

# **Maine Coordinating Working Group on Access and Mobility**

## **Meeting Agenda**

**Wednesday, January 21, 8:30 – 10:00 a.m.**

**Zoom**

<https://mainestate.zoom.us/j/83404794946>

Links to Key Information:

- [Working Group Webpage](#)

**8:30 a.m. Welcome and Goals for the Meeting - Joyce/Zoe**

**8:40 a.m. Discussion and Reaction to Presentations**

**9:10 a.m. Identifying Questions for the Consultant**

**9:30 a.m. Identifying Buckets for Recommendations**

**9:50 a.m. Next Steps, Recap and Adjourn - Joyce/Zoe**

## Maine Coordinating Working Group on Access and Mobility

Meeting Minutes of January 9, 2026 – Held via Zoom

**Working Group Members in attendance:** Nathanael Batson, Melissa Beecher, Kirk Bellavance, Roger Bondeson, Samantha Horn, Jessica Mauer, Zoe Miller, Tom Reinauer, Megan Salvin, Libby Stone-Sterling, Joyce Taylor.

**Others in attendance:** Jennifer Grant, Ryan Neale (MaineDOT); Crystal Brewer, Ohio Department of Transportation; Elizabeth Gattine, Maine Cabinet on Aging; Danielle Nelson, Federal Transit Administration.

**Welcome and Introductions.** Members and guest presenters briefly introduced themselves. The discussion today will help inform the Working Group's recommendations and identify areas for the consultant to explore.

**Presentation by Crystal Brewer, Special Project Manager, Office of Transit, Ohio Department of Transportation.** Crystal discussed Ohio's mobility management program. The presentation provides a summary. Other key points from the presentation and discussion include:

- Ohio's five mobility management goals are based on Federal Transit Administration guidance
- Transportation Advisory Committee meetings are held at least quarterly
- The local match is often paid by commissioners or host agencies of the mobility managers
- Ohio has single-county, multi-county, and regional mobility management programs
- In multi-county programs with multiple staff, staff members may have unique roles (outreach, trip management, and advocacy)
- Gohio Mobility is a resource for organizations more than individuals
- The relationship between local and regional organizations can be contentious in part because local organizations came first and roles are not always clear
- Mobility Ohio serves as a one-stop shop for agencies and individuals, including determining an individual's program eligibility and scheduling rides
- The DRIVES centralized provider eligibility and NEMT cost sharing tools have both been soft launched
- The DRIVES database helps to make sure the right people are being put in the right vehicles
- The Mobility Ohio pilot is funded with ICAM funds; Ohio DOT is looking at sustainability going forward
- Ohio DOT is willing to assist in developing specific research questions for the consultant
- Ohio DOT is working with RLS on the cost sharing tool
- Transportation services may require a 24-hour notice and rides are requested via phone
- Mobility Ohio is generally able to assist in real time
- Having to request rides in advance is challenging for many Mainers
- YCCAC contracts with several agencies including the NEMT broker for its region. In Ohio, transportation providers are paid directly. The cost sharing model provides all documentation on pricing.
- Ohio's regional programs have been in place for 8-10 years; regional programs have been scaled back with the loss of COVID relief funds
- Ohio started small with mobility management and has expanded over time
- Staff training and experience has been a key to sustaining success through staff turnover

- Providers in Mobility Ohio will use a single software platform, CTS, for scheduling

**Presentation by Roger Bondeson, Maine Coordinating Working Group Member, Associate Director, Division of Operations, Maine Department of Health and Human Services.** Roger reviewed the history of the brokerage program. The letters included in the meeting packet provide additional information. Key points from the presentation, discussion, and questions include:

- Prior to 2010:
  - Medicaid transportation funds went to 8-10 non-profits throughout the state
  - Funds went through Regional Transportation Coordinators (RTCs) and were not competitively procured
  - This was a fee-for-service program, with DHHS paying RTCs on a per-trip basis
  - DHHS would pay the vendor, including volunteer drivers, directly for both administrative and transportation costs
  - RTCs were able to subcontract rides to volunteer drivers or other providers if they lacked capacity
  - Fares included both administrative and transportation costs
  - DHHS received \$0.50 in federal funds per \$1 with this model
- As part of a statewide effort to increase federal matching funds, DHHS asked CMS about ways to increase the federal match
- CMS' letter denied the request for additional funds and found issues with the existing delivery model
  - The letter notes a requirement competitive procurement in all 8 regions
  - RTCs had been self-referring trips, which did not meet the least cost requirement
  - DHHS is required to demonstrate they are using the least costly option for trips
- To return to the previous model
  - Volunteer drivers would be required to enroll with MaineCare to receive payment directly
    - Most would not do so
    - The administrative effort to follow the turnover among volunteer drivers would be enormous
- CMS identified options to bring Maine's program into compliance
- DHHS opted for the brokerage model for several reasons
  - Higher federal match
  - Increased oversight and accountability
- CMS questioned whether subcontractors used by the RTCs were properly credentialed
- Moving back to the old system
  - Would mean a 50/50 match whereby Maine would lose \$7-\$10M annually
  - Would result in significant administrative costs to enroll all volunteer drivers
- CMS could potentially have asked for funding back based on the identified issues
  - Payments were not appropriate
  - Contracts were not competitively procured
  - Contractors were not properly licensed
- A brokerage model pilot was not possible as Maine was out of compliance with CMS requirements
- DHHS did not want to move away from the old model but was told by CMS it was out of compliance
- Many other states have moved to the brokerage model
- DHHS has not been asked to estimate the fiscal cost of moving back to the previous model
- Maine's prior successful bundling of transportation funds and ride sharing among programs funded through different sources was not fully considered in the decision-making process

- Per Office of Management and Budget Circular A-89, Medicaid transportation funds cannot be used to subsidize or supplant funds from other transportation programs
- Private and non-profit transportation providers would be able to use the cost allocation tool to share rides across funding programs and bill each program appropriately
- Cost allocation is an OMB requirement for federal awards. Language in the broker contracts cites this requirement.
- Cost allocation is necessary for miles and indirect rates such as overhead, staff, and facilities. Costs for these would be pro-rated based on how much they are used by each program.
- YCCAC does not mix rides due to the administrative and logistical complications. Transportation providers may be able to work with DHHS and/or MaineDOT to pilot a cost sharing model.
- CAP agencies that serve as brokers in some regions meet the requirements by bifurcating Medicaid and non-Medicaid rides. It is too complicated otherwise to meet CMS requirements.
- The consultant will research how other states are meeting the competitive procurement requirement. Vermont's global administrative waiver and global budget may play a role.
- There have been efforts to include non-medical transportation in NEMT services if it is included in an individual's plan of care
- Section 19 includes older adults and individuals with disabilities
- MaineCare facilities are paid for community integrated transportation as part of the DHHS rate
- DHHS cannot pay both a MaineCare facility and a member for the same community integrated transportation service
- DHHS believes the service that NEMT is transporting to must be an independently billable DHHS service, even if it is in an individual's plan of care
- The brokerage model requires a rate for community integrated transportation
- Rates are generally higher based on needed resources such as wheelchairs
- CMS requires that rates be established by an independent actuary
- Rates and capacity would be an issue if NEMT services were required to provide non-medical trips
- DHHS' Office of Aging and Disability Services is required to report to the legislature in this session on how other states provide non-medical transportation
  - The report will likely show that none of the six states use NEMT to provide community integrated transportation
  - Other funds, such as an annual stipend for individuals, have been used
  - The Working Group will likely want a presentation on the report at some point
- NEMT drivers are not necessarily trained to handle individuals with behavioral health issues
- Other funds are available and the administrative burden to provide non-medical transportation with NEMT funds would be prohibitive
- This is a very important issue for a relatively small number of people
- The Working Group will discuss these issues in more detail at its next meeting
- Mobility Ohio has several different funding sources for transportation. A grant program provides funds for non-medical trips for individuals who are not eligible for other programs.

**Presentation by Danielle Nelson, Senior Program Analyst, Office of Rural and Targeted Programs, Federal Transit Administration, on the Coordinating Council on Access and Mobility (CCAM).** The presentation provides a summary. Key points from the presentation and discussion include:

- CCAM is tasked by Congress with developing a cost allocation model
- The model is currently being piloted in Ohio

- CCAM's policy includes the CMS requirements that Medicaid only pay for Medicaid-approved NEMT trips and is always the payer of last resort
- CMS has approved the model by which Medicaid will only pay for the shortest distance path and will not pay for other time or mileage
- RLS was selected for the competitive RFP to develop the cost allocation model
- The CCAM technical assistance center will be available as a resource soon
- CCAM is charged with developing a strategic plan across agencies at the federal level
- Agencies with the most funding for transportation within their department are the lead and voting member for their department
- 132 federal programs may fund transportation. For many, it is only an eligible expense and not their main purpose
- 65% of 132 federal programs can fund mobility management, 54% can fund NEMT
- Federal programs may have an explicit prohibition, explicit authority, or be silent on federal funding braiding; fund braiding across programs is allowed if one program allows it and the other is silent
  - For example, FTA 5310 (allowed) can be fund braided with Older Americans Act (silent)
- The National Transit Institute's Mobility Management training will be offered six times in 2026
  - Maine and New Hampshire are both highlighted for best practices
- Helpful resources include:
  - The CCAM website at [www.transit.dot/ccam](http://www.transit.dot/ccam)
  - The Medicaid coordinated transportation fact sheet which provides information on fund braiding and use of federal funds as match
- The cost allocation model will help break down silos in addressing transportation
- MaineDOT and DHHS would be willing to support a pilot in Maine with a private and a public transit provider

### **Next Steps, Recap, and Adjourn**

- MaineDOT is working to get the preferred consultant under contract
- Agenda items for the next meeting include:
  - Identifying questions for the consultant, including how other state programs were started
  - Identifying buckets for recommendations
  - A structured conversation among the Working Group members on the issues that have been identified and additional requests for information
- Mobility management capacity and staff time will be needed to address these issues and move these efforts forward
- Stakeholder suggestion to consider what decisions would have been made if other stakeholders had been involved in the decision-making process

The next Working Group meeting is Wednesday, January 21, from 8:30 to 10:00 a.m.