

Annual Report on FAST Act Section 3006(b) Pilot Program for Innovative Coordinated Access and Mobility Fiscal Year 2020

NOVEMBER 2020

FTA Report No. 0177
Federal Transit Administration

PREPARED BY
Federal Transit Administration
Office of Program Management
Rural and Targeted Programs Division




COVER PHOTO

Photo courtesy of Edwin Adilson Rodriguez, Federal Transit Administration

DISCLAIMER

This document is disseminated under the sponsorship of the U.S. Department of Transportation in the interest of information exchange. The United States Government assumes no liability for its contents or use thereof. The United States Government does not endorse products of manufacturers. Trade or manufacturers' names appear herein solely because they are considered essential to the objective of this report.



Annual Report on FAST Act Section 3006(b) Pilot Program for Innovative Coordinated Access and Mobility Fiscal Year 2020

NOVEMBER 2020

FTA Report No. 0177

PREPARED BY

Federal Transit Administration
Office of Program Management
Rural and Targeted Programs Division

SPONSORED BY

Federal Transit Administration
Office of Research, Demonstration and Innovation
U.S. Department of Transportation
1200 New Jersey Avenue, SE
Washington, DC 20590

AVAILABLE ONLINE

<https://www.transit.dot.gov/about/research-innovation>

Metric Conversion Table

SYMBOL	WHEN YOU KNOW	MULTIPLY BY	TO FIND	SYMBOL
LENGTH				
in	inches	25.4	millimeters	mm
ft	feet	0.305	meters	m
yd	yards	0.914	meters	m
mi	miles	1.61	kilometers	km
VOLUME				
fl oz	fluid ounces	29.57	milliliters	mL
gal	gallons	3.785	liters	L
ft³	cubic feet	0.028	cubic meters	m ³
yd³	cubic yards	0.765	cubic meters	m ³
NOTE: volumes greater than 1000 L shall be shown in m ³				
MASS				
oz	ounces	28.35	grams	g
lb	pounds	0.454	kilograms	kg
T	short tons (2000 lb)	0.907	megagrams (or "metric ton")	Mg (or "t")
TEMPERATURE (exact degrees)				
°F	Fahrenheit	5 (F-32)/9 or (F-32)/1.8	Celsius	°C

REPORT DOCUMENTATION PAGE			Form Approved OMB No. 0704-0188		
<p>The public reporting burden for this collection of information is estimated to average 1 hour per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing the burden, to Department of Defense, Washington Headquarters Services, Directorate for Information Operations and Reports (0704-0188), 1215 Jefferson Davis Highway, Suite 1204, Arlington, VA 22202-4302. Respondents should be aware that notwithstanding any other provision of law, no person shall be subject to any penalty for failing to comply with a collection of information if it does not display a currently valid OMB control number.</p> <p>PLEASE DO NOT RETURN YOUR FORM TO THE ABOVE ADDRESS.</p>					
1. REPORT DATE November 2020		2. REPORT TYPE Annual Report		3. DATES COVERED January 1–December 31, 2020	
4. TITLE AND SUBTITLE Annual Report on FAST Action Section 3006(b) Pilot Program for Innovative Coordinated Access and Mobility Fiscal Year 2020			5a. CONTRACT NUMBER		
			5b. GRANT NUMBER		
			5c. PROGRAM ELEMENT NUMBER		
6. AUTHOR(S) Office of Program Management			5d. PROGRAM NUMBER		
			5e. TASK NUMBER		
			5f. WORK UNIT NUMBER		
7. PERFORMING ORGANIZATION NAME(S) AND ADDRESSE(ES) Federal Transit Administration U.S. Department of Transportation Office of Program Management 1200 New Jersey Avenue, SE Washington, DC 20590			8. PERFORMING ORGANIZATION REPORT NUMBER FTA Report No. 0177		
9. SPONSORING/MONITORING AGENCY NAME(S) AND ADDRESS(ES) U.S. Department of Transportation Federal Transit Administration Office of Research, Demonstration and Innovation 1200 New Jersey Avenue, SE, Washington, DC 20590			10. SPONSOR/MONITOR'S ACRONYM(S) FTA		
			11. SPONSOR/MONITOR'S REPORT NUMBER(S)		
12. DISTRIBUTION/AVAILABILITY STATEMENT Available from: National Technical Information Service (NTIS), Springfield, VA 22161; (703) 605-6000, Fax (703) 605-6900, email [orders@ntis.gov]; Distribution Code TRI-30					
13. SUPPLEMENTARY NOTES NOTES [www.transit.dot.gov/research-innovation/fta-reports-and-publications] [https://www.transit.dot.gov/about/research-innovation] [https://doi.org/10.21949/1518349] Suggested citation: Federal Transit Administration. Annual Report on FAST Action Section 3006(b) Pilot Program for Innovative Coordinated Access and Mobility Fiscal Year 2020. Washington, D.C.: United States Department of Transportation, 2020. https://doi.org/10.21949/1518349					
14. ABSTRACT This report provides an update on projects selected pursuant to three FTA Notices of Funding Opportunity (NOFOs) (81 FR 17549, 83 FR 46534, and 84 FR 58819) for Section 3006(b) of the Fixing America's Surface Transportation Act (FAST), Public Law 114-94, Pilot Program for Innovative Coordinated Access and Mobility (ICAM Pilot Program). The primary purpose of these projects is to find and test promising, replicable public transportation health care access solutions that support the goals of (1) increase access to care; (2) improve health outcomes; and (3) reduce health care costs. The Mobility for All Pilot Program, Access and Mobility Partnership Grants, and Rides to Wellness Demonstration Program are initiatives of the Coordinating Council on Access and Mobility (CCAM) that work to build partnerships, stimulate investment, and drive change across the health and transportation sectors to ensure that transportation disadvantaged Americans can access non-emergency medical transportation to the health care services they need. CCAM is a federal interagency council established by Executive Order 13330 49 U.S.C. 101 note.					
15. SUBJECT TERMS Public transportation, Section 3006(b), FTA appropriations, FAST Act, FTA innovation, mobility, ICAM, CCAM, health care transportation					
16. SECURITY CLASSIFICATION OF:			17. LIMITATION OF ABSTRACT Unlimited	18. NUMBER OF PAGES 27	19a. NAME OF RESPONSIBLE PERSON
a. REPORT Unclassified	b. ABSTRACT Unclassified	c. THIS PAGE Unclassified			19b. TELEPHONE NUMBER

TABLE OF CONTENTS

1	Executive Summary
2	Section 1: Legislative Background
3	Section 2: FY 2016 Selected Projects
4	Section 3: FY 2018/2019 Selected Projects
6	Section 4: FY 2020 Selected Projects
7	Section 5: Program Evaluation
9	Appendix 1: FY 2016 Rides to Wellness Demonstration Program: Summary of Reported Data and Outcomes
12	Appendix 2: FY 2018/2019 Access and Mobility Partnership Grants: Summary of Proposed Performance Measures and Targets
18	Appendix 3: FY 2020 Mobility for All Pilot Program Grants: Summary of Project Descriptions

LIST OF TABLES

2	Table 1: ICAM Funding, FY 2016–2020
3	Table 2: FY 2016 Rides to Wellness Demonstration Projects (ICAM-funded)
5	Table 3: FY 2018/2019 Access and Mobility Partnership Grants (ICAM-funded)
6	Table 4: FY 2020 Mobility for All Pilot Program Awards

EXECUTIVE SUMMARY

Section 3006(b) of the Fixing America's Surface Transportation (FAST) Act, Pub. L. 114-94, created the Pilot Program for Innovative Coordinated Access and Mobility (ICAM Pilot Program). ICAM Pilot Program funds must be used for capital projects to improve the coordination of non-emergency medical transportation (NEMT) for persons who are transportation disadvantaged.

Section 3006(b) further requires that:

The Secretary shall make publicly available an annual report on the pilot program carried out under this subsection for each fiscal year, not later than December 31 of the calendar year in which that fiscal year ends.

The ICAM Pilot Program was authorized for \$2 million in Fiscal Year (FY) 2016, \$3 million in FY 2017, \$3.25 million in FY 2018, and \$3.5 million in FY 2019 and FY 2020.

To date, FTA has awarded projects under three separate funding opportunities for this pilot program.

In FY 2016, FTA issued a Notice of Funding Opportunity (NOFO) (81 FR 17549) for the ICAM Pilot Program called the Rides to Wellness Demonstration Program. From the FY 2016 NOFO, 11 capital-only projects were funded with \$4,346,285 in FY 2016 and FY 2017 ICAM Pilot Program funding. A summary of these 11 projects is included in this report.

In FY 2018, FTA issued a NOFO (83 FR 46534) for Access and Mobility Partnership Grants for transit coordination projects that improve access to healthcare. From the FY 2018/2019 NOFO, 23 capital-only projects were funded with \$7,394,124 in FY 2016, FY 2017, FY 2018, and FY 2019 ICAM Pilot Program funding. A summary of these 23 projects is included in this report.

In FY 2020, FTA issued a third NOFO (84 FR 58819) for the ICAM Pilot Program called the Mobility for All Pilot Program. From the FY 2020 NOFO, 17 capital-only projects were funded with \$3,502,820 in FY 2019 and FY 2020 ICAM Pilot Program funding. A summary of these 17 projects is included in this report.

1

Legislative Background

Section 3006(b) of the FAST Act, Pub. L. 114-94, created a new Pilot Program for Innovative Coordinated Access and Mobility (ICAM Pilot Program). ICAM Pilot Program funds must be used for capital projects to improve the coordination of non-emergency medical transportation (NEMT) for persons who are transportation disadvantaged. Funding, intended for organizations that focus on coordinated transportation solutions, was authorized for \$2 million in FY 2016 and increased incrementally each year to \$3.5 million in FY 2019 and FY 2020. A summary of the program funding is shown in Table 1.

Table 1 *ICAM Funding, FY 2016–2020*

	FY 2016 (mil \$)	FY 2017 (mil \$)	FY 2018 (mil \$)	FY 2019 (mil \$)	FY 2020 (mil \$)
Competitive ICAM Pilot Program	2.00	3.00	3.25	3.50	3.50

Additionally, Section 3006(b) requires that:

The Secretary shall make publicly available an annual report on the pilot program carried out under this subsection for each fiscal year, not later than December 31 of the calendar year in which that fiscal year ends. The report shall include a detailed description of the activities carried out under the pilot program and an evaluation of the program, including an evaluation of the performance measures described in paragraph (3)(D).

In accordance with Section 3006(b)(3)(D), each applicant must identify specific performance measures the eligible project will use to quantify actual outcomes against expected outcomes.

2

FY 2016 Selected Projects

In FY 2016, the Federal Transit Administration (FTA) issued a Notice of Funding Opportunity (NOFO) (81 FR 17549) for the ICAM Pilot Program called the Rides to Wellness Demonstration Program. As a result of this NOFO, 11 capital-only projects were funded with \$4,346,285 in FY 2016 and FY 2017 FAST Act Section 3006(b) ICAM Pilot Program funding. A summary of these 11 projects is included in this report.

An additional eight projects were funded through FTA's Public Transportation Innovation program (49 U.S.C. 5312) in the amount of \$2,865,233. An annual report, [FTA Annual Report on Public Transportation Innovation Research Projects for FY 2019](#), captures these eight projects in the Transit and Health Access Initiative section on page 40. Of the 11 ICAM projects awarded grants based on the 2016 NOFO, 5 are completed and the remainder are ongoing. Appendix I contains a summary of reported data and outcomes from these projects.

Table 2
*FY 2016 Rides to
Wellness Demonstration
Projects (ICAM-funded)*

Recipient	Recipient State	Federal Award
Jacksonville Transportation Authority	FL	\$399,200*
Rides Mass Transit District	IL	\$518,844*
Montachusett Regional Transit Authority	MA	\$200,000*
Maryland Transit Administration	MD	\$103,334*
Michigan Department of Transportation	MI	\$1,006,387*
Flint Mass Transportation Authority	MI	\$310,040*
Research Triangle Regional Public Transportation Authority	NC	\$65,600*
New Hampshire Department of Transportation	NH	\$182,880*
Pennsylvania Department of Transportation	PA	\$1,190,000*
Knoxville Area Transit	TN	\$200,000*
Vermont Agency of Transportation	VT	\$170,000*

*These funds have been obligated.

3

FY 2018/2019 Selected Projects

On September 13, 2018, FTA issued a NOFO for Access and Mobility Partnership Grants for transit coordination projects that improve access to healthcare. The two competitive grant programs included in the NOFO (83 FR 46534) will improve options for people with limited transportation choices and bridge the gap between service providers in the transportation and health sectors. Two funding sources supported the NOFO—the ICAM Pilot Program, which funds eligible capital projects, and the Public Transportation Innovation Program (49 U.S.C. 5312), which funds projects that may include operating expenses.

FTA's Access and Mobility Partnership Grants focus on transportation and technology solutions to reach medical appointments, access healthy food, and improve paratransit services. The program emphasizes better coordination between health care providers and transit agencies, as well as technology improvements such as mobility-on-demand, shared transportation services, and smartphone apps for booking services.

On May 22, 2019, FTA announced project selections totaling approximately \$9.6 million to 37 projects led by transit agencies, governmental authorities, and non-profit organizations to support innovative transportation solutions to expand access to health care.

Of these 37 projects, FTA selected 23 for funding under the ICAM Pilot Program, totaling \$7,394,124. The ICAM Pilot Program finances innovative capital projects for the transportation disadvantaged, with the goal to improve the coordination of transportation and Non-Emergency Medical Transportation (NEMT) services.

The projects are 18 months long and commence once funds are obligated via a grant agreement. To date, 17 of the 23 projects have been obligated. Each grant recipient must report progress on key performance measures and submit a detailed final report of its results to FTA within 90 days of project completion. Performance measures and outcomes of the selected projects will be reported in future FAST Act Section 3006(b) reports.

FTA also awarded \$2,207,857 for 14 Human Services Coordination Research (HSCR) projects funded through FTA's Public Transportation Innovation Program (49 U.S.C. 5312). Research activities awarded under this competitive program support the implementation of innovative strategies in the coordination of

human services transportation to provide more effective and efficient public transportation services to older adults, individuals with disabilities, and low-income individuals. An annual report, *FTA Annual Report on Public Transportation Innovation Research Projects for FY 2019*, captures these 14 projects in the Transit and Health Access Initiative section.

Appendix 2 contains a summary of proposed performance measures and targets from these projects. Each recipient was required to describe potential measures and outcomes in their original competitive proposal. Upon project selection, each recipient worked with the National Aging and Disability Transportation Center (NADTC), a technical assistance center that operates under a cooperative agreement with FTA, to refine and finalize their project evaluation strategies.

Table 3
FY 2018/2019
Access and Mobility
Partnership Projects
(ICAM-funded)

Recipient	Recipient Location	Federal Award
Aaron E. Henry Community Health Services Center, Inc.	Clarksdale, MS	\$360,540*
Boat People S.O.S., Inc.	Falls Church, VA	\$101,928
Capacity Builders, Inc.	Farmington, NM	\$130,000
Capitol Hill Village	Washington, DC	\$290,500*
Central Midlands Regional Transit Authority	Columbia, SC	\$249,912
Council on Aging of Southwestern Ohio	Cincinnati, OH	\$470,000*
Disability Services Inc., dba Envida	Colorado Springs, CO	\$249,526*
Flint Mass Transportation Authority	Flint, MI	\$734,752*
Geisinger Clinic	Danville, PA	\$499,484*
Indiana University Health, Inc.	Indianapolis, IN	\$208,352*
Missouri Rural Health Association	Jefferson City, MO	\$592,328*
North Central Texas Council of Governments	Arlington, TX	\$511,106*
People For People	Yakima, WA	\$206,846*
Pinellas Suncoast Transit Authority	St. Petersburg, FL	\$100,000
Pioneer Valley Transit Authority	Springfield, MA	\$333,000*
Ride Connection, Inc.	Portland, OR	\$96,921*
San Diego Metropolitan Transit System	San Diego, CA	\$536,000
Southern Highlands Community Mental Health Center, Inc.	Princeton, WV	\$194,944*
SouthWest Transit	Eden Prairie, MN	\$290,500*
Southwestern WI Community Action Program, Inc.	Dodgeville, WI	\$205,360*
The C. W. Williams Community Health Center, Inc.	Charlotte, NC	\$112,000*
Utah Transit Authority	Salt Lake City, UT	\$700,125*
West River Transit Authority, Inc.	Spearfish, SD	\$220,000
		Total: \$7,394,124

*These funds have been obligated.

4

FY 2020 Selected Projects

On November 1, 2019, FTA issued a NOFO for the Mobility for All Pilot program. FTA announced FY 2020 Mobility for All Pilot Program project selections on June 3, 2020. Through improved coordination of transportation services and enhanced collaboration, these projects will provide more efficient service to people in rural and small urban areas and individuals affected by healthcare challenges such as the opioid epidemic, veterans, and Medicaid recipients. Selected projects support coordination among programs funded by the Coordinating Council on Access and Mobility (CCAM), an interagency partnership which includes representatives from USDOT and 10 other Federal agencies to coordinate efforts and improve the quality, efficiency, and availability of transportation services for targeted populations. The list of funded projects is shown in Table 4. Two of the 17 selected projects have had their funding obligated to date. Appendix 3 contains the project description for each project.

Table 4
*FY 2020 Mobility for All
Pilot Program Projects*

Recipient	Recipient Location	Federal Award
Access Services	El Monte, CA	\$330,000
Metropolitan Washington Council of Governments	Washington, DC	\$151,200
Georgia Department of Transportation	Atlanta, GA	\$120,000
Iowa Department of Transportation	Ames, IA	\$70,720
Regional Transit Authority	New Orleans, LA	\$300,000*
MetroWest Regional Transit Authority	Framingham, MA	\$300,000
Maryland Transit Administration on Behalf of Bayside Community Network, Inc.	Baltimore, MD	\$40,000
Maine Department of Transportation	Augusta, ME	\$187,855
Flint Mass Transportation Authority	Flint, MI	\$545,696
Missouri Rural Health Association	Concordia, MO	\$391,709
N.C. Department of Transportation	Raleigh, NC	\$280,000
Regional Transportation Commission of Southern Nevada	Las Vegas, NV	\$128,624
Lane Transit District	Eugene, OR	\$76,000
Oregon Department of Transportation	Salem, OR	\$40,000
Greenville Pickens Area Transportation Study	Greenville, SC	\$326,000
Virginia Department of Rail and Public Transportation	Richmond, VA	\$79,016*
Stillaguamish Tribe of Indians of Washington	Arlington, WA	\$136,000
		Total: \$3,502,820

*These funds have been obligated.

5

Program Evaluation

The ICAM Pilot Program participants are required to evaluate the progress of their pilot projects through performance measures and prepare a final report that summarizes the outcomes of their pilot projects. FTA also required applicants to design their projects under an 18-month pilot period.

Over the first four years of program authorization and three separate funding rounds, FTA refined its management of the ICAM Pilot Program. Beginning with the 2018/2019 Access and Mobility Partnership Grants cohort and continuing with the 2020 Mobility for All Pilot Program cohort, FTA has worked with NADTC to provide technical assistance to pilot program recipients. NADTC structures its technical assistance through the Learning Collaborative, a periodic webinar and discussion series for recipients, which presents information ranging from performance measure and data collection strategies to community partnership-building. Through the Learning Collaborative, recipients can share their experiences with one another and have regular opportunities to request technical assistance and advice.

FTA also has revised direct recipient eligibility over the course of the first three program cohorts. Many prospective program participants are local non-profit transportation providers or local transit authorities that may typically only receive FTA funding as subrecipients of direct or designated recipients of one of FTA's formula funding programs. Organizations that typically are subrecipients of the Urbanized Area Formula Program (49 U.S.C. 5307), the Enhanced Mobility for Seniors and Individuals with Disabilities Formula Program (49 U.S.C. 5310), or the Rural Area Formula Program (49 U.S.C. 5311), may not be aware of the legal capacity necessary to sign documents required of all FTA direct recipients, such as the Master Agreement or Certifications and Assurances. Furthermore, they may not be familiar with developing grant applications in FTA's Transit Award Management System (TrAMS) or FTA's grant reimbursement procedures and policies. Limiting direct program participation to entities that are existing FTA recipients reduces the administrative burden for both recipients and FTA regional offices. It also reduces the risk to new FTA recipients of inadvertently violating FTA policies or program requirements due to lack of awareness or understanding. Beginning with the 2020 Mobility for All Pilot Program, FTA required entities that were not previously direct FTA recipients to apply in partnership with an FTA direct recipient. The FTA direct recipients agree to manage the funding agreement and award on behalf of the smaller entity. Three of the 17 project selections in 2020 will be funded under these arrangements.

Five of the 2016 Rides to Wellness Demonstration Program recipients have completed their pilots. The outcomes of these pilots vary. Some have grown into self-sustaining transportation programs, such as the Flint Mass Transportation Authority's 2016 Rides to Health and Wellness project in Flint, Michigan. Others, in the course of their pilots, identified ways to adapt their programs to better suit their agencies' and communities' needs. As a result, some recipients may no longer operate the platform, service, or program that was initially funded under the Rides to Wellness Demonstration Program. However, several have stated that the pilot initiated coordination and partnership with other entities in their areas that did not previously exist.

In March 2020, the COVID-19 public health emergency began to significantly disrupt the public transportation industry. ICAM Pilot Program participants already operating their pilots faced unexpected barriers to continuing transportation service safely. Some participants suspended or reduced service. Several noted significant ridership declines. As of August 2020, some began providing rides again, either with vehicles outfitted with protective barriers for drivers and passengers or in new coordination with local meal delivery services. Other Pilot Program participants in earlier stages of their projects faced delays to their implementation or start-up dates. Some recipients were able to adapt; pilots that required meetings among numerous project partners and significant community engagement before service start-up began holding virtual community meetings. As of August 2020, FTA was not aware of any ICAM Pilot Program participants that have permanently closed their services or decided to no longer pursue funding through their ICAM award due to impacts from the COVID-19 public health emergency.

Applications submitted for all three rounds of ICAM Pilot Program funding exceeded funds available, indicating high demand for funding. The 2016 Rides to Wellness NOFO made \$7.2 million available for allocation (including Human Services Research Coordination funds available under Section 5312); FTA received 78 applications requesting \$27 million. The 2018/2019 Access and Mobility Partnership Grants NOFO made \$9.6 million available for allocation (including Human Services Research Coordination funds available under Section 5312); FTA received 126 applications requesting \$37 million. The 2020 Mobility for All Pilot Program NOFO made \$3.5 million available for allocation; FTA received 52 applications requesting \$15 million. Many urban, rural, and tribal communities continue to seek financial and technical assistance from FTA in implementing coordinated, integrated transportation services.

APPENDIX

1

FY 2016 Rides to Wellness
Demonstration Program:
Summary of Reported Data
and Outcomes

Recipient	Project Description	Project Outcome
Jacksonville Transportation Authority (JTA)	JTA received funding to develop a software interface connecting medical scheduling programs and transit schedules to estimate transit travel times and costs for health care receptionists and patients as they choose appointments. The project aims to improve health outcomes by connecting patient appointments with transit availability.	To address the COVID-19 public health emergency and recovery process, JTA made a determination to refocus the project on providing itineraries for those with COVID-19 symptoms that would help such passengers maintain social distancing. The redesigned software is also equipped with several tools to facilitate analysis of no-show rates and has several reports that can be downloaded.
Rides Mass Transit District (RMTD)	RMTD received funding to establish a One-Call/One-Click Center, expand mobility management services for patients at risk of re-hospitalization, and initiate transportation coordination for patients seeking drug-abuse and mental health services in an area with a disproportionately low number of health care providers.	The accessibility improvements offered by adding mobility managers to RMTD call centers was significant enough to warrant adopting the model as part of ongoing operations after the initial project was completed. There was a 36% increase in the number of trips.
Montachusett Regional Transit Authority (MART)	MART received funding to implement technology to analyze routing/dispatching among several providers to integrate management of rides to health care in western Massachusetts and boost underused fixed-route and paratransit services. Software will allow paratransit and Council on Aging systems to bid on demand-response, long-term, and shared-ride contracts so people seeking fixed-route, paratransit, and senior ride services can request additional rides or mix rides to maximize efficiencies. It will also determine if a provider has capacity to deliver service.	Overall, the pilot program for MART was unsustainable. Despite outreach, MART was unable to get the partnerships needed to make the pilot successful. Most of the hospitals/medical centers were located along MART's fixed bus routes, and the majority of unmet needs were outside of normal service hours. After the program ended, MART launched a Microtransit Project in Fitchburg in FY20 that used the concept of building micro-routes around Medicaid rides using a better scheduling engine. This had a little more success, and MART was able to fit some of those non-Medicaid, non-senior rides. However, this was still within normal service hours.
Maryland Transit Administration (MTA)	MTA received funding to increase capacity of the Mobility Management Program (MMP) that addresses barriers for low-income individuals in Allegany County in western Maryland who lack reliable access to transportation. The project coordinates and provides transportation to and from non-emergency medical appointments at no cost to the individuals and includes transportation coordination software.	This program has helped fill the gap for people who could not afford to pay for transportation or those who had dialysis and medical appointments scheduled at times before local bus companies began running. The MMP has increased partnership with local UMPC-WM Hospital to get clients to their routine doctors' visit, treatments and surgeries to prevent Emergency Department visits. Program coordinators estimate a 46% decrease in readmission rate for users of MMP who have demonstrated improved health outcomes.
Michigan Department of Transportation (MDOT)	MDOT received funding to expand a brokerage-based program previously available only in certain parts of the state to a statewide model. The program manages and delivers non-emergency medical transportation for older adults, people with low incomes, and people with disabilities, ensuring they have access to non-emergency health care.	The project sponsor found that it was important to build an infrastructure to find more providers and partners to have a comprehensive transportation program and to be sustainable. The project covered some of the cost of the rides with partners, who will in the future pick up that cost to help sustain the service, so people from Michigan have ongoing access to where they need to go for their mental and physical wellness.

Recipient	Project Description	Project Outcome
Flint Mass Transportation Authority (MTA)	The Flint MTA received funding to develop a Mobility Management Program, including coordinated non-emergency medical transportation, trip planning, and training. The program provides rides to wellness appointments for behavioral health patients, dialysis patients, primary/urgent care for families, older adults, and older-adult disabled patients in Flint and in Genesee County, both impacted by Flint's municipal water crisis.	MTA reports that the project performed far better than anticipated. In September 2016, the first month the project was fully operational, it provided 169 trips. It was housed in a small office in MTA's downtown transit center and had five drivers, three vehicles, and two committed partners, the local Department of Health and Human Services and the Valley Area Agency on Aging. In FY 2019, the third full year of the program, the program provided 111,339 trips with 140 drivers, 75 vehicles, and 14 partner agencies that assist in the funding of the program.
Research Triangle Regional Public Transportation Authority (RPTA)	The Research Triangle RPTA received funding to expand GoTriangle's Regional Call Center to improve coordinated transit planning and application assistance for paratransit riders who are low income, uninsured, or have mental health special needs.	Project staff trained clinicians in the variety of transportation options available in the area and their eligibility requirements, significantly increasing their comfort with lesser-known modes of transportation and increasing their comfort with booking rides for clients. GoTriangle hired, trained, and supervised a call center operator to be housed at its Regional Call Center. This operator was equipped to help callers determine the best mode of transportation for their individual needs and to connect them directly by phone to those services that required an application process.
New Hampshire Department of Transportation	The New Hampshire DOT received funding for technology that bridged the gap between Medicaid-funded transportation brokers and New Hampshire DOT's coordination software vendor system. This innovation is being tested at three pilot sites with the goal of increasing access to transportation for health care appointments for Medicaid recipients, older adults, and people with disabilities.	Of the three pilot sites for the program, only the Cooperative Alliance for Regional Transportation (CART) completed the project. CART accepted 9,420 trips, performed 8,692 trips, and declined 2,154 trips. In total, 22.72% of the trips were shared. The other pilot sites reported difficulty with the software or rates provided and dropped out.
Pennsylvania Department of Transportation (PennDOT)	The PennDOT received funding for a One-Call/One-Click Center and real-time transportation service serving a three-county area in central Pennsylvania. The project can be broken into three parts: an online eligibility application for human service programs, enhancements to the FindMyRidePA trip planning service, and a collection of educational content intended to inform people how to use human service transportation.	This project is in the process of being implemented due to a change in scope and additional phases. After the pilot program ends, PennDOT plans to continue to make improvements to the applications and content developed during the pilot program.
Knoxville Area Transit (KAT)	KAT received funding to expand the 2-1-1 call center as a single point of entry for older adults and people with disabilities to access transit to health care facilities in the region. The project will improve local coordination and access in the community and train public information staff, health care providers, and residents on how to use KAT buses.	The 2-1-1 call center saw an increase of 54% in transit inquiries over the same nine-month period in the previous year (June–February). KAT ridership at clinic stops increased after implementation. Western Avenue had 548 riders (+11%), Fifth Avenue had 584 riders (+12%), Dameron Avenue had 33 riders (+0.6%), and Martin Luther King Jr. Avenue had 472 riders (+10%). The MLK facility was undergoing renovations during majority of the program's duration.

APPENDIX

2

FY 2018/2019 Access and
Mobility Partnership Grants:
Summary of Proposed
Performance Measures
and Targets

Recipient	Project Description	Performance Measures	Outcome Measures
Aaron E. Henry Community Health Services Center, Inc.	Aaron E. Henry Community Health Services Center, Inc. will receive funding to launch a Rides to Recovery (R2R) Program to address NEMT services by increasing focus on preventive care, mental health, and substance abuse treatment in response to the opioid epidemic.	Access to services using mobile technology; customer satisfaction for Rides to Recovery service; healthcare-related trips; emergency room rate of use for health center patients	Rides to Recovery will decrease the emergency room utilization rate by 20% for health center patients; customer satisfaction surveys indicate 85% approval for Rides to Recovery service.
Boat People S.O.S., Inc.	Boat People S.O.S., Inc. will receive funding for the Health Awareness and Promotion Program (HAPP). This transportation project will increase access to public transportation for 200 Vietnamese American older adults with limited English and individuals with disabilities residing in Northern Virginia by improving the coordination of transportation services and non-emergency medical transportation services and expanding public transportation options.	Number of referrals; number of participants who gain access to preventive health services; number of participants who utilize preventive services; participants' self-efficacy in accessing health services; frequency of communication among health care service providers regarding Vietnamese participants; health outcomes among Vietnamese participants; healthy behaviors practiced by Vietnamese participants; client attitude toward his/her own health status; client self-reported data on transportation costs related to care; client self-reported data on healthcare costs	Specific measures under final development with project partners
Capacity Builders, Inc.	Capacity Builders, Inc. will receive funding for an Innovative Coordinated Access and Mobility Project focusing on transportation services to non-emergency medical services for the aging and people with disabilities populations in northwest New Mexico and Montezuma County, Colorado. The project will increase affordable access to care, improve health outcomes, and reduce healthcare costs in a predominantly rural region for people who do not have access to transportation to receive non-emergency medical services.	New riders in Montezuma County; other measures under final development with project partners	150 residents (2/3 in Montezuma County) report improved access to healthcare
Capitol Hill Village	Capitol Hill Village will receive funding to improve health outcomes of low-income older adults and persons with disabilities by developing transportation skills through a travel training program designed to increase client transportation awareness, knowledge, and confidence. Peer Support Health Educators will work one-on-one with clients to assess transportation needs, enroll in appropriate transportation and assist in planning medical visits.	Number of project partners; creation of materials that incentivize and inspire individuals to engage over a series of activities and over a time period; infrastructure to support peer health educator (PHE); number of culturally-competent, motivated peer health educators; PHE and community buy-in to programs; volunteerism from community members, engagement in Capitol Hill Village programs, leveraging of volunteers for community members; connection between project volunteers and community members through activities and programs; transportation awareness, knowledge, skills, and behavior of community members	Low-income older adults and persons with disabilities (clients) will increase their awareness, knowledge and skills around transportation and use that to improve health outcomes through increased ability to make and keep medical appointments and be connected to wellness activities to 50% of baseline or more

Recipient	Project Description	Performance Measures	Outcome Measures
Central Midlands Regional Transit Authority	The Central Midland Regional Transit Authority will establish best practices in transportation for coordinated care in serving veterans, older adults, and single parents with Mobility-as-a-Service. They will create a first/last-mile shuttle system to increase use of fixed-route transit services for accessing medical care as well as a door-to-door shuttle for those needing critical care.	Number of nurses, social workers, and Medical Support Personnel Trained to use the AARP Ride@50+ platform to book rides for patients and understand how public transit fixed vs. demand response/ paratransit works; unique passengers using the first/last mile service provided by the partnership to book rides online or via call center; number of taskforce meetings for Medical and Health Community Members held throughout the grant to discuss the technology and implementation; number of non-profit/agency partners collaborating with The COMET/Feonix to provide vehicles/volunteers/in-kind advertisement for the supportive service for individuals to access medical facilities; number of trip legs booked by passengers or community health workers/medical personnel using the service to set up supportive rides to access medical appointments or other health supportive services; number of community public meetings held to educate members of the public about the new service offering and opportunity	75% of DART paratransit riders are aware of the AARP Ride@50+ Program to support first/last mile rides to medical appointments; 33% of The COMET fixed-route riders are aware of the AARP Ride@50+ Program to support first/last mile rides to medical appointments; 50% of the hospitals in the Columbia region have a staff member who has been trained on how The COMET fixed-route, paratransit, and AARP Ride@50+ Program.
Council on Aging of Southwestern Ohio	The Council on Aging of Southwestern Ohio will receive funding to implement an On-Demand transportation service and coordination of NEMT for older adults in the Cincinnati Region.	Specific measures under final development with project partners	Specific measures under final development with project partners
Disability Services Inc., dba Envida	Disability Services, Inc. will receive funding to purchase vehicles and scheduling and routing software to increase access to healthcare. A Mobility Manager will increase coordination and foster partnerships with the healthcare services in the community.	Number of monthly NEMT rides for behavioral health (BH) delivered by Envida; no-shows to BH appointments; canceled BH appts. Grant recipient will also conduct pre- and post-BH quantitative and qualitative patient and provider surveys	Envida has reduced emergency transport (healthcare) costs per ride due to more efficient and appropriate transport by 40%; Envida has increased access to care for its behavioral health riders monthly by 20%; 50% of Envida riders say their behavioral health outcomes have improved

Recipient	Project Description	Performance Measures	Outcome Measures
Flint Mass Transportation Authority	Flint Mass Transportation Authority will receive funding to increase access to a highly-responsive, on-demand, non-emergency medical transportation services for older adults and person with disabilities.	Number of rides provided for hospitals and related organizations; number of rides provided to older adults; number of trips booked through online scheduling; procurement of 10 Rides to Wellness vehicles; number of older adult living facilities utilizing Rides to Wellness for clients; Mobility Navigator hired for coordination with hospital	Rides to Wellness will increase service to older adults and hospitals by 20% from beginning of grant period until end of grant period.
Geisinger Clinic	Geisinger Clinic will receive funding to employ an innovative approach to increase access to healthcare by combining mobility management and technology solutions.	Expansion to a community partner; hire 2nd Mobility Manager; participate in quarterly NEPA Moves meetings; secure relationship with AI vendor; customer satisfaction survey distributed to participants; ride provided to unique patients	15% increase in patient utilization of outpatient services (improved access to care); 15% reduction in ED visits by high ED users; 15% reduction in admissions for patients with two or more admissions within 12 months; 15% reduction in medical appointment no-shows; 200 patients successfully transitioned to MATP, lottery, or other transport funding sources
Indiana University Health, Inc.	Indiana University Health Inc. will receive funding to purchase an innovative software platform that will reduce transportation barriers to healthcare for patients in numerous locations in Indiana through deployment of patient transportation assistance coordination technology at Indiana University Health.	Specific measures under final development with project partners	Specific measures under final development with project partners
Missouri Rural Health Association (MHRA)	MRHA will receive funding to enhancing health care access in rural Missouri through employment of Mobility Management strategies.	Number of ride referrals; size of service area; number of HealthTran memberships; convening and facilitation of curriculum team meetings/calls; creation of ownership of certificate; establishment of process and procedure for enrollment; contract with Regional Planning Commissions or community action agencies; hire volunteer driver manager; creation of policy and procedures for volunteer driver's handbook	MRHA will increase knowledge and/or access to care and mobility management services within 60% of MO counties (68 or 114), with a focus on rural counties

Recipient	Project Description	Performance Measures	Outcome Measures
North Central Texas Council of Governments	The North Central Texas Council of Governments will receive funding to implement My Ride North Texas 2.0, a regional mobility management program to improve the coordination of transportation services and medical services. Leveraging healthcare and transportation-focused partnerships in the North Central Texas 16-county region, the project will support new and current mobility management efforts to identify and address specific populations that lack transportation to wellness resources.	Number of trips counseled; number of individuals connected to a transit provider; number of outreach events and presentations to promote services; number of Regional Partner meetings; number of Mobility Management trainings and presentations; number of new Regional Mobility Management members	Increase access to transit navigation services and referrals by 25%; improve coordination of transit services and increase regional engagement by 75%
People For People	People for People will receive funding to improve coordination of patient access to healthcare using the software platform Goin, which Goin provides real-time coordination for transportation and healthcare partners to monitor whether a client was picked up or not, vehicle capacity, expected time of arrival, weather, and travel conditions. Transportation and healthcare costs are reduced by filling vacant seats and accurately scheduling medical teams.	Specific measures under final development with project partners	Specific measures under final development with project partners
Pinellas Suncoast Transit Authority (PSTA)	PSTA will receive funding to purchase software technology that integrates accessible vehicles into the existing on-demand dispatch platform. This project is a partnership with PSTA and several health and human services agencies in the region.	Respondent-reported improvement in health outcomes; average trips per month; respondent-reported improvement in satisfaction with transportation program; average duration between trip request and pick-up for wheelchair/scooter users	10% increase in monthly wheelchair use of Mobility on Demand Program
Pioneer Valley Transit Authority	Pioneer Valley Transit Authority will receive funding for a pilot program to purchase transportation services through brokerage system in partnership with RideCare of Pioneer Valley. This service will connect vulnerable patients to the best transportation option available, and thereby reduce waste in the Medicaid system.	Percentage of no-shows at Be Healthy ACO facilities; understanding of transportation options among medical staff; reported stress and discouragement from trying to navigate the transportation system among patients; number of patients reached through Transportation Specialist services; percentage of patients from Title VI populations (minority or low-income); number of transportation trainings held; number of Transportation Software Portal hits	Specific targets under final development with project partners

Recipient	Project Description	Performance Measures	Outcome Measures
Ride Connection, Inc.	Ride Connection, Inc. will receive funding to increase access to healthcare services by providing mobility management services, in partnership with Providence Health Services, a major regional healthcare system. A Ride Connection Mobility Specialist will collaborate with staff from two hospital locations and local social services provider to provide individual travel options, counseling, and clinic level support to integrate transportation referrals.	Number of clients/patient interactions; number of clinical staff and other stakeholder interactions; number of transportation champions engaged; number of rides provided; number of completed surveys; number of total members of cohort; number of cohort members with positive health outcomes	50% of patients referred successfully received transportation service from Ride Connection
San Diego Metropolitan Transit System	San Diego Metropolitan Transit System will receive funding to enhance the automated and web reservation system for arranging NEMT trips for NEMT purposes to give paratransit riders an easier way to make reservations through an automated phone and web reservation system.	Specific measures under final development with project partners	Specific targets under final development with project partners
Southern Highlands Community Mental Health Center, Inc.	The Southern Highlands Community Mental Health Center, Inc. will receive funding to increase access to healthcare with the purchase of accessible vans and the employment of a Mobility Manager. The center will implement the Transportation for Rural Appalachian Communities Program (TRAC), which will transport a vulnerable, underserved population in rural southern WV by coordinating and providing non-emergency medical home-to-service transport for clients via a seven-vehicle fleet.	Missed appointment rate; agency census; TRAC usage; health outcomes (blood pressure, weight, pulse); responses to satisfaction and health questionnaire	Reduce agency missed appointment rate by 10%; increase census by 10%; TRAC use by 10% of agency clients; responses to satisfaction and health questionnaire at least 85% positive
SouthWest Transit	SouthWest Prime MD will receive funding to implement an innovative approach to providing NEMT through public microtransit services to hospitals, medical centers, and clinics in and around the designated service area.	Riders dropped off ahead of their scheduled medical appointment; passengers per service mile; fulfilled trips; average customer satisfaction score; outreach and marketing efforts promoting the service to medical facilities within service area	At least 80% of riders dropped off ahead of scheduled appointment; at least 2 passengers per service mile; at least 80% of requested trips fulfilled; average customer satisfaction score at least 4.0 out of 5

Recipient	Project Description	Performance Measures	Outcome Measures
Southwestern WI Community Action Program, Inc.	Southwestern WI Community Action Program, Inc. will receive funding to implement a travel management Coordination Center to improve coordination of NEMT transportation in nine counties of WI through implementation of a technology solution with a NEMT-focused Mobility Manager, who will work with counties and healthcare facilities to develop agreements to increase access/coordination of NEMT.	Two transportation agencies added to use of the software; new, unduplicated passengers per month for any purpose; average monthly rides provided; number of missed follow-up appointments after hospital stays	Average monthly increase of 9 unduplicated passengers using the services for medical purposes
The C. W. Williams Community Health Center, Inc. (CWWCHC)	CWWCHC will receive funding to expand access to quality healthcare for transportation-disadvantaged populations in Mecklenburg County and surrounding communities.	Number of unique clients receiving rides to primary and preventative healthcare; rate of program participants keeping appointments with primary care provider; number of program participants reporting improved adherence to medication and treatment plans; number of program participants reporting CWWCHC as their medical home	1,000 unduplicated clients receive rides to primary and preventive healthcare; 75% of program participants keeping appointments with primary care provider 80% of the time; 75% of program participants report improved adherence to medication and treatment plans; 75% of program participants reporting CWWCHC as their medical home; 75% of program participants report improved health status
Utah Transit Authority (UTA)	UTA will receive funding to purchase Electronic Voucher (E-Voucher) Software Development in partnership with Jacksonville Transit Authority (JTA), Community Health IT (CommHIT), and Cambridge Systematics (CS).	Implementation of web-based software; launch of mobile application; implementation of new payment processing system; development of training manuals (administration, drivers, customer); development of system manuals (Software Solution)	Reduce administration cost of paper-based voucher programs by 25%; increase number of clients by 10%; reduce missed medical appointments by 10%
West River Transit Authority, Inc.	West River Transit Authority, Inc. will receive funding to expand services for medical and other rides by increasing customer access via smartphone apps for ride booking, cancellation, and confirmation, with ease of use enabling more people access.	Total ride requests, changes and cancellations received through app or online customer portal; average rides per active customer; number of unique active customers	15% increase in number of medical trips provided per quarter; 30% of total ride requests, changes, and cancellations received via app or online customer portal; 10% increase in average rides per active customer; increase of 150 unduplicated active customers

FY 2020 Mobility for All Pilot Program Grants: Summary of Project Descriptions

Recipient	Project Description
Access Services	Access will receive funding for an Accessible Traveler Mobile App (ATMA) with a focus primarily on Americans with Disabilities Act (ADA) transportation services that is fully compliant with ADA Section 508 Accessibility and Web Content.
Metropolitan Washington Council of Governments (MWCOG)	The Rides to Health pilot project will receive funding to develop a technology platform that will integrate and synchronize transportation services to/from dialysis centers for underserved populations.
Georgia Department of Transportation	Georgia DOT will receive funding to implement a new Rural Transit and Human Services Transportation (RHST) Regional Program and a trip scheduling app and website, with a pilot in coastal Georgia.
Iowa Department of Transportation	Iowa DOT will receive funding on behalf of Heart of Iowa Regional Transit Agency (HIRTA) to provide implement a travel training program designed to make a powerful impact through education, marketing, and partnerships on the benefits of keeping people mobile.
New Orleans Regional Transit Authority (RTA)	New Orleans RTA will receive funding for a program entitled MOVE East NOLA. Mobility On-Demand Vehicle Express (MOVE) is a pilot that will provide better connectivity for people with low income, older adults, and people with disabilities.
MetroWest Regional Transit Authority (MWRTA)	MWRTA will receive funding to assist in exploring a new accessibility model with complementary technology for demand response services.
Maryland Transit Administration (MTA) on Behalf of Bayside Community Network, Inc.	MTA will receive funding on behalf of Bayside Community Network, Inc. to hire a Mobility Manager who will serve to increase community coordination of transportation efforts to serve the disability community in Cecil County.
Maine Department of Transportation	Maine DOT will receive funding for a flex route bus system pilot program that will be launched in three phases with strong emphasis on technology, safety, and inclusion for the disadvantaged, enhanced mobility for older adults, and individuals with disabilities.
Flint Mass Transportation Authority	This pilot project will improve coordination and increase access to highly-responsive, on-demand NEMT with a primary focus on both veterans and individuals with substance use disorders.
Missouri Rural Health Association	Funding will be used to implement a Statewide Rural Mobility Manager and Statewide Transportation Manager to form a statewide technical assistance platform for rural mobility management and transportation coordination.

Recipient	Project Description
North Carolina Department of Transportation	NCDOT will receive funding for the acquisition of scheduling software and integration of that software with NCCARE360, creating an efficient point of entry to connect underserved populations with transportation.
Regional Transportation Commission (RTC) of Southern Nevada	RTC will receive funding to build a mobile learning lab to train and educate transportation disadvantaged individuals on technology and resources to improve mobility access to services in the community.
Lane Transit District (LTD)	LTD will receive funding for its technology innovation project to eliminate barriers to transportation to improve health outcomes and decrease health disparities experienced by disadvantaged communities.
Oregon Department of Transportation	Funding will be used to extend existing transit data standards (GTFS, GTFS-flex) to serve all. The project will build open source transit discovery and analysis tools on a data foundation of standardized transit data for use in Oregon.
Greenville Pickens Area Transportation Study (GPATS)	GPATS will receive funding on behalf of Carolinas Access & Mobility for All Coordination (CAMAC), which serves as the lead agency to increase Mobility for All, partnering with human services agencies to implement a coordinated system for older adults, persons with a disability, and low-income citizens using the Mobility as a Service model with the installation of a demand-response software application.
Virginia Department of Rail and Public Transportation (VDRPT)	VDRPT will receiving funding to develop and implement a one-click directory of public, human service, and specialized transportation mobility management travel training and transportation-supportive programs and services.
Stillaguamish Tribe of Indians of Washington	The Stillaguamish Tribe will receive funding to purchase scheduling/dispatching software, an ADA accessible mini-bus, and camera systems to expand service, increase efficiency, and promote safety.



U.S. Department of Transportation
Federal Transit Administration

U.S. Department of Transportation
Federal Transit Administration
East Building
1200 New Jersey Avenue, SE
Washington, DC 20590
<https://www.transit.dot.gov/about/research-innovation>