Socius Amica LLC

Indiana Mobility Management Network

October 2022

Acknowledgements

Health by Design: What We Do

Health by Design collaborates across sectors and disciplines to ensure communities in Indiana and beyond have neighborhoods, public spaces, and infrastructure that promote healthy, active living. Health by Design's program and policy efforts are directed at increasing equitable, safe, accessible, convenient and connected options for walking, biking and public transit and encouraging responsible land use. Health by Design also advocates for increased funding and policies that will expand and improve public transportation services (including buses, paratransit vehicles, commuter rail, passenger rail, and other transit options) throughout Indiana.

Learn more about our work at www.healthbydesignonline.org.

Funding for this report was provided by Indiana Governor's Council for People with Disabilities (GCPD).

The Indiana Governor's Council for People with Disabilities (GCPD) is an independent state agency that facilitates change. GCPD's mission is to advance the independence, productivity, and inclusion of people with disabilities in all aspects of society. This mission is accomplished through planning, evaluation, collaboration, education, research, and advocacy. The Council is consumer-driven and is charged with determining how the service delivery system in both the public and private sectors can be most responsive to people with disabilities. The Council receives and disseminates federal funds to support innovative programs that are visionary, influence public policy, empower individuals and families, and advocate systems change.

Board members of the Council are appointed by the Governor, and 60% of the board must be people with disabilities or their family members.

Learn more about GCPD at www.in.gov/gpcpd.

This report was created with support from the Indiana Statewide Independent Living Council (INSILC).

Indiana Statewide Independent Living Council (INSILC) was established by the Rehabilitation Act of 1973, as amended. INSILC is a 501c3 non-profit, governor-appointed council, independent and autonomous from the state, federally required to be led by a majority of individuals with disabilities from all regions of Indiana with different backgrounds and experiences tasked with promoting the philosophy of Independent Living. INSILC believes people with disabilities should have the same civil rights, choices, options, and control over their lives as do people without disabilities.

Learn more about INSILC at www.insilc.org

Funding support was also provided by the Mobility Fund, a project of the Global Philanthropy Partnership that supports community-based advocacy around sustainable and equitable mobility.

Health by Design thanks the National Center for Mobility Management, whose research is making a nationwide impact on mobility and provided data to bolster this report.

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The Case for Building a Mobility Management Network in Indiana

The state of Indiana needs a vision, framework, and coordinated system to create accessible, reliable, and affordable transportation and mobility options to serve all Hoosiers. Indiana has significant gaps in meeting the transportation and mobility needs of our communities. Some of these challenges include:

- Lack of evening and weekend service and hours
- Cross-county travel
- Lack of accessible transit
- Lack of available transit options
- Lack of accessible bus stops and shelters
- Limited technology

The reality is that without a more robust, equitable, and accessible transportation system, people who rely on public transit are at the mercy of the "system" and suffer harmful consequences. While more people are using different types of public transportation (see "Types of Transit" on page 3), there are still multiple access barriers for individuals with disabilities and older adults. This is particularly challenging in non-urban areas of Indiana, which make up 78% of our state's land mass.[1] In the current transportation structure, Hoosiers are being left behind and excluded from jobs, health resources, and their communities.

To provide the best quality of life for Indiana residents, we must understand the unique transportation challenges faced by persons with disabilities, older adults, veterans, transitioning youth, low-income individuals, and other vulnerable populations. According to the National Center for Mobility Management (NCMM), **Mobility management can be broadly defined as creating and managing mobility options, at both the systemic and system-to-customer levels, to improve the reach, efficiency, and affordability of public transportation services.** Transportation impacts every piece of our daily lives, and through the development of a statewide mobility management network, we can increase efficiency and effectiveness for all Hoosiers.

The following review provides a summary of Indiana's current transportation systems and the barriers that Hoosiers face. The report concludes with potential solutions through use of a mobility management network, which can expand mobility and access options to support vulnerable users.

The goal is to expand transportation access and reduce transportation disparities throughout Indiana, thereby improving quality of life and health outcomes; supporting workforce participation, economic growth, and community stability; and enhancing the vibrancy of communities. This report can be used by transportation partners, advocates, and other stakeholders across the state of Indiana. The purpose of this report is to provide better information about coordinated transportation networks and best practices that will develop reference materials, pilot programs, and model policies for future use in Indiana.

Types of Transit

The National Center for Mobility Management (NCMM) is the leading voice on facilitating partnerships between transportation and mobility management agencies and organizations in order to expand access to health, social, and community services for people with disabilities, older adults, and low-income individuals and families. Their work has been vital in expanding awareness about mobility management networks. Today, there are multiple modes of transportation that make up the entire system. It is important to know what each of these types are to understand the options available, what riders are utilizing, and how many types are used in conjunction with one another. We list below definitions from NCMM's Glossary of Key Terms to maintain consistency and shared understanding in conversations around mobility management:[2]

Demand-response service: Type of transit service, also sometimes called "dial-a-ride," in which individual passengers contact an agency and request transportation from a specific location to another specific location at a certain time. Vehicles providing demand-response service do not follow a fixed route but travel throughout the community transporting passengers according to their specific requests. These services usually, but not always, require advance reservations. Demand-response trips can be provided by taxi, a paratransit service, a rural general public transit agency, a ride-hailing service, or others.

Fixed-route service: Transit services where vehicles run on regular, scheduled routes with fixed stops and no deviation. Typically, fixed-route service is characterized by printed schedules or timetables, designated bus stops where passengers board and alight, and the use of larger transit vehicles.

Flexible routing and schedules: Flexible route services follow a direction of travel but allows for deviation or rerouting along the way to accommodate specific trip requests. Examples of flexible route systems are route deviation and point deviation. The schedule may be fixed or flexible.

Microtransit: IT-enabled private multi-passenger transportation services, such as Chariot and Via, that serve passengers using dynamically generated routes, and that expect passengers to make their way to and from common pick-up or drop-off points. Vehicles can range from large SUVs to vans to shuttle buses. Because they provide transit-like service but on a smaller, more flexible scale, these new services have been referred to as microtransit.

Rideshare/Ridematch: A program that facilitates the formation of carpools and vanpools, usually for work trips. A database is maintained for the ride times, origins, destinations and driver/rider preferences of users and potential users. Those requesting to join an existing pool or looking for riders are matched by program staff with other appropriate people.

Vanpool: A prearranged ridesharing service in which several people travel together on a regular basis in a van. Vanpools may be publicly operated, employer operated, individually owned, or leased.

Volunteer network: A volunteer network matches requests for transportation with a volunteer driver who is typically reimbursed on a per-mile basis for providing the trip. Persons requesting service call the network; the network calls the driver and schedules the trip. Volunteer networks are frequently used in rural areas where resources are scarce, persons needing transportation may live in remote areas, and a sense of community is not uncommon.

Find the full glossary at:
https://nationalcenterformobilitymanagement.org/ncmm_products/glossary-of-key-terms/

The Need and Demand for Transit

The need for transportation can be broken down into two categories: 1) basic human needs and 2) quality of life. Discussing basic human needs may seem simple, but when transportation is the lens through which we look, achieving basic human needs becomes more complex.

According to Abraham Maslow, a humanist psychologist, humans have five levels of needs. From the bottom to the top, these are: physiological needs, safety needs, belongingness and love needs, esteem needs, and self-actualization.

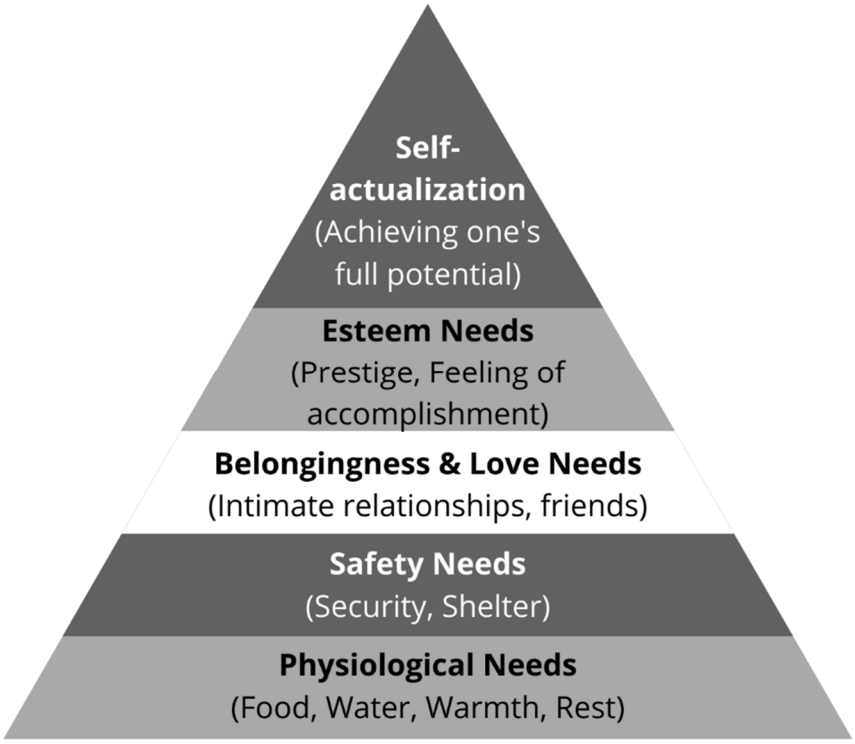


Image adapted from: Mcleod, S. (2020, December 29). Maslow's Hierarchy of Needs. Simply Psychology. https://www.simplypsychology.org/maslow.html.

Here's how transportation falls into each category of needs in Maslow's Hierarchy.

Physiological Needs

People require access to nutrition (grocery stores, food pantries, and healthy eating options), and they need transportation to get there.

Safety Needs

People need access to transportation that can help get them to and from safe, decent, and attainable housing options with access to public transportation and daily destinations.

People need transportation to access equitable, safe, affordable, and accessible health care (primary care, specialty care, dialysis, mental health treatment, substance abuse treatment, insurance).

Belongingness and Love Needs

People need access to social networks including faith, hobbies, employment, family, entertainment, etc. to feel a sense of connectedness and belongingness.

People need access to personal relationships including partners living in different environments, friendship gatherings, or recovery groups to feel loved and have a sense of purpose.

People need access to personal relationships including partners living in different environments, friendship gatherings, or recovery groups to feel loved and have a sense of purpose.

Esteem Needs

Self-preservation and self-determination are two important pieces to creating and maintaining positive self-esteem. People need to feel heard, valued, and respected in all aspects of life. This literally can be a defining factor in forming self-worth. Transit connects people to communities and opportunities in a way that provides autonomy and less reliance on others for transportation needs.

Self-Actualization

An individual's independence, especially for people with disabilities, older adults, and those of low socioeconomic status, must be honored, celebrated, and supported. The value of self-worth is crucial to survival. The ability to navigate around the community is a key factor influencing fulfillment of this need.

Quality of Life

The American Public Transportation Association (APTA) maintains that quality of life for people with diverse backgrounds increases with access to public transportation options.[3]

- **Americans living in areas served by public transportation save 541 million hours in travel time and 340 million gallons of fuel annually**, according to the Texas A&M Transportation Institute (TTI) report on congestion. Transit services provide the privilege of more time in the day, more regular routines, and more access to services that improve quality of life.
- **83% of older Americans say that public transit provides easy access to the things they need in everyday life.**
- **Public transportation is a vital link for the more than 51 million Americans with disabilities.**
- **People in households with access to transit drive an average of 4,400 fewer miles annuall**y, compared to those in similar households with no access to public transportation. This access to transit is a privilege that leads to less commute-related stress and more leisure time to improve quality of life.

Health & Safety

The World Health Organization (WHO) finds that public transportation supports healthy communities.[4] Shifting from private motorized transport to rapid transit and/or public transport, such as rail, metro, and bus, is associated with a wide range of potential health and climate benefits. These include:

Lower urban air pollution concentrations

Reduced noise pollution and related stress

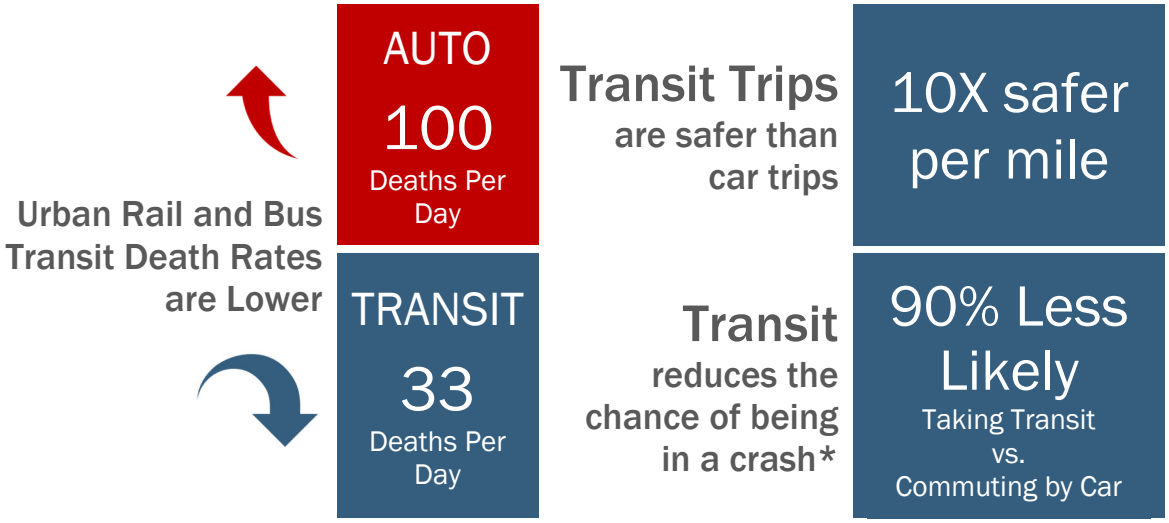
Lower rates of traffic injury risk

Improved equity of access for people without cars

Other notable health benefits include:

- Increased physical activity
- Healthier weight levels
- Traffic reduction
- Increased access to employment, education, health services, and recreational opportunities

APTA contends that increased public transportation increases public safety:[5]



* The original quote from APTA uses the term 'accident' to refer to a vehicle collision. Health by Design intentionally uses the word 'crash' to maintain that vehicle deaths are a preventable cause of death with proper policy implementation.

Economic Impact

APTA also compiled information that showcases the economic importance of public transportation in creating and sustaining jobs and saving money.[6]

- Public transportation has a positive economic impact on communities.
- For every $1 communities invest in public transportation approximately $4 is generated in economic returns.
- Every $10 million in operating investment in public transportation yields $30 million in increased business sales.
- $204 billion in business sales are generated related to transit each year.
- Residential property values perform 42% better on average if they are located near public transportation with high-frequency service.

- The average household spends 18 cents of every dollar on transportation, and 96% of this goes to buying, maintaining, and operating cars, the largest expenditure after housing.
- A household can save more than $10,000 by taking public transportation and living with one less car.
- While sitting in traffic during rush hour, Indianapolis area commuters wasted an average of $506 per year in 2012 on excess gasoline and lost productivity.[7]
- 1.4 million jobs are created or sustained per year because of public transportation.
- Every $1 billion invested in public transportation supports and creates more than 50,000 jobs.
- 87% of public transportation trips directly benefit the economy by getting people to work and connecting them to local businesses.
- Public transportation is a $68 billion industry that puts people to work – directly employing nearly 420,000 people.
- $29 billion in local, state, and federal tax revenue are generated each year.

Equity in Transit

The Stanford Social Innovation Review acknowledges the benefits created by transit that are listed above.[8] The review also notes that transit can perpetuate inequities across income, race, gender, and abilities. Stanford's Report provides recommendations on how transit can, in fact, be equitable,

To create equity in the lives of minority and low-income communities, Salud America (a program funded by the Robert Wood Johnson Foundation) suggests planners:[9]

- **Prioritize transit service for the people who need it most.** Use spatial analysis to identify and target transit investment to high-need populations.
- **Engage in transit access practices such as fare policies related to high-need communities.** Planners should pursue progressive fare policies to reduce financial burdens on low-income transit riders.
- **Engage community members and civic organizations.** Make public input more accessible by conducting outreach in impacted communities and going beyond traditional public meetings.
- **Plan for housing affordability.** Actively pursue transit-oriented development, with strong affordability requirements.
- **Support jobs in low-income communities and communities of color.** Use transit operations and capital projects to create local community-based workforce development opportunities.
- **Decriminalize fare evasion.** Rely on transit staff instead of police to handle routine fare enforcement.

The Need for a Mobility Management Network

Mobility management can be broadly defined as creating and managing mobility options, at both the systemic and system-to-customer levels, to improve the reach, efficiency, and affordability of public transportation services..

We believe a mobility management network will connect both issues and people. The development of a statewide mobility management network begins with bringing together transportation and mobility providers, other health and human service agency staff, decision-makers, community members, and riders/customers, which will allow for the exchange of ideas and the development of solutions and strategies that will address transportation-related barriers, especially those that create health disparities. Coordination of funding, systems, planning, policies, and practices between state agencies, health and human service organizations, and public and private transportation providers will be critical, and cultivating strong partnerships between these various entities will ensure a customer-driven model.

Communicate	Coordinate	Connect
		
Convene	**Create**	**Collaborate**
		

Regulations and Lack of Coordination

A 2019 survey from NCMM outlined perceived barriers and benefits that transit providers identified regarding participation in a mobility management network:[10]

Barriers:	Benefits:
▪ Funding Restrictions ▪ Complexity of Regulations ▪ Reporting Requirements ▪ Providers unaware of coordination activities ▪ Lack of available transportation ▪ Lack of cost-sharing arrangement ▪ Lack of reimbursement structure ▪ Lack of time and/or staff ▪ No state incentives to coordinate depending on location ▪ Gaps in research and data collection/no information sharing processes	▪ Enhanced ability to serve constituents ▪ Improvement in quality of services ▪ Enablement to serve more riders ▪ Some state incentives to participate in networks depending on location ▪ More accessible to riders who have disabilities, are low-income, or are seniors ▪ More cost effective for providers ▪ Reduced duplication of services

Coordinated Transportation

The Federal Transportation Authority (FTA) defines coordinated transportation as "Coordinating individual human service transportation programs [to make] the most efficient use of limited transportation resources by avoiding duplication caused by overlapping individual program efforts and encouraging the use and sharing of existing community resources."[11]

"In communities where coordination is made a priority, citizens benefit from more extensive service, lower costs and easier access to transportation. Coordination can improve overall mobility within a community…Greater efficiency helps to stretch the limited (and often insufficient) funding and personnel resources of these agencies."

Coordinated transportation is a major piece of mobility management networks. In addition to coordinated transportation, mobility management networks also include advocacy and coordination of funding.

Equity Through a Mobility Management Network

VisionAware shares that "accessible and affordable transportation is in short supply in many communities."[12] They assert that federal and local governments struggle to maintain programs and find resources to meet community needs. This includes the needs of citizens who are low income, senior, and/or have disabilities. Reductions in service have resulted in the dismantling of paratransit services. Transportation provides a multitude of benefits to riders, but only if they have access in the first place.

In 2010, a survey by The Kessler Foundation found that one third of people with disabilities in the United States reported problems with inadequate transportation.[13] Mobility management

strategies emphasize creating and improving access for people with disabilities, older adults, and low-income households. This form of transportation management takes a holistic approach to ensure that these groups have access to housing, employment, basic needs, physical and mental healthcare, and social connections. A mobility management *network* facilitates advocacy for development and improvement of these resources, to ensure they exist and are accessible within transit networks. The network expands the mobility management conversation to include providers, riders, human and health services staff, community members, employers, elected officials, and more. This comprehensive approach ensures stronger and more resilient communities throughout Indiana.

Rural Transit

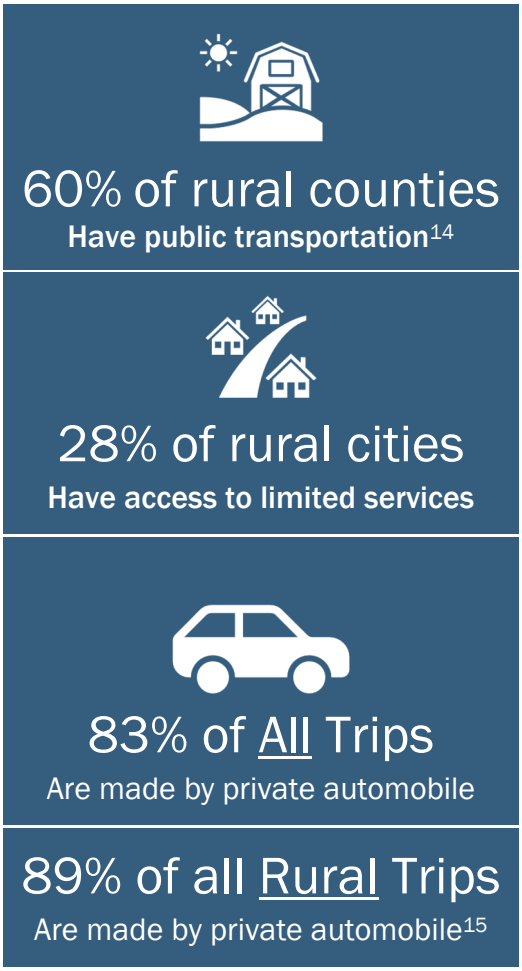
The need for public transportation in rural communities is only growing. Nineteen percent of the rural population is 65 years or older. This number is expected to grow rapidly over the next ten to twenty years.[16] The movement of baby boomers retiring to rural America is a trend that is anticipated only to grow.

Information transportation services include the use of apps for ride sharing, scheduling, and payment, social media for transit updates, or other related technologies. The harsh reality of information services is that they are often unreliable or inaccessible and force dependence on friends and family members. These services can also be a challenge in rural areas with limited internet access or to aging populations with less experience using those platforms. With the rapidly increasing number of older adults in need of transportation, information services are not growing to meet the demand.

In urban and rural communities alike, public transit provides transportation for non-drivers, families with low incomes, transportation for tourists, and supports economic development. Because of distance, individuals living in rural communities must travel much farther to access education, employment, retail locations, social opportunities, and health services. Without public transportation, these communities are forced to utilize private vehicles.

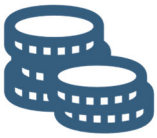
APTA lists the following reasons why public transportation is needed in rural communities:[17]

Public transportation is lacking in rural communities across America.



Rural residents with disabilities rely on public transit.
They take about 50% more public transit trips than unimpaired people do.

There are 2.9 million rural veterans, making up 33% of the veteran population enrolled in the VA health care system. Rural public transit can help veterans access needed services.



Rural poverty rates exceed urban poverty rates in all regions.

Public transit can help promote active lifestyles in rural communities struggling with health problems such as obesity and can link people with healthcare services.

Rural public transportation can be an important force in supporting local economies by connecting residents (especially non-drivers) with local businesses and job opportunities.

Living in urban cores with prominent transportation systems can coincide with a higher cost of living that isn't feasible for individuals with high healthcare costs and/or fewer employment opportunities. Improving public transit in rural communities allows people living in more affordable areas to access the resources they need.

What Hoosiers Are Saying

2018 Meeting

INSILC convened an interagency meeting concerning transit funding, policy, and service. The information gathered from the meeting is documented below, along with the meeting purpose:

- **Make introductions and connections** among state agency staff whose work involves, affects and/or is impacted by transit funding, policy, and service
- **Initiate development of a shared understanding** of how transit is funded, used, and connected to the work of various state agencies
- **Begin to identify gaps, barriers, and opportunities** related to transit funding, policy, and services

Governor's Council for People with Disabilities reiterated that "transportation—in all forms—remains an issue for people with disabilities" and that our current systems "are not thinking creatively enough about transportation solutions."

Indiana Housing and Community Development Authority (IHCDA) shared that there are incentives for co-locating IHCDA projects near transit stops and that they receive push-back from rural programs that don't have access. ICHDA hopes that further planning processes can "think about how to continue to promote access to transit while not being urban centric."

2019 Meeting

When groups reconvened in February of 2019, the providers collectively answered the following questions and concluded with the following problem statement:

"Implementation funding is a key aspect of community engagement for this work, creating readiness and awareness of the need to address these issues will allow communities to move quickly when funding is available. There is also a need to create consensus around these issues so that state agencies can come together to agree on a vision with measurable outcomes to solve Indiana's mobility problems."

Utilizing the 6 C's (Communicate, Coordinate, Connect, Convene, Create, and Collaborate) to build a mobility management network can aid in these solutions.

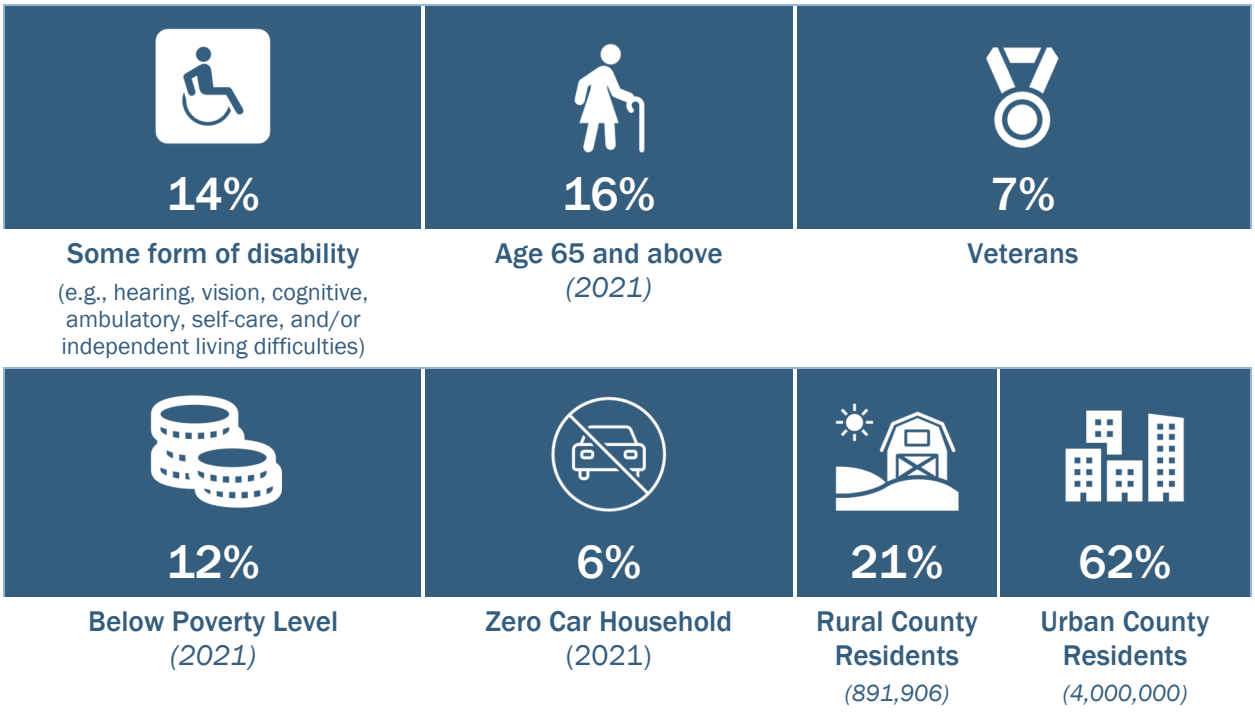
Major Questions Relating to Mobility Management

What are the main transportation issues facing people with disabilities and older adults/seniors in Indiana?	**Why does equitable transportation for disabled adults/seniors matter?**
▪ Lack of access for a range of transportation options ▪ Lack of information about transportation ▪ Low number of providers (especially in rural areas) ▪ Faith-based transportation is being done, but nobody knows how much ▪ Awareness of services ▪ First/last mile access issues ▪ Physical accommodations for disabled populations	▪ It's the law ▪ Affects public health and quality of life ▪ Economic development ▪ Access to employment, land value ▪ Public safety
What are the populations most affected?	**What/Where are the current gaps, inefficiencies, barriers, etc.?**
▪ Older adults; individuals with disabilities ▪ People living below the poverty level ▪ People without access to individual vehicles ▪ Minority and transient communities ▪ Culturally, socially, and politically marginalized populations	▪ Limited responsibility for sidewalk maintenance ▪ Cultural problems with maintenance of sidewalks ▪ Poor physical condition of sidewalks ▪ Poor coordination of transportation services ▪ Regulatory gaps of transportation agencies (INDOT vs. local jurisdiction) ▪ Funding gaps between agencies
Who are the key decision-makers in your agency, division, or program?	**Who are the key stakeholders? (e.g. PWD, agencies, providers, etc.)**
▪ Metropolitan Planning Organizations (MPOs), Local Public Agencies (LPAs) ▪ Elected officials/political will ▪ INDOT	▪ Advocacy groups ▪ Same as above (MPOs, LPAs, Elected officials, INDOT)
What evidence supports the need for a statewide mobility management network in Indiana?	
▪ Economic benefits to local communities ▪ Saves money in health costs and other expenses ▪ Need to lead with data on how to be more fiscally responsible by increasing mobility in the state ▪ What are the projections for fiscal returns in mobility improvements?	

State of the State

Indiana faces unique challenges in public transportation. Seventy-eight percent of our state's land mass is non-urban area--which means rural transit providers have an important role in the transportation system. Indiana has 63 transit providers; 14 that identify as urban providers, 12 that identify as small fixed route providers, 36 rural providers, and 1 transit district.

The 2021 American Community Survey for Indiana gives us an idea of populations who benefit from public transportation in our state.[18]



These demographics demonstrate a high need for a mobility management network that will expand and support transportation services for Hoosiers.

The Indiana Department of Transportation (INDOT) plays a significant role in public transit funding and organization. The Public Mass Transportation Fund (PMFT) for the state provided $44.1 million toward transit in 2020. This funding is allocated to transit systems by INDOT. INDOT also awarded federal dollars and funding known 5310 and 5311 grants (which are explained in Appendix A) to transportation providers, conducting annual workshops for applicants and grantees. INDOT compiles useful data on Indiana's Public Transit Systems so that we can know, for instance, there were over 17.5 million passenger trips reported for the state in 2020.[19] This current coordination is impactful in understanding the State of the State but could extend further to a mobility management network.

There are multiple planning and coordination efforts that currently exist throughout the state of Indiana. Multiple advisory committees meet on a monthly basis in various regions to plan for transit and coordination needs. In addition to advisory committees, several non profit organizations exist that help to support and coordinate transportation needs for those that have mobility needs.

Organizations like Health by Design and the Indiana Statewide Independent Living Council (INSILC) put transportation at the forefront of their missions.

Funding is available for transit providers and mobility management network participants at the federal, state, and county level. Since funding is often cited as a barrier to the convening of mobility management networks, these resources can serve as a starting place for collaborators to find financial support for their projects. *Refer to Appendix A: Funding Resources for the list of potential funds.*

In addition to a lack of funding coordination, a lack of guidance or training can also deter stakeholders from creating and maintaining a mobility management network. Both nationally and statewide, there are professional groups that serve stakeholders and can provide needed training and resources to establish a mobility management network. *Refer to Appendix B: Statewide Coalitions & Training for the list of transit organizations.*

Gaps in Indiana Transit

Indiana has significant gaps in meeting the transportation and mobility needs of our communities. Health by Design has conducted a review of available data and collected anecdotal evidence from riders and providers to reveal gaps in our transit system that can be reduced through the implementation of a mobility management network. The Governor's Council for People with Disabilities (GCPD) hosted a series of virtual town halls in 2020 where participants were asked about problems facing the disability community in Indiana. Among their concerns were:

- Frustration and mental load trying to access services and information
- Inter-agency communication and overly siloed agencies
- Instability, food insecurity, and lack of income
- Transportation and transit

GCPD reported that nearly every group in every town hall (people with disabilities, family and caregivers, and community stakeholders) touched on transportation as one of, if not the, biggest barriers. They listed the below as challenges in transit:

- Lack of evening and weekend service and hours
- Cross-county travel
- Lack of accessible transit
- Lack of available transit options
- Lack of accessible bus stops and shelters
- Only medical transportation available
- Waiting lists
- Inaccessibility for rural areas
- Cost and limited technology

The reality is without a more robust, equitable, and accessible transportation system, people who rely on public transit are at the mercy of the "system" and suffer harmful consequences.

Through conversations with riders, transit providers, advocacy groups, and various other organizations, Health by Design has collected personal stories and observations on challenges faced by individuals and groups. Each mode of transit has unique complications, which are listed by category below.

Demand-response service: Riders must make reservations in advance which can be as far out as two weeks. There's also a "pick-up" and "drop-off" window that could be anywhere from 1-3 hours. These factors create challenges for riders in needing to plan far ahead for needed services. Transit providers share their challenges are high no-show rates with customers, and that it's more expensive to run demand-response than fixed route. Most on-demand service providers use 5310 funds meaning folks must "meet eligibility" such as having a disability and/or being an older adult.

Fixed-route service: These are limited to people living in urban areas, and many times, they need to make multiple transfers to get to their final destination. According to RideCo Blog, the top five challenges with fixed-route service are: long walking distances to pick-up points, long wait times, inflexible pick-up times, service is expensive, time-consuming, and can be unreliable.[20]

Microtransit: Microtransit, while more flexible than fixed route services, is a newer mode to the transit family and is not without its share of challenges. For example, new microtransit services are often operated by private providers that may not have operational longevity or service consistency. These services may be equal in cost to demand response services, and is not necessarily scalable when compared to demand response.

Rideshare/Ridematch: Services such as Uber and Lyft require a smart phone app to schedule ride. Another challenge is Uber and Lyft are not required to follow ADA since they are private companies, and most vehicles are not equipped to accommodate wheelchairs.

Vanpool: Due to COVID-19, this service became very challenging because multiple people ride in one vehicle. This could also be challenging on a regular basis for people with disabilities who have compromised immune systems.

Volunteer network: The National Rural Transit Assistance Program identifies potential challenges with volunteer transportation networks.[21] Potential disadvantages could be that success depends on volunteer recruitment, engagement and commitment; labor or competing private companies may challenge the network; or responding to the level demand may be difficult for the limited resources of volunteers.

Additionally, conversations with various stakeholders have revealed higher level challenges with policy regulation. One common complaint is that transit providers often have strict guidelines on door-to-door policy. Under these rules, providers are not allowed cross the 'threshold' of a residence due to provider liability. While this protects providers, it is a significant challenge to people with disabilities who need physical support to enter or exit their homes for transit trips. Another challenge is lack of staff for transit providers to create a support network that aids riders in this way. Throughout the COVID-19 pandemic, staffing transportation agencies has been an even greater barrier for service providers.

A significant barrier for transit agencies is the difference in reimbursement rates versus the actual cost to transport. Operating at a loss means that agencies trying to support riders cannot always provide needed services for customers with disabilities.

Rural and urban transit providers working in silos means that information sharing opportunities are lost. Sharing funding opportunities, crossing county lines to provide necessary services, and supporting schools and non-emergency medical transit are all benefits from collaboration and working toward a common goal within a mobility management network. In addition to sharing

funding information, sharing ridership data would be a benefit to participating in a network. Without the transparency and cooperation of a network, it is difficult to find relevant information about affected populations in each service area which creates barriers to developing programs that serve marginalized groups.

Finally, the lack of local, regional, and statewide coordination is a barrier on its own. Statewide organizations that include member agencies based on size prevent support to smaller agencies who may serve specific vulnerable populations. A statewide coordination structure for information sharing, systems coordination, and planning can address these gaps and drive solutions to ensure riders who are disabled, elderly, and/or with low incomes can access transportation services that will improve their quality of life rather than hinder it.

Plans that Inform the Development of a Statewide Mobility Management Network

Coordinated Public Transit Human Services Transportation Plan

The Indiana State Human Services Coordination plan can be found online here.

Federal transit law requires that projects selected for funding under the Enhanced Mobility for Individuals and Individuals with Disabilities (Section 5310) Program be "included in a locally developed, coordinated public transit-human services transportation plan," and that the plan be informed and approved by participating seniors, individuals with disabilities, representatives of public, private, and nonprofit transportation and human services providers and other members of the public utilizing transportation services.[22] These coordinated plans identify the transportation needs of individuals with disabilities, older adults, and people with low incomes, provide strategies for meeting these needs, and prioritize transportation services for funding and implementation.

Indiana has fourteen Metropolitan Planning Organization (MPO) Coordination Area plans and eleven Rural Coordination Plans (aka Region Plans). These plans are updated every four years in accordance to federal law referencing the planning requirements for the United We Ride initiative and the Federal Transit Administration's (FTA) Safe, Accountable, Flexible, and Efficient Transportation Equity Act – A Legacy for Users (SAFETEA-LU); and updated in 2014 to meet the planning requirements for Moving Ahead for Progress in the 21st Century (MAP-21).[23]

The purpose of the Coordinated Public Transit Human Services Transportation Plan is:[24]

- Identify unmet transportation needs in the community
- Adopt goals and strategies as a team to address unmet needs
- Maximize the program's collective coverage by minimizing duplication of service
- Examine new opportunities for collaboration, including technology

Americans with Disabilities (ADA) Transition Plan

The Americans with Disabilities Act (ADA) became law in 1990 to ensure people with disabilities have equal opportunities. In compliance with the ADA, as well as in accordance with the Federal Transit Administration (FTA), Indiana has an ADA Transition Plan. According to INDOT's most recent release of their 2021 ADA Transition Plan, they state, "An American with Disabilities Act (ADA) Transition Plan is a living document that assesses the accessibility of Indiana's transportation system, highlighting compliance efforts and charting a course for improvements. As a state agency, INDOT must meet the requirements of Title I and Title II of the Americans with Disabilities Act".[25] They continue saying the ADA Transition Plan is specific to Title II of ADA and its focus is to identify and address accessibility concerns under the Federal Highway Administration's (FHWA) jurisdiction. Further, the Transition Plan will focus mainly on highway and bridge facilities, rest areas, and the other highway facilities.

According to the 2021 ADA Transition Plan, INDOT identified the following accessibility goals:

- Ensure that our programs meet or exceed the requirements for accessibility and

nondiscrimination.

- Effectively remove barriers to program and facility access.
- Engage in meaningful public involvement and to improve participation by traditionally underserved populations including persons with disabilities in transportation planning.
- Lead by example as we work to improve accessibility in our statewide transportation infrastructure.

Through various conversations regarding both the Coordinated Public-Transit Human Services Transportation Plan and the ADA Transition Plan, it was discovered that the two plans are not congruent or developed with reference to each other. By coordinating together on both plans, this would have provided the opportunity to ensure language and implementation, specific to ADA, would be in compliance with mobility and transportation strategies. Coordinating public input and collaborating on the development of these plans in the future is a perfect opportunity to implement cohesive mobility management in Indiana.

Non-Emergency Medical Transportation – NEMT

As of June 1, 2018, the Indiana Family and Social Services Administration (FSSA) began working with a company called Southeastrans to manage all non-emergency transportation for traditional Medicaid members (you may also see this called "fee-for-service" Medicaid.) This includes any member who is not in a managed care program such as Hoosier Healthwise, Hoosier Care Connect or the Healthy Indiana Plan. Southeastrans is working to help members find rides to the doctor's office, pharmacy, or other medical office, and subcontracts with smaller rural transportation providers to manage these services.

The Non-Emergency Medical Transportation Commission (NEMT) was created in 2019 because of SB 480 from the Indiana General Assembly to oversee a $128 million dollar Indiana state contract for transportation to medical appointments for Medicaid recipients. The Commission consists of state legislators, Medicaid providers, and stakeholders. The Commission is required to meet at least twice a year to provide oversight for Southeastrans, with the end goal of improved service for those that qualify for NEMT. Meeting dates, agendas, and minutes can be found here: https://www.in.gov/fssa/ompp/non-emergency-medical-transportation/nemt-commission/

Community State Plan & 1102 Task Force

According to the Comprehensive State Plan on Community-Based Services for Persons with Intellectual and Developmental Disabilities (IDD) final report, the Indiana General Assembly passed House Enrolled Act 1102 in 2017 to create the Task Force for Assessment of Services and Supports for People with Intellectual and Developmental Disabilities.

The 1102 report is "a strategic framework for the ongoing evolution of services and supports for persons with IDD. Informed by individuals with IDD, family members, advocacy groups, government agencies, a variety of support providers, and the broader community, this framework is a policy planning tool that provides a values-based vision and path to improve services and supports. The framework is also a tool that Hoosiers can use to hold each other accountable as systems of support evolve."

The Task Force presented four overarching goals, including thirty-four recommendations. For the purpose of this report, we are sharing the goal most relevant to transportation, which is "Goal #2: Advance and maximize community and state resources and programs to be inclusive to all Hoosiers.

2.4 Developing transportation strategies promoting independence and employment through collaborative efforts of key stakeholders and public-private partnerships across rural and urban areas. This may include addressing multijurisdictional issues; encouraging more funding for public transportation models; working with state and local transportation boards to ensure representation of individuals with disabilities; improving existing infrastructure to be fully accessible; facilitating the use of private ride sharing systems; and encouraging the development of innovative options such as driverless vehicles."

Read the report: 1102 Final Report 10.24.18.indd

Recommendation for a Mobility Management Network

Mobility management is an approach and set of practices that integrate transportation resources to create an inclusive and seamless universal transportation system – an approach supported by federal legislation (Infrastructure, Investment and Jobs Act). The network considers the needs of all riders, especially those with disabilities, older adults, and those with low incomes. Further, a network enables a more efficient and effective delivery of transit services that includes innovative solutions.

Mobility management is an approach to designing and delivering transportation services that starts and ends with the customer. It begins with a community vision in which the entire transportation network—public transit, private operators, cycling and walking advocates, volunteer drivers, and others—works together with customers, planners, and stakeholders to deliver the transportation options that best meet the community's needs. Introducing a mobility management network in Indiana would create a multitude of benefits for Hoosiers who rely on public transportation. Health by Design recommends the formation of a statewide mobility management network to improve equity for Hoosiers.

Successful Mobility Management Network Framework

Connect and Communicate - Outreach, engagement, and education are vital to the successful development of a statewide Mobility Management Network. This objective is about connecting both issues and people. Efforts in this area will ensure that state agencies, community-based partners, legislators and other policymakers, transportation service providers, and riders/customers are aware of and understand the issues, needs, and gaps discussed above. This objective also informs stakeholders on the players and partners involved; the intersections of transportation with other social determinants of health and how long and how well people live; and the opportunities available to improve lives through mobility management.

Convene and Create - Bringing transportation and mobility providers, other health and human service agency staff, decision-makers, community members, and riders/customers together will allow for the exchange of ideas. It also facilitates development of solutions and strategies that will address transportation-related barriers, especially those that create health disparities. Community engagement will consist of a variety of listening and validating events. It will include other endeavors across the state with community members and riders/customers/end-users to capture feedback that will be critical to incorporate into the planning and development of the statewide Mobility Management Network.

Coordinate and Collaborate - Bolstering collaboration across sectors and systems is essential for the development and long-term success of a statewide Mobility Management Network in Indiana. Coordination of funding, systems, planning, policies, and practices between state agencies, health and human service organizations, and public and private transportation providers will be critical. Cultivating strong partnerships between these various entities will be ensure a customer-driven model. Beyond that, the network will include community members, stakeholders, advocacy organizations, and many others.

Solutions

Below are potential suggestions based on NCMM's research[10]. Mobility management network programs and strategies will look different depending on the size of the network, available resources, and populations served. Building in equity through every step of the process is a vital piece of an effective network.

Coordination of Services

A consistent challenge in service delivery is the fragmentation of services. When services become siloed into categories, individuals often do not get the services they need. To prevent fragmentation from continuing, service providers and community organizations are encouraged to coordinate their services. Coordination reduces unnecessary duplication and creates more effective and efficient services.[26]

Coordination in the transportation field encompasses the delivery of one or more transportation services to increase the capacity provided by each service. Examples of transportation coordination include sharing vehicles for commuter trips or to conferences, utilizing a central scheduling service, and providing multiple services under one agency.

Develop Common Goals

When coordinating services, developing common goals is important because this practice allows for innovation. The development of common goals brings different organizations and groups of people together through work to achieve the same goal. This type of collaboration allows for faster recognition of community problems and offers a wider range of diverse solutions.

Centralize Resources

Centralizing resources allows individuals and organizations easier access to all the resources they need. Streamlined processes and services paired with centralized resources helps prevent the duplication of services, showcases community gaps and needs, and is more economical. Centralized resources allow people and organizations the ability to access information they may not otherwise be able to find access to. Mobility management is often facilitated by a mobility manager, or mobility coordinator, at the state, regional, or local level who engages a diverse range of riders, providers, planners, and human services to plan and implement a mobility management system.

The NCMM suggests creating an organization or coalition that funds and hires a mobility manager, develops one resource for riders with transportation, creates one customer call center, funds codes that allows for apples-to-apples comparisons, collects and evaluates customer data for trends, collaborates to share resources, and develops a strategic plan. More specifically they suggest expanding service areas, creating agreements to collaborate, educating riders, and implementing policy guidelines.

Creating information and formal agreements to collaborate can increase awareness and community support to gain support from officials, improve surrounding infrastructures, increase the accessibility at bus stops, and help the removal of barriers.

Expanding service areas can be done by connecting rural and urban areas with shuttles and transit routes, expanding service hours to accommodate 2nd and 3rd shifts and weekend/holiday hours, place affordable housing and social services nearby public transit, and working with employers to share costs and gain incentives.

Secure Executive Buy-In

Executive buy-in is imperative to creating systems-change but buy-in at this level needs to be more than the approval of a budget. The most effective way to create sustainable change is to utilize steering-type committees that informs executives and assists in decision making.[27]

Investment

Investing in public transportation has elicited great economic and community growth in multiple cities. However, states (and cities) must agree that public transportation is a priority. Public transit has value, but just like our highway system, is a big investment that must be planned for. The following examples portray transit investments in larger cities:

- Boston's investment in their Silver Line Bus Rapid Transit brought more than one billion dollars of construction and more than 2,500 new and refurbished housing units.
- Salt Lake City's S-Line brought 400 million dollars in economic development.
- Dallas Area Rapid Transit (DART) Rail generated a return of 7.4 billion dollars in regional economic activity—including more than 54,000 jobs.

Growth in these areas demonstrates the economic activity that accompanies the expansion of public transportation.

Community Engagement

Educating riders can unify policy and procedures across networks, allow non-profits who can provide services a space to serve their communities, help update dispatch software for efficient rider use, and can improve scheduling through data collection by more educated users.[29]

Resource mapping is the process communities use to collect data and information on the resources available to their community. Resource mapping serves two purposes: the first is to inform community members on existing resources, the second is to show community planners where they should be directing their efforts and allocating funding. This is an effective tool in a mobility management network.

Policy Considerations

Implementing policy guidance includes the development of guidance documents, establishment of cost sharing for transportation services, the development of vehicle sharing programs, launching cooperative programs among agencies, sharing of staff across agencies, holding cooperative planning meetings, hosting joint events, and inviting personnel to serve in advisory capacities.

Increasing the Quantity of Accessible Vehicles

There is a limited quantity of accessible vehicles available for use by people with disabilities. Some efforts have been made to increase the number of accessible vehicles, but demand is still not being met. Increasing services like transportation network companies (TNCs) that use wheelchair accessible vehicles (WAVs) will help meet some needs related to access and transportation across the country. Seattle, Chicago, and California have found a successful way to fund the growing need of accessible vehicles. Non-accessible vehicles are charged a fee of .10 cents per ride that is contributed to "Wheelchair Accessibility Funds."[28]

Carpooling Services

Rural communities are utilizing carpooling services to increase access to transit. One example of carpool use is a service called TaxiBus which allows passengers to reserve a ride that will transport passengers to fixed bus routes. Another example is the use of "vanpooling" and "bus pooling" to help create more connections to accessible services. These services are used for daily commutes but also for transportation into other cities and counties for access to festivals, beaches, and other recreational activities.

The COVID-19 pandemic and the challenges it has brought to public transportation have been a catalyst for connections between agencies. Our vision is that these networks of stakeholders will continue to deepen their partnerships to create a statewide mobility management network for the benefit of all Hoosiers.

Summary

Transportation impacts every piece of our daily lives and through the development of a statewide mobility management network, we can we increase efficiency and effectiveness for all Hoosiers. In our current transportation system, people who rely on transit are being left behind, excluded from community participation, and forced to navigate a complicated process just to travel to healthcare appointments, jobs, and other important daily destinations. Forming a statewide mobility management network to connect, communicate, convene, create, coordinate, and collaborate will improve transportation services for all.

Appendix A: Funding Sources

Public Mass Transportation Funds

The Indiana State Legislature established the Public Mass Transportation Fund (PMTF) to promote and develop public transportation in Indiana. Responsible administration of these funds necessitates that resources be targeted to increase local financial involvement, and encourage the delivery of efficient, effective transportation. State-level funding for transit has been essentially flat since 2009.

5307 – Urbanized Area Formula Funding

Overview: The Urbanized Area Formula Funding program (49 U.S.C. 5307) makes Federal resources available to urbanized areas and to Governors for transit capital and operating assistance and for transportation related planning in urbanized areas. An urbanized area is a Census-designated area with a population of 50,000 or more as determined by the U.S. Department of Commerce, Bureau of the Census.

Eligible Recipients: Funding is made available to designated recipients, which must be public bodies with the legal authority to receive and dispense Federal funds. Governors, responsible local officials and publicly owned operators of transit services are required to designate a recipient to apply for, receive, and dispense funds for urbanized areas pursuant to 49 U.S.C. 5307(a)(2). The Governor or Governor's designee is the designated recipient for urbanized areas between 50,000 and 200,000 people.

Eligible activities: These include planning, engineering, design, and evaluation of transit projects and other technical transportation-related studies; capital investments in bus and bus-related activities such as replacement of buses, overhaul of buses, rebuilding of buses, crime prevention, security equipment, and construction of maintenance and passenger facilities; and capital investments in new and existing fixed guideway systems including rolling stock, overhaul and rebuilding of vehicles, track, signals, communications, and computer hardware and software. All preventive maintenance and some Americans with Disabilities Act complementary paratransit service costs are considered capital costs. For urbanized areas with populations less than 200,000, operating assistance is an eligible expense. For urbanized areas with 200,000 in population and over, funds are apportioned and flow directly to a designated recipient selected locally to apply for and receive Federal funds. For urbanized areas under 200,000 in population, the funds are apportioned to the Governor of each state for distribution.

Funding: The Federal share is not to exceed 80% of the net project cost. The Federal share may be 90% for the cost of vehicle-related equipment attributable to compliance with the Americans with Disabilities Act and the Clean Air Act. The Federal share may also be 90% for projects or portions of projects related to bicycles. The Federal share may not exceed 50% of the net project cost of operating assistance.

Formula Details: Funding is apportioned based on legislative formulas. For areas of 50,000 to 199,999 in population, the formula is based on population and population density. For areas with populations of 200,000 and more, the formula is based on a combination of bus revenue vehicle

miles, bus passenger miles, fixed guideway revenue vehicle miles, and fixed guideway route miles as well as population and population density.

Read more here.

My Freedom Voucher Program – CICOA & Way 2 Go Transportation (5307 Funding)

- Allows anyone of any age with a disability the option to purchase low-cost vouchers for transports within Marion County or the ability to complete cross county transports within Marion County and the surrounding counties.
- Currently sell 900 vouchers per month and limit number based on funding allocation.
- One voucher will cover a trip that is less than 15 miles and does not cross county lines. A second voucher is needed per one-way trip if the client travels over 15 miles/and or crosses the county line. Clients can cross over into an adjacent county but cannot cross over two counties.
- This program costs a client either two vouchers or four vouchers for the round trip. They cannot be charged more than four vouchers total for a round trip
- Additional providers who accept these vouchers invoice CICOA monthly for reimbursement.
- CICOA is the only provider who offers the My Freedom Voucher, which is funded by 5307. CIRTA and CICOA help cover the additional costs to operate the program.

5309 – Capital Investment Grant (CIG)

Overview: This FTA discretionary grant program funds transit capital investments, including heavy rail, commuter rail, light rail, streetcars and bus rapid transit. Federal transit law requires transit agencies seeking CIG funding to complete a series of steps over several years.

For New Starts and Core Capacity projects, the law requires completion of two phases in advance of receipt of a construction grant agreement – Project Development and Engineering. For Small Starts projects, the law requires completion of one phase in advance of receipt of a construction grant agreement – Project Development. The law also requires projects to be rated by FTA at various points in the process according to statutory criteria evaluating project justification and local financial commitment.

Read more here.

5310 – Enhanced Mobility of Seniors and Individuals with Disabilities

Overview: This program (49 U.S.C. 5310) provides formula funding to states for the purpose of assisting private nonprofit groups in meeting the transportation needs of older adults and people with disabilities when the transportation service provided is unavailable, insufficient, or inappropriate for meeting these needs. Funds are apportioned based on each state's share of the population for these two groups. Formula funds are apportioned to direct recipients; for rural and small urban areas, that ais the state Department of Transportation, while in large urban areas, a designated recipient is chosen by the governor. Direct recipients have flexibility in how they select

subrecipient projects for funding, but their decision process must be clearly noted in a state/program management plan. The selection process may be formula-based, competitive or discretionary, and subrecipients can include states or local government authorities, private non-profit organizations, and/or operators of public transportation.

The program aims to improve mobility for seniors and individuals with disabilities by removing barriers to transportation service and expanding transportation mobility options. This program supports transportation services that are planned, designed, and carried out to meet the special transportation needs of seniors and individuals with disabilities in all areas – large urbanized (over 200,000), small urbanized (50,000-200,000), and rural (under 50,000). Eligible projects include both "traditional" capital investment and "nontraditional" investment beyond the Americans with Disabilities Act (ADA) complementary paratransit services.

Section 3006(b) of the FAST Act created a discretionary pilot program for innovative coordinated access and mobility -- open to 5310 recipients -- to assist in financing innovative projects for the transportation disadvantaged that improve the coordination of transportation services and non-emergency medical transportation (NEMT) services; such as: the deployment of coordination technology, projects that create or increase access to community, One-Call/One-Click Centers, etc. In the first year of the discretionary program (2016) Congress appropriated $2 million, followed by $3 million in 2017, $3.25 million in 2018, and $3.5 million in 2019.

For more information about the 2016 program for innovative coordinated access and mobility grant, learn about the Rides to Wellness Demonstration here: https://www.transit.dot.gov/funding/grants/fy-2016-rides-wellness-demonstration-and-innovative-coordinated-access-and-mobility.

Eligible Recipients: States and designated recipients are direct recipients; eligible subrecipients include private nonprofit organizations, states or local government authorities, or operators of public transportation.

Eligible Activities: Traditional Section 5310 project examples include:

- Buses and vans
- Wheelchair lifts, ramps, and securement devices
- Transit-related information technology systems, including scheduling/routing/one-call systems
- Mobility management programs
- Acquisition of transportation services under a contract, lease, or other arrangement

Nontraditional Section 5310 project examples include:

- Travel training
- Volunteer driver programs
- Building an accessible path to a bus stop, including curb-cuts, sidewalks, accessible pedestrian signals or other accessible features
- Improving signage, or way-finding technology
- Incremental cost of providing same day service or door-to-door service

- Purchasing vehicles to support new accessible taxi, rides sharing and/or vanpooling programs
- Mobility management programs

Note: Under MAP-21, the program was modified to include projects eligible under the former Section 5317 New Freedom program, described as capital and operating expenses for new public transportation services and alternatives beyond those required by the ADA, designed to assist individuals with disabilities and seniors.

Funding Availability: Section 5310 funds are available to the states during the fiscal year of apportionment plus two additional years (total of three years).

Allocation of Funding: Section 5310 funds are apportioned among the states by a formula which is based on the number of seniors and people with disabilities in each state according to the latest available U.S. Census data.

Match: The federal share of eligible capital costs may not exceed 80%, and 50% for operating assistance. The 10% that is eligible to fund program administrative costs including administration, planning, and technical assistance may be funded at 100% federal share.

Coordination with Federal Programs: FTA's Section 5310 program allows grantees to coordinate and assist in regularly providing meal delivery service for homebound individuals, if the delivery service does not conflict with providing public transportation service or reduce service to public transportation passengers.

Read more here.

Section 5311 Non-Urbanized Area Formula Program

The Section 5311 Non-Urbanized Area (rural) program provides formula funding to states for the purpose of supporting public transit in rural areas with a population of less than 50,000. FTA bases eighty percent of the statutory formula on the rural population of the states and twenty percent of the formula on land area. No state may receive more than 5 percent of the amount apportioned for land area. In addition, FTA adds amounts apportioned according to the Growing States formula factors to rural areas. Each state prepares an annual program of projects, which must provide for fair and equitable distribution of funds within the state and must provide for maximum feasible coordination with transportation services assisted by other federal sources.

Funds may be used for capital, operating, and administrative assistance to state agencies, local public bodies, nonprofit organizations, and operators of public transit services. The maximum federal share for capital and project administration is 80 percent. Projects to meet the requirements of the ADA, the Clean Air Act, or bicycle access projects may be funded at 90 percent federal contribution. The maximum FTA contribution for operating assistance is 50 percent of the net operating costs. State or local funding sources may provide the local share.

FTA makes available fifteen percent of the Section 5311 funds in each state for improvement of intercity bus services, also known as the Section 5311(f) program. The funds are to be used for planning, infrastructure, and operating needs related to the linkage of cities through intercity bus carriers unless the chief executive officer of the state certifies that the intercity bus service needs of the state are being met adequately. If all funds are not obligated to intercity bus improvements, the funds may revert to the general Section 5311 program for public transit in rural areas.

Section 5339(b) Buses and Bus Facilities Program

Through this program, funds are disbursed to states and other direct recipients for the purposes of replacing, rehabilitating, and procuring buses and associated equipment. Funds are also made available for the construction of bus related facilities including technological changes or innovations to modify low or no emission vehicles or facilities.

Funding for 5339(b) is provided through formula allocations in conjunction with competitive grants. To be qualify for this program the recipient must operate a fixed-route bus service or distribute funds to fixed-route bus operators; state or local government authorities; federally recognized Indian tribes (eligible via 5307 and 5311). Subrecipients that are public entities or nonprofit organizations involved in public transportation may obtain funding from grant recipients.

The federal share of eligible capital costs is 80 percent of the net capital project cost, unless the grant recipient requests a lower percentage. The Federal share may exceed 80 percent for certain projects related to the ADA, the Clean Air Act (CAA), and certain bicycle projects.

Non-Emergency Medical Transportation (NEMT)

The Indiana Health Coverage Programs (IHCP) began brokering nonemergency medical transportation services for most IHCP members served through the fee-for-service delivery system through Southeastrans Inc. (SET) effective June 1, 2018. Members receiving brokered NEMT services through SET are identified as such when verifying member eligibility through the IHCP Provider Healthcare Portal.

NEMT services for certain fee-for-service members are not brokered through SET and continue to be arranged directly with transportation providers. NEMT services for members enrolled in the Healthy Indiana Plan, Hoosier Care Connect, and Hoosier Healthwise continue to be managed through the member's health plan or the health plan's designated vendor.

NEMT providers rendering brokered transportation services - including common carriers (ambulatory and nonambulatory), taxis, bus services, and ambulance services - must be enrolled as IHCP providers. Additionally, providers need to contract with SET to be a part of their statewide NEMT network. SET will operate initially with an open network until an adequate statewide system of providers can be established.

Some transportation services are exempt from the requirement to broker the transportation through SET; services in these instances continue to be arranged directly with the transportation provider: Transportation services provided by family members enrolled as IHCP providers will not be brokered, and transportation for waiver services provided to members enrolled in IHCP home- and community-based services waiver programs will not be brokered. (Note: Medically necessary nonemergency transportation for HCBS waiver members for nonwaiver services *will* be brokered.) Transportation services provided by school corporations or transportation for Medical Review Team services will also not be brokered.

Read more: Indiana Medicaid - Nonemergency Medical Transportation

Medicaid Funding

Medicaid Waivers and Home and Community Based Services are administered by the Family and Social Services Administration (FSSA) and Division of Disability and Rehabilitation Services (DDRS).

To receive a Medicaid Waiver you must meet both the criteria for a developmental disability and ICF/ID-DD level of care. The criteria for a developmental disability is defined in state law and means that a qualifying developmental disability is evident and that it was diagnosed by a medical doctor prior to age 22. ICF/ID-DD Level of Care means that an individual qualifies as deficient in at three of the functional limitations designated in the Code of Federal Regulations.

Resources: http://medicaidwaiver.org/state/indiana.html, https://www.in.gov/fssa/ddrs/

Veteran Transportation

Beneficiary Travel

The Beneficiary Travel program reimburses eligible Veterans for costs incurred while traveling to and from Veterans Affairs (VA) health care facilities. The Beneficiary Travel program may also provide pre-approved transportation solutions and arrange special mode transportation (SMT) at the request of VA. Veterans may be eligible for common carrier transportation (such as bus, taxi, airline or train) under certain conditions.

Veteran Transportation Services (VTS)

VA recognizes Veterans who are visually impaired, elderly, or immobilized due to disease or disability, and particularly those living in remote and rural areas face challenges traveling to their VA health care appointments. Veterans Transportation Service (VTS) is working to establish Mobility Managers at each local VA facility to help Veterans meet their transportation needs.

VTS has established a network of transportation options for Veterans through joint efforts with VA's Office of Rural Health and organizations, such as Veterans Service Organizations (VSOs); community transportation providers; federal, state and local government transportation agencies; non-profits and Veterans Transportation Community Living Initiative (VTCLI) grantees.

Highly Rural Transportation Grants

Highly Rural Transportation Grants (HRTG) provides grants to Veteran Service Organizations (VSOs) and State Veteran Service Agencies. The grantees provide transportation services to Veterans seeking VA and Non-VA approved care in highly rural areas. These grants are available in counties that have fewer than seven people per square mile.

Read more here.

VA Travel

Certain veterans may be reimbursed for travel costs to receive VA medical care. Reimbursement is paid at $.11 per mile and is subject to a deductible of $3 for each one-way trip and at a maximum of $18-per-month payment. Two exceptions to the deductible are travel for C&P exam and special modes of transportation, such as an ambulance or a specially equipped van.

Eligibility: Payments may be made to the following:

1. Veterans whose service-connected disabilities are rated 30% or more.
2. Veterans traveling for treatment of a service-connected condition.
3. Veterans who receive a VA pension
4. Veterans traveling for scheduled compensation or pension examinations.
5. Veterans whose gross household income does not exceed the maximum annual VA pension.
6. Veterans whose medical condition requires a special mode of transportation if they are unable to defray the costs and travel is pre-authorized. Advanced authorization is not required in an emergency if a delay would be hazardous to life or health.

Grant Per Diem (Helping Veterans and Families - HVAF)

Provides shuttle service for veterans to and from VA appointments, service providers, housing, food pantries, employment, etc.

DAV Transportation / Marion County

Veterans who live in Marion County may be eligible for transportation services to appointments at the VA Medical Center.

Criteria:

1. Hours of operation are from 6:30am – 12:00 pm. Therefore, morning appointments would be appropriate.
2. Call to request transportation at least 10 days prior to appointment date.
3. The veteran must be ambulatory / able to walk. Veterans who require wheelchair assistance would not appropriate for this service.
4. Veterans who use continuous oxygen must have a portable tank. Contact DAV scheduler for specific restrictions.
5. For veterans who require the accompaniment of a caregiver, for medical purposes, inform scheduler when making the travel request. This may require documentation from the Veterans Primary Care Physician.

DAV Transportation / Counties other than Marion

Several counties throughout Indiana have access to DAV vans which are available for transportation to Medical Center appointments. To find out if your county has a DAV van available and to clarify what days and time this service is available contact the County Service Officer. For those counties who have DAV transportation available, ask to speak to the Van Coordinator/Scheduler.

For veterans who require the accompaniment of a caregiver, for medical purposes, inform scheduler when making the travel request. This may require documentation from the Veterans Primary Care Physician.

Access and Mobility Partnership Grants

Overview: Access and Mobility Partnership Grants seek to improve access to public transportation by building partnerships among health, transportation, and other service providers. This program provides competitive funding to support innovative projects for the transportation disadvantaged that will improve the coordination of transportation services and non-emergency medical transportation services. As of 2018, there are two funding opportunities under the initiative: the Innovative Coordinated Access and Mobility (ICAM) Pilot Program and Human Services Coordination Research (HSCR) grants.

Innovative Coordinated Access & Mobility: Eligible applicants are organizations that are eligible to be recipients and subrecipients of the Enhanced Mobility for Seniors and Individuals with Disabilities Program, (defined under 49 U.S.C. 5310):

- Designated recipients
- States and local governmental authorities
- Private nonprofit organizations
- Operators of public transportation

Proposals may contain projects to be implemented by the recipient or its subrecipients.

Human Services Coordination Research (HSCR) Grants

Eligible applicants for awards include:

- State and local governmental entities
- Providers of public transportation
- Private or nonprofit organizations

Eligible subrecipients include public agencies, private nonprofit organizations, and private providers engaged in public transportation.

Eligible Activities: The ICAM Pilot Program awards finance innovative capital projects for the transportation disadvantaged that improve the coordination of non-emergency medical transportation services.

HSCR grants support strategies in the coordination of human services transportation to provide more effective and efficient transportation services to seniors, individuals with disabilities, and low-income individuals. Research projects address gaps identified in locally developed Coordinated Public Transit-Human Services Transportation Plans. HSCR funds finance operating and capital project expenditures to develop and deploy projects that improve transportation services for targeted populations through methods that effectively and efficiently coordinate human services transportation.

Funding Availability: For both ICAM and HSCR, grantees will have up to 18 months from the time of the award to complete the project. Within the first year, projects must be able to demonstrate impacts related to the expected outcome as described in the application.

Funds under the ICAM Pilot Program may be used for capital expenditures only. Funds under the HSCR Program may be used for operating or capital expenditures that are tied to Coordinated Public Transit-Human Services Transportation Plans.

Match: The maximum federal share of project costs under the ICAM Pilot Program is 80%. The applicant provides a local share of at least 20% of the net project cost and must document the source of the local match in the grant application.

For projects funded under the HSCR program, the maximum Federal share of capital project costs is 80% and the maximum Federal share of operating project costs is 50%. The applicant must document the source(s) of the local match in the grant application.

Eligible local-match sources include:

- Cash from non-government sources other than revenues from providing public transportation services
- Revenues derived from the sale of advertising and concessions
- Revenues generated from value capture financing mechanisms
- Funds from an undistributed cash surplus
- Replacement or depreciation cash fund or reserve
- New capital
- In-kind contributions.

In addition, the applicant may use transportation development credits for local match.

Read more here.

Appendix B: Resources

Indiana Council on Specialized Transportation (INCOST)

INCOST is the Indiana Council on Specialized Transportation. It is an association of transportation professionals working together to promote safe and efficient transportation services to people with special needs. Formed in 1986, INCOST is an association of transportation providers, and was incorporated in 1995 as a 501c3 Not for Profit. There are currently 56 members with an elected 13-member Board of Directors. All geographic regions have equal representation on the Board.

INCOST's goals are to advocate for increased financial support for specialized transportation at the local, state and national levels, increase public awareness for the benefit of specialized transportation and promote the highest standards of service delivery now and in the future.

Membership is open to all Indiana agencies and organizations interested in specialized transportation including:

- Public Agencies
- Rehabilitation Facilities
- Direct Transit Providers
- Service Contractors
- Private Non-Profit and For-Profit Providers
- Advocacy Groups

Membership dues are $50/year

Learn More: Home (indianaincost.com)

Indiana Rural Transit Assistance Program (RTAP)

If you are one of Indiana's small urban or rural transportation providers, the Indiana Rural Transit Assistance Program (RTAP) is here to serve you. The RTAP Program provides technical assistance and training to not-for-profit public and specialized transportation providers all over the state of Indiana. They work with many different types of transportation agencies including:

- Public Transit Operators
- Agencies/Councils on Aging (AoA/CoA)
- Vocational Rehabilitation Providers
- Step Ahead Councils
- Metropolitan Planning Organizations (MPO)
- Transportation Advisory Committees (TAC)

RTAP's services are provided at no cost to agencies that provide public and social service transportation and receive capital and/or operating assistance through INDOT's 5310 or 5311 transportation grant programs. The Indiana RTAP Program is funded by the Federal Transit Administration and the Indiana Department of Transportation.

Learn more: Home (indianartap.com)

National Center for Mobility Management

The National Center for Mobility Management is a national technical assistance center funded through a cooperative agreement with the Federal Transit Administration and operated through a consortium of three national organizations—the American Public Transportation Association, the Community Transportation Association of America, and Easterseals Inc.

Goal of the Center

To pursue, facilitate, and support partnerships between transportation/mobility management agencies and organizations that provide health-related, social, and community services to older adults, people with disabilities, and/or low-income individuals and families, with the goal of enhancing transportation options for all through coordination and mobility management practices and strategic partnerships.

Key Activities

- Provide assistance to communities through dissemination of promising practices, a monthly e-newsletter, and customized technical assistance
- Deliver in-person and web-based trainings, including webinars
- Network with mobility management practitioners through several communication forums
- Align and support the goals and activities of the Federal Coordinating Council on Access and Mobility (CCAM) and the Federal Transit Administration (FTA)

Learn more: National Center for Mobility Management

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