

Maine Coordinating Working Group on Access and Mobility

Meeting Minutes of December 22, 2025 – Held via Zoom

Working Group Members in attendance: Nathanael Batson, Kirk Bellavance, Roger Bondeson, Samantha Horn, Tom Reinauer, Megan Salvin, Libby Stone-Sterling, Joyce Taylor.

Others in attendance: Jennifer Grant, Ryan Neale (MaineDOT); Ross MacDonald, Vermont Agency of Transportation (VTrans); Emily Becker, Izaak Onos, Luke Van Denend, AECOM; Teri Palmer, RLS Associates; Fred Butler, New Hampshire Department of Transportation (NH DOT); Sarah Cushman.

Welcome. Joyce noted that MaineDOT staff have met separately with Roger Bondeson and Kirk Bellavance to educate themselves on the issues at hand. DHHS likely will be invited to present on the brokerage system at a future meeting. Today's meeting is focused on existing efforts in Maine, New Hampshire, and Vermont. Working Group members and presenters introduced themselves.

Presentation by Ross MacDonald of VTrans. The presentation provides a summary of Vermont's program. Other key points include:

- The Vermont Legislature commissioned a study a few years ago on Vermont's braided service model
- The Department of Vermont Health Access (DVHA) provides Medicaid funding for non-emergency medical transportation (NEMT) to the Vermont Public Transit Association, which acts as the broker for Vermont's seven transit providers, who provide trips
- Vermont has also added trips for individuals who are in recovery and seeking access to jobs
- Having one point of entry improves the experience for customers, especially new customers
- Vermont had approximately 300 volunteer drivers prior to the pandemic and about 160 now
- The Legislature made available \$600,000 in one-time state funds to transit providers to expand the pool of volunteer drivers given recent cost increases
- The average cost per trip increased from \$24 pre-pandemic to \$54 currently
- Shared scheduling software can improve coordination across regions
- The Vermont Agency of Human Services must comply with NEMT regulations and can work through VPTA or another model if there is something else that may be more effective
- The older adults and individuals with disabilities program is about \$5.5M for the state and the NEMT program is \$17-\$18M for the state
- Significant sunk costs would be lost if VTrans moved back to providing only 5311 services
- Key findings from Vermont's 2023 study include:
 - Greater oversight from more organizations from clients receiving DR services
 - Expanding the transit advisory council to include more AHS/Human Service divisions
- Real-time software can improve the rider experience and administrative efficiency
- New Hampshire is working with Advance Transit on a pilot with Via for directly scheduling Medicaid and Americans with Disability Act trips
- Vermont utilizes 5310 funds for both vehicles and mobility management and is currently working with VPTA to embed a mobility manager there to help consolidate trips
- VTrans is also working health care providers and organizations to identify opportunities for mobility management related to frequent medical visits; this may lead to an ongoing coordinating working group among health care and transit providers

A Vermont working group found that transportation was a hurdle for individuals in recovery. Vermont's job access program provides transportation for individuals for up to two weeks, which can be extended based on circumstances. Trips are funded through 5311 formula funds and the non-federal match is split equally by VTrans and VAHS (25% each).

Vermont uses HBSS for its cost allocation software. The cost allocation piece has been challenging, and audits have identified issues with the allocation. The QRide option may offer a way forward. Ross offered to provide additional information on this in the future.

The maximum trip for medical appointments is generally 30 miles. Interstate travel for medical appointments is allowed but requires some additional effort. VTrans will fund trips up to 30 miles for two weeks and then will work with the client to identify options closer to home.

Presentation by AECOM on GO MAINE. The presentation provides a summary of the GO MAINE program. Other key points include:

- GO MAINE functions as Maine's statewide transportation demand management program
- AECOM is currently working on a 5-year strategic planning effort for GO MAINE
- GO MAINE helps individuals and organizations connect with transportation resources
- GO MAINE's primary users are those making regular trips for work or other purposes
- 28 volunteer driver networks are currently discoverable on the GO MAINE trip planner
- GO MAINE is statewide and does not have intimate knowledge of resources at the regional level
- GO MAINE can integrate technologies such as General Transit Feed Specification (GTFS) as transit providers put them in place

Presentation by Teri Palmer, RLS Associates, and Fred Butler, NHDOT. The presentation provides a summary. Key points from the discussion include:

- New Hampshire received COVID funds in 2022 through DHHS to support its mobility management program
- New Hampshire was unable to create a position for a statewide mobility manager, so it was included under an existing contract with RLS Associates
- The mobility management contract is now a separate contract with RLS
- NHDOT oversees the statewide mobility manager who oversees the regional mobility managers
- Regional coordinating councils develop regional work plans
- The Keep New Hampshire Moving website
 - Functions similarly to GO MAINE's trip planning platform
 - Serves as a one-stop shop to connect to resources and information by region
 - Does not provide trips; works with riders to find appropriate transportation resources
 - Commute Smart New Hampshire helps to connect potential drivers and passengers
 - Includes a database of transit providers and transportation resources by region
 - Provides links to regional mobility managers and planning efforts by region
 - Includes other modes of transportation such as bike and pedestrian
- New Hampshire's mobility management is funded through FTA 5310 (older adults and individuals with disabilities) and Federal Highway Administration flex funds (state transportation block grant funds)
- The use of 5310 funds for mobility management in New Hampshire has been controversial
- The influx of COVID relief funds made a part-time mobility manager possible for three years

- New Hampshire has a 10-year plan process in which an intermodal council aligns funding; transit providers and advocates have provided consistently strong support for mobility management
- The amount of flex funds increased from \$800,000 to nearly \$3M due to the consistent support
- Each of 8 regions receives a minimum of \$50,000 and up to \$350,000 for mobility managers which is matched by toll credits (all federal)
- If a region uses less than \$350,000 for its mobility manager, the remainder is used for program support
- New Hampshire would like to have another funding source and a statewide mobility manager position within the DOT
- A Maine statewide mobility manager could live within either MaineDOT or DHHS
- Regional mobility managers are critical in providing coordination among partners, stakeholders, providers, and passengers
- Regions decide where to house their mobility managers; it may be appropriate to house them with the regional transit provider, but they are frequently divided between the provider and regional planning commission
- Regional coordinating councils also vary by region
- Mobility managers play a leading role in coordinating council meetings
- The state coordinating council is an unfunded collaborative body that, by statute, includes 15 members, including state agencies, providers, and stakeholders
- The coordinating council works on all issues except fund braiding, which is a critical piece
- Both Vermont and New Hampshire were asked about a needs assessment or summary of the structure that was envisioned and how it is working on the ground
 - Vermont's fund braiding program has been in place for over 20 years
 - New Hampshire is finalizing a community transportation needs assessment which will look at fund braiding
 - New Hampshire would be able to provide some advice on a regional model if Maine decides to go that route, such as utilizing county boundaries

Zoe stated that the intent of the legislation is to create a structure and action plan for mobility management in Maine based on what we already know about best practices. Significant start-up funding may be necessary but this should decrease moving forward. It would be helpful to identify appropriate regional designations and capacity for each region. Maine's effort should be iterative. Teri suggested that Maine may want to follow the Massachusetts model of an advisory council to define and refine the mobility management structure. New Hampshire is looking to adjust its structure, including regional boundaries, after three years of operating with this model.

Brief Status Update on RFP and Consultant Selection Process. Scoring has been completed and MaineDOT is negotiating with the preferred consultant.

Next Steps, Recap, and Adjourn. Joyce invited the Working Group members to share questions for presenters or for the consultant. Future agenda items include presentations from other states, DHHS on fund braiding, the role of a state mobility manager in a regional approach, and ways the state can support such efforts, potentially including scheduling and/or cost allocation software.

The next Working Group meeting is Friday, January 9, from 2:00 to 3:30 p.m.