

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.