



**WASHTENAW
HEALTH
INITIATIVE**



Non-Emergency Medical Transportation in Washtenaw
County

Challenges and Innovations for Better Health Outcomes

October 17, 2024

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Introduction

The absence of dependable and affordable transportation is a significant challenge to one in four adults in the U.S. and is particularly challenging in the health care space.¹

In 2023, the Center for Health and Research Transformation (CHRT) conducted individual interviews with leaders of seven large health insurance payers across Michigan. Interviewees repeatedly identified transportation as a major pain point and driver of costly hospital readmissions.

Transportation is one of the top health-related social needs. A lack of access affects medical care, receiving preventive services like cancer screenings, and obtaining mental health and substance use services.²

The University of Michigan Health and Retirement Study, a longitudinal survey of a nationally representative sample of approximately 20,000 American adults 50 and older, found that **13 percent of Medicaid-Medicare dual-eligible beneficiaries do not have a car, and 93 percent of adults aged 50 or older do not live near public transit.**

The following statistics illustrate the repercussions of inadequate medical transportation:

- **Nationally, transportation barriers are one of the most commonly cited reasons for missed or delayed medical appointments.**³ Missing appointments, being unable to get prescriptions filled in a timely manner, and delaying preventive care leads to significantly worsened health outcomes among those who are transportation-disadvantaged and can negatively impact population health.⁴
- **The annual cost across the U.S. healthcare system of missed health appointments is upwards of \$150 billion,** averaging \$200 per 60-minute appointment.⁵ These costs lead to operational and revenue losses for healthcare providers and higher claims and resource strains for health payers.⁶
- **Older adults are more likely to have mobility issues limiting their driving ability and their access to public transportation.** Health-related transportation is of particular importance for adults over 60, as well as contributes to caregiver burden for families with few transportation options.⁷

This report describes the landscape of Non-Emergency Medical Transportation (NEMT) in Washtenaw County. In addition, we offer innovative solutions for local stakeholders and decision makers to consider. This is especially important in Washtenaw County, where social and economic inequities are significant drivers of troubling health disparities.

What is NEMT and why does it matter?

In its broadest sense, non-emergency medical transportation (NEMT) refers to the use of medical transportation services for reasons other than emergency situations. This transportation can be provided by formal or informal sources. Modes of transportation can be tailored to the accessibility needs of users. Some users may receive rides via wheelchair-accessible vans, public transit, or through coordinated ridesharing services. As a federally mandated Medicaid benefit for states to administer, Medicaid-covered NEMT includes arrangement and payment for transportation to and from Medicaid-covered healthcare provider appointments when a client has no other means of transportation.⁸ Despite differences in the delivery of NEMT services, the underlying notion of NEMT remains the same: the transportation is limited to situations where there is no immediate threat to the health or life of the rider,⁹ and ensures that patients can access medical and preventive care, rehabilitative services, and other health-related needs.

Patients who are able to access NEMT are better able to manage chronic conditions, prevent disease progression, and promote their overall health.⁹ Without reliable transportation to access timely healthcare, chronic conditions are often exacerbated, potentially increasing the need for additional measures, including emergency care or hospitalization, which places a significant burden on both individuals and the overall healthcare system.

By providing reliable transportation to access healthcare services, NEMT helps to reduce expenses that may be associated with unnecessary emergency room visits and hospitalizations.¹⁰ In addition, NEMT can reduce the risk of lost income for providers related to patient no-shows and decrease systems costs by paying for preventive services rather than costlier specialty care.

Because of these benefits, community-based organizations, local and state agencies, and even private insurance providers have launched innovative transportation models to tackle transportation barriers and increase the availability and use of NEMT across Michigan.

The transportation ecosystem in Washtenaw County

Understanding who needs NEMT is critical for designing and implementing effective transportation solutions that meet various needs. An important finding from the Washtenaw Health Initiative’s 2023 Washtenaw County Senior Transportation Summit was that those with greater transportation barriers were typically older adults, adults living in rural areas, women, patients with chronic health conditions, patients with low-incomes, and minority racial and ethnic groups.¹¹

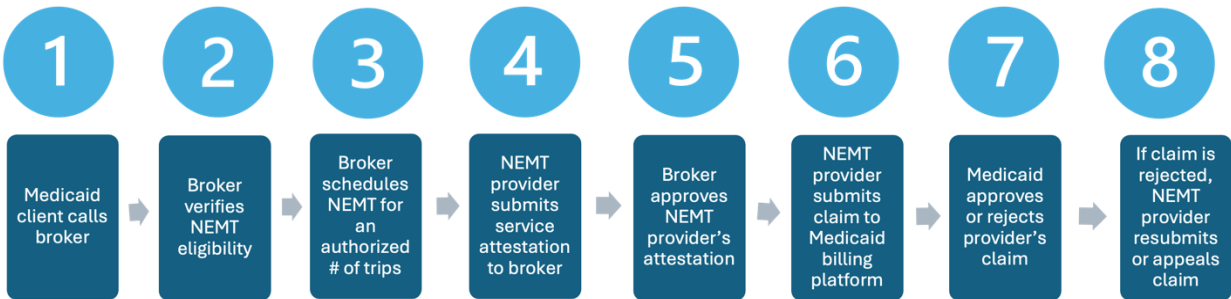
Data from a 2023 report from the U.S. Department of Health and Human Services titled Expanded report to Congress: Non-emergency medical transportation in Medicaid, 2018–2021 and the 2018 Medical Transportation Access Coalition (MTAC) report corroborated the Washtenaw summit findings.¹²¹³

In both reports, these same populations utilized NEMT at higher rates than other groups, with 85 percent of respondents in the nationwide MTAC survey reporting that their health would be “much worse” without NEMT services. These findings indicate a lack of personal and public transportation resources outside NEMT.¹⁴

Medicaid-funded NEMT models

As of December 2020, federal statute requires states to provide NEMT to Medicaid beneficiaries who have no other means of transportation to and from medically necessary healthcare services.¹⁵ States can use a variety of models to deliver this benefit.¹⁶ The Michigan Department of Health and Human Services (MDHHS) coordinates NEMT for eligible beneficiaries through two primary modes: the brokerage model (Figure 1) and the fee-for-service model (Figure 2).

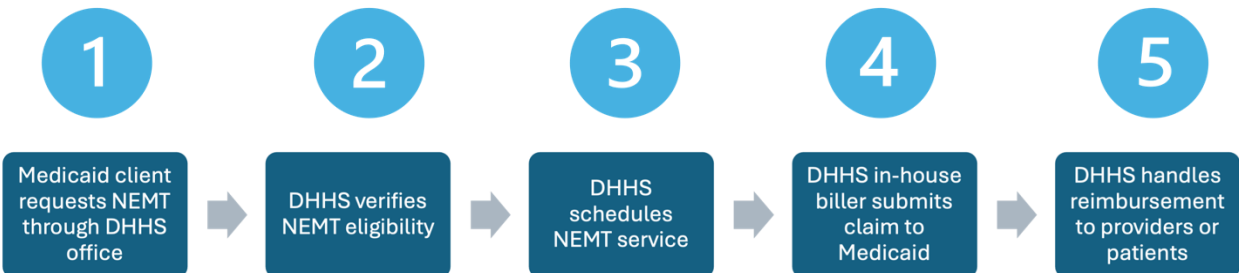
Figure 1. The brokerage model



In the brokerage model,¹⁷ the state contracts with a third-party broker, such as Modivcare*, to fulfill ride requests, conduct eligibility verifications, dispatch vehicles, submit claims, and reimburse transportation providers. Rides are paid for by the state as bundled service contracts.

*Used in Oakland, Wayne, and Macomb Counties.

Figure 2. The fee-for-service model



In the fee-for-service model,¹⁸ state agencies, such as the state Medicaid agency within the Michigan Department of Health and Human Services or the Michigan Department of Transportation, handle client requests, eligibility verification, ride scheduling, dispatching, claims, and reimbursement. Each ride is paid for by the state as an individual service.

NEMT transit modes

Across the country, a variety of NEMT transit modes can be used to deliver services. The U.S. Centers for Medicare and Medicaid Services (CMS) found that of the different modes of NEMT utilized in 2021, vans (34%) and taxis (34%) were by far the most common in Michigan, followed by private vehicles (18%)¹⁹.

Traditionally, public transportation options include fixed-route and on-demand services. Each has its benefits and limitations.

Rideshare is an alternative to public transportation, most commonly delivered by for-profit private companies such as Lyft and Uber.

Figure 3 compares elements of fixed-route, on-demand, and rideshare transit modes. It also describes the ideal candidates for each transit mode.

End stage renal disease (ESRD) was the most common chronic condition for Michigan beneficiaries utilizing NEMT in 2021 (42%), while substance use disorder (SUD) was the most common behavioral health condition (15%). Because **frequent transportation services are needed for ESRD and SUD treatment programs, this demonstrates the successes and failures of the NEMT system and can serve as a model for others.**

Figure 3. Transit modes

| Mode | Description | Example providers in Washtenaw County | Who does this mode work best for? | Who does this mode not work well for? |
|-------------|---|---|---|--|
| Fixed-route | <p>Fixed-route service lines include buses, vans, and other fleets that operate on a standardized schedule along a pre-designated route.</p> <p>These routes contain visual stopping points, typically along a curbside, with posted timetables.</p> | The Ann Arbor Transportation Authority (AAATA) runs many fixed-route service lines in Washtenaw County. | <p>Individuals who:</p> <ul style="list-style-type: none"> • Live and attend appointments near fixed-routes • Are able to board and disembark a vehicle with minimal to no assistance from a driver | <p>Individuals who:</p> <ul style="list-style-type: none"> • Do not live within walking distance of a route • Have appointments outside of fixed-route operating hours • Have mobility needs requiring extra time to board and disembark and a vehicle with specific accessibility features |
| On-demand | <p>On-demand service allows riders to schedule a roundtrip from their home or another predetermined location to their medical provider and back.</p> <p>Curb-to-curb, door-to-door, and door-through-door options vary depending on the provider, along with the length of advance notice required.</p> <p>Some providers will wait for a patient during their appointment, while others drop-off the individual and return later.</p> | The Western Washtenaw Area Value Express (WAVE), via The Routing Company's Pingo app, offers door-to-door services outside fixed-route stops in Western Washtenaw County. | <p>Individuals who:</p> <ul style="list-style-type: none"> • Have mobility needs requiring extra time to board and disembark and a vehicle with accessibility features • Have pickup and drop-off points within the on-demand service area • Have adequate time to schedule a pickup in advance of their appointment | <p>Individuals who:</p> <ul style="list-style-type: none"> • Live or attend appointments outside the on-demand service area • Have same-day appointments or other limited pickup windows, as specific pickup times cannot be guaranteed |
| Rideshare | <p>Rideshare service is arranged through an app or website with pickup times ranging from as soon as possible to days in advance. Individuals may share a vehicle with unrelated passengers who get dropped off at various points.</p> <p>The cost of service depends on the distance traveled, time of day, and type of vehicle requested.</p> <p>Since most rideshare drivers are independently contracted, they are not required to provide assistance with accommodations or ADA-accessible vehicles.</p> | Lyft and Uber are the primary providers of rideshare services. | <p>Individuals who:</p> <ul style="list-style-type: none"> • Do not have nearby fixed-route or on-demand options • Have appointments scheduled on short notice • Do not need boarding accommodations | <p>Individuals who:</p> <ul style="list-style-type: none"> • Live in an area with a limited supply of drivers and vehicles • Have significant budgetary constraints, since rideshare is the least cost-effective mode for routine transportation • Have mobility needs requiring extra time to board and disembark and a vehicle with specific accessibility features |

Fixed-route

A large portion of public transit operates within a fixed-route service line, a bus or van line on a standardized schedule along a pre-designated route.²⁰ Fixed-route public transit is useful to those NEMT users who live near a route and can rely on set timetables to plan their appointments. Additionally, fixed-route services can be useful to those seeking care within medical homes, health departments, or large health systems that can coordinate multiple appointments at a single location. Notably, this mode of transportation often is not a good solution for those who live in rural areas or need additional assistance, such as with heavy medical equipment or mobility assistance between the home/building and the bus or van.

Example: Ann Arbor Area Transit Authority (AAATA)

The Ann Arbor Area Transit Authority (AAATA) offers TheRide, a fixed-route bus service in the city of Ann Arbor and the townships of Ypsilanti and Pittsfield. Single ride fares are free to adults over 65 and persons with disabilities who apply for and receive a fare deal card; otherwise, low-cost fares are available for a day pass or unlimited monthly pass.

TheRide buses meet ADA standards and are equipped with low-floor boarding ramps that support up to 600 pounds and kneeling (lowering) capabilities. Additionally, designated seats near the front of the bus are reserved for passengers with disabilities. An intercom speaker announces major stops prior to arrival, and visual display provides information with translations in Arabic, Chinese, Korean, and Spanish also available. TheRide drivers can help individuals board by pushing a wheelchair up the ramp, providing stand-by assistance, and ensuring that all mobility aids are properly secured or stowed.

On-demand

On-demand services can include door-through-door transportation, door-to-door transportation, carpool options, and volunteer services for riders who are otherwise unable to use fixed-route services.²¹ In this framework, riders can schedule a pickup at their home, or another predetermined location, in advance of their scheduled appointment and have a driver take them to and from their medical provider.

Example: Western Washtenaw Area Value Express (WAVE)

WAVE operates 17 vehicles, offering group shuttles, fixed-route, and door-to-door transportation services to connect users to all parts of Western Washtenaw County. WAVE provides rides to anyone residing in Western Washtenaw to any destination within Washtenaw County, including for non-emergency medical transportation (NEMT), the service's second most requested purpose.

WAVE fares range from \$0 to \$40.00, depending on the distance and any vouchers or rider discounts for older adults, youth, people with disabilities, and people with low incomes. Each bus and minivan in the WAVE's fleet is ADA compliant, equipped with a lift, ramp, handrails, and English as a Second Language communication cards. Drivers are certified in safety measures.

Example: A-Ride

In addition to its fixed-route bus services, the Ann Arbor Area Transit Authority (AAATA) also offers a same-day, reservation-based paratransit service. A-Ride is suitable for passengers who cannot use the fixed-route schedule due to disability and qualify for A-ride transportation through an application process. A-Ride offers multiple trips in a day and with up to two additional stops (i.e., pharmacy) on the return leg of medical trips. Wait times for these medical return trips are up to 90 minutes when they are requested at will rather than pre-scheduled.

Pre-scheduled pickups must be spaced at least one hour apart, and drivers cannot wait for patients during medical appointments. While curb-to-curb pickup is the default mode, door-to-door service is available upon request (see our glossary of terms). A-Ride is unable to accommodate door-through-door requests due to the distinction between paratransit and caregiving. Wherein, paratransit providers are unable to provide physical assistance on private property (e.g., helping an individual through their front door).²²

In April 2024, WAVE introduced the Pingo app in Western Washtenaw through its partnership with The Routing Company (TRC). Pingo, powered by TRC, allows riders to book on-demand and reservation-based paratransit services with an emphasis on improving rural connectivity, [door-to-door](#) services, and operational hours. Even one month after its launch, Pingo has demonstrated improvements in user experience and increased participation.

Rideshare

Rideshare Transportation Network Companies (TNCs) such as Lyft and Uber, have begun offering NEMT services. These options have grown in popularity as they offer greater flexibility to users. A RAND report found that rideshare-based NEMT was most applicable for urban rides due to driver availability, situations with unpredictable discharge timing, peak demand hours, and last-minute rides.

The widespread implementation of ride-share based NEMT depends on the NEMT model(s) allowed in a state. Some states have developed accessibility and reimbursement requirements to make it easier for Lyft and Uber drivers to become official NEMT providers.²³ Michigan Medicaid is contracted with Veyo, an NEMT broker that both provides transportation and handles all insurance claims for participating health payers and facilities. Veyo has a rideshare app that allows users to book door-to-door transportation from independently contracted drivers.²⁴ Thus, Veyo's model incorporates aspects of both on-demand paratransit and rideshare. However, Veyo's service area is limited in Michigan to Wayne, Oakland, and Macomb counties.

In response to the appeal of on-demand services offered by rideshare companies, some nonprofit and not-for-profit organizations, such as WAVE, have begun offering same-day ride scheduling. However, these organizations often lack the technology of simple-to-use apps to request services and know when a driver is arriving.

Community-Driven Initiatives

Many local agencies and community organizations are doing their part to fill gaps in Washtenaw County's NEMT service landscape. Several organizations are able to use grants and volunteer networks to provide services to their communities. However, the funding landscape is often precarious and contingent on many requirements, posing a challenge to providing services consistently and sustainably.

Example: Chelsea Senior Center

The Chelsea Senior Center (CSC) has contracted with WAVE to provide complimentary ridesharing services for CSC members for the last few years, significantly expanding its medical transportation offerings in the last year. The CSC's Rural Older Adults in Motion (ROAM) program offers a minivan and driver service. The driver takes users to medical appointments, waits for the user, and returns them to the CSC. Additionally, via the ROAM program, the CSC provides older adults aged 65+ residing within Dexter Community School District and Chelsea School District vouchers for \$20.00 to ride on the WAVE fleets. The

vouchers are paid for by CSC from ROAM funds, but residents are not required to be CSC members to receive a voucher. The vouchers can be used on any WAVE fleet that provides door-to-door service as well as rides to Ann Arbor for medical appointments.

Example: AgeWays

AgeWays Nonprofit Senior Services, formerly the Area Agency on Aging 1-B, offers a transportation concierge service called myride2 for older adults and adults with disabilities in Oakland, Macomb, Washtenaw, and Wayne counties. It is grant funded, using Federal 5310 funds administered through the Regional Transit Authority of Southeast Michigan. AgeWays describes Myride2 as a “one-call, one-click mobility management service” that assists users through its toll-free helpline and website in finding affordable, accessible transportation near them.²⁵ Users receive assistance in finding door-to-door, curbside, door-through-door, and wheelchair accessible options from 187 providers across multiple counties, including major transit authorities, community-based nonprofits, local government services, and private transportation providers.

Myride2 has a partnership with Lyft, where users can book same-day transportation during business hours through the myride2 phone number or website instead of the Lyft smartphone app.²⁶ Users may also receive travel training and driver safety education. In 2023, myride2 provided mobility assistance information to 234 callers in Washtenaw County. While all mobility management and counseling services are free of charge, myride2 does not cover the actual cost of transportation or provide transportation. Moreover, myride2 does not cover Livingston, Monroe, and St. Clair counties, which are part of the AgeWays service region. This points to the need for increased block funding, or federal and state grants specifically for the provision of transportation.

Stakeholder perspectives

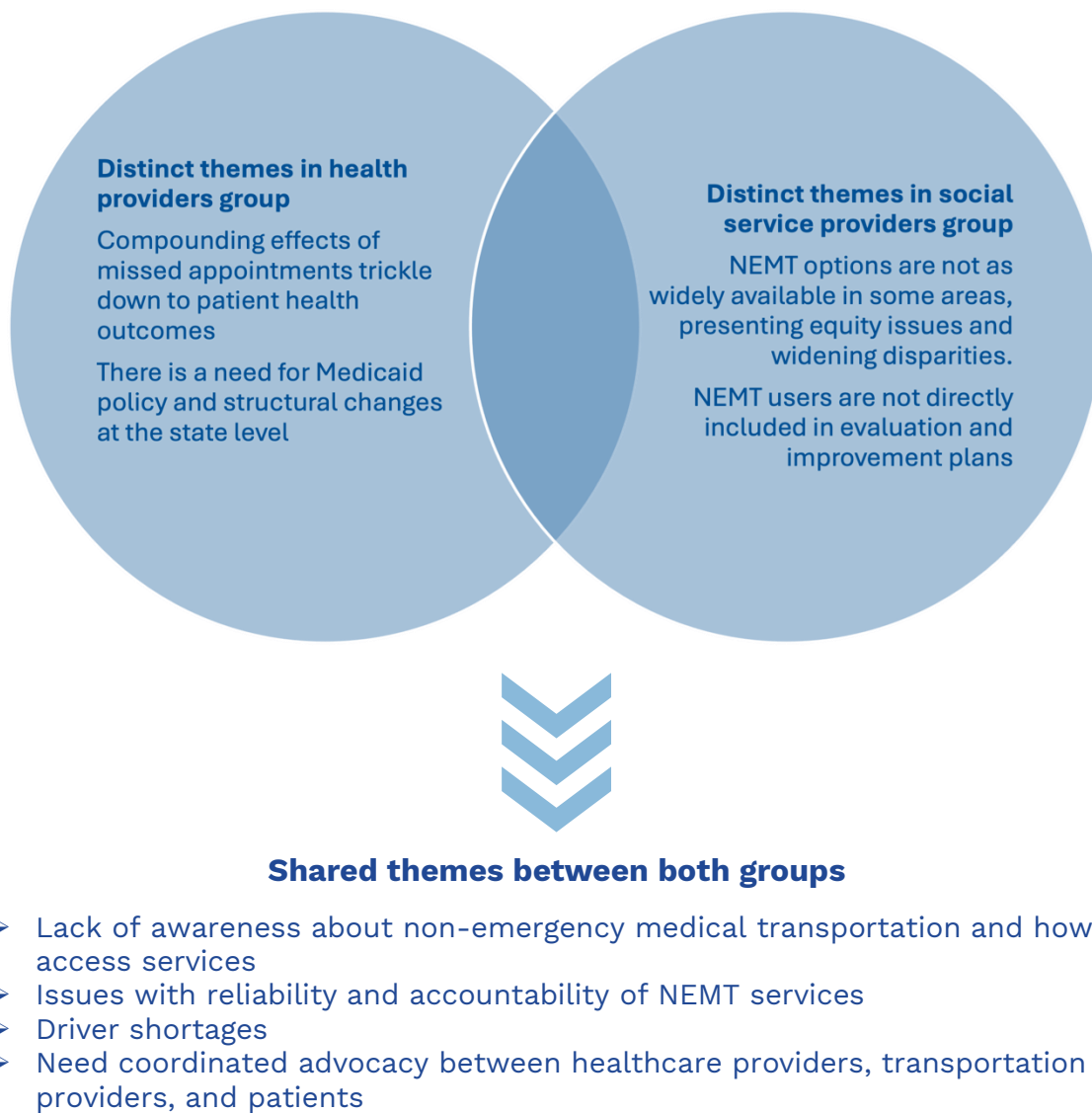
To evaluate the current landscape of NEMT services in Washtenaw County, WHI staff hosted two, 45-minute focus groups. The first group was composed of leaders of local social service organizations; the second group was composed of leaders of healthcare provider organizations. The focus groups were recorded with participant consent, transcribed, and analyzed for shared and distinct themes between the two groups.

In addition, WHI staff conducted individual hour-long interviews with representatives from Feonix - Mobility Rising, TheRide, Mass Transit Authority Flint and Monroe County Health Van. Data were also recorded and analyzed for past and present opportunities and challenges unique to the participants' organizations.

In order to collect direct feedback from NEMT service users, CHRT in consultation with senior-serving agencies, designed a NEMT User Experience Survey for any recipient of NEMT services in Washtenaw County. Due to low response rates, however, the NEMT User Experience Survey data could not be extrapolated and are thus excluded from the following thematic analysis of the focus groups and individual interviews.

Themes

Figure 4. Focus group themes



Healthcare service providers raised concerns about the pressures of navigating NEMT across systems that are put on patient users. As such, healthcare providers called for improved technology integration within and across NEMT service providers and health systems.

Social service providers pointed to data collection from beneficiaries as a necessary component of NEMT service delivery to better address co-occurring needs and referrals to additional services. (Figure 4)

Across both focus groups, NEMT was identified as a top need for communities. Interviewees reported a greater need for awareness, support, and education of NEMT benefits and pointed to language barriers and time constraints as challenges to users learning about and navigating NEMT services. Driver shortages were universally cited as an ongoing challenge.

Providers in both focus groups pointed to the need for understanding the impact of NEMT on healthcare use. Providers called for more robust monitoring and tracking of NEMT use and the relationship to missed appointments, delays in care, rate of rescheduling appointments, and additional metrics that link transportation to healthcare access and use.

Currently data are not collected to inform fluctuations or challenges in the use of the service. There needs to be a more concerted effort to gather NEMT data, including but not limited to the number of regular users, passenger incidents, frequency of trips, common destinations, surges in ride demand, and more raw numbers that indicate the extent of use of NEMT. These data can help identify who is using NEMT, for what purposes, where the services are used, and how best to tailor services to needs. Further, these data should be shared at the city, county, and state levels so that transportation and health providers can access and interpret them. Data sharing is an important component of building a community response to a community problem.

Individual interview themes

Feonix - Mobility Rising is a national non-profit organization that aims to promote mobility solutions by connecting local organizations, technology platforms, and transportation networks. In an individual interview, representative from Feonix recognized the importance of collecting data beyond intake requirements. They have begun to ask users whether they are aware of NEMT benefits, if they utilize them, and why.

In a separate interview with TheRide, the public transit authority serving the Ann Arbor and Ypsilanti areas, the representative stated that the scheduling and dispatching software used for A-Ride collects certain data, such as missed trips and no-shows, but that these features do not include a built-in mechanism for following up with missed appointments or understanding the root causes behind them. They expressed interest in collecting data on origin-destinations, time patterns, and mobility needs for potential NEMT usage in the future.

The importance Feonix and TheRide placed on user feedback and performance statistics is consistent with the theme from the social services group about collecting data from users to understand the scope and magnitude of needs and to improve service delivery.

Feonix found that there is a greater need for rider support and education around NEMT benefits. Feonix staff recognized that the NEMT landscape is still plagued by inefficiencies that affect the user and their healthcare experiences. They shared that users do not typically see NEMT as an approachable system; rather, they find it restrictive and challenging to use. Similarly, the representative from TheRide shared that most paratransit users have limited knowledge of NEMT services and eligibility criteria.

Innovative strategies

Transportation stakeholders are delivering services to key populations who can benefit from access to NEMT. These providers strategically tailor their services to address health-related social needs and improve access to transit for vulnerable populations. These forward-thinking approaches could be adapted and expanded to reshape the landscape of NEMT in Washtenaw County.

Mass Transportation Authority (MTA) Flint

MTA Flint offers Rides to Wellness (RTW), a non-emergency medical transportation service geared toward older adults and adults with disabilities residing in Genesee County. RTW started in 2015 with 20 vehicles and has now expanded to 200 vehicles. As of 2024, RTW serves approximately 20,000 users monthly by contracting with 21 service providers, including the Department of Health and Human Services, Valley Area Agency on Aging, local hospitals, and senior centers. Funding comes from these contracted partners, with \$750,000 annually provided by the Michigan Department of Health and Human Services (MDHHS). While there is dedicated funding from MDHHS, there is not coordination with the state Medicaid NEMT

system to pay for RTW. Because RTW is not directly tied to the Medicaid system, it is nimbler and more adaptable to community needs.

MTA Flint works closely with agencies to screen for health-related social needs (HRSNs), handle referrals, and authorize trips. These agencies account for the vast majority of referrals. The account executive and mobility community services liaison are other key players in sustaining the partnership between MTA Flint and agencies.

Riders can book multiple stops in one trip, such as dialysis and other medical appointments, pharmacies for picking up medication, and grocery stores. Drivers, all full-time and union-employed by MTA, accommodate riders by waiting during appointments or grocery shopping and assisting with loading groceries as needed. Although there used to be a highly utilized door through door service, lack of funding for a senior millage forced RTW to discontinue the service. Now, RTW provides door-to-door service and allows riders' personal care attendants to board free of charge.

Health Van

Health Van is a non-emergency paratransit service that offers both medical and non-medical trips to residents of Monroe County. It currently has seven part-time drivers and eight wheelchair accessible vans. Consistent with state and national patterns, dialysis and other ESRD-related appointments comprise the majority of rides. Health Van is notable for servicing residents in rural parts of the county with limited access to public transportation options. Additionally, Health Van frequently transports residents to northern Ohio (Toledo, Perrysburg, Rossburg, Maumee) and Ann Arbor for specialized hospitals and health centers. Riders and residents under the age of 60 pay a fixed rate of \$40 for roundtrips within the base area of southern Monroe County, plus an additional \$1.15/mile for trips outside of the base area. Multiple stops in a trip are permitted for an additional fee. The majority of clients pay out-of-pocket, although Health Van can submit reimbursement to Medicaid upon request.

In addition to the fixed rate expense that most riders pay, Health Van receives supplemental funding from the senior tax millage established by the Monroe County Commission on Aging (COA) in 1980, which receives a county vote for renewal every four years.²⁷ According to the 2022 Annual Report for the Monroe County Commission on Aging, Health Van received \$54,648 of COA designated funding to provide medical rides for 135 clients aged 60 and older.²⁸ The average rate per service was \$20.24. The most common client geographic locations were Temperance (61) and Lambertville (35), which are both low-density areas with populations under 10,000.^{29, 30} Due to funding requirements, Health Van can only accept clients with addresses in Monroe County.

Despite being short-staffed, drivers are committed to providing door-to-door service, including assisting clients in reaching the exact floor and room of their appointments. Scheduling and driver communication occur exclusively over telephone calls, with no mobile app or website currently in place. Health Van, along with Monroe County Opportunity Program and Lake Erie Transit, applied for a five-year grant that would fund a scheduling technology platform for clients and drivers.

The Corner Health Center

The Corner Health Center offers affordable health and wellness care and education for youth 12–25. While their target audience extends beyond the scope of this brief, a provider in one of our two focus groups offered insights about how their funding streams are used to cover transportation.

The first stream, which is more common, is made up of philanthropic funds and research grants from large health systems such as Henry Ford Health and Michigan Medicine. The health systems will pay directly for patients to receive transportation from rideshare companies. This potentially creates issues when other patients inquire about receiving complimentary rideshare services.

The second funding stream comes from value-based care contracts with health payers. Payers allocate funding to achieve a broad purpose, such as addressing social determinants of health. If NEMT fits into the category, as it does for SDOH, Corner Health can then use the funds to cover rideshare and other transportation costs.

Community paramedicine

Community Paramedicine is an emerging healthcare model in which specially certified paramedics and EMTs provide non-emergency medical services to patients who have traditionally contacted 9-1-1 or have gone to the emergency department for routine or non-urgent care.³¹ For these patients, emergency services are used to fill the gaps in primary, routine, and preventative services. While these patients certainly have healthcare needs that deserve to be addressed in a timely manner, emergency services may not be an appropriate or cost-efficient response. In these cases, community paramedics (CPs) can serve as “physician extenders” to increase patient access to routine medical care, health education, treatment adherence, and more. Further, CPs are able to divert non-critical 9-1-1 emergency services by directly responding to necessary but nonurgent, non-transport services by going to the patient rather than having patients find reliable transportation. Huron Valley Ambulance - Emergent Health Partners is the local organization for CP.

CP-driven work moves beyond the traditional emergency care service and transport model towards place-based care. Within the CP model of care delivery, there are two primary approaches for providing services: The primary healthcare model and the community coordination model.

The primary healthcare model focuses on prevention and treatment adherence, including post-discharge care and chronic illness management. The community coordination model allows CPs to connect patients to primary health and social services. Often CP programs incorporate aspects of both models to meet the needs of their community.

The place-based functionality of CP programs allows patients to receive care where they are without having to be transported for non-emergency services—helping to fill the ongoing gaps and barriers in NEMT.

Feonix – Mobility Rising

Feonix – Mobility Rising is actively working to address gaps in medical transportation through the development of a Transportation Assistant Hub (TAH) that utilizes mobility management services to match consumers with NEMT rides/providers tailored to their unique needs. The TAH provides a one-stop-shop technology platform as well as hands-on support to navigate transportation options for those that need it. Community members are able to utilize the program as direct payors or enroll in fare-free programs. The two initiatives, Rides for Older Adults and Perinatal Access to Care, provide transportation services to healthcare appointments, as well as other social supportive services. Funding is provided to each program participant through a mobility wallet that can be used similar to a voucher to book rides for appointments when the individual needs transportation. Riders can book rides through a smart phone application, online platform, or by contacting Feonix's centralized call center.

Learnings and recommendations

Based on a literature review and findings from focus groups and interviews, we offer a summary of our learnings that combines recommendations for action with best practices in the field of NEMT.

Payers and providers should increase awareness of NEMT. Non-Emergency Medical Transportation (NEMT) is a critical service available to individuals who would otherwise not be able to get to and from healthcare providers and services.³² Unfortunately, most Medicaid beneficiaries aren't aware of the benefit. The U.S. Centers for Medicare and Medicaid Services recommends that states increase awareness of the NEMT benefit and work with health plans and providers to develop and disseminate information about the availability of NEMT services to beneficiaries.

Transportation providers should improve data collection efforts. More data are needed to improve service delivery, timeliness of pickups and drop-offs, dispatching processes, and more. The ability to track data over time is important in optimizing logistics, incorporating user feedback, measuring fluctuations in services over time, and any service delivery changes (improvements and deficiencies) over time.

Transit authorities should increase paratransit service offerings. Based on accessibility, flexibility, and user need, paratransit services are more suitable for NEMT than public transit fixed-routes. However, increasing paratransit in areas of high need requires addressing driver shortages and expanding geographic service availability into rural areas.

Funders should prioritize investment in rural communities to design their own transportation solutions. Senior center-based NEMT programs, such as Chelsea Senior Center, are an excellent way to ensure that older adults have access to reliable transportation where and when they need it. Funding for senior centers in rural communities can allow them the resources to provide their own medical transportation where public transit is lacking.

Local and state policy leaders should provide consistent funding for NEMT services. A lack of NEMT services remains a critical gap to fill due to the health consequences of missed or delayed medical care. This report highlighted the need for sustainable funding streams to pay for rides. While mobility management services support the coordination of rides, several

organizations lack enough funding to meet their expenses to actually deliver the transportation services, and the cost is passed on to the rider. This is an issue of equity, where those that can afford it, can access transportation. A proven solution is the use of county millage funding that is dedicated to transportation services for older adults, vulnerable adults, and those who are low income. Many counties across Michigan have a senior tax millage that funds this particular service. While efforts to generate funds from a senior millage in Washtenaw County are in development, currently, there is no comparable funding source.

The State of Michigan Medicaid Program should invest in technology infrastructure to monitor and respond to transportation feedback systems for failed rides. Provide a platform for the patient, medical provider, and transportation providers to share feedback, identify failures, and streamline operations helping to prevent failed rides that lead to missed medical appointments, or last-minute cancellations. By integrating real-time tracking, user-friendly mobile apps and data analytics, NEMT providers can improve communication, reduce wait times, optimize routes, and enhance overall service efficiency. This system is already integrated into rideshare-based transportation network companies, contributing to their massive success among non-Medicaid populations. By adopting modern IT platforms, NEMT providers can foster a more coordinated, responsive, and transparent service delivery system.

Glossary

Curb-to-Curb Service: For paratransit services, the curbside or driveway is the pickup and drop-off point. The passenger ambulates from the curb to the building and vice versa with no assistance from the driver. The driver may provide minimal to light assistance (i.e., loading the wheelchair ramp) in helping the passenger board the vehicle.

Door-Through-Door Service: For paratransit services, the driver enters the passenger's home and offers minimal to heavy assistance (i.e., pushing wheelchair, carrying a stretcher) in helping the passenger ambulate to the vehicle. Upon reaching the destination, the driver offers equivalent assistance helping the passenger inside the building.

Door-to-Door Service: For paratransit services, the front door is the pickup and drop off point. The passenger receives minimal to light assistance from the driver (i.e., holding the door open) in ambulating from the front door to the vehicle and vice versa.

Paratransit: A type of transportation service most commonly used to provide rides to people who are unable to use fixed-route public transit systems; provides individualized rides.

Wheelchair Accessible Vehicle: A vehicle that is wheelchair accessible complies with the Americans with Disabilities Act (ADA) standards; that is to say, the vehicle is equipped with a ramp or lift capable of accommodating up to 600 pounds and wheelchairs with dimensions of 30 inches by 48 inches. The vehicle must have sufficient space inside for the wheelchair user to turn and maneuver. It must also contain handrails, vertical rails, and a stop control within reach.

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