Welcome to the 5310/5311 Program Managers’ Forum
May 24, 2018

Today’s Topic:
Transit and NEMT
Getting States to the Table and to a Middle Ground on Rates
Webinar Agenda

- Instructions and Introduction
- Topic Explanation & Background – Shirley Wilson, Mississippi DOT
- Poll Questions
- The Ohio Model - Mobility Transformation Project – Chuck Dyer, Ohio DOT
- Getting States to the Table and to a Middle Ground on Rates
  - The Oregon and Washington Perspective - Gail Bauhs, TripSpark Technologies
  - The New Jersey perspective – Anna Magri, New Jersey Transit
- Q&A and Wrap Up
Topic Overview & Background

Discussion Lead:
Shirley Wilson
MISSISSIPPI’S NON-EMERGENCY TRANSPORTATION SERVICE

MTAP 5310/5311 Program Managers Forum
May 24, 2018
Shirley Wilson, Public Transit Director
Mississippi NEMT

- Managed through brokerage system
- Competitively Selected via RFP
- MS Division of Medicaid (DOM) Administered Program
- Contracts are for three years
- Current broker is Medical Transportation Management (MTM), Inc.
- Trips Reported 2016-17 -102,797
Transit Provider Relationship

- MTM has a web portal for interested non-profit and for-profit transportation businesses to apply to be a NEMT provider
- Contracts are negotiated directly with subrecipients
- Broker not flexible in negotiating contract rates
- Currently seven (7) 5311 subrecipients contract with MTM
- Subrecipients have the flexibility of working with MTM to develop their service area, this has not always been the case in MS
- Contract price reductions from trip cost for long-standing providers
Transit Provider Relationship

- Trips being given to private providers in their own service areas despite the objection of clients.
- 5311 transit subrecipients are receiving complaints from consumers in their service area regarding the quality of service from private providers.
- When private providers aren’t available to perform certain trips (accessible) trips are assigned without notice and penalties will be access if trips not performed.
MDOT Relationship

- Division of Medicaid (DOM) representation on Interagency Transportation Committee
- Have had meetings with DOM management about increased partnership/working relationship; however management changes are frequent
- DOM and broker agency has participated at MDOT sponsored summits/conferences
- MDOT is not included in the contract negotiations between subrecipient and the broker agency
- Consulted occasionally regarding regulatory policy requirements for subrecipients
Mississippi NEMT

THANKS!

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Ohio Mobility Transformation Project

Chuck Dyer

Ohio Department of Transportation
OHIO’S MOBILITY TRANSFORMATION PROJECT

Transportation Coordination

Coordination Plans
ODOT will support development and updating of local Public Transit-Human Services Transportation Coordination Plans.

Regional Coordination Plans
ODOT will pilot the development of Regional Coordination Plans that recognize inter-county transportation needs and priorities.

Technology-enhanced scheduling and dispatching systems will be funded for 35 rural transportation providers. These web-based, shared license systems will allow use by both public and social service transportation providers. Broadband improvements in remote areas will insure functionality.

Statewide Policy Alignment
Enhanced Mobility and Coordination

14 State Agencies are working to align policies that will make transportation coordination possible.

- Driver Standards
- Vehicle Standards
- Eligibility & Usage Policies

Transportation Efficiency

Non-Emergency Medical Transportation (NEMT)

Ohio Medicaid spends about $71 million per year on county-administered non-emergency medical transportation for individuals who use Medicaid services. Currently services are delivered differently in each of Ohio’s 88 counties.

Mobility Transformation

Goals

- Make it easier to match people with the transportation services they need.
- Improve the health of Ohioans by ensuring they have transportation to needed medical appointments and services.
- Use transportation resources more efficiently and consistently throughout the state.
- Reduce redundancy and fill gaps where service is needed.

Brokerage

In FY 2019, Ohio Medicaid will implement statewide coordination of NEMT services by establishing a brokerage system to provide NEMT transportation services for individuals who use Medicaid services.
MOBILITY TRANSFORMATION

Evolution of Objectives!!

Leadership
Level Playing Field
Regions
Single Rule / Single Agency
Technology
# MOBILITY TRANSFORMATION - FOUNDATIONS

## Leadership
- Aptitude for Change
- Top Down Leadership
- Sensitivity to Customers, Service Providers, Agency implementation issues

## Level Playing Field
- Policy Alignment
- Interagency Alignment
- Interagency partnership
- Medicaid’s Revision of NEMT

## Regions
- Established Regions / Coordinated Plans
- Pilot Projects

## Single Lead
- One(1) Ohio Revised Code
- One(1) Lead Agency
- Office of Mobility

## Technology
- TIGER Scheduling and Dispatch Software
- Real Time IT solutions to ease implementation
- Robust Implementation
Getting States to the Table and to a Middle Ground on Rates

The Oregon and Washington Perspective

Gail Bauhs, TripSpark Technologies
Getting States to the Table and to a Middle Ground on Rates: The Oregon and Washington Perspective

Gail Bauhs, Industry Solutions, NEMT
THE SCENARIO

- Early adopters of NEMT brokerages & coordination
  - WA began in late 80s
  - OR began in early 90s

- Before for-profit NEMT brokers

- Regional model using existing community agencies

- Social and health services was the mission
CMS (Centers for Medicaid & Medicare Services) sets the federal rules for NEMT (CFR §440.170)

- CFR §440.170 (a) (4) (ii) (B) (4) (iii) allows the possibility of negotiating rates with transit under certain circumstances:

  (iii) *The broker documents that the Medicaid program is paying no more for fixed route public transportation than the rate charged to the general public and no more for public paratransit services than the rate charged to other State human services agencies for comparable services.*

- Each state sets additional rules for NEMT

- Feds and States share costs of NEMT
Transit as NEMT Broker - Oregon

- Purchase and distribute bus passes/tickets for fixed route
- Negotiate rate for use of paratransit services
  - Average cost of combined private ambulatory & wheelchair van services
- If client is ADA eligible, give choice of using private provider or ADA service (state may or may not have freedom of choice waiver)
  - Most choose private though some prefer ADA
  - If ADA, client schedules trip(s) themselves and informs transit of NEMT eligibility
  - Transit provides trip(s) and sends broker list of trips provided to NEMT clients
  - NEMT confirms clients and locations are Medicaid eligible
  - Transit bills NEMT at negotiated rate for trip(s)
Private Broker Using Transit Services – Washington

- Purchase and distribute bus passes/tickets for fixed route
- Purchase and distribute bus passes/tickets for paratransit
  - First confirm ADA eligibility with client and transit
- Offer client choice of using private provider or ADA service (state may or may not have freedom of choice waiver)
  - Most choose private though some prefer ADA
  - Broker sends client an ADA pass/ticket
  - Client schedules trip(s) themselves
  - NEMT confirms client attended medical appointment
ODOT, DHS and TriMet coordinated efforts to serve their community

- Determined best model for residents/clients/riders
- Determined reasonable outcome for each agencies

Tri-Met perspective

- ADA requires provision of trips to eligible recipients, regardless of trip purpose
- Though not reimbursed at the fully allocated cost, it is better to be paid more than the fare value for each NEMT trip provided
- As NEMT broker, can determine which trips are NEMT and which are ADA
How Did We Get There-Washington

- Regional NEMT Broker & C-Tran coordinated efforts to serve common clients
  - Determined best model for their clients/riders
  - Determined reasonable outcome for their agencies

- Representatives served on each other’s advisory committees

- Transit perspective
  - Broker offered client choice of private vs ADA transportation option
  - Broker did not book trips with transit, required client to book own trips

- Established ACCT (Agency Council on Coordinated Transportation) to bring all transportation parties to the table at the state level to:
  - Promote the coordination of special needs transportation
  - Provide a forum for discussing issues and initiating change
  - Provide oversight and direction to the state's coordination agenda
Considerations

➢ Get to and stay at the Table - State DOT and Medicaid agency/broker

➢ Negotiate Rates –
  ▪ Understand how each is funded
  ▪ Flexible, middle ground is “good enough”
  ▪ Revenue critical for small and rural agencies
  ▪ Be sensitive to financial risk – transit and NEMT

➢ Broker model may effect coordination options

➢ There’s a cost to coordination
Lessons Learned

Start with a healthy sprinkling of Pacific Northwest pixie dust

But *Most Importantly* embrace an

- Attitude of community first
- Expectation that a workable solution is achievable
- Expectation that any barriers will be scaled
- Willingness to coordinate is cyclical so keep trying
Getting States to the Table and to a Middle Ground on Rates

The New Jersey Perspective

Anna Magri, Director, Local Programs
NJ Statewide Medicaid Brokerage Provider County Contracts Update

NJ TRANSIT Office of Local Programs, Minibus Support and Community Mobility
May 2018
Local Programs/Minibus Support & Community Transportation

Our Mission

To provide improved accessibility and mobility for the state’s senior citizens and persons with disabilities through the development of a coordinated and seamless statewide community transportation network.
What do we do?

- Administer $44M annually in State and FTA grants and programs throughout New Jersey.

- Coordinate local efforts with NJ TRANSIT’s own operations and that subrecipients participate in the locally developed Coordinated Human Services Transportation Plans (CHSTP).

- Staff provides technical support and best practices to subrecipients.

- Administer all grants in accordance with FTA and State regulations.
Grant Programs We Administer

- Senior Citizen and Disabled Resident Transportation Assistance Program (SCDRTAP)
- FTA Section 5307 Formula Grants for Urbanized Areas
- FTA Section 5310 Enhanced Mobility of Seniors and Individuals with Disabilities
- FTA Section 5311 Formula Grants for Rural Areas
- NJ Job Access Reverse Commute (NJ JARC)
- Congestion Mitigation and Air Quality Improvement (CMAQ)
Community Transportation Services

• Demand Response services for seniors and persons with disabilities that requires a reservation.

• Route deviation shuttle services that deviate off route to serve trip origins and destinations that are not directly served.

• Feeder to NJ TRANSIT bus and rail stations.
NJ Medicaid Broker Implementation

- Spring 2009- NJDHS awards Medicaid broker contract to Logisticare.

- Spring 2010- Logisticare begins transition of ambulatory services brokering from county run departments.

- October 2010- Logisticare begins first provider contract with county operator.

- January 2011- Logisticare completes transition of 21 county Medicaid services.

- August 2017 – NJDHS awards new contract with Logisticare for additional five years.
Impact of County Contracts

• NJ TRANSIT took a role in supporting this revenue generating opportunity by encouraging County Coordinated Systems to enter in contracts with Logisticare:

  – Create win-win of new revenue for counties, lower cost for broker
  – Take advantage of empty seats on County provider non-Medicaid vehicle runs
  – Focus on existing County medical subscription runs (mental health, dialysis, etc.)
Out of Network Contract

- By communicating with all stakeholders NJ TRANSIT was able to bridge the following for county systems:
  - Broker accepts training and background checks for county providers required by FTA grantors
  - Examples- accept PASS driver training, 5 panel drug test, background checks
  - Eliminate liquidated damages except in most egregious cases
County Provider Experience

• Currently three of 21 NJ counties coordinated systems under contract with Logisticare

• Counties range from rural to urban
  – Union
  – Hudson
  – Sussex

• Counties negotiate individual per trip rates based on costs, livery market rates

• Counties focused on adding Medicaid trips to existing vehicle runs
## Selected County Provider Characteristics

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<th>Sussex</th>
<th>Union</th>
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<td>Density/Sq. Mile</td>
<td>10,962</td>
<td>269</td>
<td>4,966</td>
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<tr>
<td>Population</td>
<td>666,980</td>
<td>161,920</td>
<td>543,390</td>
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<tr>
<td>Annual 2016 Ridership</td>
<td>100,663</td>
<td>104,152</td>
<td>202,578</td>
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<tr>
<td>Estimated Cost/Trip</td>
<td>$27.00</td>
<td>$22.00</td>
<td>$24.00</td>
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# County Provider Cost/Medicaid Revenue

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<tr>
<td><strong>Medicaid Trip Rate</strong></td>
<td>$10.00</td>
<td>$18.00</td>
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<td><strong>2017 Revenue</strong></td>
<td>$12,600</td>
<td>$40,680</td>
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<tr>
<td><strong>Start Date</strong></td>
<td>4/11</td>
<td>1/11</td>
<td>12/10</td>
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Conclusion

• Logisticare allows the county operators to choose rides that best fit their schedules. This is beneficial for scheduling and routing buses to medical facilities.

• County operating costs are higher so need to avoid single occupant trips.

• Logisticare customers benefit from consistency of daily county runs and service.

• County providers have obtained new revenue with minimal additional cost by entering into Logisticare contracts.
Thank you for Participating in Today’s 5310/5311 Program Managers’ Forum

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