

# Vermonts Braided Service Model

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PRESENTED BY ROSS MACDONALD

VERMONT AGENCY OF TRANSPORTATION

# Background: Non-Emergency Medical Transportation and Medicaid

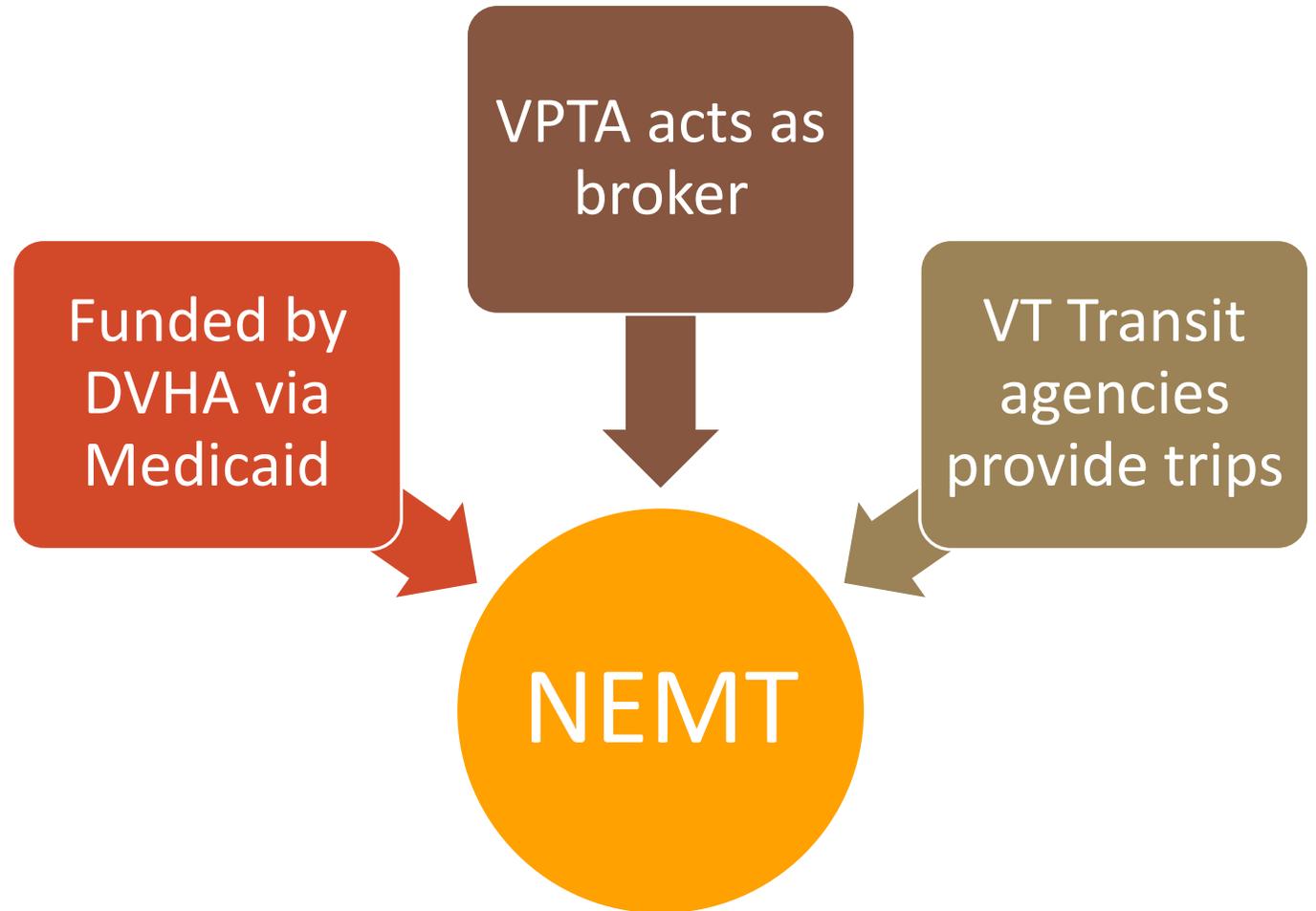
Transportation to and from non-emergency medical services (doctor's appointments, dialysis, pharmacy, etc.)

- Medicaid guarantees transportation as an entitlement
  - No Medicaid member can be refused for a medical trip for which they are eligible
- Medicaid is Federally-funded but State-administered
  - Every State Medicaid program looks different
- Medicaid population has grown due to changes in eligibility and increases in poverty
  - NEMT demand has increased as a result
  - Service efficiency is extremely important to maintain financial sustainability

# Background: Non-Emergency Medical Transportation

Most NEMT trips use **Demand-Response** service

- Trips are requested by customers or service providers in advance of travel
- Customers receive door-to-door service
- Transportation is provided as a shared-ride service



# Background: Vermont's Braided Service Model

From the **customer's perspective**, there is no difference between a NEMT trip and another trip.

They simply call their transit agency to schedule a ride and then use the service at the appointed time.

This makes transit service **easy to use** for all types of trips.

- **Coordinated Service:** NEMT trips are integrated with other demand-response trips (Older Adults & Persons with Disabilities, ADA Paratransit, etc.) and general public transit
- **Shared Resources:** All trips conducted on the same vehicles and supported by the same back-office equipment and staff
- **Management Across Programs:** All trips are managed by Vermont's public transit agencies
- **Benefits**
  - Increases operational efficiency
  - Reduces per-unit overhead costs
  - Streamlines customer experience

# Existing Conditions

## Challenges

- Long trip distances
- Superusers
- No-Shows\*
- Disruptive passengers\*
- Driver shortages, especially for volunteer program
- Medicaid regulations and entitlement structure
- Financial challenges

\*DVHA and VPTA introduced new policies in Dec 2023 to address No-Show customers and disruptive passengers

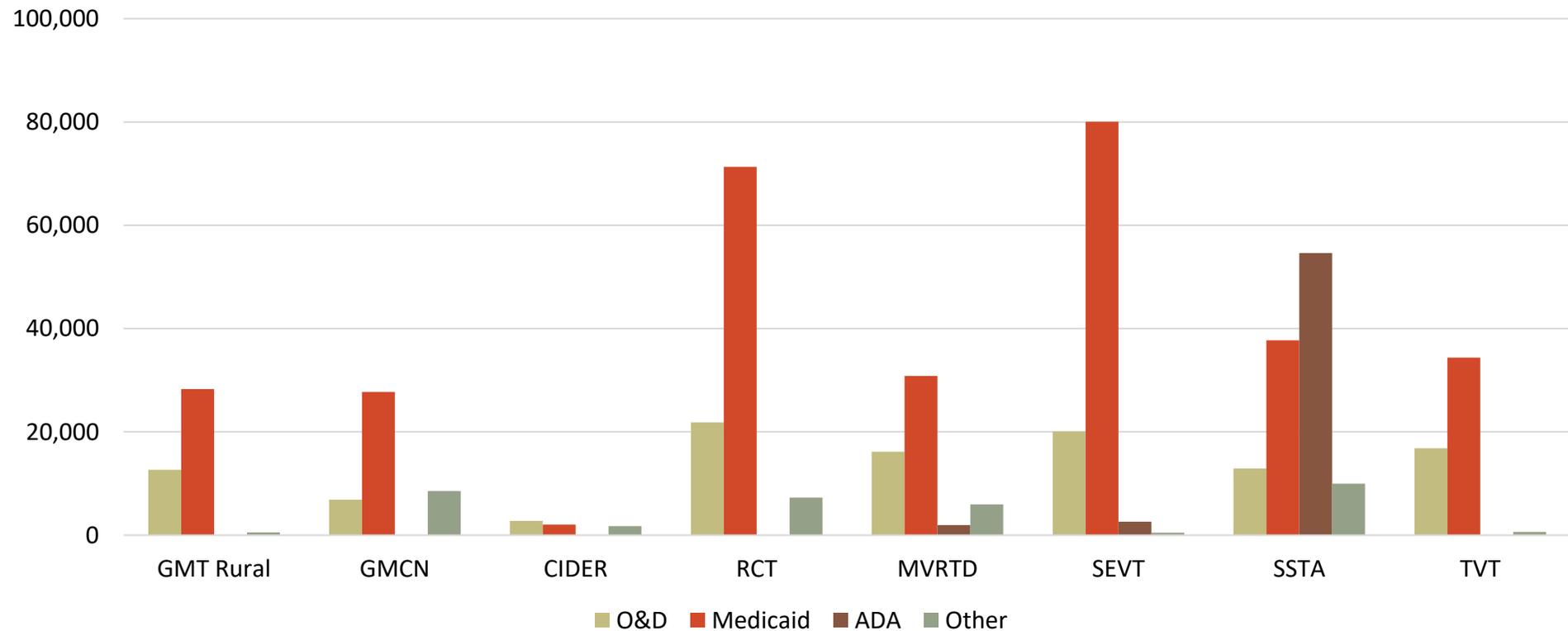
# Existing Conditions

## Successes

- General satisfaction with braided service model among operators
- Productive relationship between operators, VPTA, DVHA and VTrans
- FY23 Q4 Performance Report customer survey:
  - 95% of customers arrived on-time for appointments
  - 96% of respondents were able to book their ride and get information about their ride easily
- Shared administrative costs across programs
- Better coordination of transportation services across programs
- AHS recognizes the benefits of braiding transit with NEMT and has awarded contracts to the VPTA, which supports Vermont's transit system

# Existing Conditions

Demand-Response Ridership by Program Area, FY23



# Project Understanding

As required by Sec. 16 of Act 62 of 2023 this study contains:

- a benefit and risk assessment of the current systems for delivering public transit and nonemergency medical transportation services in Vermont
- a review of other public transit service approaches implemented in the US
- recommendations on modifications to the management of Vermont's statewide mobility service design to make Vermont's public transit system as efficient, robust, and resilient as possible and fully maximizes all available federal funding.

- Improve understanding of the benefits and risks associated with braided service delivery model for NEMT and USDOT-funded service
- Compare Vermont's braided service delivery to peer states' service models
- Assess the financial and service risks and benefits if Vermont were to adopt an alternative approach for NEMT service delivery
- Identify opportunities to enhance Vermont's demand-response service quality and efficiency, possibly including alternative models for service delivery
- Four-month timeframe

# Major Tasks

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## Task 1: Existing Conditions

- Documentation and data review
- VPTA and transit operator interviews



## Task 2: Risks and Benefits

- Alternative service model research
- National literature review
- Four (4) peer agency interviews



## Task 3: Legal, Technical, and Programmatic Assessment

- Financial and operational impact analysis for unbraiding NEMT service
- Identification and analysis of potential solutions for improvement



## Task 4: Recommendations

- Development of near-, medium-, and long-term recommendations

# National Literature Review

“Public transit agencies are often utilized in state Medicaid transportation programs and recognized as one of the least costly options. State [DOTs] and Medicaid agencies should explore partnerships to better serve the Medicaid population.”

- CMS Medicaid Transportation Coverage Guide

## Overall findings from national best practices:

- No single model of NEMT service exists
- Coordinated service is widely-recognized as best practice
  - Medicaid regulations can complicate this effort
  - Coordinating Council on Access and Mobility (CCAM): Federal group providing policy guidance, cites coordination between NEMT and transit as a priority
  - CMS guidance
- Volunteer driver programs are critical to rural transit providers, but are struggling nationally due to availability, safety, and trip scheduling
- Vermont braided service model **compares favorably to peer states:**
  - Demonstrated partnership between funders, broker, operators
  - Strong coordination of services across programs
  - Seamless customer experience

# NEMT Service Delivery Models

States	Structure	Reimbursement	Cost Management	Challenges
Vermont	Statewide broker	PMPW, broker may ask for adjustment	Volunteer driver program; Braided service model	See next slide
Kentucky	Multiple regional brokers	PMPM, annual adjustment	Trip distance management; Braided service model	No volunteer driver program
Massachusetts	Two statewide brokers	Per-trip, biweekly adjustment	Real-time cost bidding used by brokers	No pharmacy trips
Michigan	Multiple private & non-profit brokerages	Per-mile for most services, annual adjustment	Volunteer driver program	Service coverage
Minnesota	Decentralized service run at the county level	Base rate per trip plus per-mile reimbursement	Trip distance management	Service coverage

# On-Demand Micro-Transit

Real-time hailed, dynamically routed, public transit service within a designated region



Mini-Bus, Large Van

Called by an App or by Phone

Convenience drives demand

