



MISSOURI RURAL HEALTH ASSOCIATION

Fiscal Year 2020 Competitive Funding Awards:
FTA Access and Mobility for All

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Executive Summary

Across Missouri, transportation has been noted as one of the top barriers to accessing health care and a better quality of life for the past 15+ years. However, it is difficult to address, and individual organizations with resources often opt to secure a vehicle/driver with time-limited grant funding. Due to the magnitude of the issue, MRHA explored how rural Missouri transportation barriers could be addressed through mobility management and coordination. The goal was to utilize technology, education, mobility managers, and resources to increase transportation options, efficiency, and awareness of access barriers, while also working to advocate and support access solutions.

HealthTran works to reduce transportation barriers and improve access and ridership which results in:

- Providing analysis to optimize existing transportation options
- New funding streams through medical providers, social service agencies, employers, educational institutions, and private individuals to support the cost of transportation.
- Increased ridership of individuals who lack transportation to access health care through funding from their medical providers.
- Sustainability through sharing the cost of transportation across multiple organizations and communities.
- Impact data to help advocate, increase awareness, and identify emerging needs.
- Reduced time, stress, and confusion of scheduling transportation.
- Access to care at the right time, in the right place, at the right cost.

MRHA identified three (3) primary goals for the M4A funding:

1. Increased technical assistance for rural mobility management
2. Improved collaboration for transportation and healthcare providers
3. Improved sustainability for rural transportation and healthcare

HealthTran streamlines the launch, start up and cost of a volunteer driver program. It improves efficiency with technology, increases reporting capabilities to address and create real solutions in localized areas, and it creates policies, procedures, and processes to define roles and streamline communication and understanding. Integration of technology and processes with a continued focus on the individual needing transportation, is the focus.

HealthTran is best known for the Volunteer Driver Program. Since January 1, 2020, HealthTran has had 103 volunteer drivers, provided 8,391 rides for 965 unduplicated individuals, and provided services in 55 Missouri counties. Direct services are rides scheduled on the platform by members and include pick up and drop off locations. Members identify patients in need of a ride, schedule the ride, and pay for the service; HealthTran provides the infrastructure, training, outreach, marketing, and education necessary for success.

The HealthTran team helps communities, organizations and health care providers understand transportation barriers through demonstrations, webinars, and conference presentations. M4A funding supported HealthTran in enhancing outreach efforts, establishing a sustainable platform for its mobility management curriculum, and engaging new multi-organizational communities to plan for and implement a volunteer driver program.

Introduction and Background

Poor access to reliable, safe, timely, consistent transportation to/from healthcare appointments and services that affect the social determinants of health is a KEY driver of poor health outcomes AND is ineffective and expensive for care providers. HealthTran was designed to solve this complex problem, especially for aging and low-income individuals. HealthTran combines technology and mobility management to address transportation barriers in specific areas and for specific needs.

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Transportation comes up in virtually every conversation about rural health care, particularly in the few post COVID-19 pandemic era as hospital closures have increased the distances many patients need to travel. The distance patients must travel is increasing, as a full 2/3 of these closures were rural facilities. The COVID-19 pandemic further damaged health care infrastructure and resulted in many people delaying care. As policymakers look for ways to improve the health of rural Americans even as they trim costs, it continues to be clear transportation is a critical missing link between patients and providers. The problem is not necessarily a lack of rides; many places, like Missouri, have transportation options for people who cannot drive. Medicaid provides some non-emergency transportation for eligible patients. The real need is addressing all the social determinants of health, getting people not just to their health care appointments, but also to those activities which improve their health and quality of life, including work and school, grocery stores and pharmacy visits. This is increasingly important as people are aging in place and working longer.

But the systems have problems and gaps. Medicaid rides must be ordered three days in advance, and cannot include secondary stops, even visiting a pharmacy to fill a prescription after a doctor's visit, without prior approval. Van and bus services run intermittently on fixed schedules and routes that may not match a patient's appointment times. Medicaid brokers can meet required success rates without serving rural residents; as a result, rides get cancelled, or transports do not show in rural areas. There are Medicare plans with transportation services provided to seniors in some plans, but not all. Navigating those services becomes overwhelming and burdensome.

The current system puts the burden of navigating options and schedules on patients, even as they are struggling with illness and symptoms like pain, confusion, and fatigue. In Missouri, when getting a ride is not simple and affordable, patients forego care. That means their conditions can worsen until they become acute and result in an ambulance ride to the ER instead. Clearly, the existing system does not work well for anybody. Patients are overwhelmed and often give up. Doctors and hospitals lose time and revenues because of "no shows." Ambulance companies are transporting patients who did not know who else to call, and do not get paid if the insurance company or Medicaid decides it was not an actual emergency.

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Social and economic factors exert the greatest influence on health in terms of chronic illness, disability, injury, and complications resulting in poor health outcomes including premature death. Studies indicate large gaps in income inequality can adversely impact health and have linked poverty and low levels of social integration to increased risks of mortality. While social impacts are difficult to quantify, low income and poverty reduce the ability of citizens to access basic health care. A transportation solution is one way to decrease barriers.

HealthTran applied for FTA funding due to the unique resources and connections across the state and to better link health and transportation industries. HealthTran is unique in its ability to work and understand health providers, social determinants of health and transportation needs in rural Missouri. The relationships, collaborations and partnerships provide an opportunity to "connect the dots" to begin conversations addressing long-term access barriers and break down silos.

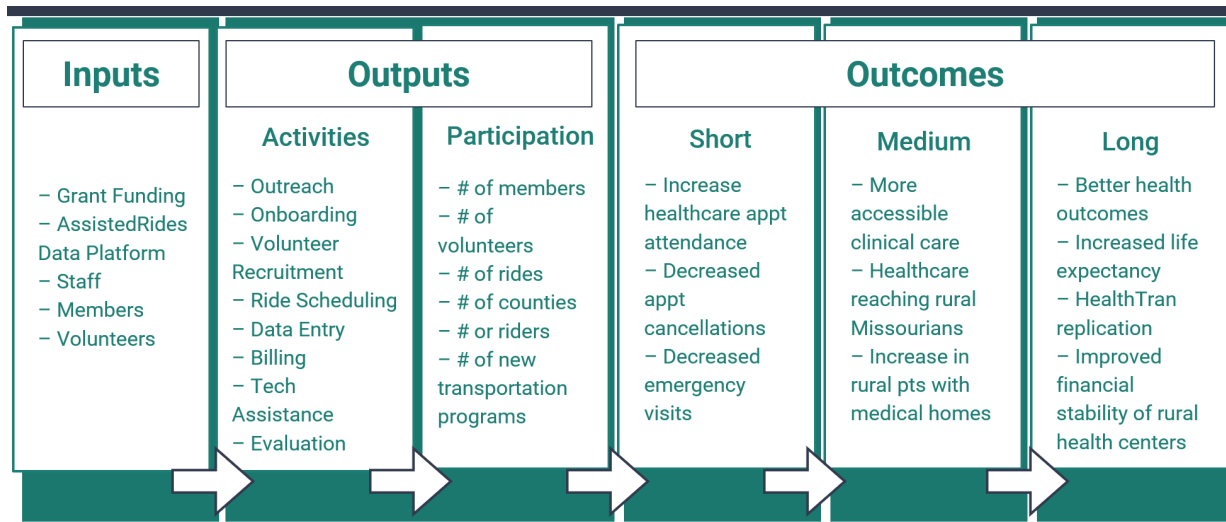
At inception, HealthTran focused on improving long-term health outcomes by reducing barriers to care, gathering data to support the theory that transportation does, in fact, improve health outcomes, and creating a replicable program which can be expanded across Missouri. HealthTran finds and cultivates community champions to address local issues and upstream data, concerns and solutions that work. Education and shared knowledge have increased a workforce with mobility management skills. Addressing rural transportation barriers by building a volunteer driver program and linking local transportation resources through technology.

Rural Missouri faces multiple barriers not seen in urban and metro areas. Through listening sessions during the HealthTran Pilot and continued through community and organization discussions as HealthTran evolves, the below list of issues was created; some items have worsened since the COVID pandemic:

- Transportation is limited, expensive and restrictive
- Finding and coordinating rides is confusing, stressful and time consuming
- People are unable to get to health, food, medicine
- Senior populations need supportive services like transportation to remain in their homes
- Services and programs are siloed
- Scattered information without a single point of knowledge
- Inability to schedule rides quickly across multiple transits-need specific
- Lack of connecting transit services for long-distance needs
- Inconsistent availability of services including weekend and evenings
- Federal/state funded vehicles sit unused when the need is great
- Lack of knowledge of mobility coordination

HealthTran approaches the transportation issue understanding rural Missourians face barriers unfamiliar to urban and metro populations. Rural Missouri lacks broadband service, distance to care can exceed 100 miles for specialty medical care, and older and less educated populations with disabilities complicates transportation. Further, limited public transit options, sometimes with no more than 2 transports per month, little to no other options escalates the inability to receive follow up and maintenance health care. To complicate things further, many rural residents have an inert distrust of government programs and services. HealthTran approached increasing access to care through training, education, and a sustainable transit option.

HealthTran’s Logic Model



Project Description

HealthTran identified three (3) primary long-term goals for the M4A funding:

1. Increased technical assistance for rural mobility management
2. Improved collaboration for transportation and healthcare providers
3. Improved sustainability for rural transportation and healthcare

To accomplish these goals, three strategies (approaches) were developed:

1. Within the 18-month project period, complete and implement a statewide Rural Mobility Management Technical Assistance Center to enhance rural statewide referral tracking, rider/driver communication and top-level reporting.
2. By the end of the 18-month project period, implement a transportation coordination effort in rural communities to enhance all integrated dispatches, referral tracking, and top-level reporting providing efficient and effective communication between transportation providers and healthcare by enhancing outreach, training, technology and advocacy strategies to assure consistency, replicability, scalability and long-term sustainability for both transportation providers and healthcare entities.
3. By the end of the 18-month project period, moving the Mobility Management Certificate Program to a Certification designation.

Revised Staffing Model

The grant provided funding to support a staff that includes a director, mobility management and training coordinator, volunteer manager and volunteer driver coordinator. This team works with HealthTran members to train their staff to identify patients who might need rides, and to use the scheduling platform to schedule rides.

Under M4A funding, rather than staff regional mobility managers, HealthTran collaborated with partners to build skills and capacity within organizations and communities. Schedulers receive training not only on the Assisted Rides platform, but also on working locally to integrate other solutions and services for participants. Schedulers work with social services organizations to link riders to resources

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outside of the health care system. Schedulers receive core competency training through virtual meetings providing resources, process and policy guidelines, educational materials, connections, and presentations to increase awareness, skills, and knowledge. The mobility management and training coordinator maintains contact with partners to assure new staff receive the training and support needed to be successful as organization level mobility managers.

Mobility Management Certificate

To build a stronger MM certification, MRHA partnered with the National Center for Mobility Management (NCMM) to develop a National MM Certification. The certification incorporates not only the MRHA values, but also includes other MM training states and organizations. The MM Certificate Program developed by MRHA is included in the NCMM certification via CEU's. The partnership promotes both the certificate and certification through the Technical Assistance Resource Center. The training platform receives regular updates and corrections. The mobility management and training coordinator provides on-going monitoring and grading of the students.

In June 2022, the certificate course was opened to all. The majority of students are from health-related occupations such as Community Health Workers and nonprofits working to get customers to social determinant of health needs. The course has had 77 clicks on the training website. Fifty-one (51) students registered and provided base information on name, location, job, etc. This resulted in 66.2% starting the program. Of the 51 students registered, 45.1% (23) have received certificates of completion. The course is promoted by Community Transportation Association of America, National Center for Mobility Management, Missouri Primary Care and Missouri Hospital Association. Success has been seen in the accomplishments of those who have completed the course. Student enrollment has seen a boost from national recognition, the CTAA blog, updated marketing materials and outreach to community health worker organization.

Collaboration & Technology

Coordinating transportation is a nightmare; confusing, stressful, difficult, and time-consuming for those outside the transit industry. Health care provides working to ensure continuum of care spend hours trying to locate, arrange and pay for transportation with little success. Patients struggling with health issues face pain, confusion, and fatigue and “give up” trying to find transportation and fail to make appointments resulting in worsen conditions and may result in ambulance trips to the ER.

HealthTran partners with Assisted Rides for its scheduling platform. This system provides a single point of entry to schedule rides using local, public, and volunteer driver programs. Assisted Rides features:

- HIPPA & PHI Secure
- Cloud Based
- Data Collection
- Report Capabilities
- Expandable - Built for Rural
- Simple-Effective-Affordable

Target Audiences

Certificate Training

HealthTran targets the audiences of health, community, and transportation through education. Available on-line training through National Center for Mobility Management (NCMM), Community Transportation of America, and National Training Institute are mainly focused on public transit, fee for service, ADA, and Medicaid transporters. What was lacking was education opportunities for front-line workers addressing access barriers for at risk customers. The curriculum focuses on meeting the unmet

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needs of Social Workers and Community Health Workers. This course is promoted by Missouri Primary Care Association-Community Health Worker program, Missouri Community Health Worker Association of Missouri, Community Health Worker/Health, and Senior Services. In looking at the median Missouri Community Health Care Worker salary \$37,130 per year and the median Mobility Manager salary is \$49,406. It shows having mobility management skills would have a positive effect on long-term employability. Those with mobility management skills have a greater success rate of employment, job site selection, and job growth.

Assisted Rides Technology

HealthTran targets health providers and others who wish to provide transportation to their customers to provide a scheduling platform and mobility coordination and service. The membership model provides unlimited access and training for unlimited staff on the scheduling platform. The program addresses HIPPA compliance, Stark and Anti-Kickback laws, reduces time/stress for staff, provides affordable and flexible transport and gather data to support continued transportation.

Trained schedulers are able to arrange transport for a customer in under two minutes. Track the ride in a real-time calendar and make changes such as update time/date, destination, and add a stop such as a pharmacy pickup.

The scheduler sets up a rider profile, which provides data to help drive change, address

Growth

Key areas of the state were identified for HealthTran expansion under the M4A funding. During the project period, growth opportunities focused on two types of partnerships. The first was multi-agency, multi-county partnerships, and the second was mobile integrated healthcare (MIH) networks. Progress was made in both areas. The United Way of Central Missouri engaged a collaborative of a local hospital, the federally qualified health center, and a private medical group practice together. This project completed its planning phase and soft launch under M4A. Engagement with the MIH network was initiated in 2023, and initial commitments made. HealthTran will fill the final component of this model, which partners EMS agencies with community paramedics with health care providers to take care to a patient's home. HealthTran will be added as a means to get stabilized patients re-engaged with the health care system through regular primary care visits as it is a lower cost approach than care delivered in the home by the community paramedic.

Key Partnerships

Mobility Management

The Mobility Management Certificate Program (MMCP) was made possible by the University of Missouri, School of Medicine, and University of Missouri Extension provided technical assistance and guidance in development of the modules. University Extension housed the on-line training platform, Canvas.

The following partners participated in monthly meetings to develop the modules. Each partner brought extensive knowledge and ideas to the table.

- Missouri Primary Care Association
- Missouri Hospital Association
- Community Health Worker
- Dept. Of Health and Senior Services:
- Missouri Area Agencies on Aging

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- Missouri Public Transit Association
- OATS, Inc (public transit provider)

Under M4A, the MMCP was opened to any student and the platform migrated to the HealthTran website to assure its sustainability as the hosting fees for the University of Missouri Canvas platform were not sustainable.

Technology

Assisted Rides is a scalable, cloud-based technology program developed for volunteer programs. The system offers customizable options and technical support to create a program that is effective, easy to use, and affordable. The Assisted Rides technology provides more accurate and timely reporting for members. Regular updates are made based on the latest information and a desire for continuous improvement.

Under the M4A grant, HealthTran addressed new challenges with cyber security, HIPPA and PHI as part of its ongoing effort to assure its health care partners of data integrity and security. The increasing burden of cyber-hacking on health care partners electronic medical records systems necessitated HealthTran to also adopt elevated security protocols.

Sustainability

HealthTran is partnered with Community Asset Builders (CAB) for the purpose of assuring sustainability. Serving as the contracted organizational home for HealthTran since April 2023, CAB leadership bring a collective of over 100 years of combined experience in resource development, program design, non-profit strategy, resource optimization and successful program implementation. Linking HealthTran with viable on-going resources and refining the model to help it be self-sustaining are areas of focus.

Implementation

With M4A funding, the **Mobility Management Certificate** program was fully implemented and made available to any student. The program has open enrollment and can host unlimited students with a qualified mobility manager to provide technical support and assist students with toolkit development and goals. Individuals who complete the curriculum gain 20 hours that can be transferred to the Mobility Management Certification program offered by NCMM/Easter Seals. To date, A total of 46 students were enrolled in the course through August 2023. To date, 16 and 15 are actively working on the course.

In August of 2023, it was decided that the course would be moved from Canvas to a more economical and sustainable platform in conjunction with the Technical Assistance Resource Center. This resource is managed by the HealthTran team and hosted by Community Asset Builders, the organization that now serves as the organizational home for HealthTran. The platform is supported by non-federal resources and provides HealthTran with a sustainable solution for the curriculum and the resource center.

HealthTran is best known for its **Volunteer Driver Program**. Since January 1, 2020, HealthTran has had 103 volunteer drivers, provided 8,391 rides for 965 unduplicated individuals, and provided services in 55 Missouri counties. Direct services are rides scheduled on the platform by members and include pick up and drop off counties. Members refer patients for transportation and also pay for the rides.

HealthTran began using the Assisted Rides platform as its ride scheduling and management solution on August 1, 2021, with positive results. Assisted Rides provides a single location for schedulers, drivers and

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the HealthTran staff to monitor performance. Once a rider's profile is loaded to the system, scheduling takes less than 5 minutes to complete. Volunteers are notified within minutes of the ride available and can accept the ride. This new approach is more affordable and sustainable for health providers; members are responsible for a small start-up fee of \$750, and the cost of rides. The average ride costs under \$20, while the revenue potential from a kept appointment typically exceeds \$75 and may be in the hundreds of dollars for more involved visits.

HealthTran helps communities, organizations and health providers understand transportation barriers through demonstrations, webinars, conference presentations and its website.

Performance Measures

NOTE: Overall ride referrals reduced due to COVID-19 Pandemic.

Activity	Numerical Target
1. <i>Increase Mobility Management Training. Develop a Mobility Management Certification program that is recognized or integrated at a state or national certification level.</i>	1 COMPLETED
2. <i>Establish a beta online Technical Resource Center/TA Community. Create a beta online resource center on the MRHA website/MRHA Connect to provide support for Mobility Management that improves access to data, resources, and training opportunities.</i>	1 COMPLETED
3. <i>Hire a regional mobility management outreach and education coordinator.</i>	1 COMPLETED

Outcomes – Planned Versus Achieved

Planned: 50% of individuals who inquire about the MM certification program will enroll; and 40% of enrolled students will complete the MM certification program. Achieved: 66.2% of individuals who inquired about the MM certification program enrolled; 45.1% of enrolled students completed the MM certification program.

Planned: Increase transportation access via HealthTran services 25% over baseline (with baseline being a total of 4,041 rides and 432 unduplicated riders for the period 1/1/20 – 4/30/2022). Achieved: Increased transportation access via HealthTran services 107.6 % over baseline (8,391 total rides and 965 unduplicated riders).

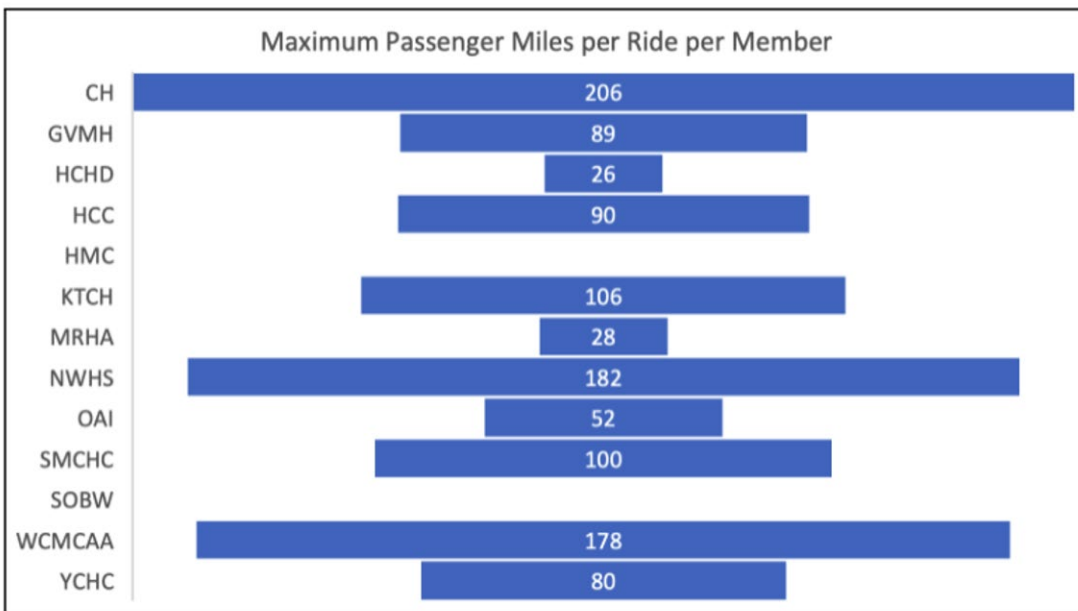
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Additional Results Data

Member investment in patients in terms of rides and funding:

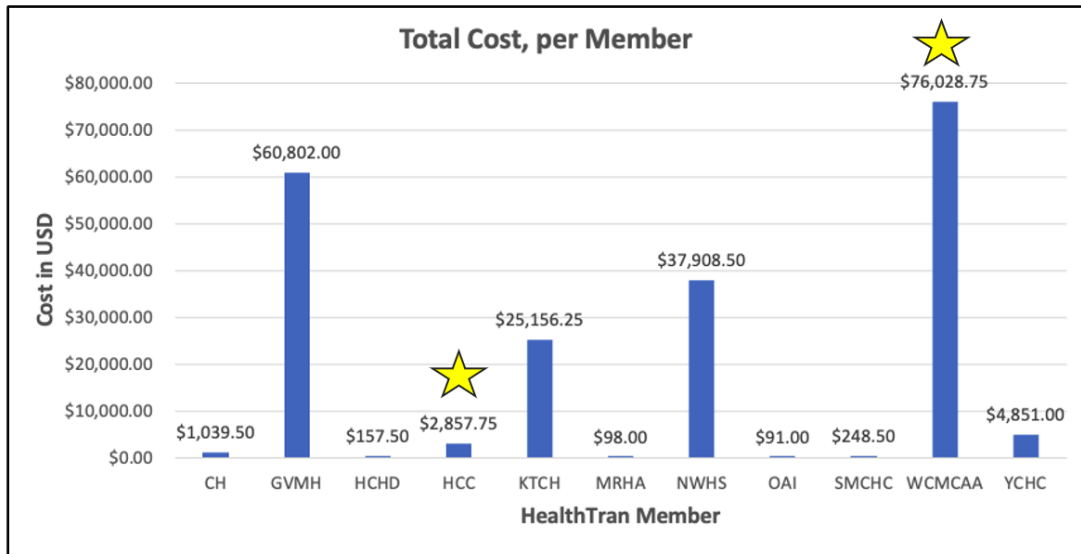
HealthTran Member Name	Abbreviation	Total Riders Supported	Total Trips Supported	Number of counties reached	Total Cost to Member
Christos House	CH	3	10	2	\$1,039.50
★ Golden Valley Memorial Hospital	GVMH	111	1,626	11	\$60,802.00
Howell County Health Department	HCHD	4	16	1	\$157.50
Hedrick Medical Center	HMC	0	0	0	\$0.00
★ Katy Trail Community Health	KTCH	50	465	6	\$25,156.25
★ Northwest Health Services	NWHS	235	2,210	10	\$37,908.50
Ozark Action Inc	OAI	1	1	1	\$91.00
Southern Missouri Community Health Center	SMCHC	4	21	1	\$248.50
Special Olympics - Buddy Walk	SOBW	0	0	0	\$0.00
★ West Central MO Community Action Agency	WCMCAA	166	1,927	13	\$76,028.75
Your Community Health Center	YCHC	32	120	5	\$4,851.00
Healthcare Collaborative	HC	11	154	3	\$2,857.75

Summary of length of rides by member



119,565 total passenger miles

Total Investment by member to date



Moving Forward/Sustainability

HealthTran’s volunteer driver program provides cost effective transport with staffed support and linkage to additional training, along with a commitment to sustain the program and services through affordable public-private investments. It improves efficiency with technology, increases reporting capabilities to help address and create real solutions in localized areas, creates policies, procedures, and processes to define roles and streamline communication and understanding.

The membership-driven approach offers members the ability to provide transportation to customers with a one-time startup fee of \$750 per address (see cost sheet). After startup, members pay for transportation only at \$1.75 per passenger mile with a five-mile minimum limit. Members are billed monthly and have access to multiple reports and real time ride data via the Assisted Rides platform. Volunteer drivers receive a mileage reimbursement for passenger miles of \$.80 per mile with a five-mile minimum. Drivers select available rides via a smart phone to align with their availability and they receive mileage reimbursement twice a month.

HealthTran has increased mobility management resources and connected those with transportation barriers through a community platform. The M4A grant supported the development of the resource center to continue the MM vision (<https://cabllc.com/groups/mobility-resource-center/>). HealthTran facilitates and grades the MM Certificate students through the modules. Updates and new modules are completed as need arises. Students are recruited from the CHW program, Missouri Hospital Association, HealthTran, and Missouri Primary Care Association. This training is available at no cost to anyone in the USA. In the future, a small fee may be attached to the certificate to cover the platform fees.

HealthTran works to bring an affordable viable solution for health providers and collaborates with communities to advocate local transit sustainable solutions. Exploring the concept of Regional Mobility Coordinator’s under the prior ICAM funding showed the benefits and drawbacks of having local leadership in local organizations. As a result, HealthTran utilized M4A funding to equip staff in partner

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organizations at the local level with mobility management competencies and to provide an on-going source of technical assistance to assure this success. This is a lower cost, sustainable approach.

Building mobility coordination and service knowledge was a first step in helping communities create transportation solutions themselves, create grassroots level implementation and understanding of transportation barriers, and to build mobility management network and platform to share information and knowledge. Though the pandemic stopped in-person collaboration, the shared knowledge with local champions and on the community platform, NCMM blog, and the curriculum will continue to grow and expand for future successes.

Lessons Learned

Staffing & Resource Center

- Having a solid team staffed with trained individuals is more cost effective than contracting with multiple outside entities for mobility management.
- Building the capacity of partner organizations with respect to mobility management and patient support with transportation support sustainability, long-term success, and satisfaction.
- Building a hosted technical assistance resource center allows a small staff to support growth, education, and member engagement more effectively than intermittent calls and email.
- Maintaining key roles (volunteer recruiter, driver coordinator/platform manager, education and technical assistance and growth/development) allows staff to support partners more efficiently and effectively.

Mobility Management Curriculum Sustainability

- Moving to an internally hosted platform managed by HealthTran is more economical.
- Assigning a primary team member responsibility for managing student engagement supports successful completion of the program.

Technology Platform

- Having an expertly designed scheduling platform, Assisted Rides, assures continuity of operations and provides a sustainable approach to managing volunteer drivers.

Impacts of COVID-19

The M4A grant was initiated in May 2022, primarily falling outside of the period when significant restrictions were in place. However, as a result of the pandemic, changes were made with respect to the volunteer driver program, including:

- New policies and procedures with respect to volunteer driving training, including guidelines for vehicle cleaning between rides.
- Recommendations for masking when state and federal reporting indicates higher rates of communicable diseases (i.e., COVID, influenza).

Appendices

WHO ARE WE?

In finding a sustainable solution, with the flexibility to meet the needs and barriers of the unique Missouri landscape, HealthTran developed a multifaceted approach to help improve general quality of life.

HealthTran's goal is to address transportation challenges and restrictions, particularly those affecting the health and overall well-being of rural Missouri residents and their communities. Additionally, HealthTran has services designed to educate members of the community on how to utilize the resources available to them, ultimately improving the overall health of their area.



OUR SERVICES



SCHEDULING PLATFORM

OUR SERVICE PROVIDES A SOLUTION FOR ALL OF YOUR TRANSPORTATION SCHEDULING NEEDS, WITH A FOCUS ON CATERING TO YOUR CLIENTELE.



MOBILITY MANAGEMENT

THE OBJECTIVE OF THIS COURSE IS TO ASSIST INDIVIDUALS IN MAXIMIZING THEIR LOCAL RESOURCES AND ENHANCING THEIR DAILY LIVES.

VOLUNTEER DRIVER PROGRAM

OUR ORGANIZATION DEPENDS ON COMMUNITY VOLUNTEERS TO AID PATIENTS IN COMMUTING TO AND FROM THEIR MEDICAL APPOINTMENTS.



Our Staff Cares



Reagan Alewine
HealthTran Director



Conner A.
Platform & Scheduling
Manager



Sandra Morris
Education & Training
Manager



Glennette Combs
HealthTran
Volunteer Manager

QUESTIONS?

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Jefferson City, MO 65109

HealthTran Volunteer Driver Program & Ride Scheduling Platform
The Rural Transportation Solution
HealthTran Line of Service Cost Sheet

Health Tran Line of Service Startup Cost

- ❖ Developing your rural transport solution begins once a business associate agreement (BAA) is signed, and all documents and startup costs have been received.
 - ❖ Startup costs cover marketing and community outreach on the transportation program; HealthTran recruiting and training volunteer drivers; on-boarding of member destination information into tech platform; assisting with training on tech/ride-scheduling platform.
 - ❖ On-going technical assistance from HealthTran.
1. One organization with (1) to five (5) destination sites in the same community/county: \$750.00. Additional sites over five (5), \$100 per site.
 2. One organization with destination sites in different communities/counties: \$750 for the organization plus \$200 per different community/county site.
 3. Multiple organizations in a single community/county: \$750 startup fee per organization. Additional sites beyond the primary organization location, \$100 per site.
 4. Multiple organizations covering multiple communities/counties: \$750 startup fee, plus \$500 per each additional community/county (assures adequate number of volunteer drivers in each community).
 5. Organizations with greater than ten destination locations and multiple communities fall into a negotiated case-by-case basis.

Monthly Transport Related Member Pricing:

Transportation Fee:

Rides, or legs, are from point A to point B (one-way). Split trips allow for additional stops, such as a pharmacy or lab. Each leg is considered a single trip and provides the ability for more than one driver or rider.

- ❖ \$8.75 trip minimum is charged for trips up to five miles.
- ❖ \$1.75 fee per passenger (loaded) mile for legs greater than five (5) miles. A loaded mile is defined as from the time the rider enters the vehicle to when they arrive at the destination. Rider no-show miles are billable.

Monthly Invoice:

The monthly invoice is sent to the member finance department or designated person within 15 days of the end of month. The itemized billing statement includes:

- ❖ Volunteer Transportation cost categories:
 1. Minimum trip
 2. Passenger (loaded) miles
 3. Rider No-Show, if applicable

Payment is due 15 days upon receipt of invoice. HealthTran pays volunteers the 15th and last day of the month. Prompt payment ensures mutual respect and consideration between all parties.

Contact for Billing Questions:
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