

Human Service Transportation Study



UPDATE ON THE RHODE ISLAND HUMAN SERVICE TRANSPORTATION STUDY

PRESENTED TO EOHHS

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Presentation Overview



- **What is Human Service Transportation (HST)**
- **Study Overview**
- **HST in Rhode Island**
- **Study Findings and Conclusions**
- **Potential Next Steps**



Human Service Transportation (HST)



- **HST is broadly defined as transportation for older adults, individuals with disabilities, and individuals with low income**
 - Includes all transportation provided or purchased by human and health service agencies.
 - Includes complementary paratransit service required under the Americans with Disabilities Act (ADA).
 - Includes discounted bus pass program for seniors and individuals with disabilities, as directed by federal and state laws.

Human Service Transportation (HST)



- **Objectives of HST study**

- Identify the cost and scope of HST in Rhode Island.
- Revisit the State's model for HST program management, service delivery, and strategic planning
- Identify strategies and opportunities to:
 - ✦ Realize program, cost, and operational efficiencies
 - ✦ Improve interdepartmental collaboration
 - ✦ Leverage economies of scale in the design, delivery, and monitoring of HST

HST Study Overview



- **Started in January 2010**
 - Final Report in December 2010
- **Steering Committee members include:**
 - RIPTA
 - Executive Office of Health and Human Services (EOHHS)
 - ✦ Department of Behavioral Healthcare, Developmental Disabilities and Hospitals (BHDDH -formerly MHRH) Liaison on committee
 - Department of Human Services (DHS)
 - ✦ Elderly Transportation Program now under DHS
- **Funded through an FTA New Freedom grant**
 - Matched by EOHHS with in-kind resources

HST Study Tasks



- **Funding Inventory**
 - Federal and state funding used to support HST in RI today
 - Eligibility criteria and program management review
- **Provider Inventory**
 - Agencies that directly provide, directly purchase, or arrange HST
- **Peer Review and Best Practices Reports**
 - Medicaid Non-Emergency Medical Transportation
 - Peer Coordinated Paratransit Systems
- **Recommendations & Next Steps**
- **Executive Summary and Final Report**

Study Relevance

Poor economic conditions, budget cuts, and reduced staffing



Growing transit-dependent populations



Federal directive to better coordinate HST

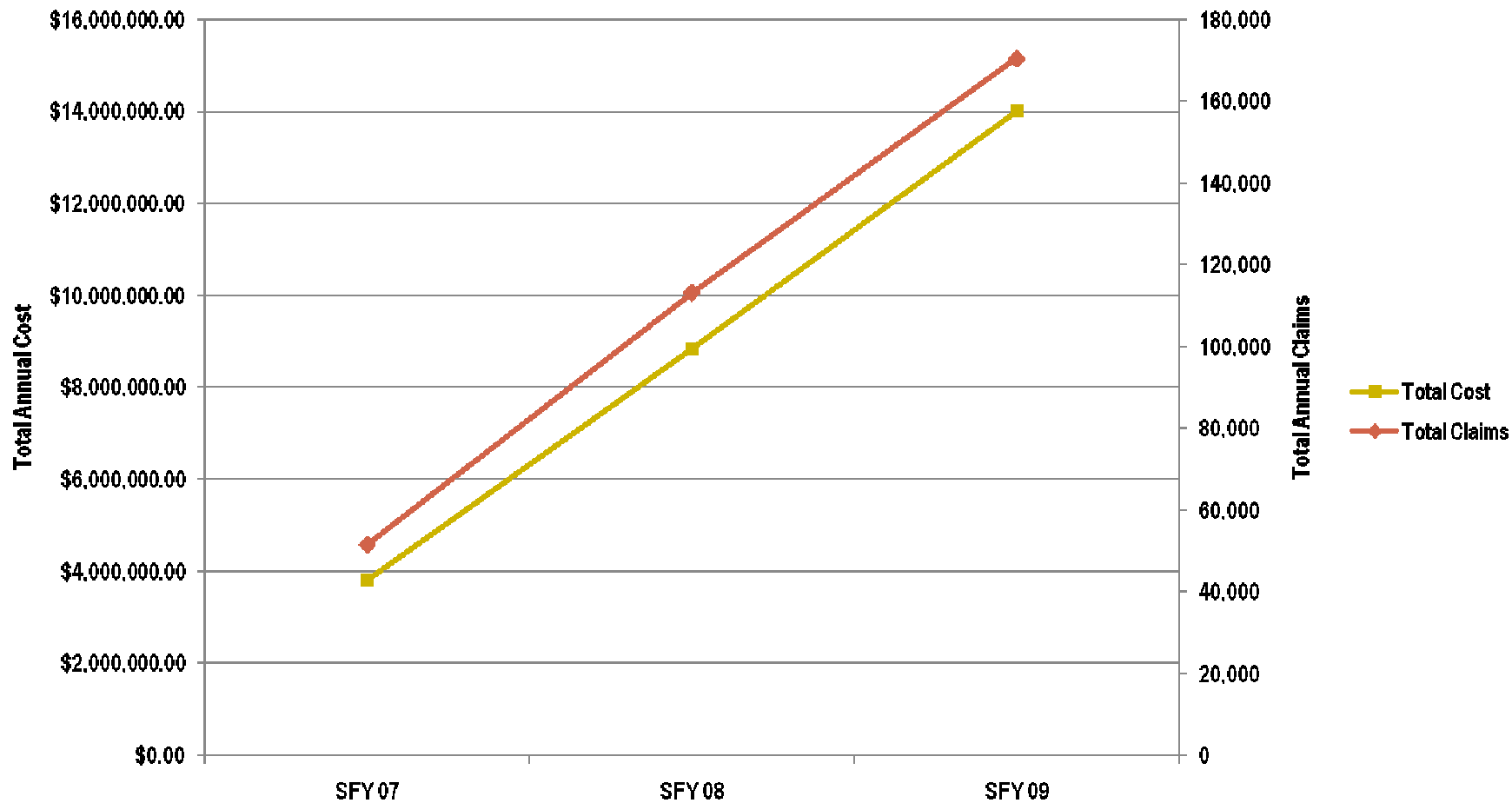


Opportune time to review RI's model for HST delivery



- **Growing Demand for HST**
 - Aging population, increase in individuals with disabilities
- **Geographic Challenges**
 - “Aging in Place”, suburban and rural population growth
- **Medicaid Program / Health Reform**
 - Recent changes in federal programs have an impact on transportation delivery and demand
- **Systemic Challenges**
 - Budget constraints, staff reductions
- **Interested Partners at the Table**
 - Good working relationships to build on

Recent Growth in Medical Transportation Demand and Costs



HST in Rhode Island



- **38 State programs fund transportation**
 - Supported by approximately 40 federal programs
- **Involves numerous agencies and departments**
 - EOHHS
 - ✦ DHS, BHDDH, RI Works, ORS, etc.
 - RIPTA
 - Department of Labor & Training
 - Department of Corrections
 - Housing Resources Commission
 - Department of Education (Public Schools & Universities)

HST in Rhode Island



- **Transportation is viewed as a critical support service, but is not included in program planning and design**
 - Transportation is addressed by what is available and allowed by a funding stream, rather than designed in a way to best meet the needs of varied populations
- **System is complex**
 - Varied federal eligibility and program design criteria, funding restrictions, and reporting requirements
- **No single department or authority is responsible for HST funding, delivery, or coordination**

Funding and Program Inventory Overview



38 State programs involved in HST



State Spending on HST = \$62.4 M



Represents about 1% of State FY09 Budget

- Study identified \$62.4 M in State funds spent on HST in SFY 09
 - Estimate reflects combined spending of all 38 programs.
 - This number is likely conservative, as not all costs are captured by all agencies:
 - Administrative and staff costs
 - Indirect/overhead costs (e.g. payroll processing)
 - Capital costs such as vehicle acquisition

Estimated RI HST total = \$65 to 70 million annually SFY 09

HST Provider Resource Inventory



- **Separate effort to estimate HST spending.**
- **How are agency service providers involved with HST?**
 - **Directly Provide Transportation**
 - ✦ Scheduling and managing in-house transportation
 - ✦ Reimbursing staff for use of personal vehicles
 - **Directly Purchase Transportation**
 - ✦ Purchasing tickets, passes or rides from a transportation provider
 - ✦ Reimbursing clients, family members or another agency
 - **Arrange Transportation for Clients**
 - ✦ Helping clients apply for other agency transportation programs
 - ✦ Arranging client trips through The RIdE Program or HP/Medicaid

HST Provider Resource Inventory



- **Study collected data from agency groups**
 - Focus groups, interviews and surveys
- **Identified nearly 300 organizations in the state involved with HST**
 - State-related programs only
 - Solely private transportation services not included
- **Combined these agencies use an estimated \$70.3 million on HST activities in SFY 09**
 - Separate attempt to understand HST spending
 - Represents combined costs of all programs
 - Likely under-reporting of data
 - ✦ Most agencies do not track spending
 - ✦ Most agencies unaware of true costs

Service Provider Inventory SFY 09

RIPTA HST Programs

- Half fare and No fare Programs
- Mobility Management

The RIdE Program

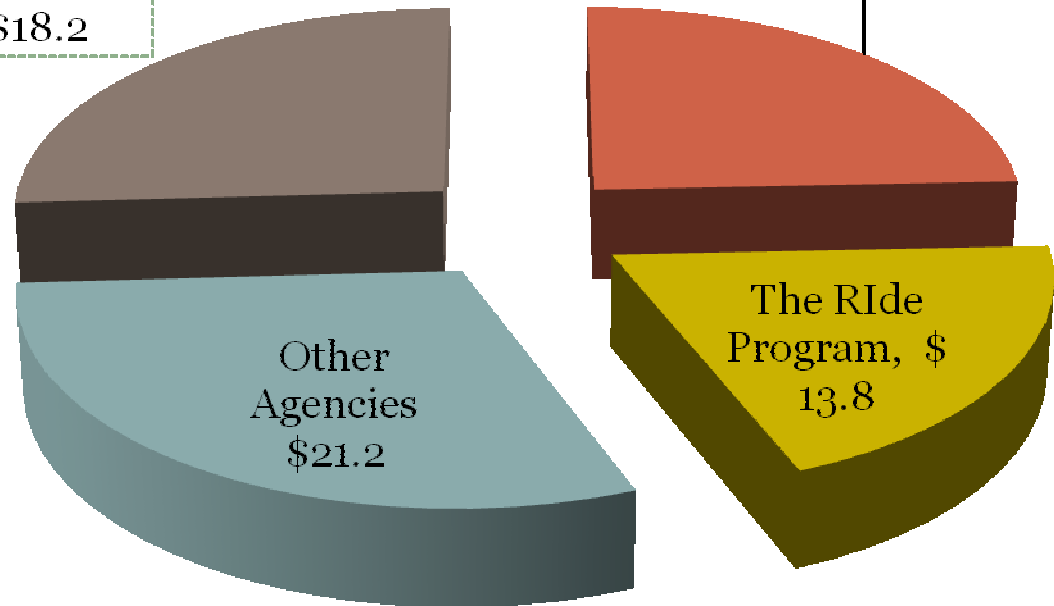
- ADA plus services purchased by other departments

Other Independent Agencies

- Staff time spent arranging trips
- Independently operated services (RICLAS, URI, PACE, Transwick and Transvan)

Private Wheelchair Van Services
\$18.2

RIPTA HST Programs,
\$17.1



**Provider Inventory Estimated:
Funding at approximately \$70.3 millions for SFY 09**

HST Network – Transportation Carriers

As of December 2010



Service	Level of Care	Indicative Trip Cost	Eligibility	Service Booking
Private Wheelchair Van	Very High	\$25.65 plus \$1.75 per mile*	Medicaid clients	HP call center
The RId e Program	High	\$22.73	Clients of specific agencies Eligibility by program	The RId e Program call center
Agency Transportation	High	Varies (\$20 - \$30)	Clients of specific agencies	
Flex	Medium	\$16.08	General public	RIPTA
Fixed-Route Bus	Low	\$4.14	General public	No booking needed

Key Findings – EOHHS HST Program



- **EOHHS HST Spending approximately \$39 million (SFY 09)**
 - Medicaid, Elderly Transportation, RI Works and DD providers
 - But also RICLAS, DCYF, Veterans, Substance Abuse, etc.
- **Highly complicated program**
 - Broad spectrum of clients served
 - Wide variety of transportation needs
- **Management resources not commensurate with program growth, current size or planned expansion**

Initiatives and Success



- **RIPTA and DHS have worked cooperatively to reduce transportation costs for two Medicaid programs**
 - Dialysis
 - ✦ RIdE and taxis added to available options
 - ✦ Savings estimated at \$300,000 annually
 - Substance Abuse Treatment
 - ✦ Bus passes and RIdE added to available options
 - ✦ Savings estimated at \$3.5 million annually
- **Recent additional efforts led by DHS (February 2011)**
 - Reduced rates for private wheelchair van service providers
 - ✦ Reduced fee for ambulatory trips
 - Consistent with The RIdE Program fees (\$22.00 per trip)
 - ✦ Reduced mileage - from \$1.75 to \$0.51 per mile
 - Consistent with Federal reimbursement rates
 - ✦ Change saved DHS **\$4.5 million** (annualized)

Initiatives and Success



- **Moving riders to The Ride Program**
 - Required intensive effort from both RIPTA and DHS
 - ✦ Limited staffing and resources available to implement more changes
 - ✦ Eligibility/mode assignment, outreach & communications with clients and agencies, capacity & scheduling analysis, troubleshooting
 - Provides an important case study (or lesson learned) for further changes
- **Changes to Fee Structure for Private Wheelchair Van Operators**
 - Departmental and political support

Key Finding: Overall HST Network



- **There is general overall satisfaction with the transportation services available in the State**
- **There is a good network of transportation carriers**
 - Range of service types
 - Range in terms of costs and level of services offered
 - Availability statewide
- **Redundancies and inefficiencies exist**
 - Potential to improve efficiency through service delivery
 - Potential to control the rate of cost increases

Key Finding: Overall Network



- **Probably enough resources available to meet current need**
 - Focus on doing more with existing services
 - Plan for growing demand
- **Recent efforts to realign services have been very cost-effective**
 - Dialysis and Methadone patients
 - Mileage rate reduction – February 2011
- **Significant and increasing use RIPTA fixed-route bus**
 - Agencies purchase about \$500,000 in Riptiks each year
 - More than 3.8 million trips annually through RIPTA Bus Pass Programs
 - Agencies report ongoing effort/desire to place clients who are able on RIPTA fixed-route and Flex services

Key Finding: HST Management and Guidance



- **Streamline policies, eligibility, and reporting**
 - Program policies not aligned across programs
 - ✦ RIPTA Senior Bus Pass (age 65+, cost \$4/trip) vs. RIde Elderly Transportation Program (age 60+, cost of \$20/trip)
 - ✦ Use of bus pass program
 - Eligibility varies between very consistent programs
 - ✦ Age, income, functional ability
 - Service use guidelines vary between consistent programs
 - ✦ Times of days, days of week
 - No clear direction on assigning least cost mode
 - Different performance measures and service parameters
 - Inconsistent definitions for and tracking of transportation costs

Key Finding: HST Program Management



- **System is complicated and fragmented**
 - Lots of programs, with lots of rules, but few are similar
 - Inconsistent service delivery
 - Agencies have different administrative and indirect costs
- **Lack of ownership/control over service**
 - Trips get arranged independently of service costs
 - Inability to track transportation costs
- **Emerging technologies, but low-tech overall**
 - Trip reservations and booking
 - Billing, reporting and monitoring

Key Finding: HST Management and Guidance



- **No long range planning for HST**
 - Current policies echo federal program guidelines
 - ✦ Sometimes at the expense of local conditions and needs
- **Strategize about program impacts on HST**
 - Consider impacts of program design on transportation
 - Consider coordination when designing programs

Short-Term Strategies: Technology and Services



- **Automate key functions of call centers**
 - Web-based scheduling and reservation systems
 - Self-populating call-taker software
 - Install transit trip planning software
 - Create system to link trip requests, invoices and services
- **Improve Program Capacity and Reduce Average Trip Costs**
 - Increase mode choice
 - Increase use of fixed-route transit
 - Increase ride sharing and trip group
 - Incorporate new accessible cabs as providers

Short-Term Strategies



- **Formalize Agency Agreements**
 - Formalize agreements regarding policies and responsibilities under the No-Fare bus pass program and The RIder Program
 - Streamline invoicing systems to create average per trip billing
- **Improve RIPTA's Senior/Disabled Bus Pass Database**
 - Reduce redundancies
 - Improve program monitoring

Short-Term Strategies



- **Engage High Level Stakeholders in HST Discussion**
 - Communicate role and scale of HST
 - Encourage long range planning
- **Create Working Group of Strategic Partners**
 - Address ongoing HST challenges
 - Assess and plan for future demand
- **Hold Regular Meetings with Transportation User Groups**
 - Ensure transportation providers are responsive to customer needs

Long Term Goals and Opportunities



- **Set Consistent Policies & Oversight Controls**
 - Streamline service rules, regulations and service delivery
 - Align state policies, reduce system redundancies and address inconsistencies
 - Improve program monitoring
- **Make Best Use of Service Delivery Options**
 - Improve the use of technology
 - Coordinate or consolidate call centers and/or brokerages
- **Conduct Ongoing Strategic Planning**
 - Ensure new services are appropriate
 - Coordinate with existing network
 - Collect and use data to understand demand and costs
- **Control the Rate of Increasing Program Costs**
 - Assign as many trips as possible to the lowest cost mode
 - Increase ride sharing

Thank you



QUESTIONS?

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