Maine Coordinating Working Group on Access and Mobility

Meeting Agenda

Monday, February 2, 2026 1:00 – 2:30 p.m.

Zoom

https://mainestate.zoom.us/u/keGVKyk4Fi

Links to Key Information:

- Working Group Webpage

1:00 p.m. Welcome and Introductions - Joyce/Zoe

1:10 p.m. Review of Tasks from the Legislation

1:30 p.m. Discussion Topics from Previous Working Group Meetings

2:00 p.m. Identify Questions for the Consultant or Others

2:25 p.m. Next Steps, Recap and Adjourn - Joyce/Zoe

Review of Tasks from the Legislation

Develop an implementation plan that includes a timeline, budget, and staffing plan to:

1) Establish a mobility management approach among state agencies
    - Examine the creation of mobility management hubs and improving transportation for populations experiencing transportation insecurity
2) Build interagency coordination between MaineDOT, DHHS, DOE, DOL, and other relevant state agencies to increase efficiency and coordination of funding
3) Use federal guidance and models from other jurisdictions to remove barriers and develop methods of cost sharing between federal and state programs

In developing the implementation plan, the working group shall:

1) Review best practices in other states and jurisdictions

2) Use the Coordinating Council on Access and Mobility Strategic Plan and MaineDOT State Transit Plan to identify mobility management efforts appropriate for Maine
3) Identify the regional structure and services that would be offered under a mobility management program
4) Determine the level of funding needed to sustainably operate a mobility management program
5) Identify additional funding mechanisms, potentially including FTA 5310 Enhanced Mobility of Seniors & Individuals with Disabilities formula funds and FTA 5311 formula grants for rural areas funds

Discussion Topics from Previous Working Group Meetings

- Definition of mobility management
  - From the legislation: "Mobility management means a collaborative approach for managing and delivering coordinated transportation services to persons, especially nondrivers, including older adults, persons with disabilities and persons with low incomes, and that focuses on meeting persons' needs through a wide range of transportation options and service providers and focuses on coordinating these services and providers to achieve a more efficient transportation service delivery system"
  - From the Federal Transit Administration: "Mobility management is an innovative approach for managing and delivering coordinated transportation services to customers, including older adults, people with disabilities, and individuals of low income. Mobility management focuses on meeting individual customer needs through a wide range of transportation options and service providers. It also focuses on coordinating these services and providers to achieve a more efficient transportation service delivery system."
  - From the Working Group discussion: Mobility management addresses the lack of transportation options and lack of coordination among transportation services and supports. Mobility management focuses on connecting people to transportation options and on creating new services or providing additional funding. Mobility management helps to increase capacity and person-centered resources. Mobility management helps connect resources for users, tying together municipalities, human service providers, riders/advocates, healthcare facilities, Metropolitan planning organizations, and transportation providers. A statewide mobility manager in Maine would be empowered to work across systems and agencies to assess existing conditions, identify needs, and improve coordination of transportation services. The mobility manager would be charged with building transportation

systems rather than just connecting users to systems. Regional efforts would vary depending on the need, but regional mobility managers would generally play a similar role at the local and regional level, connecting with providers, stakeholders, and users improve systems and connections.

Identify Questions for the Consultant or Others

- Clarity from federal Coordinating Council on Access and Mobility (CCAM) and Center for Medicaid Services on conditions under which funding braiding is allowed under federal programs
    - Expressly allowed, expressly prohibited, or silent
- Status of the federal cost allocation model being developed by CCAM and RLS Associates
    - Where pilots are being done and how it is being implemented
    - Interest in having a pilot or pilots in Maine
- How other states are allocating costs in the absence of a federal cost allocation model and/or federal approval
- How important and meaningful to providers are:
    - A cost allocation model
    - A shared scheduling software
- The impact to transit providers if Maine were to use FTA 5310 Enhanced Mobility of Seniors & Individuals with Disabilities funds for mobility management rather than capital purchases
- How much other states are spending on mobility management and the percentage of mobility management as part of the state's total budget
- An analysis of existing conditions, funding, and capacity to establish a mobility management program in Maine consistent with the Working Group's vision
    - Where a statewide manager would be housed
    - Role of statewide mobility manager relative to ombudsman
    - Capacity by state and region
    - Regional boundaries
    - Location of regional managers
- Further details on the process by which mobility management programs in other states were started
- To what extent, if any, Maine providers are already ride sharing among programs
- Impact of the DHHS brokerage model on FTA transit providers and community action programs
- Review of DHHS' interpretations of guidance on the brokerage model

Questions for Consultant for Mobility Programs Using Medicaid Dollars

- The Office of Management and Budget and the Centers for Medicare and Medicaid (CMS) require competitive procurement of services when Medicaid dollars are used to fund transportation and other programs (2 CFR Subpart 200 D). And many states have state procurement laws and rules.

    - Do these procurement rules apply to your program?
    - If not, why not?
    - If yes, under what authority are you allowed to designate Medicaid funding to certain entities for your program?

- The Office of Management and Budget require that costs be properly allocated via OMB-circular A-87.

    > A cost is allocable to a particular cost objective if the goods or services involved are chargeable or assignable to such cost objective in accordance with relative benefits received.
    >
    > All activities which benefit from the governmental unit's indirect cost, including unallowable activities and services donated to the governmental unit by third parties, will receive an appropriate allocation of indirect costs.
    >
    > Any cost allocable to a particular Federal award or cost objective under the principles provided for in this Circular may not be charged to other Federal awards to overcome fund deficiencies, to avoid restrictions imposed by law or terms of the Federal awards, or for other reasons.

    - How does your program demonstrate compliance with OMB-A-87?

- CMS requires Medicaid transportation dollars to utilize the most cost effective and appropriate transporter available and to ensure that the shortest route from the residence to the medical appointment is used.

    - How does your program meet the CMS cost effectiveness requirement?

- Medicaid programs among the states operate under different models and authorities (e.g. CMS approved State Plan, 1915(b) waiver, 1115 demonstration waiver, global administrative waiver).

    - What authority / model does your program use to administer your Medicaid program?

    - What FMAP does your program receive from CMS? (FMAP = Federal Medical Assistance Percentage)

General Questions for Mobility Programs (Medicaid Funded or Not)

- For those mobility programs that do not schedule rides, who does schedule the rides?
- Do these mobility programs refer trip requests to other programs to provide the actual ride?

- Are there databases and other technologies shared among mobility hubs?

    - If yes, who paid for these technologies?
    - Who supports them (e.g., IT support)?
    - How is PHI protected?

- Do these mobility programs need to generate reports on number of rides referred?
- Do these programs require certain performance criteria (e.g. on time percentage, missed trip percentage, complaint rates, other)?

- Do these programs require that all transporters and drivers undergo background criminal checks and driver history reviews?

    - If yes, who does the driver credentialing?
    - How is this information shared among mobility hubs?

- Who is liable if an accident occurs or for other incidents that may occur during transport?
- Are there minimum insurance requirements for the mobility hubs and transporters?
- If volunteer drivers are utilized, are they required to be insured? Do they have to undergo criminal background checks and driver history reviews?

Maine Coordinating Working Group on Access and Mobility

Meeting Minutes of January 21, 2026 – Held via Zoom

Working Group Members in attendance: Nathanael Batson, Kirk Bellavance, Roger Bondeson, Zoe Miller, Tom Reinauer, Megan Salvin, Joyce Taylor.

Others in attendance: Jennifer Grant, Ryan Neale (MaineDOT); Elizabeth Gattine, Maine Cabinet on Aging.

Welcome and Goals for the Meeting. The focus of this meeting is for the group to reflect on and discuss what we've learned and heard from presenters to this point.

Discussion and Reaction to Presentations. The group discussed the assertion by Danielle Nelson of FTA that fund braiding is allowed among federal programs if not expressly prohibited. Others have understood that funding braiding must be specifically allowed and silence is not allowance. Medicaid is not silent on fund braiding. The cost allocation requirement and other Center for Medicaid Services are included in the annual contracts with brokers that DHHS must submit and we should get the Center for Medicaid Services' take on this as well. MaineDOT is following up with FTA to get clarification on their interpretation. The group may also want to review the CMS memo.

The lack of clarity from the federal government on what is and is not allowed creates risk. We should have the consultant connect with CCAM and RLS Associates on the status of the cost allocation model and how other communities are doing this in the absence of clear federal guidance and/or explicit CMS approval. We should get a better understanding of how Vermont gets around federal and state procurement rules, how they are able to allocate funds to regional entities, and whether they developed their own cost allocation model. Entities also need to meet the cost effectiveness and shortest distance requirements. Mobility management hubs in New Hampshire and Ohio are not scheduling rides but are referring to providers and we should get information on performance criteria, background credentialing, and reporting requirements. Council members are invited to follow up with MaineDOT staff with additional questions.

The consultant should explore the status of the RLS cost allocation model, including who is using it and how it's being implemented, as well as other models that are in use or being developed. YCCAC and others would be interested in piloting a model if appropriate with MaineDOT and DHHS support. We should keep anonymous anyone who may not be in compliance with CMS rules.

The group discussed the bill's requirements for a plan for mobility management and cost sharing and efficiencies. Mobility management can support communities across payers and is more achievable in the short term than the cost sharing piece. We can look to the YCCAC Innovative Coordinated Access and Mobility grant and best practices in other states for guidance in creating a 2- to 3-year plan. The Medicaid piece should not detract from creating a mobility management plan.

Joyce mentioned the group may consider a recommendation for the state to assist with a cost allocation model and/or shared scheduling software.

Understanding the sources of funds and percentage of a state's total budget that supports mobility management can also inform the group's recommendations. Some states use FTA 5310 Enhanced Mobility of Seniors and Individuals with Disabilities for mobility management. Other states include and are

funding mobility management in the delivery of Medicaid transportation. Maine has traditionally used these funds for vehicle and capital purchases, but the group should consider and gather the opinion of transit providers on the possibility of repurposing these funds for mobility management.

The group's recommendations could include pilots as part of a statewide plan. A successful pilot or pilots may help to make the case for additional funding. FTA had also mentioned the potential for pilots in Maine. YCCAC is currently interviewing for a mobility manager for its two-year pilot project. The group could include a report from YCCAC to state agencies as part of its recommendations.

MaineDOT is working with the consultant to ensure the cost proposal includes the key elements at a reasonable cost.

The group has done a lot of work on best practices and federal guidance on coordination. We should conduct an existing conditions assessment and determine what is needed for statewide mobility management to inform the funding discussion. Zoe noted that Maine does not have a statewide mobility management program but has pieces in place throughout the state that can be improved and expanded. Several plans, including those on hunger, public health, and aging, have identified transportation as a challenge, and those departments could contribute to addressing it.

The statewide coordinator would be authorized to work across departments on big picture issues, such as consistency, coordination, technology and software, volunteer driver programs, cost sharing, meeting coordination, and relationship building. Regional hubs would handle the details in their areas and could be built around the existing public health regions. Each region would have a mobility manager to connect with resources and partners and identify issues. Washington County, for example, has resources but lacks coordination. The total need could be less than one full-time employee per region as the statewide coordinator will provide high-level support. Joyce noted that MaineDOT is supportive of the local approach and local connections.

The Health and Human Services committee held its work session on LD 1835, which would create a non-emergency medical transportation ombudsman, on January 13. Kirk noted that the current system is not working and it would be helpful to have someone who could work across programs to advocate for people and address issues. The ombudsman would be different from a statewide mobility manager and we should think about their respective roles. Tom added that there is a growing demand for and need to provide transportation to appointments for people who are not eligible for MaineCare.

The group discussed the possibility of a summit including DHHS, MaineDOT, the Department of Labor, providers, brokers, and users of services and their advocates. This could be included as one of the group's recommendations as a first task for a statewide mobility management approach.

Identifying Questions for the Consultant.

It was decided that this item will primarily be addressed at the next working group meeting.

Identifying Buckets for Recommendations.

It was decided that this item will primarily be addressed at the next working group meeting.

Next Steps, Recap, and Adjourn.

The next working group meeting will focus on identifying areas for additional discussion, developing questions for the consultant to address, and alignment on the group's vision.

The next Working Group meeting is Monday, February 2, from 1:00 to 2:30 p.m.