

MaineDOT

Detailed Notes RPAC 1—ARTS 5/12/11

The majority of the time spent at the meeting was listening to public comments concerning a proposal to switch to a single, statewide broker system to deliver non-emergency medical transportation for MaineCare eligible clients as proposed by the Department of Health and Human Service, Office of MaineCare Services. The following comments reflect a variety of consumers and other transportation partners including: individuals with low or fixed incomes, elderly, individuals with disabilities, non-profit organizations representing mental health clients, developmental disability organizations, dialysis support personnel, area agencies on aging, hospitals and other state agencies.

Penny Vaillancourt, MaineDOT Project Manager, spoke on the purpose of RPAC meetings and the need for a locally coordinated plan to come from the community to meet the federal mandates for FTA funding. There was also discussion of the current level of state funding and the importance of securing federal fund sources to fully leverage transportation services statewide. She also spoke about the state's mandate to coordinate human service transportation and the ITCC's involvement with ensuring that needs are being addressed and services are provided in an efficient and effective manner.

She acknowledged that the group was concerned about the proposed brokerage but wanted to make sure that people understood the purpose of the meeting was to determine what was needed in this region for all transit services. She talked about New Freedom and JARC funds which are available—requesting ideas which could range from volunteer networks to faith based organizations. A specific plan is not needed at this time but the request was to bring forward ideas to MaineDOT.

- *Evaluate current transit services and mobility management efforts for:*

Low income individuals; Elderly Individuals with disabilities; General public

Comment: ARTS is like family

Comment: Affordable transportation

Comment: Current system works well

Comment: In rural areas like the County people look out for each other—ARTS is part of this community

Comment: 95% of dialysis patients rely on ARTS

Comment: Good service—friendly drivers

- *Report on interagency coordination efforts*

Comment: Need coordination (piggybacks), volunteers etc to make it work (ARTS does this)

What works and what doesn't work

Comment: ARTS is essential service—medical, social trips, shopping, etc—ER doctor's visits

Comment: ARTS allows people to be independent

Comment: ARTS has been in operation 30 years and cares about people

Comment: Scheduling issues

- *Identify unmet needs for transportation and identify types of investments needed.*

1. Need options other than taxi
2. Need local and regional control and decision making
3. Volunteers difficult to find especially with high gas prices
4. Loss of ARTS will impact local business and result in more no shows
5. Dialysis needs are a critical need
6. Need more funding
7. Need more volunteers
8. Need to preserve the ARTS infrastructure
9. Need a comprehensive system on the cheap—volunteers are the key, but they change overtime—need ARTS infrastructure
10. Keep local jobs (ARTS)
11. Loss of Cyr Bus service—ARTS should look at this
12. Local match needed to get grants
13. Local availability for oncology outside normal business hours
14. Need someone like Cyr to provide service out of County from the area Of Northern Maine Medical Center.

- *Other unrelated comments—brokerage—each comment is preceded by a bullet except in cases where there were substantive comments immediately followed by a response and II could identify the agency the person represented—those are marked with “comment” and “response” or “question”.*

Elderly

- I live on \$926 per month social security. If I take a cab from Monticello to Houlton it is \$100 round trip twice each month. When I add taxi fares to taxes, what do I eat? One meal a day. This needs to be discussed with the Governor.
- We're here to keep ARTS bus service. The state took my driver's license away after my stroke and told me to use ARTS. I have PT daily, if taken away it will change everyone's life. We don't want to lose our rides because someone's trying to regulate both urban and rural transportation. Only other thing available is taxis. ARTS drivers care about you—from dispatchers to drivers—they care. Everyone wants, needs and appreciates ARTS. We are people with needs who have lived and worked here for 40 to 50 years and you want to take things away from us.
- Many reasons for using ARTS buses (no license, visually impaired) to get groceries and all doctor appts. Without it I wouldn't be able to get around. I live on fixed income and the bills keep coming and need to be paid. I cannot afford taxis.
- For doctor appointments we can get some vouchers from TAMIC (?) if you beg for them. \$726 per month is not much. It's been too long that rates (ARTS) have not increased. \$2 each way with 2 stops should go up to \$4 which is called for but not cutting the service.

Response (ARTS): The rates ARTS charge are subsidized and leveraged from MaineDOT and other funding sources. If we keep them low, people can stay independent in their homes. Section 18 fares cannot be used for match. Upping fares will provide more dollars but won't offset the loss with MaineCare and necessary match for Section 18. We've always pooled—coordinated our dollars. There is one silo now and they want to go to two. MaineCare wants MaineCare dollars to support MaineCare trips only.

- I ride the bus. I need the bus—I don't drive. I have medical problems galore. Why are they doing this now? Times are hard. Food is going up with no increase to social security for two years.

Comment: (DHHS worker) 140+ adults receiving adult protective services and transportation is a big issue for them—many on MaineCare. A broker would never be as good as local people. We've always worked well with ARTS resolving any problems.

Comment: (AAA) I have a problem with the fact sheet from May 4 meeting with M. Probert: pages 1 and 2 Why changing? There is misinformation as document say this "is the only way". Powerpoint presentation says there are other acceptable options. A single statewide broker is not the only way....can use a regional broker. Page 3 says other states have gone with private for profit brokers—a capitated rate is good for the state.

Comment: (AAAA) started a volunteer program, and after Katrina ARTS took it over due to gas prices. Volunteers that are here now will have difficulty working for a private for profit entity. Our agency would not continue recruiting for them. ARTS has been a financial house of cards since 1978. We support ARTS along with agencies serving people with disabilities. If ARTS goes, who will move these folks? I dollars are pulled out from ARTS they will struggle to stay in business for a year. MaineCare needs to hear the information they put out is misleading. Folks in Augusta need to hear this. This is not being driven by state government. This does not have to happen. They should move ahead with other options.

Response (MaineDOT): MaineDOT has been working with DHHS and other stakeholders for two years looking at other options. There was a change in policy direction approximately two months ago. MaineDOT will continue to offer guidance to MaineCare on writing the RFP to help minimize impacts to transit services as we know it today. We've had coordination for 30 years. MaineCare is being made aware of both federal and state coordination requirements; the need to continue leverage of local match funds for FTA funding purposes; and the importance of maintaining the volunteer driver infrastructure with a close examination of federal and state laws that permit exceptions and protections to those who volunteer for non-profit organizations.

Response (ARTS): MaineDOT has always been supportive. There will be a unified statement from DHHS and MaineDOT. This is being driven by the Governor's office.

Comment: (Volunteer Driver) ARTS needs to be saved. People have got to think about others. Disabled people will not get to their appointments. ARTS has been here for 30 years. LePage is wrong—he's bringing people down. It's wrong to go to a different system—keep it in Aroostook County. We don't need cuts. We need people to care. ARTS is great.

- I use ARTS bus all the time it is the only transportation I have. Brokers know nothing about us in Presque Isle. ARTS knows us and knows what we need. Stop complicating things for us.
- People at ARTS who are so helpful will lose their jobs if they go with a broker. If provider is doing a good job why change?
- How many ambulatory and non-ambulatory people use the bus? It'll blow you over backwards if you knew.

Response (ARTS): ARTS numbers are in the regional plan. MaineCare's numbers are wrong.

- I lived in NH, it was not good. Aroostook is a good place to live. I'm not going back to NH—it has changed. This is my home now. Don't take this away from us.

Question: (Volunteer Driver) What can we do to get a waiver?

Response (MaineDOT): Reach out to Michelle Probert and ask to be on the interested parties list; call or write with your concerns.

- Local taxis are not \$5.50 to go to a store or pharmacy
- It is difficult to apply a program in both rural and urban alike. Urban areas have more competition. ARTS needs to stay here. They have done an outstanding job.
- If I had to pay for a taxi from Mars Hill to Presque Isle for dialysis it would cost me \$120 each week.

Comment: (Dialysis Unit/Hospital) We have 10 chairs for dialysis and 95% rely on ARTS to get to treatment. How would a brokered system work? What would people do?

Response (ARTS): People would call an 800 # to get service. M. Probert can answer these questions. ARTS can piggyback non-MaineCare with MaineCare riders. This does not just serve MaineCare—dialysis, cancer care whatever who can get piggyback rides.

Question: Can you count the number of free trips?

Response/Comment (ARTS): MaineCare doesn't care about free trips.

- We need the bus. Everyone has spoken clearly about our needs.

Question: If we lose ARTS' system when would it happen?

Response (ARTS): We're not defeated yet. They have a time table—July 1, RFP and January 1, 2012 implement broker. A lot of time between now and then. Legislators will fight for us. We don't know how much we will get from others. We know we won't be running the same number of vehicles and there will be less frequent service. We don't know when this would happen—depends on the available operating dollars.

Question: Why do this now? Why?

Response (ARTS): I cannot speak for the Governor. This is partially driven by CMS—situations have dictated change is needed to avoid the appearance of fraud and this was applied to transportation. Kentucky has regional broker/providers and it works. We want a rural exception with both a 50/50 match and 66/33 match. I think we have options. Our goal is to offer as much service as possible with the dollars we have.

Comment: You're living on "ifs".

Response (ARTS): We have for years

- I had open heart surgery 15 years ago. I used the bus every week to have my blood checked. When I needed heparin shots 7 days in a row the bus took me. The drivers are so helpful. I heard the legislature is going to vote tomorrow on whether ARTS stays open or not.

Response (MaineDOT): I'm not aware of any legislative vote on this issue.

Question: How much notice will I need to give a broker?

Response (MaineDOT): Michelle Probert can answer that question.

- I can call ARTS first thing in the morning to get a check to buy gas to get to Portland when I have last minute appointments.

Response (ARTS): We're told the call center will be open 24-7. Kentucky is 72 hours advance notice. People working with ARTS have the luxury of getting checks in advance (travel money). The broker will pay after the fact—perhaps two to three weeks.

- Brokers in other businesses take 15% off the top. Get rid of this idea—give the 15% to ARTS and let the stay in business.
- A legislator told me couldn't believe ARTS would be gone. If you call a broker and need an accessible vehicle will we get one?
- No one can live on \$500 a month. You need the travel money up front or you can't buy gasoline. What if this is a critical appointment? There are many people who need this. You don't choose to become a senior citizen living on reduced income. It is ridiculous that Michelle Prober is not here.
- We need another meeting when Michelle Prober can be here.
- If ARTS volunteers are not available for dialysis patients, they will die.
- Personal connections made between different local agencies can get the job done.
- Suggest a fact sheet and re-establishment of local volunteer programs in communities—how is this coming along? It's hard times everywhere.
- I've used ARTS since 2002 and used volunteers twice—2 other times they were not available. There are not enough to go around. What kind of person would drive for nothing when gasoline is \$4.00 a gallon?

Question: What is the composition of the stakeholder's group?

Response (MaineDOT): For the last two years or so, there was a transportation stakeholder group that met regularly with MaineCare on this issue and it included representatives from many different organizations and groups such as MaineDOT, DHHS, Maine Hospital Association, Maine Transit Association, Mental Health Agencies, health care providers, non-profit organizations, MaineCare member representative. It is not clear whether or not those same organizations were part of the most recent stakeholder group meeting held in April.

Response (ARTS): They gave their presentation—they weren't interested in listening or hearing. Not a free exchange of information. I think one thing you folks can do is get on the interested parties list.

Question: Why was ARTS formed in the first place?

Response (ARTS): To give people access to transportation. Nothing can happen without access to transportation. Much of what ARTS sees is people without family or friends to take them places.

- It gives us our independence. I cannot stress enough how important ARTS is.
- Our program will be killed by County Ride (?). If we lose one, we'll lose the other.
- Appears to be a form of contracting out I've never seen before.

Question: Can ARTS bid as a broker?

Response (ARTS): Yes, at risk will let you do both—non risk will not. ARTS has approximately a 3.6 million dollar budget with 3 million from MaineCare. A broker will want a profit. ARTS will need to either cut service or cut people. LePage is pro-business not people. When people call you, they attach to you. ARTS will refer people to appropriate agencies for other services. A broker will not do that. Unknown how many volunteers there will be if a broker takes this. A vendor who is a broker/provider may be able to provide 5% of the trips. There is no guarantee the RFP will be written this way.

- MaineDOT needs to address this.

Response (MaineDOT): We cannot set the outcome—we can only offer guidance.

- We're all here representing humans (a resource). Broker is all business deal. Our residents have to travel 50 to 60 miles to doctor appts. In Portland it might be a few blocks. We keep the human factor in—big business does not. A lot of people won't use a broker and we have few resources.

Question: Does this go before the legislature?

Response (MaineDOT): This proposal, as I understand it, is not required to go before the legislature.

Question: Is there anything that would present us from doing a cost comparison?

Response (ARTS): MaineCare says there is \$45 million available to the at risk broker to figure out how to provide service statewide.

Question: How are we guaranteed all the money won't go to the state of Maine?

Response (MaineDOT): Michelle Probert will need to answer this.

- As we age our eyesight and hearing goes—how will it work talking to someone in India?

- If a broker doesn't work and transportation is gone, what do we do then?

Response (MaineDOT): You should talk to Michelle.

- I did, and she couldn't answer my question?
- Will our comments have an affect on this?

Response (MaineDOT): That is up to MaineCare but we'll provide the comments as part of the RPAC responsibilities. Call, write or contact the Governor's office—you have a right to ask.

- It would be nice to have these notes on a website with answers. They're doing a poor job dispersing information at this point.

Question: What do you recommend our clients do now?

Response (ARTS): Call the Governor's office or legislative chairs. Now is not the time to be passive.

- You're going to put people out of their jobs. This will have a domino affect.

Question: How many employees will be lost?

Response (ARTS): Potentially 30 paid staff and 18 volunteers.

- This is a shame. Why hire out of state?
- I've been trying to come up with ways to save money to help save ARTS.
- I don't think the Governor will allow the broker to be out of state.
- We don't know how many people would not get to their appointments if they didn't get the check in advance. What is the percentage? MaineCare would change this any point—the broker will.

Question: Why are there no elected representatives here?

Response (ARTS): They are all in Augusta working hard. I (Dan) is scheduled to speak to the Rural Transportation Caucus. We (ARTS) try to make things work.

- My family member with advanced MS was in a nursing home and her only goal was to go out for Reuben sandwich. ARTS got her there and took her back. This is an integral part of people's lives.
- My daughter rides the bus. You've done a wonderful job with these notes but will it all fall on deaf ears? We need a meeting with Michelle. Written notes are not the same as hearing from these people.

Disabled

- It's unfortunate MaineCare is not here today. I make too much money to have MaineCare, but not enough to pay for cabs. I live in small town and need to get out for groceries, doctors and socialization. ARTS does this for me. ARTS is my lifeline. I live on a dirt road in my own home alone.
- I agree with everyone else. My husband had to have cancer treatments (we're from Ashland) and we got checks to help get from home to Presque Isle. I couldn't have done this without help.
- Prior to being in a wheelchair, I was a clinical social worker working in a managed care system in Aroostook County. How will people with MR get to where they need to go? They had a local person to assist them plus MaineCare allowed some leeway for Aroostook County. Having to call different places to arrange different rides, MR folks will have difficulty. ARTS looks out for each other and neighbors.
- Any changes affecting our mental health consumers will affect their providers. No shows will result in some closures. Without ARTS there will be more no shows.
- They want people with MR issues to call a broker out of state?

Response (ARTS): We don't know who or where the broker will be.

- If the broker is in Bangor they won't have a clue about the weather, roads, conditions in Presque Isle. Local people will have to call someone they don't know? They will go without and situations will worsen—costs will go up. I know the extremes ARTS has gone to make handicapped riders feel good. This will chokehold what few supports they (MR riders) have here. The ripple effect will be phenomenal.

Response (MaineDOT): Washington County is facing similar challenges in terms of its population and rural nature. There has been a request that MaineCare do an impact study but no word on this as of yet.

Elderly and Disabled

- I came from Lewiston—ARTS you call family. They help fix problems. Volunteers help with rides to Bangor. I couldn't take Cyr Bus. If I can't get out, how will I end up? I have \$1090 each month for rent, food, personal items, laundry, etc. It costs \$7.00 for an in-town Caribou taxi. I couldn't afford this 3 or 4 times each month.
- We don't know the broker will be, but there is a lot of fear about assigning drivers. We do know we need a clear local presence who understands the weather, etc. Could be built into the RFP. Nearly none of the developmentally

disabled have the ability to drive. Getting to day programs will be impossible if the bus system falls apart. The assumption is the broker will call ARTS, but if they (ARTS) have no way to respond, how will the broker arrange a ride? Back to volunteers, non-pay—volunteers take management and oversight. Not opposed to volunteers but it is an unstable system because you never know when they will be available. There is a big difference between areas when you can develop competition and ARTS where the option for competition is limited. The developmentally disabled will get to programs but they may not have access to other things.

Low-Income

- I had to go to Portland for a kidney transplant. Those checks really helped and I really appreciate what ARTS has done. I can drive myself but others cannot and they need the bus.
- I had throat cancer without ARTS I would never have gotten to Portland to see a specialist. Taking this away will have a big effect on people. ARTS is good.

MaineDOT
Detailed Notes
Region 2—RPAC (Hancock County)
4/28/11

Rich welcomed the group and requested introductions before explaining the purpose of the RPAC meetings and presenting a matrix showing responses to issues raised during the prior BOP process.

Penny Vaillancourt, MaineDOT Project Manager, spoke on the purpose of RPAC meetings and the need for a locally coordinated plan to come from the community to meet the federal mandates for FTA funding. There was also discussion of the current level of state funding and the importance of securing federal fund sources to fully leverage transportation services statewide. She also spoke about the state's mandate to coordinate human service transportation and the ITCC's involvement with ensuring that needs are being addressed and services are provided in an efficient and effective manner.

Linda Belfiore

Linda provided an overview of WHCA services:

- Demand response service
- Serves both Washington and Hancock Counties excluding Danforth and including Isle au Haut
- Operate agency vehicles; volunteers; friend and family reimbursement; DHHS low income; and family reunification.
- Coordinates with DTI and West's Transportation
- Operates Sunrise Bus for shopping in Ellsworth and Washington County communities
- Different from fixed route as WHCA picks people up at home and drops at their destination
- Provides some weekend service
- 1.5 million miles by volunteers last year (the backbone of their service)
- Provided 197,000 one way trips last year

Question: What are the funding streams?

Answer:

- 5311 dollars through MaineDOT
Local share cost has gone up by 10%
- Individual fares
- DHHS and other funds (35 to 40 different funding sources)
- MaineCare is the largest but can only be used for MaineCare eligible medical services.

Comment: If riders do not go, WHCA does not receive any funding even though the trip may have been arranged.

Linda also briefly described the Helping Hands Garage which is partially funded by JARC funds. Individuals using this program must meet income qualifications and demonstrate they can support the cost of operating a vehicle. Six months ago there were 125 on the waiting list and they have provided qualified individuals with 150 vehicles in the past five years.

Paul Murphy

Paul provided an overview of DTI services:

- In operation since 1979
- Web sites explore acadia.com and Downeast trans.org
- Operates fixed route in Hancock County on a fixed schedule
- Seasonal service Island Explorer on MDI and some surrounding communities
- Year 'round service – not as frequent as others
Monday through Friday daily commuter to and from Bangor
serving some communities

Daily Ellsworth to Bar Harbor

Once weekly service in Bucksport compact area; supplement with taxis; in 3 towns

Variety of other areas also receive some service

- Service to two transit centers in Bangor

Question: What are the funding streams?

Answer:

- 5311 dollars through MaineDOT
- Federal funding (JARC) for commuter service
- National Park Service and 5311 funds for Island Explorer
- Municipalities contribute
- Businesses contribute

West's Transportation

They were not present but it was noted this company offers the Coastal Connection daily to Bangor (7 days per week—a shuttle type service), and they offer fixed route service in Washington County (a mix of communities to Ellsworth) as their service does extend into Hancock County. They also offer some MaineCare service along with two federally funded migrant worker programs.

Comment: It was noted that it was very helpful to have a brochure that included both DTI and West's information on routes and schedules.

Evaluate current transit services and mobility management efforts for:

Low Income Individuals

Comment: JARC-New Freedom funds are available and MaineDOT is working to make accessible taxis available in some communities and members of the RPAC were encouraged to get creative in finding ways to access these funds as this is another opportunity to expand service.

Elderly Individuals

Question: Does the service DTI offers on the peninsula go beyond Blue Hill?

Answer: Yes, once weekly to Stonington with stops in between. A phone call will allow a pick up or drop at other intersections.

Question: Does DTI go off route in Bangor?

Answer: Yes, this is a deviated fixed route requiring 24 hours advance notice of deviation.

Comment: Most towns in Hancock County have not bus service at all.

Comment: Both DTI and WHCA are very flexible.

Comment: Jo Cooper of Friends in Action said she serves the elderly and disabled populations through volunteer drivers in Hancock, Washington, Penobscot and Waldo Counties if volunteers are available. Seasonally they have upwards of 165 volunteers who receive no reimbursement. They coordinate with WHCA and there are times when WHCA comes up with some amazing solutions. She noted another target population are those with mental illness both you and old. There is a huge need and it is hard to organize or get to as well as people needing drug and alcohol rehabilitation. It was noted when WHCA recently ran out of DHHS low-income funds, Friends in Action requests for service went up by nearly 200%. Always looking for ways to share rides

Question: Does Friends in Action keep statistical data?

Comment: Island Connections is a similar organization to Friends in Action and operates on MDI and Swans Island serving seniors; elderly (people like this distinction); and individuals with disabilities. They have access to an accessible mini-van along with volunteers in private autos (the number fluctuates seasonally but generally they have between 70-100 volunteers providing 4000 rides annually plus offering Meals on Wheels to 20 to 30 people. Their funding is 90% donations.

Answer: Yes, by trip.

People with Disabilities

Comment: Service is needed in Ellsworth more than one day a week. Public transportation is only available on Mondays and sometimes people need to get to the grocery store; pharmacy or meetings on other days. Not everyone can walk as some people have breathing difficulties.

Response: DTI will respond on Mondays—this used to be a 5 day per week service but was reduced to 3, then down to 2 and now 1 as funding has decreased. When cuts need to be made they have to look at critical mass to determine where and how often service can be offered.

Response: MaineCare might cover some of these needs through WHCA and DHHS low-income funds are so limited at this point that they are being made available only to those with “critical” needs.

Comment: Only transportation to sheltered workshops is available—cannot get to other types of services (see above)

Comment: Ellsworth has grown by 20% and transit is not keeping up with the growth.

General Public

Comment: Need to be able to get Aspire recipients to jobs in Hancock County as well as rides to visit their caseworkers.

Answer: There needs to be a way for people who want to share rides to have access to a database. There are always people coming from a distinct community to another community on a daily basis to go to work. Some of these people may be willing to offer a ride to someone else (even for a different purpose).

Question: How would anyone find a point of entry for this?

Answer: Go Maine has the technology to link people. Someone should develop a volunteer database to make this happen.

Comment: The cost of taxis is prohibitive. This is a big issue for anyone living on a low fixed income. Many needs go unmet because of this.

Report on interagency coordination efforts (what works, doesn't work)

Interagency Coordination

Comment: Different services do not have well coordinated places to link services although they do try to work together to add a stop if a connection with another service is needed. Referrals take place back and forth between all providers including Island Connections and Friends in Action.

Question: Could this be better?

Answer: Sure, it could always be better.

Identify Unmet Needs for transportation and identify types of investments needed.

Unmet Needs

Comment: There is a need for a central place (intermodal center) in Ellsworth for all to use as a bus stop or a place to make connections.

Comment: Mapping should be completed to detail where all providers (regional or otherwise) are located—physical coordination.

Comment: Further documentation is needed of the entire infrastructure of transportation services including the volunteer network.

Other unrelated comments issues

General Comments

Comment: Gasoline prices are starting to affect how much volunteers can do. WHCA has started turn down rides due to this problem.

Questions: Will DTI consider a stop at the hospital for employees on the Bangor; Cherryfield; Franklin and Bar Harbor run?

Answer: Yes, we are always looking at ways to better the service. However, this is a long trip and if you add passengers, you will lose passengers. If the critical mass is there, we will find a way, but we live in a world of flat or shrinking funding.

MaineCare NEMT Single-Statewide Broker Proposal

Comment: It was noted that the DHHS/Office of MaineCare Services is proposing in response to federal regulations, the development of a single-statewide broker system to provide non-emergency medical transportation services to qualifying MaineCare

members. The effect of this change may have impacts on other transit services. An RFP for a broker will be issued this summer with planned implementation in the winter of 2012. What it will look like or how it will play out is unknown at this time. Under one scenario, it would be possible for providers to experience a loss of match dollars required to leverage operating funds. It is critical to keep these matching funds in place.

It was noted that providers have asked MaineCare for a rural exception to the brokerage for Aroostook; Waldo; Kennebec; Somerset and Piscataquis Counties.

There will be an opportunity for public input—thought to be taking place in May, 2011.

Maine is moving to a managed care medical system and transportation will be structured to support this. It was originally planned to move forward with a non-risk based model but in March DHHS opted to go with an at-risk single-statewide broker system.

It was noted there is a statutory requirement to coordinate and this is being looked at during the process of writing of the RFP along with preserving the match for FTA funds. MaineDOT representatives continue to meet with MaineCare officials to this end.

CMS is driving this and there is a need to reduce costs—initially \$8,000,000. Maine will receive federal funds at a higher rate by using this non-risk based capitated model.

Question: What does this mean to a client?

Answer: The broker will assume responsibility to take calls from the rider and arrange for the rides to appointments. Individuals or agencies will call a “call center” to set up a ride, and someone (an agency or volunteer) will be assigned to do the trip. The broker will have contracts with all available providers by letter of intent before start-up. This will mean agencies or individuals may have to call the broker for a MaineCare covered appointment and call the Regional Provider for a ride to non-medical services.

Depending on how this is done, it may be a good thing but no one knows what the ripple affect of the change will be.

This could result in a loss of jobs in some areas of Maine.

It has been proposed to the state that they require the call center to be Maine based and perhaps in a Pine Tree zone or low-income county.

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MaineDOT
Detailed Notes
RPAC 2—Washington County—WHCA
5/25/11

Introductions were made and Rich explained the purpose of the meeting is critical to developing a locally coordinated plan and that comments from the local level are needed to determine how resources will be allocated.

Penny described how potential partnerships can arise from these meetings along with pointing out that MaineDOT expects flat funding and might even anticipate a reduction in funding—the state budget historically funds MaineDOT’s statewide transit programs at approximately \$500,000 annually. Due to the limited state funding, the importance to leverage federal dollars as much as possible is greater than ever before. MaineDOT is working with MaineCare to ensure this leveraging capability is not lost through a brokerage system. She also noted the need to comply with state mandate (ITCC) to coordinate and the need to determine efficiency and effectiveness in transit along with safety and reliability. Penny identified two grant opportunities—JARC and New Freedom. These are competitive grants and are open to for and non profits. If New Freedom dollars are not spent they will have to be returned. The biggest challenge is local match of 50% operating and 80% capital.

Comment: The Helping Hands Garage operated by WHCA receives JARC funds. It is important to look for innovative ways to develop partnerships.

Question: What will happen to FY11 5311 funding?

Response: We did get it and providers will be notified. Reduction in future funding is anticipated in the re-authorization legislation at the federal level.

Linda spoke briefly about WHCA services;

- MaineCare is their main funding source
- Described the different types of MaineCare transportation services: friend and family; volunteers (very few—had 32 last year and have lost 9 in the past two weeks due to high gasoline prices); agency vehicles are used the least as they are the most costly
- Just received 2 accessible minivans which hopefully will fill the need resulting from the loss of a wheelchair van service east of Columbia
- Waiting for 3 new low floor buses which don’t require a lift—the are due in a couple of weeks and will be used in Machias and Ellsworth
- WHCA coordinates with DTI but they’ve had to reduce hours recently and also try to work with West’s Transportation. Dispatching the day before makes it difficult to always coordinate—also work with tribal nations
- Use cabs in Calais as well
- Provide services for family re-unification—usually with volunteers or self drive; low income contracts has limited funding and it is prioritized for dialysis and cancer care; schools (handicap accessible); sheltered workshops; CDS and private

trips which are charged higher than MaineCare rates and provide shopping services in many areas

- Funding is stretched
- Partnered with EAAA for service in Lubec, Machias/Calais to Bangor for past few months but need to find additional dollars to continue or expand in other areas
- Over 30 funding sources with MaineCare being the largest

Rich gave a quick overview of West's Transportation and noted they provide intercity service 7 days per week Calais to Bangor and some social service transportation.

- *Evaluate current transit services and mobility management efforts for:*

Low income individuals

Comments:

- The 21 cents per mile paid to MaineCare friends and family for doing their own transportation is ridiculously low
- It is difficult to spend the money on gas to get to a food pantry to get food (in some cases it can be a 40 miles round trip)
- Sometimes agencies have to provide money to people ahead of time to get to appointments because they don't get reimbursed until after the fact

Response: WHCA can not help during evenings but might be able to help in some areas during the day of food distributions—there would be a charge but probably less than gasoline.

Question: Is WHCA at capacity? In other words, does the range of need exceed your range of service?

Response: Part of the difficulty is funding sources do not want to pay for other people's trips. We have to be able to pass the straight face test so it is difficult to pull people from the same exact area to another same exact area making pooling of individuals in one vehicle difficult for those who have no funding source covering their portion of the trip.

Question: If there was expansion in reimbursable services could WHCA meet the demand?

Response: Quite possibly.

Response: True costs are not able to be charged to cover operational costs. If one funding source is lost, there is an affect. 58% of MaineCare riders are self drive.

Question: Can 2 or 3 people in same car all get reimbursed?

Response: No, only one person. People do try to do this, but hopefully every one will be honest.

Comments:

- Some doctors claim WHCA doesn't follow through with arrangements for transportation that are made with patients.

Response: WHCA has an automated call system to remind people about their scheduled ride for the next day. It was suggested doctors with these complaints should call the director and discuss specific issues.

- Maine CDC did a study in the past two years (health improvement plan—health services gaps team to determine the reasons why there are gaps in services and transportation (lack of) was identified.

Response: This is where disparities in info come in as MeHAF says transportation is not an identified gap in health care services.

Comments:

- Putting transportation into a medical model is a real challenge.

Response: WHCA will work with medical providers who will schedule multiple patients on same day which expands the amount of service we can provide.

Comment:

- Medical billing restrictions can make it difficult to bring people to multiple appointments in same day because medical providers may only be able to bill for one of the services offered on that day.
- Limited by number of available volunteers
- There are differences between providers on who they will allow in a vehicle (extra passengers)
- No volunteers available on the weekends

Elderly individuals

Question: What do people who elect not to drive do to get where they need to go? North of RT 9 is virtually forgotten. WHCA needs to include the entire County.

Question: Are these people primarily low-income or just over?

Response: Yes, aren't we all.

Comment:

- Some people consider it a stigma to use public service buses believing they are for welfare recipients or the disabled.

Response: That is one of the reasons why re-branded

Comment:

- There is a high population over age 75 in Washington County. We're looking at people who shouldn't be on the road not doing self drives for reimbursement.

Response: We would like to offer transit as an alternative to giving up their licenses but we need to prepare for this.

Individuals with disabilities

General public

- *Report on interagency coordination efforts*

What works and what doesn't work

Comments:

- Coordination works well between agencies
- *Identify unmet needs for transportation and identify types of investments needed.*

Comments:

- People who need to get to court oftentimes have no transportation
- Domestic violence victims have limited transportation options in Washington County—this hampers many people. They may have a car but no money for gasoline. They need to get their children to after school activities. With no car or money for gas they stay in abusive relationships missing out on jobs or counseling that works—these are difficult places to get to.
- MaineCare recipients need services to help them get well through support groups or gyms but these services are not covered (reimbursable).
- Aspire people are required to do something in exchange for benefits. Some have no driver's license or vehicles so it is hard to find a job; get a GED or even volunteer. For those who can drive, Aspire will help with mileage reimbursement.
- People needing methadone dosing on weekends have a problem getting transportation
- WHCA volunteer network prioritizes dialysis patients.
- Rarely can do everything that is needed

Question: What are requirements for volunteers? How much are they paid?

- Volunteers are reimbursed 41 cents per mile for MaineCare trips from their home and back—44 cents for other trips
- Need to keep track of trips as value can be used as match.
- Volunteers needs training; clean background checks and commit to at least ½ day per week.

Comment:

- I am a volunteer driver and take my responsibility very seriously and do not like being referred to as “just a volunteer”. I call my riders the evening before. It is not always the volunteer who is negligent.

- There is an initiative to keep seniors at home and they don't like freebies (maybe there could be a membership in a club of some sort.)
- Seniors rarely no show and WHCA does have a sliding scale but these fees do not cover costs. The problem is greater need than we can accommodate.
- WHCA worked to develop a local volunteer group in Lubec area.
- First Light effort went no where.
- Can volunteers make a living on reimbursement?
- No—WHCA volunteers provided 1.5 million miles of transportation with some available 24/7 while others vary in hours. The incentive is not reportable to IRS and not required to purchase livery insurance if affiliated with non-profit.
- Reality is with price of gasoline there needs to be some way to recognize what volunteers are doing.

- **Other unrelated comments**

Brokerage:

Penny and Delta briefly described the on-going managed care initiative by going with a broker who fields all calls and arranges for transportation throughout the state. They discussed the waiver submitted to and rejected by CMS. CMS provided 4 options and DHHS elected to go with a single, statewide at-risk broker and noted they do not want to lose prior investments in infrastructure or coordination. MaineDOT is providing guidance to MaineCare during the writing of the RFP in hopes of assuring that federal/state mandates on coordination are maintained, that the opportunity to leverage federal dollars is not lost, and that the volunteer network is maintained. They noted there was not a lot of detail they could provide but encouraged people to call Michelle Probert at MaineCare and ask to be on interested parties list and to also check the MaineCare website for updates.

- Could agencies have cost for transportation built into service rate?
- EMT community based paramedic system being discussed to reduce wheelchair van use which may conflict with emergency medical use.
- Discussed the need for the procurement policy being open to the public

Question: What can you tell us about the rural exemption?

Response: It is hard to make CMS understand our true geography—6 counties are defined as urban (Penobscot given as one and everyone knows how rural this area is outside of the immediate Bangor area is). This provider would find it hard to operate split services. If you exempt one provider do you have to then exempt all? This is a real challenge.

Question: Is the MaineCare website so vague because you haven't ironed things out?

Response: Go to the site today, you'll see more information. MaineCare is mandated to provide services but details are still being worked out.

- There is concern about other riders including general public who will be impacted by this change.

Question: The First Light study noted the need to decrease dependency on MaineCare dollars to fund transportation. What is the significance of funding loss to providers?

Response: MaineDOT is requesting providers to collect this data and share what the loss through a broker will look like to better understand the implications.

Question: If a provider(s) go out of business because of this will MaineCare change their position?

Response: Everything is still being looked at.

- Friend and family will go to the broker, in 3 regions providers pool resources to support admin and buses as rates for buses are too low. If we lose self drivers, providers will be left with a big hole. They will have to cost out actual cost of operating a vehicle and request actual costs in reimbursement.

Question: Why will CMS allow the broker to provide transportation but won't let the provider broker trips?

Response: Because the brokerage will be an at-risk model.

- Providers are working with state agencies in discussions—these are tough decisions—transit is not easy but need to make informed decisions/choice.
- WHCA may have to look at eliminating staff or reducing hours

Question: Has anybody ever looked at how the existing system could do better?

Response: The ITCC sees possibilities for improvement, yes, but this is a DHHS compliance issue—they are on the hook for \$6 million dollars.

Question: Why change everything?

Response: The four options look nothing like what we do today. CMS is contacting us weekly to ensure that Maine is taking action on this. This has been a long time coming—waited for a waiver that got rejected and now we need to solve this #1 because of compliance issue and secondly the administration want costs savings but best we can do is cost neutral or pay the \$6.1 million dollars. We're aware reimbursement rates aren't adequate but we are at risk for the inspector general to come in and say give that money back—30 years.

- MaineDOT's efforts at long term planning for transit needs is critical – a comprehensive strategic plan is being developed and will soon be released for RFP.
- The cost of taking an item to rule making can run \$10,000 we have to be very serious about what is taken to rule.

MaineDOT
Detailed Notes
Region 3 RPAC Meeting (Penquis)
4/26/11

Rich welcomed guests and asked for introductions and summarized the importance of the regional transportation system while noting that MaineDOT has invested approximately \$54,000,000 statewide to support transit in the form of capital equipment. The responses to the previous RPAC goals were distributed with no discussion.

Marcia Larkin presented a brief overview of Lynx services:

- Described services
- Indicated MaineCare is the primary funding source
- 144 volunteer drivers
- They use of 5311 funds to subsidize General Public service
- Coordination efforts to use funds wisely allowing for greater efficiency in how they serve more people
- DHHS low-income services are available
- Explained that approximately 750 BAT passes were made available to MaineCare recipients each month
- Detailed they required for 2 full business days notice of appointments for riders but suggested anyone call even if they cannot meet notice deadlines because riders can be put on stand-by list and 9 out of 10 times the trip can be covered. Even if Lynx cannot meet the late request, they can arrange for a taxi to provide the service to MaineCare recipients
- Explained their service hours of 8 to 4:30 Mon-Fri for arranging for a ride; dispatch services available 7 to 5:30; volunteers available 24/7 and agency vehicles 7 am to 6 p.m. Monday thru Friday; complementary paratransit services mirror the BAT schedules by route.

Joe McNeil presented a brief overview of BAT services:

- Briefly described the history of BAT and growth throughout the years
- Operate 14 buses on a fixed route pulse system
- Operate mostly low floor buses and load with a ramp
- 850,000 rides annually
- 400,000 miles annually
- Cover 104 road miles
- \$2.2 million annual operating budget
- 32% of revenues are from farebox
- Additional funding received from Federal and State dollars along with funding from supporting communities which is used for local match
- 5 new buses have been delivered

- 5 nearly new additional buses are scheduled for delivery
- Described complementary paratransit service as people who cannot navigate the system

Evaluation of current transit services and mobility management efforts for:

Low-income individuals

Comment: BAT goes out Hammond St as far as Ranger Inn.

Question: Does BAT plan to extend Hammond St route to Freedom Park?

Response: Not at this time.

Comment: St Joseph Hospital would like large posters of BAT routes to post in their waiting area.

Response: Schedules and Route maps are available.

Comment: Dover-Foxcroft now getting service three days per week allowing for greater flexibility for GP riders and Charleston now has service available five days per week.

Comment: Hope House would like greater availability of MaineCare funded BAT passes.

Response: MaineCare requires that there be a minimum of 3 medical appointments each month that the recipient actually uses the bus pass for—there have been instances where the clinicians were traveling to the client’s home for appointment which makes them ineligible for a bus pass in these cases.

Comment: Brewer Rehab and Cancer Care of Maine have an increase in dialysis and cancer care trips that they can assist with. Each appointment equals two trips and generally these trips occur 3 to 5 times weekly. Their van will accommodate two wheelchairs. With approximately 20 trips each day, they have to look carefully at resources. It was noted that physicians (surgeons) may not be flexible with appointment times.

Response: Lynx has agreements with some rehabilitation centers and could serve these agencies as well as long as there is a service agreement. They can serve MaineCare recipients in these agencies if transportation services are not part of their per-diem funding per client.

Elderly and disabled individuals

Comment: The elderly do not want to give up their vehicles. Those who do, may still want to work and not all transportation options available to them meet scheduled work hours. There are people who want or need to work who cannot because of lack of transportation. It is very important for people to work. People who work contribute to

the community and pay taxes. Rural folks have a greater need for daily work rides due to a lack of funding.

Comment: There is a need for door to door service beyond MaineCare for those people who want or need to work.

Comment: BAT service hours are not the normal work hours to meet worker's needs and should be expanded.

Comment: There is a concern about the Feds issuing MaineCare block grants to the states which could change everything.

General public

Comment: Funding challenges will be obtaining capital for rolling stock (have relied on earmarks in the past and those are disappearing); concerned about the proposal that Maine not continue the issuance of bonds for rolling stock which will affect both BAT and Lynx. This will create a problem as vehicles age out. Historically funding has come through as 80% federal; 10% state and 10% local (the state 10% has been through bond dollars)

Comment: Lynx has received a \$37,000 grant from the Koman Foundation to cover transportation to breast cancer screenings for both men and women.

Comment: Lynx is working with various medical providers to determine how to facilitate various medical appointments.

Comment: Don Cooper spoke about the Tiger Grant—a planning grant to EMDC from the FTA for a 2 year period.

Year 1 will include a comprehensive look at all services in Waldo; Hancock; Penobscot and Piscataquis Counties and future needs.

Year 2 will introduce pilot projects to address some of the identified needs (doable projects that can be implemented separately). An example being a rural to urban route; ride sharing, etc.

They will be looking for funds to implement the pilot projects. This is not re-inventing the wheel. It is a great process with a lot of hard work as no one has looked at everything before. The first stakeholder meeting has been held.

What works and doesn't work

There were no specific comments in this area although some of the above might be applicable here.

Unmet needs and types of investments needed

Comment: BAT—funding prohibits expansion for evening and weekend services. Ridership drops 30% during these times and operating costs accelerate.

Suggestion: Use smaller vehicles for evening and weekend service to accommodate the expected reduced use.

Comment: Dialysis patients who have to use the Lynx through complementary paratransit hours do not work (they mirror the BAT hours by route). MaineCare patients do not have an issue—it only affects a few people (general public) who cannot even afford taxis.

Response: The Lynx had the resources to take care of this problem in the past. The 2011 budget is now too restrictive to allow them to continue this practice beyond March of 2011. In addition some rural riders were allowed to pay the cost of actual passenger miles with a volunteer and Lynx picked up the cost of the additional vehicle miles.

Comment: St Joseph Hospital has difficulty getting people home from discharges (in-patient and ER).

Response: Lynx offered to meet with hospital social workers to discuss what can be done to eliminate some of the problem.

Other

Brokerage

The question was raised whether or not the Regional Provider was in jeopardy due to the planned switch to a brokered transportation system scheduled for 2012.

Marcia Larkin explained that she had not planned to raise the issue in an effort not to alarm her riders but when on to explain about the planned brokerage and how clients would use it based upon the information she had available—mentioning the planned RFP and implementation dates.

Question: Has anyone from the providers been asked for input?

Answer: Yes, an informational meeting was held on 4/25/11 and said she felt provider concerns were “heard” and that MaineCare wants to keep the Regional Providers in place.

Concern: Going to this type of system may impact the Regional Provider’s ability to best coordinate trips which allows for more people to be served.

Concern: The hope was expressed that MaineDOT would still maintain the Regional Provider status for those agencies currently operating as such.

Concern: If RFP allows for the broker to take control of the volunteer drivers, the Regional Provider would lose their ability to match MaineDOT funding. This has the

potential for dismantling the system as it currently is operated. At this point providers are not sure how this will be handled.

Question: Why would the providers lose volunteers?

Answer: Some brokers may want to take on volunteers while others may opt to leave them with the providers. It doesn't have to be doom and gloom. It is difficult to figure out how it won't be. The RFP will certainly explain more.

Concern: The lack of face to face contact with a brokered system. The ability to solve problems will be diminished.

Concern: Greater standardization of mileage reimbursement—not allowing for the occasional need for extra miles due to bad roads, construction, etc.

Concern: Needs of the mental health consumers.

Joe McNeil

Concern: The BAT should have few problems as the result of a brokerage if MaineCare funded bus passes continue but if passes are eliminated, \$200,000 of revenue will be lost to the fixed route system. This would be a major impact on the amount of service provided.

Question: Have providers thought about banding together to create a brokerage company to respond to the RFP?

Answer: It has been thought about—too costly.

Question: Consumers wondered what can be done to stop this process, and asked if Rick McCarthy was involved?

Answer: Yes

Question: Have existing brokers in other states been researched?

Answer: Yes, but Maine will write their own RFP.

High Gasoline Prices

Question: The issue of high gasoline prices was raised and providers were asked how this might affect their services and if ridership was going up as a result?

Answer: BAT ridership still quite level with the previous year—ridership went down when fares went up although March 2011 showed some increase. This fiscal year ends June 30 and it is estimated there will be 30,000 fewer rides but it remains to be seen.

Comment: Informal ridesharing is taking place; may require more vanpools; technology will be better utilized; people working from home which may affect the increase in public transit normally expected from high gasoline prices. Some employers fund bus passes for employees such as the University of Maine at Orono. Husson and University College are working towards this.

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MaineDOT
Region 4—KVCAP
RPAC Detailed Notes
5/10/11

Penny gave an overview of DOT's responsibilities and noted they receive \$500,000 annually that is used to support all transit programs which makes it even more important to go after federal dollars. She described the need for a locally coordinated plan demonstrating what communities need along with the work of the ITCC which is designed to ensure coordination and that service is provided in an efficient and effective manner. She also told the group about grant dollars that are available to both private and non-profit companies—JARC and New Freedom.

Jim gave an overview of KV CAP services:

- Replaced KV Transit with the Kennebec Explorer
- 6 new kneeling buses
- New service Waterville to August 4 times a day--\$3 dollars each way which has been very successful
- Redesigned routes with the help of a consultant
- Their 5 year plan is to enhance the service even more
- Consolidated dispatch into the Waterville office
- KV Van has 27 buses and vans; a core of volunteers nearing 130; offer friend and family reimbursement providing 395,000 rides and 9.7 million miles last year
- Summer months operate Move More Kids, a free public service funded by local and private dollars allows kids to access healthy activities
- Recognize there are gaps and continually looking for new ideas.

- *Evaluate current transit services and mobility management efforts for:*

Low income individuals

Comment: KV has lost 10 volunteers in the last two weeks and others have cut their hours.

Response: Yes, the price of gas becomes another challenge when trying to process 1500 trips each day.

Comment: There doesn't seem to be a big emphasis on friend and family reimbursement. If this were done, would it free up volunteers and agency vehicles?

Response: It is always our first recommendation to new riders if it works for them.

Comment: Rising gas prices make it hard for volunteers to maintain a level of income to maintain a vehicle. There needs to be a way to index reimbursement to gasoline prices.

Response: MaineCare used to reimburse volunteers 44 cents per mile but dropped it to 41 cents last year. Volunteers provided 5 million miles of transportation last. We continue to work at solving this problem.

Comment: Sometimes KV cancels even when the weather is not bad (schools are open).
Response: KV service area is roughly the size of CT—weather conditions change with different regions. Shut downs are based on what is happening based on the best info that is available. It is worse when you get people in to an appointment and a storm hits causing you to have everyone out during the worst part of a storm.

- *Evaluate current transit services and mobility management efforts for:*

Elderly individuals

Comment: A person was denied service because they are over income and now on Medicare rather than MaineCare in the Skowhegan area—difficulty getting to appointments and have to rely on a family member with disabilities.

Response: DHHS low income contract has very specific guidelines. October 1st of last year, 1/3rd of the normal contract dollars were eliminated. This is one of few sources supporting low-income elderly. KV had to be very careful with the remaining dollars which leaves a big hole. The goal is to make Move More program a year around service which would help solve the problem.

Question: Has a study been done to show how many people who are over income being pushed out of the system?

Response: Low-income eligibility guidelines need to be revised. A lot of people are out there with this problem but KV keeps working on this.

- *Evaluate current transit services and mobility management efforts for:*

Individuals with disabilities

Comment: It is sometimes hard to get out shopping on the weekends and cabs are too expensive. KV only allows 3 shopping bags on the bus so it requires more frequent trips to the store. Sometimes people only have one day to shop (especially those who work) and the bag limit creates a problem.

Response: The capacity is now 4 bags—KV uses the “airline principle”. To avoid excess bags you may bring what will fit on your lap and or under the seat—avoid large bags. Exemptions were made in the past but due to the fact everyone sees this, everyone then wants an exemption and the rules become meaningless and creates a safety problem.

Question: Have you ever considered a raised roof on the bus for storage?

Answer: We have not, but could look into this.

Response: Another Waterville bus is need but there is no money for the bus or for operating expenses.

Comment: Organizations have identified transportation is a problem as people say it is hard to get medical care out of the area.

Response: Transportation is always at the top of critical issues no matter what organization.

Question: Could schedules be re-designed? The colored routes on the new schedule is hard to follow—fixed time for stops would be helpful. Also people have to call and reserve a ride for some things such as the Learning Center.

Response: We can look at this. A time schedule was used before and people requested color coding. We will make both available and also downsize the schedule.

Comment: When struggling with what is better for people with disabilities, comes to them.

Response: KV did work with the visually impaired. There are a wide variety of disabilities and difficult to find what works for everyone. Would like suggestions from self-advocates.

Question: Is your service accessible?

Answer: Yes

Question: Do you go to people's homes?

Answer: Yes

Question: Why do I see a Delta van pick up someone at a group home?

Answer: Occasionally we will refer to chaircar service if KV exceeds capacity.

Question: Are there any accessible taxis?

Answer: Yes, DOT can lease vehicles with a 20% match (purchase) with a no cost lease. There are none in this area, but hoping that word can get out that this option is available. DOT has worked with taxis in other regions.

Comment: KV picks me up at 5:30 a.m. and never misses a day of my dialysis treatment—even the weather does not cause them to cancel.

- *Evaluate current transit services and mobility management efforts for:*

General public

My comment: A lot of comments under elderly or people with disabilities are general public riders as well social service but I did not list them in both places.

- *Report on interagency coordination efforts*

What works and what doesn't work

Question: Is the Dept of Education at the table with ITCC? People struggle with getting kids to after school activities and it would be helpful to have use of school buses.

Response: The Waterville and Augusta problem has been addressed but Somerset County is lacking.

Response: There are lots of federal dollars available but rules prohibit a lot of uses for those dollars. DOE and CMS will not allow pooling of dollars—it is very complicated.

Comment: The problem is going to grow as the population ages. What is this going to look like in 10 years.

Response: The need will grow at a phenomenal clip.

Question: How many people use Concord Trailways to go south?

Answer: Not known at this time.

Question: Does KV schedule link with Concord?

Answer: The consultant designing routes worked on this, but it was very challenging.

Comment: Hospital is working with KV to resolve issues with transportation.

Question; Have you tried working with Concord to bring people from Augusta to Colby College?

Answer: KV does this 4 times each day.. We could talk to them about weekend service **but would need an economy of scale.**

Comment: There is no access in evenings. We need transportation between counties with an accessible vehicle.

Question: Do you have other agencies you sub-contract with?

Answer: Yes, the waiver program

Question: Could other providers take other riders with them?

Answer: Deferred to the MaineCare brokerage discussion.

Comment: Once coordination is in place, it seems to go very smoothly—better than in years past.

Comment: You have great helpful drivers.

Comment: We used to sit here alone during these meetings. It is refreshing to see so many people here.

- *Identify unmet needs for transportation and identify types of investments needed.*

Comment: funding is needed to support year around service in Somerset County as many people are a one-car or no car families.

Response: People should get involved with KV Planning to get issues on the agenda. Private business needs to be involved.

Question: How much does it cost to add another bus?

Answer: Typically \$50,000 annually

Response: People think it is much more than that. The local match would not be that much.

Question: How do you raise awareness of the available services?

Answer: Many years ago we used to have bus stops marked with white band on telephone poles so everyone knew where they could get the bus.

Comment: New signs are coming but not everyone wants a sign on their property or have people congregating near their homes.

Comment: Hospitals should have schedules and route maps at their front desks.

Response: They have been distributed

Comment: Volunteers staffing these front desks may not always be aware of things. Hospitals need to reinforce training with volunteers.

Response: KV wants to laminate schedules to post in key stores and other facilities

Response: KV hoping to identify a local bus stop at the Waterville Concourse perhaps with a bench as a waiting area but businesses have been less than receptive as they don't like people congregating at other times. Would prefer to establish a regular bus shelter that gives easy access in and out.

Comment: Children's residential treatment services find it difficult to access services when parents are needed to participate in treatment plans. There is a lack of conformity **in how workers write their plans.**

Response: KV would have to work with MaineCare on that. It is confusing for KV as well.

Question: Have you ever reached out to faith based organizations to help with the void in volunteers?

Response: We annually reach out, but honestly have not had a whole lot of luck with this.

- Other unrelated comments

Brokerage

Penny provided an overview of the NEMT initiative by DHHS/Office of MaineCare Services and explained that DHHS staff was planning on attending but could not due to another conflict. She provided some background information on why the state has elected to go with a single, statewide at-risk transportation broker given the concerns expressed by the federal oversight agency, Centers for Medicare and Medicaid Services, specific to the self-referral system and the need to separate provider and a broker functions.

Comment: Kentucky is doing exactly what Maine currently does and calls it something else—CMS is okay with it.

Maine providers now get an administrative base rate and function as brokers.

Maine gets 66% (approx) in federal Medicaid for every dollar spent. CMS says Maine may continue with their current model but go to 50% in federal Medicaid or every dollar spent.

Comment: A broker will expect to be paid but flat funding will make this hard when KV will need to receive actual costs for an agency vehicle which have been subsidized with friend and family excess revenues—this (friend and family component) will go to the broker which reduces the dollars available to KV to run their vehicles.

Comment: KV thinks it will be confusing for riders to have to call a broker for MaineCare funded trips but in turn have to call KV for other types of rides.

Question: Are they moving forward with the RFP?

Answer: RFP is scheduled to come out this summer with implementation next winter.

Comment: Providers are trying to get Maine to do an impact statement before implementation.

Comment: This is a serious issue for MaineDOT if this negatively impacts providers. Coordination must continue in order to leverage MaineCare dollars to use for FTA match.

Comment: It seems Maine is working at cross purposes. Maine was considered a leader in using the coordination model.

Comment: A lot will be driven by the RFP. Some agencies may go out of business. KV system will look radically different if this moves forward.

Question: If there is a lot of cross subsidization thru coordination of dollars and you take a huge piece out of this, how will it affect fares for low-income people?

Comment: Maine is a rural state with 5 counties designated as urban—this make no sense.

Comment: Part of what started this problem was RI giving everyone a bus pass but didn't track how it was used. CMS had a big issue with this and that inspired a closer look at how other states provided transportation.

Question: Is MaineCare involved with the ITCC? Did this get taken to the ITCC?

Answer: Up until January 2011 a non-risk based system was being looked at but then there was an immediate shift to risk-based broker without notifying the ITCC.

Comment: It does not appear MaineCare is going to do an impact study but they are looking at best practices. The broker will operate with a capitated per member per month reimbursement. Providers will work with a fee for service from the broker. Would like Maine to look at models in other states where this has failed.

Comment: There seems to be perverse incentives: expanding existing call center out of state; incentive is to make money; local jobs will be lost and the emphasis will be on moving as many people as possible to friend and family reimbursement.

Comment: Transit planners look at everything before making changes—land use planning and housing needs as an example.

Question: Who do we contact with out concerns?

Response: Legislature but to get the clearest picture go to MaineCare they have a website—look at this to frame your comments.

Question: Is there any plan to notify riders?

Response: KV can send you what info is available but KV does not know much at this point.

Question: What happened in states that failed?

Response: People aren't getting to necessary services.

Comment: DHHS plans to move all their services to broker eventually.

Comment: This will create holes in the system—we (riders) need more info.\

Response: Again, call MaineCare and ask to be on an interested parties list.

Question: Can we ask where states have failed?

Response: Yes, you can ask questions like that.

Response: Maine is demonstrating where there have been successes, but those states are different from Maine. This is designed to take advantage of competition. Maine doesn't have enough providers to create true competition.

Comment: Volunteers need to stay with providers.

Comment: Sounds like they are trying to phase out providers.

Question: What can a volunteer group do to address transportation (as volunteers)?

Response: Coordinate with your regional provider; bring your ideas to MaineDOT; KV COG.

MaineDOT
Detailed Notes
Region 5 RPAC (WCAP)
5/3/11

Welcome and introductions

Penny explained the purpose of these meetings is to meet state and federal requirements such as the development of a locally coordinated plan. This is a true grass roots approach to the collection of information on what a region or community wants. She explained the role of the ITCC and its collaborative efforts of DOL; DHHS and DOT to ensure coordination is in place and unmet needs are addressed. The BOP draft goes through a review process by the ITCC as required by statute. ITCC's mission, in part, is to examine all funding sources and the delivery of services to ensure funds are used in an efficient and effective manner.

Ed provided a summary of their services:

- 2 regional providers in region 5
- Waldo been in service 1970
- Coastal and Waldo coordinate
 - Example: Ed provides bus/Coastal contributes gasoline and a driver who volunteers his time to take NAMI clients to Portland for a special event.
- Waldo will do trips for Coastal when they cannot accommodate
- Full MaineCare provider with accessible vehicles; volunteers and friend and family program
- Run a public bus service door to door with 2 day notice
- Fleet includes 7 pass vans; 7 pass accessible taxis; mid size bus (9 passenger) and 22 passenger bus to arrive soon
- Vehicles are "pretty shabby" but no federal dollars at this point. The new bus is paid with ARRA funds through MaineDOT
- Program is struggling. Last year MaineCare went from a blended rate to a single statewide rate causing a loss of \$100,000 and two staff have been laid off.
- They have purchased new dispatching software
- Belfast has a newly revised shopper route this year—Ed and 2 volunteers knocked on every door on the route explaining the service and got 0% increase in ridership.
- Working diligently to save public transit

Evaluate current transit services and mobility management efforts for:

Low income individuals

Comment: There is a need for people to access food; clothing and to go out of town. They need to be able to get to the YMCA for physical therapy (elderly) and WCAP has a good system—fearful it will be gone. This applies to all three categories of riders.

Comment: When riders need to go out of state, there is a concern a new system will not work effectively.

Comment: In the Rockland area, riders are being asked if their medical service can be provided locally. It was claimed that a dialysis patient was denied service by Coastal until they could offer proof of why they didn't use the closest provider. To go beyond the nearest provider requires prior authorization from MaineCare.

Evaluate current transit services and mobility management efforts for:

Elderly individuals

Comment: Elder Independence of Maine will pay for transportation at a higher rate but cannot find anyone to provide the transportation. This transportation is part of the "Gould Assessment". There is a huge gap for people who do not qualify for traditional MaineCare transportation or have needs not covered by MaineCare. As part of their assessment, these elderly may be allotted "x" number of miles per month to do their shopping, etc but their home health workers will not transport them for the reimbursement because of the liability so the miles are lost. There is no method for Waldo to do the transportation and be reimbursed.

Suggestion: A swipe card would allow them to go to Waldo or any other provider such as a taxi for their transportation.

Comment: two day notification requirement by Waldo doesn't always work but finding an alternative is difficult.

Comment: Belfast Area Transition Initiative (BATI) believes a lot of people do not know about the Belfast shopper.

Suggestion: Put up signs to promote this service—city may pay for and install them; Vocational students might create shelters or benches strategically placed on route; ride-sharing ideas being tossed around; want to see the buses utilized; technology should be utilized so people can see where the buses are on any route—the ability to do this is here now.

Comment: There is a need for people to access food; clothing and to go out of town. They need to be able to get to the YMCA for physical therapy (elderly) and WCAP has a good system—fearful it will be gone. This applies to all three categories of riders.

Evaluate current transit services and mobility management efforts for:

Individuals with disabilities

Evaluate current transit services and mobility management efforts for:

Comment: There is a need for people to access food; clothing and to go out of town. They need to be able to get to the YMCA for physical therapy (elderly) and WCAP has a good system—fearful it will be gone. This applies to all three categories of riders.

Comment: Waldo does a great job for those residing in group homes. In addition to going shopping they get exercise; socialization and fosters independence and provide them with skills they will need when living on their own.

Question: When my special needs child get older, how will they be able to use random volunteers who are not screened? Note: WCAP screens their volunteers—concern is that new volunteer programs springing up may not.

Answer: The Guide to Developing a Volunteer Program addresses this.

General public

Comments;

- Huge needs
- Time to start thinking outside of the box as there is constant traffic on RT 1
- Great Britain has a model of using buses in multiple ways—should be thought about here.
- If decent bus service, older people would use it.
- Car pooling could be enhanced if someone could manage a database that users pay to use.

Comment: Lots could be coordinated in the region

Answer: Belfast transition team waiting for the Guide to Establishing a Volunteer Program to be released from MaineDOT. There is a lot of activity in this area.

Answer: Go Maine is a great model for users to enter a database—enter their destination and find rides. This issue is being raised in other areas of the state.

Comment: Need formalized bus service in this region.

Answer: There is not enough density or money to fund. WCAP receives \$128,000 annually to cover 26 towns. Waldo does provide 7 day per week service to Bangor that GP riders can access.

Comment: People have needs outside of Belfast.

Report on interagency coordination efforts

What works and what doesn't work

Comment: Ride Guide—Mid-Coast Ride Finder. Why isn't Waldo services included?

Answer: They were not included because WCAP services are outside of their target area.

Comment: Brunswick Taxi were told they would be part of the collaboration involving the implementation of a new bus system in Brunswick. They were promised a voucher system which never happened. They claimed Coastal is using their bus service like a taxi to connect people to the new bus system. Lewiston Taxi just went out of business because the regional provider refers no trips to them and provides the service themselves.

Suggestion: MaineCare needs to allow for a swipe card to let MaineCare recipients choose their mode and the company they want to ride with.

Comment: Monday thru Friday Coastal goes gang busters but then they want taxis to do trips when they can't—this relationship will not last if the taxi goes under. They (the taxi company) have been isolated.

Comment: Brunswick Taxi did not like the offensive way in which a Coastal dispatcher spoke about a mentally challenged rider.

Question: Does Coastal use taxis for MaineCare trips?

Answer: No

Question: Does Waldo use taxis for MaineCare trips?

Answer: Yes, \$80,000 worth of trips last year and the year before \$165,000

Comment: Coastal says they can't use taxis because they are too expensive.

Comment: Pre-school transportation by WCAP is great. Their volunteer drivers are phenomenal. Concern that professionalism may be lost on therapeutic children.

Comment: a family with 3 special needs children has appointments in Bangor, Augusta, Biddeford and some days they have more than one appointment. They are reimbursed as a self driver through MaineCare. They have been told that when receiving friend and family reimbursement under a brokerage they will not be able to do one trip themselves and have WCAP do another. Sometimes there are too many appointments to do all yourself and help is needed.

Comment: MaineCare self drivers are reimbursed for the shortest route even when the “normal” route is faster/road is better but is longer.

Answer: This is being worked on because it not only affects only friends and family, but buses and volunteers as well. You just can’t put buses over some of these roads.

Comment: MaineCare audited every provider in the state and only 2 agencies passed (Waldo and Penquis). Other agencies owe thousands of dollars. Waldo sticks to the regulations applying the most rigid position when a rule is gray. Caution—not to think other providers did something wrong because the rules can be very gray and Waldo prefers to err on the side of caution.

Comment: the need for transportation is huge.

Comment: Living Here Tomorrow should work with BATI (Belfast Area Transition Initiative)--would bring more energy having joint meetings.

Identify unmet needs for transportation and identify types of investments needed.

Comment: Kids in their teens and early 20’s who have lost their licenses or involved with the criminal justice system (restorative justice) need help accessing these programs but there is no funding to support this.

Comment: spoke with school superintendent about accessing school transportation but again there are no dollars to support additional services.

Comment: No after school transportation—funds have disappeared

Comment: Everyone wrestles with the question of what is needed, wanted and what is affordable.

Comment: More effort is needed to promote car-sharing

Question: Why can’t the state use existing taxi services rather than buying more buses to go out into rural communities when buses only get 5 to 6 mpg? Taxis can be cheaper and more efficient.

Comment: Accountability is even more important than ever. Could dollars be used more wisely?

Comment: Too many people operating unsafe vehicles and the cost of this consumes too large a portion of their income.

Comment: Needs of low-income children not always met

Question: Does WCAP still take MR folks to work? Coastal will not in Rockland.

Answer: Yes in some area of Waldo County.

Comment: (Refer back to issue about “Gould Assessment” problem for elderly.

Comment: Belfast area does not have all the necessary medical services for special needs children and transportation is required to get out of the area.

Other unrelated comments

Brokerage:

Comment: BMS got in hot water with CMS and didn't set up reimbursement rates according to the rules. They asked for a waiver which was denied but the state was given 4 options—2 of which were not bad. The state had a hard time identifying administrative costs for the non-risk based model. Providers were working with MaineCare but switched to a risk based plan which will bring a broker in to schedule all trips. WCAP has a \$1.6 million dollars in revenue which could be decreased 65% with a brokerage. WCAP has got to be ready for change if they want to survive and continue providing services in Waldo County. They have met with some legislators to put pressure on MaineCare to exempt rural areas from this brokerage but this will cost the state more in administrative costs.

Question: Who should we contact to express our concerns?

Answer: Legislators

Question: How will we know the correct details to present to legislators?

Answer: There is a position paper developed by Connie Garber that represents providers. This explains a lot.

Question: How many people does WCAP serve?

Answer: 2700+ people; 2.6 million miles; 106,000 trips

Question: Will a brokerage result in lost jobs?

Answer: Yes it is expected to

Question: Does this translate to lost service?

Answer: Yes, it may in this region.

Question: How will this affect children with disabilities?

Answer: You will probably be expected to handle all your transportation.

Comment: It is likely the call center will be out of state because a broker may be part of a large managed care company. Prices will be negotiated with individual companies including taxis.

Comment: Statute requiring volunteers be associated with a non-profit may reduce the # of volunteers.

Comment: MaineDOT is involved in planning for the RFP and has shared that the ITCC statutory regulation requires coordination along with federal requirements; MaineDOT has \$57 million invested in their fleet of vehicles. Maine is unique in geography and there is only \$500,000 of transit funding available on an annual basis and MaineCare dollars are needed to leverage federal funds.

Comment: MaineDOT is a critical strategic partner to transportation.

Question: When is the change taking place?

Answer: January 1st, 2012

Comment: It is unknown what the RFP will look like.

**MaineDOT
Detailed Notes
Region 5 RPAC (Coastal)
5/5/11**

Introductions were made and Penny Vaillancourt, MaineDOT Project Manager, spoke on the purpose of RPAC meetings and the need for a locally coordinated plan to come from the community to meet the federal mandates for FTA funding. There was also discussion of the current level of state funding and the importance of securing federal fund sources to fully leverage transportation services statewide. She also spoke about the state's mandate to coordinate human service transportation and the ITCC's involvement with ensuring that needs are being addressed and services are provided in an efficient and effective manner.

An overview of two FTA grant programs, namely JARC and New Freedom, were discussed. It was explained that money is available to both for-profit and non-profit companies on a competitive basis and RPAC members were asked to bring their ideas to MaineDOT and recommended coordinating with CTI would be even better.

Jim Huff gave a brief description of Coastal Transportation services:

- Provide NEMT services for MaineCare in Knox; Lincoln; Sagadahoc Counties (75% of the service they provide)
- DHHS family services and low-income individuals are served
They use agency vehicles; volunteers; friend and family reimbursement
- They operate the Brunswick Explorer an hourly fixed route bus service—8 months in operation averaging 64 riders per day
- They are expanding into mobility management—developing the Ride Finder booklet with mobility management funding. They also offer travel training. This was originally funded through private foundation and they now have a 2 year contract to continue.
- They have a voucher system using New Freedom funding which is for people with disabilities. There are guidelines to be met and the service will cover a variety of things to assist in gaining independence. One taxi service as 2 accessible mini-vans
- They do coordinate with other providers to help solve their driver shortage.

Evaluate current transit services and mobility management efforts for:

Low income individuals

Elderly individuals

Question: Do you have a way to leave cancellations that now works?

Answer: Yes

Question: Is the prognosis you'll be shutting down volunteers in the next couple of months?

Answer: Gasoline prices could cause this to happen

Question: What would it take to raise mileage reimbursement?

Answer: MaineCare would need to do this.

Question: Is someone sitting on those dollars?

Answer: These issues go before the ITCC—rules do not allow funding streams to cross-pollinate. MaineDOT gets \$500,000 annually to assist with public transportation and they rely on other funding sources to help drawn down federal dollars. Some funding is very specific to target populations.

Answer: We've been here before. Some volunteers will always be doing this and some will quit. Also, MaineCare has changed rates in the past. We don't see this happening now as MaineCare transportation is in transition and no one knows what it will look like after this is completed.

Individuals with disabilities

Question: Have you worked with the diabetes center to group people according to appointment times?

Answer: We find out about multiple people with similar appointments on different days—we need to do a better job.

Comment: Riders who give plenty of notice before appointment would really help this work.

Comment: We can still never guarantee a ride.

Comment: New phone system is working well. Currently 2 – 3 people on phones taking 250 to 300 calls per day.

Comment: The rate for volunteers has been reduced. It is cyclical and who knows whether it will get fixed in the next 6 to 9 months.

Comment: Maine does not get a lot of dollars for transit compared to other states.

Question: How are you working with consumers to let them know about the lack of volunteers due to gasoline prices and what is the impact going to be?

Answer: The regional provider gets blamed for this—this is one of the reasons these meetings are being held.

General public

Report on interagency coordination efforts

What works and what doesn't work

Question: Why do MaineCare folks have problems getting into rehab appts but they can be transported home following the appointment?

Answer: There has been a loss of volunteer drivers (down 1/3 since April 25th) We serve as many people as possible with what we have. It costs \$45.00 per hour to run an agency vehicle. We have the vehicles but not enough funding to pay drivers. We refer people back to friend and family program or re-schedule if necessary. We try to look at all possibilities.

Comment: Coast is a great service.

Question: Can't grant dollars be used to hire drivers?

Answer: A 50% match is required for those dollars

Question: Does the reimbursement rate cover volunteer expenses?

Answer: Barely—it does cover fuel but not all the expenses with some drivers putting 50,000 miles a year on their car.

Question: Is there any IRS or other tax benefit?

Answer: Volunteer reimbursement is not taxable—not considered income.

Question: How many trips are you turning away?

Answer: Trying to get a handle on this—maybe 10%

Question: What things are being done to reduce the # of trips?

Answer: We work with providers to try and group appointments...some organizations work better than others.

Question: Are you reach out to them or not?

Answer: Some organizations are better or easier to reach than others.

Question: Are there any concerns about a lack of coordination?

Answer: Brunswick Taxi has been excluded from the fixed route bus initiative. There is concern that CTI uses buses like taxis. In Lewiston/Auburn an 80 year old taxi company is out of business because of subsidized bus company. (Noted CityCab now up and running again with new owner and hopefully providers will work with them now.) Other areas include taxis from the private sector. In the end when funding dries up and all private companies are out of business, what will people do? They rely on taxis at night but taxis can't survive on night business only.

Answer: CTI has talked about the voucher system for years. The contract is now in place and we are working to establish policies. Once this is done we will meet with taxi companies.

Question: Why use a big bus at 6 to 8 mpg in rural areas when taxis would be cheaper shuttling people to the fixed route?

Answer: Most vehicles are used to Medicaid transportation or GP service which is offered one day per week—the lack of volunteers results in using vans more often.
Comment: Taxi rate in Rockland are reasonable but one mile out and they become very expensive.

Answer: It's costly but some companies also won't wait for their money. CTI cannot afford to up front payment. CTI cannot be compared to others as resources fluctuate from year to year and agency to agency.

Comment: This is the 3rd time we've had these meetings and we keep hearing there are not enough dollars and not enough volunteers in Knox and Lincoln Counties. CTI is not a very good communicator. The elderly cannot access services and CTI will not call taxis because they don't make any money. If anything comes out of this perhaps there could be better outreach and communication with organizations and agencies and the public at large or a series of articles—some way to work with people not apart from them.

Identify unmet needs for transportation and identify types of investments needed.

Comment: GP generally do not use public transit until they give up their vehicle or gas prices get too high then they want to know where the bus service is.

Comment: fixed route service on an hourly basis is needed on Rt 1. How do you get enough riders? Can funds be used for a demonstration or start-up project?

Response: Brunswick was a community effort. It takes a community to go to DOT. They had transit consultants complete studies. CTI will work with a group in this area. 20% of the funding came out of the community and 80% were CMAQ funds which won't last forever. Gateway 1 was doing some of this work but was de-funded.

Question: Is Brunswick the only fixed route in the area?

Answer: No, Bath has one

Answer: Rockland shuttle only lasted as long a funding was available. It focused on the elderly years ago.

Comment: Seasonal service in Lincoln County is being considered—who do we talk to?

Answer: Maine DOT

Comment: Regional providers also have seasonal shuttles such as York County and the Bath trolley (privately funded).

Comment: We need a regional on-going dialogue. Accountability is important and it needs to come from the top. There is no response from DOT as it relates to service.

Response: ITCC has been and continues to look at performance measures. How do you apply the same standards across different agencies? They continue to work on this while trying to unravel some of these issues.

Response: CTI has improved website and produced Ride Finder. They need to do a better job communicating and want suggestions. They meet frequently with MR

agencies; DHHS and try to work with people on a daily basis. Maybe they are not hitting the right people at the provider level.

Comment: Provider agencies can help get the word out.

Comment: There is need for more transportation to work for people who cannot drive. The voucher program will help. There is a 50/50 shared cost between CTI and rider or agency (disabled people). CTI hopes to be able to expand this to other populations.

Comment: It is difficult for the private sector to access dollars for accessible taxis.

Response: This is now working—the 80% federal and 20% local match took six months for the first vehicles. Taxis have a long standing history of providing service. The FTA does not say who is responsible for wheelchair transportation so dollars are available to the private sector as well.

Comment: Dept of Ed continues to approve school construction outside of downtown communities which affects after school activities; athletics, etc for low-income kids. They cannot get to these schools by bike or walking—this is creating an unmet need that will never be met.

Response: Fixed route service sees new construction away from fixed routes all the time. DOT reminds planners to bring transit to the table before moving forward.

Other unrelated comments

Comment: MaineDOT partners with MaineCare. DHHS was out of compliance and to become compliant they needed a waiver because CMS adopted a rule that providers could not be a broker so they want transportation under a managed care model. The no-risk plan Maine submitted was not favored by CMS. They (CMS) offered four solutions—DHHS chose an at-risk brokerage model for MaineCare and eventually all DHHS transportation may be under this. The concern is that both the federal and state requirement for coordination needs to be met. Using a brokerage model may cause a loss of opportunity to use MaineCare services to leverage dollars for FTA match. Maine relies heavily on volunteers and they have less fixed route services than other areas. How this will impact GP service is not yet known. Maine DOT is helping to write the RFP.

Comment: CTI belongs to the Maine Transit Assn—they meet and decide how to respond to what is happening with the brokerage and the volunteer shortage but not all providers are on the same page.

Question: How many dollars will be saved by this?

Answer: MaineCare is looking to get a higher rate (protect the CMS rate) and stay in compliance.

Comment: Research show that in some cases costs may go up and there may be some lost service. MaineCare is aware of this.

Question: Who will the broker call to arrange for a ride?

Answer: It could be CTI; taxis; volunteers or anyone in the network (it may be hard to broker without a lot of providers)

Comments:

- This will affect different parts of the state differently
- It will depend on availability of transit providers
- CTI now administers friends and family—this will go to the broker with a fiscal impact to CTI
- Do not know what will happen with volunteers
- Broker will negotiate with providers and this will level the playing field for taxis as taxis are sometimes cheaper
- Current rates do not cover costs of agency vehicles which is made up on the administrative rate—this will have to work out differently with a broker
- Worst case scenario—CTI will cease MaineCare transportation—highly unlikely
- Could be a for profit or non-profit broker
- Need to see the RFP

Question: Will broker be from out of state?

Answer: This could happen—no current brokers in-state

Comment: CMS might let a broker be a provider while providing a reduced percentage of trips

Comment: Not enough information to tell people more about this

Question: Should others be allowed to review the RFP before it goes out?

Answer: The state will approach this carefully and will look at best practices and salient points from other RFPs when prepping theirs. CMS wants this fast tracked.

Comment: DHHS will reach out to members to inform them of this process. Encourage people to reach out to DHHS as they are responsive to comments.

MaineDOT
Detailed Notes
Region 6 RPAC (RTP/Metro, etc.)
5/24/11

Participants were welcomed and introductions. Penny laid the framework explaining why meetings are scheduled—the need to develop a locally coordinated plan and the state statute governing the ITCC whose goal it is to ensure coordination and assessment of effectiveness and efficiency. She also explained the need to use funding effectively to leverage federal dollars. She also briefly discussed two grant programs—JARC and New Freedom explaining it is difficult to get the dollars out into the communities as match requirements are difficult. She suggested communities come forth with creative ideas to utilize these funds as New Freedom funds will have to be returned in September.

Question: We hear of these dollars year after year. Why can't we find ways to utilize them? Do funds need to go to transit?

Response: The match requirement is a difficult hurdle to overcome. The funds are competitive and open to private or non-profit. Anyone can apply for New Freedom dollars. Interest has been expressed in accessible taxis.

Sara briefly described RTP services

- Focus is on most vulnerable; elderly; low-income; disabled and GP
- Services provided in 27 of 29 Cumberland County towns
- 38 agency vehicles
- Volunteer system is fairly robust; as high as 103 but now have 70. There has been a sharp decline in past 6 to 8 months due primarily to reimbursement rates being reduced and gasoline prices rising.
- Provide 1500-1700 trips each day
- Seeing a lot of demand for services for the disabled population to go to work and RTP will focus on this in the next year as this provides independence for people and will also focus on more elderly people as they age out of driving
- We can provide additional rides by putting people into a vehicle that is funded by something that is not generally available to them because we pool resources
- RTP provides complementary paratransit for METRO
- Starting to hear more from folks who are ¼ mile outside the ¾ mile corridor of the fixed route system
- Handed out Go Guide

Dave gave brief description of METRO's service

- One of two fixed route providers serving Portland region
- 8 fixed routes
- 1 season—cruise ships
- 3 municipalities plus fare box revenues support system
- 70 employees—higher in summer

- Always looking to expand—even other towns. Would like to explore having regional collaboration with South Portland bus with 1 pass available to be used between systems
- 1.4 million ridership
- Challenged by high fuel prices
- Noted the award winning regional map that all providers within a larger region collaborated on
- All providers strive to work together to develop ways to get people more places more efficiently.

Tom briefly described South Portland Bus Service

- 3 routes Monday through Friday 5:30 a.m. to 11 p.m.
- 2 routes Saturday, 7 a.m. to 7 p.m.
- No Sunday service
- Overlap into downtown Portland/Scarborough and Mall
- 220,000 yearly trips
- 13 staff
- \$1.2 million budget—2/3rds comes from municipal taxes with balance coming from fares; advertising and state and federal funds.

Hank briefly described Casco Bay Island Transit District

- Serves six islands in Casco Bay
- Governed by a board
- 365 day service
- 3 basic routes—frequency dependent on season
- 50% of revenue is earned in summer months
- \$5 million budget—90% revenue from fares
- Charter out one spare to help generate revenue
- 950,000 passengers
- Carry 250,000 vehicles each year along with freight; U.S. Mail; FedEx and UPS
- New initiatives includes wifi on boats; electronic ticketing self-service kiosks; on line; possible stored value ticket

Cary Kish described GoMaine service

- Carpool service
- Commuter vanpool program (at least 15 vans originate from or come into Portland (surprisingly more go out than in))
- 350 commuters
- 175,000 trips
- He noted that Portland is underserved

- *Evaluate current transit services and mobility management efforts for:*

Low income individuals

Elderly individuals

Comments:

- Freeport elders' bus is worn out. Are there buses available on a case by case basis or for rent? They have their own drivers—this is primarily for recreation programs.

Response: Providers are prohibited from operating charter service. SPBS has a 15 passenger bus that might be available if interested in exploring. Perhaps could look at obtaining funds from CDBG. RTP does offer shopping shuttle one day per week. It might not meet all of their needs but perhaps could coordinate on that one day. NE Rehab has a shuttle service for employees (private company) and they might be available

Individuals with disabilities

Comments:

- METRO bus doesn't wait for people to sit in their seats before taking off—a rider was shaken off his seat. This is a safety issue.
- I use both METRO and RTP and have concern about one driver. I can't see the stop strip and I asked for a specific stop—the driver took me beyond this stop and I had a hard time walking to my job site. I like the service on both buses but drivers should pay more attention to where riders need to go. I have a sign on my walker indicating that I am visually impaired.
- I own a condo on the bus line—the route changed and I needed to get into Portland to connect with GoMaine bus. They used to be flexible but I have difficulty getting into Portland on time. When bus routes change it affects people's employment. Connectivity is important to make sure one action doesn't negatively affect another.
- Should be very selective when making changes—can have a tremendous impact on employment and housing for people with disabilities
- Coordinate with municipalities; land use; housing; construction. Transportation will be very important into the future.
- METRO driver is rude and leaves the vehicle to buy lottery tickets and use the bathroom.
- Not all seniors or disabled want to live in clustered housing. Be conscious of that fact when changes are made as there can be unintended consequences.
- Get public input before changing routes

Response: There is a public process before routes are changed.

Comments: Publicity needs to be accessible and not find out after the fact.

Response: Make sure people know who you are. Get on an interested parties list.

Comments:

- I also use the ITN because I had to walk from the Iris Network to the post office to pick up my bus (this was through 3 – 4 intersections).
- Brain injury organization wanted to know if folks could get together with providers to address issues they have with how their folks are served.

Response: This could be done through the Maine Transit Assn; locally have PAC and MPO monthly transit meeting or could contact the ITCC as they are interested in groups who have experienced issues with providers. It is hoped that statewide groups could meet yearly rather than every two years. Mobility Advisory Committee meets quarterly to discuss issues affecting people with disabilities.

Comments:

- People with disabilities have a right to live where they choose.

General public

Comments:

- Is there any plan to upgrade transportation in outer Cumberland County?
- MaineCare folks cannot get to all services from these outlying communities.

Response: We're working on a Lakes Region bus service to Portland. It is not going to be a panacea. RTP staff members hear from MaineCare riders who need to get to places not covered by MaineCare. Rural areas are challenging across the state. Dialysis rides are exhausting volunteer services. Methadone treatment does the same—very challenging. We encourage volunteers to put more people into their vehicles to help meet additional needs.

Comments:

- Volunteers do 3.5 million miles annually. We have to prioritize life threatening rides and cancer care.

Question: Are there any statewide long range plans to enhance or increase public transportation infrastructure rather than region by region?

Response: The statewide strategic plan and comprehensive assessment will be underway soon—RFP to come. This will inventory current services; identify strategies-modes; take advantage of volunteer infrastructure; focus will be on elderly.

Comments:

- State transit dollars have not changed in 20 years. You need a solid plan on how additional dollars would be used and you should have a plan whether you can afford it or not.
- First experience with METRO was really good—highly recommend it
- People with MaineCare have difficulty getting last minute rides—can't always get through to RTP.

Response: We need to continue to work on this

Comments:

- We have a crisis stabilization unit—RTP has helped with volunteers to get riders off fixed route
- Hospital doesn't provide transportation home when ER tells people they can go.

Response: RTP is working on how to do something with less than 48 hours notice. It is challenging to re-train staff to get them to understand the difference—"crisis intervention" not exception to the rule. We can authorize taxis in these cases. If certified through ADAPT program, can do 24 hour notice. RTP tries to work with people. Coordination takes place with RTP. When staff identifies someone with needs after hours and they have MaineCare, we schedule it with a taxi; FAX it to RTP (by agreement). The issue is MaineCare may not cover that service. A cheat sheet would help our staff (info on portal).

- *Report on interagency coordination efforts*

What works and what doesn't work

- *Identify unmet needs for transportation and identify types of investments needed.*

Comments:

- RTP capital funding acquisition needs prevail out 5 – 10 years but need it today
- RTP has operational funding concerns. Not sure how MaineCare changes will affect RTP's ability to meet demands.
- Service gaps between counties.
- Trips that are in the margins with no funding source
- Need a way to make it easier for RTP to do trips for people in the area who are actually shown as in the system in another area.
- Need to find a way to get people to use the Ride Board that went on-line in March. Encouraging MOFGA and ski group to use it to reduce traffic congestion problems. The technology is there to solve these problems. Access GoMaine organization is available to all for non-commuter travel statewide. It has unlimited application—just need people to use it.
- Need to increase the frequency fixed route buses operate.
- Service providers and riders should know what the bus schedule is to allow people to plan ahead for their appointments.
- RTP looking at 4 or 5 pilots programs (national resource) for greater Portland area where people can go to one resource center focused on mobility management.

- *Other unrelated comments*

Brokerage:

Penny talked about the planned MaineCare changes to NEMT services—brokerage. She informed the group that their concerns would be collected and taken back to the appropriate people. She talked about potential impacts and mentioned that it is not known yet what the RFP will look like. The proposal and additional information is on MaineCare website. She suggested people contact M. Probert and ask to be on the interested parties list. MaineDOT has an interest in providing guidance to ensure mandate for coordination is met; that state does not lose leveraging of funds opportunity and the volunteer infrastructure is kept intact. It was noted it would be nice to be able to put a dollar value to volunteer service.

Delta spoke about collecting feedback but stated they could not share anything beyond public details. RFP will be very stringent and also recommended folks go their website. Told group if they have questions, they can send them directly to her and she will pass them on. She noted a MaineCare stakeholder meeting (by invitation) was held on 5/24/11.

Question: Does this meet the definition of public forum?

Response: M. Probert may have more meeting planned—contact her.

Comments:

- The potential for this to dismantle a fully coordinated service is great and may affect some providers in more adverse ways.

Question: Is there going to be one statewide broker?

Response: This is still in the decision making process.

Comment: MaineDOT has \$57 million in statewide fleet without which there would be no way to get everyone where they need to go.

Question: If we can't serve everyone now, how will going to a broker make it better? Seems like another kick to low-income; elderly and disabled. Why fix it if it is working well?

Response: This is a CMS requirement. We are not in compliance. See the options on the website—we were left with two feasible ones. The enhanced federal match is 64 cents on the dollar. We have to become compliant.

Question: What will happen to people who don't have MaineCare?

Response: We will take this question back. We cannot answer at this point.

Comments:

- There are different ways of doing this. We would like to see the process slowed down.

Question: What happens if no bidder meets your requirements? What do you do then—re-bid?

Response: No response

Comments: 80% of RTP's revenue is MaineCare related. This will have a huge impact. If the broker has control over volunteers, they could offer them a little better deal than we could. If this happened, volunteers would have to be independent contractors. We're not anti-brokerage—there are ways to do this. We're a non-profit. If we have excess revenues it goes back into services. For profits make profits for shareholders. Broker could be a non-profit.

Question: When is the RFP due out?

Response: Approximately July of this year.

MaineDOT
Detailed Notes
Region 7 RPAC (WMTS)
5/19/11

The meeting was opened with introductions followed by Penny's outline of why this process is so important—focusing on need for a grassroots locally coordinated plan and to meet the state (ITCC) requirement for coordination to ensure services are provided in the most effective and efficient manner possible. The availability of JARC and New Freedom grant dollars was discussed along with the possibility that nearly \$800,000 will need to be returned to the federal government if appropriate projects are not identified.

Pat provided an overview of WMTS services

- Started in 1976 as a full service transportation provider
- Green bus provides paratransit services
- Operates purple bus fleet—connecting with CityLink
- Operates Mountain and Sugarloaf Explorer service
- Challenges are capital funding noting that JARC grant opportunities are highly competitive and New Freedom grants have a lot of tough requirements
- Noted their capital replacement of equipment will bring 6 buses and that CitiLink has new buses due to arrive soon.
- Challenges included fuel prices which affects volunteers (they are leaving service everywhere in the state)
- No re-authorization of transit dollars as yet (federal)
- Mentioned their software which helps them provide more coordination—the system is designed to quickly determine which service is best suited for a particular request for service.
- Looking at AVL's to enhance dispatching
- Questioned what MaineCare will look like in the future.

Marsha spoke briefly about Lewiston/Auburn fixed route service (CitiLink) and showed their award winning CitiLink Map. Their budget is \$1.2 million and noted they expanded service last August—later evenings and filled gaps throughout the day along with limited Saturday service. WMTS accepts application for paratransit service. She noted that capital funding for rolling stock is a real challenge.

Glenn spoke about CCI's service

- Their funds are largely provided through DHHS
- Largely volunteer based (250 to 300 but it is a challenge due to lower reimbursement rates (down to 41 cents from a high of 44) and higher gasoline prices (down from \$2.60 per gallon to a high of \$3.95)
- Operate a van service (non-subsidized) Monday thru Friday
- Facing a lot of the same challenges as WMTS

- Work with United Way; Seniors Plus; private grants to help seniors not eligible for MaineCare (sometimes only because they own a house as an asset).
- In order for transportation to be a success it takes “soup mix” of funding—take one piece away and real challenges arise.
- Also help cancer patients out of a limited pot of money

Comments: CCI and WMTS are members of the Maine Transit Association – trying to improve transit. The transit bus program will allow municipalities to get money returned to them for roads if they give money in support of transit—this works in some communities. Fixed route is fixed but there is no reason routes or schedules cannot be changed—transit systems can be accommodating to community need. The public process takes time—you need to go to your counselors to let them know what you need or want.

- *Evaluate current transit services and mobility management efforts for:*

Low income individuals

Comments:

- Advocates for children noted that teen parents trying to go to school cannot put their (younger than school age) children on a school bus and that public bus doesn't go to the school
- Rides to parenting classes and other non-medical appts are difficult to get (these are mostly downtown) and it is very dangerous to push babies in strollers during snowstorms or evenings—sometimes cannot find grant dollars to help with paying taxis.
- Aspire clients could go to classes at night if buses ran in the evening
- Sexual assault support groups aren't eligible for MaineCare transportation because they don't bill MaineCare for the service.

Elderly individuals

Comment: Transportation is part of a bigger problem—a lot of elderly folks in Maine have no option due to lack of housing.

Response: MaineDOT has a study underway which will collect data identifying all those volunteers who help each other.

Response: Speaks to the challenges we're all facing like trying to provide the services we're mandated to provide let alone others.

Individuals with disabilities

Comments:

- There is a consumer council in the area that works with people to help them improve their quality of life.
- CitiLink goes by the Career Center on an hourly basis—this is great!

General public

- *Report on interagency coordination efforts*

What works and what doesn't work

Comments:

- We talk to each other all the time to coordinate and help people meet their needs. Fixed route can't deviate all that much.
- Prior year's RPAC meetings have identified how important it is for everyone to meet at least once a year to brainstorm. Costs of everything is going up. How do we do the best we can with the dollars available.
- Social service transportation agencies have a lot of rules to follow and that can make it difficult to be as efficient as possible.
- WMTS is carrying more people over fewer miles in the past year but have received more complaints in the past six months. If you are more efficient are you as customer focused? We have to start setting limits—greater p/u window etc. The systems are under a lot of pressure.

Suggestion:

- Is there a way to use electronic communications to “throw out” the need to just one place rather than having to call 2 or 3 places? Go Maine Find a Ride concept could work—it's a great model.
- Time dollars group in Lewiston provides transportation and may be a good resource (this is a bartering/swap service). Time banked for service provided—all rates are equal.
- NE Charter and Tours is a private enterprise and we work with WMTS and can sometimes help each other.
- *Identify unmet needs for transportation and identify types of investments needed.*

Comments:

- Non-MaineCare services are hard to access when a driver's license is relinquished. It is difficult to move from a rural area to group housing where there is transit—may require a 2 to 3 year waiting period. Some people have no friend or family to help them. MaineCare medical appointments are covered, but shopping, etc is hard to get to if outside the Lewiston/Auburn (L/A) area.
- A Sabattus route is needed.
- Leeds, Green, Monmouth have no coverage except for a few volunteers (Rural Community Action Ministry) who serve approximately 200 people with 10 volunteers—mostly elderly non-MaineCare covered individuals. People in wheelchairs have no transportation unless family members miss work to provide the service.

Response: A meeting was held in February with Gil Ward; R. Mulliken; MaineDOT; CCI; WMTS and KVCAP to discuss this issue and what might be done to assist with the problem—no specific action as been taken at this point.

- Lisbon Falls is also lacking in transportation

Response: CCI uses dollars to help in these situations but mostly it is eaten up by dialysis which is a priority. We make the best decisions with limited funds.

- A lot of people don't live on main roads and even if a bus went by, they can't get to the bus route
- There is no dialysis in rural areas—one patient quoted it cost them \$47,000 annually for transportation to this life saving medical treatment.
- We're doing better to combine rides, but often it is just too expensive. People with dialysis typically live one week. If they can't get a ride what do they do? They stay home with hospice. The numbers demonstrating how often this happens needs to be demonstrated to policy makers indicating how serious this issue is. I've been talking about this for six years—glad to finally be heard.

Response: This is not acceptable to MaineCare if this is happening to their eligible members.

- Seeing a lot of young veterans with dialysis needs due to war wounds. The VA service volunteers are out there but hard to get into the loop and volunteers are mostly elderly veterans and aging out.

Response: CTAA is working with VA who is now acknowledging that the lack of transportation for veterans is a real issue.

Response: Private donors ask for big results—have to change the message from number of people served to number of extra years lived.

- CCI statistics indicate the average dialysis patient travels 63 miles one way each day of treatment. We try to pair people as much as possible by piggybacking onto MaineCare trips but....

Response: MaineCare piggybacks are acceptable as long as funding streams are clearly defined.

- Sometimes even MaineCare people are refused rides to dialysis because it is not cost effective. People lose jobs sometimes because of this problem—you have to have the treatment in order to survive.
- VA vehicles leave people there all day—some people are too sick for this.
- Daily bus service in Farmington helps dialysis patients in that area.
- Dialysis patients shouldn't drive on treatment days—it can be a public safety issue.

- *Other unrelated comments*

Brokerage:

- NEMT proposal has become a concern around the state. There is a MaineCare representative here to help people understand. For 30 years we have coordinated funding. This is in the preliminary stages and we cannot tell you what this is going to look like but MaineDOT will help DHHS in drafting the proposal. MaineDOT has 3 or 4 guiding principles: mandated federal and state

coordination; ensuring the leveraging of dollars isn't lost (helps meet general public need) and maintenance of the volunteer network

- This is a complicated issue we're trying to get thru—a CMS compliance issue (the statewide broker). You can contact M. Probert at MaineCare and ask to be on an interested parties list—there is also a public website which will have information as it is released.
- Put your specific questions to Penny or ITCC and we'll forward to the appropriate people.
- RFP scheduled out in July with winter implementation 2012—there are still lots of unresolved issues.
- Would it be helpful to call dialysis treatment “life sustaining” rather than NEMT which might prevent a brokerage system from affecting service?
- Is this just for NEMT?

Response: This could be major for some providers.

Response: This could potentially be for waiver service and children's services

- MaineCare managed care initiative is moving to this model
- The big increases in expenditure shown on the handout are due to a large group of people added to the system in that timeframe.
- CCI believes there will be a central statewide call center—they will contract with providers but common sense says it will slow things down; cost more and change the service from what it is right now because of the additional level of administration. We're concerned as providers as should consumers be. They are not adding more money so logic says service may suffer—there are other options.
- Concerns that bigger gaps may surface. How will relationships change and affect users?
- May fragment services more and more—as if we were moving backwards.
- People need to be able to get prescriptions in a hurry
- Will it mean broker might set up transportation with different people/agencies each time?

Response: We don't know at this point.

- There is a local connection and sense of safety.
- Elderly will want the same driver—they get confused
- The folks in MaineCare are on our side but money issues can dictate.
-

Other Miscellaneous Topics

- If people with mental health issues are going to social centers and get a doctor's note saying this is medically necessary can it become a covered service? What is the process?

Answer: Call Brenda McCormack at MaineCare

- I've got 3 months before I lose MaineCare and Medicare is going to stop too. I sometimes call MaineCare all day and get no answer or I have to wait for 3 hours. I've had 3 strokes and am very ill.

Response: We'll get you another number to call—(this was resolved by end of meeting)

MaineDOT
Detailed Notes
Region 8 RPAC (YCCAC)
5/18/11

The meeting was opened with introductions followed by Penny's outline of why this process is so important—focusing on need for a grassroots locally coordinated plan and to meet the state (ITCC) requirement for coordination to ensure services are provided in the most effective and efficient manner possible. The availability of JARC and New Freedom grant dollars was discussed along with the possibility that nearly \$800,000 will need to be returned to the federal government if appropriate projects are not identified.

Connie gave a brief overview of services.

- Provided a handout identifying varying types of services provided in 2010 by municipality
- 110 volunteer drivers (used for high priority medical trips and special needs children's trips)
- Volunteers did 4.5+ million miles in 2010 for reimbursement only
- Sanford Transit town budget includes 1/3 cut to this service—there will be service reductions if this passes
- Shoreline explorer connects with for profit private trolley system
- Challenges faced every day as funding comes in different streams—variety of calls every day and have to look at what is available to cover costs.

Comment: York County presents unique challenge not experienced in most other areas of the state—cross commuting. YCCAC must travel cross county and cross state (NH) as people must travel in multiple directions for employment and medical care.

Rich provided a brief overview of Shuttlebus services

- Coordination between Shuttlebus and YCCAC which links passengers to different routes
- YCCAC purchases tickets for their clients to be used on Shuttlebus
- Shuttlebus does vehicle maintenance for YCCAC

- *Evaluate current transit services and mobility management efforts for:*

Low income individuals

- Most people very happy with service—difficulty getting thru sometimes (phones) but loss of service would be difficult.
- It would be a mistake if YCCAC services are lost.

Elderly individuals

- Census data is just now coming in. We need to mention what is coming with the aging population. A dramatic increase in medical services will show up. Collectively we need to think more into the future. Transportation seems to get left out of the money side of things or it is thought of as very small potatoes.

Comment: The trends showing increase in need for dialysis beyond the average age of 70. We are seeing a higher number of people in their 60's. There will be a rise in kidney failure with more high blood pressure and diabetes. People are living longer before starting dialysis.

- New medical initiatives will place a bigger demand on transportation.

Individuals with disabilities

Question: How many buses are wheelchair accessible?

Answer: Almost all of them.

Response: The pictures in your brochures do not support this.

Answer: May be an older brochure.

YCCAC does not provide fixed route so they do not provide complementary paratransit.

Question: How do people know what you offer? Especially the non-ambulatory; visually disabled, etc. Are you reaching out?

Answer: Yes, we did training last week at the Maine Center for the Blind to train volunteers. We have a 1000 square mile service area with people with impairments living in rural areas—it is possible we need more outreach. We are looking at upgrading our website to make it easier for people although we will never reach all people.

- There are groups of people throughout the county who cannot participate where they want because transportation is not accessible.

General public

Questions: Is it true that transit service (seniors with disabilities are primary riders) may close if Sanford doesn't fund transit?

Answer: It is possible to see a service reduction and now sure what you can provide if you lose 1/3rd the funding. Go to your municipal officials and let them in on your concerns.

Question: How do pedestrians get to a bus stop? The WAVE system pedestrian facilities need to be upgraded to allow people to get to the bus.

Response: Three federal funding sources addressing challenges of mobility management; education and outreach but they are very restrictive.

- Safe, dry, comfortable bus shelters will help people use transit.

Question: Shouldn't we look at transportation patterns and bring transit to certain areas (deliver services in less than traditional areas)?

- Decisions are made to relocate services without bringing transit to the table. Pre-planning and better coordination makes it work.
- *Report on interagency coordination efforts*

What works and what doesn't work

- From a mental health perspective, very impressed. I think because everyone needs YCCAC, everyone sees the need.
- YCCAC collaborates and coordinates quite well
- *Identify unmet needs for transportation and identify types of investments needed.*

Question: Do you have the numbers on unmet needs?

Answer: Yes, but not available today—don't have that report with me.

Question: Is some unmet need is met with piggybacking on volunteer rides?

Answer: Yes, a second person gets picked up at little or no cost if from similar origin and destination.

- Mental health consumers need education to learn how to look after themselves beyond a doctor's appointment. These may not be critical needs for the average person but they are to them—creating a greater level of disability exposure. They can't get to legislative hearings to testify on legislation that will affect them, social clubs and shopping.

Response: There is a small pot of money available for adults with mental health issues. It is currently used to get people to social clubs and singular personal types of non-medical appointments.

- I can get to social clubs but have a hard time getting back.
- Curious to see unmet need data
- Case managers help adults with mental health issues quite often—could certainly provide the number of miles. Lots of reasons why we do this—some people don't feel comfortable on a bus but sometimes there is just no other way to get people where they need to go. When this happens, case managers tie up their time transporting and are not available to meet with other clients. Unmet need has a ripple effect.
- Some people won't use YCCAC because they are not allowed to pay them so they will spend their last dollar taking a taxi. They want to be able to pay something to let them keep their dignity.
- 600+ adults with mental health disabilities—97% have MaineCare. Biggest issue is lack of flexibility with the resources and the 72 hour notice requirement. Mostly satisfied though

- More volunteers would provide more choice.
- Center based programs are gone—now community based and it takes a lot of organization with YCCAC. Some residential facilities are paid to transport residents but other times they are not—very complex system. Need more flexibility from transportation as we shift even more to client choice.
- Need more wheelchair accessible vehicles—some people are on a bus for 1.5 hours due to the nature of how they are picked up.
- Limits are being put in place on how much transportation case managers can do—trying to train people to ride the bus/switch buses as this can be very traumatic.
- Walmart was a frequent destination and now they have moved further out of town.
- Without piggybacking, dialysis patients would die.
- Non-MaineCare patients might as well not start dialysis if they cannot drive. An example is one person who has had knee replacement is paying \$400 per month to ensure spouse gets to dialysis. Sometimes you can cobble things together but it may only last a couple of weeks. 91 patients generally on dialysis and each year at least 6 people end up in this situation. Some people choose to avoid it by refusing treatment. Wheelchair bound are not always guaranteed a ride if YCCAC is not available.
- Four southern towns (Kennebunk (?); Eliot; York and S. Berwick seem to be more undeserved than other areas around Sanford and Biddeford. There are fewer volunteers with longer distances to travel. Destinations vary greatly. This issue has been raised in prior RPAC meeting.

Other unrelated comments

- You need private foundations to support this. People have a passion for their cause and we need to begin a dialogue about the role transit plays in getting people to the places foundations care about—involve other people in their passions.

Response: Foundations will provide start up pilot funds but do not want to provide on-going operations dollars. Tried CDBG funds in two towns two years ago and then had to find other funds.

Brokerage:

Comment: This is a MaineDOT sponsored public meeting—we invited MaineCare because the brokerage proposal was becoming a concern among our transportation partners. We may not be able to answer your questions but we can deliver your message. MaineDOT is a partner in this process through the ITCC.

- a. MaineCare transportation is under a major system re-design—cannot talk about the specifics as details are being ironed out. The RFP is due out in July with implementation planned for winter 2012.
- b. There is a potential loss of revenues to providers which leads to a loss of leveraging dollars for federal funds. Through this process we need to avoid

the loss of dollars; ensure coordination and maintain the volunteer systems that are in place.

Additional comments;

- People will call broker for MaineCare and will call YCCAC for other things. Currently they call one number to cover all needs—with new system they will have two places to call. No guarantee who the broker will choose to do the transport. They will go with the most cost efficient. RFP will tell more along with other people respond to the RFP.
- Going to a broker people will lose that personal touch they have had with YCCAC. Don't see how this will work at all.
- Skeptical about maintaining volunteers. How can this happen with a for profit? MaineCare is aware of this issue and at this point not sure how this will be handled.

Question: Will the broker be responsible to get a ride for someone or ensure they get to medical services?

Answer: Yes

- Broker can provide service but provider can't be a broker
- "In only a very small percentage of existing service." Let us be clear we may find even this isn't acceptable.
- The issue of conflict of interest is what prompted this. There is no conflict of interest when being provided by a non-profit.
- If RFP is written correctly especially about sub-contracting, things could be ok.
- Fitting transit into a medical model is so challenging.
- Kentucky appears to look a lot like what Maine is doing now. Can you respond to that?

Answer: It has been brought forth as a model.

- Maine is unique, but there are good models. We're unique in one way just due to the small amount of funding available to MaineDOT.
- MaineDOT will be a big part of this as we move forward
- I don't envy this process in trying to meet everyone's needs.
- Department could require in-state presence (defined) in the RFP.
- People in call center won't care as much—now volunteers will do whatever to get people to dialysis.
- Needs to be a value added to those relationships.

Question: Is there a reason why only one broker?

Answer: We have not chosen a final model to go forward with. We publish material as we can on our website. I need to be sensitive to the process we are in.

- Quality of service will be reflected in RFP—what ramifications will there be for those who are not part of the new service—others may decline. How to address this and maintain coordination in RFP?

Response: Coordination is key—we are aware of this.

- MaineDOT will not have a contract with a broker
- Will MaineDOT have vehicles available to this system?

Answer: We're advocating for all transportation but we have enough concerns to stay closely involved.

- Maine DOT has been partnering with DMV advocating transit for people who no longer drive because they voluntarily give up their license—what will their alternatives be?

Question: Does Maine get a fixed amount of money for this? Is this determined by anything other than service?

Answer: It is now based on claims (fee for service) but moving to one flat fee.

Question: If this were to happen, state would get x amount of money. Are we going to squeeze this into a pie that isn't going to increase, that remains at that level for multiple years? Will it go up if needs or demand goes up?

Answer: I wouldn't expect things to change but it is a concern to everyone.

Question: Seems like a lot of folks doing this. Does anyone know if brokers handle more than one state?

Answer: Each state is doing things a little differently—can be a mixed bag with mix results.

- Maine is absolutely unique in that it has a state statute requiring coordination and has for 30 years. Some state a broker is of value because they never had coordination. There are three very large for profit national firms interested. We know who they are and what they records are.