

# FTA

FEDERAL TRANSIT ADMINISTRATION

## Mobility Management and Coordination: *Mobility for All*

August 28, 2019



U.S. Department of Transportation  
Federal Transit Administration

Danielle Nelson  
(202) 366-2160

[Danielle.Nelson@dot.gov](mailto:Danielle.Nelson@dot.gov)



## Mobility Management and Coordination

- Provide more service more efficiently
- Serve community needs, especially in rural areas and for targeted populations that need it most

**FTA**

FEDERAL TRANSIT ADMINISTRATION





# CCAM

## Coordinating Council on Access and Mobility



### Mission

The CCAM issues policy recommendations and implements activities that improve the **availability**, **accessibility**, and **efficiency** of transportation for the following targeted populations:



**People with Disabilities**



**Older Adults**



**Individuals of Low Income**

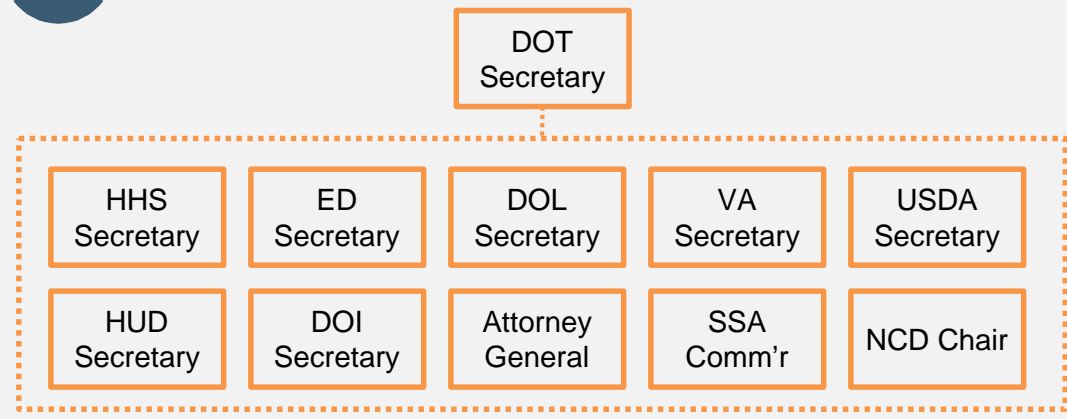


### History

The CCAM is an interagency partnership **established in 2004 by Executive Order 13330** to coordinate the efforts of the Federal agencies that fund transportation for targeted populations.



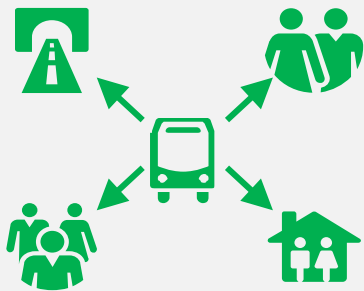
### Organization



# Mobility for All

Coordinated transportation ensures that otherwise underserved populations, such as **older adults**, **people with disabilities**, and **people of low income (including rural populations and those in opportunity zones)**, are able to contribute to their community and the economy and lead healthy, productive lives.

## Availability and Accessibility

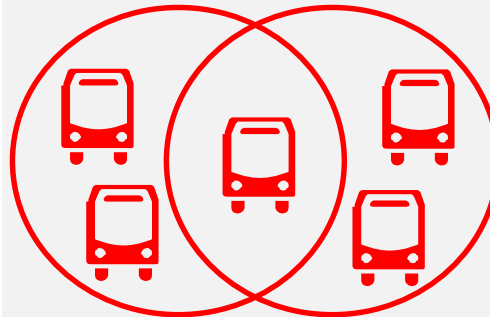


*Provide more transportation options by streamlining policies and encouraging collaboration.*

### ACTIONS

- Clarify allowable use of funds for transportation services
- Gather and disseminate promising practices on coordinated planning

## Efficiency

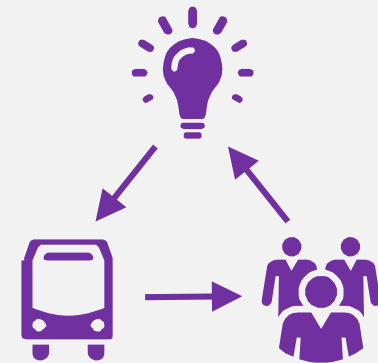


*Share resources, save funds, and reduce redundancy within the 120+ Federal programs that fund transportation.*

### ACTIONS

- Develop cost sharing policy across Federal programs

## Innovation



*Improve customer service by developing and implementing future transportation models.*

### ACTIONS

- Demonstrate innovative technologies

# What types of Federal programs fund transportation?

Below is a sample of the [122 federal CCAM programs](#) that may fund transportation services for people with disabilities, older adults, and individuals of low income.

## Department of Health and Human Services

- Children's Health Insurance Program (CHIP)
- Medicaid
- Block Grant for Community Mental Health Services
- Centers for Independent Living (CILs)
- Older Americans Act (OAA) programs
- Health Center Program

## Department of Labor

- Workforce Innovation and Opportunity Act (WIOA) programs
- JobCorps

## Department of Agriculture

- Supplemental Nutrition Assistance Program (SNAP)
- Community Facilities Loan and Grant Program

## Department of Veterans Affairs

- Veterans Transportation Program (VTP)
- Beneficiary Travel Service

## Department of Transportation

- Formula Grants for Rural Areas
- Enhanced Mobility of Seniors and Individuals with Disabilities
- Urbanized Area Formula Program



## Did you know?

If an organization receives funding from one of these programs, **a portion of the funds may be used for transportation services.**

Funding recipients may collaborate across these Federal programs to provide more transportation options for the community.

# Goal: Increase Coordination Among 122 Federal Transportation-Eligible Programs

Department	Number of Programs*	Transportation Spending†	Example Programs
Health and Human Services	58	\$1.45B	<ul style="list-style-type: none"> <li>• Medicaid</li> <li>• Children’s Health Insurance Program</li> <li>• Community Mental Health Services</li> </ul>
Veterans Affairs	3	\$1B	<ul style="list-style-type: none"> <li>• Veterans Transportation Program</li> <li>• Beneficiary Travel Service</li> </ul>
Education	9	\$137M	<ul style="list-style-type: none"> <li>• State Vocational Rehabilitation Services Program</li> </ul>
Labor	14	Unavailable	<ul style="list-style-type: none"> <li>• Trade Adjustment Assistance</li> <li>• Youthbuild</li> </ul>
Housing and Urban Development	12	Unavailable	<ul style="list-style-type: none"> <li>• Community Development Block Grants</li> </ul>
Others include: Justice (10), Transportation (9), Interior (5), Agriculture (2)			

\* Estimated number of Federal programs that can fund human services transportation as of May 2019

† Spending data only available for 28 programs

CCAM Program Inventory: <https://www.transit.dot.gov/regulations-and-guidance/ccam/about/ccam-program-inventory>

# CCAM Program Inventory: Programs for which Mobility Management is Eligible

Program	Responsible Agency	Responsible Sub-Agency	CFDA Number	FY18 Authorizations / Expenditures (total)	Primary Direct Recipients	Primary CCAM Target Population
Trade Adjustment Assistance	DOL	Employment and Training Administration	17.245	\$790,000,000	States	N/A
Native American Employment and Training	DOL	Employment and Training Administration	17.265	\$54,000,000	Tribes	Individuals of low income
Job Corps	DOL	Employment and Training Administration	N/A	\$1,718,655,000	Other	Individuals of low income
Section 5311 Formula Grants for Rural Areas	DOT	Federal Transit Administration	20.509	\$610,634,578 (not including TTP funds)		General public
Section 5311 Tribal Transit Program	DOT	Federal Transit Administration	20.509	\$35,000,000	Tribes	
Section 5310 Enhanced Mobility of Seniors and Individuals with Disabilities	DOT	Federal Transit Administration	20.513	\$273,840,764		Older adults and Individuals with disabilities
Section 5307 Urbanized Area Formula Program	DOT	Federal Transit Administration	20.507	\$4,726,907,174		General public
Pilot Program for Innovative Coordinated Access and Mobility Grants	DOT	Federal Transit Administration	20.513	\$3,250,000		
Education for Homeless Children and Youth	ED	Office of Elementary and Secondary Education	84.196	\$85,000,000	States	Individuals of low income
Special Education Grants to States	ED	Office of Special Education and Rehabilitative Programs	84.027	\$12,277,848,000	States	Individuals with disabilities
Special Education Preschool Grants	ED	Office of Special Education and Rehabilitative Programs	84.173	\$381,120,000	States	Individuals with disabilities

# Mobility Management Eligible Programs, Cont.

Program	Responsible Agency	Responsible Sub-Agency	CFDA Number	FY18 Authorizations / Expenditures (total)	Primary Direct Recipients	Primary CCAM Target Population
Special Education-Grants for Infants and Families	ED	Office of Special Education and Rehabilitative Programs	84.181	\$470,000,000	States	Individuals with disabilities
Transitional Living Program for Homeless Youth	HHS	Administration for Children and Families	93.550	\$47,218,149	Local entities	Individuals with disabilities
Native Employment Works	HHS	Administration for Children and Families	93.594	\$7,633,287	Tribes	Individuals of low income
Refugee and Entrant Assistance State/Replacement Designee Administered Programs (Transitional and Medical Services and Social Services Formula Grants Only)	HHS	Administration for Children and Families	93.566	\$578,223,611	States, non-profit agencies	Individuals of low income
Refugee and Entrant Assistance - Voluntary Agency Programs (Matching Grants Only)	HHS	Administration for Children and Families	93.567	\$55,000,000	Non-profit agencies	Individuals of low income
Refugee and Entrant Assistance - Discretionary Grants (Refugee Health Promotion, Targeted Assistance and Social Services Discretionary Grants Only)	HHS	Administration for Children and Families	93.576	\$32,352,755	States	Individuals of low income
Refugee and Entrant Assistance - Wilson/Fish Program	HHS	Administration for Children and Families	93.583	\$21,185,498	States, non-profit agencies	Individuals of low income



# Mobility Management Eligible Programs, Cont.

Program	Responsible Agency	Responsible Sub-Agency	CFDA Number	FY18 Authorizations / Expenditures (total)	Primary Direct Recipients	Primary CCAM Target Population
Head Start	HHS	Administration for Children and Families	93.600	\$9,863,095,000	Local entities	Individuals of low income
Social and Economic Development Strategies	HHS	Administration for Children and Families	93.612	\$34,057,840	Tribes	Individuals of low income
Children's Health Insurance Program (CHIP)	HHS	Centers for Medicare and Medicaid Services	93.767	\$16,514,363,576	States	Individuals of low income
Health Center Program	HHS	Health Resources and Services Administration	93.224	\$5,080,400,000	Local entities	Individuals of low income
Ryan White HIV/AIDS Program Part D - Coordinated Services and Access to Research for Women, Infants, Children, and Youth	HHS	Health Resources and Services Administration	93.153	\$70,265,154	Local entities	Individuals of low income
Ryan White HIV/AIDS Program States/Territories - Part B Supplemental Grant Program	HHS	Health Resources and Services Administration	93.917	\$165,414,702	States	Individuals of low income
Rural Health Care Services Outreach	HHS	Health Resources and Services Administration	93.912	Data not available	Local entities	Individuals of low income
Small Health Care Provider Quality Program	HHS	Health Resources and Services Administration	93.912	Data not available	Local entities	Individuals of low income
Rural Health Network Development Program	HHS	Health Resources and Services Administration	93.912	Data not available	Local entities	Individuals of low income

# Mobility Management Eligible Programs, Cont.

Program	Responsible Agency	Responsible Sub-Agency	CFDA Number	FY18 Authorizations / Expenditures (total)	Primary Direct Recipients	Primary CCAM Target Population
Ryan White HIV/AIDS Program Part C Early Intervention Services Program	HHS	Health Resources and Services Administration	93.918	\$1,169,635,483	States	Individuals of low income
HIV Care Grant Program - Part B States/Territories Formula and AIDS Drug Assistance Program Formula and ADAP Supplemental Awards	HHS	Health Resources and Services Administration	93.917	\$1,169,635,483	States	Individuals of low income
Maternal and Child Health Services Block Grant to the States	HHS	Health Resources and Services Administration	93.994	\$5,080,400,000	Local entities	Individuals of low income
Rural Health Opioid Program	HHS	Health Resources and Services Administration	93.912	Data not available	Local entities	Individuals of low income
Rural Communities Opioid Response Program - Planning and Implementation Grants	HHS	Health Resources and Services Administration	93.912	\$100,000,000	States, tribes and other	Individuals of low income
Pediatric Mental Health Care Access Program	HHS	Health Resources and Services Administration	93.110	\$10,000,000	States	Individuals of low income
Urban Indian Health Services	HHS	Indian Health Service	93.193	\$47,354,000	Urban Indian Organizations	Urban Indians
Special Diabetes Program for Indians Diabetes Prevention and Treatment Projects	HHS	Indian Health Service	93.237	\$150,000,000	Tribes	American Indians and Alaska Natives
Community Development Block Grants/Entitlement Program	HUD	Office of Community Planning and Development	14.218	\$2,305,100,000	Local entities - metropolitan cities and urban counties	Individuals of low income

# Mobility Management Eligible Programs, Cont.

Program	Responsible Agency	Responsible Sub-Agency	CFDA Number	FY18 Authorizations / Expenditures (total)	Primary Direct Recipients	Primary CCAM Target Population
Community Development Block Grants/Insular Areas Program	HUD	Office of Community Planning and Development	14.225	\$7,000,000	Four insular areas	Individuals of low income
Community Development Block Grants/State's program and Non-Entitlement Grants in Hawaii	HUD	Office of Community Planning and Development	14.228	\$987,900,000	States and three counties in Hawaii	Individuals of low income
Supportive Housing for the Elderly	HUD	Office of Housing	14.157	\$678,000,000	Owners of HUD-assisted rental housing properties	Older adults
Choice Neighborhoods Implementation Grants	HUD	Office of Public and Indian Housing	14.889	\$145,000,000	Eligible applicants are Public Housing Authorities (PHAs), local governments, tribal entities, nonprofits, and for-profit developers that apply jointly with a public entity.	Individuals of low income
Resident Opportunity & Self-Sufficiency Program	HUD	Office of Public and Indian Housing	14.870	\$35,000,000	Public Housing Authorities	All
Supplemental Nutrition Assistance Program (SNAP), Employment and Training Program	USDA	Food and Nutrition Service	10.551	\$477,000,000	States	Individuals of low income
Community Facilities Loan and Grants	USDA	Rural Development	10.766	\$46,000,000 (grants)	Primary direct recipients are local municipalities, not for profit corporations, and Tribes	N/A

# Access and Mobility Partnership Grants

- On **May 22, 2019** FTA [announced](#) the selection of 37 projects in 37 states at **\$9,601,981** that help improve options for people with limited transportation choices and bridge the gap between service providers in the transportation and health sectors.
- Annual program, **next NOFO will be announced on October 30, 2019**

State	Project Sponsor	Project Description	Funding
ME	Greater Portland Council of Governments	The Greater Portland Council of Governments will receive funding to develop <b>mobility management strategies</b> to improve the coordination of transportation services at state and local levels through pilot projects that test approaches to improving access to transportation information and resources among <b>populations who face transportation challenges</b> .	\$240,000
MO	Missouri Rural Health Association	Missouri Rural Health Association will receive funding to support <b>technology enhancements, mobility management training and engagement of regional planning commissions and local councils of government</b> to reduce transportation barriers in <b>rural Missouri</b> .	\$592,328
PA	Geisinger Clinic	The Geisinger Clinic will receive funding to extend eligibility and geographic reach to a transportation pilot program that increases transportation access using <b>mobility management, artificial intelligence and technology solutions, and community partner integration</b> .	\$499,484

## Access and Mobility Partnership Grants w/ Mobility Management Focus, Cont.

State	Project Sponsor	Project Description	Funding
TX	North Central Texas Council of Governments	The North Central Texas Council of Governments will receive funding to implement My Ride North Texas 2.0, a <b>regional mobility management program</b> to improve the <b>coordination of transportation services and medical services in the 16-county region</b> for populations that lack transportation to wellness resources.	\$511,106
VA	Boat People S.O.S., Inc.	Boat People S.O.S., Inc. will receive funding for an <b>awareness program</b> that increases access to public transportation for Vietnamese Americans with limited English in Northern Virginia by providing culturally and linguistically appropriate services and <b>expanding mobility options</b> .	\$101,928
WI	Southwestern WI Community Action Program, Inc.	The Southwestern WI Community Action Program, Inc. will receive funding for a <b>travel management coordination center</b> that improves transportation options in <b>nine rural counties</b> using new technology as well as a <b>mobility manager who will work with county agencies</b> and healthcare facilities to increase access to services.	\$205,360

# Free Mobility Management Course

**Advancing Mobility Management** is a new 2-day course offered by the National Transit Institute that aims to improve coordination between transit and non-traditional stakeholders. The interactive course highlights community partnerships that improve coordination, and exposes participants to promising practices in the field.

The course is free for public transit and government agencies.

## **2020 Courses:**

September 25-26, 2019 - St. Cloud, MN

February 5-6, 2020 - Phoenix, AZ

February 24-25, 2020 - Nashville, TN

March 25-26, 2020 - Springfield, MA

May 5-6, 2020 - Denver, CO

June 16-17, 2020 - Ithaca, NY








Register: [www.ntionline.com/advancing-mobility-management](http://www.ntionline.com/advancing-mobility-management)

**FTA**

FEDERAL TRANSIT ADMINISTRATION

# 2018 CCAM State Focus Group Findings

The barriers to transportation coordination reported by focus group participants are organized into barrier categories. The following barriers emerged across a majority of focus group sessions and stakeholder groups as the most prevalent barriers to coordination.

	Barrier	Description
	<b>Limited Awareness</b>	A lack of awareness of the federal funding sources available for human service transportation, the policies that enable transportation coordination, and/or the community's transportation options for targeted populations
	<b>Unengaged Stakeholders</b>	Challenges associated with establishing and maintaining the organizational and community partnerships necessary to pursue transportation coordination
	<b>Program Restrictions</b>	Reporting obligations, eligibility criteria, trip purpose restrictions, and other program rules that make it difficult to coordinate across different transportation programs
	<b>Insufficient Incentives</b>	A lack of incentives or financial motivation for human service providers to pursue transportation coordination initiatives
	<b>Limited Federal Guidance</b>	An absence of the federal guidance that states and local communities need to coordinate transportation in compliance with federal law

# Is Coordination Happening?

The National Center for Mobility Management (NCMM) conducted a survey to gather input from local stakeholders and to inform the strategic direction of the CCAM.

The NCMM survey:



Was designed to identify **promising practices, barriers, and challenges** around coordinated transportation



Reached **200 individuals** who work at transportation and human services organizations that receive HHS funding<sup>1</sup>



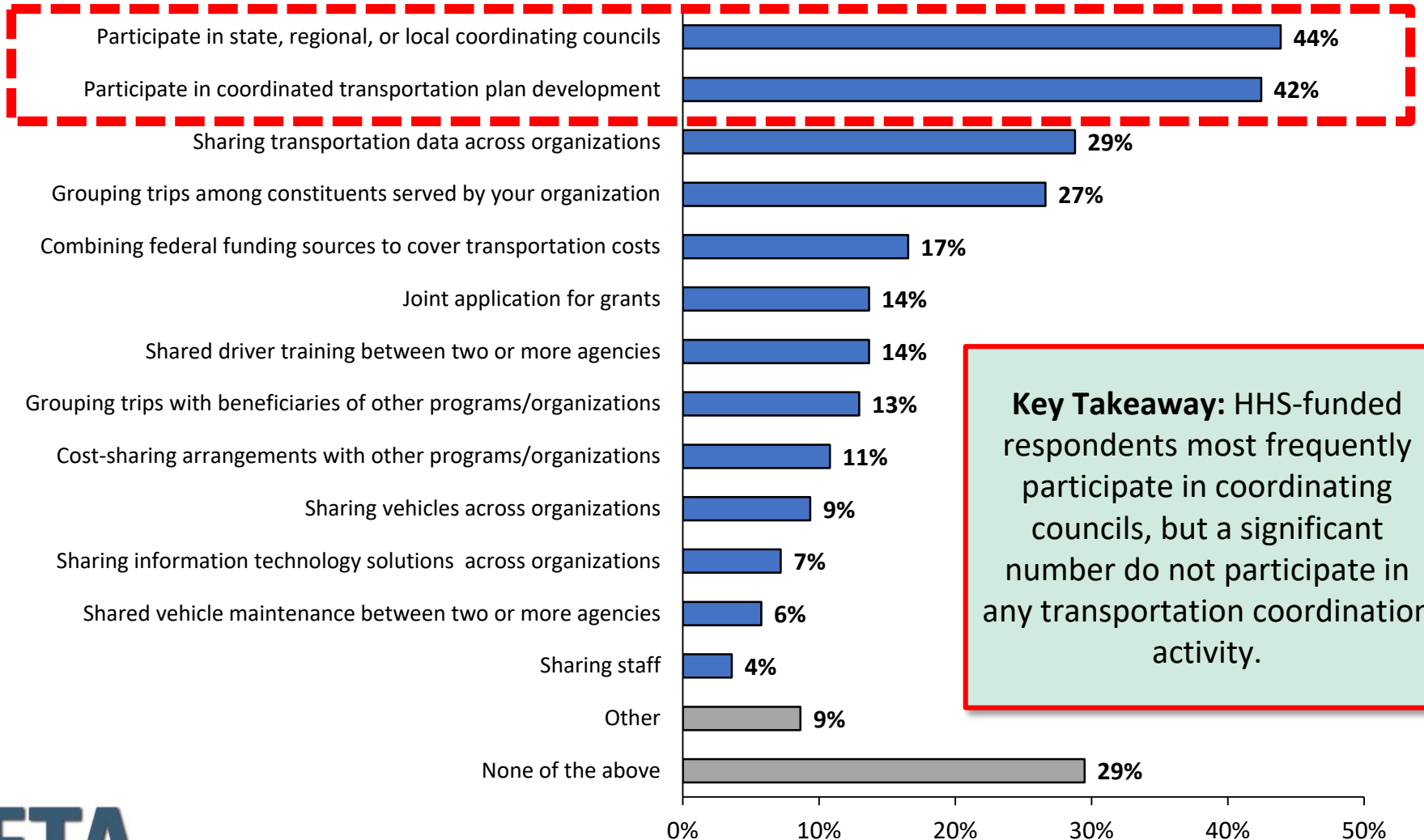
Was conducted from **June to November 2018**

The next slides analyze a selection of the survey questions, considering only the responses from respondents who receive HHS funding.



# Figure 1: Transportation Coordination Activities

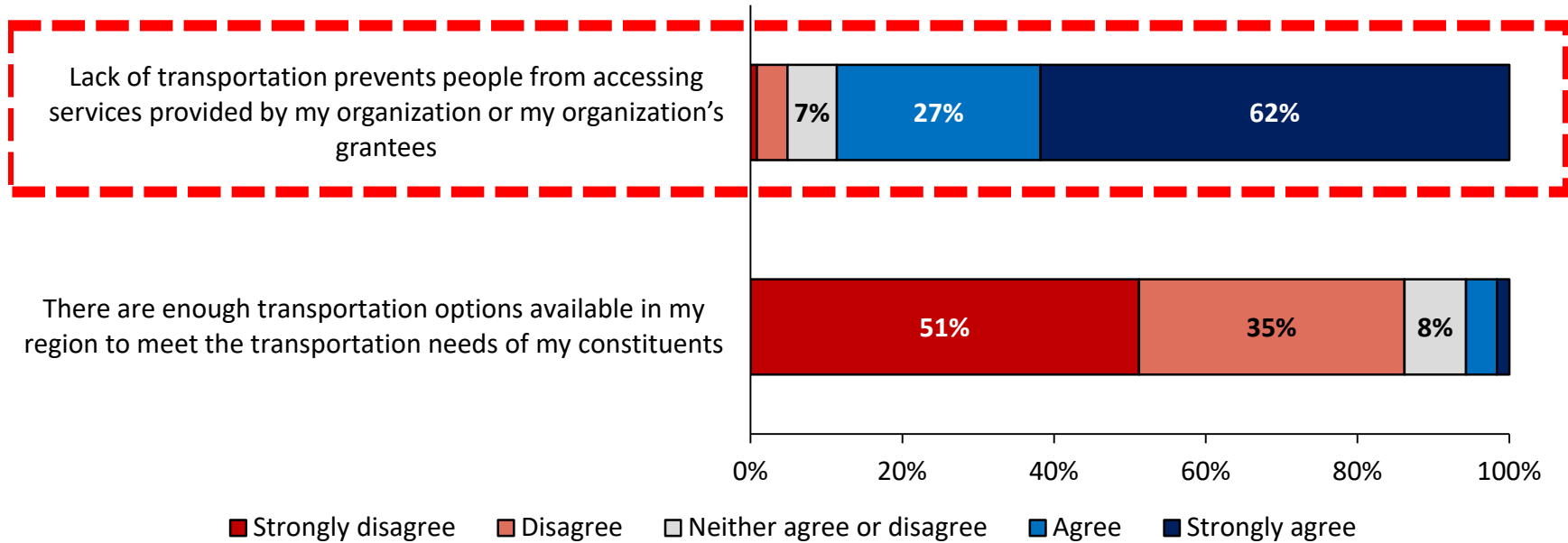
**Question:** Does your organization or its grantees participate in the following transportation coordination activities? Select all that apply.



**Key Takeaway:** HHS-funded respondents most frequently participate in coordinating councils, but a significant number do not participate in any transportation coordination activity.

## Figure 2: Availability

**Question:** Please indicate the level to which you agree or disagree with the following statements:



**Key Takeaway:** Almost all HHS-funded respondents believe that their communities lack sufficient transportation services and options, impeding access to HHS-funded services.

# FTA-Funded Technical Assistance Centers



[National Center for Mobility Management](#)  
website: [www.nc4mm.org](http://www.nc4mm.org) phone: 1-866-846-6400  
email: [info@nc4mm.org](mailto:info@nc4mm.org)



[National Aging and Disability Transportation Center](#)  
website: [www.nadtc.org](http://www.nadtc.org) phone: 1-866-983-3222  
email: [contact@nadtc.org](mailto:contact@nadtc.org)



[Rural Transit Assistance Program](#)  
website: [www.nationalrtap.org](http://www.nationalrtap.org) 1-888-589-6821  
email: [info@nationalrtap.org](mailto:info@nationalrtap.org)

**FTA**

FEDERAL TRANSIT ADMINISTRATION

# Did You Know...

## Anyone with a Medicare card rides for half fare on fixed route public transit?

More info:

<https://www.nadtc.org/news/blog/understanding-half-farereduced-fare-requirements/>

Local implementation example: Washington Metropolitan Area Transit Authority (DC): <https://www.wmata.com/fares/reduced.cfm>



# TCRP Medicaid NEMT Research

- *State-by-State Profiles for Examining the Effects of Non-Emergency Medical Transportation (NEMT) Brokerages on Transportation Coordination:*  
[http://onlinepubs.trb.org/onlinepubs/tcrp/tcrp\\_rpt\\_202\\_companion.pdf](http://onlinepubs.trb.org/onlinepubs/tcrp/tcrp_rpt_202_companion.pdf)
- This is a companion document to *TCRP [Report 202: Handbook for Examining the Effects of Non-Emergency Medical Transportation Brokerages on Transportation Coordination](#)*

# NEMT State Profile: Virginia

## VIRGINIA

March 2017

### NEMT MODEL

- In-House Management
- Managed Care Organization
- Statewide Broker
- Regional Broker

### OPERATING AUTHORITY

- NEMT Assurance under the State Medicaid Plan
- 1902(a)(70) State Plan Amendment
- Federal Section 1115 Demonstration Waiver
- Federal Section 1915(b) Freedom-of-Choice Waiver

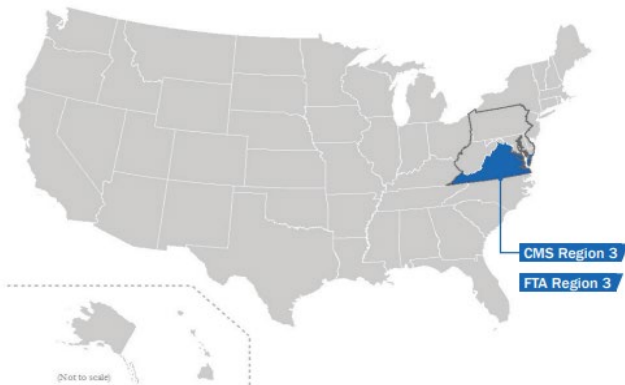
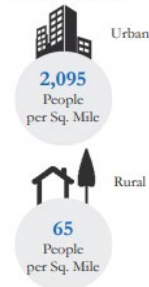
Since the early 2000s, Virginia's Department of Medical Assistance Programs has operated a statewide full-risk brokerage to provide NEMT services for Medicaid recipients in the state's fee-for-service program. Since the inception of the brokerage program, LogistiCare has been the contracted broker. The balance of the Medicaid population is enrolled in managed care organizations,

which are responsible for providing NEMT services to their members. About 90 percent of all NEMT trips are reported to be provided by the broker in the fee-for-service Medicaid program, which accounts for between 30 and 40 percent of the state's Medicaid population but includes a disproportionate number of older, disabled, and waived populations.

### DEMOGRAPHICS

#### Population Density

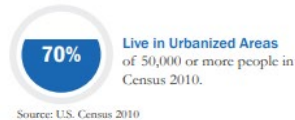
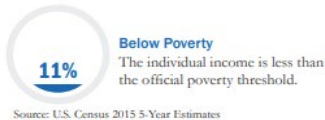
Source: U.S. Census 2010



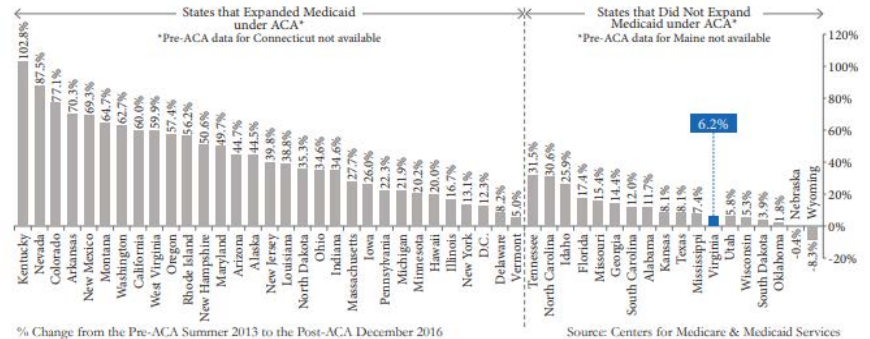
#### State Population

**8.3 Million**

Source: U.S. Census 2015 5-Year Estimates



### CUMULATIVE MEDICAID/CHIP ENROLLMENT CHANGE PRE-ACA AND POST-ACA BY STATE

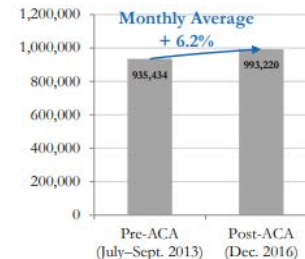


% Change from the Pre-ACA Summer 2013 to the Post-ACA December 2016

### KEY STATISTICS

#### Medicaid/CHIP Enrollment

Source: Centers for Medicare & Medicaid Services



Virginia decided not to adopt the Medicaid expansion under the ACA.

#### Managed Care Enrollment

Source: Kaiser Family Foundation

**66.0%**  
of all Medicaid enrollees are enrolled in any Medicaid managed care program as of July 2015.

#### Medicaid Spending

Source: Kaiser Family Foundation

**\$8.1 Billion**  
Medicaid expenditure in fiscal year 2015. Expenditures do not include administrative cost and accounting adjustments.

#### Federal Medical Assistance

Source: Kaiser Family Foundation

**50%**  
Federal Medical Assistance Percentage in fiscal year 2017.

#### NEMT Expense Classification

Source: 2014 National NEMT Survey

NEMT expense is classified as:  
 Administrative Expense   
 Medical Expense   
 Mixed

#### NEMT Operating Facts

Source: 2014 National NEMT Survey

**\$80.6 Million**  
is the estimated annual NEMT 2013 expense.

**4,380,000**  
is the 2013 estimated annual NEMT trips.

**2%**  
of NEMT is public transit.

**5%**  
of all Medicaid enrollees in 2013 used NEMT.

### RECENT OR FUTURE CHANGES

No program changes were reported.

# NEMT Spending on Public Transit

State	% Spent on Public Transit	Total NEMT Spending
OR	22%	\$40.5 Million
PA	41%	\$148.6 Million
RI	78%	\$22.3 Million
SC	<1%	\$62 Million
SD	0.5%	\$2.5 Million
TN	1.4%	\$68 Million
TX	0.3%	\$260.7 Million
VT	12%	\$11 Million
VA	2%	\$80.6 Million
WA	28%	\$70.4 Million
WY	5%	\$517,000

# **Mobility Management Systems: A New Role for Public Transit**

**Jana Lynott**  
**Senior Strategic Policy Advisor**  
**AARP Public Policy Institute**

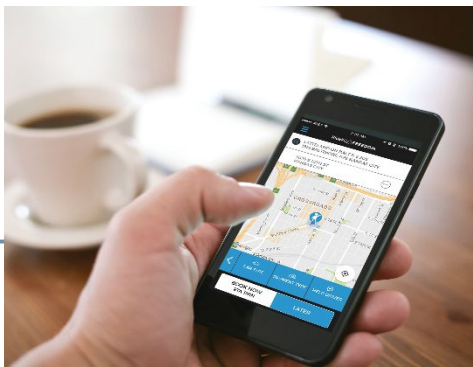




# Mobility Management Systems

- **A single, integrated network of traditional and non-traditional services that together serve EVERYONE**
- **One stop shopping**
  - Easy Discovery
  - Easy Booking
  - Easy Mode Transfers
  - Easy Payment
- **Customer-centered approach**

# Kansas City Area Transportation Authority





# Dallas Area Regional Transit

Looking for more information?

[www.longtermscorecard.org](http://www.longtermscorecard.org)

[www.aarp.org/futureoftransportation](http://www.aarp.org/futureoftransportation)

[www.aarpinternational.org/flexdanmark](http://www.aarpinternational.org/flexdanmark)

Brought to you by:



## Long-Term Services & Supports State Scorecard

A State Scorecard on Long-Term Services and Supports for Older Adults,  
People with Physical Disabilities, and Family Caregivers



Scorecard Reports

Methodology

Promising Practices

Publications

About

Explore the Data



# **Mobility Managers: Getting You to Where You Want to Go**

**Wendy Fox-Grage  
Senior Strategic Policy Advisor  
AARP Public Policy Institute**



# Long-Term Services and Supports Solutions

Discover state innovations in long-term services and supports. It's time to pick up the pace of change!

[www.longtermscorecard.org](http://www.longtermscorecard.org)



# Helping People with Mobility Needs Access Transportation

How mobility managers in five states are being transportation coordinators

AARP PUBLIC POLICY INSTITUTE

JUNE 2019

**Long-Term Services and Supports Scorecard:  
Emerging Innovations**

## Mobility Managers

*Transportation Coordinators for Older Adults, People with Disabilities, Veterans, and Other Members of the Riding Public*

Doug Birnie and James McLary  
Independent Consultants

Wendy Fox-Grage and Jana Lynott  
AARP Public Policy Institute



[www.longtermscorecard.org](http://www.longtermscorecard.org)



# What is a Mobility Manager?

- **Transportation coordinators for older adults, people with disabilities, veterans, and other members of the riding public**
- **Focus is on the consumer regardless of the mode of transportation needed**
- **No standard definition for this profession**
- **An important resource with untapped potential**



# What are the Roles of Mobility Managers?

- **Governmental planning**
- **Trip-making and travel training**
- **Agency specific versus generalists**
- **Where they work:**
  - Departments of Transportation
  - Aging and Disability Resource Centers & Area Agencies on Aging
  - Veterans Administration Medical Facilities
  - And much more...

# Why Are Mobility Managers Important?

- **More than 8 million Americans ages 65+ do not drive, and this number of non-drivers is growing**
- **Many age 70+ are expected to outlive their driving years: men by 7 years and women by 10, on average**
- **People with long-term care needs want to age in the community, even when they can no longer drive**
- **The need for a ride is one of the top reasons people contact the ElderCare Locator at the US Administration on Aging**

# THE VALUE OF MOBILITY MANAGEMENT

*From a state & local perspective*

Carrie Diamond

Transportation Specialist

Greater WI Agency on Aging Resources, Inc.

*Certified Mobility Manager*



Greater Wisconsin  
Agency on Aging Resources, Inc.

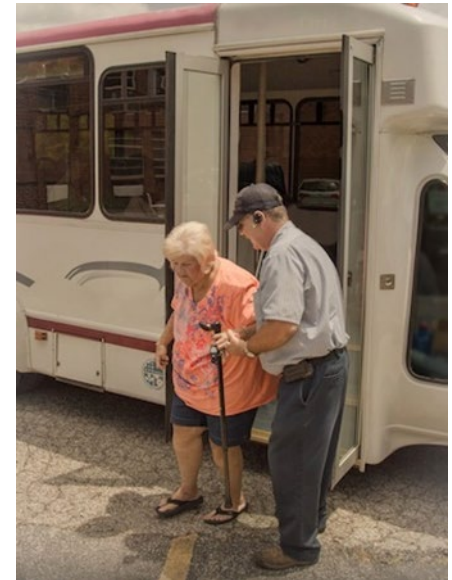


The mission of the Greater Wisconsin Agency on Aging Resources is to deliver innovative support to lead aging agencies as we work together to promote, protect, and enhance the well-being of older people in Wisconsin.

*Area Agency on Aging serving 70 counties and 11 tribes*

# Transportation Landscape in WI

- Limited Coordination
- Fragmented systems
- Multiple modes of transportation
- Aging population
- Rural
- Family Care – Medicaid Waiver program
- Statewide Transportation Manager for Medicaid Transportation
- Changes to healthcare delivery



# Evolution of Mobility Management in Wisconsin

- Interagency Council on Transportation Coordination (ICTC) 2005
- Statewide & local coordination plan 2006-07
- First New Freedom grant cycle in fall 2007 for project implementation in calendar year 2008
- 2008 Mobility Managers hired – 20 projects
- WisDOT MM certification program - 2009
- Formation of WI Assn. of Mobility Managers -2011

# WI Association of Mobility Managers

Incorporated in 2011, designated 501(c) 6 in 2013

Registered with the WI Ethics Commission for first time in 2013.

## VISION

- To lead in coordinated mobility solutions and to support the systems and professionals working in the field.

## MISSION

- To provide opportunities for professional growth through educational and networking events, ongoing support and peer-to-peer and resource sharing.



# Mobility Managers - Who employs them?



BAY AREA RURAL TRANSIT





# Funding for Mobility Managers

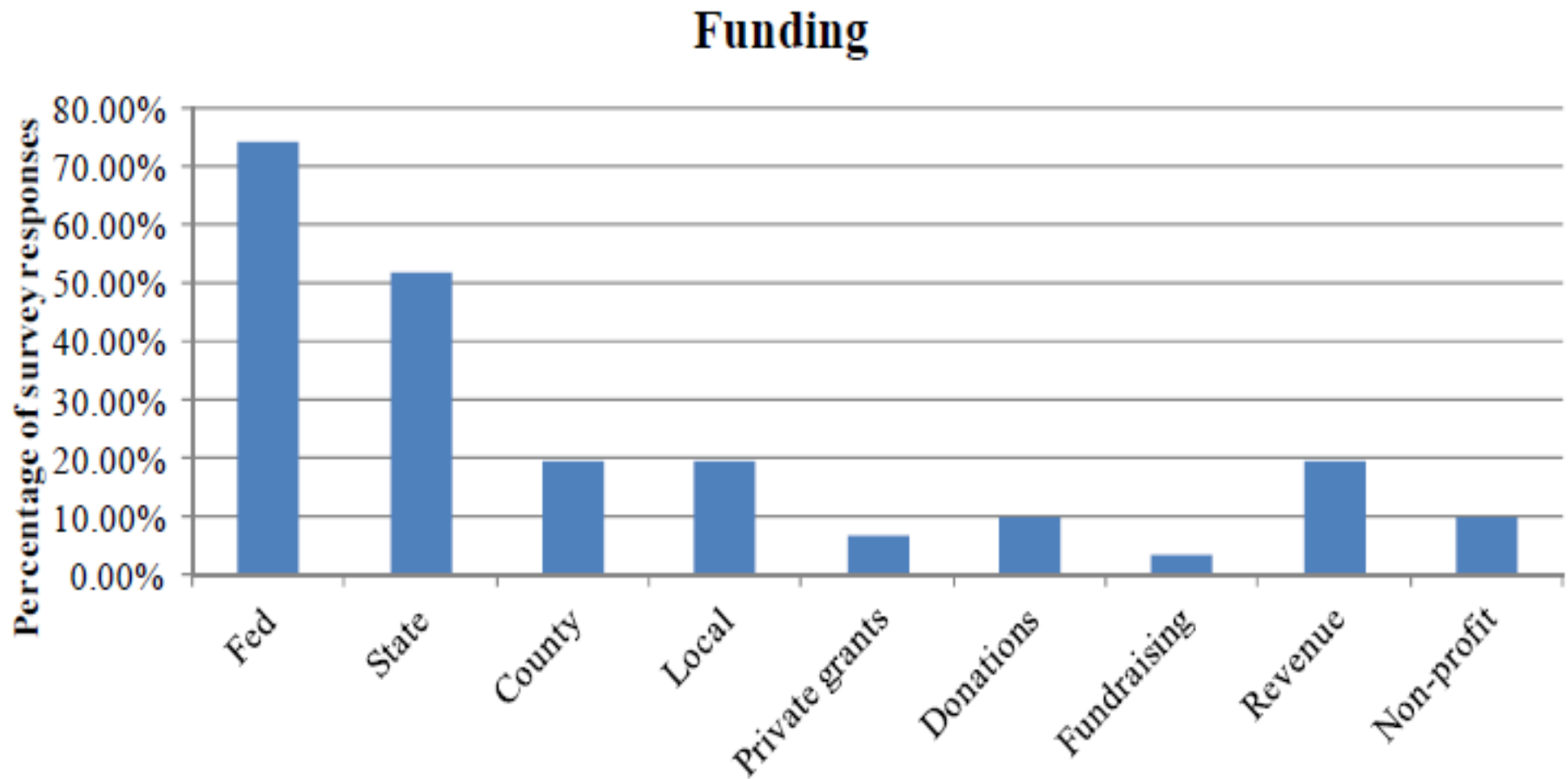
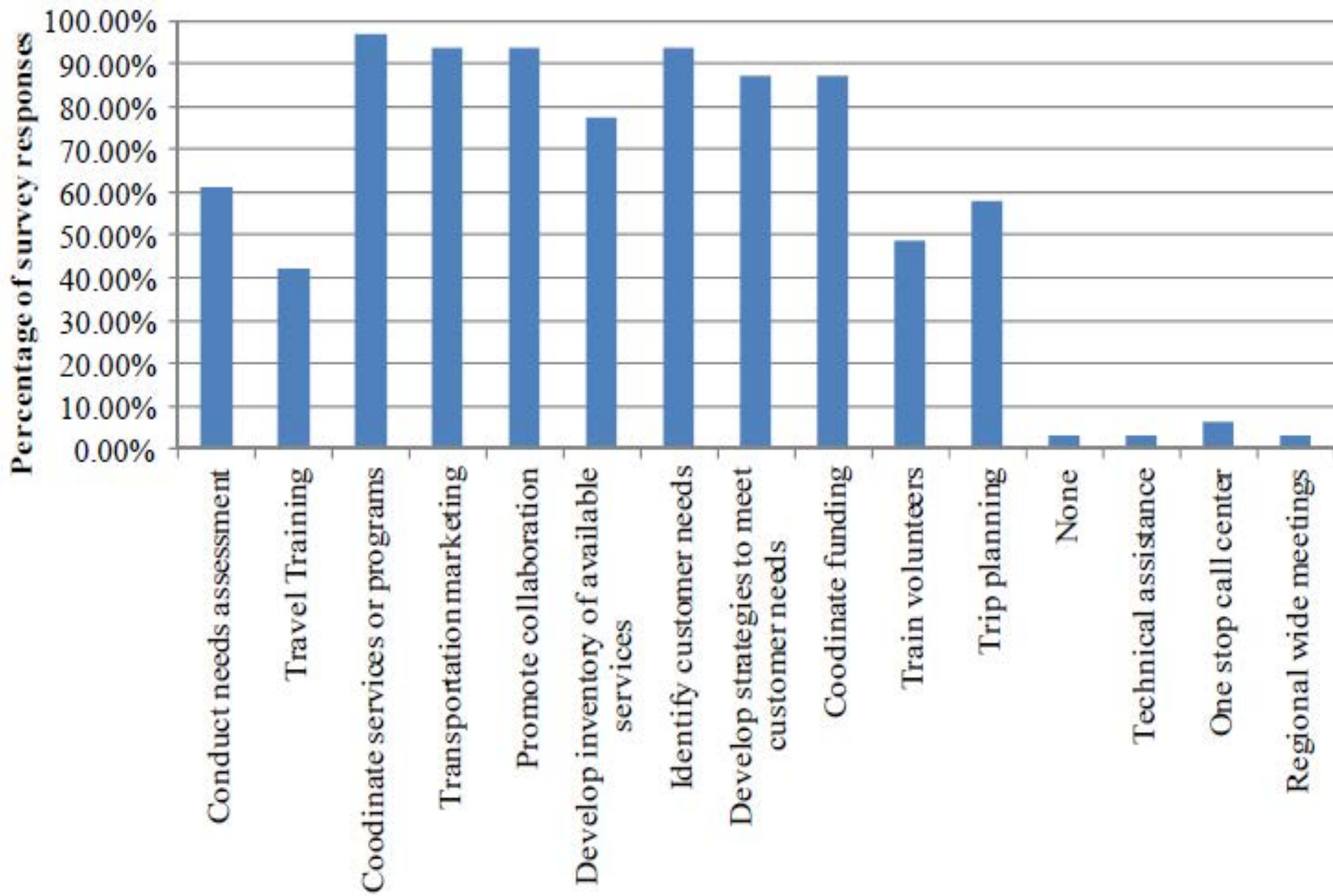


Figure 9. Wisconsin Mobility Manager Funding Responses

## Services



# Benefits to the Agency

- Increased transportation coordination
- Increased effectiveness and efficiency
- More transportation options
- Diversified funding
- Person-centered planning
- Advocacy
- One point of contact
- Drive systems changes



# Benefits to the Consumer

- Person-centered solutions & assistance
- Travel training – various modes
- Improved information and education
- Comprehensive service and referral
- One-stop shopping



# What are the factors that have contributed to Wisconsin's success?

- Support within the State, buy-in to the concept coming from the top down
- State emphasis on coordination
- A mobility management model not prescribed by the State but determined locally
- State money for specialized transportation & transit
- Consumer input and coordination planning
- Mobility management infrastructure - WAMM
  - Networking and sharing practices
  - Partnerships and resource sharing
  - Emphasis on professional skills training & certification





**Carrie Diamond**

Greater WI Agency on Aging Resources, Inc.

608-228-8092

[Carrie.diamond@gwaar.org](mailto:Carrie.diamond@gwaar.org)