



Georgia Coordinating Committee for Rural and Human Services Transportation

RHST Committee Update

October 13, 2010

Today's Agenda

- State-based best practices in US
- Work plan – Phase I report details
- Joint Committee/Subcommittee meeting review
- Upcoming meetings & outreach

Best Practices - Florida

- Florida's Coordination History
 - 1970's – voluntary coordination between FDOT & Human Service Agency
 - 1979-1989 – Coordination legislation enacted, Advisory Coordinating Council created, assessments conducted on funding levels, services, unmet needs
 - 1989 – Commission for the Transportation Disadvantaged (CTD) created, Transportation Disadvantaged Fund created, Local Coordinating Boards created
 - 1990's – All 67 counties have access to coordinated services
 - 2004 – Medicaid transfers non-emergency transportation to CTD

Best Practices – Florida (cont'd.)

- **Commission for the Transportation Disadvantaged (est. 1989)**
 - Independent state agency
 - Oversees coordination statewide
 - Develops coordination policies and standards
 - Conducts performance reviews of RHST coordinating bodies (at local level)
 - Provides annual reports to Gov & Legislature

Best Practices – Florida (cont'd)

- Coordination typically takes place at county level (some counties band together)
 - Each county has an HST coordinator (CTC) w/staff and board
 - Public transit agencies, Area Agency on Aging are often coordinators
 - CTC coordinates use of Medicaid NEMT, senior transportation, FTA 5310 & FTA 5311
 - CTC may provide or broker services
 - Note, FL has 67 counties to GA's 159

Best Practices – Florida (cont'd)

- **Lessons Learned**
 - Established state agency to ensure coordination
 - Has significant oversight, review and reporting responsibilities
 - Identified a coordination structure, counties
 - Requires counties to establish an HST coordinator
 - Bundles numerous funding sources together to this coordinating entity who provides or brokers service

Best Practices – Florida (cont'd)

- Cost Savings Data
 - From 2008-2009 cost per trip statewide reduced by 5.26%
 - FSU study showed CTD's coordination program generated 835% return on investment

Best Practices – North Carolina

- 1978 – Exec order established Interagency Transportation Review Committee
 - First effort to coordinate DOT & Human Services investments
- 1991 - NC established an HST Council, advises DOT and Health & Human Services
 - Mission to provide leadership in HST coordination
- W/council support, NC consolidated FTA 5310, FTA 5311 & several state funded programs into a block grant

Best Practices – North Carolina (cont'd)

- Coordination typically takes place at county level (some counties band together)
- In order for counties to receive block grants they must:
 - Have coordination plans
 - Have a coordination governing board
 - Establish lead coordination agency
 - Lead agency must have MOU w/five core state agencies

Best Practices – North Carolina (cont'd)

- 84 lead coordinators out of 100 counties
 - Like FL, some counties band together
 - Coordinators typically county departments or transit agency, some non-profits

Best Practices – North Carolina (cont'd)

- Lessons Learned
 - Established state level council to lead coordination
 - Identified a coordination structure, counties
 - Requires counties to identify a lead agency/entity
 - Bundles numerous funding sources together to this coordinating entity who provides or brokers service

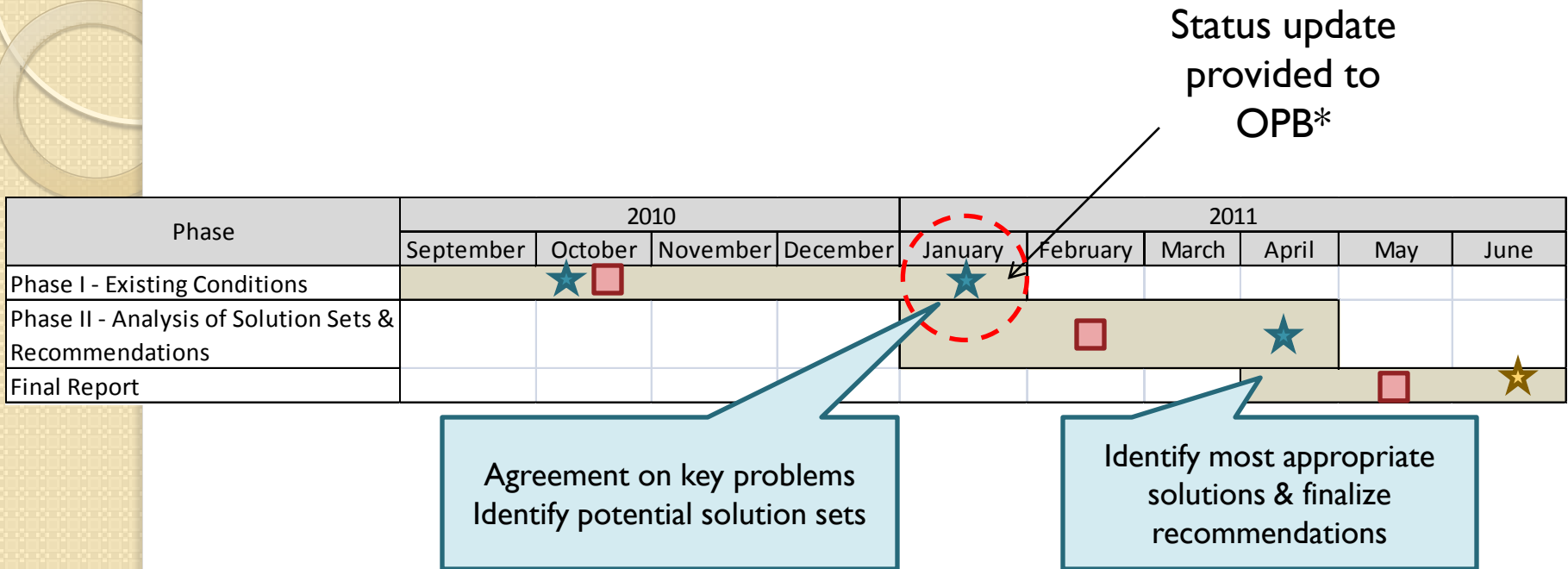
Best Practices – Kentucky

- Overhauled Medicaid NEMT and created a brokerage system
- Previous system fell victim to fraud & abuse
 - 3000 miles reported for 3 mile trip
- 1996 started framework for coordination
- 2004 operational statewide

Best Practices – Kentucky (cont'd.)

- Broker receives up-front sum based on number of expected Medicaid trips (capitated rate system)
 - Broker is gatekeeper – determines eligibility, pays provider, tracks trips, etc.
- Estimated FY 07' benefits of coordination
 - \$55 million for NEMT trips w/brokerage
 - \$160 estimated cost w/o
- Georgia took very similar approach to Medicaid NEMT w/positive results

Work Plan - Timeline



★ Joint meeting of Committee and Subcommittee

☆ Draft final report provided to Governor's Development Council

□ Committee-only meetings

* Status report only; different from Phase I report provided to Committee & Subcommittee in January

Work Plan – Phase I Report

Phase	Topics Analyzed	Presentation to Committee/Subcommittee	Feedback desired from Committee/Subcommittee
Phase I - Existing Conditions	a. Financial analysis b. Means of existing coordination c. Areas of duplication d. Limitations of federal funding e. Best practices nationwide	January 12, 2010	Agreement on key problems Agreement on potential solution sets (others in addition to those required by HB 277)

a. Financial Analysis Details:

- Vehicle utilization rates and costs per trip by program, & for select regional commissions
- Where possible, comparison of select RC vehicle utilization rates and costs per trip w/other states
- Where money is spent – capital, administrative, operations at state level and for select RC's

b. Means of Coordination Details:

- Graphic representations of how main funding sources are used, GA's coordination model
- Where possible, comparison of GA's model w/other "coordinated" states

10/6 Joint Meeting Review

- Tailored Approaches - not a one size fits all
- Funding Program Reporting Requirements
- Service Payment
- Vehicles - purchase, insurance, maintenance
- Vehicle Utilization
- Administrative
- Scheduling and Reporting Software

10/6 Joint Meeting Review (cont'd.)

- **What we heard:**

- Key issues identified by consultant team are directionally correct
- Federal regulations and rules may hinder future coordination efforts
- Need for clear communication protocol w/subcommittee to gather data and key perspectives

- **Next steps:**

- Develop survey on key questions
- Individual meetings w/subcommittee representatives

Upcoming Outreach

- **Stakeholder Outreach:**
 - Meetings in each of 12 regional commission areas
 - November 1- November 16
 - Goal is to have 1 committee member present at each
- **White Papers for Committee:**
 - Staff to provide additional materials as consultant work becomes available
 - Graphical representation of coordination by region expected
 - Additional information on best practices and cost savings desired

Upcoming Meeting Dates

- **Next Joint Meeting:**
 - January 12, 2011 – go over Phase I report
- **Next RHST Committee Meeting:**
 - February 9, 2011



Questions?