

GEORGIA RURAL AND HUMAN SERVICES TRANSPORTATION COORDINATION PLAN UPDATE

Claudia M. Bilotto, Project Manager
Update to R/HST Committee
February 9, 2011



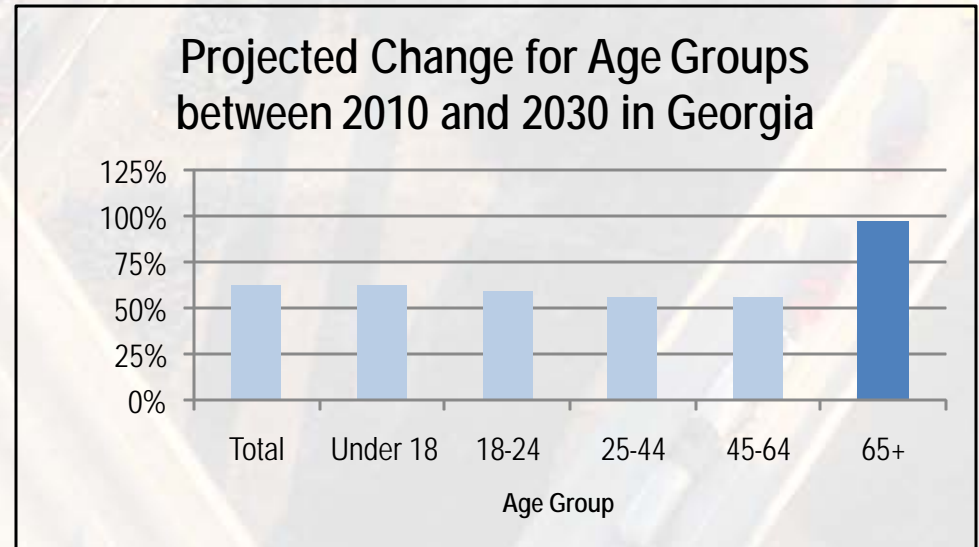
Study Goals

- ✓ Assess current coordination of R/HST efforts
- ✓ Identify ways to improve transportation coordination
- ✓ Learn from national best practices and model programs
- Develop and evaluate alternative solutions
- Identify pilot projects to test coordination strategies

Why Coordination? – Increasing Demand



- Growing Demand for HST
 - Aging population, people with disabilities ↑



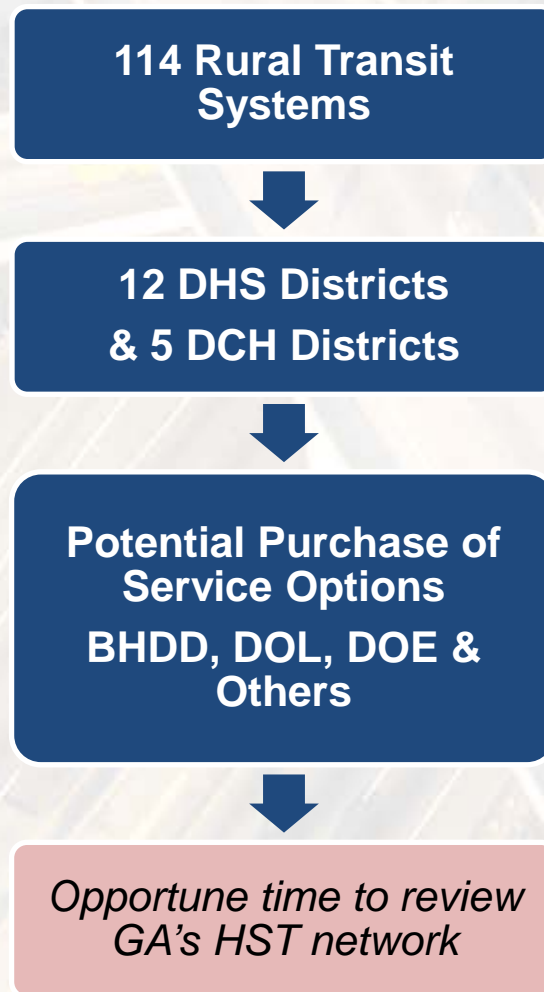
- New populations eligible for service: estimate 500,000 new Medicaid by 2019

Why Coordination? - Existing Challenges



- Demographic Changes
 - Aging in place, community-based services
- Economic Challenges
 - Individual and household budgets constrained
- Systemic Challenges
 - Budget constraints, staff reductions

Why Coordination? – Need Efficiencies



- Many Providers
 - Overlapping services
 - Ongoing informal coordination
- R/HST Lead Delivery Agencies
 - Differing regulations and reporting
 - Inconsistent payment structures
- Resource Challenges
 - State budgets are constrained
 - Limited staff

Study Efforts to Date

Needs Assessment

- Demographic Analysis
- Funding Assessment
- Regional Case Studies / Workshops
- State and International Best Practices
- Development of Guiding Principles

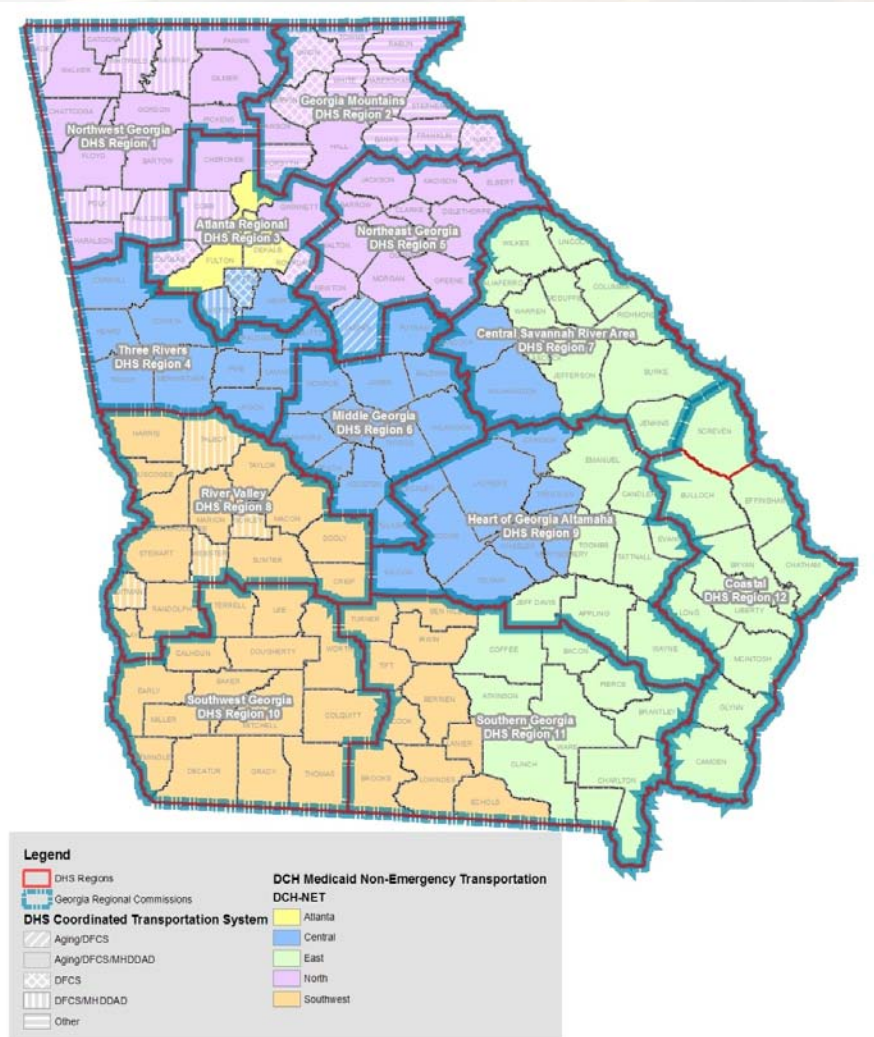
Alternatives Analysis

- Regional Workshops
- Development of Preferred Alternatives Approach
- Application of Evaluation Criteria
- Initiation of State and Regional Working Group Activities

Existing R/HST System

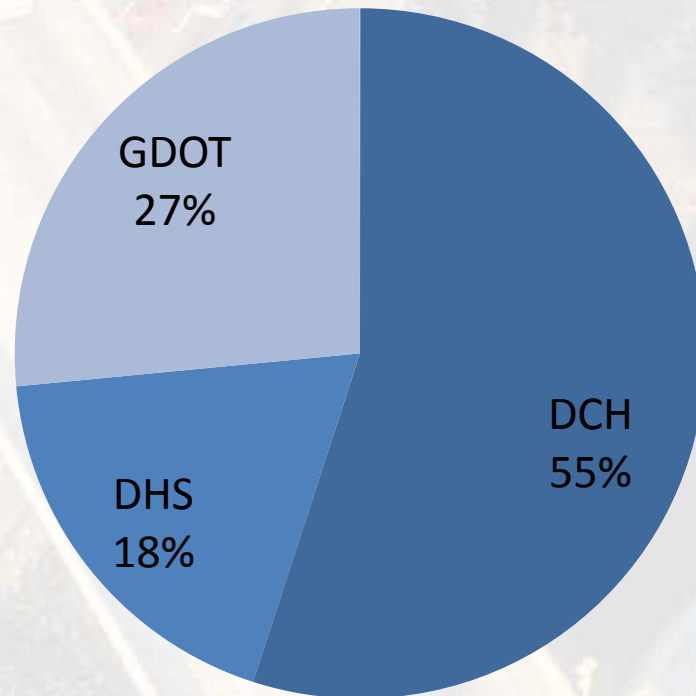
“Big 3” State Agencies

- GDOT – 5307 / 5311 Transit Systems
- DHS – Coordinated Transportation System
- DCH – Medicaid Non-Emergency Transportation (NET) System



R/HST System Funding FY2010

“Big 3” System Funding – Approx. \$147 Million



Operating Parameters

	GDOT	DCH	DHS*	BHDD	DOL
Payment Approach	Pays on a “fully allocated” eligible cost basis	Pays on a “capitated rate” basis	Pays on a “per trip” basis for purchase of service	Contracts with DHS to provide transportation	Contracts with DHS to provide transportation
Number of providers	114	5 Brokers, 100+ providers	12 regions, 100+ providers	See DHS	See DHS
Agency Staffing	7	2.25	22	Part of DHS	Part of DHS
Program Cost	\$39,000,000	\$80,869,944	\$27,161,838	\$11,202,572	\$484,011
Number of Trips	1,924,007	3,104,756	2,491,572	1,080,432	27,506
Average Cost per Trip (statewide average)	\$20.27	\$26.05	\$11.18**	\$10.37**	\$17.60**

*-includes Division of Aging, Department of Family and Children Services (DFCS), Job Access Reverse Commute (JARC)/New Freedom

**-purchase of service only (no capital)

Statewide Outreach Efforts

- Held 2 rounds of workshops in each of Georgia's 12 Regional Commissions.
- Engaged state and regional agencies, transit agencies, local governments, private stakeholders, non-profit and for-profit R/HST service providers.
- Developed and validated regional case studies regarding R/HST.

Guiding Principles

- Build upon existing regional coordination activities –
- not a “One Size Fits All” approach
- Support and develop regional leadership and champions
- Apply a progressive approach towards technology
- Streamline service delivery activities at all levels
- Utilize existing R/HST resources whenever possible
- Leverage funding sources to benefit service delivery
- Work with existing providers regarding delivery concerns

Key Opportunity Areas

Service Delivery

- Centralized Scheduling
- **Mobility Management**
- Shared resources to increase utilization

Administration

- **Reporting and Procedures**
- Maintenance
- Vehicle Purchase
- Cost Allocation / Cost Sharing

Funding

- Eligibility Determination
- Pooled Sources
- Leveraging Dollars

Mobility Management

Role of the Mobility Manager

DOT- 5311 Funds
DHS - 5310 Funds
DHS - BHDD/DOL/Other
Human Service Funds
DCH- Medicaid Funds



Mobility
Manager(s)



Regional
Coordinating Council

Purchases services from provider(s)
Schedules and dispatches trips using software (and 'know how') to determine most cost-effective and convenient way to provide transportation
Pays providers using the correct mix of funding sources
Monitors service quality
Responsible for reporting

Provider

Provider

Provider

Provider

Developing an R/HST Model

- **“Top Down” – State level alternatives**
 - Develop long-term vision for coordination
 - Identify short-term and long-term implementation strategies
- **“Bottom Up” – Regional level alternatives**
 - Develop context-sensitive coordination models
 - Cultivate regional champions and / or role for a regional “mobility manager”
 - Provide technical assistance for implementation

Next Steps

- Regional working group meetings
- Evaluation of potential pilot projects
- Identification of an R/HST model
- Preliminary recommendations
- Pilot project implementation

Questions?

- For more information:
 - Steve Kish, GDOT, skish@dot.ga.gov
 - Claudia Bilotto, HNTB, cbilotto@hntb.com