Flex meeting community needs
MetroWest Regional Transit Authority (MWRTA) (Framingham, MA)	MWRTA will receive funding to test a new accessibility model with complementary technology for demand response services.	Number of trips provided to otherwise ineligible individuals; Rides Provided- Trips booked for same day medical; Satisfaction with Smartphone App-Average rating through in app feedback	Access to transportation for otherwise ineligible clients increased by 50%. 70% of clients are satisfied with smartphone app, with suggested improvements incorporated as program progresses
Maryland Transit Administration (MTA) on Behalf of Bayside Community Network, Inc. (Baltimore, MD)	The MTA will receive funding on behalf of Bayside Community Network, Inc. to hire a Mobility Manager that will serve to increase community coordination of transportation efforts to serve the disabled community in Cecil County.	Hire a Mobility Manager; Number of riders; Number of direct referrals of Cecil Transit customers; Number of NEMT gap filling rides provided to Cecil Transit customers	Number of Consumers identified by Mobility Manager will increase by 20%; Uber and/or Lyft referrals increased by 20%
Maine Department of Transportation (DOT) (Augusta, ME)	Maine DOT will receive funding for Flex route bus system pilot program which will be launched in three phases with strong emphasis on technology, safety, inclusion for disadvantaged, enhanced mobility for seniors and individuals with disabilities.	Specific measures under final development with project partners	Specific targets under final development with project partners

Recipient	Project Description	Performance Measures	Targeted Outcomes
Flint Mass Transportation Authority (Flint, MI)	A pilot project that will improve coordination and increase access to highly responsive, on-demand NEMT with a primary focus on both Veterans and individuals with substance use disorders.	Number of vehicles purchased; Hire mobility manager; Number of trips provided to Veterans who are accessing health and wellness services; Number of trips provided to passengers accessing substance abuse and/or mental health treatment; Number of partnerships with substance abuse treatment programs	The Rides to Wellness service will increase service provided to passengers who are Veterans and/or who are utilizing substance abuse/mental health treatment by 10% over the grant period.
Missouri Rural Health Association (Concordia, MO)	Funding will be used to implement a Statewide Rural Mobility Manager and Statewide Transportation Manager to form a statewide technical assistance platform for rural mobility management and transportation coordination.	Specific measures under final development with project partners	Specific targets under final development with project partners
North Carolina Department of Transportation (NCDOT) (Raleigh, NC)	NCDOT will receive funding for the acquisition of scheduling software and integration of that software with NCCARE360, creating an efficient point of entry to connect underserved populations with transportation.	The number of same day trips; The number of trips with an NCCARE360 case number; The number of clients originating from NCCARE360; The number of unduplicated active riders	Increase the percentage change in average # of individual quarterly trips by 5%.
Regional Transportation Commission (RTC) of Southern Nevada (Las Vegas, NV)	RTC will receive funding to build a mobile learning lab to train and educate transportation disadvantaged individuals on technology and resources to improve mobility access to services in our community.	Specific measures under final development with project partners	25% increase in customers trained through the Mobility Lab on emerging technology and the use and benefits of affordable fixed route transportation; 25% of previous non-riders trying fixed route for the first time.
Lane Transit District (LTD) (Eugene, OR)	LTD will receive funding for its technology innovation project to eliminate barriers to transportation to improve health outcomes and decrease health disparities experienced by disadvantaged communities.	Number of phone calls; Number of customer service complaints; Arrival and departure data from external providers	30% decrease in RideSource no-show trips per year (less than 10,000)

Recipient	Project Description	Performance Measures	Targeted Outcomes
Oregon Department of Transportation (Salem, OR)	Funding will be used to extend existing transit data standards (GTFS, GTFS-flex) to serve all. The project will build open source transit discovery and analysis tools on a data foundation of standardized transit data.	Number of Advisory Group members participating; Number of Members on project communication and outreach email list; Number of Webinar Views	Specific targets under final development with project partners
Greenville Pickens Area Transportation Study (GPATS) (Greenville, SC)	GPATS will receive funding on behalf of Carolinas Access & Mobility for All Coordination (CAMAC) which serves as the lead agency to increase Mobility for All, partnering with Human Services Agencies to implement a coordinated system for older adults, persons with a disability, and low-income citizens utilizing Mobility as a Service Model with the installation of a demand response software application.	Specific measures under final development with project partners	25% increase in ridership of users going to work, utilizing RIDES+
Virginia Department of Rail and Public Transportation (VDRPT) (Richmond, VA)	VDRPT will receive funding to develop and implement a one-click directory of public, human service, and specialized transportation mobility management travel training and transportation-supportive programs and services.	Number of visits to VirginiaNavigator and TransportationNavigator; Number of visits to SeniorNavigator and TransportationNavigator; Number of visits to VeteransNavigator and TransportationNavigator; Number of visits to DisabilityNavigator and TransportationNavigator; Number of visits to TransportationNavigator and a listed ride provider; Number of visits to TransportationNavigator widget on the VDRPT website.	At least 65% of Virginia mobility managers are satisfied with the transportation information provided on the new Transportation Navigator.
Stillaguamish Tribe of Indians of Washington (Arlington, WA)	The Stillaguamish Tribe was selected to receive funding to purchase scheduling/dispatching software, an ADA accessible mini-bus, and camera systems to expand service, increase efficiency, and promote safety.	This grant recipient withdrew from the program before completing performance measures.	This grant recipient withdrew from the program before completing outcome measures.

Appendix 4

FY 2021 Innovative Coordinated Access and Mobility Pilot Program Grants: Project Descriptions

Recipient	Project Description
Full Access and Coordinated Transportation Inc. (FACT) (Sacramento, CA)	Develop contactless payment and reservation app.
Disability Services, Inc, dba, Envida (Colorado Springs, CO)	Design, test, and implement a software that streamlines the Medicaid reimbursement process.
Southwest Colorado Council of Governments (Durango, CO)	Build a software platform to support a regional one-call/one-click digital mobility hub to digitize information from providers across the region.
Metropolitan Washington Council of Governments (Washington, DC)	Convene a consortium of regional stakeholders to move the existing Reach a Ride platform towards a one-call, one-click Information and Referral/Assistance tool for transportation options in the region.
G1VE ATLANTA (Marietta, GA)	Obtain the software, hardware, and training necessary to schedule rides for partners throughout Georgia.
City of Salem (Salem, MA)	Improve the coordination of transportation services by allowing providers to book scheduled and on-demand rides for distinct or recurring appointments.
Michigan Department of Transportation (Lansing, MI)	Place electric vans and charging stations in rural areas to allow for expanded Rides To Wellness transportation for non-emergency medical purposes.
Missouri Rural Health Association (Jefferson City, MO)	Improve Access for All through a centralized location housing education, information, and resources for mobility management and coordination.
City of Winston-Salem / Winston-Salem Transit Authority (Winston-Salem, NC)	Improve the notification and tracking of para-transit services and implement a regional fare system.
Lifespan of Greater Rochester Inc. (Rochester, NY)	Expand the capabilities of the Finger Lakes regional 1-Click web portal to include scheduling and payment of trips provided by public transit and non-transit community transportation providers.
Ohio Department of Transportation (Columbus, OH)	Select and fund a local lead agency to implement and pilot the Regional Transportation Resource Center (RTRC) in a four-county area.
Central Oklahoma Transportation and Parking Authority (COTPA) dba EMBARK (Oklahoma City, OK)	Replace the existing paratransit scheduling software system with a next generation mobility coordination and scheduling software system.
Pennsylvania Department of Transportation (Harrisburg, PA)	Extend Pennsylvania's Find My Ride (FMR) platform by allowing Medicaid consumers to submit requests for fixed route tickets and reimbursements for out-of-pocket travel expenses.
Rhode Island Public Transit Authority (RIPTA) (Providence, RI)	Enhance statewide mobility for the Rhode Island Travel Training Network.
Panhandle Regional Planning Commission (Amarillo, TX)	Purchase an accessible van and build a program for ride share/taxi vouchers.

Recipient	Project Description
Summit County (Coalville, UT)	Expand the existing High Valley Transit (HVT) service into areas of the County where communities currently face significant healthcare access challenges.
Virginia Department of Rail and Public Transportation (DRPT) (Richmond, VA)	Expand and enhance Virginia’s One-Call/One-Click directory of public, human service, and specialized transportation; mobility management; travel training; and transportation-supportive programs and services.



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