

**Coordinating Council on Access and Mobility
(CCAM):
Community Perspectives Webinar**



National Center for Mobility Management

Agenda

- **Welcome and Introductions**
- **Update and Presentation on the Coordinating Council on Access and Mobility (CCAM)**
- **State and Local Perspectives**
- **Questions and Answers from Participants**



Coordinating Council on
Access and Mobility (CCAM)

Coordinating Council on Access and Mobility Update

June 7, 2017

Marianne Stock,
Division Chief, Rural and Targeted Programs

CCAM

CCAM Mission and Vision

CCAM Mission

The Coordinating Council on Access and Mobility issues policy recommendations and implements activities that improve the availability, accessibility, and efficiency of transportation for targeted populations.



CCAM Vision

Equal access to coordinated transportation for all Americans

CCAM

History of the CCAM

1986

The Secretaries of Health and Human Services and Transportation agree to establish the first Coordinating Council on Human Services Transportation.

2004

President Bush officially establishes the CCAM in **Executive Order 13330** and expands the Council to 11 federal agencies.

2006

The CCAM releases policy statements on coordinated human services transportation planning and vehicle sharing.

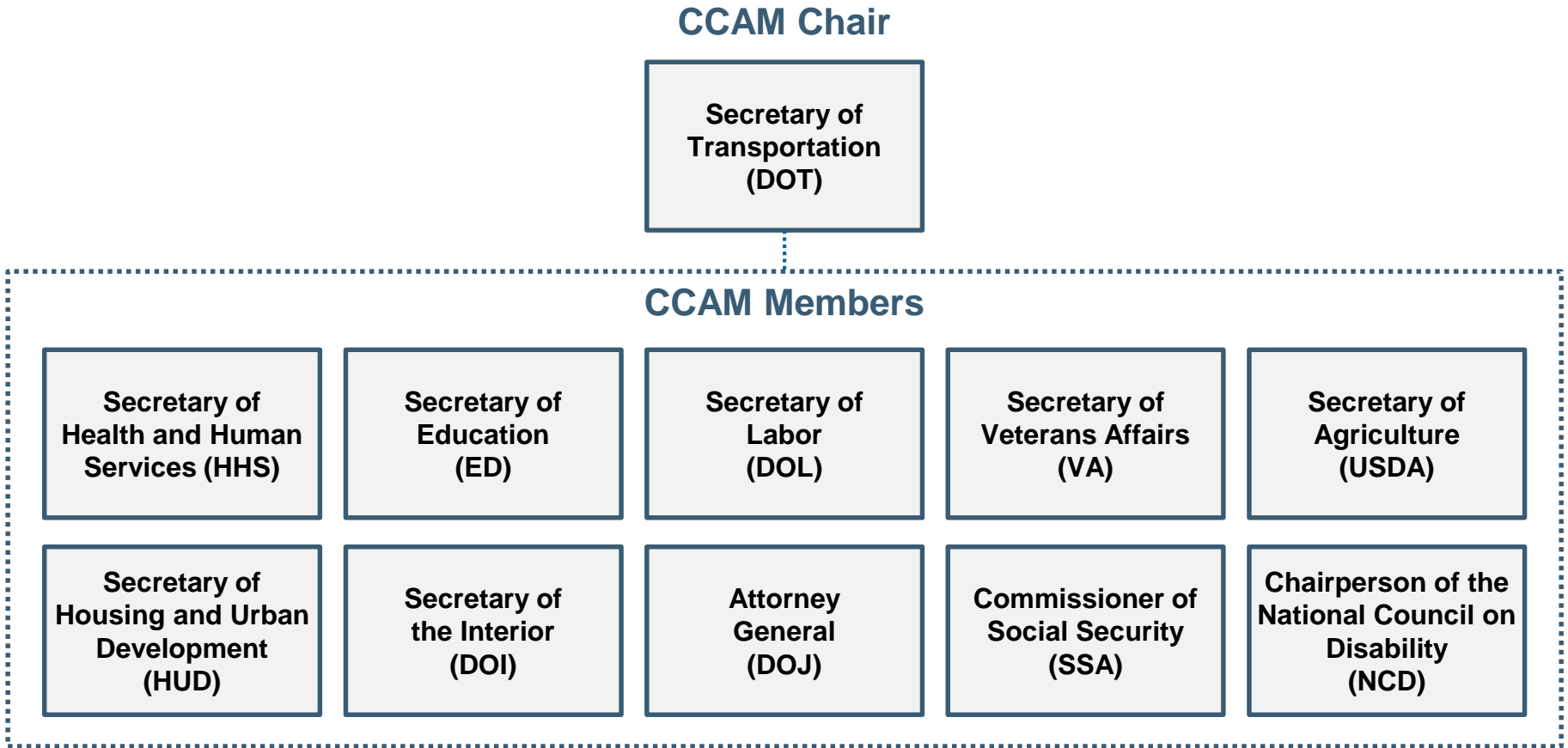
2015

The **FAST Act** is enacted, which directs the CCAM to develop a strategic plan.

CCAM

CCAM Organization Structure

The CCAM is chaired by the Secretary of Transportation or an appointed designee and is comprised of the following federal officials or their designees.



FAST Act Requirements

In recognition of the importance of transportation coordination, Congress amended Chapter 49 Section 5310 of the U.S. Code to direct the Coordinating Council on Access and Mobility (CCAM) to develop a strategic plan that meets the following requirements.



Outlines the roles and responsibilities of each CCAM federal agency with respect to local transportation coordination



Identifies a strategy to strengthen interagency collaboration



Addresses outstanding recommendations made by the Council including a cost-sharing policy and recommendations to increase grantee participation in coordinated planning processes



Addresses outstanding recommendations made by the Comptroller General concerning local coordination of transportation services



Proposes changes to federal laws and regulations that will eliminate barriers to local transportation coordination

Previous CCAM Initiatives

- **Mobility Services for All Americans**
 - Launched in 2005 to improve access to employment, healthcare, education and other community activities by coordinating transportation resources using Intelligent Transportation Systems (ITS) technologies and applications.
- **Veteran's Transportation and Community Living Initiative**
 - \$64 million in competitive grants awarded in 2011-2012 to help veterans, military families, and others connect to jobs and services in their communities by improving access to local transportation options.
 - Interagency effort included the Department of Transportation, the Departments of Defense, Health and Human Services, Labor and Veterans Affairs
- **Two Research Initiatives**
 - Transportation Research Board/Health and Medicine Division Workshop: Exploring Data and Metrics of Value at the Intersection of Health Care and Transportation: June 6-7, 2016
 - Community Scan Research Project: Identifying the cost of missed appointments due to lack of transportation. Project is ongoing with a report expected in mid-2017
- **Health and Transportation Regional Listening Sessions**
 - Eight forums held during 2015, 2016, and 2017
 - Discussions between transit and health care industries
- **Healthcare Access Challenge Grants**
 - \$400,000 awarded to 16 communities
 - Developed partnerships among transportation, health care, human services and created healthcare access solutions
- **Rides to Wellness/Innovative Coordinated Access and Mobility Grants**
 - \$7.2 million awarded to 19 projects in 2016
 - Innovative projects providing transportation and health care links



Recent CCAM Activities

- Two Interagency CCAM Meetings to address FAST Act requirements:
 - July 2016 and December 2016
- Industry Listening Sessions:
 - State Medicaid Directors: November 2016
 - Transit Industry: January 2017
 - State Departments of Transportation: February 2016
- Additional Industry Input Session scheduled for June 2017
 - Focus on vehicle sharing issues
 - Webinar open to the public as well as CCAM member agencies



Draft CCAM Strategic Plan

In response to FAST Act requirements, representatives of CCAM member agencies met in 2016 to develop the following goals and objectives for the Draft CCAM Strategic Plan.

Goal 1: Improve Access to the Community through Transportation

- **Objective 1:** Reduce federal policy barriers to coordinated transportation
- **Objective 2:** Increase state and local transportation coordination
- **Objective 3:** Promote public awareness of available transportation options
- **Objective 4:** Incorporate the use of innovative technologies in coordinated transportation

Goal 3: Strengthen Interagency Partnerships and Collaboration with State, Local, and Industry Groups

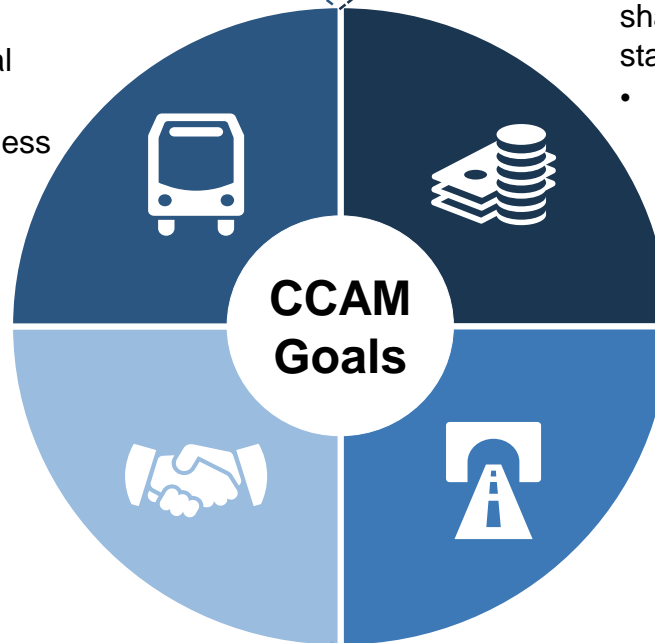
- **Objective 1:** Refresh the CCAM Operating Model
- **Objective 2:** Coordinate transportation initiatives for targeted populations
- **Objective 3:** Expand opportunities for external input

Goal 2: Enhance Cost-Effectiveness of Coordinated Transportation

- **Objective 1:** Enable equitable cost sharing among state and local stakeholders
- **Objective 2:** Develop framework for transportation cost reporting
- **Objective 3:** Promote the adoption of cost sharing


Goal 4: Demonstrate Future Models for Coordinated Transportation

- **Objective 1:** Implement and evaluate CCAM pilot programs



FAST Act Implementation

The CCAM is sponsoring the following three interagency work groups to begin the implementation of FAST Act requirements.




Cost Allocation Work Group

FAST Requirement

Address outstanding recommendations made by the Council including a cost-sharing policy

Anticipated Output

- Draft cost-sharing policy




Interagency Collaboration Work Group

FAST Requirement

Identify a strategy to strengthen interagency collaboration

Anticipated Outputs

- CCAM Lexicon
- Roles and responsibilities
- Communication plan



Policy Work Group

FAST Requirement

Propose changes to federal laws and regulations that will eliminate barriers to local transportation coordination

Anticipated Output

- Draft vehicle sharing policy recommendations

State and Local Perspectives

Presenters:

- Rides to Wellness Community Scan and Community Profiles / Not Just a Ride Project
 - **Kristen Stoimenoff**, MPH, Deputy Director of Outreach, Health Outreach Partners, Oakland, CA
 - **Sonia Lee**, MPH, Senior Manager, Client Services and Communications, Health Outreach Partners, Oakland, CA
- Coordination Efforts in Washington State
 - **Paul Meury**, Medical Transportation Section Supervisor, Community Services, Medicaid Program Operations & Integrity, Washington State Health Care Authority, Olympia, WA
 - **Don Chartock**, Vice Chair, APTA State Affairs Committee; Project Delivery Manager – Washington State DOT Public Transportation Division, Olympia, WA
- Van Sharing Program
 - **Anne Nemetz-Carlson**, President and CEO, Central Administration Office of Child Care of the Berkshires, North Adams, MA

HOP's Transportation Initiative: Health Access and Transportation Barriers

CCAM Community Perspectives Webinar

June 7, 2017, 2:00-3:30pm EDT/11:00am-12:30pm PDT

Kristen Stoimenoff, MPH and Sonia Lee, MPH
HEALTH OUTREACH PARTNERS



HEALTHY PEOPLE. EQUITABLE COMMUNITIES.

Facilitators



Sonia Lee, MPH
Senior Manager, Client Services
& Communications



Kristen Stoimenoff, MPH
Deputy Director

Health Outreach Partners

WWW.OUTREACH-PARTNERS.ORG

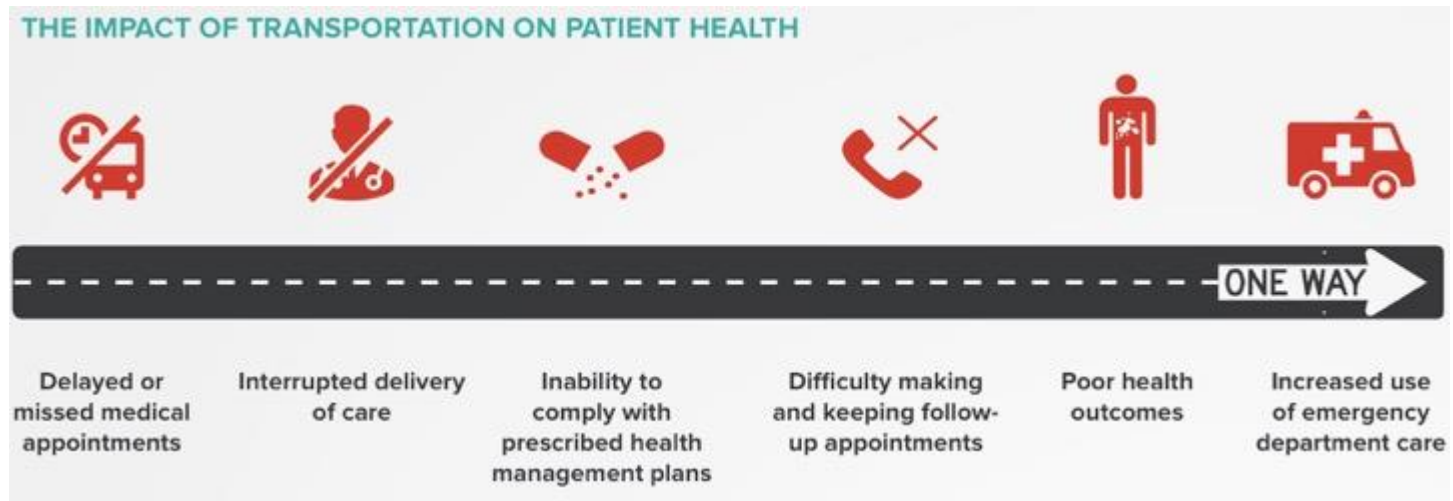
WE SUPPORT HEALTH OUTREACH PROGRAMS by providing training, consultation, and timely resources.

OUR MISSION IS TO BUILD STRONG, EFFECTIVE, AND SUSTAINABLE HEALTH OUTREACH MODELS by partnering with local community-based organizations across the country in order to improve the quality of life of low-income, vulnerable and underserved populations.

WE SERVE Community Health Centers, Primary Care Associations, and Safety-net Health Organization

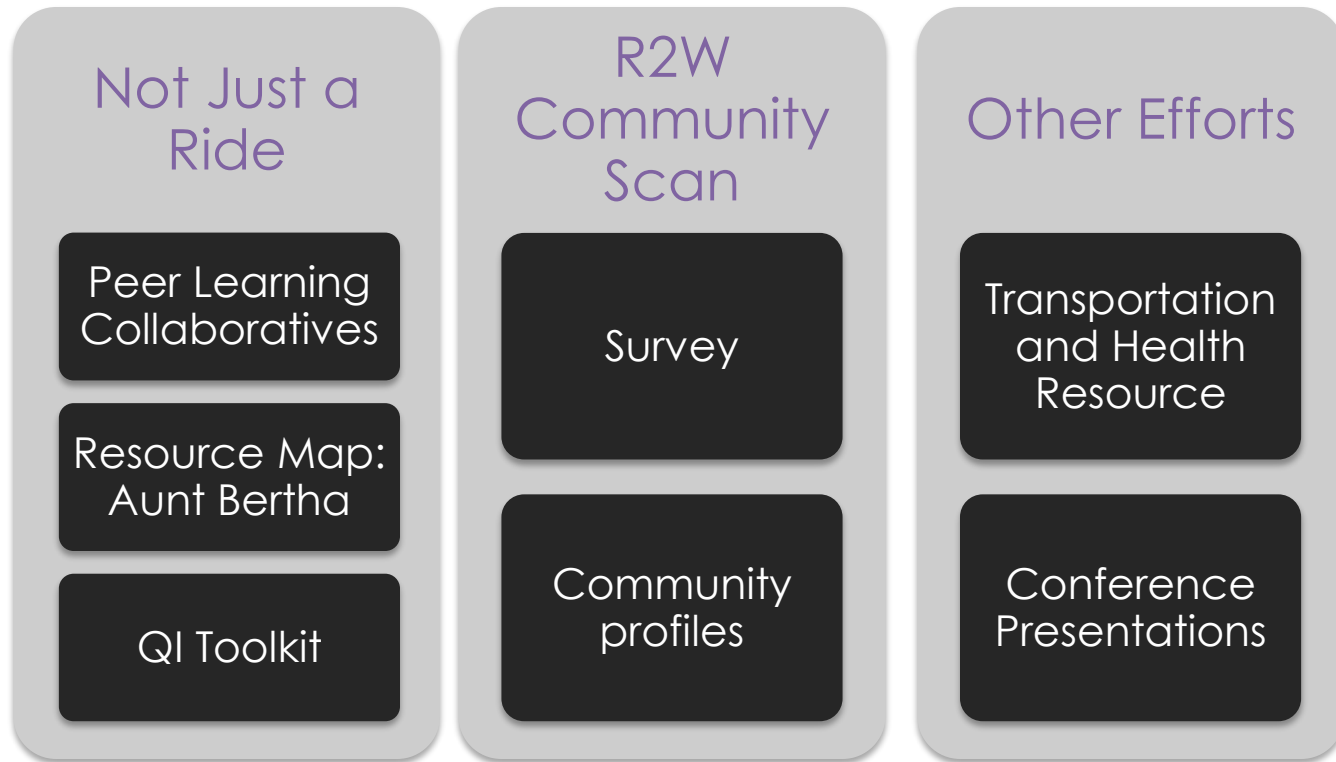


Impact of Transportation Barriers



HOP's Transportation Initiative

Working with Partners to Decrease Transportation Barriers to Care



National Survey Findings

- 188 health centers responded, over 25% identify as rural
- 92% stated transportation is a moderate to serious problem
- Average monthly rate of missed appointments:
 - 11-20% (34%)
 - 21-30% (32%)
- 40% tracked the reasons for missed appointments. Spend time sending reminders.
- 23% tracked the cost of missed medical appointments
 - average cost of \$175 per missed appointment
- Not having access to a car is independently associated with missing appointments. (*Lit review*)



Tools & Resources

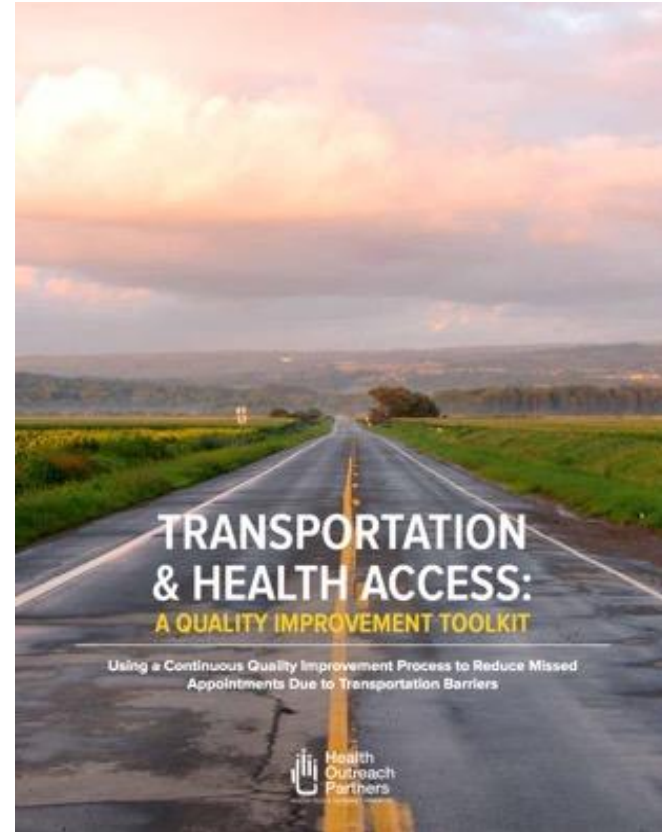


HEALTHY PEOPLE. EQUITABLE COMMUNITIES.

QI Toolkit

Purpose: An easy-to-use, practical guide for health centers to find patient-centered solutions by:

- assessing the scope of the problem
- implementing the Plan-Do-Check-Act (PDCA) cycle



QI Process

1. Needs Assessment

- Guiding Questions
- Community Landscape Scan
- Gathering Patient Input
- Health Center Readiness
- Calculating Cost

2. PDCA Cycle

- Four-Step Process
- Implementation Steps



Key Terminology

Continuous Quality Improvement (CQI):

CQI is a management approach used in health care to help assess the efficiency and effectiveness of a particular process or set of processes. A strategy is tested and data is reviewed to determine whether the desired outcome was achieved.

Missed Appointments:

A patient does not show up for the designated time of their medical appointment, and does not call to cancel in a timely manner.

Modes of Transportation:

The ways in which people get to and from their medical appointment: personal vehicles; rides from a family member or friend; public transportation; taxicab or ride share services; non-emergency medical transportation (NEMT); and biking or walking.

Return on Investment (ROI):

A metric used to gauge the overall benefit resulting from an expenditure.

Community Profiles

- Highlight six innovative transportation models
- Demonstrate promising opportunities to design, implement, and sustain efforts
- Communities profiled:
 - Buffalo, NY
 - King County, WA
 - Portland, OR
 - South-Central Missouri
 - Southern Illinois
 - Worcester, MA



South-Central Missouri

HealthTran

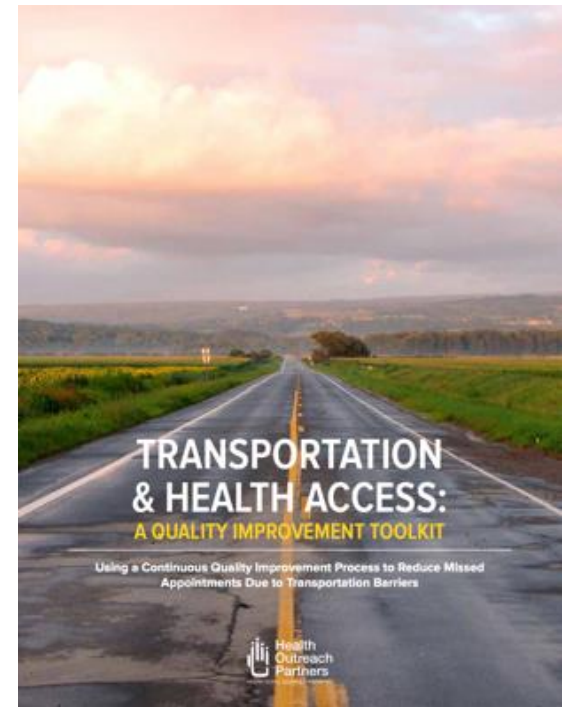


Save-the-Date: QI Toolkit Webinar

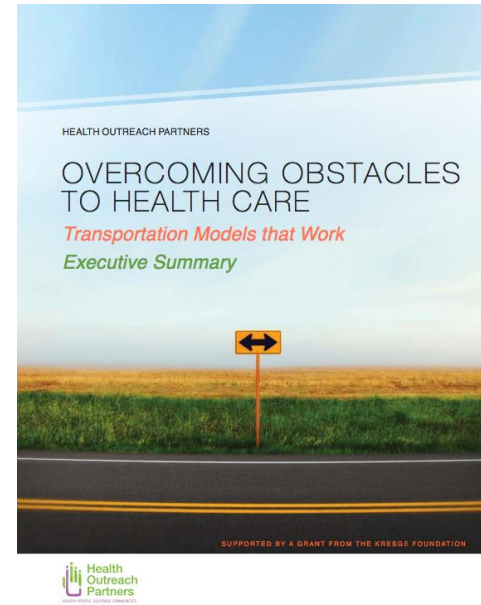
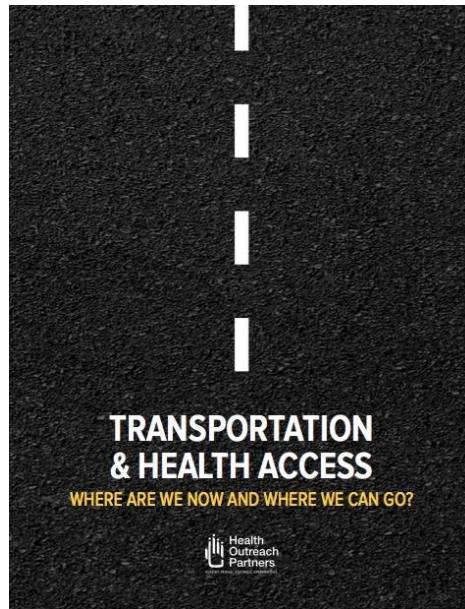
Overview of a Quality Improvement Toolkit and the Veterans Transportation Program

- **Presenters:** HOP and VA
- **Host:** HRSA Office of Regional Operations Region X
- **Date:** Thursday, June 8th 1:00-2:00pm EDT

Register [here](#).



Resources



Sonia Lee, Senior Manager, Client Services & Communications
sonia@outreach-partners.org

Kristen Stoimenoff, Deputy Director
kristen@outreach-partners.org

www.outreach-partners.org

CONTACT



outreach-partners.org/blog



outreach-partners.org/events



facebook.com/outreachpartners



linkedin.com/company/health-outreach-partners

Washington State Health Care Authority

(NEMT)

Non-emergency Medical Transportation

Name of Presenter: Paul Meury

Title: Supervisor of Transportation Unit

Division: Medicaid Program Operations & Integrity

Date: June 7, 2017

Brokered Transportation

Overview

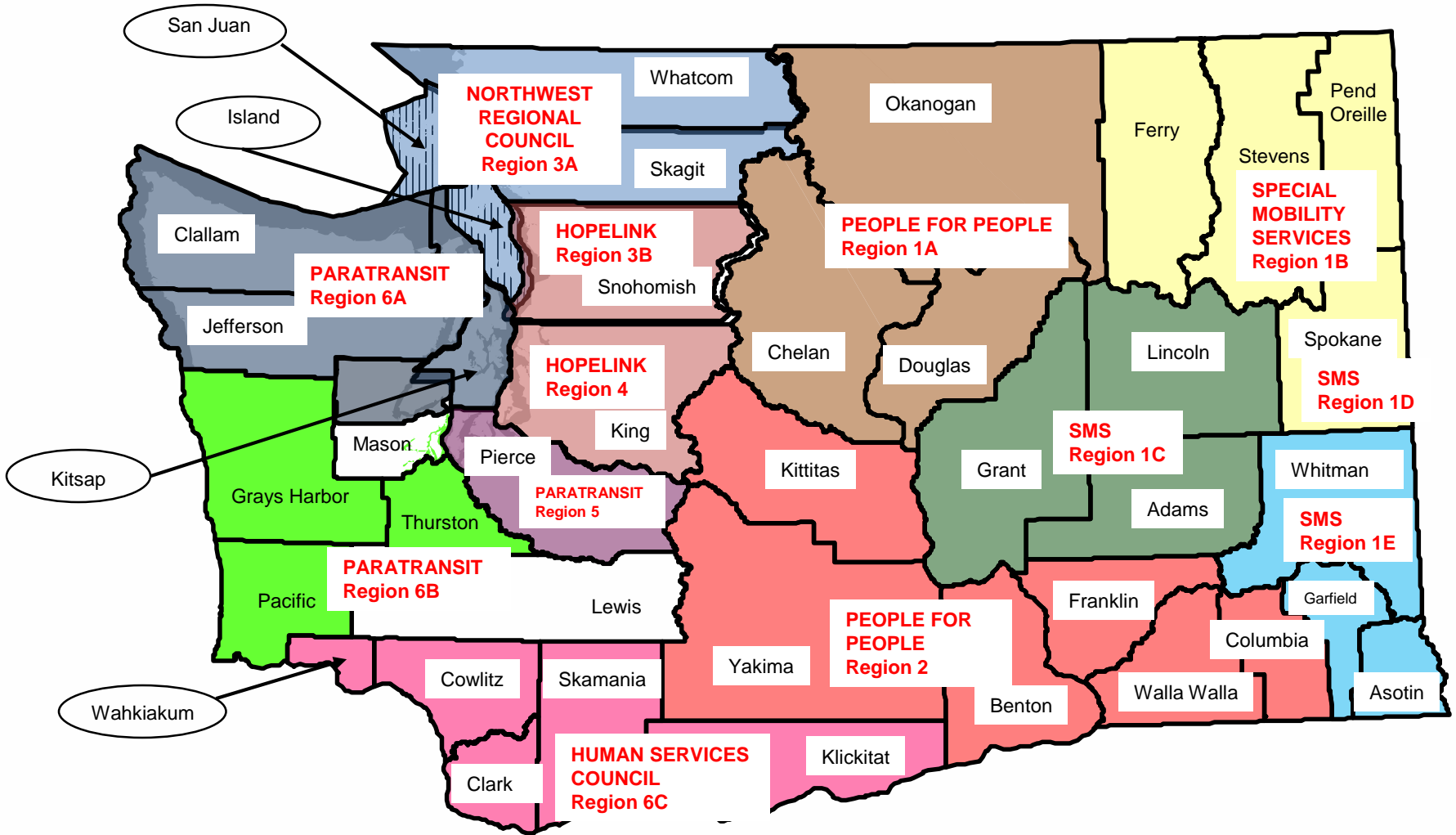
Purpose:

- Provide transportation access to necessary non-emergency medical services for all eligible clients who have no other available means of gaining access to these services
- Pre-authorized access to covered medical services is provided by the most cost-effective mode which meets the clients' mobility status and personal capabilities
- NEMT services are authorized under 42 CFR 440.170 for Title XIX Medicaid clients; WACs: 182-546-5000 through 5700

Transportation Costs

- Transportation Program is a \$75M program
- About 3.5 Million Trips / year; 13,000 Trips/day
- Costs keep rising as a result of:
 - ✓ increasing caseloads (Medicaid Expansion)
 - ✓ longer trips
 - ✓ out-of-area costs
 - ✓ clients may have less resources

Transportation Broker Regions



6 Transportation Brokers Serving 13 Regions Statewide

Transportation Broker's Responsibility:

- Confirm client eligibility
- Authorize the type of transportation
- Select transportation service provider
- Select type of transportation mode that is:
 - ✓ appropriate to a client's medical condition and capabilities
 - ✓ lowest cost available
 - ✓ accessible

Broker Responsibility

The Transportation Broker:

- Arranges transportation to covered healthcare services within a client's **local** medical community
- May arrange for transportation outside the local medical community if justification or medical necessity is provided
 - ✓ *The client's primary care provider usually provides medical necessity documentation to the Broker for the client to access services **outside** the local medical community.*

Eligibility for Transportation

- **Clients call Broker to request ride for:**
 - ✓ **Scheduled trip:** request **2** business days in advance of trip (up to 14 days in advance)
 - ✓ **Urgent Call & Hospital Discharges:** requests accepted depending on available transportation resources

- **Clients must be eligible:**
 - ✓ Clients must be Medicaid-eligible or Dual-Eligible(Medicaid & Medicare)
 - ✓ Medical services must be covered by client's benefit services package
 - ✓ Medical services must be necessary
 - ✓ Medical provider must be a HCA enrolled provider or contracted with the managed care plan

Modes of Transportation

- Brokers ensure client resources & lowest cost transportation are used first, based on each **client's mobility & personal capabilities.**

- Clients are screened for **most appropriate & cost efficient mode:**
 - ✓ **Personal Vehicle** (mileage reimbursement, gas vouchers, gas cards)
 - ✓ **Volunteer Drivers** (base rate, mileage reimbursement)
 - ✓ **Public Transit** (bus fare, tickets, passes, etc.)
 - ✓ **Shared Rides/Multiple Passengers**
 - ✓ **Wheelchair Van**
 - ✓ **Taxi**
 - ✓ **Ferries/Water Taxi**
 - ✓ **Tickets for commercial bus, train, air**

Tribal Relationships

- HCA transportation Brokers are encouraged to contract with Tribes to provide **non-emergency medical transportation** (NEMT) services, as requested by any federally recognized tribe that resides within the Broker's service region.
- Billing agreements are required between the transportation Broker and the Tribe.
- Contact the Broker that services your region:
<http://www.hca.wa.gov/medicaid/transportation/pages/phone.aspx>

Tribal Billing Agreements

- Brokers authorize the Tribe to schedule and provide trips for eligible Tribal members without prior approval and bill the Broker for payment after the trips are provided
- Brokers conduct a post-trip review to determine allowable trips upon receipt of a Tribal transportation bill. Payment is made following the verification of the trips.
- Allowable trips must be for eligible Medicaid Tribal members or their immediate family. Transportation is provided to covered healthcare services (refer to eligibility).

Tribal Billing Agreements

Process

1. Tribe contacts the Broker in their region to begin the process.
2. Tribe and the Broker negotiate the rates.
3. Contract/Billing Agreement is discussed and signed.
4. Tribe invoices Broker for trips.
5. Broker reviews all trips and makes payment for approved NEMT trips and associated costs.
6. Broker conducts post-trip verification of trip information.
7. Broker invoices HCA for all verified NEMT trips provided by all its contracted service providers. The Brokers submit a monthly trip report to HCA.
8. HCA makes payment based on approved NEMT trips.

Tribal Participation

Fifteen of Thirty Federally-Recognized Tribes in the State of Washington have billing agreements with NEMT Brokers.

- Tribes have built fleets through the FTA Tribal Transit Program:
 - Most grants have been for capital funds
 - Many tribes are short on operating funds
 - Use of tribal vehicles greatly reduces the deadhead miles of bringing in vehicles from off-reservation
 - In 2016 NEMT funding for tribal medical tribes exceeded \$1,000,000.

Contact Information

NEMT Transportation Program:

- ✓ Website: (Broker list by county)

<http://www.hca.wa.gov/medicaid/transportation/pages/index.aspx>

- ✓ E-mail Address:

HCA DL DHS OCS NEMT TRANSPORTATION

HCANEMTTRANS@hca.wa.gov

- ✓ HCA Customer Service Center:

1-800-562-3022 (ask for Transportation Program)

Questions?

More Information:

James Walters: 360-725-1721

Stephen Riehl: 360-725-1441

Tracy Graves: 360-725-9791

Paul Meury, NEMT Supervisor

Health Care Authority

Medicaid Program Operations & Integrity

paul.meury@hca.wa.gov

360-725-1317

NEMT Transportation Program

The End



Coordination Efforts in WA

Successes and Challenges

Don Chartock, Project Delivery Manager
June 7, 2017

Roger Millar, Secretary of Transportation

Keith Metcalf, Acting Deputy Secretary of Transportation

Washington Agency Council on Coordinated Transportation

ACCT is composed of state agencies, transportation providers, consumer advocates and legislators whose mission is to:

- Promote the coordination of special-needs transportation.
- Provide an engaging forum for discussing issues and initiating change.
- Provide oversight and direction to the state's coordination efforts and strategies.

The council's legislative funding was discontinued during the recession as part of the elimination of several boards and commissions in Washington. However, council members continue to do the mission-critical work on an *ad hoc* basis.



Public Transportation Plan: Early actions

More clearly identify and address human services transportation needs and gaps to:

- Better quantify needs.
- Provide technical assistance for Human Services Transportation Plans.

Develop recommendations for overcoming barriers that prevent coordination and efficiency of special-needs services to:

- Advance complete mobility solutions for people who use federally funded transportation programs.
- Pilot the use of seamless data-sharing between special-needs-transportation providers.



2016 WASHINGTON STATE PUBLIC TRANSPORTATION PLAN



The Work of Coordination

Accomplishments

- Federal Opportunities Workgroup
- Adult Day Health project
- Prone and supine transportation
- Volunteer drivers' manual
- Mapping access to rehab facilities
- Communication among programs (all the right people in the room)

Opportunities CCAM

- A willingness from all CCAM members to engage on coordination projects and provide feedback during development.
 - No “gotcha” after the fact.
- Affirmative statement from all CCAM members allowing flexible cost-sharing methodologies, as long as they are more cost-efficient.
- Guidance on situations on where data-sharing among programs is permissible.
- Encouragement to local programs to participate in local coordination planning.

Contact Information

Don Chartock
Project Delivery Manager
WSDOT Public Transportation Division
360.705.7928
chartod@wsdot.wa.gov

More information on Washington Public Transportation Plan:

Evan Olsen
Planner
WSDOT Public Transportation Division
360.705.6929
olsene@wsdot.wa.gov

CHILD CARE OF THE BERKSHIRES

A PARTNER IN THE NORTHERN BERKSHIRE COUNTY VAN POOL



Questions?

Thank you for Attending

- **The National Center for Mobility Management (NCMM)**
 - Amy Conrick, Co – Director, National Center for Mobility Management, Washington, D.C. Email: Conrick@ctaa.org
 - Judy Shanley, Co-Director, National Center for Mobility Management, Chicago, IL Email: jshanley@easterseals.com
 - Rich Weaver, Co - Director, National Center for Mobility Management, Washington, D.C. Email: rweaver@apta.com
- **Federal Transit Administration (FTA)**
 - Marianne Stock, Federal Transit Administration, Washington, DC Email: Marianne.stock@dot.gov
 - Danielle Nelson, Federal Transit Administration, Washington, DC Email: danielle.nelson@dot.gov