

Rural and Human Services Transportation Joint Committee and  
Advisory Subcommittee Meeting  
October 6, 2010

**MEETING MINUTES**

**RHST Committee Members Present:**

Charlotte Nash  
Al Nash  
Michael Byrd  
Lara Hodgson  
Sonny Deriso (non-voting)

**RHST Advisory Subcommittee Members Present:**

Department of Human Services  
Department of Community Health  
Department of Education  
Department of Community Affairs  
Department of Behavioral Health and Development Disabilities  
Department of Labor  
Department of Transportation

BJ Walker  
Shawn Walker  
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Jim Fredrick  
Deanna Crider  
Andrea Harper  
Jannine Miller

## **1. Welcome & Introductions**

Charlotte Nash called the meeting to order and turned the meeting over to Jannine Miller, Executive Director at the Georgia Regional Transportation Authority (GRTA). Ms. Miller was attending in Commissioner Vance Smith's (Georgia Department of Transportation) place and mentioned that Commissioner Smith was excited to see such a level of interest in the topic and that he encourages this forum to be an open dialogue. Ms. Nash then asked that everyone at the table introduce themselves.

## **2. Legislative Perspective**

Donna Sheldon provided the legislative perspective. Ms. Sheldon mentioned that some areas have already done a good job coordinating RHST, such as the coastal area. However, there are people who do not have enough service today, particularly in rural areas as well as confusion over who to call for service. This effort is aimed at improving efficiency and service issues such as these.

## **3. Public Comment Period**

There was one public comment from William Graham. Mr. Graham urged the Committee to identify ways to expand public transportation options, particularly in his home county of Stephens County. He stated that he would also like to see public transportation in 100 percent of the counties in the state.

## **4. RHST Presentation**

David Cassell began the presentation. He identified the nine tasks outlined in House Bill 277 that will be addressed in the Committee's preliminary report and how these tasks have been distilled down into a mission statement. In short, the legislation calls for identifying means of coordination that increase cost-effectiveness while maintaining or improving existing levels of service. Mr. Cassell then explained the reporting process and entities involved in developing the report. Although the legislation only calls for the Advisory Subcommittee to comment on the RHST Committee's preliminary report, the Committee desires to get them involved in an advisory capacity along the way. This in large part will be done by bringing the Committee and Advisory Subcommittee together in joint meetings to help establish direction.

Mr. Cassell identified the membership of the Committee and the Advisory Subcommittee as well as the formal reporting process. This process requires that the Committee submit a preliminary report to the Governor's Development Council, who after receiving comments from the Advisory Subcommittee, submits a finalized version of the report to the Office of Planning and Budget. Formal dates for reports to be submitted are July 1<sup>st</sup>, when the GDC routes the preliminary plan to the Subcommittee, September 1, when the GDC sends a finalized report to OPB, and January 15<sup>th</sup> when OPB sends the report and budget recommendations to the General Assembly.

Ms. Nash added that it is the committee's job to recommend changes; neither the Committee nor the GDC has the authority to implement any of the recommended changes.

Erik Steavens, Intermodal Director at GDOT, then gave an overview of RHST services in Georgia. There are 63 federal funding programs, with varying definitions and requirements. GDOT, the Department of Human Services (DHS) and the Department of Community Health (DCH) are primary administrators of RHST. GDOT administers 5311 funds, which are used for rural transportation. DHS administers 5310 funds, which around the country are typically administered together with 5311 funds. DCH administers Non-Emergency Medical Transportation (NET), which is the largest of the RHST sources in the state. Mr. Steavens stressed that coordination is about using resources more efficiently and better serving clients of all RHST programs through simplifying customer access to services and expanded service.

Mr. Steavens addressed the fact that there are many different levels of coordination varying from less complex approaches, such as sharing information, to more complex issues that may require strong political leadership. Mr. Steavens also stressed the value of regional approaches to each issue.

Finally, Mr. Steavens addressed the scope of work for the GDOT plan update, and that the scope and goals are similar to that of the RHST Committee's reporting effort.

Jim Fredrick with the Department of Community Affairs asked if all the federal programs would be inventoried to better understand the federal constraints the Committee and Advisory Subcommittee would be working under. Mr. Steavens said that work is largely done and will continue. Sonny Deriso with the GDC then asked Mr. Steavens to confirm that he heard correctly that there are examples where entities have been able to successfully coordinate services despite existing federal limitations; Mr. Steavens confirmed this. Mr. Deriso then thanked GDOT for assisting the Committee in developing the report, in particular sharing the services of their consultant.

Daniel Foth, project manager for the GDOT consultant team, introduced the consultant team then gave an overview of the key issues identified during the consultant's first round of outreach. The consultant discovered during this outreach that each region in the state is very different, thus, one state level approach would be inappropriate. Rather, approaches should be designed for each region. Other issues included a desire to standardize reporting requirements, concern over different service payment systems, high vehicle insurance rates, underutilized vehicles and administrative overlap.

Mr. Foth mentioned several approaches taken by states that have been successful in coordinating RHST. These approaches included both top down and bottoms up solutions, streamlined funding and reporting, flexibility in service delivery, and the establishment of coordinating councils. Mr. Foth then opened up the discussion to get input from the Subcommittee members.

Shawn Walker with DCH expressed support for streamlining reporting requirements provided agencies can still meet federal requirements. Andrea Harper with DOL mentioned that there have been discussions of having one "map" or framework for

coordination, but there has not been agreement on what that framework would look like. Ms Harper mentioned that many of the issues identified early in the presentation were the same issues DOL has found at the local level, especially concerns over certain populations being mixed together on the same trips.

Al Nash with the RHST Committee asked the consultant team to identify some of the states that had successfully coordinated services, in particular, what states had done so most recently. New Hampshire was a recent example, and other examples included Florida and North Carolina.

Mr. Foth then discussed some of the different types of payment structures currently being utilized by GDOT (fully allocated), DHS (per trip reimbursement) and DCH (capitated monthly rate paid to broker based on size of Medicaid eligible population) and expressed a need to discuss ways to develop a centralized payment structure to simplify the process for providers that work with multiple programs.

Deanna Crider with the Department of Behavioral Health and Developmental Disabilities asked if all the agencies worked off a similar schedule. Mr. Foth responded that individual agencies may have well-adhered to schedules, but that coordinated scheduling remains an issue. Jim Fredrick with DCA asked if the various clients and user groups had been involved in identifying issues; Mr. Foth said that through the original outreach effort they had.

Ms. Nash requested that staff and the consultant team establish a process for follow-up communication from stakeholders. Ms Nash directed staff to disseminate an email to subcommittee members and stakeholders identifying how they can best communicate w/staff and the consultant team.

Mr. Cassell then identified the Committee's work plan. Two reports will be presented in joint meetings, with one in January and a second in April. BJ Walker with DHS asked if and when data to explain some of the issues would be presented. Mr. Cassell responded that the reports in January and April would address this. Ms Walker expressed concern that it appeared that the same report provided to the Committee and Subcommittee in January would then be sent that month to GA OPB. Jannine Miller commented that the report to OPB is a separate report and is intended to be an update, not a data- rich report which will be provided to the Committee and Subcommittee.

Mr. Cassell shared the upcoming meeting dates and the existing stakeholder outreach plan. This included a website, email repository for comments, webcasts of joint meetings and a round of outreach meetings throughout the state.

Ms. Nash thanked everyone for their participation and adjourned the meeting.