

Appendices

Iowa Medicaid
Non-Emergency
Medical

Transportation
System Review
and Options for
Improvements

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September 30 2008



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Appendix 1

Medicaid Consumer Questionnaire

Appendix 1

The Iowa Medicaid Enterprise and the Iowa Department of Transportation are working together on a project that will determine how to better meet your transportation needs. Your answers are important in helping to improve your access to medical care as well as other daily activities. All responses are strictly confidential and we will not link your answers to your name. Your time in answering these questions is much appreciated. Please return the completed survey in the enclosed stamped envelope within three weeks of receipt. Thank you for assistance in this project.

A. Getting around day to day

The following questions will ask about your ability to get around on a day to day basis.

Do you have a driver's license?

A1

Yes ☐

No ☐

A2 Do you have a car, truck or van that you can use?

Yes ☐ If yes, how many times did you drive **last week**? _____ times

No ☐

A3 How often do your health problems prevent you from driving?

Never
☐

Rarely
☐

Sometimes
☐

Usually
☐

Always
☐

A4 Last week, how many times did you borrow a car, truck or van so you could drive to the places you wanted to go?

Never
☐

Once
☐

2 times
☐

3 times
☐

4 times
☐

5 times
☐

6 times
☐

7+ times
☐

B. General Travel Needs

The following questions will ask about your ability to travel to places that you needed or wanted to go in the past week and/or month.

B1 Which of the following options have you used for your day-to-day trips within the last week?
(Check ALL that apply).

- | | | | |
|--|--------------------------|--|--------------------------|
| My own car, truck or van | ☐ | Paratransit (dial-a-ride van) | ☐ |
| Ride in paid driver's vehicle | ☐ | Fixed route transit (city bus) | ☐ |
| Ride in volunteer's car, van or bus | ☐ | Ride in friend's car, truck or van | ☐ |
| Ride in agency provided van or bus..... | ☐ | Ride in family's car, truck or van | ☐ |
| Taxi | ☐ | Walk or bike | ☐ |
| Ride in religious group's car, van or bus..... | ☐ | Other _____ | |

B2 In the past week, how did you get to and from each activity below?										
Activity	Did not go	Walk-ed	Drove myself	Family/ friend	Para-transit	Fixed route transit	Ride by service provider	Ride by volunteer	Taxi	Other
Medical care visits	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
Drug store / pharmacy	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
Child or adult care	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
School or training	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
Work	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
Grocery shopping	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
Department store/shopping mall	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
Errands for business (bank, lawyer)	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
Social visits (friends and family)	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
Religious (church, temple)	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
Leisure (movies, eating out, etc.)	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
Other _____	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐

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B3 In the past week, how many times were you unable to get to any of the following activities?

Activity	<i>Never</i>	<i>1 to 3 times</i>	<i>4 to 6 times</i>	<i>7 or more times</i>	<i>Did not need to go</i>
<i>Medical care visits</i>	☐	☐	☐	☐	☐
<i>Drug store / pharmacy</i>	☐	☐	☐	☐	☐
<i>Child or adult care</i>	☐	☐	☐	☐	☐
<i>School or training</i>	☐	☐	☐	☐	☐
<i>Work</i>	☐	☐	☐	☐	☐
<i>Grocery shopping</i>	☐	☐	☐	☐	☐
<i>Department store/shopping mall</i>	☐	☐	☐	☐	☐
<i>Errands for business (bank, lawyer)</i>	☐	☐	☐	☐	☐
<i>Social visits (friends and family)</i>	☐	☐	☐	☐	☐
<i>Religious (church, temple)</i>	☐	☐	☐	☐	☐
<i>Leisure (movies, eating out)</i>	☐	☐	☐	☐	☐
<i>Other _____</i>	☐	☐	☐	☐	☐

B4 How far away were the activities that you missed in the past month?

- In the same town or city you live in ☐*
- Outside of town (or city) but within the county you live in ☐*
- One county away ☐*
- Two or more counties away ☐*
- I did not have any difficulty going anywhere ☐*

C. Travel for Medical Care

The following questions will ask about how you arrange for medical care or visits to a doctor's office.

C1 In the past month, how many times did you visit a...

	Never	Once	2 times	3 times	4 times	5 times	6 times	7+ times
A doctor	☐	☐	☐	☐	☐	☐	☐	☐
A dentist	☐	☐	☐	☐	☐	☐	☐	☐
A hospital	☐	☐	☐	☐	☐	☐	☐	☐
A therapist	☐	☐	☐	☐	☐	☐	☐	☐
A pharmacy	☐	☐	☐	☐	☐	☐	☐	☐
Other _____	☐	☐	☐	☐	☐	☐	☐	☐

C2 In the past month, when you needed rides for medical care, who did you arrange the rides with?
(Check ALL that applies)

- | | | | |
|---------------------------|--------------------------|-------------------------------------|--------------------------|
| I drove myself | ☐ | Co-workers | ☐ |
| Family | ☐ | Paid personal driver..... | ☐ |
| Friends | ☐ | Service provider/case manager | ☐ |
| Unrelated caregiver | ☐ | Taxi | ☐ |
| Church member | ☐ | Volunteer in town | ☐ |
| Paratransit | ☐ | Fixed route transit..... | ☐ |
| Neighbor..... | ☐ | Other _____ | |

C3 In the past month, what was the longest time, after the scheduled pickup time, did you have to wait? (Check ONLY ONE answer)

- | | | | |
|------------------------|--------------------------|---------------------------|--------------------------|
| 5 minutes or less..... | ☐ | 31 minutes to 1 hour..... | ☐ |
| 6 to 10 minutes | ☐ | More than 1 hour..... | ☐ |
| 11 to 20 minutes | ☐ | Did not need a ride | ☐ |
| 21 to 30 minutes | ☐ | | |

C4 In the past month, how often did your driver NOT come at the time he or she was suppose to?
Did not use door-to-door pick ups

Never	Rarely	Sometimes	Always	
☐	☐	☐	☐	☐

C5 In the past month, how often did your driver have to pick up other people along the way for scheduled door to door pick-ups?
Did not use door-to-door pick ups

Never	Rarely	Sometimes	Always	
☐	☐	☐	☐	☐

Appendix 1

C6 How did multiple stops impact whether or not you would use the same transportation service in the future?

Greatly decrease ☐ *Slightly decrease* ☐ *Stay the same* ☐ *Slightly increase* ☐ *Greatly increase* ☐

C7 When you get a ride from others for your medical care or doctor visit, how often does Medicaid pay you back for the cost of the trip?

Never ☐ *Rarely* ☐ *Sometimes* ☐ *Usually* ☐ *Always* ☐ *Did not know I could be paid back* ☐

C8 Does the cost of using a taxi or private van service keep you from using them to get to medical care or a doctor's office?

Never ☐ *Rarely* ☐ *Sometimes* ☐ *Usually* ☐ *Always* ☐

C9 If you received a big enough fare discount, how would your interest in using taxis and private van or bus services for medical care or doctor visits change?

Greatly decrease ☐ *Slightly decrease* ☐ *Stay the same* ☐ *Slightly increase* ☐ *Greatly increase* ☐

C10 If the State of Iowa created a central service (one place to go to) for any rides you need, including doctor's appointments, how interested would you be in requesting rides using...

	<i>Very interested</i>	<i>Somewhat interested</i>	<i>Neutral</i>	<i>Not very interested</i>	<i>Not at all interested</i>
A telephone	☐	☐	☐	☐	☐
The internet	☐	☐	☐	☐	☐

C11 Who would you accept rides from for medical care or a doctor visit?
(Check ALL that applies)

<i>Family member</i>	☐	<i>Social volunteer</i>	☐
<i>Public transit agency</i>	☐	<i>Service provider</i>	☐
<i>Taxi company</i>	☐	<i>Case manager</i>	☐
<i>Friend</i>	☐	<i>No one</i>	☐
<i>Religious group</i>		<i>Other</i>	

C12 My ability to arrange a ride through a service worker/case manager for medical care or a doctor visit is...

Poor ☐ *Fair* ☐ *Good* ☐ *Very Good* ☐ *Excellent* ☐

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C13 My ability to arrange a ride through a service worker/case manager for other non-medical reasons (work, shopping mall, bank) is...

Poor
☐

Fair
☐

Good
☐

Very Good
☐

Excellent
☐

C14 My understanding of the process for arranging rides through my service worker/case manager is...

Very Low
☐

Low
☐

Moderate
☐

High
☐

Very High
☐

C15 My trust in my service worker/case manager to help me arrange a ride is...

Very Low
☐

Low
☐

Moderate
☐

High
☐

Very High
☐

D. When you need someone else to drive

The following questions will ask about when you need someone else to drive you. If you did not need someone else to drive you anywhere last week, skip to Section E “Travel for Work”.

D1 Last week, how many times did you need to ask someone to drive you somewhere?

Never ☐ Once ☐ 2 times ☐ 3 times ☐ 4 times ☐ 5 times ☐ 6 times ☐ 7+ times ☐

D2 Last week, on which days of the week did you need a ride from someone else?

(Check ALL that apply)

None ☐ Mon ☐ Tue ☐ Wed ☐ Thu ☐ Fri ☐ Sat ☐ Sun ☐

D3 Last week, on the day(s) that you most needed rides, during what times were the rides most needed?

(Check ALL that applies)

6am – 9am ☐ 9am – Noon ☐ Noon – 3pm ☐ 3pm – 6pm ☐ 6pm – 9pm ☐ 9pm – Midnight ☐ Midnight – 6am ☐

D4 Last week, for your day-to-day needs, who did you usually ask or get a ride from?

(Check ALL that applies)

Family ☐	Co-workers ☐
Friends..... ☐	Paid personal driver ☐
Neighbor..... ☐	Service providers..... ☐
Unrelated caregiver ☐	Case manager ☐
Church member ☐	Taxi ☐
Paratransit ☐	Volunteer agency ☐
Fixed route transit ☐	Other _____

D5 Last week, when you did ask for rides, where did you want to go?

(Check all that apply)

Work ☐	Running business errands (bank, lawyer) ☐
Child or Adult care ☐	Running errands to stores (shopping mall)..... ☐
Medical care visits..... ☐	Social Visits (friends and family) ☐
School or training..... ☐	Religious (church, temple, etc) ☐
Grocery shopping..... ☐	Leisure (going to the movies, eating out) ☐
Drug store / Pharmacy..... ☐	Other _____

E. Travel for Work

The following questions will ask about how transportation may have affected your ability to find or keep a job.

E1 Over the last year, how many times did you miss a job opportunity because you could not get there to apply or interview?

Never ☐	Once ☐	2 times ☐	3 times ☐	4 times ☐	5 times ☐	6 times ☐	7+ times ☐
-----------------------------------	----------------------------------	-------------------------------------	-------------------------------------	-------------------------------------	-------------------------------------	-------------------------------------	--------------------------------------

E2 Over the last year, what troubles did you have because you could not always get to work on time?

(Check ALL that apply)

Lost my job ☐	Lost wages ☐
My hours were reduced ☐	My boss was upset ☐
Other _____ ☐	

E3 How do you most often get to work?

(Check ONLY ONE answer)

Drive my own car, truck or van ☐	Ride in a fixed-route bus ☐
Ride in someone else's car, truck or van ☐	Ride in a door-to-door bus ☐
Ride in a taxi ☐	Carpool ☐
Bike ☐	Other _____ ☐
Walk ☐	

E4 How long does it take you to get to work?

5 minutes or less ☐	21 to 25 minutes ☐
6 to 10 minutes ☐	26 to 30 minutes ☐
11 to 15 minutes ☐	More than 30 minutes ☐
16 to 20 minutes ☐	Not employed ☐

F. Public Transportation

The following questions will ask about how you use and how satisfied you are with fixed-route transit and paratransit (dial-a-ride vans).

F1 If you do not use public transportation, please specify reasons why, and then skip to Section G.
(Check ALL that apply)

<i>Do not need it</i>	☐	<i>Not convenient</i>	☐
<i>Not offered</i>	☐	<i>Offered, but not when I need it</i>	☐
<i>Do not know if it is offered</i>	☐	<i>Cannot afford it</i>	☐

F2 How often is public transportation available on the days and times that you need it?

<i>Never</i>	<i>Rarely</i>	<i>Sometimes</i>	<i>Usually</i>	<i>Always</i>
☐	☐	☐	☐	☐

F3 How many days last week did you use public transportation?

<i>None</i>	<i>1 day</i>	<i>2 days</i>	<i>3 days</i>	<i>4 days</i>	<i>5 days</i>	<i>6 days</i>	<i>7 days</i>
☐	☐	☐	☐	☐	☐	☐	☐

F4 Is public transportation available on all days and times when you need it?

<i>Yes</i>	☐	<i>No</i>	☐
------------------	--------------------------	-----------------	--------------------------

F5 How do you rate the driver's...

	<i>Very low</i>	<i>Low</i>	<i>Moderate</i>	<i>High</i>	<i>Very high</i>	<i>Don't know</i>
Courtesy	☐	☐	☐	☐	☐	☐
Driving skills	☐	☐	☐	☐	☐	☐
Knowledge	☐	☐	☐	☐	☐	☐
Helpfulness	☐	☐	☐	☐	☐	☐
Attention to safety	☐	☐	☐	☐	☐	☐
Ability to operate lifts	☐	☐	☐	☐	☐	☐
Ability to properly secure tie-downs for wheelchairs	☐	☐	☐	☐	☐	☐
Ability to communicate well about bus transfers and schedules	☐	☐	☐	☐	☐	☐

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F6 How do you rate the bus or van's...

	<i>Very low</i>	<i>Low</i>	<i>Moderate</i>	<i>High</i>	<i>Very high</i>	<i>Don't know</i>
Seat comfort	☐	☐	☐	☐	☐	☐
Lifts to work properly	☐	☐	☐	☐	☐	☐
Wheelchair tie-downs to work properly	☐	☐	☐	☐	☐	☐
Aisle width	☐	☐	☐	☐	☐	☐
Cleanliness	☐	☐	☐	☐	☐	☐
Temperature	☐	☐	☐	☐	☐	☐
Ride smoothness	☐	☐	☐	☐	☐	☐

F7 How do you rate your level of satisfaction with...

	<i>Very low</i>	<i>Low</i>	<i>Moderate</i>	<i>High</i>	<i>Very high</i>	<i>Don't know</i>
Cost of ride	☐	☐	☐	☐	☐	☐
Ease of buying ticket	☐	☐	☐	☐	☐	☐
Scheduling a ride	☐	☐	☐	☐	☐	☐
Layout of your bus stop	☐	☐	☐	☐	☐	☐
How safe you feel at your bus stop	☐	☐	☐	☐	☐	☐
Ease of reading bus schedules	☐	☐	☐	☐	☐	☐
Ease of reading signs and vehicle route numbers	☐	☐	☐	☐	☐	☐
Announcements made by bus drivers	☐	☐	☐	☐	☐	☐

F8 How interested are you in being able to schedule rides on public transit using the Internet?

*Not at all
interested*
☐

*Not very
interested*
☐

Neutral
☐

*Somewhat
interested*
☐

*Extremely
interested*
☐

Appendix 1

G. About You

The following questions will ask about you.

G1 I live with...
(check ALL that apply)

My husband/wife/partner ☐
My parents ☐
My sister/brother ☐

My daughter/son ☐
On my own ☐
Other _____

G2 I live in...
(check only ONE)

An assisted living facility ☐
A large residential care facility ☐
A group home ☐

My own house or apartment ☐
Supported housing ☐
Other _____

G3 I am ...
Male ☐

Female ☐

G4 I am _____ years old

G5 I am...
(check ALL that apply)

Employed, full time ☐
Employed, part time ☐
Unemployed ☐
Other _____

A student ☐
Retired ☐
Disabled ☐

G6 Which of the following do you use to communicate with people?
(Check ALL that apply)

Cellular or mobile phone ☐
Teletypewriter (TTY) ☐
Pager ☐

Land line telephone ☐
Internet ☐
Other device _____ ☐

G7 How easy is it for you to use the internet?

<i>Very Easy</i>	<i>Easy</i>	<i>Neutral</i>	<i>Difficult</i>	<i>Very Difficult</i>	<i>Don't use the internet</i>
☐	☐	☐	☐	☐	☐

G8 Where do you use the internet most often?

At home ☐
In the library ☐
At a friend's house ☐
At a relative's house ☐
At work ☐

At school ☐
At a community or senior center ☐
Other _____ ☐
I do not use the internet ☐

Appendix 1

G9 If I were given another \$300 each month I would I spend it on...
You can check more than one answer if needed.

- | | | | |
|---|--------------------------|---|--------------------------|
| <i>Buying a new or used car</i> | ☐ | <i>Paying rent or the mortgage.....</i> | ☐ |
| <i>Fixing my car.....</i> | ☐ | <i>Medical services or medicine</i> | ☐ |
| <i>Buying more gas.....</i> | ☐ | <i>Daycare</i> | ☐ |
| <i>Riding the bus or dial-a-ride van more</i> | ☐ | <i>School</i> | ☐ |
| <i>Taxi fare</i> | ☐ | <i>Other</i> | ☐ |
| <i>Buying food and clothing</i> | ☐ | | |

G10 Do you have any other comments with regards to improving public transportation with respect to....

Scheduling? _____

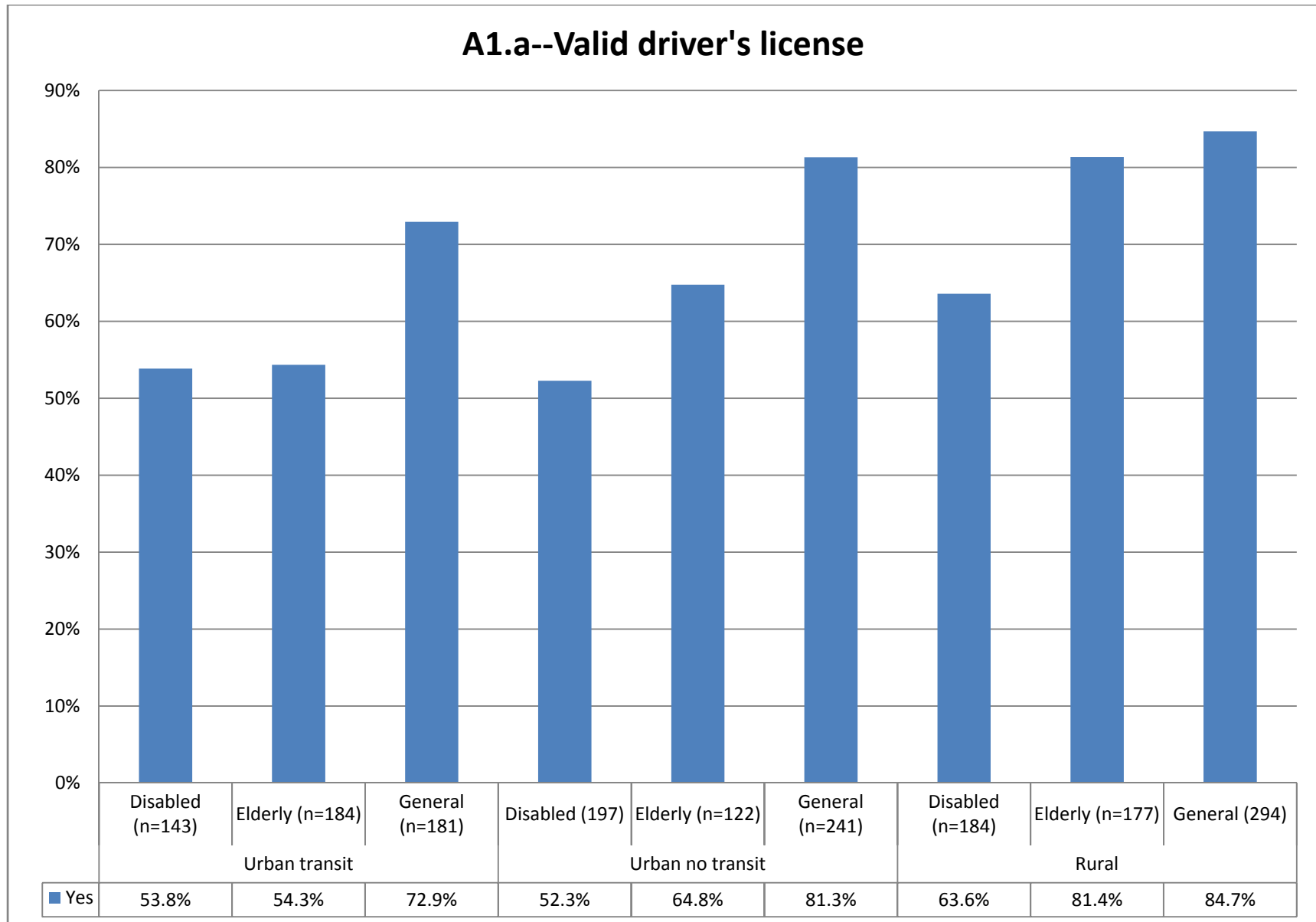
Getting from one place to the next? _____

Other? _____

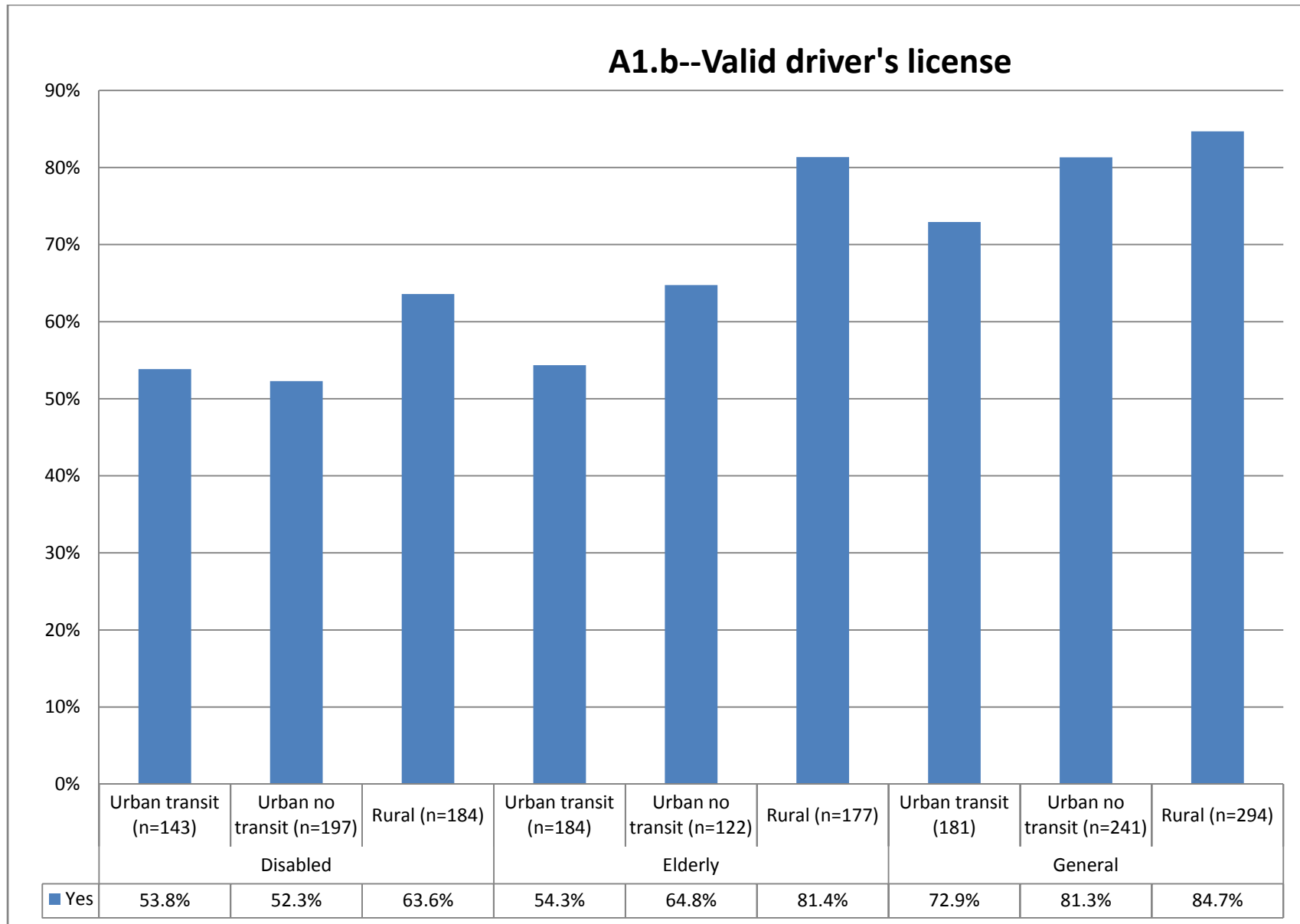
Thank you very much for your time.

Medicaid Consumer Responses

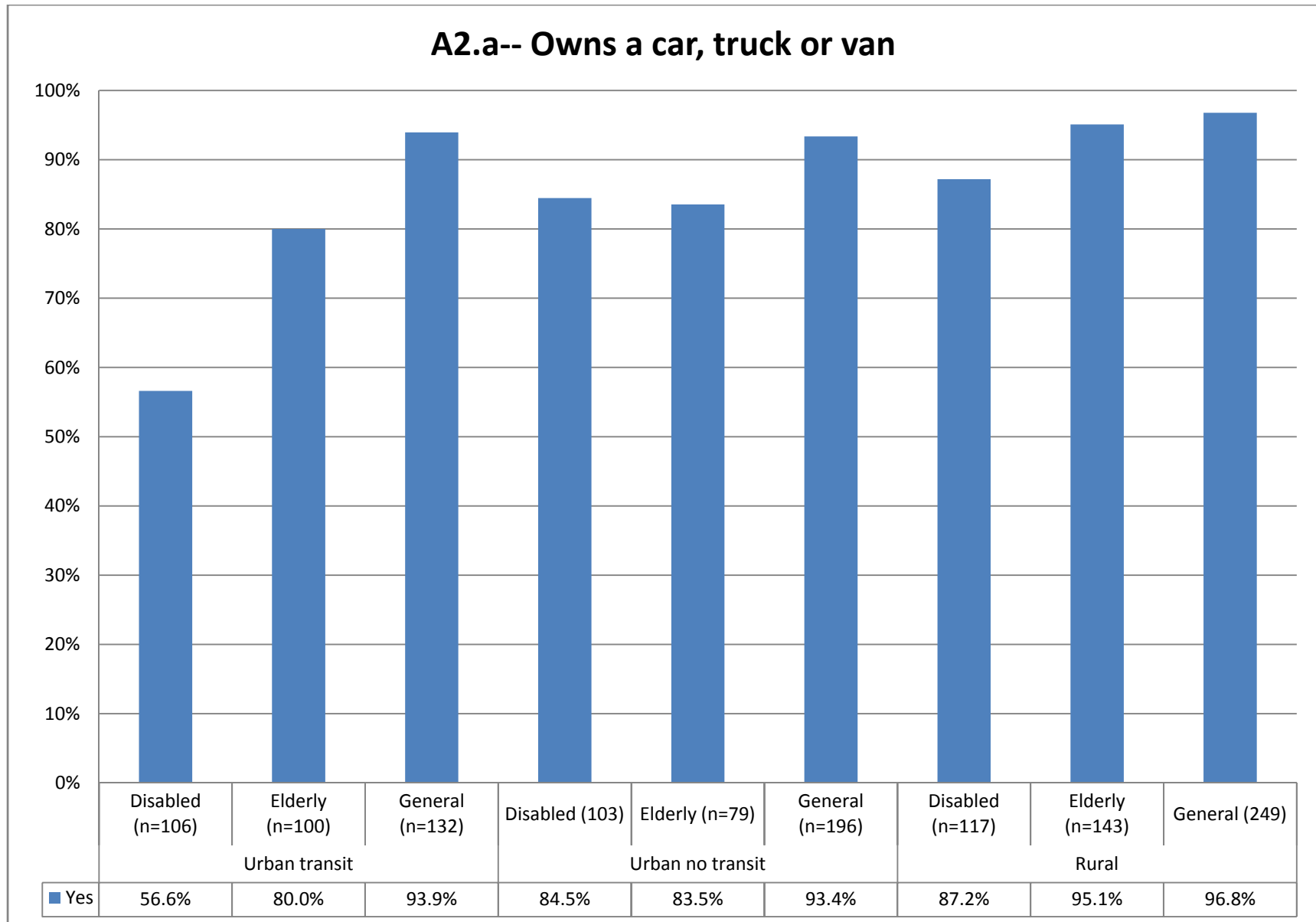
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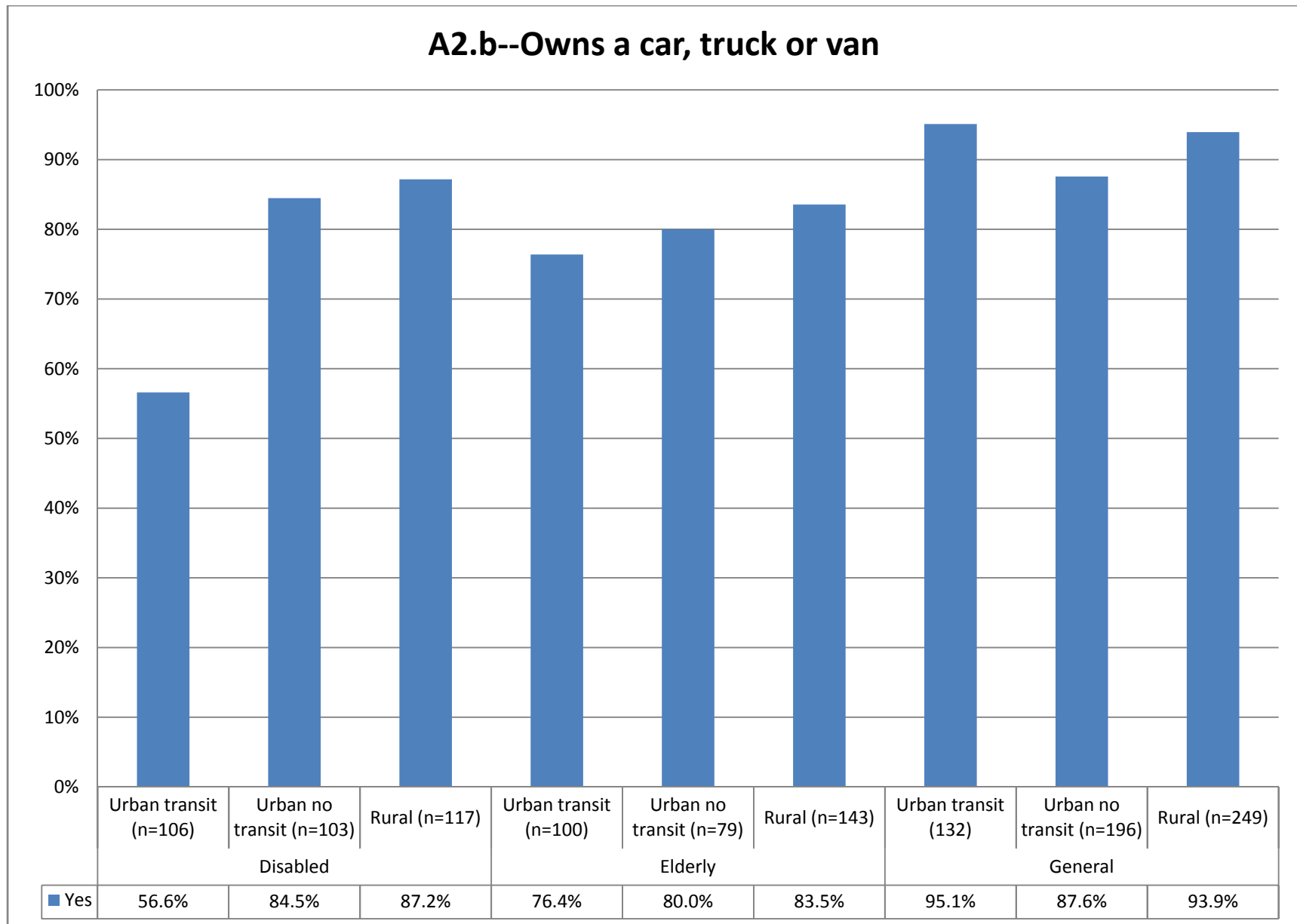
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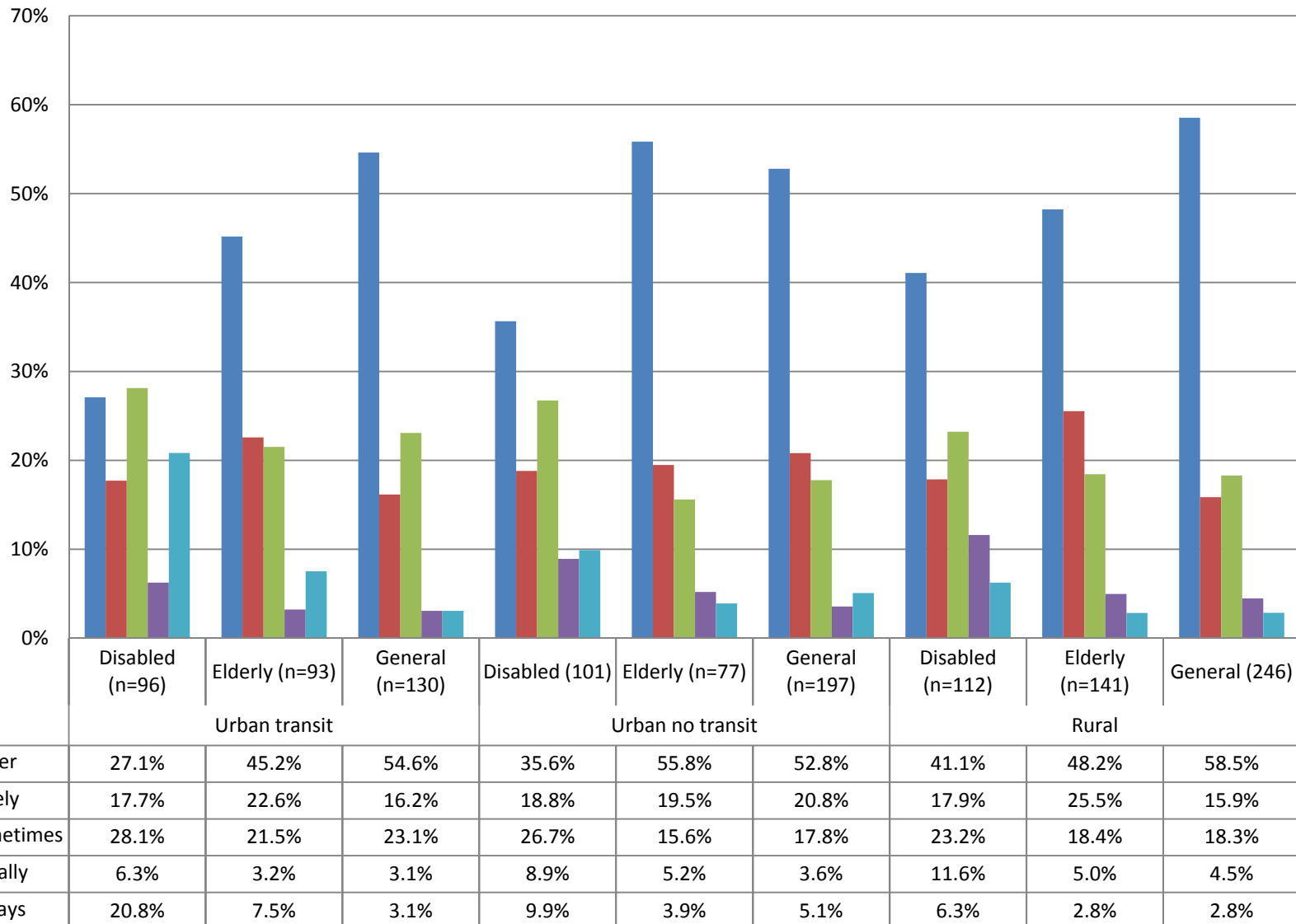
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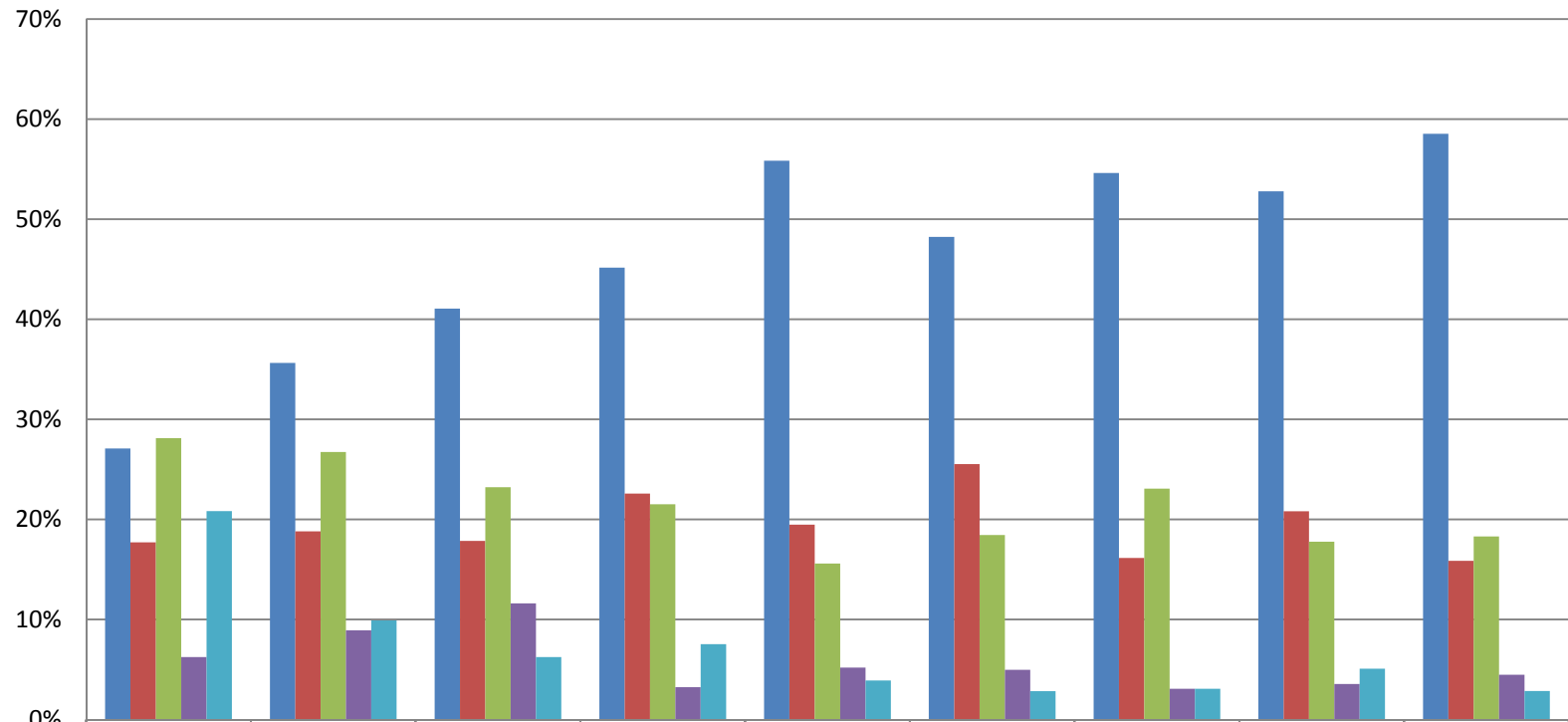
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A3.a--Health problems preventing from driving

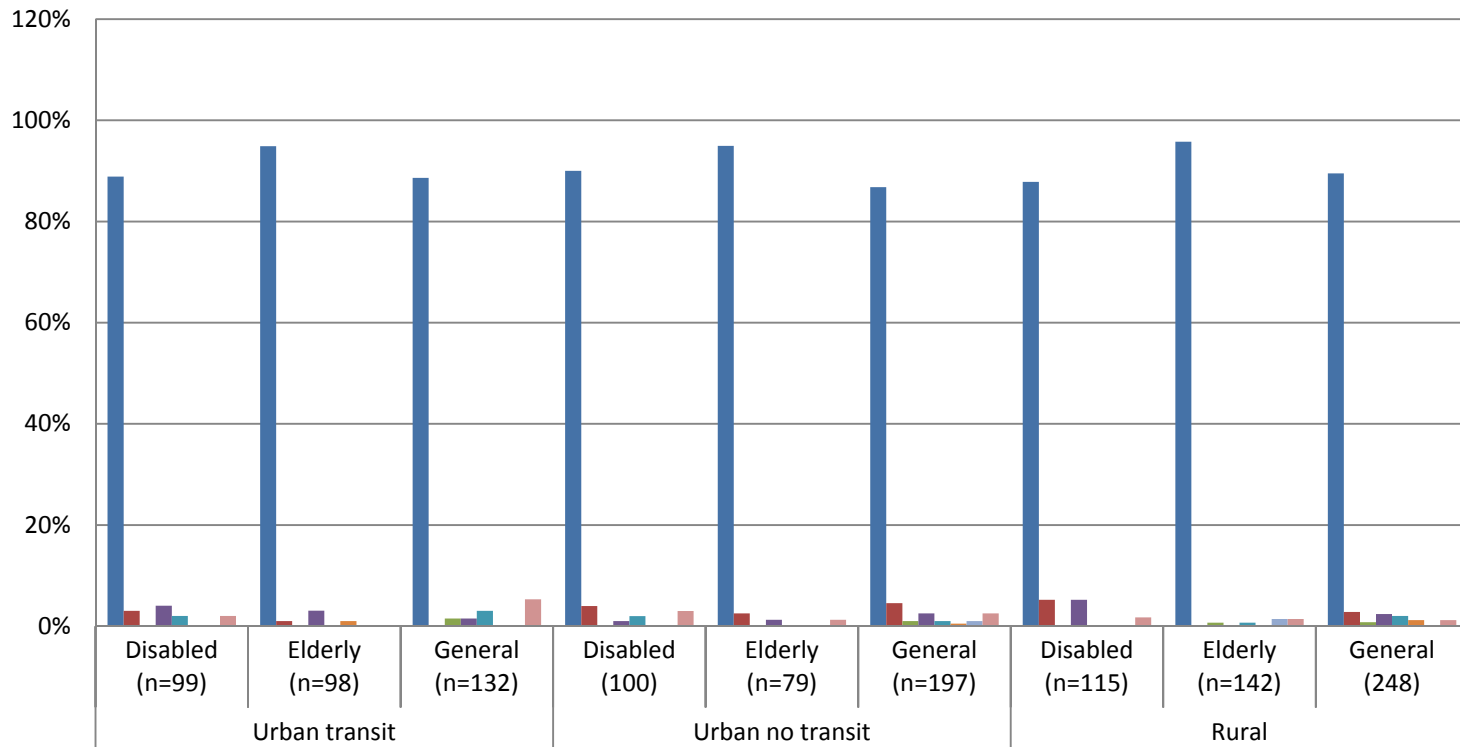


A3.b--Health problems preventing from driving



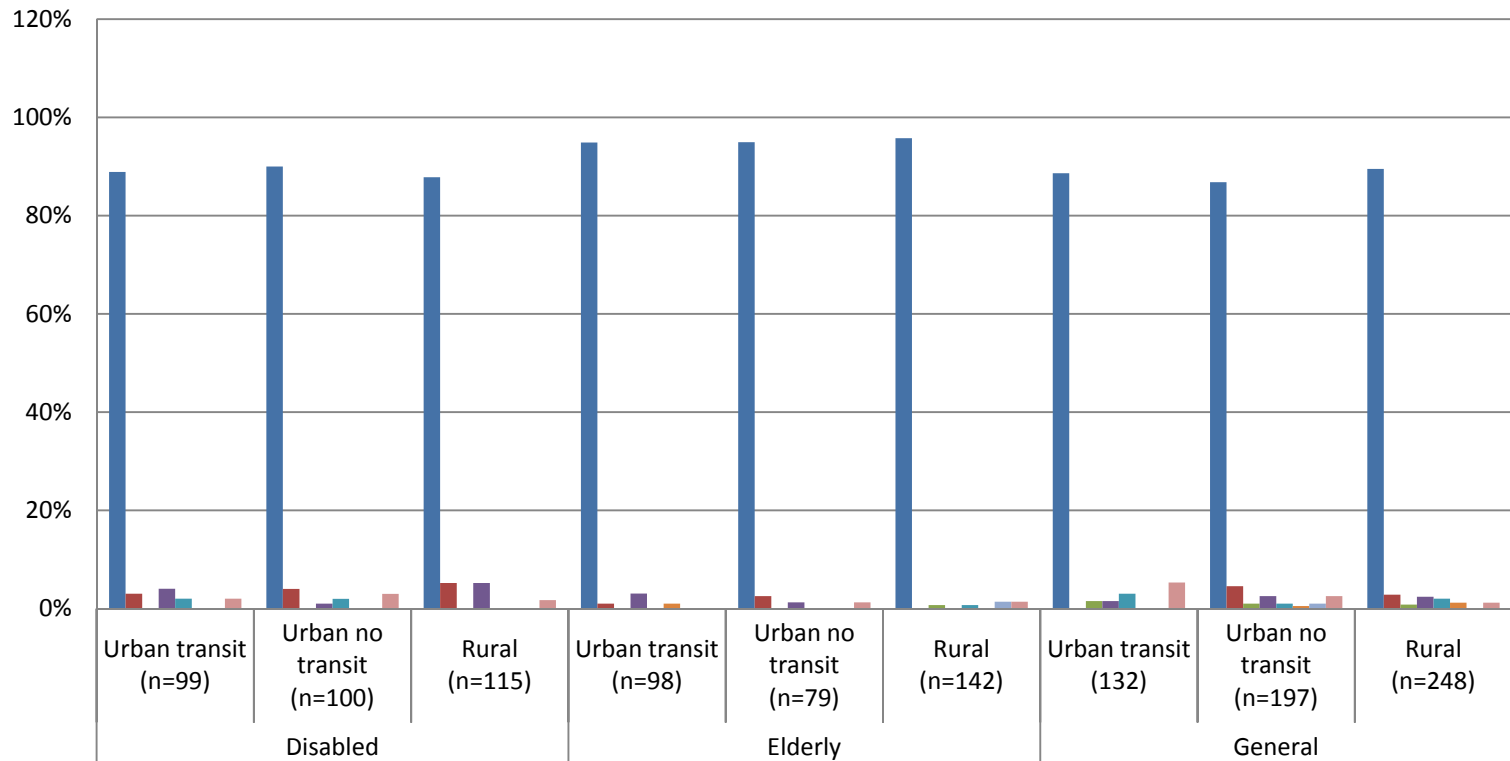
	Urban transit (n=96)	Urban no transit (n=101)	Rural (n=112)	Urban transit (n=93)	Urban no transit (n=77)	Rural (n=141)	Urban transit (130)	Urban no transit (n=197)	Rural (n=246)
	Disabled			Elderly			General		
■ Never	27.1%	35.6%	41.1%	45.2%	55.8%	48.2%	54.6%	52.8%	58.5%
■ Rarely	17.7%	18.8%	17.9%	22.6%	19.5%	25.5%	16.2%	20.8%	15.9%
■ Sometimes	28.1%	26.7%	23.2%	21.5%	15.6%	18.4%	23.1%	17.8%	18.3%
■ Usually	6.3%	8.9%	11.6%	3.2%	5.2%	5.0%	3.1%	3.6%	4.5%
■ Always	20.8%	9.9%	6.3%	7.5%	3.9%	2.8%	3.1%	5.1%	2.8%

A4.a--Borrowed a car, truck or van



	Disabled (n=99)	Elderly (n=98)	General (n=132)	Disabled (100)	Elderly (n=79)	General (n=197)	Disabled (n=115)	Elderly (n=142)	General (248)
■ Never	88.9%	94.9%	88.6%	90.0%	94.9%	86.8%	87.8%	95.8%	89.5%
■ Once	3.0%	1.0%	0.0%	4.0%	2.5%	4.6%	5.2%	0.0%	2.8%
■ 2 times	0.0%	0.0%	1.5%	0.0%	0.0%	1.0%	0.0%	0.7%	0.8%
■ 3 times	4.0%	3.1%	1.5%	1.0%	1.3%	2.5%	5.2%	0.0%	2.4%
■ 4 times	2.0%	0.0%	3.0%	2.0%	0.0%	1.0%	0.0%	0.7%	2.0%
■ 5 times	0.0%	1.0%	0.0%	0.0%	0.0%	0.5%	0.0%	0.0%	1.2%
■ 6 times	0.0%	0.0%	0.0%	0.0%	0.0%	1.0%	0.0%	1.4%	0.0%
■ 7 or more times	2.0%	0.0%	5.3%	3.0%	1.3%	2.5%	1.7%	1.4%	1.2%

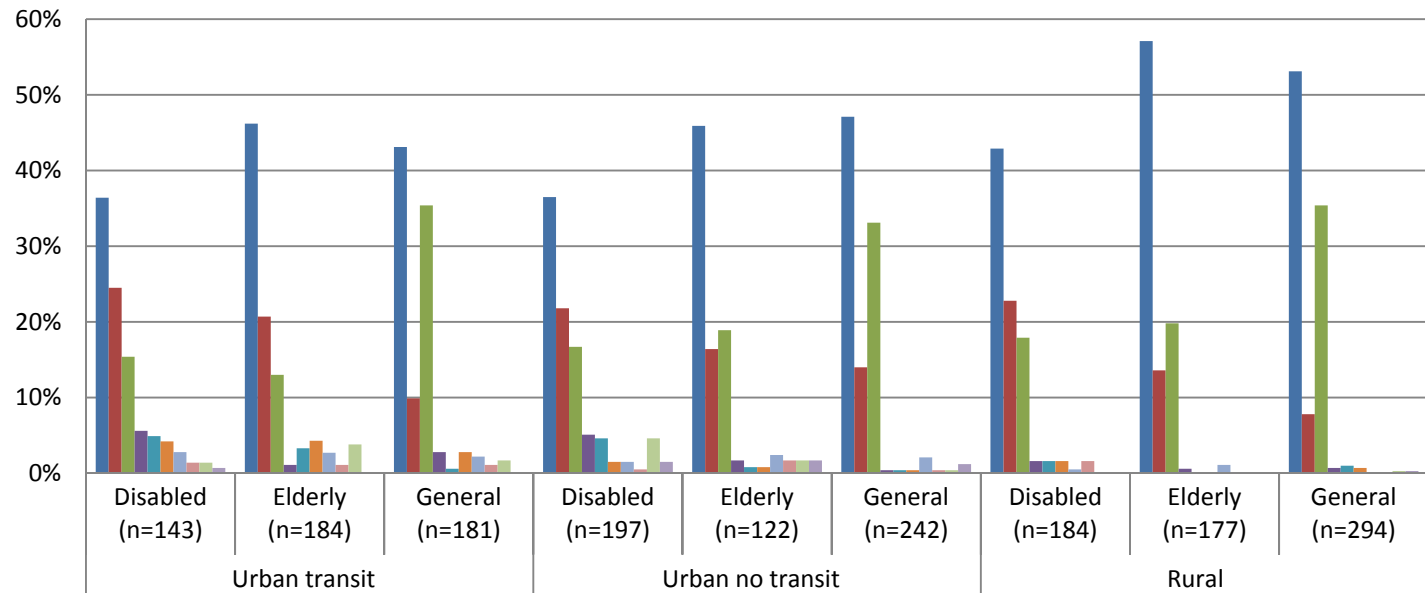
A4.b--Borrowed a car, truck or van



■ Never	88.9%	90.0%	87.8%	94.9%	94.9%	95.8%	88.6%	86.8%	89.5%
■ Once	3.0%	4.0%	5.2%	1.0%	2.5%	0.0%	0.0%	4.6%	2.8%
■ 2 times	0.0%	0.0%	0.0%	0.0%	0.0%	0.7%	1.5%	1.0%	0.8%
■ 3 times	4.0%	1.0%	5.2%	3.1%	1.3%	0.0%	1.5%	2.5%	2.4%
■ 4 times	2.0%	2.0%	0.0%	0.0%	0.0%	0.7%	3.0%	1.0%	2.0%
■ 5 times	0.0%	0.0%	0.0%	1.0%	0.0%	0.0%	0.0%	0.5%	1.2%
■ 6 times	0.0%	0.0%	0.0%	0.0%	0.0%	1.4%	0.0%	1.0%	0.0%
■ 7 or more times	2.0%	3.0%	1.7%	0.0%	1.3%	1.4%	5.3%	2.5%	1.2%

Appendix 1

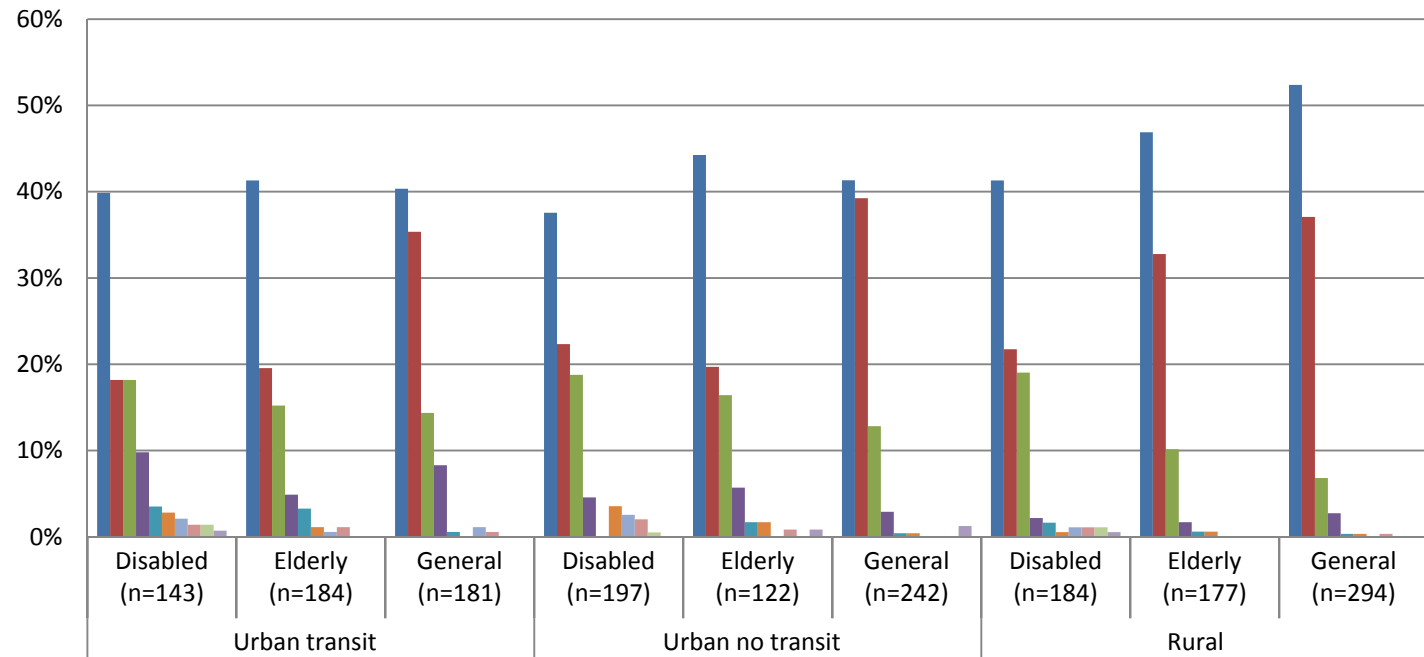
B2--Medical Care



	Urban transit			Urban no transit			Rural		
Did not go	36.4%	46.2%	43.1%	36.5%	45.9%	47.1%	42.9%	57.1%	53.1%
Family/friend	24.5%	20.7%	9.9%	21.8%	16.4%	14.0%	22.8%	13.6%	7.8%
Drove myself	15.4%	13.0%	35.4%	16.7%	18.9%	33.1%	17.9%	19.8%	35.4%
Ride by service provider	5.6%	1.1%	2.8%	5.1%	1.7%	0.4%	1.6%	0.6%	0.7%
Paratransit	4.9%	3.3%	0.6%	4.6%	0.8%	0.4%	1.6%	0.0%	1.0%
Fixed route transit	4.2%	4.3%	2.8%	1.5%	0.8%	0.4%	1.6%	0.0%	0.7%
Walked	2.8%	2.7%	2.2%	1.5%	2.4%	2.1%	0.5%	1.1%	0.0%
Ride by volunteer	1.4%	1.1%	1.1%	0.5%	1.7%	0.4%	1.6%	0.0%	0.0%
Other	1.4%	3.8%	1.7%	4.6%	1.7%	0.4%	0.0%	0.0%	0.3%
Taxi	0.7%	0.0%	0.0%	1.5%	1.7%	1.2%	0.0%	0.0%	0.3%

Appendix 1

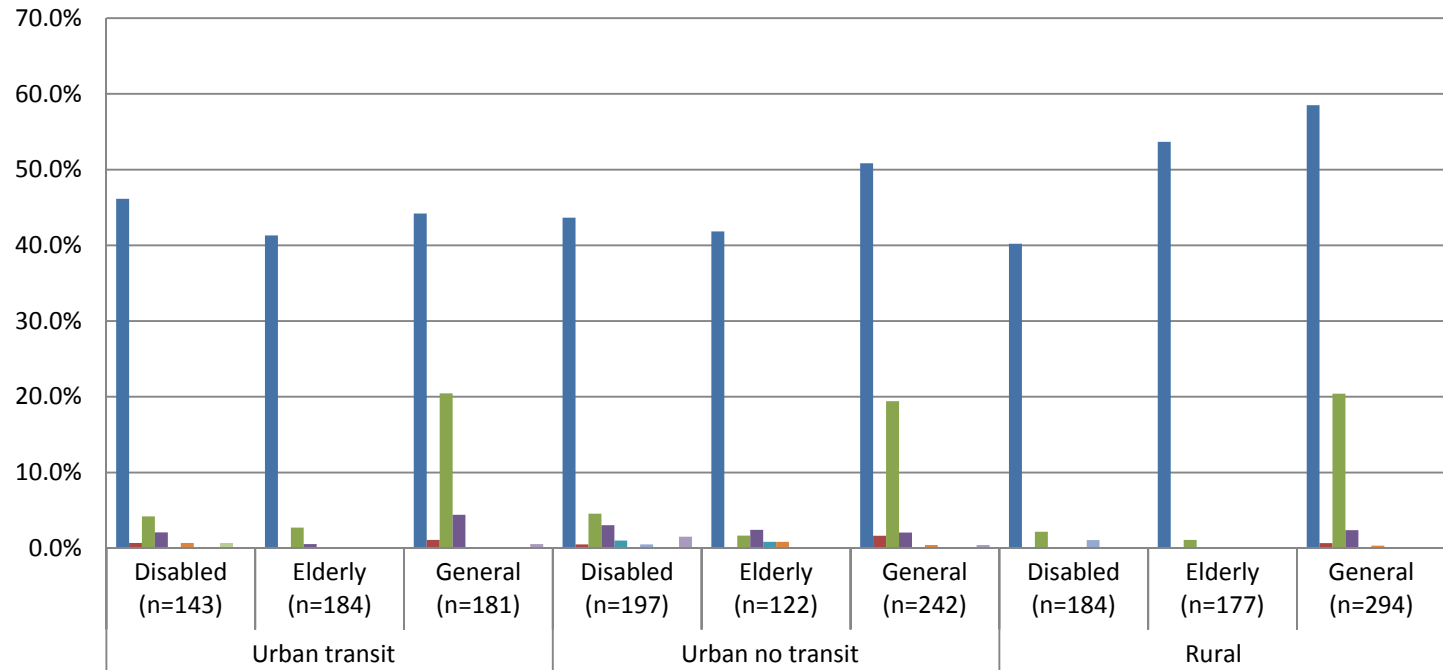
B2--Drug Store



■ Did not go	39.9%	41.3%	40.3%	37.6%	44.3%	41.3%	41.3%	46.9%	52.4%
■ Drove myself	18.2%	19.5%	35.4%	22.3%	19.7%	39.3%	21.7%	32.8%	37.1%
■ Family/friend	18.2%	15.2%	14.4%	18.8%	16.4%	12.8%	19.0%	10.1%	6.8%
■ Walked	9.8%	4.9%	8.3%	4.6%	5.7%	2.9%	2.2%	1.7%	2.7%
■ Fixed route transit	3.5%	3.3%	0.6%	0.0%	1.7%	0.4%	1.6%	0.6%	0.3%
■ Other	2.8%	1.1%	0.0%	3.6%	1.7%	0.4%	0.5%	0.6%	0.3%
■ Ride by service provider	2.1%	0.6%	1.1%	2.5%	0.0%	0.0%	1.1%	0.0%	0.0%
■ Paratransit	1.4%	1.1%	0.6%	2.0%	0.8%	0.0%	1.1%	0.0%	0.3%
■ Ride by volunteer	1.4%	0.0%	0.0%	0.5%	0.0%	0.0%	1.1%	0.0%	0.0%
■ Taxi	0.7%	0.0%	0.0%	0.0%	0.8%	1.2%	0.5%	0.0%	0.0%

Appendix 1

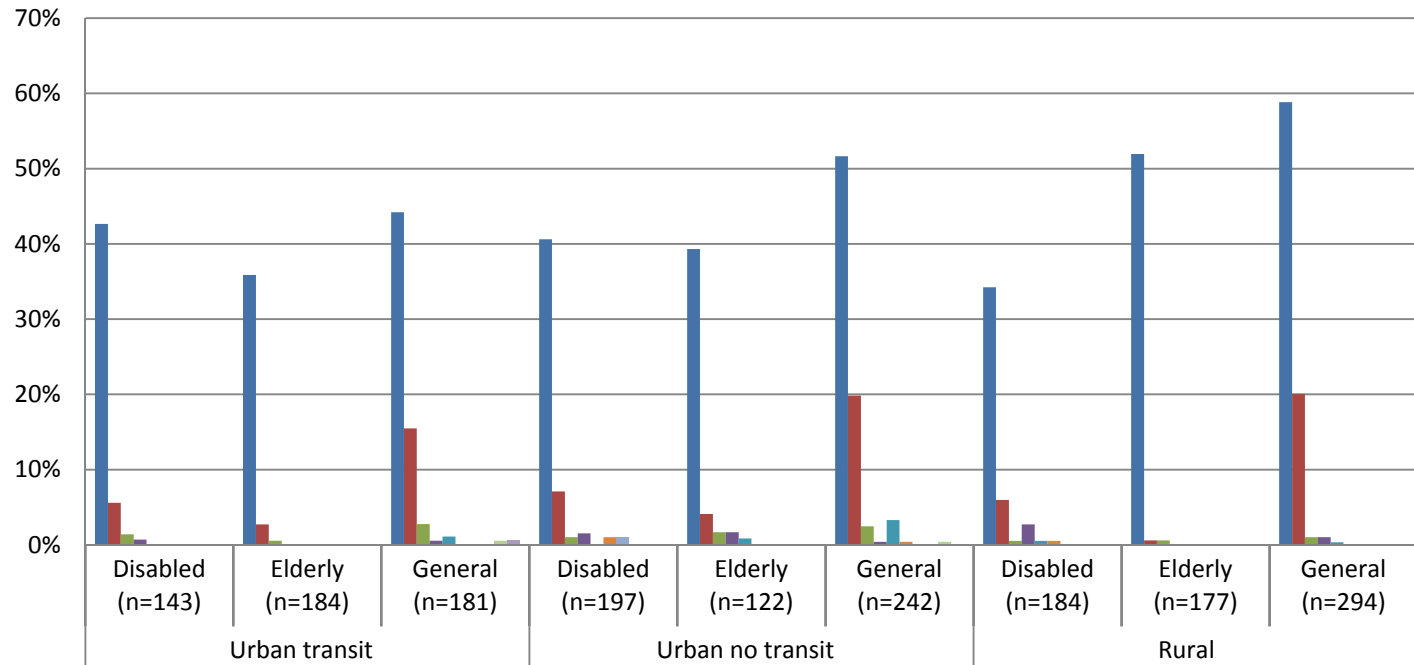
B2--Child or Adult Daycare



■ Did not go	46.2%	41.3%	44.2%	43.7%	41.8%	50.8%	40.2%	53.7%	58.5%
■ Walked	0.7%	0.0%	1.1%	0.5%	0.0%	1.7%	0.0%	0.0%	0.7%
■ Drove myself	4.2%	2.7%	20.4%	4.6%	1.7%	19.4%	2.2%	1.1%	20.4%
■ Family/friend	2.1%	0.6%	4.4%	3.0%	2.4%	2.1%	0.0%	0.0%	2.4%
■ Paratransit	0.0%	0.0%	0.0%	1.0%	0.8%	0.0%	0.0%	0.0%	0.0%
■ Fixed route transit	0.7%	0.0%	0.0%	0.0%	0.8%	0.4%	0.0%	0.0%	0.3%
■ Ride by service provider	0.0%	0.0%	0.0%	0.5%	0.0%	0.0%	1.1%	0.0%	0.0%
■ Ride by volunteer	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
■ Taxi	0.7%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
■ Other	0.0%	0.0%	0.6%	1.5%	0.0%	0.4%	0.0%	0.0%	0.0%

Appendix 1

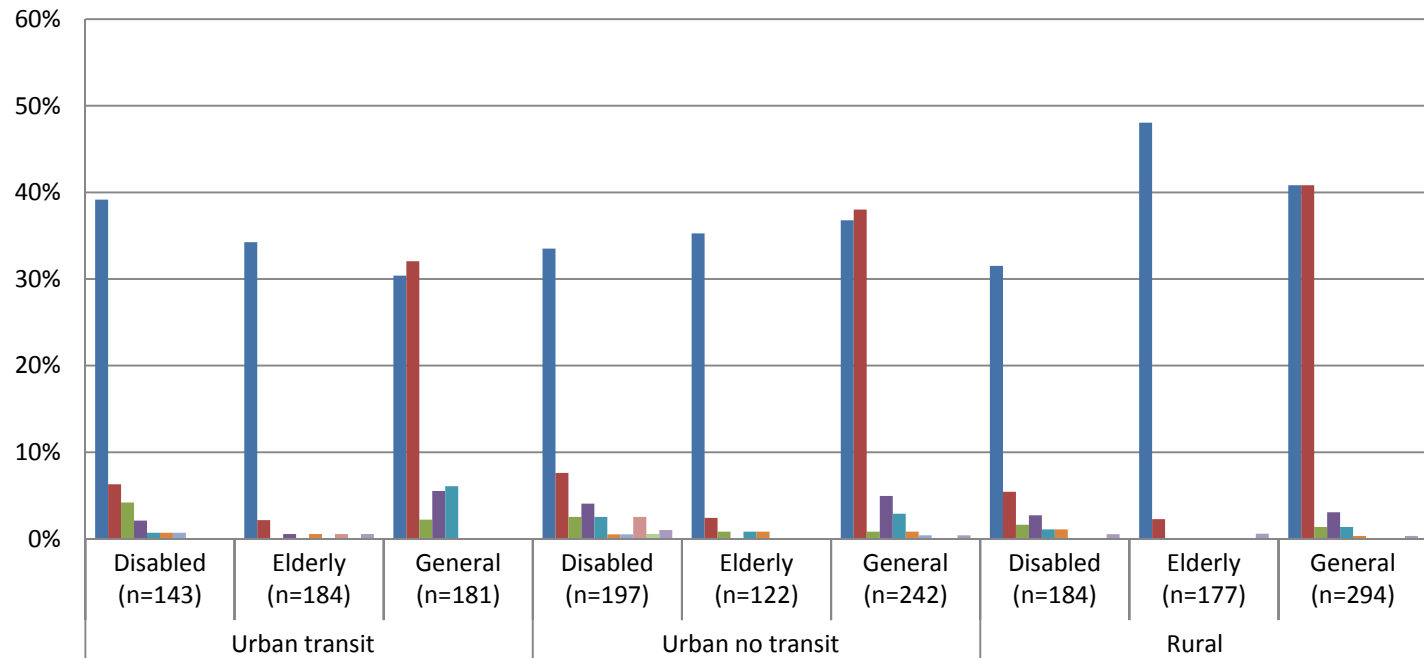
B2--School or Training



■ Did not go	42.7%	35.9%	44.2%	40.6%	39.3%	51.7%	34.2%	52.0%	58.8%
■ Drove myself	5.6%	2.7%	15.5%	7.1%	4.1%	19.8%	6.0%	0.6%	20.1%
■ Family/friend	1.4%	0.6%	2.8%	1.0%	1.7%	2.5%	0.5%	0.6%	1.0%
■ Fixed route transit	0.7%	0.0%	0.6%	1.5%	1.7%	0.4%	2.7%	0.0%	1.0%
■ Walked	0.0%	0.0%	1.1%	0.0%	0.8%	3.3%	0.5%	0.0%	0.3%
■ Paratransit	0.0%	0.0%	0.0%	1.0%	0.0%	0.4%	0.5%	0.0%	0.0%
■ Ride by service provider	0.0%	0.0%	0.0%	1.0%	0.0%	0.0%	0.0%	0.0%	0.0%
■ Ride by volunteer	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
■ Taxi	0.0%	0.0%	0.6%	0.0%	0.0%	0.4%	0.0%	0.0%	0.0%
■ Other	0.0%	0.0%	0.6%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%

Appendix 1

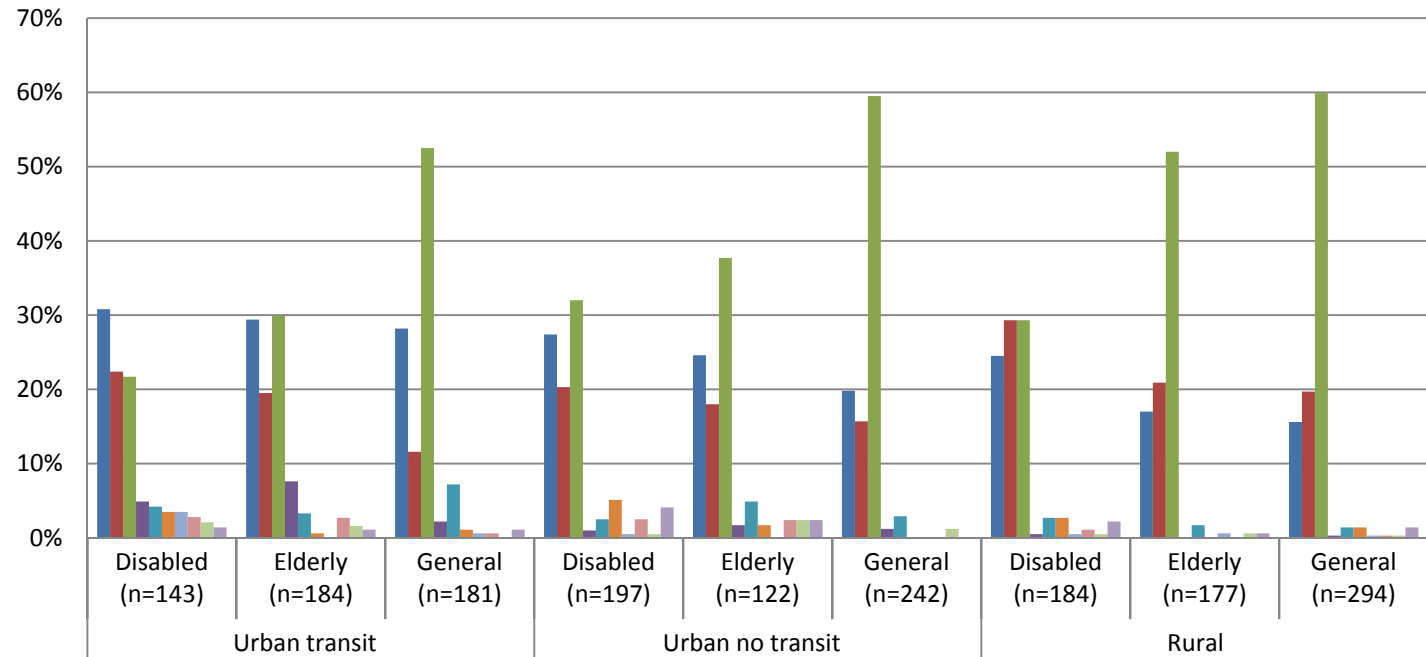
B2--Work



	Disabled (n=143)	Elderly (n=184)	General (n=181)	Disabled (n=197)	Elderly (n=122)	General (n=242)	Disabled (n=184)	Elderly (n=177)	General (n=294)
Did not go	39.2%	34.2%	30.4%	33.5%	35.3%	36.8%	31.5%	48.0%	40.8%
Drove myself	6.3%	2.2%	32.0%	7.6%	2.4%	38.0%	5.4%	2.3%	40.8%
Fixed route transit	4.2%	0.0%	2.2%	2.5%	0.8%	0.8%	1.6%	0.0%	1.4%
Family/friend	2.1%	0.6%	5.5%	4.1%	0.0%	5.0%	2.7%	0.0%	3.1%
Walked	0.7%	0.0%	6.1%	2.5%	0.8%	2.9%	1.1%	0.0%	1.4%
Paratransit	0.7%	0.6%	0.0%	0.5%	0.8%	0.8%	1.1%	0.0%	0.3%
Taxi	0.7%	0.0%	0.0%	0.5%	0.0%	0.4%	0.0%	0.0%	0.0%
Ride by service provider	0.0%	0.6%	0.0%	2.5%	0.0%	0.0%	0.0%	0.0%	0.0%
Ride by volunteer	0.0%	0.0%	0.0%	0.5%	0.0%	0.0%	0.0%	0.0%	0.0%
Other	0.0%	0.6%	0.0%	1.0%	0.0%	0.4%	0.5%	0.6%	0.3%

Appendix 1

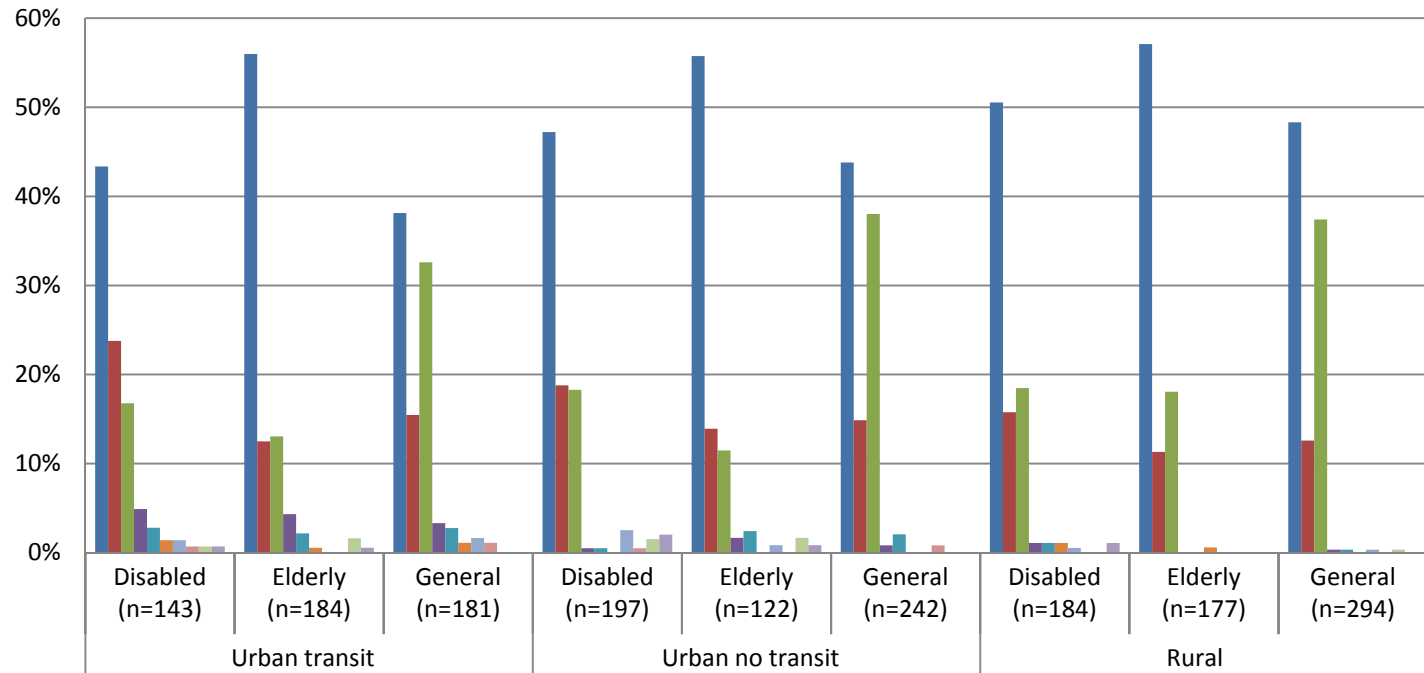
B2--Grocery Shopping



Family/friend	30.8%	29.4%	28.2%	27.4%	24.6%	19.8%	24.5%	17.0%	15.6%
Did not go	22.4%	19.5%	11.6%	20.3%	18.0%	15.7%	29.3%	20.9%	19.7%
Drove myself	21.7%	29.9%	52.5%	32.0%	37.7%	59.5%	29.3%	52.0%	59.9%
Fixed route transit	4.9%	7.6%	2.2%	1.0%	1.7%	1.2%	0.5%	0.0%	0.3%
Walked	4.2%	3.3%	7.2%	2.5%	4.9%	2.9%	2.7%	1.7%	1.4%
Ride by service provider	3.5%	0.6%	1.1%	5.1%	1.7%	0.0%	2.7%	0.0%	1.4%
Ride by volunteer	3.5%	0.0%	0.6%	0.5%	0.0%	0.0%	0.5%	0.6%	0.3%
Paratransit	2.8%	2.7%	0.6%	2.5%	2.4%	0.0%	1.1%	0.0%	0.3%
Taxi	2.1%	1.6%	0.0%	0.5%	2.4%	1.2%	0.5%	0.6%	0.3%
Other	1.4%	1.1%	1.1%	4.1%	2.4%	0.0%	2.2%	0.6%	1.4%

Appendix 1

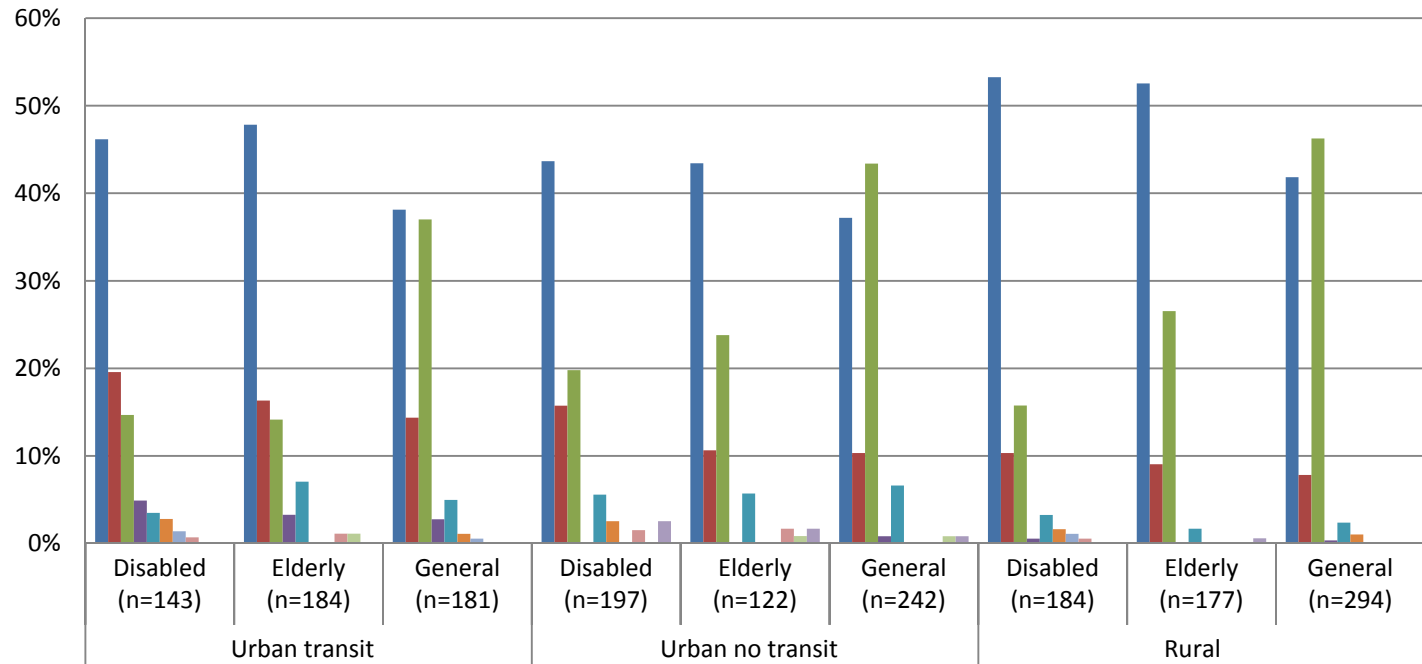
B2--Department Store or Mall



■ Did not go	43.4%	56.0%	38.1%	47.2%	55.7%	43.8%	50.5%	57.1%	48.3%
■ Family/friend	23.8%	12.5%	15.5%	18.8%	13.9%	14.9%	15.8%	11.3%	12.6%
■ Drove myself	16.8%	13.0%	32.6%	18.3%	11.5%	38.0%	18.5%	18.1%	37.4%
■ Fixed route transit	4.9%	4.3%	3.3%	0.5%	1.7%	0.8%	1.1%	0.0%	0.3%
■ Walked	2.8%	2.2%	2.8%	0.5%	2.4%	2.1%	1.1%	0.0%	0.3%
■ Ride by volunteer	1.4%	0.6%	1.1%	0.0%	0.0%	0.0%	1.1%	0.6%	0.0%
■ Ride by service provider	1.4%	0.0%	1.7%	2.5%	0.8%	0.0%	0.5%	0.0%	0.3%
■ Taxi	0.7%	0.0%	1.1%	0.5%	0.0%	0.8%	0.0%	0.0%	0.0%
■ Paratransit	0.7%	1.6%	0.0%	1.5%	1.7%	0.0%	0.0%	0.0%	0.3%
■ Other	0.7%	0.6%	0.0%	2.0%	0.8%	0.0%	1.1%	0.0%	0.0%

Appendix 1

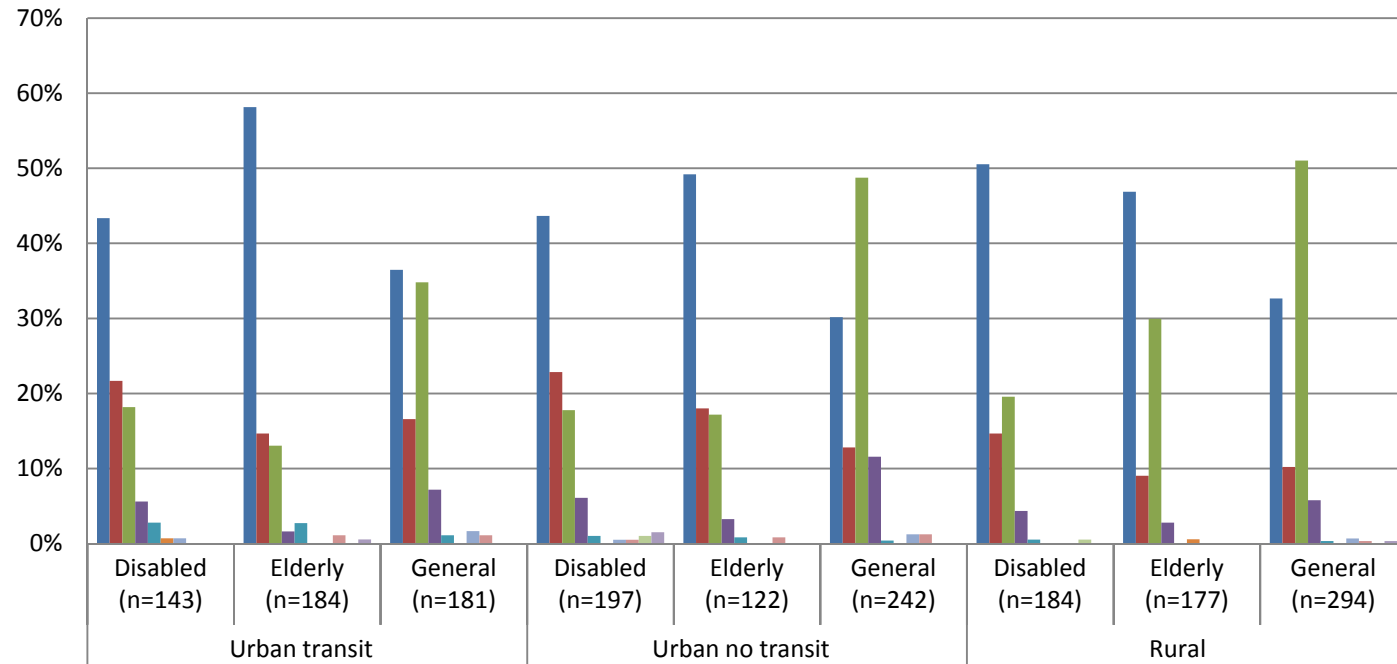
B2--Business Errands



	Disabled (n=143)	Elderly (n=184)	General (n=181)	Disabled (n=197)	Elderly (n=122)	General (n=242)	Disabled (n=184)	Elderly (n=177)	General (n=294)
Did not go	46.2%	47.8%	38.1%	43.7%	43.4%	37.2%	53.3%	52.5%	41.8%
Family/friend	19.6%	16.3%	14.4%	15.7%	10.6%	10.3%	10.3%	9.0%	7.8%
Drove myself	14.7%	14.1%	37.0%	19.8%	23.8%	43.4%	15.8%	26.5%	46.3%
Fixed route transit	4.9%	3.3%	2.8%	0.0%	0.0%	0.8%	0.5%	0.0%	0.3%
Walked	3.5%	7.1%	5.0%	5.6%	5.7%	6.6%	3.3%	1.7%	2.4%
Ride by service provider	2.8%	0.0%	1.1%	2.5%	0.0%	0.0%	1.6%	0.0%	1.0%
Ride by volunteer	1.4%	0.0%	0.6%	0.0%	0.0%	0.0%	1.1%	0.0%	0.0%
Paratransit	0.7%	1.1%	0.0%	1.5%	1.7%	0.0%	0.5%	0.0%	0.0%
Taxi	0.0%	1.1%	0.0%	0.0%	0.8%	0.8%	0.0%	0.0%	0.0%
Other	0.0%	0.0%	0.0%	2.5%	1.7%	0.8%	0.0%	0.6%	0.0%

Appendix 1

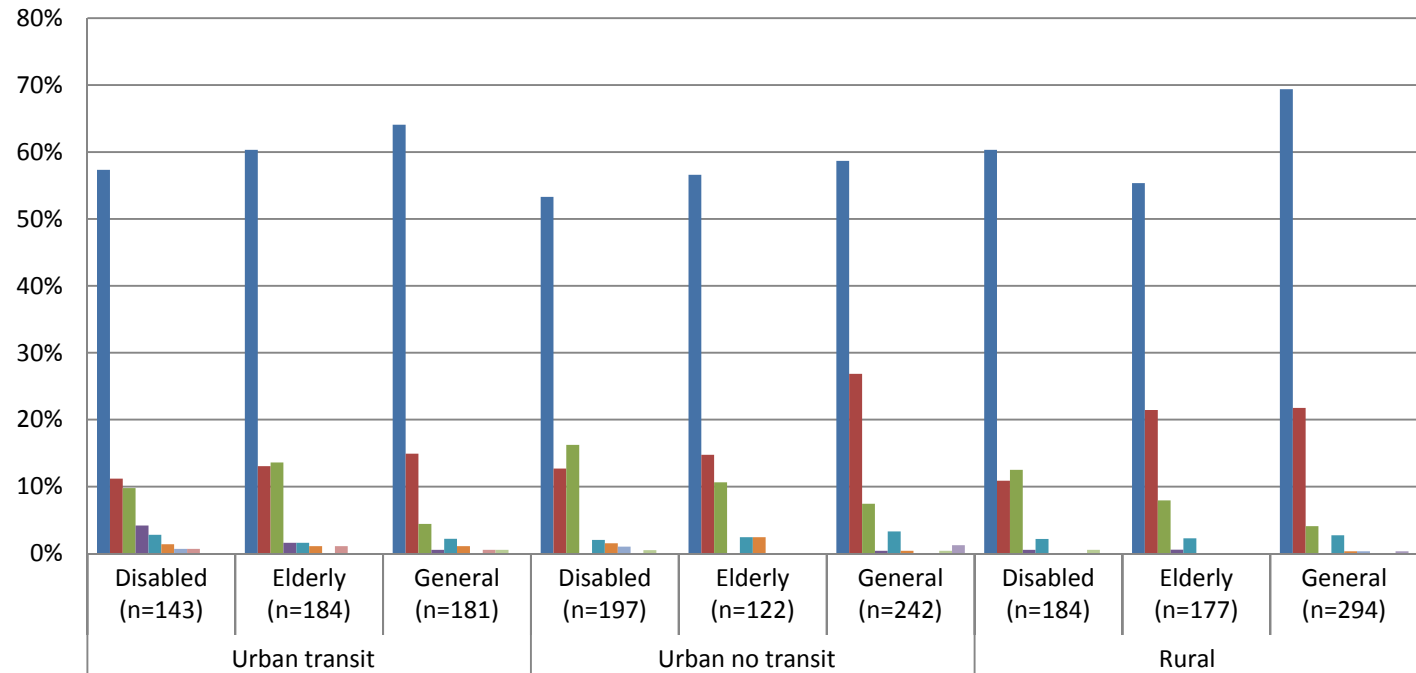
B2--Social Visits



■ Did not go	43.4%	58.2%	36.5%	43.7%	49.2%	30.2%	50.5%	46.9%	32.7%
■ Family/friend	21.7%	14.7%	16.6%	22.8%	18.0%	12.8%	14.7%	9.0%	10.2%
■ Drove myself	18.2%	13.0%	34.8%	17.8%	17.2%	48.8%	19.6%	30.0%	51.0%
■ Walked	5.6%	1.6%	7.2%	6.1%	3.3%	11.6%	4.3%	2.8%	5.8%
■ Fixed route transit	2.8%	2.7%	1.1%	1.0%	0.8%	0.4%	0.5%	0.0%	0.3%
■ Ride by volunteer	0.7%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.6%	0.0%
■ Other	0.7%	0.0%	1.7%	0.5%	0.0%	1.2%	0.0%	0.0%	0.7%
■ Taxi	0.0%	1.1%	1.1%	0.5%	0.8%	1.2%	0.0%	0.0%	0.3%
■ Ride by service provider	0.0%	0.0%	0.0%	1.0%	0.0%	0.0%	0.5%	0.0%	0.0%
■ Paratransit	0.0%	0.6%	0.0%	1.5%	0.0%	0.0%	0.0%	0.0%	0.3%

Appendix 1

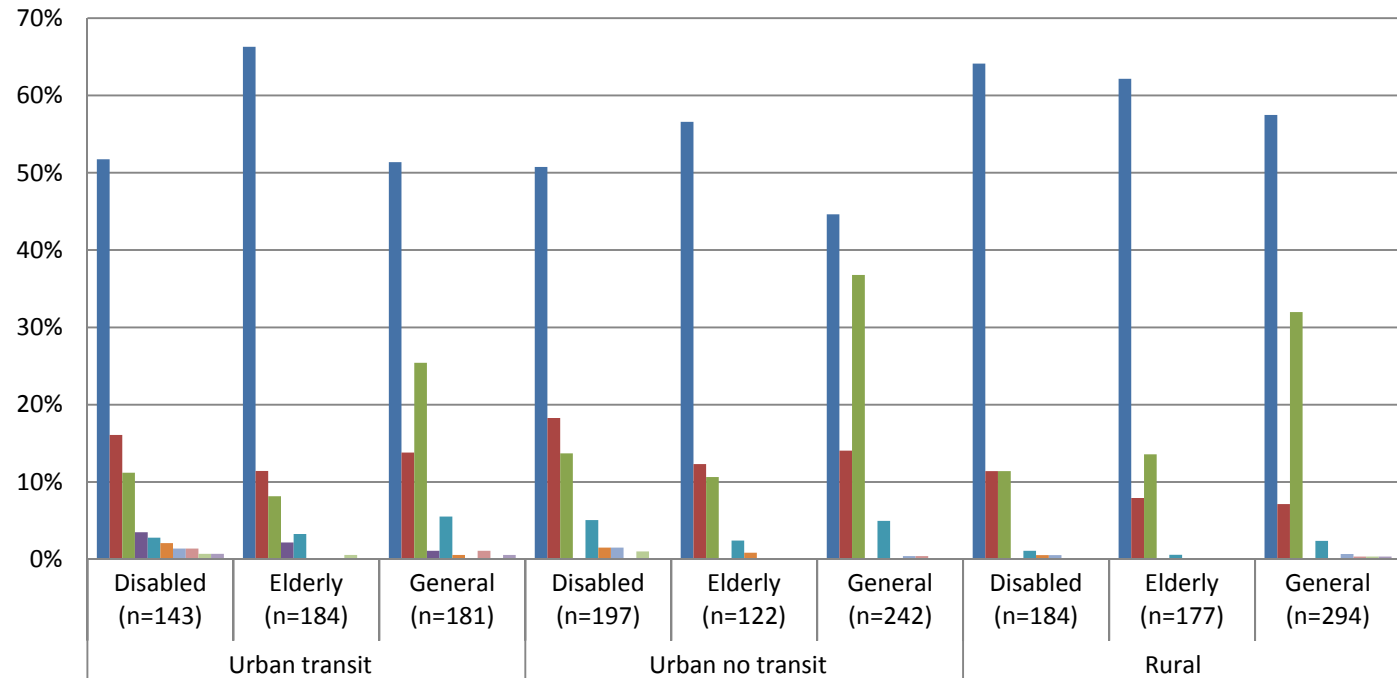
B2--Religious



■ Did not go	57.3%	60.3%	64.1%	53.3%	56.6%	58.7%	60.3%	55.4%	69.4%
■ Drove myself	11.2%	13.0%	14.9%	12.7%	14.8%	26.9%	10.9%	21.5%	21.8%
■ Family/friend	9.8%	13.6%	4.4%	16.2%	10.6%	7.4%	12.5%	7.9%	4.1%
■ Ride by volunteer	4.2%	1.6%	0.6%	0.0%	0.0%	0.4%	0.5%	0.6%	0.0%
■ Walked	2.8%	1.6%	2.2%	2.0%	2.4%	3.3%	2.2%	2.3%	2.7%
■ Other	1.4%	1.1%	1.1%	1.5%	2.4%	0.4%	0.0%	0.0%	0.3%
■ Paratransit	0.7%	0.0%	0.0%	1.0%	0.0%	0.0%	0.0%	0.0%	0.3%
■ Fixed route transit	0.7%	1.1%	0.6%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
■ Ride by service provider	0.0%	0.0%	0.6%	0.5%	0.0%	0.4%	0.5%	0.0%	0.0%
■ Taxi	0.0%	0.0%	0.0%	0.0%	0.0%	1.2%	0.0%	0.0%	0.3%

Appendix 1

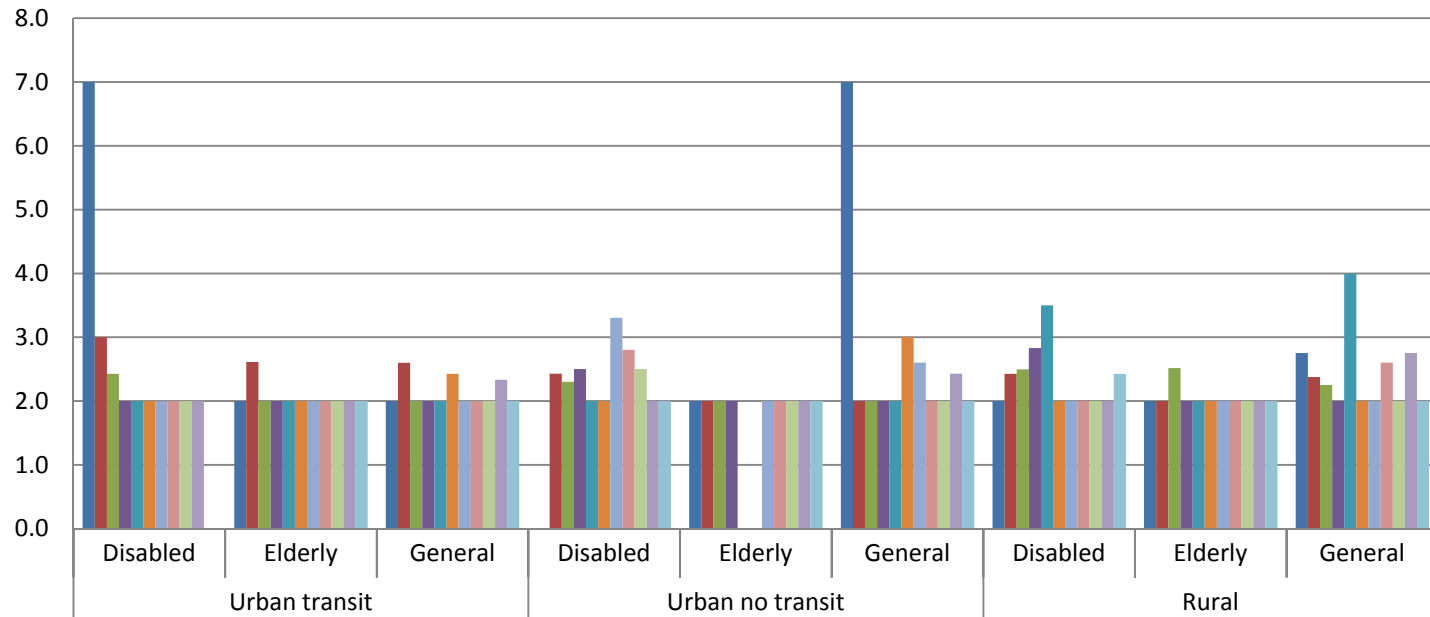
B2--Leisure



■ Did not go	51.7%	66.3%	51.4%	50.8%	56.6%	44.6%	64.1%	62.2%	57.5%
■ Family/friend	16.1%	11.4%	13.8%	18.3%	12.3%	14.0%	11.4%	7.9%	7.1%
■ Drove myself	11.2%	8.2%	25.4%	13.7%	10.6%	36.8%	11.4%	13.6%	32.0%
■ Fixed route transit	3.5%	2.2%	1.1%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
■ Walked	2.8%	3.3%	5.5%	5.1%	2.4%	5.0%	1.1%	0.6%	2.4%
■ Other	2.1%	0.0%	0.6%	1.5%	0.8%	0.0%	0.5%	0.0%	0.0%
■ Ride by service provider	1.4%	0.0%	0.0%	1.5%	0.0%	0.4%	0.5%	0.0%	0.7%
■ Taxi	1.4%	0.0%	1.1%	0.0%	0.0%	0.4%	0.0%	0.0%	0.3%
■ Paratransit	0.7%	0.6%	0.0%	1.0%	0.0%	0.0%	0.0%	0.0%	0.3%
■ Ride by volunteer	0.7%	0.0%	0.6%	0.0%	0.0%	0.0%	0.0%	0.0%	0.3%

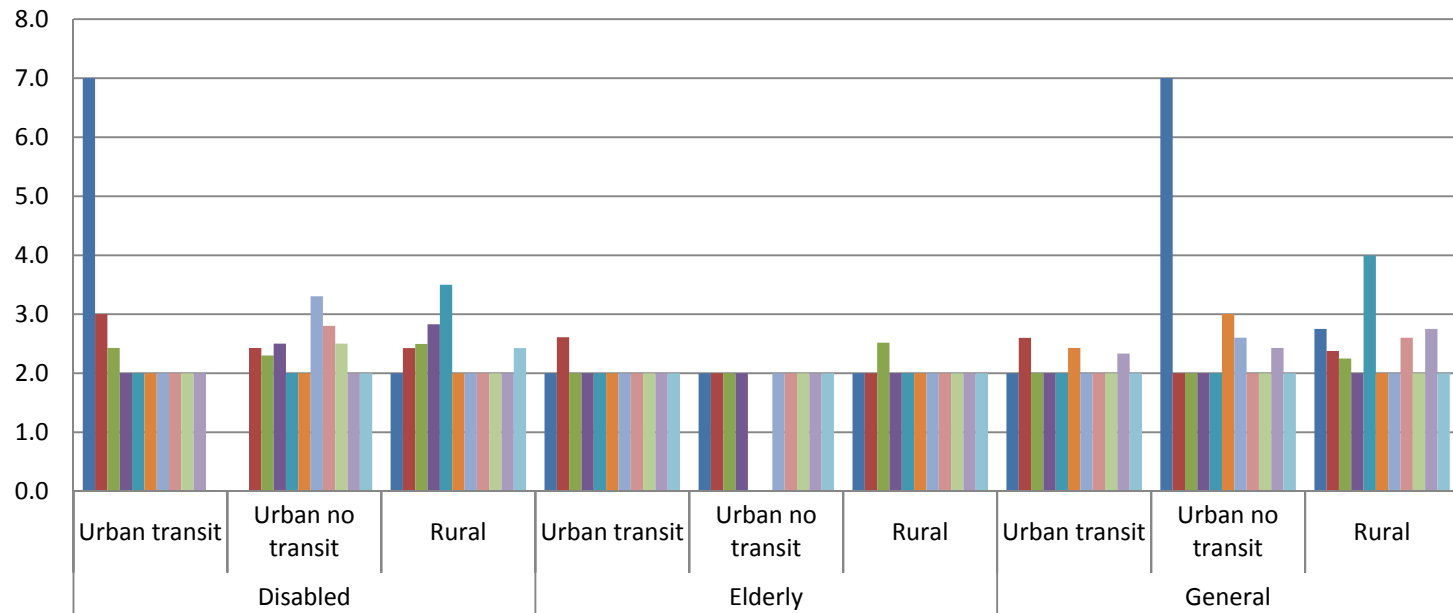
Appendix 1

B3.a--Trips Missed per Members



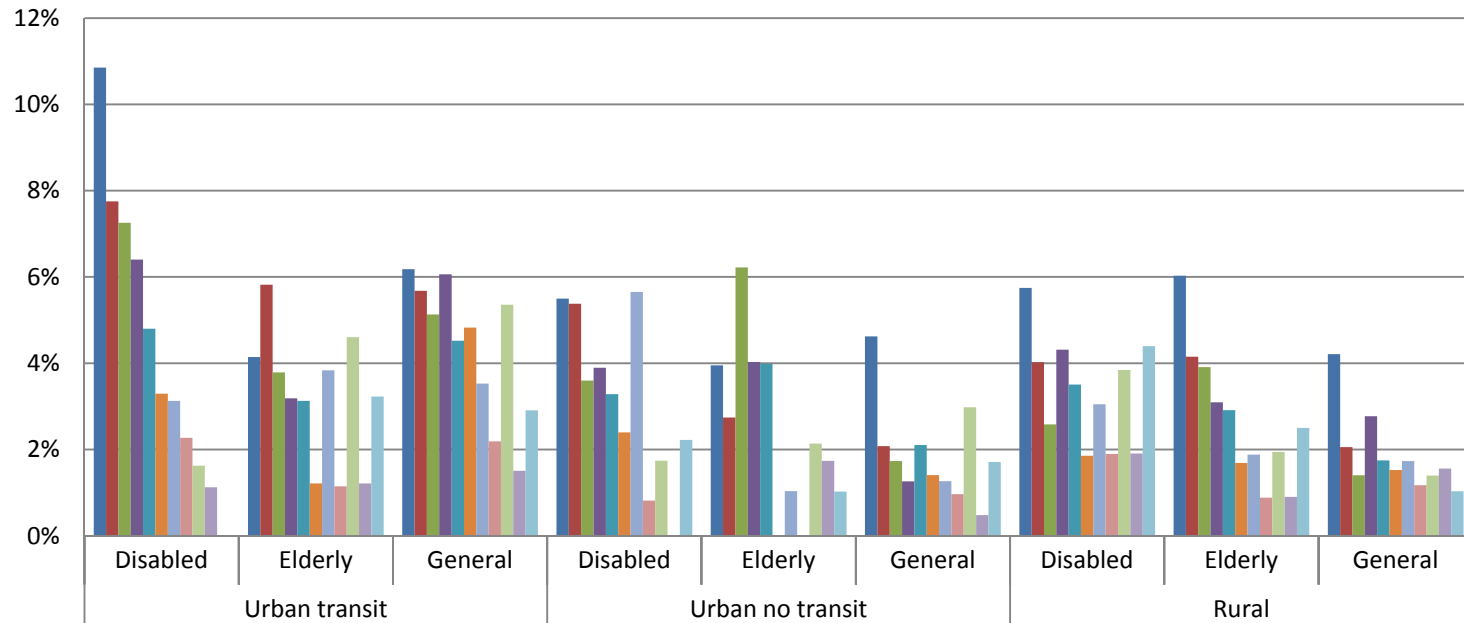
school/training	7.00	2.00	2.00		2.00	7.00	2.00	2.00	2.75
social visits	3.00	2.61	2.60	2.43	2.00	2.00	2.43	2.00	2.38
medical visits	2.43	2.00	2.00	2.30	2.00	2.00	2.50	2.52	2.25
drug store	2.00	2.00	2.00	2.50	2.00	2.00	2.83	2.00	2.00
child/adult care	2.00	2.00	2.00	2.00		2.00	3.50	2.00	4.00
work	2.00	2.00	2.43	2.00		3.00	2.00	2.00	2.00
grocery shopping	2.00	2.00	2.00	3.30	2.00	2.60	2.00	2.00	2.00
department store	2.00	2.00	2.00	2.80	2.00	2.00	2.00	2.00	2.60
religious	2.00	2.00	2.00	2.50	2.00	2.00	2.00	2.00	2.00
leisure	2.00	2.00	2.33	2.00	2.00	2.43	2.00	2.00	2.75
business errands		2.00	2.00	2.00	2.00	2.00	2.43	2.00	2.00

B3.b--Trips Missed per Member



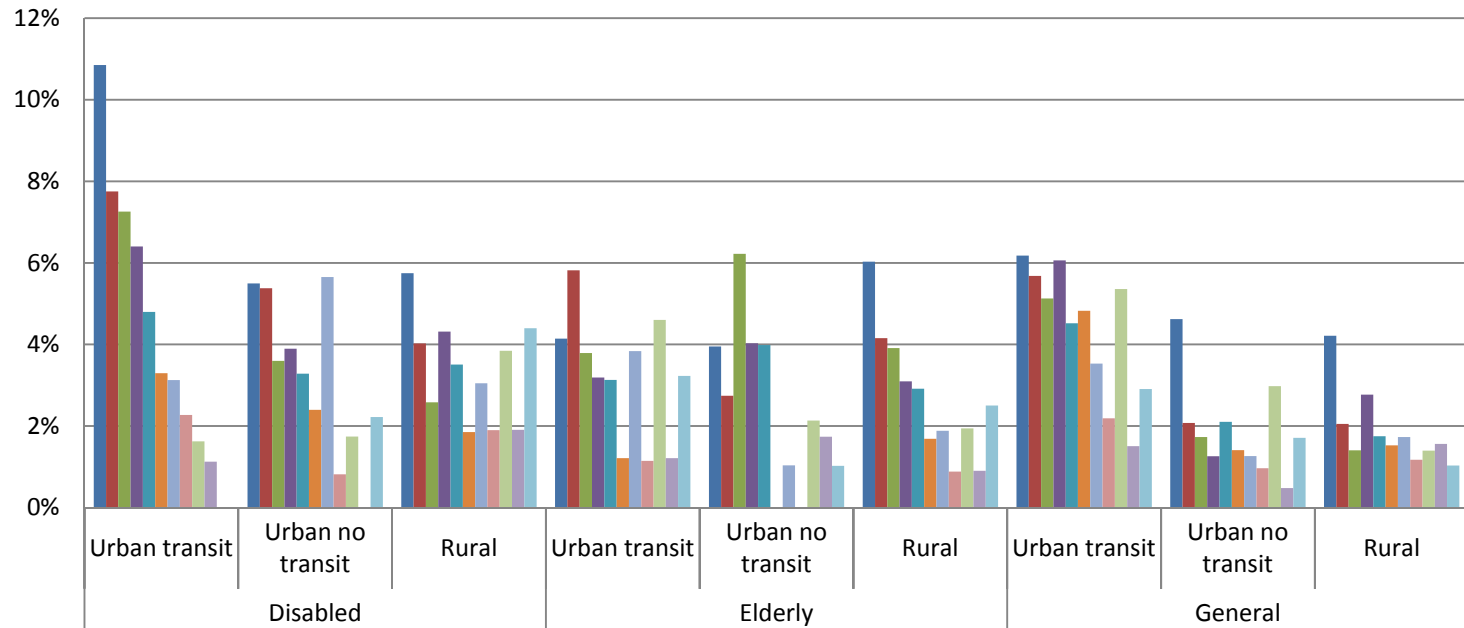
	Disabled			Elderly			General		
■ school/training	7.00		2.00	2.00	2.00	2.00	2.00	7.00	2.75
■ social visits	3.00	2.43	2.43	2.61	2.00	2.00	2.60	2.00	2.38
■ medical visits	2.43	2.30	2.50	2.00	2.00	2.52	2.00	2.00	2.25
■ drug store	2.00	2.50	2.83	2.00	2.00	2.00	2.00	2.00	2.00
■ child/adult care	2.00	2.00	3.50	2.00		2.00	2.00	2.00	4.00
■ work	2.00	2.00	2.00	2.00		2.00	2.43	3.00	2.00
■ grocery shopping	2.00	3.30	2.00	2.00	2.00	2.00	2.00	2.60	2.00
■ department store	2.00	2.80	2.00	2.00	2.00	2.00	2.00	2.00	2.60
■ religious	2.00	2.50	2.00	2.00	2.00	2.00	2.00	2.00	2.00
■ leisure	2.00	2.00	2.00	2.00	2.00	2.00	2.33	2.43	2.75
■ business errands		2.00	2.43	2.00	2.00	2.00	2.00	2.00	2.00

B3.a--Activity Type Missed



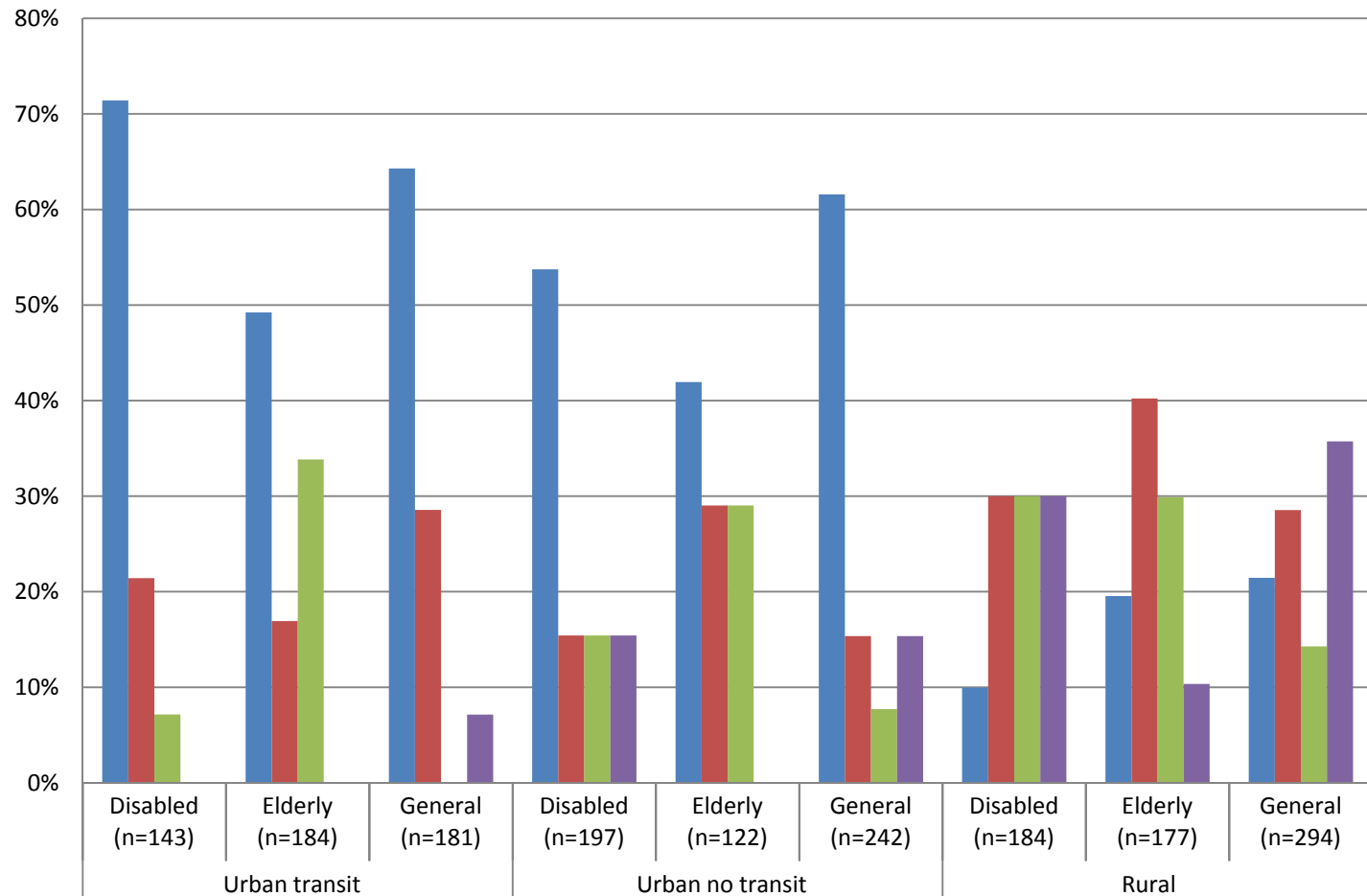
	Urban transit			Urban no transit			Rural		
	Disabled	Elderly	General	Disabled	Elderly	General	Disabled	Elderly	General
medical visits	10.9%	4.1%	6.2%	5.5%	4.0%	4.6%	5.7%	6.0%	4.2%
grocery shopping	7.8%	5.8%	5.7%	5.4%	2.7%	2.1%	4.0%	4.2%	2.1%
religious	7.3%	3.8%	5.1%	3.6%	6.2%	1.7%	2.6%	3.9%	1.4%
social visits	6.4%	3.2%	6.1%	3.9%	4.0%	1.3%	4.3%	3.1%	2.8%
drug store	4.8%	3.1%	4.5%	3.3%	4.0%	2.1%	3.5%	2.9%	1.7%
work	3.3%	1.2%	4.8%	2.4%	0.0%	1.4%	1.9%	1.7%	1.5%
department store	3.1%	3.8%	3.5%	5.7%	1.0%	1.3%	3.0%	1.9%	1.7%
child/adult care	2.3%	1.1%	2.2%	0.8%	0.0%	1.0%	1.9%	0.9%	1.2%
leisure	1.6%	4.6%	5.4%	1.7%	2.1%	3.0%	3.8%	1.9%	1.4%
school/training	1.1%	1.2%	1.5%	0.0%	1.7%	0.5%	1.9%	0.9%	1.6%
business errands	0.0%	3.2%	2.9%	2.2%	1.0%	1.7%	4.4%	2.5%	1.0%

B3.b--Activity Type Missed



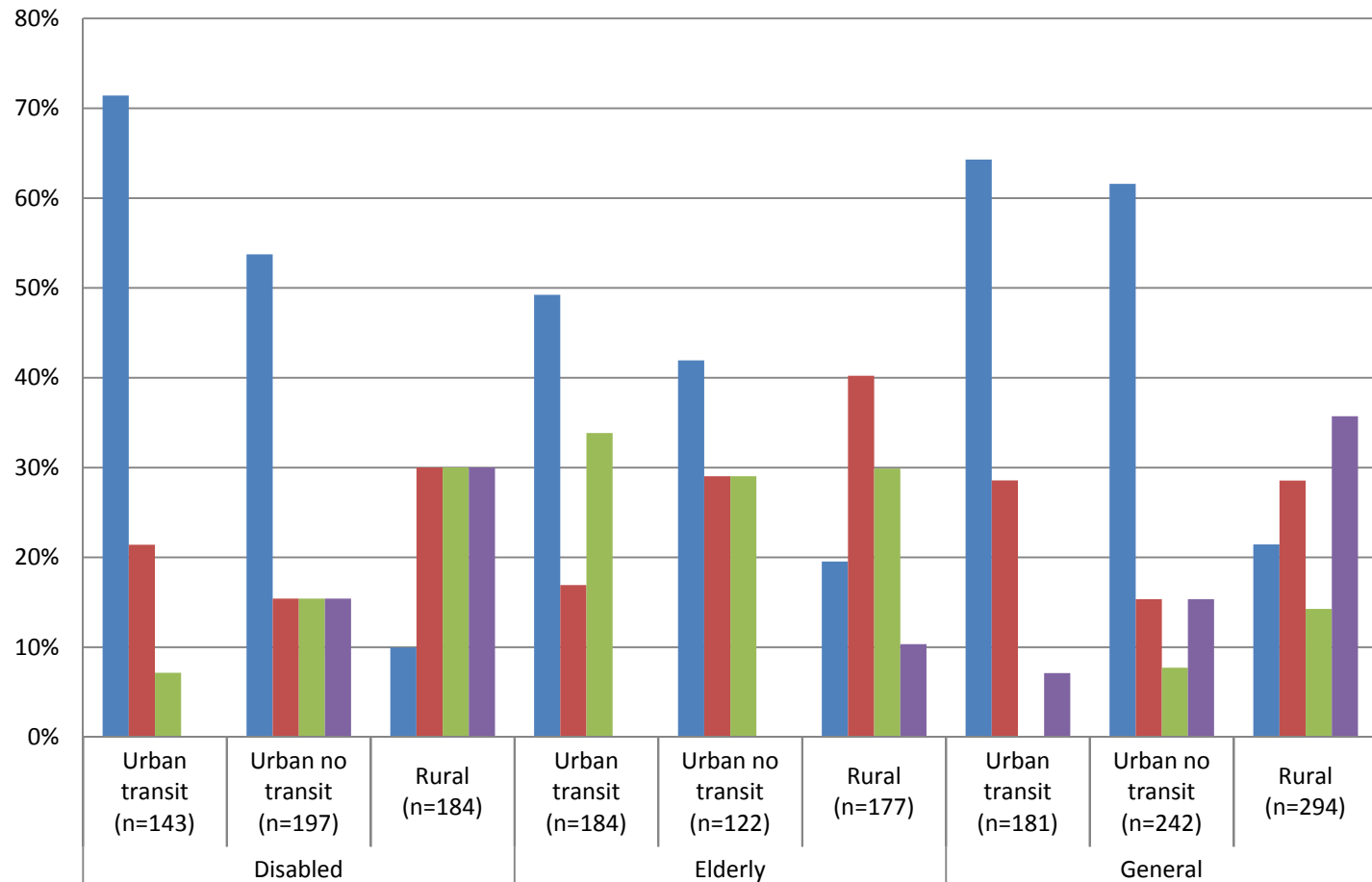
	Disabled			Elderly			General		
	Urban transit	Urban no transit	Rural	Urban transit	Urban no transit	Rural	Urban transit	Urban no transit	Rural
medical visits	10.9%	5.5%	5.7%	4.1%	4.0%	6.0%	6.2%	4.6%	4.2%
grocery shopping	7.8%	5.4%	4.0%	5.8%	2.7%	4.2%	5.7%	2.1%	2.1%
religious	7.3%	3.6%	2.6%	3.8%	6.2%	3.9%	5.1%	1.7%	1.4%
social visits	6.4%	3.9%	4.3%	3.2%	4.0%	3.1%	6.1%	1.3%	2.8%
drug store	4.8%	3.3%	3.5%	3.1%	4.0%	2.9%	4.5%	2.1%	1.7%
work	3.3%	2.4%	1.9%	1.2%	0.0%	1.7%	4.8%	1.4%	1.5%
department store	3.1%	5.7%	3.0%	3.8%	1.0%	1.9%	3.5%	1.3%	1.7%
child/adult care	2.3%	0.8%	1.9%	1.1%	0.0%	0.9%	2.2%	1.0%	1.2%
leisure	1.6%	1.7%	3.8%	4.6%	2.1%	1.9%	5.4%	3.0%	1.4%
school/training	1.1%	0.0%	1.9%	1.2%	1.7%	0.9%	1.5%	0.5%	1.6%
business errands	0.0%	2.2%	4.4%	3.2%	1.0%	2.5%	2.9%	1.7%	1.0%

B4.a--Missed Desired Activity Location



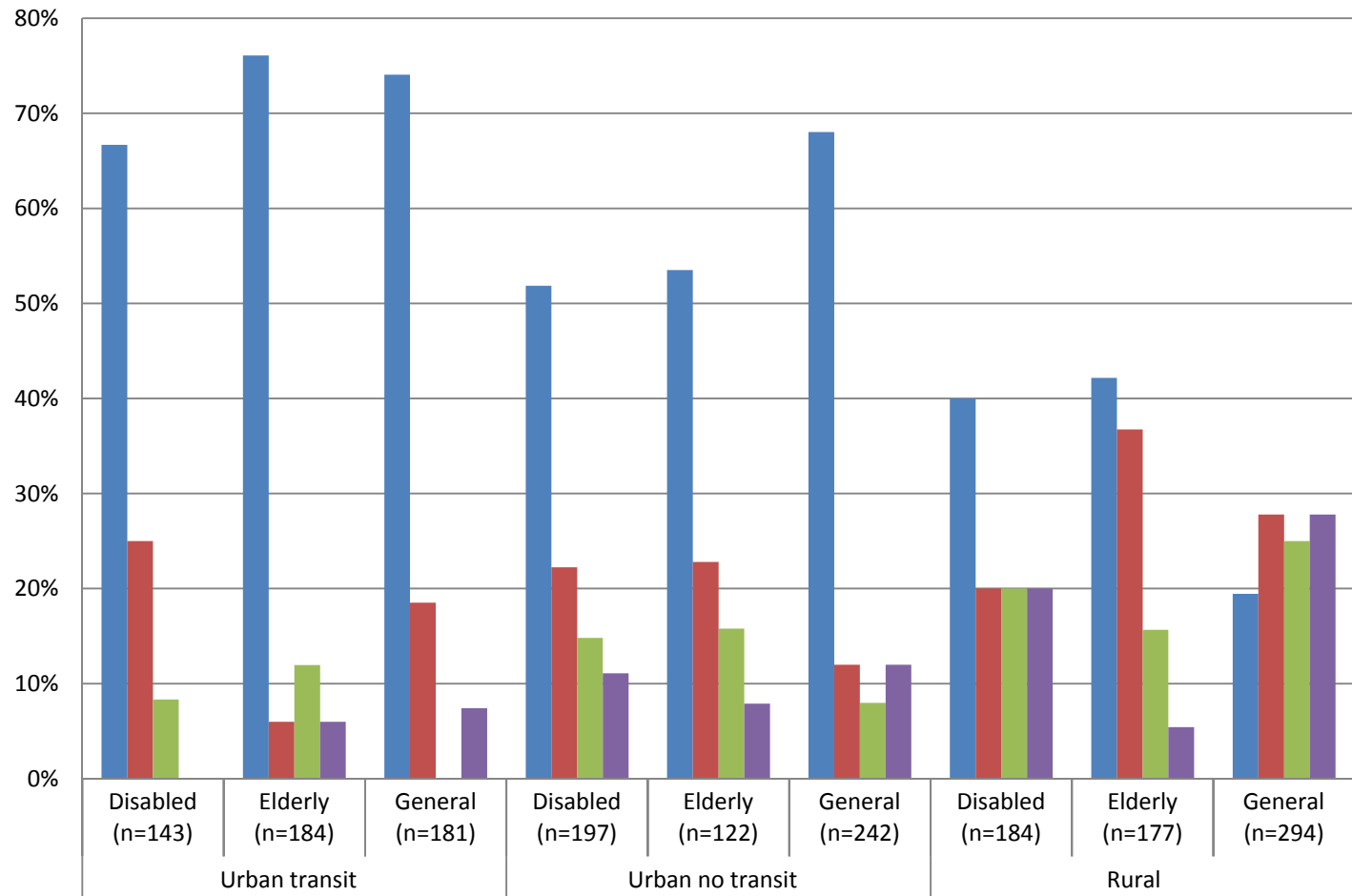
Same city	71.4%	49.2%	64.3%	53.7%	41.9%	61.6%	10.0%	19.5%	21.4%
Within county	21.4%	16.9%	28.6%	15.4%	29.0%	15.3%	30.0%	40.2%	28.6%
One county away	7.2%	33.8%	0.0%	15.4%	29.0%	7.7%	30.0%	29.9%	14.3%
Two or more counties	0.0%	0.0%	7.1%	15.4%	0.0%	15.3%	30.0%	10.3%	35.7%

B4.b--Missed Desired Activity Location



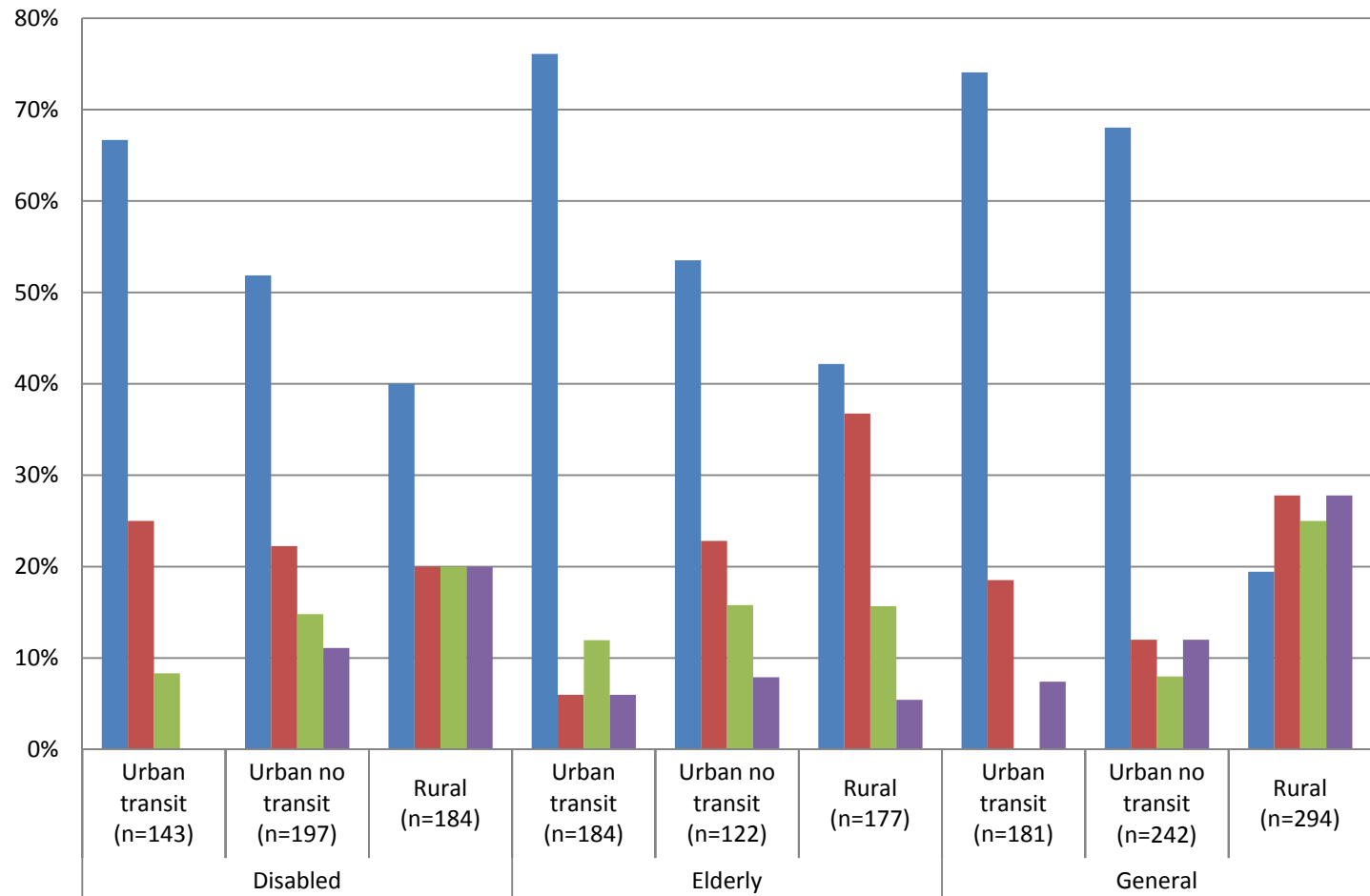
■ Same city	71.4%	53.7%	10.0%	49.2%	41.9%	19.5%	64.3%	61.6%	21.4%
■ Within county	21.4%	15.4%	30.0%	16.9%	29.0%	40.2%	28.6%	15.3%	28.6%
■ One county away	7.2%	15.4%	30.0%	33.8%	29.0%	29.9%	0.0%	7.7%	14.3%
■ Two or more counties	0.0%	15.4%	30.0%	0.0%	0.0%	10.3%	7.1%	15.3%	35.7%

B4.a--Missed Medical Service Location



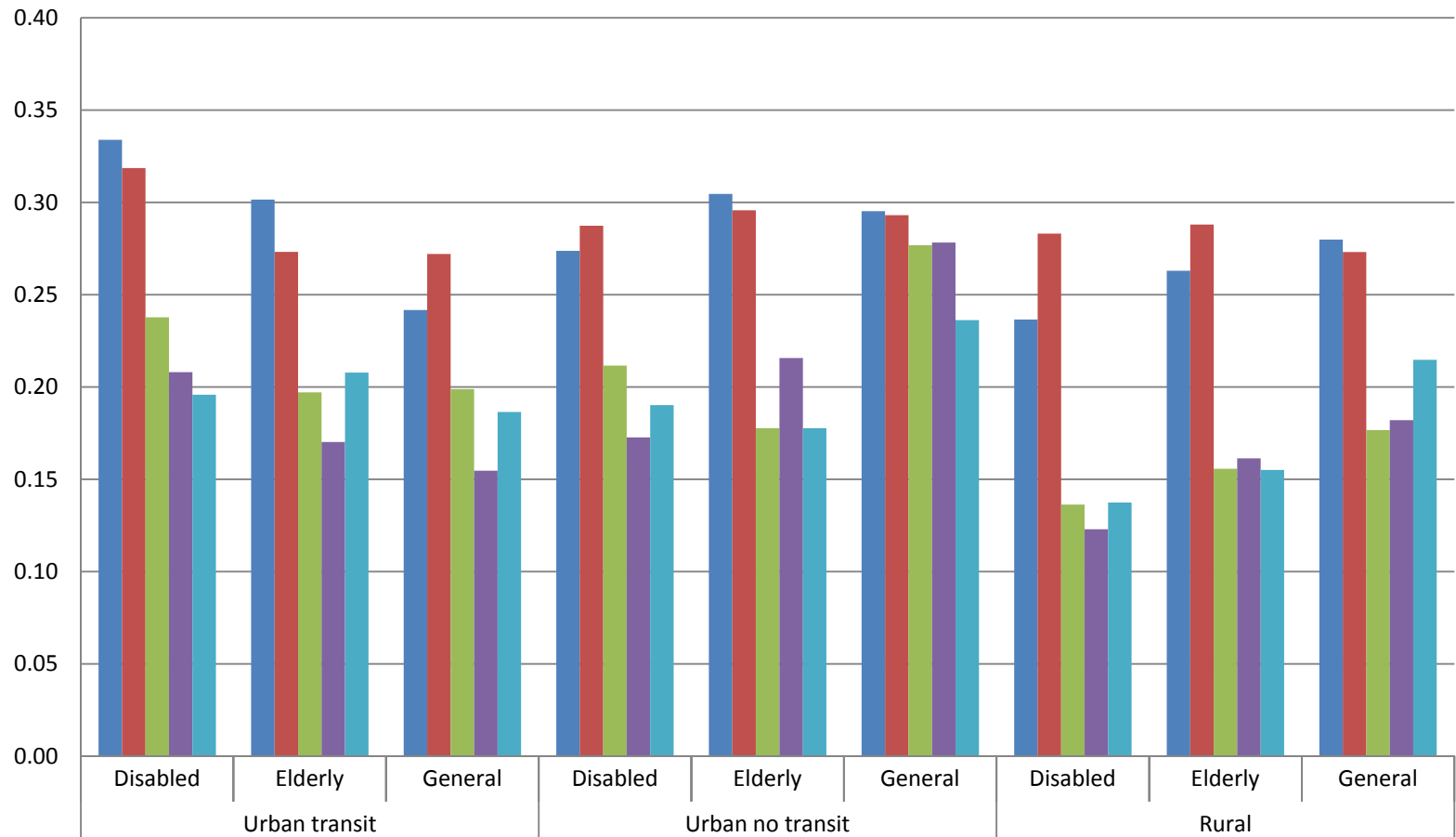
Same city	66.7%	76.1%	74.1%	51.9%	53.5%	68.0%	40.0%	42.2%	19.4%
Within county	25.0%	6.0%	18.5%	22.2%	22.8%	12.0%	20.0%	36.7%	27.8%
One county away	8.3%	12.0%	0.0%	14.8%	15.8%	8.0%	20.0%	15.7%	25.0%
Two or more counties	0.0%	6.0%	7.4%	11.1%	7.9%	12.0%	20.0%	5.4%	27.8%

B4.2--Missed Medical Service Location

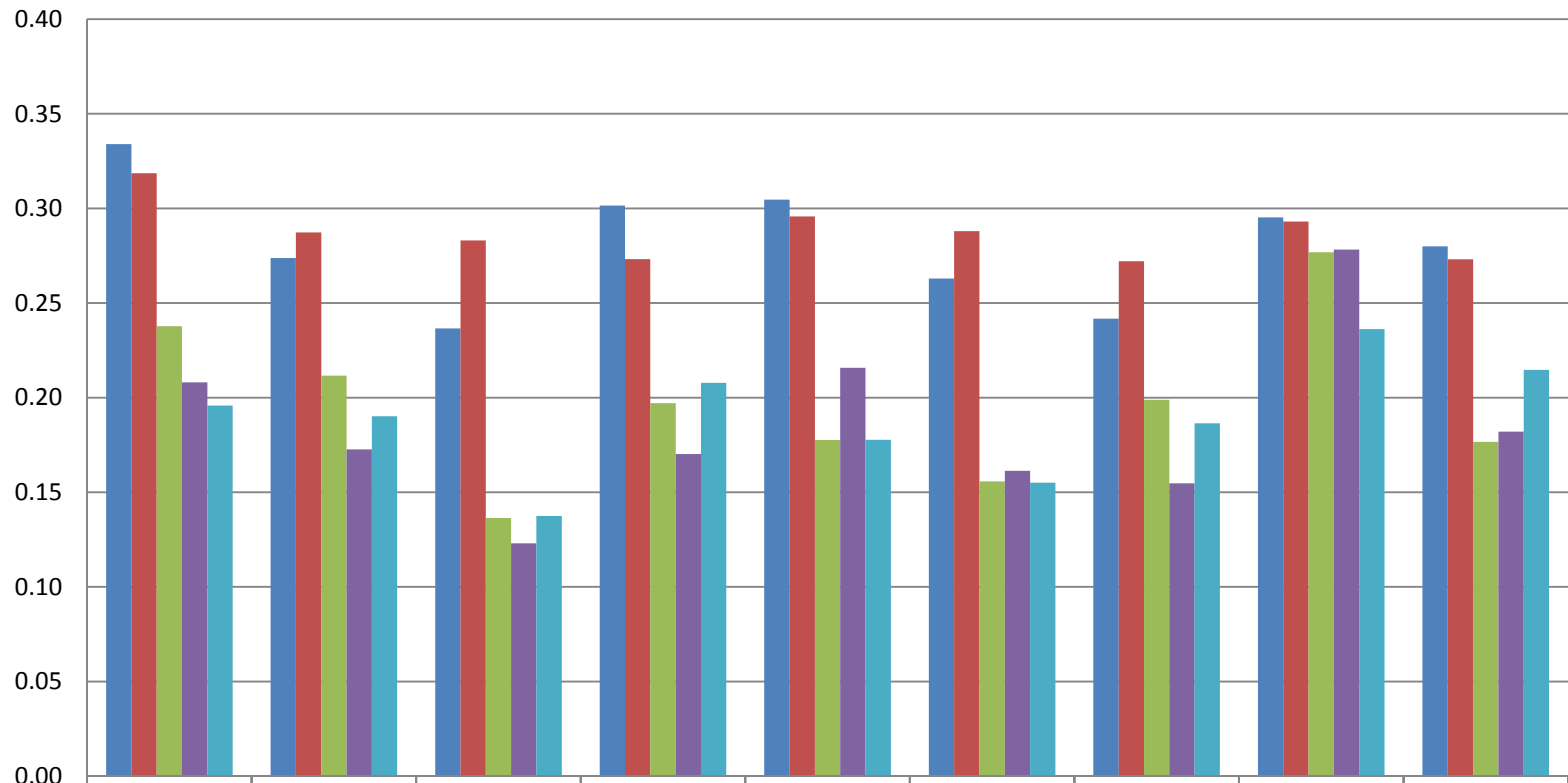


■ Same city	66.7%	51.9%	40.0%	76.1%	53.5%	42.2%	74.1%	68.0%	19.4%
■ Within county	25.0%	22.2%	20.0%	6.0%	22.8%	36.7%	18.5%	12.0%	27.8%
■ One county away	8.3%	14.8%	20.0%	12.0%	15.8%	15.7%	0.0%	8.0%	25.0%
■ Two or more counties	0.0%	11.1%	20.0%	6.0%	7.9%	5.4%	7.4%	12.0%	27.8%

C1.a--Medical Trips per week

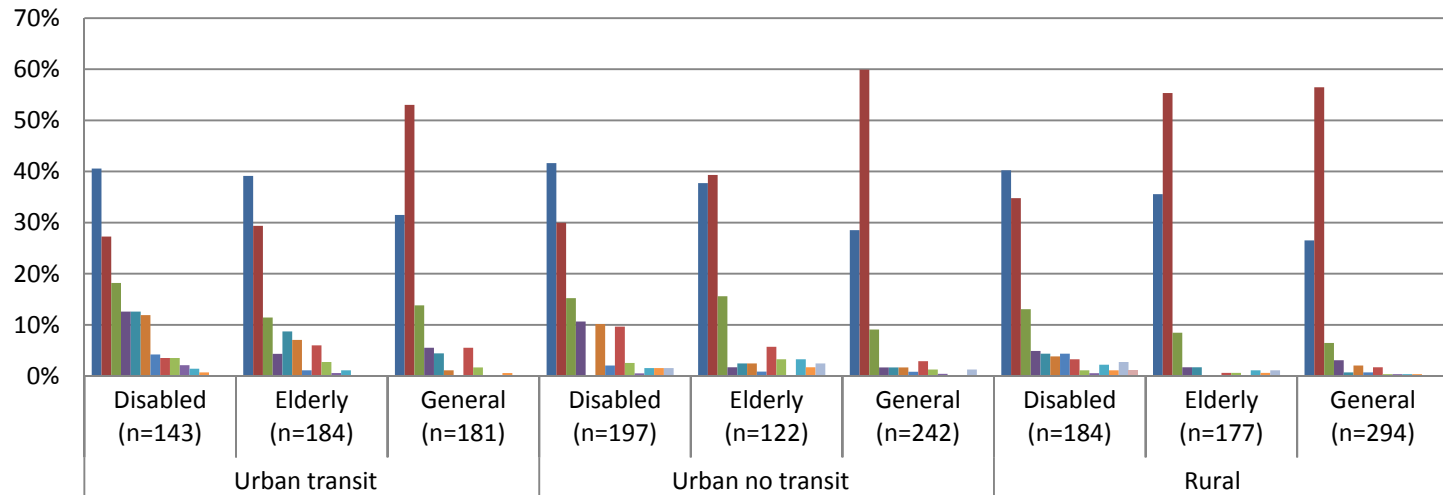


C1.b-- Medical Trips per week



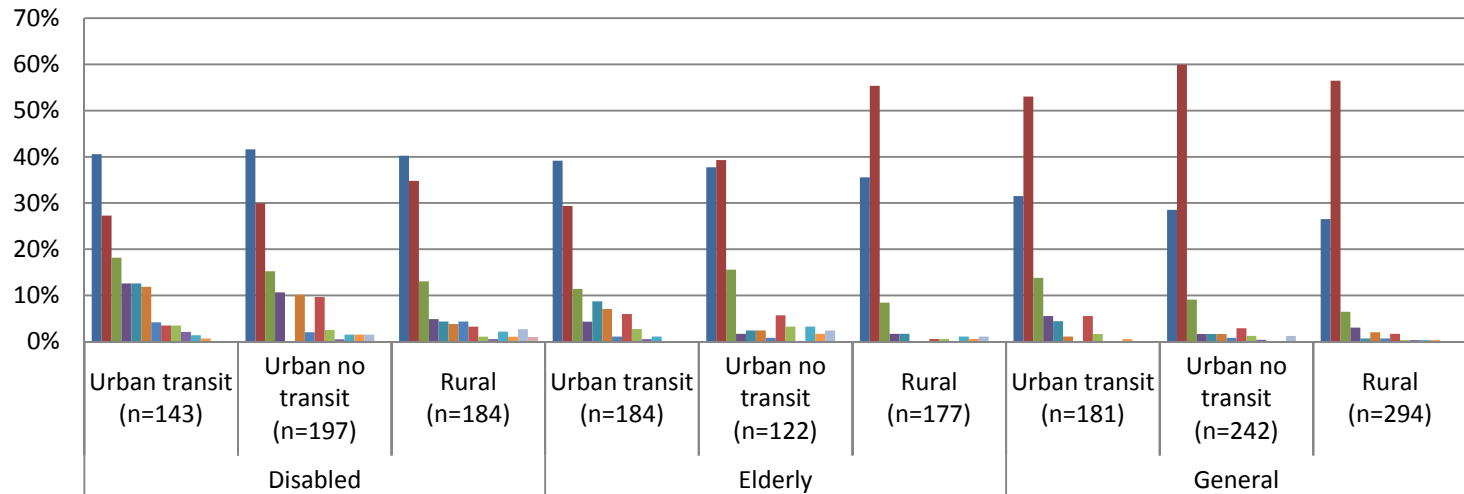
Appendix 1

C2.a--Meidcial Visit Mode



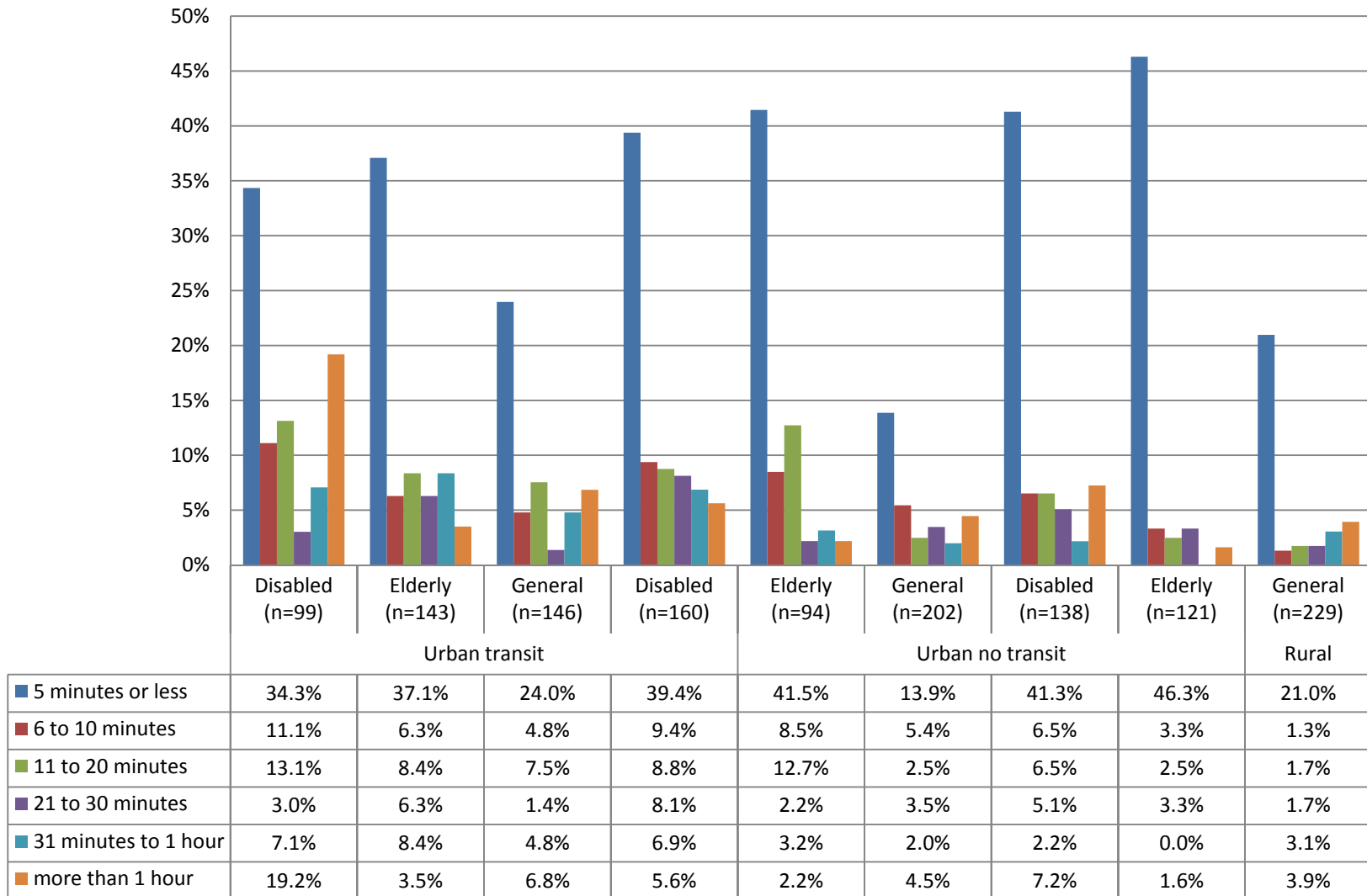
	Urban transit			Urban no transit			Rural		
	Disabled (n=143)	Elderly (n=184)	General (n=181)	Disabled (n=197)	Elderly (n=122)	General (n=242)	Disabled (n=184)	Elderly (n=177)	General (n=294)
Family	40.6%	39.1%	31.5%	41.6%	37.7%	28.5%	40.2%	35.6%	26.5%
Drive yourself	27.3%	29.4%	53.0%	29.9%	39.3%	59.9%	34.8%	55.4%	56.5%
Friends	18.2%	11.4%	13.8%	15.2%	15.6%	9.1%	13.0%	8.5%	6.5%
Service provider	12.6%	4.3%	5.5%	10.7%	1.7%	1.7%	4.9%	1.7%	3.1%
Fixed route transit	12.6%	8.7%	4.4%	0.0%	2.4%	1.7%	4.3%	1.7%	0.7%
Paratransit	11.9%	7.1%	1.1%	10.1%	2.4%	1.7%	3.8%	0.0%	2.0%
Unrelated caregiver	4.2%	1.1%	0.0%	2.0%	0.8%	0.8%	4.3%	0.0%	0.7%
Other	3.5%	6.0%	5.5%	9.6%	5.7%	2.9%	3.3%	0.6%	1.7%
Taxi	3.5%	2.7%	1.7%	2.5%	3.3%	1.2%	1.1%	0.6%	0.3%
Church member	2.1%	0.6%	0.0%	0.5%	0.0%	0.4%	0.5%	0.0%	0.3%
Volunteer	1.4%	1.1%	0.0%	1.5%	3.3%	0.0%	2.2%	1.1%	0.3%
Paid personal driver	0.7%	0.0%	0.6%	1.5%	1.7%	0.0%	1.1%	0.6%	0.3%
Neighbor	0.0%	0.0%	0.0%	1.5%	2.4%	1.2%	2.7%	1.1%	0.0%
Co-worker	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	1.1%	0.0%	0.0%

C2.b--Medical Visit Mode



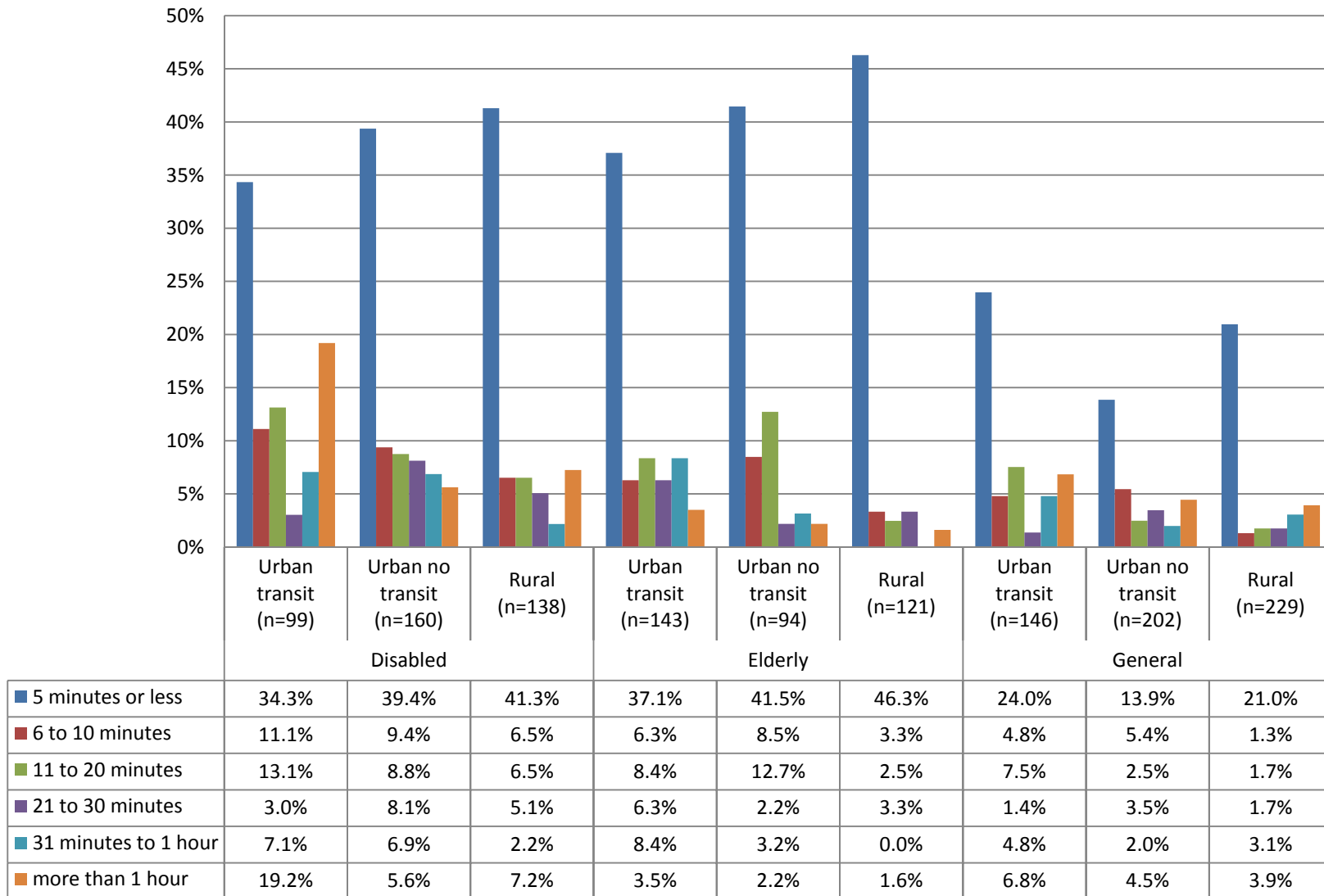
	Urban transit (n=143)	Urban no transit (n=197)	Rural (n=184)	Urban transit (n=184)	Urban no transit (n=122)	Rural (n=177)	Urban transit (n=181)	Urban no transit (n=242)	Rural (n=294)
	Disabled			Elderly			General		
Family	40.6%	41.6%	40.2%	39.1%	37.7%	35.6%	31.5%	28.5%	26.5%
Drive yourself	27.3%	29.9%	34.8%	29.4%	39.3%	55.4%	53.0%	59.9%	56.5%
Friends	18.2%	15.2%	13.0%	11.4%	15.6%	8.5%	13.8%	9.1%	6.5%
Service provider	12.6%	10.7%	4.9%	4.3%	1.7%	1.7%	5.5%	1.7%	3.1%
Fixed route transit	12.6%	0.0%	4.3%	8.7%	2.4%	1.7%	4.4%	1.7%	0.7%
Paratransit	11.9%	10.1%	3.8%	7.1%	2.4%	0.0%	1.1%	1.7%	2.0%
Unrelated caregiver	4.2%	2.0%	4.3%	1.1%	0.8%	0.0%	0.0%	0.8%	0.7%
Other	3.5%	9.6%	3.3%	6.0%	5.7%	0.6%	5.5%	2.9%	1.7%
Taxi	3.5%	2.5%	1.1%	2.7%	3.3%	0.6%	1.7%	1.2%	0.3%
Church member	2.1%	0.5%	0.5%	0.6%	0.0%	0.0%	0.0%	0.4%	0.3%
Volunteer	1.4%	1.5%	2.2%	1.1%	3.3%	1.1%	0.0%	0.0%	0.3%
Paid personal driver	0.7%	1.5%	1.1%	0.0%	1.7%	0.6%	0.6%	0.0%	0.3%
Neighbor	0.0%	1.5%	2.7%	0.0%	2.4%	1.1%	0.0%	1.2%	0.0%
Co-worker	0.0%	0.0%	1.1%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%

C3.a--Waiting Time



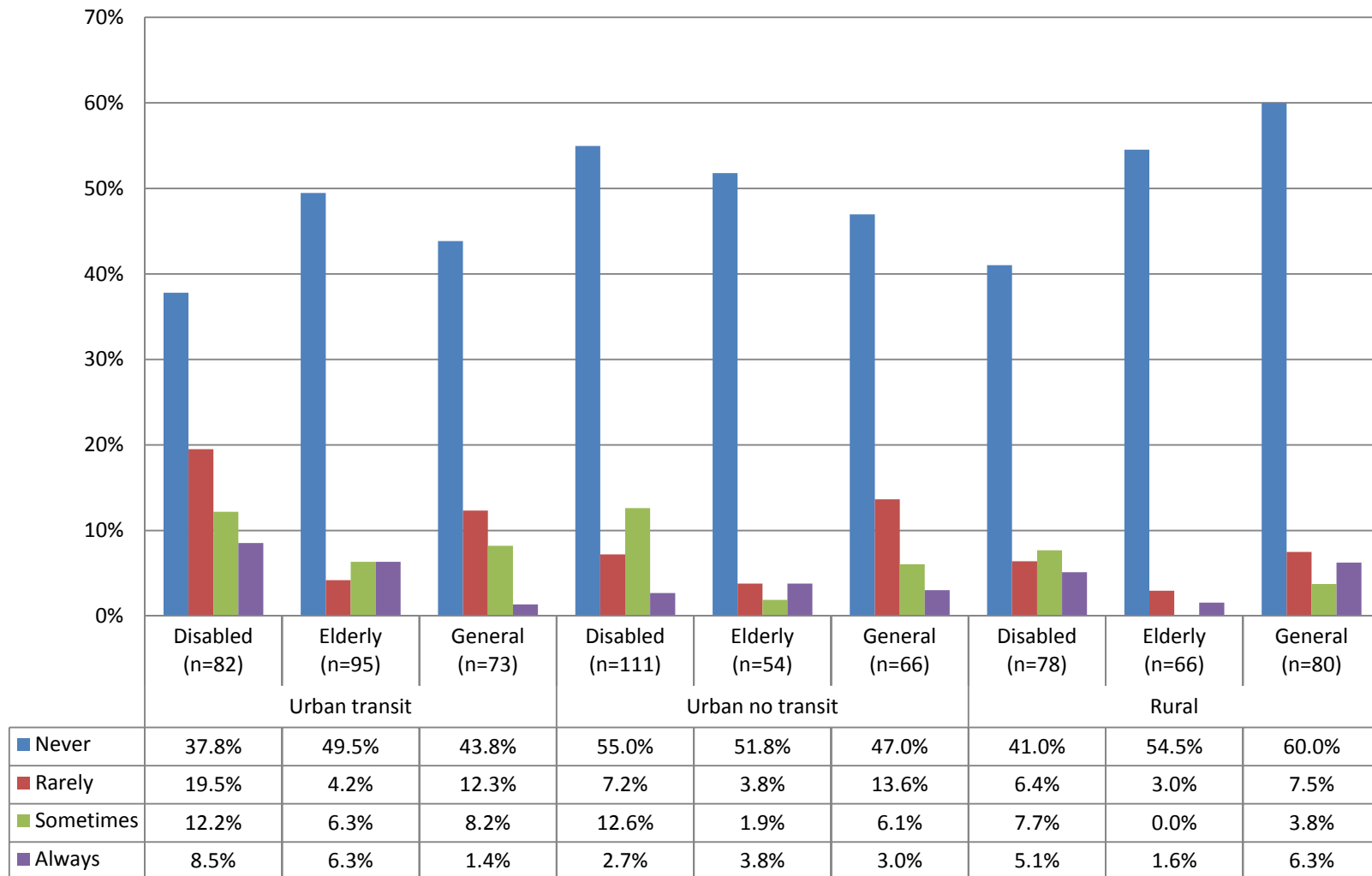
Note: Response with "Did not need a ride" not displayed, but included during calculation.

C3.b--Waiting Time



Note: Response with "Did not need a ride" not displayed, but included during calculation.

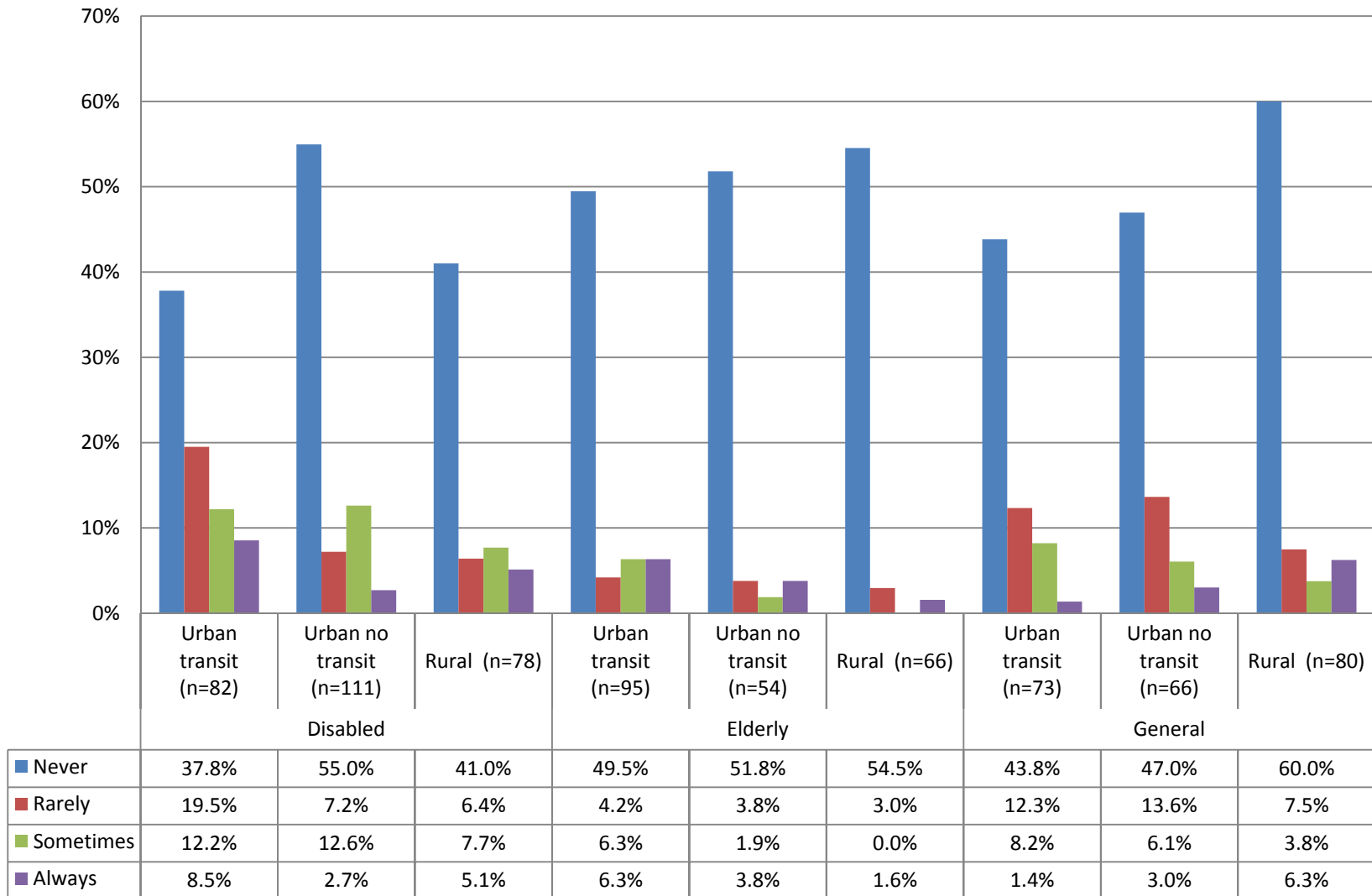
C4.a--Late Pick-up



Note: Response with "Did not use door-to-door pickups" not displayed, but included during calculation.

Appendix 1

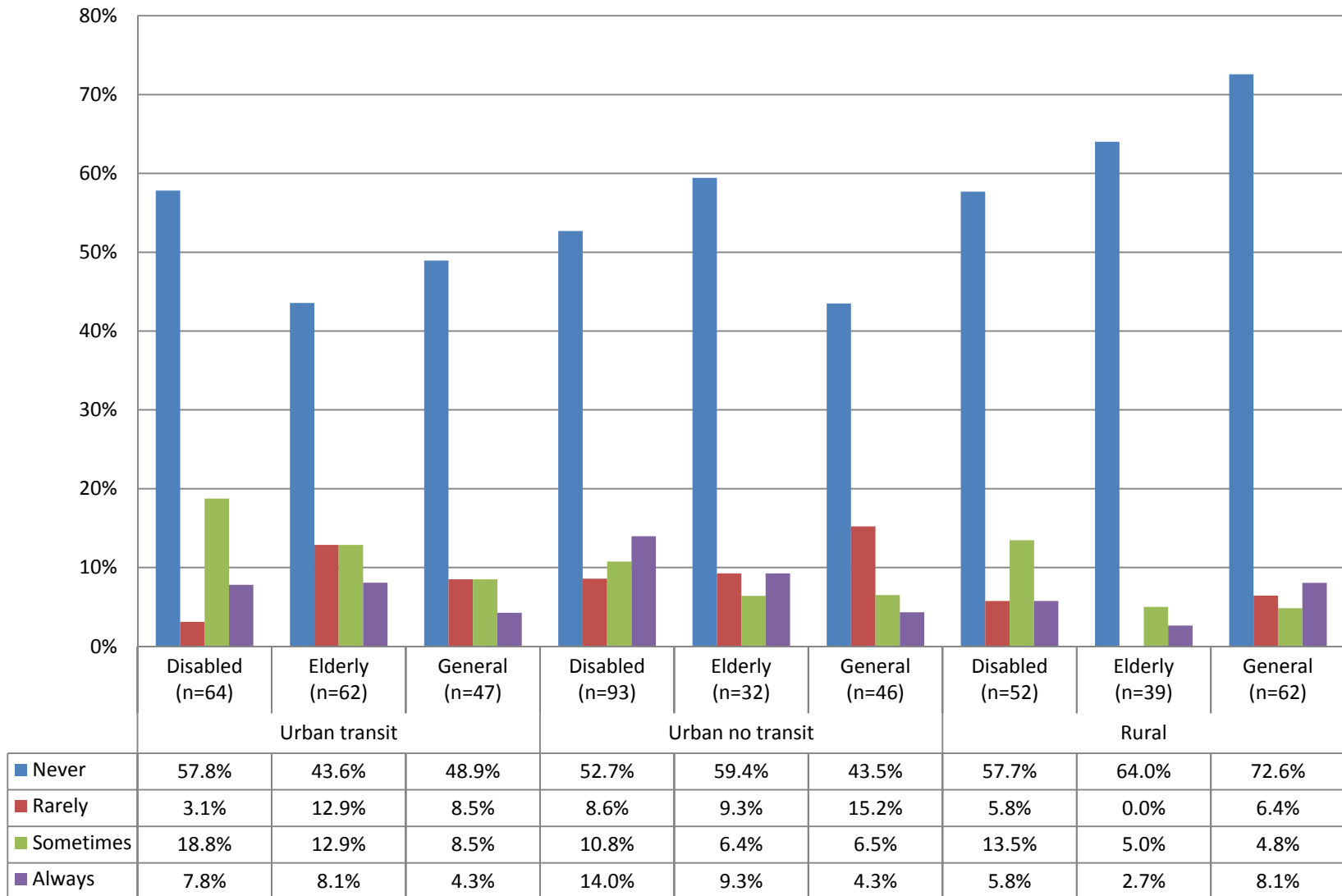
C4.b--Late Pick-up



Note: Response with "Did not use door-to-door pickups" not displayed, but included during calculation.

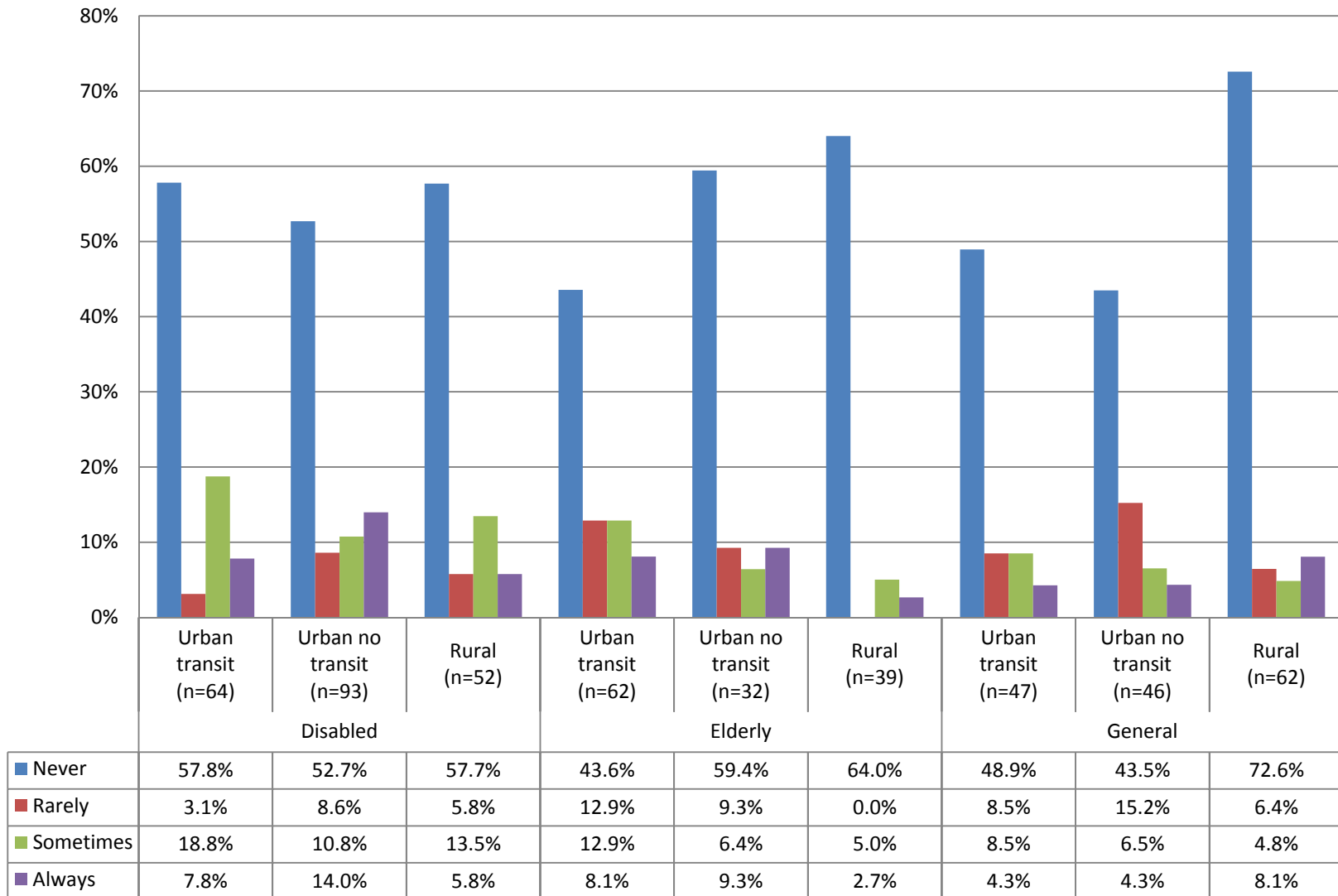
Appendix 1

C5.a--Multiple Pick-ups



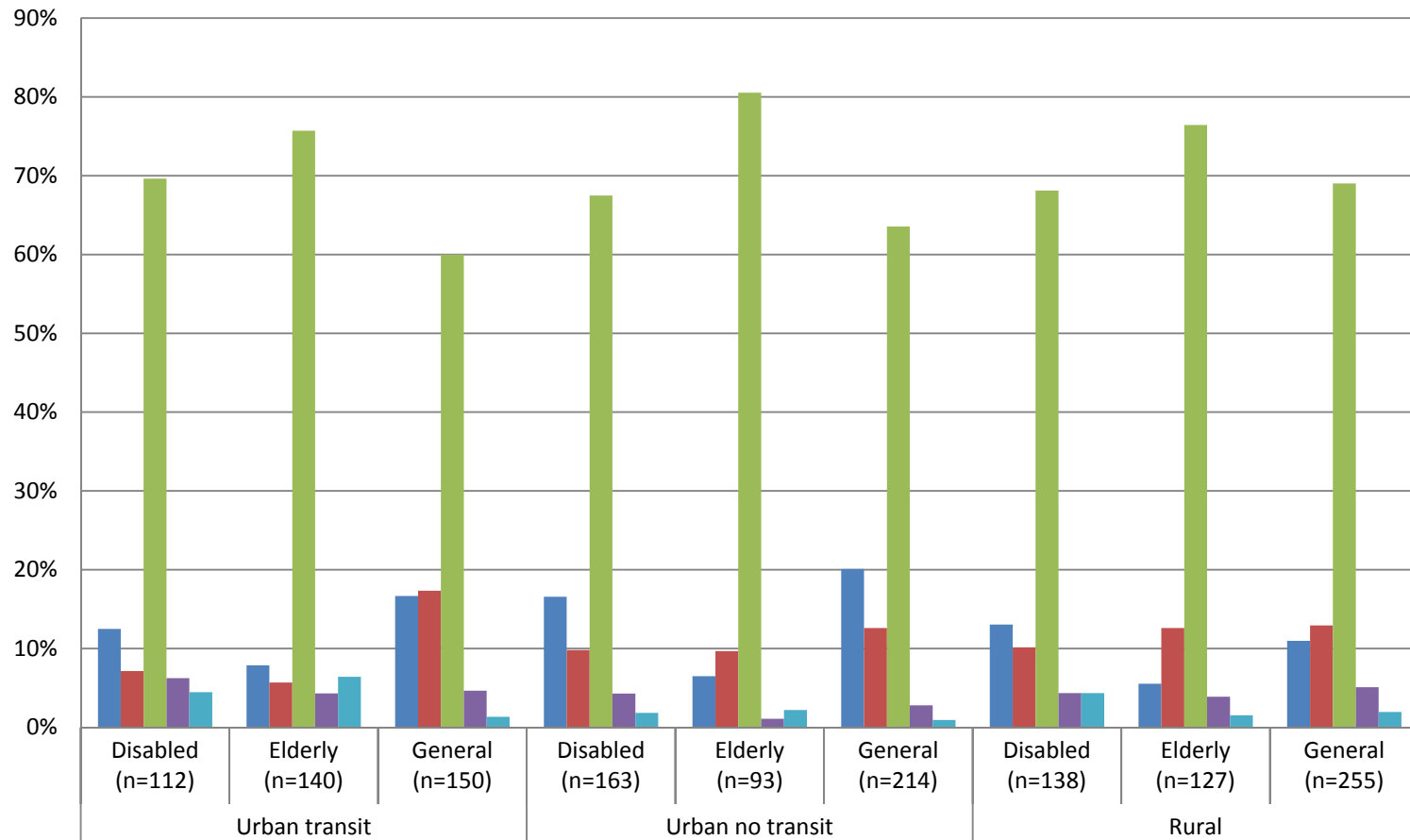
Note: Response with "Did not use door-to-door pickups" not displayed, but included during calculation.

C5.b--Multiple Pick-ups



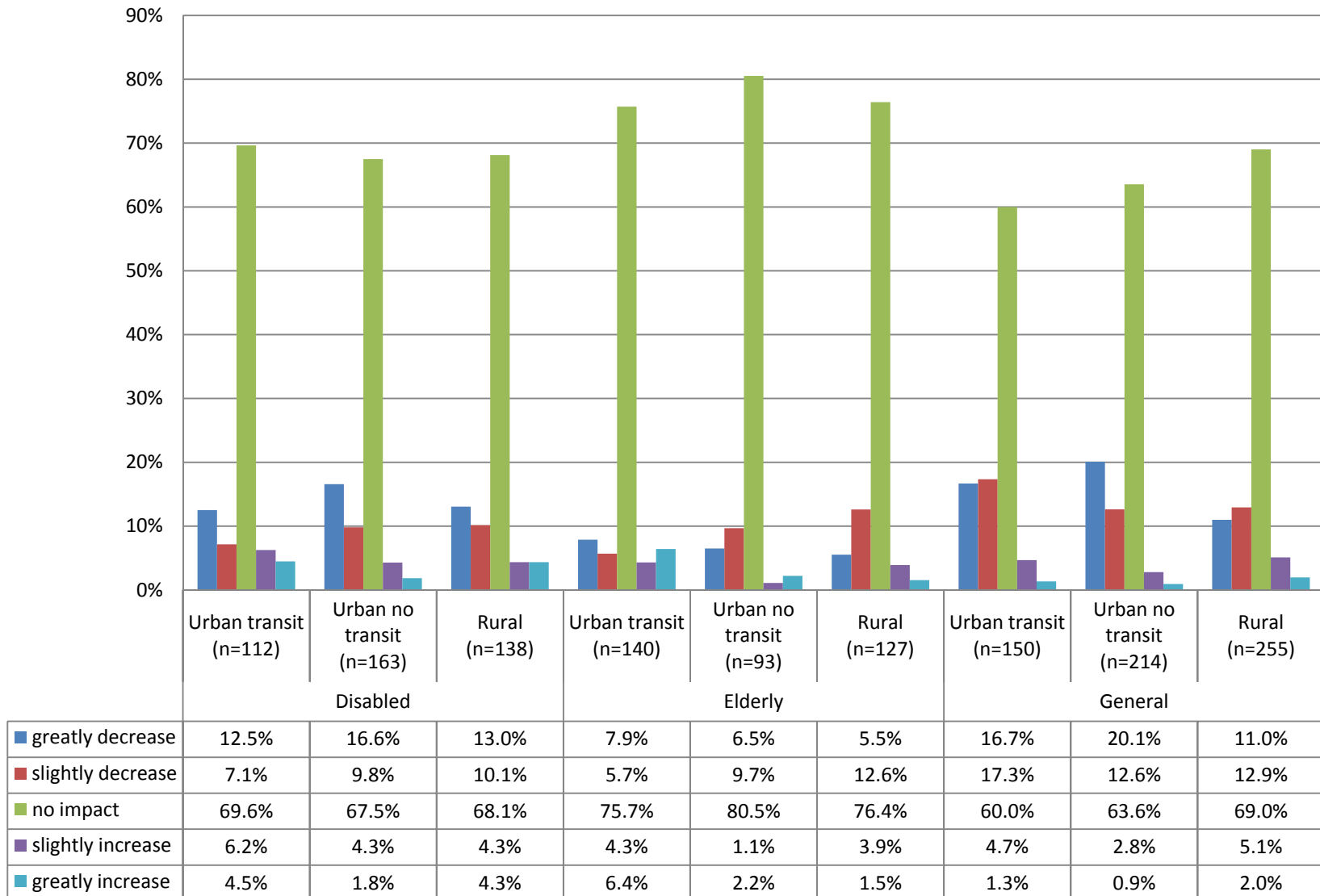
Note: Response with "Did not use door-to-door pickups" not displayed, but included during calculation.

C6.a-- Impact of Multiple Stops on Mode Choice

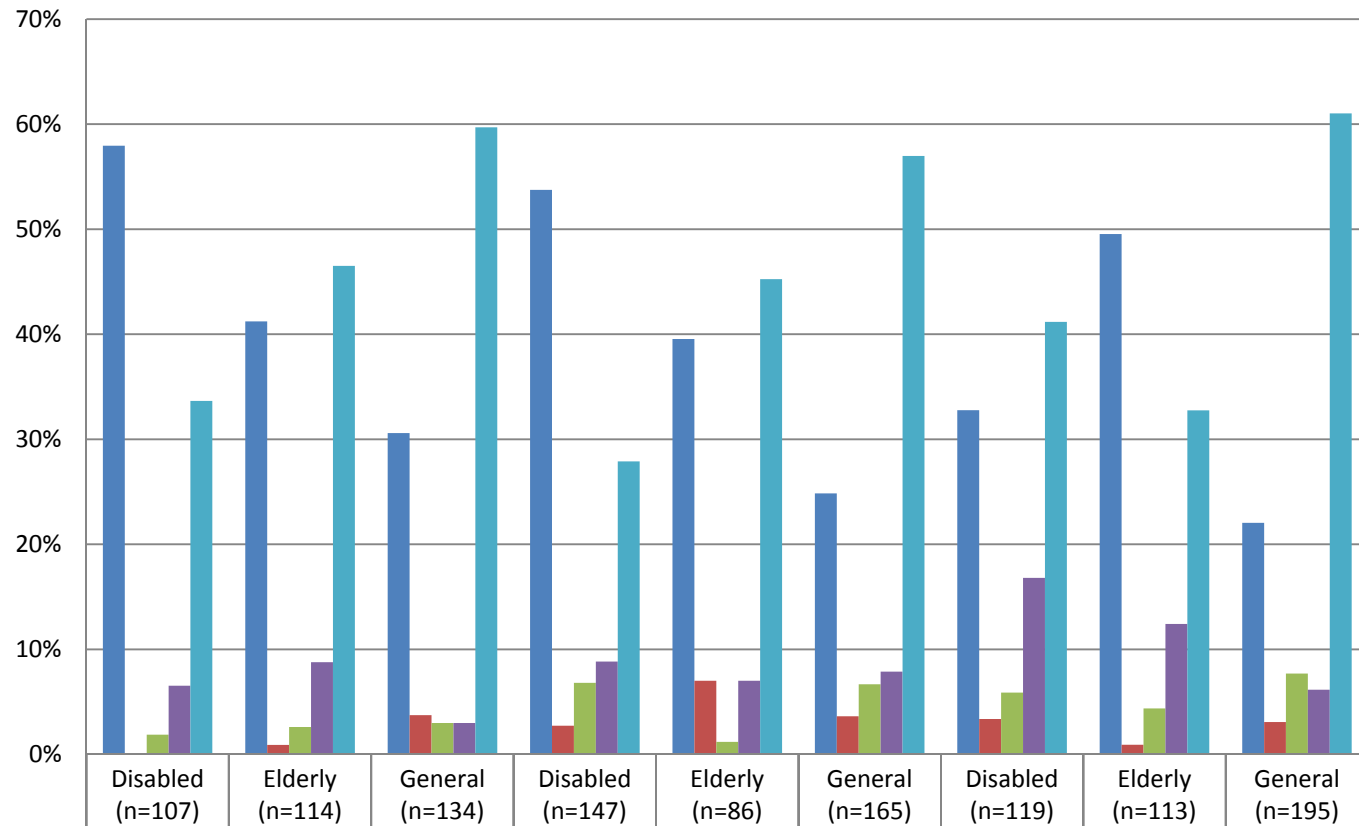


	Disabled (n=112)	Elderly (n=140)	General (n=150)	Disabled (n=163)	Elderly (n=93)	General (n=214)	Disabled (n=138)	Elderly (n=127)	General (n=255)
greatly decrease	12.5%	7.9%	16.7%	16.6%	6.5%	20.1%	13.0%	5.5%	11.0%
slightly decrease	7.1%	5.7%	17.3%	9.8%	9.7%	12.6%	10.1%	12.6%	12.9%
no impact	69.6%	75.7%	60.0%	67.5%	80.5%	63.6%	68.1%	76.4%	69.0%
slightly increase	6.2%	4.3%	4.7%	4.3%	1.1%	2.8%	4.3%	3.9%	5.1%
greatly increase	4.5%	6.4%	1.3%	1.8%	2.2%	.9%	4.3%	1.5%	2.0%

C6.b--Impact of Multiple Stops on Mode Choice

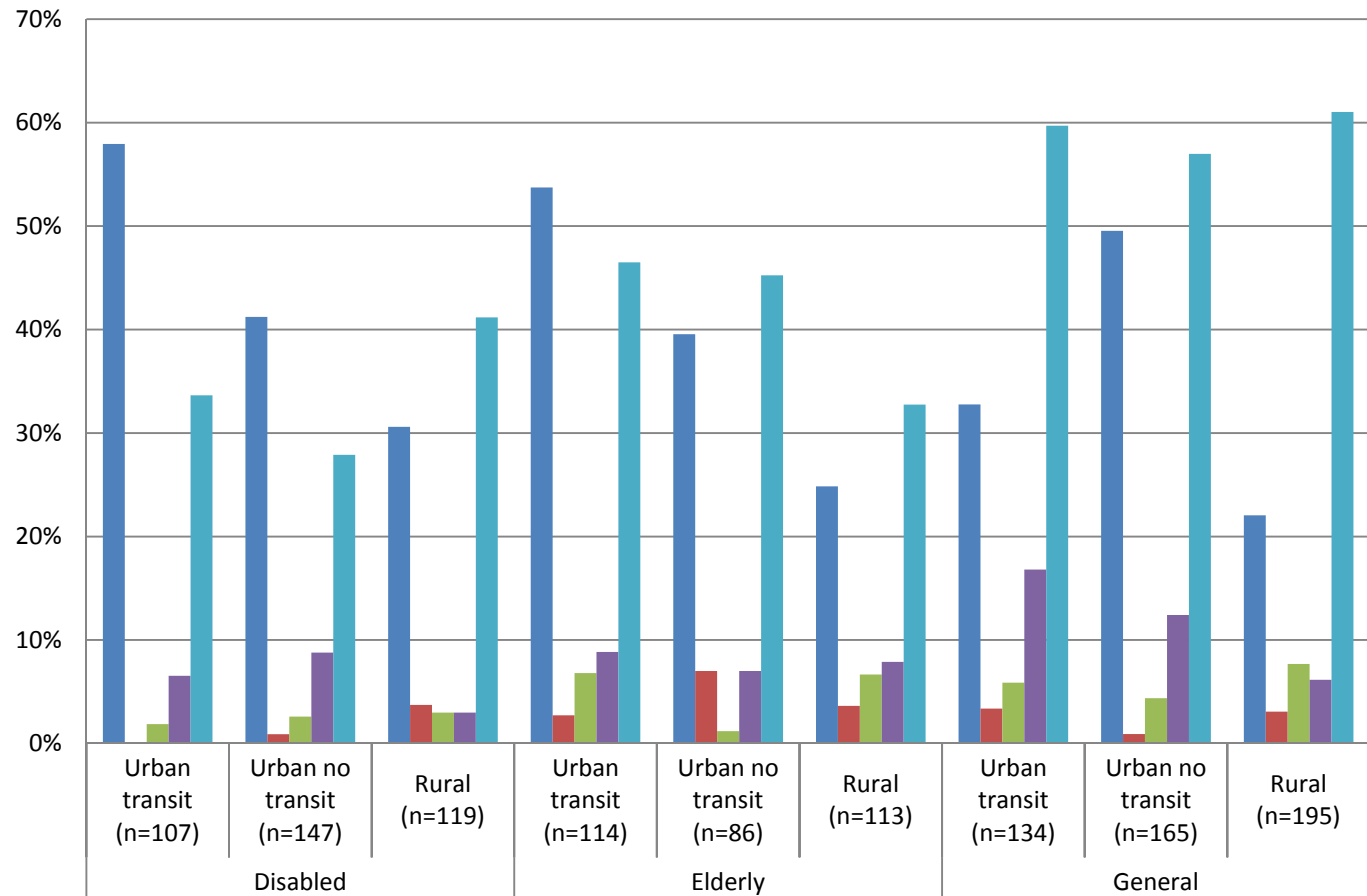


C7.a--Trip Reimbursement



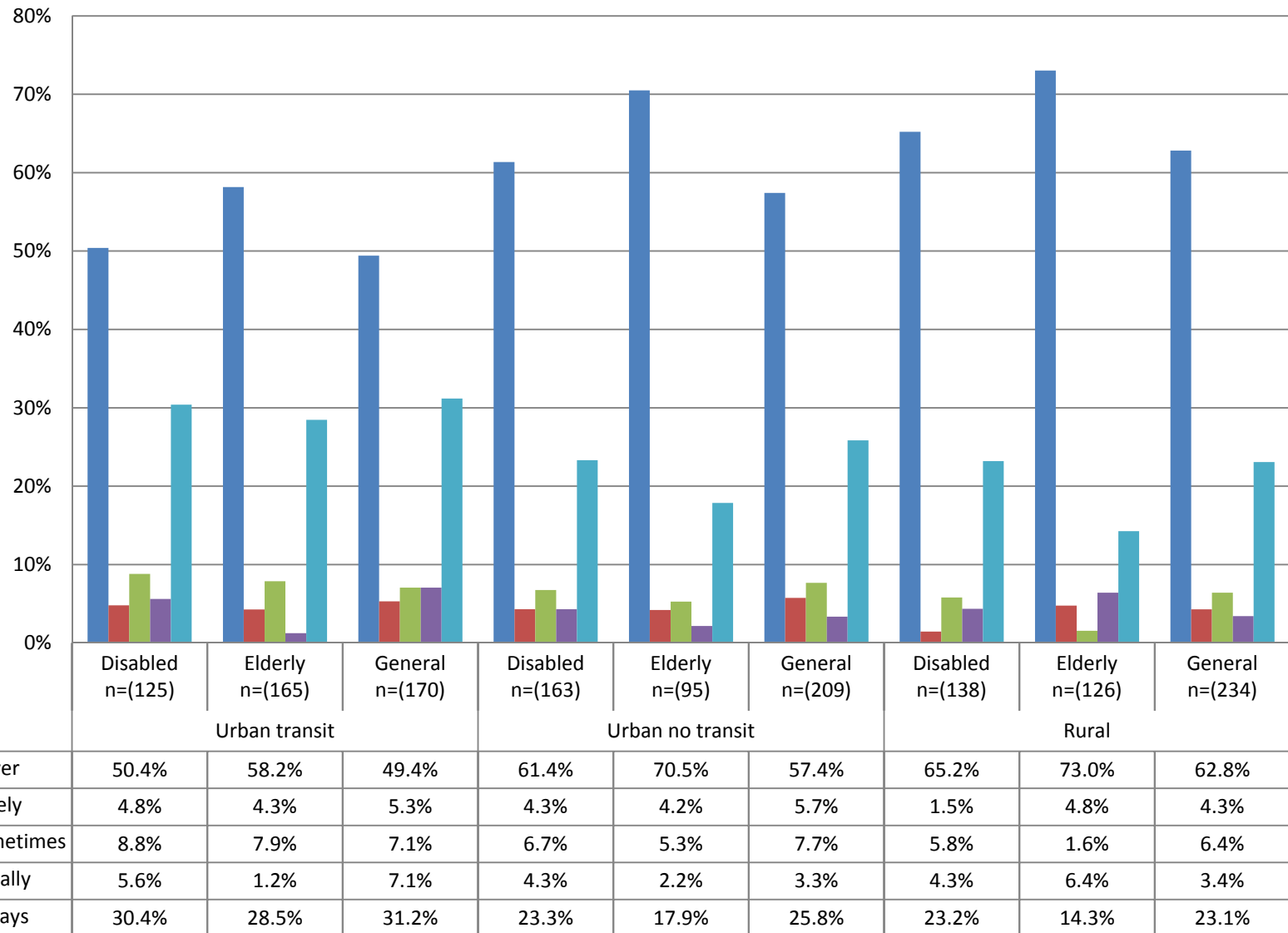
	Urban transit			Urban no transit			Rural		
	Disabled (n=107)	Elderly (n=114)	General (n=134)	Disabled (n=147)	Elderly (n=86)	General (n=165)	Disabled (n=119)	Elderly (n=113)	General (n=195)
■ Never	57.9%	41.2%	30.6%	53.7%	39.6%	24.8%	32.8%	49.5%	22.1%
■ Rarely	0.0%	0.9%	3.7%	2.7%	7.0%	3.6%	3.4%	0.9%	3.1%
■ Sometimes	1.9%	2.6%	3.0%	6.8%	1.2%	6.7%	5.9%	4.4%	7.7%
■ Always	6.5%	8.8%	3.0%	8.8%	7.0%	7.9%	16.8%	12.4%	6.2%
■ Did not know about pay back	33.6%	46.5%	59.7%	27.9%	45.2%	57.0%	41.2%	32.8%	61.0%

C7.b--Trip Reimbursement

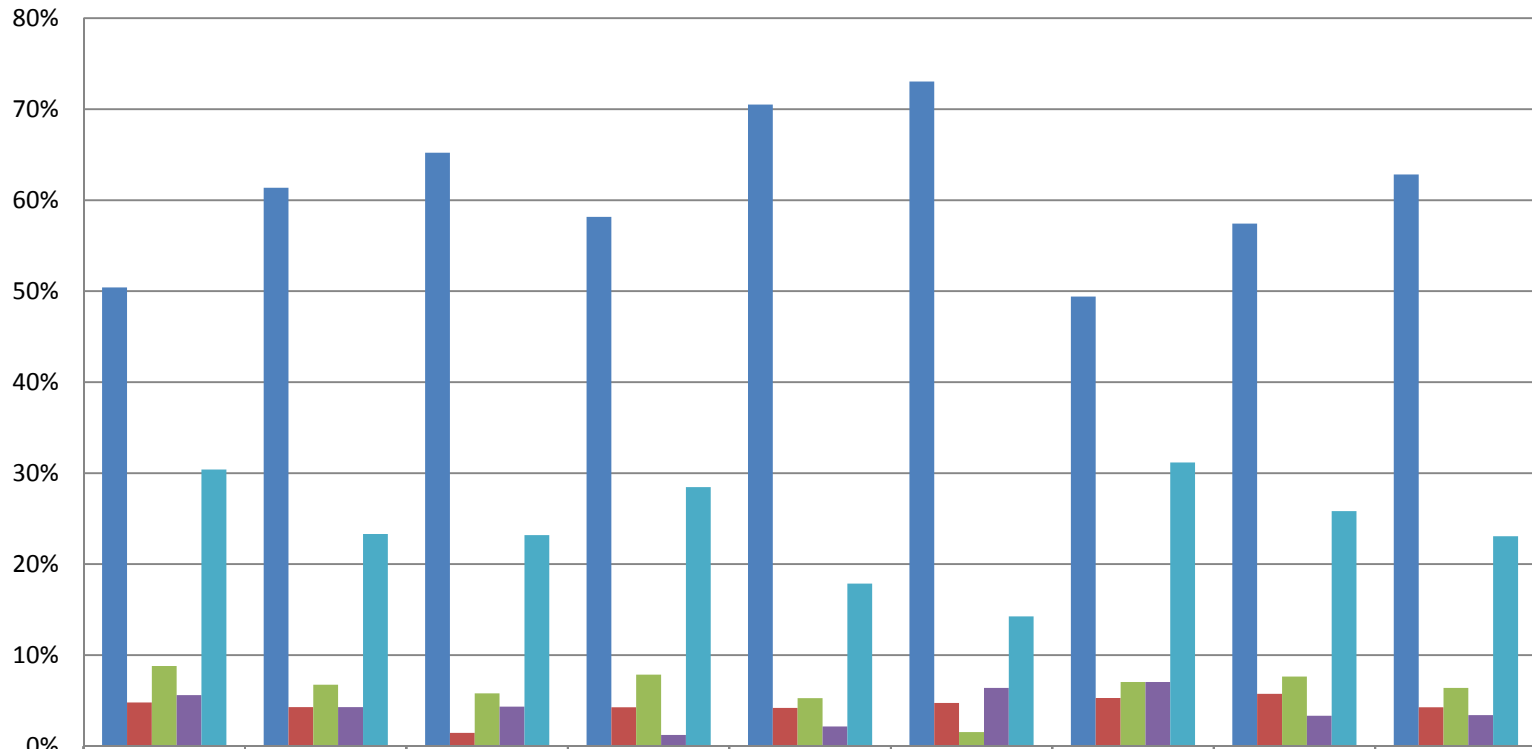


■ Never	57.9%	41.2%	30.6%	53.7%	39.6%	24.8%	32.8%	49.5%	22.1%
■ Rarely	0.0%	0.9%	3.7%	2.7%	7.0%	3.6%	3.4%	0.9%	3.1%
■ Sometimes	1.9%	2.6%	3.0%	6.8%	1.2%	6.7%	5.9%	4.4%	7.7%
■ Always	6.5%	8.8%	3.0%	8.8%	7.0%	7.9%	16.8%	12.4%	6.2%
■ Did not know about pay back	33.6%	27.9%	41.2%	46.5%	45.2%	32.8%	59.7%	57.0%	61.0%

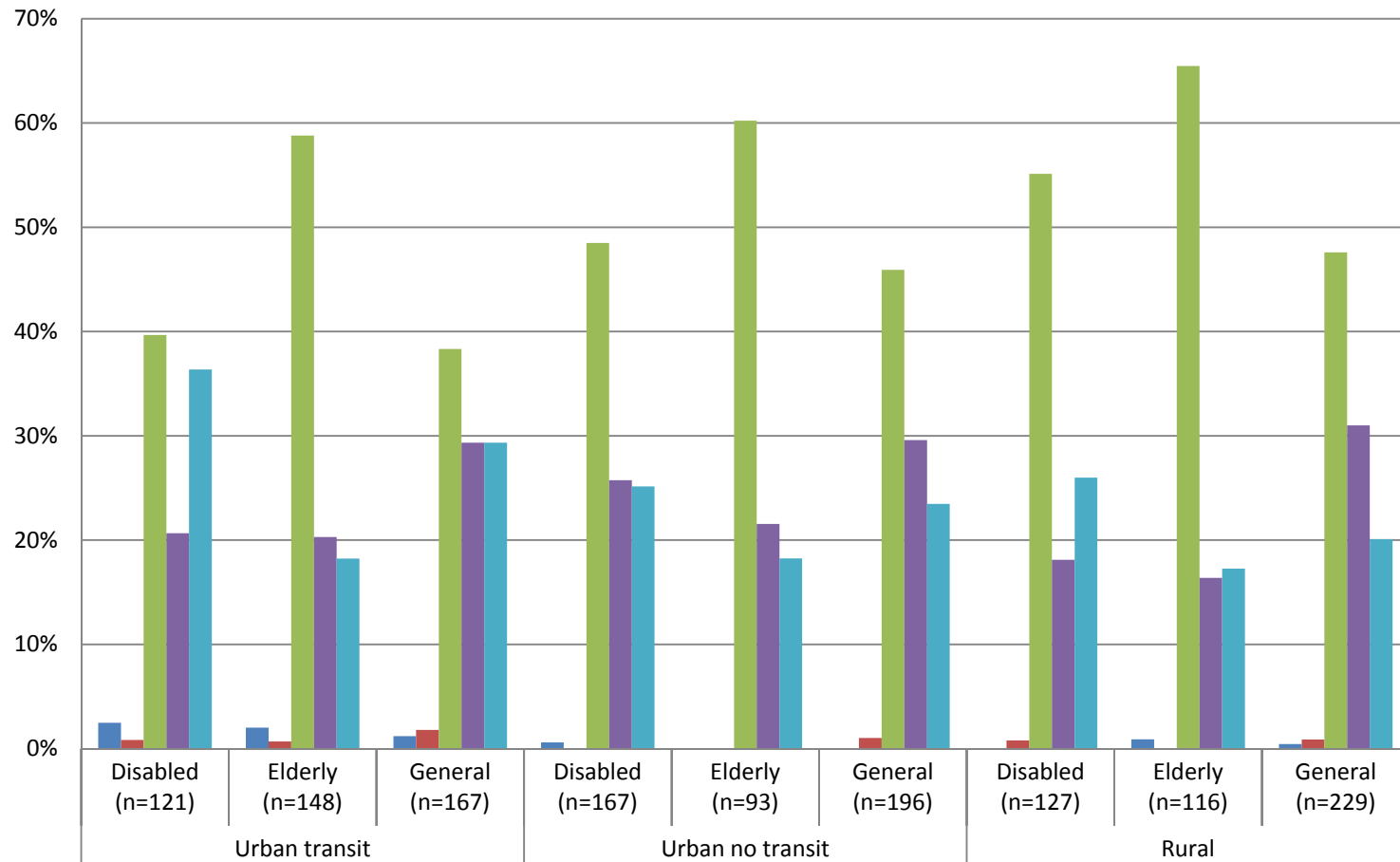
C8.a--Cost of Cab Prohibitive



C8.b--Cost of Cab Prohibitive

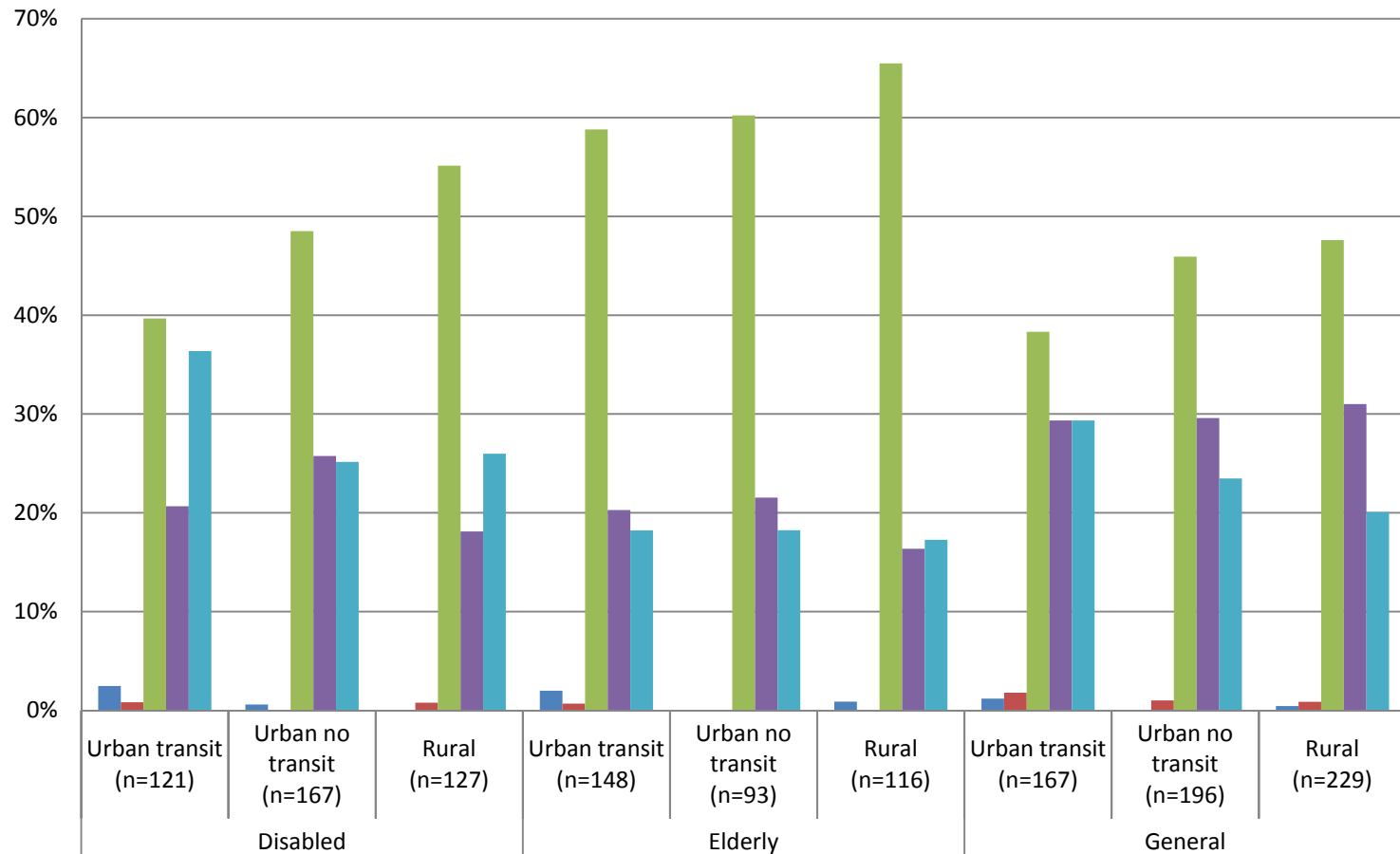


C9.a--Impacts of Fare Discounts on Use of Private Transport



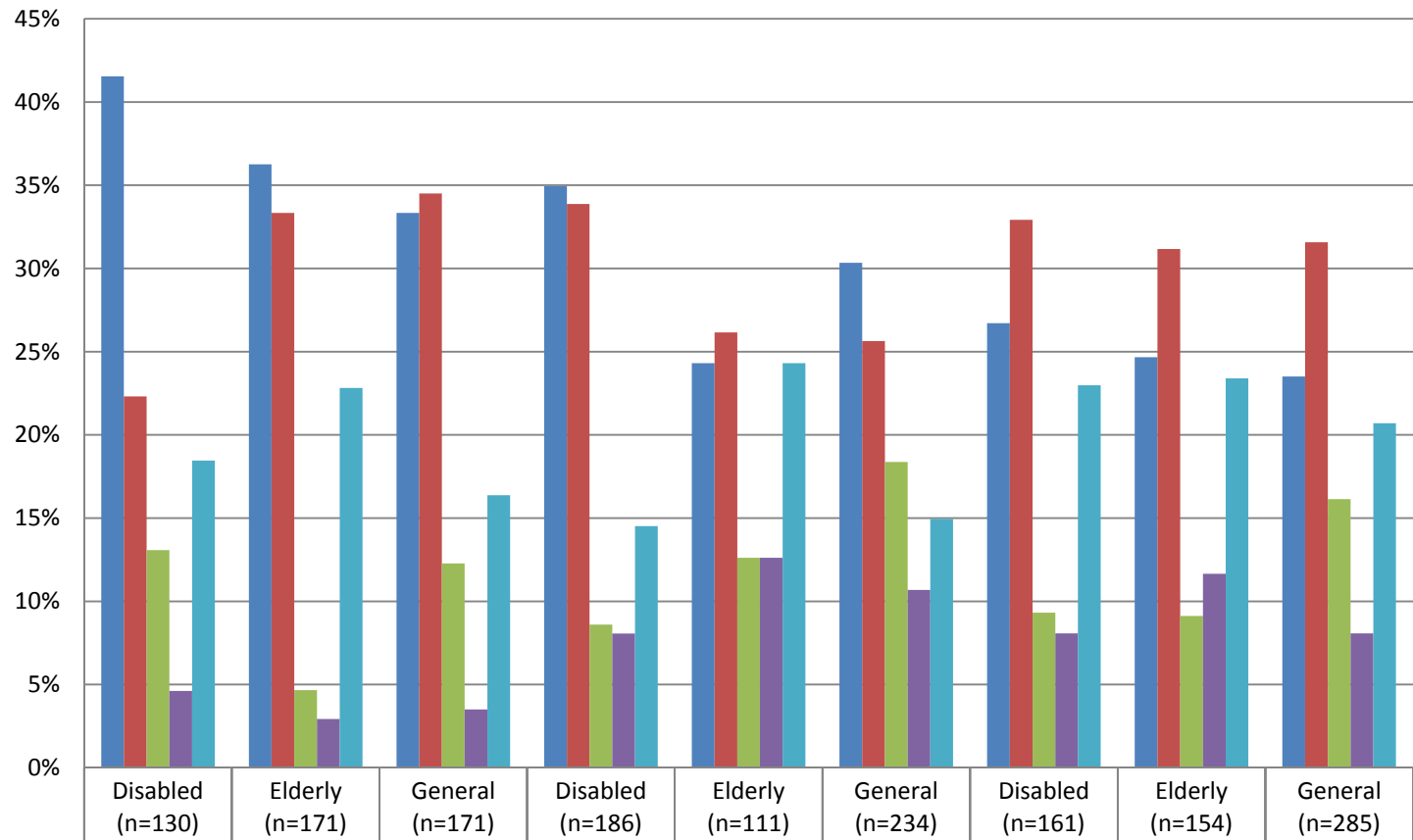
greatly decrease	2.5%	2.0%	1.2%	0.6%	0.0%	0.0%	0.0%	0.9%	0.4%
slightly decrease	0.8%	0.7%	1.8%	0.0%	0.0%	1.0%	0.8%	0.0%	0.9%
No impact	39.7%	58.8%	38.3%	48.5%	60.2%	45.9%	55.1%	65.5%	47.6%
slightly increase	20.7%	20.3%	29.3%	25.7%	21.5%	29.6%	18.1%	16.4%	31.0%
greatly increase	36.4%	18.2%	29.3%	25.1%	18.2%	23.5%	26.0%	17.3%	20.1%

C9.b--Impacts of Fare Discount on Use of Private Transport



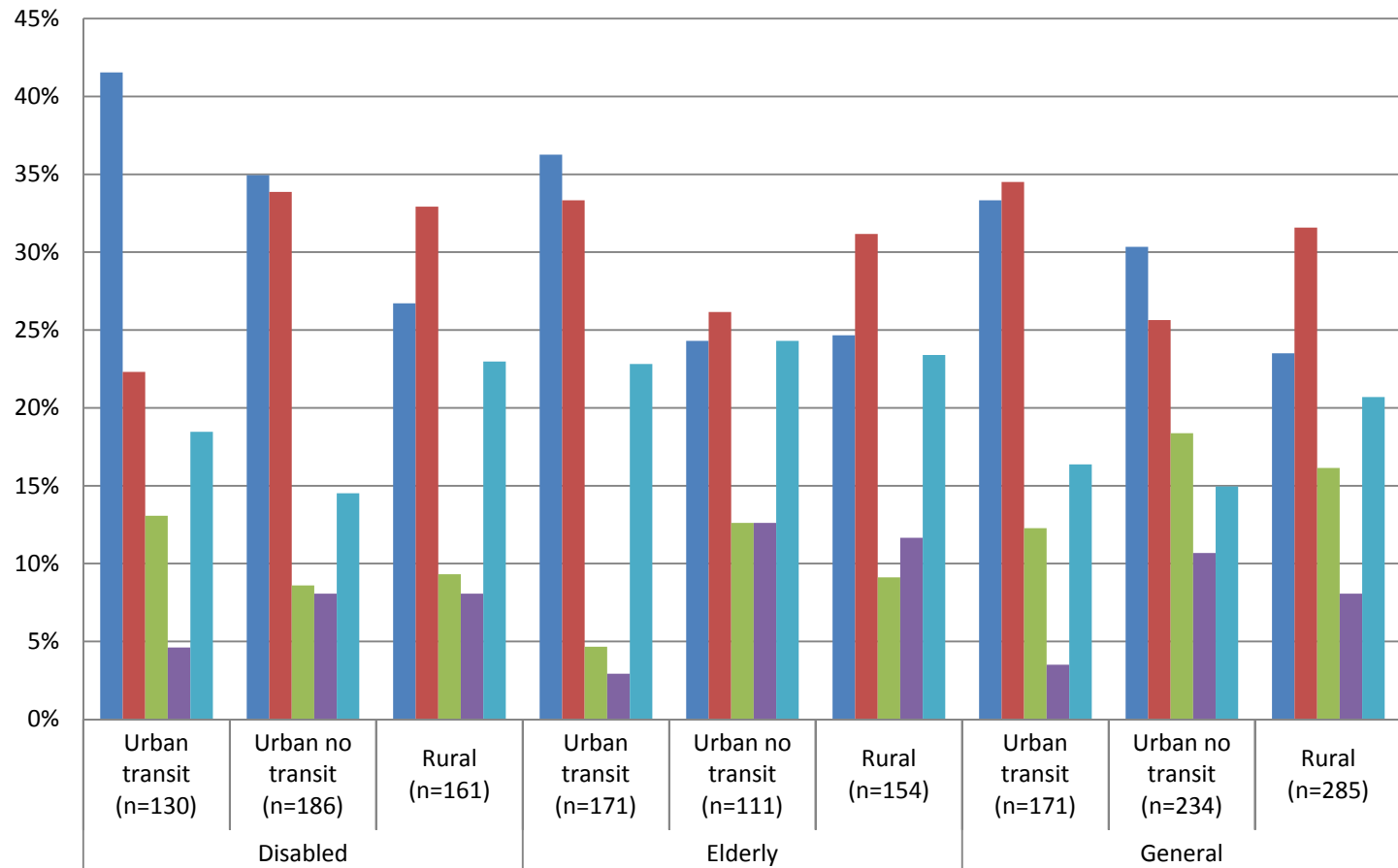
greatly decrease	2.5%	0.6%	0.0%	2.0%	0.0%	0.9%	1.2%	0.0%	0.4%
slightly decrease	0.8%	0.0%	0.8%	0.7%	0.0%	0.0%	1.8%	1.0%	0.9%
No impact	39.7%	48.5%	55.1%	58.8%	60.2%	65.5%	38.3%	45.9%	47.6%
slightly increase	20.7%	25.7%	18.1%	20.3%	21.5%	16.4%	29.3%	29.6%	31.0%
greatly increase	36.4%	25.1%	26.0%	18.2%	18.2%	17.3%	29.3%	23.5%	20.1%

C10.a--Centralized Service (phone)



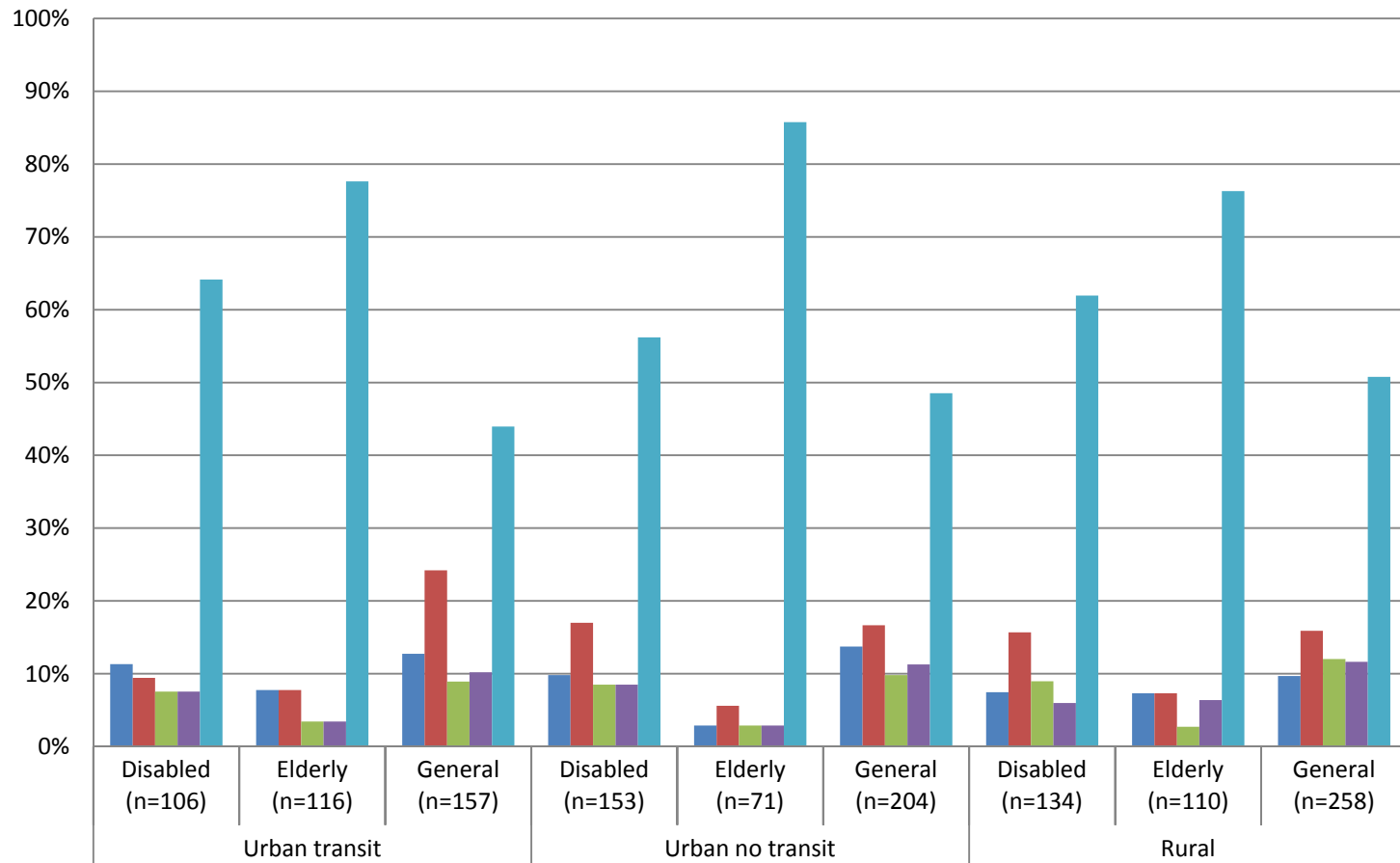
Very interested	41.5%	36.3%	33.3%	34.9%	24.3%	30.3%	26.7%	24.7%	23.5%
Somewhat interested	22.3%	33.3%	34.5%	33.9%	26.2%	25.6%	32.9%	31.2%	31.6%
Neutral	13.1%	4.7%	12.3%	8.6%	12.6%	18.4%	9.3%	9.1%	16.1%
Not very interested	4.6%	2.9%	3.5%	8.1%	12.6%	10.7%	8.1%	11.7%	8.1%
Not at all interested	18.5%	22.8%	16.4%	14.5%	24.3%	15.0%	23.0%	23.4%	20.7%

C10.b--Centralized Service (phone)

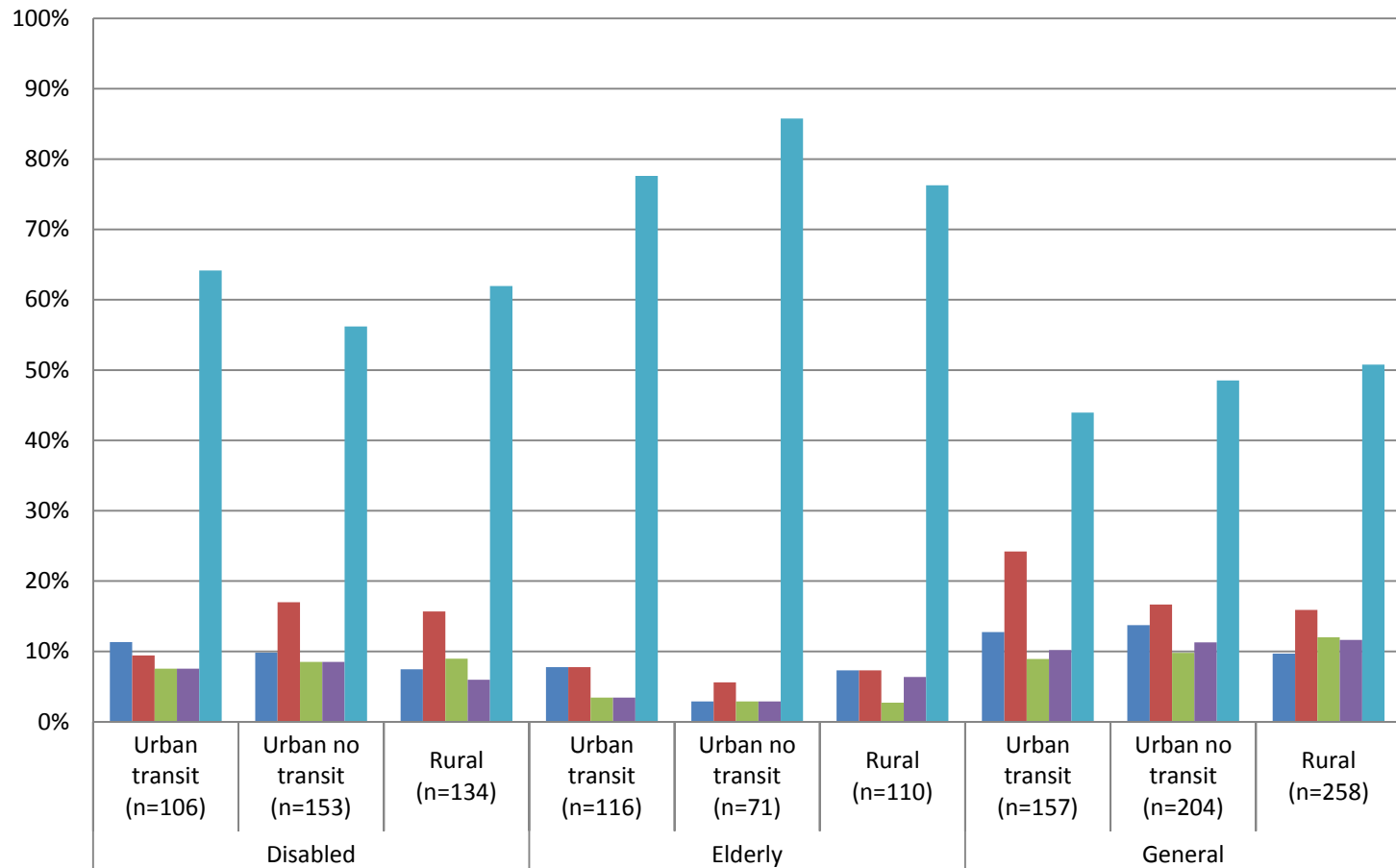


Very interested	41.5%	34.9%	26.7%	36.3%	24.3%	24.7%	33.3%	30.3%	23.5%
Somewhat interested	22.3%	33.9%	32.9%	33.3%	26.2%	31.2%	34.5%	25.6%	31.6%
Neutral	13.1%	8.6%	9.3%	4.7%	12.6%	9.1%	12.3%	18.4%	16.1%
Not very interested	4.6%	8.1%	8.1%	2.9%	12.6%	11.7%	3.5%	10.7%	8.1%
Not at all interested	18.5%	14.5%	23.0%	22.8%	24.3%	23.4%	16.4%	15.0%	20.7%

C10.a--Centralized Service (internet)



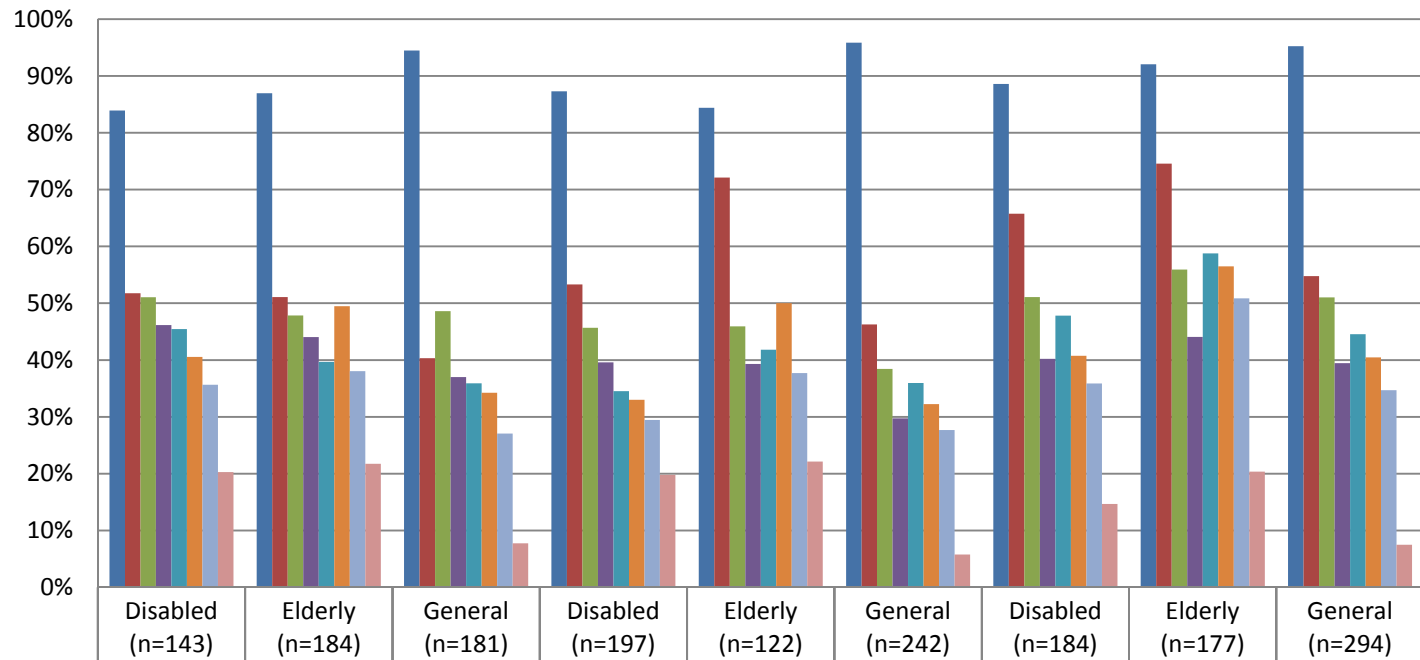
C10.b--Centralized Service (internet)



Very interested	11.3%	9.8%	7.5%	7.8%	2.9%	7.3%	12.7%	13.7%	9.7%
Somewhat interested	9.4%	17.0%	15.7%	7.8%	5.6%	7.3%	24.2%	16.7%	15.9%
Neutral	7.5%	8.5%	9.0%	3.4%	2.9%	2.7%	8.9%	9.8%	12.0%
Not very interested	7.5%	8.5%	6.0%	3.4%	2.9%	6.4%	10.2%	11.3%	11.6%
Not at all interested	64.1%	56.2%	61.9%	77.6%	85.8%	76.3%	43.9%	48.5%	50.8%

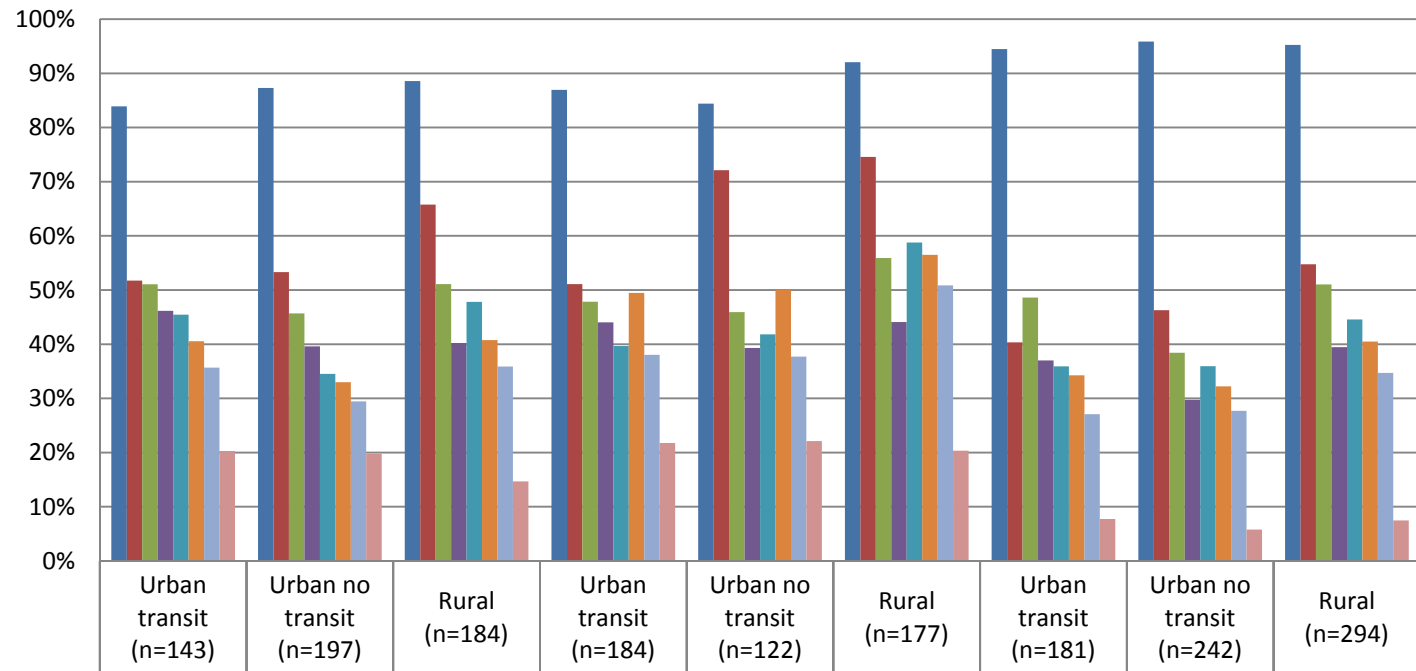
Appendix 1

C11.a--Will Accept Rides From



Note: Response with "No One" and "Other" not displayed, but included during calculation.

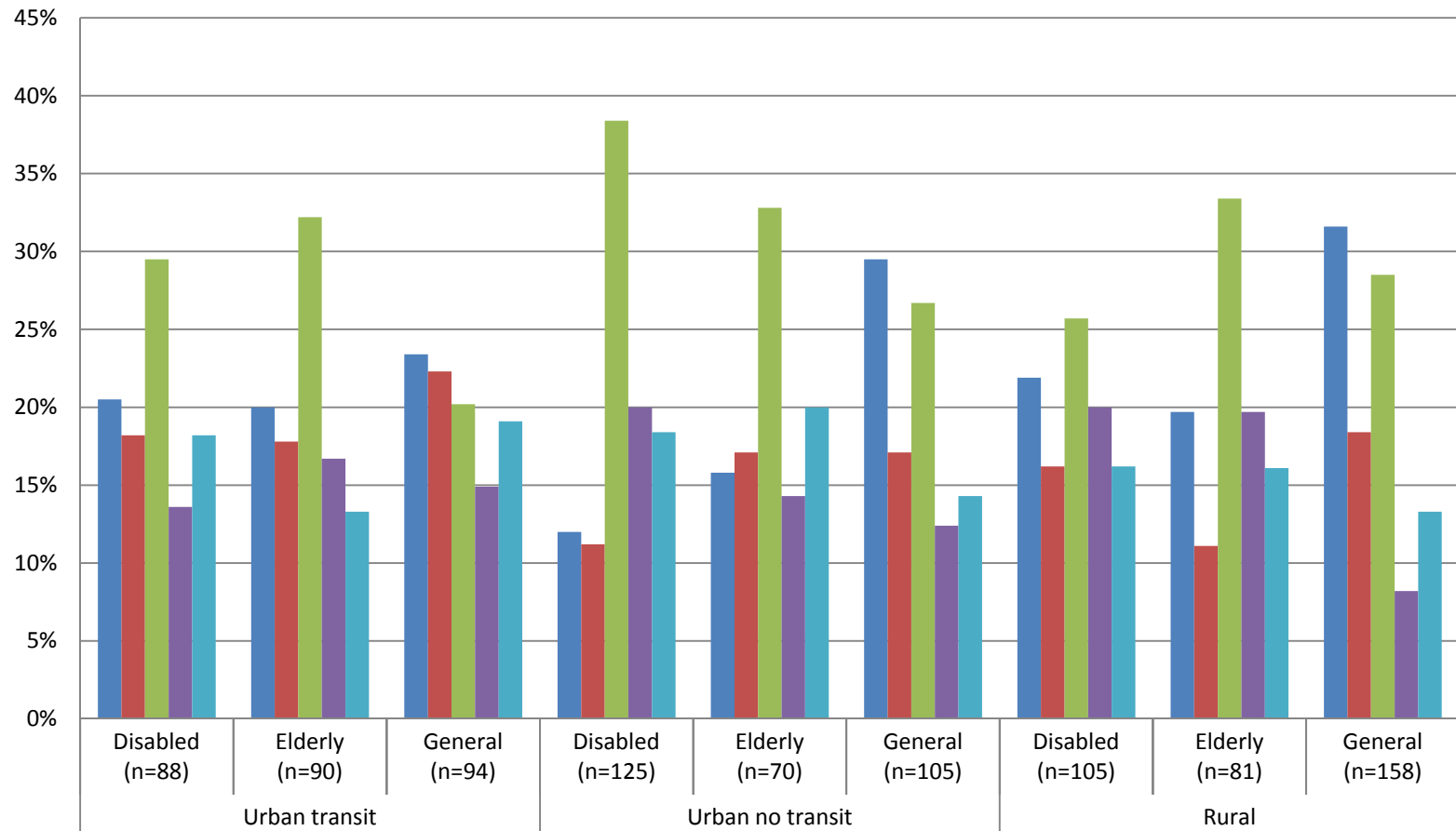
C11.b--Will Accept Rides From



	Urban transit (n=143)	Urban no transit (n=197)	Rural (n=184)	Urban transit (n=184)	Urban no transit (n=122)	Rural (n=177)	Urban transit (n=181)	Urban no transit (n=242)	Rural (n=294)
	Disabled			Elderly			General		
Family members	83.9%	87.3%	88.6%	87.0%	84.4%	92.1%	94.5%	95.9%	95.2%
Taxi	51.7%	53.3%	65.8%	51.1%	72.1%	74.6%	40.3%	46.3%	54.8%
Religious group	51.1%	45.7%	51.1%	47.8%	45.9%	55.9%	48.6%	38.4%	51.0%
Social volunteer	46.2%	39.6%	40.2%	44.0%	39.3%	44.1%	37.0%	29.8%	39.5%
Public transit agency	45.5%	34.5%	47.8%	39.7%	41.8%	58.8%	35.9%	35.9%	44.6%
Case manager	40.6%	33.0%	40.8%	49.5%	50.0%	56.5%	34.3%	32.2%	40.5%
Medical service provider	35.7%	29.4%	35.9%	38.0%	37.7%	50.8%	27.1%	27.7%	34.7%
Friend	20.3%	19.8%	14.7%	21.8%	22.1%	20.4%	7.7%	5.8%	7.5%

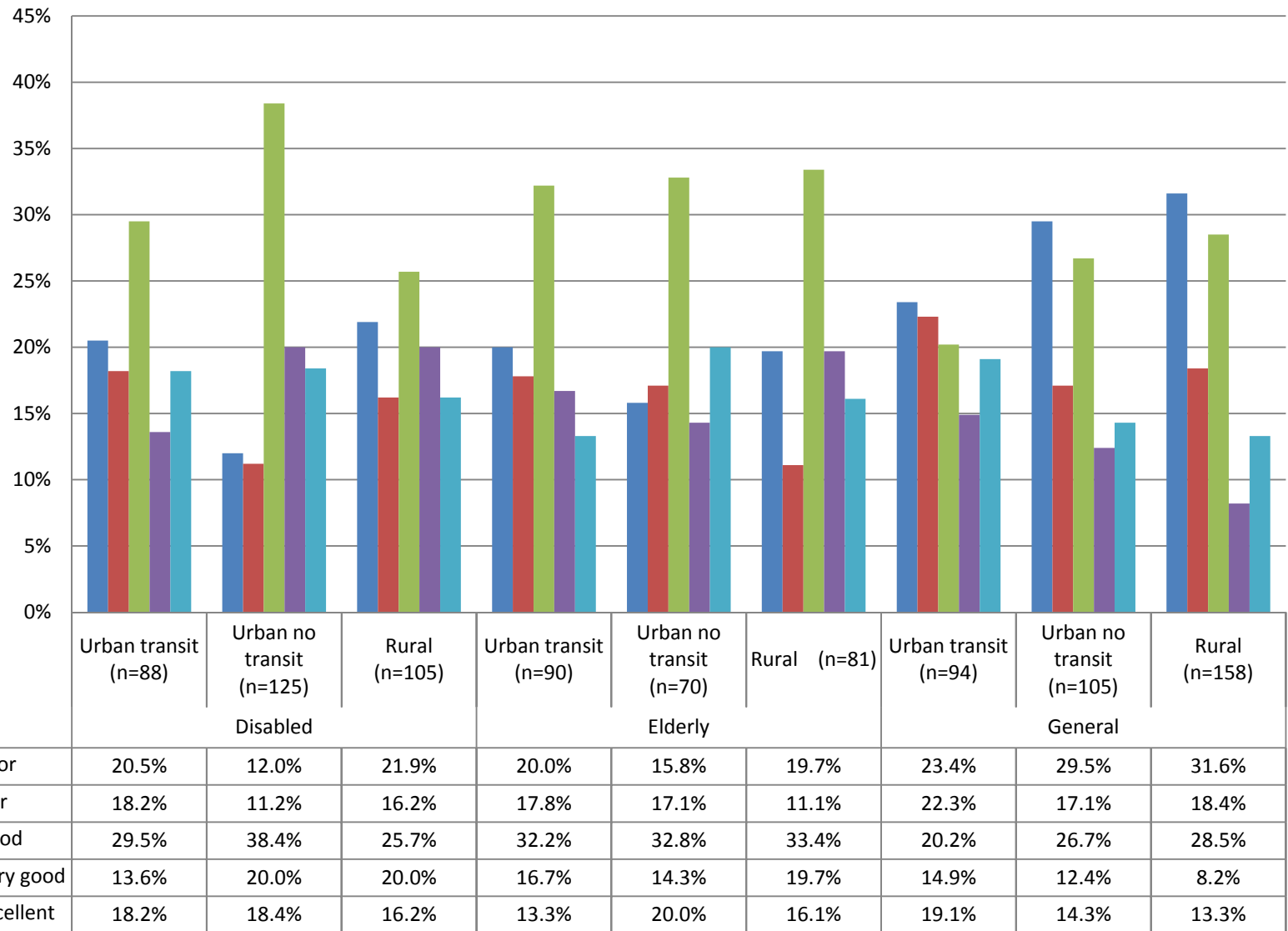
Note: Response with "No One" and "Other" not displayed, but included during calculation.

C12.a--Ability of SW/CM to arrange medical rides



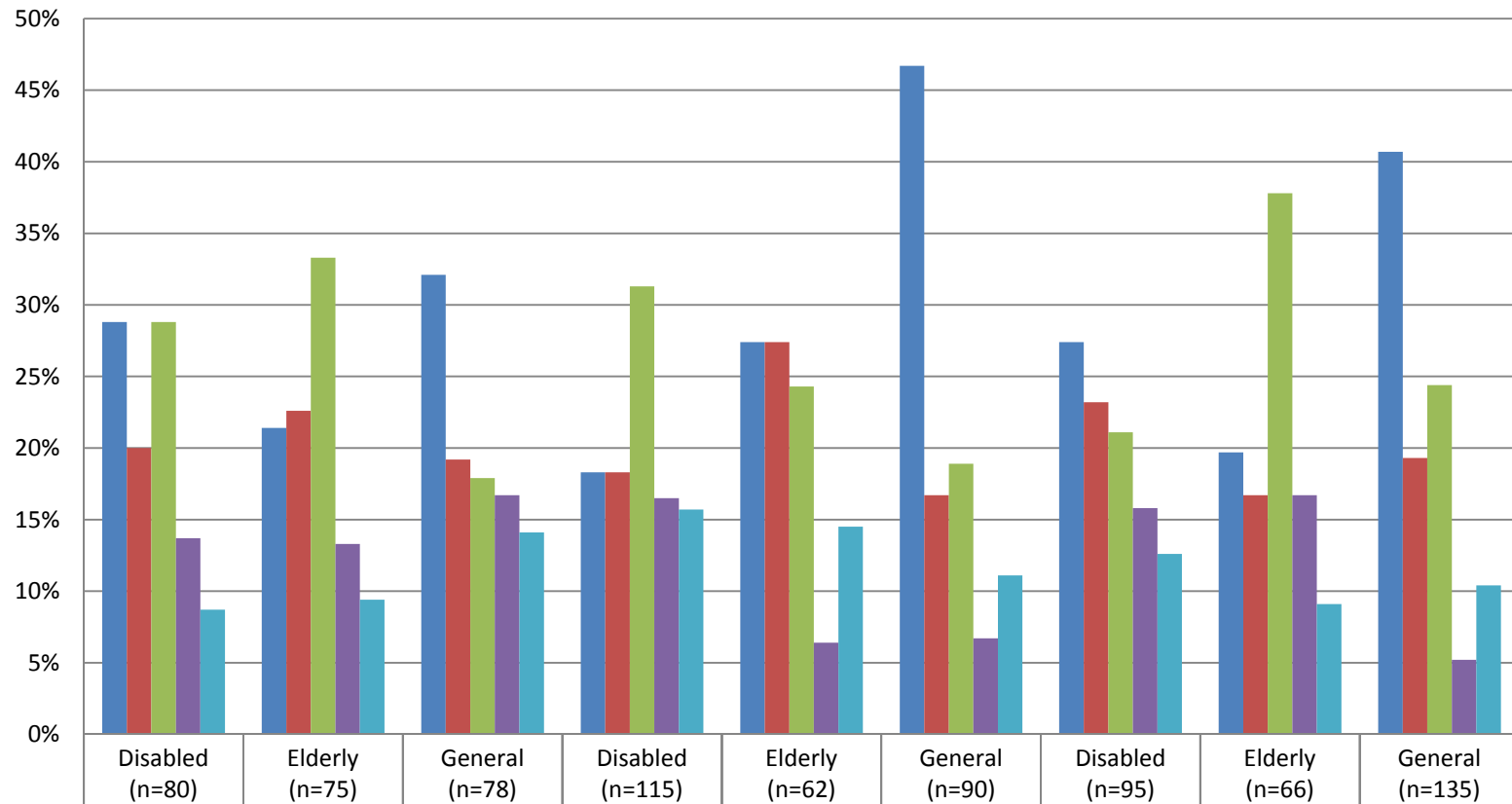
Appendix 1

C12.b--Ability of SW/CM to arrange medical rides



Appendix 1

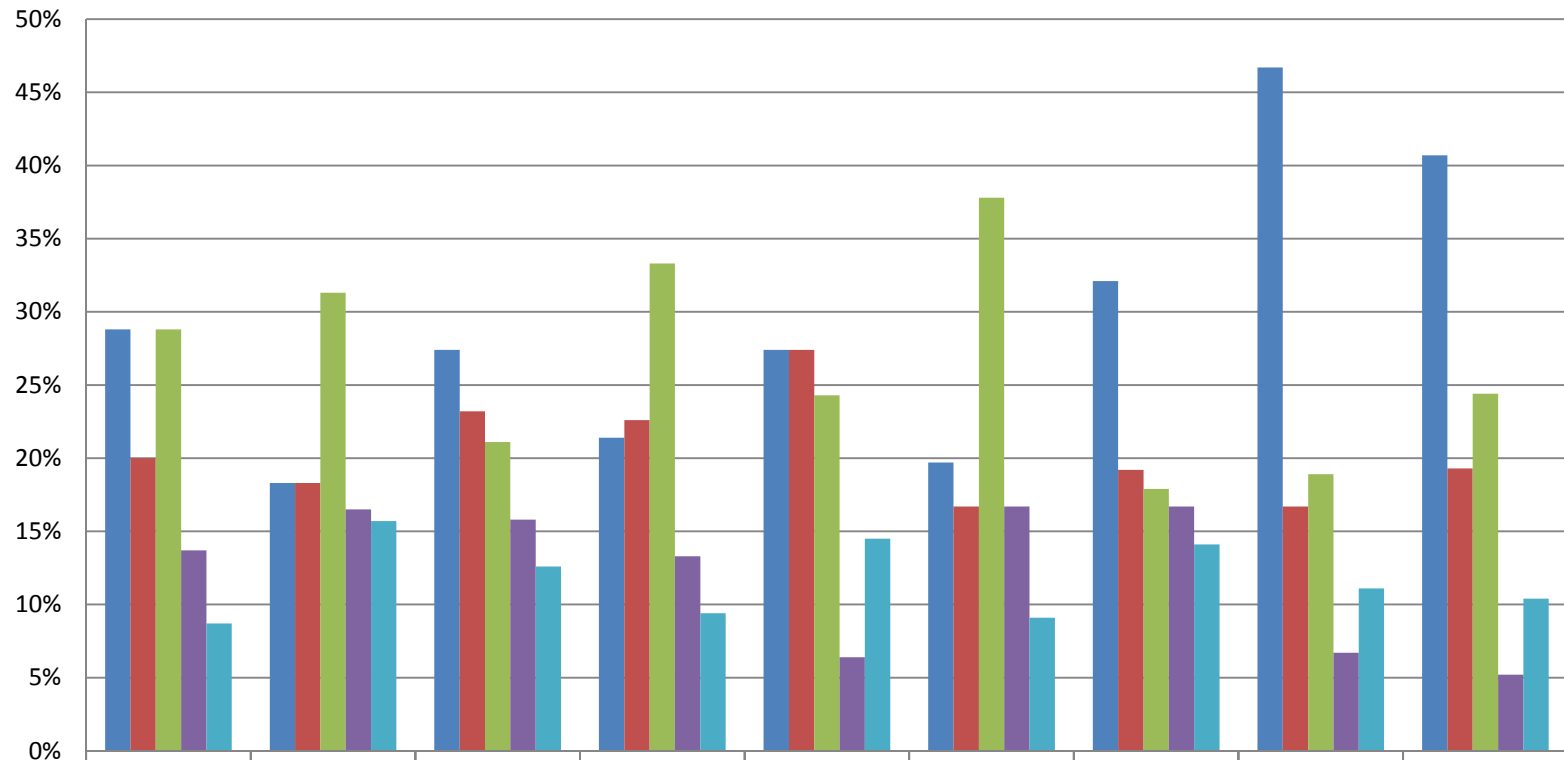
C13.a--Ability of SW/CM to arrange non-medical rides



	Disabled (n=80)	Elderly (n=75)	General (n=78)	Disabled (n=115)	Elderly (n=62)	General (n=90)	Disabled (n=95)	Elderly (n=66)	General (n=135)
Urban transit									
Urban no transit									
Rural									
Poor	28.8%	21.4%	32.1%	18.3%	27.4%	46.7%	27.4%	19.7%	40.7%
Fair	20.0%	22.6%	19.2%	18.3%	27.4%	16.7%	23.2%	16.7%	19.3%
Good	28.8%	33.3%	17.9%	31.3%	24.3%	18.9%	21.1%	37.8%	24.4%
Very good	13.7%	13.3%	16.7%	16.5%	6.4%	6.7%	15.8%	16.7%	5.2%
Excellent	8.7%	9.4%	14.1%	15.7%	14.5%	11.1%	12.6%	9.1%	10.4%

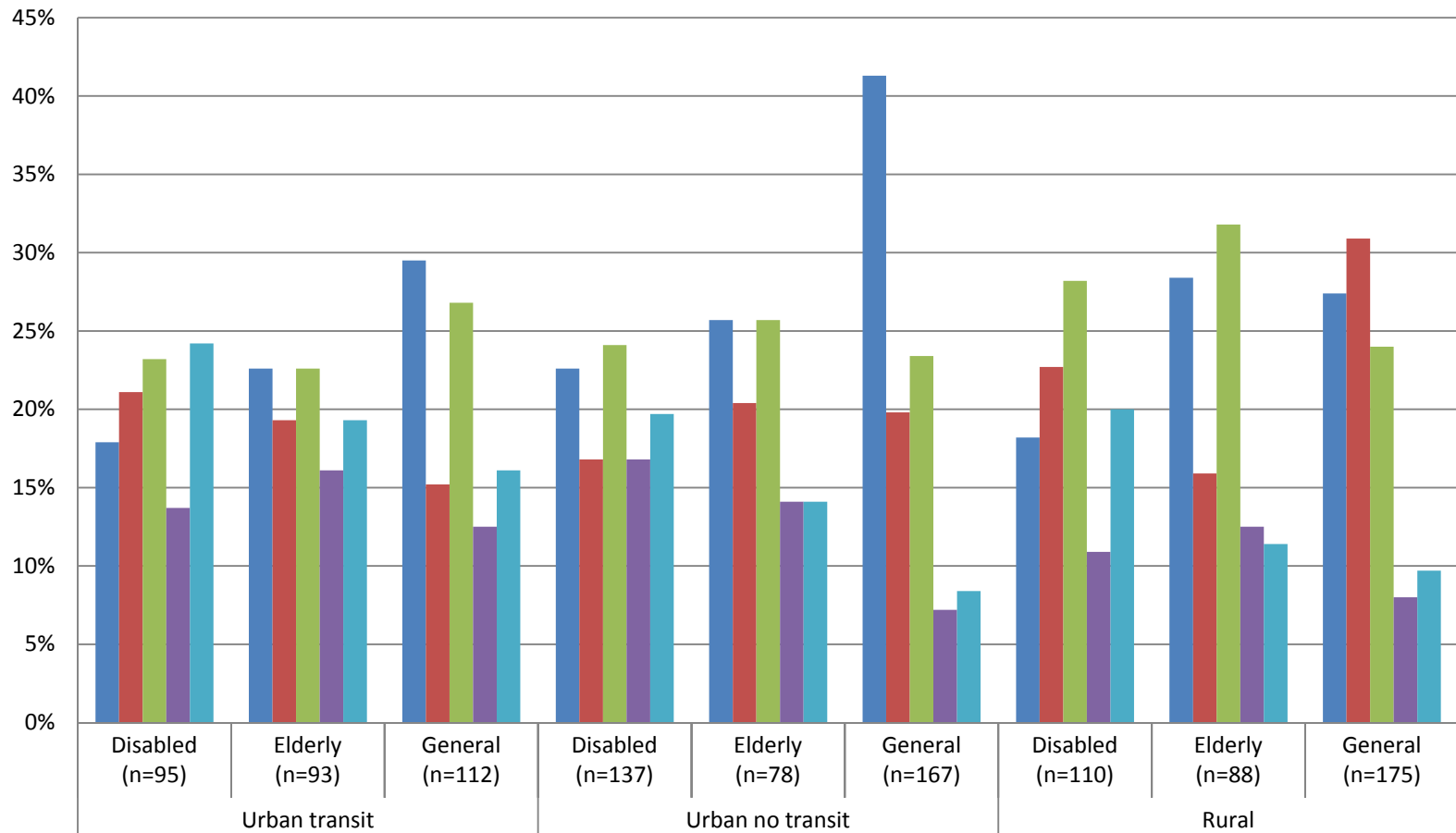
Appendix 1

C13.b--Ability of SW/CM to arrange non-medical rides

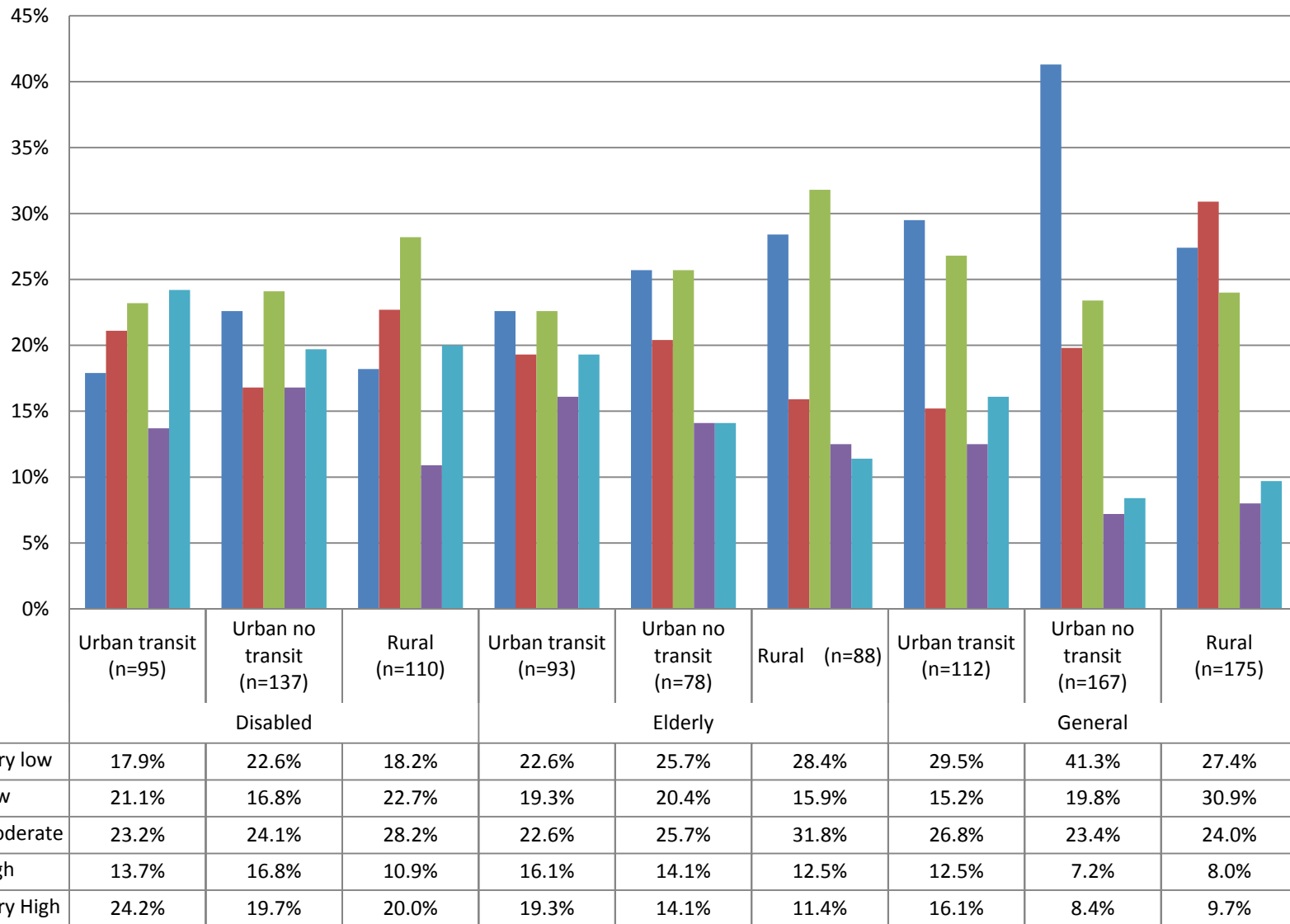


	Urban transit (n=80)	Urban no transit (n=115)	Rural (n=95)	Urban transit (n=75)	Urban no transit (n=62)	Rural (n=66)	Urban transit (n=78)	Urban no transit (n=90)	Rural (n=135)
	Disabled			Elderly			General		
Poor	28.8%	18.3%	27.4%	21.4%	27.4%	19.7%	32.1%	46.7%	40.7%
Fair	20.0%	18.3%	23.2%	22.6%	27.4%	16.7%	19.2%	16.7%	19.3%
Good	28.8%	31.3%	21.1%	33.3%	24.3%	37.8%	17.9%	18.9%	24.4%
Very good	13.7%	16.5%	15.8%	13.3%	6.4%	16.7%	16.7%	6.7%	5.2%
Excellent	8.7%	15.7%	12.6%	9.4%	14.5%	9.1%	14.1%	11.1%	10.4%

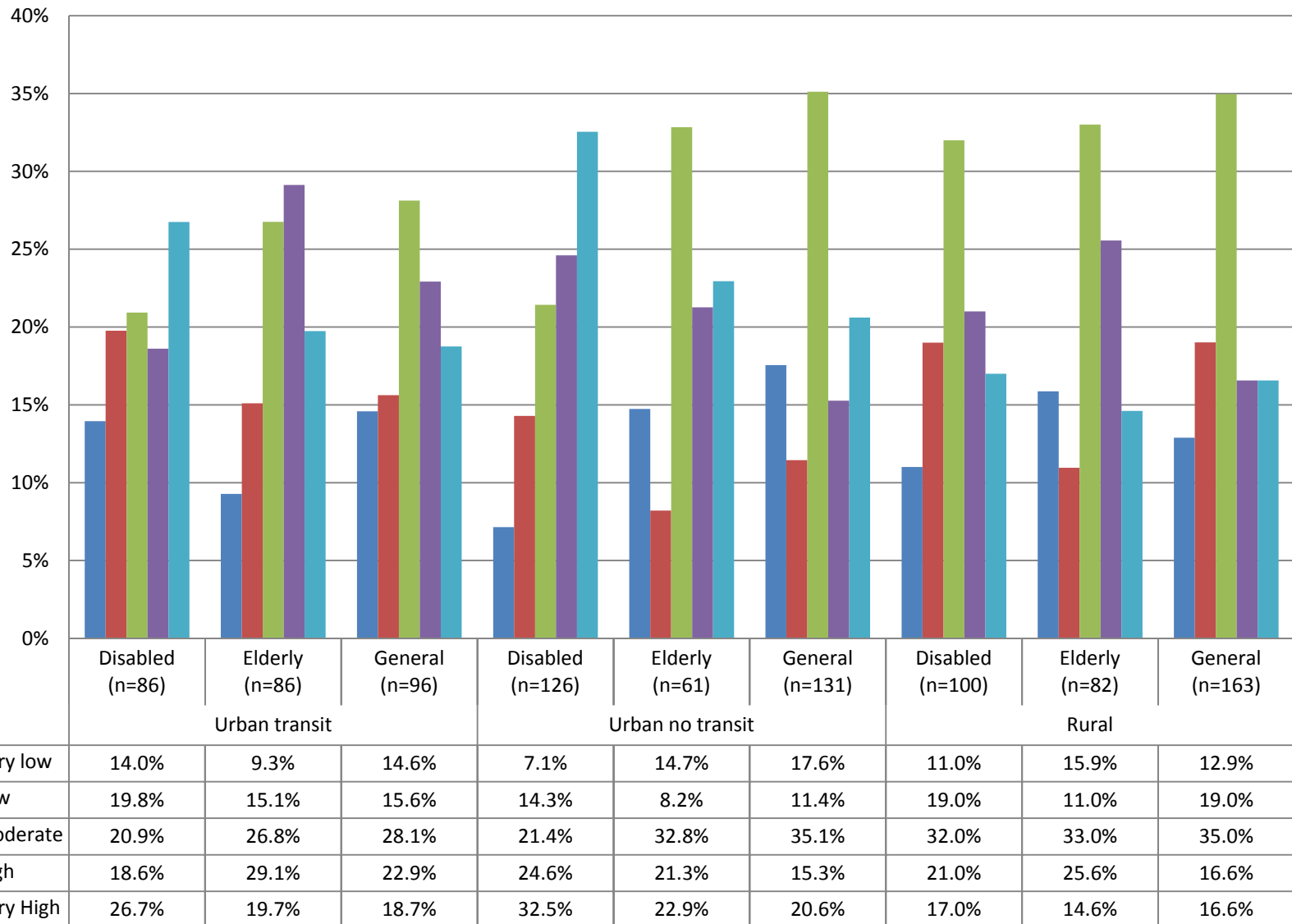
C14.a--My Understanding of Medicaid Transport Rules



C14.b--My Understanding of Medicaid Transport Rules

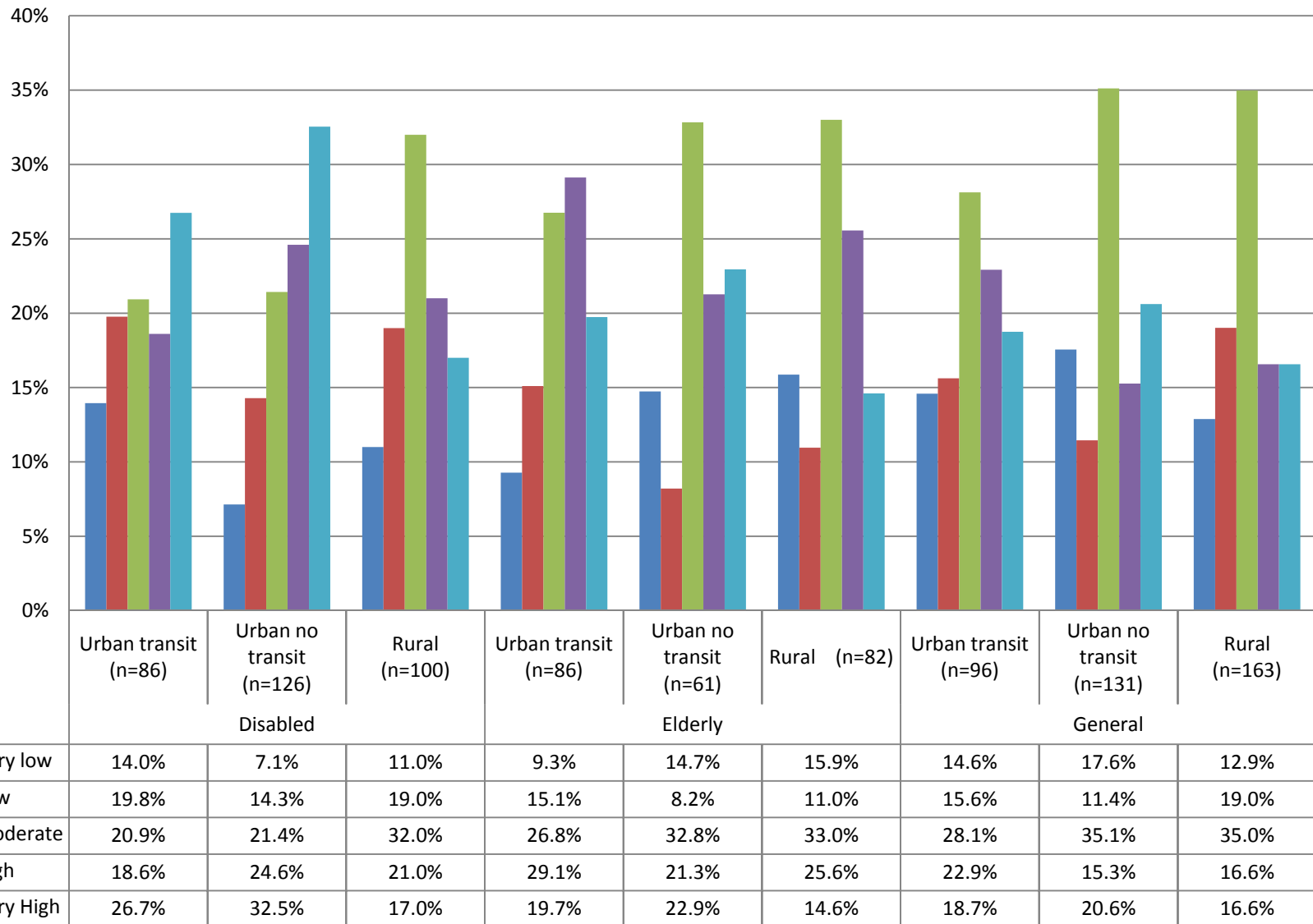


C15.a--Trust in SW/CM to help w/ rides

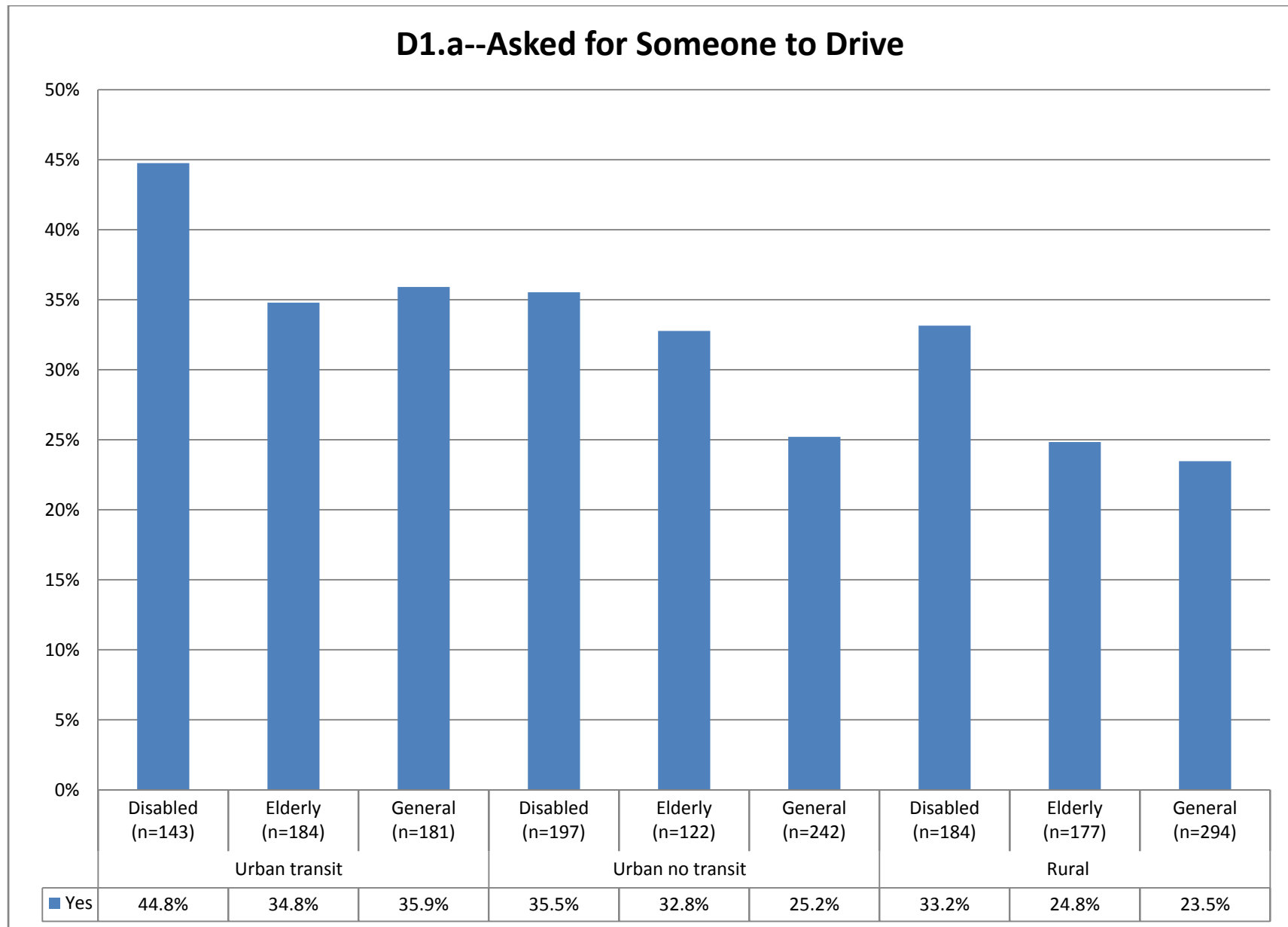


Appendix 1

C15.b--Trust in SW/CM to help w/ rides

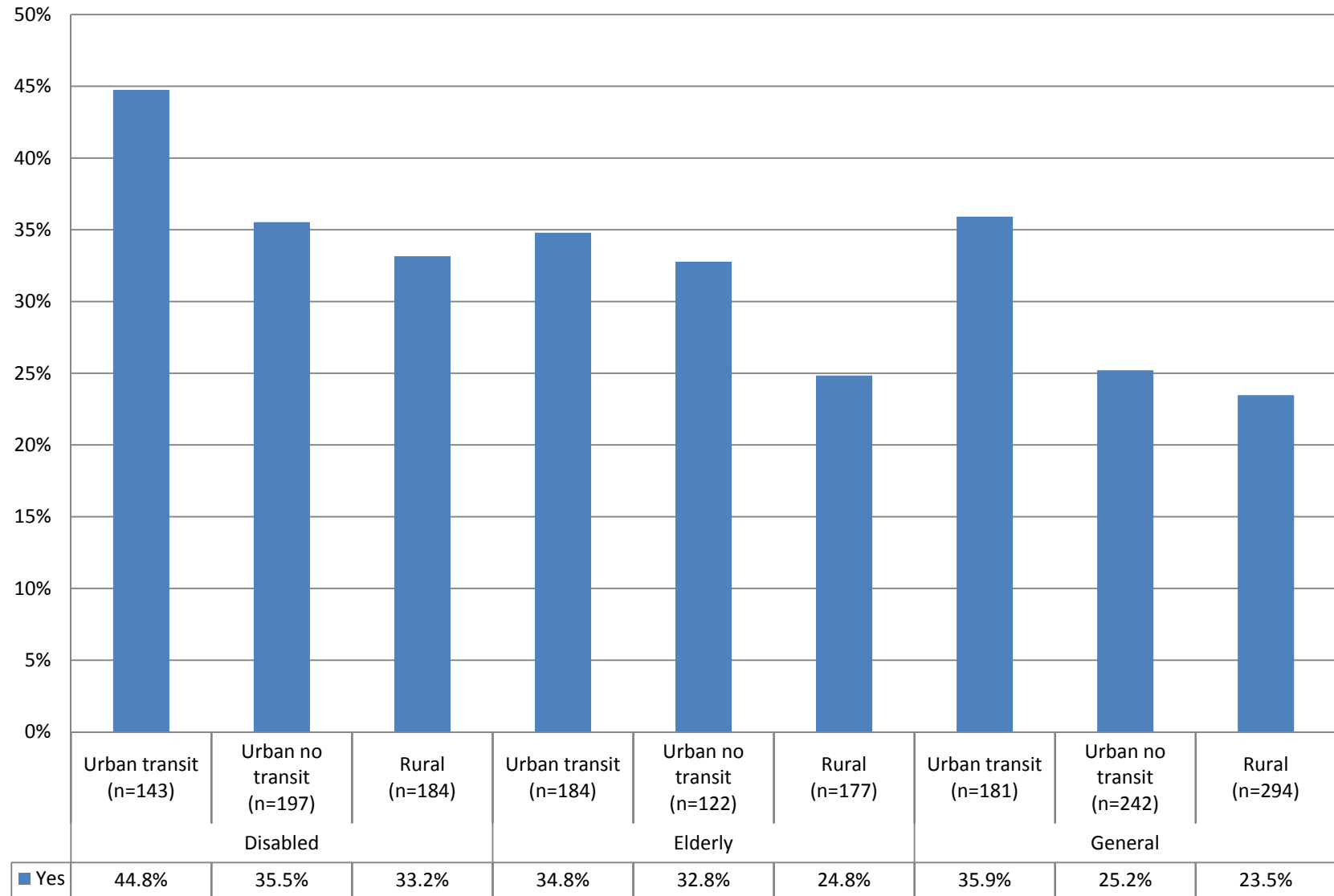


Appendix 1

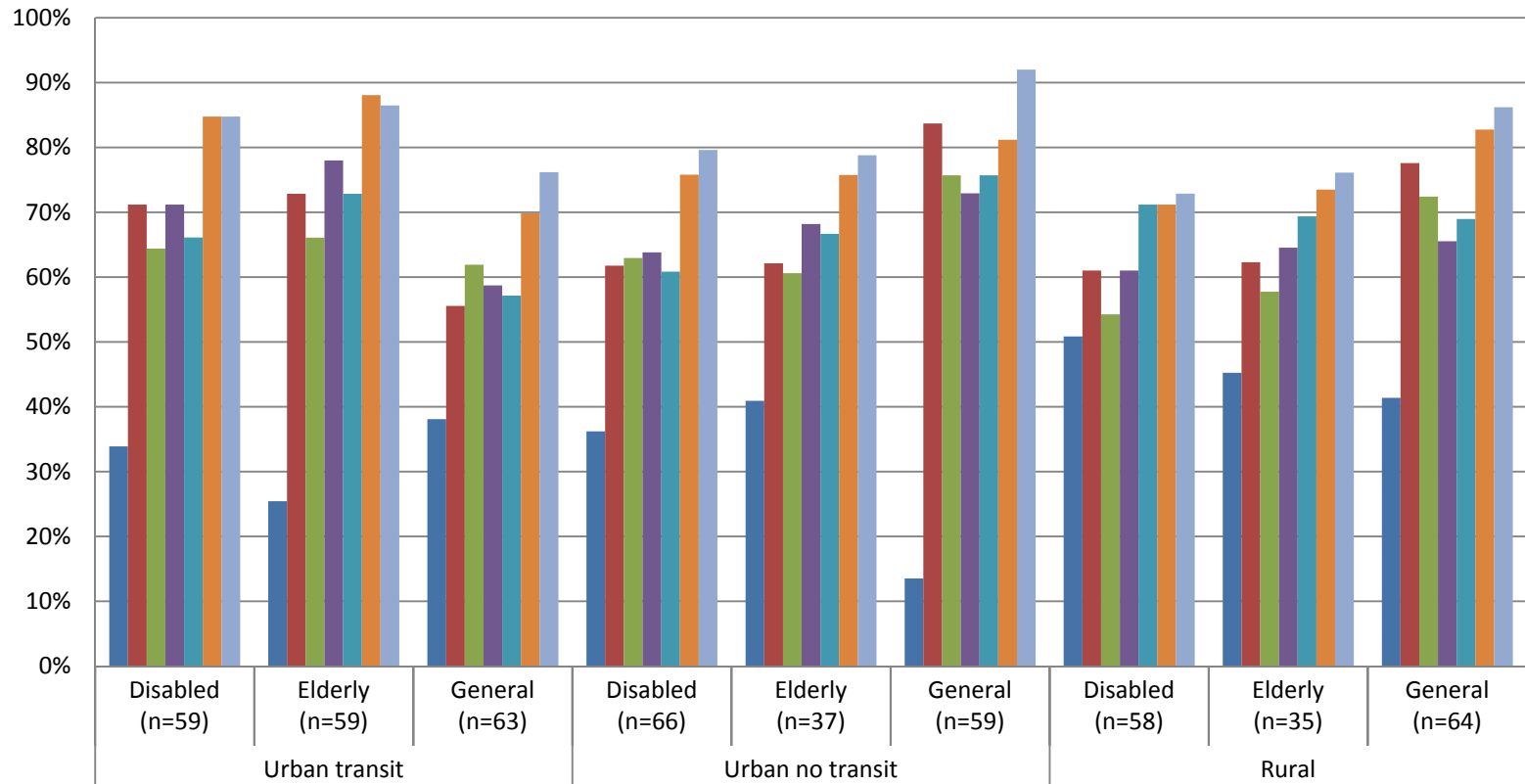


Appendix 1

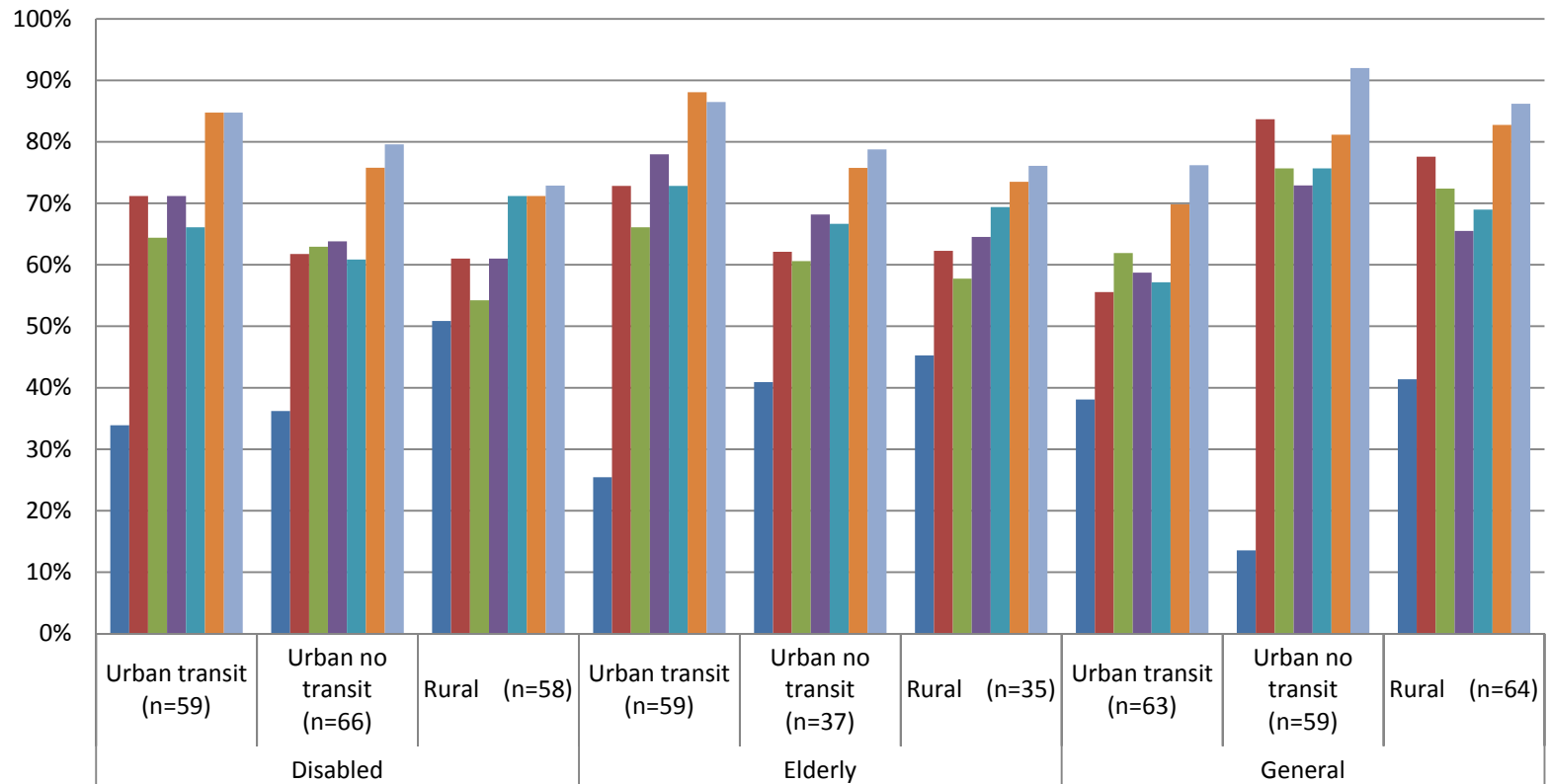
D1.b--Asked for Someone to Drive



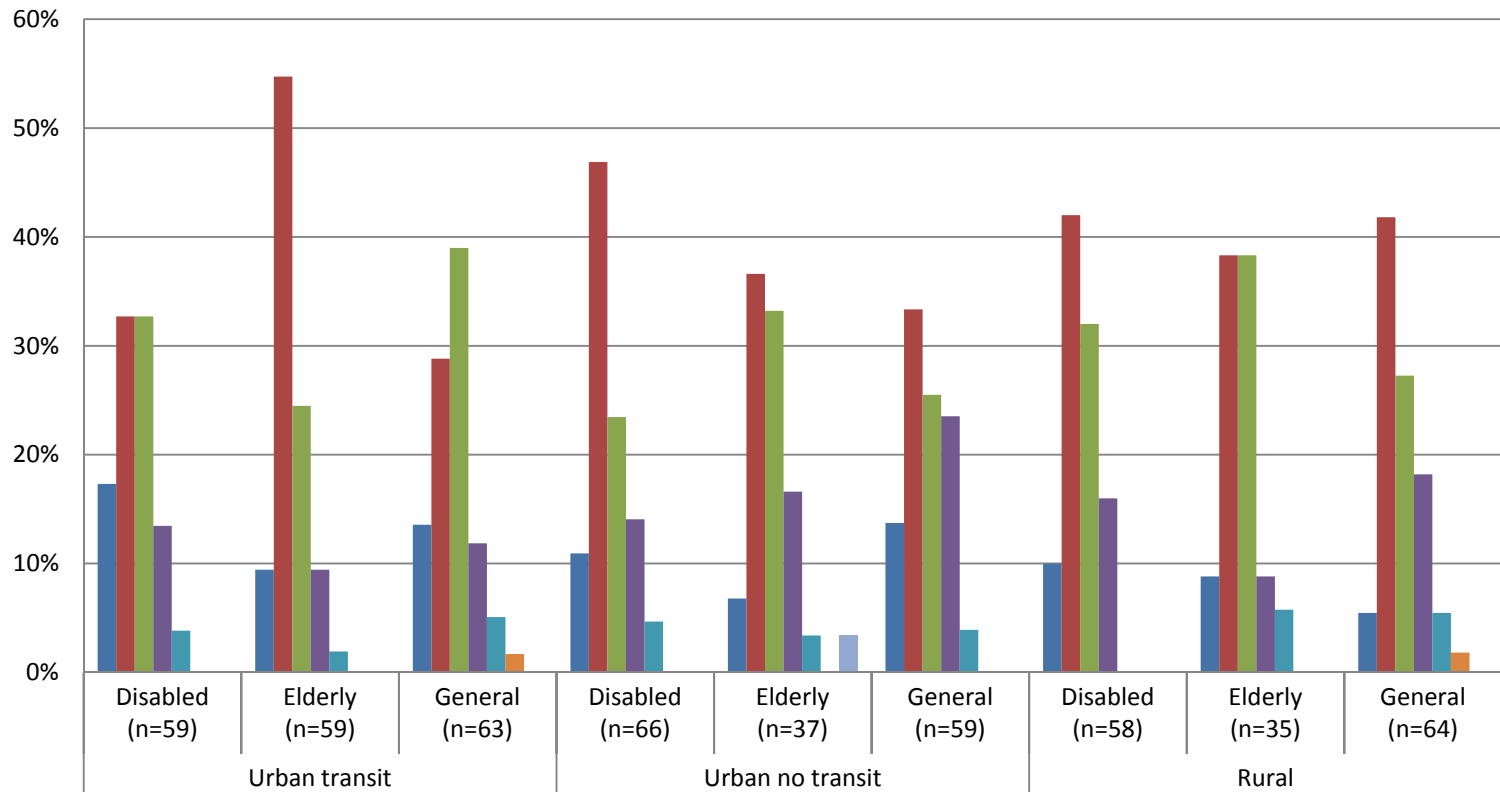
D2.a--Days of Week Needing Rides



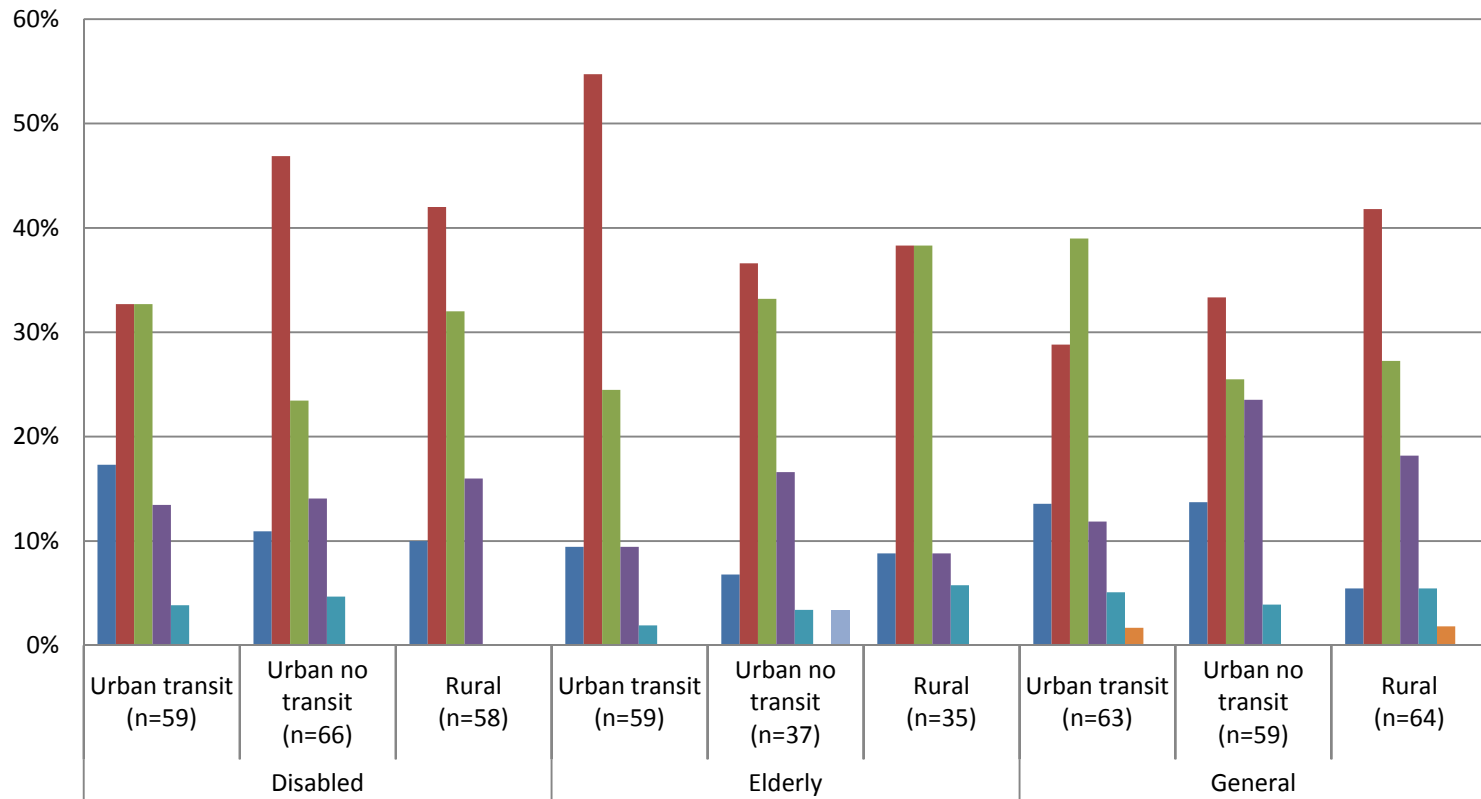
D2.b--Days of Week Needing Rides



D3.a--Time of Day Needing Ride

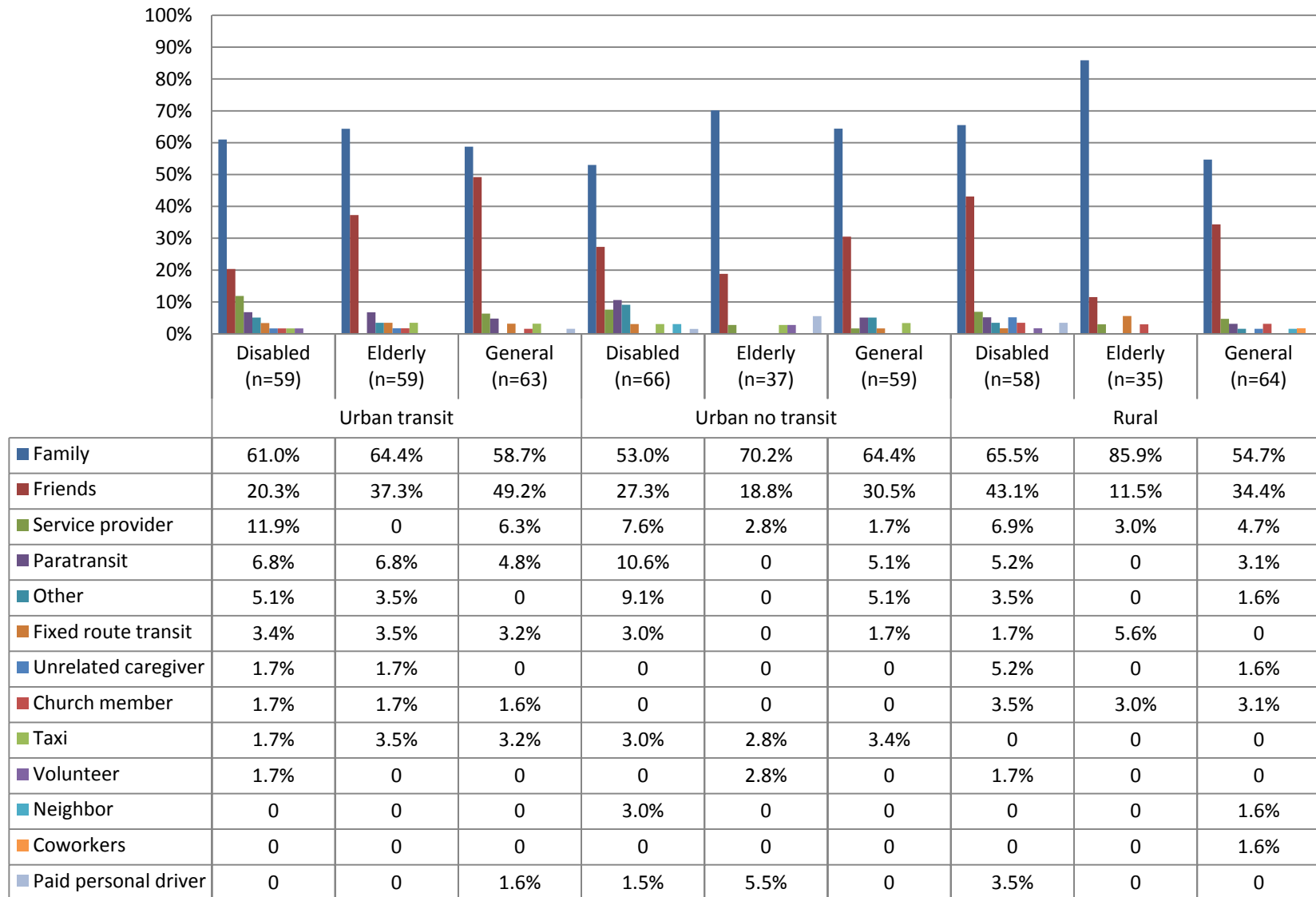


D3.b--Time of Day Needing Ride

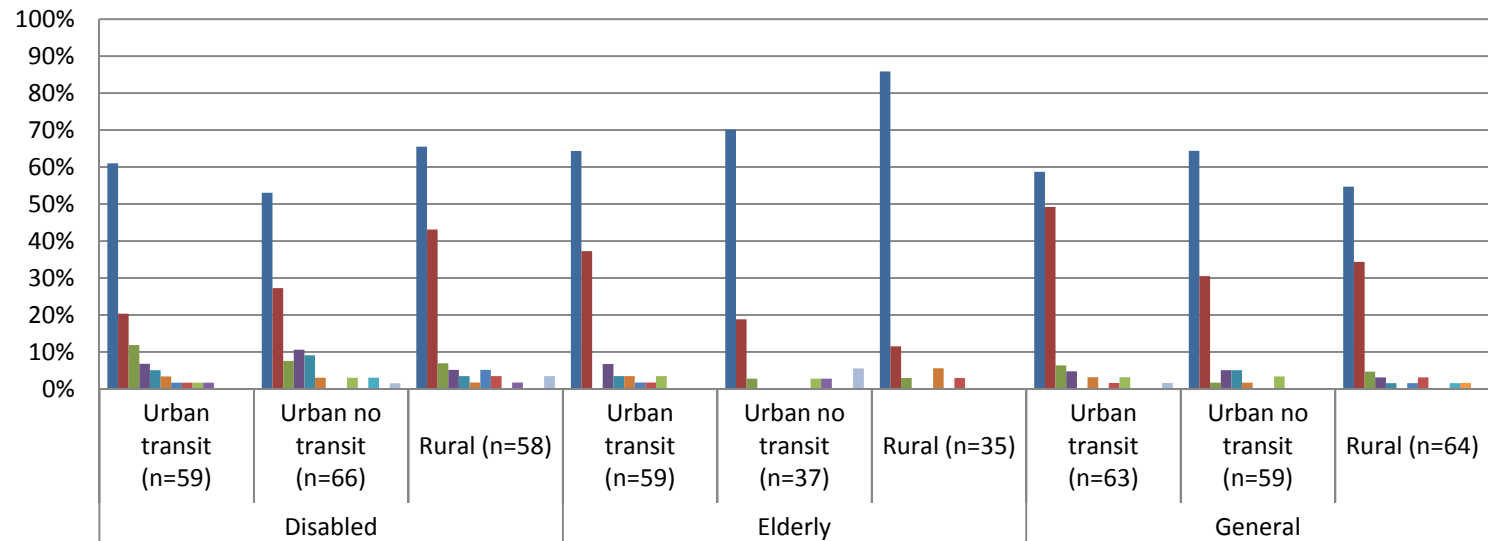


6 am - 9 am	17.3%	10.9%	10.0%	9.4%	6.8%	8.8%	13.6%	13.7%	5.5%
9 am - noon	32.7%	46.9%	42.0%	54.7%	36.6%	38.3%	28.8%	33.3%	41.8%
noon - 3 pm	32.7%	23.5%	32.0%	24.5%	33.2%	38.3%	39.0%	25.5%	27.3%
3 pm - 6 pm	13.5%	14.1%	16.0%	9.4%	16.6%	8.8%	11.9%	23.5%	18.2%
6 pm - 9 pm	3.8%	4.7%	0.0%	1.9%	3.4%	5.8%	5.1%	3.9%	5.5%
9 pm - midnight	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	1.7%	0.0%	1.8%
midnight - 6 am	0.0%	0.0%	0.0%	0.0%	3.4%	0.0%	0.0%	0.0%	0.0%

D4.a--Asked for Rides From

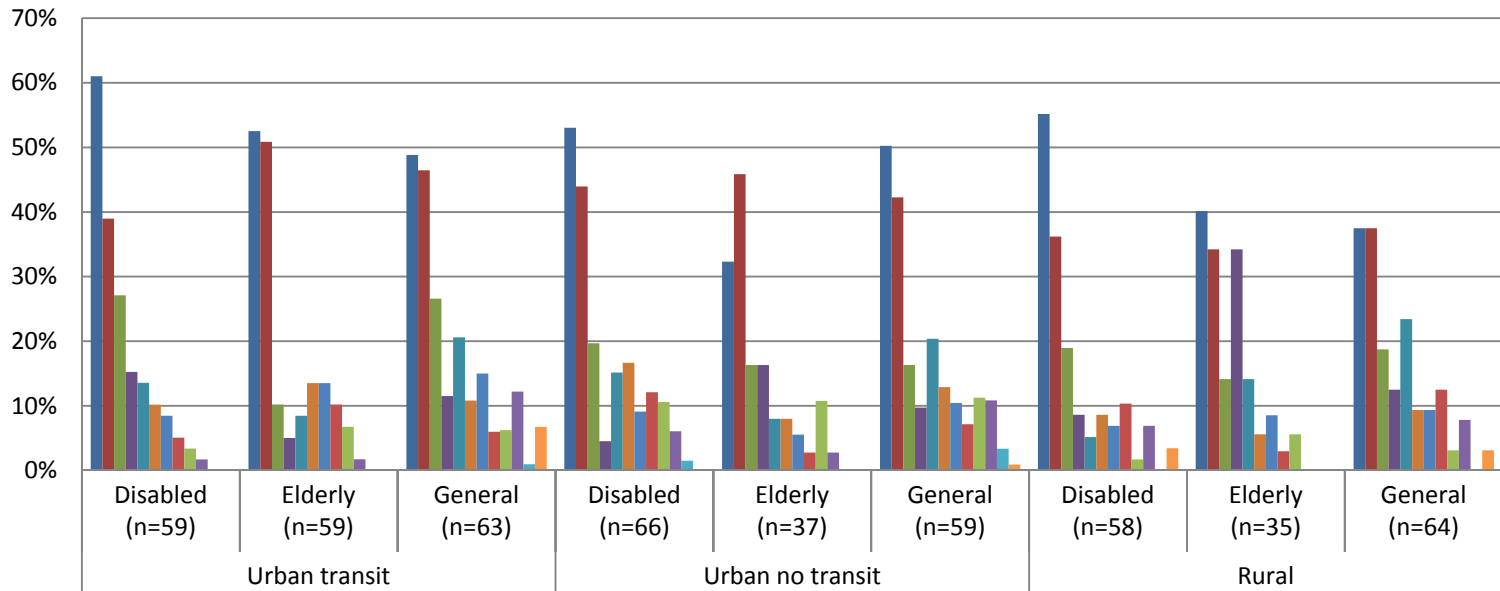


D4.b--Asked for Rides From



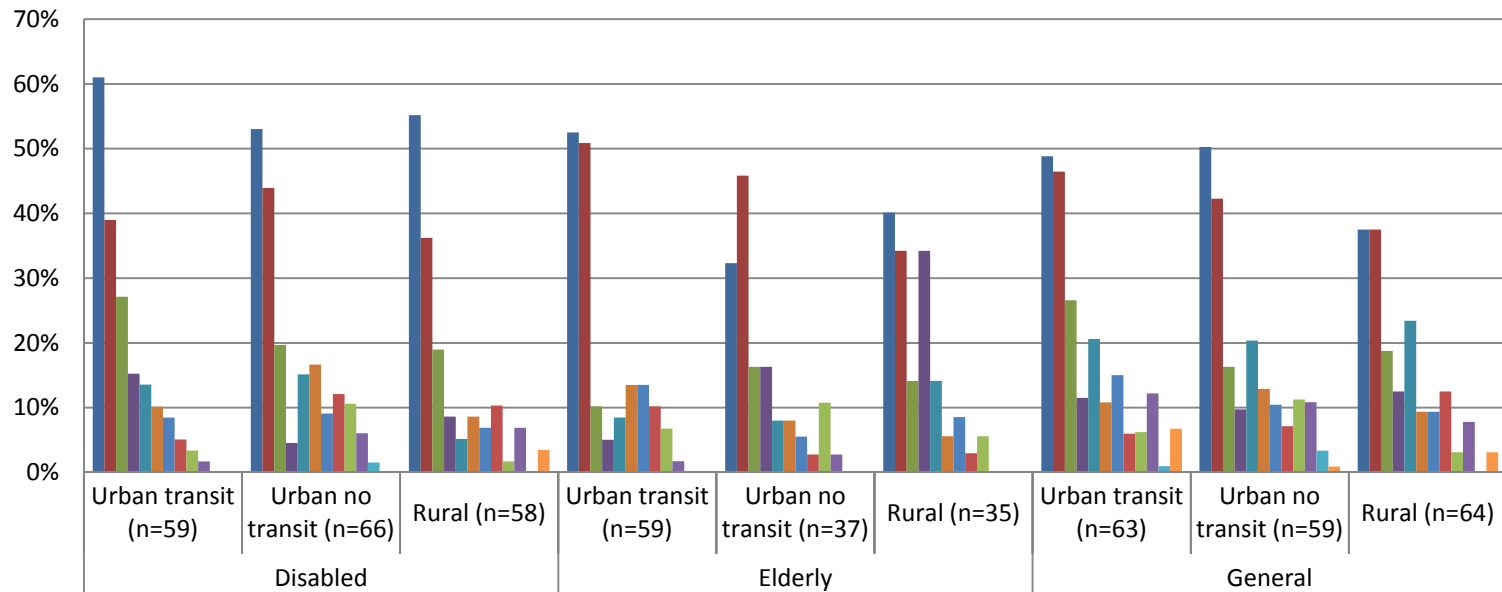
	Urban transit (n=59)	Urban no transit (n=66)	Rural (n=58)	Urban transit (n=59)	Urban no transit (n=37)	Rural (n=35)	Urban transit (n=63)	Urban no transit (n=59)	Rural (n=64)
	Disabled			Elderly			General		
Family	61.0%	53.0%	65.5%	64.4%	70.2%	85.9%	58.7%	64.4%	54.7%
Friends	20.3%	27.3%	43.1%	37.3%	18.8%	11.5%	49.2%	30.5%	34.4%
Service provider	11.9%	7.6%	6.9%	0	2.8%	3.0%	6.3%	1.7%	4.7%
Paratransit	6.8%	10.6%	5.2%	6.8%	0	0	4.8%	5.1%	3.1%
Other	5.1%	9.1%	3.5%	3.5%	0	0	0	5.1%	1.6%
Fixed route transit	3.4%	3.0%	1.7%	3.5%	0	5.6%	3.2%	1.7%	0
Unrelated caregiver	1.7%	0	5.2%	1.7%	0	0	0	0	1.6%
Church member	1.7%	0	3.5%	1.7%	0	3.0%	1.6%	0	3.1%
Taxi	1.7%	3.0%	0	3.5%	2.8%	0	3.2%	3.4%	0
Volunteer	1.7%	0	1.7%	0	2.8%	0	0	0	0
Neighbor	0	3.0%	0	0	0	0	0	0	1.6%
Coworkers	0	0	0	0	0	0	0	0	1.6%
Paid personal driver	0	1.5%	3.5%	0	5.5%	0	1.6%	0	0

D5.a--Requested Destination

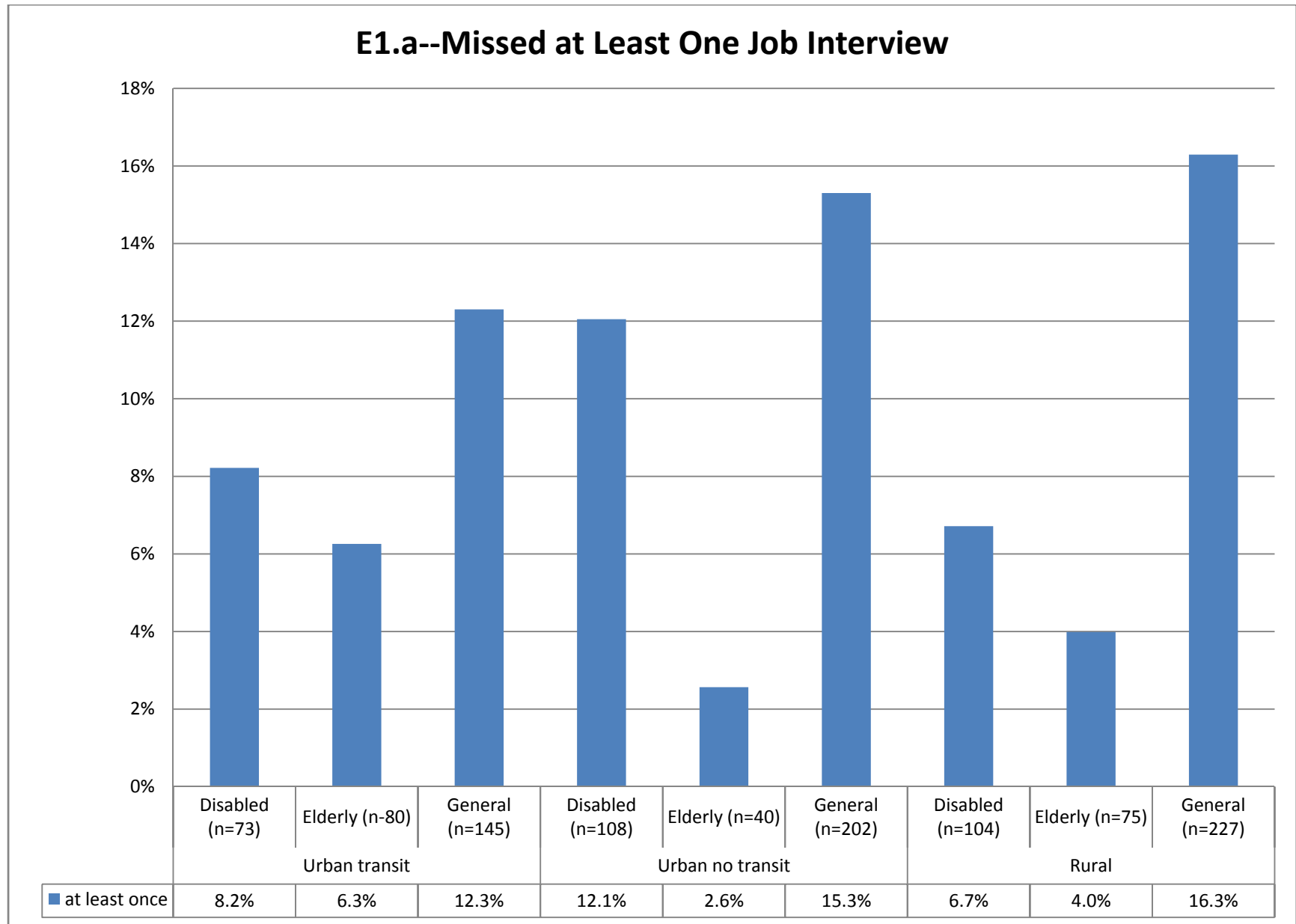


	Urban transit			Urban no transit			Rural		
	Disabled (n=59)	Elderly (n=59)	General (n=63)	Disabled (n=66)	Elderly (n=37)	General (n=59)	Disabled (n=58)	Elderly (n=35)	General (n=64)
Medical care	61.0%	52.5%	48.8%	53.0%	32.3%	50.2%	55.2%	40.1%	37.5%
Grocery shopping	39.0%	50.9%	46.5%	43.9%	45.8%	42.3%	36.2%	34.2%	37.5%
Drug store	27.1%	10.2%	26.6%	19.7%	16.3%	16.3%	19.0%	14.1%	18.8%
Other	15.2%	5.0%	11.5%	4.5%	16.3%	9.7%	8.6%	34.2%	12.5%
Errands to stores	13.6%	8.5%	20.6%	15.2%	8.0%	20.4%	5.2%	14.1%	23.4%
Social visits	10.2%	13.5%	10.8%	16.7%	8.0%	12.9%	8.6%	5.6%	9.4%
Business errands	8.5%	13.5%	15.0%	9.1%	5.5%	10.4%	6.9%	8.6%	9.4%
Religious	5.1%	10.2%	6.0%	12.1%	2.8%	7.1%	10.3%	3.0%	12.5%
Leisure	3.4%	6.8%	6.2%	10.6%	10.8%	11.3%	1.7%	5.6%	3.1%
Work	1.7%	1.7%	12.2%	6.1%	2.8%	10.8%	6.9%	0	7.8%
Child/Adult care	0	0	1.0%	1.5%	0	3.4%	0	0	0
School/training	0	0	6.7%	0	0	.9%	3.5%	0	3.1%

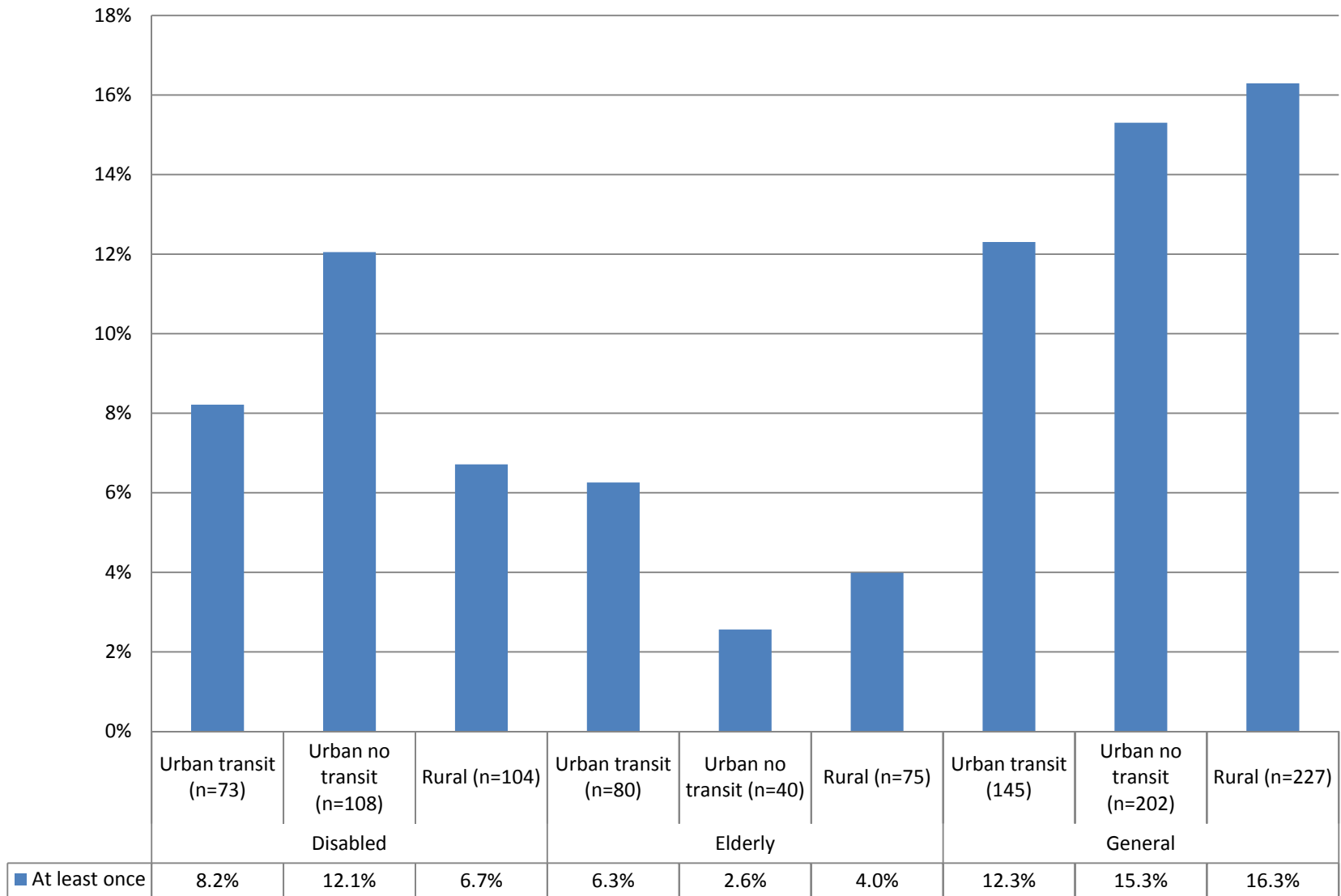
D5.b--Requested Desitination



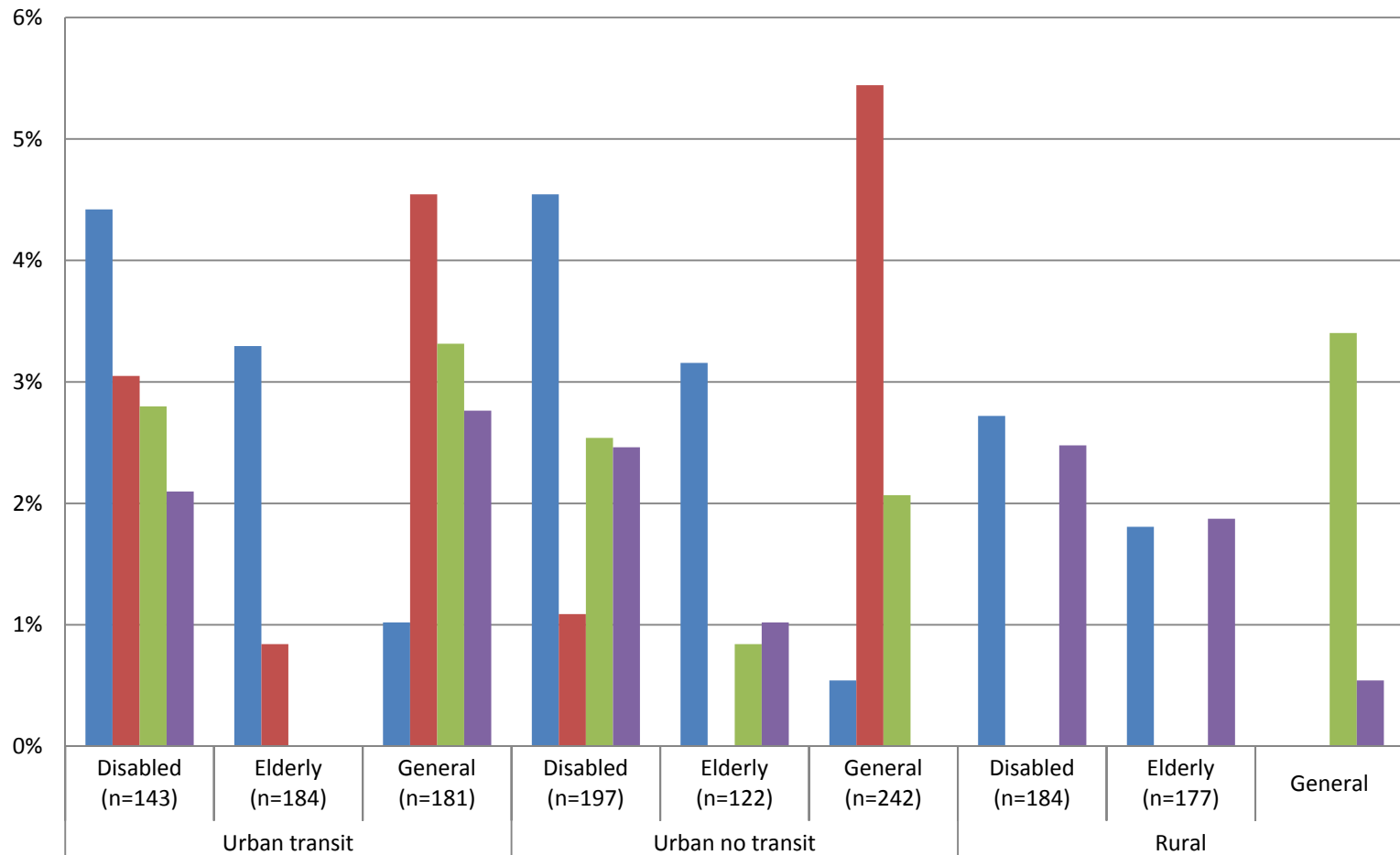
	Urban transit (n=59)	Urban no transit (n=66)	Rural (n=58)	Urban transit (n=59)	Urban no transit (n=37)	Rural (n=35)	Urban transit (n=63)	Urban no transit (n=59)	Rural (n=64)
	Disabled			Elderly			General		
Medical care	61.0%	53.0%	55.2%	52.5%	32.3%	40.1%	48.8%	50.2%	37.5%
Grocery shopping	39.0%	43.9%	36.2%	50.9%	45.8%	34.2%	46.5%	42.3%	37.5%
Drug store	27.1%	19.7%	19.0%	10.2%	16.3%	14.1%	26.6%	16.3%	18.8%
Other	15.2%	4.5%	8.6%	5.0%	16.3%	34.2%	11.5%	9.7%	12.5%
Errands to stores	13.6%	15.2%	5.2%	8.5%	8.0%	14.1%	20.6%	20.4%	23.4%
Social visits	10.2%	16.7%	8.6%	13.5%	8.0%	5.6%	10.8%	12.9%	9.4%
Business errands	8.5%	9.1%	6.9%	13.5%	5.5%	8.6%	15.0%	10.4%	9.4%
Religious	5.1%	12.1%	10.3%	10.2%	2.8%	3.0%	6.0%	7.1%	12.5%
Leisure	3.4%	10.6%	1.7%	6.8%	10.8%	5.6%	6.2%	11.3%	3.1%
Work	1.7%	6.1%	6.9%	1.7%	2.8%	0	12.2%	10.8%	7.8%
Child/Adult care	0	1.5%	0	0	0	0	1.0%	3.4%	0
School/training	0	0	3.5%	0	0	0	6.7%	.9%	3.1%



E1.b--Missed at Least One Job Interview

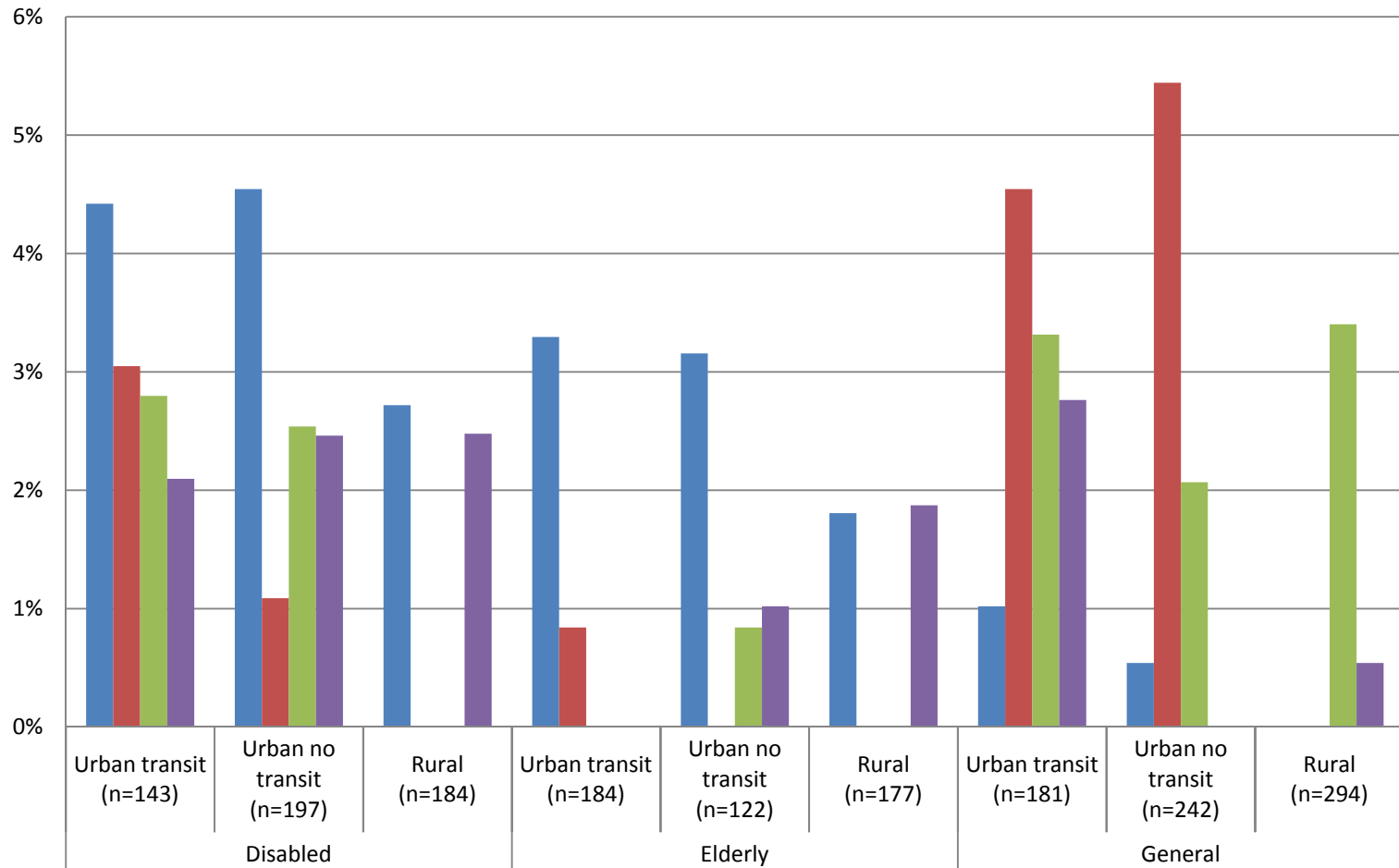


E2.a--Work Impacts



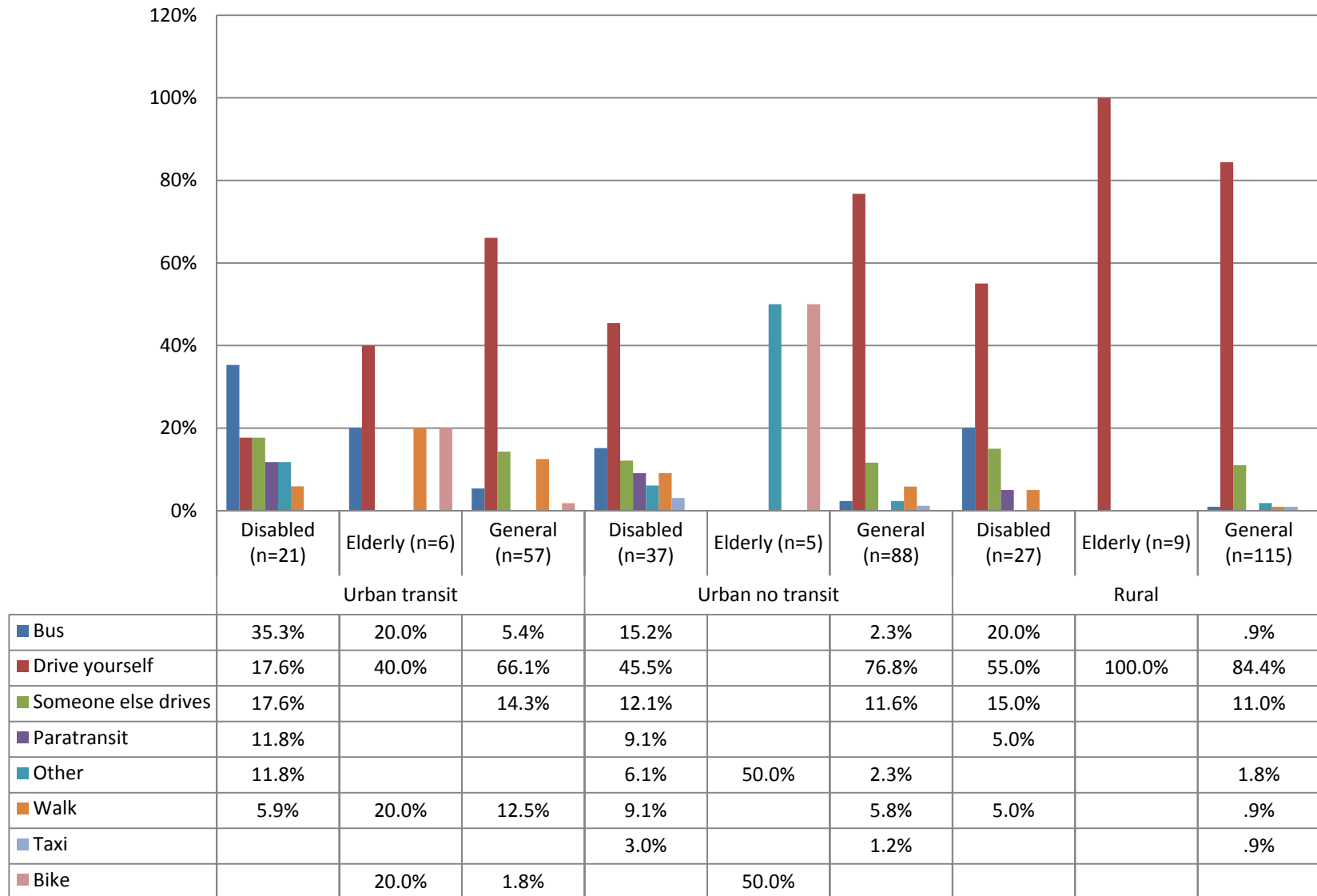
■ Lost wages	4.4%	3.3%	1.0%	4.5%	3.2%	.5%	2.7%	1.8%	.0%
■ Boss upset	3.0%	.8%	4.5%	1.1%	.0%	5.4%	.0%	.0%	.0%
■ Hours reduced	2.8%	.0%	3.3%	2.5%	.8%	2.1%	.0%	.0%	3.4%
■ Lost job	2.1%	0.0%	2.8%	2.5%	1.0%	0.0%	2.5%	1.9%	0.5%

E2.b--Work Impacts

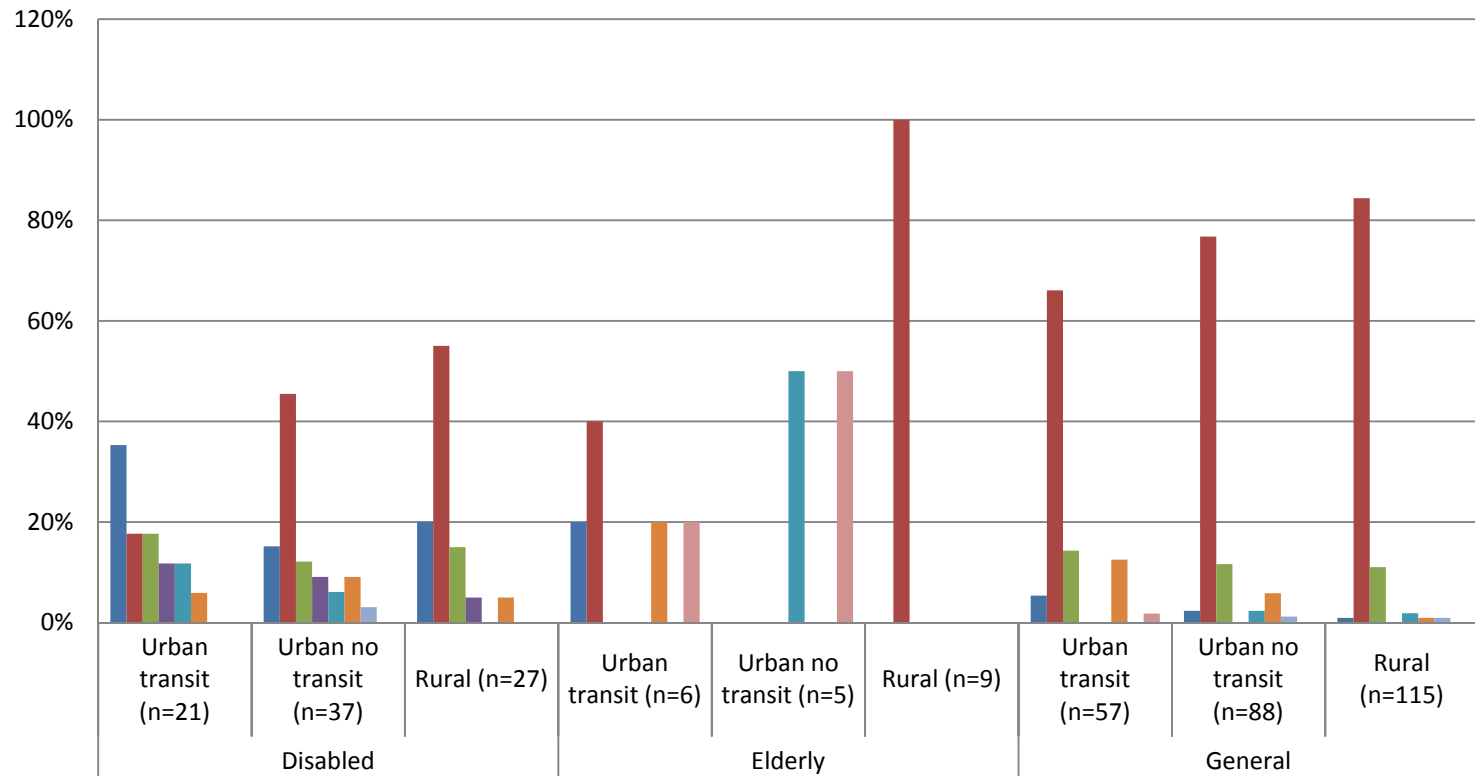


	Urban transit (n=143)	Urban no transit (n=197)	Rural (n=184)	Urban transit (n=184)	Urban no transit (n=122)	Rural (n=177)	Urban transit (n=181)	Urban no transit (n=242)	Rural (n=294)
	Disabled			Elderly			General		
■ Lost wages	4.4%	4.5%	2.7%	3.3%	3.2%	1.8%	1.0%	.5%	.0%
■ Boss upset	3.0%	1.1%	.0%	.8%	.0%	.0%	4.5%	5.4%	.0%
■ Hours reduced	2.8%	2.5%	.0%	.0%	.8%	.0%	3.3%	2.1%	3.4%
■ Lost job	2.1%	2.5%	2.5%	0.0%	1.0%	1.9%	2.8%	0.0%	0.5%

E3.a--Travel Mode for Work

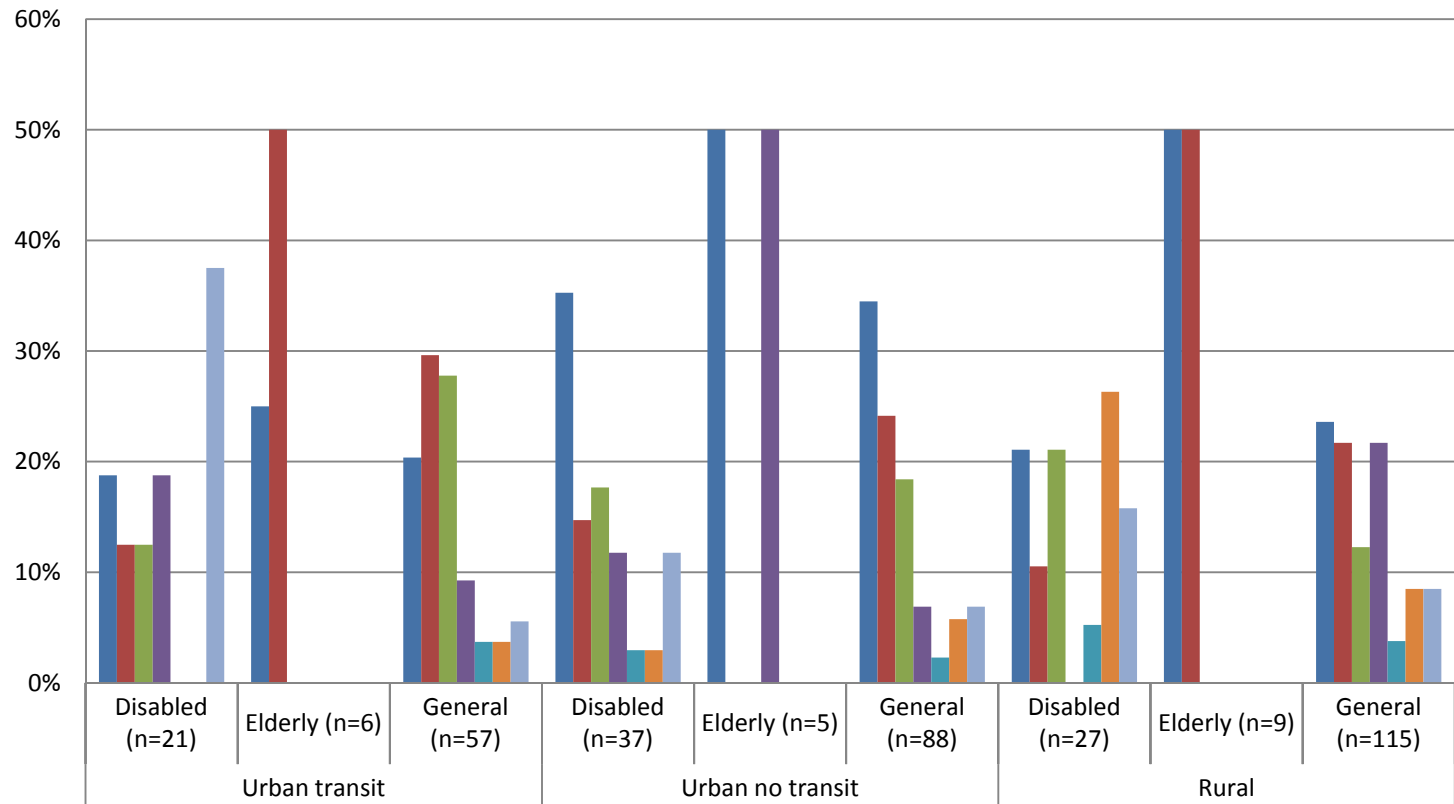


E3.b--Travel Mode for Work

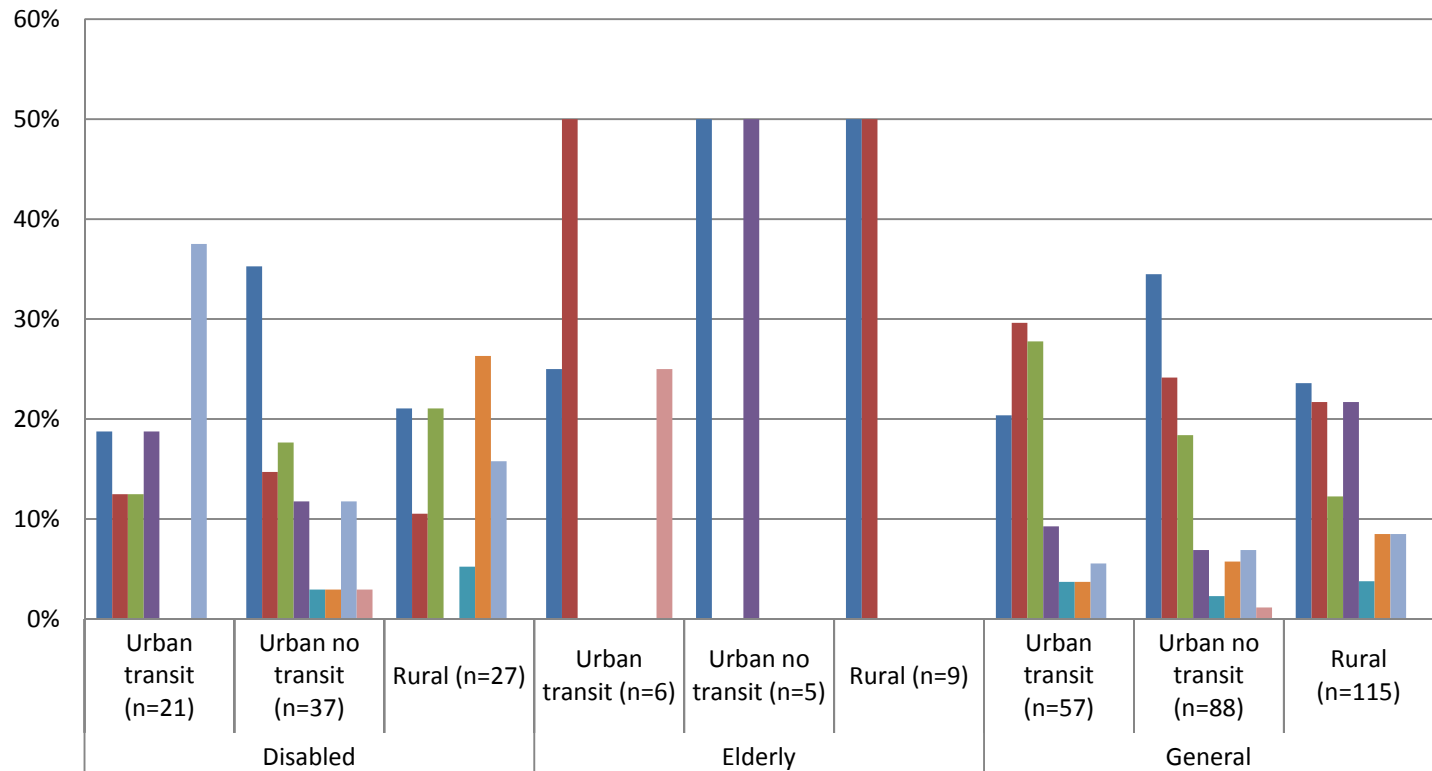


	Urban transit (n=21)	Urban no transit (n=37)	Rural (n=27)	Urban transit (n=6)	Urban no transit (n=5)	Rural (n=9)	Urban transit (n=57)	Urban no transit (n=88)	Rural (n=115)
Bus	35.3%	15.2%	20.0%	20.0%			5.4%	2.3%	.9%
Drive yourself	17.6%	45.5%	55.0%	40.0%		100.0%	66.1%	76.8%	84.4%
Someone else drives	17.6%	12.1%	15.0%				14.3%	11.6%	11.0%
Paratransit	11.8%	9.1%	5.0%						
Other	11.8%	6.1%			50.0%			2.3%	1.8%
Walk	5.9%	9.1%	5.0%	20.0%			12.5%	5.8%	.9%
Taxi		3.0%						1.2%	.9%
Bike				20.0%	50.0%		1.8%		

E4.a--Travel Time to Work

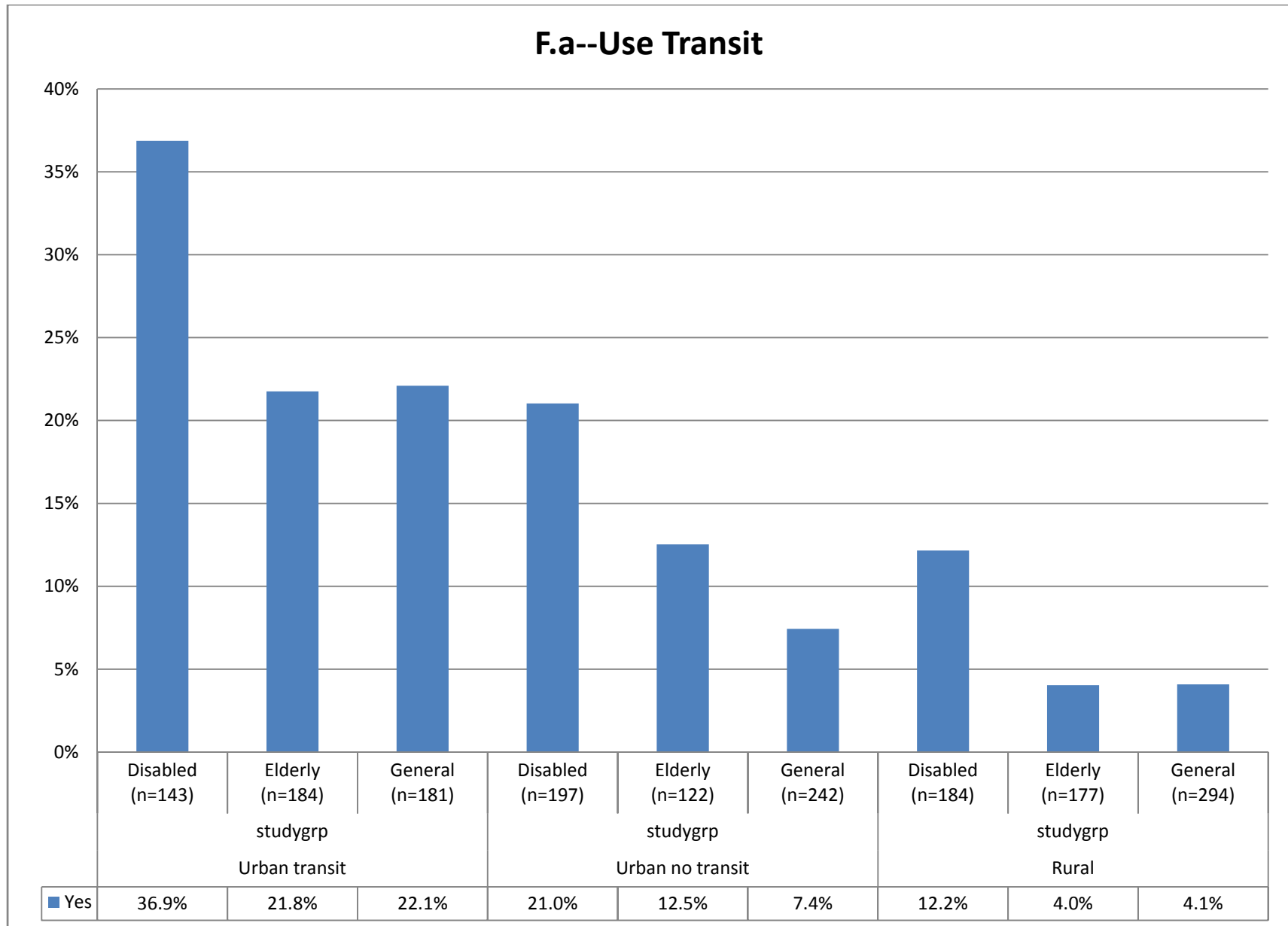


E4.b--Travel Time to Work

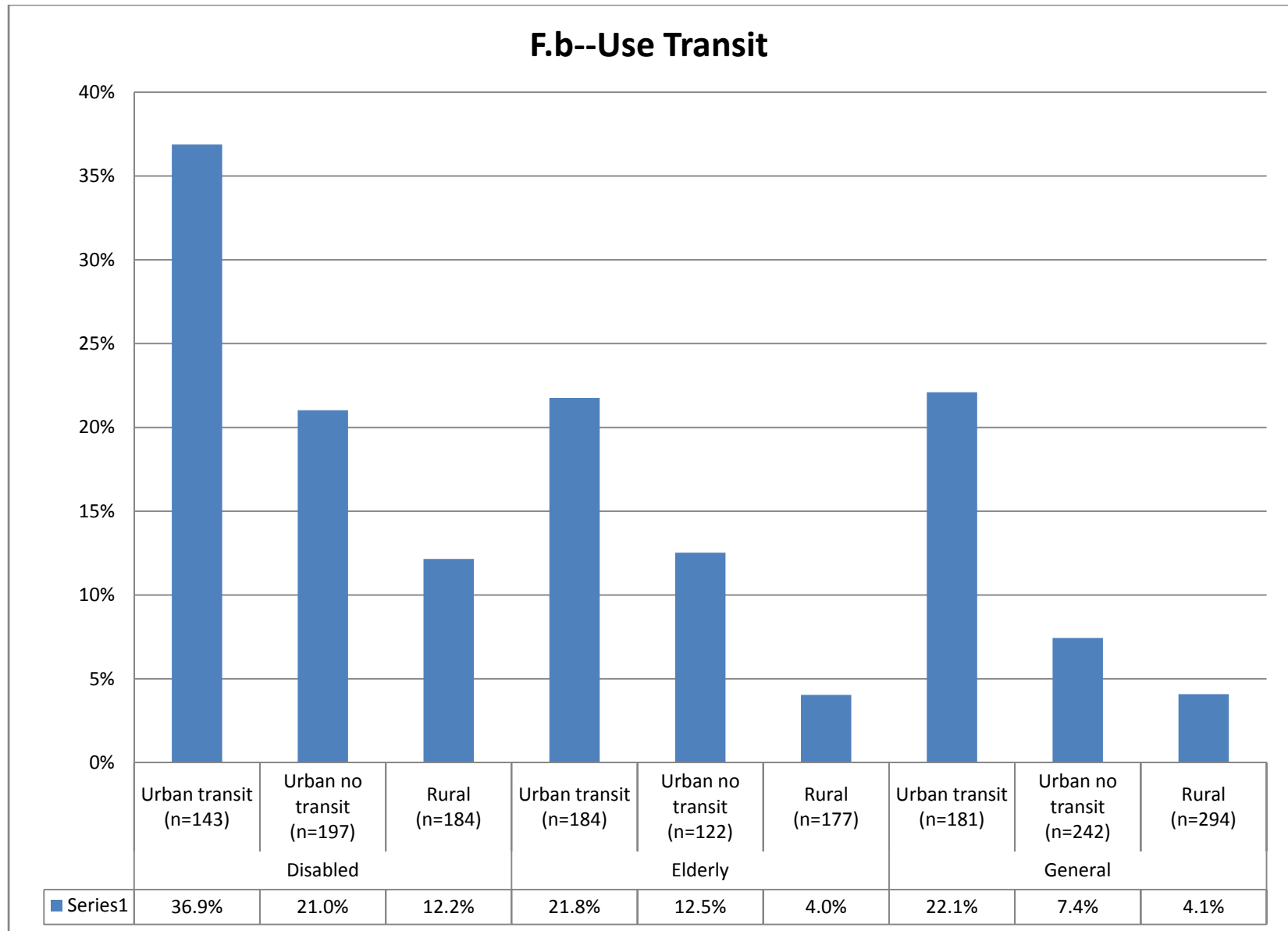


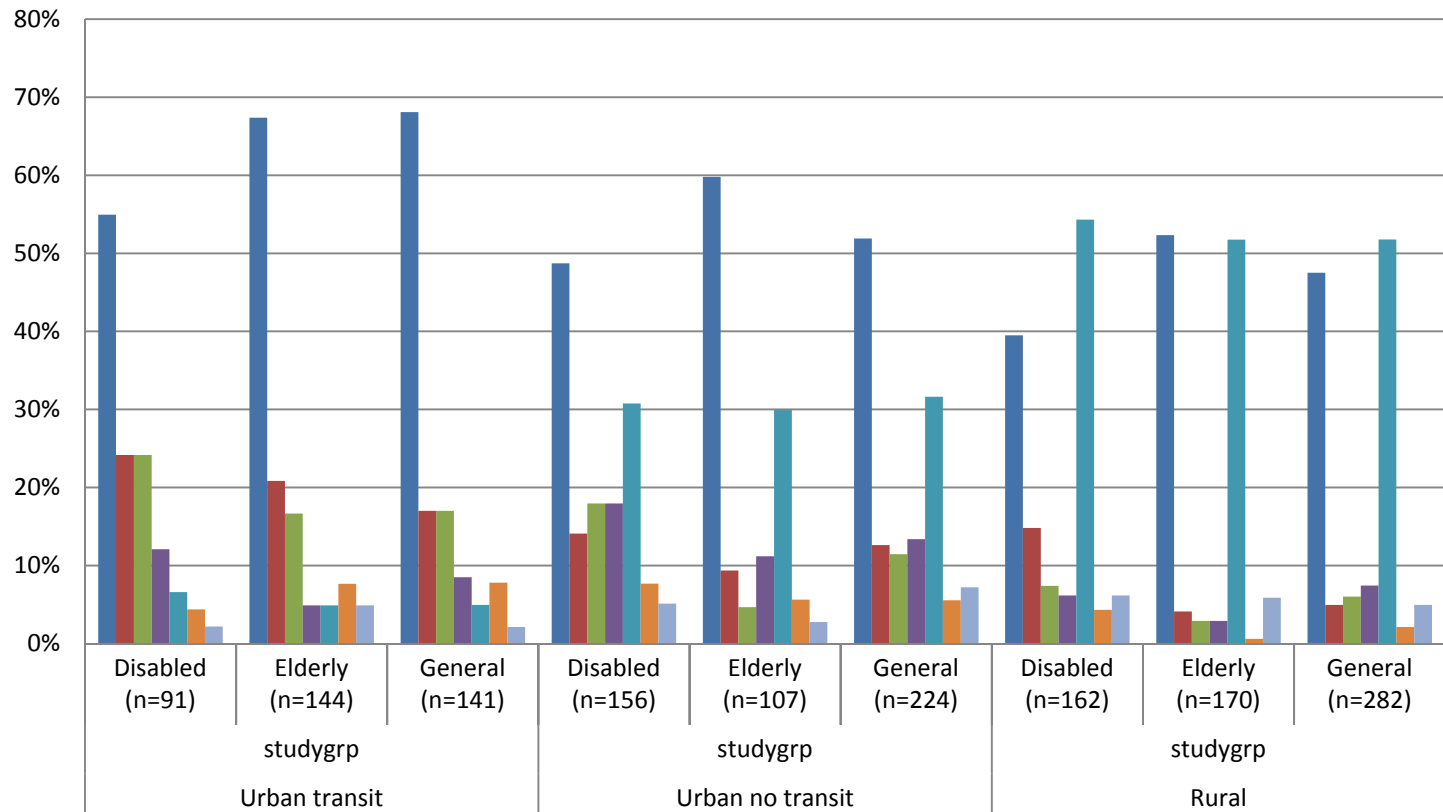
	Urban transit (n=21)	Urban no transit (n=37)	Rural (n=27)	Urban transit (n=6)	Urban no transit (n=5)	Rural (n=9)	Urban transit (n=57)	Urban no transit (n=88)	Rural (n=115)
5 minutes or less	18.8%	35.3%	21.1%	25.0%	50.0%	50.0%	20.4%	34.5%	23.6%
6 to 10 minutes	12.5%	14.7%	10.5%	50.0%		50.0%	29.6%	24.1%	21.7%
11 to 15 minutes	12.5%	17.7%	21.1%				27.8%	18.4%	12.3%
16 to 20 minutes	18.8%	11.8%			50.0%		9.3%	6.9%	21.7%
21 to 25 minutes		3.0%	5.2%				3.7%	2.3%	3.8%
26 to 30 minutes		3.0%	26.3%				3.7%	5.8%	8.5%
more than 30 minutes	37.5%	11.8%	15.8%				5.6%	6.9%	8.5%
not employed		3.0%		25.0%				1.2%	

Appendix 1

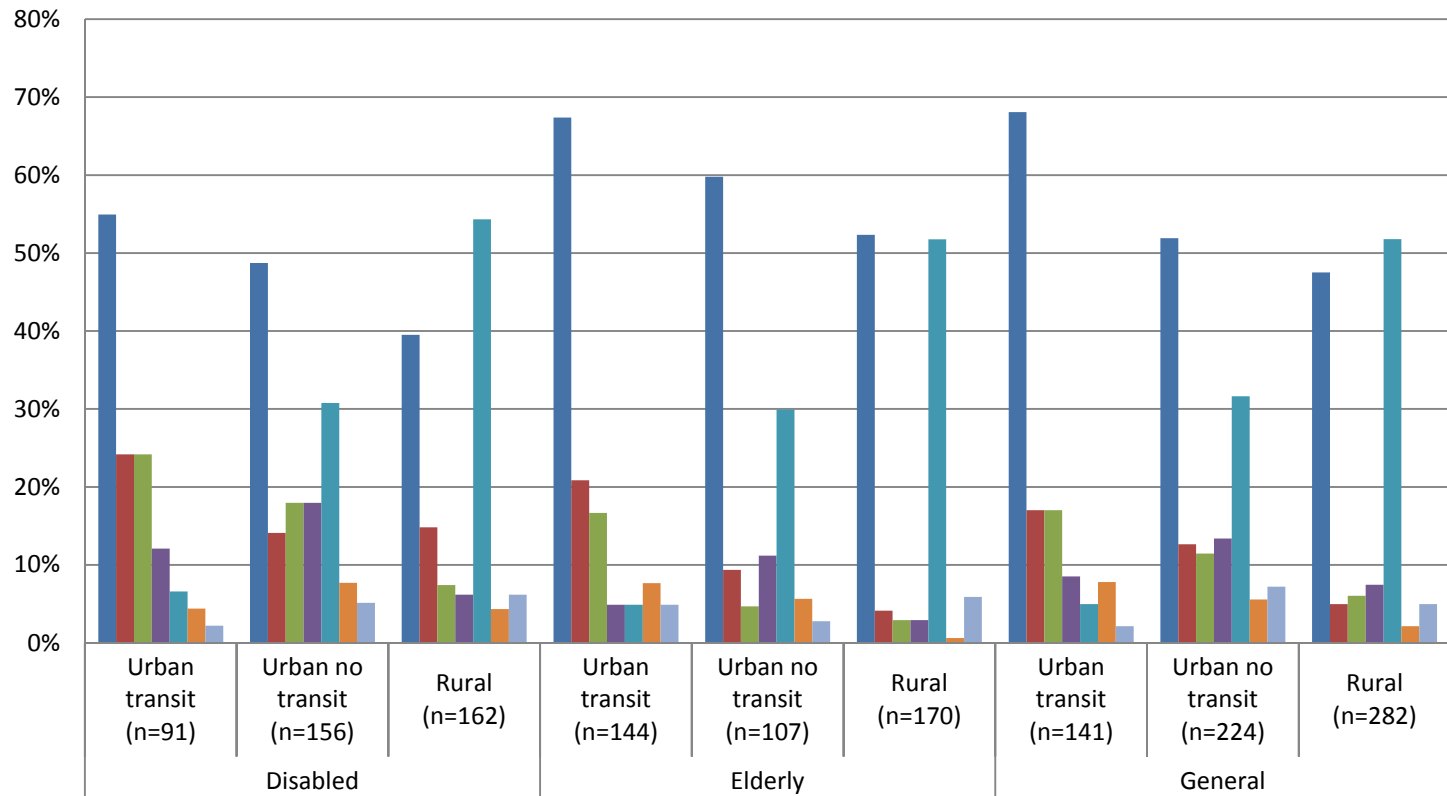


Appendix 1



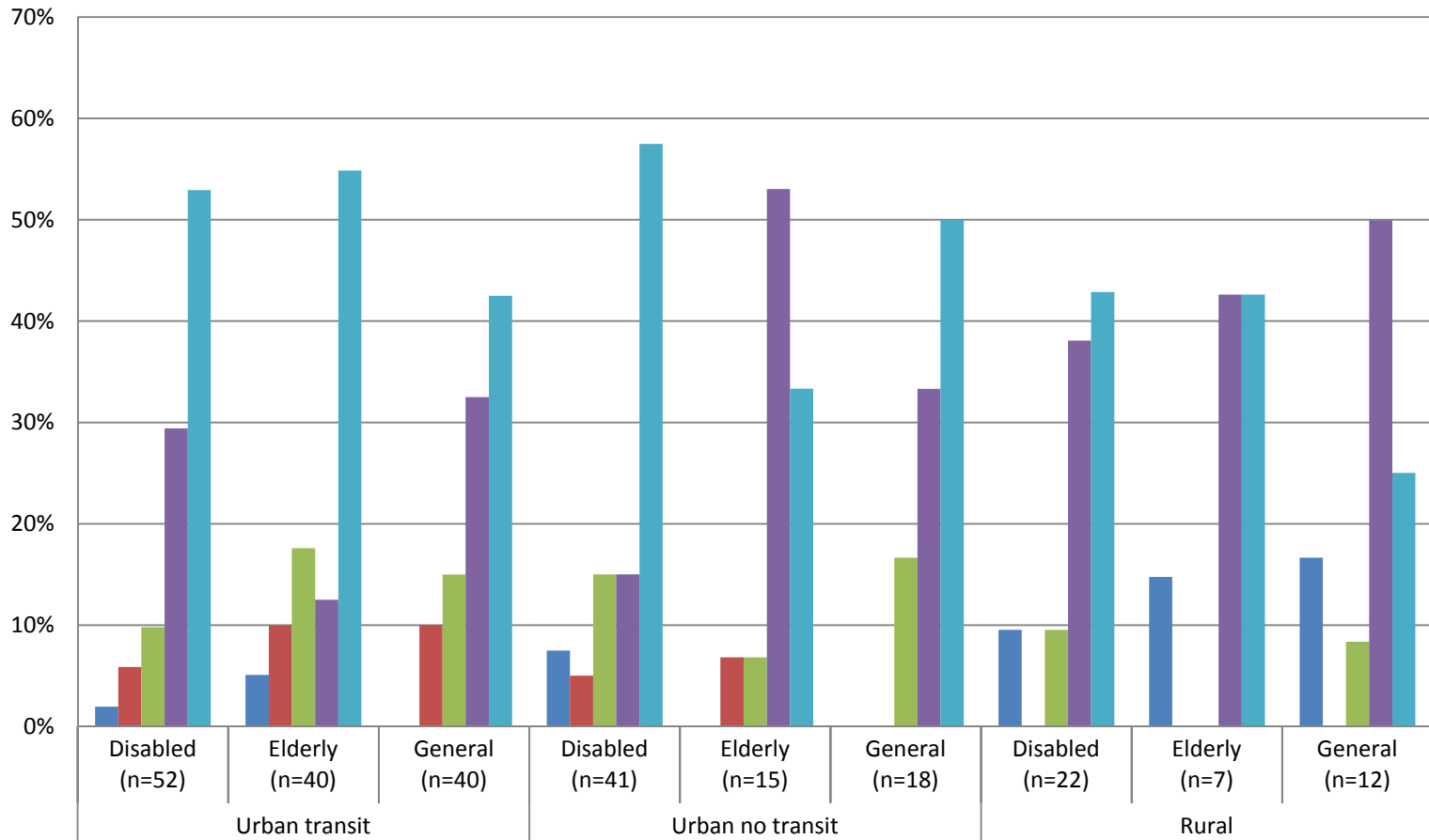
F1.a--Reasons for not using transit

F1.b--Reasons for not using transit



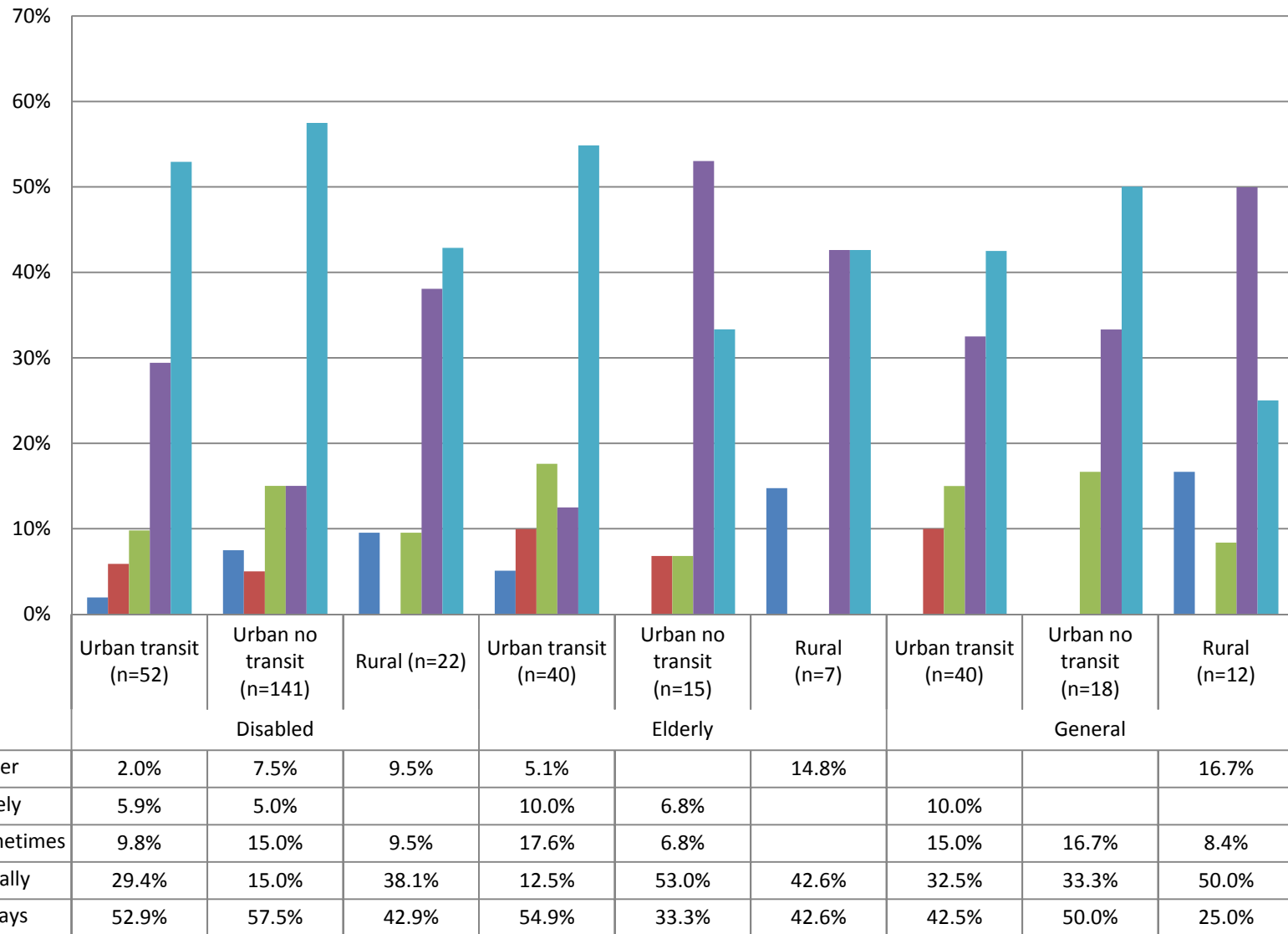
■ Not needed	55%	49%	40%	67%	60%	52%	68%	52%	48%
■ Not convenient	24%	14%	15%	21%	9%	4%	17%	13%	5%
■ Other	24%	18%	7%	17%	5%	3%	17%	11%	6%
■ Cost	12%	18%	6%	5%	11%	3%	9%	13%	7%
■ Not offered	7%	31%	54%	5%	30%	52%	5%	32%	52%
■ Scheduling problems	4%	8%	4%	8%	6%	1%	8%	6%	2%
■ Unsure if it is offered	2%	5%	6%	5%	3%	6%	2%	7%	5%

F2.a--Transit Available When Needed

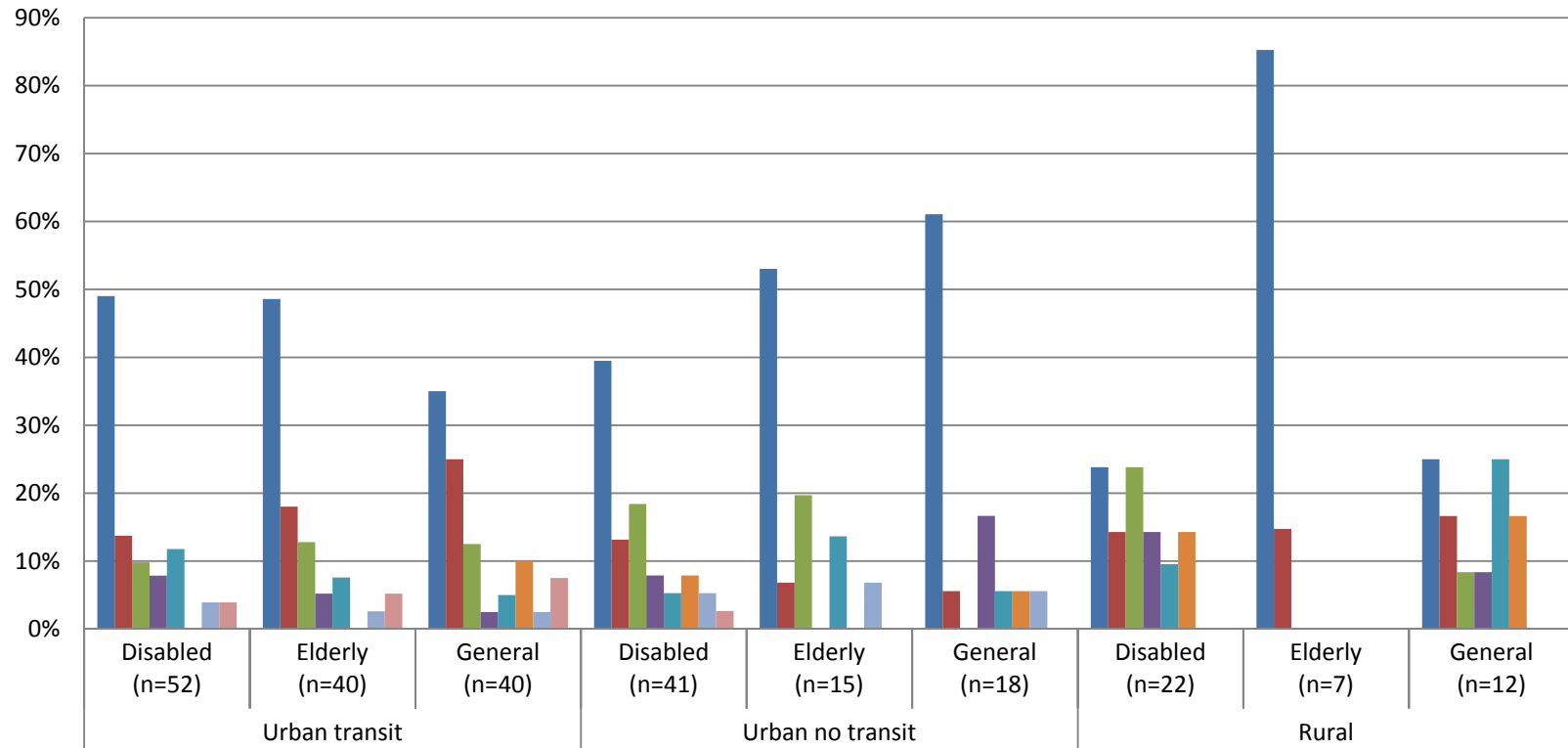


Appendix 1

F2.b--Transit Available When Needed

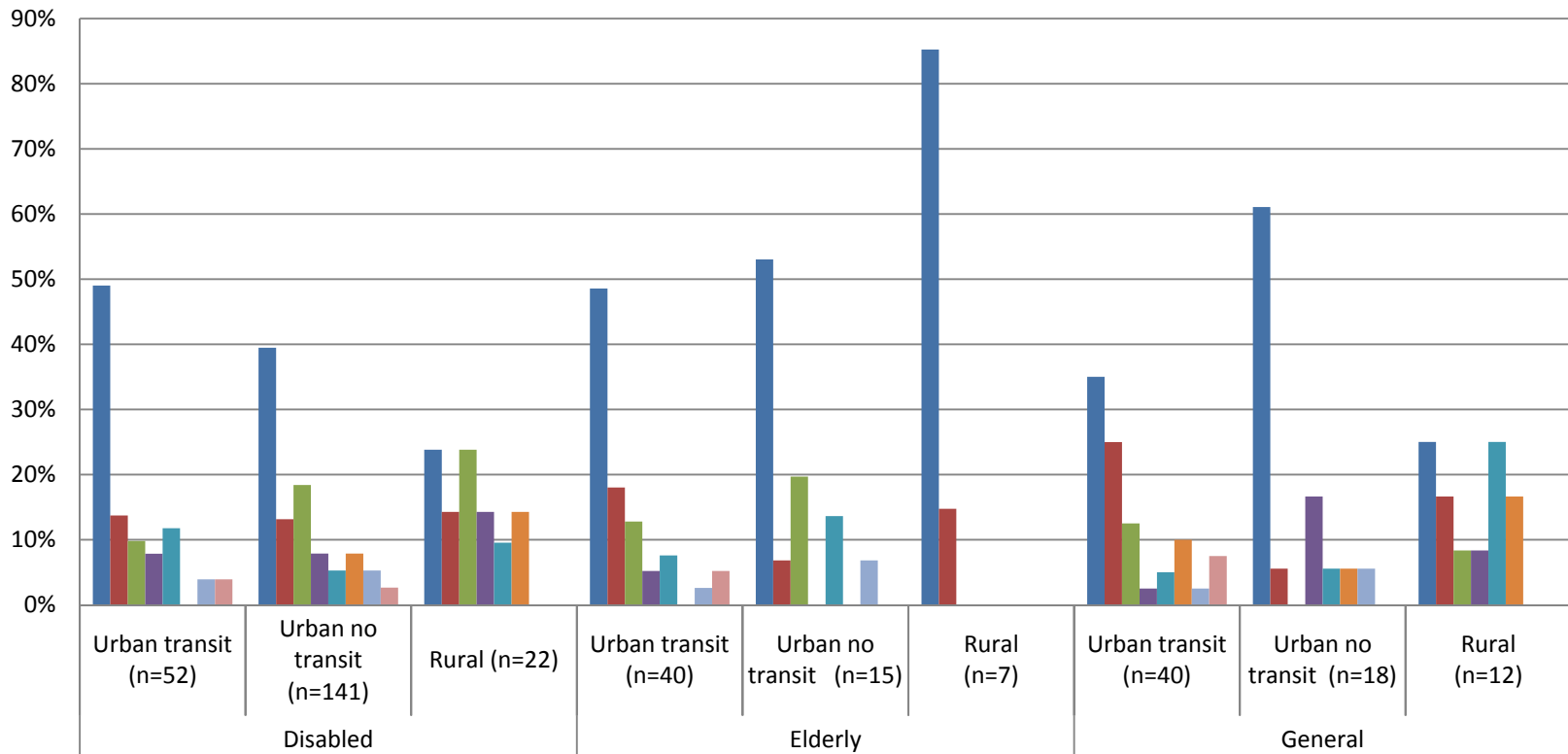


F3.a--Number of Days Used Last Week

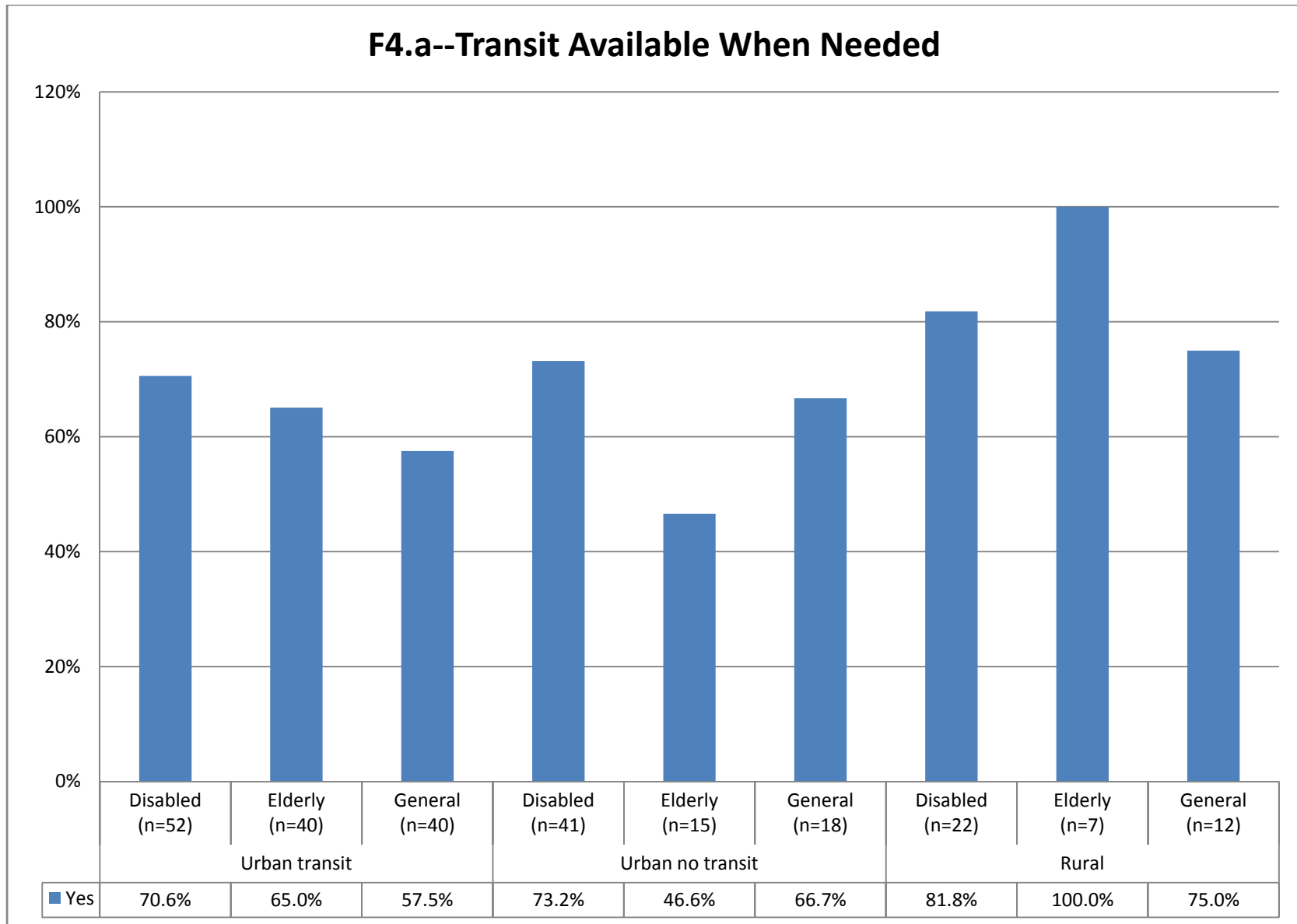


■ None	49.0%	48.6%	35.0%	39.5%	53.0%	61.1%	23.8%	85.2%	25.0%
■ 1 day	13.7%	18.0%	25.0%	13.2%	6.8%	5.6%	14.3%	14.8%	16.6%
■ 2 day	9.8%	12.8%	12.5%	18.4%	19.7%		23.8%		8.4%
■ 3 day	7.8%	5.2%	2.5%	7.9%		16.6%	14.3%		8.4%
■ 4 day	11.8%	7.6%	5.0%	5.3%	13.6%	5.6%	9.5%		25.0%
■ 5 day			10.0%	7.9%		5.6%	14.3%		16.6%
■ 6 day	3.9%	2.6%	2.5%	5.3%	6.8%	5.6%			
■ 7 day	3.9%	5.2%	7.5%	2.6%					

F3.b--Number of Days Used Last Week

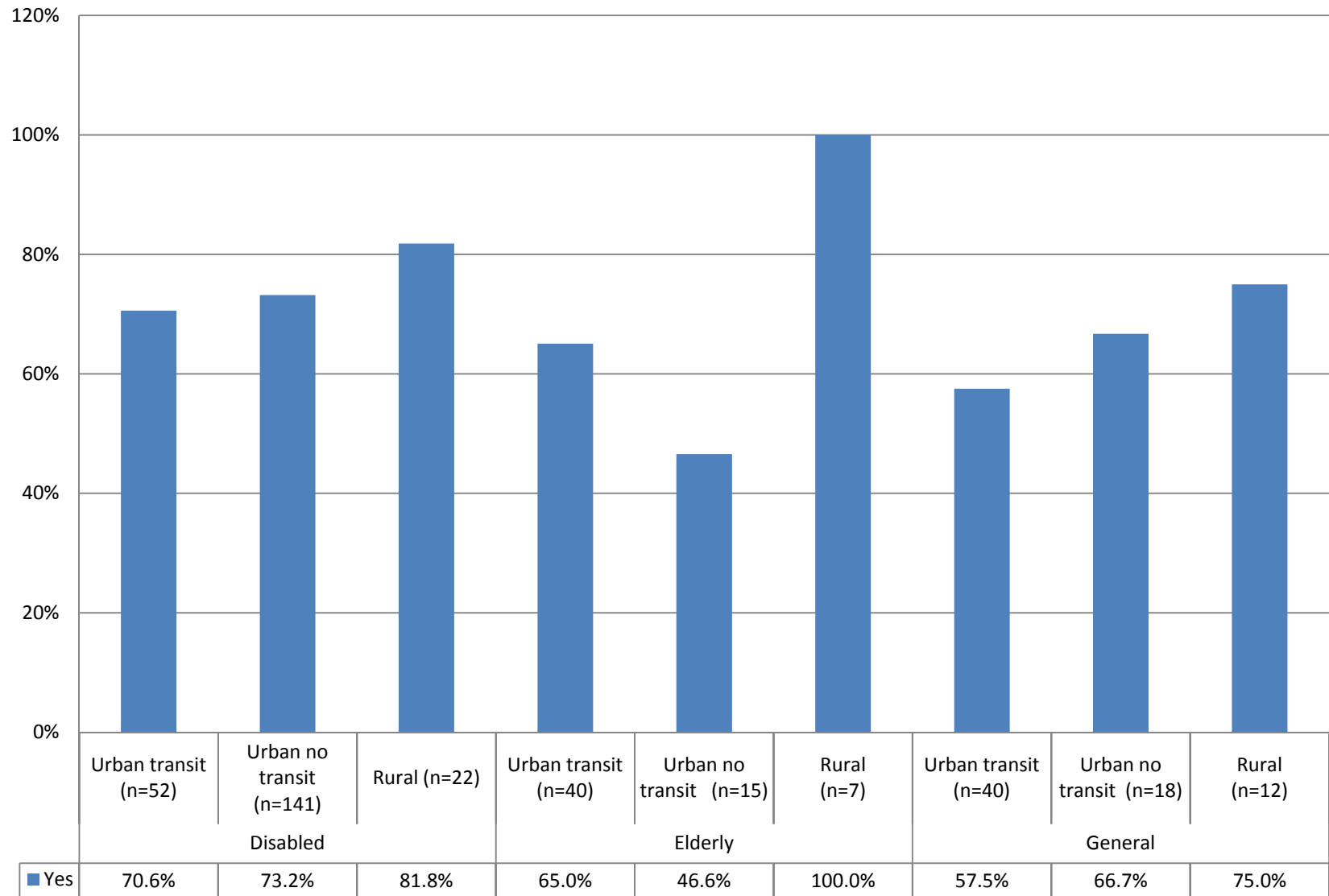


Appendix 1

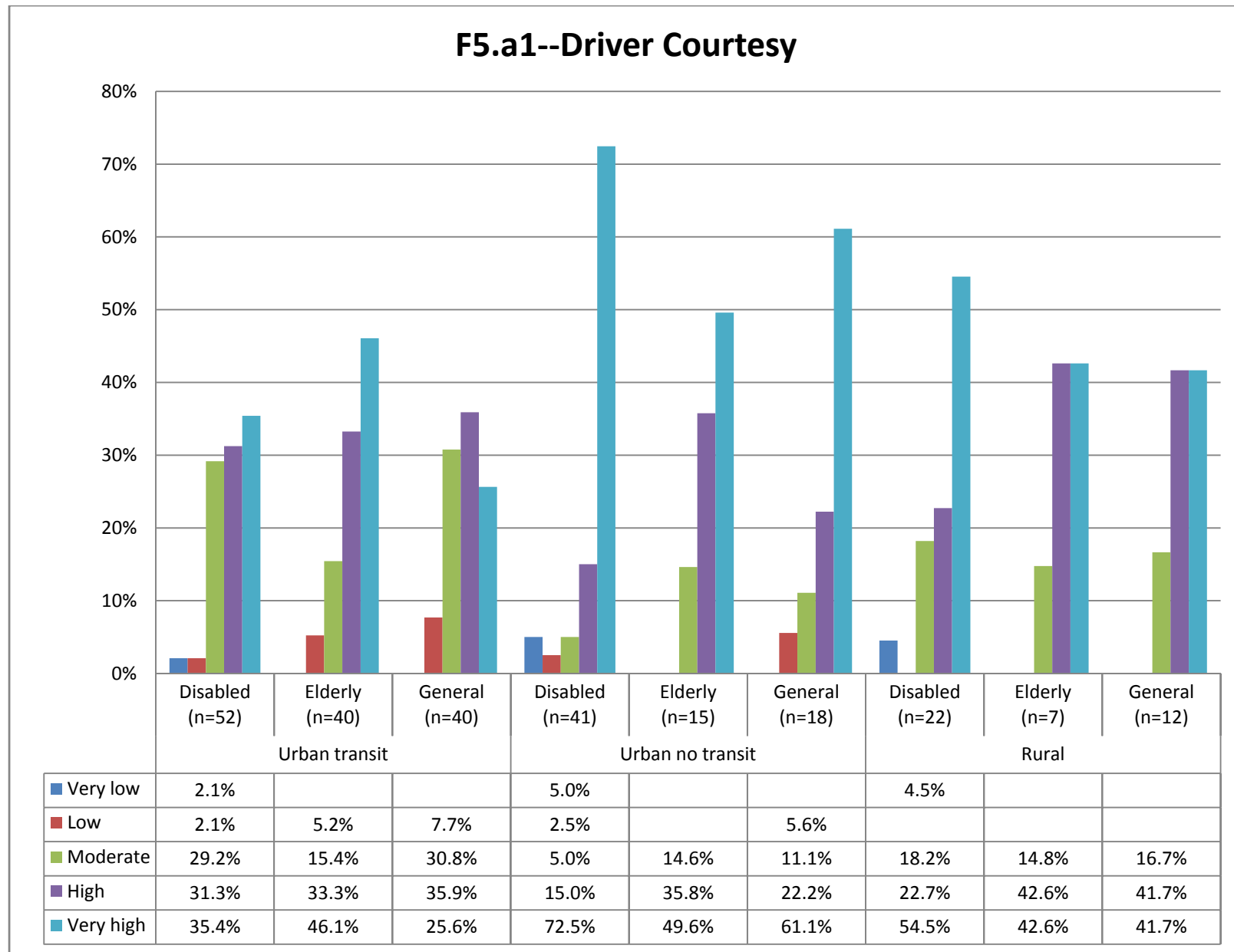


Appendix 1

F4.b--Transit Available when Needed

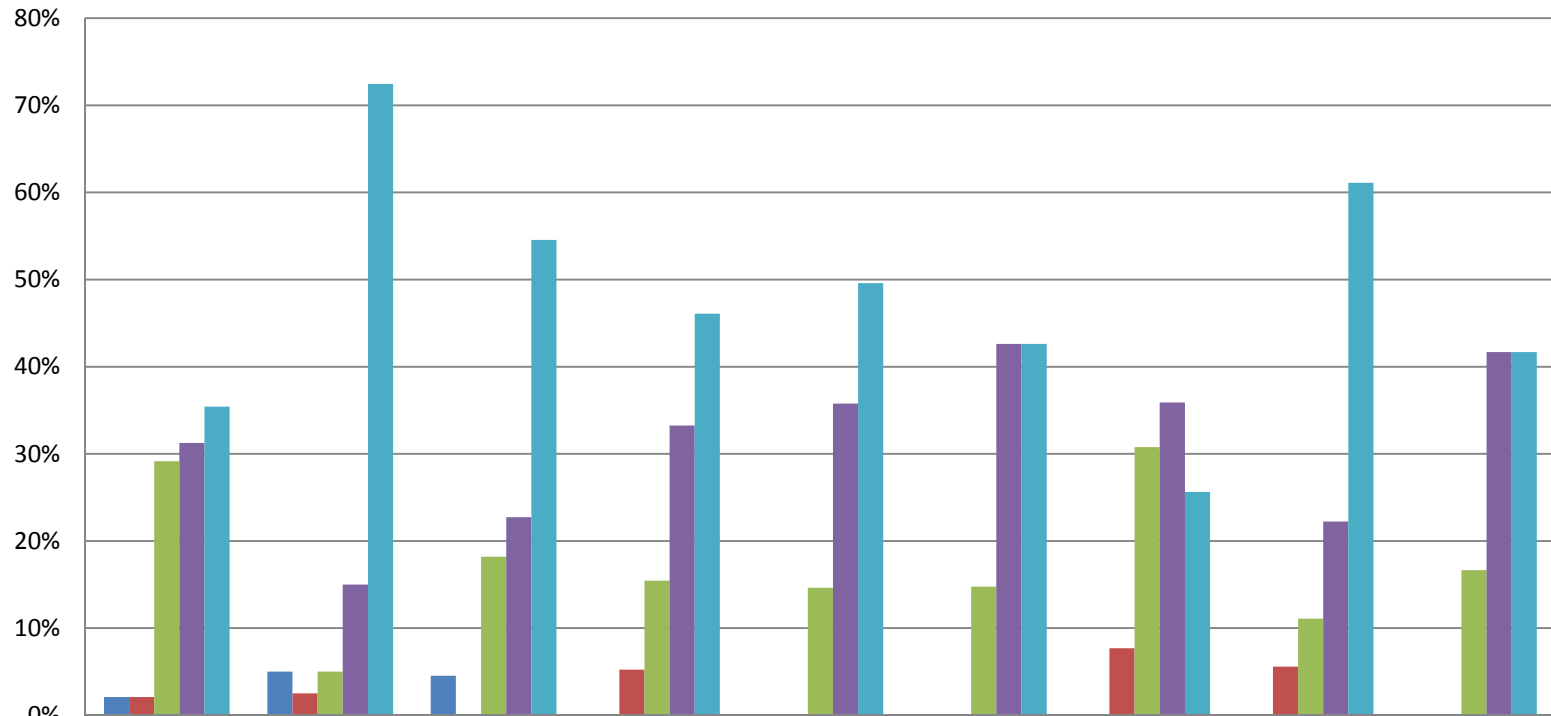


Appendix 1



Appendix 1

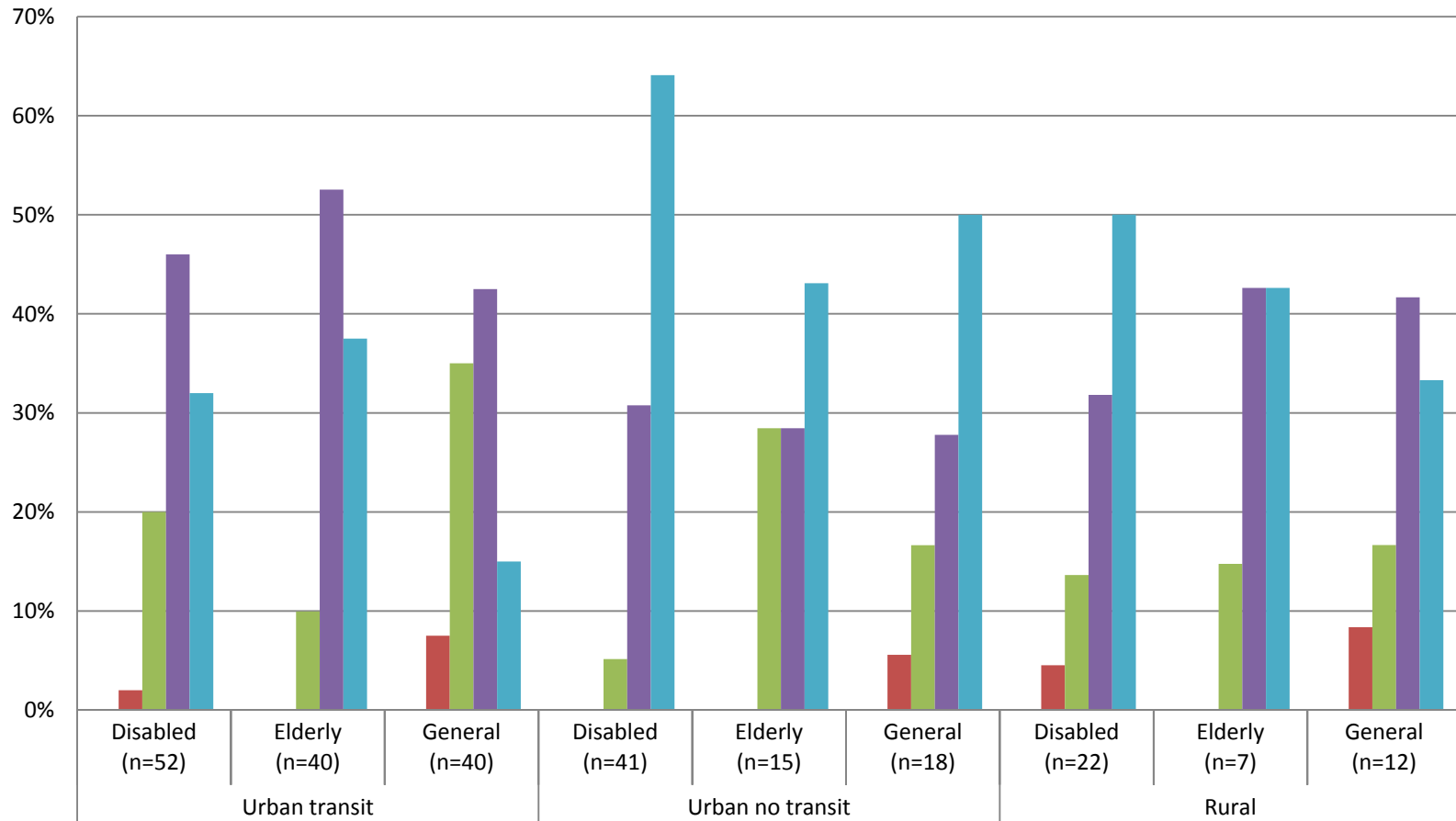
F5.b1--Driver Courtesy



	Urban transit (n=52)	Urban no transit (n=141)	Rural (n=22)	Urban transit (n=40)	Urban no transit (n=15)	Rural (n=7)	Urban transit (n=40)	Urban no transit (n=18)	Rural (n=12)
	Disabled			Elderly			General		
Very low	2.1%	5.0%	4.5%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Low	2.1%	2.5%	0.0%	5.2%	0.0%	0.0%	7.7%	5.6%	0.0%
Moderate	29.2%	5.0%	18.2%	15.4%	14.6%	14.8%	30.8%	11.1%	16.7%
High	31.3%	15.0%	22.7%	33.3%	35.8%	42.6%	35.9%	22.2%	41.7%
Very high	35.4%	72.5%	54.5%	46.1%	49.6%	42.6%	25.6%	61.1%	41.7%

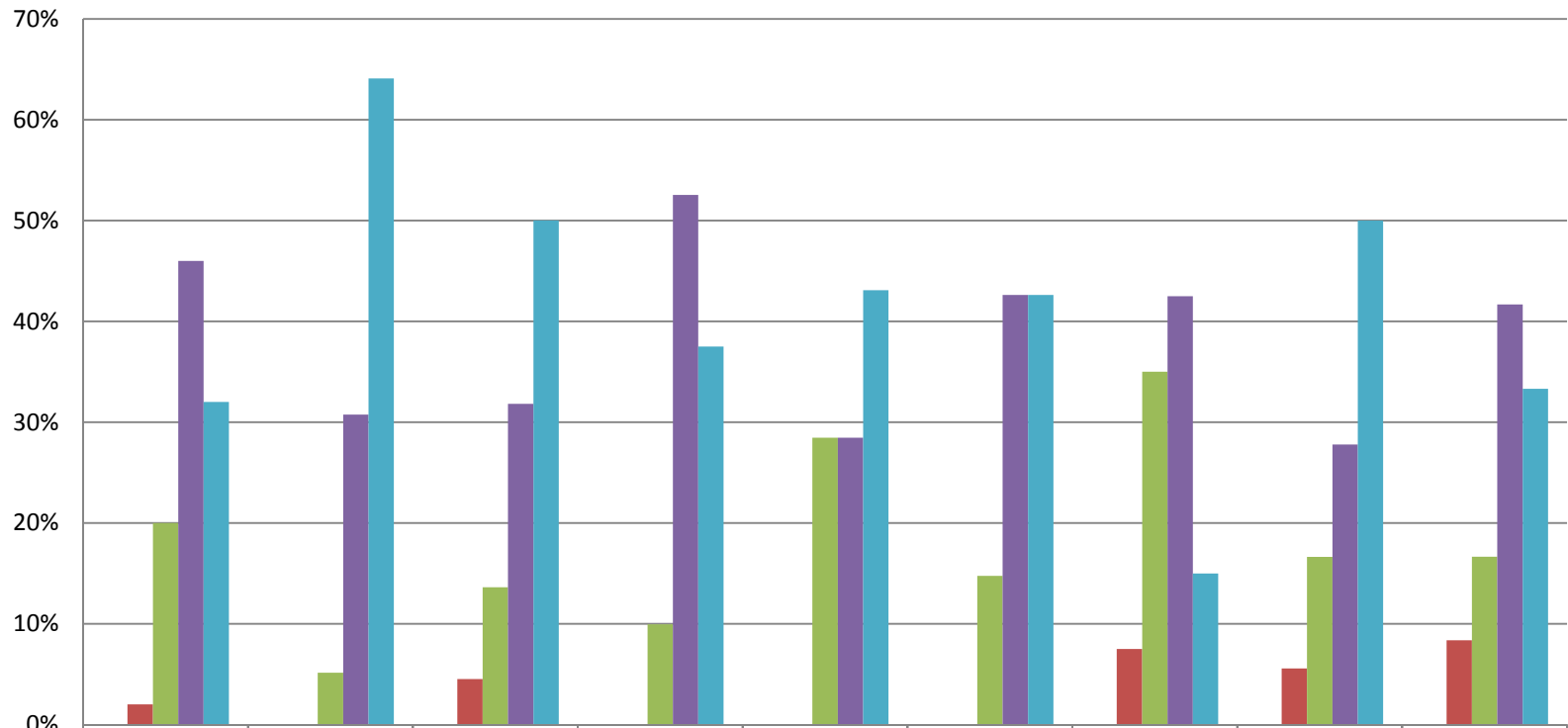
Appendix 1

F5.a2--Driver Skills



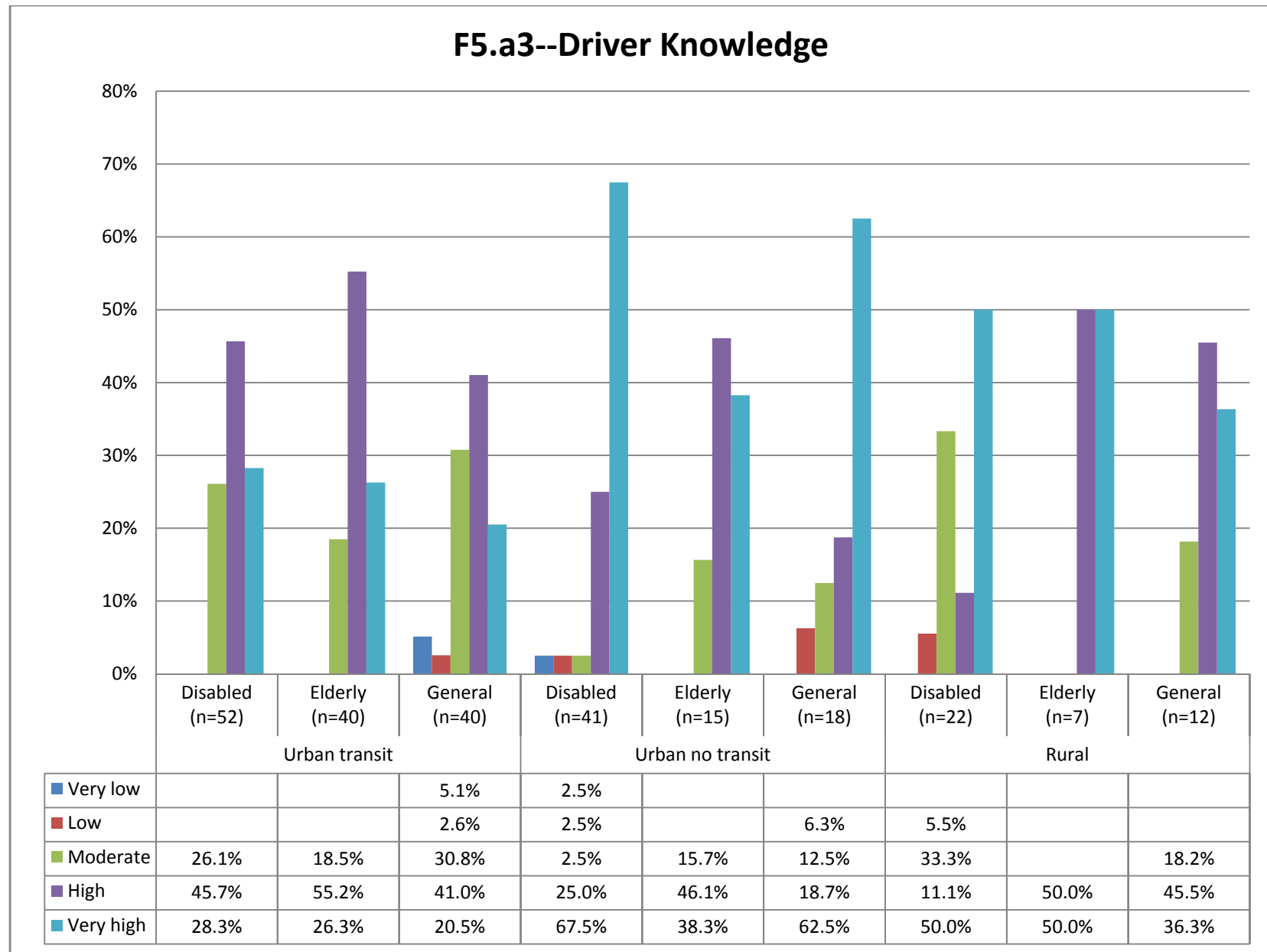
Appendix 1

F5.b2--Driver Skill



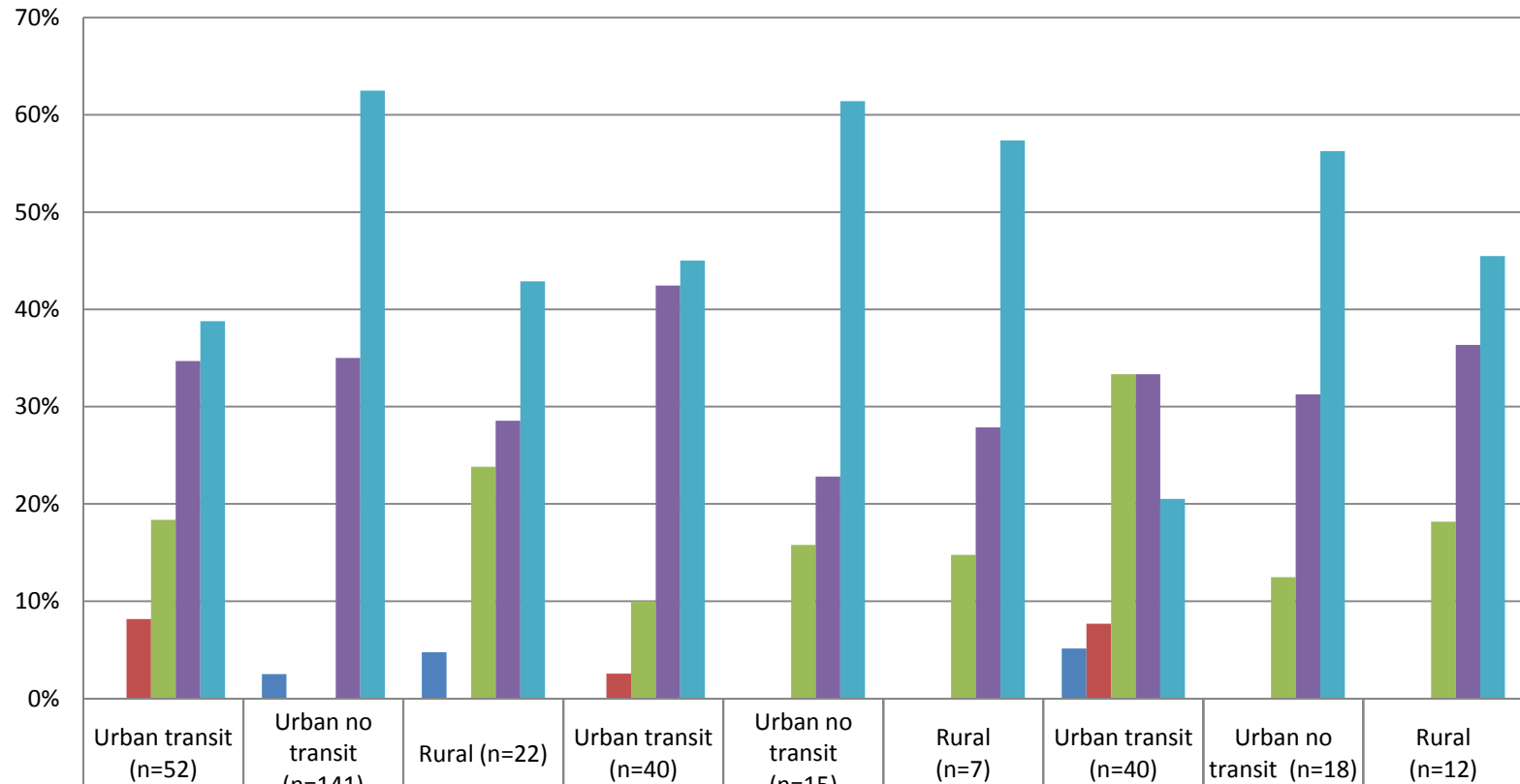
	Urban transit (n=52)	Urban no transit (n=141)	Rural (n=22)	Urban transit (n=40)	Urban no transit (n=15)	Rural (n=7)	Urban transit (n=40)	Urban no transit (n=18)	Rural (n=12)
Very low	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Low	2.0%	0.0%	4.5%	0.0%	0.0%	0.0%	7.5%	5.6%	8.4%
Moderate	20.0%	5.1%	13.6%	10.0%	28.5%	14.8%	35.0%	16.6%	16.7%
High	46.0%	30.8%	31.8%	52.5%	28.5%	42.6%	42.5%	27.8%	41.7%
Very high	32.0%	64.1%	50.0%	37.5%	43.1%	42.6%	15.0%	50.0%	33.3%

Appendix 1



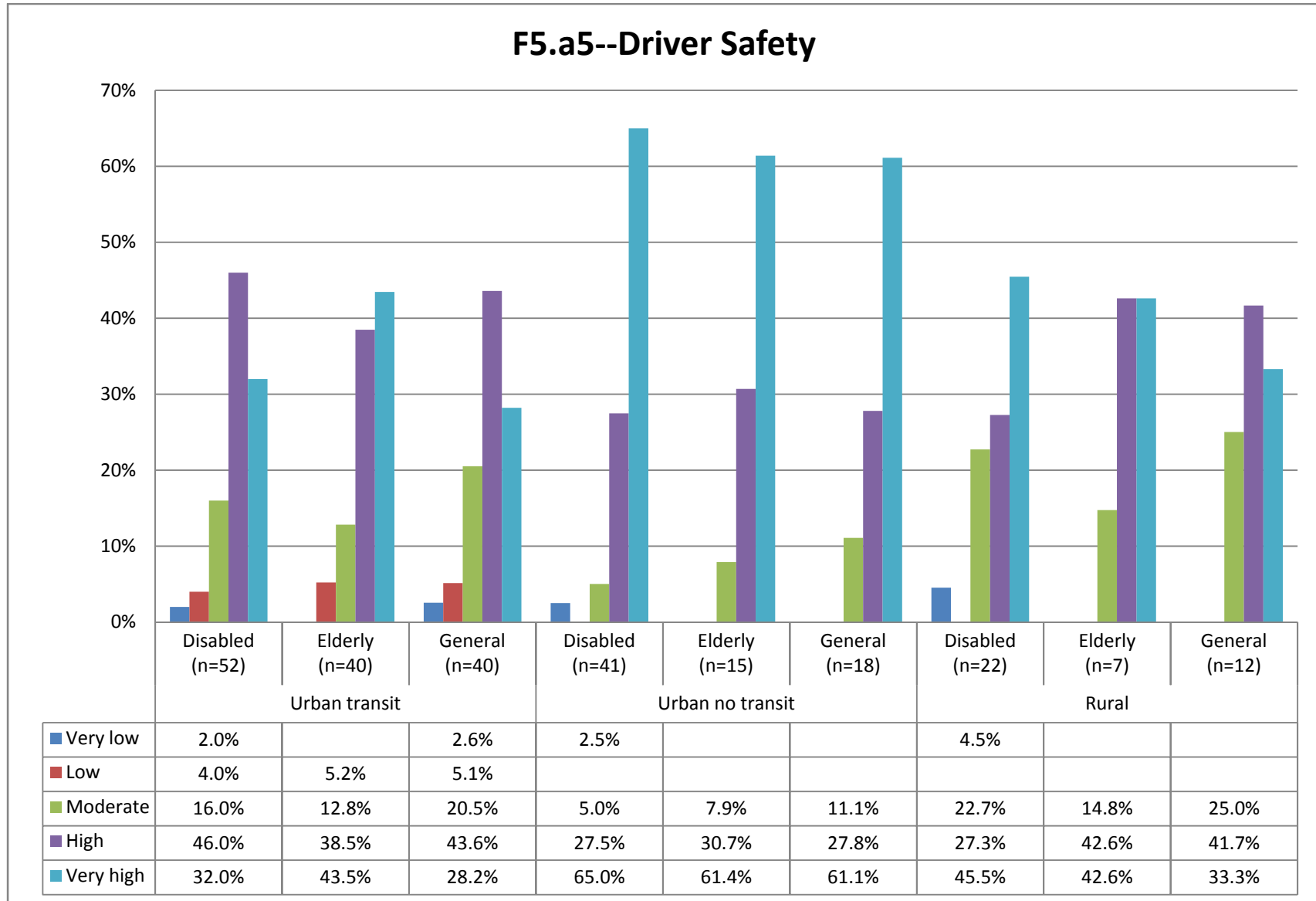
Appendix 1

F5.b4--Driver Helpfulness



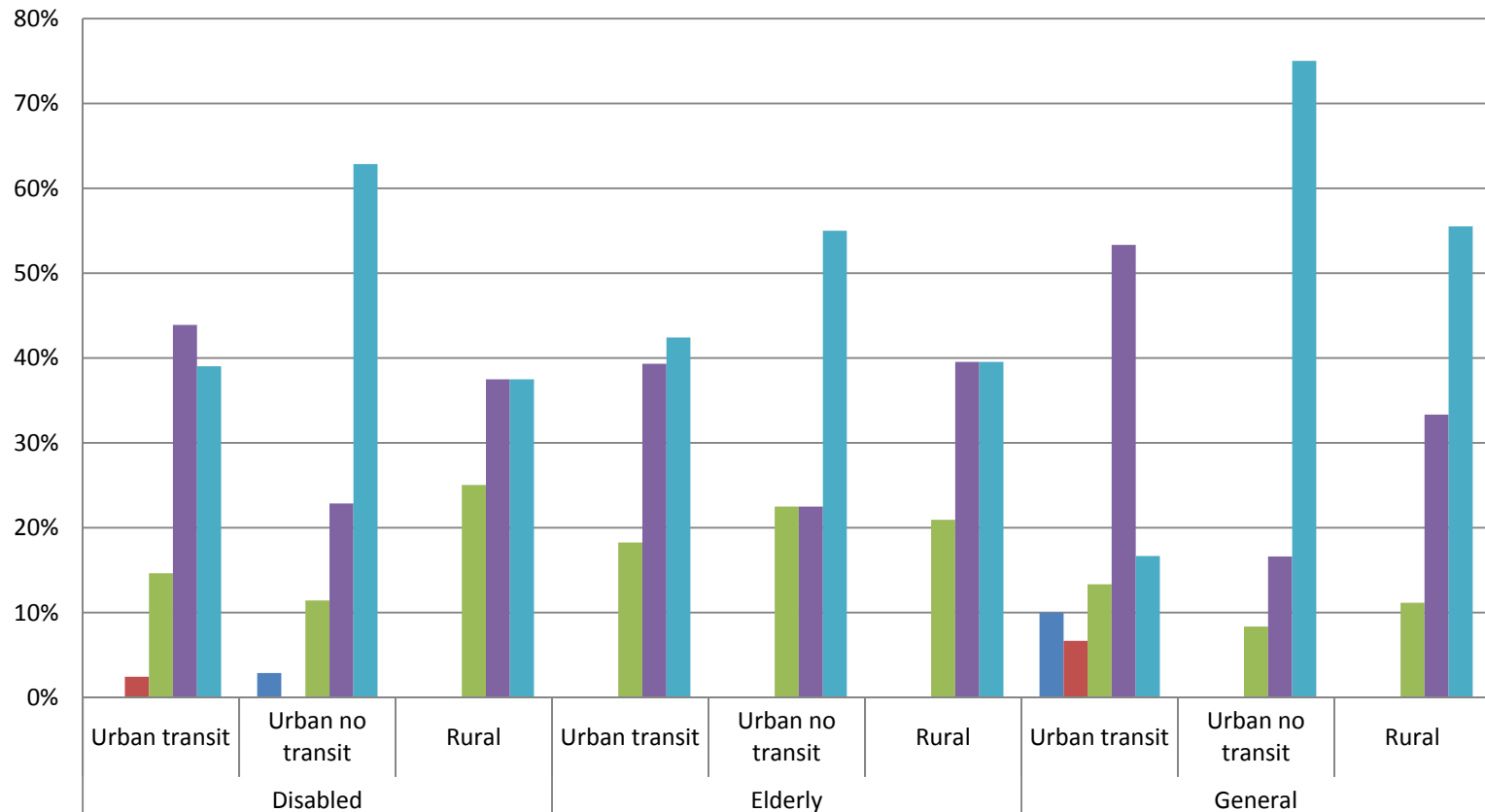
	Disabled			Elderly			General		
	Urban transit (n=52)	Urban no transit (n=141)	Rural (n=22)	Urban transit (n=40)	Urban no transit (n=15)	Rural (n=7)	Urban transit (n=40)	Urban no transit (n=18)	Rural (n=12)
Very low	0.0%	2.5%	4.7%	0.0%	0.0%	0.0%	5.1%	0.0%	0.0%
Low	8.2%	0.0%	0.0%	2.6%	0.0%	0.0%	7.7%	0.0%	0.0%
Moderate	18.4%	0.0%	23.8%	10.0%	15.8%	14.8%	33.3%	12.5%	18.2%
High	34.7%	35.0%	28.6%	42.5%	22.8%	27.9%	33.3%	31.3%	36.3%
Very high	38.8%	62.5%	42.9%	45.0%	61.4%	57.4%	20.5%	56.3%	45.5%

Appendix 1



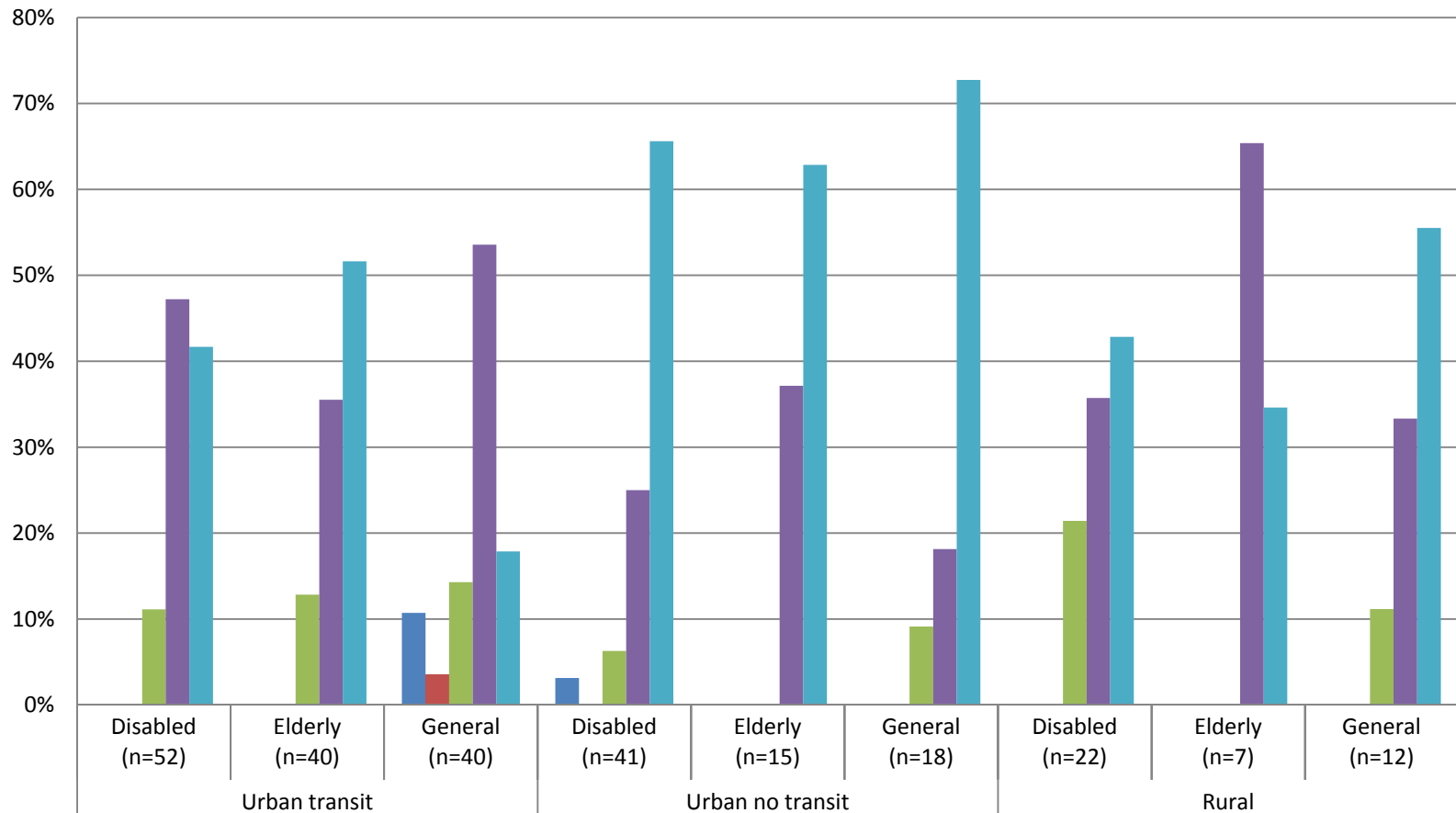
Appendix 1

F5.b6--Driver Ability of Operate Lifts

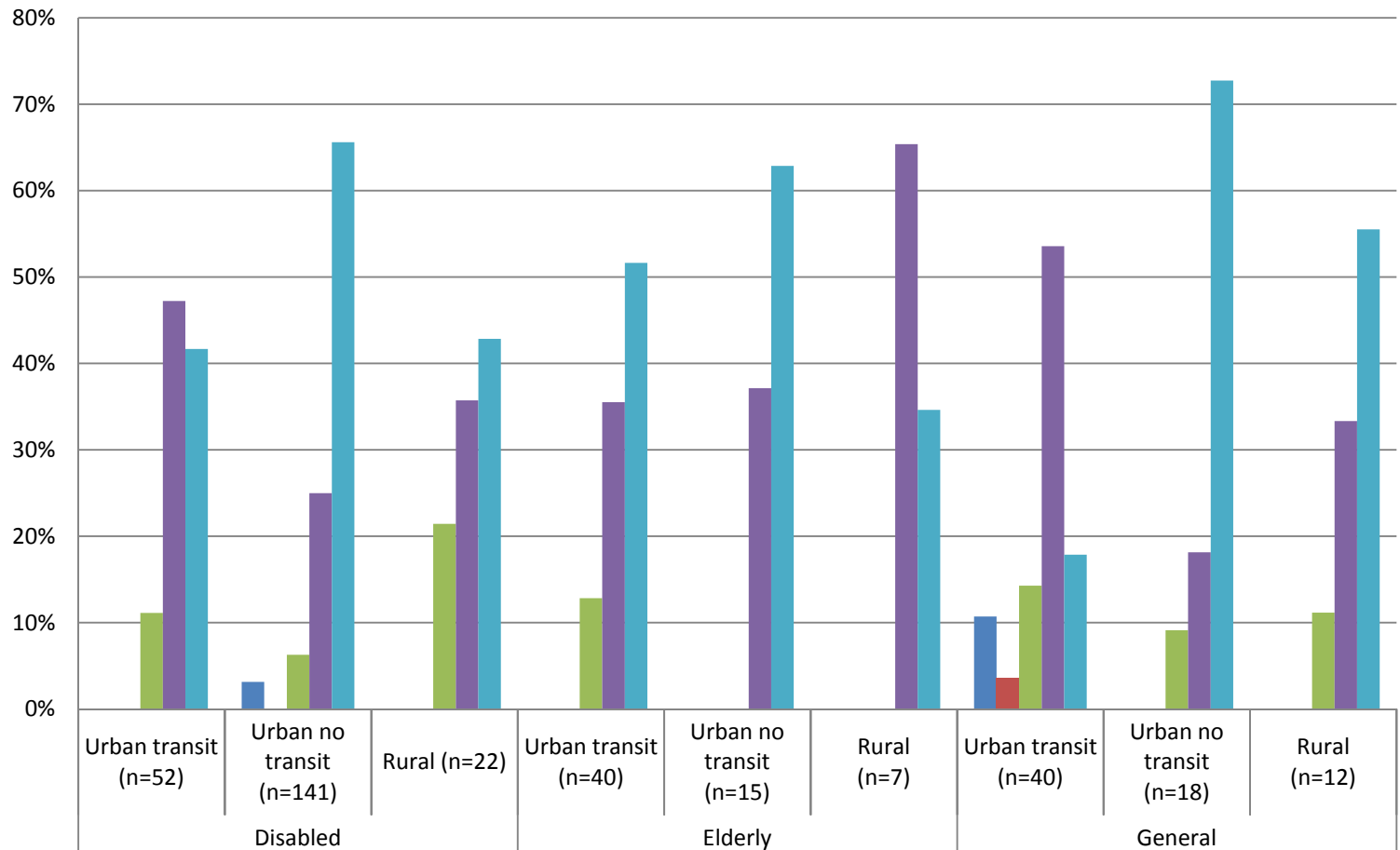


Appendix 1

F5.a7--Driver Ability with Wheelchairs

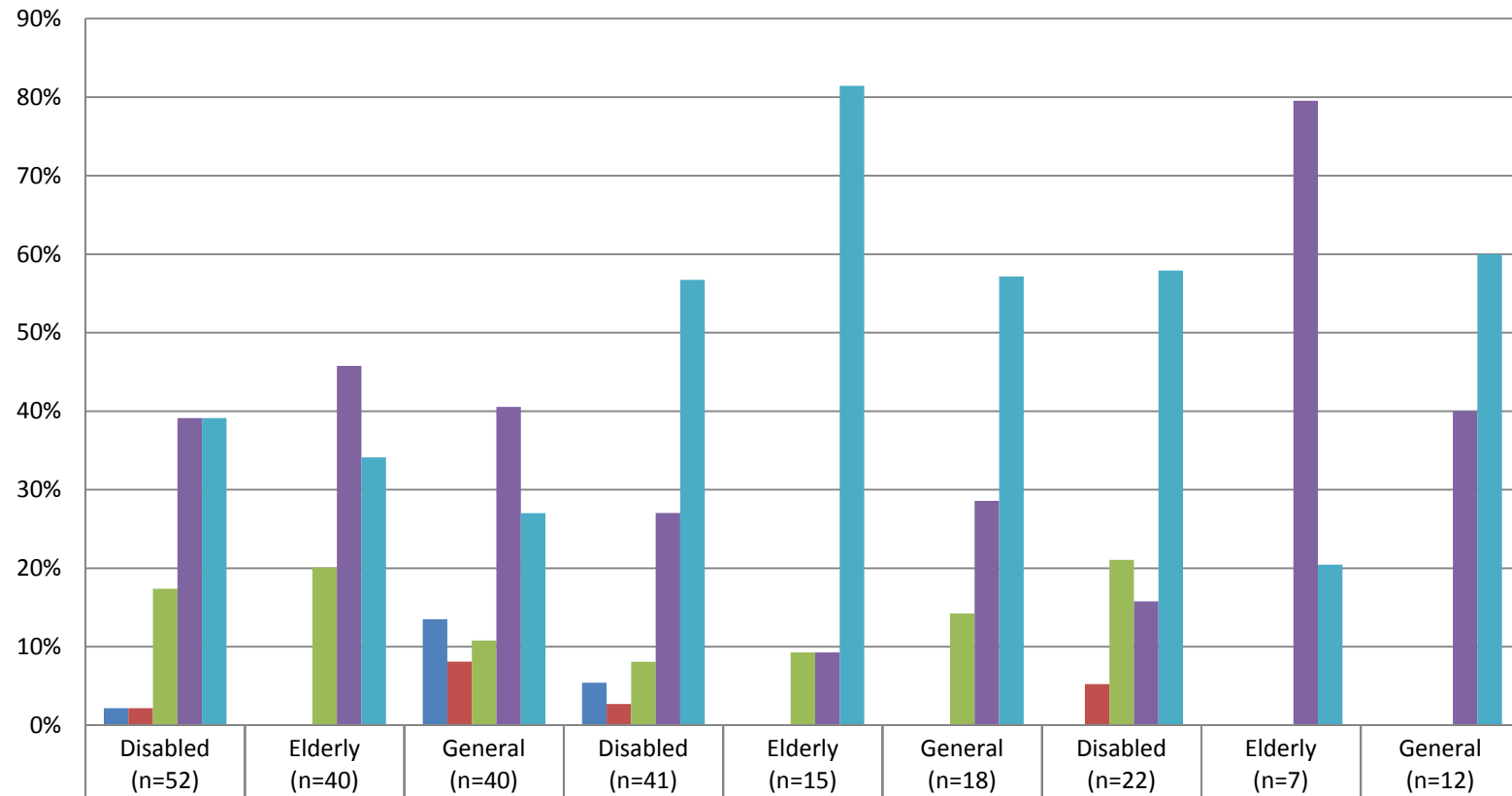


F5.b7--Driver Ability with Wheelchairs



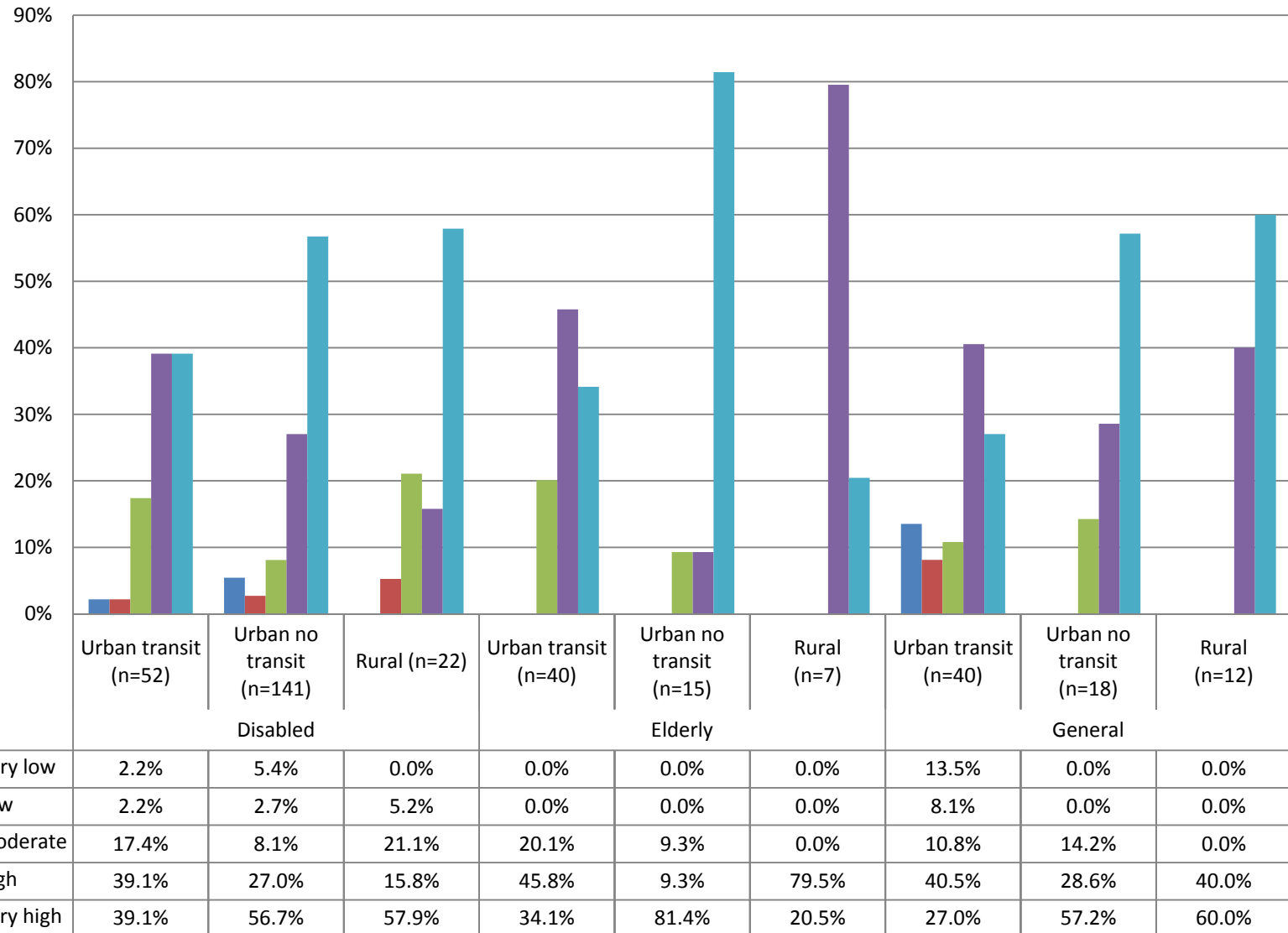
Appendix 1

F5.a8--Driver Communication Ability



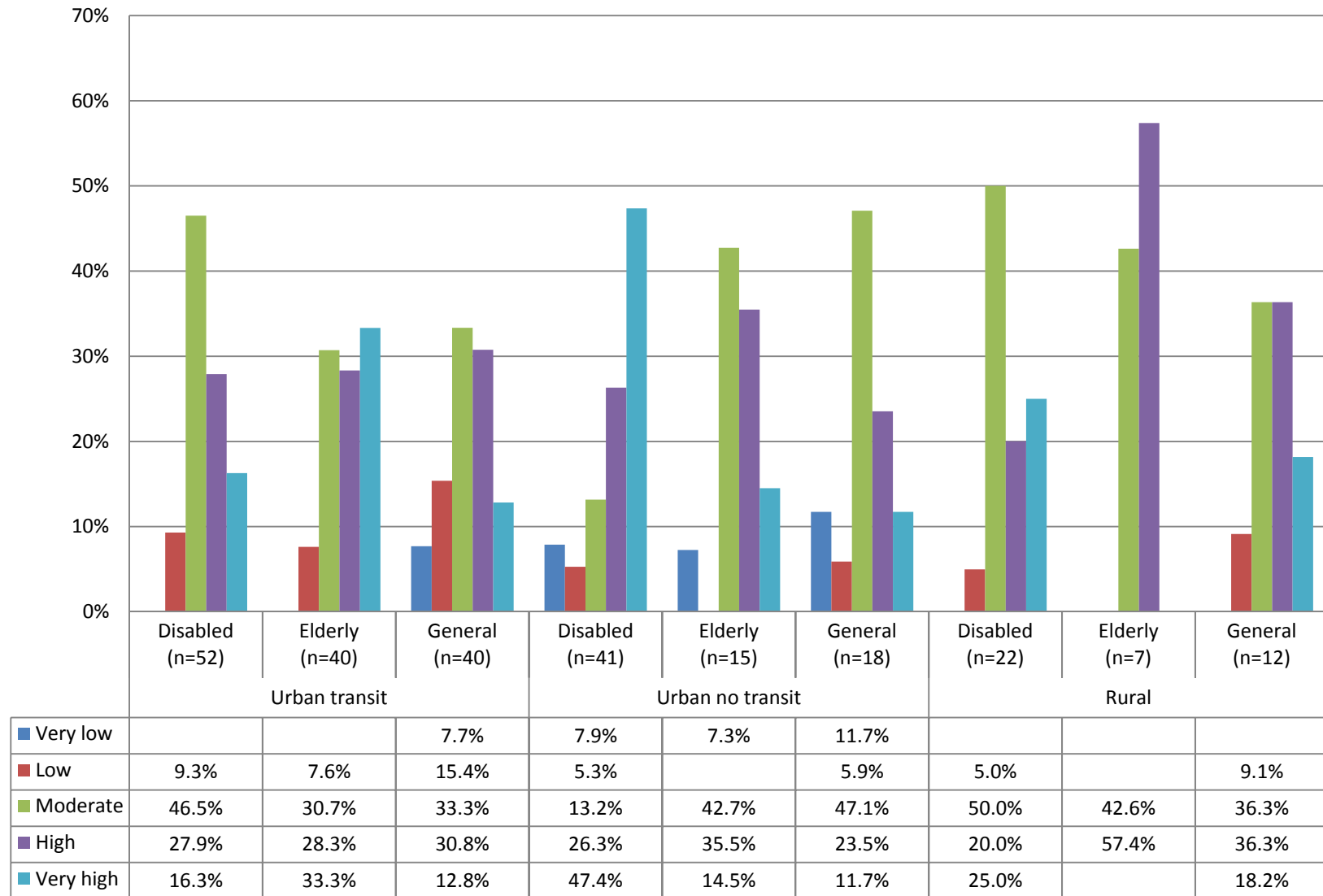
Very low	2.2%		13.5%	5.4%					
Low	2.2%		8.1%	2.7%			5.2%		
Moderate	17.4%	20.1%	10.8%	8.1%	9.3%	14.2%	21.1%		
High	39.1%	45.8%	40.5%	27.0%	9.3%	28.6%	15.8%	79.5%	40.0%
Very high	39.1%	34.1%	27.0%	56.7%	81.4%	57.2%	57.9%	20.5%	60.0%

F5.b8--Driver Communication Ability

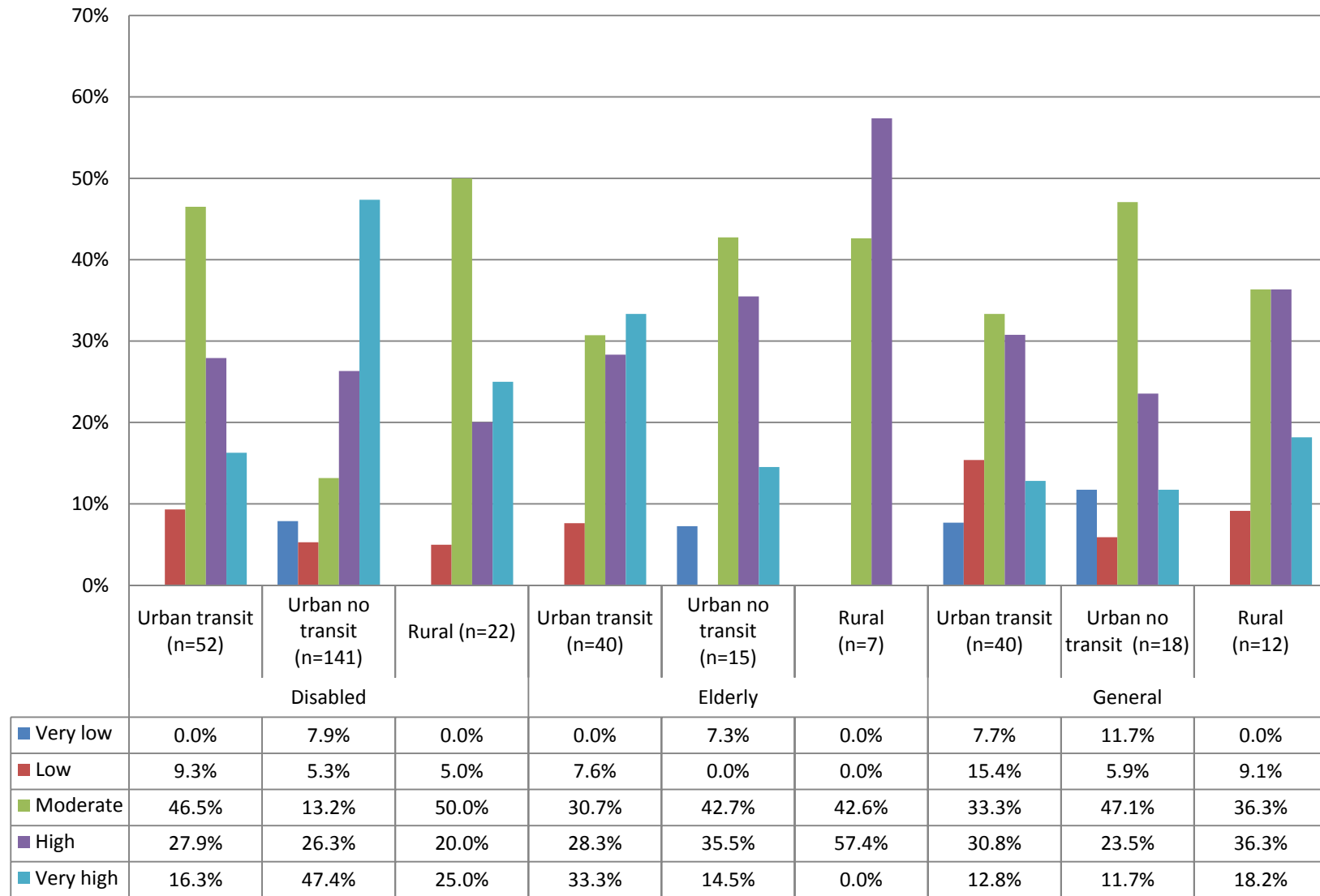


Appendix 1

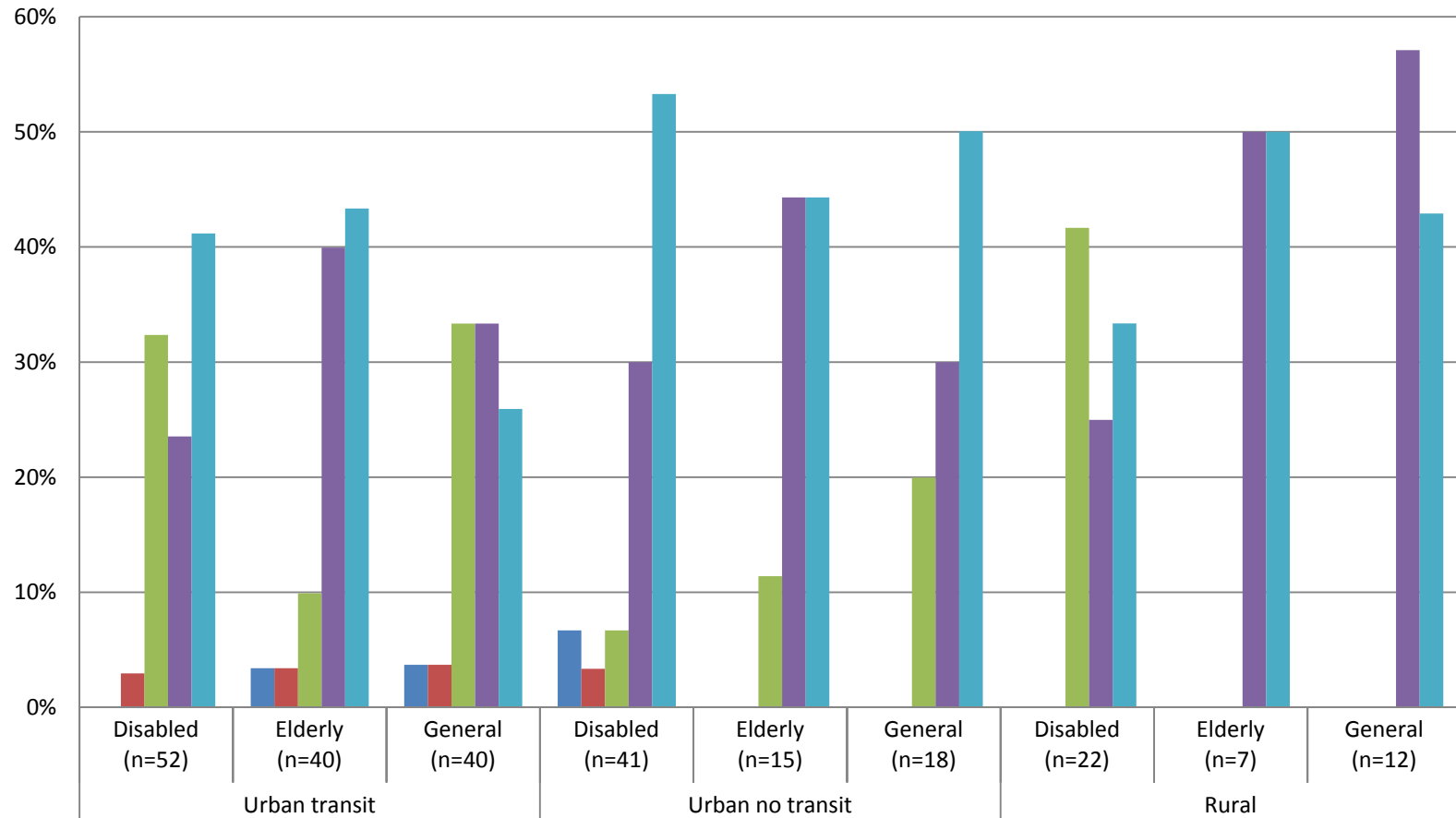
F6.a1--Satisfaction Seat Comfort



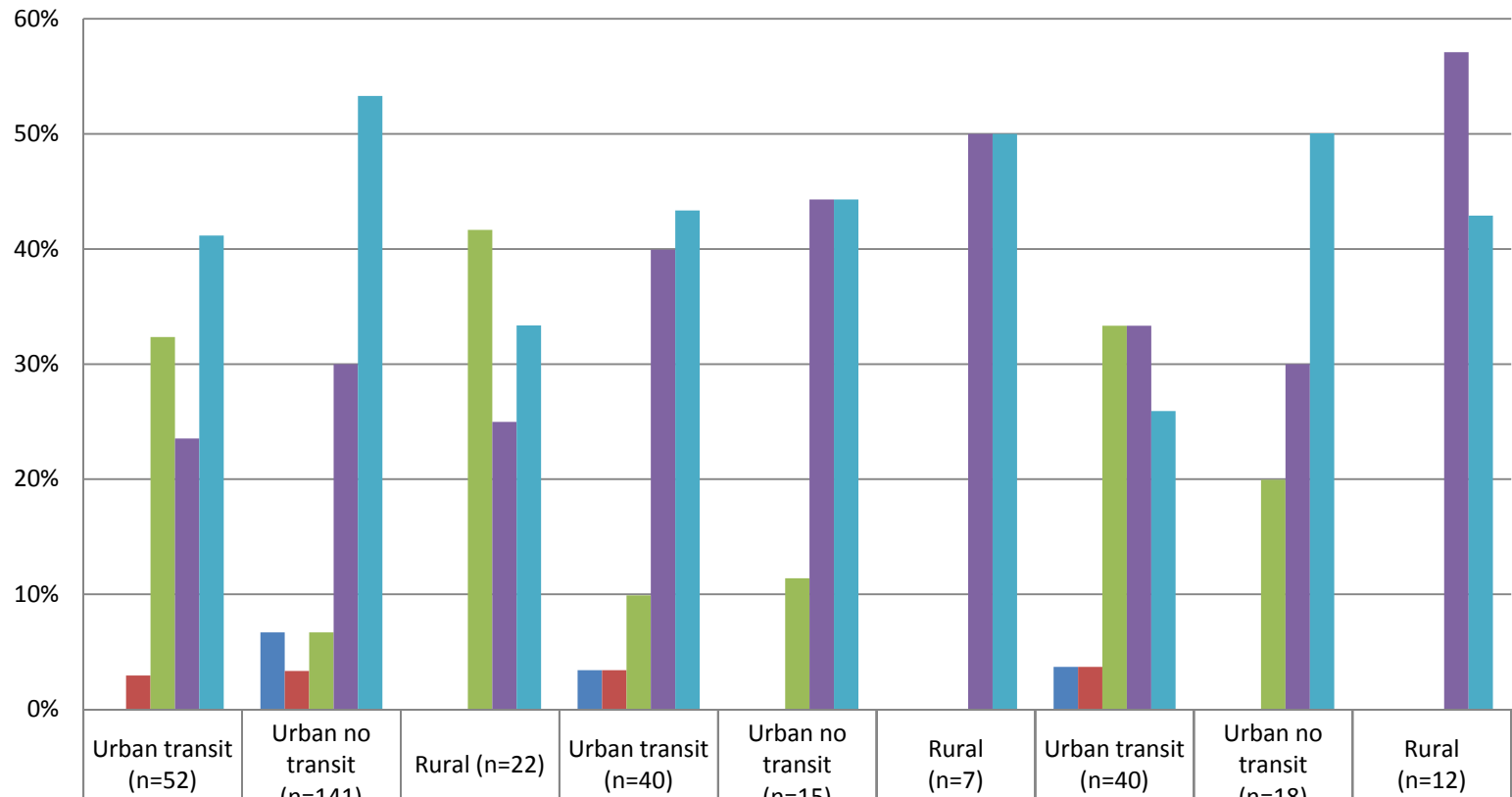
F6.b1--Satisfaction with Seat Comfort



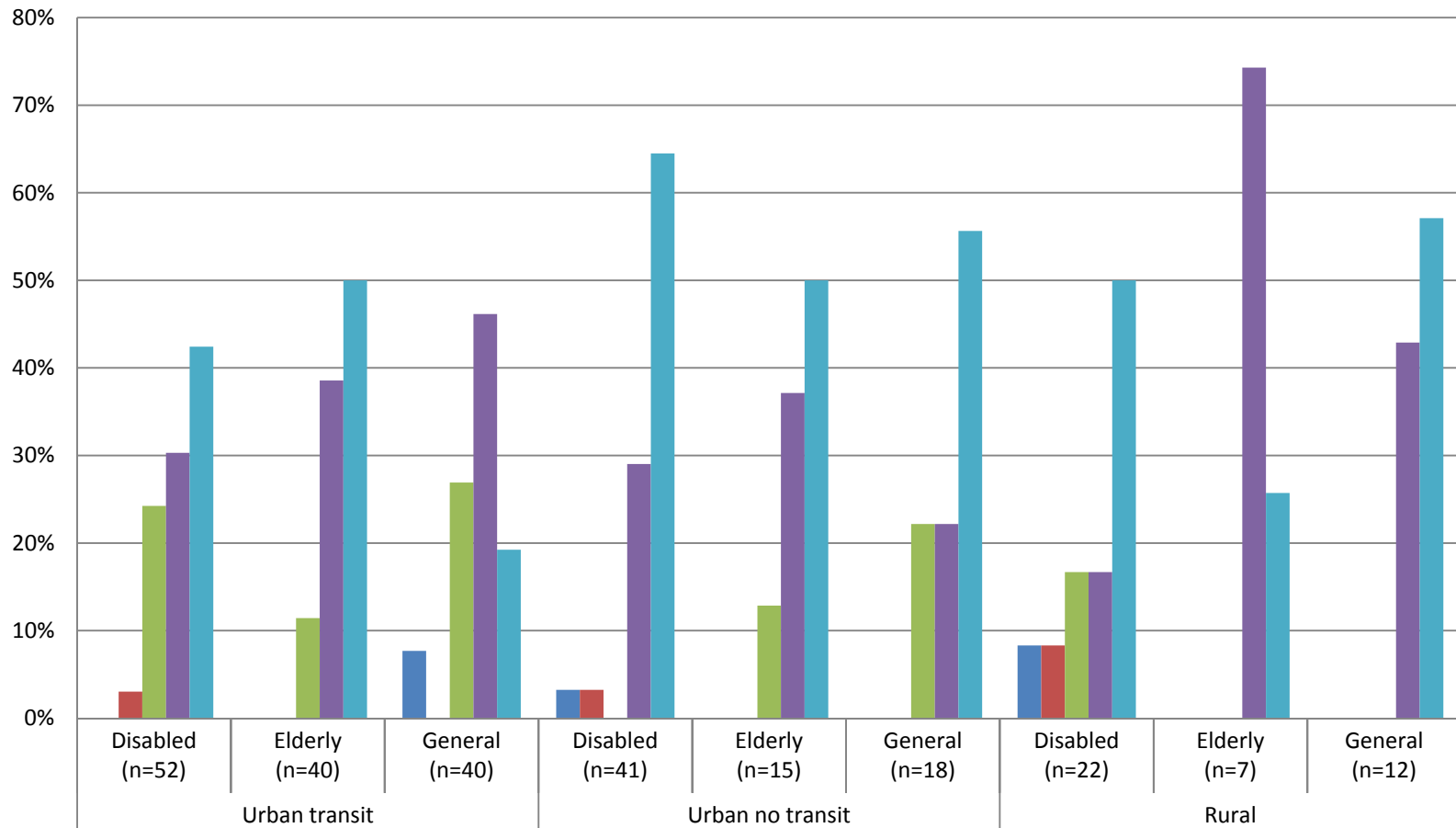
F6.a2--Satisfaction with Lift Operations

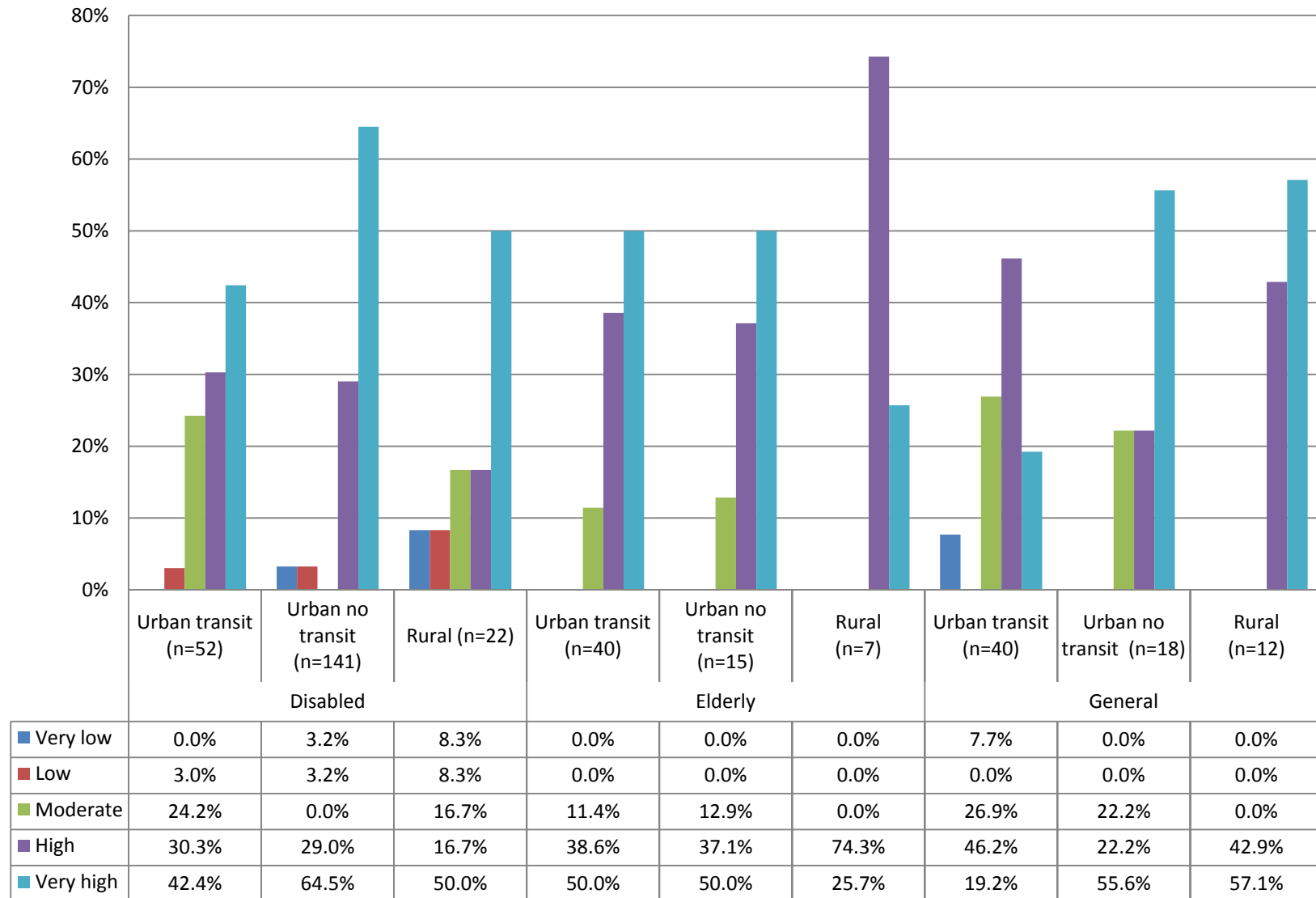


F6.b2--Satisfaction with Lift Operations

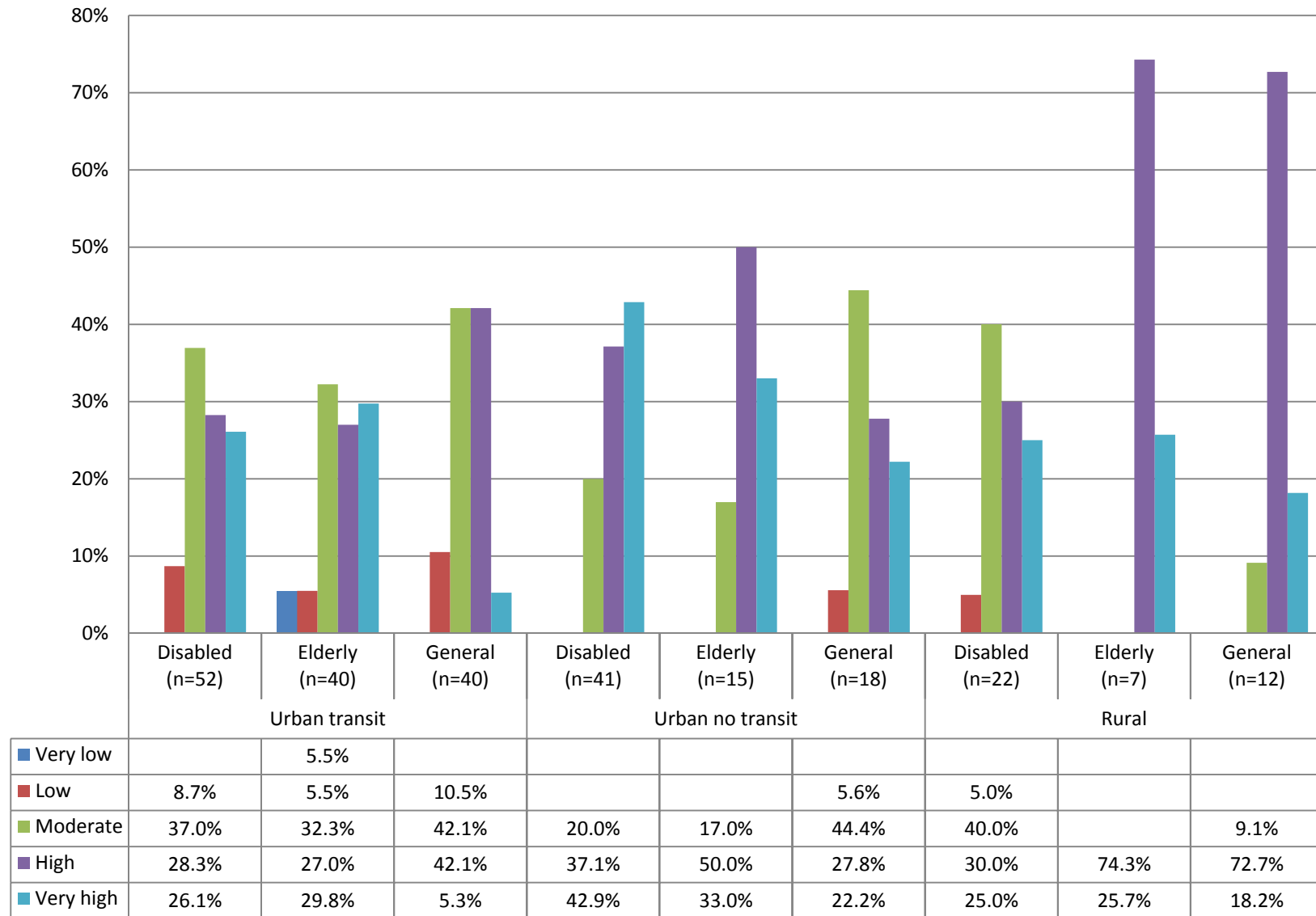


F6.a3--Satisfaction with Wheelchair Tie-downs



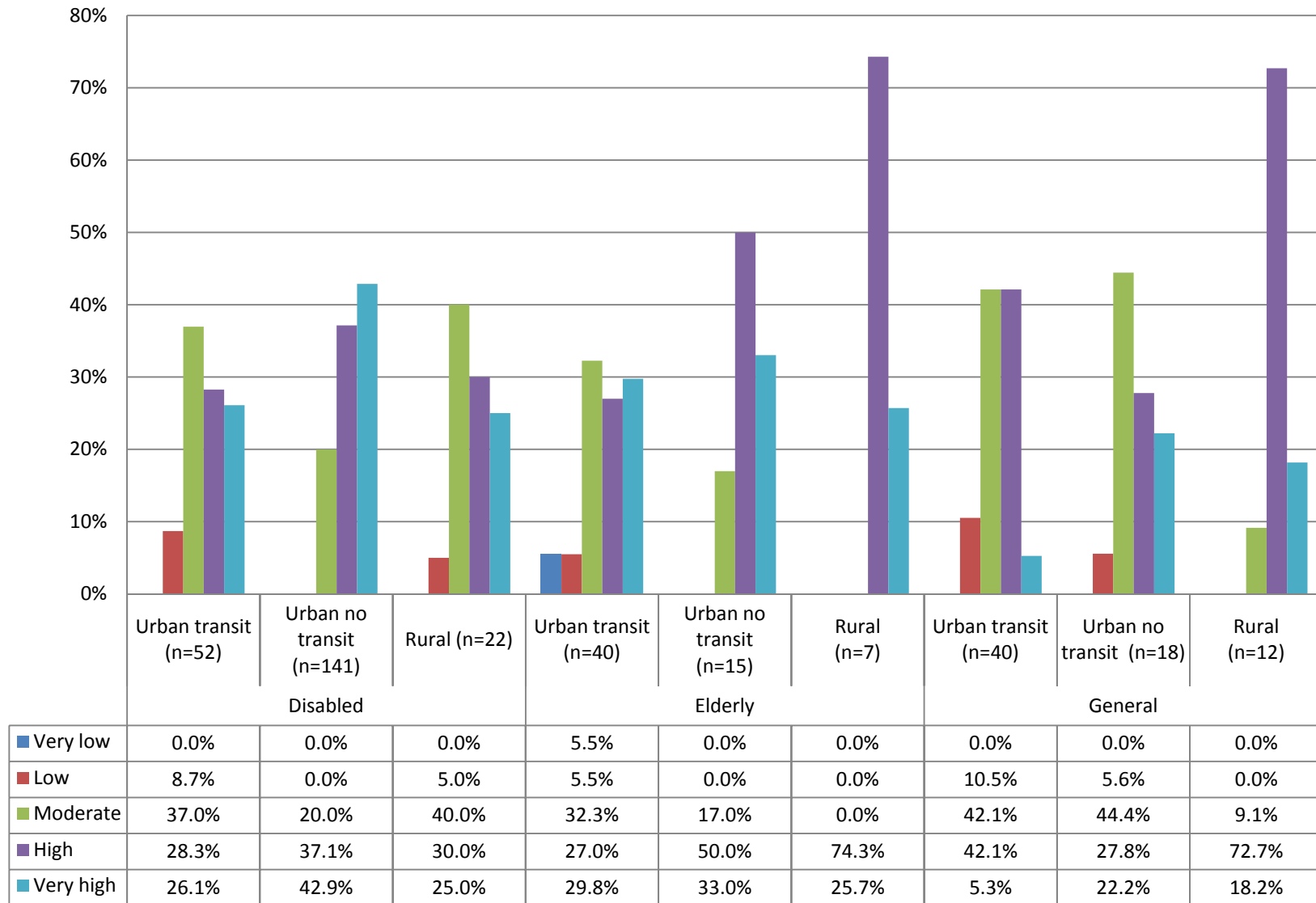
F6.b3--Satisfaction with Wheelchair Tie-downs

F6.a4--Satisfaction with Aisle Width

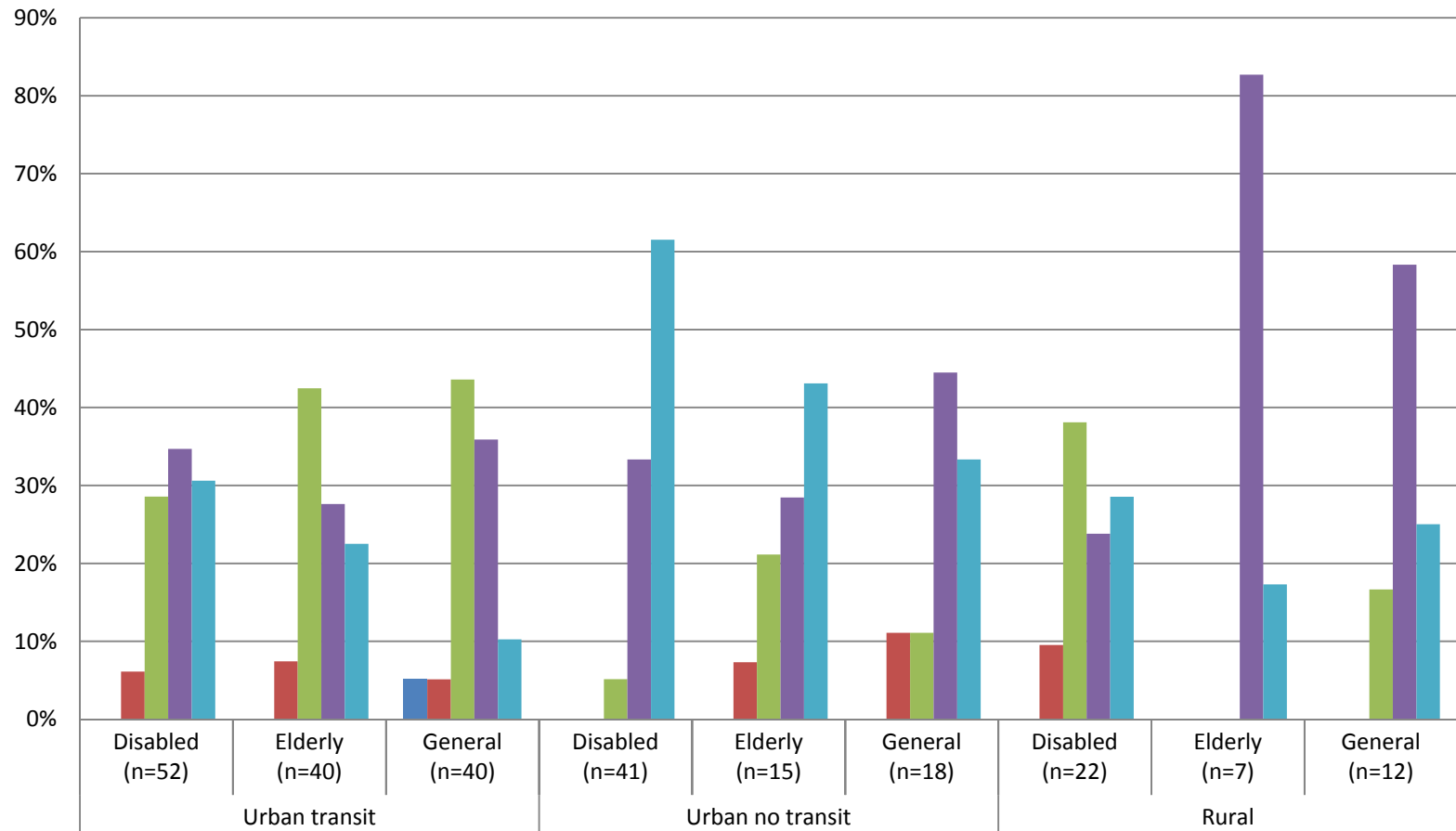


Appendix 1

F6.b4--Satisfaction with Aisle Width

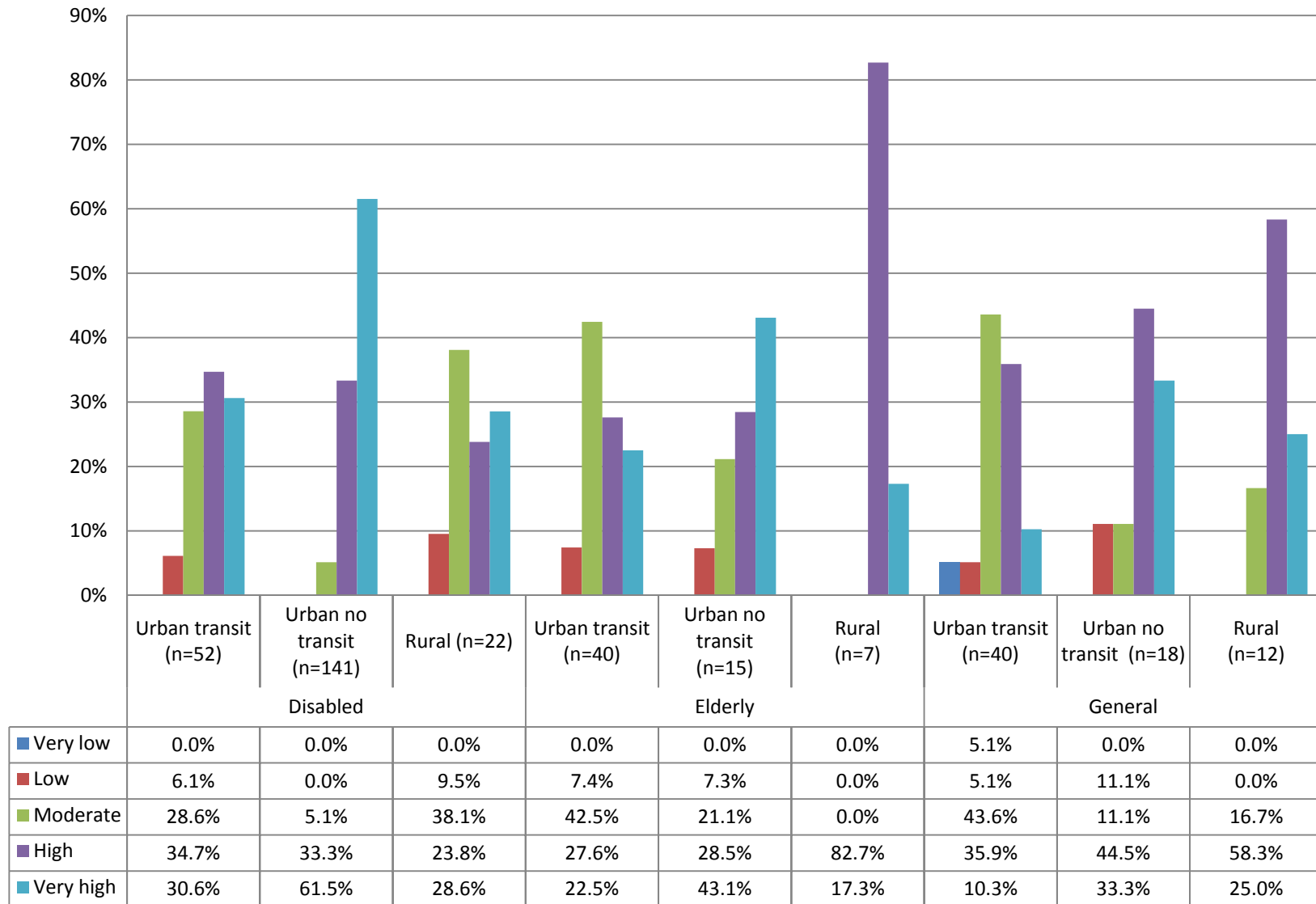


F6.a5--Satisfaction with Cleanliness

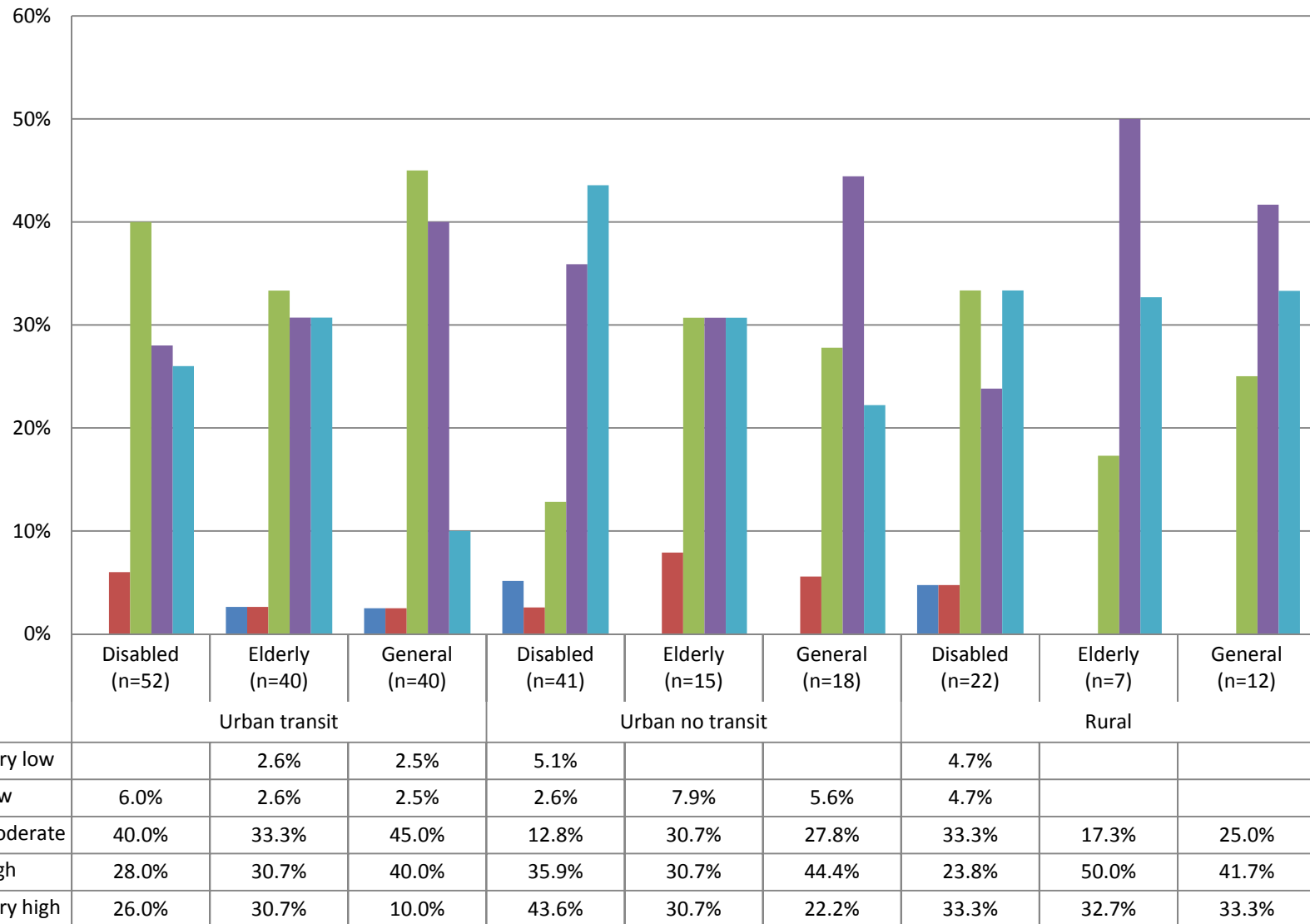


Appendix 1

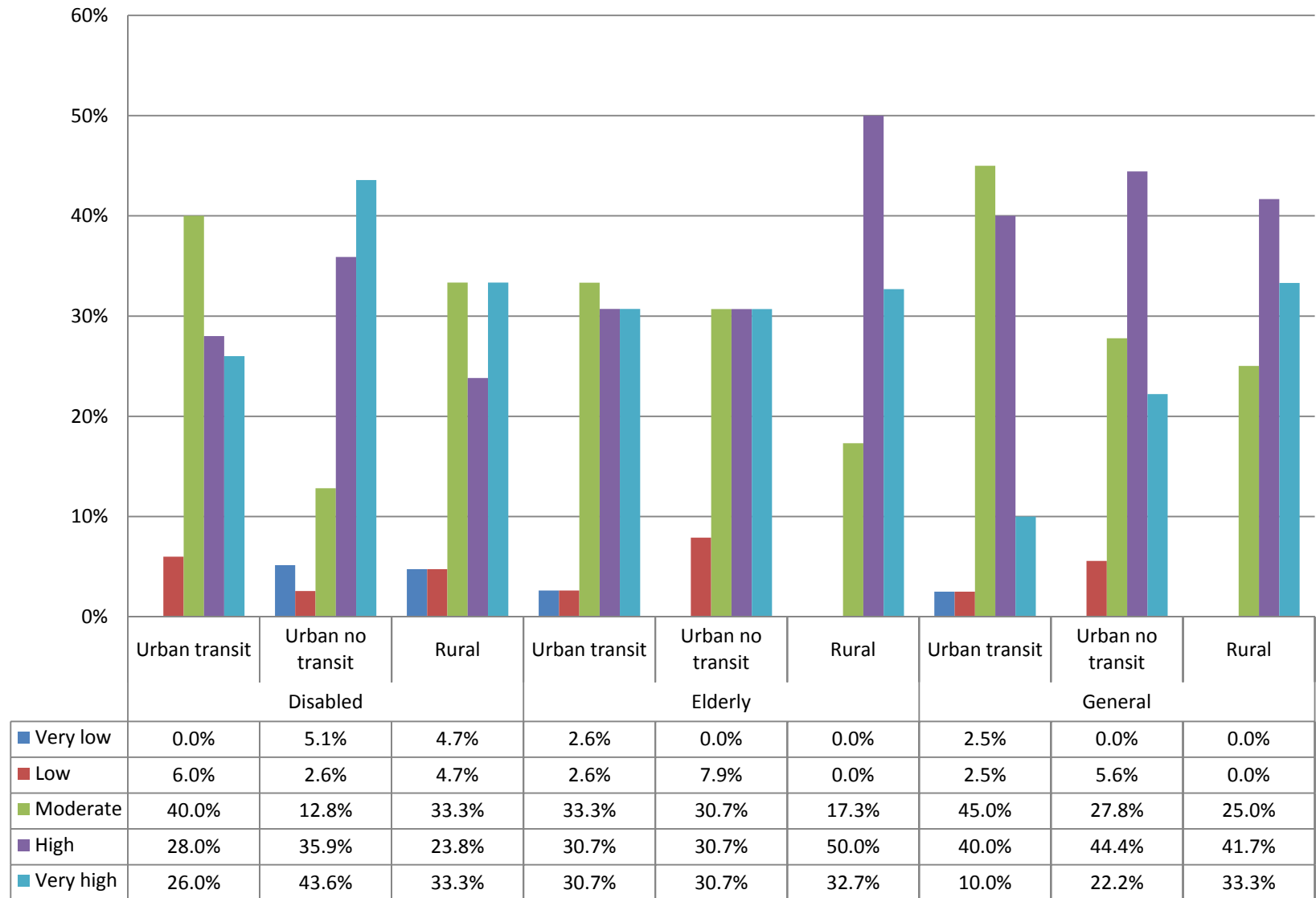
F6.b5--Satisfaction with Cleanliness



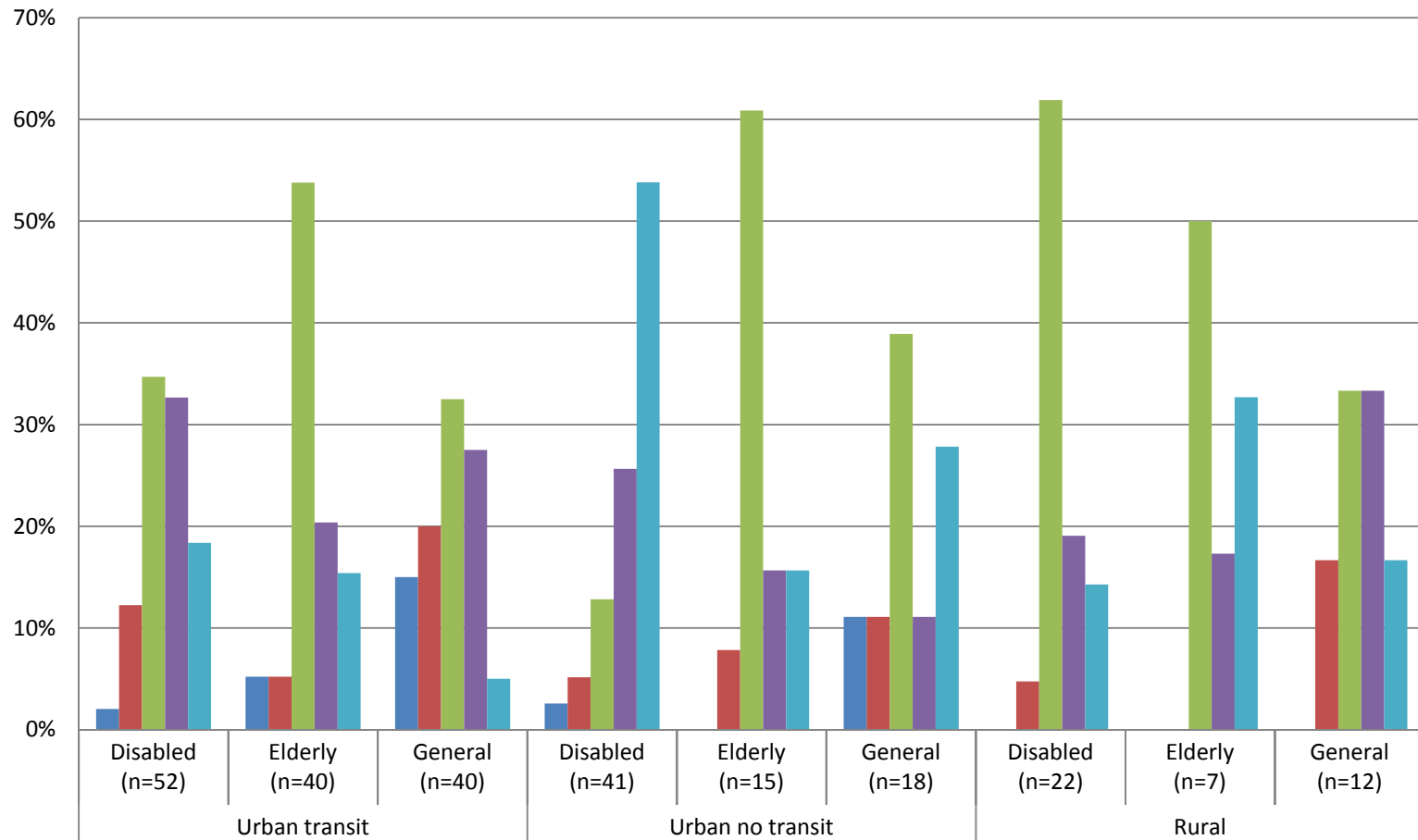
F6.a6--Satisfaction with Temperature



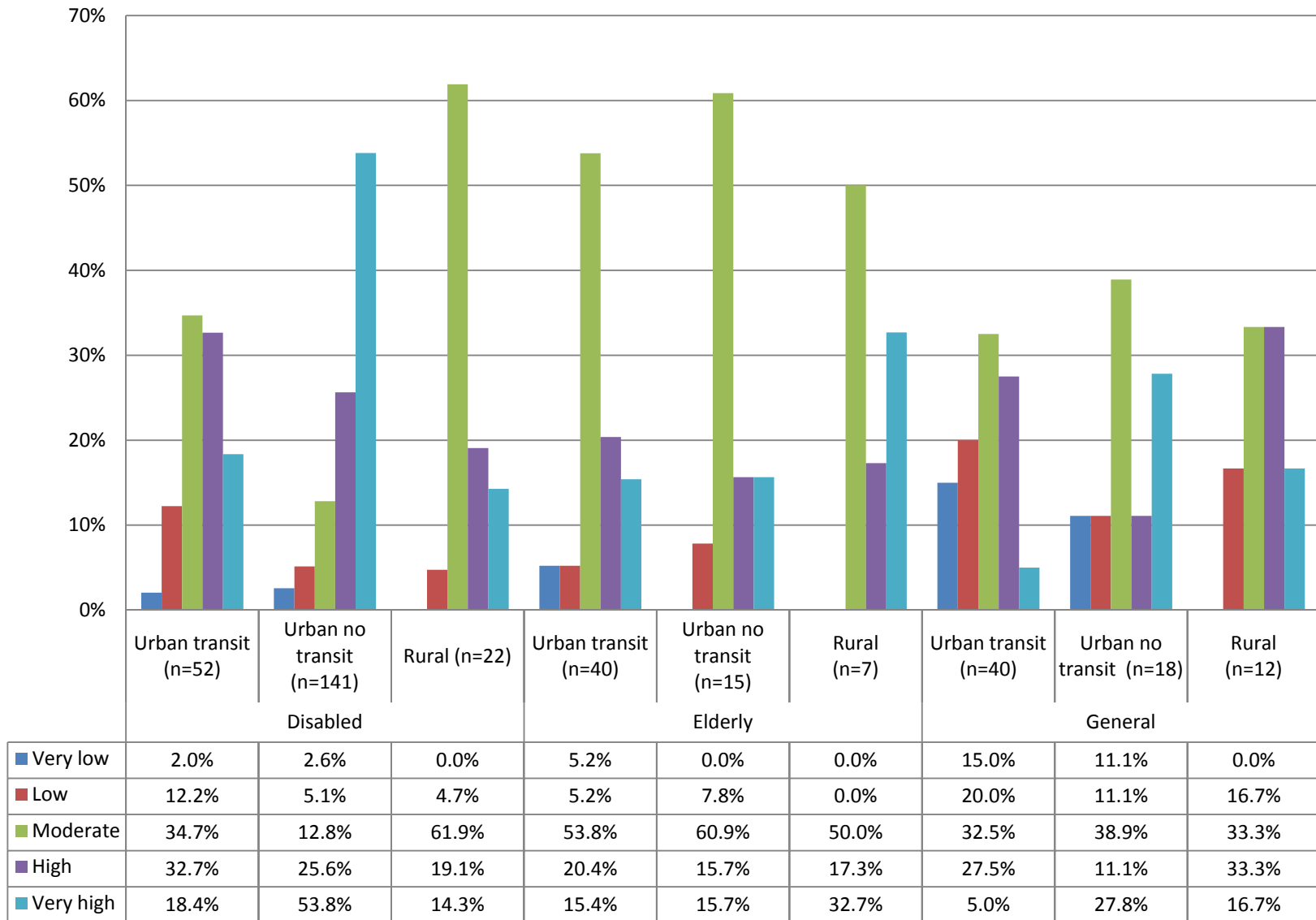
F6.b6--Satisfaction with Temperature



F6.a7--Satisfaction with Ride Smoothness

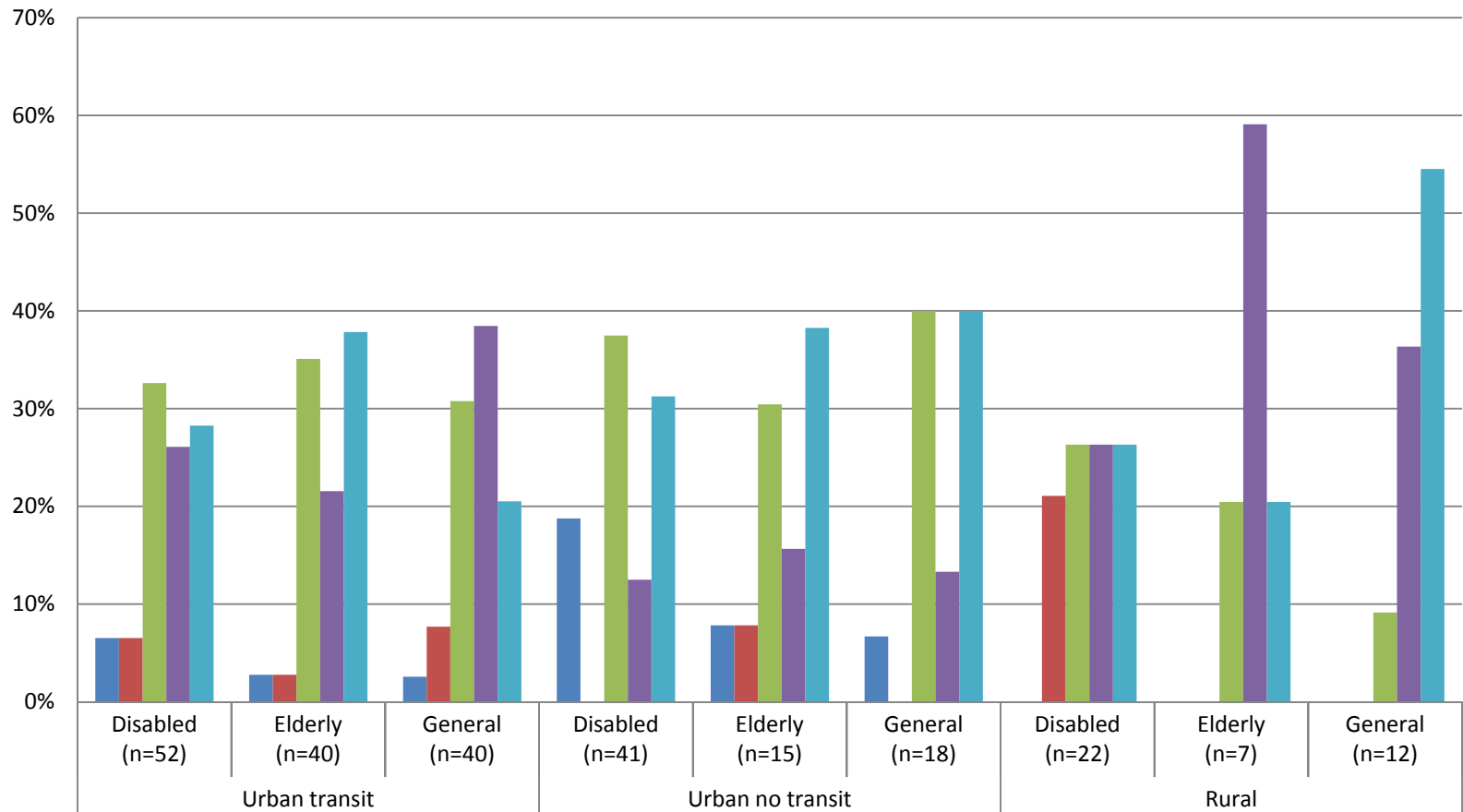


F6.b7--Satisfaction with Ride Smoothness

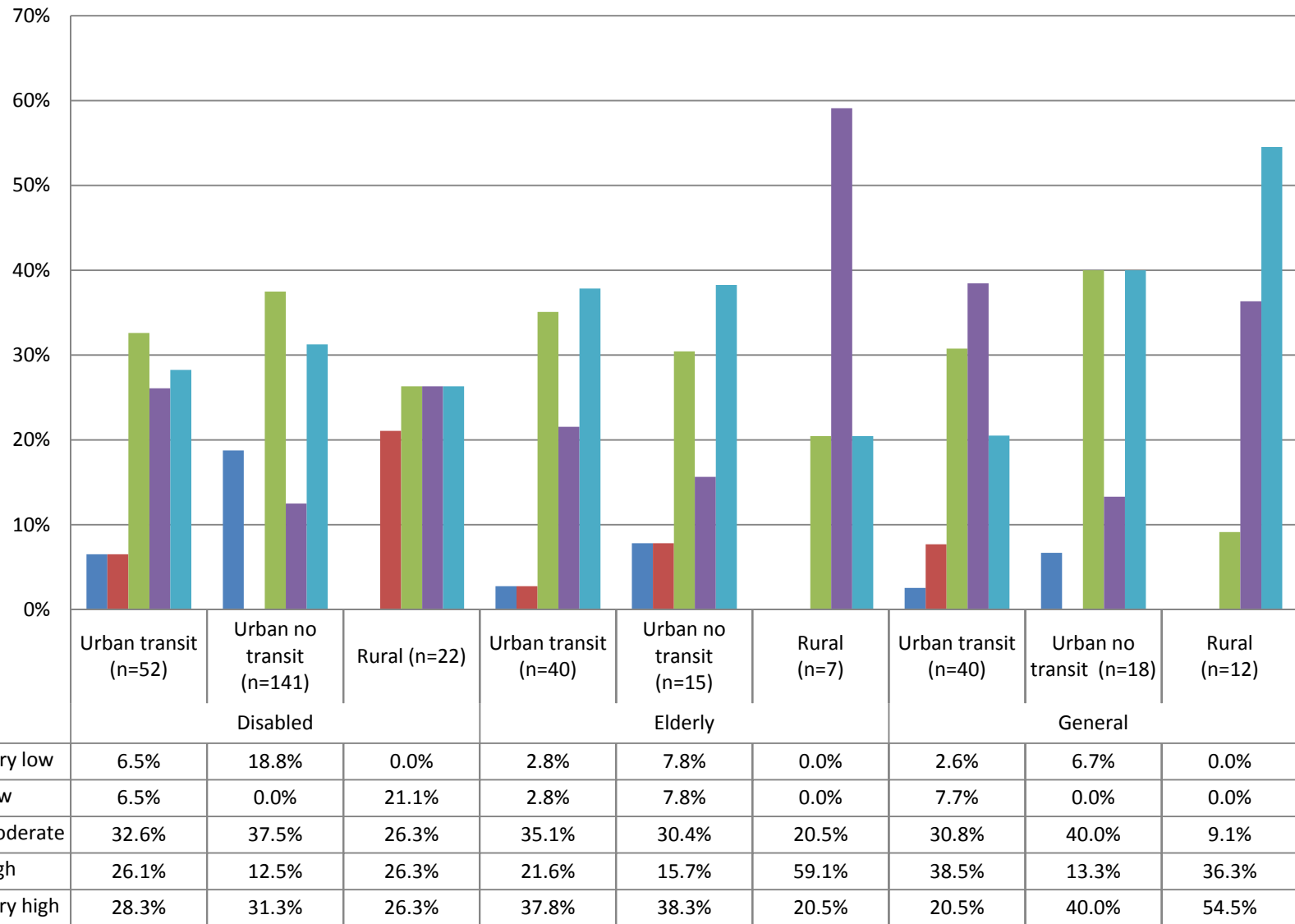


Appendix 1

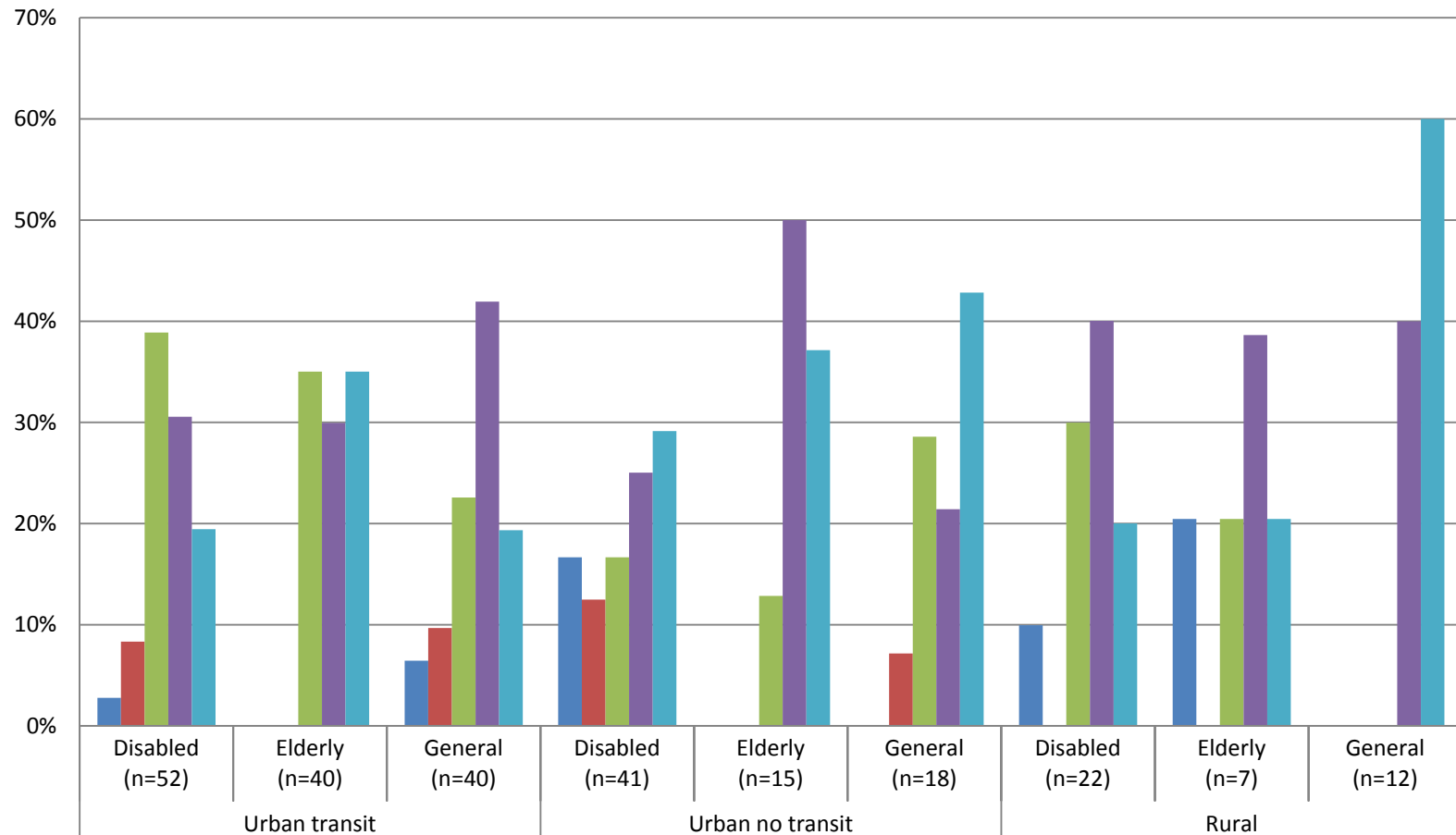
F7.a1--Satisfaction with Cost



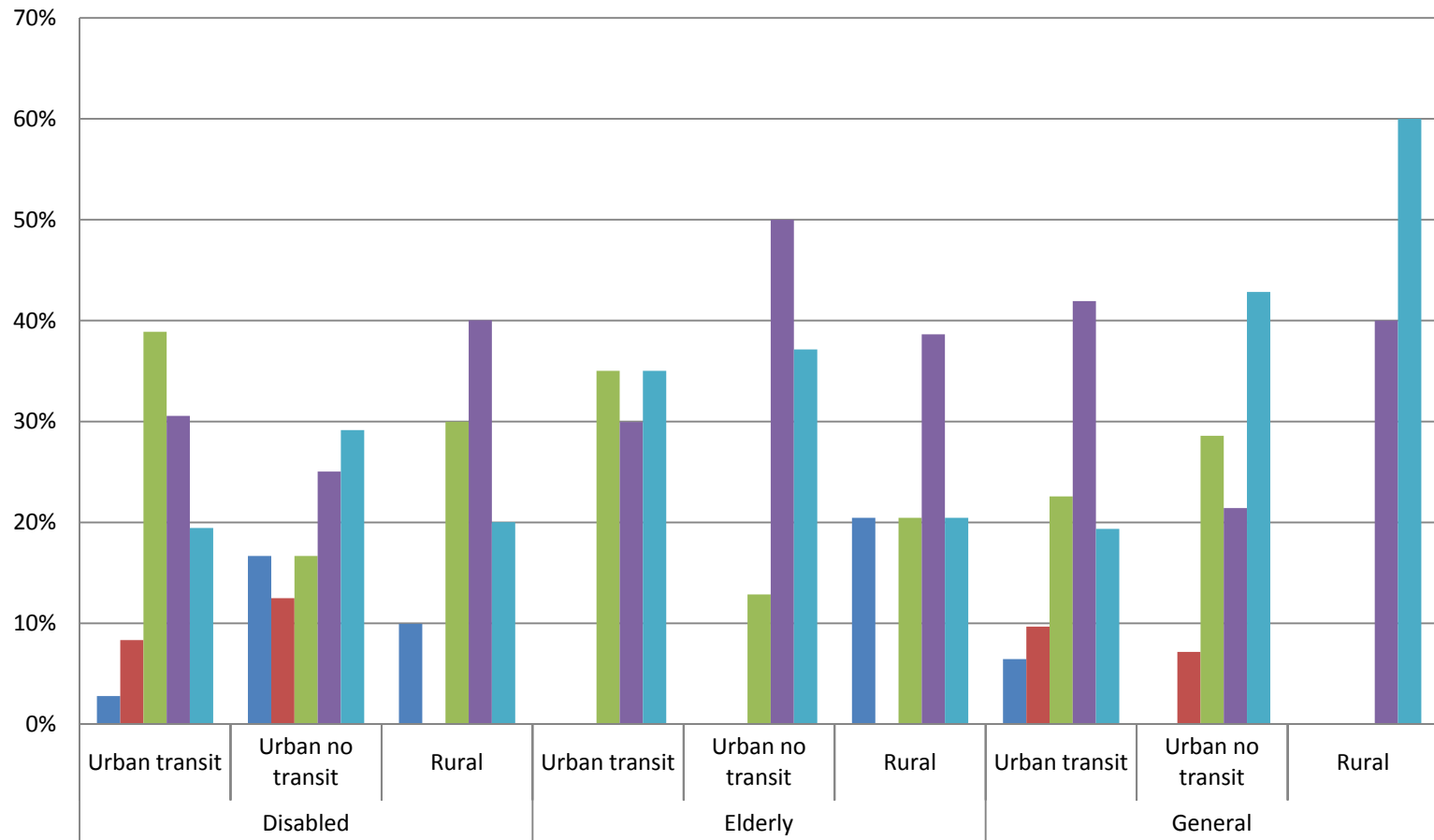
F7.b1--Satisfaction with Cost



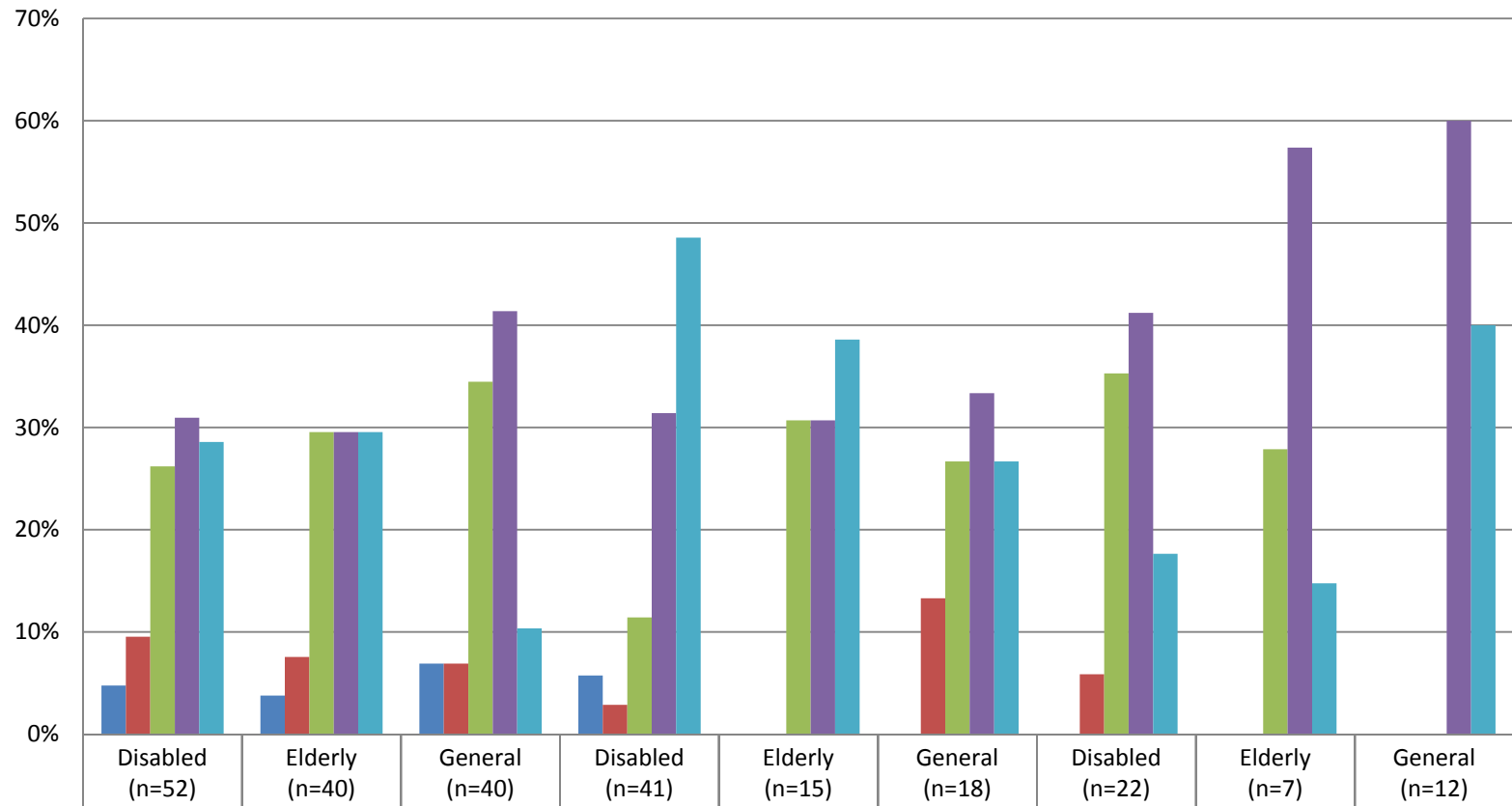
F7.a2--Satisfaction with Easy of Purchase



F7.b2--Satisfaction with Easy of Purchase

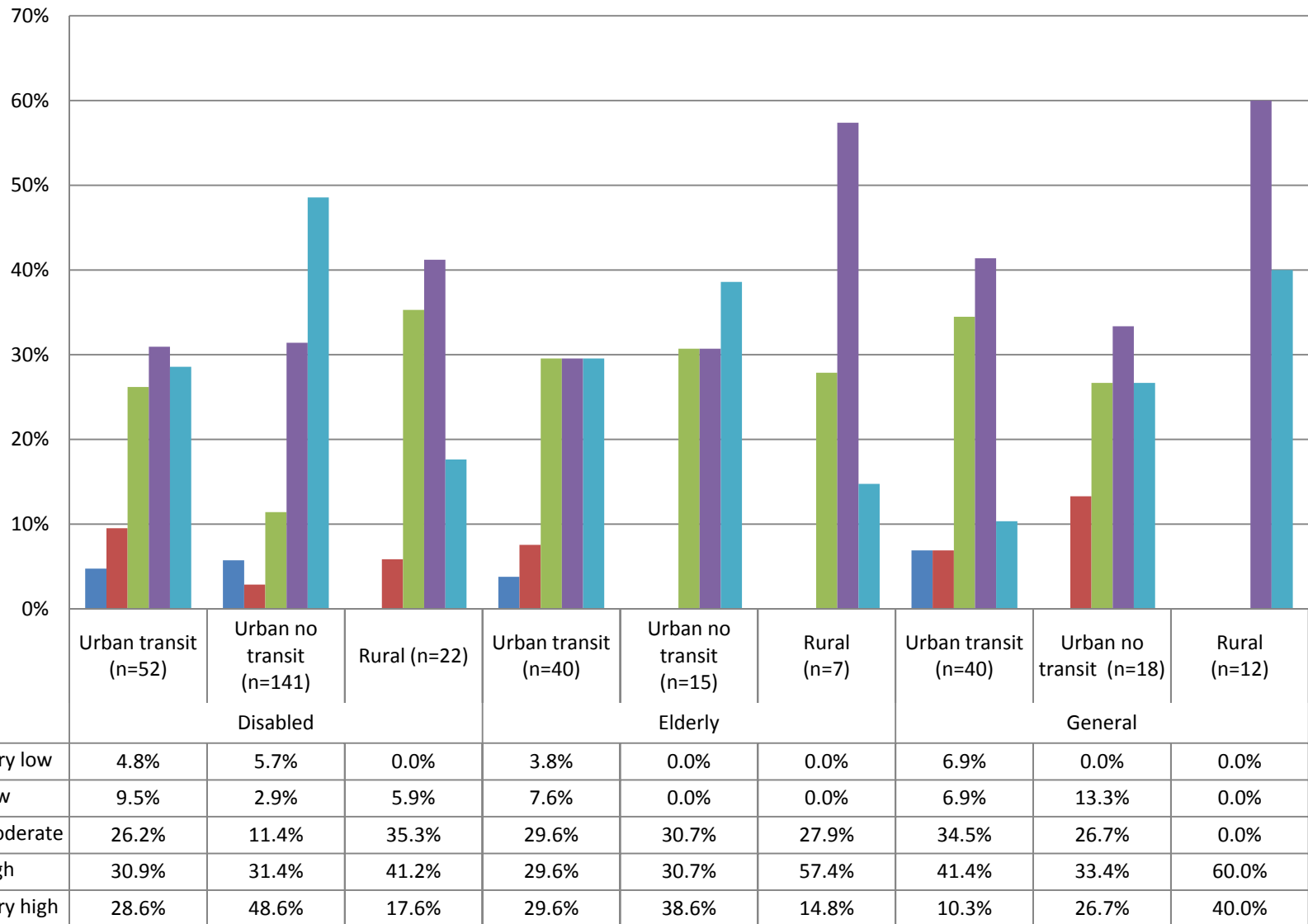


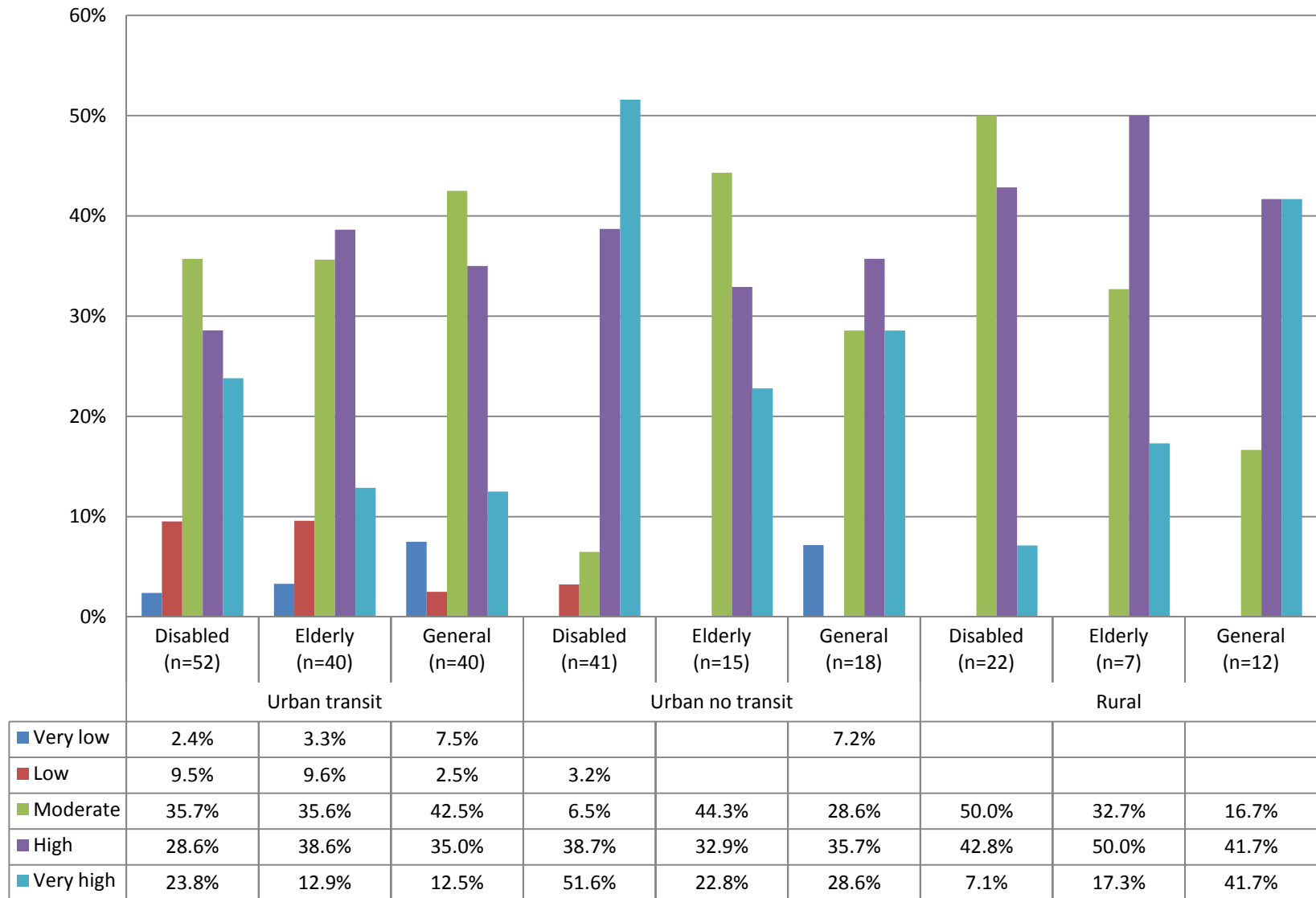
F7.a3--Satisfaction with Scheduling



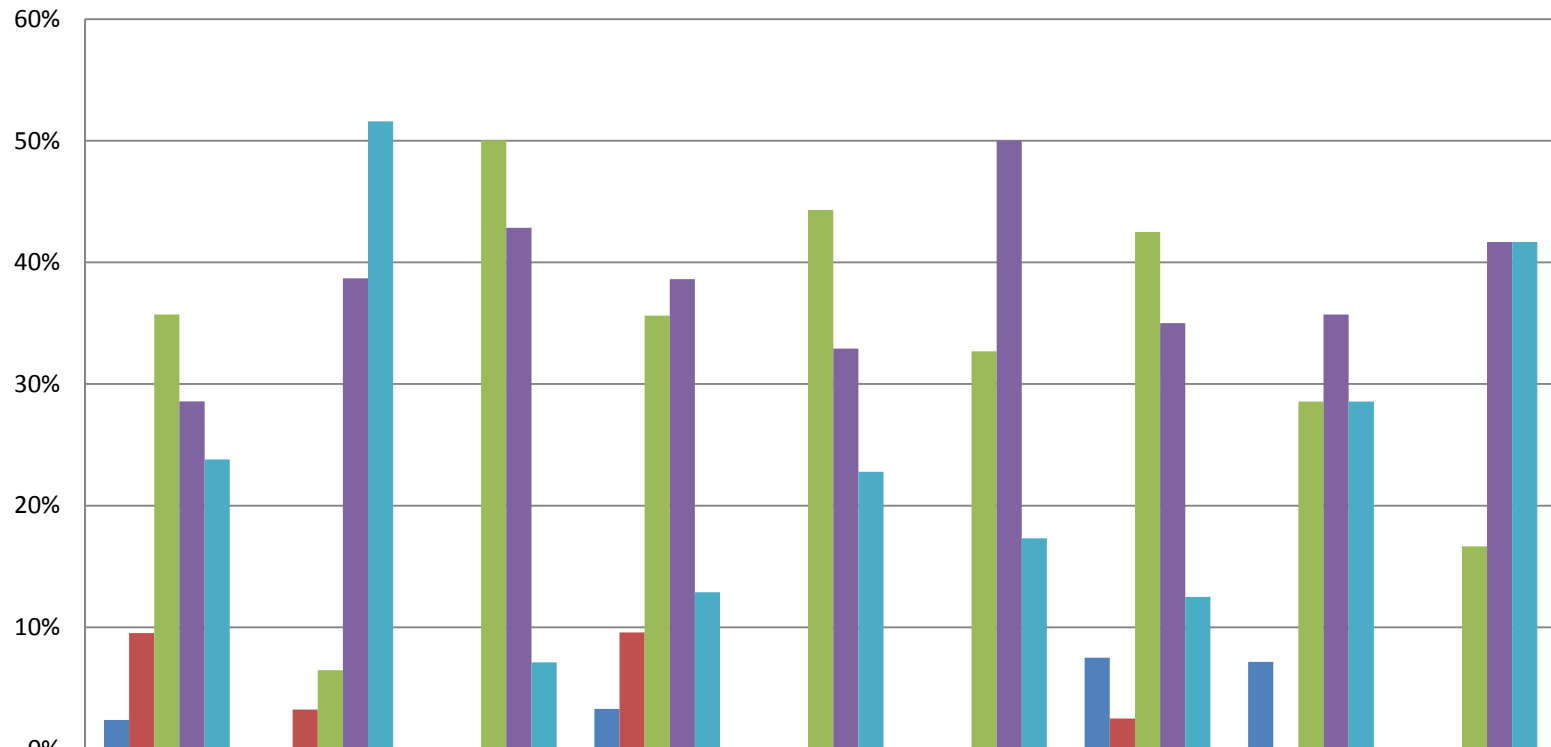
Very low	4.8%	3.8%	6.9%	5.7%					
Low	9.5%	7.6%	6.9%	2.9%		13.3%	5.9%		
Moderate	26.2%	29.6%	34.5%	11.4%	30.7%	26.7%	35.3%	27.9%	
High	30.9%	29.6%	41.4%	31.4%	30.7%	33.4%	41.2%	57.4%	60.0%
Very high	28.6%	29.6%	10.3%	48.6%	38.6%	26.7%	17.6%	14.8%	40.0%

F7.b3--Satisfaction with Scheduling



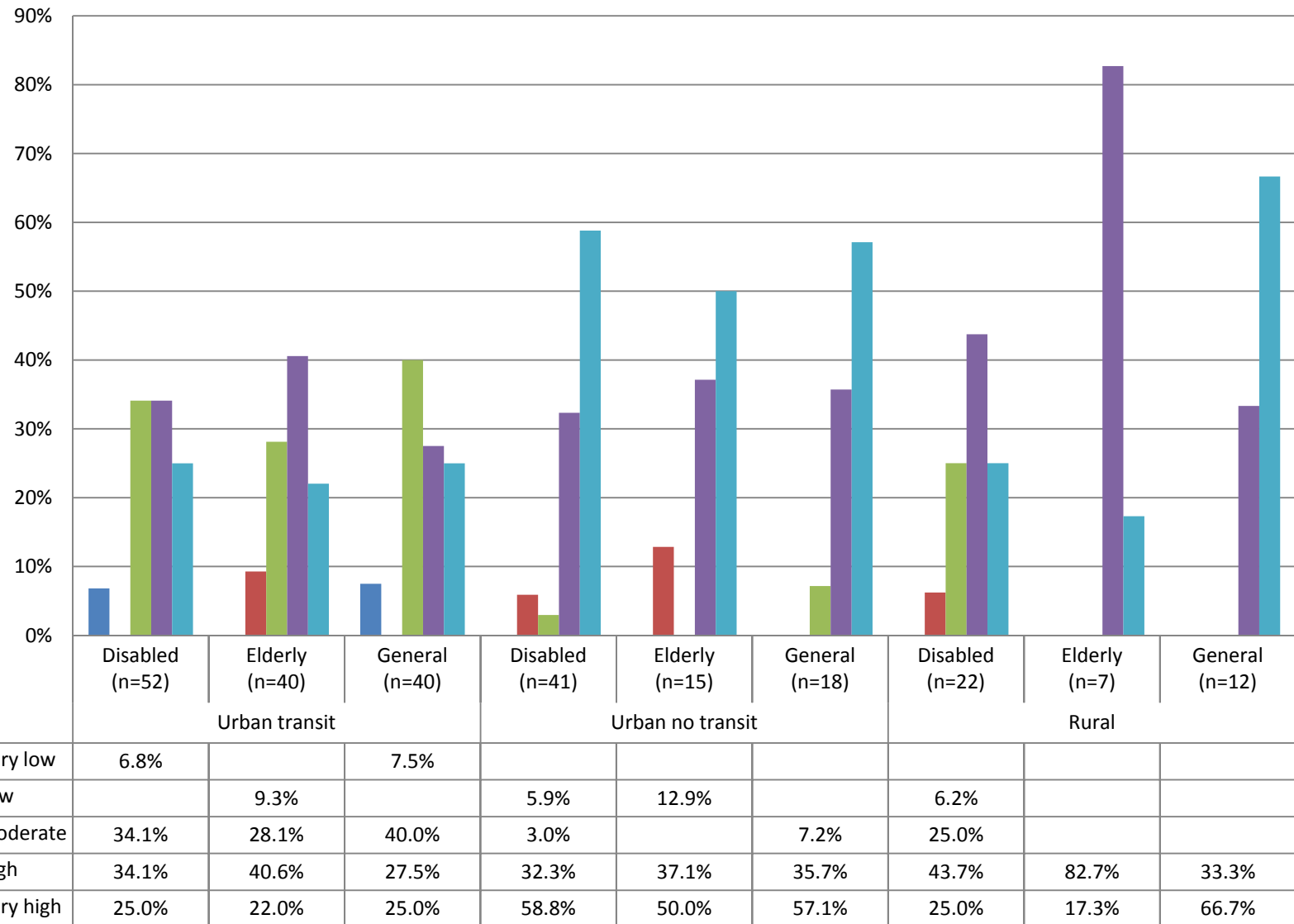
F7.a4--Satisfaction with Bus Stop Location

F7.b4--Satisfaction with Bus Stop Location



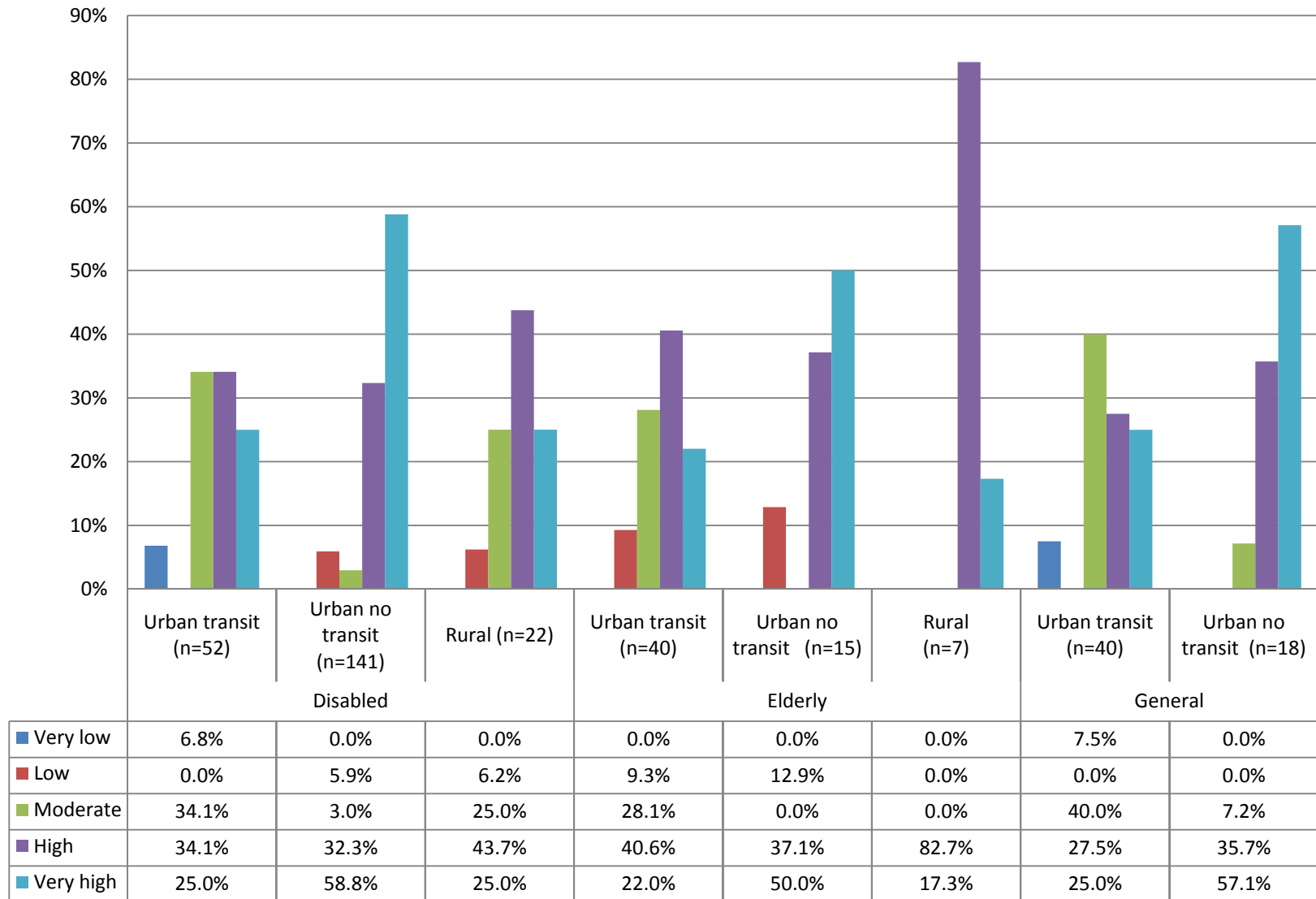
	Urban transit (n=52)	Urban no transit (n=141)	Rural (n=22)	Urban transit (n=40)	Urban no transit (n=15)	Rural (n=7)	Urban transit (n=40)	Urban no transit (n=18)	Rural (n=12)
	Disabled			Elderly			General		
Very low	2.4%	0.0%	0.0%	3.3%	0.0%	0.0%	7.5%	7.2%	0.0%
Low	9.5%	3.2%	0.0%	9.6%	0.0%	0.0%	2.5%	0.0%	0.0%
Moderate	35.7%	6.5%	50.0%	35.6%	44.3%	32.7%	42.5%	28.6%	16.7%
High	28.6%	38.7%	42.8%	38.6%	32.9%	50.0%	35.0%	35.7%	41.7%
Very high	23.8%	51.6%	7.1%	12.9%	22.8%	17.3%	12.5%	28.6%	41.7%

F7.a5--Satisfaction with Bus Stop Safety

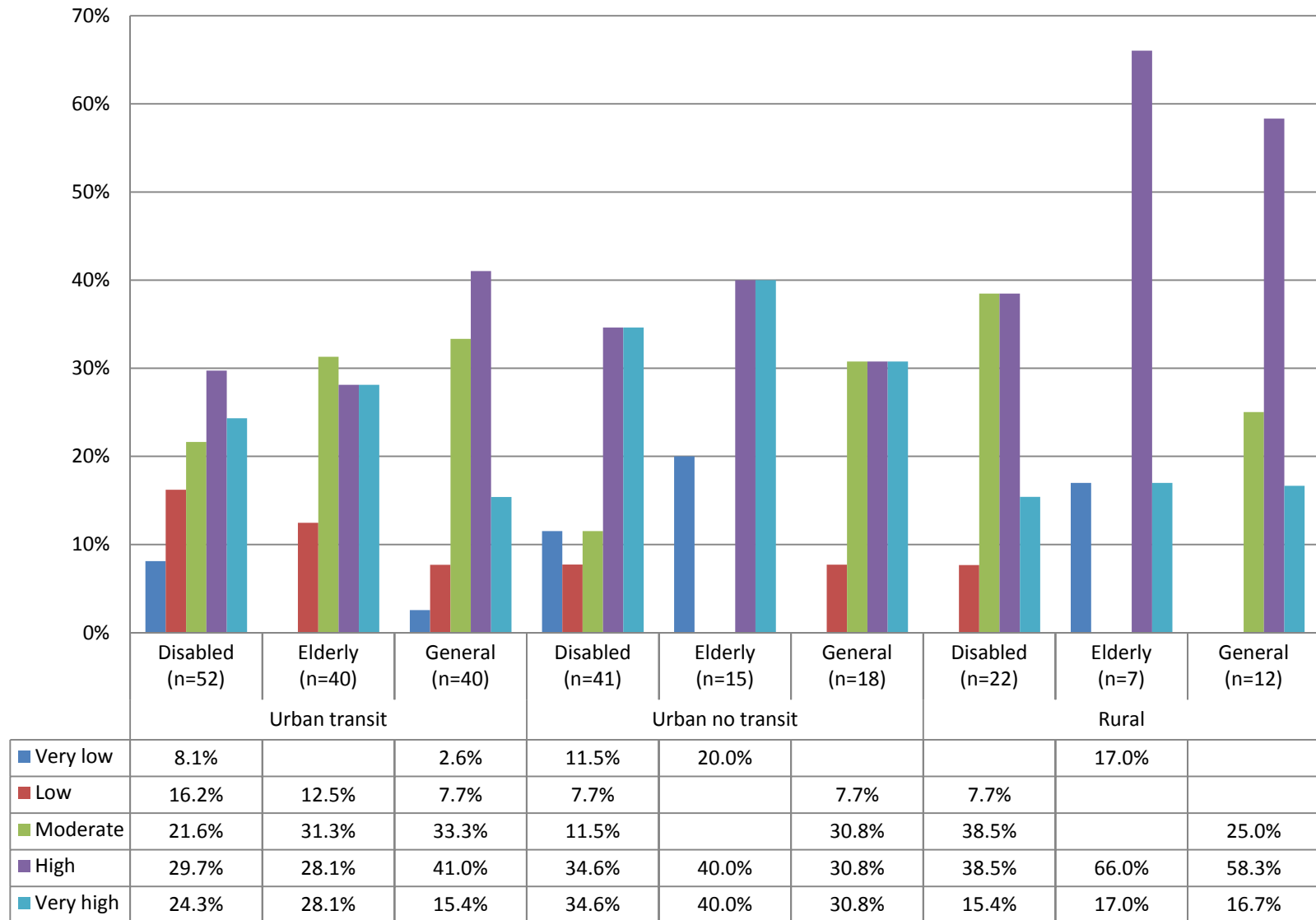


Appendix 1

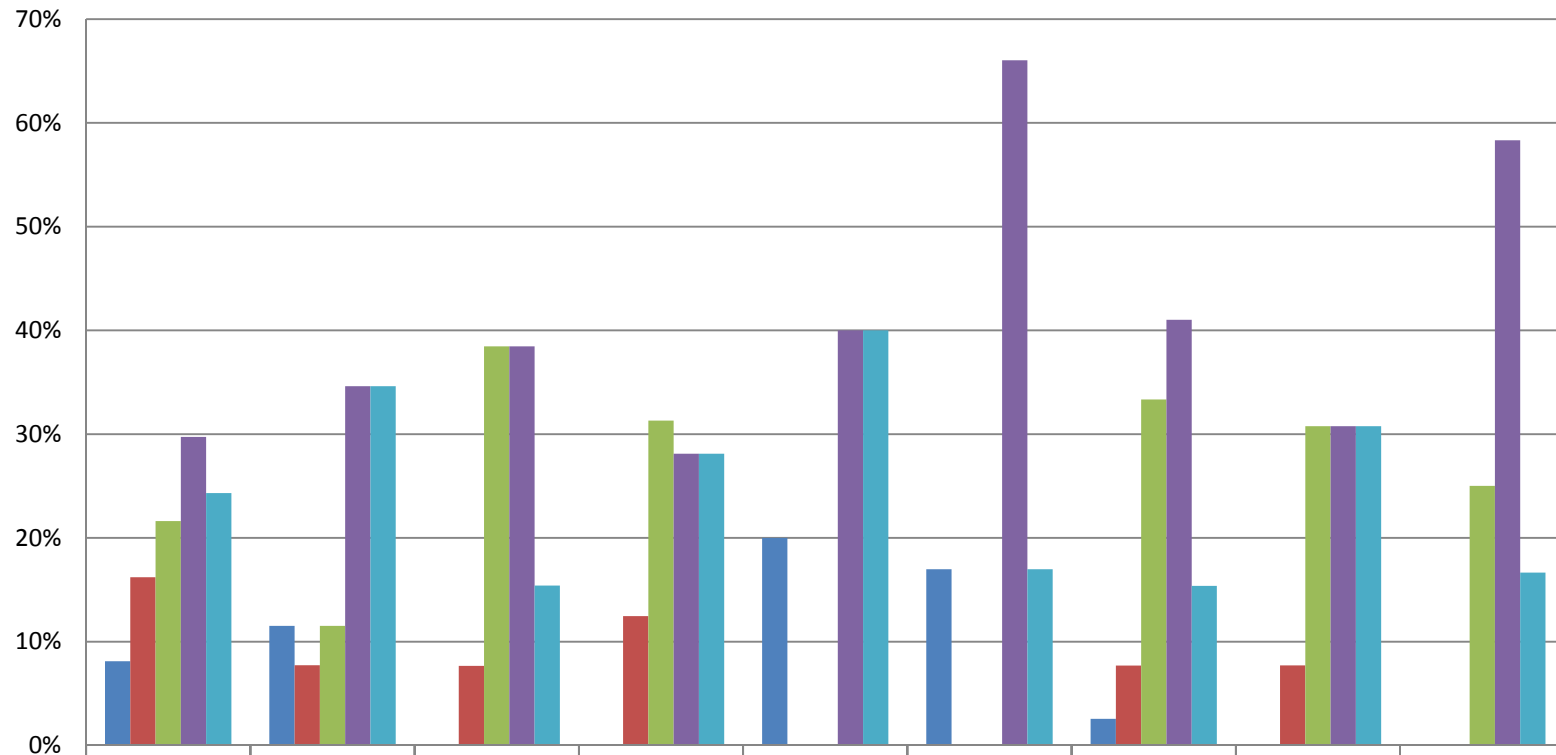
F7.b5--Satisfaction with Bus Stop Safety



F7.a6--Satisfaction with Reading Schedules

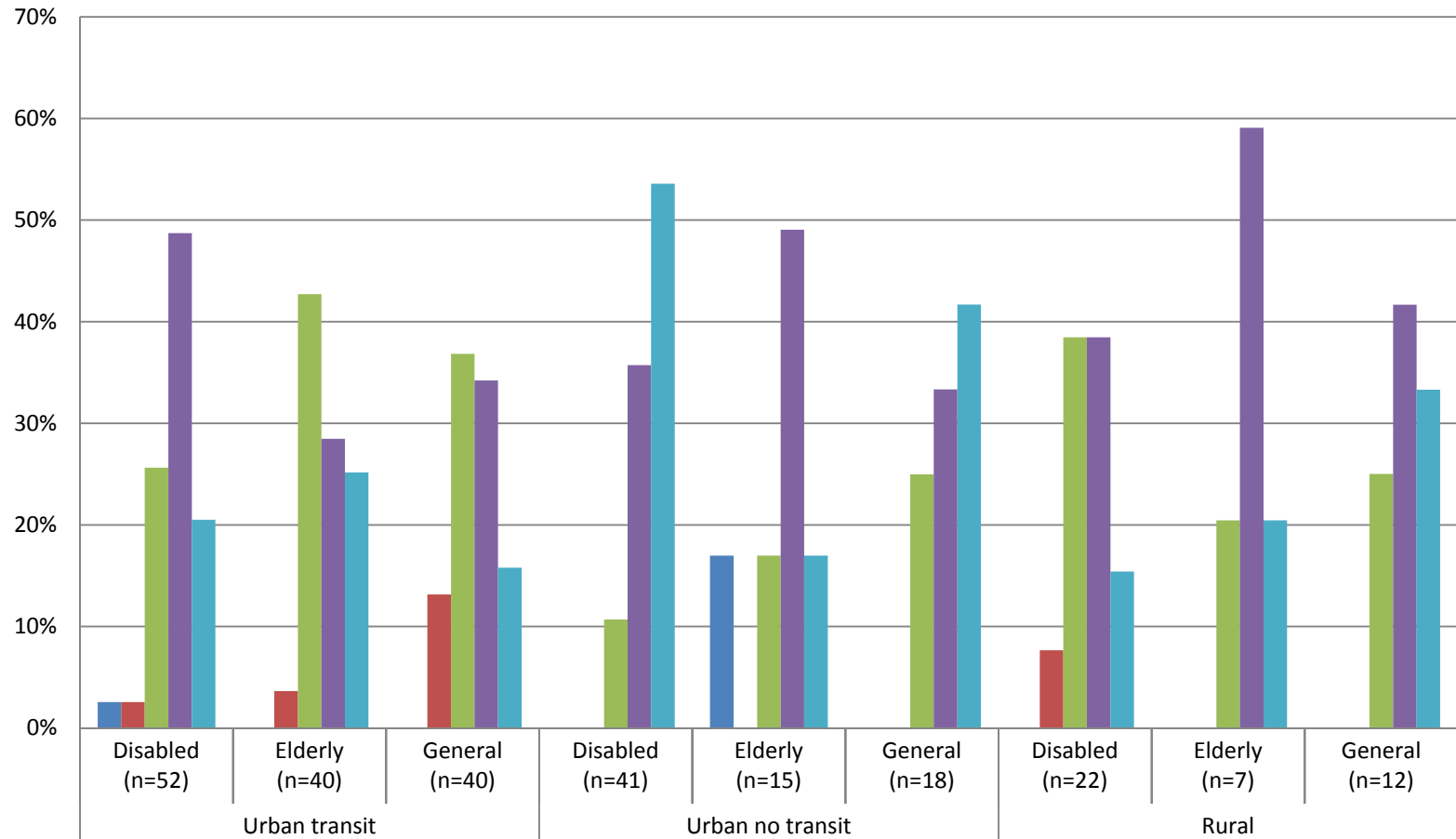


F7.b6--Satisfaction with Reading Schedules



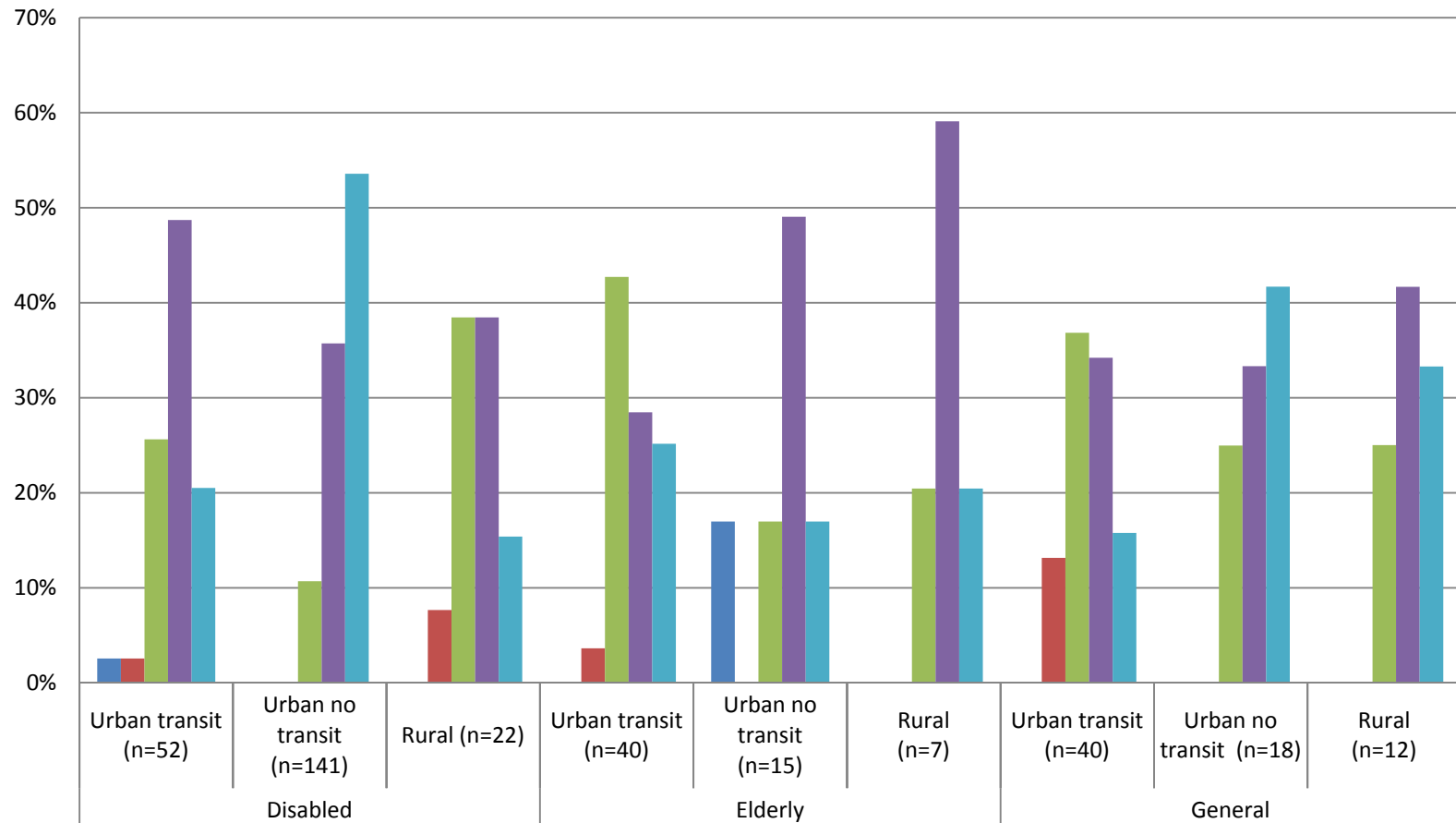
	Urban transit (n=52)	Urban no transit (n=141)	Rural (n=22)	Urban transit (n=40)	Urban no transit (n=15)	Rural (n=7)	Urban transit (n=40)	Urban no transit (n=18)	Rural (n=12)
	Disabled			Elderly			General		
Very low	8.1%	11.5%	0.0%	0.0%	20.0%	17.0%	2.6%	0.0%	0.0%
Low	16.2%	7.7%	7.7%	12.5%	0.0%	0.0%	7.7%	7.7%	0.0%
Moderate	21.6%	11.5%	38.5%	31.3%	0.0%	0.0%	33.3%	30.8%	25.0%
High	29.7%	34.6%	38.5%	28.1%	40.0%	66.0%	41.0%	30.8%	58.3%
Very high	24.3%	34.6%	15.4%	28.1%	40.0%	17.0%	15.4%	30.8%	16.7%

F7.a7--Satisfaction with Reading Signs



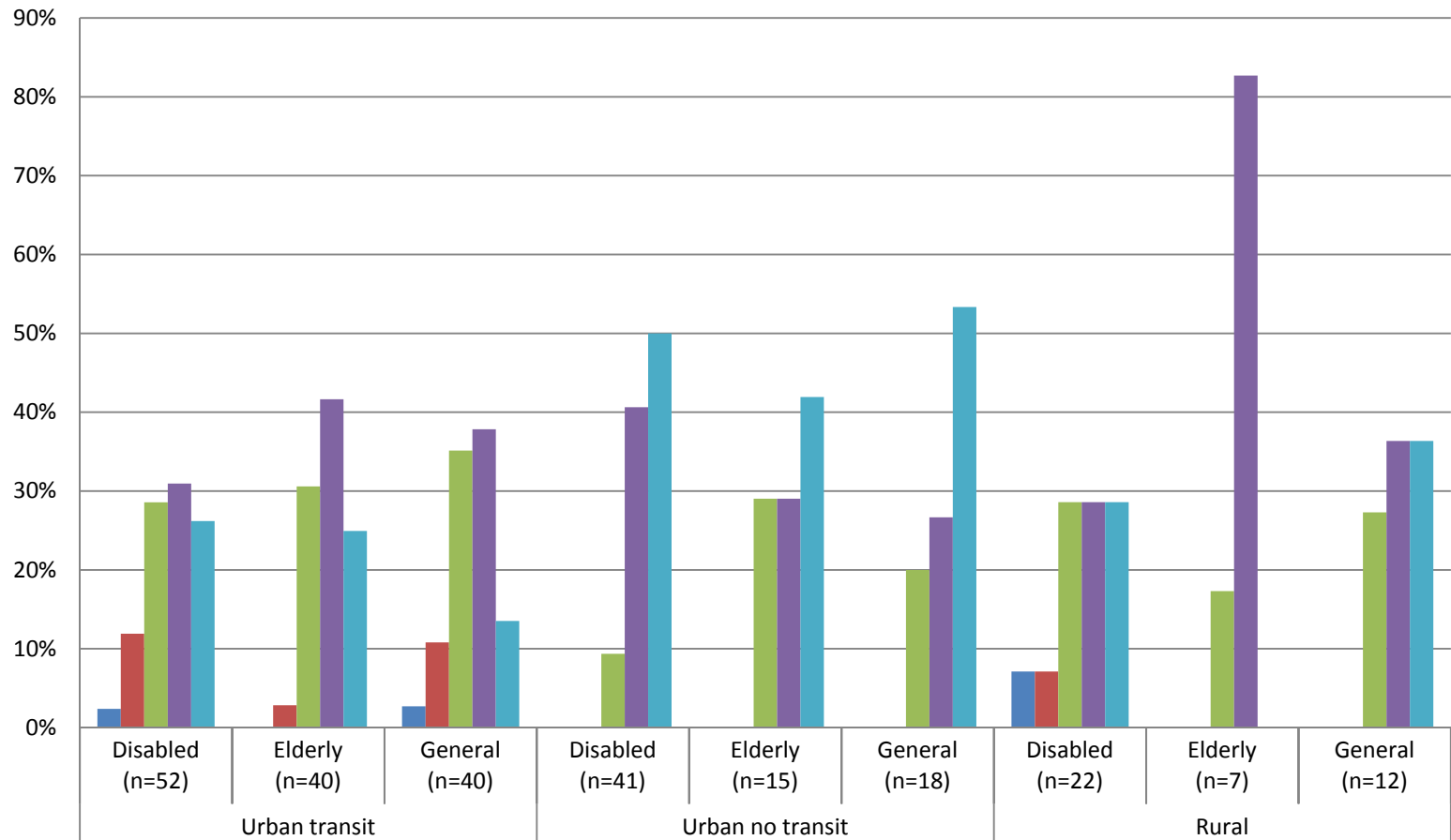
Very low	2.6%				17.0%				
Low	2.6%	3.6%	13.2%				7.7%		
Moderate	25.6%	42.7%	36.8%	10.7%	17.0%	25.0%	38.5%	20.5%	25.0%
High	48.7%	28.5%	34.2%	35.7%	49.1%	33.3%	38.5%	59.1%	41.7%
Very high	20.5%	25.2%	15.8%	53.6%	17.0%	41.7%	15.4%	20.5%	33.3%

F7.b7--Satisfaction with Reading Signs

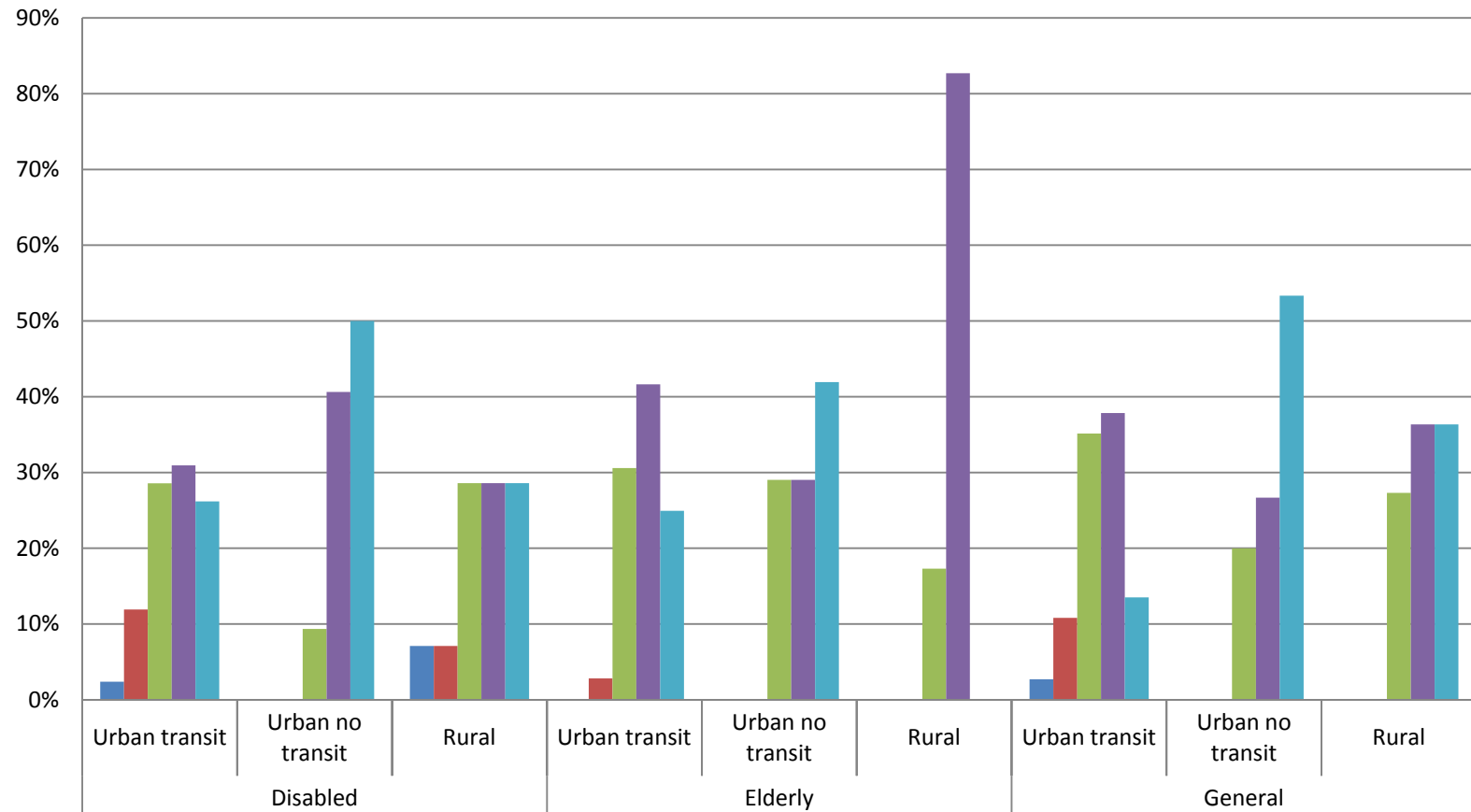


	Urban transit (n=52)	Urban no transit (n=141)	Rural (n=22)	Urban transit (n=40)	Urban no transit (n=15)	Rural (n=7)	Urban transit (n=40)	Urban no transit (n=18)	Rural (n=12)
Very low	2.6%	0.0%	0.0%	0.0%	17.0%	0.0%	0.0%	0.0%	0.0%
Low	2.6%	0.0%	7.7%	3.6%	0.0%	0.0%	13.2%	0.0%	0.0%
Moderate	25.6%	10.7%	38.5%	42.7%	17.0%	20.5%	36.8%	25.0%	25.0%
High	48.7%	35.7%	38.5%	28.5%	49.1%	59.1%	34.2%	33.3%	41.7%
Very high	20.5%	53.6%	15.4%	25.2%	17.0%	20.5%	15.8%	41.7%	33.3%

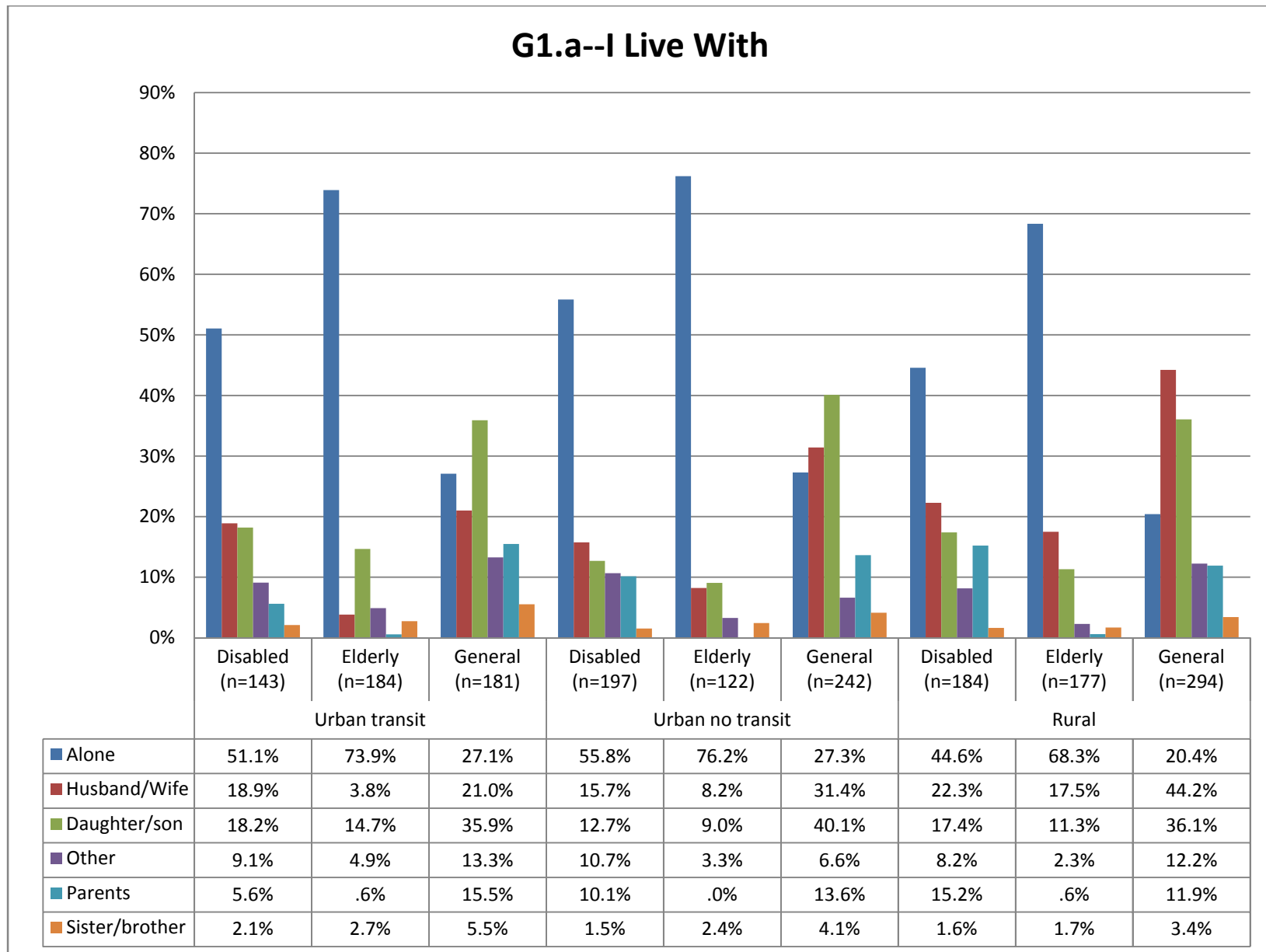
F7.a8--Satisfaction with Announcements of Driver



F7.b8--Satisfaction with Announcements of Driver

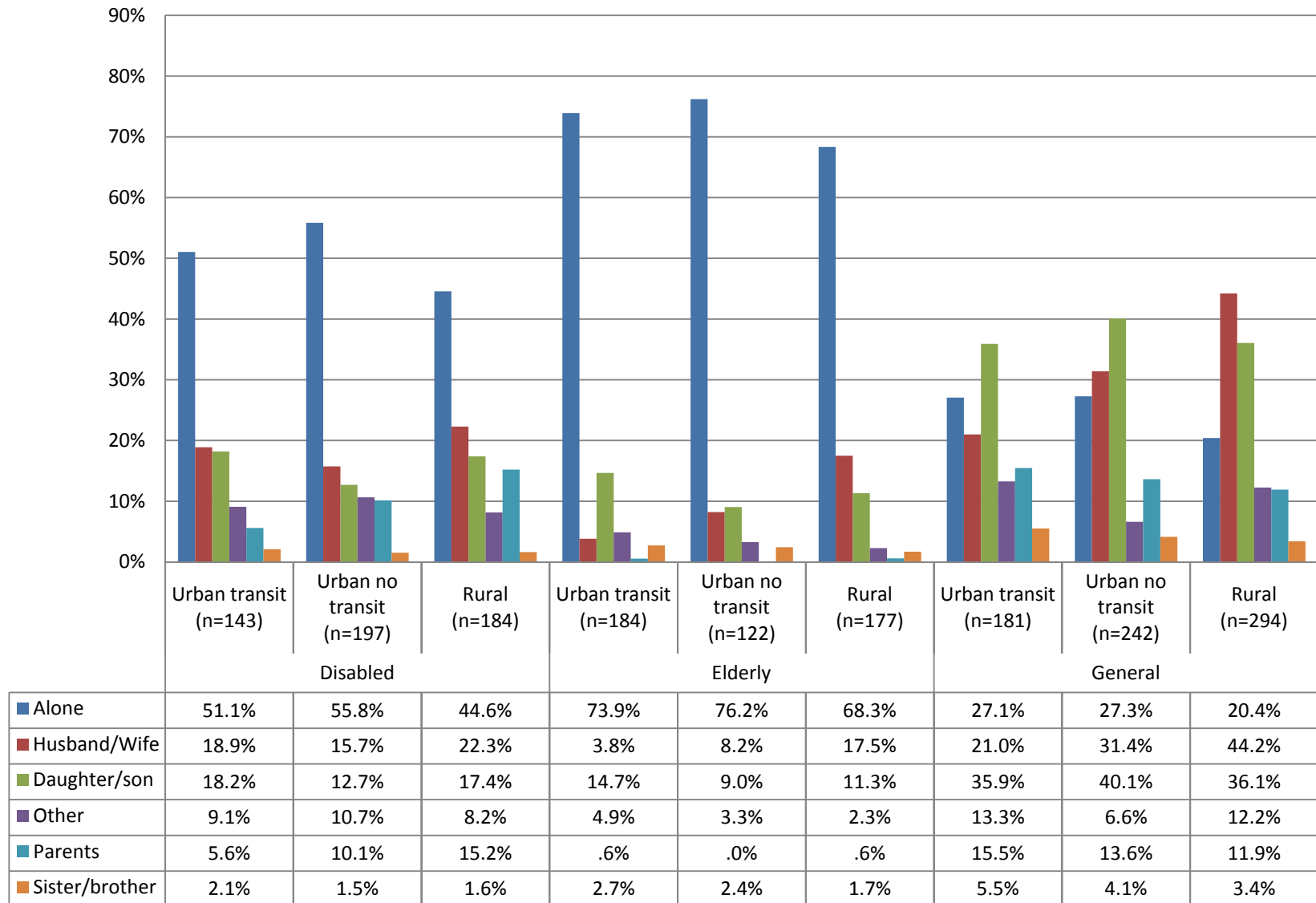


Appendix 1

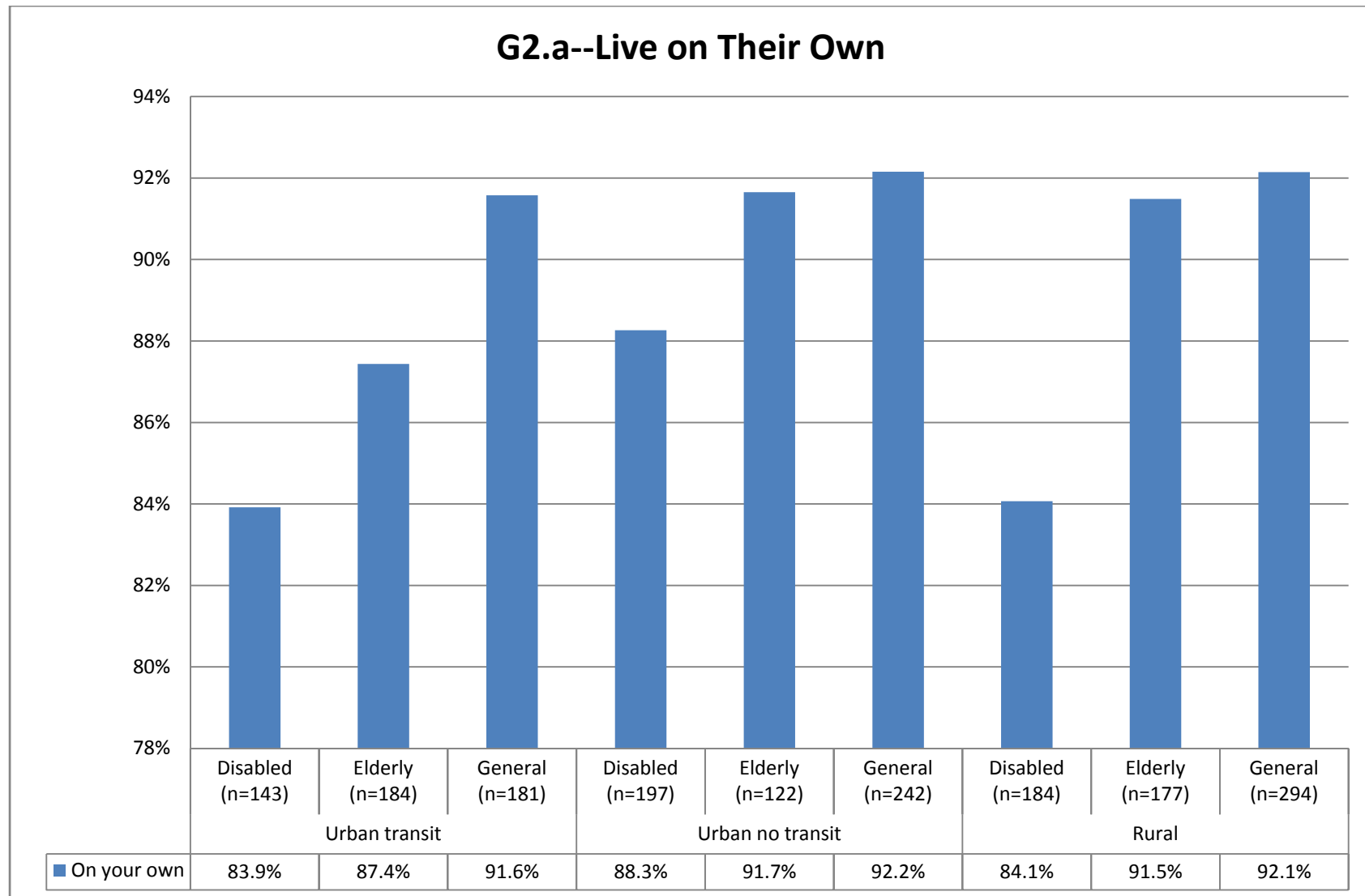


Appendix 1

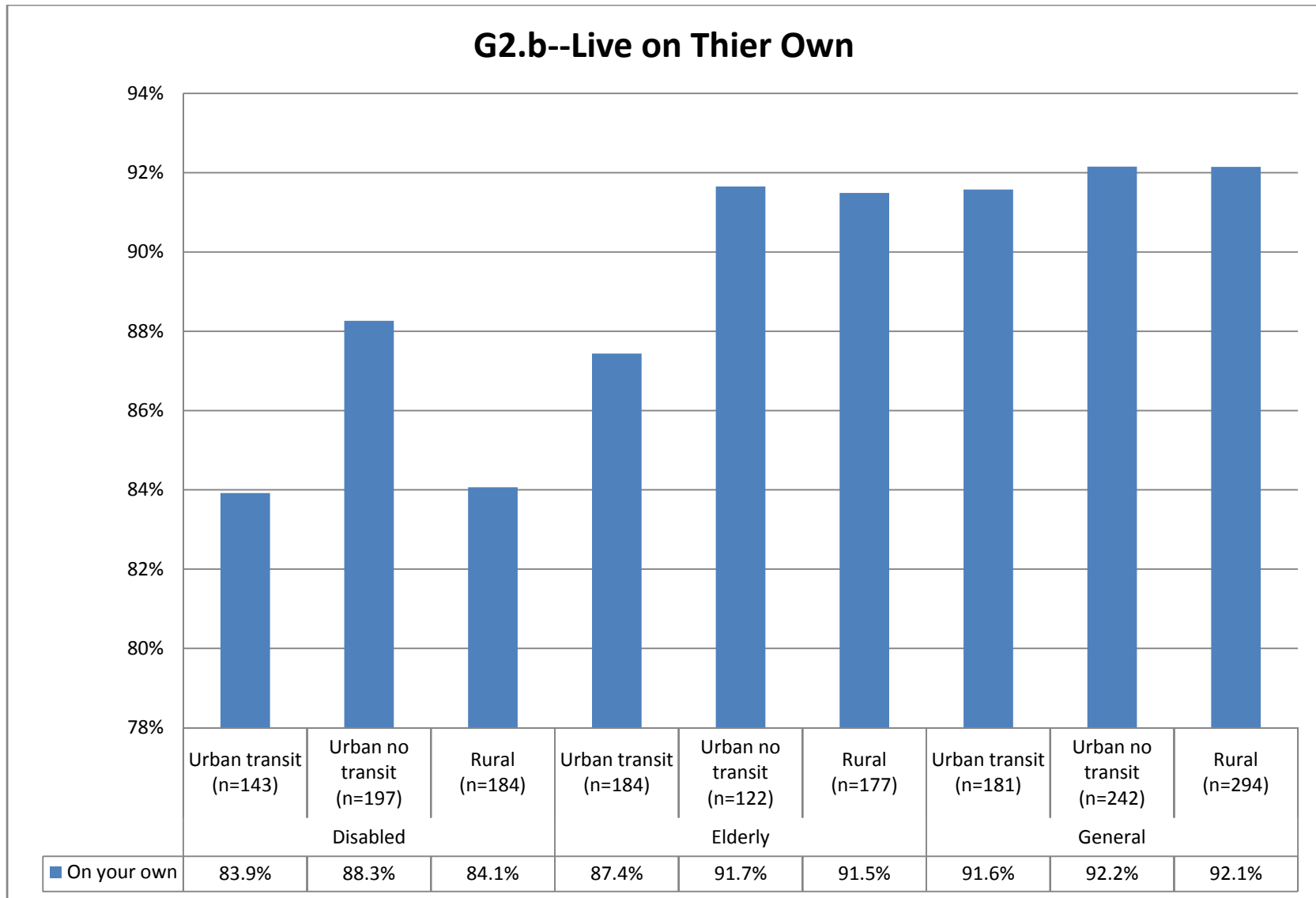
G1.b1--I Live With



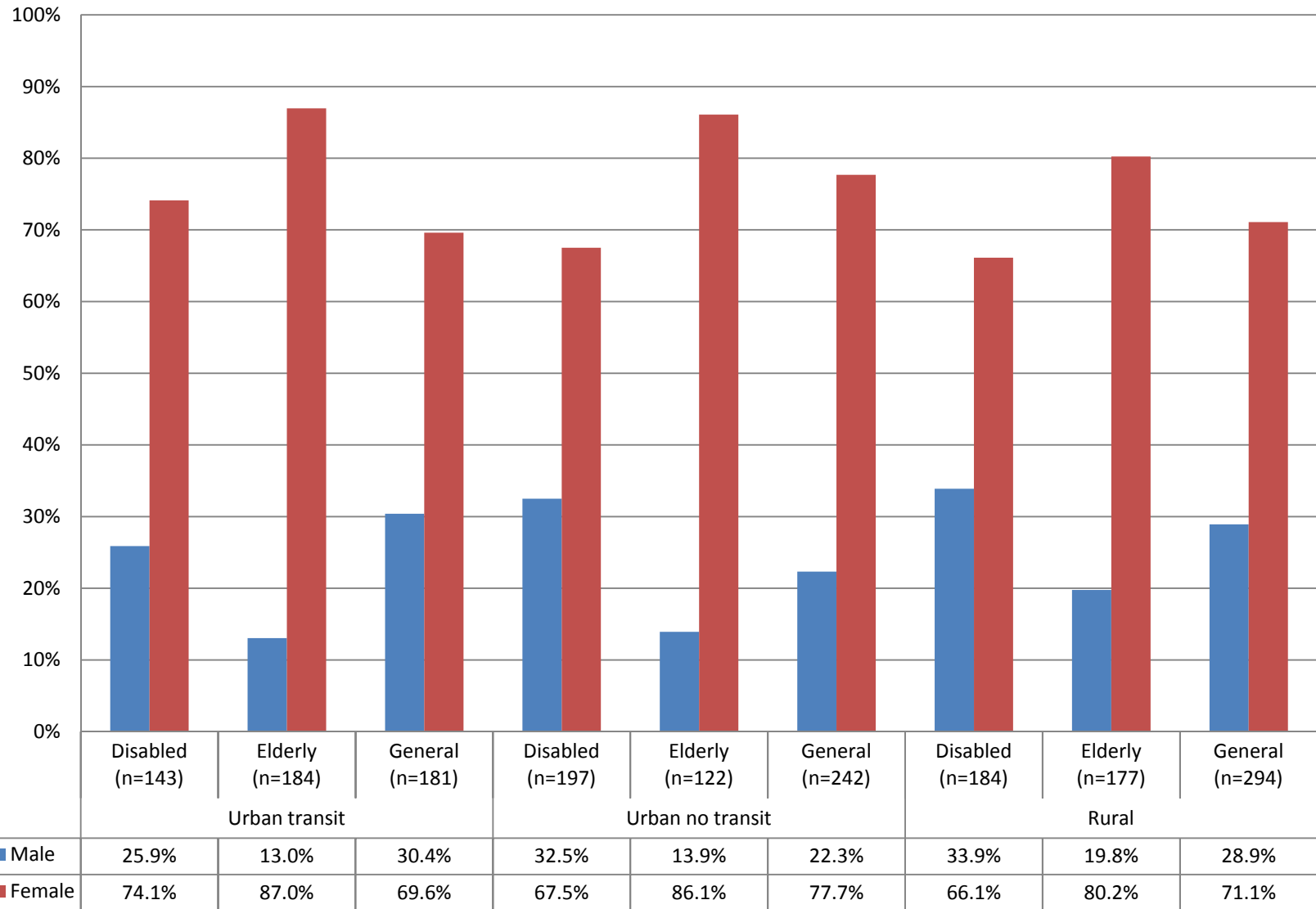
Appendix 1



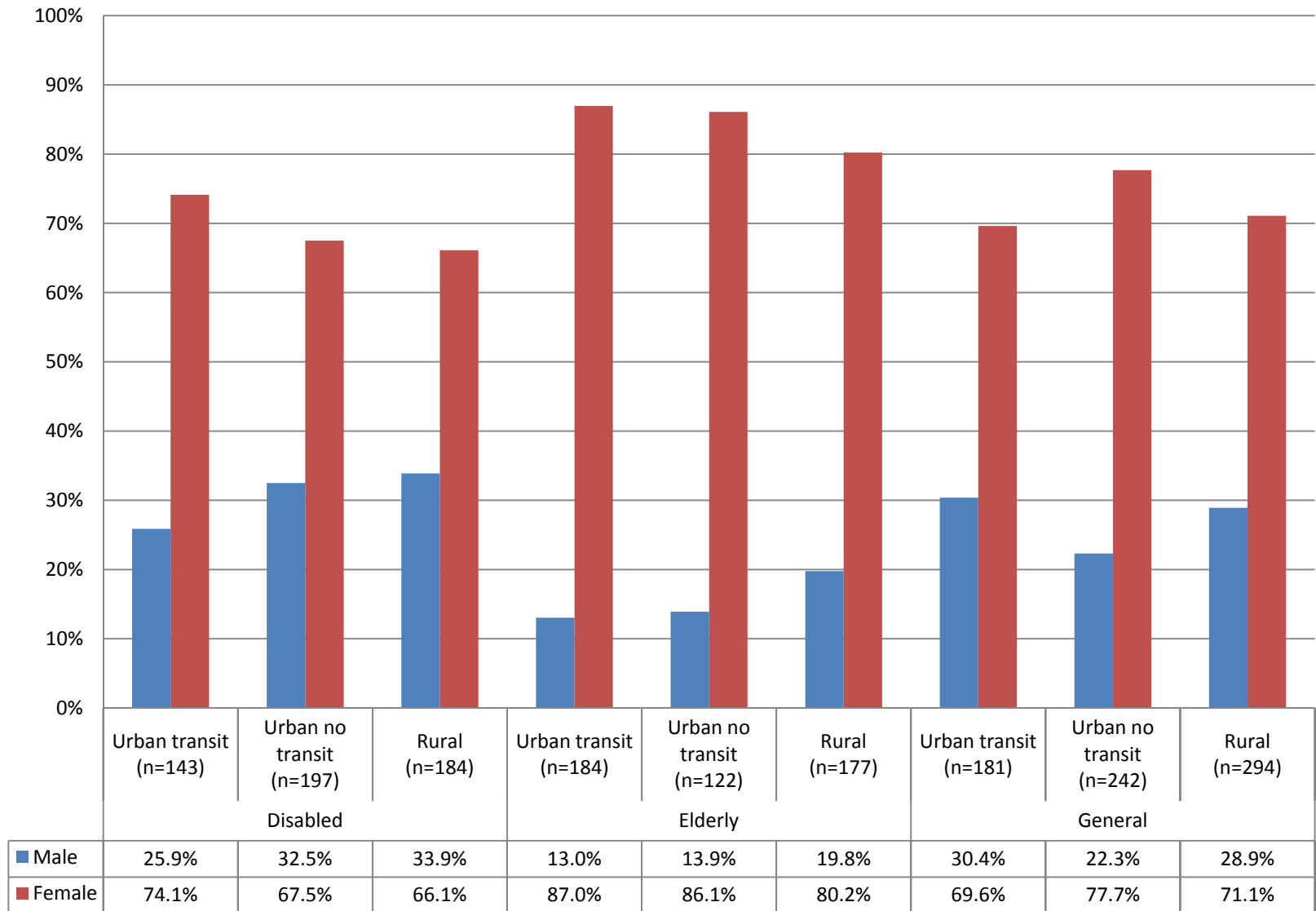
Appendix 1



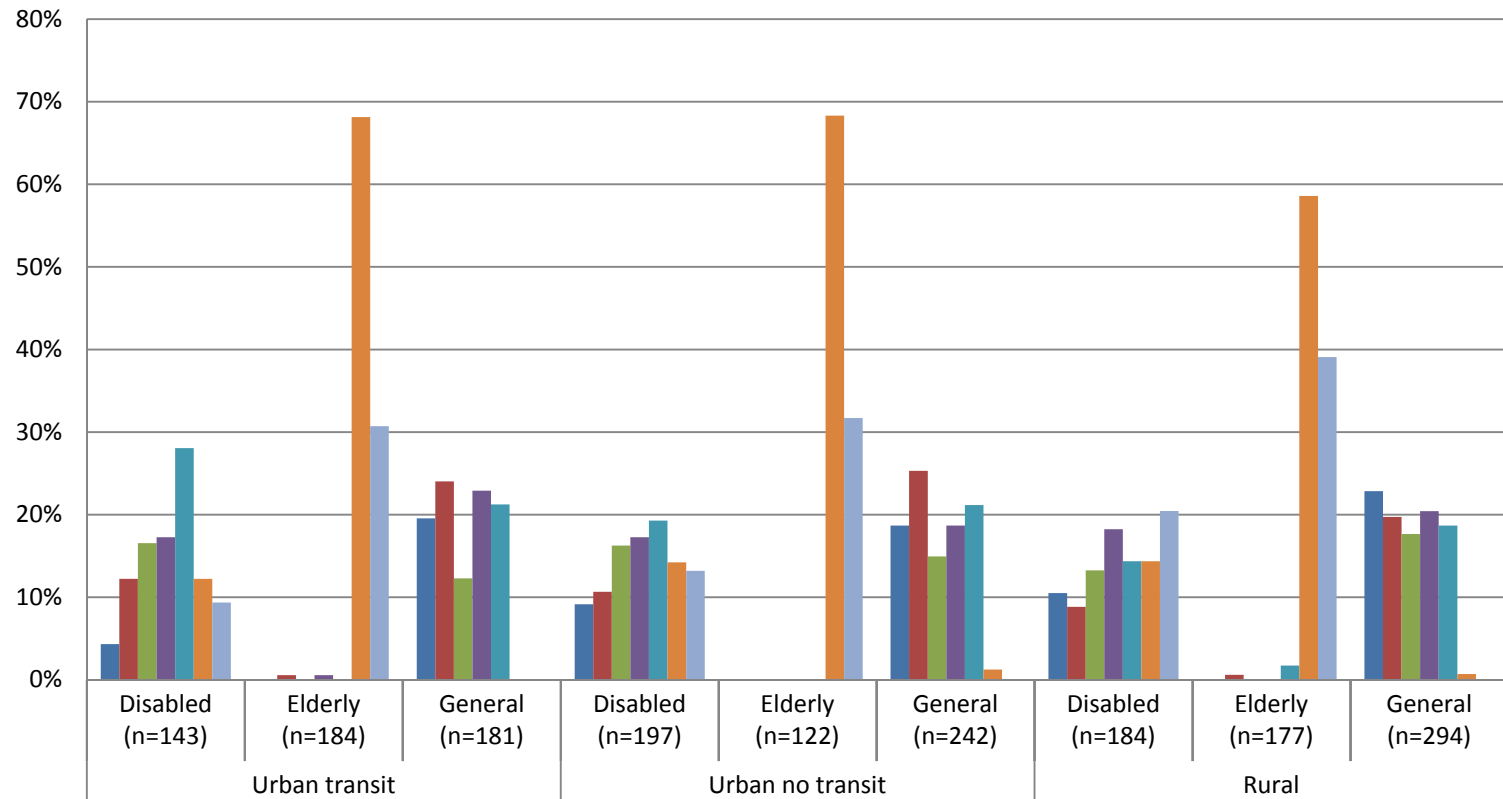
G3.a--Gender of Respondents



G3.b--Gender of Respondents



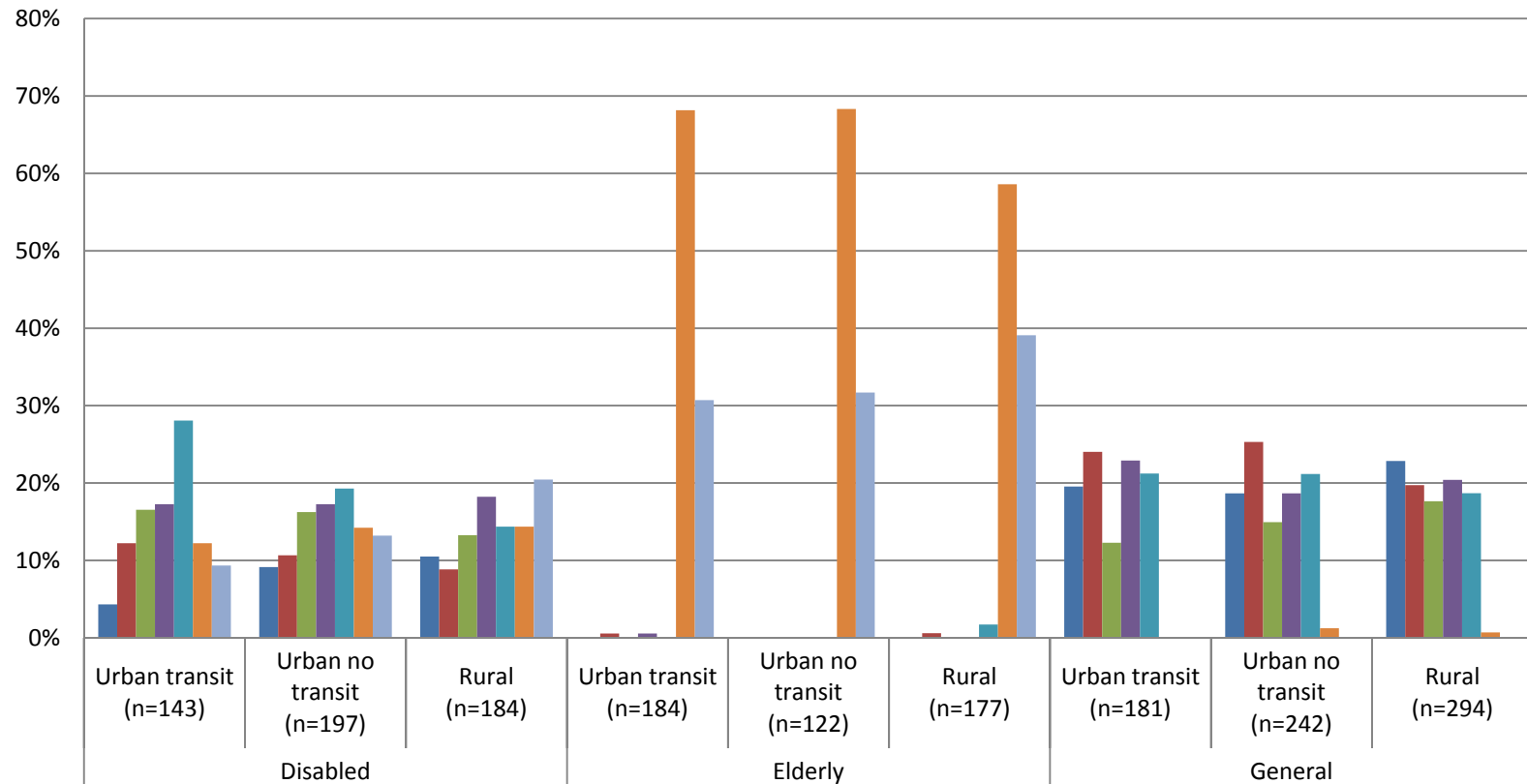
G4.a--Age of Respondents



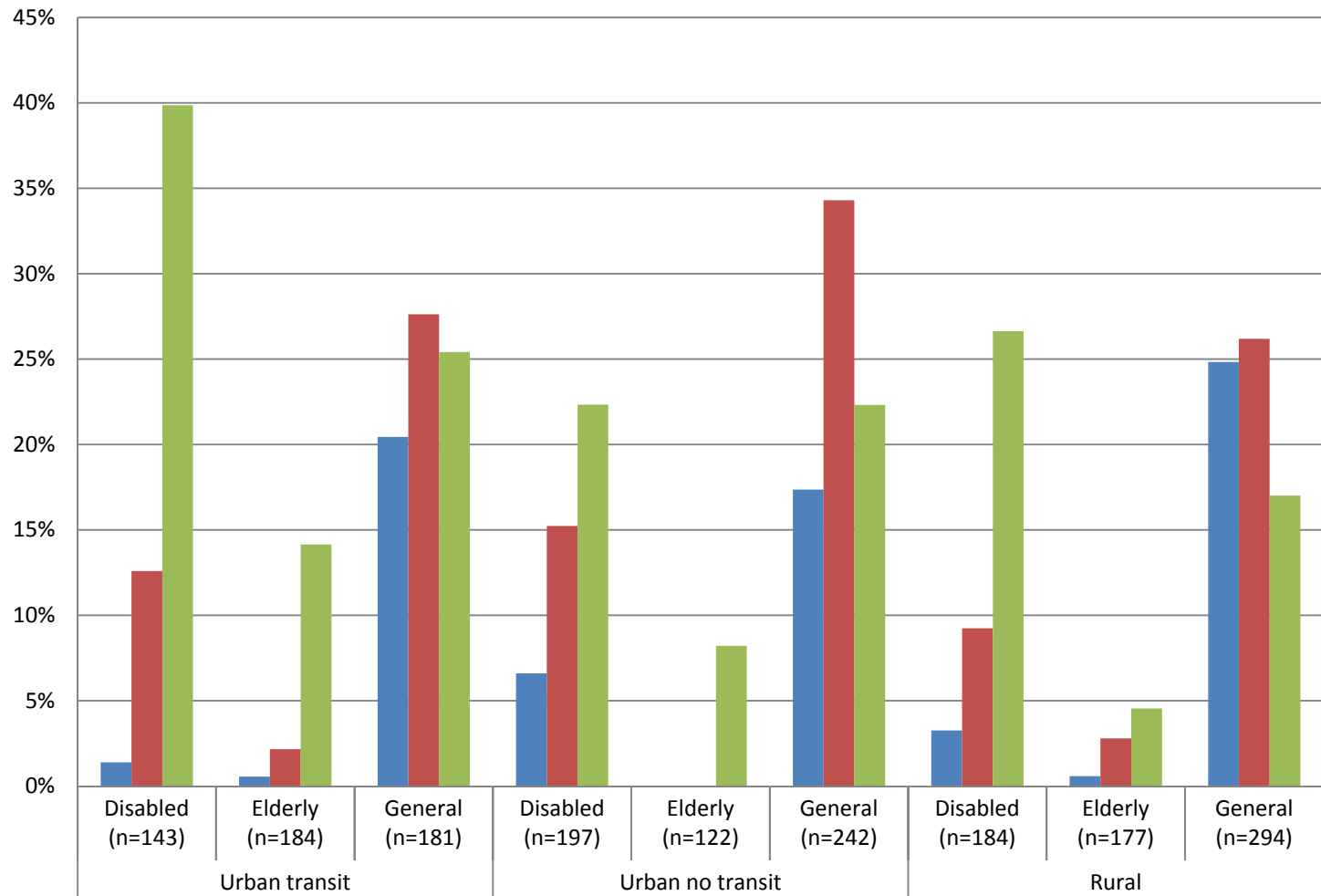
■ 18 to 24	4.3%		19.6%	9.1%		18.7%	10.5%		22.8%
■ 25 to 34	12.2%	.6%	24.0%	10.7%		25.3%	8.8%	.6%	19.7%
■ 35 to 44	16.5%		12.3%	16.2%		14.9%	13.3%		17.6%
■ 45 to 54	17.3%	.6%	22.9%	17.3%		18.7%	18.2%		20.4%
■ 55 to 64	28.1%		21.2%	19.3%		21.2%	14.4%	1.7%	18.7%
■ 65 to 74	12.2%	68.2%		14.2%	68.3%	1.2%	14.4%	58.6%	.7%
■ 75 or older	9.4%	30.7%		13.2%	31.7%		20.4%	39.1%	

Appendix 1

G4.b--Age of Respondent

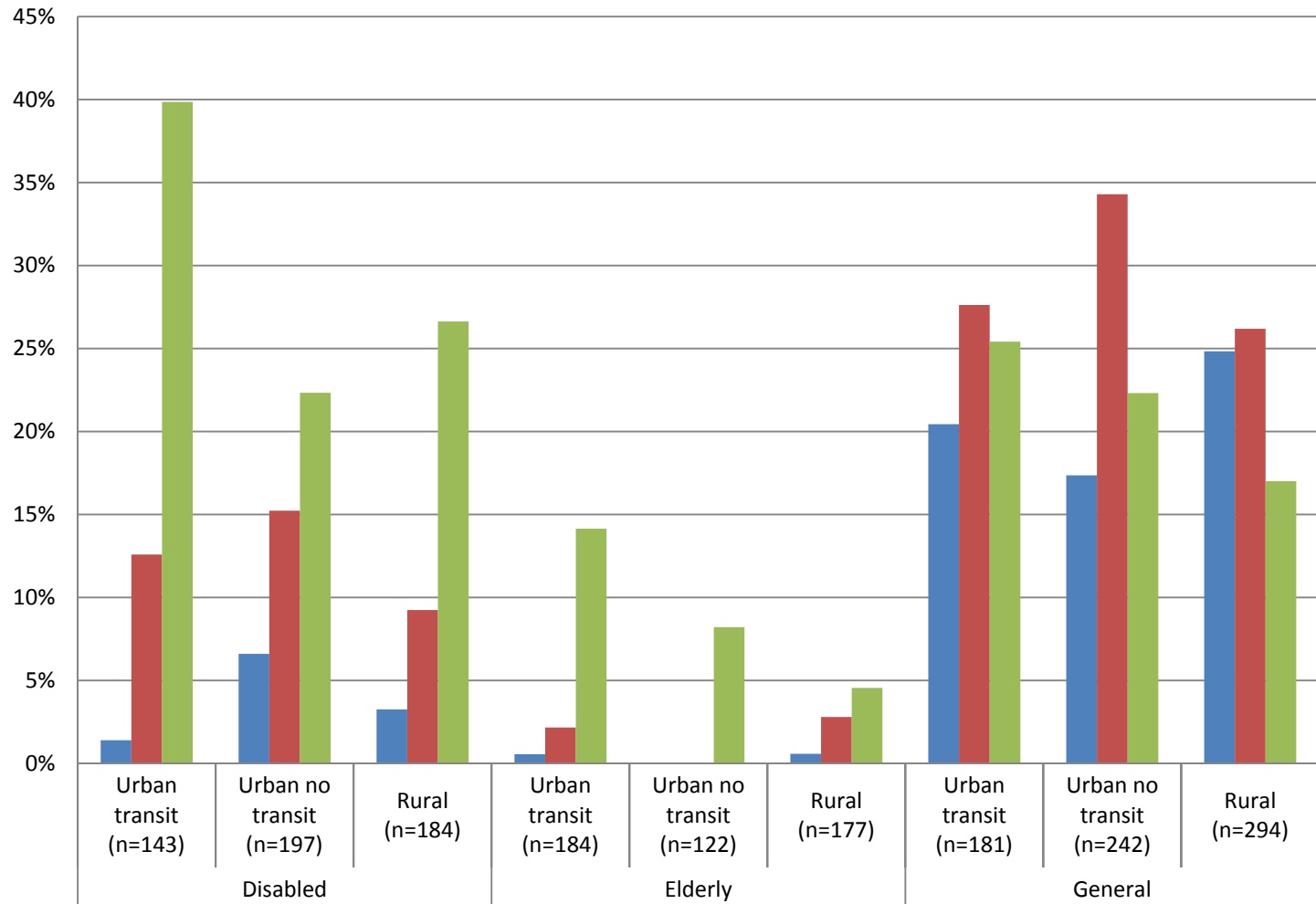


G5.a--Employment Status



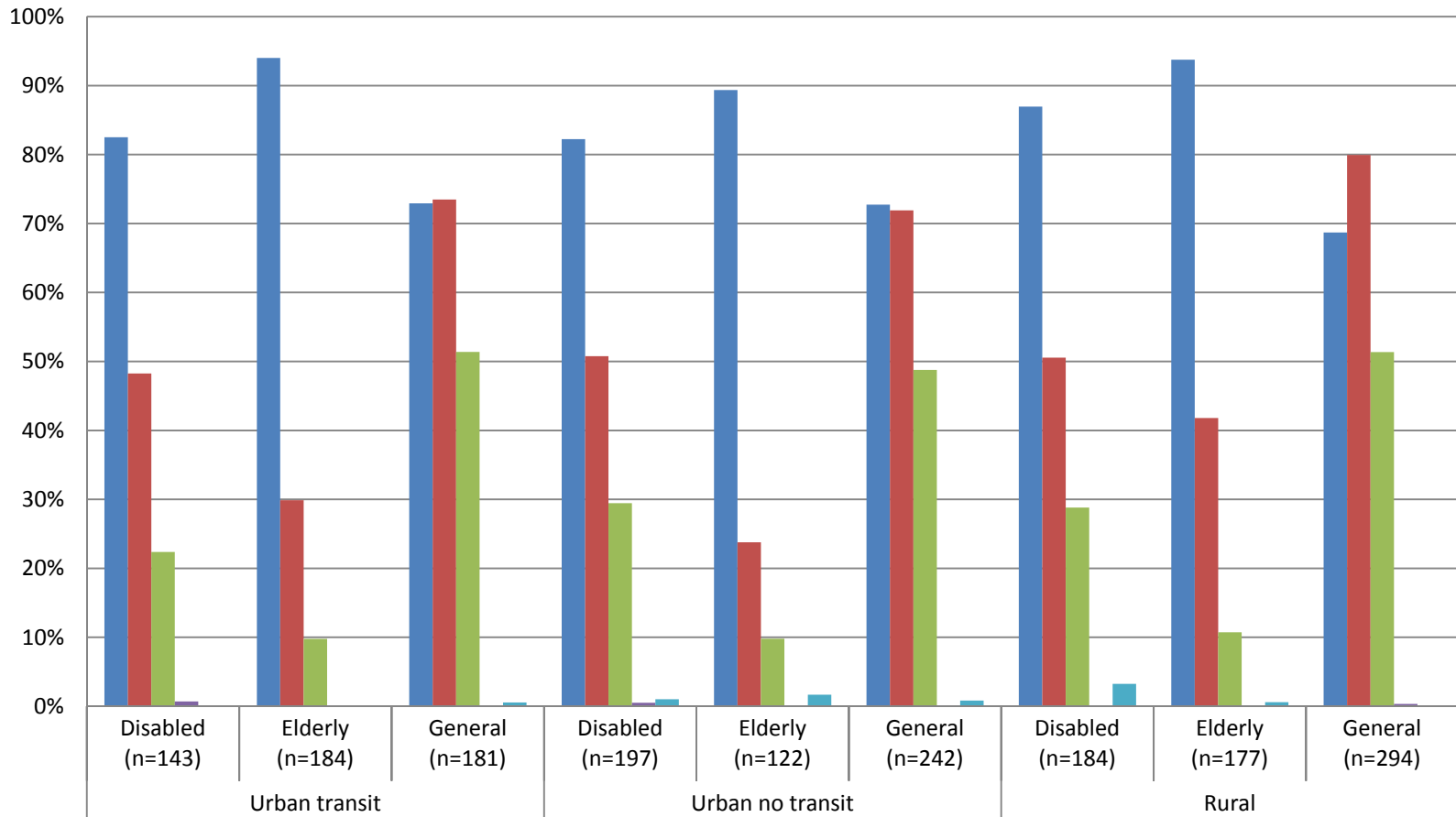
■ Employed, full time	1.4%	.6%	20.4%	6.6%		17.4%	3.3%	.6%	24.8%
■ Employed, part time	12.6%	2.2%	27.6%	15.2%	.0%	34.3%	9.2%	2.8%	26.2%
■ Unemployed	39.9%	14.1%	25.4%	22.3%	8.2%	22.3%	26.6%	4.5%	17.0%

G5.b--Employment Status



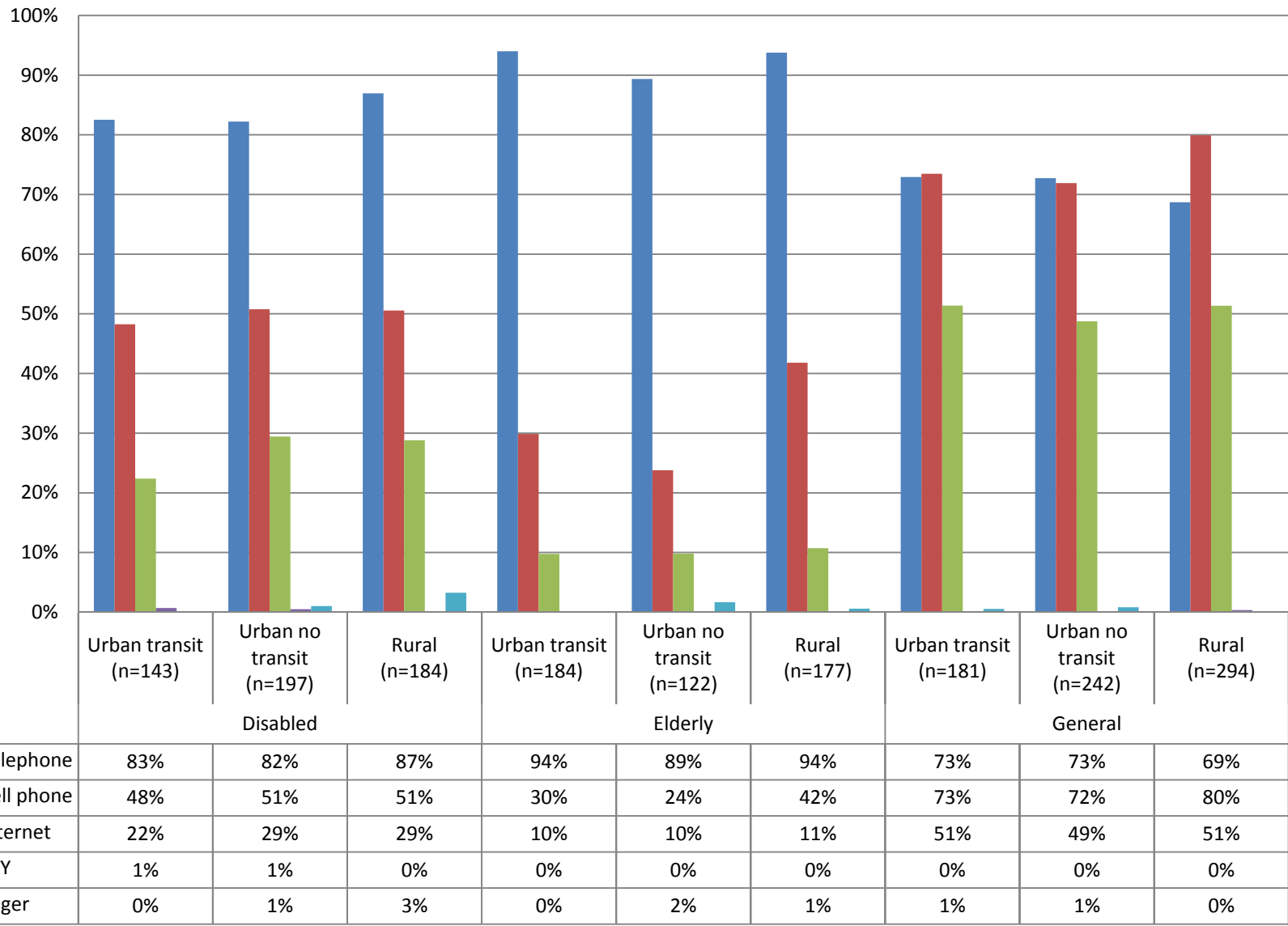
■ Employed, full time	1.4%	6.6%	3.3%	.6%		.6%	20.4%	17.4%	24.8%
■ Employed, part time	12.6%	15.2%	9.2%	2.2%	.0%	2.8%	27.6%	34.3%	26.2%
■ Unemployed	39.9%	22.3%	26.6%	14.1%	8.2%	4.5%	25.4%	22.3%	17.0%

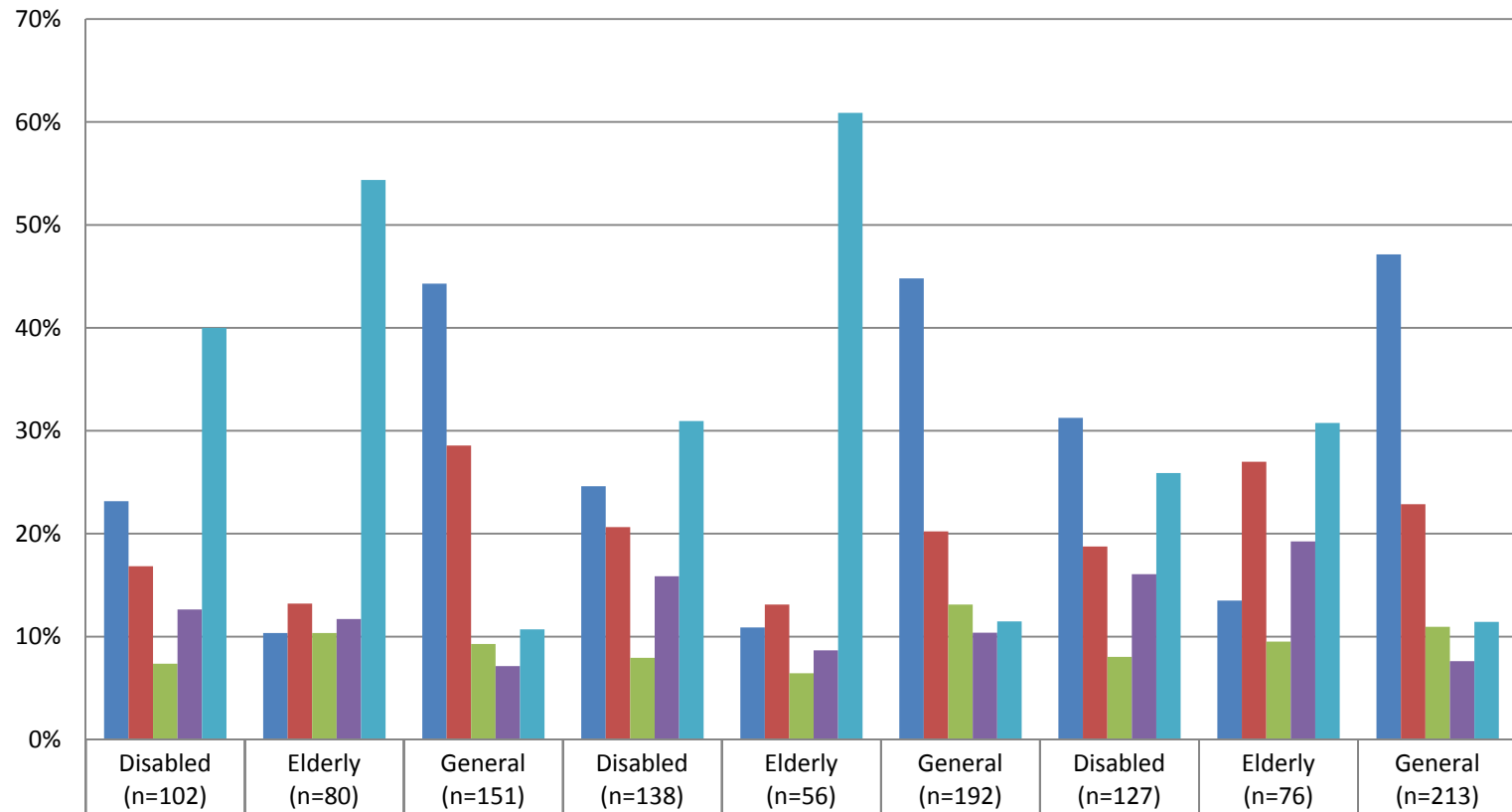
G6.a--Communication



	Disabled (n=143)	Elderly (n=184)	General (n=181)	Disabled (n=197)	Elderly (n=122)	General (n=242)	Disabled (n=184)	Elderly (n=177)	General (n=294)
Telephone	83%	94%	73%	82%	89%	73%	87%	94%	69%
Cell phone	48%	30%	73%	51%	24%	72%	51%	42%	80%
Internet	22%	10%	51%	29%	10%	49%	29%	11%	51%
TTY	1%	0%	0%	1%	0%	0%	0%	0%	0%
Pager	0%	0%	1%	1%	2%	1%	3%	1%	0%

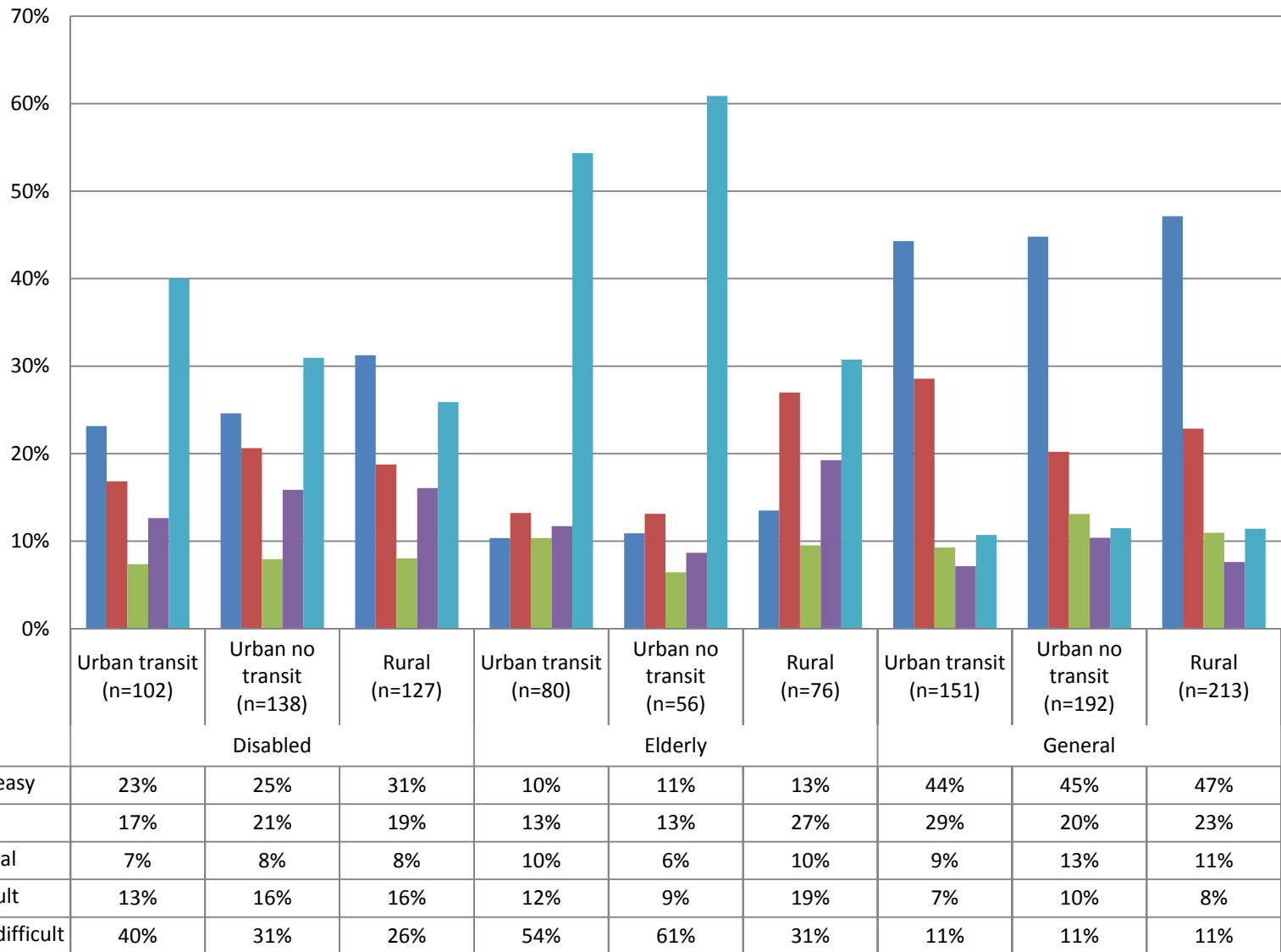
G6.b--Communication

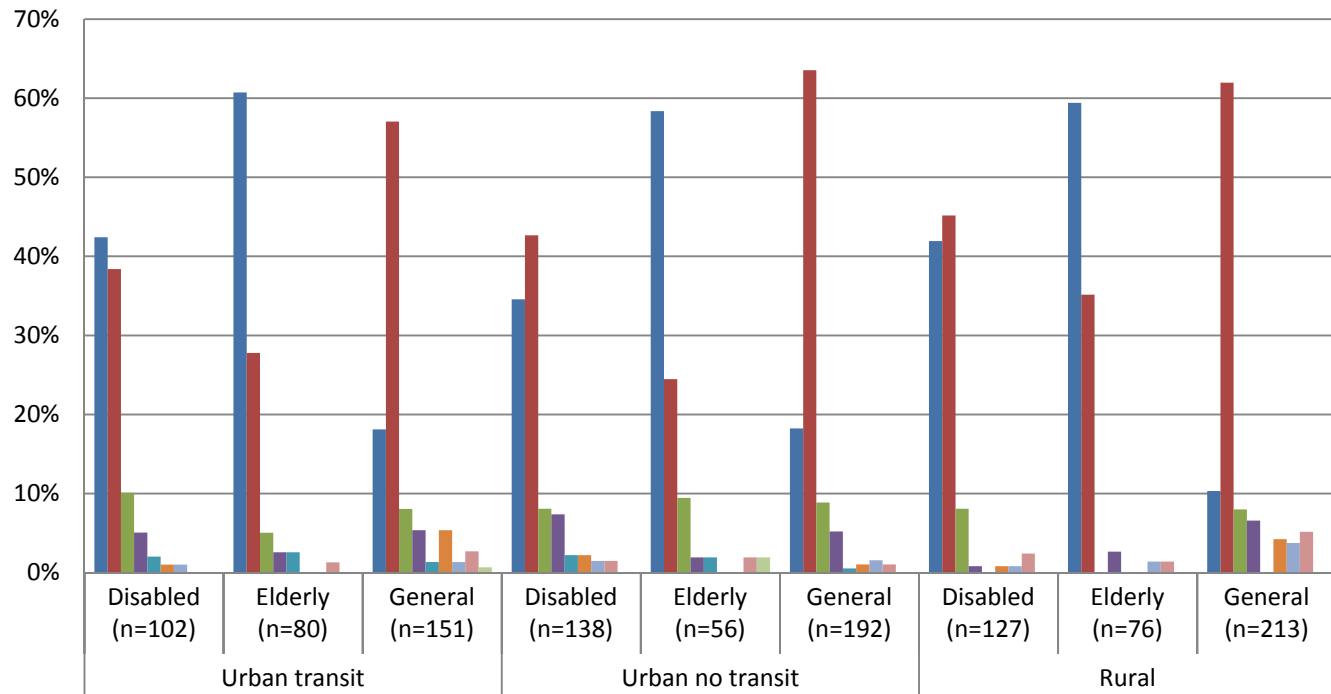


G7.a--Ease of Using Internet

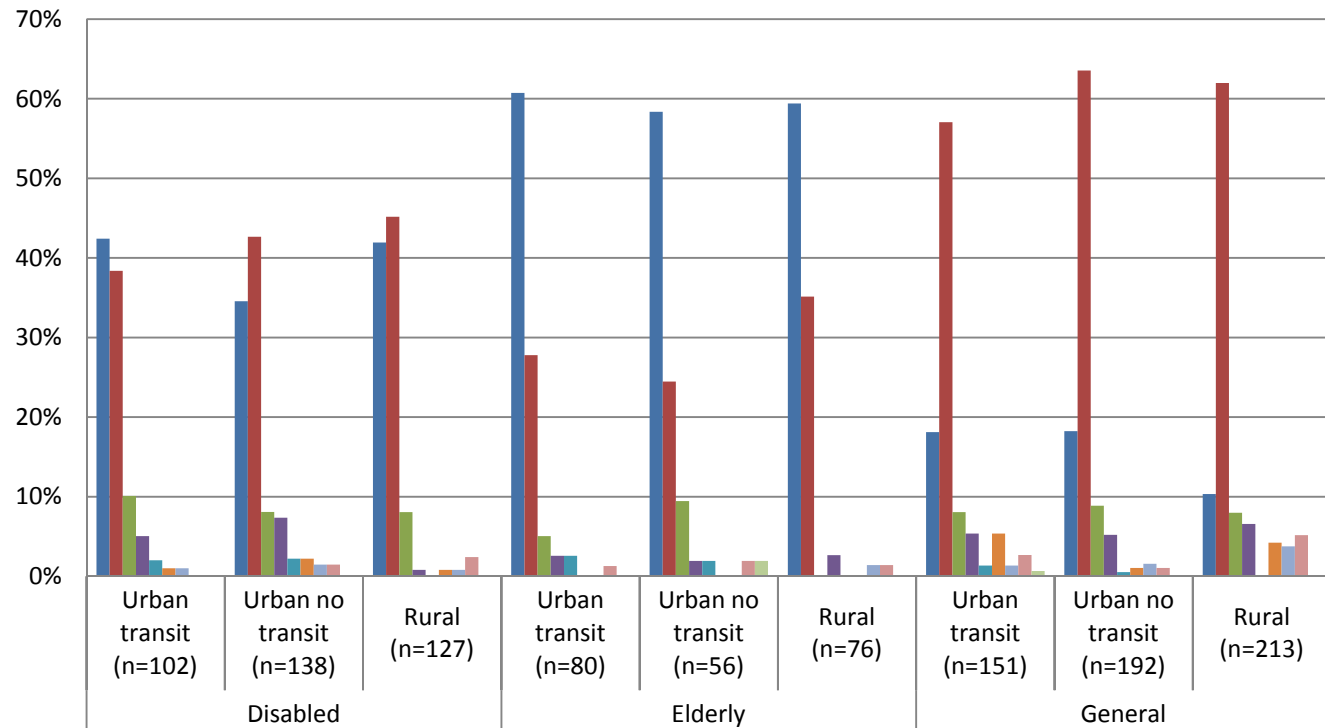
	Urban transit			Urban no transit			Rural		
■ Very easy	23%	10%	44%	25%	11%	45%	31%	13%	47%
■ Easy	17%	13%	29%	21%	13%	20%	19%	27%	23%
■ Neutral	7%	10%	9%	8%	6%	13%	8%	10%	11%
■ Difficult	13%	12%	7%	16%	9%	10%	16%	19%	8%
■ Very difficult	40%	54%	11%	31%	61%	11%	26%	31%	11%

G7.b--Ease of Using Internet



G8.a--Location of Internet Use

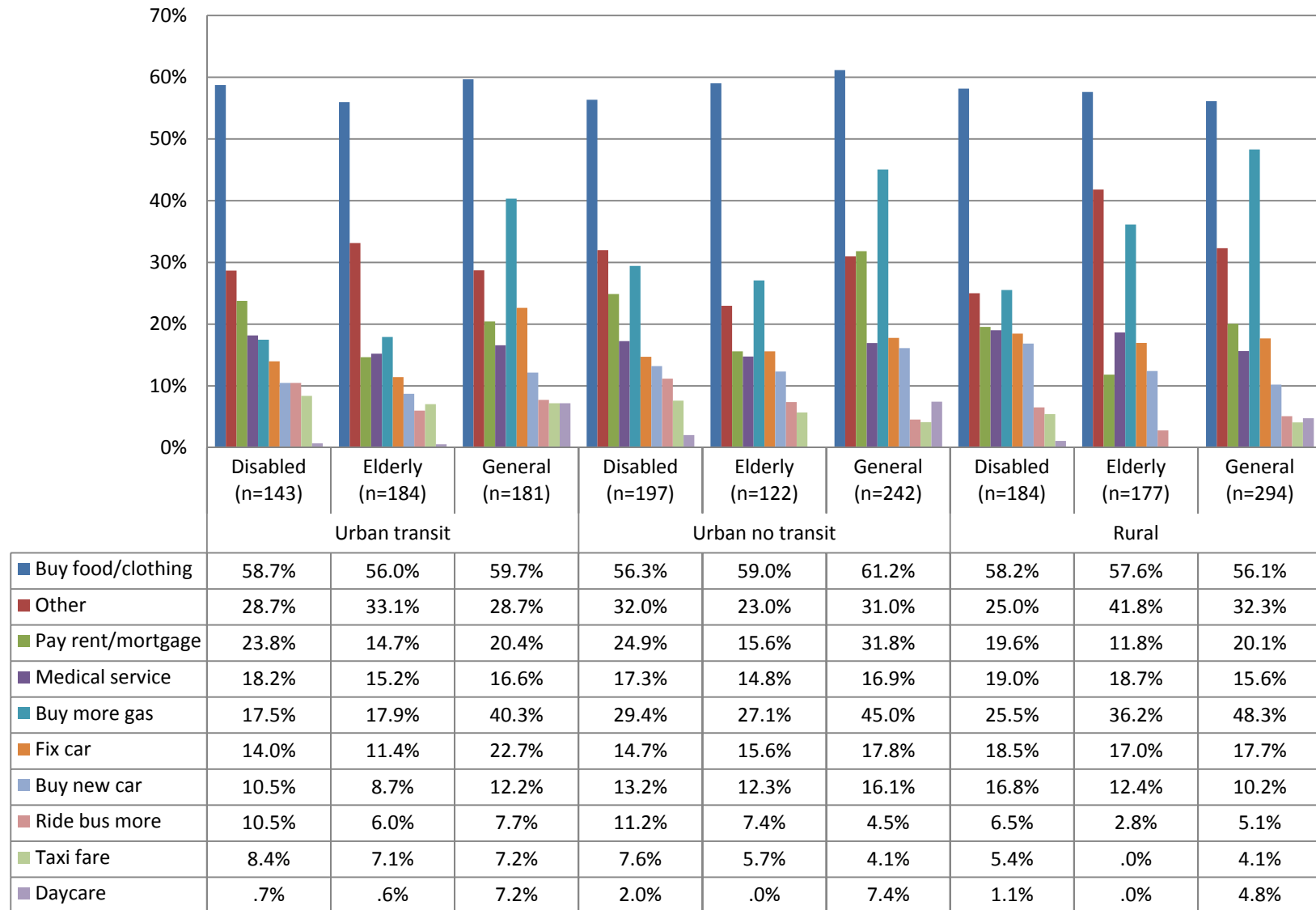
G8.b--Location of Internet Use



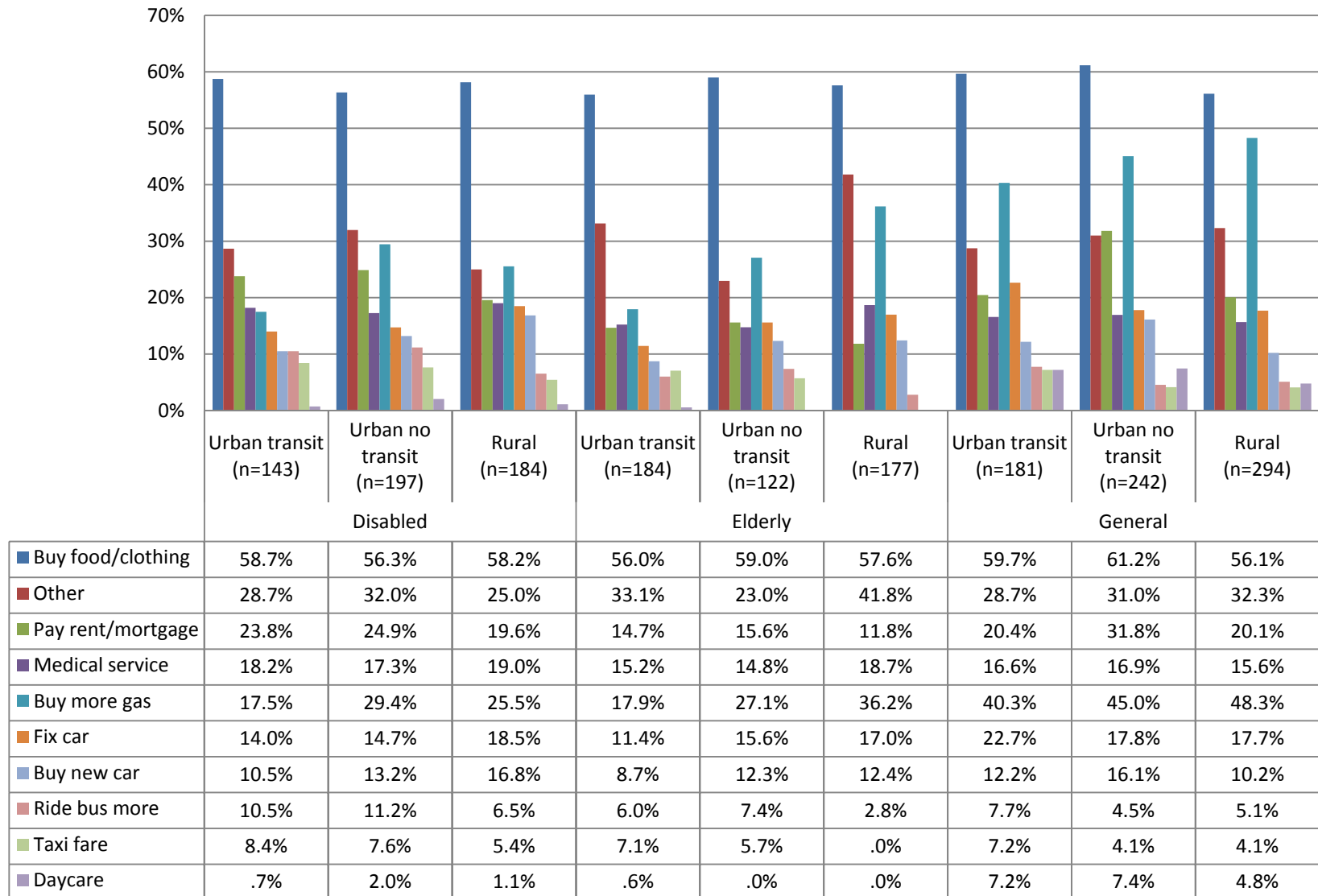
	Urban transit (n=102)	Urban no transit (n=138)	Rural (n=127)	Urban transit (n=80)	Urban no transit (n=56)	Rural (n=76)	Urban transit (n=151)	Urban no transit (n=192)	Rural (n=213)
Do not use internet	42.4%	34.6%	41.9%	60.7%	58.4%	59.4%	18.1%	18.2%	10.3%
At home	38.4%	42.6%	45.2%	27.8%	24.5%	35.1%	57.0%	63.5%	62.0%
At the library	10.1%	8.1%	8.1%	5.0%	9.4%		8.1%	8.9%	8.0%
At a relative's home	5.1%	7.4%	.8%	2.6%	1.9%	2.6%	5.4%	5.2%	6.6%
Other	2.0%	2.2%		2.6%	1.9%		1.3%	.5%	
At work	1.0%	2.2%	.8%				5.4%	1.0%	4.2%
At school	1.0%	1.5%	.8%			1.4%	1.3%	1.6%	3.8%
At a friends home		1.5%	2.4%	1.3%	1.9%	1.4%	2.7%	1.0%	5.2%
At a community/senior center					1.9%		.7%		

Appendix 1

G9.a--Spend Extra Money



G9.b--Spend Extra Money



Appendix 1

Appendix 1

Appendix 2

Income Maintenance Worker Questionnaire

Income Maintenance Workers Survey

1) I have read the letter that was mailed to me describing the study and I agree to participate by filling out this survey.

- ☐ Yes I agree
☐ No I do not agree

Income Maintenance Workers Survey

Iowa Medicaid encourages members to contact their local DHS office to ensure that payment for medical transportation is allowable before they travel to a medical provider. This section contains questions regarding your role in this process.

2) Last week, how many times did Medicaid members contact you about obtaining transportation for a medical purpose?

- ☐ 0 times ☐ 1 time ☐ 2 times ☐ 3 times ☐ 4 times ☐ 5 times ☐ 6 times ☐ 7 or more times

3) Below is a list of tasks related to trips to be taken for medical purpose. Please indicate which tasks you typically perform as part of your job. (Check all that apply)

- ☐ Determine the most economical, appropriate means of transportation for the trip
☐ Refer the Medicaid member to suitable transportation provider
☐ Contact a transportation provider to arrange transportation for the Medicaid member
☐ Drive the Medicaid member to or from his/her destination

4) In your experience, how likely are Medicaid members to delay or skip medical care as a result of being told that transportation to that care will not be reimbursable?

- ☐ Very likely ☐ Somewhat likely ☐ Neutral ☐ Somewhat unlikely ☐ Very unlikely

5) In your experience, how often do Medicaid members verify that travel expenses will be reimbursed before traveling to a medical provider?

- ☐ Never ☐ Rarely ☐ Sometimes ☐ Usually ☐ Always

Income Maintenance workers survey-Web Version

Appendix 2

This section contains questions about tasks you may perform in relation to Medicaid member trips for non-medical purposes.

6) Last week, how many times did Medicaid members contact you about obtaining transportation for a non-medical purpose?

- ☐ 0 times ☐ 1 time ☐ 2 times ☐ 3 times ☐ 4 times ☐ 5 times ☐ 6 times ☐ 7 or more times

7) Below is a list of tasks related to Medicaid member trips for non-medical purposes. Please indicate which tasks you typically perform as part of your job. (Check all that apply)

- ☐ Refer the Medicaid members to free or subsidized transportation providers
☐ Contact a transportation provider to arrange transportation for the Medicaid member
☐ Drive the Medicaid member to or from his/her destination
☐ Seek sources of reimbursement for the trip for the Medicaid member

8) When you refer Medicaid members to transportation providers other than public transportation providers, what organizations or agencies do you refer them to? *Please write down the names of the organizations or agencies*

Medicaid members must file a claim to obtain reimbursement for transportation from Medicaid. This section contains questions about your role in processing those claims.

9) Last week, how many times did you determine approval or denial of a Medicaid transportation reimbursement claim?

- ☐ 0 times ☐ 1 time ☐ 2 times ☐ 3 times ☐ 4 times ☐ 5 times ☐ 6 times ☐ 7 or more times

Appendix 2

This section contains questions about your perception of the state of Medicaid transportation in your county.

15) How would you rate Medicaid members' understanding of Medicaid rules for transportation?

☐ Very high ☐ High ☐ Moderate ☐ Low ☐ Very low

16) How would you rate your ability to arrange rides for Medicaid members?

☐ Excellent ☐ Very good ☐ Good ☐ Fair ☐ Poor

17) How would you rate the ability of public transportation in your county to meet the medical transportation needs of Medicaid members?

☐ Meets all of the needs ☐ Meets most of the needs ☐ Meets some of the needs ☐ Meets a small part of the needs ☐ Meets none of the needs

18) How would you rate the ability of public transportation in your county to meet the non-medical transportation needs of Medicaid members?

☐ Meets all of the needs ☐ Meets most of the needs ☐ Meets some of the needs ☐ Meets a small part of the needs ☐ Meets none of the needs

Please tell us about the Medicaid office where you work.

19) Address:

20) County

21) Zip Code:

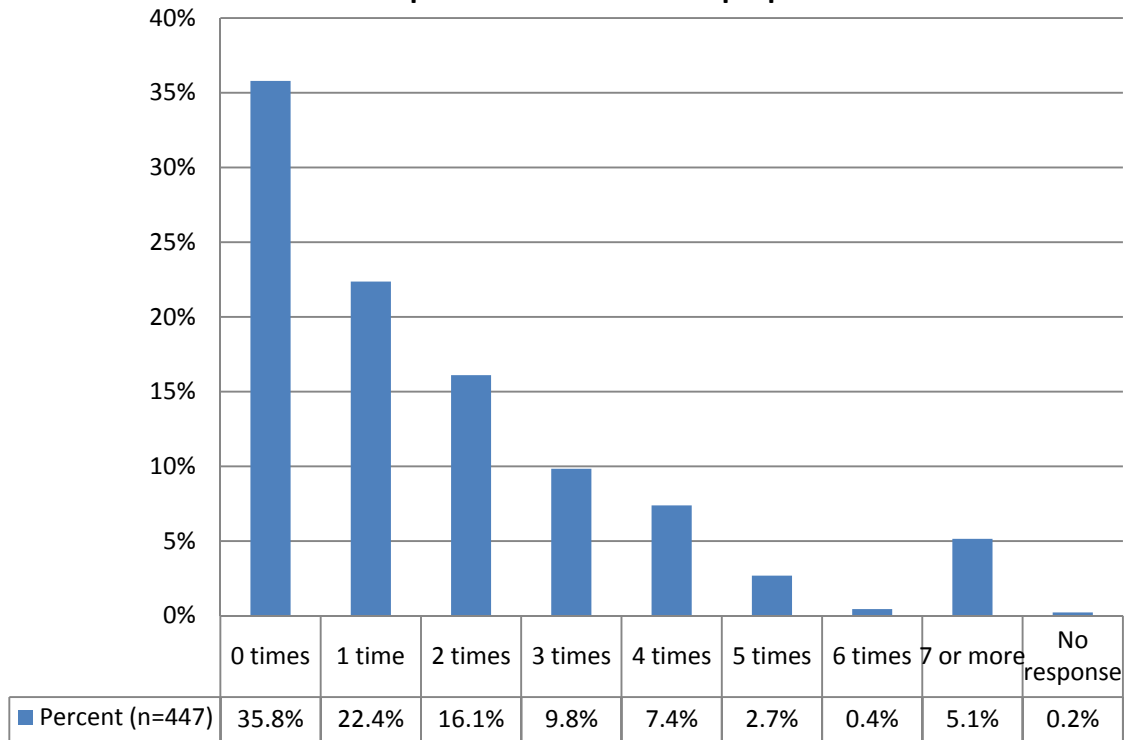
[Submit Survey](#)

Income Maintenance workers survey-Web Version

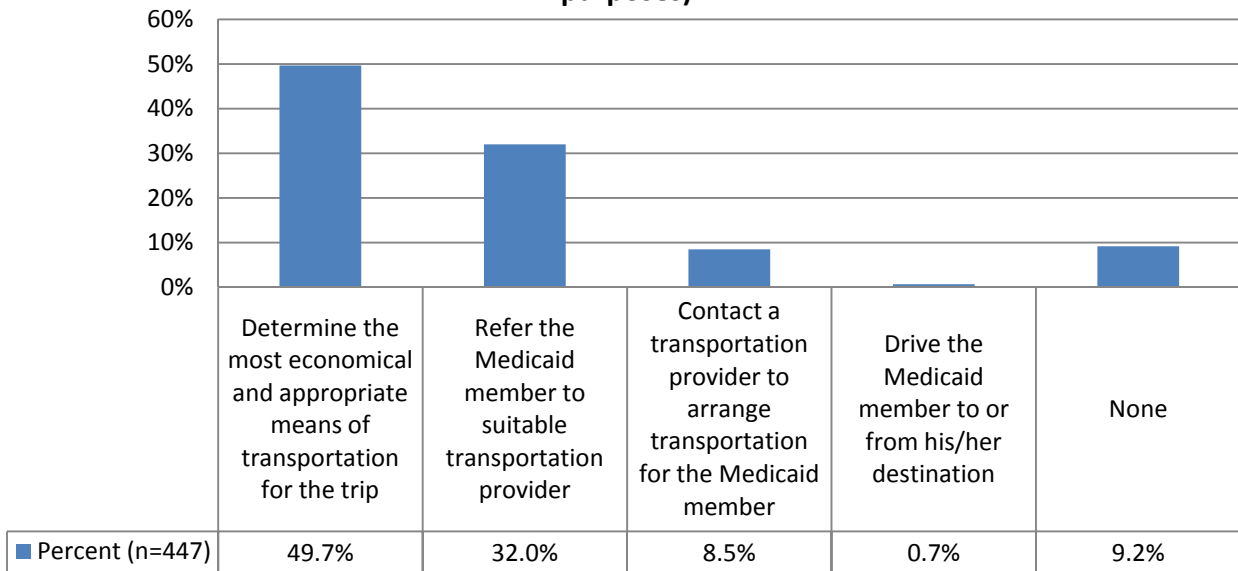
Income Maintenance Worker Responses

Appendix 3

Q2) Number of times Medicaid members contacted about obtaining transportation for a medical purpose

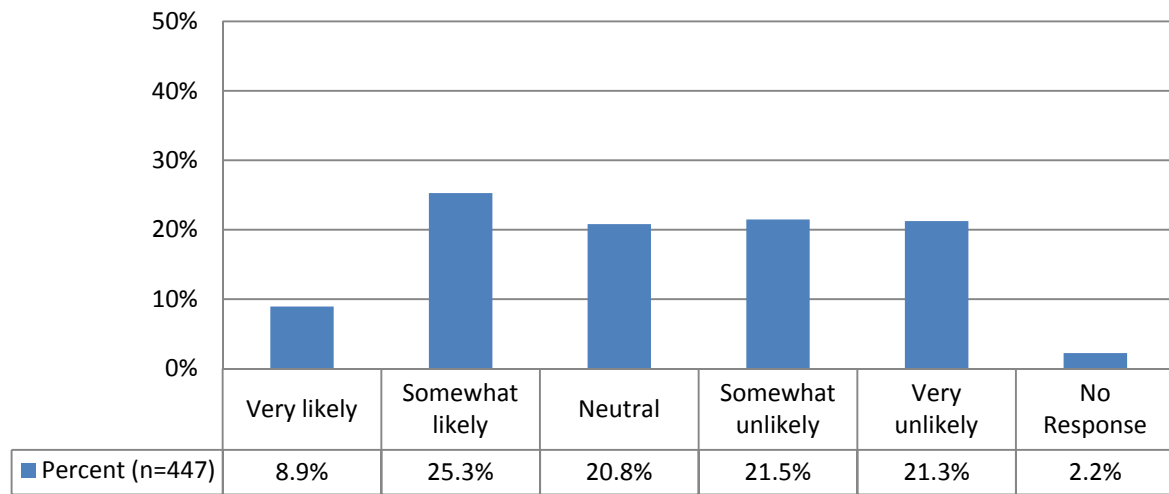


Q3) Indicate which tasks you typically perform as part of your job (medical purposes)

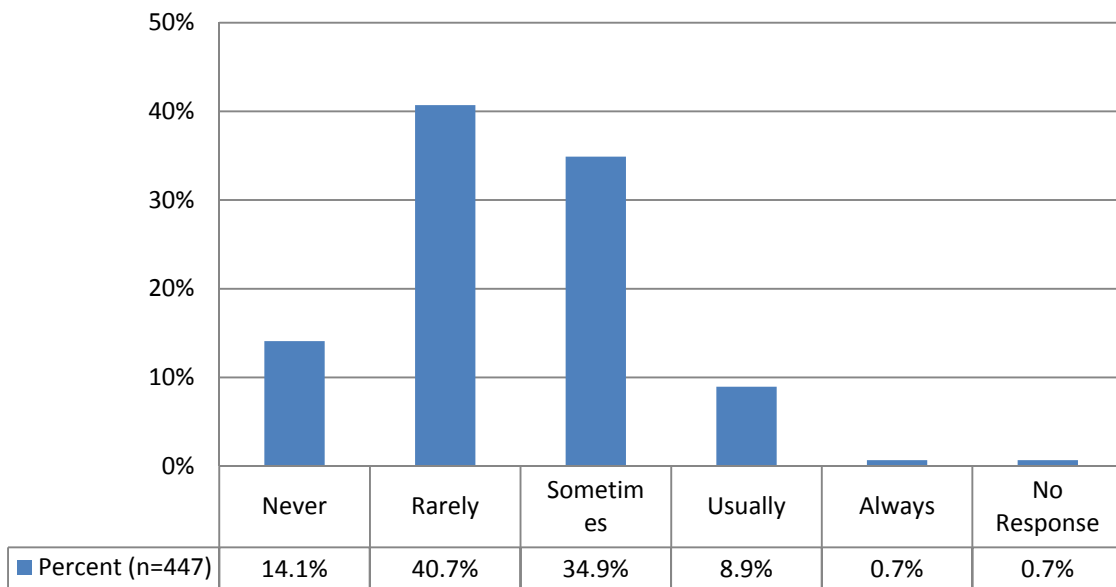


Appendix 3

Q4) Likelihood of Medicaid members to delay or skip medical care as a result of being told that transportation to that care will not be reimbursable

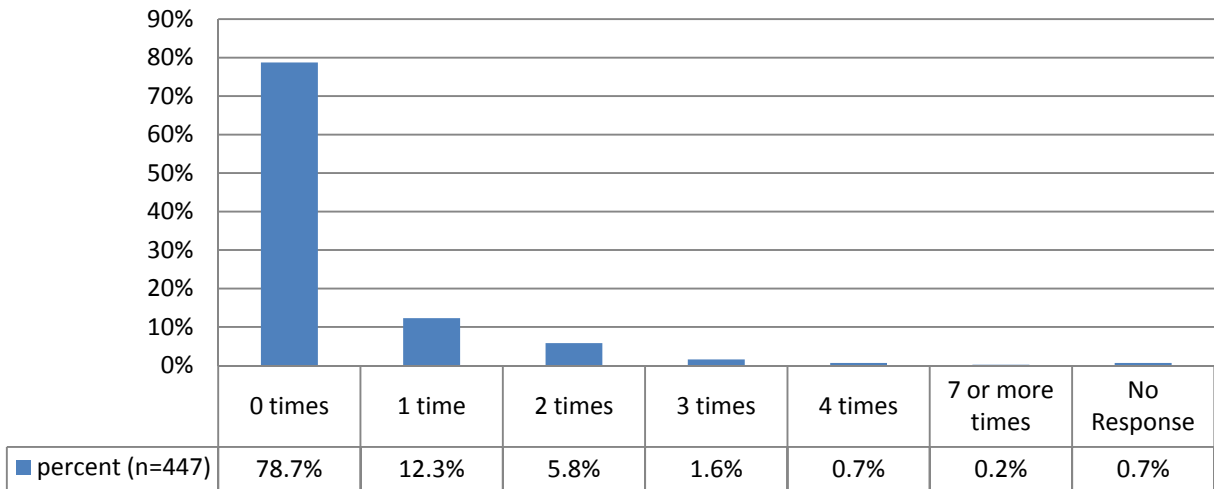


Q5) Frequency of Medicaid members to verify that travel expenses will be reimbursed before traveling to a medical provider

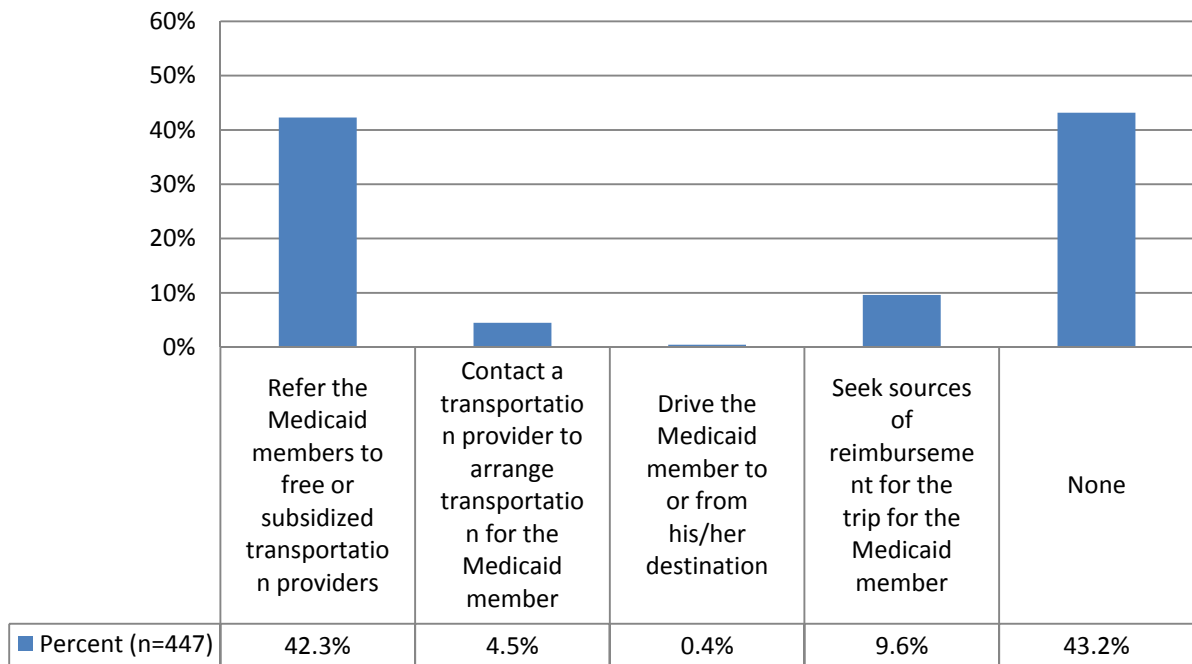


Appendix 3

Q6) Number of times Medicaid members contacted about obtaining transportation for a non-medical purpose

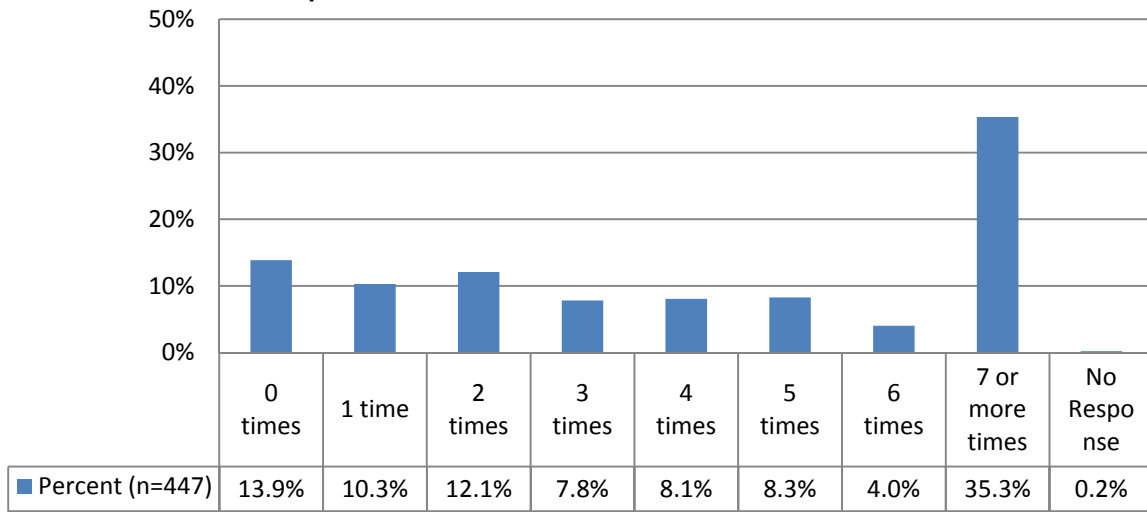


Q7) Indicate which tasks you typically perform as part of your job (non medical purposes)

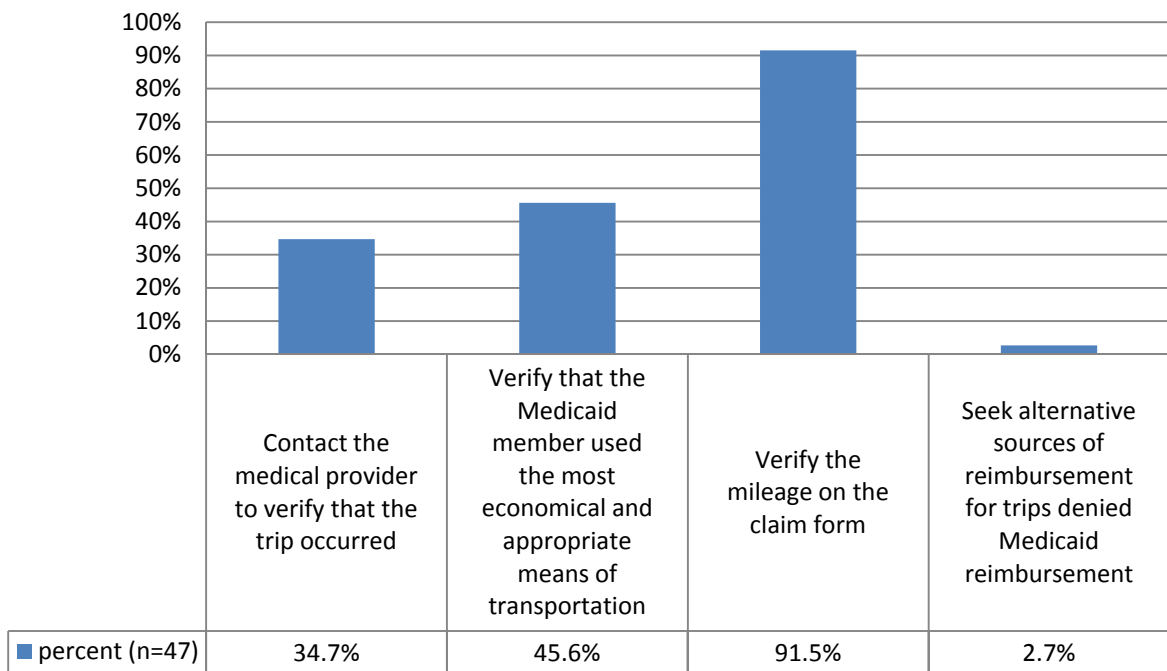


Appendix 3

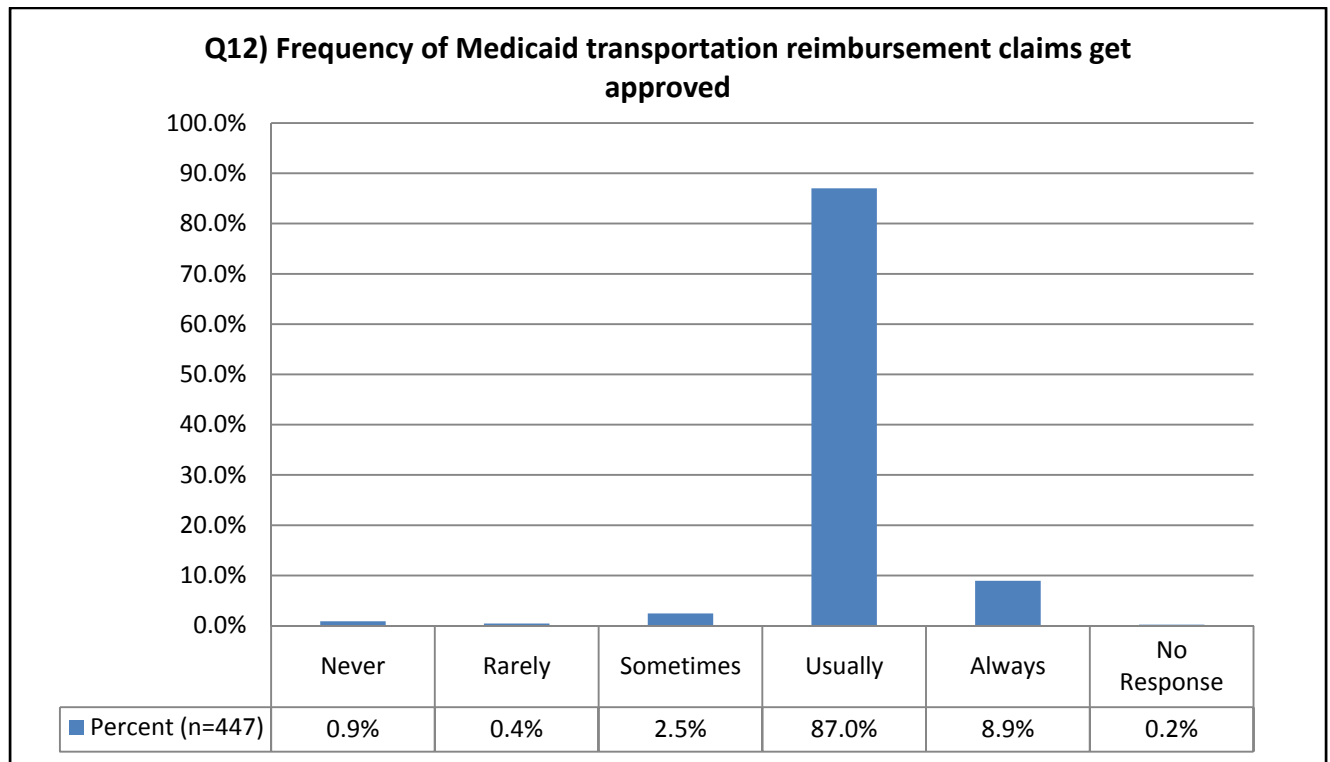
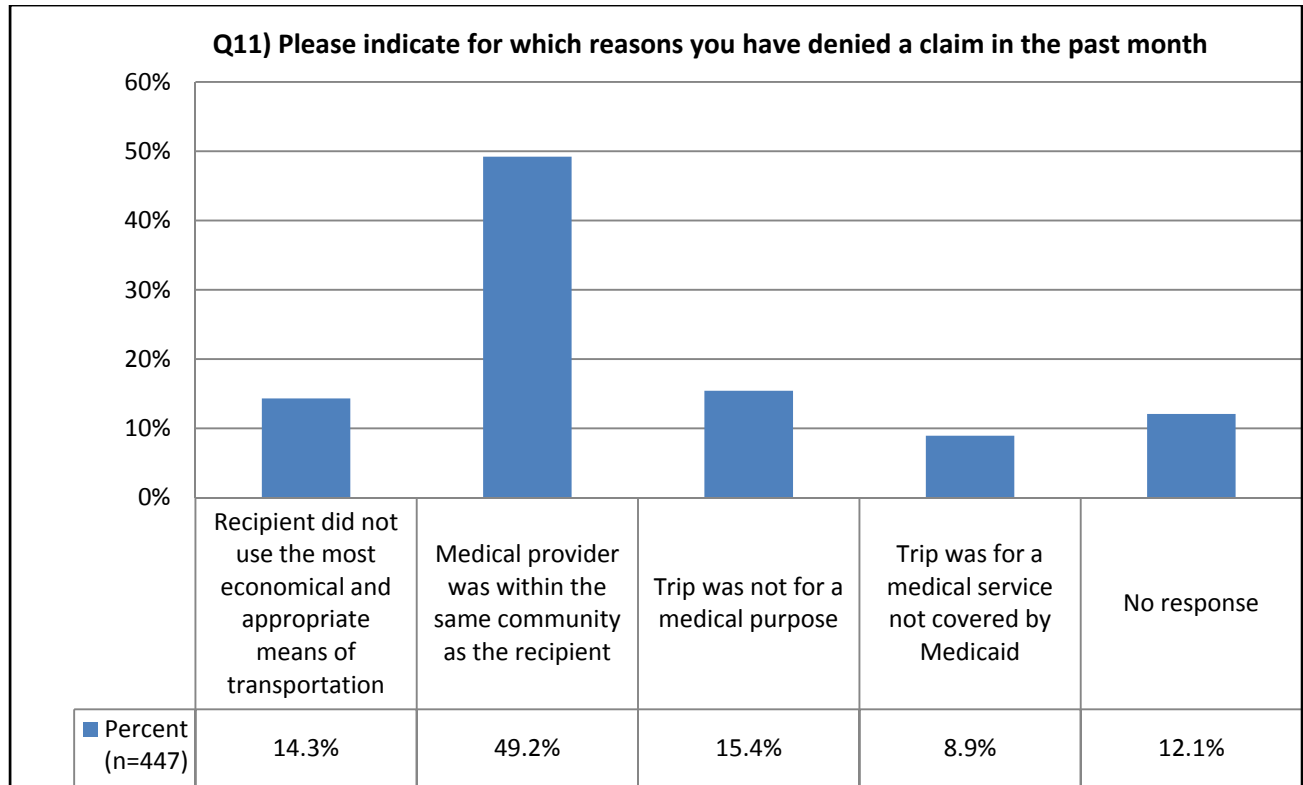
Q9) Number of times you determined approval or denial of a Medicaid transportation reimbursement claim in last one week



Q10) List of tasks performed related to approving and denying reimbursement claims

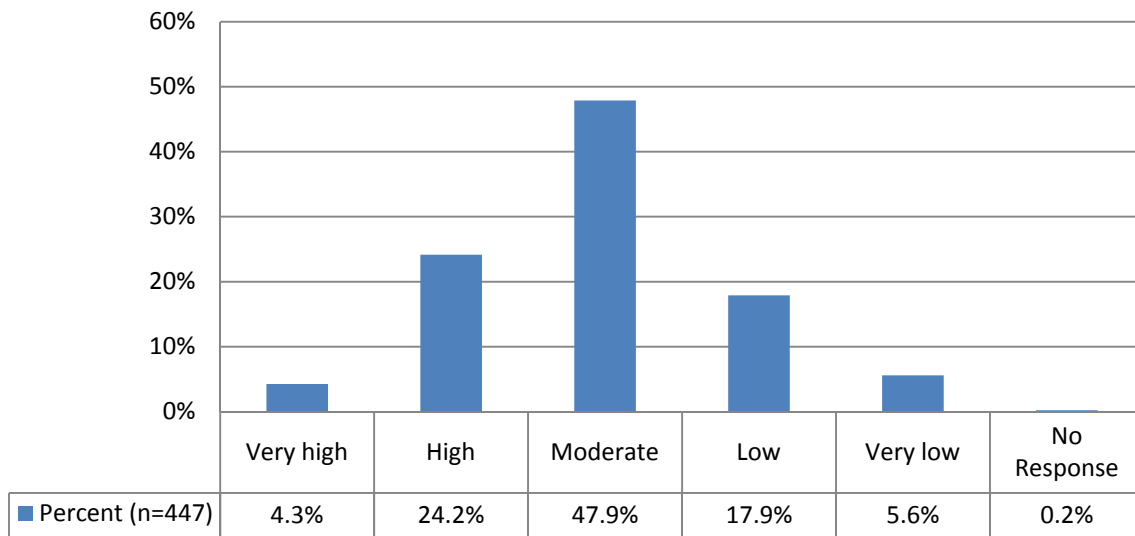


Appendix 3

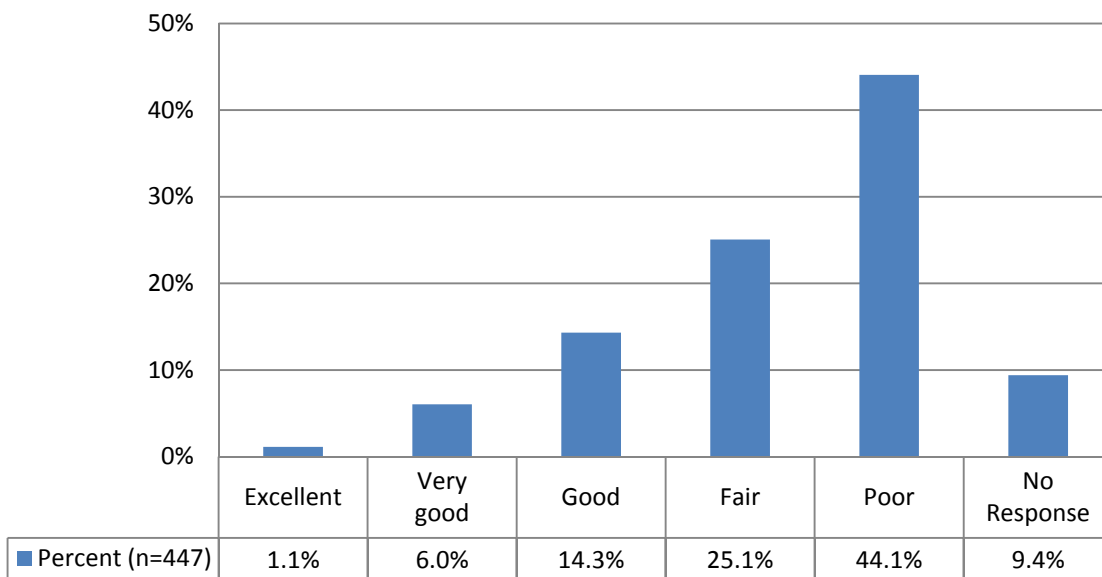


Appendix 3

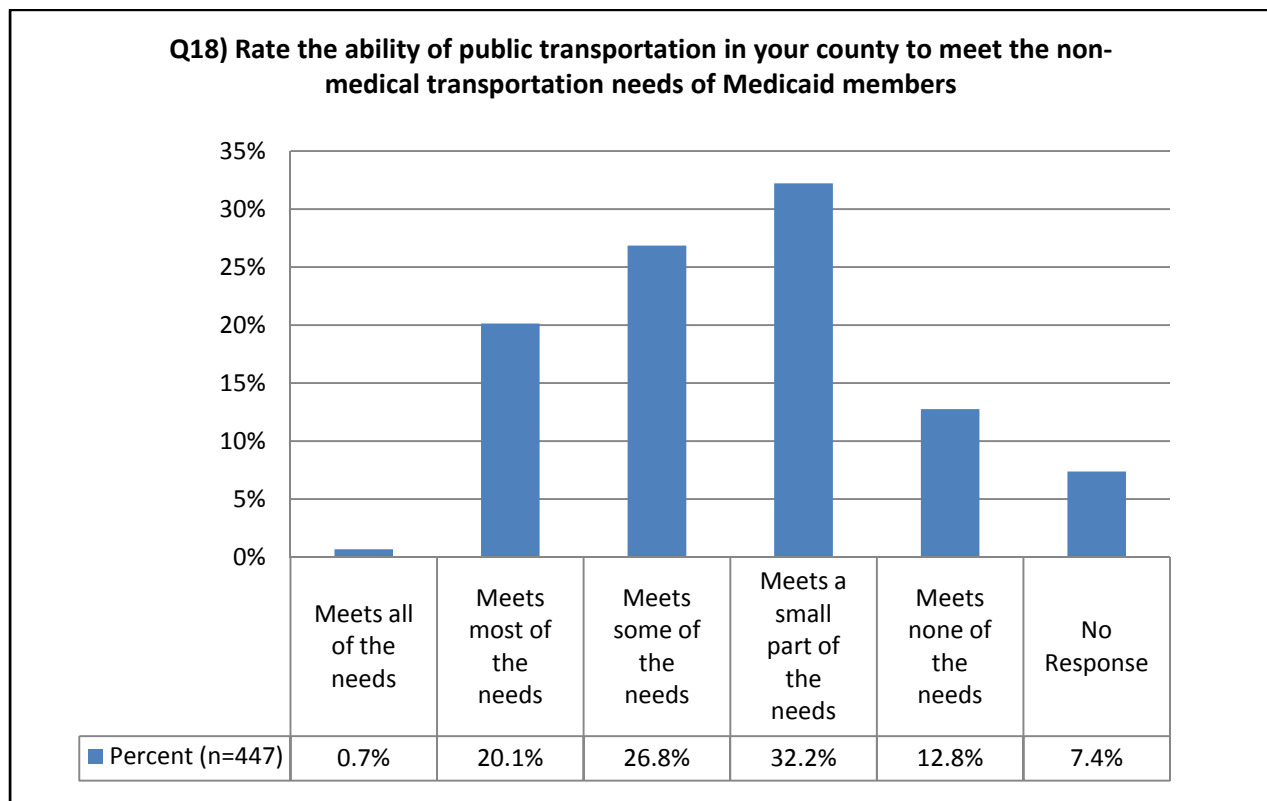
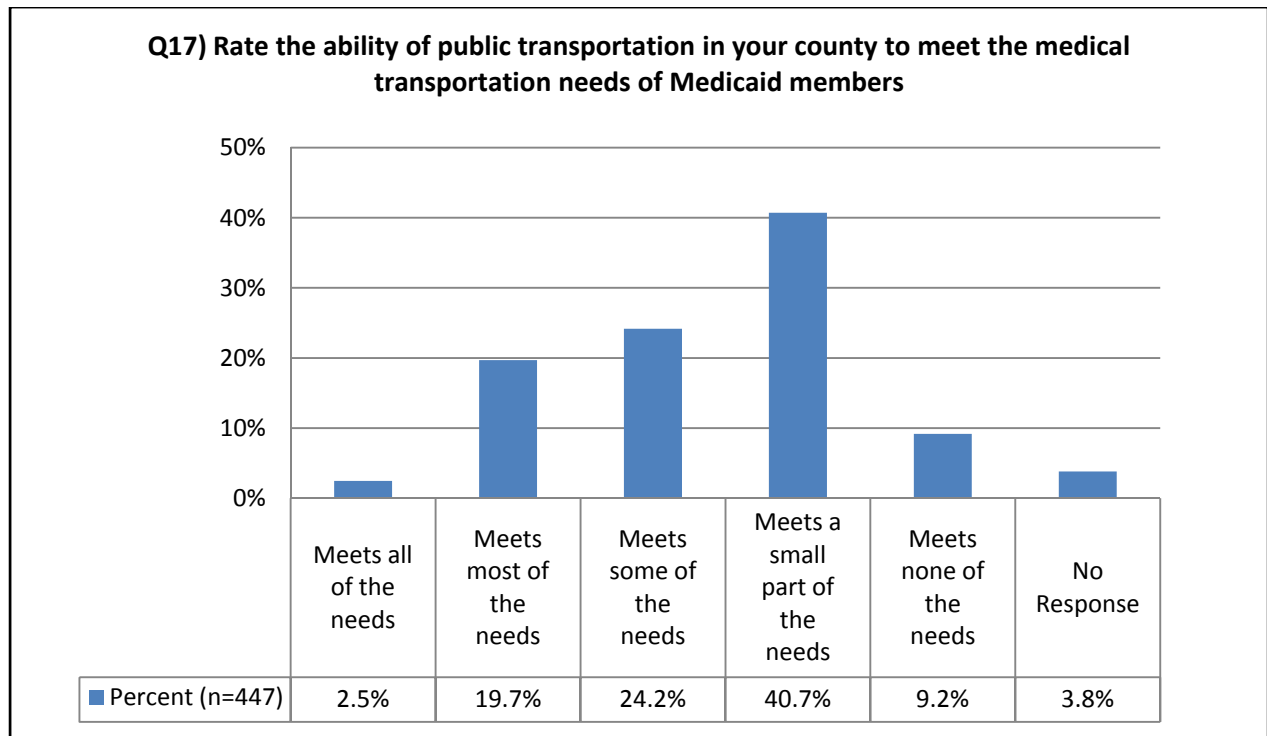
Q15) Rate Medicaid members' understanding of Medicaid rules for transportation



Q16) Rate ability to arrange rides for Medicaid members



Appendix 3



Appendix 3

Case Managers and Service Worker Questionnaire

Case Manager and Service Worker Questionnaire

The questionnaire contains four main sections.

Section 1. The first set of questions asks about Medicaid consumers medical related transportation demands (4 questions).

Section 2. The second set asks about non-medical transportation demands. (5 main questions).

Section 3. This set of questions address your perception of the adequacy of current transportation providers for meeting Medicaid consumers needs (6 questions).

Section 4. The final set of questions asks for your job title, and work location (3 questions).

1) I have read the letter that was mailed to me describing the study and I agree to participate by filling out this survey.

☐ Yes

☐ No

Section 1

Iowa Medicaid case managers and service workers link consumers to service agencies and support systems responsible for providing the necessary direct service activities, and coordinate and monitor those services. This section contains questions regarding your role in this process regarding nonemergency medical transportation.

2) Last week, how many times did Medicaid consumers with the following Home and Community Based Services (HCBS) waivers, within the listed programs, or receiving the following services contact you about obtaining transportation for a medical purpose?

	0 Times	1 - 2 Times	3 - 4 Times	5 - 6 Times	7 - 8 Times	9 - 10 Times	10 - 12 Times	13 or more times
Aids/HIV (AH)	☐	☐	☐	☐	☐	☐	☐	☐
Brain Injury (BI)	☐	☐	☐	☐	☐	☐	☐	☐
Children's Mental Health (CMH)	☐	☐	☐	☐	☐	☐	☐	☐
Elderly (EW)	☐	☐	☐	☐	☐	☐	☐	☐
Ill & Handicapped (IH)	☐	☐	☐	☐	☐	☐	☐	☐
Mental Retardation (MR)	☐	☐	☐	☐	☐	☐	☐	☐
Physical Disability (PD)	☐	☐	☐	☐	☐	☐	☐	☐
EPSDT	☐	☐	☐	☐	☐	☐	☐	☐
Foster Care	☐	☐	☐	☐	☐	☐	☐	☐
Habilitation Services	☐	☐	☐	☐	☐	☐	☐	☐
Remedial Services	☐	☐	☐	☐	☐	☐	☐	☐

Appendix 3

3) Below is a list of tasks related to trips to be taken by consumers with the following HCBS waivers, within the listed programs, or receiving the following services for a medical purpose or community base reasons. Please indicate which tasks you performed last week as part of your job. (Check all that apply)

	Determine the most economical, appropriate means of transportation for the trip	Refer the Medicaid consumer to suitable transportation provider	Contact a transportation provider or individual to arrange transportation for the Medicaid consumer
AH	☐	☐	☐
BI	☐	☐	☐
CMH	☐	☐	☐
EW	☐	☐	☐
IH	☐	☐	☐
MR	☐	☐	☐
PD	☐	☐	☐
EPSDT	☐	☐	☐
Foster Care	☐	☐	☐
Habilitation	☐	☐	☐
Remedial	☐	☐	☐

4) In your experience with Medicaid consumers who are participating in HCBS Waivers or the listed programs, or who are receiving the following services, how likely are they to delay or skip medical care?

	Very likely	Somewhat likely	Neutral	Somewhat unlikely	Very unlikely	Don't Know
AH	☐	☐	☐	☐	☐	☐
BI	☐	☐	☐	☐	☐	☐
CMH	☐	☐	☐	☐	☐	☐
EW	☐	☐	☐	☐	☐	☐

Section 2

This section contains questions about tasks you may perform in relation to Medicaid consumer trips for non-medical purposes.

6) Last week, how many times did Medicaid consumers with the following HCBS waivers, within the listed programs, or receiving the following services contact you about obtaining transportation for a non-medical purpose?

	0 Times	1 - 2 Times	3 - 4 Times	5 - 6 Times	7 - 8 Times	9 - 10 Times	10 - 12 Times	13 or more times
AH	☐	☐	☐	☐	☐	☐	☐	☐
BI	☐	☐	☐	☐	☐	☐	☐	☐
CMH	☐	☐	☐	☐	☐	☐	☐	☐
EW	☐	☐	☐	☐	☐	☐	☐	☐
IH	☐	☐	☐	☐	☐	☐	☐	☐
MR	☐	☐	☐	☐	☐	☐	☐	☐
PD	☐	☐	☐	☐	☐	☐	☐	☐
EPSDT	☐	☐	☐	☐	☐	☐	☐	☐
Foster Care	☐	☐	☐	☐	☐	☐	☐	☐
Habilitation	☐	☐	☐	☐	☐	☐	☐	☐
Remedial	☐	☐	☐	☐	☐	☐	☐	☐

7) Please estimate the breakdown, expressed in percentages, of the types of trips requested by Medicaid consumers based on your experience. (The percentages should total 100%)

Conduct business, essential shopping %

Medical services not reimbursed through medical transportation %

Appendix 3

IH	☐	☐	☐	☐	☐	☐
MR	☐	☐	☐	☐	☐	☐
PD	☐	☐	☐	☐	☐	☐
EPSDT	☐	☐	☐	☐	☐	☐
Foster Care	☐	☐	☐	☐	☐	☐
Habilitation	☐	☐	☐	☐	☐	☐
Remedial	☐	☐	☐	☐	☐	☐

5) In your experience, how often do Medicaid consumers with HCBS waivers, within the listed programs, or receiving the following services verify that travel expenses will be reimbursed before traveling to a medical provider?

	Never	Rarely	Sometimes	Usually	Always	Don't know
AH	☐	☐	☐	☐	☐	☐
BI	☐	☐	☐	☐	☐	☐
CMH	☐	☐	☐	☐	☐	☐
EW	☐	☐	☐	☐	☐	☐
IH	☐	☐	☐	☐	☐	☐
MR	☐	☐	☐	☐	☐	☐
PD	☐	☐	☐	☐	☐	☐
EPSDT	☐	☐	☐	☐	☐	☐
Foster Care	☐	☐	☐	☐	☐	☐
Habilitation Services	☐	☐	☐	☐	☐	☐
Remedial Services	☐	☐	☐	☐	☐	☐

Appendix 3

Travel to and from work or day programs

%

Reduce social isolation

%

Below is a list of tasks related to Medicaid consumer trips for non-medical purposes. Please indicate which tasks you performed as part of your job last week. (Check all that apply)

8) Referred the Medicaid consumer to

	Community action agencies	Regional transit agencies	Nursing facilities	Area agencies on aging	Volunteer organization	Other
AH	☐	☐	☐	☐	☐	☐
BI	☐	☐	☐	☐	☐	☐
CMH	☐	☐	☐	☐	☐	☐
EW	☐	☐	☐	☐	☐	☐
IH	☐	☐	☐	☐	☐	☐
MR	☐	☐	☐	☐	☐	☐
PD	☐	☐	☐	☐	☐	☐
EPSDT	☐	☐	☐	☐	☐	☐
Foster Care	☐	☐	☐	☐	☐	☐
Habilitation	☐	☐	☐	☐	☐	☐
Remedial	☐	☐	☐	☐	☐	☐

9) If you selected other in Question 8, please specify:

10) Arranged trips for Medicaid consumers with

Community action agencies	Regional transit agencies	Nursing facilities	Area agencies on aging	Volunteer organization	Other
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Appendix 3

AH	☐	☐	☐	☐	☐	☐
BI	☐	☐	☐	☐	☐	☐
CMH	☐	☐	☐	☐	☐	☐
EW	☐	☐	☐	☐	☐	☐
IH	☐	☐	☐	☐	☐	☐
MR	☐	☐	☐	☐	☐	☐
PD	☐	☐	☐	☐	☐	☐
EPSDT	☐	☐	☐	☐	☐	☐
Foster Care	☐	☐	☐	☐	☐	☐
Habilitation	☐	☐	☐	☐	☐	☐
Remedial	☐	☐	☐	☐	☐	☐

11) If you selected other in Question 10, please specify:

12) Sought sources of reimbursement for a trip taken by the Medicaid consumer for

	Community action agencies	Regional transit agencies	Nursing facilities	Area agencies on aging	Volunteer organization	Other
AH	☐	☐	☐	☐	☐	☐
BI	☐	☐	☐	☐	☐	☐
CMH	☐	☐	☐	☐	☐	☐
EW	☐	☐	☐	☐	☐	☐
IH	☐	☐	☐	☐	☐	☐
MR	☐	☐	☐	☐	☐	☐

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PD	☐	☐	☐	☐	☐	☐	☐
EPSDT	☐	☐	☐	☐	☐	☐	☐
Foster Care	☐	☐	☐	☐	☐	☐	☐
Habilitation	☐	☐	☐	☐	☐	☐	☐
Remedial	☐	☐	☐	☐	☐	☐	☐

13) If you selected other in Question 12, please specify:

Section 3

This section contains questions about your perception of the state of Medicaid transportation in your county.

14) How would you rate Medicaid consumers' understanding of Medicaid rules for transportation?

	Very High	High	Moderate	Low	Very Low	Don't know
AH	☐	☐	☐	☐	☐	☐
BI	☐	☐	☐	☐	☐	☐
CMH	☐	☐	☐	☐	☐	☐
EW	☐	☐	☐	☐	☐	☐
IH	☐	☐	☐	☐	☐	☐
MR	☐	☐	☐	☐	☐	☐
PD	☐	☐	☐	☐	☐	☐
EPSDT	☐	☐	☐	☐	☐	☐
Foster care	☐	☐	☐	☐	☐	☐

Appendix 3

Habilitation	☐	☐	☐	☐	☐	☐
Remedial	☐	☐	☐	☐	☐	☐

15) How would you rate your ability to arrange rides for Medicaid consumers?

	Excellent	Very good	Good	Fair	Poor	Don't know
AH	☐	☐	☐	☐	☐	☐
BI	☐	☐	☐	☐	☐	☐
CMH	☐	☐	☐	☐	☐	☐
EW	☐	☐	☐	☐	☐	☐
IH	☐	☐	☐	☐	☐	☐
MR	☐	☐	☐	☐	☐	☐
PD	☐	☐	☐	☐	☐	☐
EPSDT	☐	☐	☐	☐	☐	☐
Foster care	☐	☐	☐	☐	☐	☐
Habilitation	☐	☐	☐	☐	☐	☐
Remedial	☐	☐	☐	☐	☐	☐

16) How would you rate the ability of public transportation in your county to meet the medical transportation needs of Medicaid members?

	Meets all of the needs	Meets most of the needs	Meets some of the needs	Meets a small part of the needs	Meets none of the needs	Don't know
AH	☐	☐	☐	☐	☐	☐
BI	☐	☐	☐	☐	☐	☐
CMH	☐	☐	☐	☐	☐	☐
EW	☐	☐	☐	☐	☐	☐

Appendix 3

IH	☐	☐	☐	☐	☐	☐
MR	☐	☐	☐	☐	☐	☐
PD	☐	☐	☐	☐	☐	☐
EPSDT	☐	☐	☐	☐	☐	☐
Foster Care	☐	☐	☐	☐	☐	☐
Habilitation	☐	☐	☐	☐	☐	☐
Remedial	☐	☐	☐	☐	☐	☐

17) How would you rate the ability of public transportation in your county to meet the non-medical transportation needs of Medicaid consumers?

	Meets all of the needs	Meets most of the needs	Meets some of the needs	Meets a small part of the needs	Meets none of the needs	Don't know
AH	☐	☐	☐	☐	☐	☐
BI	☐	☐	☐	☐	☐	☐
CMH	☐	☐	☐	☐	☐	☐
EW	☐	☐	☐	☐	☐	☐
IH	☐	☐	☐	☐	☐	☐
MR	☐	☐	☐	☐	☐	☐
PD	☐	☐	☐	☐	☐	☐
EPSDT	☐	☐	☐	☐	☐	☐
Foster Care	☐	☐	☐	☐	☐	☐
Habilitation	☐	☐	☐	☐	☐	☐
Remedial	☐	☐	☐	☐	☐	☐

18) Based on your experience, what needs be improved regarding Medicaid customers' transportation services?



19) Do you have any suggestions on how to improve the transportation services you identified above?



Section 4

This is the final section. Please tell us about your job title and work location.

20) Are you a

- ☐ Service Worker
☐ Case Manager
☐ Other (please specify)

If you selected other, please specify:



21) Please tell us about the Medicaid office where you work

Address	
Address 2	
County	
Zip Code	

22) Please add your comments regarding transportation issues not addressed in this questionnaire

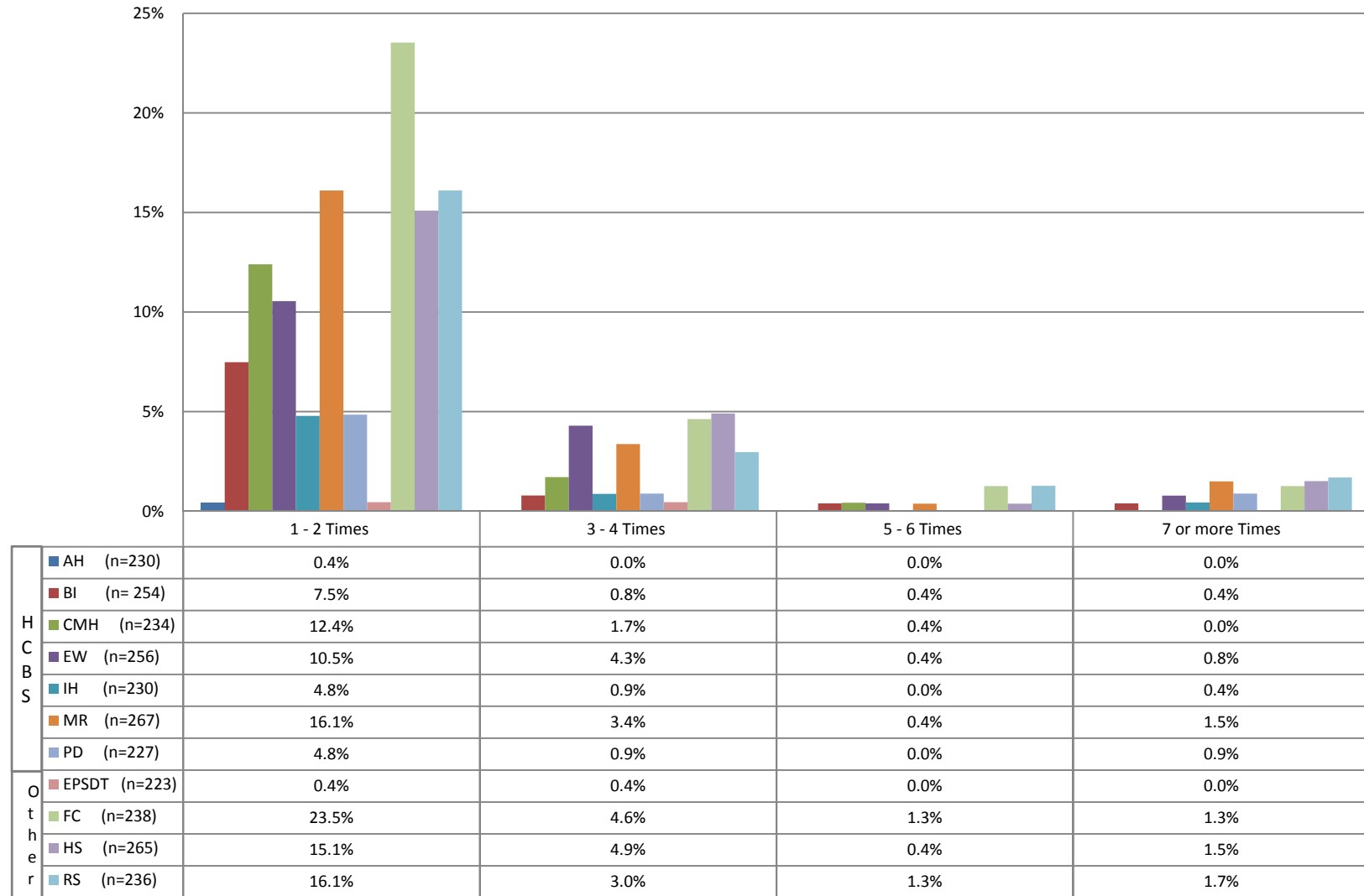
Appendix 3



Case Manager and Service Worker Responses

Appendix 3

Q2) Number of times Medicaid consumers contacted about obtaining transportation for a medical purpose in last one week

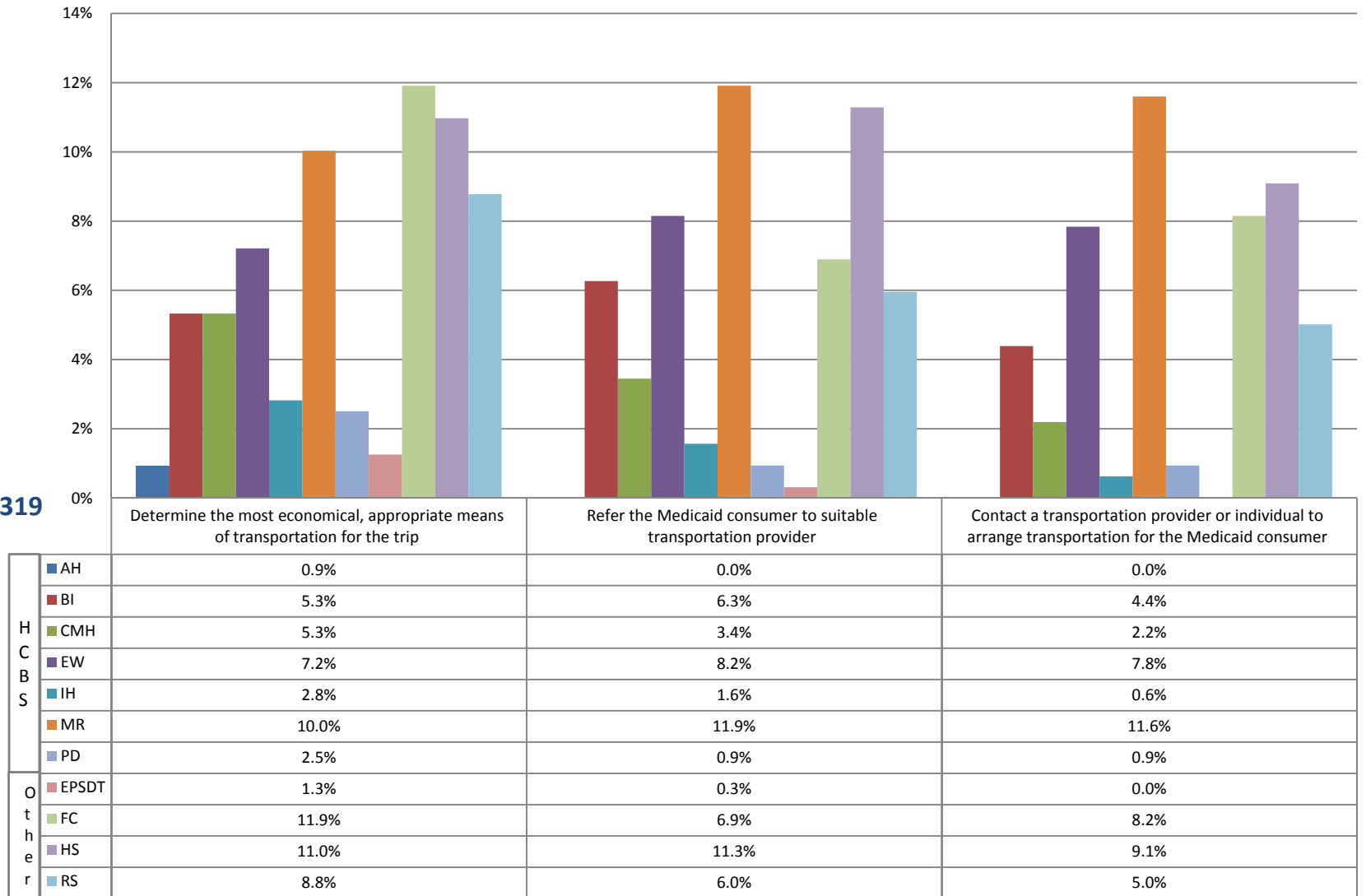


Note: Respond with "0 Times" not displayed, but included in the calculation.

Appendix 3

Q3) Tasks you performed last week as part of your job

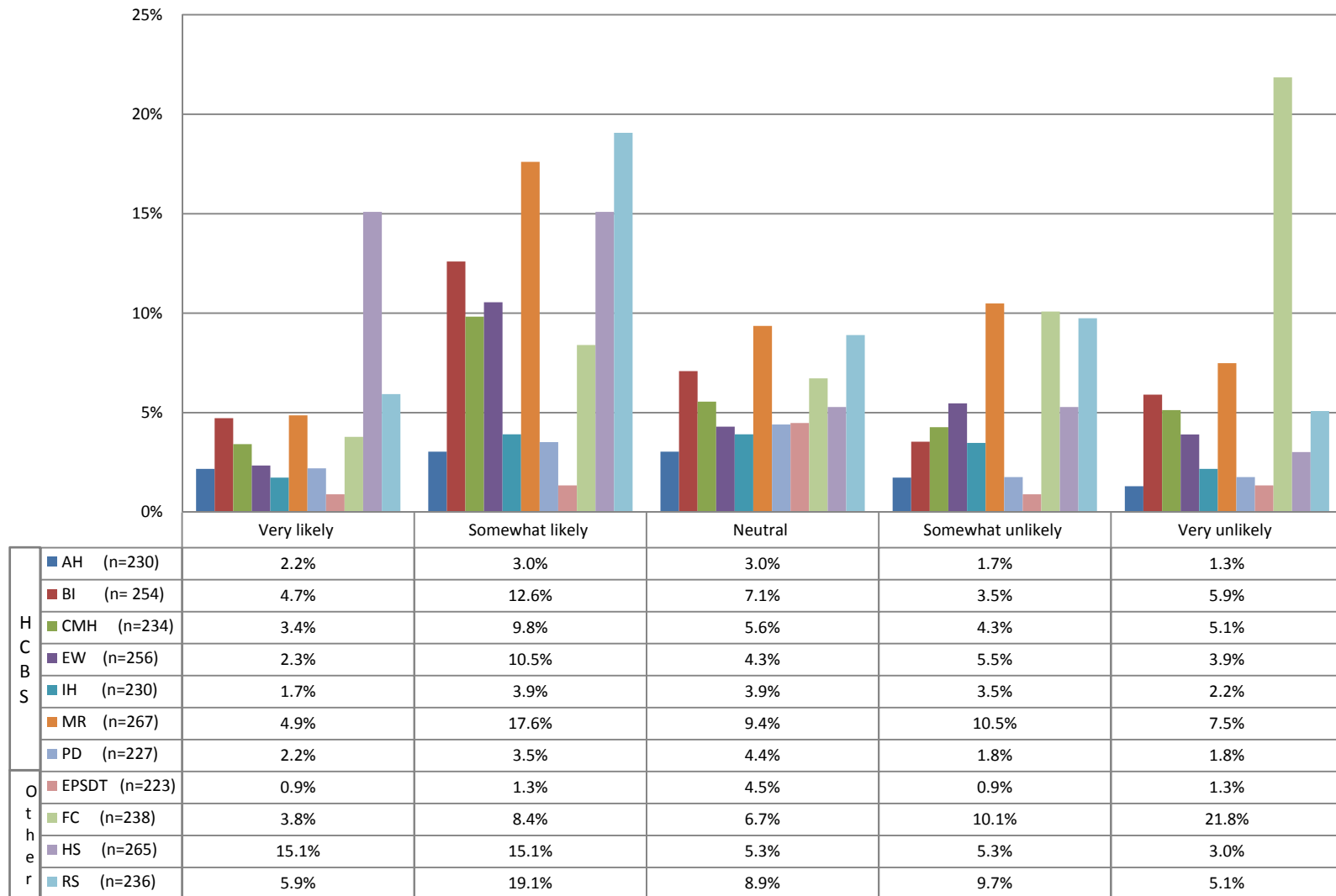
N=319



Note: Respond with "No Response" not displayed, but included in the calculation.

Appendix 3

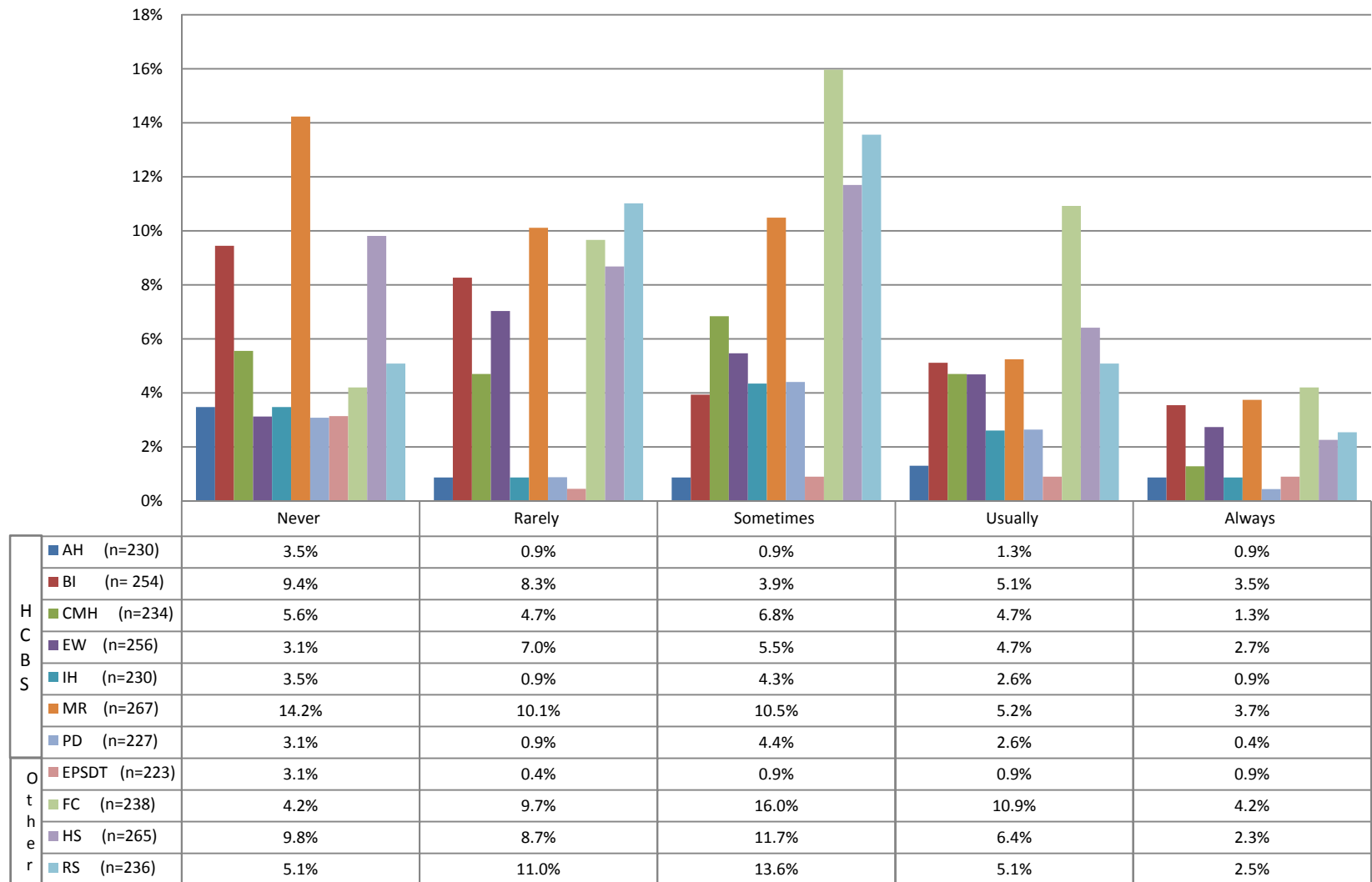
Q4) Likelihood of Medicaid consumers to delay or skip medical care as a result of being told that transportation to that care will not be reimbursable



Note: Respond with "Don't Know" not displayed, but included in the calculation.

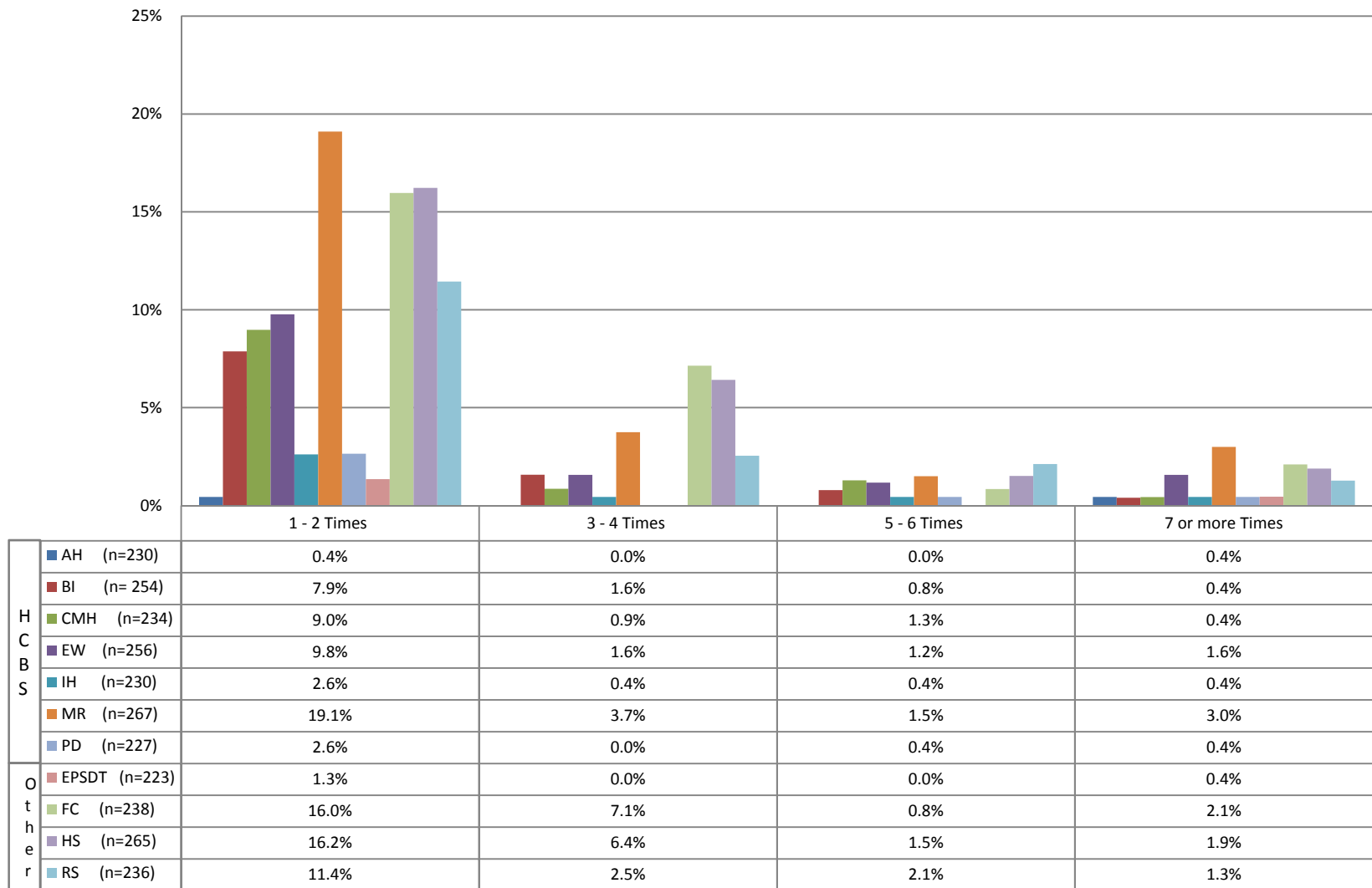
Appendix 3

Q5) Frequency of Medicaid consumers to verify that travel expenses will be reimbursed before traveling to a medical provider



Note: Respond with "Don't Know" not displayed, but included in the calculation.

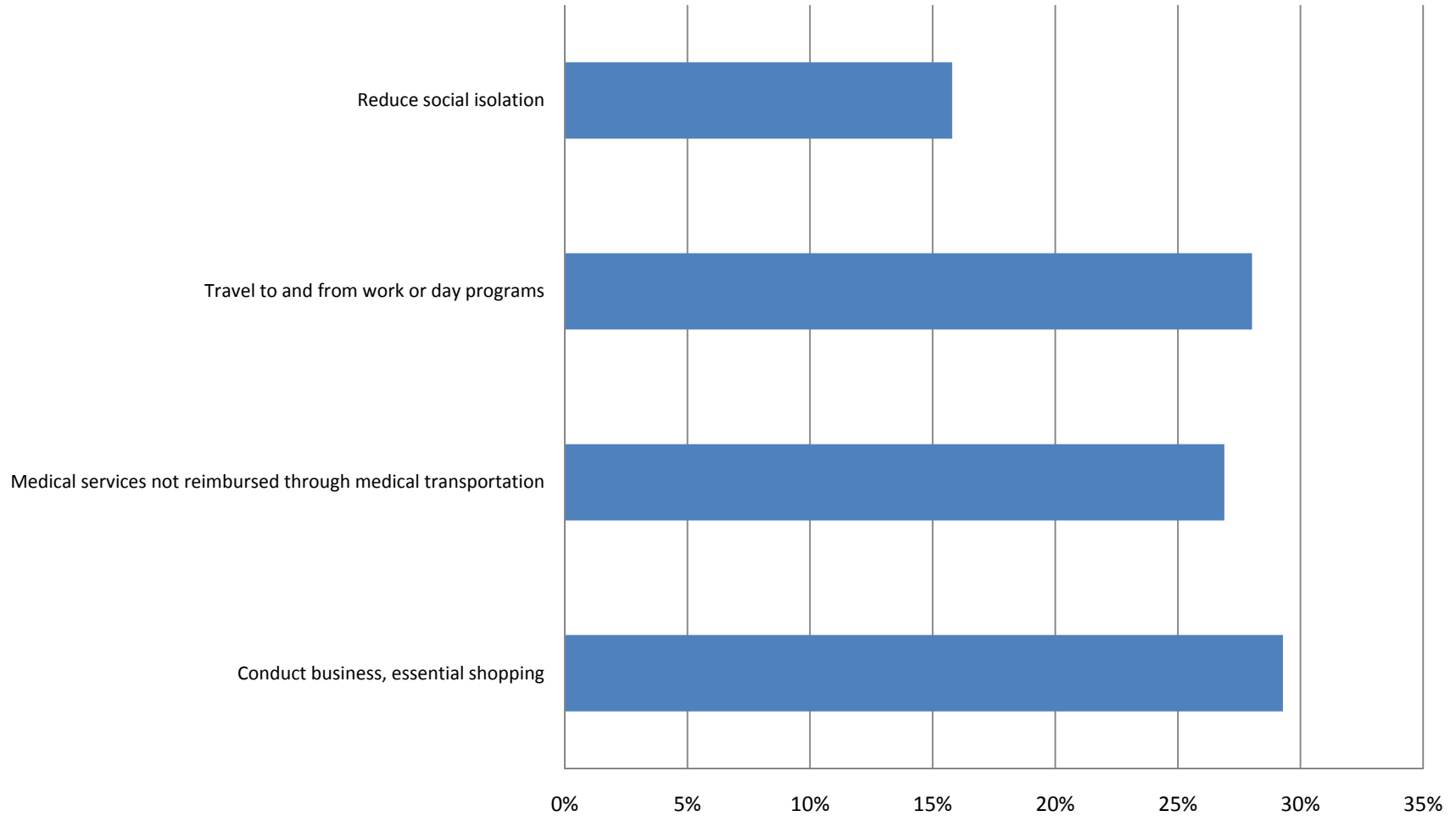
Q6) Number of times Medicaid consumers contacted about obtaining transportation for a non-medical purpose in last one week



Note: Respond with "0 Times" not displayed, but included in the calculation.

Appendix 3

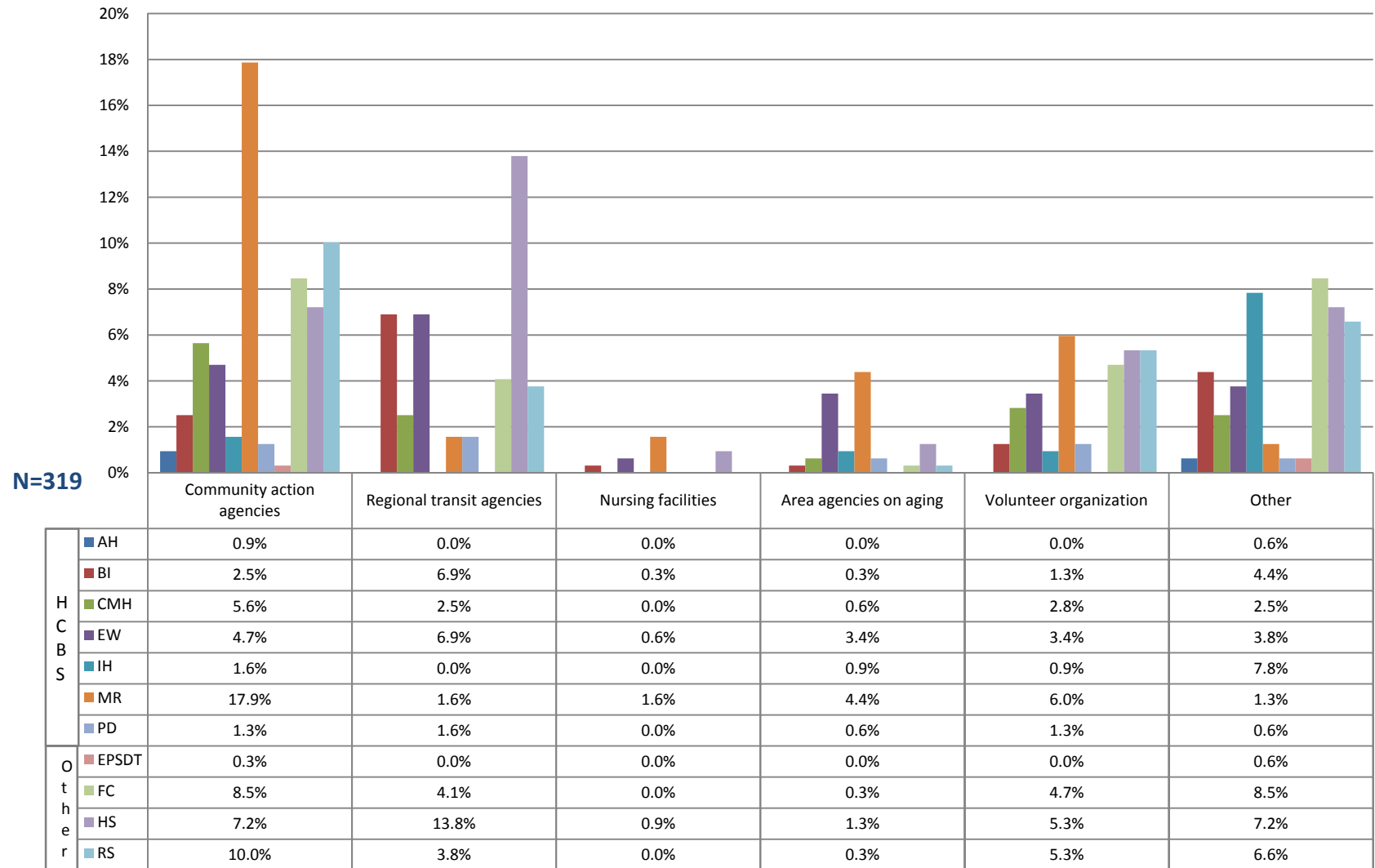
Q7) Type of the trips requested by Medicaid consumers



	Conduct business, essential shopping	Medical services not reimbursed through medical transportation	Travel to and from work or day programs	Reduce social isolation
■ Percent (n=259)	29.3%	26.9%	28.0%	15.8%

Appendix 3

**Q8) Agencies you referred the Medicaid consumer to in last week
for non-medical purposes**

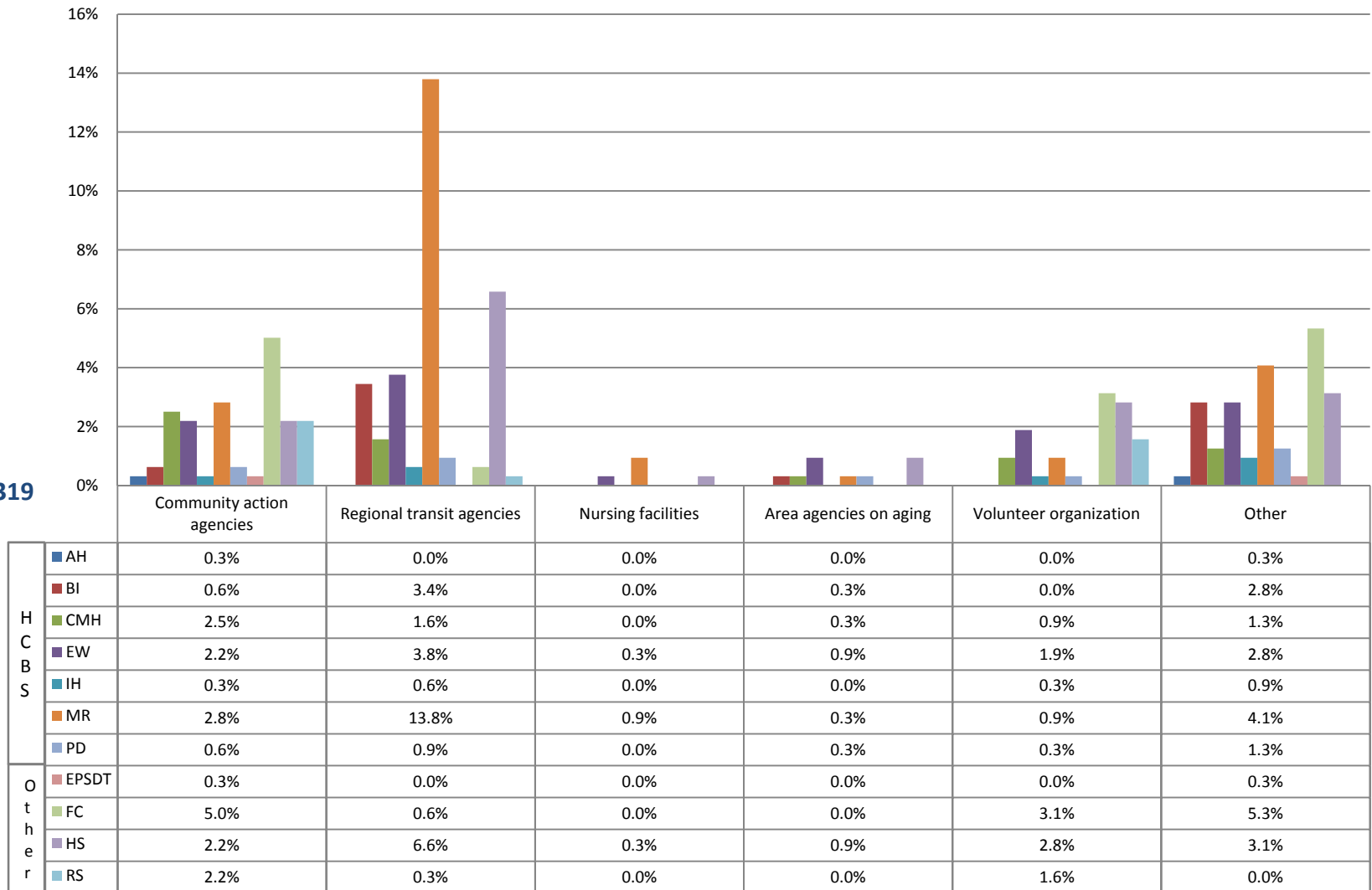


Note: Respond with "No Respond" not displayed, but included in the calculation.

Appendix 3

Q10) Agencies you arranged the Medicaid consumer to in last week for non-medical purposes?

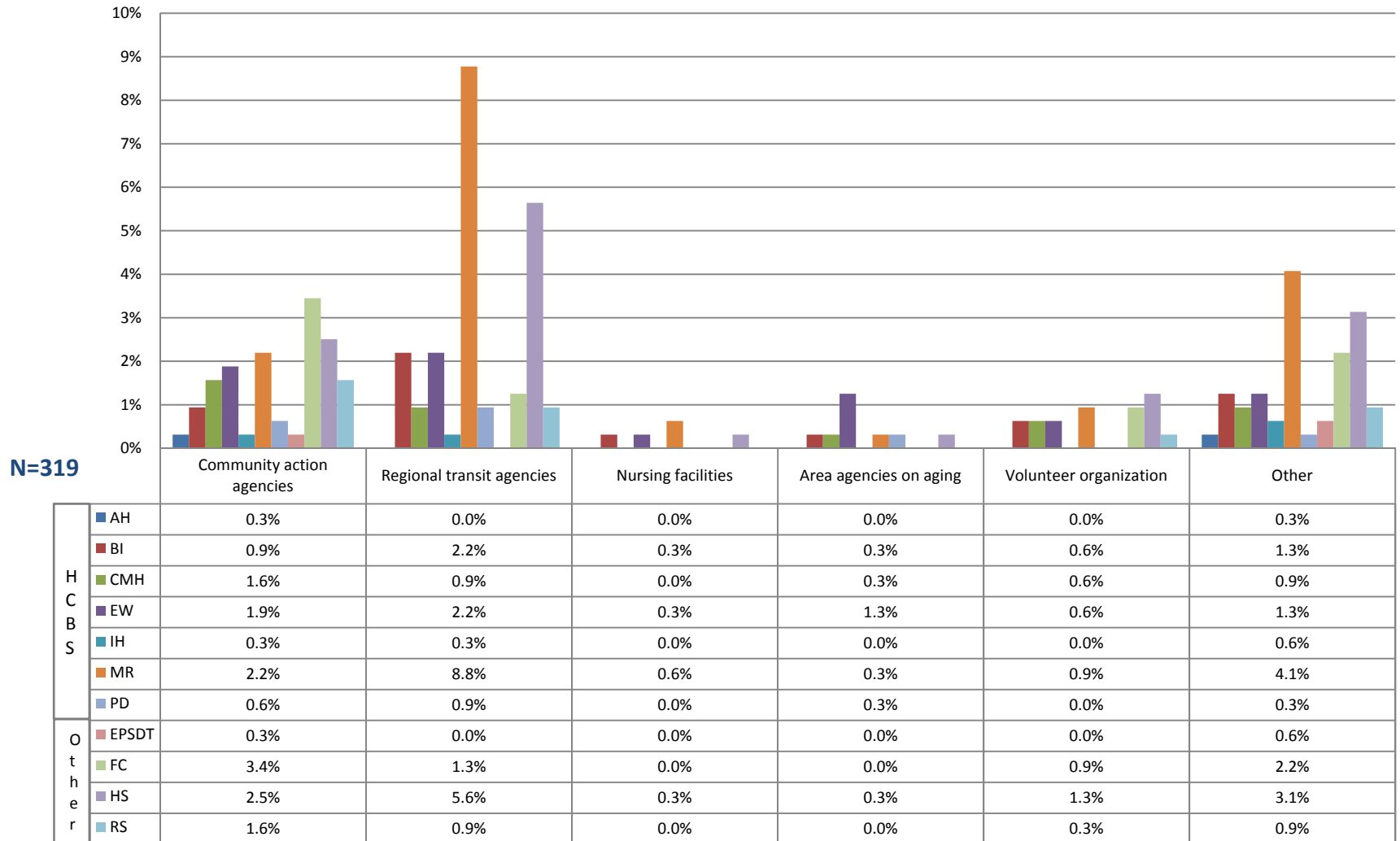
N=319



Note: Respond with "No Respond" not displayed, but included in the calculation.

Appendix 3

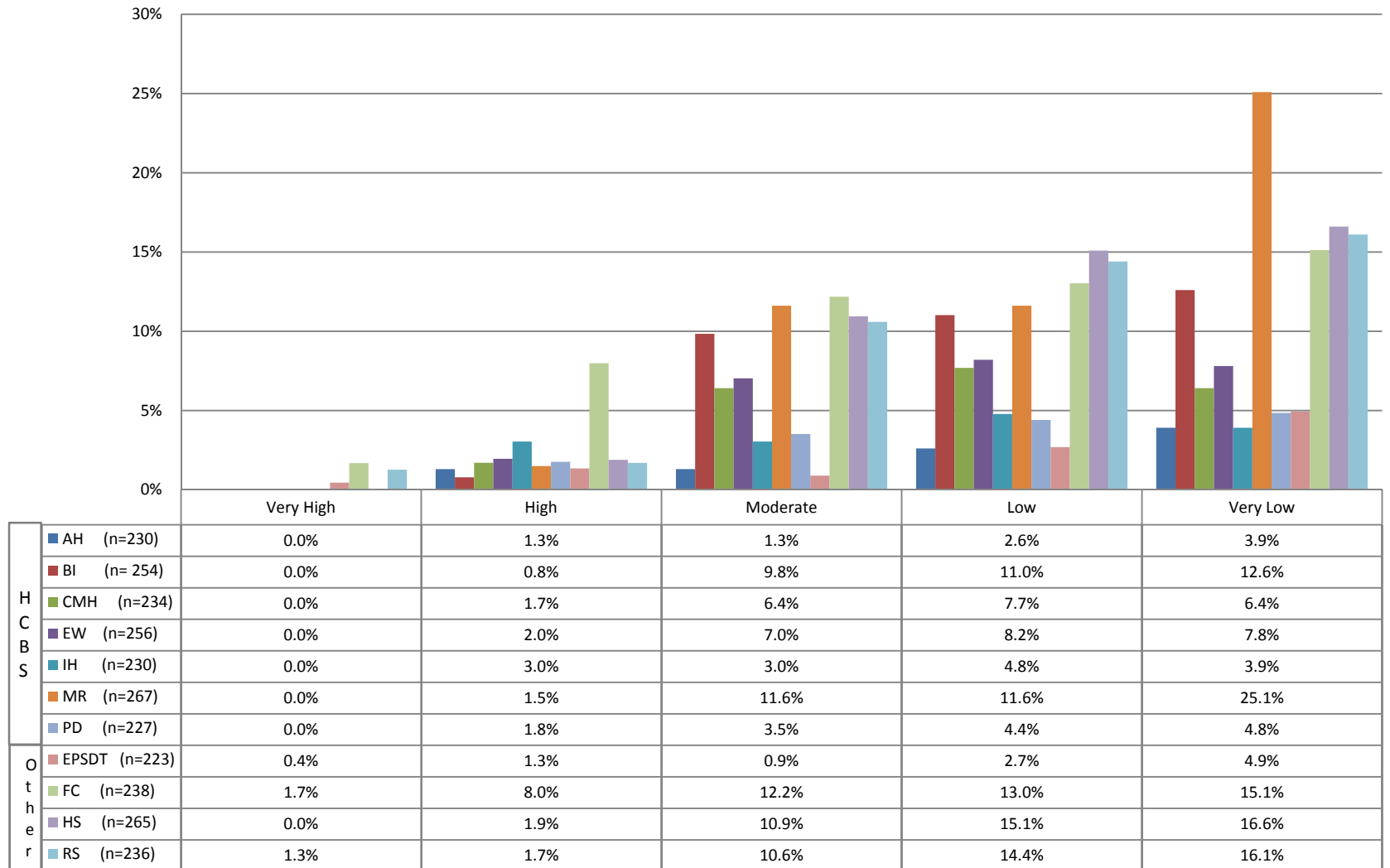
Q12) Agencies you sought sources of reimbursement for a trip taken by the consumer for non-medical purposes?



Note: Respond with "No Respond" not displayed, but included in the calculation.

Appendix 3

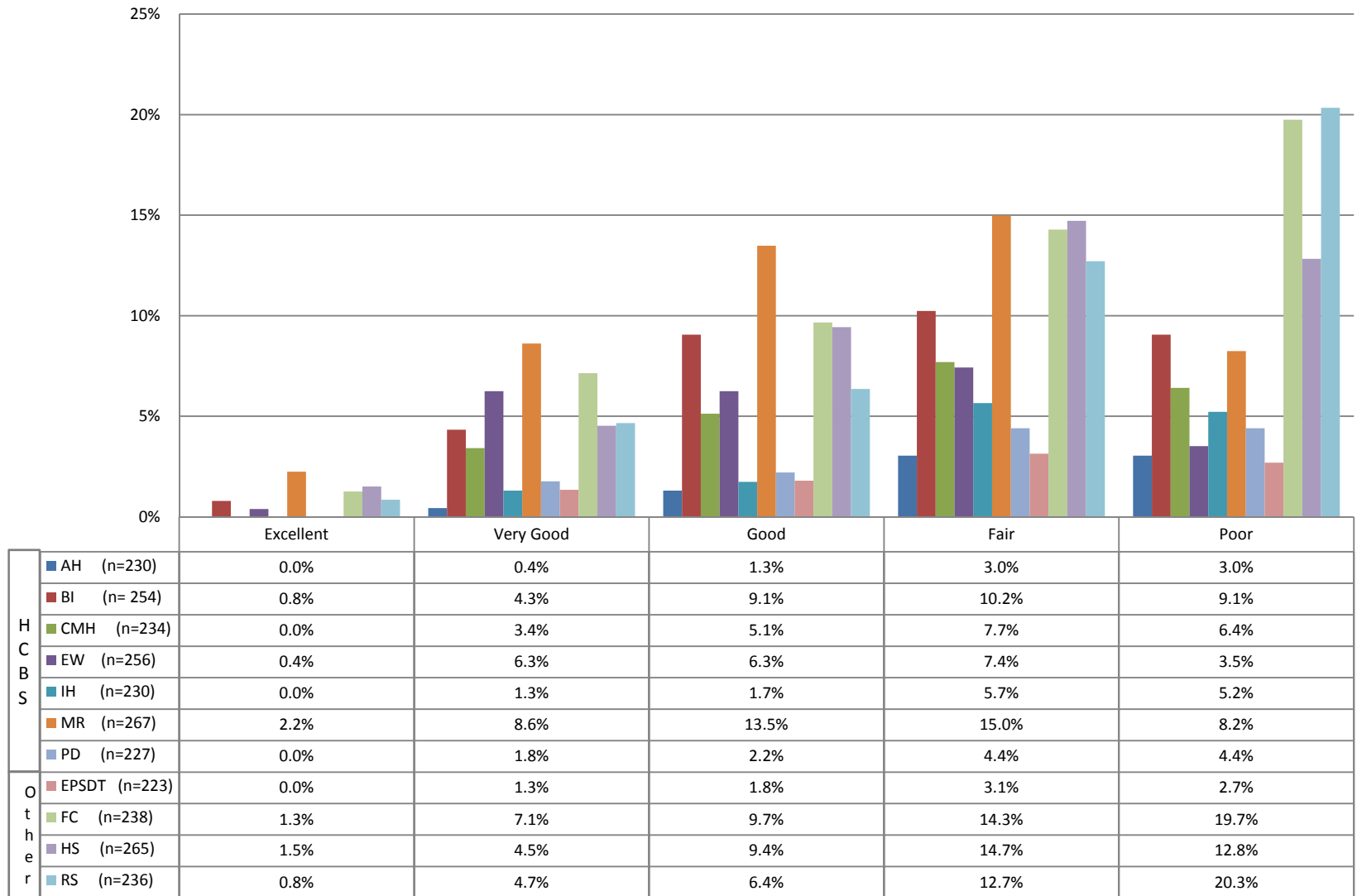
Q14) Rate Medicaid consumers' understanding of Medicaid rules for transportation



Note: Respond with "Don't Know" not displayed, but included in the calculation.

Appendix 3

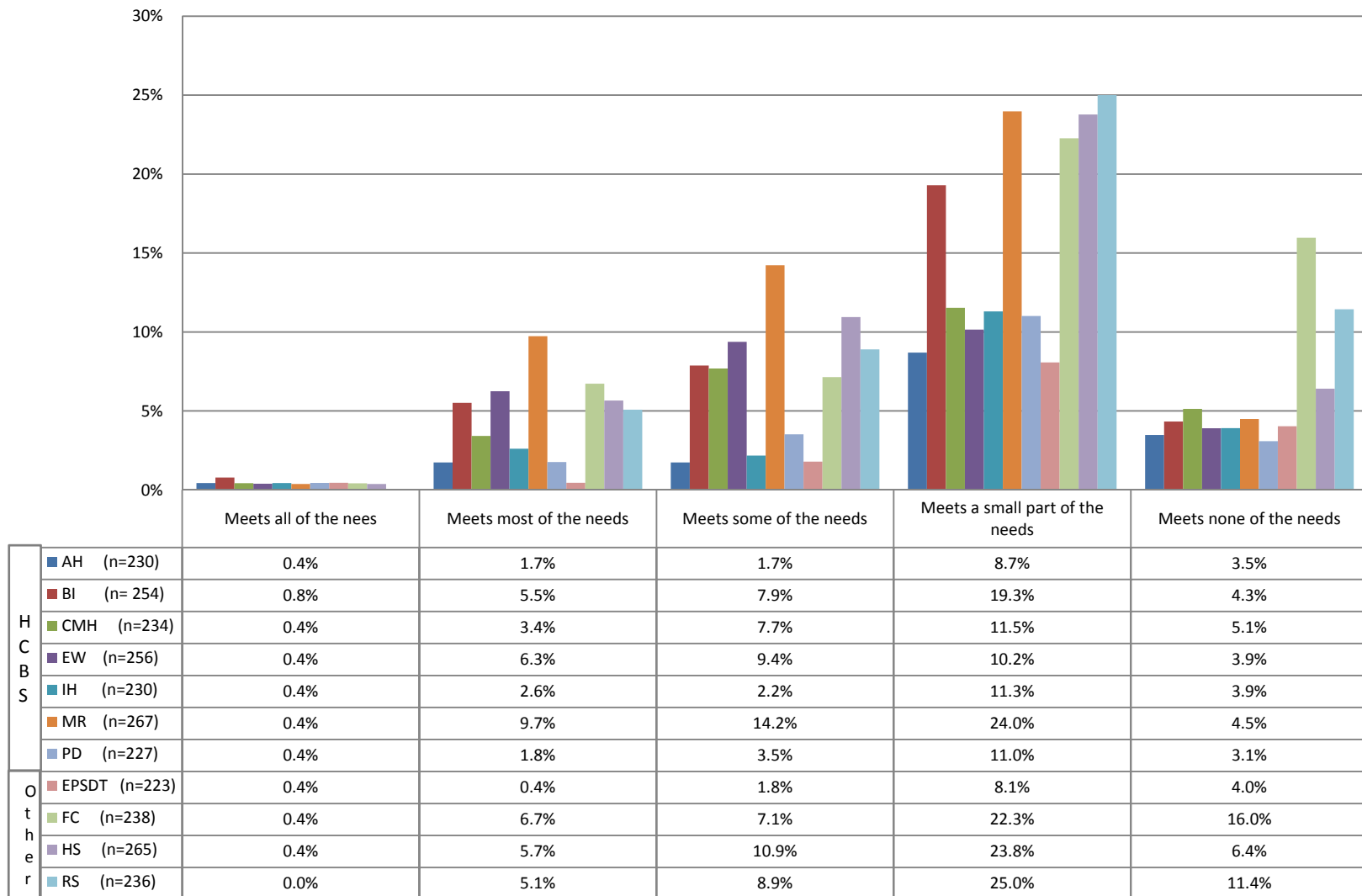
Q15) Rate your ability to arrange rides for Medicaid consumers



Note: Respond with "Don't Know" not displayed, but included in the calculation.

Appendix 3

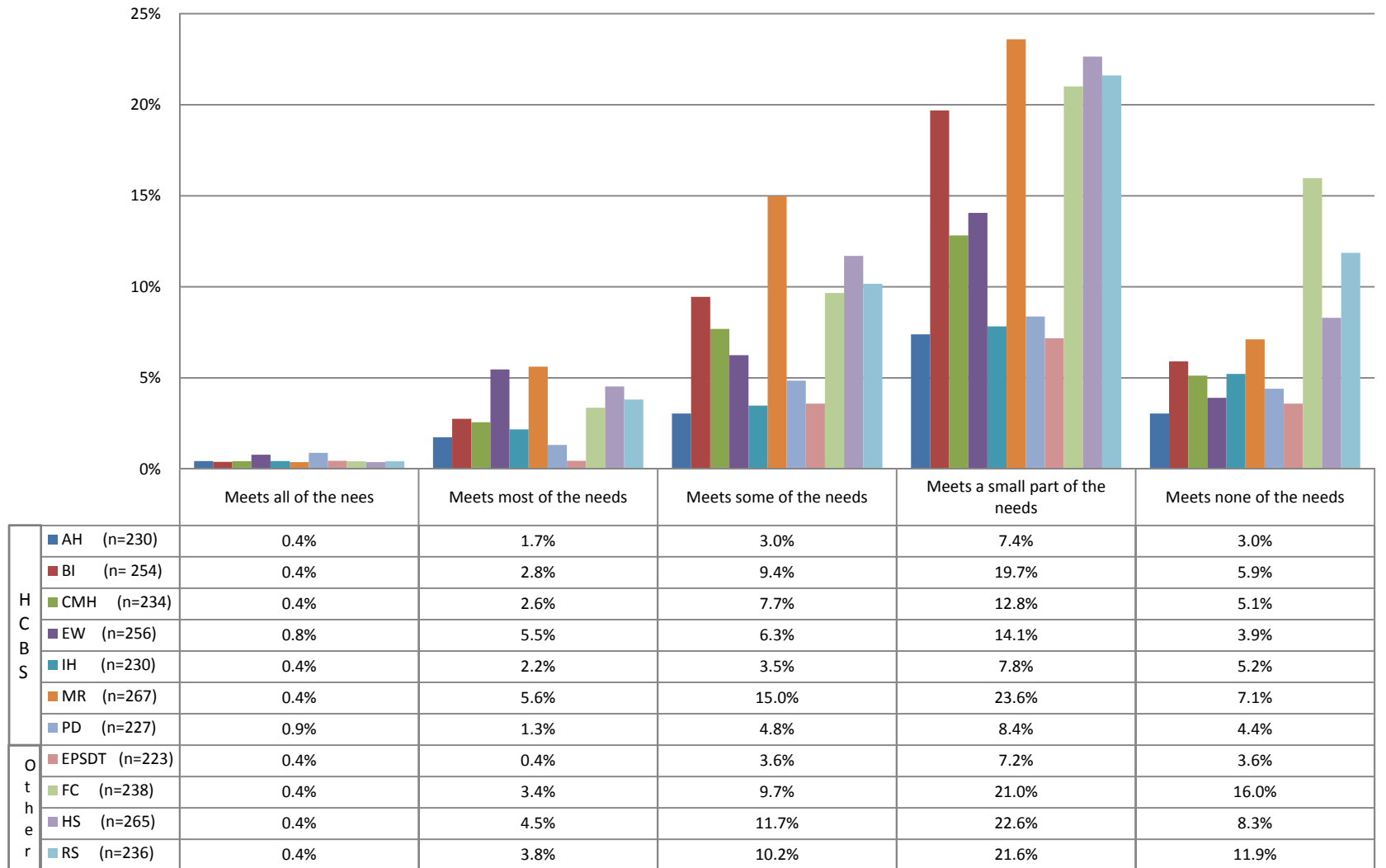
Q16) Rate the ability of public transportation in your county to meet the medical transportation needs of Medicaid members



Note: Respond with "Don't Know" not displayed, but included in the calculation.

Appendix 3

Q17) Rate the ability of public transportation in your county to meet the non-medical transportation needs of Medicaid consumers



Note: Respond with "Don't Know" not displayed, but included in the calculation.

Case Manager and Service Worker Qualitative Responses

Appendix 3

Question 18 (Suggestions for Improvements) Based on your experience, what needs be improved regarding Medicaid customers' transportation services?		
Transportation Accessible--Expressed need for transportation to be accessible for Medicaid participants.		
Question 18	Code for Question 18	Position
Broader availability, increased hours of services, and reduced costs	Transportation Accessible	Case Manager
Need more flexibility in scheduling, more resources to pay for busing. I have people who pay \$45 a month for bus passes and only make that amount at the workshops they attend. It hardly makes it worthwhile to work.	Transportation Accessible	Case Manager
Agency provided transportation that is easy to access	Transportation Accessible	Case Manager
People should have access to transportation as is would reduce isolation and allow them means for positive change and possibility for financial independence.	Transportation Accessible	Service Worker
BETTER ACCESS	Transportation Accessible	Other
The public transit in Scott County (River Bend) requests two weeks notice for all scheduled trips, which is very unreasonable with my elderly clients who sometimes schedule doctor appointments 1-2 days in advance if that. "Assisted transportation" is also a HUGE need in our area, but none of the current providers supply this service. Many of our clients have power wheelchairs and most transportation providers cannot accommodate that, or if they can, require too much advanced notice. Many also need "physical assist" with help on/off the bus or to the door but no provider will give this service, citing "liability issues".	Transportation Accessible	Case Manager
Transportation Affordable--Expressed need for transportation to be affordable.		
The cost of services. Living in a rural community and trying to get individuals to needed appointments or therapy often is not possible do to finances.	Transportation Affordable	Case Manager
Needs to be more affordable for consumers.	Transportation Affordable	Service Worker
Broader availability, increased hours of services, and reduced costs	Transportation Affordable	Case Manager
Make cost more affordable. Be available in evenings especially on week-ends.	Transportation Affordable	Case Manager

Appendix 3

Transportation needs to be available to everyone in all areas. If a person is able to get a ride (for example SWITA van) they are not able to pay the fee.	Transportation Affordable	Service Worker
Everyone needs to agree to pay for the services social/leisure/vocational/medical/shopping. Make it affordable.	Transportation Affordable	Case Manager
Affordable transportation. Outer communities do not have mass transit. Process or delays of reimbursement. Restrictions on only local doctors, even for foster kids.	Transportation Affordable	Case Manager
Door to door for frail seniors is a must. Amount of trips for the \$ many see multiple dr.'s out of town. Like Iowa city trips.	Transportation Affordable	Other- Associate Director AAA
Lower cost of gas. Need agencies to offer more transportation to compete to bring cost down.	Transportation Affordable	Case Manager
Need volunteers or more means of transportation that is cost effective for consumers.	Transportation Affordable	Case Manager
Cost is always a big factor. Consumers cannot pay out of pocket most of the time for non-medical trips. Small towns have limited hours and sometimes do not provide trips into larger towns for medical cares.	Transportation Affordable	Case Manager
It should be cheaper epically when client attend a workshops and 4 persons are picked up or dropped off at the same house and it is over \$6/trip for 2 miles one way at the most.	Transportation Affordable	Case Manager
More affordable to the consumer.	Transportation Affordable	Case Manager
Availability and cost	Transportation Affordable	Case Manager
Transportation in general is needed. Cost of local taxi is high for individuals on fixed income. Many of our folks needing transportation are folks that do not receive waiver, habilitation, or remedial services. Survey is somewhat limiting by only addressing what we did last week. If they are hooked up with a service provider, it is not as much of an issue. It is the folks without supported community living service.	Transportation Affordable	Case Manager
We have consumers that need transportation to the Dakota Dunes to see specialists for neurology. Many Sioux City doctors are moving practices to the Dunes area but transportation for consumers to the Dunes is \$10.00. Our agency pays out of our emergency fund for this but we are not always able to do this.	Transportation Affordable	Case Manager
The charge to the state is out of site. In rural areas client have to coordinate appointments with other consumers and may have to wait all day for other consumers to finish their appointment. Some transportation services will not go over county line to pick up consumers.	Transportation Affordable	Case Manager
Weekend services are a need. Rural public transportation for MR, BI, and	Transportation	Case Manager

Appendix 3

Habilitation is very costly for the individual. Providers then end-up providing the services often times!	Affordable	
availability &CR; transportation to larger medical facilities & CR; transportation to non medical services &CR; affordable transportation	Transportation Affordable	Case Manager
BI - Not enough funds to pay transportation to & from work. &CR;MR - Would cost for work & back \$129 day. Habilitation - Can't fund transportation to & from work.	Transportation Affordable	Case Manager
If they qualify for Medicare or T19 then clients should be entitled to a local bus pass. There could be a special card with a picture on it so that no one else could use it. State maybe would only pay for so many trips per month or something like that.	Transportation Affordable	Case Manager
#15 asks about my ability. I know how but transportation can be expensive for some clients and not available across the county.	Transportation Affordable	Service Worker
Hours/days of availability &CR ; cost to individual &CR; Volunteer drivers in every county. There is only one of 13 that we currently work with, that consistently has volunteer drivers	Transportation Affordable	Case Manager
Cost , availability, people providing the services need to be more understanding about consumers with disabilities.	Transportation Affordable	Case Manager
In the rural counties that I work, public transportation is available from 8 am - 11 am and 1 PM to 5 PM. Many medical appointments are out of town and they can't do that. They also need several days advanced notice, which isn't always possible for doctor's appt. It is also \$3.00 per stop, so not feasible for running errands.	Transportation Affordable	Case Manager
ability to access free or low cost transportation for non-medical needs.	Transportation Affordable	Case Manager
extended bus routes and hours &CR; billing system for trips - many times people don't have the money available at the time a ride is needed.	Transportation Affordable	Case Manager
Transportation for Hab. Clients. CCO has helped fill in the gaps as transit only runs Mon-Fri. normal business hours and charge high rates for special trips.	Transportation Affordable	Case Manager
the ability to find FUNDING for transportation so that transportation provides will make themselves more available and be able to stay in business.	Transportation Affordable	Case Manager
low cost service they can use on their own	Transportation Affordable	Case Manager
cost effective ; more readily available; greater route covered; have several transportation options; training for the city bus and understanding that if the person can safely utilize it as transportation they need to do it even if it's more convenient for staff	Transportation Affordable	Did not answer

Appendix 3

for them to transport.		
Affordable transportation that is offered for longer periods of time during the day.	Transportation Affordable	Case Manager
MR consumers and guardians would like transportation to summer camps and Special Olympics. & CR; & CR ; Public transportation is too expensive for Medicaid customers.	Transportation Affordable	Case Manager
Availability of transportation options. This is a rural area w/ expensive cab services occasionally available (in & out of business). RTA runs very limited days & times & does not always cover small surrounding towns.	Transportation Affordable	Case Manager
There is no public transportation in Butler County; Therefore, any program would be an improvement, but none would be cost effective given the distribution of communities and the number of individuals that would use it.	Transportation Affordable	Case Manager
We have an excellent public transportation system in our county, however, with higher fuel prices, the number of rides a client can receive is really limited as the elderly waiver is the lowest amount of all waivers at \$1,084, and typically they do not have much budget left for transportation. They are then put into the position where they are forced to sometimes pay full price for transportation which they cannot afford, and so we see a percentage of our elderly population not seeking needed/required medical treatment.	Transportation Affordable	Case Manager
Not having to wait so long to get home after conducting their business. Many people cannot get to the curb and wait for the bus to come. Many people it is hard for them to ride in bus due to the roughness of the ride. Many of our Dr's are in another state in which the consumer has to get over there to see their Dr. We only have one transportation provider who can take them over there, and it is costly.	Transportation Affordable	Case Manager
Transit needs to extend hours of service and lower prices.	Transportation Affordable	Case Manager
Consumers need a transportation system that is easy to understand and runs during the hours of need. This system also needs to be priced reasonable as they are on a fixed budget	Transportation Affordable	Case Manager
More choices. Providers are very selective in the type of transportation they will provide due to rising fuel costs.	Transportation Affordable	Case Manager
Transportation Available--Expressed need to have transportation services available		
availability and flexibility and be ready on the spot	Transportation Available	Case Manager

Appendix 3

More availability of volunteer drivers, better education of consumers and families about reimbursement of expenses for medical transportation, better availability of transit services , more routes	Transportation Available	Case Manager
More availability of transportation	Transportation Available	Service Worker
Clients that need substance abuse treatment often have lost their driver's licenses so can get to outpatient treatment which is often 3 or more days a week.	Transportation Available	Service Worker
There needs to be transportation available. Once it is available, customer's need to know how to access it on their own.	Transportation Available	Service Worker
more transportation services on weekends	Transportation Available	Service Worker
More availability	Transportation Available	Case Manager
Parents need rides to habilitation services inside and outside of the county. In rural counties, people who do not have a car or cannot drive have a difficult time getting to therapy, substance abuse treatment, etc.	Transportation Available	Case Manager
availability	Transportation Available	Service Manager
Bus routes need to cover the entire metro area.	Transportation Available	Case Manager
The cab systems through DART and Trans Iowa are very unreliable. All of my consumers have complained that their cab is late on a regular basis. When they talk with the operators they are told that the cab driver can pick up other fares and that they aren't a priority even though the service has been set up in advance.	Transportation Available	Case Manager
Availability and cost	Transportation Available	Case Manager
Transportation needs to be more readily available	Transportation Available	Case Manager
There is a high demand for rides during parts of the day that service providers cannot meet. Because eligibility requires that a doctor notify the transit office that there is a need for this service a doctor is needed that has gotten to know the client and their limitations.	Transportation Available	Case Manager
There is limited availability of transportation in small communities if any at all. Our transit stops at 5 p.m. weekdays and does not run on weekends. This increases social isolation and mental illness among our clients. Clients typically can't afford to hire	Transportation Available	Case Manager

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transportation and some can't afford the rate public transportation charges for non waiver or nonmedical transportation.		
We have consumers that need transportation to the Dakota Dunes to see specialists for neurology. Many Sioux City doctors are moving practices to the Dunes area but transportation for consumers to the Dunes is \$10.00. Our agency pays out of our emergency fund for this but we are not always able to do this.	Transportation Available	Case Manager
Availability & transportation to larger medical facilities; transportation to non medical services ;affordable transportation	Transportation Available	Case Manager
BI - Not enough funds to pay transportation to & from work - Would cost for work & back \$129 day. Habilitation - Can't fund transportation to & from work.	Transportation Available	Case Manager
Services need to become more readily available. Public transportation needs longer hours. Doctors offices stay open later for people who work, however, public transport closes at 6pm. Customers with children cannot walk 1/2 mile from the bus stop with a baby to get to the doctor because public transport cannot take them closer. Transportation to and from appointments needs to be provided to siblings/parents of special needs individuals as well-- not only that single individual.	Transportation Available	Case Manager
There is no available public transportation system in my county. County has limited service options, programs, and programs. There is no transportation available to take customers to other counties were more program options are available.	Transportation Available	Case Manager
Transportation needs to be more readily available	Transportation Available	Case Manager
If they qualify for Medicare or T19 then clients should be entitled to a local bus pass. There could be a special card with a picture on it so that no one else could use it. State maybe would only pay for so many trips per month or something like that.	Transportation Available	Case Manager
Provide transportation services in all waivers. Provide transportation for medical trips in town and not just out of town.	Transportation Available	Service Worker
#15 asks about my ability. I know how but transportation can be expensive for some clients and not available across the county.	Transportation Available	Service Worker
In the rural counties that I work, public transportation is available from 8 am - 11 am and 1 PM to 5 PM. Many medical appointments are out of town and they can't do that. They also need several days advanced notice, which isn't always possible for doctor's appt. It is also \$3.00 per stop, so not feasible for running errands.	Transportation Available	Case Manager

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availability of evening and weekend transportation; availability of Medicaid-funded transportation to regional medical centers	Transportation Available	Case Manager
they are limited on when they can ride transit based on the hours they run, need to work on service needs for individual	Transportation Available	Case Manager
the ability to find FUNDING for transportation so that transportation provides will make themselves more available and be able to stay in business.	Transportation Available	Case Manager
cost effective; more readily available ; greater route covered; have several transportation options; training for the city bus and understanding that if the person can safely utilize it as transportation they need to do it even if it's more convenient for staff for them to transport.	Transportation Available	Did not answer
Hours of operation, cost, availability	Transportation Available	Other- Case Management Supervisor
Transportation should be added as a component service for the I&H and AIDS/HIV Waivers. People without means of transportation should be able to get some assistance for in town medical transport. Medicaid recipients not waiver eligible should get at least a discount for transportation for essential shopping and errands.	Transportation Available	Service Worker
I don't even know enough about what is available to answer this. My perception is that there is only transportation available for medical appointments , and this is via a cab. Social Worker II's have a desperate need to transportation assistance regarding parent/child visits when a child has been removed from the home. We also have a huge need to assist parents in getting to mental health and substance abuse treatment appointments. This is a HUGE barrier for us.	Transportation Available	Case Manager
We have an excellent public transportation system in our county, however, with higher fuel prices, the number of rides a client can receive is really limited as the elderly waiver is the lowest amount of all waivers at \$1,084, and typically they do not have much budget left for transportation. They are then put into the position where they are forced to sometimes pay full price for transportation which they cannot afford, and so we see a percentage of our elderly population not seeking needed/required medical treatment.	Transportation Available	Case Manager
availability for out of town transportation	Transportation Available	Other

Appendix 3

Availability of transportation options. This is a rural area w/ expensive cab services occasionally available (in & out of business). RTA runs very limited days & times & does not always cover small surrounding towns.	Transportation Available	Case Manager
after hours (i.e. nights, weekends, etc...) & availability	Transportation Available	Case Manager
Transportation for appointments to University of Iowa Hospital and clinics.	Transportation Available	Case Manager
There is currently not a EW transportation provider , and this becomes problematic as some Home Health Agencies also do not offer transportation - limited transportation that is not public transportation.	Transportation Available	Case Manager
Ease of scheduling rides. Availability of service.	Transportation Available	Case Manager
Increased hours of available transportation in some counties (i.e. transportation available only from 10am to 2 pm in one of the counties I serve)	Transportation Available	Case Manager
Not having to wait so long to get home after conducting their business. Many people cannot get to the curb and wait for the bus to come. Many people it is hard for them to ride in bus due to the roughness of the ride. Many of our Dr's are in another state in which the consumer has to get over there to see their Dr. We only have one transportation provider who can take them over there, and it is costly.	Transportation Available	Case Manager
The availability of services.	Transportation Available	Service Manager
Consumers should be able to depend on our local transit bus for rides when needed	Transportation Available	Case Manager
There just needs to be more transportation services.	Transportation Available	Service Worker
More choices. Providers are very selective in the type of transportation they will provide due to rising fuel costs.	Transportation Available	Case Manager
Access needs to be improved. Public transportation is not available in many rural areas and is not available at the times needed. Volunteers and other programs are out there, but there aren't enough drivers to meet the individual needs.	Transportation Available	Case Manager
Transportation Claims Improvement--Expressed need to improve the transportation claims processing in order to expedite payments to providers.		

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Affordable transportation. Outer communities do not have mass transit. Process or delays of reimbursement. restrictions on only local doctors, even for foster kids.	Transportation Claims Improvement	Case Manager
Provide the funding for the transportation prior to the trip when the consumer has no funds to prepay for the trip.	Transportation Claims Improvement	Service Worker
In Clinton County we do not have transportation provider that can bill EW. Paratransit is a provider but they applied for a wrong code and haven't been able to fix it. This has been going on for many months. Dennis Hart is the person that is supposed to be fixing this, but I haven't heard anything. We usually use a CDAC provider to provider transportation to and from doctor appointments. If it is non medical they end up private pay.	Transportation Claims Improvement	Case Manager
Transportation Companion --Expressed the need to allow companions to travel with individuals at no additional cost.		
The public transit in Scott County (River Bend) requests two weeks notice for all scheduled trips, which is very unreasonable with my elderly clients who sometimes schedule doctor appointments 1-2 days in advance if that. "Assisted transportation" is also a HUGE need in our area, but none of the current providers supply this service. Many of our clients have power wheelchairs and most transportation providers cannot accommodate that, or if they can, require too much advanced notice. Many also need "physical assist" with help on/off the bus or to the door but no provider will give this service, citing "liability issues".	Transportation Companion	Case Manager
Services need to become more readily available. Public transportation needs longer hours. Doctors offices stay open later for people who work, however, public transport closes at 6pm. Customers with children cannot walk 1/2 mile from the bus stop with a baby to get to the doctor because public transport cannot take them closer. Transportation to and from appointments needs to be provided to siblings/parents of special needs individuals as well-- not only that single individual.	Transportation Companion	Case Manager
Most customer's need help for long trips prior to the trip.	Transportation Companion	Service Worker
There needs to be services after the normal business hours and the cost needs to be not so prohibitive. There needs to be the ability to get transportation without having a "window" of an hour to an hour and a half before the transportation provider arrives. Transportation services need to be able to need the needs of individuals to arrive to a workshop on time, but not so early that the workshop doesn't have staff available to provide for the person's needs once they get there. If an individual needs a companion to travel with them to meet their needs enroute, the companion (Staff) should not have to pay as well and it should be allowed for	Transportation Companion	Case Manager

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them to ride with the individual. Often the individuals we serve cannot work a job in the evening, weekends or after normal business hours because there is no transportation for them, either to go to work, or get home from work or both.		
Transportation Competition --Expressed the need to have more competition for transportation agencies to force them to be more competitive with their pricing.		
Lower cost of gas. Need agencies to offer more transportation to compete to bring cost down.	Transportation Competition	Case Manager
Transportation Coordination —Expressed the need for all transportation services to be coordinated so that each agency offers the same services		
Everyone needs to agree to pay for the services social/leisure/vocational/medical/shopping. Make it affordable.	Transportation Coordination	Case Manager
Transportation Contract with Private Individuals -- Expressed the need to contract with individuals in order to provide transportation services.		
Either reimbursement for consumers for gas money or else volunteers willing to transport people	Transportation Contract with Private Individuals	Service Worker
Transportation Disability Understanding -- Expressed the need for the drivers to understand more about people with disabilities.		
Cost, availability, people providing the services need to be more understanding about consumers with disabilities .	Transportation Disability Understanding	Case Manager
The public transit in Scott County (River Bend) requests two weeks notice for all scheduled trips, which is very unreasonable with my elderly clients who sometimes schedule doctor appointments 1-2 days in advance if that. "Assisted transportation" is also a HUGE need in our area, but none of the current providers supply this service. Many of our clients have power wheelchairs and most transportation providers cannot accommodate that, or if they can, require too much advanced notice. Many also need "physical assist" with help on/off the bus or to the door but no provider will give this service, citing "liability issues".	Transportation Disability Understanding	Case Manager
Transportation Door to Door —Expressed the need to provide door to door transportation to frail elderly individuals		
Door to door for frail seniors is a must. Amount of trips for the \$ many see multiple dr.'s out of town. Like Iowa city trips.	Transportation Door to Door	Other- Associate Director AAA
more transportation assistance is needed	Transportation Door to Door	Case Manager

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Not having to wait so long to get home after conducting their business. Many people cannot get to the curb and wait for the bus to come. Many people it is hard for them to ride in bus due to the roughness of the ride. Many of our Dr's are in another state in which the consumer has to get over there to see their Dr. We only have one transportation provider who can take them over there, and it is costly.	Transportation Door to Door	Case Manager
Elderly Waiver clients need a choice of transportation providers to go to and from day services so that they can receive assisted transportation instead of being forced to use one transportation provider through the Waiver who does not assist them on and off of the bus.	Transportation Door to Door	Case Manager
Transportation Education-- Expressed the need to educate Medicaid participants on the transportation services available and how to access the services.		
Consumer's knowledge of what is covered and how to access these benefits.	Transportation Education	Case Manager
More information regarding the services-many families do not know to even ask about transportation services. Less overwhelming options, for some of my consumers with mental health issues, riding the bus for public transportation can be very overwhelming and create high anxiety.	Transportation Education	Case Manager
Customer's knowledge of transportation services and the guidelines	Transportation Education	Case Manager
More availability of volunteer drivers, better education of consumers and families about reimbursement of expenses for medical transportation, better availability of transit services, more routes	Transportation Education	Case Manager
Education for the provider about how to relate to people with disabilities. Available transportation on weekends and evenings. It can be difficult to read and understand the written bus schedule.	Transportation Education	Case Manager
Identify individuals or agencies that can provide transportation	Transportation Education	Service Worker
Available information	Transportation Education	Other
There needs to be transportation available. Once it is available, customer's need to know how to access it on their own.	Transportation Education	Service Worker
Available resources are needed. Only certain populations can use Great River.	Transportation Education	Service Worker
Not enough information on resources and programs available	Transportation Education	Case Manager
Would be nice if somehow on their medical card it would state that they can claim for	Transportation	Service Worker

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medical mileage. I find that waiver consumers don't know they can get mileage for medical appts.	Education	
Knowledge of what is available in specific county for consumer and pass that information to providers and Case Managers etc...	Transportation Education	Case Manager
Awareness.	Transportation Education	Case Manager
The understanding of how transportation services work.	Transportation Education	Case Manager
the customer needs to be more informed about what is available	Transportation Education	Case Manager
better understanding that they can get reimbursed-& we need a transportation program that is offered to the parents	Transportation Education	Service Worker
more information to the public that is easily understood	Transportation Education	Case Manager
Need to make clients more aware of what services are available to them.	Transportation Education	Case Manager
more knowledge given to Medicaid clients and staff in community agencies	Transportation Education	Service Worker
As a social worker, I did not know that Medicaid had a program to help with transportation.	Transportation Education	Service Worker
In Clinton County we do not have transportation provider that can bill EW. Paratransit is a provider but they applied for a wrong code and haven't been able to fix it. This has been going on for many months. Dennis Hart is the person that is suppose to be fixing this, but I haven't heard anything. We usually use a CDAC provider to provider transportation to and from doctor appointments. If it is non medical they end up private pay.	Transportation Education	Case Manager
Consumers need a transportation system that is easy to understand and runs during the hours of need. This system also needs to be priced reasonable as they are on a fixed budget.	Transportation Education	Case Manager
Transportation Flexible Hours-- Expressed the need for transportation hours to be offered outside of business hours.		
There needs to be services after the normal business hours and the cost needs to be not so prohibitive. There needs to be the ability to get transportation without having a	Transportation Flexible Hours	Case Manager

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"window" of an hour to an hour and a half before the transportation provider arrives. Transportation services need to be able to need the needs of individuals to arrive to a workshop on time, but not so early that the workshop doesn't have staff available to provide for the person's needs once they get there. If an individual needs a companion to travel with them to meet their needs enroute, the companion (Staff) should not have to pay as well and it should be allowed for them to ride with the individual. Often the individuals we serve cannot work a job in the evening, weekends or after normal business hours because there is no transportation for them, either to go to work, or get home from work or both.		
buses to run after 6 pm and on Sundays'	Transportation Flexible Times	Case Manager
Broader availability, increased hours of services , and reduced costs	Transportation Flexible Hours	Case Manager
Improved access, greater flexibility including weekends and nights	Transportation Flexible Hours	Case Manager
number hours of service available, flexibility of hours available	Transportation Flexible Times	Case Manager
affordable transportation after business hours	Transportation Flexible Times	Case Manager
Make cost more affordable. Be available in evenings especially on week-ends.	Transportation Flexible Times	Case Manager
wheel chair accessibility & availability during evening hours	Transportation Flexible Times	Case Manager
People who need dialysis treatment on weekends or late in the evening pick up from dialysis. I have had clients not go because they do not have a ride on Saturdays.	Transportation Flexible Times	Service Worker
Buses need to run later, need to be better transportation options for night treatment.	Transportation Flexible Times	Case Manager
Transportation for any hours worked. Most systems run 8a-4p.	Transportation Flexible Times	Case Manager
There is no public transportation in both small and large cities so consumers cannot get out of their homes/apartments after 6 pm unless they have 24 hour staff. This leads to social isolation as many activities don't take place until after the working day is over.	Transportation Flexible Times	Case Manager
availability and flexibility and be ready on the spot	Transportation Flexible Times	Case Manager

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Education for the provider about how to relate to people with disabilities. Available transportation on weekends and evenings. It can be difficult to read and understand the written bus schedule.	Transportation Flexible Times	Case Manager
Parents need to have transportation to visit their children in foster care, PMIC hospital placements. Kids need to be transported for placement by transporter	Transportation Flexible Times	Service Worker
Longer hours per day for city transportation. Currently buses do not run after 5PM.	Transportation Flexible Times	Case Manager
There needs to be a wider array of transportation options available. Presently there is 2 options in my county. In addition, the cost of reliable transportation (not counting on volunteers) is prohibitive. There is one agency in our county that provides transportation service, but they rely heavily on volunteers. These volunteers are few in numbers and are often times elderly, who have health issues of their own. The other transportation option is very expensive and often times cost prohibitive to those on a fixed income. Examples of typical transportation costs are as follows. Example: \$37 for 60 miles, but the transportation service will not wait beyond 1 hour and people may have to pay for another \$37 fee.	Transportation Flexible Times	Case Manager
Time of availability and ease of arranging- also need more active volunteers as we are in a rural area.	Transportation Flexible Times	Other
available more often including weekends	Transportation Flexible Times	Case Manager
Cost is always a big factor. Consumers cannot pay out of pocket most of the time for non-medical trips. Small towns have limited hours and sometimes do not provide trips into larger cares. towns for medical	Transportation Flexible Times	Case Manager
Extended hours and days (weekends)	Transportation Flexible Times	Other
Since we're in a small town and county there are few options for evening transportation.	Transportation Flexible Times	Case Manager
Currently there is only one transit system available to clients, due to being in small rural area. This agency does not run after business hours, which limits some individuals to when they can work, go shopping, ect.	Transportation Flexible Times	Case Manager
Access in small rural communities that are not included in the "regular route"& Also expansion of hours transportation is available.	Transportation Flexible Times	Case Manager

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The cost of the transportation reimbursement as well as the hours that public transportation is provided.	Transportation Flexible Times	Case Manager
Weekend services are a need. Rural public transportation for MR, BI, and Habilitation is very costly for the individual. Providers then end-up providing the services often times!	Transportation Flexible Times	Case Manager
BI - Not enough funds to pay transportation to & from work.&CR;MR - Would cost for work & back \$129 day. Habilitation - Can't fund transportation to & from work.	Transportation Flexible Times	Case Manager
Services need to become more readily available. Public transportation needs longer hours. Doctors offices stay open later for people who work, however, public transport closes at 6pm. Customers with children cannot walk 1/2 mile from the bus stop with a baby to get to the doctor because public transport cannot take them closer. Transportation to and from appointments needs to be provided to siblings/parents of special needs individuals as well-- not only that single individual.	Transportation Flexible Times	Case Manager
transportation services are very limited in our rural area -- nothing available at night and on the weekends	Transportation Flexible Times	Case Manager
Transportation Management-- Expressed the need to reduce the authorization process so that permission for out of town medical appointments is not necessary		
In most cases I am able to find transportation for my clients. It would be less of a hassle if I didn't need to contact Dr.'s for permission for out-of-town medical trips.	Transportation Management	Case Manager
There is a high demand for rides during parts of the day that service providers cannot meet. Because eligibility requires that a doctor notify the transit office that there is a need for this service a doctor is needed that has gotten to know the client and their limitations.	Transportation Management	Case Manager
Transportation More Drivers Needed-- Expressed the need to have more drivers available to transport Medicaid participants to their appointment.		
Need more volunteer drivers to go to University of Iowa Clinics.	Transportation More Drivers Needed	Service Worker
find incentives for providers to expand the service, or help individuals with cars find a way to become providers to peers without their own transportation.	Transportation More Drivers Needed	Case Manager
More transportation providers	Transportation More Drivers Needed	Case Manager
There needs to be expansion of volunteer driver program and resources of Medicaid consumers using mental health and substance abuse programming services in the community.	Transportation More Drivers Needed	Case Manager

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There needs to be a wider array of transportation options available. Presently there is 2 options in my county. In addition, the cost of reliable transportation (not counting on volunteers) is prohibitive. There is one agency in our county that provides transportation service, but they rely heavily on volunteers. These volunteers are few in numbers and are often times elderly, who have health issues of their own. The other transportation option is very expensive and often times cost prohibitive to those on a fixed income. Examples of typical transportation costs are as follows. Example: \$37 for 60 miles, but the transportation service will not wait beyond 1 hour and people may have to pay for another \$37 fee.	Transportation More Drivers Needed	Case Manager
more availability of drivers	Transportation More Drivers Needed	Case Manager
Time of availability and ease of arranging- also need more active volunteers as we are in a rural area.	Transportation More Drivers Needed	Other
Need volunteers or more means of transportation that is cost effective for consumers.	Transportation More Drivers Needed	Case Manager
Hours/days of availability; cost to individual; Volunteer drivers in every county. There is only one of 13 that we currently work with, that consistently has volunteer drivers	Transportation More Drivers Needed	Case Manager
Access needs to be improved. Public transportation is not available in many rural areas and is not available at the times needed. Volunteers and other programs are out there, but there aren't enough drivers to meet the individual needs.	Transportation More Drivers Needed	Case Manager
Transportation Options besides Public Transportation-- Expressed concern that when public transportation isn't running there are no other options available for individuals to get to their appointments		
We live in a small community. If our public transportation system is nor running (due to weather). It is very difficult for our individuals. Plus some do not qualify	Transportation Options besides Public Transportation	Case Manager
There is no public transportation in both small and large cities so consumers cannot get out of their homes/apartments after 6 pm unless they have 24 hour staff. This leads to social isolation as many activities don't take place until after the working day is over.	Transportation Options besides Public Transportation	Case Manager
Affordable transportation. Outer communities do not have mass transit. Process or delays of reimbursement. Restrictions on only local doctors, even for foster kids.	Transportation Options besides Public Transportation	Case Manager

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Improved public transportation. Increased support by volunteer agencies for local trips.	Transportation Options besides Public Transportation	Service Worker
Increase in options	Transportation Options besides Public Transportation	Case Manager
There is only the public bus system and it does not run at night, and it does not reach all areas for clients to access.	Transportation Options besides Public Transportation	Case Manager
Consumers complain about the cost of transportation by public transit.	Transportation Options besides Public Transportation	Service Worker
There needs to be more option available, especially for non-medical purposes. Also there needs to be transportation available to larger hospitals like Mayo and Iowa City.	Transportation Options besides Public Transportation	Case Manager
Parents with sick children find it difficult to use public transportation such as city bus.	Transportation Options besides Public Transportation	Service Worker
Parents need rides to habilitation services inside and outside of the county. In rural counties, people who do not have a car or cannot drive have a difficult time getting to therapy, substance abuse treatment, etc.	Transportation Options besides Public Transportation	Case Manager
more options	Transportation Options besides Public Transportation	Case Manager
bus service extending into suburbs and increasing times available; wait times for cab rides are too long; more options of providers	Transportation Options besides Public Transportation	Other
I feel there needs to be more options available, other than Paratransit.	Transportation Options besides Public Transportation	Case Manager
There is limited availability of transportation in small communities if any at all. Our transit stops at 5 p.m. weekdays and does not run on weekends. This increases social isolation and mental illness among our clients. Clients typically can't afford to hire transportation and some can't afford the rate public transportation charges for nonwaiver or nonmedical transportation.	Transportation Options besides Public Transportation	Case Manager
Evening transportation services; daytime transportation services that is available in areas where the MET bus doesn't run, errand based transportation services	Transportation Options besides Public	Case Manager

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	Transportation	
cost effective; more readily available; greater route covered; have several transportation options ; training for the city bus and understanding that if the person can safely utilize it as transportation they need to do it even if it's more convenient for staff for them to transport.	Transportation Options besides Public Transportation	Did not answer
There is currently not a EW transportation provider, and this becomes problematic as some Home Health Agencies also do not offer transportation - limited transportation that is not public transportation.	Transportation Options besides Public Transportation	Case Manager
Not having to wait so long to get home after conducting their business; Many people cannot get to the curb and wait for the bus to come: Many people it is hard for them to ride in bus due to the roughness of the ride; Many of our Dr's are in another state in which the consumer has to get over there to see their Dr. We only have one transportation provider who can take them over there, and it is costly.	Transportation Options besides Public Transportation	Case Manager
Elderly Waiver clients need a choice of transportation providers to go to and from day services so that they can receive assisted transportation instead of being forced to use one transportation provider through the Waiver who does not assist them on and off of the bus.	Transportation Options besides Public Transportation	Case Manager
There just needs to be more transportation services.	Transportation Options besides Public Transportation	Service Worker
More choices. Providers are very selective in the type of transportation they will provide due to rising fuel costs.	Transportation Options besides Public Transportation	Case Manager
Transportation for Parents and Children Needed --Expressed the need to have transportation available for parents to visit their children in foster care.		
It would be beneficial to develop a transportation plan in the rural areas with regard to getting children that are involved under child welfare services to medical and therapy sessions.	Transportation for Parents and Children Needed	Service Worker
I don't even know enough about what is available to answer this. My perception is that there is only transportation available for medical appointments, and this is via a cab. Social Worker II's have a desperate need to transportation assistance regarding parent/child visits when a child has been removed from the home. We also have a huge need to assist parents in getting to mental health and substance abuse treatment appointments. This is a HUGE barrier for us.	Transportation for Parents and Children Needed	Case Manager

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Transportation in Rural Communities--Expressed the need for transportation services in rural communities		
options in rural areas are almost non-existent. Transit providers are not readily open to going outside of set route to meet client need.	Transportation in Rural Communities	Case Manager
In our primary counties, transportation is very limited as to when buses run.	Transportation in Rural Communities	Service Worker
Availability for transportation to provider's in rural areas.	Transportation in Rural Communities	Case Manager
The cost of services. Living in a rural community and trying to get individuals to needed appointments or therapy often is not possible do to finances.	Transportation in Rural Communities	Case Manager
Transportation needs to be available to everyone in all areas. If a person is able to get a ride (for example SWITA van) they are not able to pay the fee.	Transportation in Rural Communities	Service Worker
My experience has been parents wanting to see their children that are placed outside of their county of origin, and they can't get their visits in because there is not opportunity for transportation to and from visits. This is the same for siblings, they want to see their brothers and sisters and they are not able to.	Transportation in Rural Communities	Case Manager
There is only the public bus system and it does not run at night, and it does not reach all areas for clients to access.	Transportation in Rural Communities	Case Manager
Availability needs to be expanded to cover rural areas.	Transportation in Rural Communities	Case Manager
More access to transportation is needed for rural residence	Transportation in Rural Communities	Case Manager
Time of availability and ease of arranging- also need more active volunteers as we are in a rural area.	Transportation in Rural Communities	Other
rural areas have very little if any assistance with transportation issues-need to improve in this area	Transportation in Rural Communities	Other
Parents need rides to habilitation services inside and outside of the county. In rural counties, people who do not have a car or cannot drive have a difficult time getting to therapy, substance abuse treatment, etc.	Transportation in Rural Communities	Case Manager
lack of any options in many small rural communities, for those communities with public transportation there is still lacking any transportation to nearby communities	Transportation in Rural Communities	Case Manager
Cost is always a big factor. Consumers cannot pay out of pocket most of the time for non-medical trips. Small towns have limited hours and sometimes do not provide trips into larger towns for medical cares.	Transportation in Rural Communities	Case Manager
Since we're in a small town and county there are few options for evening transportation.	Transportation in Rural Communities	Case Manager

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Currently there is only one transit system available to clients, due to being in small rural area. This agency does not run after business hours, which limits some individuals to when they can work, go shopping, ect.	Transportation in Rural Communities	Case Manager
Access in small rural communities that are not included in the "regular route; Also expansion of hours transportation is available.	Transportation in Rural Communities	Case Manager
because we are a small community access to transportation services is very limited	Transportation in Rural Communities	Case Manager
There needs to be more routes available	Transportation in Rural Communities	Case Manager
There is limited availability of transportation in small communities if any at all. Our transit stops at 5 p.m. weekdays and does not run on weekends. This increases social isolation and mental illness among our clients. Clients typically can't afford to hire transportation and some can't afford the rate public transportation charges for non-waiver or nonmedical transportation.	Transportation in Rural Communities	Case Manager
There needs to be more routes available	Transportation in Rural Communities	Case Manager
The charge to the state is out of site. In rural areas client have to coordinate appointments with other consumers and may have to wait all day for toher consumers to finish their appointment. Some transportation services will not go over county line to pick up consumers.	Transportation in Rural Communities	Service Worker
Weekend services are a need. Rural public transportation for MR, BI, and Habilitation is very costly for the individual. Providers then end-up providing the services often times!	Transportation in Rural Communities	Case Manager
We need transportation services that run after 4pm for those consumers who have jobs and have no other means of transportation other than public transportation, especially in rural areas.	Transportation in Rural Communities	Other
There is no available public transportation system in my county. County has limited service options, programs, and programs. There is no transportation available to take customers to other counties were more program options are available.	Transportation in Rural Communities	Case Manager
transportation services are very limited in our rural area -- nothing available at night and on the weekends	Transportation in Rural Communities	Case Manager
A lot of the agencies that work with consumers provide transportation also. They need to be able to be reimbursed so they can continue to provide that service. Otherwise in my county (Fremont) there is only one transportation provider besides the agencies and that is SWITA.	Transportation in Rural Communities	Case Manager
We have NO providers willing to provide transportation as a standalone service in	Transportation in Rural	Case Manager

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Clinton county. All providers want to provide it under another service, like SCL. We have few rural options	Communities	
more providers of transportation in smaller communities	Transportation in Rural Communities	Other
In the rural counties that I work, public transportation is available from 8 am - 11 am and 1 PM to 5 PM. Many medical appointments are out of town and they can't do that. They also need several days advanced notice, which isn't always possible for doctor's appt. It is also \$3.00 per stop, so not feasible for running errands.	Transportation in Rural Communities	Case Manager
Availability in rural areas needs drastic improvement. Appointments can't always be scheduled within "day" hours as there are evening groups, etc. Also concerns about transportation of infants, young children, etc.	Transportation in Rural Communities	Service Worker
For rural counties there is a need for more transportation. Also a need for transportation during the early morning or latter afternoon.	Transportation in Rural Communities	Service Worker
There is no public transportation in Butler County; Therefore, any program would be an improvement, but none would be cost effective given the distribution of communities and the number of individuals that would use it.	Transportation in Rural Communities	Case Manager
Access needs to be improved. Public transportation is not available in many rural areas and is not available at the times needed. Volunteers and other programs are out there, but there aren't enough drivers to meet the individual needs.	Transportation in Rural Communities	Case Manager
Need to have transportation available in the rural Communities.	Transportation in Rural Communities	Case Manager
Transportation Reliable--Expressed the need for transportation to be reliable (i.e. arrive on-time etc.).		
I have noticed that with the cab companies in Polk county, consumers that are funded through Medicaid are picked up later and not always treated the best and I have been told it is because they are non cash paying consumers	Transportation Reliable	Case Manager
Not having to wait so long to get home after conducting their business; Many people cannot get to the curb and wait for the bus to come; Many people it is hard for them to ride in bus due to the roughness of the ride; Many of our Dr's are in another state in which the consumer has to get over there to see their Dr. We only have one transportation provider who can take them over there, and it is costly.	Transportation Reliable	Case Manager
The cab systems through DART and Trans Iowa are very unreliable. All of my consumers have complained that their cab is late on a regular basis. When they talk with the operators they are told that the cab driver can pick up other fares and that they aren't a priority even though the service has been set up in advance.	Transportation Reliable	Case Manager

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The charge to the state is out of site. In rural areas client have to coordinate appointments with other consumers and may have to wait all day for other consumers to finish their appointment. Some transportation services will not go over county line to pick up consumers.	Transportation Reliable	Service Worker
Transportation Reimbursement Simplified-- Expressed the need to have the transportation reimbursement system simplified.		
In Clinton County we do not have transportation provider that can bill EW. Paratransit is a provider but they applied for a wrong code and haven't been able to fix it. This has been going on for many months. Dennis Hart is the person that is supposed to be fixing this, but I haven't heard anything. We usually use a CDAC provider to provider transportation to and from doctor appointments. If it is non medical they end up private pay.	Transportation Reimbursement Simplified	Case Manager
It needs to be simplified. Our public transportation provider has all kinds of different schedules for routes and shuttle services, but they are too complicated to understand and change too often.	Transportation Reimbursement Simplified	Case Manager
Transportation Statewide-- Expressed the need to have a statewide transportation agency to coordinate transportation for Medicaid individuals		
State wide contract with a provider to be readily available to transport clients.	Transportation Statewide	Service Worker
Transportation Volunteers Increased-- Expressed the need for more volunteers to ride with children on public transportation.		
The kids that I work with would need a volunteer in order to access public transportation and we need more approved providers in my area to provide transportation under FCS services	Transportation Volunteers Increased	Case Manager
More availability of volunteer drivers, better education of consumers and families about reimbursement of expenses for medical transportation, better availability of transit services, more routes	Transportation Volunteers Increased	Case Manager
Our public transportation charges for non-medical an amount that persons are unable to afford. There are not volunteers or other means that I am aware of to assist these	Transportation Volunteers Increased	Service Worker

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persons with daily needs.		
Hours/days of availability; cost to individual; Volunteer drivers in every county. There is only one of 13 that we currently work with, that consistently has volunteer drivers	Transportation Volunteers Increased	Case Manager
I have one agency that provides medically necessary and well being transportation assistance which is in very high demand. Without this service, I would have seniors that would not be seeking medical attention and going without their medications and groceries on a regular basis as many have families who have moved to bigger communities or out of state.	Transportation Volunteers Increased	Case Manager
There need to be more community people available to help with transportation needs for individuals.	Transportation Volunteers Increased	Case Manager
Access needs to be improved. Public transportation is not available in many rural areas and is not available at the times needed. Volunteers and other programs are out there, but there aren't enough drivers to meet the individual needs.	Transportation Volunteers Increased	Case Manager
Transportation for all Waiver Programs--Expressed the need to have transportation services available for all types of waiver programs.		
All waiver programs be able to pay for transportation	Transportation for all Waiver Programs	Service Worker
Transportation should be added as a component service for the I&H and AIDS/HIV Waivers; People without means of transportation should be able to get some assistance for in town medical transport; Medicaid recipients not waiver eligible should get at least a discount for transportation for essential shopping and errands.	Transportation for all Waiver Programs	Service Worker
We have an excellent public transportation system in our county, however, with higher fuel prices, the number of rides a client can receive is really limited as the elderly waiver is the lowest amount of all waivers at \$1,084, and typically they do not have much budget left for transportation. They are then put into the position where they are forced to sometimes pay full price for transportation which they cannot afford, and so we see a percentage of our elderly population not seeking needed/required medical treatment.	Transportation for all Waiver Programs	Case Manager
more transportation for visits for foster children with their parents. Transportation for children as well as the parents.	Transportation for all Waiver Programs	Other
Elderly Waiver clients need a choice of transportation providers to go to and from day services so that they can receive assisted transportation instead of being forced to use one transportation provider through the Waiver who does not assist them on and	Transportation for all Waiver Programs	Case Manager

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off of the bus.		
Transportation Wheelchair Accessible-- Expressed the need for transportation services to be wheelchair accessible.		
The public transit in Scott County (River Bend) requests two weeks notice for all scheduled trips, which is very unreasonable with my elderly clients who sometimes schedule doctor appointments 1-2 days in advance if that. "Assisted transportation" is also a HUGE need in our area, but none of the current providers supply this service. Many of our clients have power wheelchairs and most transportation providers cannot accommodate that, or if they can, require too much advanced notice. Many also need "physical assist" with help on/off the bus or to the door but no provider will give this service, citing "liability issues".	Transportation Wheelchair Accessible	Case Manager
wheel chair accessibility & availability during evening hours	Transportation Wheelchair Accessible	Case Manager

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Question 19 (Suggestions)		
Do you have any suggestions on how to improve the transportation services you identified above?		
Transportation Affordability-- Suggested the need for transportation to be affordable.		
Question 19	Code for Question 19	Position
Transportation Affordability	RTA needs to look at their rates of what they would charge. Transporting 1 individual to and from an appointment 45 miles round trip would cost over \$100.00. This is not realistic.	Case Manager
Transportation Affordability	Individuals in Carter Lake, IA., and also rural communities, need some sort of transportation available to them and the charge be medical mileage reimbursement or some free ride tickets. Some people are skipping or canceling appointments due to the charges.	Service Worker
Transportation Affordability	Drastically reduced bus fare or free bus passes for those individuals who primarily lack transportation for routine non-medical issues such as grocery shopping.	Service Worker
Transportation Affordability	Develop a list of volunteer drivers for foster care children.&CR; Provide transportation that is funded or medicaid reimbursable.	Case Manager
Transportation Affordability	For those communities that I serve where the local government has directly managed the transportation services, I find the service is better utilized and more affordable than those communities where regional transit is providing the service.	Case Manager
Transportation Available-- Suggested the need for increased transportation services.		
Transportation Available	Availability.	Service Worker
Transportation Available	Unfortunately, no. We have lost all our volunteer driving services in our area which did provide some assistance in the past. Re-establishing that availability for remedial and children would be beneficial. Also need to develop rural driving capabilities.	Service Worker
Transportation Available	1. Longer hours of operation for city bus routes and more routes.& CR;2. With regional bus services, more availability. For instance, if a client goes to Davenport or IA City, they have to arrange their appts. by when the bus departs and arrives back in their home town.	Case Manager
Transportation Available	Because of the rural nature of the county and the fact that most medical services require traveling of 30+ minutes, the transportation availability is the issue.	Service Worker

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Transportation Assistance Needed —Suggested the need for increased transportation assistance		
Transportation Assistance Needed	Need more funding so that there are more drivers and busses available to serve the consumers. & CR; Need more door to door help for transportation. & CR; Have some type of funding source to help pay for trips to Dr appointments so there is not such a huge cost for the waiver person on their service plan.	Case Manager
Transportation Assistance Needed	Habilitation needs more transportation service assistance	Case Manager
Transportation Assistance Needed	provide the service	Service Worker
Transportation Assistance Needed	Need more funding so that there are more drivers and busses available to serve the consumers. & CR; Need more door to door help for transportation. & CR; Have some type of funding source to help pay for trips to Dr appointments so there is not such a huge cost for the waiver person on their service plan.	Case Manager
Transportation CMH —Suggested offering transportation services for CMH on a separate waiver and not through FCS Service.		
Transportation CMH	I would like to see transportation a service option by itself under the CMH Waiver rather than being configured into the FCS Service. It is difficult to understand how to put this into the child's OAP plan.	Case Manager
Transportation Collaboration --Suggested that local and regional transportation agencies and the work together to provide better services.		
Transportation Collaboration	Have the local/regional transity agencies partner with the waiver providers to provide a better more tailored service to our consumers	Case Manager
Transportation Competition --Suggested more competition for transportation agencies to force them to be more competitive with their pricing.		
Transportation Competition	More options for transportation, and let the transportation agencies compete for business (lower cost?)	Case Manager
Transportation Cooperation —Suggested increased cooperation among the DHS, IME and transportation providers.		
Transportation Cooperation	More cooperation among DHS, IME, and transportation providers.	Service Workers

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Transportation Contract with Private Individuals-- Suggested offering contracts with private individuals to provide transportation services.		
Transportation Contract with Private Individuals	Contract with local individuals that can use their own vehicles to provide the transportation and charge the consumers. ie Lifer's Transportation	Case Manager
Transportation Contract with Private Individuals	Identify another provider that is willing to transport for these purposes and have a contract with Medicaid or DHS	Case Manager
Transportation Driver Coordination-- Suggested having certain drivers work with Medicaid waiver clients.		
Transportation Driver Coordination	Designate certain drivers to work with Medicaid/Waiver clients.	Case Manager
Transportation Driver Education-- Suggested increasing the driver's knowledge about persons with disabilities		
Transportation Driver Education--	Providers having better understanding of disabilities.	Case Manager
Transportation Education-- Suggested increased education for Medicaid participants on the transportation services available and how to access the services.		
Transportation Education--	List of agencies and contact names for families to access	Case Worker
Transportation Education--	I would like to see transportation a service option by itself under the CMH Waiver rather than being configured into the FCS Service. It is difficult to understand how to put this into the child's OAP plan.	Case Manager
Transportation Education--	IM workers to explain medical transp reimbursement more frequently to rural residents on Medicaid	Service Worker
Transportation Education--	IM's or the placing SWs' need to provide more information	Service Worker
Transportation Education--	Need to find more volunteer drivers with their own vehicle resources to utilize for this. Also need to look at those agencies of the above treatment areas assisting their clients to get to where they are.	Case Manager
Transportation Education--	Education to consumers	Case Manager
Transportation Education	Get more identified resources.	Other-Child Protection Worker
Transportation Education--	Provide information to workers on resources in the area	Case Manager
Transportation Education--	Awareness.	Case Manager
Transportation Education--	Longer hours, more stops. Education about the rules and regulations of Medicaid for transportation and funds.	Case Manager
Transportation Education--	People need to be aware that it is available which we try to let	Case Manager

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	them know. Being so rural then the charges are outrageous to go to town because it is at least 15 miles one way no matter which town you go to. So no one wants to provide the service because it is not cost effective.	
Transportation Education--	when they apply for help they should be given a paper telling what services are available for transportation and an explanation of costs	Case Manager
Transportation Expansion —Suggested expanding the transportation system.		
Transportation Expansion	expand the system.	Case Manager
Transportation Expansion	The transportation providers we do have are good, it's just that the demand is high and the quality isn't what it once was. There isn't enough out there for non-Medicaid people in need so we do offer "Community Transportation" for them on a private pay/donation basis. I have no other suggestions.	Case Manager
Transportation Expansion	grants, support funding of services, expand services	Case Manager
Transportation Expansion	The best practice would be to increase the elderly waiver budget/make it more equal to the other waivers which would allow the clients to use some of their budget for transportation. Even if their budgets were increased to \$2,000 it would still be less than what Medicaid would have to reimburse for a nursing home stay. It would also be wonderful if the county transportation depts. could receive some kind of funding to offer rides on an income based scale to those elderly clients who are not on the waiver, but whose income is also not sufficient. Because the elderly waiver now requires a level of care form to be completed on each client, some clients no longer qualify for the waiver based on certain criteria. They may still, however, have health issues and have extremely low income. So, they cannot afford transportation and thus delay medical treatment. County Health Depts. receive similar funding as I have suggested above, to provide nursing services to elderly clients.	Case Manager
Transportation Expansion	increase days traveling to Iowa city or Davenport	Case Manager

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Transportation Flexible Hours-- Suggested offering transportation services outside of the usual business hours		
Transportation Flexible Hours	Possibly have state paid transportation providers/services in the area and have the clients schedule rides with those providers. Possibly have a service that runs routes daily to and from Fort Dodge to medical facilities and give clients passes to use that service.	Case Manager
Transportation Flexible Hours	If public transportation could be provided until 9 pm, that would be very helpful. &CR;&CR;Regional Transit transportation should be able to get MR Waiver clients to and from their Adult Day programs under the waiver. Currently this is not allowed and adds a serious burden on the counties. It seems unfair to allow Regional Transit services for those who work in a sheltered setting, but not for those who cannot work.	Case Manager
Transportation Flexible Hours	transit buses that run on the weekend; affordable taxi services	Service Worker
Transportation Flexible Hours	Extend the hours and days available	Case Manager Director
Transportation Flexible Hours	Not sure what subsidy the public transportation organizations receive from state and federal, but providing the service at a lower charge is important and also allows the public transportation organization feasibility to provide evenings and weekend transportation. Also finding volunteer driver is expensive if there is no subsidy to those that need the transportation.	Case Manager
Transportation Flexible Hours	Have weekend services at least hourly from 7 AM - 6 PM on weekends, that consumers do not have to call 24-hours in advance for.	Case Manager
Transportation Flexible Hours	Longer hours, more stops. Education about the rules and regulations of Medicaid for transportation and funds.	Case Manager
Transportation Flexible Hours	survey as to who needs a transit system after the hour of 4pm to determine if could run a little longer like to 6pm	Case Manager
Transportation Flexible Hours	More routes and extend to Omaha; cost effective; open for longer hours and weekend hours...	Didn't answer
Transportation Flexible Hours	#1-Extended routes to incorporate Key West and possibly trailer areas just outside of town.& CR;&CR;#2 Expanded hours to include evening hours for those working 2nd shift and the inclusion of	Case Manager

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	Sundays.	
Transportation Flexible Hours	1. Longer hours of operation for city bus routes and more routes. &CR;2. With regional bus services, more availability. For instance, if a client goes to Davenport or IA City, they have to arrange their appts. by when the bus departs and arrives back in their home town.	Case Manager
Transportation Flexible Hours	From the very little that I know about the program and knowing the public transportation in the area: Public Transportation needs to have long times they're available.	Service Worker
Transportation Flexible Hours	Flexible hours	Case Manager
Transportation Flexible Hours	Make more hours available to our individuals.	Case Manager
Transportation Increased Provider Area-- Suggested increasing the service area for transportation trips.		
Transportation Increased Provider Area	Encourage transit providers to widen their service area. Encourage non-waiver providers to enroll.	Case Manager
Transportation Increased Provider Area	More routes and extend to Omaha; cost effective; open for longer hours and weekend hours...	No answer given
Transportation Increased Provider Area	#1-Extended routes to incorporate Key West and possibly trailer areas just outside of town.&CR;&CR;#2 Expanded hours to include evening hours for those working 2nd shift and the inclusion of Sundays.	Case Manager
Transportation Increased Provider Area	A provider for the area would be great!	Case Manager
Transportation Increase Provider Reimbursement-- Suggested increasing the reimbursement amount in order to increase the number of providers.		
Transportation Increase Provider Reimbursement	Provide a higher reimbursement rate to volunteer drivers	Case Manager
Transportation Increase Provider Reimbursement	Either the county and/or other funding streams need to make the reimbursement rate appealing enough to lure more agencies to provide transportation. The state regs could be loosened to allow provider agencies to provide transportation also.	Case Manager
Transportation Increase	the reimbursement rate for volunteer drivers is way too low and	Case Manager

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Provider Reimbursement	that's effecting the availability of volunteers	
Transportation Increase Provider Reimbursement	We need providers willing to provide the transportation service. They say they lose money, so they refuse to provide it.	Case Manager
Transportation Local Government Management-- Suggested that the local government manage the transportation rather than the regional transit.		
Transportation Local Government Management	For those communities that I serve where the local government has directly managed the transportation services, I find the service is better utilized and more affordable than those communities where regional transit is providing the service.	Case Manager
Transportation More Funding Needed-- Suggested increasing the amount of funding allotted to transportation expenses.		
Transportation More Funding Needed	POSSIBLY MORE AVAILABLE FUNDING.	Other-Child protective Worker
Transportation More Funding Needed	I don't really have any solutions because of the gas prices and the counties don't have the funding ability to supplement the public transportation to give them the incentive to run vans after 4pm especially in rural areas. Taxi cabs may be an option but we don't have those in our county either.	Other-TCM Director
Transportation More Funding Needed	grants, support funding of services, expand services	Case Manager
Transportation More Funding Needed	This survey was difficult--as the reason people DON'T contact TCM's or Services workers is because we Don't have funding for many types of transportation--therefore, they don't call us anymore.	Case Manager
Transportation More Funding Needed	The best practice would be to increase the elderly waiver budget/make it more equal to the other waivers which would allow the clients to use some of their budget for transportation. Even if their budgets were increased to \$2,000 it would still be less than what Medicaid would have to reimburse for a nursing home stay. It would also be wonderful if the county transportation depts. could receive some kind of funding to offer rides on an income based scale to those elderly clients who are not on the waiver, but whose income is also not sufficient. Because the elderly waiver now requires a level of care form to be completed	Case Manager

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	on each client, some clients no longer qualify for the waiver based on certain criteria. They may still, however, have health issues and have extremely low income. So, they cannot afford transportation and thus delay medical treatment. County Health Depts. receive similar funding as I have suggested above, to provide nursing services to elderly clients.	
Transportation More Funding Needed	Need increased funding to do this.	Case Manager
Transportation More Funding Needed	Need more funding so that there are more drivers and busses available to serve the consumers. &CR; Need more door to door help for transportation. &CR; Have some type of funding source to help pay for trips to Dr appointments so there is not such a huge cost for the waiver person on their service plan.	Case Manager
Transportation More Funding Needed	1.) Provide additional options for transportation providers, especially to/from Adult Day Centers&CR;2.) Provide funding or grants for transportation providers to install power chair lifts&CR; 3.) Provide training and protective rules/legislation to eliminate the liability on providers if a consumer were to fall or stumble while being assisted in/out of transportation or to the door (Many providers fear the backlash if something were to happen, therefore our consumers can't get their transportation needs met).&CR;4.) Re-evaluate the payment system/cost of transportation services or increase the Elderly Waiver cap of \$1084. Transportation is a huge cost and, after other needed services, many of my clients have no budget left to add needed transportation or cannot get the amount they need.	Case Manager
Transportation More Funding Needed	<i>I guess Pay service providers more "just to transport" and remove the excuse "we don't" get paid enough to just transport people".</i>	Case Manager
Transportation More Drivers Needed-- Suggested increasing the number of drivers available to transport Medicaid participants to their appointment.		
Transportation More Drivers Needed	Find incentives for providers to expand the service, or help individuals with cars find a way to become providers to peers without their own transportation.	Case Manager

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Transportation More Drivers Needed	Need more providers.	Case Manager
Transportation More Drivers Needed	Finding private people and having them becomes a waiver provider to provide transportation.	Case Manager
Transportation More Drivers Needed	acquire more drivers	Case Manager
Transportation More Drivers Needed	Develop a list of volunteer drivers for foster care children. &CR; Provide transportation that is funded or Medicaid reimbursable.	Case Manager
Transportation More Drivers Needed	We need providers willing to provide the transportation service. They say they lose money, so they refuse to provide it.	Case Manager
Transportation More Drivers Needed	need additional providers	Case Manager
Transportation More Drivers Needed	Need more funding so that there are more drivers and busses available to serve the consumers. &CR; Need more door to door help for transportation. &CR; Have some type of funding source to help pay for trips to Dr appointments so there is not such a huge cost for the waiver person on their service plan.	Case Manager
Transportation More Drivers Needed	Operate more buses and hire more bus drivers to help meet the needs of individuals.	Case Manger
Transportation More Transit Buses-- Suggested increasing the number of transit buses available to transport Medicaid participants.		
Transportation More Transit Buses Transportation More Transit Buses	More transit buses available	Service Worker
Transportation More Transit Buses	we need more public transits, such as local bus	Case Manager
Transportation More Transit Buses Transportation More Transit Buses	Operate more buses and hire more bus drivers to help meet the needs of individuals.	Case Manager
Transportation Needed for Rural Communities-- Suggested the need for transportation services for individuals living in rural communities where public transportation is not available.		
Transportation Needed for	Provide an incentive for providers to be will to supply transportation at a	Case Manager

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Rural Communities	minimal cost after normal business hours, to provide greater coverage, and to have a big enough fleet of drivers and vehicles to meet the needs. Much of Iowa is rural and does not have public transportation so the must rely on Regional transit which doesn't meet the needs, necessarily. Rural Iowa CANNOT and SHOULD Not be compared to Des Moines, Cedar Rapids, Davenport, etc.	
Transportation Needed for Rural Communities	System that encourages more private transportation providers in rural Iowa.	Case Manager
Transportation Needed for Rural Communities	More hospital based transportation for rural counties (eg. UIHC Van)	Case Manager
Transportation Needed for Rural Communities	Make transportation available in all counties.	Service Worker
Transportation Needed for Rural Communities	Larger counties like Black Hawk service providers to provide transportation to their programming to smaller surrounding counties.	Case Manager
Transportation Needed for Rural Communities	Rural areas don't have many options	Case Manager
Transportation Needed for Rural Communities	less costs and able to go into the rural areas of the county	Service Worker
Transportation Needed for Rural Communities	People need to be aware that it is available which we try to let them know. Being so rural then the charges are outrageous to go to town because it is at least 15 miles one way no matter which town you go to. So no one wants to provide the service because it is not cost effective.	Case Manager
Transportation Needed for Rural Communities	Unfortunately, no. We have lost all our volunteer driving services in our area which did provide some assistance in the past. Re-establishing that availability for remedial and children would be beneficial. Also need to develop rural driving capabilities.	Service Worker
Transportation Needed for Rural Communities	#1-Extended routes to incorporate Key West and possibly trailer areas just outside of town. &CR;&CR;#2 Expanded hours to include evening hours for those working 2nd shift and the inclusion of Sundays.	Case Manager
Transportation Needed for	Transportation is the biggest area of unmet needs especially in	Case Manager

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Rural Communities	the smaller, rural communities. Many agencies do not provide this service due to the depth of regulation, liability and cost.	
Transportation Needed for Rural Communities	Because of the rural nature of the county and the fact that most medical services require traveling of 30+ minutes, the transportation availability is the issue.	Service Worker

Transportation For Parents and Children-- Suggested providing transportation services for parents and children.		
Transportation For Parents and Children	There needs to be services in place that support DHS in being able to provide transportation for reunification purposes. Many of the clients we deal with have unreliable or no transportation at all, so they are not able to see their children unless someone can bring their children to them. Maybe a volunteer service in each county would be helpful. Though I am sure if this was easy it would already be done.	Case Manager
Transportation For Parents and Children	Pay transporters to transport children and family's	Service Worker
Transportation For Parents and Children	a transportation program- especially for non remedial or foster care kids- parents at home with title 19 and don't have transportation	Service Worker
Transportation Out of town-- Suggested offering transportation to major medical centers out of town.		
Transportation Out of town	More volunteers. Sometimes it is seen that the only option for transportation is for TCM to transport, yet unable to do so. Also providers are unable to transport out of town, and when there is no mental health/hospitalization in your community or surrounding area, lack of transportation is a HUGE issue	Case Manager
Transportation Out of town	CCO has been a nice option. I have heard people struggling to get Veterans to designated areas in the state for treatment and medications and they should have transportation assistance.	Case Manager
Transportation Regulations Revised-- Suggested the need for state regulations to be revised (for example to allow agencies to take more than one client shopping at a time and for volunteer drivers to be paid more).		
Transportation Regulations Revised	Allow the clients to use different transportation providers to and from day services in Scott County instead of just River Bend Transit.	Case Manager

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Transportation Regulations Revised	Changing Federal rules to allow agencies to take more than one client shopping at same time.	Service Worker
Transportation Regulations Revised	Car pools but the treatment is so confidential that they won't set that up.	Service Worker
Transportation Regulations Revised	Some will go without essential medical treatment d	Service Worker
Transportation Regulations Revised	Either the county and/or other funding streams need to make the reimbursement rate appealing enough to lure more agencies to provide transportation. The state regs could be loosened to allow provider agencies to provide transportation also.	Case Manager
Transportation Regulations Revised	Transportation is the biggest area of unmet needs especially in the smaller, rural communities. Many agencies do not provide this service due to the depth of regulation, liability and cost.	Case Manager
Transportation Regulations Revised	If Paratransit could figure out how to bill under EW.	Case Manager
Transportation Regulations Revised	1.) Provide additional options for transportation providers, especially to/from Adult Day Centers&CR;2.) Provide funding or grants for transportation providers to install power chair lifts&CR;3.) Provide training and protective rules/legislation to eliminate the liability on providers if a consumer were to fall or stumble while being assisted in/out of transportation or to the door (Many providers fear the backlash if something were to happen, therefore our consumers can't get their transportation needs met).&CR;4.) Re-evaluate the payment system/cost of transportation services or increase the Elderly Waiver cap of \$1084. Transportation is a huge cost and, after other needed services, many of my clients have no budget left to add needed transportation or cannot get the amount they need.	Other
Transportation Services Simplified -- Suggested simplifying the transportation services.		
Transportation Services Simplified	Simplification of services.	Case Manager
Transportation Statewide-- Suggested having a statewide transportation agency to coordinate transportation for Medicaid		

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individuals.		
Transportation Statewide	Possibly have state paid transportation providers/services in the area and have the clients schedule rides with those providers. Possibly have a service that runs routes daily to and from Fort Dodge to medical facilities and give clients passes to use that service.	Case Manager
Transportation Statewide	State wide contract with provider to be readily available to transport clients.	Service Worker
Transportation Transit Routes Increased-- Suggested increasing the number of routes per day on the transit routes.		
Transportation Transit Routes Increased	add a bus route to the Des Moines area at least 2 if not 3 times per day-	Other-Social Worker
Transportation Transit Routes Increased	More routes and extend to Omaha; cost effective; open for longer hours and weekend hours...	Not Given
Transportation Volunteers Increased-- Suggested increasing the number of volunteers to ride with children on public transportation.		
Transportation Volunteers Increased	Improve volunteer program	Service Worker
Transportation Volunteers Increased	more volunteers. Sometimes it is seen that the only option for transportation is for TCM to transport, yet unable to do so. Also providers are unable to transport out of town, and when there is no mental health/hospitalization in your community or surrounding area, lack of transportation is a HUGE issue	Case Manager
Transportation Volunteers Increased	Need to find more volunteer drivers with their own vehicle resources to utilize for this. Also need to look at those agencies of the above treatment areas assisting their clients to get to where they are.	Case Manager
Transportation Volunteers Increased	Increased use of volunteers to provide transportation	Case Manager
Transportation Volunteers Increased	solicit more volunteers	Case Manager
Transportation Volunteers Increased	Unfortunately, no. We have lost all our volunteer driving services in our area which did provide some assistance in the past. Re-	Service Worker

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	establishing that availability for remedial and children would be beneficial. Also need to develop rural driving capabilities.	
Transportation Volunteers Increased	Volunteers who would be willing to provide transportation.	Case Manager
Transportation for all Waiver Programs-- Suggested the need to have transportation services available for all types of waiver programs.		
Transportation for all Waiver Programs	Provide transportation services under all waiver programs.	Service Workers
Transportation for all Waiver Programs	Have BI & Habilitation be like MR waiver. It doesn't solve my problems with cost of off routes though. Off routes cost a lot more.	Case Manager
Transportation for all Waiver Programs	The best practice would be to increase the elderly waiver budget/make it more equal to the other waivers which would allow the clients to use some of their budget for transportation. Even if their budgets were increased to \$2,000 it would still be less than what Medicaid would have to reimburse for a nursing home stay. It would also be wonderful if the county transportation depts. could receive some kind of funding to offer rides on an income based scale to those elderly clients who are not on the waiver, but whose income is also not sufficient. Because the elderly waiver now requires a level of care form to be completed on each client, some clients no longer qualify for the waiver based on certain criteria. They may still, however, have health issues and have extremely low income. So, they cannot afford transportation and thus delay medical treatment. County Health Depts. receive similar funding as I have suggested above, to provide nursing services to elderly clients.	Case Manager

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Question 22 (Concerns) Please add your comments regarding transportation issues not addressed in this questionnaire		
CDAC- Transportation Providers Expressed that CDAC providers are able to provide transportation and other services (such as errands etc.).		
Question 22	Code for Question 22	Position
REMEMBER -- Lots of Waiver cases have individual CDAC providers who are paid by the program to do transportation, both medical and non-medical. And those same providers can pick up groceries and meds so that the client doesn't actually need to go to those places.	CDAC-Transportation Providers	Service Worker
Transportation Adequate- Expressed that transportation services were adequate in the community.		
NE IA Regional does a great job of working with us to transport clients as needed. A great majority of our clients are also working with providers and a great many have transportation as a support, so the providers provide transportation to medical appointments, etc.	Transportation Adequate	Case Manager
The Regional Transit office out of Decorah (Northeast Iowa Community Action Transit) does an overall awesome job.	Transportation Adequate	Case Manager
For a town of our size we are fortunate to have a cab service. Without this, consumers would not be able to get to some appointments or have to delay them. A cab services is an economical way to provider transport vs. regional transit. In our community, consumer with disabilities can get reduced cab fare which helps. I would hate for our community to lose this service.	Transportation Adequate	Case Manager
I feel that I can generally find someone to take a client to a medical appointment when I need to as there is a county driver, but there is only one so sometimes other options that could cost more money arise.	Transportation Adequate	Case Manager
Transportation Not Available for Children- Expressed concern for lack of transportation services available to transport children (i.e. foster homes).		
We have problems getting children transported to PMIC's, emergency shelters and foster homes. Low income parents have trouble getting to visit the children when outside the community or in a PMIC on the other side of the state.	Transportation Not Available for Children	Service Worker
Services for younger children to get to medical appts.	Transportation Not	Case Manager

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	Available for Children	
Would it be possible to provide transportation to children who are on Medicaid and referred to Head Start by the AEA?	Transportation Not Available for Children	Case Manager
The brain-injury customers have CDAC providers to meet most of their transportation needs. Most of the MR Medicaid customers can meet their needs through their SCL providers. However, many guardians would like to see some kind of transportation to summer camps and Special Olympics. Also, I have an MR child who needs to see her therapist, but her guardian does not always have gas money or transportation to take her, so she suffers. SCL providers are not allowed to assist children to therapy appointments. The hab customers are the Medicaid customers who suffer most. Providers can assist to mental health appointments, but unless its written in their plan, cannot assist to medical/dental appointments. They cannot afford public transportation or Medicaid funded transportation is not always available when needed.	Transportation Not Available for Children	Case Manager
Transportation Not Available for Parents to Visit Children- Expressed concern for lack of transportation services available to transport parents to visit children (i.e. in foster care).		
We have problems getting children transported to PMIC's, emergency shelters and foster homes. Low income parents have trouble getting to visit the children when outside the community or in a PMIC on the other side of the state.	Transportation Not Available for Parents to Visit Children	Service Worker
Transportation Not Available Due to Insurance Issues- Expressed concern that sometimes transportation is not available because of insurance issues.		
Insurance issues sometimes limits the availability of transportation.	Transportation Not Available Due to Insurance Issues	Case Manager
Transportation Reimbursement Form Training- Expressed need for training on how to properly complete the transportation reimbursement forms.		
Clients continue to send reimbursement forms to wrong staff. Directions to send to Income Maintenance section needs to be made clearer.	Transportation Reimbursement Form Training	Service Worker
Transportation Assistance/Education Needed- Expressed need for additional help with coordinating		

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transportation and education about transportation for Medicaid participants.		
Need more assistance with transportation	Transportation Assistance/Education Needed	Case Manager
people need to know if there is transportation to grocery stores and or department stores also	Transportation Assistance/Education Needed	Case Manager
More assistance is needed for the disabled to learn the bus routes as well as more bus routes as well as more options for those who are not able to meet at a certain time and place and disabled.	Transportation Assistance/Education Needed	Case Manager
I hope that something can be done to help people without means of transportation.	Transportation Assistance/Education Needed	Social Work Supervisor
As a social worker, we might be able to help our foster families with the transportation expenses, if we knew about the program that is offered.	Transportation Assistance/Education Needed	Service Worker
Transportation System Inefficient- Expressed concern that the transportation system is not designed well for meeting the needs of Medicaid members.		
Case Managers cannot provide direct service, i.e. set up rides. The system is flawed in that MR is approved for most services while other categories of disability fall through the cracks for one reason or another, agency related, monetary shortages, time and scheduling problems, and medical personnel who do not know the limitations their patients have to overcome.	Transportation System Inefficient	Case Manager
Transportation Major Issue- Expressed concern for the transportation related issues.		
Transportation is a major concern for anyone that doesn't drive and with the cost of fuel increasing, this is a barrier to those that are on a fixed income to pay someone to take them somewhere or pay a volunteer program if they don't qualify for medical transportation reimbursement through DHS. At 32 cents a mile and increasing costs a client's mother of mine about \$40 for a volunteer to take her to the doctor for a routine appointment as public transportation was even more expensive as they live in a small rural community and don't drive as they depended on a family member for this, but he became too ill to drive as well	Transportation Major Issue	Case Manager
Problems continue with agencies not meeting social needs for adults as well as medical needs. Transport to and from work is less of a problem than it was	Transportation Major Issue	Case Manager

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unless someone is in SEP. People have problems with transport to and from work with SEP it only covers them until they finished training. There may be no natural supports in rural areas or even small towns and disabled people rarely drive. They can work 2nd shift due to the bus issues here as well as above ... BIG PROBLEM in Iowa !! ...		
It is difficult to answer the questions when not all case managers work for DHS and we don't provide all the waivers. And many do not contact us because they are aware that there isn't transportation available at a cost they can afford. Transportation is a huge issue in rural Iowa.	Transportation Major Issue	Case Manager
Transportation Expensive- Expressed concerns related to the cost of transportation.		
It is harder for individuals with CMI to get busing arranged. ON the waivers transportation is sometimes covered, but otherwise it is a big expense. In rural areas the county has to pay huge amounts of money for transporting individuals. I have a woman billed \$1,200 for a month for transportation costs to go to a workshop that charged \$500 a month for their services and she makes about \$200 a month.	Transportation Expensive	Case Manager
What our thoughts on transportation issues are i.e. cost , time frames	Transportation Expensive	Case Manager
The cost of transportation is affecting support services, providers, and individual's finances. This could include mileage reimbursement, transportation to the local workshop whom contract with RTA, and cost of cabs	Transportation Expensive	Case Manager
The cost is very high or expensive	Transportation Expensive	Case Manager
Transportation is a major concern for anyone that doesn't drive and with the cost of fuel increasing, this is a barrier to those that are on a fixed income to pay someone to take them somewhere or pay a volunteer program if they don't qualify for medical transportation reimbursement through DHS. At 32 cents a mile and increasing costs a client's mother of mine about \$40 for a volunteer to take her to the doctor for a routine appointment as public transportation was even more expensive as they live in a small rural community and don't drive as they depended on a family member for this, but he became too ill to drive as well	Transportation Expensive	Case Manager
We encourage clients to work, but then are unable to help them set up or	Transportation	Case Manager

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find transportation or one they can afford.	Expensive	
Our DART/Midas bus tried on a grant to do weekend busing for six months on a grant, but it was not advertized well, and by the time some of the consumers learned of the weekend service the grant was up. Also they had to give 24-hour notice for weekend services. Rural transport is just too expensive for my consumers to use (last time I knew it was 93-cents a mile on the DART/Midas bus. And, this was two-years ago)	Transportation Expensive	Case Manager
BI - Not enough funds to pay transportation to & from work. - Would cost for work & back \$129 day. Habilitation - Can't fund For another person it would have cost about \$150 day to & from work	Transportation Expensive	Case Manager
transportation is more difficult in rural areas; you can reimburse for foster care but there are not available options; the poor cannot afford ; transportation does not cover all areas of the county	Transportation Expensive	Service Worker
Transportation Expensive- Expressed concerns related to the cost of transportation.		
Transportation in this area is very, very limited. People have a very hard time accessing services to specialists if they don't have someone in their natural supports available to take them to appointments. Transportation between towns is costing at least \$50 per day per consumer. This is NOT feasible with the cost of other services.	Transportation Expensive	Case Manager
Cost of transportation is very high. Most of these questions are not relevant to caseloads in Cherokee as individuals are set up with the transportation services through the waiver at their staffing.	Transportation Expensive	Case Manager
It is costly and difficult to accommodate all needs	Transportation Expensive	Case Manager
The brain-injury customers have CDAC providers to meet most of their transportation needs. Most of the MR Medicaid customers can meet their needs through their SCL providers. However, many guardians would like to see some kind of transportation to summer camps and Special Olympics. Also, I have an MR child who needs to see her therapist, but her guardian does	Transportation Expensive	Case Manager

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not always have gas money or transportation to take her , so she suffers. SCL providers are not allowed to assist children to therapy appointments. The hab customers are the Medicaid customers who suffer most. Providers can assist to mental health appointments, but unless its written in their plan, cannot assist to medical/dental appointments. They cannot afford public transportation or Medicaid funded transportation is not always available when needed.		
This is a very difficult area to address related to the limited number of providers and monies available in smaller communities	Transportation Expensive	Other- Quality Assurance Supervisor
Transportation Not Adequate for Children- Expressed need for transportation services for children that need to accompany parents to appointments.		
Sometimes the consumers have children that also need to accompany them as there is no babysitter. Could this be covered also?	Transportation Not Adequate for Children	Case Manager
We have problems getting children transported to PMIC's, emergency shelters and foster homes. Low income parents have trouble getting to visit the children when outside the community or in a PMIC on the other side of the state.	Transportation Not Adequate for Children	Service Worker
Transportation Not Adequate No Busing/Public Transportation- Expressed need for busing service particularly in rural communities.		
It is harder for individuals with CMI to get busing arranged. ON the waivers transportation is sometimes covered, but otherwise it is a big expense. In rural areas the county has to pay huge amounts of money for transporting individuals. I have a woman billed \$1,200 for a month for transportation costs to go to a workshop that charged \$500 a month for their services and she makes about \$200 a month.	Transportation Not Adequate No Busing/Public Transportation	Case Manager
I work with many smaller communities in the area where public transportation is basically non-existent. Also, many people travel to appointments that are quite a distance away, such as Iowa City for specialized medical care; public transportation will not take them there	Transportation Not Adequate No Busing/Public Transportation	Case Manager
Transportation from Cedar Rapids to Iowa City would be helpful	Transportation Not	Case Manager

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	Adequate No Busing/Public Transportation	
Transportation Not Adequate for Motorized Wheelchair- Expressed need for transportation services for individuals with motorized wheelchairs.		
There needs to be more transportation services options for people who use motorized wheelchairs. There are agencies that provide transportation but cannot provide accommodations for people with a motorized wheelchair.	Transportation Not Adequate for Motorized Wheelchair	Service Worker
Transportation Not Available- Expressed concern for lack of transportation services for individuals living in rural communities.		
I work with many smaller communities in the area where public transportation is basically non-existent. Also, many people travel to appointments that are quite a distance away, such as Iowa City for specialized medical care; public transportation will not take them there	Transportation Not Available	Case Manager
I just feel that we are lacking available providers in this area and there are few to no volunteers to provide transportation. Several providers want the money up front for services and the claim forms don't allow people to be reimbursed after the fact. Several of our families can't provide the funds up front to pay a provider and need access to this funding sooner than later.	Transportation Not Available	Case Manager
Who can transport someone in need of seeing a family member in an emergency situation (near death situation) or even just being therapeutic to see a family member, if there is no family, no natural supports available, no volunteers available, and no provider, able to transport out of town????	Transportation Not Available	Case Manager
I work with waivers and in-home health. Many of the clients qualify for IHH state that they have no way to get to their doctor --if this could be addressed, I could likely close some of the cases.	Transportation Not Available	Service Worker
There is not much available in rural communities.	Transportation Not Available	Case Manager
Our transportation provider does the best they can with the resources available. It is difficult in a rural area to provide all the needed services.	Transportation Not Available	Case Management

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		Director
We encourage clients to work, but then are unable to help them set up or find transportation or one they can afford.	Transportation Not Available	Case Manager
Transportation is a major concern for anyone that doesn't drive and with the cost of fuel increasing , this is a barrier to those that are on a fixed income to pay someone to take them somewhere or pay a volunteer program if they don't qualify for medical transportation reimbursement through DHS. At 32 cents a mile and increasing costs a client's mother of mine about \$40 for a volunteer to take her to the doctor for a routine appointment as public transportation was even more expensive as they live in a small rural community and don't drive as they depended on a family member for this, but he became too ill to drive as well.	Transportation Not Available	Case Manager
Transportation Not Available- Expressed concern for lack of transportation services for individuals living in rural communities.		
Very limited programming for individuals with mental illness in county; need for transportation to larger counties that offer programming.	Transportation Not Available	Case Manager
We also need more transportation options for trips to and from Iowa City for consumers.	Transportation Not Available	Case Manager
Access to work. Access for veterans to VA hospitals.	Transportation Not Available	Case Manager
The brain-injury customers have CDAC providers to meet most of their transportation needs. Most of the MR Medicaid customers can meet their needs through their SCL providers. However, many guardians would like to see some kind of transportation to summer camps and Special Olympics. Also, I have an MR child who needs to see her therapist, but her guardian does not always have gas money or transportation to take her, so she suffers. SCL providers are not allowed to assist children to therapy appointments. The hab customers are the Medicaid customers who suffer most. Providers can assist to mental health appointments, but unless its written in their plan, cannot assist to medical/dental appointments. They cannot afford public transportation or Medicaid funded transportation is not always available when needed.	Transportation Not Available	Case Manager
On established routes they are already filled and can't accept new consumers.	Transportation Not Available	Case Manager
Transportation Not Adequate to Handle the Demand- Expressed concern that the local transportation agency		

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is not always available to meet the needs of individuals because the demand for services is greater than the agency can provide.		
we have a lot of trouble with the local transit agency being too busy to provide the needed transportation, also a lot of our clients get hurt trying to get on and off the buses without assistance, there has also been issues with getting dropped off too early and late, there are a lot of families not aware they can receive reimbursement for medical transportation or how to go about getting it.	Transportation Not Adequate to Handle the Demand	Case Manager
A lot of time is spent making contacts and filling out requests for rides and then being informed that there is not a volunteer available.	Transportation Not Adequate to Handle the Demand	Service Worker
Transportation Not Adequate Safety for Individuals- Expressed concern for safety of individuals using public transportation without assistance.		
we have a lot of trouble with the local transit agency being too busy to provide the needed transportation, also a lot of our clients get hurt trying to get on and off the buses without assistance, there has also been issues with getting dropped off too early and late, there are a lot of families not aware they can receive reimbursement for medical transportation or how to go about getting it.	Transportation Not Adequate Safety for Individuals	Case Manager
Transportation Not Adequate Safety for Social Worker- Expressed concern for the safety of social workers required to transport teens (sometimes aggressive) because the state transporter is refusing to transport children to placements and/or to court hearings.		
The state has a transporter available to transport children to placements and to court hearings -The Southeast Area Crime Commission and they are refusing permission in most cases to utilize. This is a big concern regarding safety of the worker and the teens or children as they are making social workers serve as transporters on an ongoing basis for children with sometimes extreme behaviors. These children are not happy about being placed any way.	Transportation Not Adequate Safety for Social Worker	Service Worker
Transportation Not Convenient Hours - Expressed concern for lack of availability of transportation services at convenient times.		
What our thoughts on transportation issues are i.e. cost, time frames	Transportation Not	Case Manager

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	Convenient Hours	
These issues are also seen in Harrison and Monona County which are all rural areas. Transportation is a obstacle for our consumers especially after hours.	Transportation Not Convenient Hours	Other- TCM Director/CPC
We can usually fund through the waiver for vocational but not medically or socially. Need more hours of transportation available and transportation for other reasons.	Transportation Not Convenient Hours	Case Manager
Our DART/Midas bus tried on a grant to do weekend busing for six months on a grant, but it was not advertized well, and by the time some of the consumers learned of the weekend service the grant was up. Also they had to give 24-hour notice for weekend services. Rural transport is just too expensive for my consumers to use (last time I knew it was 93-cents a mile on the DART/Midas bus. And, this was two-years ago)	Transportation Not Convenient Hours	Case Manager
Transportation Not Convenient For Rural Communities - Expressed concern for lack of availability of transportation services to medical appointments outside of rural communities.		
I work with many smaller communities in the area where public transportation is basically non-existent. Also, many people travel to appointments that are quite a distance away, such as Iowa City for specialized medical care; public transportation will not take them there	Transportation Not Convenient For Rural	Case Manager
The questionnaire could have contained what medical facilities are available and how many miles to travel to access the services. In Humboldt County, most services for such things as BI, CMH are not available without at least 20-30 miles of travel. This inhibits the client's likelihood of follow through with services and increases the likelihood of crisis and other services to be needed long term.	Transportation Not Convenient For Rural	Case Manager
pre placement visits transportation to out of town larger medical facilities & transportation to day programming	Transportation Not Convenient For Rural	Case Manager
These issues are also seen in Harrison and Monona County which are all rural areas. Transportation is an obstacle for our consumers especially after hours.	Transportation Not Convenient For Rural	Other- TCM Director/CPC
transportation is more difficult in rural areas; you can reimburse for foster care but there are not available options; the poor cannot afford; transportation does not cover all areas of the county	Transportation Not Convenient For Rural	Service Worker

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This is a very difficult area to address related to the limited number of providers and monies available in smaller communities	Transportation Not Convenient For Rural	Other- Quality Assurance Supervisor
Problems continue with agencies not meeting social needs for adults as well as medical needs. transportation to and from work is less of a problem than it was unless someone is in SEP. people have problems with transportation to and from work with SEP it only covers them until they finished training. There may be no natural supports in rural areas or even small towns and disabled people rarely drive. They can work 2nd shift due to the bus issues here as well as above ... BIG PROBLEM in Iowa !! ...	Transportation Not Convenient For Rural	Case Manager
Transportation Not Convenient Must Pay in Advance - Expressed concern for transportation agencies requiring pre-payment for services.		
I just feel that we are lacking available providers in this area and there are few to no volunteers to provide transportation. Several providers want the money up front for services and the claim forms don't allow people to be reimbursed after the fact. Several of our families can't provide the funds up front to pay a provider and need access to this funding sooner than later.	Transportation Not Convenient Must Pay in Advance	Case Manager
Transportation Not Reliable - Expressed concern for transportation agency's ability to provide prompt deliver and pick-up in a timely manner.		
We have a lot of trouble with the local transit agency being too busy to provide the needed transportation, also a lot of our clients get hurt trying to get on and off the buses without assistance, there has also been issues with getting dropped off too early and late , there are a lot of families not aware they can receive reimbursement for medical transportation or how to go about getting it.	Transportation Not Reliable	Case Manager

Appendix 4

Public Transportation Providers Questionnaire

Appendix 4

PASSENGER TRANSPORTATION SERVICES SURVEY FOR TRANSPORTATION PROVIDERS

Agency/Organization Information

1. Agency or Organization Name:

2. Street Address:

3. Mailing Address:

4. City, State, Zip Code:

5. County:

6. Contact Person (Name and Title):

7. Contact Telephone Number:

()

8. Fax Number:

()

9. Email Address:

10. Is your agency:

☐ Public ☐ Private non-profit ☐ Private for-profit ☐ Other

11. Route & Schedule Information Telephone Number (s):

12. How many vehicles are in your fleet (including any owned by sub providers)?

13. How many of the above listed vehicles are ADA accessible (lift or ramp equipped)?

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Coordination

14. Service type: (Check all that apply)

- ☐ Fixed Route
 - ☐ ADA Paratransit
 - ☐ Demand-Response (other than paratransit)
 - ☐ Subscriber (standing reservation)
 - ☐ Other
-

15. How is your system structured?

- ☐ We directly operate the transportation services we provide (Please skip to question 17)
 - ☐ We contract with sub providers to provide transportation services
 - ☐ Other
-

16. If you contract with sub providers please list each of them below:

17. What areas of transportation service coordination are of interest to you? (check all that apply)

- ☐ Joining a network of transportation/human service providers to look at coordination
 - ☐ Centralized scheduling, dispatch, and vehicle tracking
 - ☐ Centralized fuel purchasing
 - ☐ Contracting to purchase transportation service
 - ☐ Pooling training resources
 - ☐ Collaborate in writing a grant
 - ☐ Pooling financial resources
 - ☐ Contracting to provide transportation service
 - ☐ Sharing of vehicles among agencies
 - ☐ Consolidating services to a single provider
 - ☐ Cooperatively purchasing vehicles
 - ☐ Technology for vehicle tracking and ride scheduling
 - ☐ Other (please specify below)
-
-
-
-

Appendix 4

18. In what ways do you believe your agency or organization can be involved in efforts to coordinate transportation services?

County Specific Information

Please complete these questions for each county served in your area.

Agency/Organization Name:

Specific COUNTY that the following responses apply to:

Transportation Services

19. Please describe your agency's transportation service area in this county:

20. Which communities do you serve in this county?

21. Do you assist passengers to and from the vehicle in this county?

☐ Yes ☐ No ☐ Sometimes (specify) _____

22. Do you offer other passenger assistance?

☐ Yes (specify) _____ ☐ No

Appendix 4

23. What are the eligibility requirements for using your agency's transportation services in this county and what is the process to be "qualified"?

24. Do you have paid or volunteer drivers in this county?

- ☐ Paid drivers Number of paid drivers _____
☐ Volunteer drivers Number of volunteer drivers _____

25. What are your ridership demographics in this county? Please estimate the percentage of each demographic group.

Ambulatory _____%

Non-Ambulatory _____%

TOTAL MUST EQUAL 100%

Over 65 _____%

People with disabilities _____%

Student (including Pre K-12 & Headstart) _____%

General Public _____%

TOTAL MUST EQUAL 100%

26. What types of trips do you provide in this county? Please estimate the percentage of the following by trip purpose.

Congregate Meals _____%

Grocery/Shopping _____%

Medical _____%

Recreation/Social _____%

School (including Pre K-12 & Headstart) _____%

Sheltered Work Activity _____%

Work _____%

Religious Activities _____%

Other (Please specify) _____%

TOTAL MUST EQUAL 100%

27. What hours and days of the week do you provide transportation services in this county?

- ☐ Monday Specify hours: _____
☐ Tuesday Specify hours: _____
☐ Wednesday Specify hours: _____
☐ Thursday Specify hours: _____
☐ Friday Specify hours: _____

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☐ Saturday

Specify hours: _____

☐ Sunday

Specify hours: _____

28. How far in advance must a passenger schedule their trip?

29. What are riders charged for your agency's transportation services in this county?

30. How many passenger trips does your organization provide per month in this county?

31. How many passenger trips per month take county residents to destinations outside this county? _____

32. How many vehicles does your organization operate daily in this county?

33. How many unduplicated passengers do you transport per month in this county?

34. What are your monthly vehicle hours in this county? _____

35. What are your monthly vehicle miles in this county? _____

36. What are your service strengths today?

Appendix 4

Unmet Needs

37. In this county, what transportation needs are not being met adequately? Please be specific.

38. What are the barriers to meeting these needs? Why are these transportation services not being met?

Thank you for completing this survey!

Nongovernmental Organization Transportation Providers Questionnaire

Appendix 4

Agency/Organization Information

Agency or Organization Name: _____

Street Address: _____

Mailing Address: _____

City, State, Zip Code: _____

County: _____

Contact Person (Name and Title):

Contact Telephone Number: _____

Fax Number: _____

Email Address: _____

Website: _____

Appendix 4

Staff/Volunteers

The following questions will ask about the size and staffing of your organization.

- 1) How many volunteers in total work for your organization? (If none, skip #2) _____
- 2) How many of these volunteers are drivers? _____
- 3) How many paid staff members do you employ? (If none, skip #4) _____
- 4) How many of these staff are drivers? _____
- 5) How many total people, both volunteers and staff, are needed to operate your transportation service daily? _____
- 6) What qualifications or restrictions apply to drivers of your organization (Check all that apply)
 - ☐ 21 years of age
 - ☐ Valid commercial motor vehicle operator's license
 - ☐ Valid automobile insurance
 - ☐ Background check
 - ☐ Drug Testing
 - ☐ Completion of orientation or training program
 - ☐ First aid and/or CPR training
 - ☐ Regular availability

- 7) Does your organization have any other qualifications or restrictions for its drivers?
(If yes, please explain)

Vehicles

The following questions will ask about the vehicles your organization uses to provide service.

- 8) How many of the following categories of vehicles do you have?

___# 1-5 passenger vehicles (Sedan)	___# ADA Compliant
___# 5-10 passenger vehicles (Minivan)	___# ADA Compliant
___# 10+ passenger vehicles (Conversion Van/Bus)	___# ADA Compliant

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9) How does your organization obtain vehicles? (Check all that apply)

- ☐ Vehicles are purchased by the organization
- ☐ Vehicles are donated
- ☐ Vehicles are leased
- ☐ Vehicles are privately owned by volunteers

10) Does your organization acquire vehicles in any other way? (If yes, please explain)

Operation

The following questions will help us understand how your organization provides transportation.

11) Does your organization have fixed hours of operation? (If no, skip 12)_____

12) What days of the week do you provide transportation services, and what hours each day?

- ☐ Monday specify hours_____
- ☐ Tuesday specify hours_____
- ☐ Wednesday specify hours_____
- ☐ Thursday specify hours_____
- ☐ Friday specify hours_____
- ☐ Saturday specify hours_____
- ☐ Sunday specify hours_____

13)

a. Last week, how many miles did your vehicles travel in total?

b. Last week, how many passengers did you transport in total?

Appendix 4

- c. Last week, what were the hours of highest demand each day? (Please provide an approximate range of hours)

Monday _____
Tuesday _____
Wednesday _____
Thursday _____
Friday _____
Saturday _____
Sunday _____

- 14) Does your organization coordinate its transportation services with other volunteer organizations?

(If yes, then please list and explain)

- 15) Does your organization coordinate its transportation services with any government agencies?

(If yes, please list and explain)

Service

The following questions will address the type of service your organization provides.

- 16) Last week, how many of your passengers used your service for the following reasons?

Medical-related	All	Most	Some	Few	None
Shopping	All	Most	Some	Few	None
Social or Recreational	All	Most	Some	Few	None
Work or School	All	Most	Some	Few	None
Religious Activities	All	Most	Some	Few	None

- 17) What level of assistance does your organization provide?

- ☐ Fixed Route
☐ Curb-to-curb
☐ Door-to-door
☐ Over-threshold
☐ Other (Please explain)

- 18) What area does your organization serve?

- ☐ City-wide
☐ County-wide
☐ State-wide
☐ Other (please explain)

Appendix 4

19) Does your organization limit its service area by distance? (If yes, please explain in terms of distance)

20) Does your organization serve rural areas? (If yes, please explain any restrictions. (If no, why not?))

21) How do passengers most often access your service?

- ☐ Telephone
- ☐ Internet
- ☐ Third party coordination/outreach
- ☐ Other (please explain)

22) How far in advance must passengers schedule their trip?

- ☐ More than an hour
- ☐ More than a day
- ☐ More than two days
- ☐ More than a week
- ☐ More than two weeks
- ☐ Other (please explain)

Passengers

The following questions will ask about the passengers serviced by your organization.

23) What are the eligibility requirements for use of your service? (Check all that apply)

- ☐ Must be physically disabled
- ☐ Must be mentally disabled
- ☐ Must be visually impaired
- ☐ Must be able to board vehicle with minimal assistance
- ☐ Must face significant financial barriers
- ☐ Must be unable to access other transportation options
- ☐ Must provide valid identification
- ☐ Must be a resident of the county where the organization is located
- ☐ Must submit emergency contact information
- ☐ Must be at least 18 years of age
- ☐ Must have senior status (i.e. age 60 and over)

24) Does your organization have any other eligibility requirements for passengers of your service? (If yes, please explain)

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25) Please estimate the percentage of requests denied in the last year _____%
(If zero, skip 26)

26) Could you describe the major reasons for refusal?

27) Please estimate the percentage of passengers who used your service in the last week who face the following challenges. (Each category is out of 100%)

Physical disabilities _____%

Mental disabilities _____%

Visual impairment _____%

28) Was last week a typical week? (If no, please explain)

Financing

The following questions will ask about how your organization is financed.

29) Does your organization charge a fee for providing service? (If yes, how much?)

30) Please estimate the total amount expended in the previous year to provide transportation service \$ _____

31) What are the top three transportation costs faced by your organization? (Please rank them in order of importance)

Unmet needs/barriers

The following questions ask about any unmet transportation needs and barriers faced by your organization.

32) What is the primary barrier faced by your organization?

- ☐ Finding adequate funding
 - ☐ Providing an adequate number of vehicles
 - ☐ Maintaining vehicles
 - ☐ Providing satisfactory service
 - ☐ Recruiting volunteers
 - ☐ Training drivers
 - ☐ Other (please explain)
-
-

33) Would your organization ever consider using a state-coordinated brokerage system? (Centralized, state-run "1-800" number passengers in need of service could call to be connected with volunteer organizations such as yours)

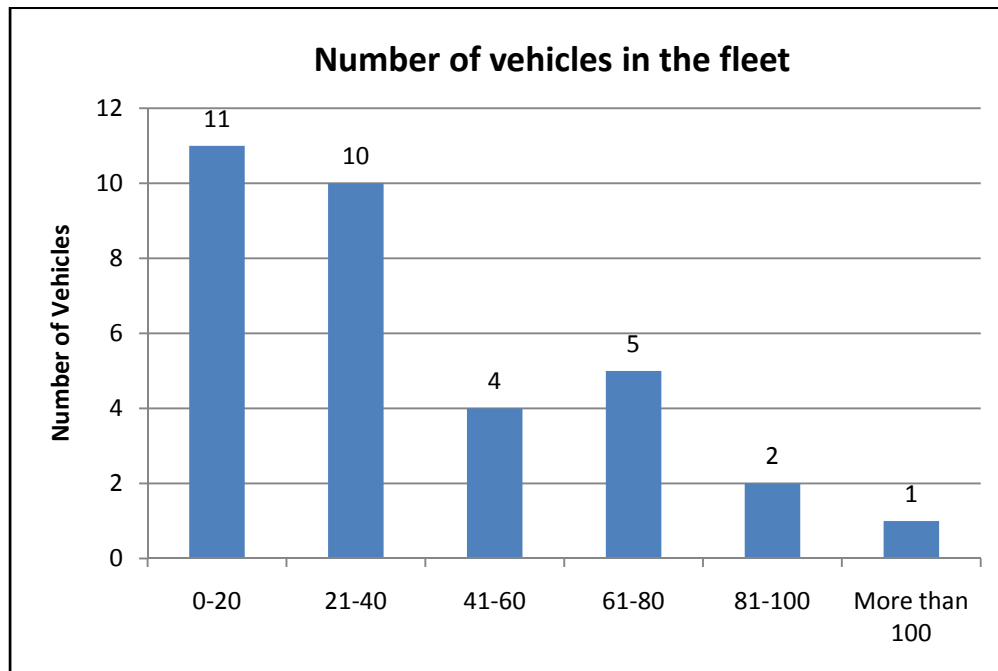
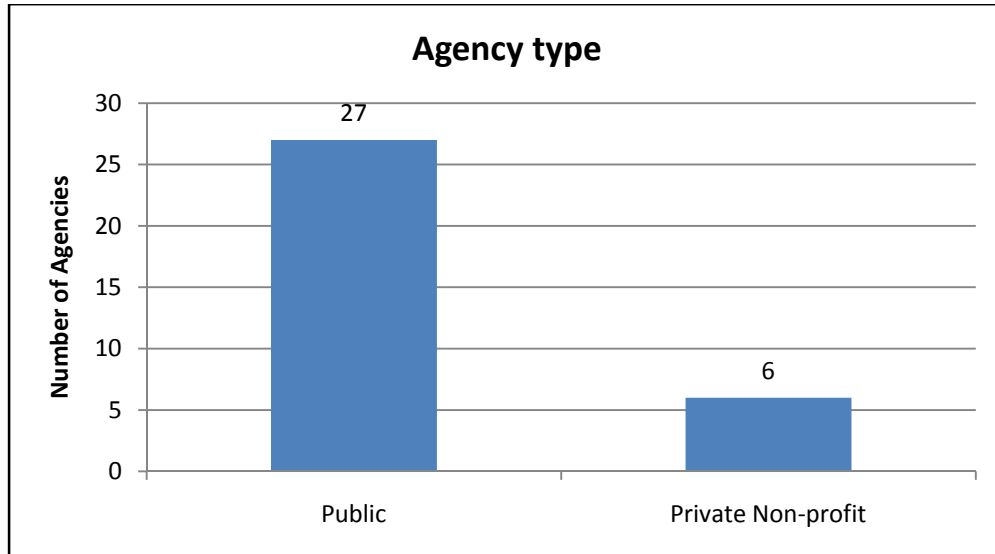
Appendix 4

Thank you for completing this survey!

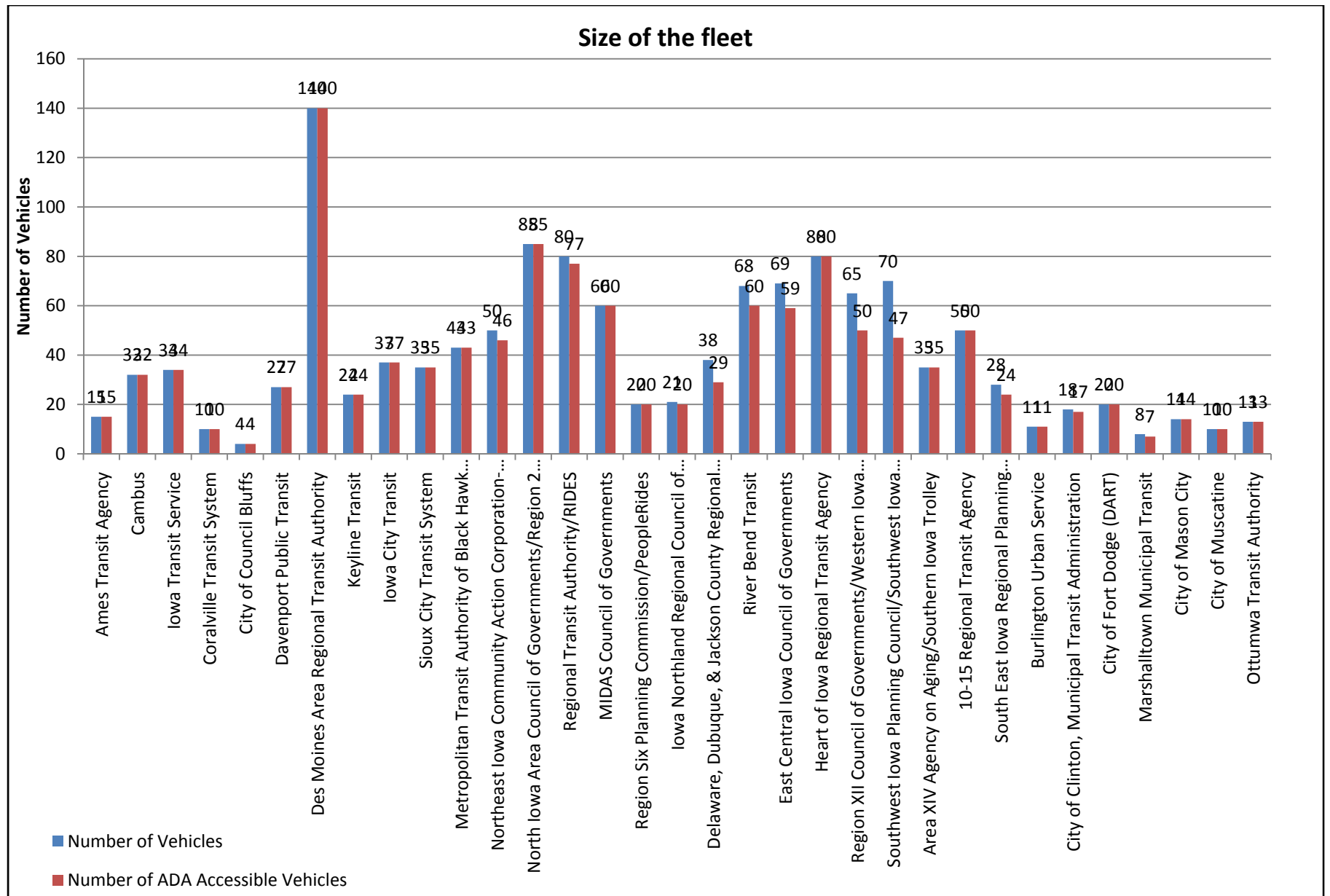
Transportation Providers Responses

Descriptive Analysis

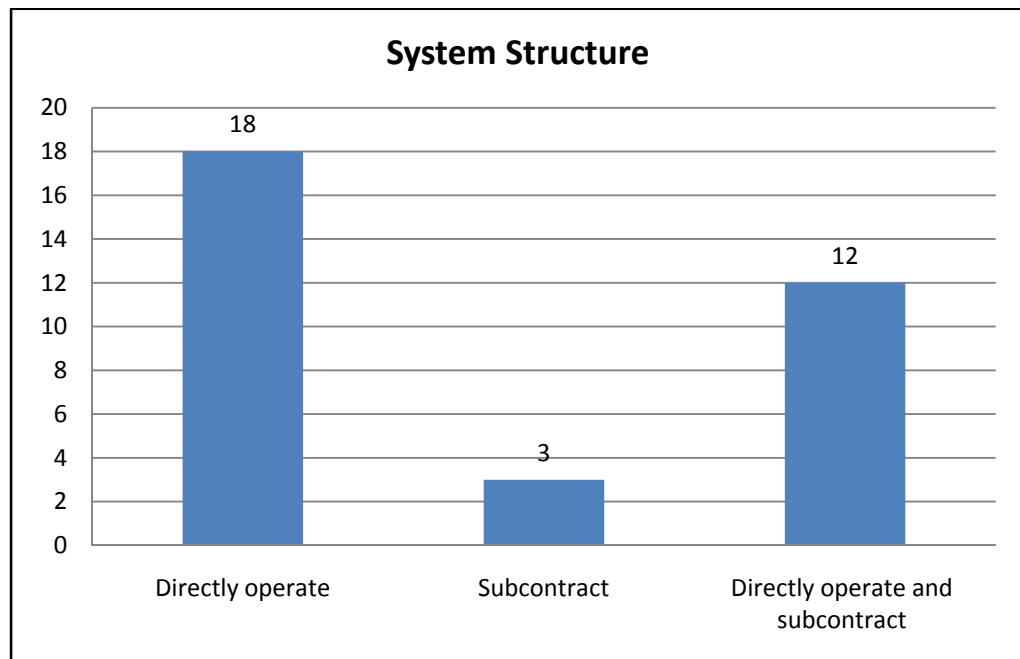
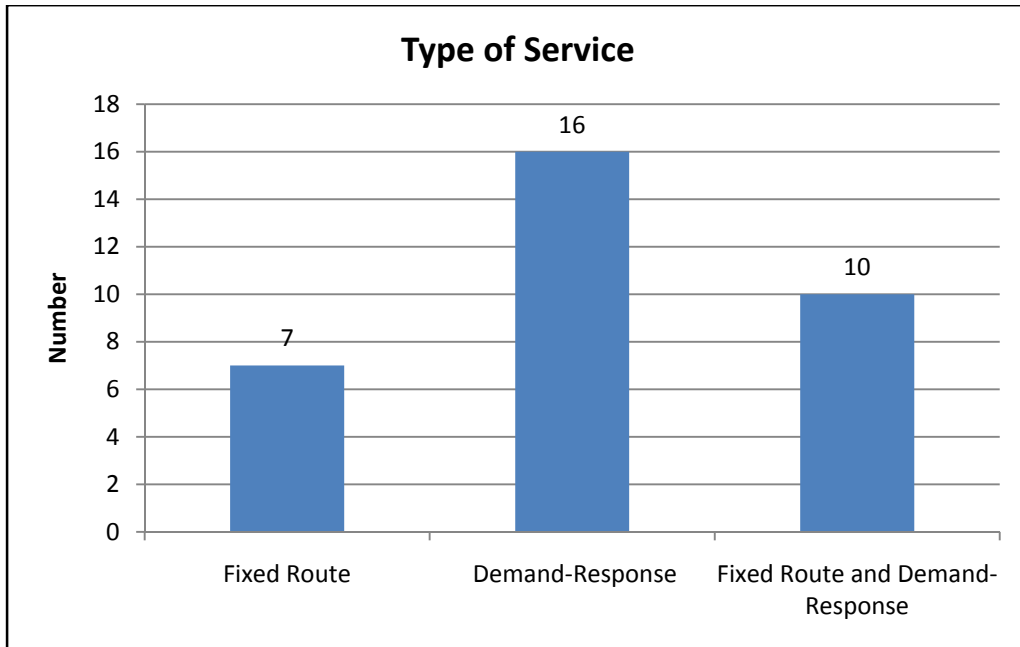
Passenger Transportation Services Survey for Transit Agencies



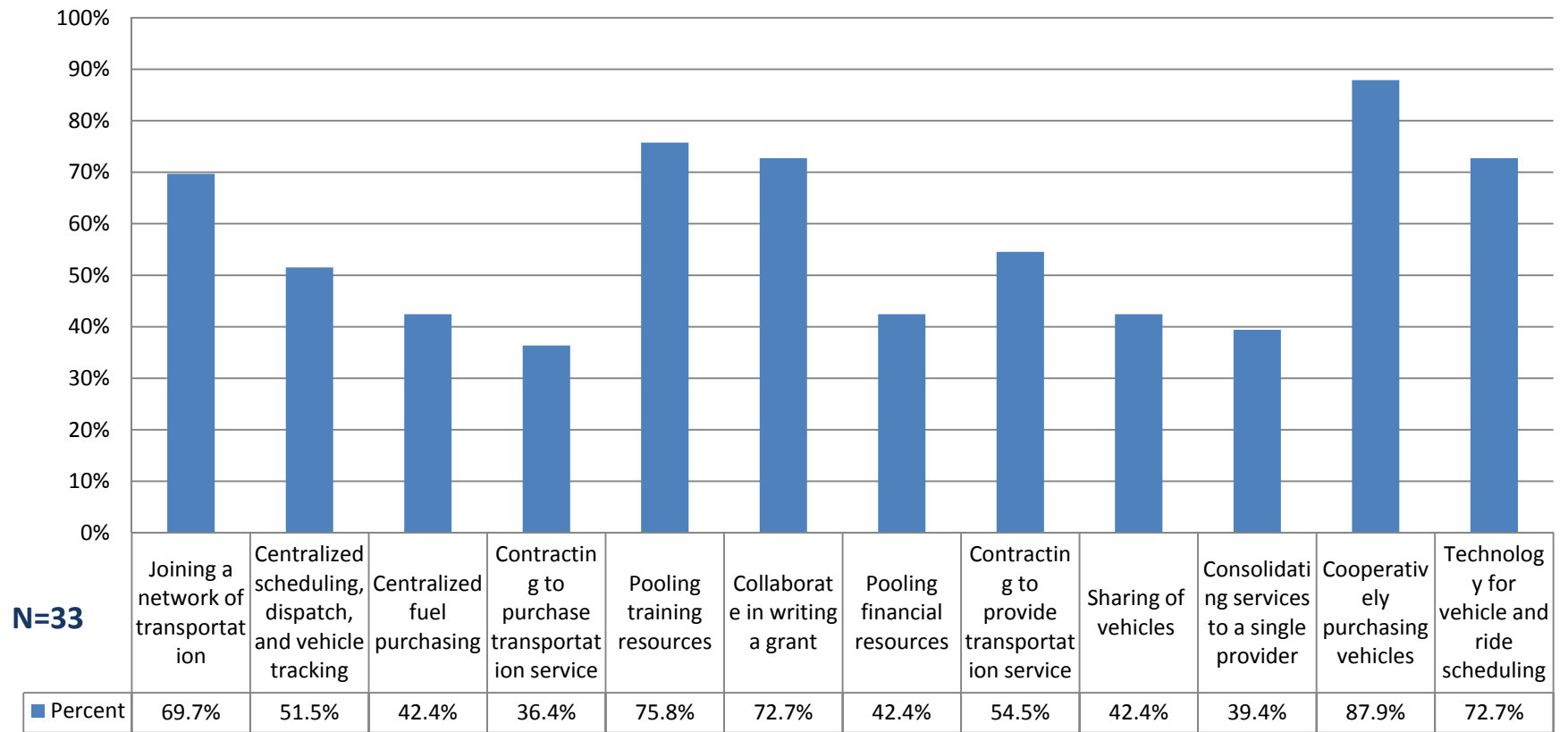
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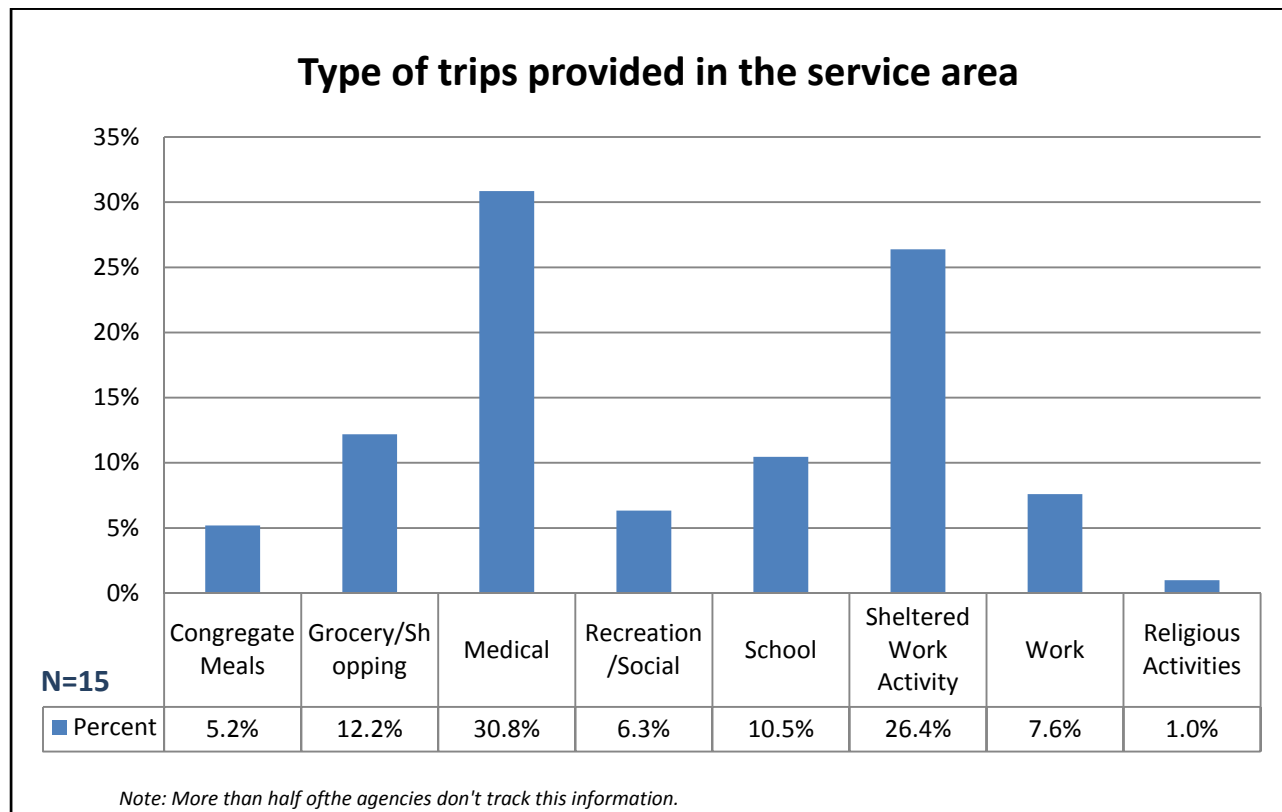
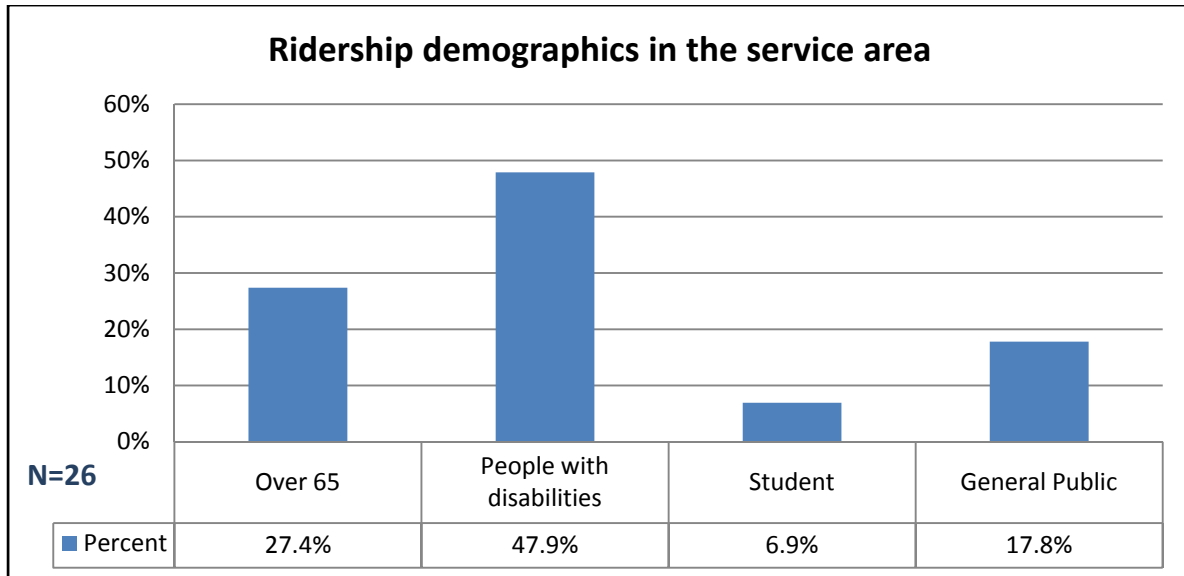
Appendix 4



Desired areas of transportation service coordination (multiple responses)



Appendix 4



Appendix 5

NEMT Brokerage Literature

Appendix 5

Arkansas

Arkansas is a mostly rural state of moderate size. Its population is 2,673,400, and its largest city, Little Rock, has a population of approximately 176,924 (US Census Bureau 2005). It has 675,600 Medicaid recipients, 85 percent of whom are enrolled in managed care (Kaiser Fact Sheet for Alabama). Combined state and federal spending for NEMT during fiscal year 2002 was \$6,261,896 on 242,945 two-way trips (Stelf & Newsom 2003). This averages \$12.89 per trip one-way trip.

Program Characteristics

Arkansas carves NEMT out of managed care. The state ensures access to NEMT through a system of regional brokers paid capitated rates. Eight brokers cover the state's eleven regions. Medical Transportation Management, Inc. (MTM), a for-profit firm, serves three regions; area agencies on aging, four regions; development councils, three regions; and Mid-Delta Community Services, Inc., a non-profit human services organization, one region (Stelf & Newsom 2003).

Colorado

Colorado is a fairly large state, and population is concentrated the urban areas immediately east of the Front Range of the Rocky Mountains. Its population is 4,562,244 (US Census Bureau 2005). 95 percent of its 473,700 Medicaid recipients are enrolled in managed care (Kaiser Fact Sheet for Colorado). State and federal spending for NEMT during fiscal year 2002 totaled \$10,543,658 on 368,935 NEMT one-way trips (Stelf & Newsom 2003). This averages \$28.58 per trip.

Program Characteristics

Colorado carves NEMT out of managed care (Stelf & Newsom 2003). The state contracts with LogistiCare for a fixed amount per month to broker NEMT for the eight-county region around the Denver metropolitan area [Colorado Department of Health Care Policy (CDHCPF) 2006].

History

Colorado inaugurated its brokerage system in October, 2002, when Arapahoe County became the broker for the eight-county region. However, by 2004 it had become clear that Arapahoe County was unable to perform its duties. Its failings included paying providers before receiving reimbursement from the state, failing to process weekly reimbursement checks in a timely fashion, and leaving thousands of invoices unprocessed. The county had fallen \$1.8 million behind in reimbursement collection by June 2004, some of which the county could no longer claim because it was past the 120-day deadline for submission (Miller 2004).

In October, 2004, LogistiCare took over NEMT responsibility for the region under an emergency contract extending until June 30, 2005. In March 2005 the state issued a request for proposals (RFP) for an NEMT broker for the region, but LogistiCare balked upon winning, stating that the contract did not provide adequate reimbursement. This led the state into another emergency contract with LogistiCare, this one extending through March 2006. The state later extended this contract under a holdover provision through May 2006. In January 2006 the state issued another RFP, this time allowing bidders to declare the amount of funding necessary to carry out the contract. LogistiCare won the contract, which extends from June 1, 2006 through June 30, 2007, for a fixed amount of \$446,992 per month (CDHCPF 2006).

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Connecticut

Connecticut is a small, densely populated state. Its population is 3,394,751 (US Census Bureau 2005). It has 502,100 Medicaid recipients, 75 percent of whom are enrolled in managed care (Kaiser Fact Sheet for Connecticut). In fiscal year 2002, the state recorded 649,345 NEMT one-way trips (Stefl & Newsom 2003).

Program Characteristics

Connecticut's managed care carve-in covers the majority of its Medicaid recipients. Four MCOs administer NEMT for approximately 270,000 recipients. Two of the MCOs contract with LogistiCare; one contract with Coordinated Transportation Solutions, a Connecticut-based non-profit organization; and one manages NEMT in-house (Raphael 2001).

The fee-for-service population receives NEMT through two regional brokers, LogistiCare and DynCorp (Raphael 2001). The state pays the brokers a capitated rate [Federal Transit Administration (FTA) 2002]. LogistiCare (2002) is the broker for four of the five regions. The state credits the use of a brokerage system for longer service hours and more efficient utilization of transportation resources (Stefl & Newsom 2003).

Delaware

Delaware is both one of the smallest and one of the least populous states. Wilmington, its most populous city, has a population of 62,380. The state population is 818,587 (US Census Bureau 2005). It has a Medicaid enrollment of 156,700 and 76 percent of recipients are enrolled in managed care (Kaiser Fact Sheet for Delaware). Combined state and federal spending for NEMT during fiscal year 2002 totaled \$8,500,000 on 544,000 one-way trips (Stefl & Newsom 2003). This averages to about \$16 per one-way trip.

Program Characteristics

Delaware carves NEMT out of managed care. The state contracts with LogistiCare at a capitated rate to administer NEMT for the entire state (Stefl & Newsom 2003).

History

Delaware began implementing Medicaid managed care in 1996, but it excluded NEMT and continued to administer it on a fee-for-service basis. However, the success of managed care led the state to investigate capitated rate brokers for NEMT and to later initiate a competitive procurement process for a statewide broker. LogistiCare won the contract and began managing NEMT in October 2002 (Stefl & Newsom 2003). LogistiCare (2002) initial contract of \$15 million over two years saved Delaware \$2 million, assuming that annual NEMT spending would have otherwise remained constant.

Florida

Florida is a moderate-sized state with several major cities. Its population is 17,382,511 (US Census Bureau 2005). It has 1,707,450 Medicaid recipients, 66 percent of whom are enrolled in managed care (Kaiser Fact Sheet for Florida). Combined state and federal spending for NEMT during fiscal year 2002 totaled \$69,097,582 on 3,518,004 NEMT one-way trips (Stefl & Newsom 2003). This averages \$19.64 per one-way trip.

Program Characteristics

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Some Florida Medicaid recipients receive NEMT through a managed care carve-in. For the fee-for-service population, the state assigns responsibility for NEMT to county-level community transportation coordinators (CTC) (Stefl & Newsom 2003). The Florida Commission for the Transportation Disadvantaged (CTD) appoints a local coordinating board for each county responsible for appointing and overseeing the community transportation coordinator (CTC) (Burkhardt, Nelson, Murray, & Koffman 1999). The state pays CTCs a capitated rate to broker NEMT for the county (Centers for Medicare and Medicaid Services). In addition to Medicaid, CTCs also coordinate transportation for the Department of Children and Families, the Department of Elder Affairs, the Department of Education, the Department of Veterans Affairs, and the Department of Transportation (Stefl & Newsom 2003). Despite the high level of coordination achieved, Florida officials have stated that they would prefer a regional system because recipients sometimes encounter difficulties obtaining transportation across county boundaries (Hinz 2006).

Georgia

Georgia is a moderate-sized state with a population of 8,821,142 (US Census Bureau 2005). It has 1,638,500 Medicaid recipients, 96 percent of whom are enrolled in managed care (Kaiser Fact Sheet for Georgia). In 2002 Georgia recorded 2,979,514 NEMT one-way trips (Stefl & Newsom 2003).

Program Characteristics

NEMT is carved out of Medicaid managed care in Georgia (Stefl & Newsom 2003). The state Medicaid agency contracts with brokers for five regions under a capitated rate that varies by region (Raphael 2001). LogistiCare is the broker for three of the regions, and Southeastern, an Atlanta-based for-profit firm, for the other two (Miller 2005).

History

Georgia established its brokerage system in 1997, after rampant provider fraud had driven NEMT costs up to \$82.3 million in 1994 (LoMonte 1995). The state reduced its costs from \$85 million in 1997 to \$43 million in 1998 after changing to a brokerage model (Sundeen, Reed, & Savage 2005).

Kentucky

Kentucky is a state of moderate size, and its population is 4,058,633 (US Census Bureau 2005). It has a Medicaid enrollment of 809,900 and 92 percent of recipients are enrolled in managed care (Kaiser Fact Sheet for Kentucky). Combined state and federal NEMT spending in fiscal year 2002 totaled \$63,735,482 (Stefl & Newsom 2003).

Program Characteristics

Some Kentucky Medicaid recipients receive NEMT through a managed care carve-in (Stefl & Newsom 2003). The state ensures access to transportation for the fee-for-service population through a 15-region network of brokers referred to as the Human Services Transportation Delivery System (HSTD) (Hewlett, Lowell, Otto, & Hager 2004). The Office of Transportation Delivery of the state's Transportation Cabinet oversees the procurement of brokers and broker operations, and the Department of Medicaid Services contracts with the Transportation Cabinet for the provision of NEMT (Centers for Medicare and Medicaid Services). Thirteen brokers, consisting of 11 non-profit organizations and 2 for-profit firms, administer transportation across

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the fifteen regions. Brokers receive a capitated rate which varies by region from \$5.05 to \$8.20 per member per month. The fact that ten brokers also provide transportation has led to complaints of unfairness in the distribution of trips among transportation providers. The Department for the Blind and the Department for Vocational Rehabilitation also utilize the service, but they constitute less than 1 percent of clients (Hewlett, Lowell, Otto, & Hager 2004).

History

The state established the HSTD system in 1998 to contain costs and to coordinate human service transportation among agencies. Under the voucher system previously in place in Kentucky, many transportation providers provided frivolous trips and exaggerated mileage claims to increase reimbursement (Hewlett, et al 2004). Under the brokerage system, average per trip costs fell from \$29.03 in 1997 to \$19.67 in 2000, and annual increases in cost fell from a 1990-1996 average of 26 percent to 16 percent in 1998 and 14 percent in 1999 (Westat and Nelson/Nygaard Consulting Associates 2003).

Maine

Maine is a fairly small, lightly populated state. Its population is approximately 1,283,673 (US Census Bureau 2005). Maine has 378,200 Medicaid recipients, 62 percent of whom are enrolled in managed care (Kaiser Fact Sheet for Maine). In 2004, Maine spent \$19,343,712 on NEMT and served 28,714 beneficiaries (Maine Department of Health and Human Services Bureau of Medical Services 2004).

Program Characteristics

Maine carves NEMT out of Medicaid managed care. Maine ensures the availability of NEMT through a system of 23 NEMT regions. It contracts with a transportation provider in each region to broker NEMT for that region (Stefl & Newsom 2003). These regional brokers receive reimbursement for the direct cost of the trip plus a fixed administrative fee (US Department of Health and Human Services, Health Resources, and Services Administration).

Maryland

Maryland is a small, densely populated state. Its population is approximately 5,461,318 (US Census Bureau 2005). 67 percent of its 752,000 Medicaid recipients are enrolled in managed care (Kaiser Fact Sheet for Maryland).

Program Characteristics

Maryland carves NEMT out of managed care (Stefl & Newsom 2003). It allocates funds to each of 23 counties and the City of Baltimore to manage NEMT. Counties then oversee the provision NEMT by either brokering transportation for the county directly or by contracting out the responsibility (Raphael 2001).

History

Maryland established its brokerage system in 1993 to contain rising costs, which had jumped from \$5.6 million to \$19 million dollars between 1988 and 1992. NEMT costs had fallen to \$13 million by 1997 (Raphael 2001).

Massachusetts

The eastern half of the Massachusetts, which contains Boston, is mostly urban and suburban, while the western half is mostly rural. Its population is 6,182,860 (US Census

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Bureau 2005). It has 1,193,500 Medicaid recipients, 62 percent of whom are enrolled in managed care (Kaiser Fact Sheet for Massachusetts). In fiscal year 2002 it recorded an estimated 3.9 million trips at a combined federal and state cost of about \$39 million (Stefl & Newsom 2003). This averages to about \$10 per trip.

Program Characteristics

Massachusetts carves NEMT out of managed care (Stefl & Newsom 2003).

Massachusetts's nine Regional Transit Authorities (RTAs) are the NEMT brokers for their respective regions. The state reimburses each RTA on a per-trip basis, with the rate varying by region and type of trip. The RTAs also coordinate NEMT for the Department of Mental Retardation and the Department of Public Health Early Intervention Program (Raphael 2001).

Minnesota

Minnesota has a population of 4,989,848 (US Bureau 2005). It has a Medicaid enrollment of 729,900 and 66 percent of recipients are enrolled in managed care (Kaiser Fact Sheet for Minnesota). Combined federal and state spending for NEMT totaled approximately \$36 million in fiscal year 2002 (Stefl & Newsom 2003).

Program Characteristics

The Metropolitan Health Plan (MHP) of Hennepin County, which contains Minneapolis, brokers NEMT for the county. It established the brokerage system as a joint venture with the county under the name "Integrated Transportation Project in Hennepin County" to simplify the process of obtaining NEMT for recipients and to integrate county transportation providers (Sundeen, Reed, & Savage 2005).

Missouri

Missouri has a population of 5,631,910 (US Census Bureau 2005). It has 1,157,200, Medicaid recipients, 45 percent of whom are enrolled in managed care (Kaiser Fact Sheet for Missouri).

Program Characteristics

Some Missouri Medicaid recipients receive NEMT through a managed care carve-in (Stefl & Newsom 2003). The state ensures access to transportation for the largely rural fee-for-service population through a statewide, capitated contract with LogistiCare.

History

From 1997 to 2004, Missouri contracted with Medical Transportation Management (MTM), a Missouri-based for-profit firm, to administer NEMT for its fee-for-service population. The state paid MTM a flat per-trip fee plus an administrative fee. In fiscal year 2004, the contract came to about \$34 million, or about \$49 per one-way trip (Young 2004).

In January of 2004, the state put out a request for proposals under a capitated rate model, and LogistiCare won the contract with a bid of \$22.9 million. LogistiCare was set to take over on July 1st; however, on June 24th, the Division of Purchasing and Materials Management voided the contract because a form justifying the use of a request for proposals rather than strict competitive bidding had not been filed. MTM agreed to continue to provide service on a monthly extension of its contract in the interim. In October 2005, the state announced that

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LogistiCare had won the latest procurement process with its bid of \$25.5 million. MTM underbid the company at \$24 million, but the state chose LogistiCare due to its plan to have a 24/7 call center versus MTM's 7am-6pm Monday through Saturday call center and because it offered tighter pickup windows. LogistiCare replaced MTM in early November 2005 (Young 2004). Under the new contract, the average cost per trip fell to about \$30 even though Medicaid enrollment and trip demand increased (LogistiCare 2006).

In September 2005, MTM agreed to pay the state of Missouri \$2.4 million to settle an investigation into claims that MTM charged the state for trips that were never taken and overcharged the state in some cases (MTM to pay \$2.4 million to settle AG investigation 2005). Gas reimbursement was identified as a potential area of abuse by the Missouri attorney general's office, and it claimed that MTM once charged the state \$511 for a two-mile trip for which the recipient was reimbursed 30 cents and, in another case, charged \$383 for a trip for which the recipient was reimbursed 60 cents (Thimangu 2005).

Montana

Montana is a large, sparsely populated state. Its population is 910,651 (US Census Bureau 2005). It has 110,400 Medicaid recipients, 68 percent of whom are enrolled in managed care (Kaiser Fact Sheet for Montana). In fiscal year 2002 the state provided 46,445 one-way trips at a combined state and federal expense of \$1,533,256 (Stefl & Newsom 2003). This averages to \$33.01 per one-way trip.

Program Characteristics

The Montana Medicaid agency is developing a transportation brokerage pilot program to test its feasibility and effectiveness [Montana Department of Public Health and Human Services (MDPHHS) 2007]. Under its current system, Montana contracts with Mountain Pacific Quality Health (MPQH) to provide statewide administrative service (Stefl & Newsom 2003).

Beneficiaries must contact MPQH to obtain prior trip authorization in order for them or their transportation provider to be eligible for reimbursement. MPQH verifies the current Medicaid eligibility of the client, confirms the medical appointment and that it is covered by Medicaid, and checks that the client has requested the least expensive and most appropriate means of travel. If the recipient requests transportation other than mileage reimbursement, MPQH will send a trip authorization to the provider showing the trip details, enabling the provider to bill the state for the trip afterwards. For mileage reimbursement, the request is assumed to be granted unless MPQH contacts him or her indicating a denial or reduction of service from that requested (MDPHHS 2007).

Nevada

Nevada is a large, sparsely populated state. Its population is 2,381,281 (US Census Bureau 2005). Nevada has a Medicaid enrollment of 236,200, and 100 percent of Medicaid beneficiaries are enrolled in managed care (Kaiser Fact Sheet for Nevada).

Program Characteristics

Nevada carves NEMT out of managed care (Stefl & Newsom 2003). In 2003, Nevada contracted with LogistiCare for \$5 million per year to be the statewide broker for a capitated rate (Inside Business 2003).

New York

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New York has a population of 18,655,275 (US Census Bureau 2005). It has 4,583,000 Medicaid recipients, 62 percent of whom are enrolled in managed care (Kaiser Fact Sheet for New York). Combined state and federal spending totaled \$204,926,457 in fiscal year 2002 (Stefl & Newsom 2003).

History

From 1996 through 2005, New York ceded responsibility for NEMT in 15 counties to the counties under a 1915(b) waiver (Centers for Medicare and Medicaid). The waiver allowed each county five options for decreasing the costs of providing NEMT: a transportation broker, county-wide reimbursement rates, competitive bidding for regular NEMT users such as dialysis patients, directed transportation, or select arrangements for particular medical facilities (Bradley, Darnel, Larsen, et al 1998). All but one of the fifteen counties contracted with a broker, and the waiver was found to effectively control costs without reducing the provision of services. Despite its longevity, New York terminated its 1915(b) program on December 31, 2005 due to its inability to meet the conditions set out in its 2005 waiver renewal approval letter, which required additional documentation to show the cost-effectiveness of the program (Centers for Medicare and Medicaid Services).

Oklahoma

Oklahoma is a large, sparsely populated state. Its population is 3,433,496 (US Census Bureau 2005). It has a Medicaid enrollment of 666,500 and 87 percent of recipients are enrolled in managed care (Kaiser Fact Sheet for Oklahoma). Combined state and federal spending on NEMT totaled about \$16,000,000 in fiscal year 2002 (Stefl & Newsom 2003).

Program Characteristics

Some Oklahoma Medicaid recipients receive NEMT through a managed care carve-in. The state contracts with LogistiCare at a capitated rate to broker NEMT for the entire state (LogistiCare 2003).

History

In 1999 Oklahoma contracted with the Metropolitan Tulsa Transit Authority (MTTA) to run a pilot brokerage program called SoonerRide in seven counties. The success of the test led the state to expand the program in 2000 to cover the entire state. MTTA received a monthly capitated rate of \$2.03 per member per month (Raphael 2001). The state credited the program for improving passenger safety by standardizing provider qualifications, improving compliance with federal mandates to ensure the availability of NEMT, and reducing fraud and abuse (Centers for Medicare and Medicaid Services). However, MTTA decided not to submit a bid in the 2003 procurement process because officials did not think MTTA could make money under new payment caps (Killmas 2003). LogistiCare (2003) won the contract and assumed management of the state's SoonerRide program on August 1, 2003.

Oregon

Oregon is a large, geographically diverse state. Its population is 3,560,109 (US Census Bureau 2005). It has 625,600 Medicaid recipients, 91 percent of whom are enrolled in managed care (Kaiser Fact Sheet for Oregon). Combined state and federal spending totaled about \$18,000,000 on 1,000,000 one-way trips in fiscal year 2002 (Stefl & Newsom 2003). This averages to about \$18 per trip.

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Program Characteristics

Oregon carves NEMT out of managed care (Stefl & Newsom 2003). The state Medicaid agency pays regional brokers, which are a mix of transit agencies and human services organizations, a flat per-trip fee unvaried by transportation mode that fee is evaluated quarterly and periodically adjusted (Center for Medicare and Medicaid Services).

History

In 1994 Oregon contracted with TriMet, the public transit agency for the three-county area around Portland, to be the NEMT broker within its three-county jurisdiction (Centers for Medicare and Medicaid Services). In the first year, the program helped reduce costs from \$7.98 per ride to \$6.20 per ride (National Consortium on the Coordination of Human Services Transportation 2003). Most of cost savings of the program resulted from increased utilization of TriMet's fixed-route transportation, which in 1999 accounted for 65 percent of all medical trips at an average per-trip cost of just \$0.83 (Raphael 2001). An Oregon Department of Transportation evaluation of the program found that it also improved access to transportation for Medicaid clients by increasing the number of vehicles accessible to persons with disabilities, improving driver training, and raising vehicle standards (Bradley, Darnel, Larsen, et al 1998). The success of TriMet led Oregon to establish more brokers. Today, eight transportation brokers provide statewide coverage (Raphael 2001).

Pennsylvania

Pennsylvania is a heavily populated state. Pennsylvania's state population is 11,979,147 (US Census Bureau 2005). It has a Medicaid enrollment of 1,786,300 and 90 percent of recipients are enrolled in managed care (Kaiser Fact Sheet for Pennsylvania). Combined state and federal spending totaled \$61,002,000 on 5,650,000 one-way trips in fiscal year 2002 (Stefl & Newsom 2003). This averages to about \$11 per trip.

Program Characteristics

In Pennsylvania, the state Medicaid agency has assigned responsibility for administering NEMT to the counties, which receive a local grant for NEMT as in Maryland. The county designates the agency responsible for administering NEMT, and that agency can either broker NEMT directly or subcontract with a broker. Counties also coordinate with Department of Aging, Department of Transportation, and the Department of Public Welfare's Office of Income Maintenance (Stefl & Newsom 2003). In Philadelphia County the state contracts directly with a broker, which has been LogistiCare since December 2006, to manage NEMT for the county's 430,000 Medicaid recipients (LogistiCare 2006).

Rhode Island

Rhode Island is a small, densely-populated state. Its population is 1,032,662, and its largest city, Providence, has a population of 160,264 (US Census Bureau 2005). Rhode Island 210,900 Medicaid recipients, 69 percent of whom are enrolled in managed care (Kaiser Fact Sheet for Rhode Island). Combined state and federal spending totaled \$5,100,000 on 45,342 one-way trips in fiscal year 2002 (Stefl & Newsom 2003).

Program Characteristics

Managed care in Rhode Island includes NEMT, and the five MCOs pay the Rhode Island Public Transit Authority (RIPTA) a flat monthly fee be the statewide broker. The state has the lowest

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per trip cost, \$0.45, in the nation (Raphael 2001). This low cost results because 93 percent of trips are on public transit (Stefl & Newsom 2003). This, in turn, is possible because 90 percent of the state's Medicaid recipients live within a half mile of a transit route (Sundeen, Reed & Savage 2005). Furthermore, all managed care recipients are eligible for transit passes, which they can obtain in local grocery stores. The program has been beneficial to RIPTA as well, producing an additional \$2.4 million in revenue a year (Raphael 2001).

Texas

Texas's state population is 22,270,165 (US Census Bureau 2005). 48 percent of Texas's 3,660,700 Medicaid recipients are enrolled in managed care (Kaiser Fact Sheet for Texas). Combined state and federal spending totaled \$57,520,272 on 3,453,182 one-way trips in fiscal year 2002 (Stefl & Newsom 2003). This averages to \$16.65 per trip.

Program Characteristics

The Texas Department of Transportation has administered NEMT with state employees through regional offices since 2004. In 2006 the state was set to begin a competitive procurement process for regional brokers based on the 24 council of government regions (Hosen 2006).

Utah

Utah is a large, sparsely populated state. Its state population is 2,427,350 (US Census Bureau 2005). It has 278,000 Medicaid recipients, 91 percent of whom are enrolled in managed care (Kaiser Fact Sheet for Utah). Combined state and federal spending totaled \$2,532,346 on 773,792 one-way trips in fiscal year 2002 (Stefl & Newsom 2003). This averages to \$3.27 per trip.

Program Characteristics

Utah carves NEMT out of managed care (Stefl & Newsom 2003). The state contracts with PickMeUp Medical Transportation under a capitated rate for a limited range of NEMT services. PickMeUp manages door-to-door paratransit in the four-county urban area and all other forms of medical transportation except mileage reimbursement for the rest of the state (Utah Division of Health Care Financing). PickMeUp provides all administrative and most transportation services directly, but it does subcontract with some local transportation providers (Stefl & Newsom 2003).

Vermont

Vermont is a small state with a mostly rural population. Its state population is 602,290, and its largest city, Burlington, has a population of 38,889 (US Census Bureau 2005). It has 159,700 Medicaid recipients, 67 percent of whom are enrolled in managed care (Kaiser Fact Sheet for Vermont). Combined state and federal spending totaled \$3.5 million on 380,000 one-way trips in fiscal year 2002 (Stefl & Newsom 2003). This averages about \$9 per one-way trip.

Program Characteristics

Vermont carves NEMT out of Medicaid managed care (Stefl & Newsom 2003). The state ensures the availability of NEMT through a system of nine regional transportation brokers, which include transit systems, paratransit providers, and community action agencies. The Vermont Public

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Transportation Association (VPTA), a private non-profit organization, bills the state and pays brokers an administrative fee of \$3.77 per trip plus trip cost reimbursements, which average \$6.85 per trip (Raphael 2001). These regional brokers also coordinate transportation for the Developmental/Mental Health Services agency and the Agency for Aging and Disabilities (Stefl & Newsom 2003). In recent years, the state has considered reducing the number of regions to reduce overhead costs. Furthermore, “turf wars” between regional providers, whose regions do not always coincide with those present before 1986, pose an obstacle to coordination by limiting inter-region transportation (Burkhardt, Nelson, Murray, & Koffman 2004).

Virginia

Virginia’s population is 7,332,608 (US Census Bureau 2005). Virginia has 736,500 Medicaid recipients, 63 percent of whom are enrolled in managed care (Kaiser Fact Sheet for Virginia). Combined state and federal spending totaled \$38,123,317 on 2,652,575 one-way trips in fiscal year 2002 (Stefl & Newsom 2003). This averages to \$14.37 per trip.

Program Characteristics

Managed care recipients in Virginia receive NEMT through their MCO (Stefl & Newsom 2003). The state ensures access to transportation for the fee-for-service population through a statewide, capitated contract with LogistiCare (LogistiCare 2002).

History

Virginia began providing NEMT for its fee-for-service population through a brokerage system in July 2001 to contain costs based upon the success of two pilot programs. The initial contract partitioned the state into seven regions; LogistiCare won the contract for three regions, and DynCorp, for four. During the period immediately after implementation there were many complaints about DynCorp, and to a lesser extent LogistiCare, involving busy phone lines, failure to pick up recipients, and restrictive agreements with providers (Joint Legislative Audit and Review Commission 2002). In December 2002 the state terminated its contract with DynCorp early and asked LogistiCare to take over DynCorp’s former regions on an emergency basis, making it the statewide fee-for-service provider (LogistiCare 2002).

The state considers the brokerage system to have been effective at containing NEMT costs. Costs had increased about 20 percent annually, from \$9.1 million in fiscal year 1990 to \$54 million in fiscal year 2000, even as the fee-for-service population declined as the state shifted more recipients to managed care. The brokerage system saved the state \$56 million dollars in expected cost increases over the first two years of its implementation (Joint Legislative Audit and Review Commission 2002).

Washington

Washington is a large state with vast rural regions. Its state population is 6,146,338 (US Census Bureau 2005). It has 1,160,600 Medicaid recipients, 85 percent of whom are enrolled in managed care (Kaiser Fact Sheet for Washington). In fiscal year 2005, Washington spent \$57,041,862 on 3,239,392 trips (Washington State Department of Social and Health Services Medical Assistance Administration). This averages \$15.01 per trip.

Program Characteristics

Washington carves NEMT out of managed care (Stefl & Newsom 2003). Non-profit organizations broker NEMT for 13 regions, providing statewide coverage. Brokers receive an administrative

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fee plus direct trip costs (Raphael 2001). The system also coordinates transportation for the Mental Health Division, the Kidney Disease Program, the Disability Determination Unit, Area Agencies on Aging, and Temporary Assistance for Needy Families (Stefl & Newsom 2003).

The state allows brokers to provide transportation directly as well, but about 97 percent of trips are provided by subcontractors. Even so, the state's transportation manager has stated that Washington would not allow brokers to provide transportation if the state were to redesign its system. The state has limited the number rides that brokers can provide to between 5 percent and 30 percent of total trips, depending on the region (Hinz 2006). In addition, the state offers incentives for brokers that do not provide trips directly (Raphael 2001).

Wisconsin

Wisconsin has a population of 5,375,751 (US Census Bureau 2005). It has a Medicaid enrollment of 903,700 and 46 percent of recipients are enrolled in managed care (Kaiser Fact Sheet for Wisconsin). Combined state and federal spending totaled \$29,924,606 on 1,000,000 trips in fiscal year 2002 (Stefl & Newsom 2003). This averages about \$29 per trip.

History

Wisconsin began the process of establishing a brokerage system in early 2006 (Hinz 2006). It hoped to improve access to NEMT, especially in rural areas such as Northwest Wisconsin where Medicaid beneficiaries had to rely on networks of volunteer drivers because of a lack of specialized medical vehicle carriers (Superior Days 2006). The Department of Health and Family Services decided not to proceed with the brokerage system, however, due to opposition from Wisconsin Urban and Rural Transit Authorities. The transit agencies were concerned that a broker would overload the paratransit system unless the broker were required to pay the full \$15-\$16 cost per ride rather than the subsidized \$2 fare (City of Stevens Point Transportation Committee).

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Transcripts of NEMT Brokerage Interviews

Appendix 5

Georgia

Annette

Barbra Lowe

October of 1997 is when Georgia is started their brokerage. This is a statewide brokerage. There are five regions with three brokers. One broker serves three of the regions and the other two regions are served by a broker each (LogistiCare, SoutheastTrans, and South West Georgia Development Center).

They did not include other agencies directly. They did call other states to find out how to set up a brokerage. Specifically, they relied on Washington for guidance.

Anywhere from about 370,000 members used the system in 2007 out of 1.1 million Medicaid members. The total number of trips was about 2.7 million. They limit transportation to medical services as defined by CMS and only if for the medical necessary trips within the state plan.

Georgia uses a capitated rate based on the number of eligible members and their region. They signed a new contract last year where they explained they needed to include all increases in fuel costs within their bid. The broker will not be reimbursed for unexpected increases in fuel.

The department does not build a transportation network. The broker is responsible for building the network. So the broker finds providers and enters into private contracts with them. They consider a volunteer a single individual that may have a car and are reimbursed for gas.

The Georgia does not coordinate with other transportation agencies. They say that's the CMAT has rules make it too difficult to mix Medicaid members with others and still only pay for the costs of Medicaid members. They believe it would require changing legislation to do that.

The broker is the one responsible for screening all eligible rides.

Can they do surveys of the day members that the broker also has to submit a complaint report each month they also received complaints and feedback from their participants' medical providers etc. Georgia does site visits of the broker and providers they do right along with the providers without them knowing. This is a requirement within the contract. They do send a letter prior to arriving at a broker or a provider if they want a look at specific records.

The overall and spirits is positive. Prior to a brokerage system they had problems with fraud and abuse. Now the brokerage has been able to curtail that with all the checks and balances used by the brokers. They were unable to manage the system within their agency. There was a decrease in cost because there was a reduction in fraud and abuse. They also saw an increase in ridership.

Appendix 5

Nevada

Liz O'Hara
Peter Hallock
Paul Hanley
Sue Stairs

Greg Tanner
Bonnie Hiedt

They oversee LogistiCare contract.

Nevada has LogistiCare as their broker. They have been using a brokerage for 5 years (October 2005 was when the first started with LogistiCare). Their contract was renewed last year (October 2007). LogistiCare only serves Medicaid within the state. They are not aware of any private contracts with other for profit groups or contracts with other state agencies.

They have had very good experiences with LogistiCare. They are easy to work with and are very responsive.

Medicaid is on the fringe of United We Ride and work with some regional transportation systems. The coordination is prohibited by the CMS regulations that only Medicaid members can be transported from medical services and pharmacies. They cannot see how Medicaid could combine with anybody under existing Federal regulations. For example, they say they cannot stop to pick up any other patients other than Medicaid eligible members because there is no way they can divide the costs between the different riders.

2005 more than double its trips per month. 40,000 rides per month. If it is a Medicaid covered service it they can

Nevada uses a capitated rate of \$4.10 per member per month (\$2.00 per member per month in 2003). They projected a profit level for LogistiCare and if their costs are 2% lower than down estimate they must return 100% of that to the sedate. If their costs are 5% or higher the state will reimbursed 50%. LogistiCare has a 3% profit margin. Nevada feels they should spend for their profits before asking for more money they review the costs each year. Nevada has been doing this for two years and have been receiving money each of the two years (about \$500 million in the first year and about 100,000 to 200,000 this year).

An actuarial firm sets the rates, so that they are "sound."

LogistiCare contracts with providers. The providers are for-profit and non-profit organizations. Numerous firms, such as Medicoach are used. There are also many commercial air transportation is used. Each has its own contract that is between LogistiCare and the provider. Medicaid is not part of it. LogistiCare finds their providers. They do use public transit, so LogistiCare issues a lot of bus tokens. LogistiCare has even lent money to startups to providers in rural areas. They use volunteers for much of the rural trips. They increased the reimbursement from 30 cents to 50 cents per mile to volunteers.

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Currently, the Medicaid population in Nevada is 185,000 - 200,000 people. As of March 2008, they had 29,989 rides whereas; in March 2007 they had 26,719 rides. All the rides are for ambulatory participants or stretcher rides.

The number of rides has been climbing since 2005 when they first began to track them. The reasons given for the increase are increased advertising of the system and a fast growing adult daycare program. What has not been increasing is the SCHIP rides. SCHIP participants almost never use the system because most have access to their own transportation.

LogistiCare will first ask if the person has their own transportation. If they do then they will reimburse them for gas.

Scheduled emergency area is an area of friction. It becomes a judgment call for a scheduled emergency. For example, someone scheduled for a transport does not qualify for NEMT and LogistiCare does not cover. Transfers between facilities are also a potential problem. These types of trips go beyond LogistiCare's qualifications.

Conflicts between LogistiCare and providers can go to a state level hearing. There have not been any conflicts that have not been resolved before a hearing was needed.

Nevada Medicaid track grievances from users. LogistiCare is responsible for notifying Medicaid of grievances from participants in a timely fashion. When a participant is denied a requested mode, for example they want a taxi but can use a bus they are given a notice of denial. The notice contains the information on how to appeal the decision. They track transportation no shows and late, rudeness, etc. Complaint rate is very low (80 complains in a month out of 30,000 rides).

LogistiCare follows drivers. They use secret rides to report issues. Driver qualifications are mandated to LogistiCare based on state legislation, for example no more than 2 moving violations in 3 years, no drug or alcohol in 5 years, and absolutely no domestic violence.

Appendix 5

Utah

Anita Hall

Liz O'Hara
Paul Hanley
Peter Hallock

The brokerage system began as a way to assure Medicaid members and trips met the eligibility requirements and reduce costs for Non-emergency transportation through reduction in fraud.

Utah began with an RFP for a statewide sole source provider. They use a capitated rate for reimbursement of Non-emergency Medical trips. They also have separate contracts with mental health providers (for only mental health related care) and four contracts with Indian tribes to serve their reservations (mostly for dialysis). These are fee for service programs.

The sole source provider is called Pick-Me-Up. Pick-Me-Up is a for-profit transportation provider that serves a subgroup of Medicaid members. They are paid using a capitated rate, which is \$1.0175 per member per month. Pick-Me-Up is a multistate medical supplier. They use their own vehicles to provide rides, which are located at their stores.

To qualify for the service, a Medicaid member must go under a medical evaluation, show that they cannot drive, or that they have a physical or mental disability that prevents them from using other transportation services. If they do not qualify for Pick-Me-Up then they are requested to drive themselves. If a person has their own means of transportation, they must use it. This is true even if the vehicle is not theirs, but is owned by a relative living in the household. This is especially true if it's a minor child. The parent is required to take off work and drive the child to the medical appointment if they have a car. It doesn't matter about the medical diagnosis. Two people can have the same diagnosis but one may qualify and the other one wouldn't because that person has available transportation.

A new Medicaid member is given four weeks to complete the medical evaluation, while they are waiting for the evaluation they can use the Pick-Me-Up service. If they wait any longer they are dropped from Pick-Me-Up. As the Medicaid member's medical diagnosis changes they can ask for a reevaluation.

Once they're qualified for the trips they have requested to get a 24 hour notice but in cases they can do the same day service. Pick-Me-Up provides rides that are covered as Medicaid Services and the trips are required to be to the nearest provider. They include trips to the pharmacy, as long as the trip is part of a visit to the doctor. The service does not provide nonmedical trips.

Utah has two other transportation programs that target other subgroups of Medicaid members. One is called Project Reality. Project Reality serves methadone clinics as a day trip. There is another program for the aged/blind/child/pregnant population. With this program that first check to see if a member can drive themselves. If not then they are in an urban area they will be issued the bus pass. If they cannot take a bus, they are scheduled for ADA transit. This is a curb-to-curb service. There is also a program run by the Utah Health Department called Caravan out of Price, Utah. Utah Medicaid workers screen all Medicaid members and trips that fall under all other programs except for the Pick-Me-Up program.

Appendix 5

The quality assurance program for Pick-Me-Up consists of a once per year survey of all those who used the service. They also send to Utah performance data on a monthly basis. Complaints are handled through calls to the Utah Medicaid.

They have the committee called United Way Ride that is looking into coordinating transportation services. The committee is exploring how to use vehicles that are not used often, for example senior buses that are used only two or three times a week can be used for other groups. They are looking at how to utilize transportation services across agency lines. There is a real potential but the Medicaid System will not take part in the coordination. The Utah Medicaid system is cautious about having their funds subsidize non-Medicaid uses.

In rural Utah, it is pretty uncommon to not have your own car. If you did not have your own car you would not be able to do things such as buy groceries. Even if they do not have a car, the vast majority will have a family member who will drive them to a doctor.

The increasing price of gasoline is causing an increase in the number of people verifying if there rides will be reimbursed. For example, Pick-Me-Up must take a person to drugstore when they are returning from a doctor's visit, which is a reversible expense. However just a single trip to the drugstore is not reimbursable.

Pick-Me-Up can request for increases in their reimbursement due to an increase in trip costs. They recently have made a request and it was approved. They just have to document the cost increase. The state legislature approved the increase although they thought Pick-Me-Up was making a killing. What convinced the legislature was comparing the escalating price Medicaid was playing trying to manage transportation within house compared to having Pick-Me-Up as the gatekeeper. Once Pick-Me-Up began managing transportation, the high rate of cost escalation stopped.

Appendix 5

Virginia

Bob Knox

Liz O'Hara

Sue Stairs

Amanda Martin

Peter Hallock

Paul Hanley

Size 775,000 people in Medicaid most in managed care 230,000 fee for service members make over 3.5 million rides with an additional 1 million for managed care

Mental Retardation waiver 7,000 people make up 70% (60% of those for day support activities) of all trips and Elderly waiver.

Broker in existence since 1998

High levels of frauds motivated switch to brokerage. It reduced ambulance trips by 50%. All types of fraud, using Medicaid ids inappropriately, misstating distances, trips not taken, and wrong mode of transportation.

No interagency relationships

They split the state into seven regions that followed boundaries of existing services, for example Area Agency on Aging. They are starting to coordinate with other human service agencies for transportation through the Regional Planning Districts. If the coordination is going to happen it will be at the regional level. Regional Planning District boundaries will be set in the RFP. There is no real reason for the current boundaries. If starting from scratch, they would go with the Planning Districts. The current division of the state would be consolidated.

There were bids for each of the regions, but LogisticCare won all seven. The regions are still in existence, economy and the but LogisticCare runs a single call center while keeping regional offices. LogisticCare contracts with all public transit systems in Virginia. Guide line is if a person is within ¼ mile of fixed route they are asked to use the system. They do not use the paratransit system because of the extra cost to the paratransit provider. They would have to enter into a separate contract. They were clear that LogisticCare should not use paratransit because of the local subsidies required for offsetting costs.

There are no issues about crossing boundaries. Most trips are within each region because they are mostly short trips. Because LogisticCare has one system, computer dispatch and scheduling, there is no issue about crossing boundaries. The program does not prevent people from crossing. In anticipating boundary crossings, the RFP requires trips going to regions other than their region they needed to detail how that would be handled.

Fee for service, paid a capitated rate (dollar/person/month -- for example ranges from \$300/month \$0.10/month). MR waiver costs range from \$300 to \$400 per person per month, depending on region in the state. Fees are based on actual cost. Split into three fee rates, 1) MR and DD waivers, 2) Nursing home – long term care, 3) other waivers. LogisticCare also handles 60% of the fee for service trips. Each of the managed care facilities have direct contract with LogisticCare.

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Price/Water House estimated the original rates from utilization. They increased the funding because the rates were too low. In 2004 a 9% increase in funding to the system was applied. The current contract includes a cost adjustment index, not binding but they try to follow it. Use the transportation CPI for the Baltimore/DC area. Each year the contract is adjusted based on the 12 month change in the CPI (percentage difference in transportation costs). There are no caps on the rate increases because the contract is worded in such a way that they do not have to fully fund it. Cap on administrative costs is 15%. That is 85% of the total money provided to LogisticCare must be used to purchase transportation services. A weighted average cost is about \$13 per person.

Trip breakdown is about 80% standing orders and 20% medical appointments. Mode break down is 80% by car/taxi/transit, 18% wheelchair vans, 2% by ambulance. 1.07 trips per member per month is the utilization rate.

Volunteer drivers are used but not too much. The program is covering the longer trips that will not remove the provider's vehicle for the entire day. There is an issue that \$0.40/mile is not enough of an incentive.

Providers are difficult to find in certain areas. Many complaints are based on the amount of paper work needed. LogisticCare pays invoices within 30 to 45 days. Their hardest provider to find is one that needs to drive long distances and wait for the return trip. LogisticCare does not like to pay for waiting time but will pay about \$4 per hour. The contract with LogisticCare does not require waiting time payments. LogisticCare has separate contracts with providers that are not individually approved, just the skeleton contract. It is possible that some providers are paid more than others.

When the brokerage was begun, Medicaid dropped all the transportation providers from the program. That separated the providers from a grievance appeals process through Medicaid. Now if there are appeals it is directly to the brokerage (LogisticCare). Medicaid plays an informal role in the process without an administrative role.

User complaints go through Medicaid mostly from advocates for the user. Medicaid employs a part-time person to handle user complaints. LogisticCare provides Medicaid with monthly reports of complaints and direct complaints from medical providers. LogisticCare handles complaints within each region.

They have driver standards that require defensive driver training, CRP, First-Aid, wheelchair restrain, disability training. They have train training for members, but no one ever requested. LogisticCare is required to enforce the standards and provide the training.

They will send the rate information and RFP to me.

Appendix 5

Washington

Paul Muery
Tom Gray

Liz O'Hara
Peter Hallock
Paul Hanley

Washington developed the brokerage in the late 80's do to high costs. Fraud was main force in setting up brokerage systems.

They serve 4 to 6% of all Medicaid Members (1 million) per month. Three million trips at a cost of \$70 million per year.

They designed around medical centers within the state, medical catchment areas. The regions are different then other agencies. 39 counties organized into 13 regions. Highly urbanized areas may be in one county, whereas in rural counties multiple counties are combined.

The brokerages initially both brokered and provided rides. Now about 98% of trips are now through subcontractors. Only a few brokers are still providing rides. Now they all eight are non-for profit and one state agency (COG). Currently, Area Agencies on Aging, several non-profit transportation organizations, and a multi-purpose in the Seattle area are brokers. Washington issued solicitations for services and brokers compete for the contracts. No national firms were competitive with the local brokers on a cost basis. One exception was a national firm won one area, but backed out because in the proposal they stated they required multiple regions.

10 years into a state mandated coordination effort, which joined the head of DHSS, DOT, and Public Instruction to improve utilization of transportation resources. It is a step ahead of the newest Federal mandate of United-We-Ride programs.

The brokerages serve nonMedicaid members. Washington is pushing for coordinating Medicaid and nonMedicaid transport. They are comfortable with knowing they are paying only for the Medicaid trips. The broker knows who is taking the trip so they can track the cost back to Medicaid. The criteria is that if a broker is under contract with another agency/group the trip costs must not be lower than that charged to Medicaid.

Payment structure has two components, 1) 98% of money goes through the broker to the subcontractor to pay for trips, 2) administrative costs that are meant to pay for their operation (about \$3.00 per trip). The broker needs to state how they would oversee the quality of service. The scoring of the bids was heavily weighted towards service quality. Interestingly, Washington has kept the broker as client services they could select a firm based on how best serve clients not to lowest bid.

Occasionally, there are problems with cross boundary trips. The primary responsibility of cross boundary trips rests with the broker of origin. That broker is required to figure out the entire trip from origin to destination. There are no substantial barriers. They send Medicaid members outside the state using brokers.

Appendix 5

The Medical Medicaid trips and the Medicaid Programs (similar to our waivers) split the total number of trips 50% - 50%. Within the Programs, trips are split roughly 13% adult day care, 22% mental health care, 13% methadone trips, drug and alcohol trips. Another high number of trips are for dialysis, which are paid by Medicare but use the brokerages. On average of 30% of trips is on transit (fixed route) across state.

Quality of service is monitored monthly with reports from the brokers. They used desk audits based and client complaints through a statewide call center within Medicaid itself. They have formal site visits that check the contract requirements against actual provision. The brokers are responsible for faxing daily faxes to their office with significant complaints (crashes and driver accusations). There is a very formal due process hearing for claims that are handled by lawyers. The most likely issue to rise to this level is lack of access to medical services.

They do not advertize the broker system. The education and outreach is part of the brokerage contract in general terms. This is the resource of last resort so it is not generally advertized. The medical provider and other Medicaid workers are the ones that educate the members.

Costs have not gone up as much as anticipated. The market has been creating competition between providers to keep the Costs down.

The providers range from a fleet of volunteer drivers, 30 transit systems, private providers (every taxi company), Catholic Community Services, and nursing homes. They place a requirement that a broker has enough providers to meet 125% of peak load. Also, that a single provider does not make up more than 25% of the total capacity. This is based on their experience of having a large provider go out of business and leaving the broker without enough capacity.

Some insights from Washington...

They like multiple brokers with multiple call centers. A single broker is not nimble with some confusion to who is in charge.

Do not like a capitated rates because that provides incentive for reducing services.

Brokers should act as true brokers, no trip providers.

Have the same software for running the brokers. Specify the system in the RFP.

Build contract regions around Medical Provider hubs. Continue to require brokers of origin responsible for cross boundary trips.

Appendix 6

Stakeholder Input Session Summaries

Appendix 6

Real Choices Transportation Brokerage Initiative Stakeholder Input Session (Peer Advocates Disability Support) May 30, 2008 Meeting Notes

Present: Judy Adcock, Michael Chalupa, Cherie Clark, Tim Conlon, Marjorie A. Cook, Janelle Cooper, Chastity Corrington, Dorene Couch, Dee Dennis, Curtiss Doyle, Nancy Edmondson, Steve Guernon, Mary Hoffman, Linda Homan, Margaret Kaut, Betty King, Jeff Morrows, Betty Nezerka, Sherry Shanahan, Mike Swift, Karin Springfield, Wayne Springfield, Eugenia Vavra, John E. Vikdal, Jodi C. Whitaker, Cindy Williams

Guests: Paul Hanley (University of Iowa Public Policy Center), Meredith Field and Liz O'Hara (University of Iowa Center for Disabilities and Development)

I. Welcome

PADS President Sherry Shanahan welcomed participants and asked people to introduce themselves. Most participants were PADS consumer members. There were also representatives from county services, United Way and community providers.

II. Real Choices Medicaid Transportation Project Review

Liz O'Hara of the UI Center for Disabilities and Development, which is assisting Iowa Medicaid Enterprise (IME) in the coordination of activities under its 2005 Real Choice Systems Change grant, thanked PADS members for their past support of Real Choices. PADS provided input in 2006 identifying transportation as the single biggest barrier to community living for people with disabilities. The brokerage initiative is in the Real Choices work plan; IME, through the Department of Human Services, contracted with the Iowa Department of Transportation to develop recommendations for the brokerage. DOT subcontracted with the Public Policy Center (PPC). In the summer of 2007 PADS provided assistance to the PPC in the design and testing of its Medicaid member survey to identify transportation issues faced by members. Their input today into the design of the proposed transportation brokerage is greatly appreciated.

III. What is a Transportation Brokerage?

Paul Hanley of the UI Public Policy Center (PPC) also thanked PADS members for their assistance in the survey, which looked at member experiences with both medical and non-medical trips covered by Medicaid. The survey was sent to three member groups: the general Medicaid membership, and participants in the Elderly and disability waivers.

A transportation broker is an entity outside of Medicaid whose sole purpose is to coordinate transportation services. The broker is responsible for organizing round trips to services which are reimbursable under the Medicaid State Plan or waiver services, for determining Medicaid eligibility and the appropriateness of the trip.

Research on the 21 States which have brokerage systems shows that they can provide more rides to Medicaid members at a lower cost to Medicaid per ride. Sometimes States use a single broker operating

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statewide and sometimes they use multiple vendors operating on a regional basis. States report good experiences with brokerages regardless of the structure they adopt.

The State of Washington's brokers coordinate both Medicaid and non-Medicaid human services transportation. Medicaid funds cannot be used to cover non-Medicaid costs, but Washington State brokers have a sophisticated billing system that routes the invoices to the appropriate payer.

IV. What a Transportation Brokerage Can Do

With a brokerage in operation it is no longer the Medicaid member's responsibility to figure out how to get to Medicaid services. The broker's sole business is scheduling and organizing trips, thus assisting both Medicaid members and case managers. The broker must ensure that an eligible Medicaid member gets to services regardless of any transportation provider's service area boundaries. The broker also ensures the proper billing.

A PADS member commented on his difficulty getting transportation, because he does not qualify as either a Frail Elder or physically disabled person. He has mental health needs and cancer as well. He appreciates the transportation services of the American Cancer Society.

Paul responded that the PPC surveyed not only Medicaid members but also DHS workers and case managers, and found that a lack of information about available transportation services was a major problem. Resources can include formal systems but also volunteer services. The American Cancer Society's service is one of the biggest. A broker can be a one-stop information source.

V. What a Transportation Brokerage Will Not Change

Bringing a brokerage system to Iowa does not mean that IME will change basic policies on what trips are or are not eligible. State Plan members will continue to have access to transportation only for medical services. Medicaid members on different waivers will still have varying access to transportation to get to work, shopping, laundry, etc or to "reduce social isolation" if that is in their service plan. Services to some populations such as those with mental illness will continue to be limited. With a brokerage, Iowans will have easier access to rides in that the broker is responsible for finding a provider, and because the broker will be trying to expand the number of providers.

Paul said, however, that State Medicaid Director Gene Gessow will be taking a look at how well current transportation needs are being met, and it is important for consumers and other stakeholders provide information on how inadequate transportation affects their lives, physical and mental health, and the ability to be productive members of their community. The discussion today will therefore cover a number of general topics related to transportation barriers, to allow for a more comprehensive view of the impact of current Medicaid policies.

VI. Discussion: What Are Your Views?

"Workers come into the home of someone with a physical disability or mental illness to decide what's needed. They will limit your transportation just to medical trips. It's so tight you can't do anything."

A participant on IowaCare talked about how expensive it was to make the trip to the University of Iowa hospital system.

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A worker from a mental health service provider talked about the importance of peer to peer services in mental health recovery, which has produced very positive outcomes in people's lives. A big challenge is how to get people to recovery centers after hours (after 4:00 pm and on week-ends), or how to get them home again. Peer to peer support is "part of healing, part of being integrated into the community."

"The government wants to see productivity...If you get out in the community, you might find a job opportunity. I can't if I'm stuck in my apartment."

It's not just people with mental health issues who benefit from peer support. "Connecting people with disabilities is critical. We benefit from getting together. We benefit when we learn from each other about what's going on, the resources available. We can't get that from people who haven't experienced it. People need to get it from disability-specific *and* cross disability support groups. This means we need transportation not just for therapeutic but also social purposes and advocacy."

Why are there such stunted transportation services in a city the size of Cedar Rapids? It's not available for social purposes. Another participant agreed with this statement. Another person stated that there were only two accessible taxis in town.

I can arrange for a ride to the doctor with paratransit, but if I need a prescription they won't take me on the way home. I have to arrange a separate trip.

Paul then asked if the group agreed that scheduling of trips, especially off-hours trips, was a problem, and many people agreed. Paul stated that this was reflected in the PPC's member survey.

A service worker stated that lack of transportation can catch people in a vicious circle. She said many clients applying for SSI don't have the transportation to get to the agencies working with them, or to the free clinic.

"Volunteers are giving all they've got, and they're not getting recognized."

One person stated that he had problems getting around in winter, and wondered why he couldn't get access to transportation services. The point was made that the transportation services you can get depend upon whether they are included in your service plan. Some waivers allow more options. There was widespread agreement that all waivers should offer the same services.

Our case managers and workers get confused about what we can get. If workers know how the brokerage works, it would save a lot of time for them.

Workers need an open mind about what people's understanding of things. It's difficult when workers have an inadequate understanding of what consumers are capable of.

It's wonderful you're trying to do this. It's a relief to me to be able to get a ride from the American Cancer Society just 24 hours ahead of time.

There was a question about how much the service would cost consumers. Paul clarified that if the trip was eligible for Medicaid reimbursement, there is no cost to the consumer..

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One participant expressed a preference for regionally based brokers, which would support local planning and generally be more manageable. Another participant liked the regional approach but wondered if a statewide system might be better. Paul stated that a single broker might have regional offices. The only rule is that the broker shouldn't be a transportation services provider. There was a brief discussion of the conflict of interest issue. A broker/provider might cherry-pick the best and cheapest rides.

"I agree with the regional idea, pared down with more of a face to face aspect." I also agree that peer to peer helps everyone. Recovery clubs should be considered medical services [under Medicaid]. You could start out with a pilot program, putting everyone in the same bracket for transportation, and track the impact. Would you see fewer hospitalizations? Higher self esteem being reported?

Paul commented that the studies he has seen of brokerages have focused consistently on their ability to generate more rides at a lower cost per ride, but have not looked at actual health outcomes.

An agency representative stated that we need to demonstrate to legislators that the brokerage saves dollars. A participant cautioned that if the brokerage increases the number of rides the total cost of transportation will go up.

Paul asked if people thought that not being able to get around in the community was a barrier for them. Several people responded that scheduling rides was hard. There are a high number of subscription riders who regularly use services during peak times, and it is hard to schedule rides during these times. People are put on hold a lot or into an answering machine.

There is a human services transportation committee in Linn County working on these issues. People working on the same issues should coordinate their efforts. Paul responded that the project is overseen by DOT, which is making sure that efforts are coordinated. A participant suggested coordination through the county central points of coordination (CPCs).

Paul asked people to describe what a consumer-friendly brokerage system would look like. Responses included that the brokerage needs to be able to respond to different needs [of people with different disabilities]. Flexibility would be another important characteristic. There are more cost-effective ways of providing people with transportation services. Instead of giving people two bus passes—one for the trip to the doctor and one for the trip to the pharmacy, people should be able to get it done with one pass. Ten-ride passes can be cheaper and more efficient than 30-day passes, if people don't need a ride every day.

It's a vicious circle if you're trying to get your disability determination, but you can't get to the doctor.

Case managers don't know enough about transportation options.

"They don't know what our lives are like, standing in the cold waiting for a bus."

The LIFTS [paratransit] has a 15 minute leeway on either side of the appointment time. There's an issue of punctuality.

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A participant talked about a friend in Decorah on IowaCare, who has to get needed medical services by going to Iowa City, three hours away. In order to get her teeth taken care of in Decorah, she had to borrow money.

Paul responded that a broker can help identify transportation providers and can assure that there are no problems crossing a provider's service area boundary. The broker's job is to get the person there and back.

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Real Choices Transportation Brokerage Initiative Stakeholder Input Session (Iowa Public Transit Association) June 25, 2008 Meeting Notes

The session was conducted as part of the agenda of the IPTA annual meeting (6/25 – 6/27) at the Marriott Hotel in downtown Des Moines. Approximately 50 members were present. Paul Hanley (UI Public Policy Center) facilitated the input session. Peter Hallock (IDOT) and Liz O'Hara (UI Center for Disabilities and Development) were also present.

Paul's introduction, including a power point presentation, covered the following points:

- Thanks were extended to IPTA members who participated in the UI PPC provider survey, which is being used to complete a gap analysis of transportation services available to Medicaid members.
- PPC and the transportation brokerage work group have reviewed the brokerage systems in other States. About 21 have brokerages, and they tend to differ in various respects. Iowa has its own unique characteristics, and a brokerage would have to be tailored to meet Iowa's needs.
- A brokerage system would consist of an entity outside of IME the sole responsibility of which would be the coordination of transportation services to Medicaid members. It could be a public entity (though not, under proposed CMS rules, a transportation provider), a private for-profit entity or a nonprofit organization. The broker contracts with providers, schedules trips in the most efficient way possible, and reimburses providers using a consistent process.
- Generally States have found that brokerage systems reduce the workload for Medicaid staff, increase the number of rides taken and reduce the per trip costs. Increases in trips may be due to increased awareness of transportation options. In the case of Illinois, the reduced costs were due in great part by strengthening safeguards to ensure that trips are eligible and that those reserved are in fact made.
- The PPC's survey of Medicaid members revealed a lack of knowledge about transportation options. This can be addressed by a "one-stop transportation shop."

The Issue of Service Area Coverage

Paul stated IME is interested in ensuring that brokerage services are available throughout Iowa. This can be accomplished through three different approaches taken by States. The first approach is a single statewide vendor, the second is multiple vendors serving regions throughout the State, and the third is a county-based system. The latter is not being seriously considered by the work group, since Florida has found such a system to be unwieldy. A variation on the single statewide approach is the Vermont and Connecticut systems, which are State-run. Paul asked for the opinions of IPTA members on these approaches. Responses were as follows:

There is a lot more consistency now, working with IME. Our trip denial rate is much lower. State staff have become increasingly responsive. [Paul responded that this comment was consistent with survey results showing that an estimated 98% of trips are approved.]

As far as a single statewide system is concerned, the risk is that there would be no benchmark for the broker's performance, and no competition. An advantage, on the other hand, would be that because trips to medical services are often over long distances, there would be no inconveniences related to crossing service area boundaries. However, in Iowa we have regional [RTA] districts. IME could require

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that brokerages “pattern” that layout. Regional brokerages will have a better grasp of local resources. There was agreement that a county system would be unworkable.

One commenter expressed agreement about regional entities having the knowledge about local resources. However, in Iowa we have the legal settlement issue, where approval for services and reimbursement issues often have to be dealt with long-distance. How will a broker deal with that?

Another commenter was involved in transportation services in Georgia. “I didn’t even realize we were working with a broker.” It worked for us. Scheduling was easy. Every late afternoon we got a manifest of people needing trips the next day. Then after the county office verified the trip had been taken we sent the bill. The one challenge was hospital discharges, where we had to drop everything. Our service area is four counties. We had stretcher services available in all four counties. It didn’t happen often, but sometimes we got calls in the middle of the night. Most of our trips were within our service area. Sometimes we had to make a 100 mile trip to Atlanta.

A comment: Requiring readiness, with 24 hour notice, for ADA paratransit is “scary.”

The State should use either a single statewide broker or regional brokers. A county system makes no sense. Should we draw regional boundaries to match up with major medical facilities? [Paul commented that the State of Washington set up what it called medical catchment areas.]

Will rides across service boundaries involve transferring riders from one provider to another? Sioux City transportation services involve three different States with three different reimbursement methods. [Peter Hallock commented that Medicaid rules generally require that people get services at the nearest facility, which may well be in another State. It is the broker’s responsibility to get the rider to the destination.]

If you are transporting people across the State line, you have to comply with the Federal Motor Carrier Safety Standards and have a Motor Carrier Safety license.

What happens if different providers charge different rates for a Medicaid ride? [Paul responded that IME will require the least-cost alternative adequate to meet the need.]

The Issue of Broker Type

Paul asked for comments on the advantages and disadvantages of having a public entity, private for-profit or nonprofit organization serving as broker. He noted that the proposed CMS rules will for the most part not allow a transit services provider to be a broker. Comments were as follows:

There is a real problem in Iowa where population densities are not high enough to support adequate transportation services. Sometimes we [transit providers] are the broker, e.g., we have to check with the case manager, etc. I am not sure who would be willing to serve as a broker in my area.

In response to a question about the experiences of other States, Paul replied that there are three major national for-profit firms operating in other States. Logisticare is the biggest. The States that contract with them like them, but the States that contract with nonprofits like them, too. One advantage of using a large national firm is that it can probably be counted upon to have experience in key areas such as provider recruitment and contracting for services. A possible disadvantage of a large for-profit firm is

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that it might be more expensive than a “homegrown” broker. In addition, a firm coming in from outside the State will be less likely to know the area they’re serving. A counter argument, though, is that they are experiencing in building their operations. The advantage of nonprofits is that they know their area. However, they generally have limited capacity, and sometimes it’s hard to find them everywhere in the State. It is possible to do a mix of nonprofit and for-profit brokers.

Will there be standards that the broker has to meet? [Paul replied that other States strongly recommend implementing an effective quality assurance system. This can include a consumer satisfaction survey, site inspections (including surprise inspections), and mystery riders. Iowa will have a good QA system to protect the quality of the service for all users.]

The Issue of Reimbursement

Paul stated that the three basic approaches to broker reimbursement are the capitated rate model (usually involving payment per member per month), the per trip fee model, and the “cost plus” approach (an administrative fee plus coverage of the direct cost of the trip). The different approaches entail a different set of incentives for brokers. Peter commented that a capitated rate system can include separate rates for specific categories of members. Comments were as follows:

California had a capitated rate system, based on a particular number of consumers. The reality was that only a portion of them had used the service. When the number of users sharply increased, the system was swamped and they were losing their shirt.

Setting up different rates for different categories of users would work.

The participant with experience in Georgia stated that the stretch service was not a typical service provided by his transit system, so the system subcontracted to another vendor. However, the problem of having to secure stretcher services, in such cases as hospital discharge after normal working hours, became so difficult for the transit system that when it came time to renew the contract the transit system had with the broker, the transit system did not offer to include stretcher services. The broker then contracted directly with the stretcher service provider.

Paul commented that if contracts do not allow for the kind of sharp increases in fuel costs that we have seen, there can be problems. Providers will drop out of the network. Some States have an adjustment factor, or allow brokers to provide evidence that costs are exceeding reimbursement levels and to request increases. One State allows a broker a maximum profit of 3%; anything beyond that must be reimbursed to the State.

What if two providers compete to provide rides? The broker could negotiate rates with providers to increase revenue. This could happen under either a capitated or per trip system.

[Paul clarified that in a “per trip plus administrative fee” approach, the “per trip” portion goes to the provider and the fee to the broker. Peter clarified that rate capitation applies to the broker, not the provider. The broker may actually negotiate a variety of rates with providers. But the broker always has the incentive to go with the cheapest ride.]

Do we have to get more consistency in determining transportation costs? Will brokers be allowed to have all these different reimbursement levels with providers? [Paul clarified that the State’s contract is

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with the broker, who then goes out into the “market” to negotiate reimbursements. The State will not interfere.]

How did we get from the broad topic of the need to increase access to transportation to these narrow topics? How are we increasing access to services? [Paul clarified that brokerages are proven to accomplish this. Most States see an increase in the number of trips, and a decrease in the cost per trip.]

In Georgia there was an increase in the number of providers after two years, leading to more competition and reduced trip rates.

Are public transit systems mandated to participate? [Peter responded that a transit system that declines to participate has just contravened Iowa’s whole coordination system.]

There’s no economic incentive *not* to participate. [Peter responded that as soon as a provider turns down a request for a ride, someone else has to be found to do it. This is major new funding for transportation in Iowa. If public transit pulls out, another system will have to be set up. Hopefully public transit will have the right of first refusal on trips.]

Will there be recommendations developed on the brokerage? To whom? [Paul replied that recommendations will go to the State Medicaid Director by the end of the summer.]

This is a lot of money. We need to be watchful. [Liz O’Hara commented that the State Medicaid Director has expressed his intent to support Iowa’s existing coordination system to the extent possible. Peter stated that nothing uncovered to date suggests that a brokerage isn’t feasible.]

Can this issue be posted on the IPTA web site? We’ve been looking at this idea in Mason City. Our fire department has been tearing their hair out with NEMT ambulance rides. [Peter commented that it is a common situation that people go in to the hospital in an emergency, but their discharge is non-emergency. If the discharge occurs after normal paratransit working hours, the patient may be “stranded,” and the service provider will be pressured into using an ambulance.]

The RTAs generally have more experience with human services transportation issues than the urban transit systems do. [Many urban transit systems prefer to focus strictly on fixed-route bus service, and contract out their paratransit service.]

In Georgia it was lucrative for us to get into NEMT, even with the occasional middle-of-the-night ride. It wasn’t always easy. More competition among providers brought the price down, but there’s money out there.

Paul thanked IPTA members for input. The PPC can make the power point used for this session available on the IPTA web site. In response to questions about the timetable for the project, Liz stated that IME was anxious to proceed with decisions, and would like to have an RFP out by early 2009.

Appendices

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