



COORDINATING COUNCIL ON ACCESS AND MOBILITY (CCAM)

Focus Group Report 2018

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Acronyms

AAA	Area Agency on Aging
ACL	Administration for Community Living
ADA	Americans with Disabilities Act
ADRC	Aging and Disability Resource Center
APTA	American Public Transportation Association
CCAM	Coordinating Council on Access and Mobility
CDBG	Community Development Block Grant
CDC	Centers for Disease Control and Prevention
C.F.R.	Code of Federal Regulations
CIL	Center for Independent Living
CMS	Centers for Medicare and Medicaid Services
CTAA	Community Transportation Association of America
DOI	U.S. Department of the Interior
DOJ	U.S. Department of Justice
DOL	U.S. Department of Labor
DOT	U.S. Department of Transportation
ED	U.S. Department of Education
ETA	Employment and Training Administration
FAST Act	Fixing America's Surface Transportation Act
FQHC	Federally Qualified Health Center
FTA	Federal Transit Administration
GAO	U.S. Government Accountability Office
HA	Housing Agency
HHS	U.S. Department of Health and Human Services
HRSA	Health Resources and Services Administration
HUD	U.S. Department of Housing and Urban Development
I&R	Information and Referral
I/DD	Intellectual/Developmental Disabilities
IT	Information Technology
MCO	Managed Care Organization
MHBG	Mental Health Services Block Grant
MPO	Metropolitan Planning Organization
NCD	National Council on Disability

NEMT	Nonemergency Medical Transportation
OAA	Older Americans Act
RFP	Request for Proposals
RPO	Regional Planning Organization
RQDA	R Qualitative Data Analysis
RTAP	Rural Transit Assistance Program
SABG	Substance Abuse Prevention and Treatment Block Grant
SAMHSA	Substance Abuse and Mental Health Services Administration
SMA	State Medicaid Agency
SSA	U.S. Social Security Administration
SUA	State Unit on Aging
TANF	Temporary Assistance for Needy Families
TNC	Transportation Network Company
UCEDD	University Center for Excellence in Developmental Disabilities
U.S.C.	United States Code
USDA	U.S. Department of Agriculture
VA	U.S. Department of Veterans Affairs
VAMC	Veterans Affairs Medical Center
VHA	Veterans Health Administration
VISN	Veterans Integrated Service Network
VR	Vocational Rehabilitation
VSO	Veterans Service Organization
VTS	Veterans Transportation Service
WIOA	Workforce Innovation and Opportunity Act

Executive Summary

CCAM BACKGROUND

The Coordinating Council on Access and Mobility (CCAM) is an interagency partnership established by Executive Order to improve coordination across federal programs that fund transportation services for older adults, people with disabilities, and individuals of low income.¹ Chaired by the Secretary of Transportation, the CCAM's membership includes the Cabinet-level leadership of 11 different federal agencies.² Through coordination, the CCAM endeavors to reduce program duplication, fragmentation, and overlap in order to increase the efficiency and availability of federally funded transportation service.

FOCUS GROUP OBJECTIVES

The Fixing America's Surface Transportation (FAST) Act directs these members to develop a strategic plan that includes recommended changes to federal laws and regulations that will eliminate barriers to local transportation coordination.³ In response to FAST Act requirements, the Department of Transportation (DOT) sponsored federal interagency work groups in 2017 to identify coordination barriers and develop preliminary recommendations for addressing those barriers through statutory and regulatory changes. To further inform and refine the Council's response to these requirements, DOT conducted a series of focus groups with state and local stakeholders in 2018. Through a combination of virtual focus groups, in-person focus groups and interviews, and industry listening sessions, DOT engaged over 200 stakeholders representing 22 states. Sessions included recipients of funding from seven different CCAM member agencies (see **Figure 1**). In conducting the focus groups, DOT pursued three objectives:

1. Understand the current state of transportation services for people with disabilities, older adults, and individuals of low income;
2. Identify transportation coordination success stories and promising practices; and
3. Identify barriers to transportation coordination.

Feedback from these stakeholders is critical to better understand the policies and practices that prevent local transportation coordination. The CCAM will work to address these barriers and promote identified promising practices.

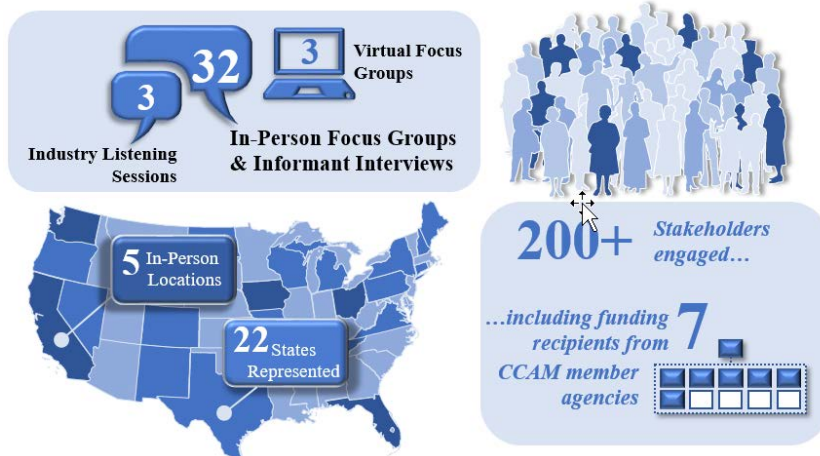


Figure 1 - CCAM Focus Groups by the Numbers

FINDINGS

This report details cumulative findings from focus group sessions as well as stakeholder-specific findings relevant to certain subsets of focus group participants.

¹ See **Appendix B** for the full text of Executive Order 13330.

² For the CCAM Organization Structure, see **Figure 3** in the **Introduction**.

³ For additional FAST Act requirements, see **Appendix C**.

Cumulative Findings

The barriers to transportation coordination reported by focus group participants are organized into ten key barrier categories. **Table 1** outlines these categories.

Barrier	Definition
Limited Awareness	A lack of awareness of the federal funding sources available for human service transportation, the policies that enable transportation coordination, and/or the community’s transportation options for targeted populations
Unengaged Stakeholders	Challenges associated with establishing and maintaining the organizational and community partnerships necessary to pursue transportation coordination
Program Restrictions	Reporting obligations, eligibility criteria, trip purpose restrictions, and other program rules that make it difficult to coordinate across different transportation programs
Insufficient Incentives	A lack of incentives or financial motivation for human service providers to pursue transportation coordination initiatives
Limited Federal Guidance	An absence of the federal guidance that states and local communities need to coordinate transportation in compliance with federal law
Jurisdictional Boundaries	City, county, or other regional lines that define an organization’s service area and prevent that organization from coordinating with other entities beyond the service area
Administrative Burden	The accounting obligations, logistical responsibilities, implementation work, and other administrative tasks that consume an excessive amount of time and resources
Insufficient Data	A lack of the data that states and local communities need to increase the transparency of transportation spending, demonstrate the utility of transportation coordination, and allocate the costs of coordinated transportation equitably
Cost Sharing Concerns	Apprehension about sharing the costs of coordinated transportation across participating stakeholders in a way that is equitable and proportionate to the services received
Inaccessible Systems	Transportation vehicles and facilities that funding recipients cannot use for some coordination activities because they are inaccessible to people with functional limitations

Table 1 - Transportation Coordination Barrier Categories

Of these categories, five barriers emerged across a majority of focus group sessions and stakeholder groups as the most prevalent barriers to coordination (see **Table 2**).

Stakeholder Findings

The facilitation team selected focus group participants based on the services they provide or fund for older adults, individuals with disabilities, and/or individuals of low income; however, the nature of these services varies broadly. Grouping stakeholders that provide similar services and serve similar populations allowed for more targeted analysis of the challenges state and local funding recipients experience. **Table 2** outlines the coordination barriers that emerged as themes within each stakeholder group (**Table 7** in the **Methodology** section defines each stakeholder group). These themes reflect barriers that a majority of participants representing a particular stakeholder group reported. Stakeholders also shared examples of successful coordination and made recommendations for how the federal government can remove barriers to local coordination.

The facilitation team also met with representatives of statewide coordination initiatives to discuss their challenges and successes, outlined in the **Statewide Coordination Initiatives** section.

Barrier	Aging Services Stakeholders	Disability Services Stakeholders	Employment and Training Services Stakeholders	Housing Services Stakeholders	Medicaid NEMT Stakeholders	Physical and Behavioral Health Services Stakeholders	Transit Stakeholders	Veterans Transportation Stakeholders
Limited Awareness	•	•	•			•		•
Unengaged Stakeholders		•		•	•		•	•
Program Restrictions			•		•	•	•	•
Insufficient Incentives	•		•	•		•		
Limited Federal Guidance	•				•		•	
Jurisdictional Boundaries				•			•	
Administrative Burden	•				•			
Insufficient Data			•			•		
Cost Sharing Concerns							•	
Inaccessible Systems		•						

Top 5 Barriers

Table 2 - Coordination Barriers by Stakeholder Group

NEXT STEPS

In support of CCAM progress to date, the focus group findings will help the CCAM promote transportation coordination (see **Figure 2**). The CCAM will convene federal work groups that will use the focus group findings to develop recommendations for Congressional and agency action. Based on these recommendations, Congress can change federal law and agencies can update their policy and guidance to remove barriers to local coordination and improve the efficiency and availability of federally funded transportation for people with disabilities, older adults, and individuals of low income.

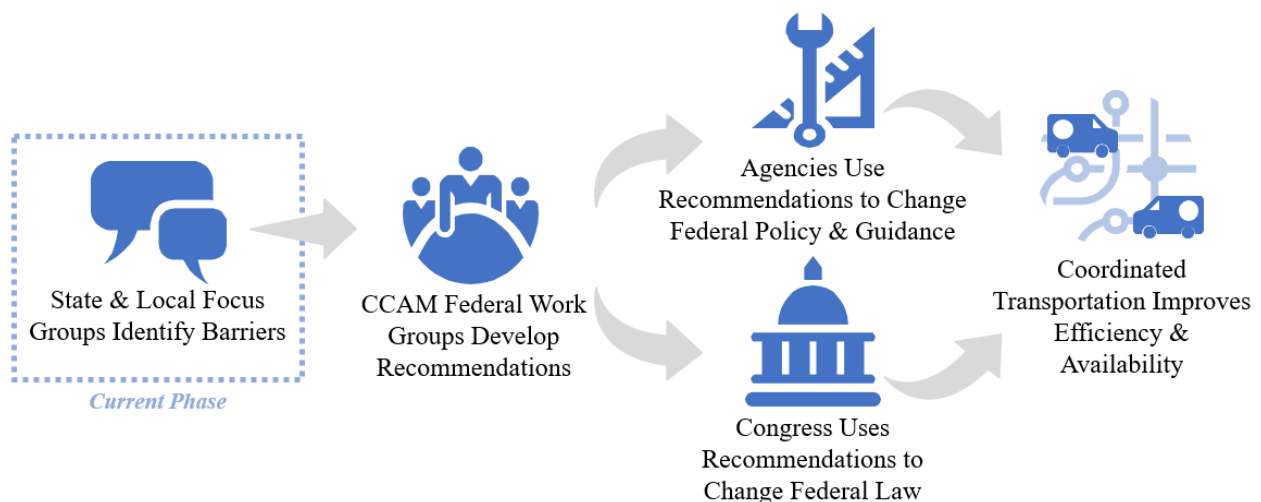


Figure 2 - Focus Group Feedback Integration

Introduction

Transportation enables mobility by connecting individuals to their jobs, health care providers, and communities. Despite its significance, millions of people lack access to reliable transportation due to disability, income, or age. To help fill this gap, the federal government sponsors over 80 programs that can fund transportation services for older adults, people with disabilities, and individuals of low income.⁴

The Coordinating Council on Access and Mobility (CCAM) seeks to improve coordination across these federal programs in order to maximize the efficiency and availability of federally funded transportation services. In 2015, Congress passed the Fixing America’s Surface Transportation (FAST) Act, which directed the CCAM to develop a strategic plan and propose changes to federal laws and regulations that will eliminate barriers to transportation coordination. Since the passage of the law, CCAM agencies have engaged in strategic planning meetings and participated in federal working groups to address these barriers.

To supplement these efforts, the Department of Transportation (DOT) convened a series of focus groups in 2018 with state and local stakeholders to gather insight on the current state of transportation services for people with disabilities, older adults, and individuals of low income. The stakeholders also discussed promising practices that enable coordination, and lessons learned from previous attempts to coordinate. The CCAM will use focus group feedback to address FAST Act requirements and promote collaboration across the federal government and among federal grantees. This report summarizes the findings of these focus groups.

WHAT IS THE COORDINATING COUNCIL ON ACCESS AND MOBILITY (CCAM)?

The CCAM is an interagency partnership established by Executive Order 13330 to coordinate the efforts of the federal agencies that fund transportation services for people with disabilities, older adults, and individuals of low income.⁵ The CCAM aims to improve the quality, efficiency, and availability of transportation services for these three targeted populations. The Secretary of Transportation chairs the Council, which also includes the Cabinet-level appointees outlined in **Figure 3** below, or their designees.

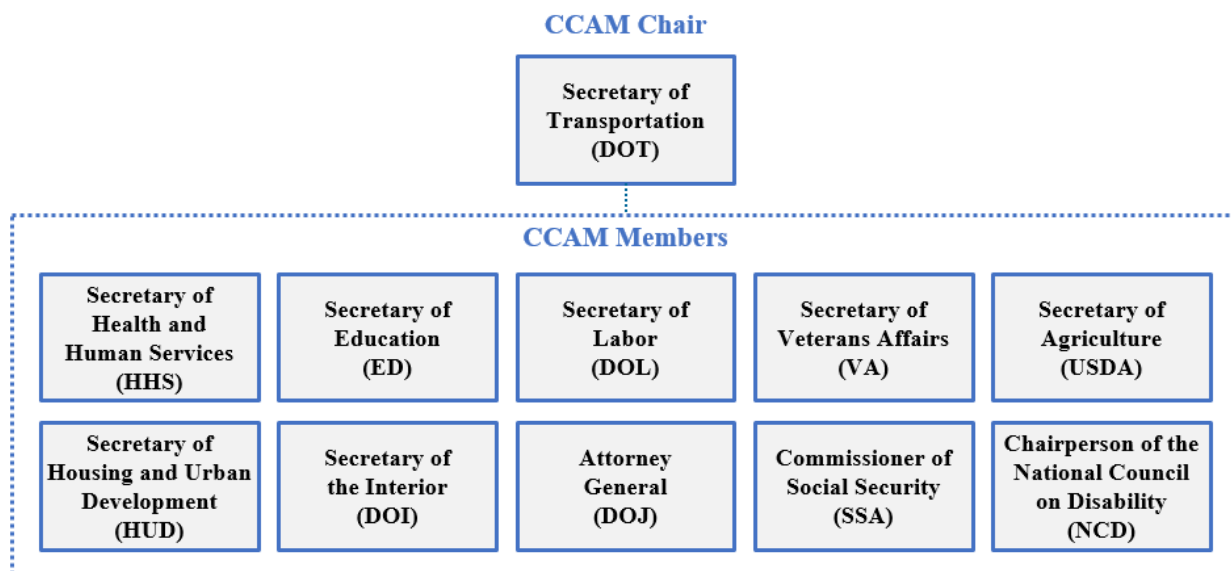


Figure 3 - CCAM Organization Structure

⁴ GAO Report 12-647 identifies 80 programs that can fund human service transportation for the targeted populations. Since the GAO published the report in 2012, CCAM agencies have established new programs for which transportation is an eligible expense.

⁵ See **Appendix B** for full text of Executive Order 13330.

WHY IS TRANSPORTATION COORDINATION IMPORTANT?

Transportation coordination promotes personal mobility by increasing the accessibility and availability of transportation services. Coordinated transportation also reduces duplication and overlap of federally funded transportation services and enables federal agencies and their funding recipients to use federal funds more efficiently.

Personal mobility is essential to living a happy, healthy, and productive life. However, millions of Americans are unable to transport themselves or access transportation service due to disability, income, or age. For example, 34 percent of people with disabilities report having inadequate access to transportation,⁶ and approximately 18 percent of adults 65 and older no longer drive.⁷ For the 14 percent of Americans living below the poverty line, the cost of transportation may be prohibitive.⁸ This transportation gap prevents these populations from accessing jobs, health care, healthy food, education, social services, and other aspects of the community.

According to the U.S. Government Accountability Office (GAO), eight federal departments administer over 80 different programs that may provide funding for specialized transportation and services designed to meet the unique mobility needs of these populations.⁹ For example:

- The Department of Health and Human Services (HHS) Medicaid program partners with states to ensure beneficiaries have access to transportation for health care services;
- The DOT Enhanced Mobility of Seniors and People with Disabilities program provides funding for transit agencies to offer services that improve the mobility of seniors and individuals with disabilities; and
- The Department of Veterans Affairs (VA) Beneficiary Travel program provides mileage reimbursement to low-income Veterans and Veterans with disabilities for travel to health care services.

These 80+ different programs often provide similar services to similar populations, but unique program rules and requirements make it difficult for grantees to work together to prevent duplication, fragmentation, and overlap of services. Instead, these federally funded programs frequently operate in silos, and transportation providers are unable to implement efficiencies, such as grouping passengers and sharing equipment.

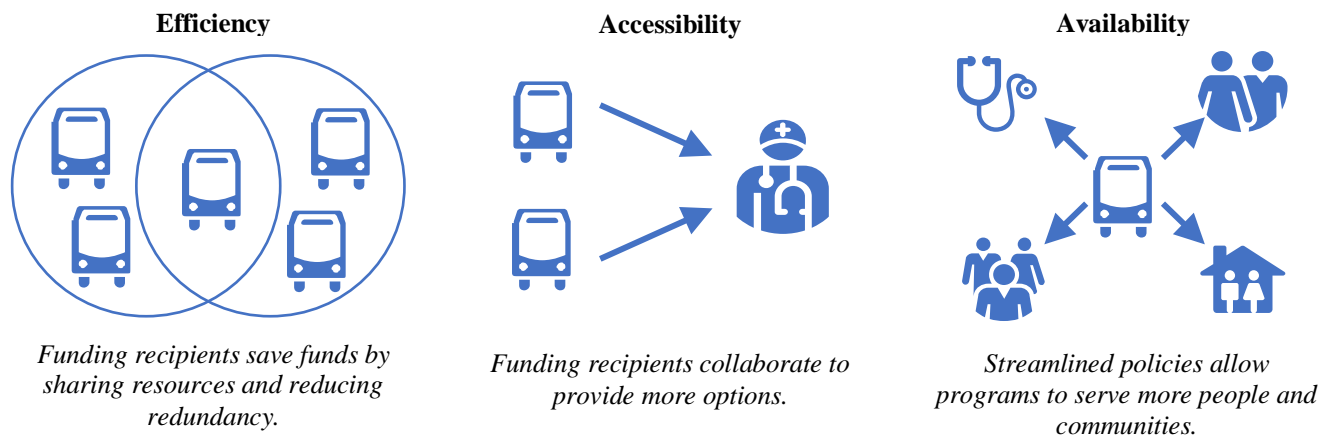


Figure 4 - Benefits of Transportation Coordination

⁶ U.S. Government Accountability Office, Transportation-disadvantaged Populations: Federal Coordination Efforts Could Be Further Strengthened, GAO-12-647 (Washington, D.C.: GAO, 2012).

⁷ U.S. Department of Transportation, Federal Highway Administration, 2017 National Household Travel Survey, raw data, Washington, D.C.

⁸ U.S. Department of Commerce, Census Bureau, Income and Poverty in the United States: 2015 (Washington, D.C.: Census Bureau, Sept. 2016).

⁹ U.S. Government Accountability Office, Transportation-disadvantaged Populations: Federal Coordination Efforts Could Be Further Strengthened, GAO-12-647 (Washington, D.C.: GAO, 2012).

To reduce these inefficiencies, the Council aims to promote local transportation coordination and cost sharing across the various federal funding streams. Coordination and cost sharing have the potential to improve cost effectiveness, enhance access and availability, and ease grantee burdens, all while increasing access to the opportunities that America’s communities have to offer. **Figure 4** illustrates three of the primary benefits that communities can realize through coordination.

WHAT IS THE FIXING AMERICA’S SURFACE TRANSPORTATION (FAST) ACT?

The FAST Act was signed into law on December 4, 2015. The FAST Act is a five-year funding and authorization bill enacted to improve America’s surface transportation infrastructure. The Act also includes several statutory requirements for the CCAM, which have guided recent Council activities. Section 3006(c) of the FAST Act directs the CCAM to develop a strategic plan that meets the requirements outlined in **Figure 5**. The CCAM focus group feedback supports the requirements highlighted in blue.

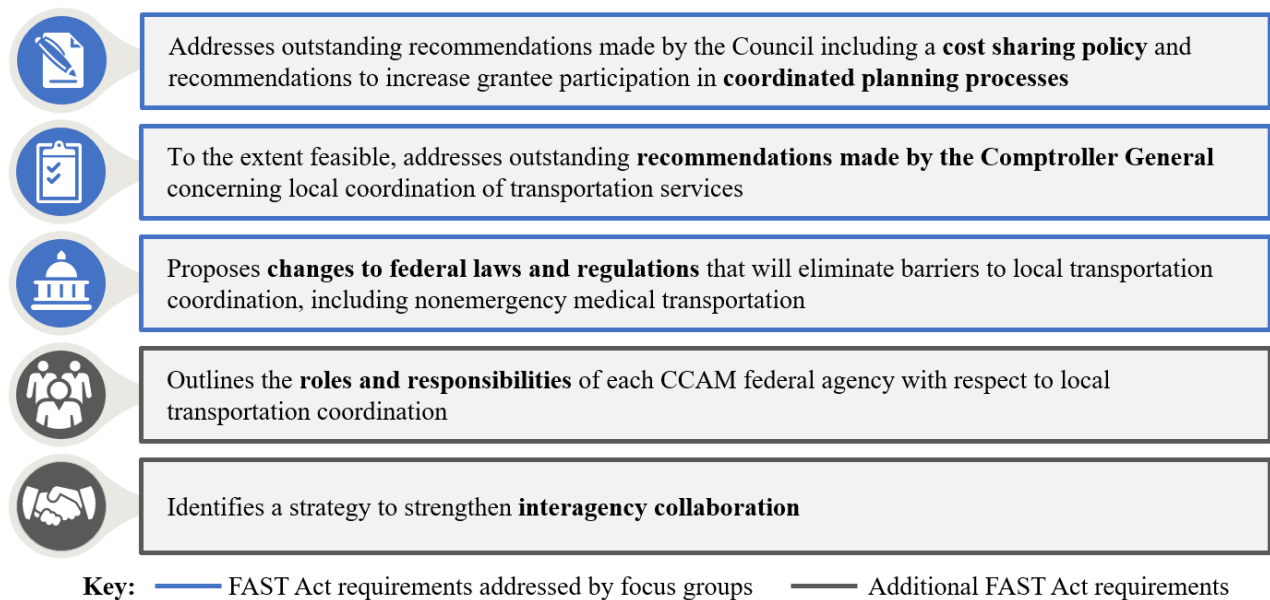


Figure 5 - FAST Act Requirements

In response to these requirements, CCAM agencies engaged in a strategic planning process informed by historical perspective, agency input, industry insights, and the evolving transportation needs of the American public. In the spring of 2017, DOT sponsored three CCAM work groups which brought together staff-level representatives from ten CCAM agencies to address key transportation coordination challenges. The resulting set of draft recommendations identified barriers to CCAM objectives and proposed options that will enable the CCAM to efficiently fulfill FAST Act requirements. In 2018, DOT convened focus groups with state and local stakeholders to gain input on Council direction. **Figure 6** illustrates the timeline of FAST Act activities.

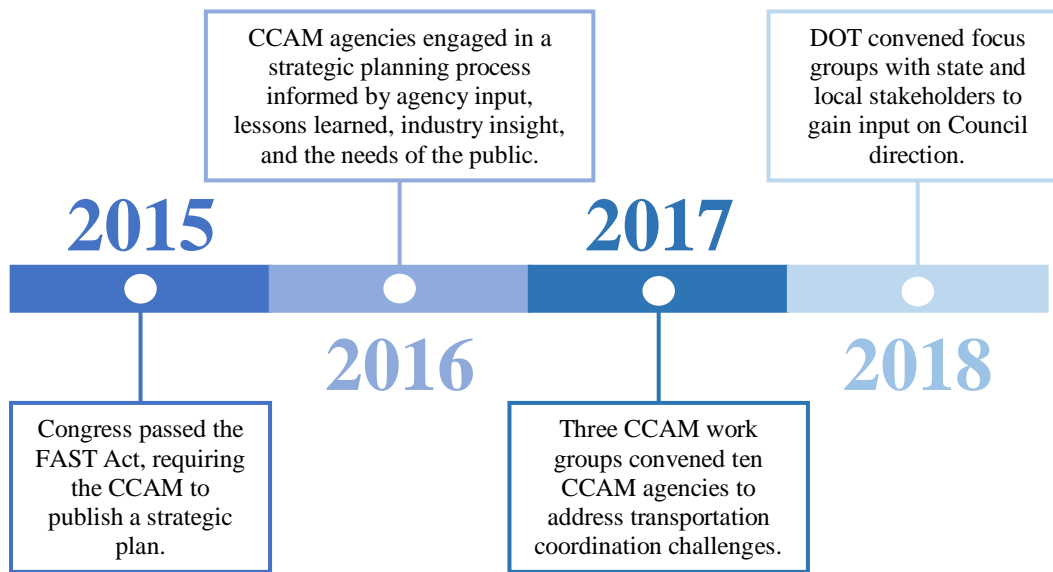


Figure 6 - FAST Act Implementation Timeline

WHAT ARE THE CCAM FOCUS GROUPS?

In the spring of 2018, DOT conducted a series of state and local focus groups that will inform the Council’s response to FAST Act requirements. The objectives of the focus groups were to:

- Understand the current state of transportation services for people with disabilities, older adults, and individuals of low income;
- Identify transportation coordination success stories and promising practices; and
- Identify barriers to transportation coordination.

The facilitation team documented transportation coordination barriers and opportunities. These findings will inform future federal work groups, which will enable progress towards FAST Act requirements. The facilitation team also identified promising practices that the CCAM can use to demonstrate the impact and feasibility of transportation coordination. **Figure 7** outlines the objectives and outputs of the focus groups.

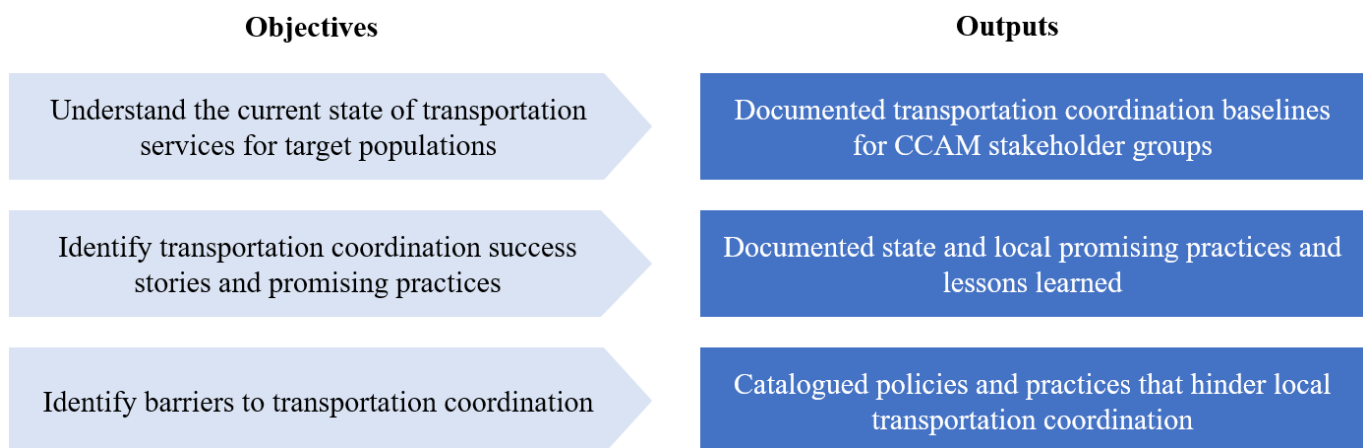


Figure 7 - Focus Group Objectives and Outputs

Methodology

The facilitation team engaged over 200 stakeholders from 22 different states, including funding recipients of programs administered by the Departments of Transportation (DOT), Health and Human Services (HHS), Veterans Affairs (VA), Labor (DOL), Housing and Urban Development (HUD), Education (ED), and Agriculture (USDA). The facilitation team engaged each CCAM agency to identify focus group participants from among funding recipients of their programs for which transportation is an eligible expense. The team used these contacts to assemble a diverse group of stakeholders in each virtual and in-person session.

The facilitation team used a variety of formats to achieve the stated objectives. Formats included virtual focus groups, in-person focus groups and key informant interviews, and in-person listening sessions. The following sections describe each format in more detail, and **Table 3** provides an overview.

	Virtual Focus Groups	In-Person Focus Groups and Key Informant Interviews	In-Person Listening Sessions
Structure	Three virtual focus groups organized around the following topics: <ul style="list-style-type: none"> • Medicaid nonemergency medical transportation (NEMT) • Veterans transportation • Physical and behavioral health access 	38 in-person focus groups and interviews in the following locations: <ul style="list-style-type: none"> • Los Angeles, California • Des Moines, Iowa • Columbus, Ohio • Tallahassee, Florida • Olympia and Seattle, Washington 	Three in-person listening sessions at each of the following industry meetings: <ul style="list-style-type: none"> • National Rural Transit Assistance Program (RTAP) Board Meeting • Community Transportation Association of America (CTAA) Annual Expo • American Public Transportation Association (APTA) Bus and Paratransit Conference
Stakeholders	<ul style="list-style-type: none"> • HHS funding recipients • VA funding recipients 	<ul style="list-style-type: none"> • HHS funding recipients • VA funding recipients • DOT funding recipients • DOL funding recipients • HUD funding recipients • ED funding recipients • USDA funding recipients 	<ul style="list-style-type: none"> • DOT funding recipients
Benefits	<ul style="list-style-type: none"> • Organization around a single topic enabled targeted conversation • Format was inclusive across multiple regions of the country • National participation built network for practitioners to learn from other regions 	<ul style="list-style-type: none"> • In-person interactions improved participant engagement • Travel allowed the team to conduct site visits and individual interviews • Local format developed connections among community organizations for future collaboration 	<ul style="list-style-type: none"> • In-person interactions improved participant engagement • Discussion topics were tailored specifically for the transit industry

Table 3 - Focus Group Formats

VIRTUAL FOCUS GROUPS

Virtual focus groups brought together stakeholders that receive funding from a selected CCAM agency. The facilitation team organized three virtual focus groups, each around a single topic, which enabled targeted conversation. **Table 4** outlines the constituencies, types of participants, and objectives of each virtual focus group.

	Medicaid NEMT Focus Group	Veterans Transportation Focus Group	Physical and Behavioral Health Access Focus Group
Constituency	<ul style="list-style-type: none"> HHS Centers for Medicare and Medicaid Services (CMS) Funding Recipients 	<ul style="list-style-type: none"> VA Veterans Health Administration (VHA) Stakeholders 	<ul style="list-style-type: none"> HHS Health Resources and Services Administration (HRSA) Grantees HHS Substance Abuse and Mental Health Services Administration (SAMHSA) Grantees
Types of Participants	<ul style="list-style-type: none"> NEMT Providers NEMT Brokers 	<ul style="list-style-type: none"> Veterans Affairs Medical Centers (VAMC) State Departments of Veterans Affairs Veterans Integrated Service Networks (VISN) 	<ul style="list-style-type: none"> Federally Qualified Health Centers (FQHC) Rural Community Health Organizations State Departments of Health and Human Services
Objective	<ul style="list-style-type: none"> Identify challenges associated with coordinating Medicaid NEMT with other federal programs that fund NEMT 	<ul style="list-style-type: none"> Identify challenges associated with coordinating VA NEMT with other federal programs that fund NEMT 	<ul style="list-style-type: none"> Identify NEMT coordination challenges experienced by HRSA health centers, SAMHSA funding recipients, and other rural and low-income health care providers

Table 4 - Virtual Focus Groups

IN-PERSON FOCUS GROUPS AND KEY INFORMANT INTERVIEWS

The facilitation team conducted in-person focus groups and key informant interviews in diverse regions with demonstrated success in coordinating transportation. DOT selected five site visit locations and conducted a total of 32 focus groups and interviews across these locations. The in-person format enabled more significant participant engagement and more collaborative conversations.

DOT considered the following criteria when selecting site visit locations:

- Population density;
- Population of Veterans;
- Population of people with disabilities;
- Population of older adults;
- Population of people living below the poverty line;
- Location of state capital;
- Demonstrated success in transportation coordination; and
- Activity of statewide coordination initiatives.

Table 5 lists the selected site visit locations and the number of focus groups and key informant interviews that took place at each.

Location	Number of Focus Groups	Number of Key Informant Interviews
Los Angeles, California	5	0
Des Moines, Iowa	5	2
Columbus, Ohio	4	2
Tallahassee, Florida	4	2
Olympia and Seattle, Washington	4	4

Table 5 - In-Person Site Visit Locations

Table 6 outlines the alignment of each location with the criteria listed above.

	Rural Area	Urban Area	Active Statewide Coordination Initiative	Veterans Population Above National Average	Aging Population Above National Average	Disability Population Above National Average	Low-Income Population Above National Average	State Capital	Recognized Coordination Success
Los Angeles		●					●		●
Des Moines	●		●	●				●	●
Columbus		●	●	●				●	●
Tallahassee	●		●			●	●	●	●
Olympia & Seattle	●	●	●	●	●	●		●	●

Table 6 - In-Person Site Visit Selection Criteria

INDUSTRY LISTENING SESSIONS

At industry listening sessions, DOT held moderated discussions with transit industry stakeholders. DOT conducted industry listening sessions at the following national meetings of the transit industry:

- American Public Transportation Association (APTA) Bus and Paratransit Conference (May 6-9, 2018 in Tampa, FL)
- National Rural Transit Assistance Program (RTAP) Board Meeting (May 10, 2018 in Washington, D.C.)
- Community Transportation Association of America (CTAA) Annual Expo (June 10-14, 2018 in Pittsburgh, PA)

DOT selected these national meetings because the hosting organizations provide technical assistance in support of CCAM initiatives. These meetings also brought together a large concentration of transit industry stakeholders, many of whom have extensive experience in issues related to transportation coordination.

Figure 8 illustrates the state and local communities reached by each focus group format. The map is overlaid by DOT and HHS regions (both departments use the same regional divisions).

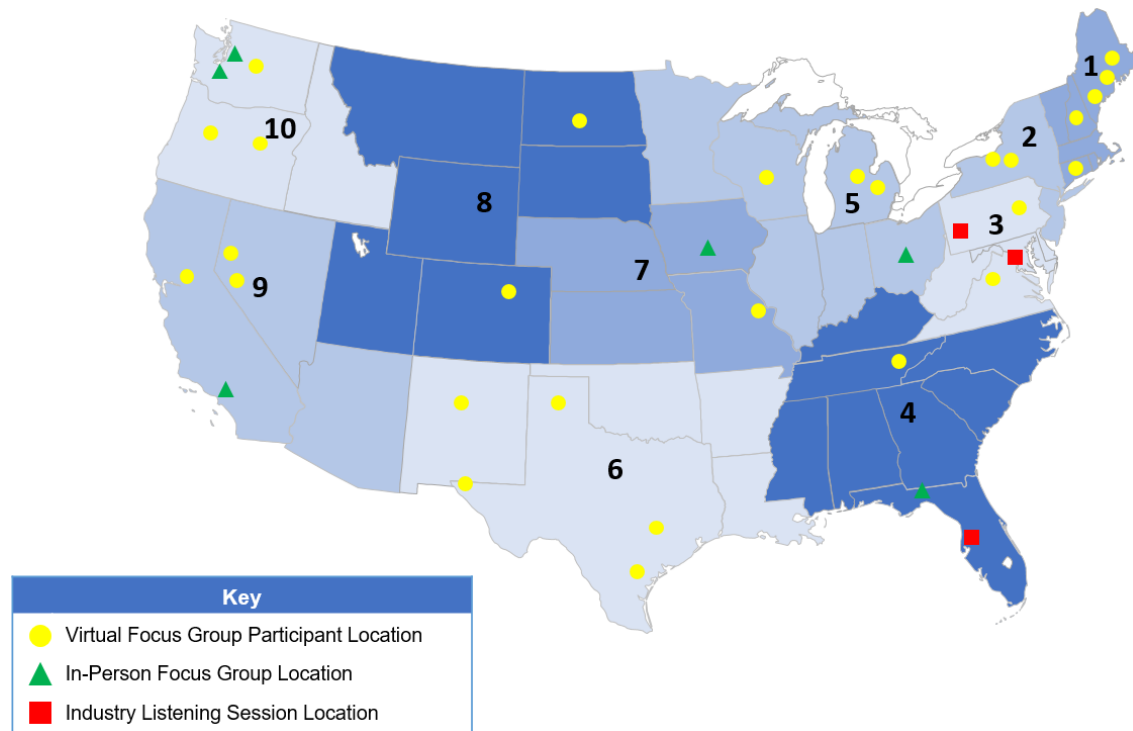


Figure 8 - Focus Group Participant Locations

FACILITATION STRATEGY

DOT contracted a third-party vendor to facilitate each focus group and interview. The contractor served as the facilitation team for all focus groups and key informant interviews, and DOT staff were present at some but not all of these sessions. DOT staff conducted the three in-person listening sessions.

Most of the sessions consisted of informal, guided discussion, but the facilitation team also asked participants to complete a written exercise. The written exercise offered each participant an opportunity to list the top three barriers to transportation coordination.

Feedback provided by focus group participants remained anonymous in order to establish an open, candid dialogue. Although this report attributes some feedback to a type of organization and/or a general geographic location (e.g., a transit agency in the Midwest), the report does not attribute feedback to individual participants or specific organizations. The facilitation team informed focus group participants that the federal government would not use their feedback for audit or grant evaluation purposes.

DATA ANALYSIS

The team used R Qualitative Data Analysis (RQDA) to analyze notes recorded during the sessions. RQDA is an R package for computer-assisted qualitative data analysis software. It runs within the R statistical software, an open source software environment for statistical computing. The team used RQDA to identify key trends with respect to individual stakeholder groups and across all stakeholder groups.

The facilitation team used Microsoft Excel to analyze responses from the written exercises. The team assigned each response to a code that identified the type of transportation coordination barrier discussed in the response (e.g., cost sharing concerns, program restrictions), which enables the team to organize and manage feedback based on stakeholder.

FINDINGS

This report includes trends identified across a majority of stakeholders (see **Findings Overview** section) as well as trends specific to individual stakeholder groups. **Table 7** outlines each stakeholder group section.

Stakeholder Group	Primary Oversight Authority	Types of Participants	Page
Aging Services Stakeholders	HHS Administration for Community Living (ACL)	<ul style="list-style-type: none"> • Area Agencies on Aging (AAA) • State Associations of Area Agencies on Aging • State Units on Aging (SUA) • Transit Agencies 	21
Disability Services Stakeholders	HHS Administration for Community Living (ACL)	<ul style="list-style-type: none"> • Centers for Independent Living (CIL) • Area Agencies on Aging • State Vocational Rehabilitation (VR) Agencies • State Intellectual/Developmental Disabilities (I/DD) Agencies • University Centers for Excellence in Developmental Disabilities (UCEDD) 	25
Employment and Training Services Stakeholders	DOL Employment and Training Administration (ETA)	<ul style="list-style-type: none"> • Statewide Workforce Development Boards and Coordinating Entities • Local Workforce Development Boards • Transit Agencies • Regional Planning Councils • Employment and Training Nonprofit Organizations • State Departments of Agriculture 	29
Housing Services Stakeholders	HUD Office of Community Planning and Development (CPD)	<ul style="list-style-type: none"> • Local Economic Development Agencies • Public Housing Agencies (HA) 	34
Medicaid Nonemergency Medical Transportation (NEMT) Stakeholders	HHS Centers for Medicare and Medicaid Services (CMS)	<ul style="list-style-type: none"> • State Medicaid Agencies (SMA) • Managed Care Organizations (MCO) • NEMT Brokers • NEMT Providers 	37
Physical and Behavioral Health Services Stakeholders	HHS Health Resources and Services Administration (HRSA); HHS Substance Abuse and Mental Health Services Administration (SAMHSA)	<ul style="list-style-type: none"> • Federally Qualified Health Centers (FQHC) • Behavioral Health Care Providers • State Departments of Health and Human Services 	43
Transit Stakeholders	DOT Federal Transit Administration (FTA)	<ul style="list-style-type: none"> • Transit Agencies • State Departments of Transportation • Regional Planning Bodies • State and Regional Transit Associations • Other Nonprofit Organizations 	47
Veterans Transportation Stakeholders	VA Veterans Health Administration (VHA)	<ul style="list-style-type: none"> • State Veterans Affairs Offices • Veterans Affairs Medical Centers (VAMC) • Veterans Integrated Service Networks (VISN) 	54
Statewide Coordination Initiatives	State Governments	<ul style="list-style-type: none"> • Legislatively-Mandated State Coordinating Councils • Governor-Led Coordination Efforts 	60

Table 7 - Stakeholder Group Sections

Findings Overview

The **Findings Overview** provides a summary of the major barriers to transportation coordination that emerged as trends across multiple stakeholder groups and multiple focus group sessions. The Overview also defines each transportation coordination barrier discussed in the individual stakeholder sections of this report.

TRANSPORTATION COORDINATION BARRIERS

Focus group participants reported an array of barriers to transportation coordination. The list below categorizes and defines each reported barrier.

- **Limited Awareness.** A lack of awareness of the federal funding sources available for human service transportation, the policies that enable transportation coordination, and/or the community's transportation options for targeted populations
- **Unengaged Stakeholders.** Challenges associated with establishing and maintaining the organizational and community partnerships necessary to pursue transportation coordination
- **Program Restrictions.** Reporting obligations, eligibility criteria, trip purpose restrictions, and other program rules that make it difficult to coordinate across different transportation programs
- **Insufficient Incentives.** A lack of incentives or financial motivation for human service providers to pursue transportation coordination initiatives
- **Limited Federal Guidance.** An absence of the federal guidance that states and local communities need to coordinate transportation in compliance with federal law
- **Jurisdictional Boundaries.** City, county, or other regional lines that define an organization's service area and prevent that organization from coordinating with other entities beyond the service area
- **Administrative Burden.** The accounting obligations, logistical responsibilities, implementation work, and other administrative tasks that consume an excessive amount of time and resources
- **Insufficient Data.** A lack of the data that states and local communities need to increase the transparency of transportation spending, demonstrate the utility of transportation coordination, and allocate the costs of coordinated transportation equitably
- **Cost Sharing Concerns.** Apprehension about sharing the costs of coordinated transportation across participating stakeholders in a way that is equitable and proportionate to the services received
- **Inaccessible Systems.** Transportation vehicles and facilities that funding recipients cannot use for some coordination activities because they are inaccessible to people with functional limitations

Table 8 (also included in the **Executive Summary**) identifies the coordination barriers that emerged as trends within each stakeholder group. The top five barriers, shaded in blue, represent themes that were discussed across a majority of focus group sessions.

Barrier	Aging Services Stakeholders	Disability Services Stakeholders	Employment and Training Services Stakeholders	Housing Services Stakeholders	Medicaid NEMT Stakeholders	Physical and Behavioral Health Services Stakeholders	Transit Stakeholders	Veterans Transportation Stakeholders
Limited Awareness	●	●	●			●		●
Unengaged Stakeholders		●		●	●		●	●
Program Restrictions			●		●	●	●	●
Insufficient Incentives	●		●	●		●		
Limited Federal Guidance	●				●		●	
Jurisdictional Boundaries				●			●	
Administrative Burden	●				●			
Insufficient Data			●			●		
Cost Sharing Concerns							●	
Inaccessible Systems		●						

Top 5 Barriers

Table 8 - Coordination Barriers by Stakeholder Group

TOP FIVE BARRIERS

As shown above in **Table 8**, the facilitation team identified the top barriers to transportation coordination that were discussed across the majority of focus group sessions. The top barriers are summarized below and discussed in more detail in the **Stakeholder Findings** sections.

1. **Limited Awareness: Most federal funding recipients are unaware of the full range of opportunities for transportation coordination in their communities.** Stakeholders reported that they are not familiar with all available transportation options in their communities, which limits their ability to coordinate across human service organizations and maximize community resources. Lack of awareness of coordination opportunities is particularly challenging for stakeholders whose role is to refer beneficiaries to transportation options rather than provide transportation service themselves. Stakeholders also reported that they are unaware of the available federal funding streams that they may use to provide human service transportation, which prevents organizations from coordinating across different funding streams and providing more transportation services for their beneficiaries.
2. **Unengaged Stakeholders: Federal funding recipients have difficulty engaging the stakeholders needed to successfully coordinate transportation.** A wide variety of community stakeholders have a role in providing human service transportation, and transportation coordination requires these stakeholders to form partnerships and collaborate with one another. However, some stakeholders are unwilling or unable to engage for various reasons. When key stakeholders are not involved, coordination efforts do not reach their full potential.

3. **Program Restrictions: Federal program requirements restrict or disincentivize funding recipients from pursuing transportation coordination partnerships and initiatives.** Federal laws and guidance prescribe unique rules for each federal program that funds transportation services for targeted populations. These rules dictate how funding recipients may use their funds for transportation. For example, some program rules define the types of beneficiaries eligible for transportation services, the acceptable purpose or destination of eligible trips, or the allowable forms of transportation that funding recipients may use. Other rules may require funding recipients to meet specific vehicle, driver, or service standards. These restrictions limit the circumstances in which funding recipients can fund transportation, which prevents them from coordinating with other transportation programs that have different or conflicting rules and restrictions. Participants emphasized the importance of local flexibility in developing innovative coordination models.
4. **Insufficient Incentives: Without a compelling incentive, federal funding recipients are unwilling to coordinate transportation.** Transportation coordination requires administrative work that can be burdensome for funding recipients, particularly smaller organizations. Without a statutory mandate or financial motivation to coordinate transportation, funding recipients may be unwilling to overcome these administrative burdens. Administrative burdens associated with transportation coordination include increased insurance responsibilities, complex information technology (IT) solutions, additional reporting and audit responsibilities, and formal partnership agreements and contracts. Additionally, some funding recipients may not be incentivized to fund transportation whatsoever because funding it would detract from limited budget resources needed for core service offerings.
5. **Limited Federal Guidance: Stakeholders need additional guidance from the federal government in order to coordinate transportation.** Federal funding recipients reported that they need additional guidance on allowable cost sharing and cost allocation arrangements. Without guidance from federal oversight authorities, funding recipients must interpret laws themselves, putting them at risk of making incorrect assumptions. Grant auditors and program managers may determine that transportation coordination arrangements are noncompliant if the appropriate federal guidance does not exist.

WRITTEN EXERCISE RESULTS

The facilitation team asked participants from each stakeholder group to complete a written exercise in which they listed the top three barriers to transportation coordination. The team organized responses into the barrier categories defined previously. **Figure 9** outlines the results of this exercise. Some respondents reported barriers outside the purview of the CCAM, and these barriers appear as “Other” in the data set. Participants completed the exercise at the end of each focus group session, and some participants used it to report barriers not previously discussed. For that reason, written exercise results do not fully align with the top five barriers above, which reflect the discussion portion of the sessions.

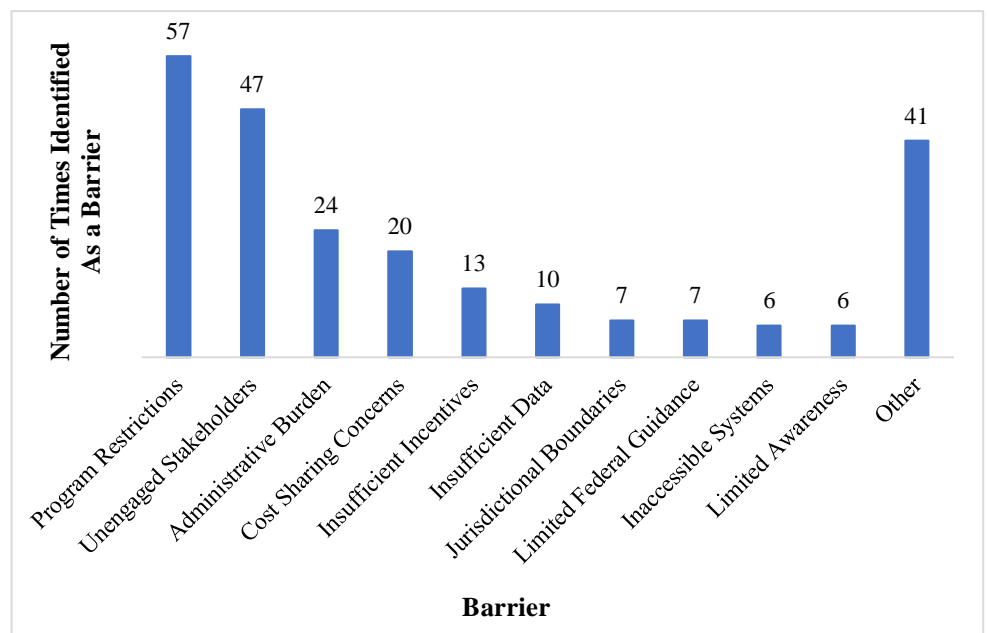


Figure 9 - Written Exercise Results

Stakeholder Findings

Stakeholder group sections detail the themes and observations pertaining to specific stakeholders. Stakeholders are organized into sections according to the services they provide (see **Figure 10**). For example, some stakeholders may primarily provide services to people with disabilities, while others focus on Veterans. These observations may inform future recommendations for Congressional and agency action to address coordination barriers for federal funding recipients. Stakeholder group sections include the following components:

- **Session Participants:** Describes the types of organizations whose feedback is summarized in the section
- **General Transportation Issues:** Outlines the common transportation challenges that impact the stakeholder group and the beneficiaries of their services
- **Transportation Coordination Barriers:** Identifies common barriers to transportation coordination reported by members of this stakeholder group
- **Participant Recommendations:** Summarizes participants' recommendations for how the federal government can remove local barriers to, and actively promote, transportation coordination

The **Statewide Coordination Initiatives** section details observations from informational sessions with members of statewide coordination entities. Coordination initiatives are multidisciplinary efforts that include representatives from a variety of stakeholder groups. This section focuses on the overarching challenges and successes of the coordination initiatives, rather than barriers experienced by individual members. These findings may inform how the CCAM promotes coordination at the state level. This section includes the following components:

- **Session Participants:** Describes the types of statewide coordination entities whose feedback is summarized in the section
- **Successful Approaches to Coordination:** Outlines the various ways that participants approach statewide coordination initiatives and includes promising practices for interagency coordination
- **Barriers to State Coordination Initiatives:** Identifies the barriers that inhibit coordination initiatives and diminish their impact on statewide coordination
- **Participant Recommendations:** Summarizes participants' recommendations for how the federal government can support statewide coordination initiatives

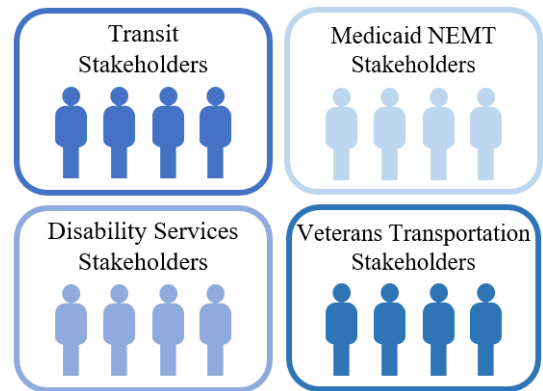


Figure 10 - Illustrative Stakeholder Groupings

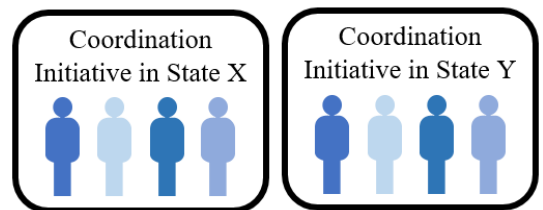



Figure 11 - Illustrative Statewide Coordination Groupings

Aging Services Stakeholders

SECTION SUMMARY			
SESSION PARTICIPANTS	<ul style="list-style-type: none"> Area Agencies on Aging (AAA) State Associations of AAAs State Units on Aging (SUA) Transit Agencies 	NUMBER OF PARTICIPANTS	NUMBER OF COORDINATION BARRIERS
REFERENCED PROGRAMS	<ul style="list-style-type: none"> Older Americans Act (OAA) Section 5310 Enhanced Mobility of Seniors and Individuals with Disabilities Medicaid 	22	5
TOP 3 BARRIERS	<ul style="list-style-type: none"> Limited Awareness Administrative Burden Limited Federal Guidance 	PRIMARY OVERSIGHT AGENCY	
TOP 3 PARTICIPANT RECOMMENDATIONS	<ul style="list-style-type: none"> Provide technical assistance for coordination Incentivize coordination in funding agreements Simplify FTA grant requirements 		

As the aging population in the United States continues to rise, a greater number of seniors will need access to affordable transportation to continue to participate in their communities. For some older adults, functional limitations may prevent them from using personal vehicles, and many turn to public transportation for continued access to their communities. Other older adults have always relied on public transportation. These individuals often encounter barriers when the availability of transportation is limited or when transportation is inaccessible for older adults with disabilities.

Public transit agencies and the aging network provide transportation services designed to meet the unique needs of the growing population of older adults. The aging network includes area agencies on aging (AAAs), state associations of AAAs, and state units on aging (SUAs), among other community-based organizations. All of these organizations play an important role in administering public services for older adults.

SESSION PARTICIPANTS

This section summarizes feedback from the following types of organizations:

- Area Agencies on Aging (AAA).** AAAs develop, coordinate, and deliver aging services in local communities. AAAs enable older adults to age in place by providing them with a range of options that allow them to reside in home and community-based settings. AAAs receive the Administration for Community Living’s (ACL) Older Americans Act (OAA) funding, which may be used to provide transportation services such as transit passes, taxi vouchers, and travel training. A limited number of AAAs also operate their own vehicles and provide demand response transportation services. In addition to OAA funding, some AAAs receive funding from the Federal Transit Administration’s (FTA) Section 5310 Enhanced Mobility of Seniors and Individuals with Disabilities program to provide transportation services for older adults.¹⁰ Finally, AAAs operate Aging and Disability Resource Centers (ADRCs), which provide information and referral (I&R) to other community transportation services, and most receive state and local funding that may support any of the services described above.
- State Associations of AAAs.** State associations of AAAs advocate on behalf of AAAs in their states and represent AAAs before state and federal government entities. State associations seek to build the capacity of AAAs, but they do not provide transportation services directly.

¹⁰ For more information on the FTA Section 5310 program, see **Figure 14** in the **Transit Stakeholders** section.

- **State Units on Aging (SUA).** SUAs develop and administer multiyear state plans that advocate for and provide assistance to older residents, their families, and, in many states, adults with physical disabilities. SUAs are pass-through entities that distribute federal OAA funds to local AAAs in each state. SUAs may also administer Medicaid waivers that can fund transportation services for an individual depending on their care plan.
- **Transit Agencies.** Transit agencies are public or nonprofit entities that provide public transportation services for a city, county, region, or other jurisdiction. Like AAAs, some transit agencies receive funding from FTA’s Section 5310 program to provide transportation services for older adults. Combined with state and local funding, this federal grant typically supports purchases of vehicles, wheelchair lifts, ramps, securement devices, and transit-related IT systems as well as mobility management programs. Transit agencies that operate fixed route services also operate Americans with Disabilities Act (ADA) complementary paratransit services for those who are unable to access fixed route services. Older adults with physical disabilities frequently rely on these services.

GENERAL TRANSPORTATION ISSUES

Aging services stakeholders reported that the following transportation challenges prevent older adults from accessing health care and other important services, and inhibit their full participation in the community. Improved coordination may alleviate some of these challenges.

1. **When older adults no longer drive, many rely on public transportation to actively participate in their communities, but some find it difficult to use public transportation.**
 - Many older adults rely on personal vehicles for the majority of their lives and are unfamiliar with public transportation. They may require travel training and assistance from community-based organizations in order to use public transportation systems and apply for specialized transportation services such as ADA paratransit.
 - Older adults commonly rely on ADA paratransit and Medicaid NEMT services. When accessing these services, older adults with functional limitations may experience many of the same challenges as people with disabilities (see the **Disability Services Stakeholders** section).
2. **Some older adults choose to live and retire in rural communities, where public transportation services are sparse.**
 - The challenges of accessing transportation as an older adult are amplified in rural communities where there is limited funding to support public transportation and few transportation service providers.
3. **The aging network and the U.S. health care system work to enable older adults to “age in place” in their own homes and communities instead of nursing homes or assisted living facilities. Aging in place typically results in a more positive aging experience, but also presents transportation challenges.**
 - Older adults that decide to age in place often need transportation to access health care services, whereas older adults in nursing homes and assisted living facilities are co-located with health care services.
 - As the older adult population continues to rise and the proportion of older adults choosing to age in place increases, the aging network and transportation systems will need to meet the increasing demand for accessible transportation.
4. **The aging network attempts to fill gaps in transportation availability, but stakeholders find it difficult to establish and fund transportation systems.**
 - Limited funding constrains most organizations in the aging network. Since transportation is not a primary function of most aging network agencies, they allocate a majority of their funding to other services. Aging network stakeholders reported that they do not receive enough funding to fully address the transportation challenges of their clients.
 - Small organizations with limited administrative capacity find it difficult to comply with the application and reporting requirements for some federal grant programs that provide funding for senior transportation, especially FTA’s Section 5310 program.

TRANSPORTATION COORDINATION BARRIERS

Transportation coordination barriers describe the challenges that may prevent aging services stakeholders from coordinating transportation services for older adults.

1. **Limited Awareness: Organizations are unaware of existing transportation options and funding streams for older adults.**

AAAs and other aging network organizations refer clients to transportation services, but staff are frequently unaware of the full range of transportation options available for older adults in their communities. Greater awareness of transportation options may enable staff to coordinate with community providers and direct their clients to the most efficient and appropriate transportation service. Similarly, agency staff are also unaware of all available funding streams that can be used to provide transportation services for older adults. This lack of awareness prevents agencies from exploring the full range of possible coordination initiatives. A representative from an SUA described transportation as a “black hole of social services” due to the perception that the aging network has limited knowledge of available transportation resources.

2. **Administrative Burden: Coordination involves a significant administrative burden.**

Aging services stakeholders indicated that they are unwilling to coordinate because the administrative burden associated with coordination is too cumbersome. It is difficult to understand the various federal regulations, and it is challenging to comply with the varying reporting requirements involved when coordinating across multiple federal funding streams.

3. **Limited Federal Guidance: Stakeholders perceive that the federal government does not allow funding recipients to comingle funds.**

Focus group participants reported that FTA and ACL staff advise grantees to avoid comingling funding streams. This is contrary to guidance published on ACL’s website and in FTA’s Section 5310 program Circular, which allows grantees to use OAA funding as local match to FTA funding.¹¹ The misconception regarding this guidance is a barrier to coordination.

4. **Limited Federal Guidance: Transit stakeholders believe that federal transit law prevents Section 5310 program grantees from coordinating transportation across jurisdictional lines.**

FTA’s Section 5310 program requires 60 percent of funds be distributed to large urbanized areas, 20 percent to small urbanized areas, and 20 percent to rural areas. Some grantees misinterpret this funding allocation requirement to mean that they cannot use vehicles funded by the Section 5310 program for trips originating outside a specific service area. This interpretation prevents them from coordinating with organizations in neighboring jurisdictions in order to maximize the efficiency of their vehicles. However, this is a misinterpretation of Section 5310 program rules. While funds allocated to certain areas must be used within that area (or to connect that area to another), there is no federal restriction that prevents grantees from pursuing contracts, memoranda of understanding, or other partnerships with neighboring jurisdictions. In this case, the perception of jurisdictional boundaries creates a barrier to coordination, and additional federal guidance that clarifies this program rule may promote coordination.

Transportation is a “black hole of social services.”

- State Unit on Aging (SUA) representative on the lack of awareness of existing transportation options among aging stakeholders

¹¹ "Older Americans Act," Administration for Community Living, November 8, 2017, accessed August 30, 2018, <https://www.acl.gov/about-acl/authorizing-statutes/older-americans-act>; U.S., Department of Transportation, Federal Transit Administration, *Enhanced Mobility of Seniors and Individuals with Disabilities Program Guidance and Application Instructions* (Washington, D.C., 2014).

5. **Insufficient Incentives: There are no incentives for the aging network to coordinate transportation.**

Stakeholders reported that FTA and ACL do not provide incentives for funding recipients to coordinate transportation services for older adults. They indicated that their organizations would be more motivated to pursue coordination partnerships if FTA and ACL included incentives in grant announcements.

PARTICIPANT RECOMMENDATIONS

Session participants made the following recommendations for federal action:

1. **Provide technical assistance to support coordination.** Focus group participants requested that the federal government provide templates and other technical assistance materials that demonstrate how funding recipients can fulfill federal reporting requirements when coordinating across multiple federal funding streams. Participants noted that documented case studies of coordination would also help grantees pursue coordination initiatives.
2. **Incentivize coordination through funding agreements.** Stakeholders recommended that the federal government include incentives for coordination in grant announcements and requests for proposals (RFP). Participants indicated that they would be more likely to pursue coordination initiatives if an incentive to coordinate existed. Participants recommended that FTA and ACL couple these incentives with official federal guidance on allowable coordination activities.
3. **Simplify FTA grant requirements.** Local aging services organizations are typically small, community-based organizations without the administrative capacity to navigate complex and extensive grant application and reporting requirements. These organizations find FTA's grant application and reporting process to be overly burdensome given the relative size of such grants (i.e., typically less than \$1 million annually). A focus group participant in the West shared that organizations have returned FTA funds because they could not navigate the variety of grant requirements. Stakeholders recommended that FTA simplify and streamline its Section 5310 program requirements to further enable small organizations to participate in the program.
4. **Standardize terminology.** Aging network stakeholders recommended that the federal government standardize definitions for "coordination" and "older adults." Varying interpretations of these terms across different federal agencies exacerbate the challenges of transportation coordination.
5. **Promote awareness of services and funding streams.** Federal agencies should promote awareness of the funding streams that service providers can use to provide transportation for older adults. Agencies should help their grantees access information about all available transportation options in their communities.

SPOTLIGHT: Cost Sharing with Transit

A transit agency in the Midwest receives OAA funding from the AAA in their community to provide transportation for older adults. The transit agency shares the cost of public transportation across the OAA funding, FTA grants, and other sources of funding.

- **Barrier Addressed:** Limited Awareness, Cost Sharing Concerns
- **Promising Practice:** Transit agencies and aging services organizations can coordinate to increase the availability and efficiency of transportation services for older adults. By combining resources, the organizations can serve more people at a reduced cost.

Disability Services Stakeholders

SECTION SUMMARY			
SESSION PARTICIPANTS	<ul style="list-style-type: none"> Centers for Independent Living (CIL) Area Agencies on Aging (AAA) State Vocational Rehabilitation (VR) Agencies State Intellectual/Developmental Disabilities (I/DD) Agencies University Centers for Excellence in Developmental Disabilities (UCEDD) 	NUMBER OF PARTICIPANTS	NUMBER OF COORDINATION BARRIERS
		17	3
REFERENCED PROGRAMS	<ul style="list-style-type: none"> Older Americans Act (OAA) Centers for Independent Living (CIL) Independent Living State Grants Medicaid 	PRIMARY OVERSIGHT AGENCY	
TOP 3 BARRIERS	<ul style="list-style-type: none"> Limited Awareness Unengaged Stakeholders Inaccessible Systems 		
TOP 3 PARTICIPANT RECOMMENDATIONS	<ul style="list-style-type: none"> Require stakeholder engagement Broaden eligibility requirements Promote awareness of services 		

According to the Centers for Disease Control and Prevention (CDC), adults with disabilities are twice as likely as those without disabilities to have inadequate transportation (31 percent versus 13 percent).¹² This lack of transportation prevents people with disabilities from accessing jobs, health care, healthy food, educational programs, social services, and other aspects of the community. Disability service and advocacy organizations connect people with disabilities to many of these services, but few organizations have the necessary resources to deliver transportation services directly.

SESSION PARTICIPANTS

This section summarizes feedback from the following types of organizations:

- Centers for Independent Living (CIL).** CILs are community-based organizations that provide independent living services to people with disabilities. Core services include information and referral (I&R), independent living skills training, individual and systems advocacy, peer counseling, transition assistance, and institutional diversion support. The Workforce Innovation and Opportunity Act (WIOA) directs the Administration for Community Living (ACL) to provide independent living program funds to designated state entities, which disperse funds to CILs in each state. Federal regulations permit CILs to use independent living program funds to provide transportation services directly, but CILs participating in the focus groups only provide travel training, I&R to community transportation services, and assistance with completing applications for transportation services. Some CILs interviewed also provide limited transit passes and taxi vouchers.
- Area Agencies on Aging (AAA).** AAAs develop, coordinate, and deliver aging services in local communities. AAAs enable older adults to age in place by providing them with a range of options that allow them to reside in home and community-based settings. Some AAAs use Older Americans Act (OAA) funding to provide transportation services for older adults, but some services may also benefit people with disabilities. Most AAAs also

¹² U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, CDC Promoting the Health of People with Disabilities.

operate Aging and Disability Resource Centers (ADRCs), which provide I&R services for older adults as well people with disabilities of all ages.

- **State Vocational Rehabilitation (VR) Agencies.** State VR agencies help people with disabilities meet their employment goals. These agencies typically serve as the designated state entity for independent living grants and disperse these funds to CILs. As the designated state entity, they may also receive Independent Living State Grants, which states use to expand independent living services for people with disabilities. Grantees may use these funds to provide transportation services for eligible beneficiaries.
- **State Intellectual/Developmental Disabilities (I/DD) Agencies.** State I/DD agencies are responsible for administering, managing, designing, and advocating for benefits, programs, and services for people with developmental disabilities and their caregivers. State I/DD agencies may also administer Medicaid waiver programs for people with developmental disabilities, and these waiver programs can provide funding for transportation services depending on an individual’s care plan.
- **University Centers for Excellence in Developmental Disabilities (UCEDD).** UCEDDs are interdisciplinary education, research, and public service units of universities, and public or nonprofit entities associated with universities. The federal government provides funding that allows UCEDDs to address issues, find solutions, and advance research related to the needs of individuals with developmental disabilities and their families. UCEDDs do not provide transportation services.

GENERAL TRANSPORTATION ISSUES

Disability services stakeholders reported that the following transportation challenges prevent individuals with disabilities from accessing the transportation needed to obtain employment, health care, and human services. Improved coordination may alleviate some of these challenges.

1. **Most disability service and advocacy organizations lack the necessary resources to provide transportation services directly.**

- Many focus group participants expressed interest in providing direct services, but cited a lack of federal funding as the primary barrier. Most organizations refer individuals to other community resources for transportation services instead.
- Some organizations may provide transit passes or vouchers, but other focus group participants reported that their budget cannot support this.

2. **People with disabilities primarily rely on Medicaid NEMT and ADA paratransit services for transportation. Stakeholders noted several barriers to accessing these services, including the following:**

- **Scheduling:** Medicaid NEMT and paratransit services may require beneficiaries to schedule trips several days or weeks in advance, which constrains the mobility of people with disabilities.
- **Limited Availability:** Paratransit and NEMT services may not be available at nights and on weekends, preventing people with disabilities from fully accessing their communities.
- **Eligibility Requirements:** Eligibility requirements for paratransit and NEMT services may exclude some people with disabilities who lack access to transportation otherwise. Even when people are eligible for services, the approval process can take months, leaving people with disabilities without access to transportation.

SPOTLIGHT: Rural Transportation Services

A CIL in a highly rural region of the Southeast uses ACL’s WIOA funding to provide transportation services to people with disabilities because their community has no public transportation options. The CIL also provides NEMT services to Medicaid beneficiaries because the local NEMT service is not sufficient.

- **Issue Addressed:** Limited Transportation in Rural Areas
- **Promising Practice:** Disability service organizations in rural areas can use federal program funds to allocate resources to transportation services and expand the availability of transportation when there are no public transportation options available.

- **Jurisdictional Boundaries:** Jurisdictional boundaries often require people with disabilities to transfer at city or county lines between different ADA paratransit providers.
3. **Some people with disabilities also rely on fixed route public transportation, but they frequently find it difficult to access bus and rail stations.**
 - For example, people who use power chairs may not be able to physically access rail stations, and individuals with visual impairments may have difficulty navigating bus stops.
 - These challenges prevent people with disabilities from using more cost-effective forms of public transportation.
 4. **In rural areas, people with disabilities may lack access to transportation altogether because there are no public transportation or ADA paratransit services.**
 - In these cases, disability service organizations may attempt to implement volunteer driver programs, but liability concerns prevent them from doing so. The liability associated with using an unpaid driver is compounded by the liability of transporting people with disabilities who may require special care or accommodations.

TRANSPORTATION COORDINATION BARRIERS

Transportation coordination barriers describe the challenges that may prevent disability service stakeholders from coordinating transportation services for individuals with disabilities.

1. **Limited Awareness: Organizations are unaware of existing transportation options for people with disabilities.**

CILs, AAAs, and other disability service organizations refer clients to transportation services, but staff are frequently unaware of the full range of transportation options available for people with disabilities in their communities. This is typically the result of local, state, and federal silos that prevent CILs and AAAs from learning about other organizations' service offerings. Greater awareness of transportation options may enable referral staff to coordinate with those providers and direct clients to the most efficient and appropriate transportation service.

SPOTLIGHT: Transit Pass Subsidies

Several disability service organizations reported that they purchase public transit passes for their clients, which diverts clients from more expensive forms of transportation such as ADA paratransit. A CIL in the Southeast purchases discounted transit passes from the local transit agency and distributes the passes to people with disabilities.

- **Barrier Addressed:** Cost Sharing Concerns, Limited Awareness
- **Promising Practice:** Transit agencies can discount transit passes for people with disabilities to increase transit ridership and encourage people with disabilities to use more cost-effective forms of transportation. CILs can pursue partnerships with transit agencies to increase the transportation options for their clients.

2. **Unengaged Stakeholders: Stakeholders with disabilities feel excluded from transportation planning and coordination initiatives.**

Focus group participants reported that transportation providers should make greater efforts to include people with disabilities in transportation planning and coordinated planning activities. Stakeholders believe that communities can create more coordinated transportation systems when federal funding recipients include people with disabilities in the planning process. One CIL's executive director shared that she participates in a public transit advisory committee, but she finds no evidence that the transit industry addresses feedback from the disability community.

3. **Inaccessible Systems: The inaccessibility of some transportation options inhibit coordination partnerships.**

People with disabilities have difficulty accessing many types of transportation services, including ADA paratransit and Medicaid NEMT, as noted above. This prevents CILs and other disability organizations from pursuing coordinated partnerships with transportation programs that use vehicles that are not fully accessible.

PARTICIPANT RECOMMENDATIONS

Session participants made the following recommendations for federal action:

1. **Require stakeholder engagement.** The Federal Transit Administration (FTA) should require its grantees to include people with disabilities in transportation planning and coordinated planning processes.
2. **Broaden eligibility requirements.** The FTA and the Centers for Medicare and Medicaid Services (CMS) should broaden eligibility requirements for ADA paratransit and Medicaid NEMT, respectively. This may increase access to services for more people with disabilities who are currently excluded.
3. **Promote awareness of services.** Federal agencies that fund transportation services should establish a central repository where CILs, AAAs, and other organizations can access information about all available transportation options in their communities.

SPOTLIGHT: ADA Paratransit Alternative

A local aging and disability services agency in the Northwest partners with the local transit agency and the state department of transportation to offer a shuttle service for older adults and people with disabilities. The transit agency and the state department of transportation provide funding for the shuttle because it diverts people with disabilities from more costly ADA paratransit services. The service is more cost efficient because the agency uses trained volunteers and accepts donations from the community.

- **Barrier Addressed:** Cost Sharing Concerns
- **Promising Practice:** Local agencies can pool their resources to create more sustainable and cost-effective forms of transportation for people with disabilities, all while reducing the cost of ADA paratransit service.

Employment and Training Services Stakeholders

SECTION SUMMARY			
SESSION PARTICIPANTS	<ul style="list-style-type: none"> Statewide Workforce Development Boards and Coordinating Entities Local Workforce Development Boards Transit Agencies Regional Planning Councils Employment and Training Nonprofit Organizations State Departments of Agriculture 	NUMBER OF PARTICIPANTS	NUMBER OF COORDINATION BARRIERS
		15	4
REFERENCED PROGRAMS	<ul style="list-style-type: none"> Workforce Innovation and Opportunity Act (WIOA) Youthbuild 	PRIMARY OVERSIGHT AGENCY	
TOP 3 BARRIERS	<ul style="list-style-type: none"> Program Restrictions Insufficient Incentives Limited Awareness 	 <i>Employment and Training Administration</i>	
TOP 3 PARTICIPANT RECOMMENDATIONS	<ul style="list-style-type: none"> Provide federal incentives for coordination Make eligibility and funding requirements more flexible Simplify federal program requirements 		

Transportation advances opportunities for employment by connecting people to jobs and training services. DOL administers a variety of grant programs that fund employment services and job training for individuals of low income and persons with disabilities, and many of these programs designate transportation as an eligible expense. For example, grantees may spend a portion of funds from the Employment and Training Administration’s (ETA) Youthbuild program and Workforce Innovation and Opportunity Act (WIOA) programs on transportation.

SESSION PARTICIPANTS

This section summarizes feedback from the following types of organizations:

- **Statewide Workforce Development Boards and Coordinating Entities.** These organizations provide oversight and policy direction for local workforce development boards and act as pass-through entities for various federal funding streams related to employment and training. These entities are the primary funding recipients that distribute funds to local workforce development boards and other organizations offering employment and training services. Workforce development boards and coordinating entities do not provide transportation services directly, and typically the sub-recipients decide if and how much funding should be allocated for transportation.
- **Local Workforce Development Boards.** Workforce development boards are grant-making organizations that direct federal, state, and local funding to workforce development programs. Some local workforce development boards offer limited transportation services by paying for trips on public transportation and/or referring beneficiaries to existing services. Some organizations also reimburse beneficiaries for transportation to specific programs. However, not all workforce development boards offer transportation services. In one state, none of the workforce development boards funded transportation through their workforce programs.
- **Transit Agencies.** Transit agencies are public or nonprofit entities that provide public transportation services for a city, county, region, or other jurisdiction. Transit agencies play an important role in connecting individuals to employment, and commuters represent a significant portion of transit agencies’ ridership. Some transit agencies offer specialized services for individuals traveling to work, including free or discounted rides and commuter vanpools. Some employers may also choose to subsidize public transportation trips for their workforce.

- **Regional Planning Councils.** Regional planning councils are public agencies that foster regional viability and growth through collaborative planning. In some areas, the regional planning council develops the coordinated public transit-human services plan that the Federal Transit Administration (FTA) requires for certain grantees. In doing so, regional planning councils may work with social service providers or employers in the region to ensure that employment services and opportunities are accessible by existing and planned transportation options.
- **Employment and Training Nonprofit Organizations.** Many nonprofit organizations provide employment and training services for individuals of low income and individuals with disabilities. Many of these organizations recognize the impact of transportation on access to employment and fund some form of transportation for their clients. Some of these participants receive a portion of their funding from federal programs such as Youthbuild and WIOA. These participants generally offer a limited number of bus passes and gas cards for their clients. Some are also considering partnerships with transportation network companies (TNCs) or other community-based organizations to expand employment-related transportation services for people with disabilities.
- **State Departments of Agriculture.** State departments of agriculture provide regulatory, advocacy, and other support services to advance agriculture in their state. Some state departments of agriculture fund or provide commuting services for farmworkers and others employed in the agricultural sector.

GENERAL TRANSPORTATION ISSUES

Employment and training stakeholders reported that the following transportation challenges may restrict employment opportunities for job seekers. Improved coordination may alleviate some of these challenges.

1. **Transportation is a barrier to obtaining employment.**

- Focus group participants reported that individuals have difficulty obtaining transportation assistance to seek employment. As one participant said, “A lack of transportation disincentivizes job seekers from pursuing employment.”
- Some individuals are unable to participate in federally funded employment and training programs because the programs do not fund or provide transportation prior to enrollment.
- Some employers view a lack of transportation as a risk factor when making hiring decisions. Unreliable transportation may result in inconsistent attendance at work. Some employers choose not to hire individuals with limited transportation because the employers are not willing to pay for or subsidize employee commutes.

2. **Transportation is a barrier to maintaining employment.**

- Participants reported limited transportation options for commuters in small urban and rural areas. This problem is exacerbated for shift work commuting as employees may travel during non-peak hours.
- Even when transit services are available, they are not always timely, causing individuals to be late for work. Some participants described transportation as the difference between keeping and losing a job, and others called transportation a “breaking point for people trying to move from homelessness to surviving to thriving.”
- Some beneficiaries may have to wait up to five weeks to receive reimbursement from a state or local employment agency for their transportation expenses. For those who cannot afford to pay for transportation without immediate reimbursement, this wait period may prevent them from using transportation service that would otherwise be available for commuting needs.

SPOTLIGHT: *Combining Resources to Expand Service*

A city government in the Southeast partnered with other cities in a rural county to enable a transit provider to add additional shuttle stops throughout the county. As a result, the transit provider was able to draw down additional federal funds and serve more areas.

- **Issue Addressed:** Limited Resources
- **Promising Practice:** Combining funds and resources at the local level can facilitate access to higher levels of federal funding and improve the availability of transportation service.

3. A lack of transportation options for students affects their future employment prospects.

- In one community, participants reported that lack of transportation led to unequal access to work for low-income students. Participants found that this disparity causes persistent employment and wage inequities over time.
- In another community, a grantee used federal funding to prepare students for college, employment, or the military. At the end of the program, all student participants received a full scholarship to the local community college, but a majority of students declined the scholarship because they did not have transportation to classes.

TRANSPORTATION COORDINATION BARRIERS

Transportation coordination barriers describe the challenges that may prevent employment and training stakeholders from coordinating transportation services for their clients.

1. *Program Restrictions: Focus group participants cited a variety of program requirements as barriers to coordination.*

- **Reporting Requirements:** Focus group participants perceive federal agencies to have unrealistic expectations for how grantees report local match funding. Participants stated that federal agencies expect grantees to report local match at a consistent level each month; however, many organizations use match sources that vary in timing and amount from month to month. Organizations are reluctant to blend federal funding streams because of the additional reporting complications.
- **Eligibility Requirements:** Employment service providers may pay for transportation services using several different federal funding sources. However, individuals using the service must meet the eligibility requirements for each sponsoring program. When more than one federal program funds transportation, it can be difficult to determine if an individual meets each program's eligibility criteria. Participants reported that VA programs have particularly specific eligibility requirements, further exacerbating this challenge.
- **Compliance Concerns:** Program regulations and guidance change frequently, and it is difficult for recipients to stay apprised of current rules. Some agencies avoid coordination with other agencies altogether out of fear of noncompliance with program regulations. One participant stated, "When helping someone who needs your help, you're likely breaking a regulation." Additionally, some participants find that federal auditors are unfamiliar with the nuances of program rules, and participants are therefore hesitant to implement innovative practices that might raise a red flag.

SPOTLIGHT: *Increasing Flexibility of Program Funds*

Federal rules for the Temporary Assistance for Needy Families (TANF) program allow states to fund transportation, but states have flexibility to manage funds according to need. A state health and social services agency piloted an expansion of the transportation expenses eligible for TANF funding in that state.

Early evaluation results indicated individuals receiving expanded benefits completed more work activities, which are federally required in order to receive TANF cash benefits. In one cohort, sanctions (i.e., cessation of benefits due to unmet program requirements) decreased by over 60 percent.

- **Barrier Addressed:** Program Restrictions
- **Promising Practice:** States can improve program outcomes by increasing the flexibility of TANF program funds and allowing sub-recipients to fund a broader range of transportation services.

2. *Insufficient Incentives: Providers find little incentive to use their limited resources for transportation coordination.*

Most WIOA recipients are hesitant to use program funding for transportation because it would reduce the amount of funds available for other services and because transportation is not included in WIOA performance measurements. Participants also noted that federal agencies occasionally issue grants incentivizing coordination, but these opportunities are usually temporary and require a high local match, making long-term coordination difficult.

3. *Limited Awareness: It is difficult for organizations to identify available transportation services and funding sources.*

Many organizations are not aware of the various federal funding sources that they may use to provide transportation for their clients. As such, it is difficult to identify opportunities to pool federal funding for the efficient provision of transportation. Additionally, organizations are often unaware of the existing transportation resources in their community, and are therefore unable to refer clients to these existing services. Without knowledge of the existing transportation funding and service, stakeholders are unable to coordinate those resources to utilize them more efficiently.

4. *Insufficient Data: Sharing data across services is a challenge.*

Due to privacy concerns and incompatibility of data systems, it is difficult for employment and training service providers to share data with other organizations that serve the same individuals. Participants reported that they need a unified data system across sectors so they can holistically track the services an individual receives and follow their employment progress.

SPOTLIGHT: Information Exchange Forums

A county commissioner invites transit agencies and other human service providers to attend council meetings and share information about the services their organizations provide. This allows other human service providers to better understand the full scale of existing community services to which they can refer their customers.


- **Barrier Addressed:** Limited Awareness
- **Promising Practice:** Creating forums to share information on the available services can increase awareness and utilization of existing resources.

PARTICIPANT RECOMMENDATIONS

Session participants made the following recommendations for federal action:

1. **Provide more federal incentives for coordination.** State and local employment and training stakeholders want federal grant opportunities to pursue coordination partnerships and develop innovative transportation technology solutions. As one participant stated, “Coordination occurs when there is a federal grant opportunity that incentivizes coordination.”
2. **Make eligibility and funding requirements more flexible.** States and regional coordinating bodies want more flexibility to use program funds in ways that best meet community needs. Program requirements should allow funding recipients to pool federal funds.
3. **Simplify federal program requirements.** Employment and training providers find it difficult to understand program eligibility criteria and available funding sources, if any, that can provide transportation. As a result, some are hesitant to participate in transportation coordination efforts. They recommended that federal agencies simplify program requirements to facilitate coordination.
4. **Simplify program enrollment.** Beneficiaries should be able to enroll in several programs at once to avoid duplicative paperwork and processes.
5. **Make transportation a required consideration in human service planning.** Many participants noted that low-income housing, employment services, and other human services are often located in areas with limited access to transportation. They recommended that transportation access be a requirement when planning for new service locations.
6. **Extend tax credits to employers for transportation expenses.** One participant recommended that DOL extend the Work Opportunity Tax Credit to employers that pay for employees’ transportation to and from work. This may incentivize employers to provide transportation services and increase access to employment.
7. **Launch a marketing campaign for public transit.** Some state agencies and employment service providers reported that there is a stigma associated with riding public transit. They recommended that federal agencies work to normalize public transit by launching marketing campaigns that promote the benefits of choosing transit.

Housing Services Stakeholders

SECTION SUMMARY			
SESSION PARTICIPANTS	<ul style="list-style-type: none"> Local Economic Development Agencies Public Housing Agencies (HA) 	NUMBER OF PARTICIPANTS	NUMBER OF COORDINATION BARRIERS
REFERENCED PROGRAMS	<ul style="list-style-type: none"> Community Development Block Grant (CDBG) 	9	4
TOP 3 BARRIERS	<ul style="list-style-type: none"> Unengaged Stakeholders Jurisdictional Boundaries Insufficient Incentives 	PRIMARY OVERSIGHT AGENCY	
TOP PARTICIPANT RECOMMENDATIONS	<ul style="list-style-type: none"> Increase flexibility of CDBG funding requirements Promote awareness of funding and funding requirements 	 <i>Office of Community Planning and Development</i>	

Public housing residents and people experiencing homelessness rely on public transit to access vital community resources because they often lack personal transportation options, according to focus group participants. HUD administers grant funding that helps state and local communities develop housing options and provide services for these populations. Transportation is an eligible expense for many of these programs, and grantees may use funds to provide transportation services for people experiencing homelessness and low-income residents of public housing. Some HUD grantees also participate in community planning activities that include consideration of public transit accessibility for public housing residents.

SESSION PARTICIPANTS

This section summarizes feedback from the following types of organizations:

- Local Economic Development Agencies.** Local economic development agencies administer and oversee community development programs using a combination of federal, state, and local funds. Agencies participating in the focus groups receive funding from HUD’s Community Development Block Grant (CDBG) program. The CDBG program provides grants to cities and counties to provide housing and a suitable living environment and to expand economic opportunities, principally for low- and moderate-income persons. Economic development agencies issue grants to CDBG sub-recipients to support housing and community development. Sub-recipients may spend a portion of these funds on transportation services such as public transit vouchers or demand response shuttle services for program beneficiaries; however, they may use no more than 15 percent of funds for public services such as transportation. HUD requires CDBG grantees to develop a consolidated plan, which helps states and local jurisdictions assess their affordable housing and community development needs and make data-driven investment decisions. Consolidated plans may include an assessment of transportation disparities and priorities.
- Public Housing Agencies (HA).** Public HAs provide safe rental housing for eligible low-income families, seniors, and people with disabilities. HUD administers funding to public HAs to subsidize housing at more affordable rents. Public HAs may also receive CDBG funding, which they can distribute to sub-recipients for transportation services.

GENERAL TRANSPORTATION ISSUES

Housing services stakeholders reported that the following transportation challenges prevent their clients from accessing the transportation needed to obtain employment, health care, and human services. Improved coordination may alleviate some of these challenges.

1. **Public housing residents have limited access to public transit.**

- Rising home prices and affordable housing shortages in urban areas are forcing low-income individuals to move to areas outside of cities where housing prices are lower but public transportation options are scarce. As a result, they spend more time and money on transportation and travel longer distances to access employment, health care, education, and other community services.
- There are few incentives for developers to build affordable housing in locations where transit is easily accessible.

2. **People experiencing homelessness need more transportation options.**

- People experiencing homelessness have difficulty accessing and affording the transportation necessary to reach public services, health care appointments, job interviews, and employment. Therefore, focus group participants report that a lack of transportation perpetuates homelessness.
- Some housing services providers purchase transit passes for clients, but these resources are limited and transportation is not a primary focus of these organizations.

SPOTLIGHT: Transit Oriented Development

A HUD field office in the Midwest coordinates with a local transit agency to address gaps in transit access for public housing residents. They identify public housing sites with limited transit access by assessing the distance of each site from the closest bus stop. This assessment will inform future transit planning and development.

- **Issue Addressed:** Lack of Transportation Options
- **Promising Practice:** Public housing residents rely on public transportation to access vital community resources such as education and health care because they often cannot afford their own vehicles. HUD grantees and transit agencies can coordinate to improve transportation access by planning transit around these communities and vice versa.

TRANSPORTATION COORDINATION BARRIERS

Transportation coordination barriers describe the challenges that prevent housing services stakeholders from coordinating transportation services for public housing residents and people experiencing homelessness.

1. ***Unengaged Stakeholders: Some community organizations are reluctant to coordinate out of fear that they will lose control of their programs.***

Housing stakeholders reported that some community organizations and local agencies resist coordinating services and sharing resources because they believe that they will lose control of their programs or funding. For example, some stakeholders worry that the quality of their services will suffer if they coordinate with other organizations. Some grantees also fear that coordination with other agencies may result in federal audit findings. It is difficult for these stakeholders to justify coordination if they may lose funding as a result.

2. ***Unengaged Stakeholders: Some community organizations have opposing objectives with respect to addressing homelessness.***

Some transit employees avoid serving people experiencing homelessness because they sometimes use transit facilities and vehicles as temporary shelter, which may discourage others from using transit. This is in conflict with the mission of other community organizations that provide services designed specifically for people experiencing homelessness. The opposing objectives of transit agencies and housing service providers hinder stakeholder engagement and coordination partnerships.

3. ***Jurisdictional Boundaries: CDBG grantees can only use funds to provide services in designated areas.***

HUD permits CDBG grantees to distribute funding only to eligible geographic areas as designated by HUD. Eligible areas are primarily residential, and at least 51 percent of the residents are low- and moderate-income persons. This regulation prevents CDBG grantees and sub-recipients from coordinating transportation services with other organizations within the grantee's service area but outside the boundaries determined by HUD.

4. *Insufficient Incentives: HUD grantees do not participate in coordinated planning.*


Housing stakeholders noted that they do not participate in coordinated transportation planning. Similarly, transportation providers and stakeholders are not required to participate in the consolidated planning process required of CDBG grantees. Community planning is siloed and not well coordinated, which reduces opportunities for transportation coordination and increases the likelihood of duplication and fragmentation of services.

PARTICIPANT RECOMMENDATIONS

Session participants made the following recommendations for federal action:

1. **Increase flexibility of CDBG funding requirements.** HUD should allow CDBG grantees to use more than 15 percent of program funds on public service programs such as transportation.
2. **Promote awareness of funding and funding requirements.** CCAM agencies should provide information to state and local grantees about all available transportation funding sources and associated eligibility and program requirements. Agencies should also publish guidance on how to avoid service duplication across multiple transportation programs.

Medicaid Nonemergency Medical Transportation (NEMT) Stakeholders

SECTION SUMMARY			
SESSION PARTICIPANTS	<ul style="list-style-type: none"> State Medicaid Agencies (SMA) Managed Care Organizations (MCO) NEMT Brokers NEMT Providers 	NUMBER OF PARTICIPANTS	NUMBER OF COORDINATION BARRIERS
REFERENCED PROGRAMS	<ul style="list-style-type: none"> Medicaid 	24	8
TOP 3 BARRIERS	<ul style="list-style-type: none"> Program Restrictions Limited Federal Guidance Unengaged Stakeholders 	PRIMARY OVERSIGHT AGENCY	
TOP 3 PARTICIPANT RECOMMENDATIONS	<ul style="list-style-type: none"> Issue cost sharing guidance Enable and promote cost sharing Enable public sector participation in brokerages 		

Medicaid is a joint federal and state program in which the federal government provides matching funds to states to enable them to provide medical assistance to eligible residents. The GAO reports that the Medicaid program is the largest source of federal funding for NEMT.¹³ Title 42 of Code of Federal Regulations (C.F.R.) requires state Medicaid agencies (SMA) to ensure necessary transportation for beneficiaries to and from providers.¹⁴ Medicaid beneficiaries are eligible for NEMT when the state determines that there is an unmet transportation need, such as a physical limitation or lack of access to a vehicle.

In 2013, the Medicaid program provided an estimated 106 million rides, enabling beneficiaries to access the health care services they need to prevent diseases and fight chronic illnesses.¹⁵ Without NEMT, beneficiaries may miss medical appointments, which can affect health outcomes and future health care costs.¹⁶ Considering annualized spend for Medicaid is \$566 billion, it is critical to coordinate the program with other federal programs to maximize the efficient use of funds.¹⁷

The states manage Medicaid programs, and the Social Security Act grants states the flexibility to design their programs to meet their specific needs and priorities. Therefore, there is significant variation in how each state administers the NEMT program. **Figure 12** summarizes the four primary NEMT delivery models, and the next section outlines them in more detail.

¹³ U.S. Government Accountability Office, Transportation-disadvantaged Populations: Federal Coordination Efforts Could Be Further Strengthened, GAO-12-647 (Washington, D.C.: GAO, 2012).

¹⁴ 42 C.F.R. § 431.53 (2009).

¹⁵ Linda Cherrington and Suzie Edrington, Examining the Effects of Separate Non-Emergency Medical Transportation (NEMT) Brokerages on Transportation Coordination, Transit Cooperative Research Program (TCRP), The National Academies of Sciences, Engineering, and Medicine.

¹⁶ "Access to Health Services," Healthy People 2020, U.S. Department of Health and Human Services, Office of Disease Prevention and Health Promotion, accessed August 23, 2018, <https://www.healthypeople.gov/2020/topics-objectives/topic/Access-to-Health-Services>.

¹⁷ "What Are Annual Expenditures for Medicaid & CHIP?" Medicaid.gov, 2017, U.S. Department of Health and Human Services, Centers for Medicare and Medicaid Services, accessed August 23, 2018, <https://www.medicaid.gov/state-overviews/scorecard/national-context/annual-expenditures/index.html>.

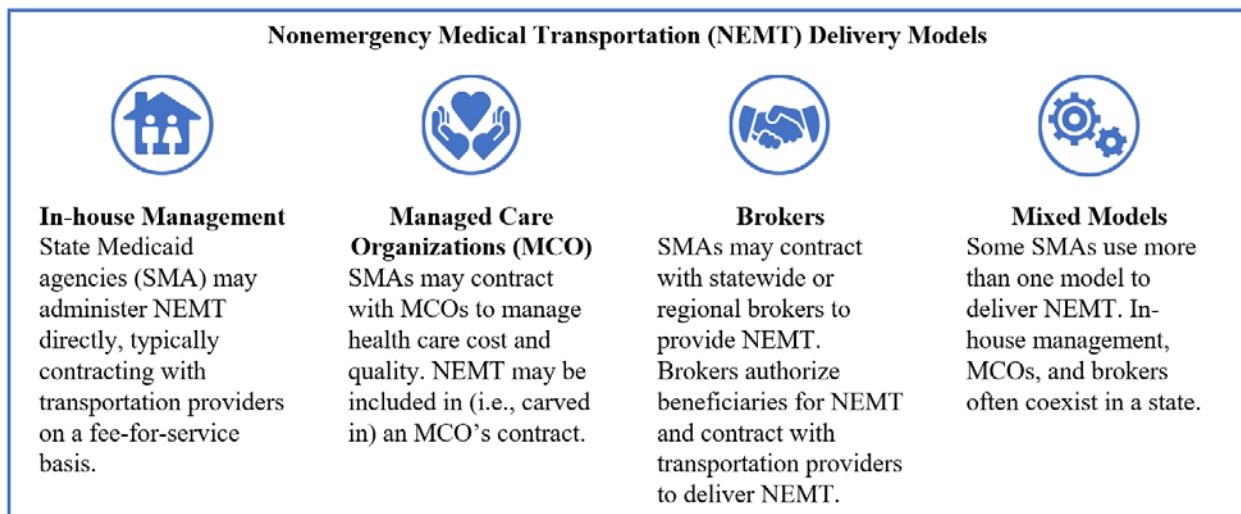


Figure 12 - NEMT Delivery Models

SESSION PARTICIPANTS

This section summarizes feedback from the following types of organizations:

- **State Medicaid Agencies (SMA).** SMAs enter into partnerships with the federal government to provide health insurance for low-income individuals, people with disabilities, and other individuals who qualify. The agencies must assure that Medicaid beneficiaries have access to transportation to and from health care providers. Although each state's Medicaid NEMT program is different, most state agencies contract with another entity to manage NEMT coverage. Regardless, each state agency is responsible for regulating and monitoring their state's Medicaid NEMT program.
- **Managed Care Organizations (MCO).** Managed care is a health care delivery system organized to manage the cost and quality of Medicaid services. Some SMAs contract with MCOs for the delivery of Medicaid health benefits and other services, and MCOs receive a set per member per month payment (i.e., capitated rate) for the delivery of these services. Other services may include NEMT, but some states choose to exclude NEMT from MCO contracts. All SMAs participating in this study contract with MCOs for at least a portion of their eligible population. MCOs, in turn, contract either with NEMT brokers or directly with NEMT providers for the delivery of NEMT services. Medicaid stakeholders reported that MCOs have a unique opportunity to innovate within the NEMT program. For example, because MCOs operate under a capitated rate, they have the flexibility to expand and enhance benefits that may promote lower costs and better patient care. Some MCOs do so by pursuing unique partnerships to deliver NEMT and offering unique NEMT benefits such as gas cards.
- **NEMT Brokers.** NEMT brokers receive either a capitated rate or a fee-for-service rate (see **Figure 13**) to arrange NEMT services for all, or a subset of, a state's Medicaid population. Most participating states utilize a broker model to deliver NEMT services. Brokers may contract directly with a state or with one or more of the state's MCOs to manage NEMT services. Brokers, in turn, contract with transportation providers for the delivery of transportation service. In some instances, states may permit brokers to deliver services, but this is atypical. States reported that they use the broker model to reduce costs, streamline administrative processes, and deter fraud.
- **NEMT Providers.** NEMT providers deliver NEMT services to eligible beneficiaries. Providers participating in these focus groups included transit agencies, nonprofit organizations, and for-profit organizations. These providers reported that they contract with brokers, MCOs, SMAs, or a combination of the three. NEMT providers increasingly receive reimbursement at a capitated rate due to the rise in popularity of the broker model and the transition to managed care. NEMT providers experience difficulty understanding and adapting to this new payment model.

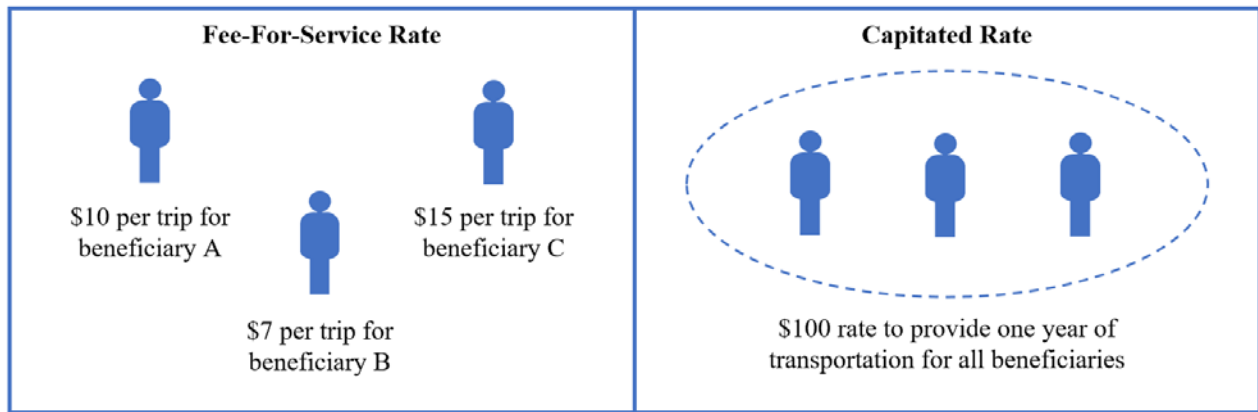


Figure 13 - Fee-For-Service vs. Capitated Rates

GENERAL TRANSPORTATION ISSUES

Medicaid NEMT stakeholders reported that the following transportation challenges prevent their Medicaid beneficiaries from accessing health care services. Improved coordination may alleviate some of these challenges.

1. Medicaid stakeholders and advocates of Medicaid NEMT beneficiaries consistently discussed difficulties with the delivery of the benefit. Reported challenges with NEMT include:
 - **Availability:** Some NEMT brokers and MCOs limit the availability of NEMT (e.g., one or two rides per month per member). Additionally, in rural areas, there may not be sufficient transportation providers to meet the demand for Medicaid NEMT. Some NEMT providers limit availability because they do not have enough capacity.
 - **Scheduling:** Some NEMT programs require beneficiaries to schedule trips several days or weeks in advance, which prevent beneficiaries from rescheduling appointments and accessing urgent care appointments. Additionally, some NEMT programs do not allow care providers to schedule trips on a beneficiary’s behalf, even if individuals have difficulty scheduling trips themselves.
 - **Reliability:** Beneficiaries frequently experience long wait times or last-minute cancellations on both ends of a roundtrip.
 - **Accessibility:** Some NEMT providers only provide curb-to-curb support, but many people with disabilities require assistance with moving from the door of their destination to the door of the vehicle. Therefore, some Medicaid NEMT vehicles are not accessible to people with physical disabilities.
 - **Driver Training:** Drivers are sometimes unaware or neglectful of the unique needs of targeted populations, such as people with developmental disabilities or people with mental illnesses.
 - **Transparency:** In some states, Medicaid NEMT program rules are difficult to understand and program information is not easily accessible.

SPOTLIGHT: *Route Optimization Software*

Many NEMT providers and brokers reported that they use innovative IT solutions to manage their referrals. An NEMT provider in the Northeast shared that his organization’s IT solution is capable of pushing and pulling data directly from the broker’s IT solution.

- **Issue Addressed:** Scheduling Difficulties
- **Promising Practice:** By improving the accuracy of scheduling and trip data, route optimization software can increase the reliability and timeliness of NEMT services.

TRANSPORTATION COORDINATION BARRIERS

Transportation coordination barriers describe the challenges that prevent Medicaid NEMT stakeholders from coordinating transportation services for Medicaid beneficiaries.

1. ***Program Restrictions: Medicaid trip purpose requirements prevent providers and brokers from grouping NEMT rides with nonmedical rides and rides for beneficiaries of other federal programs.***

Focus group participants reported that Medicaid regulations prohibit Medicaid NEMT providers from transporting beneficiaries to nonmedical locations. The restrictions on the purpose of the trip are intended to deter fraud and prevent the Centers for Medicare and Medicaid Services (CMS) from funding transportation other than Medicaid NEMT. Participants noted that this regulation prevents coordination in two ways:

- The regulation prevents NEMT providers from grouping Medicaid beneficiaries with beneficiaries of other transportation services, which could reduce costs to Medicaid. For example, a Medicaid patient and a senior center client may be travelling along the same route, but these rides cannot be grouped because the senior may be picked up or dropped off at a nonmedical location such as a grocery store or cultural event.
- Focus group participants reported that the regulation prevents NEMT providers from coordinating multiple trips for a single Medicaid beneficiary. Transportation providers are commonly authorized to provide multiple transportation services to the same individual when the individual is a beneficiary of multiple federal programs. For example, a provider may be authorized to provide ADA paratransit services to take a beneficiary to an employment site and Medicaid NEMT services to take the same beneficiary to medical appointments, but the provider cannot group these trips due to Medicaid's trip purpose restrictions.

2. ***Program Restrictions: Performance standards disincentivize coordination.***

At the state level, some SMAs track the on-time performance of NEMT providers by analyzing wait times and comparing differences between estimated and actual arrival times. These performance standards disincentivize coordination by discouraging providers from grouping Medicaid beneficiaries in a single trip because sharing a ride causes a beneficiary's total trip time to increase. Similarly, some MCOs emphasize the importance of customer satisfaction over costs and believe that customers are less satisfied with a shared ride. Therefore, they discourage providers from grouping trips, even if grouping trips reduces costs. While performance standards play an important role in regulating NEMT, some performance standards may disincentive coordination and the efficient delivery of transportation services.

3. ***Program Restrictions: Managed care can increase fragmentation of the transportation system.***

Each MCO designs their own NEMT program differently, and stakeholders find that these differences can increase fragmentation of the transportation system. For example, there may be two MCOs operating in a given region, but they may require vastly different accounting practices. Transportation providers and brokers find it difficult to coordinate across different managed care plans because each plan defines unique NEMT rules and procedures.

4. ***Program Restrictions: Medicaid regulations inhibit equitable cost sharing.***

Focus groups participants reported that Medicaid

SPOTLIGHT: Brokerage Coordination

Most brokers only provide brokerage services for Medicaid NEMT programs because other transportation programs typically do not use brokers. However, a broker in the Northwest provides brokerage services for other programs that fund transportation in addition to Medicaid.

- ***Barrier Addressed:*** Program Restrictions
- ***Promising Practice:*** Brokers that serve multiple transportation programs can group trips across programs and refer a coordinated, grouped trip to a single provider, reducing duplication and fragmentation. This alleviates cost sharing concerns because the broker retains responsibility for the cost and quality of each coordinated trip.

SPOTLIGHT: Equitable Cost Allocation

An NEMT broker in the Midwest negotiated with the SMA to establish a higher NEMT reimbursement rate for transit agencies. The reimbursement rate is now equivalent to the reimbursement rate for private providers.

- ***Barrier Addressed:*** Program Restrictions
- ***Promising Practice:*** A higher transit reimbursement rate enables public transit agencies and SMAs to equitably share the costs of a Medicaid NEMT trip provided by a transit agency. Most transit agencies that provide Medicaid NEMT only receive reimbursement for the trip fare, rather than the full cost of the trip.

regulations stipulate that providers must deliver NEMT using the lowest cost, most appropriate option. Demand response ADA paratransit is commonly the lowest cost option because the cost to Medicaid is equivalent to the transit fare charged to the general public. NEMT brokers noted that they regularly refer beneficiaries to ADA paratransit because it is the lowest cost option. However, the costs of public transit are heavily subsidized, and ADA paratransit fares only cover a portion of the total cost of a trip. The remainder of the cost is borne by the transit agency. This prevents SMAs and transit agencies from equitably sharing costs when a transit agency provides the NEMT. A national NEMT broker shared that their organization avoids making referrals to ADA paratransit because they are accused of “ride dumping” when they do so.

5. ***Limited Federal Guidance: State and local stakeholders lack necessary cost sharing guidance from the federal government.***

Focus group participants explained that a cost allocation model would allow transportation providers to serve beneficiaries of multiple programs in a single trip. It may also enable NEMT providers to more efficiently arrange multiple transportation services for beneficiaries that are eligible for multiple transportation benefits. However, SMAs, NEMT brokers, and NEMT providers alike cited a lack of guidance from CMS as a significant barrier to cost allocation. Focus group participants reported that they are unlikely to explore innovative coordination models because the federal government has not issued sufficient, official guidance on acceptable cost sharing arrangements, cost allocation procedures, or partnerships with transportation network companies (TNC). Many stakeholders expressed interest in cost allocation models but noted the lack of guidance as the primary barrier to deploying such models.

6. ***Limited Federal Guidance: Extensive NEMT data is available, but CMS does not track it nationally.***

All SMAs and NEMT brokers and providers reported that they collect extensive, trip-level data on the transportation provided and arranged by their organizations. Most providers and brokers use customized or homegrown IT solutions to track this data, which they report to the SMA, MCO, and/or broker. Some SMAs, in turn, report the data to CMS, but CMS does not track this data nationally. The absence of uniform data collection and financial accounting methods may inhibit the federal government from understanding and forecasting the potential for coordination at the local level.

7. ***Unengaged Stakeholders: Some NEMT broker models may increase the fragmentation of the transportation system.***

NEMT providers reported that the broker model increases the fragmentation of transportation systems. They believe that in some instances the broker model transfers control of the transportation system from local organizations that understand the nuances of their community to larger organizations that standardize procedures across a broad spectrum of communities. Focus group participants noted that this standardization may force a one-size-fits-all approach, preventing them from pursuing innovative NEMT delivery models because they find it difficult to partner and collaborate with brokers.

8. ***Administrative Burden: Brokers may exacerbate existing Medicaid NEMT scheduling difficulties.***

NEMT providers reported that their brokers guarantee specific pickup and drop-off times for beneficiaries, but do so before confirming availability with the providers. They also reported that brokers frequently send inaccurate or incomplete referral data to providers, who cannot efficiently schedule the trip without complete information. These scheduling and communication challenges prevent providers from grouping and coordinating trips.

SPOTLIGHT: Scheduling Coordination

An NEMT broker in the Northwest regularly provides services for rural beneficiaries that travel the same 250-mile route to an urban area. The urban area provides access to health care services that are not available in the rural area. The broker coordinates with the health care providers to schedule beneficiaries' appointments in clusters.


- **Barrier Addressed:** Administrative Burden
- **Promising Practice:** Coordination with health care providers enables brokers to group long distances trips, thus reducing duplication of service and costs to Medicaid.

PARTICIPANT RECOMMENDATIONS

Session participants made the following recommendations for federal action:

1. **Issue cost sharing guidance.** CMS should issue guidance on cost sharing and allowable partnerships between Medicaid and other federal programs. CMS should also communicate how partnerships may be impacted by regulations that require Medicaid to be the payer of last resort for NEMT.
2. **Enable and promote cost sharing.** CMS should allow SMAs to reimburse the full cost (i.e., fully allocated cost) of NEMT when it is provided by transit agencies. CMS should also issue an affirmative statement that encourages transportation coordination and cost sharing.
3. **Enable public sector participation in NEMT brokerages.** CMS should further enable public sector entities (e.g., transit agencies) to participate in NEMT brokerages by revising the requirement that states select brokers through a competitive bidding process. CMS should also revisit requirements that prohibit brokers from self-referring because it is likely that a public sector broker would also offer the lowest cost, most appropriate transportation option.
4. **Provide technical assistance on capitated rates.** The Federal Transit Administration (FTA) should provide technical assistance that enables transit agencies to understand, analyze, and account for capitated reimbursement rates for Medicaid NEMT.
5. **Define universal performance standards.** FTA and CMS should define universally accepted Medicaid NEMT performance standards predicated on existing performance data from transportation providers. Similarly, the federal government should define coordination goals to incentivize efficient Medicaid NEMT contracting practices.
6. **Increase federal oversight.** CMS should increase federal oversight of state NEMT programs, intervening when necessary to enforce compliance with Medicaid regulations.
7. **Incentivize Medicaid provider coordination.** CMS should incentivize Medicaid health care providers to coordinate with NEMT brokers and providers when scheduling appointments.
8. **Issue guidance on TNCs.** SMAs are interested in pursuing partnerships with TNCs to deliver the NEMT benefit, but they lack the necessary guidance from CMS. Participants recommend that CMS provide additional guidance on acceptable partnerships with TNCs.
9. **Invest in technology adoption.** FTA should provide funding opportunities (e.g., seed funding) for NEMT providers to invest in new technologies that improve coordination and enable beneficiary outreach. Examples include tracking software to capture trip data and accounting systems to track transportation spending.

Physical and Behavioral Health Services Stakeholders

SECTION SUMMARY			
SESSION PARTICIPANTS	<ul style="list-style-type: none"> Federally Qualified Health Centers (FQHC) Behavioral Health Care Providers State Departments of Health and Human Services 	NUMBER OF PARTICIPANTS	NUMBER OF COORDINATION BARRIERS
REFERENCED PROGRAMS	<ul style="list-style-type: none"> Health Center Program Maternal and Child Health Services Block Grant Community Mental Health Services Block Grant (MHBG) Substance Abuse Prevention and Treatment Block Grant (SABG) Medicaid 	27	4
TOP 3 BARRIERS	<ul style="list-style-type: none"> Limited Awareness Program Restrictions Insufficient Incentives 	PRIMARY OVERSIGHT AGENCIES	
TOP 3 PARTICIPANT RECOMMENDATIONS	<ul style="list-style-type: none"> Provide cost sharing guidance Earmark funding specifically for transportation Identify aligned measures for transportation 		

The Health Resources and Services Administration (HRSA) and the Substance Abuse and Mental Health Services Administration (SAMHSA) administer physical and behavioral health grant programs for which transportation is an eligible expense. Examples include the Health Center Program, the Maternal and Child Health Services Block Grant, Community Mental Health Services Block Grant (MHBG), and Substance Abuse Prevention and Treatment Block Grant (SABG). These programs provide important preventative and nonemergency care. Therefore, consistent access to these services is critical to improve patient health outcomes and avoid costly emergency care.¹⁸ Participants in the sessions summarized below receive or administer funding from the HRSA and/or SAMHSA programs that are under the purview of the CCAM. They serve beneficiaries with underserved health needs, including individuals of low income and people living in rural communities.

SESSION PARTICIPANTS

This section summarizes feedback from the following types of organizations:

- Federally Qualified Health Centers (FQHC).** FQHCs are community-based health care providers that receive funds from the HRSA Health Center Program to provide primary care services in underserved areas. Most FQHCs and other care providers participating in the study offer transportation vouchers and referrals to other community transportation services (e.g., public transit, Medicaid NEMT). Only four providers reported that they contract with transportation providers and/or operate their own vehicles to provide transportation for patients.
- Behavioral Health Care Providers.** Behavioral health care providers offer mental health and substance abuse services. Focus group participants in this category receive funding from SAMHSA’s MHBG program, SABG program, or a combination of both grants. Providers did not report using these grants to fund transportation, but some communicate with Medicaid managed care organizations (MCO) in their region who may pay for NEMT services for behavioral health appointments.

¹⁸ "Access to Health Services," Healthy People 2020, U.S. Department of Health and Human Services, Office of Disease Prevention and Health Promotion, accessed August 23, 2018, <https://www.healthypeople.gov/2020/topics-objectives/topic/Access-to-Health-Services>.

- **State Departments of Health and Human Services.** State health and human services departments provide funding and program guidance for health care providers in their state. These agencies often act as pass-through entities to distribute federal funds to local providers. These participants do not provide transportation directly. Rather, they manage and oversee programs at the state level, including HRSA and SAMHSA programs, for which transportation is an eligible expense. Representatives from maternal and child health, rural health, and behavioral health offices within state departments of health and human services were included in the focus groups.

GENERAL TRANSPORTATION ISSUES

Physical and behavioral health care stakeholders reported that the following transportation challenges negatively impact their organizations and patients. Improved coordination may alleviate some of these challenges.

1. Lack of transportation is one of the most common reasons for missed health care appointments.

Particularly in rural, highly rural, and frontier areas, there are not enough transportation service options. Some participants reported that liability concerns prevent health care providers from owning and operating their own vehicles, and are the main reason that health care providers do not provide transportation, further limiting the transportation services available in a community. Participant feedback indicates that a lack of transportation options negatively affects patient health outcomes and requires providers to use limited staff time and resources to find transportation options for patients. Providers stated that increased access to transportation would help patients avoid emergency room visits in the future, improving health outcomes and ultimately reducing costs. The specific feedback below further illustrates the impact of transportation access on health outcomes:

- **State Health and Human Services Department in the Midwest:** Appointment cancellation rates dropped by 7.5 percent after patients gained access to additional transportation options.
- **FQHC in the West:** No-show rate decreased by 12 percent and the follow-up appointment rate increased by seven percent after establishing a transportation service for patients.
- **Mental Health Care Clinic in the Midwest:** Seventy-five percent of patients reported difficulty finding transportation. This is the largest barrier to health care access at the clinic.

“This is the epitome of a social determinant of health.”

- State department of health and human services representative, on older adults staying in the hospital because they have no ride home

2. Difficulties working with Medicaid NEMT cause transportation issues.

Participants reported that Medicaid NEMT has burdensome requirements and inconsistent quality of service, creating challenges for health care provider staff and their patients.

- **Scheduling Requirements:** Medicaid NEMT services often have restrictive advance scheduling requirements that limit flexibility for patients. Some MCOs do not allow health care providers to schedule rides on behalf of patients, but certain patients, particularly those with behavioral health care needs, have difficulty scheduling rides themselves.
- **Service Reliability:** Participants reported that Medicaid NEMT drivers frequently arrive early or late. Providers stated that patients sometimes have to leave before their appointment is finished because drivers arrive early and will not wait. Occasionally patients wait hours for drivers that never come.
- **Administrative Burden:** In some areas with managed care models, each MCO may have different transportation provider standards, eligibility requirements, reimbursement policies, and reporting requirements. Health care providers find it difficult to navigate these various systems and may have staff dedicated solely to processing Medicaid prior authorization requirements. Additionally, because of the scheduling and reliability

issues described above, providers reported experiencing the additional administrative burden of arranging alternative options.

TRANSPORTATION COORDINATION BARRIERS

Transportation coordination barriers describe the challenges that may prevent physical and behavioral health stakeholders from coordinating transportation services for their patients.

1. **Limited Awareness: *It is difficult to identify available transportation options and funding sources.***

Clinic staff that refer patients to transportation options are often not aware of the full range of services available in their communities. Additionally, it is challenging to identify funding sources that grantees may use for transportation. For example, a recipient of MHBG funds was not aware that transportation is an eligible expense of the program.

2. **Program Restrictions: *Reporting requirements create a challenge for coordination.***

Even when stakeholders identify funding sources, complying with their various reporting requirements is difficult. States and providers struggle to interpret and follow the rules and regulations across different federal and state funding sources. This complexity disincentivizes coordination because grantees are reluctant to combine funding sources, either internally or through partnerships with other organizations. One participant from a state rural health office noted that the volume of Centers for Medicare and Medicaid Services (CMS) rules and regulations presents a particular challenge: “Even if we wanted to coordinate, we can’t interpret all the rules.”

3. **Insufficient Incentives: *Federal agencies do not incentivize states and providers to pursue innovative transportation models.***

Providers stated that HRSA expects them to serve more people with the same levels of funding. As a result, there is limited funding to cover core services and no incentive to use funds for transportation coordination, even if it could reduce health care costs in the future. Behavioral health participants similarly see little incentive from SAMHSA to consider transportation. A SAMHSA grantee stated that SAMHSA and the state agency for behavioral health require certain planning activities, but transportation is not a required consideration.

4. **Insufficient Data: *States and providers need guidance on transportation data collection.***

Participants believe that transportation data would facilitate coordination, but they reported that the federal government provides limited guidance and incentives for collecting and tracking data. Despite an increased emphasis on social determinants of health, HRSA does not require FQHCs to report transportation data, and an FQHC was not aware that HRSA’s Uniform Data System includes fields for transportation-related data. As one participant reported, in order to measure social determinants of health, providers need defined indicators. HRSA and SAMHSA grantees may benefit from federal guidance on how to measure transportation services.

SPOTLIGHT: *Transit Partnerships*

Health care providers in the Midwest partner with a transit agency to purchase bus tokens in bulk at a discounted rate to give to their patients.

- **Barrier Addressed:** Cost Sharing Concerns
- **Promising Practice:** Health care providers can buy transit passes to give patients transportation options, increasing access to care at a lower cost than is incurred when contracting with private providers or providing in-house transportation.

SPOTLIGHT: *Data-Driven Opportunities for Efficiency*

In a rural county in the Northeast, human service providers collaborated to gather data on existing transportation services, tracking cost per trip and per mile for rides provided by each organization. Based on this data, they decided to share the cost of the local match needed to secure federal funds and create a public transportation system in the county.

- **Barrier Addressed:** Insufficient Data
- **Promising Practice:** Health and human service providers can pool funds to meet local match requirements and obtain federal funding for transportation services. Providers can track spending data for transportation to evaluate the potential benefit of contributing to a coordinated system.

PARTICIPANT RECOMMENDATIONS

Session participants made the following recommendations for federal action:

1. **Provide cost sharing guidance.** Funding recipients need guidance from the federal government on allowable cost sharing arrangements.
2. **Earmark funding for transportation.** Some providers recommended that HRSA set aside a portion of health center funding specifically for transportation.
3. **Identify aligned measures for transportation.** States and providers recommended that the federal government identify aligned transportation measures so that each agency collects similar data points and uses defined indicators.
4. **Provide opportunities for collaboration.** States and providers want to connect with peer organizations in other areas of the country to learn about promising practices for transportation coordination.
5. **Provide guidance on available funding streams.** Grantees need additional information on the funding streams available for transportation services and additional guidance on the accompanying funding requirements.
6. **Improve access to transportation information.** Providers want a central repository of all the transportation services available in their communities and the related eligibility requirements.
7. **Use RFPs to incentivize transportation coordination.** One provider recommended that federal, state, and regional RFPs include a requirement or incentive for funding recipients to coordinate transportation services with other health and human service providers.

Transit Stakeholders

SECTION SUMMARY			
SESSION PARTICIPANTS	<ul style="list-style-type: none"> Transit Agencies State Departments of Transportation Regional Planning Bodies State and Regional Transit Associations Other Nonprofit Organizations 	NUMBER OF PARTICIPANTS ¹⁹	NUMBER OF COORDINATION BARRIERS
REFERENCED PROGRAMS	<ul style="list-style-type: none"> FTA Section 5310 Enhanced Mobility of Seniors and Individuals with Disabilities FTA Section 5311 Formula Grants for Rural Areas Medicaid Intercity Bus Program VA Beneficiary Travel 	94	5
TOP 3 BARRIERS	<ul style="list-style-type: none"> Cost Sharing Concerns Program Restrictions Unengaged Stakeholders 	PRIMARY OVERSIGHT AGENCY	
TOP 3 PARTICIPANT RECOMMENDATIONS	<ul style="list-style-type: none"> Update Medicaid NEMT cost sharing guidance Standardize regulations across programs Include transportation coordination requirements in other agencies' statutes 	 Federal Transit Administration	

Transit stakeholders support the development and operation of public transportation systems, which the United States Code (U.S.C.) defines as “regular, continuing shared-ride surface transportation services that are open to the general public or open to a segment of the general public defined by age, disability, or low income.” (“Transit” is an equivalent term).²⁰ Public transportation services may include, but are not limited to, fixed route bus and rail transportation; demand response transportation, such as paratransit; vanpools and other commuter transportation services; and university campus transportation. Paratransit refers to comparable transportation service for individuals with disabilities who are unable to use fixed route transportation systems, and the ADA requires transit agencies to provide this service.²¹ Although Medicaid NEMT is not a transit service, it represents a significant portion of many transit agencies’ operating budgets, and this section addresses the role of transit agencies in providing and coordinating Medicaid NEMT. As a service for the general public, transit systems serve the beneficiaries of all programs administered by CCAM agencies.

SESSION PARTICIPANTS

This section summarizes feedback from the following types of organizations:

- **Transit Agencies.** Transit agencies are public or nonprofit entities that provide public transportation services for a city, county, region, or other jurisdiction. They may be state or local government authorities, nonprofit organizations, area agencies on aging (AAA), or other operators of public transportation.
 - Most transit agencies participating in the focus groups are sub-recipients of Federal Transit Administration (FTA) funding. **Figure 14** outlines sample FTA funding streams. FTA requires recipients of Section 5310 program funding to develop a local coordinated public transit-human services plan, and most transit agencies participate in developing these coordinated plans for their region.
 - In addition to fixed route service, transit agencies provide complementary paratransit service as required by the

¹⁹ The number of transit participants includes individuals who attended industry listening sessions.

²⁰ 49 U.S.C. § 5302 (2015).

²¹ 49 C.F.R. § 37.3 (2015).

ADA. While ADA only requires paratransit services within 0.75 miles of fixed route service, some transit agencies provide paratransit beyond a 0.75-mile radius.

- Many transit agencies also provide NEMT for Medicaid patients and/or Veterans Affairs Medical Center (VAMC) patients. Additionally, some transit agencies provide travel training to help individuals navigate public transportation systems.
- **State Departments of Transportation.** State departments of transportation receive formula funding from the U.S. DOT for urban and rural public transportation. States (or designated Indian tribes) are always the designated recipient for Section 5311 funding and are often the designated recipient for Section 5310 program funds (see **Figure 14**). State departments of transportation pass this funding through to transit agencies that implement and operate public transportation systems. Some state departments also create statewide transportation plans and/or participate in state transportation coordinating councils. For example, state law requires one participating department to lead and staff a statewide effort that coordinates human service transportation.
- **Metropolitan Planning Organizations (MPO) and Regional Planning Organizations (RPO).** MPOs are transportation policy-making organizations that develop long-range transportation plans in urbanized areas with a population greater than 50,000. In smaller urban and rural areas, RPOs fulfill the same function of facilitating cooperation in transportation planning.
 - FTA requires Section 5310 program grantees to produce a locally developed, coordinated public transit-human services transportation plan. In areas with an MPO or RPO, these entities are typically responsible for coordinating with community stakeholders to develop this plan.
 - MPOs and RPOs may also receive federal funding to provide transit services in their region, serving as either designated direct recipients or sub-recipients of FTA programs (see **Figure 14**). Some regional planning entities also coordinate with tribes when developing regional plans and providing transportation services.

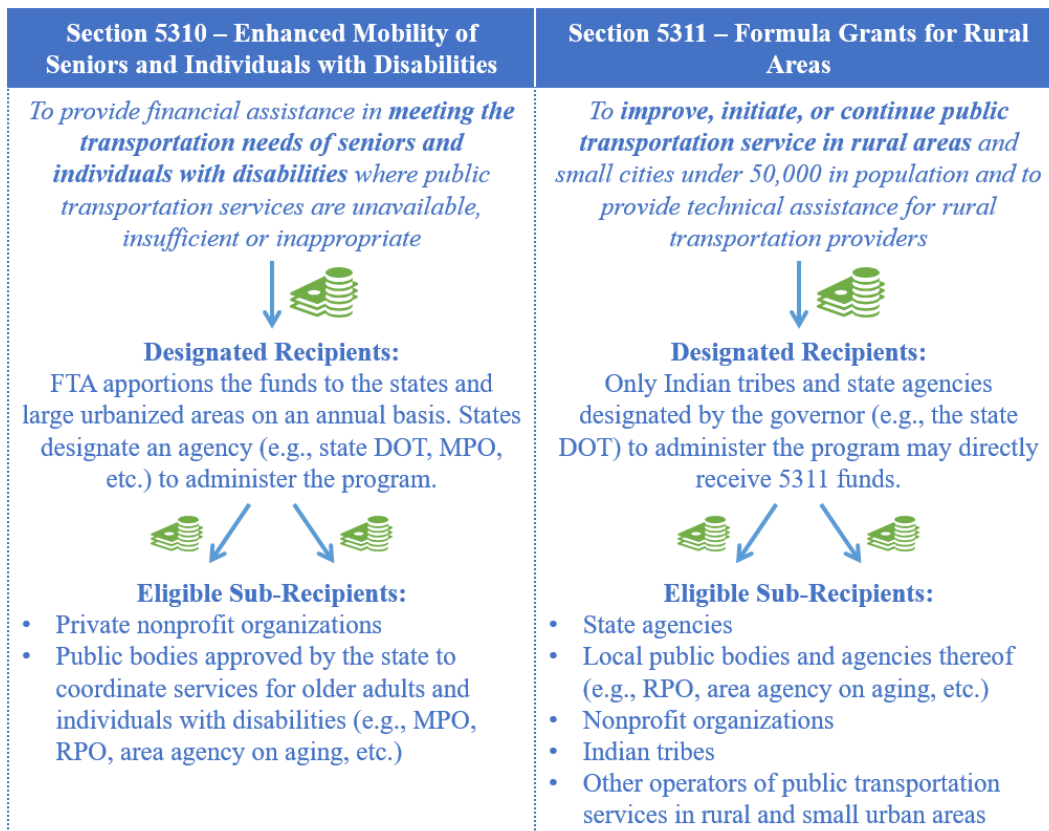


Figure 14 - Sample FTA Programs

- **State and Regional Transit Associations.** These groups represent public and community transportation providers at the state or regional level. Transit associations advocate on behalf of public transit and provide member services such as training, professional development, and outreach, but they do not provide transportation services for the public.
- **Other Nonprofit Organizations.** Many nonprofit organizations provide transportation-related services to older adults, individuals with disabilities, and individuals of low income. These organizations are not transit agencies, but they provide services such as mobility management, information, and referral for existing community transportation resources. Some are assigned by designated recipients of FTA funding to coordinate transportation services in a region.

GENERAL TRANSPORTATION ISSUES

Transit stakeholders reported that the following challenges impede their ability to provide public transportation services and efficiently use community transportation resources. Improved coordination may alleviate some of these challenges.

1. Transit stakeholders encounter unique challenges in rural areas.

- Most transit agencies suffer from a lack of resources, especially in rural areas. Participants reported that there are not enough transportation options in rural areas, and they have difficulty finding funding for rural services. Some participants noted a large disparity in funding between rural and urban areas.
- Trips provided in rural areas require disproportionate resources. Individuals may need to travel several hundred miles to reach health care and other critical services, and it is difficult to group trips when individuals live in remote areas. These trips also require extensive “dead-head miles” (i.e., miles driven without a passenger) for the driver to reach passengers. As a result, trips in rural areas are often expensive.
- Rural transit agencies noted that they must adhere to the same safety and reporting standards that regulate larger urban transit agencies, but rural agencies typically have fewer resources with which to fulfill these requirements.

“[People in] rural areas feel like second class citizens.”

- Transit agency representative on funding disparities between rural and urban areas

2. A variety of environmental and cultural factors deter ridership on public transportation.

- Transit agencies suffer from a stigma associated with public transportation. In many areas, people think of public transportation as a last resort or as an option reserved for low-income individuals, and therefore they choose to not ride transit.
- Participants noted that individuals experiencing homelessness may sleep on public transit or spend much of the day riding transit. Transit agencies find that this deters other riders from using fixed route services.
- Some transit stakeholders reported that health and safety concerns deter people from riding transit in their region. These concerns affect ridership along certain routes.

3. Human service providers may establish service locations without considering access to transportation.

- Real estate costs frequently dictate the location of human service providers. These providers often do not consider how transportation costs may offset rent savings if they locate services far from public transportation.
- Transit stakeholders expressed frustration that human service providers, employers, housing agencies, and other entities select locations inaccessible by transit and later criticize transit agencies because existing routes do not serve their locations.

4. **Transit stakeholders have limited resources with which to meet the rising demand for transportation service.**

- Transit agencies must provide demand response service to anyone eligible for ADA paratransit. This is not an unwelcome mandate, but limited resources make it difficult to meet the growing demand for these services.
- Some health care providers do not provide transportation for patients who need specialized medical transportation, and these patients use ADA paratransit instead. For example, for-profit dialysis centers may direct patients to ADA paratransit to travel to and from appointments rather than cover the cost of specialized medical transportation.

SPOTLIGHT: *Coordinated Planning Toolkit*

A state department of transportation in the Midwest developed a toolkit to help sub-recipients meet FTA requirements for coordinated planning. These tools and templates reduce the administrative burden associated with planning requirements, and are particularly helpful for small and rural transit agencies with limited resources.

- **Issue Addressed:** Limited Resources
- **Promising Practice:** Reducing administrative burden for transit agencies frees up funding and staff time that agencies can reallocate to the provision of transit service.

“Taxpayer money shouldn't be subsidizing for-profit dialysis centers.”

- Transit agency representative on for-profit dialysis centers that direct patients to use ADA paratransit

TRANSPORTATION COORDINATION BARRIERS

Transportation coordination barriers describe the challenges that may prevent transit stakeholders from coordinating transportation services for older adults, people with disabilities, and individuals of low income.

1. ***Cost Sharing Concerns: Human service organizations often do not pay the fully allocated cost of transit trips for their beneficiaries.***

- Transit stakeholders reported that human service providers direct their beneficiaries to use transit to access human services, but the providers do not pay the fully allocated cost of the trip. This is known as “ride dumping.” ADA paratransit services cannot deny service to eligible individuals and cannot ask about trip purpose, so many human service organizations direct their beneficiaries to ADA paratransit rather than pay for transportation themselves. Transit stakeholders believe this is an unfair distribution of costs.
- Many participants expressed particular frustration with a Centers for Medicare and Medicaid Services (CMS) rule prohibiting Medicaid agencies from paying more than the general public fare for fixed route transit services.²² For paratransit, the rule prohibits Medicaid from paying more than the state human service agency rate. Typically, neither the general public fare nor the state human service agency rate represent the full cost of the trip to the transit provider. As a result, many transit providers argue that transit funds are subsidizing Medicaid NEMT, increasing transit costs. This results in misconceptions

SPOTLIGHT: *Cost Sharing Incentives*

A transit agency in the Midwest partners with health care providers and the nearest VAMC. These entities purchase bus tokens in bulk at a discounted rate to provide to their patients. The transit agency also provides transit training for Veterans.

- **Barrier Addressed:** Cost Sharing Concerns
- **Promising Practice:** Transit agencies can offer a discounted rate for human service organizations to increase ridership and incentivize those organizations to cover a portion of the cost of providing transit to their beneficiaries.

²² 42 C.F.R. § 440.170 (2016).

about the true cost of Medicaid NEMT to the federal government.

2. *Program Restrictions: Limited purpose funding, complex reporting requirements, and varying program standards create barriers to transportation coordination.*

- **Eligibility Criteria:** Participants find that limited purpose funds impede coordination. For example, Section 5310 program funds are limited to services for older adults and individuals with disabilities. Transit stakeholders reported that these eligibility requirements prevent them from partnering with organizations that support other underserved populations, such as people of low income.
- **Perceived Restrictions:** Some participants also reported that the Section 5311 program cannot fund trips originating in non-rural areas. They believe that if a transit agency provides a trip from a rural area to a non-rural area, the vehicle cannot pick up riders on the return trip, preventing efficient resource usage. However, FTA program guidance states that Section 5311 projects may include transportation *to or from* rural areas.²³ In this case, the perception of eligibility restrictions creates a barrier to coordination.

SPOTLIGHT: Consolidated Grant Application Process

A state department of transportation developed a consolidated grant program so that transit agencies no longer have to submit separate applications for each federal and state grant. Instead, every two years the state releases a consolidated application that allows transit agencies to apply for all desired state and/or federal funding using a single application. This process provides a holistic view of state transportation needs, allowing the state to prioritize programs and apply for funding accordingly.

- **Barrier Addressed:** Program Restrictions, Administrative Burden
- **Promising Practice:** State departments of transportation can consolidate grant program applications to alleviate the administrative burden on providers, capture a holistic view of transportation needs across the state, and allow transit agencies to coningle funding streams in a way that best meets constituent needs.

- **Complexity:** Participants find that the complexity of reporting requirements also inhibits coordination. One transit agency attempted to arrange reimbursement with the VA to provide trips to Veterans through the agency's Intercity Bus Program. The VA agreed to reimburse the transit agency using Beneficiary Travel funds, but the reporting required for this partnership created an unmanageable administrative burden. Another participant stated, "It's hard to justify coordinating with, and contributing to, other jurisdictions and organizations if you know that it will cost money and impact your ability to draw down federal funds."
- **Variable Requirements:** Varying program requirements make coordination difficult. Participants cited trip purpose restrictions for Medicaid as a particular challenge because Medicaid only funds trips directly to and from a medical appointment. Many Medicaid beneficiaries are also eligible for other programs for which they need transportation, but these trips cannot be combined due to the Medicaid restriction. As one participant pointed out, "Medicaid NEMT trips cannot even stop at the pharmacy to pick up a patient's prescription on their way home from the doctor." Participants also reported that varying standards for driver qualifications, background checks, and vehicles make it difficult and costly for transit providers to comply with program requirements when serving beneficiaries of multiple programs.

3. *Unengaged Stakeholders: Competition for resources hinders stakeholder engagement in transportation coordination efforts.*

- Stakeholder competition and resistance to change can hinder coordination partnerships. Transit stakeholders compete for the same limited state and federal funding, and many agencies fear they will lose funding if they work with the competition. Additionally, some entities resist regional planning efforts because they are fearful that a coordinating body will have control over their program or beneficiaries.

²³ U.S. Department of Transportation, Federal Transit Administration, Formula Grants for Rural Areas: Program Guidance and Application Instructions (2014).

- Transit organizations reported difficulty making the right connections within their communities. Some participants find that regional transportation planning is too narrowly focused, only including transportation stakeholders but failing to include important community organizations that provide medical, housing, employment, and other human services. The planning is likely to be narrowly focused because transit organizations may not have connections to other human service organizations and because non-transit stakeholders often have no mandate or incentive to participate in coordinated planning.

SPOTLIGHT: *Building Community Connections*

A regional planning body in the Mid-Atlantic, responsible for developing the coordinated transportation plan, met with human service providers from all counties in the region to document their agencies, beneficiaries, transportation services, and transportation challenges. The same stakeholders meet on a quarterly basis to discuss transportation barriers.

- **Barrier Addressed:** Unengaged Stakeholders
- **Promising Practice:** Proactive outreach to human service organizations can help regional planning bodies develop coordinated plans that better represent the full range of transportation resources and challenges in their communities.

- Participants reported they are often unaware of other planning initiatives in their communities. As a result, other human service organizations may not consider transportation in early planning efforts, and transportation may become a barrier to access later on.

4. ***Jurisdictional Boundaries: Jurisdictional boundaries impede coordination among transit agencies and between transit and other human service organizations.***

- City and county governments often plan and operate transportation systems at the local level, resulting in fragmented services within a single state. In many cases, these local governments do not permit transit agencies to provide service outside their jurisdiction, preventing coordination with other transportation systems.
- Jurisdictional boundaries prevent many transit providers from coordinating with VAMCs, specialty care providers, or other health care providers that are located across jurisdictional lines, even when these facilities are the nearest care provider in the region.

SPOTLIGHT: *Collaboration Across Jurisdictions*

A transit agency in the Midwest works with neighboring transit systems to coordinate schedules, park and ride sites, and other services to improve transit access in rural communities and to connect their routes for passengers.

- **Barrier Addressed:** Jurisdictional Boundaries
- **Promising Practice:** Transit agencies can coordinate routes and schedules to facilitate an easier transition for riders who have to switch from one jurisdiction's service to another.

5. ***Limited Federal Guidance: A lack of federal guidance impedes coordination partnerships, according to transit stakeholders.***

Without explicit guidance and approval from federal oversight agencies, many state and local stakeholders hesitate to commit to new or innovative transportation models. For example, a state department of transportation participated in state work groups to develop a cost sharing model agreed upon by all stakeholders. However, when the state Medicaid agency (SMA) asked CMS to approve the arrangement, CMS declined to comment, and the state abandoned the cost sharing model. Transit stakeholders reported that, without affirmative guidance from the CCAM, it is difficult to foster an environment of coordination.

PARTICIPANT RECOMMENDATIONS


Session participants made the following recommendations for federal action:

1. **Include transportation coordination requirements in other agencies' statutes.** Congress should update authorizing legislation for CCAM agencies to require the federal agencies and their grantee networks to participate

in transportation coordination. Participants believe that statutes requiring coordination will promote coordination activity at the federal, state, and local levels.

2. **Update Medicaid NEMT guidance.** Participants recommended that CMS issue guidance allowing SMAs to pay the fully allocated cost of public transportation if they so choose.
3. **Standardize regulations across programs.** When eligibility requirements, driver standards, vehicle standards, and other aspects of transportation service are different across programs, participants reported increased costs. They recommended that CCAM agencies standardize these regulations to increase efficiency.
4. **Increase flexibility of federal program requirements.** Participants recommended removing restrictive eligibility criteria based on jurisdictional boundaries to create a seamless experience at the state and local level.
5. **Reduce application requirements for small grant programs.** Application requirements for small transit grants can consume more resources than the value of the awarded grant. Participants recommended that FTA reduce this burden for smaller grant programs. As one participant stated, FTA should “create balance between being a responsible steward of federal money and fostering innovative new solutions.”
6. **Revise local match requirements.** Participants recommended that FTA eliminate local match requirements for funds designated for older adults and people with disabilities. They also recommended that other federal agencies allow their grantees to use their funding as local match for FTA grants.
7. **Change CMS brokerage rules to provide public brokers with more transportation options.** Public agencies cannot broker trips to themselves as transportation providers, but private entities can. Participants recommended making CMS brokerage rules the same for public and private organizations.
8. **Clarify guidance on incidental use.** Participants reported confusion on allowable incidental use activities and requested additional guidance from FTA.
9. **Provide explicit support of coordination activities.** Participants requested affirmative statements from each CCAM agency expressing support for specific coordination activities. This may empower more state and local stakeholders to coordinate.
10. **Create forums for coordination.** Transit representatives want more opportunities to connect with various community initiatives that involve transportation. Federal programs that require community planning efforts should require or recommend that transportation stakeholders participate in those efforts.
11. **Invest in technology that supports statewide coordination.** Transportation providers often lack technology solutions that would facilitate coordination activities, and they recommended that the federal government invest in solutions. Examples include tracking software to capture trip data and accounting systems to track transportation spending.
12. **Develop common definitions of transportation-related terminology.** Specifically, participants recommended that CCAM agencies define “rural” according to the same standards.

Veterans Transportation Stakeholders

SECTION SUMMARY			
SESSION PARTICIPANTS	<ul style="list-style-type: none"> State Veterans Affairs Offices Veterans Affairs Medical Centers (VAMC) Veterans Integrated Service Networks (VISN) 	NUMBER OF PARTICIPANTS	NUMBER OF COORDINATION BARRIERS
REFERENCED PROGRAMS	<ul style="list-style-type: none"> Veterans Transportation Program Veterans Transportation Service (VTS) Beneficiary Travel Program Highly Rural Transportation Grant Program 	12	3
TOP 3 BARRIERS	<ul style="list-style-type: none"> Program Restrictions Limited Awareness Unengaged Stakeholders 	PRIMARY OVERSIGHT AGENCY	
TOP 3 PARTICIPANT RECOMMENDATIONS	<ul style="list-style-type: none"> Relax eligibility requirements for VA vehicles Remove jurisdictional boundaries Require transparency on transportation spending 	 <i>Veterans Health Administration</i>	

The VA provides health care to over nine million Veterans through a network of medical centers and outpatient clinics. Through the VA health care system, Veterans can receive primary care, specialty care, preventive health care, mental health care, and a variety of other health services. Typically, Veterans receive this care at a VA facility, but they may also receive care from an approved non-VA community provider if the VA cannot provide the service in a timely fashion, or if the Veteran faces excessive burden in accessing the nearest VA facility.²⁴

In order to fully access these health care benefits earned through their service, Veterans need reliable access to transportation. The VA Veterans Engineering Research Council identified lack of transportation as the fifth most common reason for Veterans not attending or cancelling a health care appointment.²⁵ Recognizing the importance of transportation to help Veterans access care, the VA funds transportation service for Veterans traveling to and from VA and other authorized health care appointments through the Veterans Transportation Program. This program has three components:²⁶

- Veterans Transportation Service (VTS):** VTS establishes mobility management programs at participating Veterans Affairs Medical Centers (VAMC) to meet the transportation needs of eligible Veterans. VTS funds the salaries of mobility managers and the capital costs of vehicles, and may also cover other operating costs for the first three years of a VTS program. Veterans who are eligible for VA health care benefits and have a VA-authorized appointment may receive transportation through VTS based on availability and local VAMC guidelines.²⁷
- Beneficiary Travel:** This program reimburses eligible Veterans for costs incurred while traveling to and from VA health care facilities. This program may also arrange special mode transportation (e.g., ambulance, wheelchair accessible van, etc.) when deemed medically necessary by the VA. VA regulations require that travel reimbursement be made directly to the beneficiary, except upon evidence that another person or organization provided the transportation.²⁸
- Highly Rural Transportation Grant Program:** This program provides grants to Veterans service organizations (VSO) and state Veterans service agencies (sometimes referred to as state Veterans Affairs offices). Grantees

²⁴ Pub. L. No. 113-146 (2014).

²⁵ VA Office of Rural Health, "Value-Based Propositions to Link Veterans' Travel with Health Outcomes" (presentation, 2017).

²⁶ "Veterans Transportation Program (VTP)," U.S. Department of Veterans Affairs, Veterans Health Administration, accessed August 23, 2018, <https://www.va.gov/healthbenefits/vtp/>.

²⁷ See 38 C.F.R. § 70.71 for VTS eligibility requirements.

²⁸ 38 C.F.R. § 70.30-70.32 (2011).

provide transportation services to Veterans who live in highly rural areas, defined as counties with fewer than seven people per square mile, to help those Veterans access VA and approved non-VA care. Only Veterans living in eligible, highly rural counties may use services funded by this grant.²⁹ Grantees may subcontract with local transportation providers, such as transit agencies, to provide transportation service for eligible Veterans.

SESSION PARTICIPANTS

This section summarizes feedback from the following types of organizations:

- **State Veterans Affairs Offices.** State Veterans Affairs offices connect Veterans, their families, and other eligible beneficiaries to VA benefits and services. They may also receive federal grants, including the Highly Rural Transportation Grant. State Veterans Affairs offices often serve as a pass-through entity for this grant program, distributing funds to sub-recipients who provide transportation services for Veterans.
- **Veterans Affairs Medical Centers (VAMC).** VAMCs provide a wide range of health services for Veterans including traditional hospital-based services – such as surgery, critical care, mental health, orthopedics, pharmacy, and radiology – and other specialty services. VAMCs may opt in to the VTS program, and each VAMC participating in the VTS program has a mobility manager. This individual helps the VAMC establish a network of transportation options to help Veterans access the VAMC through joint efforts with Veterans organizations, community transportation providers, transit agencies, nonprofits, and Veterans Transportation Community Living Initiative (VTCLI) grantees. Many VAMC mobility managers also manage the Beneficiary Travel program at their VAMC.
- **Veterans Integrated Service Networks (VISN).** The VA provides health care through 18 geographically-divided administrative areas called VISNs. Each VISN includes multiple health care areas, which consist of VAMCs, Vet Centers, and outpatient clinics offering primary and specialty care in a specific region. Some VISNs have a transportation liaison who works with VAMC mobility managers in the VISN to resolve transportation challenges, share best practices, and standardize services.

GENERAL TRANSPORTATION ISSUES

Veterans transportation stakeholders reported that the following challenges reduce access to health care and prevent Veterans from accessing efficient and effective transportation. Improved coordination may alleviate some of these challenges.

1. **VTS programs lack the resources needed to meet Veterans' demand for transportation.**
 - The Veterans Transportation Program central office supports VTS programs during the first three years of implementation, funding drivers' salaries, vehicle maintenance, and other operational costs. After three years, the central office continues to fund only the mobility manager's salary, and the individual VAMCs become responsible for the remainder of the VTS operating budget. As a result, many VTS programs have limited resources, which restricts their ability to serve all Veterans who need transportation.
 - One VAMC mobility manager reported that a private transportation provider in their community receives millions of dollars annually by transporting Veterans eligible for Beneficiary Travel reimbursement. While the VAMC's VTS program could provide this transportation at a lower cost, the program does not have the resources to meet demand.
 - VAMC mobility managers frequently do not have time to manage Veterans Transportation Program services and pursue partnerships with other human service organizations. For example, one mobility manager attends an annual transportation summit to develop connections with potential partners, but partnerships never materialize because he does not have time to pursue them.

²⁹ 38 U.S.C. § 1710 (2017).

- To accommodate resource gaps, many VAMCs rely heavily on volunteers to provide transportation for Veterans. However, their population of volunteers is often older and may have functional limitations, causing concerns about passenger safety. Additionally, the number of available volunteers is decreasing, and VAMCs are concerned about the long-term viability of their volunteer driver base.

2. VA eligibility requirements restrict some Veterans from accessing transportation.

- To be eligible for Beneficiary Travel reimbursement, a Veteran must meet income and/or service-connected condition requirements. Mobility managers reported that many low-income Veterans do not qualify for Beneficiary Travel but still have difficulty accessing care due to transportation issues.
- Participants also reported that eligibility requirements for the Highly Rural Transportation Grant are too restrictive and lead to underutilization of vehicles. Vehicles funded by this program cannot transport Veterans who live in counties that do not qualify as highly rural. For example, a bus with empty seats that picks up Veterans in a highly rural county may pass by Veterans in surrounding counties who need transportation to the same medical facility. Due to eligibility requirements, the seats remain empty and Veterans outside of the highly rural county are at risk of missing their appointments. One participant reported that bus fleets funded by this grant have empty seats most days, and they only serve five or six unique Veterans most months.

Further, one state passes grant funding through to a highly rural county that includes a portion of tribal land. As some members of the tribe live outside the highly rural county and are not eligible to receive the transportation, the tribe developed a separate shuttle system. As participants noted, eligibility restrictions led to this duplication of service.

SPOTLIGHT: *Transit Partnerships*

A state Veterans Affairs office in the Midwest contracts with transit providers to provide transportation to medical appointments for Veterans. The state uses Highly Rural Transportation Grant funds to provide the service at no cost to Veterans, who can use this service to access medical appointments at any health care facility regardless of the facility’s affiliation with the VA. By contracting with a transit agency rather than establishing a separate service, the state Veterans Affairs office is able to more efficiently use program funds.

- **Issue Addressed:** Limited Resources
- **Promising Practice:** Veterans organizations can contract with transit agencies to fund Veterans transportation rather than establish a separate service. This practice avoids duplication of services and reduces the need for VA vehicles that have eligibility restrictions.

“Sometimes, our vans will sit idle all day because there aren’t enough people on the list for the shuttle service.”
 - State Veterans Affairs office representative on the underutilization of VA vehicles

3. Non-ambulatory transportation service is especially costly.

- Most VAMC and VA health center participants reported difficulty serving Veterans needing non-ambulatory or other specialized transportation services. The VA often contracts with costly private providers to arrange these services. One VAMC satellite office reported that they spend several hundred dollars per single-rider trip when contracting for non-ambulatory trips.

4. VA health care providers have difficulty serving Veterans in rural communities.³⁰

³⁰ The VA’s Office of Rural Health (ORH) found in their 2011 Rural Needs Assessment that transportation was the number one shortfall in every rural VA health care network. 5.2 million Veterans, or 24 percent of all Veterans live in rural communities, and of the nine million Veterans enrolled in the VA health care system, 2.9 million or 33 percent of enrollees, live in rural communities (ORH 2015-2019 Strategic Plan).

- VAMCs have large catchment areas that include significant rural regions. These areas typically have few transportation providers if any, and trips are expensive. As trips in rural areas cover long distances, vehicles accumulate miles quickly, and it is difficult to secure capital funding to replace them.
- Rural Veterans often forgo health care appointments to avoid traveling long distances. When conditions go untreated, Veterans may end up using ambulance or helicopter services for emergency situations.

SPOTLIGHT: *Sharing Resources to Reduce Costs*

A VAMC in the Southeast provides a satellite health center with drivers who provide non-ambulatory trips at a lower rate than contracted service. Unlike the contracted service, station drivers can also pick up multiple Veterans in one trip.

- *Issue Addressed:* Non-Ambulatory Service Cost
- *Promising Practice:* Coordination among VA health care providers can decrease overall transportation costs.

5. **Participants reported concerns about fraud and abuse in the Beneficiary Travel program.**

- Several VAMC mobility managers reported incidents of fraudulent Beneficiary Travel claims. One participant noted that he frequently sees Veterans travel together in one car to a facility, but each Veteran individually claims travel reimbursement. Others described that some Veterans use Medicaid NEMT services to travel to appointments, but they also claim Beneficiary Travel reimbursement, a practice participants described as “double-dipping.”
- One participant explained that some Veterans schedule short appointments or group classes every day of the week in order to receive more Beneficiary Travel reimbursement. Although this is technically allowed, the result is that some Veterans receive up to \$60,000 in reimbursement annually.

SPOTLIGHT: *Maintaining Program Integrity*

A VAMC mobility manager in the Northwest collects manifests from transportation providers to crosscheck Beneficiary Travel beneficiaries who may be using a free transportation service yet still filing for reimbursement. This verification detects and deters fraud.

- *Issue Addressed:* Concerns About Fraud and Abuse
- *Promising Practice:* VAMCs can work with transportation service providers to receive information on Veterans using the service, and use this information to prevent fraud and save money on Beneficiary Travel.

TRANSPORTATION COORDINATION BARRIERS

Transportation coordination barriers describe the challenges that may prevent VA stakeholders from coordinating transportation services for Veterans.

1. ***Program Restrictions: Program eligibility requirements restrict coordination of Veterans transportation, leading to underutilization of VA resources.***

In addition to the eligibility challenges described in the general transportation issues above – which restrict certain Veterans from accessing VA-funded transportation – eligibility requirements also create a barrier to coordination with other federal funding sources. Specific eligibility requirements determine who can ride on a VTS vehicle. Participants reported that these restrictions prevent VAMC mobility managers from grouping trips. Though a VTS vehicle may transport multiple beneficiaries on the same trip, the vehicle cannot transport non-eligible individuals on a fee-for-service basis, even when there are open seats in the vehicle. These restrictions result in underutilization of resources and the missed opportunity of potential revenue for VTS programs.

2. ***Limited Awareness: VA stakeholders are not aware of all the transportation resources in their communities, preventing them from coordinating to better serve Veterans.***

Many VAMC mobility managers find it difficult to identify community transportation options for Veterans. As a result, it is challenging to identify opportunities for coordination with other community organizations. According to focus group participants, improved awareness of all available transportation options would enable mobility managers

to direct Veterans to the most cost-effective transportation service. This may help curtail costly Beneficiary Travel reimbursements.

**“We have no knowledge of what’s available.”
“We don’t know what we don’t know.”**
- VAMC mobility managers on their limited awareness of community transportation resources

3. **Unengaged Stakeholders: VA stakeholders often lack the community connections required to foster transportation partnerships.**

- Participants acknowledged that stakeholders outside the VA often have difficulty communicating with VA organizations. When other organizations try to make contact, they frequently receive no response. A state Veterans Affairs office representative explained that VA staff are unlikely to respond to inquiries unless they have been designated as an official liaison and given formal responsibility for communicating with external organizations and service providers. This limits new and helpful connections the VA offices could establish with community-based resources.
- Some VAMCs have difficulty coordinating with Medicaid NEMT services. One mobility manager reported that it is common for Veterans to receive free Medicaid NEMT and also claim Beneficiary Travel reimbursement. The mobility manager attempted to work with the state Medicaid agency (SMA) to address this “double-dipping,” but the agency was unwilling to collaborate.

SPOTLIGHT: Proactive Community Engagement
A VISN liaison in the West encourages all mobility managers in his network to attend community town hall meetings. At one such meeting, a mobility manager identified a tribal transportation service that could reach previously unserved Veterans by transporting them to a location where VTS vans could pick them up.

- **Barrier Addressed:** Unengaged Stakeholders
- **Promising Practice:** VAMC mobility managers can engage in community forums to identify potential partnerships and resources that may fill service gaps for Veterans.

PARTICIPANT RECOMMENDATIONS

Session participants made the following recommendations for federal action:

1. **Reduce eligibility requirements for VA vehicles.** Participants recommended that the VA increase the flexibility of eligibility requirements for services provided by the VTS and Highly Rural Transportation Grant programs. Reduced requirements may enable VAMCs to coordinate with other organizations and reduce the number of empty seats on VA vehicles.
2. **Remove jurisdictional boundaries in program rules.** Jurisdictional boundaries should not restrict Veterans Transportation Program services. Participants recommended that the VA remove or reduce these restrictions so that Veterans outside of a particular jurisdiction can access existing services.
3. **Require transparency on transportation spending.** Participants recommended that CCAM agencies require their funding recipients to track the transportation services they provide and associated costs.
4. **Establish a VTS program at every VAMC.** Currently, VAMCs must opt in to the VTS program in order to establish a mobility manager. Participants recommended that the VA automatically establish a VTS program and mobility manager at every VAMC. Participants believe this would increase transportation services for all Veterans regardless of location.

5. **Promote community collaboration.** Participants recommended that the VA promote VAMC participation in community forums that bring together human service organizations. These forums provide an opportunity to discuss Veterans' transportation challenges and identify potential solutions.
6. **Create a community of practice for VAMC mobility managers.** Participants want the VA to provide opportunities for mobility managers to collaborate with one another and discuss challenges, lessons learned, and best practices.
7. **Use data to capture the full benefit of the VTS program.** Participants reported that VetRide, the system for managing and tracking VTS service, does not capture data on cost avoidance that results from VTS service. For example, when VTS takes a Veteran home from the hospital who otherwise would have to stay overnight due to lack of transportation, the VAMC avoids the cost of an overnight stay. They recommended that VetRide capture data on both inpatient and outpatient care to create a more holistic view of the value of VTS programs.

Statewide Coordination Initiatives

While the CCAM promotes transportation coordination at the federal level, states across the country recognize the barriers that stakeholders face in coordinating human service transportation at the state level. In response, some states have established coordinating councils and other initiatives at the state level to remove these barriers. The National Council for State Legislatures reports 22 active state coordinating councils, which it defines as ongoing, statewide, multidisciplinary endeavors that provide forums for government agencies and other stakeholders to collaborate on making transportation services more efficient, effective, and accessible.³¹ While the specific mandate of each initiative varies, these statewide entities typically coordinate to assess transportation needs; identify opportunities to use resources more efficiently; disseminate coordination guidance and best practices; recommend changes to state policy; and support local coordinated planning.

As multidisciplinary efforts, statewide coordination initiatives include members that represent stakeholder groups described elsewhere in this report, and they experience the same barriers to transportation coordination. Therefore, this section focuses specifically on barriers to establishing and sustaining a statewide coordination initiative and promising practices of high-performing coordinating groups.

SESSION PARTICIPANTS

The facilitation team held focus group sessions with the members of statewide coordination initiatives. The types of initiatives represented in the focus groups fall into the following categories:

- **Legislatively-Mandated State Coordinating Councils.** Many statewide coordination initiatives are state coordinating councils operating under the requirements of state legislation. This legislation authorizes the establishment and operation of an agency or commission dedicated to coordinating transportation services across the state. Council membership includes the state agencies overseeing transportation, health (including state Medicaid agencies [SMA]), aging, and disability. Some but not all councils include a state Veterans Affairs office. Some councils also include representatives from local government agencies, transit associations, metropolitan and regional planning organizations (MPOs and RPOs), transportation consumers, and other relevant stakeholders.
- **Governor-Led Coordination Efforts.** Some states do not have legislation requiring a state coordinating council but are pursuing transportation coordination under direction and/or executive order from the state's governor. State agency participation in governor-led efforts varies, but one such initiative participating in the focus groups includes the state department of transportation and each state health and human service agency.

SUCCESSFUL APPROACHES TO COORDINATION

Members of the state coordination initiatives participating in the focus groups reported using the approaches described below to promote transportation coordination. The CCAM and other state coordination initiatives may draw on these approaches or elements thereof to improve transportation coordination efforts.

1. **Establish Community Brokerages.** One participating coordinating council has established and oversees a network of community brokerages that coordinate transportation in their county or region. The local brokerage network provides a majority of human service transportation for older adults, individuals with disabilities, and individuals of low income. These trips are funded in two ways:
 - **Trips to a federal or state human service program:** The sponsoring state agency purchases trips for beneficiaries from community brokers

Community Brokerages:

This approach is effective when the legislature supports the coordination initiative and dedicates funding for its operations and activities.

³¹ Jamie Rall and Amelia Myers, State Human Service Transportation Coordinating Councils: An Overview and State Profiles, Update 2015, publication (National Conference of State Legislatures, 2015).

at an established rate. For example, the state unit on aging (SUA) pays the community broker to arrange a trip for an older adult needing a ride to the doctor.

- **Trips not covered under a specific human service program:** The state budget includes funding for non-sponsored trips that are life-sustaining for older adults, individuals with disabilities, or individuals of low income. Examples of non-sponsored life-sustaining trips include transportation to the grocery store, pharmacy, workplace, or a community engagement event.

2. **Coordinate the Regulatory Environment.** One participating coordination initiative works to align transportation standards across human service programs in order to create a regulatory environment that enables coordination. The coordinating entity does not pursue specific transportation coordination partnerships or projects but seeks to develop an atmosphere in which coordination partnerships can flourish. To do so, member agencies consider state and federal laws and regulations in an attempt to align:

- Service standards
- Costing principles
- Vehicle standards
- Driver standards
- Background check requirements
- Insurance requirements

By standardizing these elements, the state coordination initiative gives clarity to providers and agencies, allowing them to coordinate across programs under an aligned set of regulations.

3. **Pursue Discrete Projects.** Several participating coordination councils promote coordination by establishing individual projects and partnerships. While efforts pursued under this approach vary, each project focuses on incremental change. Some efforts may not include the entire state or every member agency of the initiative, but they instead focus on a specific geographic region or a specific agency-to-agency relationship. Examples include:

- A cooperative agreement between a school district and a transit agency to coordinate capital resources and better meet demand for after-school transportation
- A partnership between a state department of transportation and community mental health care providers to offer expanded transportation service for patients travelling to rehabilitation workshops

Other efforts may be broader in terms of geography and agency involvement but discrete in their scope, affecting a smaller piece of the larger coordination puzzle. Examples include:

- Developing a volunteer driver handbook that outlines best practices for agencies using volunteer drivers to support human service transportation
- Establishing a statewide mobility manager to train regions on benefits and best practices of mobility management

Coordinated Regulatory Environment:

This approach is effective when members of the coordination initiative are actively involved and leadership (i.e., the executive and/or legislature) supports coordination activities and makes regulatory changes accordingly.

Discrete Projects:

This approach is effective when the initiative lacks support from the legislature or a subset of member agencies because it allows active members to continue making progress incrementally.

Coordination Promising Practices

Members of state coordination initiatives reported the following practices as success factors for coordination:

1. *Establish common goals.* Convene a retreat or strategy session to create a shared vision for coordination. In-person, offsite sessions can help stakeholders develop personal connections to other members and to the overall mission.
2. *Share individual goals.* Avoid pet projects but acknowledge that each member agency has different expectations for how their participation will deliver value to their agency. Understand these distinct goals and pursue mutually beneficial initiatives.
3. *Share agency information.* Identify and explain the role of transportation in each agency's programs and how each agency's regulatory guidance addresses transportation.
4. *Include diverse perspectives.* Allow stakeholders beyond state agencies, such as local government agencies, nonprofit organizations, and transportation users, to participate in an advisory capacity. This may improve understanding of local conditions and issues.
5. *Establish consistent operations.* Maintain a regular meeting rhythm accompanied by consistent communications to keep members active and involved.
6. *Foster a collaborative environment.* Encourage active participation and openness to new ideas. Framing transportation collaboration and coordination as an opportunity for mutual benefit improves participation.

BARRIERS TO STATE COORDINATION INITIATIVES

Members of state coordination initiatives described the following challenges that inhibit their operations and diminish their impact on statewide coordination:

1. ***Limited Federal Guidance: State coordination initiatives lack express guidance and approval from CCAM agencies.***
 - State coordination entities need additional communication from the CCAM. Without information about the CCAM's specific goals and priorities, coordinating entities at the state level have difficulty formulating their agendas in alignment with federal priorities. Further, one coordinating council reported that some state agencies are not aware that federal coordination efforts exist.
 - Participants reported that state coordination initiatives cannot make meaningful progress without explicit federal approval of allowable coordination partnerships. Initiative members may not pursue innovative transportation coordination projects for fear of federal audit findings. For example, one state coordinating council abandoned their cost sharing model after a CCAM agency declined to explicitly approve it. Members of coordination initiatives at the state level need clear, affirmative guidance from their federal counterparts and approval of specific coordination actions.

“When we try to engage federal agencies on coordination models, they won’t tell us if it’s allowable, but they send an auditor later.”

- State coordinating council member on lack of support from federal agencies

2. ***Unengaged Stakeholders: Without support from the governor and state legislature, state coordination entities struggle to operate effectively.***
 - Some state coordinating councils receive funding from the state legislature for their operations. However, when funding levels decrease, council activity decreases. One state coordinating council has been largely inactive in

recent years because state budget cuts eliminated their funding and agency authority. Since then, participation has occurred on a volunteer basis, and it is difficult for members to stay involved.

- Other participants reported that sustained progress is difficult because priorities change when state leadership changes. This is particularly true of governor-led coordinating initiatives. Members of one such initiative reported that coordinating efforts have existed in their state for several years, but only recently have they made significant progress due to strong support and leadership from the governor. However, they worry that they may lose momentum under a new administration with different priorities. Further, participants reported that organizations opposed to coordination—for fear of losing funding or program control—delay progress and wait until the administration changes in hopes that their organizations will no longer face pressure to participate in a coordinated model.

“The problem is not seen as big enough for legislative leaders to prioritize coordination over the vocal objections of folks that don’t want to change.”

- State coordinating council member on lack of support from the state legislature

3. ***Unengaged Stakeholders: Non-transit stakeholders often do not have a mandate or incentive to participate in coordinated planning, and are thus less likely to participate in state coordination initiatives.***

- Some state coordination entities reported that their official membership includes the necessary agencies but that certain agencies are unengaged in coordination activities. For example, many participants reported consistent difficulty engaging VA stakeholders, who rarely attend meetings or take part in coordination efforts. In another example, one state coordinating agency reported that the SMA stopped participating in coordination activities after the state switched to a managed care model.
- In other cases, there are state agencies that fund human service transportation and manage programs that may benefit from transportation coordination, but they are not members of the coordination initiative. For example, the state Veterans Affairs office is not a member of some initiatives. Further, some coordinating entities discussed opportunities to coordinate transit with affordable housing sites, but their initiatives do not include state agencies responsible for affordable housing.

PARTICIPANT RECOMMENDATIONS

Session participants made the following recommendations for federal action:

1. **Provide affirmative support for state-level coordination.** Participants suggested that each CCAM agency issue a statement announcing their participation in the CCAM and encouraging their state and local stakeholders to participate in state coordinating activities. Additionally, participants desire proactive communication from CCAM agencies regarding federal priorities for transportation coordination.
2. **Provide guidance on collaboration with transportation network companies (TNCs).** State coordination initiatives often consider partnerships with TNCs as a means to improve coordination and fill service gaps in their community. However, participants find that federal agencies provide little guidance or regulation in this area. Establishing clear guidance may help state initiatives pursue innovative partnerships in compliance with federal rules.

“Coordination is not the only way to improve efficiency.”

One state coordinating council noted that the goal of transportation coordination is to provide effective service for transportation-disadvantaged populations while using resources as efficiently as possible. They argue that coordination is one means to achieve this end, but other approaches that achieve the same outcome should be considered. Specifically, they believe that using ridesharing services and other on-demand mobility options is a promising strategy for achieving efficient and effective human service transportation in the absence of state agency participation in their coordinated system.

3. **Require VA stakeholder involvement in state coordinating activities.** Every state coordination entity participating in the focus groups reported difficulty engaging VA stakeholders. Some participants recommended that the VA require state Veterans Affairs offices and/or Veterans Affairs Medical Centers (VAMCs) to participate in state coordinating activities.

Conclusion and Next Steps

The CCAM brings together federal agencies that fund programs serving older adults, individuals with disabilities, and individuals of low income, for which transportation is an eligible expense. Transportation coordination across these programs is critical to improve individual mobility and accessibility and to reduce duplication and overlap of federally funded transportation services. Ultimately, the CCAM endeavors to improve the efficiency and availability of these federal programs by promoting coordination of their transportation resources.

CCAM focus group participant feedback will help focus Council efforts on policies and practices that frequently create barriers to local coordination. Participants in the focus groups represent a variety of human service fields, such as disability services, employment and training services, and Veterans services. After holding nearly 40 focus groups and listening sessions with over 200 stakeholders from 22 different states, several barriers emerged as major trends. These trends appeared in a majority of sessions, and therefore the CCAM could focus recommendations on these areas:

- Limited awareness of existing transportation resources
- Difficulty engaging important stakeholders
- Restrictive federal program requirements, including eligibility and trip purpose restrictions
- Lack of statutory and financial incentives for coordination
- Lack of explicit guidance from federal agencies

In addition to the major trends, the facilitation team also analyzed feedback from specific stakeholder groups, which revealed general transportation issues and more specific barriers to coordination. CCAM members can take action at the federal department level to address these stakeholder-specific themes and remove barriers to coordination. Further, stakeholder findings include examples of organizations that overcame challenges and barriers. The CCAM can promote these examples of successful coordination to encourage other funding recipients to pursue similar initiatives.

The state and local focus group findings will inform upcoming CCAM activities that further Council objectives (see **Figure 15**). The CCAM will convene federal work groups that will use the focus group input to further substantiate CCAM recommendations for Congressional and agency action. Based on Council recommendations, Congress can review and change federal laws and regulations, and agencies can update their policy and guidance to remove barriers to local coordination, thus improving the efficiency and availability of federally funded transportation.

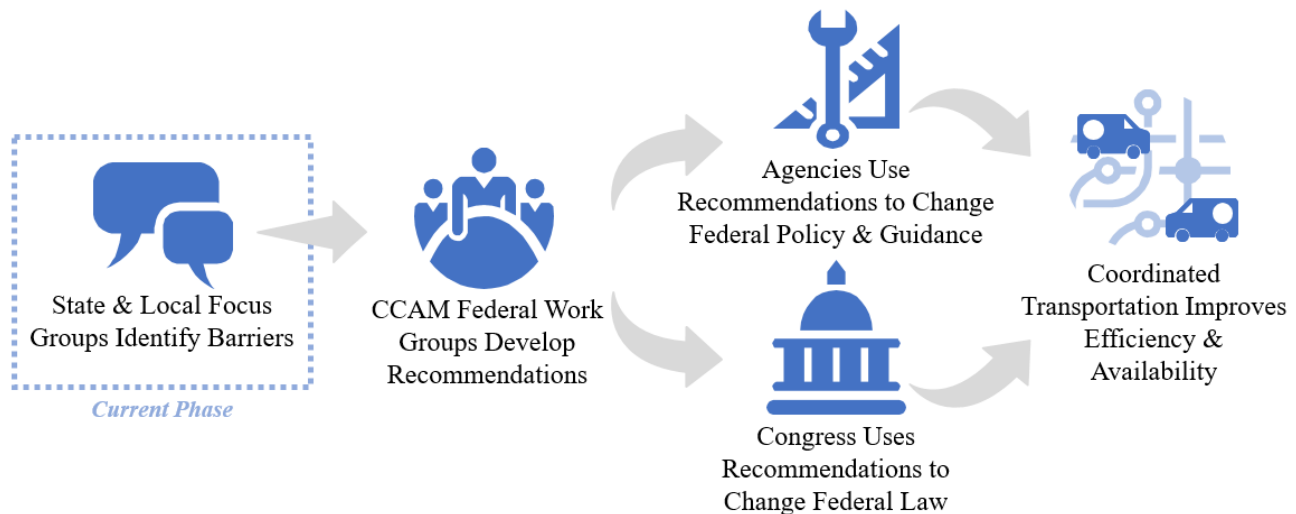


Figure 15 - Focus Group Feedback Integration

Appendix A: Glossary

Accessibility	In the context of the goals of the Coordinating Council on Access and Mobility (CCAM), increased accessibility is an increase in transportation options that results from coordination among funding recipients.
Americans with Disabilities Act (ADA)	The Americans with Disabilities Act (ADA) is one of America's most comprehensive pieces of civil rights legislation that prohibits discrimination and guarantees that people with disabilities have the same opportunities as everyone else to participate in the mainstream of American life -- to enjoy employment opportunities, to purchase goods and services, and to participate in State and local government programs and services. (Source: U.S. Department of Justice)
Aging in place	Aging in place is the ability to live in one's own home and community safely, independently, and comfortably, regardless of age, income, or ability level. (Source: U.S. Department of Health and Human Services)
Availability	In the context of the goals of the Coordinating Council on Access and Mobility (CCAM), increased availability is an expansion of transportation service that allows funding recipients to serve more people and regions.
Broker	A broker contracts with a human service organization to manage transportation services for the organization's beneficiaries. State Medicaid agencies (SMA) and managed care organizations (MCO) frequently contract with these third-party managers that assume responsibility for arranging nonemergency medical transportation for eligible Medicaid beneficiaries. Brokers are typically responsible for all functions of a transportation program, including verification of a recipient's eligibility, determination of the appropriateness of trips, and arrangement of the most efficient means of transportation. Brokers are also responsible for documenting and reporting beneficiary and trip data. Brokers execute contracts with public or private transportation providers that provide trips to eligible beneficiaries under the supervision of the broker. A broker may operate statewide or within a designated region.
Capitation payment/capitated rate	In the context of Medicaid, a capitation payment is a payment the state Medicaid agency (SMA) makes periodically to a contractor (i.e., a managed care organization) on behalf of each beneficiary enrolled under a contract and based on the actuarially sound capitation rate for the provision of services under the state plan. The SMA makes the payment regardless of whether the particular beneficiary receives services during the period covered by the payment. (Source: Code of Federal Regulations)
Carving in/carving out	Carving in nonemergency medical transportation (NEMT) services occurs when a state Medicaid agency (SMA) executes a contract with a managed care organization (MCO) and includes responsibility for NEMT services in the contract. Likewise, carving out NEMT services occurs when the SMA excludes responsibility for NEMT services in the contract.
Charter service	Charter service is transportation provided on a temporary basis that is either contracted for exclusive use by a third party or provided to the public for events that occur irregularly and/or for a limited period of time. (Source: CCAM Work Groups)

Coordinated public transit-human services plan	The Federal Transportation Administration (FTA) Section 5310 Enhanced Mobility for Seniors and Individuals with Disabilities program requires funding recipients to be included in a locally developed, coordinated public transit-human services plan that is developed and approved through a process that includes participation by seniors; individuals with disabilities; representatives of the public, private, and nonprofit transportation and human services providers; and other members of the public utilizing transportation services. These plans identify the transportation needs of older adults, individuals with disabilities, and individuals of low income; provide strategies for meeting these needs; and prioritize transportation services for funding and implementation. (Source: U.S. Department of Transportation)
Cost allocation model	A cost allocation model is a method of allocating trip costs by identifying trip purpose and customer eligibility, then assigning costs to human service organizations and federal programs accordingly. (Source: CCAM Work Groups)
Cost sharing	Cost sharing is a resource sharing strategy in which two or more partners provide a proportionate share of the total costs of a project according to a formula that is determined by the partners to be equitable based on the benefit received. (Source: CCAM Work Groups)
Dead-head miles	Dead-head miles are the miles and hours that a vehicle travels when out of revenue service, including leaving or returning to the garage or yard facility, changing routes, or travel when there is no expectation of carrying revenue passengers. (Source: U.S. Department of Transportation)
Demand response transportation service	Demand response transportation service is non-fixed route transportation that requires advanced scheduling by the customer. (Source: CCAM Work Groups)
Discretionary funds	Discretionary funds are grant funds distributed at the discretion of the awarding agency as distinct from formula funding. (Source: U.S. Department of Transportation)
Duplication	Duplication occurs when two or more agencies or programs are engaged in the same activities or provide the same services to the same beneficiaries. (Source: U.S. Government Accountability Office)
Efficiency	In the context of the goals of the Coordinating Council on Access and Mobility (CCAM), improved efficiency occurs when funding recipients save funds by sharing resources and reducing duplication of services.
Eligibility requirements	Eligibility requirements are statutory and/or regulatory restrictions on the types of individuals who are eligible to receive services and/or benefits funded by a specific program.
Fixing America’s Surface Transportation (FAST) Act	The Fixing America’s Surface Transportation (FAST) Act was signed into law on December 4, 2015 as the federal funding and authorization bill governing U.S. surface transportation programs. The act authorizes the surface transportation programs of the U.S. Department of Transportation (DOT) for federal fiscal years 2016 through 2020. (Source: Transportation Research Board)

Fee-for-service (FFS)	Fee-for-service (FFS) is a method for payment based on the specific service rendered to a specific beneficiary. Under a FFS model, payment for transportation services is made directly to the transportation provider, or payment for mileage reimbursement is made directly to the beneficiary. These transactions are based on a predetermined fee-for-service rate. (Source: Transportation Research Board)
Fixed route transportation service	Fixed route transportation service is transportation in which a vehicle is operated along a prescribed route according to a fixed schedule. (Source: CCAM Work Groups)
Formula grants	Formula grants are mandatory grants awarded based on specific criteria defined in a program's authorizing statute and/or regulations.
Fragmentation	Fragmentation occurs when more than one federal agency (or more than one organization within an agency) is involved in the same broad area of national need and opportunities exist to improve service delivery. (Source: U.S. Government Accountability Office)
Fully allocated cost	The fully allocated cost is the total cost of providing a transportation service that takes into account both direct and indirect expenses. (Source: CCAM Work Groups)
General public fare	The general public fare is the standard price charged to a member of the general public for using transit service.
Grouped/shared trips	A grouped trip occurs when a vehicle provides service to more than one beneficiary in the same trip. Grouped trips may include multiple beneficiaries going to the same location, or they may include multiple beneficiaries going to different but proximate locations.
Human service transportation	Human service transportation includes transportation programs or services geared toward underserved populations, including Veterans, older adults, people with disabilities, and individuals and families with low incomes. Medicaid nonemergency medical transportation is included in some state definitions of human service transportation. (Source: Transportation Research Board)
Incidental use	Incidental use is the limited authorized use of property for a purpose other than for which it was funded. Such use must not conflict with the approved purposes of the project and must not interfere with the intended uses of the project property. An acceptable incidental use does not affect a property's capacity or use for its intended purpose. (Source: U.S. Department of Transportation)
Land use planning	Governments use land use planning to manage the development of land within their jurisdictions, helping them plan for the needs of the community. Land use planning often includes a systematic assessment of land potential; alternatives for land use; and economic and social conditions in order to select and adopt the best land use options.
Local match requirements	Local match is the required non-federal share in federally-supported grants or contracts. (Source: CCAM Work Groups)

Managed care/managed care organization (MCO)	Managed care is a health care delivery system organized to manage cost, utilization, and quality. Medicaid managed care provides for the delivery of Medicaid health benefits and additional services through contracted arrangements between state Medicaid agencies (SMA) and managed care organizations (MCO) that accept a set per member per month (capitation) payment for these services. (Source: U.S. Department of Health and Human Services)
Metropolitan planning organization (MPO)/Regional planning organization (RPO)	A metropolitan planning organization (MPO) is the policy board of an organization established to carry out transportation planning processes as required by 49 U.S.C. 5303. An MPO is designated for each urbanized area with a population of more than 50,000 individuals. Regional planning organizations (RPO) fulfill a similar function in small urban and rural areas. (Source: U.S. Code)
Non-ambulatory	Not able to walk about.
Nonemergency medical transportation (NEMT)	Nonemergency medical transportation (NEMT) is transportation to or from any health care services excluding emergency medical services.
Older Americans Act (OAA)	Originally passed in 1965, the Older Americans Act (OAA) established authority for grants to states for community planning and social services, research and development projects, and personnel training in the field of aging. Today, the Act is considered to be a major vehicle for the organization and delivery of social and nutrition services to older adults and their caregivers. (Source: U.S. Department of Health and Human Services)
Overlap	Overlap occurs when multiple agencies or programs have similar goals, engage in similar activities or strategies to achieve them, or target similar beneficiaries. (Source: U.S. Government Accountability Office)
Paratransit	Paratransit includes any type of passenger transportation that is more flexible than conventional fixed route transit but more structured than the use of private automobiles. Paratransit includes demand response transportation services, shared-ride taxis, and car-pooling and vanpooling. Paratransit most often refers to wheelchair-accessible, demand response service. The Americans with Disabilities Act (ADA) and Department of Transportation (DOT) regulations require public transit agencies that provide fixed route transit service (bus and rail) to also operate complementary paratransit service for people with disabilities who cannot use fixed route bus or rail service. (Source: U.S. Department of Transportation)
Pass-through entity	A pass-through entity is a non-federal entity that provides funding to a sub-recipient to carry out part of a federal program. Many state agencies act as pass-through entities for certain federal programs, serving as the direct funding recipient but awarding funds to sub-recipients to deliver services. (Source: Code of Federal Regulations)
Public transportation	Public transportation is regular, continuing shared-ride surface transportation services that are open to the general public or open to a segment of the general public defined by age, disability, or low income. (Source: U.S. Code)
Ride dumping	Ride dumping occurs when human service providers direct their beneficiaries to use transit to access human services, but the providers do not pay the fully allocated cost of the trip.

Service area	A service area is a geographic area in which a program or organization primarily provides service. Some programs or organizations may provide service outside of the service area under specified circumstances.
Social Security Act	Title XIX of the Social Security Act established Medicaid as the joint federal and state program that provides health coverage for individuals and families with limited incomes and resources. The Deficit Reduction Act of 2005 amended the Social Security Act by adding a new section that provides states the flexibility to establish a brokerage program for nonemergency medical transportation services. (Source: Transportation Research Board)
State and local stakeholders	State and local stakeholders are funding recipients of one or more programs that are funded by a Coordinating Council on Access and Mobility (CCAM) member agency; that serve older adults, individuals with disabilities, and/or individuals of low income; and for which transportation is an eligible expense.
State human service agency rate	The state human service agency rate is the fare charged to state human service agencies purchasing transit services on behalf of their clients. The local public sponsor of the transit service (i.e. city, county, etc.) typically determines this rate. The state human service agency rate is higher than the general public fare due to Federal Transit Administration (FTA) regulatory language in Circular 5010.1D requiring grantees to fully recapture all costs related to the incidental use of project property from non-transit public entities and private entities. Medicaid regulation requires that states pay no more for public paratransit service than the state human service agency rate for comparable services (42 C.F.R. § 440.170).
Targeted populations	Targeted populations include persons with disabilities, older adults, lower-income individuals, and other transportation-disadvantaged populations intended to benefit from coordinated transportation. (Source: CCAM Work Groups)
Transit	See Public transportation .
Transportation coordination	Transportation coordination is the pooling of transportation resources and/or activities of more than one federally funded program for which transportation for older adults, individuals with disabilities, and/or individuals of low income is an eligible expense. Examples include co-mingling funding streams to increase or improve transportation service, and sharing vehicles, costs, and/or information technology (IT) solutions across programs.
Travel training	Travel training helps individuals use public transportation and includes training on available transportation systems, how to access them, how to plan and schedule travel, and how to safely execute travel plans. Travel training services are typically developed to increase access to transportation for individuals with disabilities and older adults.
Trip purpose restrictions	Trip purpose restrictions are statutory and/or regulatory restrictions on the trips that are eligible to be funded by a particular program. For example, some programs may only fund trips that provide transportation directly to or from a specific location or type of location.
Vanpool	Vanpool is a transit mode comprised of vans, small buses and other vehicles operating as a ride sharing arrangement, providing transportation to a group of individuals traveling directly between their homes and a regular destination within the same geographical area. (Source: U.S. Department of Transportation)

Vehicle sharing

Vehicle sharing is a resource sharing strategy in which one entity transports clients of other programs, or one entity allows others to use its vehicles. (Source: CCAM Work Groups)

Appendix B: Executive Order 13330 – Human Service Transportation Coordination

By the authority vested in me as President by the Constitution and the laws of the United States of America, and to enhance access to transportation to improve mobility, employment opportunities, and access to community services for persons who are transportation-disadvantaged, it is hereby ordered as follows:

Section 1. This order is issued consistent with the following findings and principles:

- a) A strong America depends on citizens who are productive and who actively participate in the life of their communities.
- b) Transportation plays a critical role in providing access to employment, medical and health care, education, and other community services and amenities. The importance of this role is underscored by the variety of transportation programs that have been created in conjunction with health and human service programs, and by the significant Federal investment in accessible public transportation systems throughout the Nation.
- c) These transportation resources, however, are often difficult for citizens to understand and access, and are more costly than necessary due to inconsistent and unnecessary Federal and State program rules and restrictions.
- d) A broad range of Federal program funding allows for the purchase or provision of transportation services and resources for persons who are transportation-disadvantaged. Yet, in too many communities, these services and resources are fragmented, unused, or altogether unavailable.
- e) Federally assisted community transportation services should be seamless, comprehensive, and accessible to those who rely on them for their lives and livelihoods. For persons with mobility limitations related to advanced age, persons with disabilities, and persons struggling for self-sufficiency, transportation within and between our communities should be as available and affordable as possible.
- f) The development, implementation, and maintenance of responsive, comprehensive, coordinated community transportation systems is essential for persons with disabilities, persons with low incomes, and older adults who rely on such transportation to fully participate in their communities.

Section 2. Definitions.

- a) As used in this order, the term "agency" means an executive department or agency of the Federal Government.
- b) For the purposes of this order, persons who are transportation-disadvantaged are persons who qualify for Federally conducted or Federally assisted transportation-related programs or services due to disability, income, or advanced age.

Section 3. Establishment of the Interagency Transportation Coordinating Council on Access and Mobility.

- a) There is hereby established, within the Department of Transportation for administrative purposes, the "Interagency Transportation Coordinating Council on Access and Mobility" ("Interagency Transportation Coordinating Council" or "Council"). The membership of the Interagency Transportation Coordinating Council shall consist of:
 - i. the Secretaries of Transportation, Health and Human Services, Education, Labor, Veterans Affairs, Agriculture, Housing and Urban Development, and the Interior, the Attorney General, and the Commissioner of Social Security; and
 - ii. such other Federal officials as the Chairperson of the Council may designate.
- b) The Secretary of Transportation, or the Secretary's designee, shall serve as the Chairperson of the Council. The Chairperson shall convene and preside at meetings of the Council, determine its agenda, direct its work, and, as appropriate to particular subject matters, establish and direct subgroups of the Council, which shall consist exclusively of the Council's members
- c) A member of the Council may designate any person who is part of the member's agency and who is an officer appointed by the President or a full-time employee serving in a position with pay equal to or greater than the minimum rate payable for GS-15 of the General Schedule to perform functions of the Council or its subgroups on the member's behalf.

Section 4. Functions of the Interagency Transportation Coordinating Council. The Interagency Transportation Coordinating Council shall:

- a) promote interagency cooperation and the establishment of appropriate mechanisms to minimize duplication and overlap of Federal programs and services so that transportation-disadvantaged persons have access to more transportation services;
- b) facilitate access to the most appropriate, cost-effective transportation services within existing resources;
- c) encourage enhanced customer access to the variety of transportation and resources available;
- d) formulate and implement administrative, policy, and procedural mechanisms that enhance transportation services at all levels; and
- e) develop and implement a method for monitoring progress on achieving the goals of this order.

Section 5. Report. In performing its functions, the Interagency Transportation Coordinating Council shall present to me a report not later than 1 calendar year from the date of this order. The report shall:

- a) Identify those Federal, State, Tribal and local laws, regulations, procedures, and actions that have proven to be most useful and appropriate in coordinating transportation services for the targeted populations;
- b) Identify substantive and procedural requirements of transportation-related Federal laws and regulations that are duplicative or restrict the laws' and regulations' most efficient operation;
- c) Describe the results achieved, on an agency and program basis, in: (i) simplifying access to transportation services for persons with disabilities, persons with low income, and older adults; (ii) providing the most appropriate, cost-effective transportation services within existing resources; and (iii) reducing duplication to make funds available for more services to more such persons;
- d) Provide recommendations to simplify and coordinate applicable substantive, procedural, and administrative requirements; and
- e) Provide any other recommendations that would, in the judgment of the Council, advance the principles set forth in section 1 of this order.

Section 6. General.

- a) Agencies shall assist the Interagency Transportation Coordinating Council and provide information to the Council consistent with applicable law as may be necessary to carry out its functions. To the extent permitted by law, and as permitted by available agency resources, the Department of Transportation shall provide funding and administrative support for the Council.
- b) Nothing in this order shall be construed to impair or otherwise affect the functions of the Director of the Office of Management and Budget relating to budget, administrative, or legislative proposals.
- c) This order is intended only to improve the internal management of the executive branch and is not intended to, and does not, create any right or benefit, substantive or procedural, enforceable at law or in equity by a party against the United States, its departments, agencies, instrumentalities or entities, its officers or employees, or any other person.

GEORGE W. BUSH
The White House,
February 24, 2004.

Appendix C: Fixing America’s Surface Transportation (FAST) Act Section 3006(c)

- 1) **DEFINITIONS.**—In this subsection, the following definitions apply:
 - A. **ALLOCATED COST MODEL.**—The term “allocated cost model” means a method of determining the cost of trips by allocating the cost to each trip purpose served by a transportation provider in a manner that is proportional to the level of transportation service that the transportation provider delivers for each trip purpose, to the extent permitted by applicable Federal laws.
 - B. **COUNCIL.**—The term “Council” means the Interagency Transportation Coordinating Council on Access and Mobility established under Executive Order No. 13330 (49 U.S.C. 101 note).
- 2) **STRATEGIC PLAN.**—Not later than 1 year after the date of enactment of this Act, the Council shall publish a strategic plan for the Council that—
 - A. outlines the role and responsibilities of each Federal agency with respect to local transportation coordination, including nonemergency medical transportation;
 - B. identifies a strategy to strengthen interagency collaboration;
 - C. addresses any outstanding recommendations made by the Council in the 2005 Report to the President relating to the implementation of Executive Order No. 13330, including—
 - i. a cost-sharing policy endorsed by the Council; and
 - ii. recommendations to increase participation by recipients of Federal grants in locally developed, coordinated planning processes;
 - D. to the extent feasible, addresses recommendations by the Comptroller General concerning local coordination of transportation services;
 - E. examines and proposes changes to Federal regulations that will eliminate Federal barriers to local transportation coordination, including non-emergency medical transportation; and
 - F. recommends to Congress changes to Federal laws, including chapter 7 of title 42, United States Code, that will eliminate Federal barriers to local transportation coordination, including nonemergency medical transportation.
- 3) **DEVELOPMENT OF COST-SHARING POLICY IN COMPLIANCE WITH APPLICABLE FEDERAL LAWS.**—In establishing the cost sharing policy required under paragraph (2), the Council may consider, to the extent practicable—
 - A. the development of recommended strategies for grantees of programs funded by members of the Council, including strategies for grantees of programs that fund nonemergency medical transportation, to use the cost sharing policy in a manner that does not violate applicable Federal laws; and
 - B. incorporation of an allocated cost model to facilitate local coordination efforts that comply with applicable requirements of programs funded by members of the Council, such as—
 - i. eligibility requirements;
 - ii. service delivery requirements; and
 - iii. reimbursement requirements.
- 4) **REPORT.** — The Council shall, concurrently with submission to the President of a report containing final recommendations of the Council, transmit such report to the Committee on Transportation and Infrastructure of the House of Representatives and the Committee on Banking, Housing, and Urban Affairs of the Senate.

Appendix D: Referenced Federal Programs

The table below outlines the federal programs described in this report. The source materials for the information below are GAO Report 12-647 *Transportation-disadvantaged Populations: Federal Coordination Efforts Could Be Further Strengthened*, the Catalog for Federal Domestic Assistance (CFDA), and program websites. GAO Report 12-647 identifies 80 programs that can fund human service transportation for the targeted populations. Since the GAO published the report in 2012, CCAM agencies have established new programs for which transportation is an eligible expense.

Program Name	Agency	Sub-Agency	Program Objective	Eligible Applicants	Transportation Relevance
Beneficiary Travel Program	Department of Veterans Affairs (VA)	Veterans Health Administration (VHA)	To provide mileage reimbursement, common carrier (plane, train, bus, taxi, light rail etc.) transportation, or "special mode" (ambulance, wheelchair van) transportation for eligible Veterans and other beneficiaries to travel to and from VA health care, or VA authorized non-VA health care	Eligible Veterans	Beneficiary Travel reimbursement covers the costs that eligible Veterans incur while traveling to and from medical appointments. Beneficiary Travel is a component of the Veterans Transportation Program.
Centers for Independent Living (CIL)	Department of Health and Human Services (HHS)	Administration for Community Living (ACL)	To provide discretionary grants to private nonprofit CILs that are operated in local communities by individuals with disabilities and provide an array of independent living services designed to enhance independence and productivity of individuals with significant disabilities	Consumer-controlled, community-based, cross-disability, nonresidential, private nonprofit agencies	CILs may provide transit subsidies and travel training to enable individuals with significant disabilities to access program services.
Community Development Block Grants (CDBG)	Department of Housing and Urban Development (HUD)	Office of Community Planning and Development	To develop viable urban communities by providing decent housing, a suitable living environment, and expanding economic opportunities, principally for persons of low and moderate income	States, cities in metropolitan areas designated by the Office of Management and Budget as a central city of the Metropolitan Area, other cities over 50,000 in metropolitan areas, and qualified urban counties of at least 200,000	Grantees may provide transit services that enable low- and moderate-income persons, mobility-impaired persons, and jobseekers to access social services, medical services, and jobs.

Program Name	Agency	Sub-Agency	Program Objective	Eligible Applicants	Transportation Relevance
Community Mental Health Services Block Grant (MHBG)	Department of Health and Human Services (HHS)	Substance Abuse and Mental Health Services Administration (SAMHSA)	To provide financial assistance to states and territories to enable them to provide comprehensive community mental health services to adults with serious mental illnesses and to children with serious emotional disturbances	States and territories	Grant recipients and sub-recipients of this block grant may use program funds to provide nonemergency medical transportation (NEMT) for patients.
Health Center Program	Department of Health and Human Services (HHS)	Health Resources and Services Administration (HRSA)	To improve the health of the Nation's underserved communities and vulnerable populations by assuring continued access to affordable, quality primary health care services	Domestic public and nonprofit private entities	Grantees may use program funds to provide nonemergency medical transportation (NEMT) for patients.
Highly Rural Transportation Grant Program	Department of Veterans Affairs (VA)	Veterans Health Administration (VHA)	To provide grants to fund medical transportation services for Veterans who live in highly rural areas	State Veterans Affairs offices and Veterans Service Organizations (VSO)	Grant recipients and sub-recipients provide medical transportation to Veterans living in highly rural areas, defined as counties with less than seven people per square mile. This grant is a component of the Veterans Transportation Program.
Independent Living State Grants	Department of Health and Human Services (HHS)	Administration for Community Living (ACL)	To provide financial assistance to states for expanding and improving the provision of independent living services to individuals with significant disabilities by promoting and maximizing their full integration and inclusion into the mainstream of American society	Designated state entities in states with an approved State Plan for Independent Living	States may provide transit subsidies and travel training to enable individuals with significant disabilities to access program services.
Intercity Bus Program	Department of Transportation (DOT)	Federal Transit Administration (FTA)	To support the connection between nonurbanized areas and larger regional or national intercity bus systems and to support services that meet the intercity travel needs of residents in nonurbanized areas	States and federally recognized Indian tribes	Grantees use funds to meet statewide intercity mobility needs.

Program Name	Agency	Sub-Agency	Program Objective	Eligible Applicants	Transportation Relevance
Maternal and Child Health Services Block Grant	Department of Health and Human Services (HHS)	Health Resources and Services Administration (HRSA)	To enable states to improve the health and well-being of the Nation's mothers, children and families by supporting and promoting the development and coordination of systems of care for the maternal and child health population, particularly vulnerable populations who do not have access to adequate health care	States and territories	Grant recipients and sub-recipients may use program funds to provide nonemergency medical transportation (NEMT) for patients.
Medicaid (Medical Assistance Program)	Department of Health and Human Services (HHS)	Centers for Medicare and Medicaid Services (CMS)	To provide financial assistance to states for payments of medical assistance on behalf of cash assistance recipients, children, pregnant women, and the aged who meet income and resource requirements, and other categorically-eligible groups	State and local welfare agencies with an HHS-approved Medicaid State Plan	States may provide nonemergency medical transportation (NEMT) to eligible beneficiaries who do not have any other means of transportation. Medicaid waiver programs may also provide funding for transportation services depending on an individual's care plan.
Older Americans Act (OAA) Title III, Part B (Special Programs for the Aging, Grants for Supportive Services and Senior Centers)	Department of Health and Human Services (HHS)	Administration for Community Living (ACL)	To fund services that enable older adults to remain in their own homes and age in place, rather than enter institutions	State units on aging (SUA)	Grant sub-recipients provide transportation that enables older adults to access supportive services, such as nutrition services and aging services.
Section 5310 Enhanced Mobility of Seniors and Individuals with Disabilities	Department of Transportation (DOT)	Federal Transit Administration (FTA)	To provide financial assistance in meeting the transportation needs of seniors and individuals with disabilities where public transportation services are unavailable, insufficient or inappropriate	States and designated recipients	Grant recipients and sub-recipients provide transportation services to older adults and individuals with disabilities.
Section 5311 Formula Grants for Rural Areas	Department of Transportation (DOT)	Federal Transit Administration (FTA)	To improve, initiate, or continue public transportation service in rural areas and small cities under 50,000 in population and to provide technical assistance for rural transportation providers	States and federally recognized Indian tribes	Grant recipients and sub-recipients provide transportation services in rural areas to increase mobility.

Program Name	Agency	Sub-Agency	Program Objective	Eligible Applicants	Transportation Relevance
Substance Abuse Prevention and Treatment Block Grant (SABG)	Department of Health and Human Services (HHS)	Substance Abuse and Mental Health Services Administration (SAMHSA)	To provide financial assistance to states and territories to support projects for the development and implementation of prevention, treatment and rehabilitation activities directed to the diseases of alcohol and drug abuse	States, territories, and designated tribal organizations	Grant recipients and sub-recipients may use program funds to provide nonemergency medical transportation (NEMT) for patients.
Temporary Assistance for Needy Families (TANF)	Department of Health and Human Services (HHS)	Administration for Children and Families (ACF)	To provide temporary financial (cash) assistance for pregnant women and families with one or more dependent children to help pay for food, shelter, utilities, and expenses (other than medical)	States, territories, and federally-recognized Indian tribes	Grant recipients and sub-recipients may use program funds to help needy families pay for transportation expenses.
Veterans Transportation Program	Department of Veterans Affairs (VA)	Veterans Health Administration (VHA)	To assist Veterans by providing transportation services to travel to Veterans Affairs Medical Centers (VAMC), and to otherwise assist in providing transportation services in connection with the provision of VA medical care to these Veterans	State Veterans Affairs offices and Veterans Service Organizations (VSO)	Funding recipients provide transportation solutions to Veterans going to and from VA medical appointments.
Veterans Transportation Service (VTS)	Department of Veterans Affairs (VA)	Veterans Health Administration (VHA)	To establish mobility managers at each local VA facility to help Veterans meet their transportation needs	Veterans Affairs Medical Centers (VAMCs)	VAMCs use VTS funding to employ a mobility manager and provide nonemergency medical transportation (NEMT) for eligible Veterans. VTS is a component program of Veterans Transportation Program.
Workforce Innovation and Opportunity Act (WIOA) Programs	Department of Labor (DOL)	Employment and Training Administration (ETA)	To enable workers to obtain good jobs by providing them with job search assistance and training opportunities	States and territories	Grantees and sub-recipients may use program funds to provide transportation in order to increase access to employment and training services.
Youthbuild	Department of Labor (DOL)	Employment and Training Administration (ETA)	To provide disadvantaged youth with the education and employment skills necessary to achieve economic self-sufficiency and post-secondary education and training opportunities	Public and private nonprofit agencies and organizations	Grantees may use program funds to provide transportation to disadvantaged youth seeking education and employment opportunities.