Mobility For All Pilot:

Rural Transit and Human Services Transportation (RHST) Regional Program

Final Report

April 2026

Georgia Department of Transportation

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1 Executive Summary

The Georgia Department of Transportation (GDOT) was awarded a competitive Federal Transit Administration (FTA) Mobility for All Pilot Program grant in 2020 to implement the Rural Transit and Human Services Transportation (RHST) Regional Program. The program's overarching goal was to fully coordinate Georgia's three separate transportation systems, rural public transit (administered by GDOT), human services transportation (HST, administered by the Department of Human Services/DHS), and non-emergency medical transportation (NEMT, administered by the Department of Community Health/DCH), into a single, seamlessly integrated regional service.

Background

Georgia's transit landscape is fragmented across three state agencies, each with distinct funding sources, compliance requirements, and service delivery models. GDOT's 2020 Statewide Transit Plan identified a significant gap between actual rural transit trips (approximately 1.8 million annually) and estimated need (3.3 million), a gap projected to widen to nearly 4.9 million needed trips by 2050. The pilot was designed to address this gap through four pillars: (1) fully coordinated service delivery through a regional commission-based provider; (2) deployment of enhanced technology; (3) hiring a Regional Transit Liaison/Mobility Manager; and (4) a public awareness and marketing campaign. The Department’s grant award focused on Pillars 1 and 3, with the Coastal Regional Commission (CRC) designated as the implementation partner.

Scope Expansion and Statewide Approach

In April 2021, GDOT hired a Mobility Manager to drive coordination across agencies, providers, healthcare, workforce, and economic development stakeholders. After two years of implementation challenges, including turnover among key personnel at GDOT and CRC, and the complexity of integrating three independently operated systems, GDOT coordinated with FTA in May 2023 to expand the pilot's scope statewide and receive a time extension. This pivot enabled GDOT to leverage remaining grant funds to support Regional Transit Development Plans (TDPs) for 11 of Georgia's 12 Regional Commissions and to advance coordination across the state rather than a single region.

Key Outcomes and Achievements

The pilot achieved its performance and outcome measures. Most significantly, 13 counties launched new public transit services that had none at the pilot's outset, with the majority of expansions occurring in areas where a Regional Commission served as the transit provider. On April 13, 2023, the CRC Council approved a NEMT contract with ModivCare to deliver non-emergency medical transportation rides on CRC vehicles, realizing the pilot's core goal of a fully coordinated regional transit system. The Mobility Manager engaged 11 of 12 Regional Commissions statewide, resulting in multiple TDPs incorporating recommendations to regionalize and integrate public transit, HST, and NEMT services. The pilot also catalyzed the tri-agency Georgia 2050 Public Transit and Human Service Transportation Plan, a landmark joint planning effort by GDOT, DHS, and DCH.

Lessons Learned

Key lessons included the complexity of GDOT's limited jurisdictional role in HST and NEMT, the administrative burden of integrating systems governed by separate state agencies, and the impact of personnel turnover on institutional knowledge and momentum. These challenges reinforced the value of the Mobility Manager role as a sustained, statewide coordination function.

Next Steps

The Mobility Manager position will continue beyond the pilot period, anchoring GDOT's ongoing effort to expand coordinated transit across Georgia. Future priorities include developing quantitative performance metrics, achieving fully coordinated transit in all Regional Commission areas, deploying the “Let's Ride” trip-planning app as a statewide coordination platform, and launching a marketing campaign to increase ridership and partner engagement. Success will require sustained collaboration at the federal, state, regional, and local levels.

The Mobility for All Pilot has demonstrated that meaningful coordination among Georgia's transit, HST, and NEMT systems is achievable and has established the institutional relationships, planning frameworks, and operational models needed to expand that coordination statewide.

2 Introduction and Background

The State of Georgia administers three systems to provide public transit, human services transportation (HST) and non-emergency medical transportation (NEMT). Each system is administered by a different state agency, GDOT, DHS, and DCH, using different funding sources to meet the transportation needs of Georgians. Coordination exists at the state, regional, and local levels, however each agency's system operates independently using a variety of service delivery models with differing requirements. (See **Figure 1**)

GDOT contracts with 5311 and 5307 public transportation providers. GDOT's 2020 Statewide Transit Plan involved extensive outreach, coordination, and stakeholder input. One finding is that the current amount of rural transit trips 1,797,212 does not meet the estimated trip needs of 3,341,761 (as calculated using the Transit Cooperative Research Program Report 161). As the state continues to grow, GDOT anticipates rural trip needs to grow to 4,859,827 by 2050.

The DHS is directly or indirectly contracting with transportation providers. In addition, DHS contracts with entities that do not directly provide transportation, but instead service as the prime contractor overseeing several providers in a given region. DHS divides the state into 12 regions for transportation providers to operate. Each region has a Regional Transportation Coordinating Committee (RTCC). The purpose of the RTCC is to establish policies and procedures within each region. In addition, the committee is responsible for contractor oversight and approval of new contracts and contractors on an annual basis. The committee is comprised of DHS and human service providers with a design that ensures all committee members have a vested interest in the system and are either provided services by the system or play and active role in the system.

The DCH administers the NEMT system which is funded by Centers for Medicare and Medicaid Services' (CMS) federal funds and state funds to provide medically necessary services to eligible Medicaid members. DCH selects brokers, in 2020 they were Logisticare and Southeastrans, who are responsible for selecting and managing subcontractors to provide NEMT services in each of the 5 DCH regions. Reimbursements to brokers are based on a per member per month (PMPM) methodology. Each broker receives payment for all eligible Medicaid members each month and negotiates unit rates with subcontractors, including some rural and urban public transit operators, to provide the NEMT services to members. DCH brokers use their own software to schedule trips and track customer information.

GDOT proposed an innovative Rural Transit and Human Services Regional Pilot Program with the goal of fully coordinating rural transit, HST, and NEMT at the regional commission level. The four pillars of this proposed pilot include:

1. Fully coordinated public transit, HST, and NEMT service delivery through a single regional commission-based provider;
2. Developing and deploying new technology and software that enhances existing systems used by Georgia's transit providers;
3. Hiring a Regional Transit Liaison to coordinate between agencies, providers, and stakeholder groups; and
4. Implementing a marketing campaign to enhance public awareness of transit service availability in the region.

GDOT proposed partnering with Coastal Regional Commission (CRC) to implement the pilot program. In 2020 CRC contracted with GDOT and DHS to provide rural public transit and HST services throughout its 10-county region. NEMT service was provided by DCH's broker, LogistiCare. Under the pilot, CRC will contract with LogistiCare to provide NEMT ambulatory services in their area. (See **Figure 2**).

The pilot was partially funded through a competitive FTA grant called the Mobility for All Pilot Program in 2020. GDOT focused on Pillars 1 and 3, hiring a Regional Transit Liaison/Mobility Manager to implement a regional pilot program to facilitate fully coordinated rural transit, HST, and NEMT services within the Coastal Regional Commission's boundaries. Pillars 2 and 4 would be implemented in another phase.

In April 2021, a Mobility Manager was hired to coordinate and cultivate partnerships with public and private entities, including agencies, providers, healthcare, education, workforce, economic development, and other stakeholders, to meet the unmet transportation needs. The Mobility Manager's job included collaborating with a diverse group of transportation stakeholders to develop and implement a comprehensive and coordinated transportation network throughout the CRC region.

Figure 1: Georgia's Existing Transit and Human Services Transportation Programs

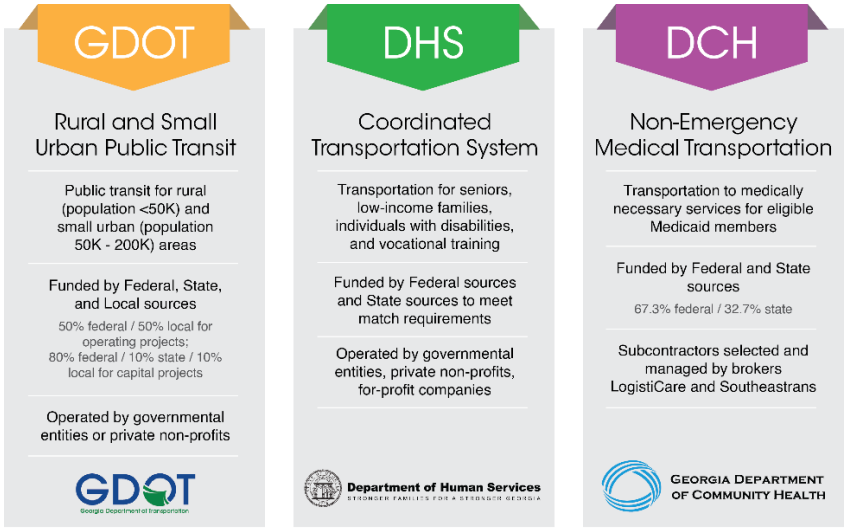
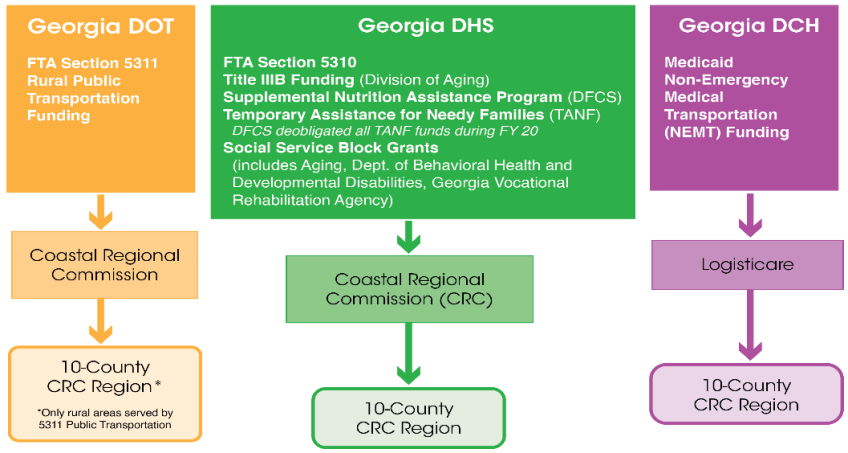


Figure 2: Current Configuration of Services in the Coastal Regional Commission Area



3 Coordination / Oversight with the USAging

The USDOT's Innovative Coordinated Access and Mobility (ICAM) pilot program provides funding for capital projects to improve the coordination of non-emergency medical transportation (NEMT) for transportation-disadvantaged populations. The Mobility for All Pilot is one of these projects. By funding projects that strengthen transportation-human services ties, FTA deploys these grants to demonstrate its continued commitment to broader transportation coordination.

FTA funded the National Aging and Disability Transportation Center (NADTC), which provided technical assistance to organizations awarded an ICAM grant after 2017, to help build capacity and create opportunities for learning and knowledge exchange among ICAM grantees. NADTC collected and shares best practices of potentially replicable projects with the public by sharing final grantee reports.

GDOT's technical assistance provider was designated as USAging.USAging is the national association representing and supporting the network of Area Agencies on Aging and advocating for the Title VI Native American Aging Programs. Our members help older adults, people with disabilities and caregivers throughout the United States live with optimal health, well-being, independence and dignity in their homes and communities. Our contact at USAging was Melissa Gray, Director for Transportation and Mobility.

During the project period the Department met monthly with USAging to first develop, then monitor, our Performance Measures. Their guidance was impactful as they have worked with other grantees to develop performance measures and ensure measurable and attainable measures were developed. Additionally, USAging assisted the Department in navigating the scope changes and partner relationships that the pilot required.

The cooperative agreements of the National Aging and Disability Transportation Center (NADTC) and National Center for Mobility Management (NCMM) ended on September 30, 2025, and June 30, 2025, respectively, and have transitioned to the Coordinating Council on Access and Mobility Technical Assistance Center (CCAM-TAC).

Once this change took effect, the Department coordinated directing with our FTA Regional Office to finalize the Report.

4 Scope and Time Expansion

In May 2023 the Department coordinated with FTA to expand our project scope and request a time extension. After nearly two years, we were unable to utilize a large portion of the grant funds due to unexpected delays highlighted in the Lessons Learned section. However, we did see progress though. On April 13, 2023, the CRC Council approved the NEMT contract with ModivCare, to begin providing non-emergency medical transportation rides on CRC vehicles. This allowed us to progress with a fully coordinated regional transit system in the CRC region.

Additionally, in the two years since project initiation, GDOT developed relationships with the Department of Community Health, the Department of Human Services, ModivCare (NEMT operators in the CRC region), and key stakeholders in the state on mobility services.

Due to the amount of remaining funds, and lessons learned from working with our implementation partner, the Georgia Department of Transportation sought to expand the implementation of this grant to beyond the boundaries of the Coastal Regional Commission (CRC). We then focused on using grant funding for a statewide mobility management program to develop regionally coordinated systems in each Regional Commission across the state where none existed. This was done in coordination of our statewide Regional Transit Development Plans we were assisting the Regional Commissions with during this time.

GDOT scope and time extension was approved by FTA and thus ensured GDOT had the time to work with our current partner, CRC, to fully implement a regionally coordinated system, and work with new Regional Commission partners across the state to develop tailored regionally coordinated systems.

5 Performance and Outcome Measures

As part of the grant requirements, the Department developed Performance Measures to monitor the progress of the pilot and Outcome Measures to identify potential success of the pilot. These measures were developed in collaboration with USAging.

The Department developed Initial Performance and Outcome Measures targeting the original scope of the pilot, as shown in **Table 1**. Once the scope was expanded the Department developed a revised and Final Performance and Outcome Measures, as shown in **Table 2**.

Table 1: Initial Performance and Outcome Measures

	Performance Measures
1	GDOT will hire a Statewide Mobility Manager.
2	Increase in unduplicated riders utilizing CRC services.
3	The Transit Mobility Manager will work with the Coastal Regional Commission to increase the number of transit partners within the community. (RTCC Members and/or informal partners)
4	The Transit Mobility Manager will work with the Coastal Regional Commission to develop and launch tailored outreach events.
5	The Transit Mobility Manager will work with the Coastal Regional Commission to develop rider satisfaction and provider surveys.
	Outcome Measures
	• 75% of the DHS Regional Transportation Coordinating Committee agree that coordination has improved and/or • 75% of the DHS Regional Transportation Coordinating Committee agree that accessibility has improved.

Table 2: Final Performance and Outcome Measures

	Performance Measures	
	A. Program Activities	**B. Program Outputs**
1	GDOT will hire a Statewide Mobility Manager.	•Onboarded Statewide Mobility Manager
2	Increase the number of multicounty coordinated transit operators (5311 & 5310) (Regional Commission or 3rd Party) in Georgia.	•Number of Multi-County Coordinated Transit Operators
3	The Statewide Mobility Manager will present coordinated rural transit and human services transportation services to the Regional Commissions undergoing Regional Transit Development Plans.	•Number of Presentations/Trainings
4	The Statewide Mobility Manager will attend each of the 12 Georgia Department of Human Services Regional Transportation Coordination Council meetings to understand operations and develop possible coordination activities.	•Number of Meetings Attended
5	The Statewide Mobility Manager will assist in developing Regional Plans addressing potential transit improvements and coordination of services.	•Completed Regional Plans
	Outcome Measures	
	The Regional Commissions undergoing a Regional Transit Development Plan have increased regional coordination by (either): • the number of counties with rural public transit available in their region has increased by 1 county and/or • the Regional Commissions undergoing a Regional Transit Development Plan agree that coordination of transit has improved.	

6 Outcomes

The nature of this effort was to pilot potential public transit, human service transportation, and non-emergency medical transportation via a regional provider framework. The scope also changed midway through the pilot to adjust for success of the pilot.

6.1 Performance and Outcome Measures

GDOT was able to achieve the Program Activities under the Performance Measures and the Outcome Measures. The major factor in achieving these activities was the Department funding and utilizing our consultant resources to develop Regional Transit Development Plans (TDP) for 11 of Georgia's Regional Commissions. The Atlanta Regional Commission (ARC) was not part of this effort due to the Atlanta-region Transit Link Authority's role in transit planning and governance and the ARC's sizeable transit planning resources compared to the other Regional Commissions in Georgia.

On April 13, 2023, the CRC Council approved the NEMT contract with ModivCare, to begin providing non-emergency medical transportation rides on CRC vehicles. This allowed us to progress with a fully coordinated regional transit system in the CRC region.

The most significant achievement was 13 counties starting public transit services that did not have them at the beginning of the pilot, with the majority of the expansions happening in areas where a Regional Commission served as the public transit provider (as shown in **Figures 3 and 4** respectively). The Mobility Manager position allowed the Department to have an employee focus on outreach, education, and coordination to promote rural transit options and coordination transportation opportunities.

Figure 3: Rural Regional/Multicounty Systems in 2021

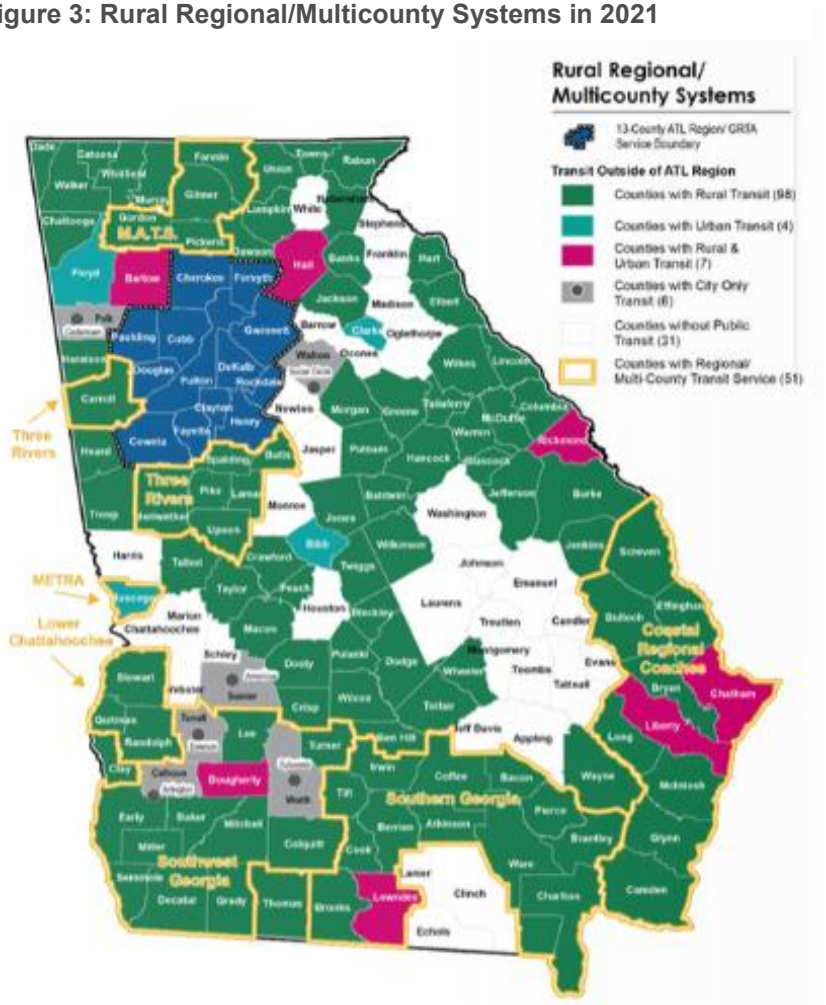
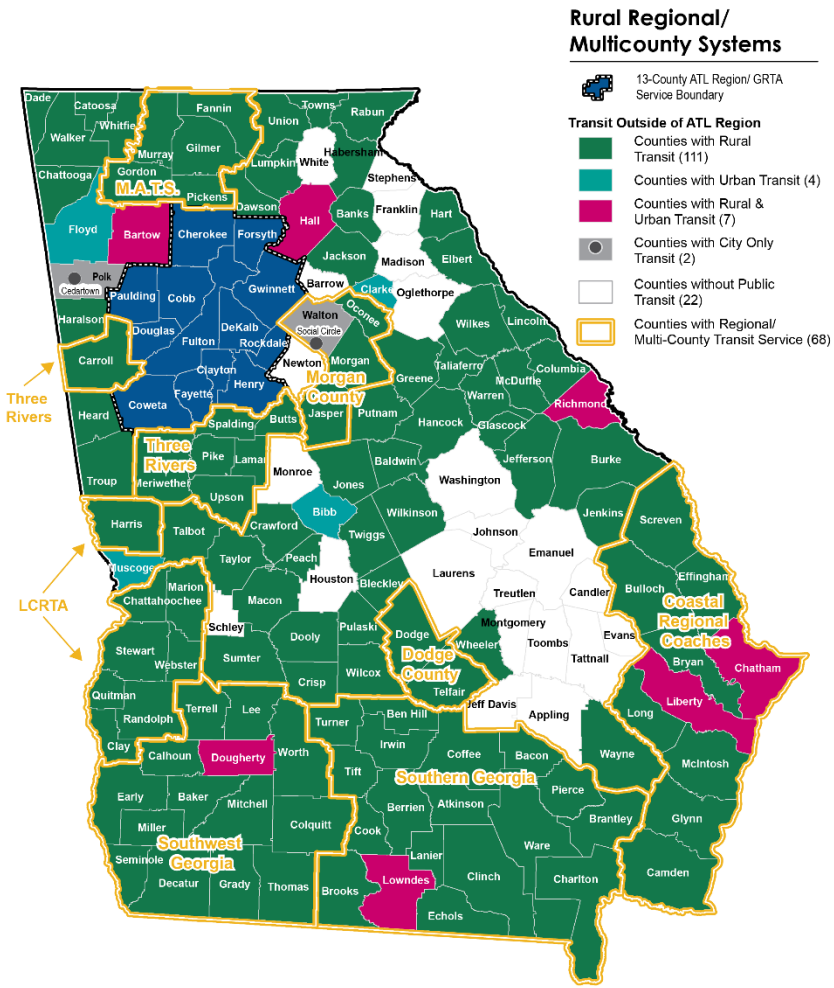


Figure 4: Rural Regional/Multicounty Systems in 2026



6.2 Coordination with the USAging/Federal Transit Administration

As noted, the Department met monthly with the USAging to review the monthly Performance and Outcome Measure reports as well as discuss the pilot's progress. These monthly meetings were integral in the Department understanding how other states responded to roadblocks and when the Department needed to expand the pilot's scope statewide.

6.3 Coordination with the Coastal Regional Commission

The Department's initial primary partner and stakeholder was the Coastal Regional Commission (CRC). CRC is bordered by South Carolina to the north and Florida to the south. The region consists of 10 counties: Bryan, Bulloch, Camden, Chatham, Effingham, Glynn, Liberty, Long, McIntosh, and Screven counties, as shown in **Figure 5**.

CRC's Coastal Regional Coaches transit system provides transit service for residents in the rural portions of the region. Riders have multiple ways to make appointments, including the Department's *Let's Ride* smartphone application and a traditional phone call-in option. CRC receives funding through the Federal Transit Administration's (FTA) Section 5311 rural area formula grant program as a subrecipient to GDOT.

There are three areas in the region classified as "urban" by FTA:

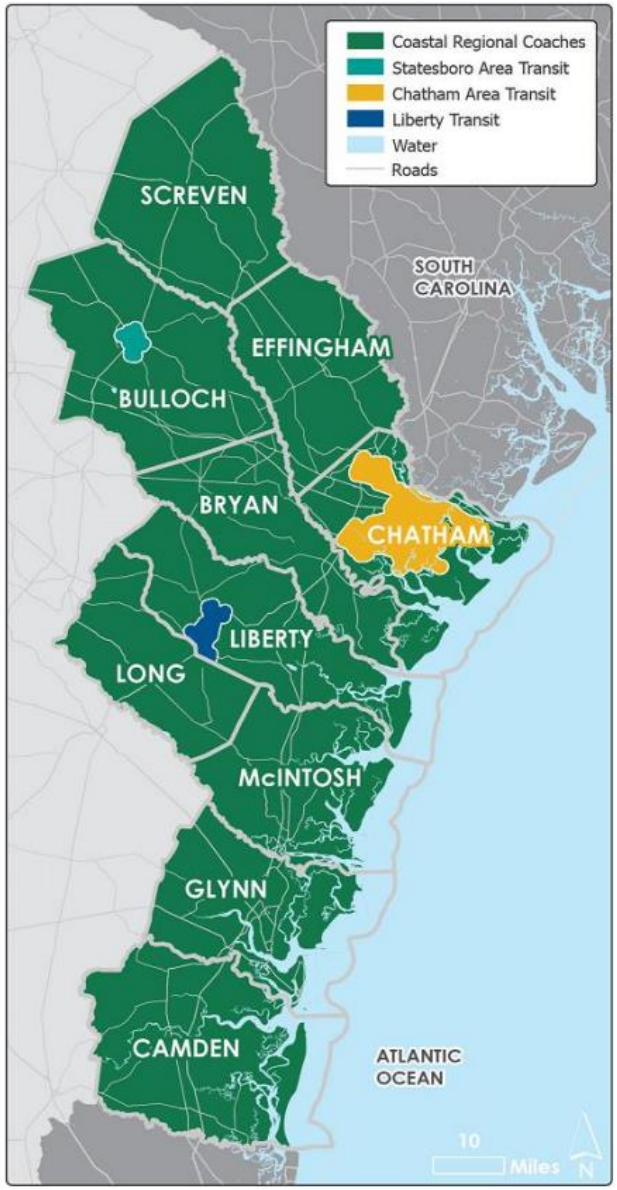
- The Savannah area is classified as large urban and receives Section 5307 formula funds directly from FTA;
- Liberty Transit in Hinesville is classified as small urban and receives Section 5307 funds as a subrecipient of GDOT; and

- The Brunswick area is classified as small urban but does not currently have transit service.

As stated previously the original pilot was to focus on this region in Georgia to integrate public transit, HST, and NEMT services under CRC's Coastal Coaches transit service. This integration of services occurred, and the Department needed to expand the scope of the pilot statewide. Coordination still continues to ensure future partnerships.

It is important to note that DOT could not implement this pilot alone and needed the support from DHS to fully integrate HST transportation at a regional level. The Mobility Manager set up quarterly meetings with DOT, DHS, and DCH to discuss statewide transit, HST, and NEMT issues and focus on how to implement the pilot at a statewide level. These quarterly meetings continue and the departments continue to try and coordinate on statewide issues.

Figure 5: Coastal Regional Commission



6.4 Coordination with Other Regional Commissions

Once the pilot was expanded statewide, the Mobility Manager was then able to coordinate with the 11 other Regional Commissions in Georgia that were undergoing a Regional TDP. This coordination effort allowed the Mobility Manager to travel around the state to present the benefits of implementing a regionally integrated public transit, HST, and NEMT service that is led by a Regional Commission.

The Mobility Manger met with 11 out of 12 of Georgia's Regional Commissions to discuss how to develop this integration and the benefits of doing so. Through this effort multiple Regional Commissions included recommendations in their Regional TDPs to implement regionalization of services and integration HST and NEMT services under public transit operations.

6.5 Coordination with the Department of Human Services

In Georgia, the Department of Human Services serves as the recipient of FTA's Enhanced Mobility of Seniors and Individuals with Disabilities (Section 5310) funding. The Transportation Services Section, within the Office of Facilities and Support Services, administers the DHS Coordinated Transportation System. The system is designed to provide transportation services to consumers of the division within the Department of Human Services (DHS) as well as consumers of the Department of Behavioral Health and Developmental Disabilities (DBHDD) and the Georgia Vocational Rehabilitation Agency (GVRA).

It is important to note that DOT could not implement this pilot alone and needed the support from DHS to fully integrate HST transportation at a regional level. The Mobility Manager set up quarterly meetings with DOT, DHS, and DCH to discuss statewide transit, HST, and NEMT issues and focus on how to implement the pilot at a statewide level. These quarterly meetings continue and the departments continue to try and coordinate on statewide issues.

Coordination with DHS was essential to ensure that both of our sub-recipients understand the required compliance and requirements for running both programs and how to efficiently serve both public and HST populations. The Mobility Manager interviewed senior DHS managers and Regional Transportation Offices about the Coordinated Transportation System and how to integrate the pilot's goals. The Regional Transportation Offices (RTO) are responsible for the daily programmatic administration of transportation in their geographical areas. The RTO is the focal point within each region and is responsible for transportation provider monitoring and compliance; funding management; fleet management, and transportation coordination efforts.

Additionally, the DOT coordinates with DHS on statewide planning activities, such as the development of the Statewide Transit Plan, the Rural and Human Services Transportation Plan, the Regional Transit Development Plan, and others.

6.6 Coordination with the Department of Community Health

Non-Emergency Medical Transportation (NEMT), which is transportation for medically-necessary services available for eligible Medicaid members. NEMT services are administered by the Georgia Department of Community Health (DCH) and provided by a range of subcontracted service providers managed by two brokers, ModivCare and Southeasttrans.

The Mobility Manager met multiple times with senior DCH staff to discuss the NEMT system in Georgia and how to potentially integration NEMT services through existing or new regional public transit operations.

It is important to note that DOT could not implement this pilot alone and needed the support from DCH to fully integrate NEMT transportation at a regional level. The Mobility Manager set up quarterly meetings with DOT, DHS, and DCH to discuss statewide transit, HST, and NEMT issues and focus on how to implement the pilot at a statewide level. These quarterly meetings continue and the departments continue to try and coordinate on statewide issues.

7 Lessons Learned

As designed, this was a pilot for Georgia to integrate public transit, human service transportation, and non-emergency medical transportation into a regionally coordinated operation via the Coastal Regional Commission. This pilot was then extended to include the other Regional Commissions in Georgia.

7.1 GDOT's Role in Transit in Georgia

Georgia DOT's role in transit is primarily overseeing rural public transit, small urban transit, and intercity bus transportation. The human service transportation system and the non-emergency medical transportation are overseen by separate state departments with their own oversight and compliance requirements.

The pilot was successful in enhancing coordination of statewide and regional transportation through improved coordination activities and identification of conflict points in a regionally coordination system.

During the timeframe of the pilot the DOT, DHS, and DCH coordinated on the Georgia 2050 Public Transit and Human Service Transportation Plan. This is a tri-agency plan that identified a vision and goals for rural and human service transportation in Georgia. This plan also identified current service gaps and other administrative and financial needs among RHST providers, conducted an Alternatives Analysis to prioritize needs and identified solutions through programs and projects and make statewide recommendations to help further improve RHST across the state. This sets up the state for future success in developing and expanding regionally coordinated public transit and human service transportation systems.

7.2 Georgia's 5310 Funding and Coordination with DHS

As noted in Section 6, Georgia DOT does not receive FTA's 5310 funding and in Georgia the Department of Human Services is the recipient of this funding. The DHS transportation system operates under different contracts, compliance, and reimbursements than the DOT system. Georgia DOT sub-recipients who wish to incorporate DHS services requires additional administrative responsibility and resources.

The Department set up reoccurring meetings with DHS senior transportation staff and regional staff to further coordinate activities, identify roadblocks, and work through challenges to implement the pilot's goals.

7.3 Turnover in Personnel and Providers

Throughout the course of the pilot, key personnel changed roles at the Department, the Coastal Regional Commission as well as provider contacts changed at the Department of Human Services and the Department of Community Health transportation systems. This left knowledge gaps that took time to replicate and required additional meetings to ensure the project was able to continue.

It is critical that agencies and key stakeholders/providers are aligned on key goals and project outcomes even if key staff or key stakeholders leave roles, or even if state transportation contracts change.

8 Next Steps

As noted earlier in the Report, the Department's funding request for this pilot was partially funded. Once this effort is complete, Georgia DOT will continue to move forward using the Mobility Manager position to expand and create new transit in Georgia. Future implementation of transit will require coordination and support from our partners at the federal, state, regional, and local levels.

8.1 Examples of Future Metrics for Success

The future success of transit in Georgia will potentially be tracked using numerous readily available metrics, including but not limited to:

- Increase in trips per revenue hour indicating additional seats filled per vehicle.
- Reduction in "no show" trips.
- Reduction in vehicle "down time" during non-peak hours.
- Reduction in average cost per trip.
- Quantity of new riders utilizing local/regional transit services.
- Quantity of existing riders who transition from scheduling trips through the app/website rather than the call center.
- Quantity of transit, HST, and NEMT trips provided by regional partners.

In addition to quantitative performance metrics tracked through operational data, success will also be measured through surveys and ongoing feedback.

8.2 Fully Coordinated Transit, HST, and NEMT Service in All Regions of Georgia

GDOT will continue to work with Regional Commissions around the state to develop fully coordinated local/regional transit, human service transportation, and NEMT services.

8.3 Deploying New Innovative Technology to Enhance Existing Systems

Georgia DOT sub-recipients currently use a dispatching and scheduling software provided by Georgia DOT that also tracks trip data. Use of the software also includes a trip planning app ("Let's Ride") which is a critical part of a future coordinated service delivery platform.

This software app essentially creates a marketplace for transportation services. Providers list their service areas, operating hours, and eligible trip types. Georgia DOT sub-recipients will coordinate this task for rural public transit, HST and NEMT services in their regions. Additional uses of the app include incorporating the use of private transportation providers such as ride-hailing firms like Lyft and Uber, allowing riders to select their preferred provider from the app.

Georgia DOT sub-recipient riders planning a trip enter their desired origin and destination and are presented with a range of options for completing the trip, dependent on participating providers, including travel time and cost. Riders can compare the fares, and clearly see if a trip is eligible to be covered under an HST or NEMT program. Riders can even specify their unique needs, for example a wheelchair lift. Riders then select their preferred provider to schedule the trip. The provider is notified and confirms the trip to book it, based on availability.

8.4 Marketing and Public Awareness Campaign

The GDOT Transit Program and Communications team will collaborate to develop a marketing strategy with a branding component to educate current and potential riders. The campaign will highlight the multiple transit, HST, and NEMT services available, as well as instructions on how to sign up for the “Let’s Ride” app and utilize the services. The campaign will focus on coordination and innovation, as well as the positive benefits of transit services. Overlapping campaign goals will include attracting new riders, as well as new transit partners within the community, including economic development, healthcare, education, and workforce stakeholders.