
Expanding Specialized Transportation under the Affordable Care Act

Weds, September 2, 2015
8:30 – 9:45 a.m.

Wendy Fox-Grage
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**Public Policy
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Growing Need for Specialized Transportation

IN A GIVEN YEAR, ABOUT 3.6 MILLION AMERICANS MISS AT LEAST ONE MEDICAL TRIP BECAUSE OF A LACK OF TRANSPORTATION

- DISPROPORTIONATELY FEMALE, OLDER, POORER, AND HIGHER RATE OF MULTIPLE CONDITIONS**

MANY AGE 70+ ARE OUTLIVING THEIR DRIVING YEARS

- MEN FOR 7 YEARS, ON AVERAGE**
- WOMEN FOR 10 YEARS, ON AVERAGE**

AARP Policy Web Site on Specialized Transportation

- Full reports
- Podcast
- Videos
- AARP Positions on Transportation

How the Affordable Care Act Can Help Provide Specialized Transportation for Older Adults

Connecticut and the Atlanta region show how to put funds from this little-known benefit to use

by Wendy Fox-Grage, Jana Lynott, Public Policy Institute, February 2015



Many older people and adults with physical disabilities need specialized transportation — such as door-to-door paratransit service and escorts into doctors' offices — in order to remain in their homes and communities.

In fact, more than 3 million Americans miss at least one medical appointment every year due to a lack of transportation. And many people simply outlive their ability to safely drive, with men, on average, surviving an additional seven years and women living a decade beyond the time they give up their car keys.

In "Expanding Specialized Transportation: New Opportunities Under the Affordable Care Act," Wendy Fox-Grage of the AARP Public Policy Institute (PPI) analyses how states and communities can better address the transportation needs of older adults and others by using untapped funding options under the Affordable Care Act (ACA).

Fox-Grage looks at how the Atlanta region and the state of Connecticut are leveraging ACA grants, state money and other federal funding to maximize transportation access. The two case studies, says Fox-Grage, provides "insight into the types of transportation being used and the consumers receiving the services."

In an accompanying podcast for the [Community Transportation Association of America \(CTAA\)](#), Jana Lynott, a recognized transportation expert and urban planner also with AARP PPI, discusses the ACA's specialized transit benefits. She encourages transportation providers to cultivate relationships with state and local health care leaders, including those within hospitals and the human service agencies responsible for implementing the ACA. When all involved work together, says Lynott, residents with specialized needs can be connected to the transportation services they require.

KEY FINDINGS

- Improving access to care for transportation-disadvantaged populations can reduce national health care costs, possibly offsetting the increase in transportation costs.

The Report and More



A paratransit van driver helps a passenger in Rochester, New York. — Photo courtesy Medical Motor Service

- Download the report "Expanding Specialized Transportation: New Opportunities Under the Affordable Care Act" (PDF)
- Read the "In Brief" (PDF)
- Listen to the podcast
- Learn more from the report "Weaving It Together: A Tapestry of Transportation Funding for Older Adults"
- Watch the video "Rural Transit Connects"
- Find additional information about Livable Communities and transportation

Why We Wrote this Study

- Few states are expanding transportation through the ACA.
- How can states tap these ACA options?
- What are good state examples?

INSIGHT on the Issues

Expanding Specialized Transportation: New Opportunities under the Affordable Care Act

Wendy Fox-Grage and Jana Lynott
AARP Public Policy Institute

The Affordable Care Act (ACA) provides new but limited opportunities to promote or fund specialized transportation services for older people and adults with disabilities. This paper explains how states can use these largely untapped options to expand services for targeted low-income populations with mobility needs. It also presents two case studies illustrating how the Atlanta region and the state of Connecticut are making this work.

Many states are taking advantage of new options within the Affordable Care Act (ACA) to improve access to care for the chronically ill and to promote community living for older adults and adults with physical disabilities. However, relatively few states are expanding transportation services through these new initiatives for low-income people with mobility limitations. This paper explores the ACA options that could expand specialized transportation for Medicaid and Medicare beneficiaries, and for people who are dually eligible for both forms of coverage. It also provides state examples and two case studies to illustrate how these options can work.

Growing Need for Specialized Transportation

Transportation is vital to helping people with mobility limitations live as independently as possible. Many older people and adults with physical disabilities need specialized transportation—such as door-to-door paratransit or escorts into doctors’

populations who do not drive and have difficulty taking public transportation because of disability, age-related conditions, or income constraints.

In a given year, about 3.6 million Americans miss at least one medical trip for lack of transportation; this population is disproportionately female, older, poorer, and has a higher rate of multiple conditions.¹ Many people ages 70 and older will outlive their driving years; on average, men for 7 years and women for 10 years.²

Without transportation, the ability to live in one’s home and community is compromised. Also, improving access to care for transportation-disadvantaged populations can reduce national health care costs, possibly offsetting the increase in transportation costs.³

Specialized transportation can help states and communities achieve the ACA’s goals. Transportation is an important element for states balancing their Medicaid programs toward home- and community-based

Affordable Care Act Options for Expanding Specialized Transportation

- Medicaid
- Dual Eligibles
- Medicare



Medicaid Options to Expand Nonmedical, Community Transportation

- Medicaid covers transportation to medical appointments for a beneficiary who has no other means.
- Medicaid Home and Community-Based Waivers for covering community, nonmedical transportation
 - 28 states: 65,000 older adults or adults with physical disabilities at a cost of nearly \$62 million in FY 2010

ACA Options to Expand Medicaid Nonmedical, Community Transportation

- Money Follows the Person
- Community First Choice
- Balancing Incentive Program
- Section 1915(i) State Option



Dual Eligibles

- About 10 million duals; of which, 7.4 million are full-benefit duals
 - Typically poorer, sicker, use more services, have higher costs
- 350,000+ enrolled in CMS dual demos across nine states in June 2015

Dual Eligibles (con't)

- Most demos are testing risk-based capitation
- CMS does not require demos to expand transportation.
- Some states are:
 - Examples: CA and MA
 - Care Coordination is an advantage

Medicare Options

- Medicare does NOT cover nonemergency medical transportation or community transportation
- ACA provides incentives to reduce hospital admissions, improve care, and contain costs.

Affordable Care Act Options for Care Transitions and Coordinated Care

- Emphasis on better care transitions to, for example, reduce hospital readmissions
- Improved care transition should include nonmedical services such as family caregiver supports and transportation

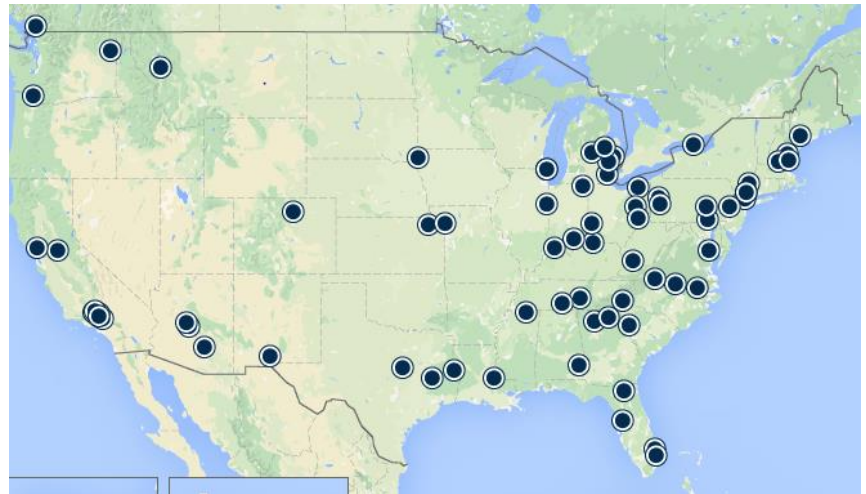
Affordable Care Act Options for Care Transitions and Coordinated Care (con't)

- Community-based Care Transitions Program
 - Aimed at reducing hospital readmissions for high-risk Medicare beneficiaries
 - Part of the Partnership for Patients, a nationwide partnership to reduce preventable errors in hospitals by 40 percent and reduce hospital readmissions by 20 percent.



Community-Based Care Transitions Program

- 72 sites
- Community-based organizations working with hospitals to manage transitions
- Can include transportation costs (but it is optional)



Take Aways

- Without transportation, it is difficult to “age in place”
- States can expand community transportation for low income people with mobility limitations through Medicaid waivers
- States can expand Medicaid community transportation to targeted and limited populations through ACA initiatives

Take Aways (con't)

- ACA provides opportunities for conversations with health care providers to improve care for Medicare beneficiaries with chronic conditions, which could lead to better access to transportation
- ACA funding is limited and restricted, so states and regions will need to leverage multiple sources of funding and partnerships to meet large unmet needs



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<http://www.aarp.org/content/dam/aarp/ppi/2015/AARP-New-ACA-Transportation-Opportunities.pdf>



Real Possibilities

**Public Policy
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Expanding Specialized Transportation under the Affordable Care Act

Cyndi Burke

Program Coordinator

Area Agency on Aging

Atlanta Regional Commission



What is the Atlanta Regional Commission?

- Regional planning and intergovernmental coordination agency for the 10-county area.
- Dedicated to unifying the region's collective resources to prepare the metropolitan area for a prosperous future.
- Focus Areas:
 - Land Use
 - Natural Resources
 - Transportation
 - Workforce
 - Research and Analytics
 - Aging and Health Resources (AAA)

There are approximately
4 306 244
*people living in
metro Atlanta*



ATLANTA REGIONAL COMMISSION

regional impact



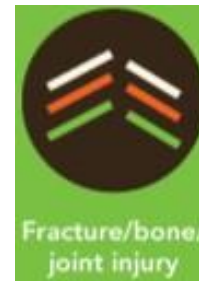
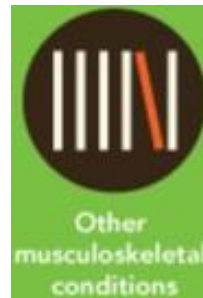
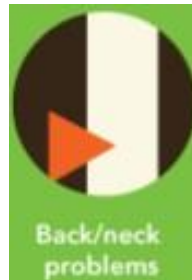
local relevance

LONGER, BUT NOT HEALTHIER, LIVES

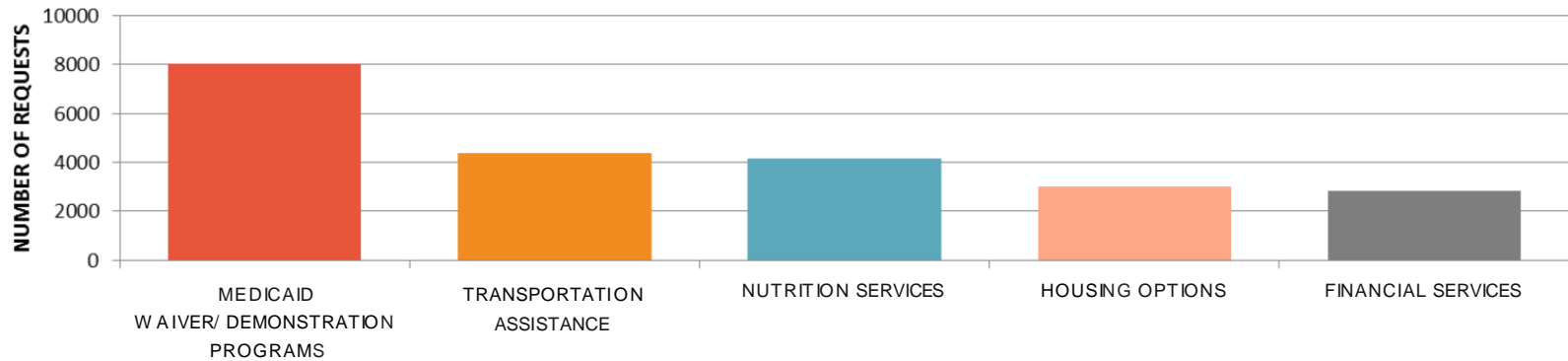
Baby boomers in the United States are living longer than their parents' generation, but they're more likely to have a disability in later life, even with advances in public health and education.

The rise in obesity among Americans accounts for much of the increase in disability and limited physical function.

Top 5 Health Conditions Causing Difficulty With Physical Function:



SERVICE TYPES REQUESTED IN ATLANTA REGION (FY 2014)



By 2015, it is predicted that **90%** *of adults in greater Atlanta ages 65 to 79 will have poor public transportation access*



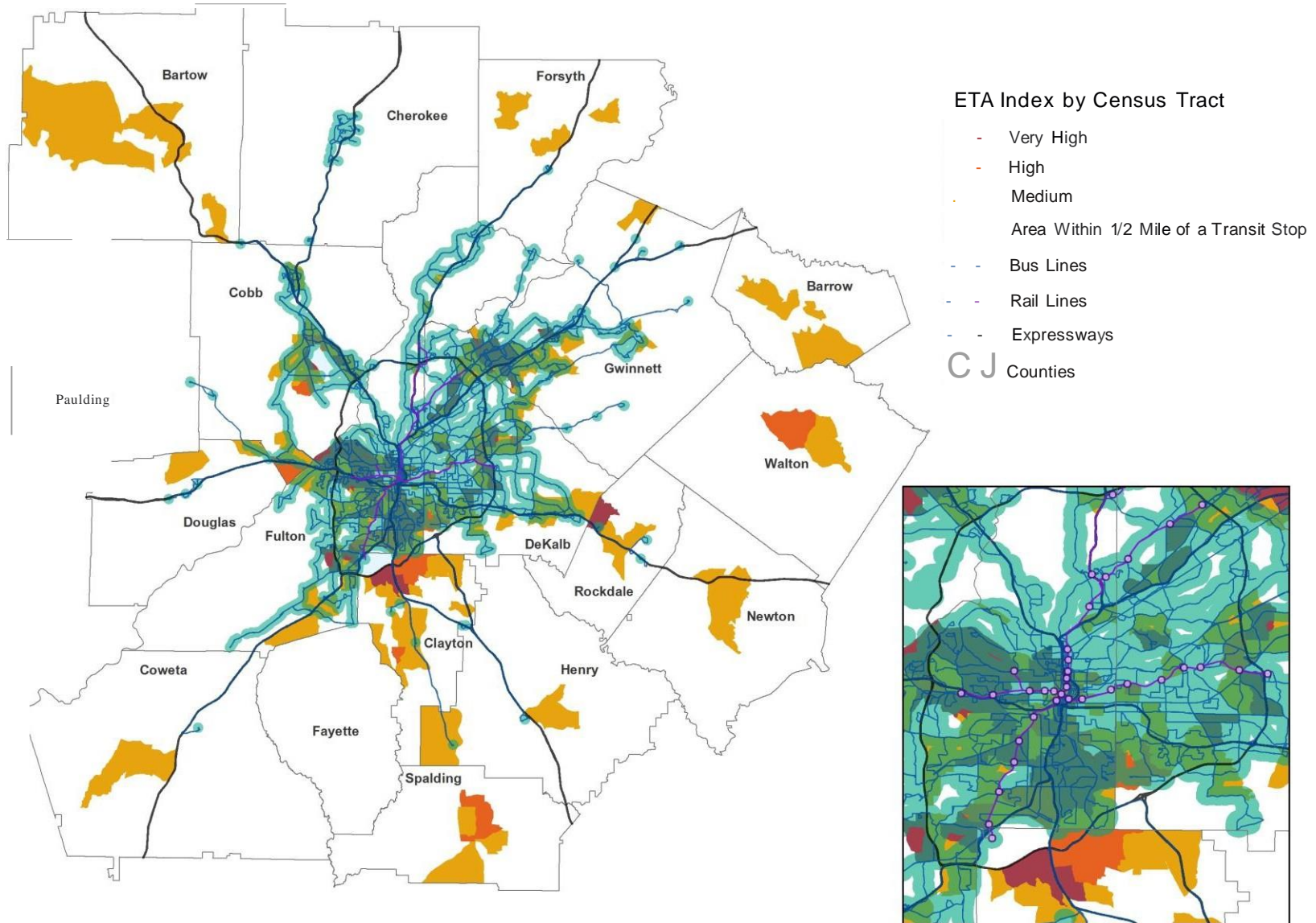
ATLANTA REGIONAL COMMISSION

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Equitable Target Areas Transit Accessibility



Atlanta Community-based Care Transitions Program (CCTP)

Program Goals

- Improve transitions of beneficiaries from the inpatient hospital setting to home or other care settings
- Improve quality of care
- Reduce readmissions for high risk beneficiaries
- Document measurable savings to the Medicare program and expand program beyond the initial 5 years

BREAKTHROUGH BEST PRACTICES

- Deep and accountable partnerships
- Program scalability
- Broad case mix
- Enhanced short term services
- Direct ADRC pipeline

NEXT STEPS: PROGRAM SUSTAINABILITY



MONEY FOLLOWS THE PERSON



- Eligibility criteria
- Complex cases
 - YOUNGER
 - PHYSICALLY DISABLED
 - LOW SOCIAL CONNECTIVITY
- Transportation funding

SOLUTIONS:

- Broad community transportation pathways
- Person centered budget

ARC's Regional One Click System

Problem:

Access and Person Centered Choice

Our Solutions

- “SimplyGetThere” “planning” system
- Inventory of public and private community transportation services Developed detailed designs for eight mobility management strategies
- Regional stakeholders
- Travel training programs
- Common ADA paratransit eligibility application for regional use

Next Steps:

- Improved marketing of current system
- FTA grant for “ordering” system



3 Take-Aways

1. Innovative transportation solutions live within community based organizations
2. Outcome based programs are driving system and policy change
3. AAA's have a “space” within ACA value-based purchasing initiatives

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regional impact + local relevance





Innovating in Health Care Transportation

Community Transportation ASSOCIATION

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Our Mission



Our vision of America's public and community transportation future -- the cause that we serve -- is based upon fundamental values that are as old as the nation itself.

Freedom, independence, dignity and choice are as much at the heart of the debate for building an accessible society as they have been in building a free society. There is never an end to the work to create a free society, and there will never be an end to our work to build a more mobile society. Both of these noble pursuits remain great works in progress.

Americans have been trying to build their mobile society for many years. Part of this mobility can be seen in the mass production of automobiles and highways that surround our nation, our cities and our neighborhoods. It can be seen in the proliferation of airports, regional air carriers and growing congestion in our skies. And although our values never grow old -- our approach and technology do become outdated, as well as our thinking.

A society that now includes a growing population of seniors needs new and expanded community transportation alternatives. Communities with staggering air quality problems and ground congestion need improved public and community transportation alternatives. Areas and communities that have been abandoned or which are in decline need public and community transportation options as part of their renewal efforts.

Effective public and community transportation contributes mightily to the quality of life of the people living in the cities, towns and communities in which it operates.

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Announcement

**FTA Seeks Input. . .
on fare structure
for ADA-complementary
paratransit services
Deadline for comments: 9.21.15**

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Rides to Wellness

NCMM is partnering with FTA in implementing its **Rides to Wellness** initiative to promote options to connect individuals with health care destinations.

[Learn more](#)

NCMMNews



Mobility Management
@nc4mm

1h

#loveit: Use the #walkinstead and #bikeinstead #hashtags to show when you are doing those instead of ... tada ... driving.
[Expand](#)



Mobility Management
@nc4mm

15h

Growing # studies report that #transit riders lose weight. [bit.ly/1KqnuH8](#)

Mobility Managers . . .



Work one-on-one with individuals to connect them with transportation

Work on a systems level to improve transportation options for community members

NCMM in 2015 and 2016

Focus on health care transportation and related destinations through



Rides to Wellness – an FTA initiative

Health Care Transportation Challenge Grants

16 Communities: Designing Innovations in Health Care Transportation

Birmingham, AL

Atlanta, GA

Des Moines, IA

Boise, ID

Southern Illinois

Worcester, MA

Flint, MA

Central Missouri

Durham, NC

Reno, NV

Buffalo, NY

Rochester, NY

Sandusky & Wood Cos., OH

Seattle, WA

Whatom Co., WA

Waukesha CO., Wi

Health Care Transportation Challenge Grants

4 focus areas: Transportation to . . .

- Primary and preventive care and health education
- Post-hospitalization appointments to reduce readmission rate
- Behavioral health services
- Dialysis services

Health Care Transportation Challenge Grants

Solutions teams are working on . . .

- Improving communication between health care providers and transportation
- Identifying patients at-risk for readmissions and connecting them w/mobility manager
- Provide individualized mobility management services (travel navigator or travel training)
- Create patient navigators who would assist patients in compliance with health care follow-up, including transportation

Health Care Transportation Challenge Grants

Solutions teams are working on . . .

- Expand existing volunteer driver programs
- Collaborate with health care providers to help pay for patient rides – hospitals, one project primary care providers
- Create/expand a one-stop call center for transportation information—may incorporate eligibility screening

NCMM and CTAA resources

Nationalcenterformobilitymanagement.org

Email: Info@nc4mm.org

CTAA's Senior Mobility web page:

www.ctaa.org/seniormobility

CTAA's National Volunteer Transportation Center

www.nationalvolunteertransportationcenter.org

TransitPlanning4All.org

Thank you!

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