

Minnesota Council on Transportation Access (MCOTA) 2013 Annual Report



MCOTA 2013 Annual Report

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Executive Summary

The Minnesota State Legislature created the Minnesota Council on Transportation Access in 2010 to “study, evaluate, oversee, and make recommendations to improve the coordination, availability, accessibility, efficiency, cost-effectiveness, and safety of transportation services provided to the transit public.” (Minn. Stat. 2010 174.285)

In this annual report, the Council provides a summary of 2012 activities that advance MCOTA’s legislatively-outlined duties to improve transportation coordination throughout the state. This document also offers the Council’s recommendations for further improvements for transportation coordination in Minnesota and highlights initiatives the Council will work on in the next year.

The need for greater transportation coordination in Minnesota is primarily driven by demographic changes and population needs. Federal transit funding programs continue both to require and encourage coordination to improve and enhance the coordination of Federal resources for human service transportation, and especially transportation for people with disabilities, older adults, and people with lower incomes. In addition, coordination offers a multitude of benefits for transportation users and for providers, chief among them: ease of use and greater flexibility.

Mobility management and transportation coordination strategies are growing and maturing nationally and in several states. The Council offered three well-received mobility management webinars, which were broadcast and recorded in the spring of 2012.

Other accomplishments:

- **Economic cost-benefit case studies**

MCOTA is conducting a study on the economic costs and benefits of various transportation coordination strategies in Minnesota, specifically looking for demonstrated measurable cost-savings. Analysis of three of the strategies (travel training, joint dispatch and medical assistance coordination) show significant cost savings, as well as non-monetary benefits. The fourth program being studied is the MetroPass program for Minneapolis Public Schools. The primary goal for the school district was reduced absenteeism among high school students, and early results are very positive. Results of the economic analysis will be available in early 2013.

- **Veterans Transportation and Community Living Initiative grant**

The Minnesota Department of Transportation received a federal grant to expand an existing one-call, one-click center to include statewide transportation service information to allow more than 68,000 veterans who live in the state, military families and others to easily access information about public and private transportation options. MCOTA is providing the \$75,000 local share for the “one-click” phase of the grant.

- **Nonemergency Medical Transportation Advisory Committee support**

In 2012, the Minnesota Legislature directed the NEMT Advisory Committee to advise the Minnesota Department of Human Services Commissioner about the administration of nonemergency medical

transportation services provided to recipients of the Minnesota Health Care Programs (MHCP). The Legislature also directed the NEMT Advisory Committee to coordinate its activities with MCOTA. The committee and MCOTA are working together, and MCOTA's recommendations about potential solutions for the management of NEMT services to DHS are listed in the recommendations section of this report.

- **2012-2014 MCOTA Priorities**

In the spring of 2012, the Council conducted a strategic organizational analysis facilitated by Minnesota Management and Budget and developed a work plan of priority activities for 2012-2014. See Table 2.

Through its ongoing efforts as a state-level coordinating council, MCOTA has continued to advance its goal of transportation coordination in Minnesota. Not only has it created numerous tools and resources for local use and served as a valuable single-source coordination resource for the transportation community, its existence fosters interagency connections that promote a heightened level of cooperation and communication of transportation within state and local government.

The Council's economic cost-benefit case studies illustrate actual cost reductions and other benefits attributable to specific coordination efforts throughout the state. MCOTA's recommendations for nonemergency medical transportation have the potential to generate significant savings and create consistent levels of service for recipients of the Minnesota Health Care Programs. The Council's 2012-2014 work plan will create more specific guidance for high-impact projects that can be adopted in Minnesota's local communities.

With sustained support for MCOTA, the state of Minnesota will work toward its important objective of removing obstacles that prevent the successful coordination of transportation programs and resources, giving Minnesotans access to transportation services that meet their mobility needs.

I. Introduction

It is easy for most people to take transportation for granted. However, lack of adequate transportation services is a real and persistent barrier for those unable to use a personal vehicle as they attempt to earn a living, get an education, access medical care, purchase groceries or fulfill many other basic daily needs. To enable people without personal vehicles the freedom to accomplish these essential tasks, the state of Minnesota makes a substantial investment in transit services. Despite this investment, available transportation services are often fragmented and difficult for consumers to navigate. Transit services are costly to operate, a problem that is sometimes exacerbated by inconsistent, duplicative or restrictive federal and state rules and regulations. In some cases, transportation services are simply not available to meet the public's needs. This is especially problematic in rural areas, where many residents live without access to public transportation. Improving coordination and efficiencies among providers of transportation services is critical to helping seniors, persons with disabilities, persons with low incomes, veterans and others enjoy independence and participate fully in our state's economy.

Fostering communication and cooperation among different governmental agencies and stakeholder groups can enhance transportation services and use public resources more efficiently. To better coordinate public transit and human services transportation activities, most states have created coordinating councils at one or more levels of government.

In Minnesota, the state-level coordinating council is the Minnesota Council on Transportation Access . The Council serves as an advisory group and a clearinghouse to address transportation coordination topics from a statewide perspective. The Minnesota State Legislature established the group in 2010. The group includes member representatives from thirteen agencies listed on page 4. MCOTA's work focuses on increasing capacity to serve unmet transportation needs, improving quality of transit service, improving understanding and access to these services by the public, and achieving more cost-effective service delivery.

Statutory Purpose

The purpose of the Minnesota Council on Transportation Access is to “study, evaluate, oversee, and make recommendations to improve the coordination, availability, accessibility, efficiency, cost-effectiveness, and safety of transportation services provided to the transit public.” (Minn. Stat. 174.285)

MCOTA Duties

To work towards its goal of transit coordination and accessibility, the Council is tasked with 20 duties, as defined in Minn. Stat. 174.285:

1. Compile information on existing transportation alternatives for the transit public, and serve as a clearinghouse for information on services, funding sources, innovations, and coordination efforts.
2. Identify best practices and strategies that have been successful in Minnesota and in other states for coordination of local, regional, state and federal funding and services.
3. Recommend statewide objectives for providing public transportation services for the transit public.

4. Identify barriers prohibiting coordination and accessibility of public transportation services and aggressively pursue the elimination of those barriers.
5. Recommend policies and procedures for coordinating local, regional, state and federal funding and services for the transit public.
6. Identify stakeholders in providing services for the transit public, and seek input from them concerning barriers and appropriate strategies.
7. Recommend guidelines for developing transportation coordination plans throughout the state.
8. Encourage all state agencies participating in the council to purchase trips within the coordinated system.
9. Facilitate the creation and operation of transportation brokerages to match riders to the appropriate service, promote shared dispatching, compile and disseminate information on transportation options and promote regional communication.
10. Encourage volunteer driver programs and recommend legislation to address liability and insurance issues.
11. Recommend minimum performance standards for delivery of services.
12. Identify methods to eliminate fraud and abuse in special transportation services.
13. Develop a standard method for addressing liability insurance requirements for transportation services purchased, provided, or coordinated.
14. Design and develop a contracting template for providing coordinated transportation services.
15. Recommend an interagency uniform contracting and billing and accounting system for providing coordinated transportation services.
16. Encourage the design and development of training programs for coordinated transportation services.
17. Encourage the use of public school transportation vehicles for the transit public.
18. Develop an allocation methodology that equitably distributes transportation funds to compensate units of government and all entities that provide coordinated transportation services.
19. Identify policies and necessary legislation to facilitate vehicle sharing.
20. Advocate aggressively for eliminating barriers to coordination, implementing coordination strategies, enacting necessary legislation and appropriating resources to achieve the council's objectives.

II. The Transportation Coordination Environment

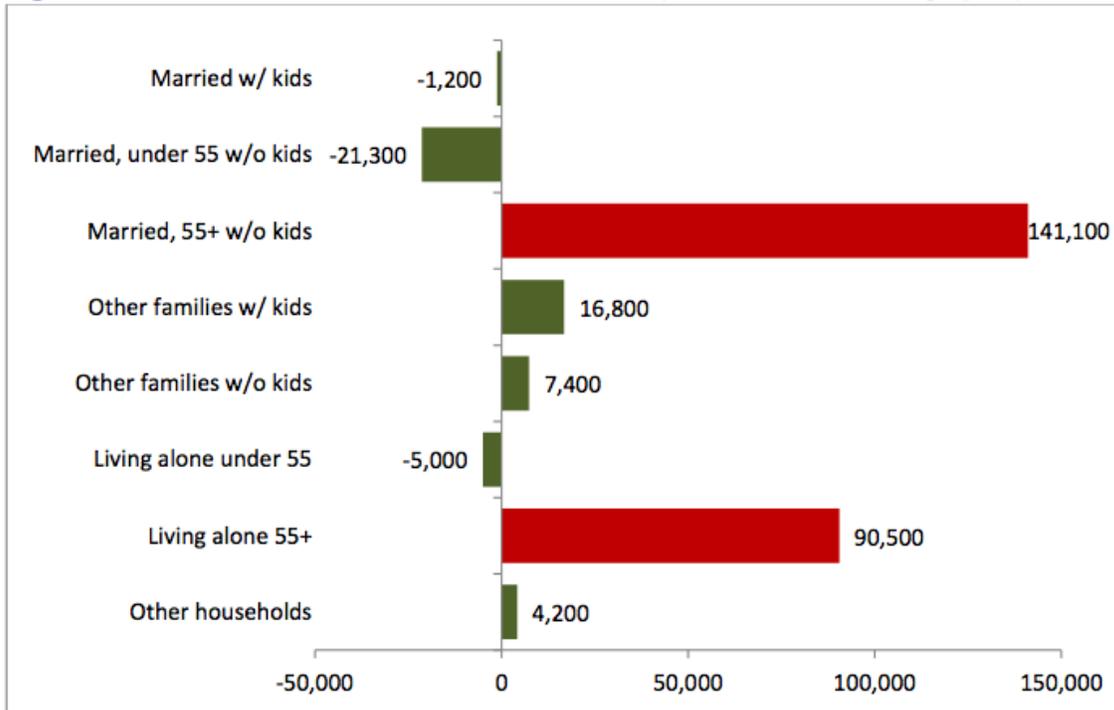
Demographic changes among Minnesota's population require increased transportation options that can be addressed by increased coordination. Increased transportation options cannot be fully met due to state and federal budget constraints. These constraints encourage state and federal coordination in order to maximize use of available funds. In addition, coordination offers a multitude of benefits for transportation users and for providers: chief among them ease of use and greater flexibility. Some current coordination trends include:

- The development of mobility management nationwide. Mobility management is a strategy continuing to receive increased attention at the federal level, as well as in other states.
- Greater use of fixed-route transit for non-emergency medical transportation and for high school students.
- State and regional coordinating councils. According to the National Conference of State Legislatures, 27 states now have state coordinating councils, and at least 29 have regional coordinating councils.

The need for coordination in Minnesota: Demographic changes

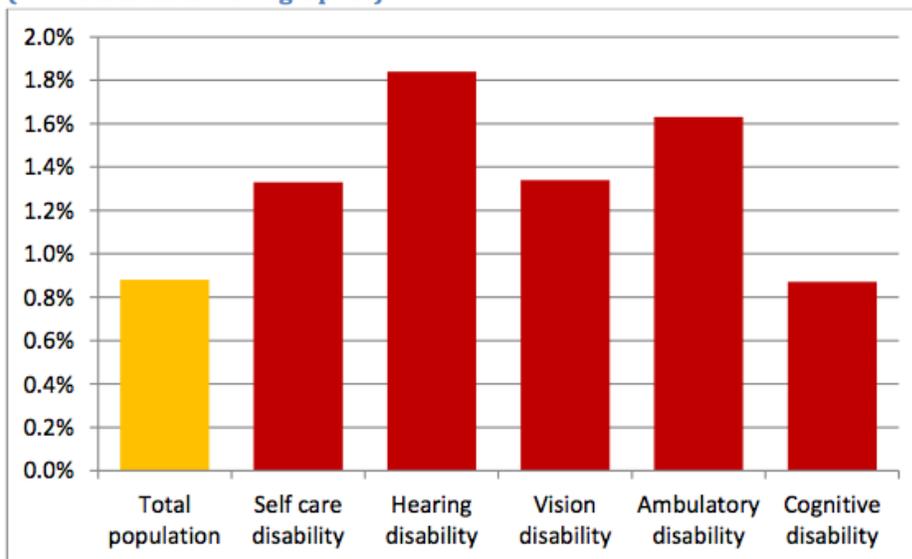
Personal mobility continues to be an especially timely and critical issue, given projected growth among transportation-disadvantaged populations during the next 20 years. Demographic projections indicate that the number of individuals relying on transportation services will increase, while growth in transit service levels is not keeping pace. In Minnesota, the state demographer forecasts the share of population over age 65 will grow from approximately 13 percent in 2010 to more than 20 percent in 2030. The state demographer also forecasts households made up of empty nesters and elderly individuals living alone will have the largest projected growth between 2010 and 2020, as shown in Figure 1.

Figure 1: Minnesota Household Growth 2010-2020 (Minnesota State Demographer)



Meanwhile, annual growth in the population with disabilities is expected to outpace total population growth. Figure 2 documents this trend.

Figure 2: Projected Average Annual Growth in Selected Disabilities 2010-2020 in Minnesota (Minnesota State Demographer)



Low-income populations are also experiencing growth. Today, more than 621,000 Minnesotans, or 11.9 percent of the state’s population, live below the poverty line. Transportation expenses are especially

burdensome to low-income families; the poorest 20 percent of the population spends approximately 40 percent of take-home pay on transportation.¹

Federal programs encourage coordination

Coordination continues to be a core component of federal transportation funding. The federal transportation act, Moving Ahead for Progress in the 21st Century (MAP-21), effective October 1, 2012, requires coordination with human services in statewide and metropolitan transportation planning; coordination of service delivery is required in all three core FTA grant programs; and makes “public transportation projects to improve [seniors' and disabled persons'] access to fixed-route transit” a newly eligible use of Section 5310 funds. See the FTA’s MAP-21 website (<http://www.fta.dot.gov/map21/>) for more information.

Growth of mobility management efforts nationally and in other states

Transportation coordination strategies are growing and maturing nationally and in several states. A local-level strategy that has been implemented extensively across the nation is mobility management. Mobility management focuses on meeting the needs of individual customers—including older adults, people with disabilities, and individuals with lower incomes—through a wide range of coordinated transportation options and service providers. Other states, such as Wisconsin, Massachusetts, Idaho, Colorado, Pennsylvania and Georgia, have instructive experiences in mobility management and other coordination practices that MCOTA is using to shape its recommendations.

At the federal level, the federal government continues to encourage coordination through United We Ride, which is aimed at improving the availability, quality and efficient delivery of transportation services for older adults, people with disabilities, and individuals with low incomes. Also, the Federal Transit Administration, as the primary staff agency to the Federal Interagency Coordinating Council on Access and Mobility, is soliciting proposals to fund a National Center for Mobility Management. The NCMM will carry out activities to further mobility management and to improve and enhance the coordination of federal resources for human service transportation. Responses were due at the end of September 2012, and the NCMM is expected to be funded annually for at least five years, depending on performance.

Expansion of fixed-route transit

In Minnesota and elsewhere, states and localities are working to expand the use of fixed-route transit for non-emergency medical transportation and for high school students. For example, Minnesota Non-Emergency Transportation is a program of Medical Transportation Management, Inc., a national company specialized in non-emergency medical transportation coordination. MNET schedules and coordinates non-emergency transportation for eligible people in the 8-county metro area of Minnesota.² The program is eligible for people who receive Medical Assistance or associated programs and some people on MinnesotaCare.³

¹ American Community Survey Briefs: Poverty 2009 and 2010 US Census Bureau

² The eight counties include Anoka, Chisago, Dakota, Hennepin, Isanti, Ramsey, Sherburne and Washington.

³ Under MinnesotaCare, transportation is covered only for pregnant women and children.

Since early 2012, MNET has conducted travel training through a program called “On the Move!” The program assesses and teaches individuals, including those with disabilities, how to travel safely and independently using the Metro Transit system, and thus encourages more individuals to utilize these community resources, rather than relying on more expensive paratransit and on-demand transportation.

And, in 2011, Minneapolis Public Schools began a pilot program to provide eligible high school students with free cards to ride Metro Transit buses or light rail, rather than taking school buses. The pilot was successful and, in fall 2012, Minneapolis Public Schools expanded the Metro Transit Go-To Card Program to seven high schools, with plans to expand it to all eligible high school students in 2013.

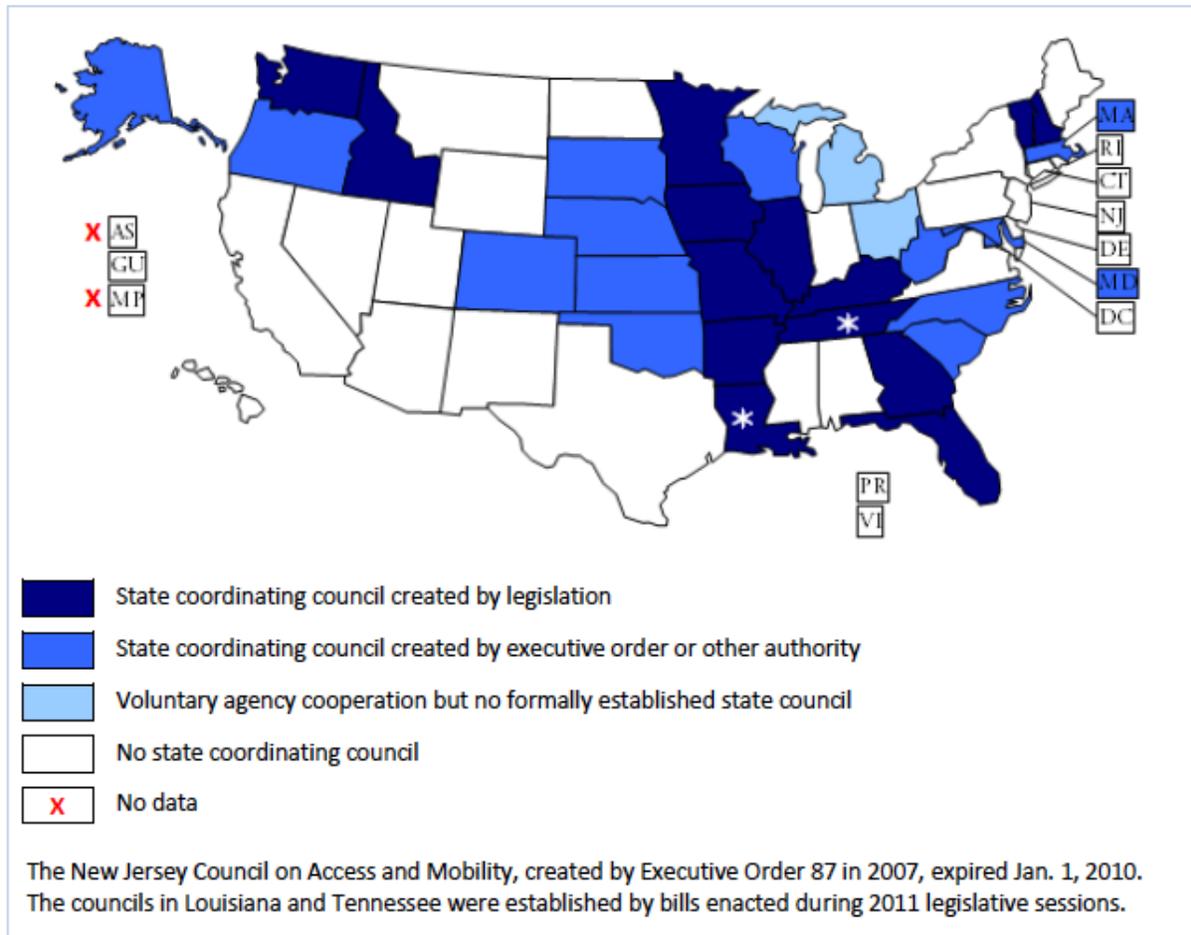
The Go-To Card gives students increased flexibility to remain at school for academic or extracurricular activities, compared with their previous means of transportation, the yellow school bus system. The Go-To Card Program does not offer Minneapolis Public Schools a cost savings, but it supports improved student attendance because under the old system, students who missed the yellow bus often opted to stay home.

State and regional coordinating councils

In January 2012, the National Conference of State Legislatures released the report *Regional Human Service Transportation Coordinating Councils: Synthesis, Case Studies and Directory*, available at <http://www.ncsl.org/issues-research/transport/regional-coordinating-councils-report.aspx>.

According to that report, as of January 2012, at least 27 states had created state coordinating councils similar to MCOTA. State-level coordinating councils are generally responsible for creating an inventory of services, conducting needs assessments and determining how gaps should be filled. The state councils bring together the key players to consider and recommend how state policies should be revised to enhance coordination at the local level. The map in Figure 3 shows the states that have state coordinating councils, including Minnesota.

Figure 3: State coordinating councils



Source: *Regional Human Service Transportation Coordinating Councils: Synthesis, Case Studies and Directory*, National Conference of State Legislatures, January 2012.

In addition, as of December 2011, at least 29 states reported having at least one coordinating council at the regional level (Figure 4). Regional councils bring together agencies and organizations within a geographic region. Actual coordination implementation occurs in local areas. Local councils bring together all local entities that provide transportation services to a wide variety of users to deal with the basic components of coordination. Ongoing communication at all levels can remove many roadblocks to coordination and these councils are the forums for such discussions to occur.

III. MCOTA 2012 Activities and Accomplishments

Since its creation in 2010, MCOTA has pursued projects and activities to improve transportation coordination in Minnesota, according to its legislative duties. Below are brief descriptions of key Council activities and accomplishments during 2012.

Table 1: Key MCOTA 2012 Activities and Accomplishments

	Activity	Legislative Duties Addressed
1	Economic cost-benefit studies	1, 2
2	Veterans Transportation and Community Living Initiative grant	1, 9
3	Nonemergency Medical Transportation (NEMT) Advisory Committee support	1, 2, 3, 4, 16
4	Mobility management webinars	9, 16
5	Additional staff activities on behalf of MCOTA	1, 2

Cost-benefits of coordination case studies

MCOTA conducted a study on the economic costs and benefits of several transportation coordination strategies in Minnesota. The Council contracted with a University of Minnesota researcher to analyze the costs and benefits of four current transit coordination efforts in the state. Cost savings for three of the programs are listed in Table 2, followed by additional highlights. The other program being studied is the Metro Transit Student Go-To Pass with Minneapolis Public Schools. Results for the Student Go-To Pass program will be available in early 2013. This study relates to MCOTA legislative duties 1 and 2.

Table 2: Cost savings for Minnesota transportation coordination examples

Program	Location	Annual Cost Savings
Heartland Express contracts with Paul Bunyan Transit for dispatching services	Park Rapids	\$22,300
MNET's "On the Move" Travel Training moves paratransit riders to fixed-route buses	8-county Twin Cities metro area: Anoka, Chisago, Dakota, Hennepin, Isanti, Ramsey, Sherburne, and Washington.	\$11,910 (first year) \$67,680 (subsequent years)
SmartLink saves brokerage fees and coordinates Medical Assistance travel internally	Scott and Carver Counties	\$139,740
Metro Transit Student Go-To Pass with Minneapolis Public Schools	Minneapolis	Results expected in early 2013

Case 1. Heartland Express contracts with Paul Bunyan Transit for dispatching services

The Hubbard County Heartland Express offers on-demand bus service within the city of Park Rapids. Originally, Heartland Express operated one bus and Park Rapids riders called the bus driver's cell phone to schedule a ride. Typical riders are children, seniors and people with disabilities heading to schools, stores, medical appointments or the courthouse. When Heartland Express added a second bus to the service, dispatching became more complex. One driver operated one bus while also answering incoming calls and dispatching the other bus by calling the other driver via cell phone. This increased the operations safety issue of driver distraction. In addition, with the driver as the call taker, there was not time to determine the most efficient pickup schedule for trip requests.

Beginning in February 2011, Hubbard County contracted with Paul Bunyan Transit, located in neighboring Beltrami County, to provide dispatch service for Heartland Express. Paul Bunyan Transit uses dispatch software, automatic vehicle locators and mobile data terminals to make a direct connection with the Heartland Express vehicles. Residents of Park Rapids call the same phone number for service, but calls are transferred to Paul Bunyan Transit for dispatching.

Benefits

- Hubbard County saves \$22,300 by not hiring a separate dispatcher
- Safer operations and more efficient dispatching by having a dedicated dispatcher
- Expanded services due to improved efficiency, as a dedicated dispatcher can provide more effective routing

Challenges

- Drivers and passengers needed to adjust to a remote dispatching system, including the need to provide a precise address. Passengers also had to adapt to longer wait times due to the grouping of rides, which required a 15-minute reservation window on either side of a scheduled ride.
- Paul Bunyan Transit dispatchers were used to working with communities much larger than Park Rapids, where rides take less time and can be scheduled closer together, so needed to make adjustments.

Case 2. MNET's "On the Move" Travel Training

Minnesota Non-Emergency Transportation is a program of Medical Transportation Management, Inc., a national company specializing in non-emergency medical transportation coordination. MNET schedules and coordinates non-emergency transportation for eligible riders in eight counties of the Twin Cities metropolitan area.⁴ The program is available for people who receive Medical Assistance or associated programs, and some individuals on MinnesotaCare.⁵

Since early 2012, MNET has conducted travel training through a program called "On the Move!" The program assesses and teaches individuals, including those with disabilities, how to travel safely and independently using the Metro Transit fixed route bus system, rather than relying on more expensive paratransit and on-demand transportation.

⁴ The eight counties include Anoka, Chisago, Dakota, Hennepin, Isanti, Ramsey, Sherburne and Washington.

⁵ For MinnesotaCare, transportation is covered only for pregnant women and children.

Benefits

- Annual cost savings from travel training that transitions riders from more expensive paratransit service to less expensive fixed-route transit
 - \$11,910 (first year)
 - \$67,680 (subsequent years)
- Greater independence, mobility and engagement for persons who previously only rode paratransit service and can now ride fixed-route transit, which does not require advance reservations and offers more frequent service.

Challenges

- Individual and family concerns about the challenges of using fixed-route transit vs. paratransit, such as getting lost, safety, inconvenience, cold weather and passengers who may not give up the front seats in the bus or train. These concerns are addressed in the training and in follow-up calls.

Case 3. SmartLink's Medical Assistance Travel

Medical Assistance is a federal assistance program that subsidizes health care and nursing home care for people who meet specific income, asset and property eligibility criteria. The State of Minnesota is required by federal law to provide nonemergency medical transportation assistance (for example, rides to medical appointments) to MA recipients.

From 2004 to 2009, MA transport services for 11 counties in the Twin Cities were coordinated by the Minnesota Non-Emergency Transportation program.⁶ In 2010, after the state of Minnesota decided to pass brokering costs for MNET's service to the counties, Scott and Carver counties discontinued the MNET brokerage. Since then, the two counties have relied upon SmartLink Transit, the public transit provider in Scott and Carver counties, to coordinate their MA travel. SmartLink improves efficiency by using one vehicle to provide rides for all of the different transit programs, including MA travel and others, such as Dial-A-Ride, ADA or fixed routes services.

Occasionally, SmartLink may be unable to provide a ride to a medical appointment, usually because the destination is outside of Scott and Carver Counties. On these occasions, SmartLink works with other carriers to provide these rides.

Benefits

- Annual cost savings:
 - On brokerage: \$134,460
 - On service provision: \$5,100
 - Total: \$139,740 in annual cost savings by SmartLink determining the most appropriate transit service for the client
- Local coordinators are more familiar with individual client needs and the options available to address those needs

⁶ The 11 counties were: Anoka, Carver, Chisago, Dakota, Hennepin, Isanti, Ramsey, Scott, Sherburne, Washington and Wright.

Challenges

- Minor challenges establishing the program, including coordinating with the Department of Human Services
- Training SmartLink staff in MA rules and regulations
- Unanticipated increase in phone calls received regarding MA rides
- Need to negotiate contracts with private transportation companies to provide rides to destinations outside of the counties
- Not yet able to collect and track data about the types of riders and destinations across all types of vehicles

Case 4. Metro Transit Student Go-To Pass with Minneapolis Public Schools

The other program being studied by MCOTA is the Metro Transit Student Go-To Pass with Minneapolis Public Schools. Results for the Student Go-To Pass program are not available at the time of this report's publication; they will be available in early 2013.

In 2011, Minneapolis Public Schools began a pilot program to provide eligible high school students with free cards to ride Metro Transit buses or light rail, rather than taking school buses. The pilot was successful, and in fall 2012, Minneapolis Public Schools expanded the Metro Transit Go-To Pass Program to seven high schools, with plans to expand it to all eligible high school students in 2013.

The Go-To Pass gives students increased flexibility to remain at school for academic or extracurricular activities, compared with their previous means of transportation, the yellow school bus system. The Student Go-To Pass Program is expected to support improved student attendance because, under the old system, students who missed the yellow bus often opted to stay home.

Veterans Transportation and Community Living Initiative grant

The Minnesota Department of Transportation received two federal grants totaling \$1.774 million to expand an existing one-call, one-click center to include statewide transportation service information. It will allow more than 68,000 veterans who live in the state, military families and others to easily access information about public and private transportation options. MCOTA is providing the \$75,000 local match for the "one-click" phase of the grant. This project relates to MCOTA legislative duties 1 and 9.

This phase of the project will begin in early 2013 and involves making improvements and enhancements to the existing www.MinnesotaHelp.info provider database. This database is used by the Veterans Linkage Line, Senior Linkage Line and the Disability Linkage Line, all three of which are housed under the MinnesotaHelp™ Network. Enhancements to search capabilities and transportation provider information will enable veterans and other members of the public to see transportation provider details such as the type of services offered, service hours, cost rates and eligibility requirements for their specified location.

Nonemergency Medical Transportation (NEMT) Advisory Committee support

In 2012, the Minnesota Legislature directed the Nonemergency Medical Transportation Advisory Committee to advise the Commissioner of the Minnesota Department of Human Services on the

administration of nonemergency medical transportation services provided to recipients of the Minnesota Health Care Programs. The Legislature also directed the NEMT Advisory Committee to coordinate its activities with the Minnesota Council on Transportation Access. MCOTA provided recommendations about potential solutions for the management of nonemergency medical transportation services to DHS through their formal request for information published in the State Register. (Notice of Request for Information on Nonemergency Medical Transportation for Minnesota Health Care Programs, State Register Monday Oct. 1, 2012, p. 485). MCOTA's recommendations to DHS are provided in this report under MCOTA 2012 Recommendations. This support relates to MCOTA legislative duties 1, 2, 3, 4, and 16.

Mobility management webinars

MCOTA promoted local agencies' understanding of coordination implementation techniques through the development of three mobility management webinars, which were broadcast and recorded in the spring of 2012. These webinars introduced local agencies to best practices in coordination implementation and offered stakeholders the opportunity to ask questions of transit experts. Approximately 107 people attended the live broadcasts of the webinars, with 482 views of the recorded webinars to date, from 36 states and the District of Columbia. Most of the viewers were from Minnesota, with Wisconsin, Illinois, North Dakota and Massachusetts rounding out the top 5 states. The three webinars were:

- Building Partnerships to Reduce Transit Service Gaps: Lessons from Wisconsin
- Delivering Non-Emergency Medical Transportation Service Through Public Transit Coordination
- Building a Metro-Area Transit One-Stop Call Center

The webinar recordings are available on the Minnesota Transit Coordination website, www.coordinatemntransit.org/events/index.html. These webinars relate to MCOTA legislative duties 9 and 16.

Additional MCOTA staff activities

In addition to MCOTA initiatives, agency staff worked on other efforts that advanced the goals of MCOTA. These activities relate to MCOTA legislative duties 1 and 2. For example,

- Staff from the MnDOT Office of Transit and MCOTA members from the Metropolitan Council/Metro Transit and the DHS met with Dakota County planning, transportation and human services staff to help identify ways to coordinate transportation more effectively in Dakota County.
- Staff from the MnDOT Office of Transit provided technical assistance during the planning process to ensure that Section 5310, JARC and New Freedom projects were a part of the 2011 Local Human Service Transit Coordination Plans in Minnesota.
- Staff from the MnDOT Office of Transit assisted the Transit For Our Future Initiative by preparing the document: *Guidance for Coordination, Cooperation and Collaboration- Collaborative Strategies For Improving Transit Systems*, at <http://www.dot.state.mn.us/transit/grants/Transit%20for%20our%20Future/Guidance%20for%20Coordination%20Cooperation%20Consolidation.pdf>.

IV. What's Next: MCOTA priorities for 2012-2014

In the spring of 2012, the Council conducted a strategic organizational analysis that was facilitated by Minnesota Management and Budget and developed a work plan of priority activities for 2012-2014. The work plan is highlighted below.

Table 3: Top MCOTA projects for 2012-2014

Project Number	Project Name	Legislative Duties
1	Develop policies/legislation to facilitate vehicle sharing	19, 2
2	Recommend statewide objectives for transportation coordination	3
3	Facilitate the study/creation of competitive brokerage models that could be implemented in Minnesota	9, 2, 12, 20
4	Identify Barriers to coordination and accessibility	4
5	Eliminate barriers to coordination and accessibility	20
6	Create MCOTA's legislative action plan	20, 19
7	Publish mobility management practitioners guide	2, 16

V. MCOTA Recommendations

Based on the outcomes of its 2012 activities and accomplishments, MCOTA continues the recommendations from 2011 and adds several new recommendations:

2011:

- State agencies should conduct demonstration projects to investigate coordinated planning, vehicle/client sharing and cost sharing.
- The legislature should support the recommendation made by the Minnesota Non-Emergency Medical Transportation Committee to use bus passes for NEMT clients to increase the use of public transportation when it is accountable and cost effective.
- Vehicles used in human service transportation should be made available to other state, federal and/or publicly-funded programs. State agencies should not restrict grantees to serving only their own parent programs through barriers to billing and accounting structures or liability concerns.
- State agencies should work together to create funding mechanisms that support their shared ownership of funding responsibilities while completing reporting and tracking requirements for various funding streams.
- State agencies should support the implementation of strategies identified by regions in local human service transit coordination plans.
- State agencies dealing with transportation services should agree upon common measurements and definitions for tracking and reporting the cost of transportation services.

2012:

The MCOTA submitted the following recommendations on potential solutions for the management of nonemergency medical transportation services provided to recipients of the Minnesota Health Care Programs to DHS through their request for information (Notice of Request for Information on Nonemergency Medical Transportation for Minnesota Health Care Programs, State Register Monday Oct. 1, 2012, p. 485). The RFI required respondents to address/correspond to specific areas/aspects listed below in letters A-E.

A. Administration of the NEMT program within a single administrative structure that may include a statewide or regionalized solution. Administration of a transportation structure could be broad in scope and flexible enough to respond to the differences in geography, demographics and governance structures that exist in the state. If a regional solution is proposed, please address how DHS would maintain consistency and accountability among all regions of the state.

MCOTA recommends that the single administrative structure be administered at the local level by a county or if they so choose, a group of counties. Local administration of the program will provide the best customer service and minimize the disruption to the consumer transitioning from the current administrative structure.

MCOTA recommends that the local administration include the counties and state working together to establish greater consistency across the state. This should include one set of service delivery rules that apply to all consumers regardless of where they live. There should be a set of service rules that all counties and providers live by, i.e., same reservation window, same pick-up window, same criteria for when fixed route must be used (same walking distance), etc., same level of need assessment, same penalties for consumer system abuse (no-load), same provider credentials (i.e., driver and escort).

MCOTA recommends that the state provide ongoing technical assistance to the NEMT coordinators in the form of sample policies and procedures, contract templates, and best practice example distribution. Some example materials from the State of Oregon are cited:

- *Oregon Broker Manual*: Prepared by the State of Oregon, this manual is used by all brokers/coordinators.
<http://www.dhs.state.or.us/policy/healthplan/guides/medtrans/broker-manual.pdf>
- *Driver Code of Professional Conduct*: TriMET, the broker for the Portland Oregon metropolitan area, requires acknowledgement by all contracted service provider drivers.
<http://trimet.org/pdfs/meetings/tctag/Driver-Code-of-Professional-Conduct.pdf>
- *Child Transport Guide*: TriMET has issued policy guidance addressing Child Transport applicable to all contracted service providers.
<http://trimet.org/pdfs/meetings/tctag/Childrens-Transport-Guidelines.pdf>

- *Exhibit 4 - Rider Guide*: Explains to the consumer/client how to use the program in the Portland Oregon area.
<http://trimet.org/pdfs/mtp/mtpguide.pdf>

MCOTA recommends that the MnDOT Commercial Vehicle Operation's Special Transportation Services requirements for driver training and vehicle inspections be required for any NEMT transportation services providing more than curb to curb service.

B. Oversight of transportation services. Please address how requests for services will be coordinated, how enforcement of the closest available provider will be achieved, how billing will occur, and how transparency and accountability necessary to monitor the work, and monitor for fraud and abuse will be maintained.

MCOTA recommends that counties or groups of counties should utilize NEMT Coordinators to implement the program. The coordinators should be responsible for:

- Administration of the program
- Contract administration
- Billing/data tracking
- Recruiting and maintaining an adequate transportation network
- Determining the most appropriate mode of transportation
- Maximizing cost-effectiveness and quality services through coordination with local programs and stakeholders
- Referring clients for level of need assessments
- Providing transportation options to clients
- Maintaining quality assurance

Counties or groups of counties should have the option of selecting local units of government, non-profit organizations, for profit businesses or public transportation programs to carry out the NEMT coordinator role.

C. A process for assessing an individual's level of need for NEMT services. This process must encompass the need for any type of NEMT service, not just STS "level of need." The process also must be responsive to those clients who experience a changing level of need.

MCOTA recommends that the assessment process should include fully functional level of need assessments for individuals referred by the NEMT coordinators. The assessors who administer the fully functional assessments should be overseen and certified by the state. Fully functional level of need assessments should be conducted by a party independent of NEMT coordinators and service providers (with special consideration for local units of government). Certification term should be for as long as reasonably possible. A formal process should be established that includes a signature from a select group of certified professionals.

MCOTA recommends that the NEMT clients should only have to complete one fully functional assessment. Clients should not be required to complete multiple assessments that determine transportation appropriateness. Functional assessments include: those used by public transit systems to determine ADA service; those used by the Minnesota NEMT program to determine mode of transportation and those used to determine Social Security benefits.

MCOTA recommends that equivalent ADA compliant accessible service be available for persons with disabilities. There should not be any denials for service because of the lack of accessible vehicles.

D. Methods that promote the appropriate use of public transportation. DHS must assure that NEMT services are provided in the most cost-effective way. Where and when public transportation is available and accessible, it must be considered when a recipient's need for NEMT is assessed.

MCOTA recommends that demand response public transportation providers are entitled to full cost ride reimbursement (not limited to published fares).

MCOTA recommends creating a separate funding category for volunteers that includes both a mileage fee not to exceed the IRS rate and an administrative fee for administering volunteer trips in addition to the mileage rate. Volunteer transportation programs, many of which are administered by public transit systems, are the main method of service delivery of curbside to curbside and door to door medical assistance transportation service in Greater Minnesota. This recommendation is intended to address the issue of no-load miles for volunteer transportation services.

MCOTA recommends that the NEMT coordinators competitively procure transportation services. By competitively procuring services the coordinator has the ability to obtain better transportation rates and the ability to control the number, quality, and geographic distribution of services. The ability to control service availability is of extreme importance in rural areas of the state that lack a sufficient amount of service providers.

Important contract elements:

- Number of providers in any area is managed and based on the average number of monthly trips in the service area
- State provider does not have the right to refuse trips that are assigned
- Vehicle and driver certification
- Trips are assigned by NEMT coordinator
- Performance criteria with accompanying bonuses/performance credit

MCOTA recommends that to improve cost efficiency of the NEMT program that there should be financial incentives built into the program to encourage grouping clients.

MCOTA supports the NEMT coordinator assigning rides to the least costly appropriate provider/resource. This includes assignment of a specific provider based on cost and scheduling efficiencies. The NEMT coordinator should also provide information on other non-NEMT transportation options to clients.

E. An electronic system that assists providers in managing services to clients and is consistent with the recommendations in the 2011 OLA evaluation report, related to the use of data to inform decision-making and reduce waste and fraud.

MCOTA recommends that all NEMT coordinators utilize scheduling and dispatching software. This software should be able to interface with a DHS client referral and tracking system. Some examples of data reports generated by a broker/coordinator in Oregon are included:

- *Oregon Transportation Broker Reporting Form*: This reporting form is submitted to the State monthly.
<http://trimet.org/pdfs/meetings/tctag/2012/jul19-12/Brokerage-Monthly-Report-2012-3.pdf>
- *Medical Transportation Program – Financial and Operating Report*: This is an internal report generated by TriMET to track financial and operating data.
<http://trimet.org/pdfs/meetings/tctag/2012/jul19-12/Medical-FO-Report-2012-3.pdf>
- *Provider Incident Report*: This report is used by TriMET to track the performance of their contracted providers.
<http://trimet.org/pdfs/meetings/tctag/2012/jul19-12/Provider-Incident-Report-2012-3.pdf>

MCOTA recommends that the NEMT program aligns its transportation terminology with Minnesota’s public transportation programs. The public transit terminology is based on the Federal Transit Administration’s National Transit Database.

VI. Conclusion

Through its ongoing efforts as a state-level coordinating council, MCOTA continue to advance its goal of transportation coordination in Minnesota. Not only has it created numerous tools and resources for local use and served as a valuable single-source coordination resource for the transportation community, its existence fosters interagency connections that promote a heightened level of transportation cooperation and communication within state and local government.

The Council’s economic cost-benefit case studies illustrate actual cost reductions and other benefits attributable to specific coordination efforts throughout the state. MCOTA’s recommendations for nonemergency medical transportation have the potential to generate significant savings and create consistent levels of service for recipients of the Minnesota Health Care Programs. The Council’s 2012-2014 work plan will create more specific guidance for high-impact projects that can be adopted in Minnesota’s local communities.

With sustained support for MCOTA, the state of Minnesota will work toward its important objective of removing obstacles that prevent the successful coordination of transportation programs and resources, giving Minnesotans access to transportation services that meet their mobility needs.