Mobility Management and Coordination

- Provide more service more efficiently
- Serve community needs, especially in rural areas and for targeted populations that need it most
Mission

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

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

History

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

Organization

```
DOT Secretary

HHS Secretary  ED Secretary  DOL Secretary  VA Secretary  USDA Secretary

HUD Secretary  DOI Secretary  Attorney General  SSA Comm’r  NCD Chair
```
Mobility for All

Coordinated transportation ensures that otherwise underserved populations, such as older adults, people with disabilities, and people of low income (including rural populations and those in opportunity zones), are able to contribute to their community and the economy and lead healthy, productive lives.

Availability and Accessibility

Provide more transportation options by streamlining policies and encouraging collaboration.

**ACTIONS**

- Clarify allowable use of funds for transportation services
- Gather and disseminate promising practices on coordinated planning

Efficiency

Share resources, save funds, and reduce redundancy within the 120+ Federal programs that fund transportation.

**ACTIONS**

- Develop cost sharing policy across Federal programs

Innovation

Improve customer service by developing and implementing future transportation models.

**ACTIONS**

- Demonstrate innovative technologies
What types of Federal programs fund transportation?

Below is a sample of the 122 federal CCAM programs that may fund transportation services for people with disabilities, older adults, and individuals of low income.

**Department of Health and Human Services**
- Children’s Health Insurance Program (CHIP)
- Medicaid
- Block Grant for Community Mental Health Services
- Centers for Independent Living (CILs)
- Older Americans Act (OAA) programs
- Health Center Program

**Department of Agriculture**
- Supplemental Nutrition Assistance Program (SNAP)
- Community Facilities Loan and Grant Program

**Department of Labor**
- Workforce Innovation and Opportunity Act (WIOA) programs
- JobCorps

**Department of Veterans Affairs**
- Veterans Transportation Program (VTP)
- Beneficiary Travel Service

**Department of Transportation**
- Formula Grants for Rural Areas
- Enhanced Mobility of Seniors and Individuals with Disabilities
- Urbanized Area Formula Program

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**Did you know?**

If an organization receives funding from one of these programs, a portion of the funds may be used for transportation services. Funding recipients may collaborate across these Federal programs to provide more transportation options for the community.
**Goal: Increase Coordination Among 122 Federal Transportation-Eligible Programs**

<table>
<thead>
<tr>
<th>Department</th>
<th>Number of Programs*</th>
<th>Transportation Spending†</th>
<th>Example Programs</th>
</tr>
</thead>
<tbody>
<tr>
<td>Health and Human Services</td>
<td>58</td>
<td>$1.45B</td>
<td>• Medicaid</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>• Children’s Health Insurance Program</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>• Community Mental Health Services</td>
</tr>
<tr>
<td>Veterans Affairs</td>
<td>3</td>
<td>$1B</td>
<td>• Veterans Transportation Program</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>• Beneficiary Travel Service</td>
</tr>
<tr>
<td>Education</td>
<td>9</td>
<td>$137M</td>
<td>• State Vocational Rehabilitation Services Program</td>
</tr>
<tr>
<td>Labor</td>
<td>14</td>
<td>Unavailable</td>
<td>• Trade Adjustment Assistance</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>• Youthbuild</td>
</tr>
<tr>
<td>Housing and Urban Development</td>
<td>12</td>
<td>Unavailable</td>
<td>• Community Development Block Grants</td>
</tr>
<tr>
<td>Others include: Justice (10),</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Transportation (9), Interior (5),</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Agriculture (2)</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

* Estimated number of Federal programs that can fund human services transportation as of May 2019
† Spending data only available for 28 programs

# CCAM Program Inventory: Programs for which Mobility Management is Eligible

<table>
<thead>
<tr>
<th>Program</th>
<th>Responsible Agency</th>
<th>Responsible Sub-Agency</th>
<th>CFDA Number</th>
<th>FY18 Authorizations / Expenditures (total)</th>
<th>Primary Direct Recipients</th>
<th>Primary CCAM Target Population</th>
</tr>
</thead>
<tbody>
<tr>
<td>Trade Adjustment Assistance</td>
<td>DOL</td>
<td>Employment and Training Administration</td>
<td>17.245</td>
<td>$790,000,000</td>
<td>States</td>
<td>N/A</td>
</tr>
<tr>
<td>Native American Employment and Training</td>
<td>DOL</td>
<td>Employment and Training Administration</td>
<td>17.265</td>
<td>$54,000,000</td>
<td>Tribes</td>
<td>Individuals of low income</td>
</tr>
<tr>
<td>Job Corps</td>
<td>DOL</td>
<td>Employment and Training Administration</td>
<td>N/A</td>
<td>$1,718,655,000</td>
<td>Other</td>
<td>Individuals of low income</td>
</tr>
<tr>
<td>Section 5311 Formula Grants for Rural Areas</td>
<td>DOT</td>
<td>Federal Transit Administration</td>
<td>20.509</td>
<td>$610,634,578 (not including TTP funds)</td>
<td>General public</td>
<td></td>
</tr>
<tr>
<td>Section 5311 Tribal Transit Program</td>
<td>DOT</td>
<td>Federal Transit Administration</td>
<td>20.509</td>
<td>$35,000,000</td>
<td>Tribes</td>
<td></td>
</tr>
<tr>
<td>Section 5310 Enhanced Mobility of Seniors and Individuals with Disabilities</td>
<td>DOT</td>
<td>Federal Transit Administration</td>
<td>20.513</td>
<td>$273,840,764</td>
<td>Older adults and Individuals with disabilities</td>
<td></td>
</tr>
<tr>
<td>Section 5307 Urbanized Area Formula Program</td>
<td>DOT</td>
<td>Federal Transit Administration</td>
<td>20.507</td>
<td>$4,726,907,174</td>
<td>General public</td>
<td></td>
</tr>
<tr>
<td>Pilot Program for Innovative Coordinated Access and Mobility Grants</td>
<td>DOT</td>
<td>Federal Transit Administration</td>
<td>20.513</td>
<td>$3,250,000</td>
<td>Individuals of low income</td>
<td></td>
</tr>
<tr>
<td>Education for Homeless Children and Youth</td>
<td>ED</td>
<td>Office of Elementary and Secondary Education</td>
<td>84.196</td>
<td>$85,000,000</td>
<td>States</td>
<td>Individuals of low income</td>
</tr>
<tr>
<td>Special Education Grants to States</td>
<td>ED</td>
<td>Office of Special Education and Rehabilitative Programs</td>
<td>84.027</td>
<td>$12,277,848,000</td>
<td>States</td>
<td>Individuals with disabilities</td>
</tr>
<tr>
<td>Special Education Preschool Grants</td>
<td>ED</td>
<td>Office of Special Education and Rehabilitative Programs</td>
<td>84.173</td>
<td>$381,120,000</td>
<td>States</td>
<td>Individuals with disabilities</td>
</tr>
<tr>
<td>Program</td>
<td>Responsible Agency</td>
<td>Responsible Sub-Agency</td>
<td>CFDA Number</td>
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</tr>
<tr>
<td>------------------------------------------------------------------------</td>
<td>--------------------</td>
<td>----------------------------------------------------------------------------------------</td>
<td>-------------</td>
<td>------------------------------------------</td>
<td>--------------------------</td>
<td>--------------------------------</td>
</tr>
<tr>
<td>Special Education-Grants for Infants and Families</td>
<td>ED</td>
<td>Office of Special Education and Rehabilitative Programs</td>
<td>84.181</td>
<td>$470,000,000</td>
<td>States</td>
<td>Individuals with disabilities</td>
</tr>
<tr>
<td>Transitional Living Program for Homeless Youth</td>
<td>HHS</td>
<td>Administration for Children and Families</td>
<td>93.550</td>
<td>$47,218,149</td>
<td>Local entities</td>
<td>Individuals with disabilities</td>
</tr>
<tr>
<td>Native Employment Works</td>
<td>HHS</td>
<td>Administration for Children and Families</td>
<td>93.594</td>
<td>$7,633,287</td>
<td>Tribes</td>
<td>Individuals of low income</td>
</tr>
<tr>
<td>Refugee and Entrant Assistance State/Replacement Designee Administered Programs (Transitional and Medical Services and Social Services Formula Grants Only)</td>
<td>HHS</td>
<td>Administration for Children and Families</td>
<td>93.566</td>
<td>$578,223,611</td>
<td>States, non-profit agencies</td>
<td>Individuals of low income</td>
</tr>
<tr>
<td>Refugee and Entrant Assistance - Voluntary Agency Programs (Matching Grants Only)</td>
<td>HHS</td>
<td>Administration for Children and Families</td>
<td>93.567</td>
<td>$55,000,000</td>
<td>Non-profit agencies</td>
<td>Individuals of low income</td>
</tr>
<tr>
<td>Refugee and Entrant Assistance - Discretionary Grants (Refugee Health Promotion, Targeted Assistance and Social Services Discretionary Grants Only)</td>
<td>HHS</td>
<td>Administration for Children and Families</td>
<td>93.576</td>
<td>$32,352,755</td>
<td>States</td>
<td>Individuals of low income</td>
</tr>
<tr>
<td>Refugee and Entrant Assistance - Wilson/Fish Program</td>
<td>HHS</td>
<td>Administration for Children and Families</td>
<td>93.583</td>
<td>$21,185,498</td>
<td>States, non-profit agencies</td>
<td>Individuals of low income</td>
</tr>
</tbody>
</table>
# Mobility Management

## Eligible Programs, Cont.

<table>
<thead>
<tr>
<th>Program</th>
<th>Responsible Agency</th>
<th>Responsible Sub-Agency</th>
<th>CFDA Number</th>
<th>FY18 Authorizations / Expenditures (total)</th>
<th>Primary Direct Recipients</th>
<th>Primary CCAM Target Population</th>
</tr>
</thead>
<tbody>
<tr>
<td>Head Start</td>
<td>HHS</td>
<td>Administration for Children and Families</td>
<td>93.600</td>
<td>$9,863,095,000</td>
<td>Local entities</td>
<td>Individuals of low income</td>
</tr>
<tr>
<td>Social and Economic Development Strategies</td>
<td>HHS</td>
<td>Administration for Children and Families</td>
<td>93.612</td>
<td>$34,057,840</td>
<td>Tribes</td>
<td>Individuals of low income</td>
</tr>
<tr>
<td>Children's Health Insurance Program (CHIP)</td>
<td>HHS</td>
<td>Centers for Medicare and Medicaid Services</td>
<td>93.767</td>
<td>$16,514,363,576</td>
<td>States</td>
<td>Individuals of low income</td>
</tr>
<tr>
<td>Health Center Program</td>
<td>HHS</td>
<td>Health Resources and Services Administration</td>
<td>93.224</td>
<td>$5,080,400,000</td>
<td>Local entities</td>
<td>Individuals of low income</td>
</tr>
<tr>
<td>Ryan White HIV/AIDS Program Part D - Coordinated Services and Access to Research for Women, Infants, Children, and Youth</td>
<td>HHS</td>
<td>Health Resources and Services Administration</td>
<td>93.153</td>
<td>$70,265,154</td>
<td>Local entities</td>
<td>Individuals of low income</td>
</tr>
<tr>
<td>Ryan White HIV/AIDS Program States/Territories - Part B Supplemental Grant Program</td>
<td>HHS</td>
<td>Health Resources and Services Administration</td>
<td>93.917</td>
<td>$165,414,702</td>
<td>States</td>
<td>Individuals of low income</td>
</tr>
<tr>
<td>Rural Health Care Services Outreach</td>
<td>HHS</td>
<td>Health Resources and Services Administration</td>
<td>93.912</td>
<td>Data not available</td>
<td>Local entities</td>
<td>Individuals of low income</td>
</tr>
<tr>
<td>Small Health Care Provider Quality Program</td>
<td>HHS</td>
<td>Health Resources and Services Administration</td>
<td>93.912</td>
<td>Data not available</td>
<td>Local entities</td>
<td>Individuals of low income</td>
</tr>
<tr>
<td>Rural Health Network Development Program</td>
<td>HHS</td>
<td>Health Resources and Services Administration</td>
<td>93.912</td>
<td>Data not available</td>
<td>Local entities</td>
<td>Individuals of low income</td>
</tr>
<tr>
<td>Program</td>
<td>Responsible Agency</td>
<td>Responsible Sub-Agency</td>
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<td>-------------------------------------------------------------</td>
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<td>------------------------------------------</td>
<td>---------------------------</td>
<td>-------------------------------</td>
</tr>
<tr>
<td>Ryan White HIV/AIDS Program Part C Early Intervention Services Program</td>
<td>HHS</td>
<td>Health Resources and Services Administration</td>
<td>93.918</td>
<td>$1,169,635,483</td>
<td>States</td>
<td>Individuals of low income</td>
</tr>
<tr>
<td>HIV Care Grant Program - Part B States/Territories Formula and AIDS Drug Assistance Program Formula and ADAP Supplemental Awards</td>
<td>HHS</td>
<td>Health Resources and Services Administration</td>
<td>93.917</td>
<td>$1,169,635,483</td>
<td>States</td>
<td>Individuals of low income</td>
</tr>
<tr>
<td>Maternal and Child Health Services Block Grant to the States</td>
<td>HHS</td>
<td>Health Resources and Services Administration</td>
<td>93.994</td>
<td>$5,080,400,000</td>
<td>Local entities</td>
<td>Individuals of low income</td>
</tr>
<tr>
<td>Rural Health Opioid Program</td>
<td>HHS</td>
<td>Health Resources and Services Administration</td>
<td>93.912</td>
<td>Data not available</td>
<td>Local entities</td>
<td>Individuals of low income</td>
</tr>
<tr>
<td>Rural Communities Opioid Response Program - Planning and Implementation Grants</td>
<td>HHS</td>
<td>Health Resources and Services Administration</td>
<td>93.912</td>
<td>$100,000,000</td>
<td>States, tribes and other</td>
<td>Individuals of low income</td>
</tr>
<tr>
<td>Pediatric Mental Health Care Access Program</td>
<td>HHS</td>
<td>Health Resources and Services Administration</td>
<td>93.110</td>
<td>$10,000,000</td>
<td>States</td>
<td>Individuals of low income</td>
</tr>
<tr>
<td>Urban Indian Health Services</td>
<td>HHS</td>
<td>Indian Health Service</td>
<td>93.193</td>
<td>$47,354,000</td>
<td>Urban Indian Organizations</td>
<td>Urban Indians</td>
</tr>
<tr>
<td>Special Diabetes Program for Indians Diabetes Prevention and Treatment Projects</td>
<td>HHS</td>
<td>Indian Health Service</td>
<td>93.237</td>
<td>$150,000,000</td>
<td>Tribes</td>
<td>American Indians and Alaska Natives</td>
</tr>
<tr>
<td>Community Development Block Grants/Entitlement Program</td>
<td>HUD</td>
<td>Office of Community Planning and Development</td>
<td>14.218</td>
<td>$2,305,100,000</td>
<td>Local entities - metropolitan cities and urban counties</td>
<td>Individuals of low income</td>
</tr>
</tbody>
</table>
# Mobility Management Eligible Programs, Cont.

<table>
<thead>
<tr>
<th>Program</th>
<th>Responsible Agency</th>
<th>Responsible Sub-Agency</th>
<th>CFDA Number</th>
<th>FY18 Authorizations / Expenditures (total)</th>
<th>Primary Direct Recipients</th>
<th>Primary CCAM Target Population</th>
</tr>
</thead>
<tbody>
<tr>
<td>Community Development Block Grants/Insular Areas Program</td>
<td>HUD</td>
<td>Office of Community Planning and Development</td>
<td>14.225</td>
<td>$7,000,000</td>
<td>Four insular areas</td>
<td>Individuals of low income</td>
</tr>
<tr>
<td>Community Development Block Grants/State's program and Non-Entitlement Grants in Hawaii</td>
<td>HUD</td>
<td>Office of Community Planning and Development</td>
<td>14.228</td>
<td>$987,900,000</td>
<td>States and three counties in Hawaii</td>
<td>Individuals of low income</td>
</tr>
<tr>
<td>Supportive Housing for the Elderly</td>
<td>HUD</td>
<td>Office of Housing</td>
<td>14.157</td>
<td>$678,000,000</td>
<td>Owners of HUD-assisted rental housing properties</td>
<td>Older adults</td>
</tr>
<tr>
<td>Choice Neighborhoods Implementation Grants</td>
<td>HUD</td>
<td>Office of Public and Indian Housing</td>
<td>14.889</td>
<td>$145,000,000</td>
<td>Eligible applicants are Public Housing Authorities (PHAs), local governments, tribal entities, nonprofits, and for-profit developers that apply jointly with a public entity.</td>
<td>Individuals of low income</td>
</tr>
<tr>
<td>Resident Opportunity &amp; Self-Sufficiency Program</td>
<td>HUD</td>
<td>Office of Public and Indian Housing</td>
<td>14.870</td>
<td>$35,000,000</td>
<td>Public Housing Authorities</td>
<td>All</td>
</tr>
<tr>
<td>Supplemental Nutrition Assistance Program (SNAP), Employment and Training Program</td>
<td>USDA</td>
<td>Food and Nutrition Service</td>
<td>10.551</td>
<td>$477,000,000</td>
<td>States</td>
<td>Individuals of low income</td>
</tr>
<tr>
<td>Community Facilities Loan and Grants</td>
<td>USDA</td>
<td>Rural Development</td>
<td>10.766</td>
<td>$46,000,000 (grants)</td>
<td>Primary direct recipients are local municipalities, not for profit corporations, and Tribes</td>
<td>N/A</td>
</tr>
</tbody>
</table>
Access and Mobility Partnership Grants

- On **May 22, 2019** FTA announced the selection of 37 projects in 37 states at **$9,601,981** that help improve options for people with limited transportation choices and bridge the gap between service providers in the transportation and health sectors.
- Annual program, **next NOFO will be announced on October 30, 2019**

<table>
<thead>
<tr>
<th>State</th>
<th>Project Sponsor</th>
<th>Project Description</th>
<th>Funding</th>
</tr>
</thead>
<tbody>
<tr>
<td>ME</td>
<td>Greater Portland Council of Governments</td>
<td>The Greater Portland Council of Governments will receive funding to develop <strong>mobility management strategies</strong> to improve the coordination of transportation services at state and local levels through pilot projects that test approaches to improving access to transportation information and resources among <strong>populations who face transportation challenges</strong>.</td>
<td><strong>$240,000</strong></td>
</tr>
<tr>
<td>MO</td>
<td>Missouri Rural Health Association</td>
<td>Missouri Rural Health Association will receive funding to support <strong>technology enhancements, mobility management training</strong> and engagement of <strong>regional planning commissions</strong> and <strong>local councils of government</strong> to reduce transportation barriers in <strong>rural Missouri</strong>.</td>
<td><strong>$592,328</strong></td>
</tr>
<tr>
<td>PA</td>
<td>Geisinger Clinic</td>
<td>The Geisinger Clinic will receive funding to extend eligibility and geographic reach to a transportation pilot program that increases transportation access using <strong>mobility management, artificial intelligence and technology solutions, and community partner integration</strong>.</td>
<td><strong>$499,484</strong></td>
</tr>
</tbody>
</table>
### Access and Mobility Partnership Grants w/ Mobility Management Focus, Cont.

<table>
<thead>
<tr>
<th>State</th>
<th>Project Sponsor</th>
<th>Project Description</th>
<th>Funding</th>
</tr>
</thead>
<tbody>
<tr>
<td>TX</td>
<td>North Central Texas Council of Governments</td>
<td>The North Central Texas Council of Governments will receive funding to implement My Ride North Texas 2.0, a regional mobility management program to improve the coordination of transportation services and medical services in the 16-county region for populations that lack transportation to wellness resources.</td>
<td>$511,106</td>
</tr>
<tr>
<td>VA</td>
<td>Boat People S.O.S., Inc.</td>
<td>Boat People S.O.S., Inc. will receive funding for an awareness program that increases access to public transportation for Vietnamese Americans with limited English in Northern Virginia by providing culturally and linguistically appropriate services and expanding mobility options.</td>
<td>$101,928</td>
</tr>
<tr>
<td>WI</td>
<td>Southwestern WI Community Action Program, Inc.</td>
<td>The Southwestern WI Community Action Program, Inc. will receive funding for a travel management coordination center that improves transportation options in nine rural counties using new technology as well as a mobility manager who will work with county agencies and healthcare facilities to increase access to services.</td>
<td>$205,360</td>
</tr>
</tbody>
</table>
**Free Mobility Management Course**

**Advancing Mobility Management** is a new 2-day course offered by the National Transit Institute that aims to improve coordination between transit and non-traditional stakeholders. The interactive course highlights community partnerships that improve coordination, and exposes participants to promising practices in the field. The course is free for public transit and government agencies.

**2020 Courses:**
- September 25-26, 2019 - St. Cloud, MN
- February 5-6, 2020 - Phoenix, AZ
- February 24-25, 2020 - Nashville, TN
- March 25-26, 2020 - Springfield, MA
- May 5-6, 2020 - Denver, CO
- June 16-17, 2020 - Ithaca, NY

Register: [www.ntionline.com/advancing-mobility-management](http://www.ntionline.com/advancing-mobility-management)
2018 CCAM State Focus Group Findings

The barriers to transportation coordination reported by focus group participants are organized into barrier categories. The following barriers emerged across a majority of focus group sessions and stakeholder groups as the most prevalent barriers to coordination.

<table>
<thead>
<tr>
<th>Barrier</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Limited Awareness</td>
<td>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</td>
</tr>
<tr>
<td>Unengaged Stakeholders</td>
<td>Challenges associated with establishing and maintaining the organizational and community partnerships necessary to pursue transportation coordination</td>
</tr>
<tr>
<td>Program Restrictions</td>
<td>Reporting obligations, eligibility criteria, trip purpose restrictions, and other program rules that make it difficult to coordinate across different transportation programs</td>
</tr>
<tr>
<td>Insufficient Incentives</td>
<td>A lack of incentives or financial motivation for human service providers to pursue transportation coordination initiatives</td>
</tr>
<tr>
<td>Limited Federal Guidance</td>
<td>An absence of the federal guidance that states and local communities need to coordinate transportation in compliance with federal law</td>
</tr>
</tbody>
</table>
The National Center for Mobility Management (NCMM) conducted a survey to gather input from local stakeholders and to inform the strategic direction of the CCAM.

The NCMM survey:

- Was designed to identify **promising practices, barriers, and challenges** around coordinated transportation
- Reached **200 individuals** who work at transportation and human services organizations that receive HHS funding\(^1\)
- Was conducted from **June to November 2018**

The next slides analyze a selection of the survey questions, considering only the responses from respondents who receive HHS funding.

---

\(^1\) A total of 549 respondents completed at least part of the survey. During the data cleaning process, 22 responses were removed due to incomplete or low-quality responses. 527 respondents were included in the final overall analysis. Note: The percentages in the figures throughout this report may not add to 100% due to rounding.
Figure 1: Transportation Coordination Activities

**Question:** Does your organization or its grantees participate in the following transportation coordination activities? Select all that apply.

- Participate in state, regional, or local coordinating councils: 44%
- Participate in coordinated transportation plan development: 42%
- Sharing transportation data across organizations: 29%
- Grouping trips among constituents served by your organization: 27%
- Combining federal funding sources to cover transportation costs: 17%
- Joint application for grants: 14%
- Shared driver training between two or more agencies: 14%
- Grouping trips with beneficiaries of other programs/organizations: 13%
- Cost-sharing arrangements with other programs/organizations: 11%
- Sharing vehicles across organizations: 9%
- Sharing information technology solutions across organizations: 7%
- Shared vehicle maintenance between two or more agencies: 6%
- Sharing staff: 4%
- Other: 9%
- None of the above: 29%

**Key Takeaway:** HHS-funded respondents most frequently participate in coordinating councils, but a significant number do not participate in any transportation coordination activity.
**Figure 2: Availability**

**Question:** Please indicate the level to which you agree or disagree with the following statements:

1. Lack of transportation prevents people from accessing services provided by my organization or my organization’s grantees
   - Strongly disagree: 7%
   - Disagree: 27%
   - Neither agree or disagree: 8%
   - Agree: 51%
   - Strongly agree: 35%

2. There are enough transportation options available in my region to meet the transportation needs of my constituents
   - Strongly disagree: 7%
   - Disagree: 27%
   - Neither agree or disagree: 8%
   - Agree: 51%
   - Strongly agree: 35%

**Key Takeaway:** Almost all HHS-funded respondents believe that their communities lack sufficient transportation services and options, impeding access to HHS-funded services.
FTA-Funded Technical Assistance Centers

National Center for Mobility Management
website: www.nc4mm.org phone: 1-866-846-6400
e-mail: info@nc4mm.org

National Aging and Disability Transportation Center
website: www.nadtc.org phone: 1-866-983-3222
e-mail: contact@nadtc.org

Rural Transit Assistance Program
website: www.nationalrtap.org 1-888-589-6821
e-mail: info@nationalrtap.org
Did You Know…
Anyone with a Medicare card rides for half fare on fixed route public transit?

More info:
https://www.nadtc.org/news/blog/understanding-half-farerereduced-fare-requirements/

Local implementation example: Washington Metropolitan Area Transit Authority (DC): https://www.wmata.com/fares/reduced.cfm
TCRP Medicaid NEMT Research

- State-by-State Profiles for Examining the Effects of Non-Emergency Medical Transportation (NEMT) Brokerages on Transportation Coordination:

- This is a companion document to TCRP Report 202: Handbook for Examining the Effects of Non-Emergency Medical Transportation Brokerages on Transportation Coordination
NEMT State Profile: Virginia

Virginia

Since the early 2000s, Virginia's Department of Medical Assistance Programs has operated a statewide full-risk brokerage to provide NEMT services for Medicaid recipients in the state's fee-for-service program. Since the inception of the brokerage program, LogistCare has been the contracted broker. The balance of the Medicaid population is enrolled in managed care organizations, which are responsible for providing NEMT services to their members. About 90 percent of all NEMT trips are reported to be provided by the broker in the fee-for-service Medicaid program, which accounts for between 30 and 40 percent of the state's Medicaid population, but includes a disproportionate number of older, disabled, and waiver populations.

Population Density

- Urban: 2,095 people per sq. mile
- Rural: 65 people per sq. mile

State Population: 8.3 Million

- Below Poverty: 11%
- Live in Urbanized Areas: 70%

Managed Care Enrollment: 66.0%

Monthly Average

- Pre-ACA (July-Sept. 2013): $8,131
- Post-ACA (Dec. 2016): $9,028

Federal Medical Assistance

- 50% Federal Medical Assistance Percentage in fiscal year 2017.

KEY STATISTICS

- Medicaid Spending: $8.1 Billion
- $80.6 Million is the estimated annual NEMT 2013 expense.
- 4,380,000 is the 2013 estimated annual NEMT trips.
- 2% of NEMT is public transit.

Managers of Medicaid

- 66.0% of all Medicaid enrollees are enrolled in any Medicaid managed care program as of July 2015.

No program changes were reported.

Recent or Future Changes

# NEMT Spending on Public Transit

<table>
<thead>
<tr>
<th>State</th>
<th>% Spent on Public Transit</th>
<th>Total NEMT Spending</th>
</tr>
</thead>
<tbody>
<tr>
<td>OR</td>
<td>22%</td>
<td>$40.5 Million</td>
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<tr>
<td>PA</td>
<td>41%</td>
<td>$148.6 Million</td>
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<tr>
<td>RI</td>
<td>78%</td>
<td>$22.3 Million</td>
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<tr>
<td>SC</td>
<td>&lt;1%</td>
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<tr>
<td>SD</td>
<td>0.5%</td>
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<tr>
<td>TN</td>
<td>1.4%</td>
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<tr>
<td>TX</td>
<td>0.3%</td>
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<tr>
<td>VT</td>
<td>12%</td>
<td>$11 Million</td>
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<tr>
<td>VA</td>
<td>2%</td>
<td>$80.6 Million</td>
</tr>
<tr>
<td>WA</td>
<td>28%</td>
<td>$70.4 Million</td>
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<tr>
<td>WY</td>
<td>5%</td>
<td>$517,000</td>
</tr>
</tbody>
</table>

Mobility Management Systems: A New Role for Public Transit

Jana Lynott
Senior Strategic Policy Advisor
AARP Public Policy Institute
Mobility Management Systems

- A single, integrated network of traditional and non-traditional services that together serve EVERYONE

- One stop shopping
  - Easy Discovery
  - Easy Booking
  - Easy Mode Transfers
  - Easy Payment

- Customer-centered approach
Kansas City Area Transportation Authority
Dallas Area Regional Transit
Looking for more information?

www.longtermscorecard.org
www.aarp.org/futureoftransportation
www.aarpinternational.org/flexdanmark
Mobility Managers: Getting You to Where You Want to Go

Wendy Fox-Grage
Senior Strategic Policy Advisor
AARP Public Policy Institute
Long-Term Services and Supports Solutions

Discover state innovations in long-term services and supports. It’s time to pick up the pace of change!

www.longtermscorecard.org
Helping People with Mobility Needs Access Transportation

How mobility managers in five states are being transportation coordinators
What is a Mobility Manager?

• Transportation coordinators for older adults, people with disabilities, veterans, and other members of the riding public

• Focus is on the consumer regardless of the mode of transportation needed

• No standard definition for this profession

• An important resource with untapped potential
What are the Roles of Mobility Managers?

• Governmental planning

• Trip-making and travel training

• Agency specific versus generalists

• Where they work:
  – Departments of Transportation
  – Aging and Disability Resource Centers & Area Agencies on Aging
  – Veterans Administration Medical Facilities
  – And much more…
Why Are Mobility Managers Important?

- More than 8 million Americans ages 65+ do not drive, and this number of non-drivers is growing.

- Many age 70+ are expected to outlive their driving years: men by 7 years and women by 10, on average.

- People with long-term care needs want to age in the community, even when they can no longer drive.

- The need for a ride is one of the top reasons people contact the ElderCare Locator at the US Administration on Aging.
THE VALUE OF MOBILITY MANAGEMENT

From a state & local perspective

Carrie Diamond
Transportation Specialist
Greater WI Agency on Aging Resources, Inc.
Certified Mobility Manager

GWaar
Greater Wisconsin Agency on Aging Resources, Inc.
The mission of the Greater Wisconsin Agency on Aging Resources is to deliver innovative support to lead aging agencies as we work together to promote, protect, and enhance the well-being of older people in Wisconsin.

**Area Agency on Aging serving 70 counties and 11 tribes**
Transportation Landscape in WI

- Limited Coordination
- Fragmented systems
- Multiple modes of transportation
- Aging population
- Rural
- Family Care – Medicaid Waiver program
- Statewide Transportation Manager for Medicaid Transportation
- Changes to healthcare delivery
Evolution of Mobility Management in Wisconsin

- Interagency Council on Transportation Coordination (ICTC) 2005
- Statewide & local coordination plan 2006-07
- First New Freedom grant cycle in fall 2007 for project implementation in calendar year 2008
- 2008 Mobility Managers hired – 20 projects
- WisDOT MM certification program - 2009
- Formation of WI Assn. of Mobility Managers -2011
WI Association of Mobility Managers

Incorporated in 2011, designated 501(c) 6 in 2013
Registered with the WI Ethics Commission for first time in 2013.

VISION

• To lead in coordinated mobility solutions and to support the systems and professionals working in the field.

MISSION

• To provide opportunities for professional growth through educational and networking events, ongoing support and peer-to-peer and resource sharing.
Mobility Managers - Who employs them?

- BARN
- Bay Area Rural Transit
- CIL
- Western Wisconsin
- ADRC
- Aging & Disability Resource Center
- SWCAP
Funding for Mobility Managers

Figure 9. Wisconsin Mobility Manager Funding Responses

Benefits to the Agency

- Increased transportation coordination
- Increased effectiveness and efficiency
- More transportation options
- Diversified funding
- Person-centered planning
- Advocacy
- One point of contact
- Drive systems changes
Benefits to the Consumer

- Person-centered solutions & assistance
- Travel training – various modes
- Improved information and education
- Comprehensive service and referral
- One-stop shopping
What are the factors that have contributed to Wisconsin’s success?

- Support within the State, buy-in to the concept coming from the top down
- State emphasis on coordination
- A mobility management model not prescribed by the State but determined locally
- State money for specialized transportation & transit
- Consumer input and coordination planning
- Mobility management infrastructure - WAMM
  - Networking and sharing practices
  - Partnerships and resource sharing
  - Emphasis on professional skills training & certification
Value of Mobility Managers

* Champions
* Connectors
* Planners
* Advocates
* Innovators
Carrie Diamond
Greater WI Agency on Aging Resources, Inc.
608-228-8092
Carrie.diamond@gwaar.org