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

Meeting Summary Notes

Hosted by:

National Center for Mobility Management

Welcome and Introduction: Rich Weaver, Co-Director, National Center for Mobility Management; Director of Planning, Policy, and Sustainability, American Public Transportation Association

- This webinar is hosted by the Federal Transit Administration (FTA) and the National Center for Mobility Management (NCMM), a technical assistance center managed by Easterseals, the Community Transportation Association of America (CTAA), and the American Public Transportation Association (APTA). NCMM helps communities adopt transportation strategies and mobility options that empower people to live independently and advance health, economic vitality, self-sufficiency, and community.

Update and Presentation on the Coordinating Council on Access and Mobility: Marianne Stock, Chief of Rural and Targeted Programs Office, Federal Transit Administration, Washington, DC

- The Coordinating Council on Access and Mobility (CCAM) issues policy recommendations and implements activities that improve the availability, accessibility, and efficiency of transportation for targeted populations. The vision is equal access to coordinated transportation for all Americans.
- The CCAM began in 1986. In 2004, there was an executive order that officially established the CCAM and expanded the council to 11 federal agencies. In 2006, the CCAM released some policy statements on coordinated human services transportation planning and on vehicle sharing. In 2015, with the FAST Act, there was a direction from Congress for the CCAM to develop a strategic plan.
- A few of the requirements that were identified by Congress in the FAST Act are that the strategic plan outline the roles and responsibilities of each of the federal agencies with respect to transportation coordination, to identify strategies to strengthen interagency collaboration, to address some of the outstanding recommendations that the council in its previous iterations developed, including the cost sharing policy, and to begin to make recommendations to increase grantee participation and coordinated planning, to address other outstanding recommendations that were made by the Comptroller General concerning transportation coordination, and to propose changes to federal laws and regulations that will eliminate barriers to local transportation coordination.
- Some past initiatives the CCAM has established include:
    - The Mobility Services for All Americans program that was launched in 2005.
    - The Veterans Transportation and Community Living initiative, a competitive grant program that awarded grants to help veterans and others get access to jobs in the community and that was an interagency cooperation to create that grant program.
- Recent initiatives include:
    - The Community Scan Research Project identifying the cost of missed appointments due to lack of transportation.
    - A workshop with both the TRB and the Health and Medicine Division to created a compendium of data and metrics regarding healthcare and transportation.
    - Through the NCMM, there have been a number of forums held during the last three years to begin to have the healthcare community and the transportation community talking to each other and talking to us as federal agencies about these issues.
    - The FTA issued healthcare access challenge grants, again with the help of the National Center for Mobility Management, which was a $400,000 program where 16 communities began to develop approaches using partnerships between transportation and healthcare to create better connections in their communities.
    - In 2016, the FTA awarded $7.2 million in innovative, coordinated access and mobility grants to 19 projects.

Draft Strategic Plan

- Overview of the goals that have been developed so far:
    - The key focus of today falls under goal one, which is about improving access to the community through transportation and a little bit about cost effectiveness.

    - We're also focused on the vehicle sharing issues
    - The slides have all of the different objectives that the CCAM will be working on over the next three or four years as we're under the authorization.
- Current Working groups:
    - CCAM has three work groups that are formed of staff from the member agencies of the CCAM. The first one works on cost allocation, including a cost sharing policy amongst the different federal agencies. The interagency collaboration workgroup is working on how the 11 federal agencies are going to work together towards all of these goals including trying to create a common lexicon so we can even talk to each other in the same language. Finally, the policy work Group is the one that is working specifically on vehicle sharing at the moment.

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

Impact on Transportation barriers:

- Health Outreach Partner's (HOP) focus on transportation comes from work with health centers. HOP does bi-annual needs assessments, and they were consistently hearing about transportation barriers and its impact on accessing care for your patients, and its implications on health in general.
- It can mean delayed or missed appointments, interruption of care, inability to get needed medications or stick with your care plan, missed follow ups, poor health outcomes (complications in chronic illness, hospital readmission, disruption in continuity of care and medication, missing diagnostic testing, early detection, f/up care), and using emergency care rather than primary care
- In addition to these human impacts, there are financial costs associated with missed medical appointments. One study estimated that the annual cost of missed appointments in a community hospital was $3 million.
- With all this, HOP sees increased medical care costs, loss of revenue for health care organizations due to missed appointments, disruption of patient care & provider-patient relationships, and delayed care.
- HOP's Transportation Initiatives
- Through funding from one of the operating divisions of the U.S. Department of Health and Human Services (HHS) known as the Health Resources and Services Administration (HRSA), HOP has the Not Just a Ride project. Under Not Just a Ride, there are three state-based learning collaboratives (ME, NC, Central Valley CA), and we've also developed a QI toolkit for health centers that supports transportation efforts.
- Through funding from the Federal Transit Administration (FTA), HOP has the Rides to Wellness Community Scan Project. This project included a survey aimed at understanding the cost of missed appointments due to transportation barriers, and I will share some of the key findings from that survey. The project also included a series of community profiles highlighting unique and promising transportation solutions across the country.

National Survey Findings

- HOP surveyed over 1,300 HRSA- funded health center program grantees, these are community health centers. HOP had exactly 188 respondents. They broke down 50% urban, 23% suburban, and 27% rural. The vast majority of them said that transportation is a problem, a moderate problem to a serious problem for their patients.
- One-third, when talking about their weight of missed appointments for all reasons, said that between 11% and 20% of their appointments get missed, and about another third said their missed appointment rate is between 21% and 30%.
- HOP calculated an average cost of missed appointments at $175, but more focus on collecting this data and analyzing this data to get understand the cost of missed appointments, specifically due to transportation barriers, is needed.
- Currently, there isn't additional data about the full extent of transportation barriers on costs.

Rides to Wellness Community Scan and Community Profiles / Not Just a Ride Project: Sonia Lee, MPH, Senior Manager, Client Services and Communications, Health Outreach Partners, Oakland, CA

Transportation Quality Improvement toolkit

- HOP has a Transportation Quality Improvement toolkit. This guides health centers through the process of assessing and finding ways to address the problem of missed appointments due to transportation barrier.
- The toolkit assesses the scope of the problem through a Plan-Do- Check-Act (PDCA) cycle, which will:
    - Conduct a landscape scan of community resources, such as transit authorities and aging services access points, local organizations operating non-emergency medical transportation services, etc.
    - Gather information directly from patients to determine the extent of the problem.
    - Calculate costs of missed appointments.
    - Establish metrics to track missed appointment due to transportation.
    - Implement a CQI process using the PDCA cycle to address transportation barriers.

- Each section of the tool kit contains an overview of the concepts as well as accompanying sample tools, but the tools really are designed to be a starting point and it can be customized as needed to align with your own specific context and resources, specifically for health centers
- HOP also has a sample cost methodology and will be doing a webinar on it in June 2017.

Community Profiles

- HOP also wanted to recognize that health centers and organizations around the country are actively addressing transportation barriers and developed Rides to Wellness community profiles to highlights six real-life transportation efforts: Buffalo, NY; King County, WA; Portland, OR; South-Central Missouri; Southern Illinois; Worcester, MA.
- The barriers communities confront are generally complex and multidimensional issues. Yet one crosscutting theme emerged throughout the profiles: the importance of demonstrating the program's financial sustainability. While the initial investment can often seem daunting, there is true potential to not only recoup these funds in long-term savings, but to see a positive return on investment over the course of a transportation program by decreasing missed appointments, maintaining continuity of care, and reducing inappropriate use of emergency services.
- Healthtran: South Central Missouri has the HealthTran initiative to address the lack of public transportation in rural Missouri. It began as a pilot program funded by the Missouri Foundation for Health and was administered by the Missouri Rural Health Association. This is a transportation program that coordinates all the different transportation services to provide service to individuals across ten counties in South Central Missouri. Healthtran works with existing transportation providers, such as local transit agencies and ambulance districts to provide low-cost transportation to healthcare sites. It's available to those who don't have access to transportation or who aren't eligible for non-emergency Medicaid transportation and other kinds of services. They are most commonly serving seniors, people with disabilities, and low-income individuals.

Coordination Efforts in Washington State: Paul Meury, Medical Transportation Section Supervisor, Community Services, Medicaid Program Operations & Integrity, Washington State Health

Background on the Health Care Authority in Washington State

- There are 13,000 trips happening with over 1 million of the 3.5 million a year being served by our partners in the transit fixed route business in Washington.
- There are 39 counties carved into healthcare catchment areas approximating what the Health Care Authority (HCA) has presented as the normal movement patterns of people getting to healthcare appointments.
- From people driving their own vehicles, the HCA will pay them a lesser mileage amount if it's a client-associated vehicle than if they have a volunteer who is disassociated from the client, and then on up to the more expensive modes of transportation.

Tribal Agreements

- There are about 570 federally recognized tribes across the country and a lot of the tribes are very challenging to serve because they are frequently gathered in remote areas. In Washington, there are 29 federally recognized

tribes, and the state has struggled to ensure good access to healthcare for members of these tribes. For close to 20 years now, the state and the tribes have been developing specialized billing agreements.

- A lot of tribal members were hesitant to step outside of their cultural circle to get to healthcare appointments, and so Washington has alleviated that with its specialized agreements.
- Washington State is using CMS and state money to assist with expenditures that have already been made by the FTA through the Tribal Transit Program. Through funding from the FTA, the tribes were able to accumulate sizeable fleets that were well maintained and inspected regularly as well as well-trained drivers. This, combined with the specialized billing agreements, has allowed the state to provide over $1 million of support to tribes getting their members to qualifying healthcare appointments in 2016.
- A major advantage to this is that, given that reservations are often remote locations, the health department has been able to eliminate the deadhead miles of bringing vehicles and drivers onto the reservations and instead use tribal fleets and drivers that are already there.

Coordination Efforts in Washington State: Don Chartock, Vice Chair, APTA State Affairs Committee; Project Delivery Manager – Washington State DOT Public Transportation Division, Olympia, WA

Additional examples of coordination at the state and federal levels

- The Agency Council on Coordinated Transportation (ACCT) is composed of state agencies, transit members, consumer advocates and legislators with a mission to coordinate special needs transportation, create an engaging forum where people can talk about the issues, and provide oversight and direction. During the recession, funding for the program was cut; however, the council members decided that the work on coordination was so important that they wanted the council to continue to meet and work on an ad hoc basis. Currently, the main focus of the council is to work on early actions that were developed in a recently published statewide public transportation plan.
- The state DOT is also working on a lot of data sharing agreements to ensure that people have complete mobility solutions. The state DOT is arranging grant programs to help achieve these solutions with a lot of input from ACCT.
- Other coordination efforts between the State DOT and other agencies include adult day health projects with the Health Care Authority and a mapping project highlighting where rehabilitation centers were and how they could access transportation with the state Attorney General's office.
- A few things that state DOTs would like to see from CCAM are:
    - a willingness from all the CCAM members to engage on coordination projects and provide feedback during development;
    - an affirmative statement from all the CCAM members allowing flexible cost sharing methodologies as long as they are more cost efficient;
    - And, guidance on situations where data sharing among programs is permissible.

Van Sharing Program: Anne Nemetz-Carlson, President and CEO, Central Administration Office of Child Care of the Berkshires, North Adams, MA

Overview of Van Sharing Program

- Residents wondered what to do about the lack of transportation in the town, so the local United Way initiated the concept of sharing vehicles.
- The United Way partnered with a local community foundation to buy three vans and sought organizations that wanted to become a part of the partnership. Their initial intent was to run it as a for profit rental agency. They found a religious outreach group, a local community coalition, youth center, we had the YMCA, Child Care of the Berkshires and an agency that worked with persons with disability. Berkshire Rides, a non-profit that provides residents struggling financially with transportation to and from the workplace, really drove the program.

Berkshire Rides had a Federal grant to oversee transportation system and they were able to provide the oversight and the management of the program.

- The membership agreement was based on an operating budget and each organization had to pay a share. An organization could buy a 25% share or a 10% share, or even a one-time share.
- Challenges around the program centered around:
    - Scheduling issues (what if one agency needed all of the vans at once?)
    - shared staffing expense (it was expensive to hire a full-time transportation coordinator)
    - maintenance (neither the United Way or community foundation have more money for capital costs)
    - cost of insurance (too expensive to insure anyone who wants to drive the van)

Questions and Answers:

With regard to vehicle sharing with other agencies, it has been our experience that the opportunities for agencies to share vehicles with other agencies presents significant difficulties. The best approach that we have looked at is not sharing between agencies but agencies filling empty seats on the trips they are taking with clients from other agencies. The most significant barrier to doing that is the inconsistency in reimbursement rates and inability of federal programs to work together and different rules and restrictions on use of vehicles. What is the CCAM doing to address these issues?	(Danielle Nelson) It was difficult to find a ride sharing example. I think a lot of people know about Ride Connection in Portland, Oregon. Kristen, early in her presentation, talked about how that's one of the community profiles that's going to be published in that report they're presenting. But besides Ride Connection, the only other project we as a CCAM working group could find that's using Federal dollars was the New York City Market Ride program. Unfortunately, it's ceased to exist and they were using, it was the New York City Department for the Aging. It was partnering using school busses in the middle of the day to take seniors to get healthy food options. They were using two Federal funding sources but again, it no longer is in existence so, unfortunately, we know the issue is out there and CCAM has its eye on this. (Anne Nemetz-Carlson) Again, I just wanted to—that is one of the challenges. We take children to and from daycare. We're licensed by the State of Massachusetts. We have to have a bus thing up there. You have to have the 70 vehicle license. The other people in our partners, they didn't have it so someone driving the van but they didn't have school children in, they had to put the signs down. We had to move our care seats twice a day and it just goes on and on. The youth centers, they don't have any regulation on how many kids we can put in our van and what's viable. We, Child Care of the Berkshires, we made out really well. They let us use a van, again, 6:30 to 9:30 in the morning and they were always available from 2:30 to 3:30 so if the youth center, during the summer, wanted to go on a field trip, they can go from 9:30 to 2:30 so you can do it but it is hard work and it really is cooperation and collaboration. If anybody wants to do this you have to go into it really seriously knowing what you're getting into and you have to be respectful of everybody's regulations because

	nobody wants to get in trouble. Everybody wants the children safe or the riders safe.
What is Washington state's experience/opinion on increasing promotion of NEMT transportation waivers by CMS? It's difficult to understand how those waivers reduce barriers for transportation - would seem the opposite. Also would seem to be example of where agency policies are working contrary to the goals of the CCAM. So what is course of action for FTA?	(Paul Meury) We operate our NEMT program under the Deficit Reduction Act of 2005 so we're not operating under a waiver. I'm not sure what waiver the inquiry is referring to but CMS has allowed us to pay twice the usual and customary under the Deficit Reduction Act. We're also able to pay more if it's an established or negotiated social service agency rate. That's actually in the DRA language. So, they seem to be increasing their flexibility in that regard. Like I said, I really don't know about the waiver. I also know that the best cost sharing, ride sharing project that I know of that has CMS and FTA involved happens in New Jersey where New Jersey Transit, set up a way of filling vacant ADA seats and the local NEMT broker could fill them for a negotiated rate. I believe his rate structure ranged from $7.50 to about $15 per ride and that was successful and worked with somewhere around half of the transits in the State of New Jersey. (Don Chartock) I think the other part of the question about being consistent or inconsistent with CCAM, we're definitely, as I said before, looking for some help from the CCAM members so that we can move some of these projects forward, some of these ideas that we've had about cost sharing. (Marianne Stock) On behalf of the CCAM and, again, all I can say is that we understand the issue and we are working with our Federal agency partners to see where there are areas where we can make recommendations that have to be within the policies of the individual agencies or, if there's a policy or a regulatory or a statutory reason why we can't do that, that is something that Congress has asked us to provide to them. So it's going to take some time. As it regards to the waivers, I can't speak for CMS. My understanding is that individual states implement their Medicaid programs differently and so there's a lot of flexibility for states to do what's best in their own state and that's where the waiver issue, I think, comes up. So, just by way of explaining why, I think, Washington State maybe can't address that issue because their state

	isn't doing it that way. But it's really a state by state issue as I understand it.
Is there any Older Americans Act, Tribal fund? So the Title 6 fund of the Old Americans Act that are used for transportation as well in that agreement?	(Paul Meury) No. It would just be the Medicaid funding and whereas the Older Americans Act monies would be run through a different state agency
If a customer has dual eligibility for NEMT and ADA para-transit, which agency is responsible for the cost of transportation?	(Todd Slettvett, Health Care Authority) We've asked the centers for Medicare and Medicaid services for guidance on ADA trips and what can Medicaid pay in terms of a cost sharing strategy and, unfortunately, the only guidance we've been able to get up to date is we're allowed to pay two times the fare box recovery rate. And to that point, it's really important for each state's legislatures, I think, to help establish what a social service rate would be. We've had some agencies, as Paul mentioned earlier, establish some rates typically ranging from $7.50 to $15 per client per trip that we've been able to match but when it comes to the actual ADA trips, it's interesting in our state, Medicaid has taken the position that we are going to remain neutral on who is the appropriate payer. CMS tells us that Medicaid should be the payer of last resort but they're also provided contradictory guidance in that they're going to leave that to be a state decision for the most part and what we've ended up doing in our state is several of our transits essentially refer clients requesting an ADA trip to our brokers and then we end of providing those trips. In a sense, that in effect is a cost sharing strategy because we're providing those trips for ADA-eligible clients to Medicaid appointments and we've spent, in our state, about $6 million to $8 million per year offering those trips.
The CCAM at the local level, I think, is really critical and I'm wondering, how do you measure the success of that? What indicators would you be looking for to know that it's working?	(Don Chartock) That's actually some of the work that we're kind of doing right now in our early actions for the public transportation plan, is frankly we, at this point, have a bunch of ideas thrown up against the wall that we're vetting right now, both internally and with our external partners. I guess that's kind of my way of punting on your question before we can get you a better answer but I'll certainly share the information as the work group continues to develop their measurables that we are planning to use.

An area of concern for allowing the sharing of vehicles has been the insurance requirements of the various providers. In our State the insurance follows the vehicles and each state has different insurance requirements. Is CCAM looking at insurance solutions?	(Marianne Stock) That's really a state level issue and, to date, CCAM has not made any—that's not really on our agenda at the moment.
How will FTA & CMS coordinate regarding the upcoming "new" Medicare ID card, which is required as a form of ID for reduced fares on transit?	(Marianne Stock) I think many transit agencies use the Medicare card as a form of ID to know whether their passenger is eligible for half-fare so I'm not aware of what the issue would be that FTA would need to address but we can certainly explore that. (Danielle Nelson) I can say there's a lot of confusion. We actually have asked our National Aging Disability Transportation Center, NADTC, to develop some resource materials about half-fare because a lot of time, riders think it's an ADA or civil rights complaint but half-fare is actually an FTA program requirement of any of our fixed route service providers, that if someone has a Medicare card, so if someone, for example, is over 65 they can ride for half fare and how each transit agency implements that is different but you can go to their website to find their policy. It's publically available how to apply for half-fare.