

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
 - 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.