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State of the Practice for Mobility Management

The purpose of this document is to provide an overview of the state of the practice in mobility management. This document will be incorporated into project reports identifying framework strategies for mobility management within or near existing funding levels for the communities of Marquette, Traverse City, and Lansing.

These communities have chosen to develop regional mobility management strategies under the Michigan Sustainable Communities Smart Growth America Demonstration Project. These strategies will be designed to optimize organizational structure and service delivery for public transportation services and serve as a model for statewide service delivery.

This document will be used in the first stage of the planning process as an assessment tool for helping to determine a strategic focus for each community. Community representatives and the consultants will use this document as a framework for assessing where each community's transportation system is strong and what elements hold the greatest potential for improvement.

A Cross-Cutting Approach

“We cannot truly evaluate the value of community and public transportation if we never take into account the positive economic outcomes it engenders. Looking beyond mere ridership statistics, this value is rooted in data that is far more challenging to collect and interpret than traditional transit measurements.” – Scott Bogren, in “Reframing Value – Transit’s New Playbook”

Mobility management strategies offer an effective approach to optimizing the value of transportation services. Mobility management encompasses and synthesizes a broad range of complementary strategies that include:

- Qualified, professional mobility management staff who coordinate public transportation and human service transportation
- Intelligent Transportation Systems (ITS) Technology designed and implemented using systems engineering
- Effective marketing and convenient service
- Creative, broad-based funding strategies including public-private partnerships, and strong community support and local funding that leverages federal and state funding
- Engagement in transportation demand management and local and regional planning efforts to ensure sustainable, transit oriented community design and growth patterns

Safety Net vs. Community Service

Community transportation systems can be broadly classified as “safety net” services or “community services”. A safety net service primarily serves populations with no other

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transportation options including low income, people with disabilities and seniors. Mobility management is one tool to help build a system that serves a much broader cross section of the community while still providing a safety net function.

The ideal community transportation system not only meets basic social service needs, but also provides significant economic benefit to employers, employees and commercial areas. Additionally, by maximizing ridership it should achieve meaningful reductions in traffic congestion and carbon footprint. To do this, services must:

1. Be affordable.
2. Have routes and schedules that are designed using good data and stakeholder input to effectively serve a broad range of community needs.

Transportation as an Essential Element of Livable Communities

The federal Sustainable Communities Partnership describes the role of transportation as an integral element of a “livable” community. The Sustainable Communities Partnership describes a livable community as one that:

- Provides more transportation choices that are safe, reliable, and economical
- Promotes equitable, affordable housing options
- Enhances economic competitiveness
- Supports and targets funding toward existing communities
- Values communities and neighborhoods

USDOT recommends the following to improve the transportation in a livable community:

- **Provide more transportation choices** to decrease household transportation costs, reduce our dependence on oil, improve air quality and promote public health.
- **Expand location- and energy-efficient housing choices** for people of all ages, incomes, races and ethnicities to increase mobility and lower the combined cost of housing and transportation.
- **Improve economic competitiveness of neighborhoods** by giving people reliable access to employment centers, educational opportunities, services and other basic needs.
- **Target federal funding toward existing communities** – through transit-oriented development and land recycling – to revitalize communities, reduce public works costs, and safeguard rural landscapes.
- **Align federal policies and funding** to remove barriers to collaboration, leverage funding and increase the effectiveness of programs to plan for future growth.
- **Enhance the unique characteristics of all communities** by investing in healthy, safe and walkable neighborhoods, whether rural, urban or suburban.

Coordination & Mobility Management

Effective coordination through professional mobility management is the core focus for communities across the country that are leading the state of the practice and succeeding in making public transportation an essential element of their quality of life and their economy. A quality these communities all share is that the lead governmental and non-profit agencies have organizational cultures that value cooperation and collaboration and are willing to invest in coordination because they have a shared vision as well as a practical understanding of the benefits that can be achieved.

One of the best summaries of coordination opportunities and benefits we have seen is a factsheet recently published by the Kansas University Transportation Center (Weaver & Vander Broek, 2011), in which the authors state, “Coordination is about managing resources and sharing decision-making among organizations working together for a common goal. It encompasses management, resources, cost-effectiveness, broad perspectives, multiple stakeholders, cooperation and action.”

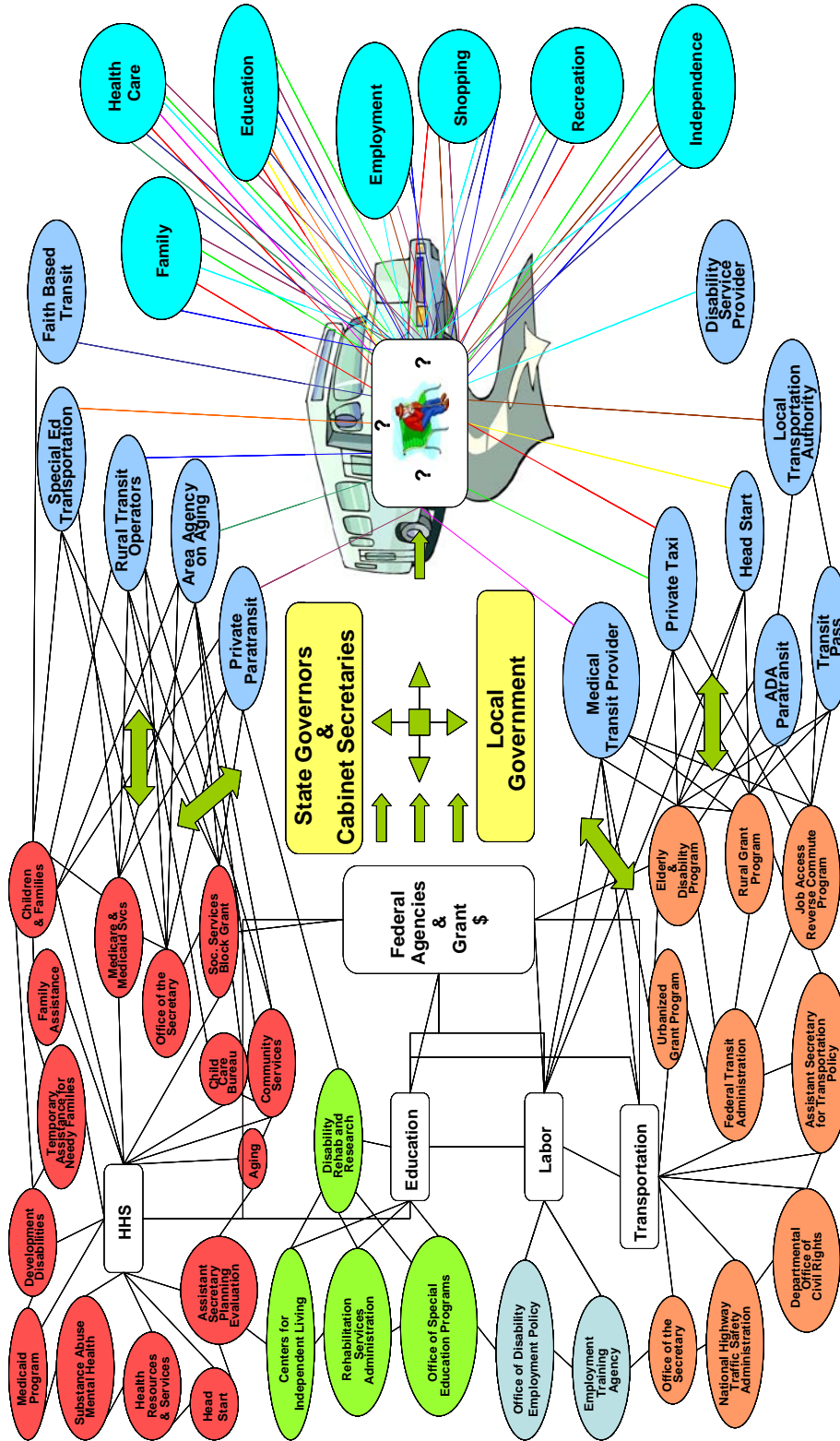
The Challenge and Complexity of Coordination

Providing a coordinated, efficient transportation system requires great expertise in navigating through the complicated network of federal transportation funding sources and rules, and applying this understanding to the web of community partners and needs. The spaghetti diagram in Figure 1 shows the 62 federal programs identified by the Congressional Office of Management and Budget in 2004 that have transportation funding programs for the human service portion of community transportation. Layered onto the federal funding sources are the state and local governments, the transportation providers, and the supporting social services.

The person looking for a ride and the organizations offering rides can get lost in the complexity of navigating this network of often overlapping programs. In communities with poor coordination and a lack of expertise and the staffing resources to tackle this challenge, the result is typically low funding levels and missed opportunities, with duplicated transportation services in some areas and no service and limited hours in other areas.

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Source: United We Ride

Figure 1: Different agencies funding passenger transportation

Muskegon County, MI provides a good example of the complexity illustrated in Figure 1 . In Muskegon, we identified approximately 30 organizations that provide transportation, and 19 that fund or represent people who need transportation. Many of the programs identified in the bubbles on the left side of the diagram, connected to federal Departments of Health and Human Services, Labor, Education, and Transportation, are contributing funds to each of these operators, either through direct grants, contracts, or purchase of rides.

Coordination Models

There are many successful community or coordinated transportation systems serving rural, small urban, and metropolitan regions around the country. These systems can be categorized into three, generalized model types:

- **lead agency model** - In the lead agency model, one local organization is responsible for coordinating transportation services and activities within a defined geographic area. The lead agency may be a private or non-profit organization, social service or related agency, or public entity.
- **brokerage model** - In the brokerage approach, one entity acts as an agent to arrange rides for persons needing transportation among a group of operators that “bid” to provide services. Both the broker and transportation provider receive fees for services, which are rolled into transportation charges per capita, per trip or some unit, and/or per mile. Such charges are paid by individuals or insurance companies directly or via health and social service funding.
- **administrative agency** - In the last type, an administrative agency is a public agency or entity (often a transit authority) that has responsibility to coordinate social service or specialized transportation, in addition to its role in providing public transportation.

(United We Ride 2007a)

Mobility Management

Mobility management is the state of the practice for planning and implementing effective coordination. The goal underlying the mobility management concept is to achieve a paradigm shift under which transportation providers are not measuring their performance based on the cost efficiency of how they operate their fleet, but instead measuring their return on investment in terms of moving people and meeting community needs. Simply providing transportation capacity is only the first step. What really matters is how that capacity is being used.

To effectively achieve the goals of maximizing transportation options and service coverage while also being efficient and cost-effective, a mobility management system must successfully serve two key functions:

- 1) A mobility manager must plan and coordinate region-wide and long term, by building working partnerships, coalitions and business relationships between multiple transportation service providers, social service providers and other stakeholders.

- 2) On the short term, day-to-day level of serving individual riders and maximizing ridership, they must be effective at creating and managing systems and communication strategies that help people find rides and get where they need to go.

Staffing for Mobility Management

It is important for decision-makers not to underestimate of the qualifications, commitment and time needed to manage public transit in communities of any size. Mobility management can fall short for one or both of the following two reasons:

- 1) Qualified staff are hired but have so many responsibilities for operating the local transit system that they have no time for mobility management tasks such as pursuing new funding sources, or building and coordinating coalitions and partnerships.
- 2) Low salary and low expectations for professional skills result in hiring unqualified personnel.

Mobility management functions can be assigned to existing staff, or a new position can be completed. In this project we will loosely use the term “mobility manager” to apply to anyone carrying out some or all of the mobility management functions, regardless of job title.

Mobility Management Functions

The full range of mobility management services may include customer relations, marketing, planning, land use development, system integration, finance, administration, legal, compliance, human resources, multimodal operations, information technology, engineering, construction, and varied non-operating functions (Crain & Associates, Inc., et.al., 1997).

The challenge is to establish a network of transportation providers that is properly funded and can meet the entire community’s needs within these constraints.

Although conceptually simple, working through the coordination process and bringing community partners together can be challenging, because most partners focus on their one business or service and do not understand what transportation coordination means or its potential benefits and cost savings.

Appendix B lists functions identified as the responsibilities of a Mobility Management Center in the *Mobility Management Plan for a Remote California Community* (Ballard, L., et. al., 2007).

The most up-to-date information on Mobility Management is available at the Partnership for Mobility Management website¹.

¹ <http://web1.ctaa.org/webmodules/webarticles/anmviewer.asp?a=1790>.

Local Level Coordination

In many cases, there are opportunities to share resources. This is not to say that public transportation can provide all social service transportation in a community, or that all publicly funded social service vehicles should be open to the public. They should not as there are some circumstances that warrant segmented transportation.

“There has been a misperception that categorical funding “does not permit” the sharing of resources among client groups of different types. Both the U.S. Departments of Transportation (DOT) and Health and Human Services (HHS) have issued instructions that are clear on such issues: as long as there is excess capacity and service is not being denied to the primary client group, it is indeed possible to use vehicles and other resources to serve a variety of client types, and it is possible to have clients from different sponsoring agencies riding on vehicles at the same time.” (Burkhardt 2004)

Transportation system and social service staff often do not have the time or training to “unravel the spaghetti” related to non-FTA transportation expenditures by funding sources such as Community Development Block Grants (CDBG), Medicaid, and Michigan Works!/Department of Labor.

Social service partners are often in the best position to collect data about unmet needs that can be used for service planning and coordination

Coordination between Communities and Modes

Besides coordinating locally, a complete mobility management approach considers coordination with intercity buses, trains, and airports. Bus stops and schedules are often not coordinated or connected, and often can be infeasible to coordinate. Nevertheless, communities should investigate opportunities including an attractive, well-located transfer station that serves both in-town and intercity buses with the potential connection with taxis and trains.

State Level Coordination

Regional and state-level partnerships and mobility management systems can help provide valuable assistance to communities and help ensure that resources are allocated where they are needed most and will have the greatest impact. A good example of successful, progressive policies at the state level is in Idaho where the statewide Community Transportation Association and the state’s multi-tiered mobility management system have both demonstrated significant success in maximizing service and efficiency through strategic planning and effective allocation of available federal funding. This success is partially the result of the state’s decision to invest in and strengthen the Community Transportation Association of Idaho (CTAI).

The Role of Technology

Technology plays a critical role in effective customer communications, and internal management of daily operations as well as longer term planning decisions. It is tightly related to operations, performance monitoring, marketing, social media strategy, and good information design. The same technological capabilities that make it possible to provide real time bus tracking,

automated stop announcements and other accurate, user-friendly information to the public are also necessary for critical management challenges such as assessing on-time performance, analyzing ridership and deciding how to allocate resources when increasing or cutting service. Additionally, technology is essential for effective mobility management, helping professional staff coordinate the services of multiple providers and guide customers who are trying to find a ride.

Intelligent Transportation Systems (ITS)

An intelligent transportation system (ITS) is the combination of technologies used to achieve these functions. Different software, hardware, spreadsheets, and back-end databases can be used as long as they are coordinated. Transit ITS will serve these needs most effectively if it is designed to integrate accurate data that includes a description of services, routes, and timetables, as well as real time vehicle location. The necessary technology functions can be grouped into:

- rider information
- a transit management system
- automatic vehicle location

Table 1 lists common ITS user services for fixed route service technology as well as demand response management software.

Table 1: ITS User Services for Transit and Coordination

1 Travel And Traffic Management
1.1 Pre-trip Travel Information
1.4 Ride Matching And Reservation
1.5 Traveler Services Information
2 Public Transportation Management
2.1 Public Transportation Management
2.2 En-route Transit Information
2.3 Personalized Public Transit
2.4 Public Travel Security
3 Electronic Payment
3.1 Electronic Payment Services

Systems Engineering

USDOT requires transit systems to use a systems engineering process when using FTA funding to design and implement transit management system technology. Simply stated, systems engineering is an integrated planning, design and implementation process that involves users and ITS developers in a team effort with the goal of providing a quality product that meets all user and technical needs. The process ensures the collaboration, iteration, and feedback that most ITS projects typically require between the design and implementation phases. It should be possible to scale and tailor the process to apply to projects of all sizes and complexity.

This is an important, but widely neglected policy. Transit operators commonly invest FTA funding in a wide range of ITS applications. However, a study of costs for 44 projects found a 50% average cost overrun on projects without systems engineering, and a clear trend towards better cost performance with systems engineering. (FHWA-California Division and Caltrans, 2009) Systems engineering reduces the risk of schedule and cost overruns and increases the likelihood that the implementation will meet the user's needs. Other benefits include:

- improved stakeholder participation
- more adaptable, resilient systems
- verified functionality and fewer defects
- higher level of reuse from one project to the next, and
- better documentation.

In short, this is not only a regulatory requirement, it is good practice.

Marketing, Communication and Convenience

While coordination should be a community's top priority, an important secondary focus should be investing in convenience and marketing. We have seen many local systems fall far short of their potential because the public has a low level of awareness of the services that are available. Failure to provide a positive experience and to market services can have a substantial impact on ridership and can significantly limit the effectiveness of the FTA funding being invested in other aspects of the system.

Convenience and user-friendliness includes on-time performance; clean, well-maintained buses; well-planned routes; well-signed and maintained bus stops with shelters and ADA access; hard copy and web-based route maps and schedules that are easy to use; and a website with mobile interface that is easy to navigate and includes an interactive trip planner and real-time bus arrival information. For systems that charge fares, it is important for riders to be able to easily find information about purchasing bus passes and to be able to conveniently buy passes. Personnel who interact with the public in person or over the phone should be friendly, knowledgeable and trained to work with people with disabilities.

Promotion includes effective branding, visibility and attractiveness of buses and facilities, an inviting website, and paid advertising as well as taking advantage of opportunities for positive media coverage. We typically recommend working with an experienced and successful local marketing firm to develop a comprehensive, ongoing branding and promotional campaign. For successful implementation, we recommend budgeting an ongoing investment equal to a relatively small percentage of operating expenses, with a substantial initial one-time investment several times higher to develop and launch the campaign.

A transit system can be viewed as a chain of interdependent components that can fail at the weakest link. Promotion and convenience are often two of the weakest links. For example, we have worked with a community that has great need for transit services but has been experiencing declining ridership for years. This transit system's website is not only extremely limited, poorly designed and hard to use, but is also buried deep within the County website so

that it is very hard for a potential rider to even find the site in the first place. In the same community, in spite of high ridership by elderly and disabled populations and frequent severe weather, there are very few benches or shelters at bus stops and in many cases the benches and shelters that do exist are not ADA accessible. It is also difficult to buy bus passes in this community or to find information about different types of passes.

Website

A transit system's website is one of its most important communication tools. Many riders and potential riders will look for information on the website before they look at a printed schedule. Good website design for transit follows a few simple principles. The information that is most important to the rider should be "above the fold" at the top of the page. Ideally, a website should include the following elements:

This can include a trip planner, a map of services, time tables, real-time bus location, and any special announcements about route or schedule changes.

- **Route Maps** – It should be easy for viewers to find and view route maps.
- **Schedules** – Good design is essential to make it easy to customers to understand timetables.
- **Trip Planner** – A trip planner powered by Google Transit should be a prominent feature on the home page, especially because many people have a hard time understanding even the best designed schedules and timetables.
- **Real Time Bus Tracking**
- **Mobile Interface**
- **ADA Compliant Design**
- **Information and Links to Other Transportation Providers** – Information about social service transportation, ridesharing, find-a-ride services, etc.

Funding

Transit system revenue comes from a combination of federal, state, and local funding sources plus farebox revenue. Operations funding for the Muskegon Area Transit System (MATS) is fairly typical for small and medium sized systems:

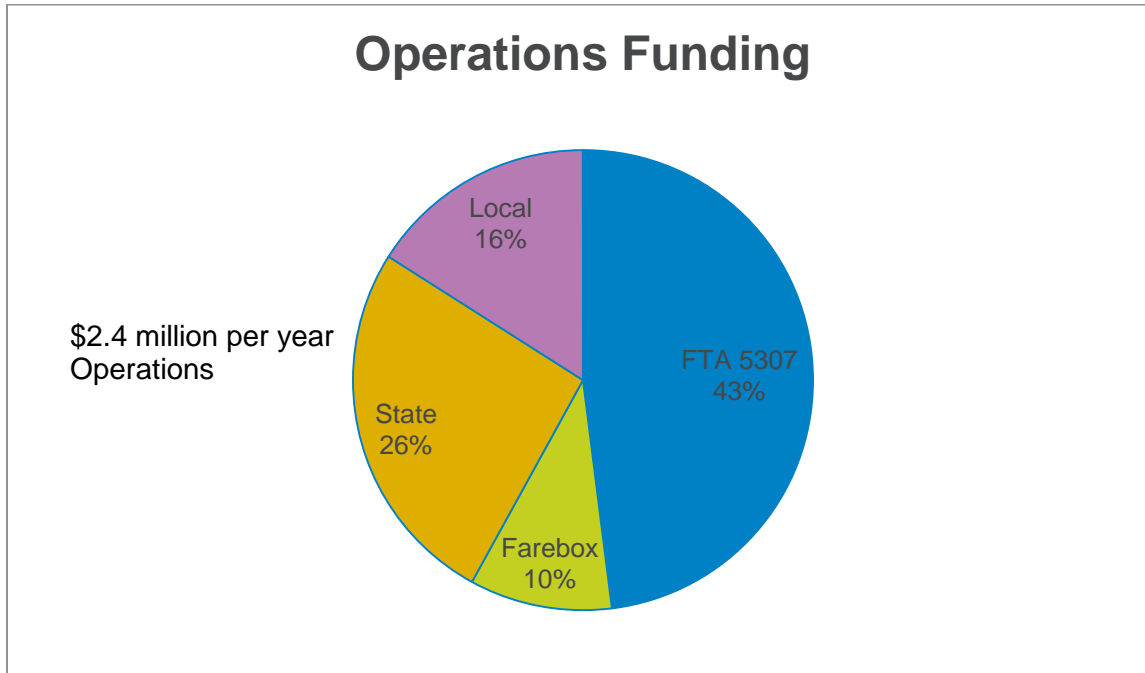


Figure 2: Approximate Distribution of Revenue for Muskegon Area Transit System

When adequate funds are available, the FTA can cover 50% of the net operating cost of small urbanized transit systems and 80% of the cost of maintenance, administration, and capital purchases. For all FTA programs, the balance of funds for operations or capital must come from “local” sources, which includes state, county or city, business, and community funds as well as non-transportation federal sources.

Before applying formulas for reimbursement, farebox revenue is subtracted to obtain a net operating deficit. Farebox revenue includes bus passes purchased with federal funds from jobs programs, Medicare, and services for people with disabilities. Most of these bus passes are purchased in bulk by social service agencies and non-profit organizations. Contracted services using this funding are not included in farebox revenue, but are rather considered “local” funding.

It appears that, at the very least, coordination could result in the “claiming” of “local funds” that would allow for utilization of FTA funds that cannot currently be matched FTA funding.

Federal Funding Through FTA

The Federal Transit Administration’s (FTA) 5307 Urbanized Area Formula Program for communities with population more than 50,000 and 5311 Formula Grants for Other than Urbanized Areas are the principal funding source for communities with fewer than 250,000 people.

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MAP-21 (Moving Ahead for Progress in the 21st Century Act) became effective on Oct. 1, 2012 and will remain in effect until Sept. 30, 2014. MAP 21 consolidates the Federal Transit Administration's 49 U.S.C 5316 (Job Access and Reverse Commute), and 5317 (New Freedom) grant programs into 5307, 5310 (Transportation for Elderly Persons and Persons with Disabilities), and 5311, but continues coordination requirements.

“Under MAP-21, mobility management is considered a capital expense, eligible for 80 percent federal funding. The definition of mobility management is unchanged from previous transportation law, SAFETEA-LU provisions. Mobility management continues to be an eligible capital expense in every Federal Transit Administration (FTA) grant program other than Section 5309.

Coordination with human services will remain a requirement for FTA grantees across the range of all non-rail FTA programs. Coordination with human services continues to be a requirement of statewide and metropolitan transportation planning, and coordination of service delivery continues to be a requirement in all three core FTA grant programs as authorized by MAP-21: Section 5307, 5310 and 5311.” (Partnership for Mobility Management, 2012)

More details about MAP-21 and mobility management can be found at:

<http://web1.ctaa.org/webmodules/webarticles/anmviewer.asp?a=3180&z=95>

A mobility manager could significantly improve service by helping to find coordination and funding opportunities involving the Department of Labor, CDBG, Medicaid and possibly other federal agencies, as well as many local and regional partners.

Non-FTA Federal Funding

The Federal Transit Administration (FTA) allows for non-transportation federal funds to act as local match to FTA funds. The Program Guidance for **Non-urbanized** Areas (Federal Transit Administration, 2007) provides broader, more inclusive language about this tool than does the Program Guidance for **Urbanized** Areas (Federal Transit Administration, 2010). The urbanized area program guidance is unclear about use of Temporary Aid to Needy Families (TANF) funds, an area of disagreement in the two regulations. Various documents from the Community Transportation Association of America also support the use of federal funds in less ambiguous language than the Urbanized Area Program Guidance. See Appendix B for specific language from FTA guidance.

Medicaid

Fixed route and demand response providers should explore the potential for partnering with any social service providers who receive Medicaid funding for transportation – especially the Department of Human Services. Medicaid transportation funding is a significant potential funding source, but unfortunately it is also one of the most difficult to work with.

In most areas Medicaid transportation expenditures are second only to FTA's transportation funding. Nationally, the \$3 billion spent by Medicaid in FY2006 for non-emergency medical transportation represents a small portion of Medicaid's budget, but almost 20 percent of the

entire federal transit budget. (Rosenbaum, Lopez, Jorris, & Simon, 2009). However, when asked about the biggest federal barrier to improved public transportation, the United We Ride Ambassador for FTA Region 5 stated it was complexities in coordinating with Medicaid transportation (Mross, 2011).

Medicaid is a joint program between the states and the federal government to provide medical care for the poor and disabled. It provides funding for non-emergency medical transportation (NEMT), as well as transportation for people with developmental disabilities and some senior transportation services such as programs to prevent seniors from being placed in nursing homes. Much of the transportation funded by Medicaid is for individuals with physical or developmental disabilities that are unable to transport themselves to medical appointments. Transportation for people with developmental disabilities can include group transportation to education, jobs, and human services.

The Department of Human Services and other agencies and non-profits may use Medicaid funding to purchase individual rides or contract for group rides depending on the specific program involved and the purpose of the ride. However, public transportation providers typically encounter a number of barriers to providing these rides. Many transit systems are not approved providers and do not have systems capable of billing Medicaid per trip. Additionally, state level Medicaid officials operate under federal policies that prioritize cost effectiveness over quality of service and tend to be primarily focused only on finding the cheapest rides for patients. Benefits of coordination are not systematically factored into their decisions and are rarely incorporated. These decisions have two significant, unintended consequences:

1. Local transit systems and higher quality private-sector providers are deprived of a significant source of potential revenue.
2. Transit-dependent individuals are forced to ride with less reliable and potentially unsafe providers, as is the case in Muskegon where much of the Medicaid transportation spending goes to unregulated taxis.

Finally, in cases where individual rides are being purchased, it is generally not possible to arrange for Medicaid to pay the full cost of the ride. Medicaid funding for NEMT on fixed route services cannot be contracted and can only be purchased on a per-ride basis, so there is no mechanism for Medicaid to pay for the remaining cost of the ride beyond the fare. Similarly, in some cases Medicaid has been known to only pay the farebox for a demand response ride, which covers even a smaller portion of the actual cost of the ride. We have also heard about issues with assigning profitable rides to private carriers, and unprofitable rides to public carriers. In eastern Idaho, one public operator reports that Medicaid customers who are ambulatory are assigned to the cheaper ride from a private for-profit unregulated taxi that doesn't have a wheelchair lift. The more expensive rides - those requiring an accessible vehicle and those that cover a longer distance - are then dumped on the public operator without providing funding to cover the entire cost.

Stark Law

Another barrier is that staff at the Department of Health Services and social service agencies may resist establishing Medicaid-funded transportation arrangements due to regulations under

the Stark Law and Anti-Kickback Statute (ASK). However, according to the Office of Inspector General (OIG), “Many arrangements involving free transportation have important and beneficial effects on patient care, but only where such arrangements are narrowly tailored to address issues of financial need, limited transportation resources, treatment compliance, or safety.” (OIG Advisory Opinion 11-02)

Local Funding

Communities that successfully leverage FTA funds must have two things: local match and professional staff with the time and resources to research and pursue these opportunities. Federal rules generally allow revenue derived through contracts and contributions to be used as local match. These include:

- Mill levies
- Local government general funds
- Contracts, Contributions & Bulk Purchases of Bus Passes

Communities with high performing transportation systems are proactive about negotiating contracts and contributions with a variety of partners. Whenever possible, contracts should be negotiated for expanded service that serves both targeted populations and the general public. The choice of whether to negotiate a contract or a contribution can be made on a case by case basis depending on the needs and preferences of different partners.

- **Universities, Colleges and other Educational Institutions** – In many communities around the nation students, faculty and staff ride fare-free on local transit through contracts, contributions or bulk purchases of bus passes. In many cases these agreements provide significant funding to local transit providers.
- **Large Employers** – In many communities around the country, large employers contribute or contract with local transit providers for service for their employees.
- **Social Service Agencies and Non-Profit Organizations** – Agreements with social service agencies and non-profits can be structured in several ways. In addition to contracts, contributions or bulk purchases of bus passes, another option is pass-through funding. For example, federal funding for disabled transportation can go to the local transit provider then be passed through to a non-profit that provides the services. In addition to promoting coordination, this arrangement increases the local match the transit provider can use to leverage FTA funding.
- **Commercial Centers** – Large commercial centers such as malls may be willing to enter into contracts for employee transportation service. Additionally, they may be willing to contribute toward increased frequency of service that will benefit their customers and potentially increase business.

Efficiency

Efficiencies can be achieved through coordination. Both the provision of rides and the mobility management function cannot meet the entire needs of the community if it has access only to public transportation funds. Social services must also contribute funds to meet the whole community's needs.

An example of a missed opportunity for coordination between local government service providers is the City of Muskegon's Senior Transit Program. The City uses Community Development Block Grant (CDBG) funds to provide a door-to-door demand response transportation system for seniors. While this program is successful, there are three levels at which it could be improved if the City and County had a better understanding of federal programs and regulations:

- 1) More funding could be available to expand and improve this service if the program were part of Muskegon Area Transit Service (MATS), allowing MATS to use the CDBG funds as local match for FTA funds.
- 2) There could be greater efficiency in running the program if it were part of MATS, compared the current situation in which the City and County are operating separate programs.
- 3) The City's four part time drivers do not receive that same high level of training that MATS drivers receive.

Integrating Public Transportation into Planning for Sustainability and Livability

To achieve sustainable, livable communities requires engagement in multi-modal planning by all appropriate government agencies, decision-makers and other stakeholders. In some cases, mobility managers and other public transportation officials may be leaders in these efforts. At a minimum, they need to be broadly engaged in promoting and planning improved and expanded options for transit and carpooling; walking and biking; and transit oriented development. Important partners in these efforts include Metropolitan Planning Organizations (MPO), Transportation Demand Management (TDM) associations, Transportation Coordinating Committees (TCC), Planning and Public Works Departments, and Sustainability Coordinators.

Metropolitan Planning Organizations

An MPO is the federal and state designated regional planning and development agency for an Urbanized Area for which the boundaries are assigned by the U.S. Census Bureau. An MPO may serve many local governments in a multi-county area, or may serve a relatively small number of communities within a single county.

MPOs undertake comprehensive transportation planning programs to maintain local government eligibility for federal and state transportation funds for street and road improvements, as well as subsidies for mass transit. They also perform regional transportation planning which is similar, but on a less intensive scale and is extended to include the entire region.

Public transportation providers often need to be proactive to ensure that MPO staff understand the impacts their decisions have on transit, and to help them develop a broader vision of the role they play beyond relieving traffic congestion.

Transportation Coordinating Committees

Transportation Coordinating Committees (TCC) include a variety of city, county and state officials including MPO staff. In rural areas with no MPO the Transportation Coordinating Committee is the primary organization responsible for long range transportation planning.

As with MPOs, TCC members are often primarily focused on road transportation and see transit as a social service program. There may be a lack of engagement and knowledge concerning public transportation. For example, travel demand modeling conducted for transportation planning is typically a four step process that includes a modal split with estimates for transit demand. However, in rural areas the transit demand modeling step is often skipped even if a transit system exists.

Planning and Public Works Departments

A transit system's effectiveness will be greatly compromised if a community lacks safe and convenient bicycle and pedestrian facilities allowing riders including people in wheelchairs, to travel to and from bus stops. The same is true if transit routes lack bus stops with amenities including concrete pads, shelters, lighting, ADA access and wintertime plowing. Moreover, important bus stop locations may not even be viable at all if features such as bus pull-outs are not designed into new roads and improvement projects for existing roads.

Ensuring that communities plan and build this essential infrastructure requires close collaboration between public transportation officials and planning and public works departments. Transit, bicycle and pedestrian needs must be included in the review process for subdivisions, commercial developments and street projects. We have worked with many communities that routinely miss important opportunities due to a lack of collaboration combined with a failure to incorporate these goals into the community's local regulatory framework through requirements such as complete streets policies, and engineering standards for bus stop infrastructure.

State and Federal Agency Facility Siting

Livability and sustainability are undermined along with the safety net for economically disadvantaged populations when federal, state, and local government facilities such as schools and offices for social security, motor vehicle departments, veterans facilities and unemployment offices are located in areas with poor transportation access. Transit officials can play an important role in preventing bad facility siting decisions if they are engaged in their communities and willing to speak out early in the facility siting process.

Transportation Demand Management

Transportation Management Associations typically work closely with transit providers to conduct outreach encouraging employers to help promote use and funding of existing bus services, along with building carpooling, walking, and biking options. In the absence of a TDM organization, a mobility manager could play a lead role in these functions.

Sustainability Coordinators

Local government Sustainability coordinators may be good partners and who may be able to take the lead on specific initiatives such as ridesharing and bicycle-pedestrian infrastructure.

Economic Development Initiatives

Using transit as a community economic development strategy requires running at relatively high frequencies, concentrating on high density corridors, and making service more attractive for choice riders.

Appendix A: Federal and State Laws

Federal and state laws and regulations create the framework within which communities must operate as they work to build coordinated transportation systems.

Public Transportation Laws and Regulations

The Michigan Department of Transportation Office of Public Transportation identifies the following laws and regulations related to the provision of public transportation in Michigan.

- Michigan
 - [Act 7 of 1967 \(Ex. Sess.\), Urban Cooperation Act of 1967](#)
 - [Act 8 of 1967 \(Ex. Sess.\), Intergovernmental Transfer of Functions and Responsibilities](#)
 - [Act 35 of 1951, Intergovernmental Contracts Between Municipal Corporations](#)
 - [Act 51 Public Acts of 1951, as amended](#)
 - [Act 55 of 1963, Mass Transportation System Authorities](#)
 - [Act 94 of 1933, The Revenue Bond Act of 1933](#)
 - [Act 196 of 1986, Public Transportation Authority Act](#)
 - [Act 204 of 1967, Metropolitan Transportation Authorities Act of 1967](#)
 - [Act 271 of 1990, Limousine Transportation Act](#)
 - [Act 279 of 1909, The Home Rule City Act](#)
 - [Act 432 of 1982, Motor Bus Transportation Act](#)
- Federal
 - [American Recovery and Reinvestment Act, 2009 \(ARRA\)](#)
 - [The Americans With Disabilities Act of 1990](#)
 - [Comprehensive Transportation Fund Administrative Rules](#)
 - [Comprehensive Transportation Fund Portion of Act 51](#)
 - [FTA Circular 4220.1F, Third Party Contracting Guidance](#)
 - [FTA Circular 4702.1A, Title VI and Title VI-Dependent Guidelines for FTA Recipients](#)
 - [New Federal Charter Rule Initial Guidance For MDOT Section 5310, 5311, 5316 and 5317 subrecipients](#)
 - [Moving Ahead for Progress in the 21st Century \(MAP-21\)](#)
 - [49 CFR 604 - Charter Service](#)
 - [49 CFR 605 - School Bus Operations](#)
 - [49 CFR 609 - Transportation for Elderly and Handicapped Persons](#)
 - [49 CFR 611 - Major Capital Investment Projects](#)
 - [49 CFR 613 - Planning Assistance and Standards](#)

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- [49 CFR 614 - Transportation Infrastructure Management](#)
- [49 CFR 622 - Environmental Impact and Related Procedures](#)
- [49 CFR 630 - Uniform System of Accounts and Records and Reporting System](#)
- [49 CFR 661 - Buy America Requirements, amended as of September 28, 2007](#)
- [49 CFR 663 - Pre-award and Post-delivery Audits of Rolling Stock Purchases](#)
- [49 CFR 665 - Bus Testing](#)

Federal Funds as Local Match

The Federal Transit Administration (FTA) allows for non-transportation federal funds to act as local match to FTA funds. The Program Guidance for Nonurbanized Areas (Federal Transit Administration, 2007) provides broader, more inclusive language about this tool for a coordinated transportation system, than does the Program Guidance for Urbanized Areas (Federal Transit Administration, 2010). The urbanized area program guidance is unclear about use of TANF funds, identifying the disagreement in the two regulations. Various documents from the Community Transportation Association of America also support the use of federal funds in less ambiguous language than the Urbanized Area Program Guidance. Language from FTA guidance follows.

Circular C 9030.1D, effective 05-01-10 [Urbanized Area Formula Program: Program Guidance and Application Instructions](#). Chapter 3, Section 12

- e. [Proceeds Related to Social Security Act. Funds as Local Share.](#) Section 403(a)(5)(C)(vii) of the Social Security Act, codified at 42 U.S.C. 603(a)(5)(C)(vii), Welfare-to-Work grant prohibits the use of Temporary Assistance for Needy Families (TANF) block grant funds as local share for other federally assisted projects. Consistent with 49 U.S.C. 5307(e)(4), however, Federal transit law expressly authorizes recipients to use TANF funds as the local share for Section 5307 projects.
- f. [Other Federal Funds.](#) In addition to funds from Section 403 of the Social Security Act, in a very limited number of situations, other Federal funds may be eligible for inclusion in the local match. Such use is dependent upon agreement by the Federal agency. As an example, Community Development Block Grant funds administered by the Department of Housing and Urban Development (HUD) may be used to provide the local share of Federal public transportation projects so long as the public transportation activities are:
 - (1) eligible for assistance under the Community Development Block Grant Program; and
 - (2) in compliance with HUD regulations, "Community Development Block Grants," 24 CFR part 570. See 42 U.S.C. 5305(a)(9) and 24 CFR 570.201(g).

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Profit from operations not related to public transportation may be included in the local match to the extent that such revenues are applied to cover eligible operating expenses.

Federal and local matching funds may only be applied to eligible operating expenses incurred on the accrual basis of accounting in providing public transportation services during the project period.

C 9040.1F. Effective 04-01-07 Nonurbanized Area Formula Program Guidance and Grant Application Instructions. Chapter 3, Section 3(b).

- a. Operating Expenses. With respect to operating expenses, 49 U.S.C. 5311(g)(2) provides that the Federal share shall not exceed 50 percent of the net operating cost of the project. For States eligible for the sliding scale match under 23 U.S.C. 120(b), the Federal match for operating assistance is set at 62.5 percent of the match for capital projects in those States (see Tables 1 and 2 [preceding this section in the guidance]).

Under Subsection 5311(g)(3)(A), funds received pursuant to a service agreement with a State or local social service agency or a private social service organization may be used as local match.

Income from contracts to provide human service transportation may be used either to reduce the net project cost (treated as revenue) or to provide local match for Section 5311 operating assistance. In either case, the cost of providing the contract service is included in the total project cost.

The manner in which a subrecipient applies income from human service agencies to a project affects the calculation of net operating expenses and, therefore, the amount of Section 5311 operating assistance the project is eligible to receive. A State's method of sub-allocating its apportionment among its subrecipients is a discretionary action, subject only to the statutory requirements described in this circular. While a State may not prohibit a subrecipient from using income from human service agency contracts as a source of local match according to Subsection 5311(g)(5), the State may elect to regard the degree to which a subrecipient demonstrates local financial commitment to the project from other sources of local funds as a rating factor in its discretionary allocation decisions.

- b. State Administration and RTAP. No local share is required for State administration and RTAP.

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c. Sources of Local Match. Under Subsection 5311(g)(3), a local match for the remainder of net project costs:

(A) may be provided from an undistributed cash surplus, a replacement or depreciation cash fund or reserve, a service agreement with a State or local social service agency or a private social service organization, or new capital;

(B) may be derived from amounts appropriated or otherwise made available to a department or agency of the Government (other than the [U.S.] Department of Transportation) that are eligible to be expended for transportation; or

(C) notwithstanding subparagraph (B), may be derived from amounts made available to carry out the Federal Lands Highway Program established by Section 204 of Title 23.

Examples of non-Federal sources that may be used for any or all of the local share include: State or local appropriations; dedicated tax revenues; private donations; and net income generated from advertising and concessions. Recipients may count non-cash shares such as donations, volunteered services, or in-kind contributions toward the local match only if the recipient formally documents the value of each non-cash share, and if this value represents a cost that would otherwise be eligible under the project. The net project cost must include the value of any in-kind contributions included in net project cost to the extent it is used as local match. States should reference Federal Administrative Rules for Grants and Cooperative Agreements, 49 CFR parts 18 and 19 for more information.

Recipients may use funds from other Federal agencies (non-DOT) for the entire local match if the other agency makes the funds available to the recipient for the purposes of the project. The only DOT funds that States can use as local match for Section 5311 projects are from the Federal Lands Highway Program cited in 49 U.S.C. 5311(g)(3).

A State cannot use Section 5310 or other FTA funds as match for Section 5311 program funds. Even though funds are made available to the rural transit provider through a service agreement with a State or local social service agency or private social service organization, FTA funds may not be used as match because they are derived from a DOT program.

Stark Law and Transportation

The Stark Law governs physician self-referral for Medicare and Medicaid patients and relates to the Anti-Kickback Statute. Some stakeholders fear these regulations restrict the ability to provide transportation to medical appointments. As described in the following article, it is allowable to provide transportation with Medicaid and Medicare funding when “*arrangements are narrowly tailored to address issues of financial need, limited transportation resources, treatment compliance, or safety*”.

OIG Again Views Complimentary Transportation Services Favorably

(Dresevic & Kalmowitz, 2011)

“On March 17, 2011, the Office of Inspector General (OIG) issued Advisory Opinion 11-02, which explained it would not impose sanctions on an acute care hospital’s provision of complimentary transportation services. (This is the second advisory opinion on the issue; the first was issued on March 6, 2009— Advisory Opinion 09-01.) Subject to certain safeguards, the OIG determined that the proposed complimentary transportation arrangements did not pose a high risk for fraud, waste, and abuse.

The OIG scrutinizes complimentary transportation services, primarily, because of the potential to violate the federal Anti- Kickback Statute (AKS) and/or the Civil Monetary Penalties (CMP) law. The AKS makes it a crime to knowingly and willfully offer, pay, solicit, or receive any remuneration to induce or reward referrals of items or services reimbursable by a federal healthcare program. With the passing of healthcare reform, the AKS “intent” element was revised to make clear that there is no specific intent or actual knowledge required for an AKS violation. Moreover, any person (including healthcare providers and suppliers) who gives something of value (e.g., free transportation) to a Medicare or Medicaid beneficiary that the person knows or should know is likely to influence the beneficiary’s selection of items or services payable under Medicare or Medicaid may be subject to the imposition of CMPs.

According to the OIG, many arrangements involving free transportation have important and beneficial effects on patient care, but only where such arrangements are narrowly tailored to address issues of financial need, limited transportation resources, treatment compliance, or safety. Despite the OIGs recognition of the potential beneficial effects on patient care, the OIG is also suspect of certain free transportation services, as they can often be an integral part of fraudulent or abusive schemes that lead to inappropriate steering of patients, overutilization, and the provision of medically unnecessary services.

Notably, in its earlier opinion, the Transportation offered in a manner related to referrals:

- Selective criteria related to the volume or value of federal healthcare programs are suspect.

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- Luxury or specialized transportation: The more luxurious or specialized the transportation (e.g., limousines, airplanes, etc.), the more suspect the arrangement as the transportation becomes more valuable to the recipient and, thus, more likely to be an improper inducement.
- Geographic area for transportation: The more local the transportation, the less valuable the service becomes to the recipient.
- Availability for other means of transportation: The provision of free transportation in areas with less access to affordable transportation is less suspect.
- Marketing or advertising: Advertised services are more likely to be seen as an inducement for referrals.
- Transportation destination: Transportation to and from the offeror's premises is viewed as more appropriate than transportation to a different provider or supplier.
- Treatment of the costs of the free transportation: The costs of the transportation services should not be shifted in any manner to federal healthcare programs.
- Other characteristics that raise concerns: Whether the offeror of the free transportation is also a provider that will provide federally payable items and services to passengers.”

Student Transportation

Two issues were raised related to student transportation. The first related to one interviewee's perception that students with disabilities must be transported separate from the general pupil transportation. Other interviewees asked about the ability to use school buses to transport the general, adult population.

The Michigan Department of Education (Thompson, 2006) clarifies that “special education pupils be transported on regular education bus runs whenever possible”, and specialized transportation can be provided by the district or contracted out.

“The requirement to transport students with disabilities is found both in federal legislation and in Michigan's Revised School Code. The Individuals with Disabilities Education Act (IDEA) Section 300.34 defines the transportation of students with disabilities as a related service. As such, transportation needs of the pupil should be discussed at each individualized educational planning team (IEPT) meeting and if necessary, described in the student's individualized education program (IEP).

Section 1751 of the Revised School Code also requires a school district to provide transportation for special education pupils who could not otherwise benefit from public education. Rule 388.383 of the Administrative Rules for State Aid for the Transportation of School Children further requires that special education pupils be transported on regular education bus runs whenever possible.

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When a school district determines through an IEPT decision that a pupil cannot be transported in a regular education vehicle, or a regular education vehicle with modifications (approved baby seats, transportation aides, special seating arrangements, etc.), then the district may provide specialized transportation services through the use of a special education transportation vehicle. The district may also contract with a third party for the provisions of specialized transportation services.” (Thompson, 2006)

The Pupil Transportation Act (1990 Act 187) Section 257.1865 states that a Michigan school bus may transport non students in specific conditions. Case studies are documented in a report regarding public/pupil transportation on the Michigan DOT Public Transportation web site.

The Pupil Transportation Act (Excerpt) - Act 187 of 1990

“257.1865 Use of school bus for transporting persons other than pupils; mileage, insurance, fees, and other costs; priority; purchase of additional school buses; checking and servicing school buses; definition; rights of school employees; collective bargaining agreements.

(1) Pursuant to an agreement made under subsection (4), a school may permit the use of a school bus which is not otherwise being used for school purposes by an organization or group for purposes of transporting senior citizens or retired or disabled persons, or by a nonprofit organization for purposes of transporting its members to or from an activity, event, or outing, if the school determines that suitable or economically feasible public or private transportation is not available for this purpose. Mileage, insurance, and other costs may be paid by the group or organization or may be waived by the school.

(2) A school may permit the use of a school bus for the purposes of transporting persons other than pupils to school-sponsored events. The school may collect a fee for transporting persons other than pupils to or from school-sponsored events to cover expenses for the trips involved. Insurance to indemnify the school, its officers, or employees against liability for damages arising out of the use of school buses shall be obtained before persons other than pupils are transported and fees charged. The pupils of the school shall be given first priority for any transportation furnished by the school.

(3) A school shall not purchase additional school buses for the sole purpose of implementing this section.

(4) A local unit of government, including a city, county, village, or township, may enter into an agreement with a school within its area for the use of school buses to transport senior citizens or retired or disabled persons, or members of a nonprofit organization, subject to the same terms and conditions provided in subsection (1) and subject to the terms and conditions in subsection (5).

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(5) A school may contract with a federal, state, or local unit of government or an authorized government subcontractor for the use of a school bus to transport persons, if all of the following conditions exist:

(a) The school bus is not being used for school purposes.

(b) The persons are to be transported to or from an activity which is sponsored or operated by the unit of government.

(c) The school bus is not to be used for transporting freight, goods, or merchandise other than that which is carried on the laps of individual passengers.

(d) A subcontractor of a unit of government has obtained written evidence of a contract with the governmental agency which shows that the subcontractor is authorized to expend funds for the transportation for which the use of a school bus is requested.

(e) It is determined that other suitable or economical transportation is not available.

(6) A school bus shall be returned in adequate time to be properly checked and serviced for its scheduled route assignment.

(7) As used in this section, “nonprofit organization” means any 1 of the following:

(a) A corporation organized under the nonprofit corporation act, Act No. 162 of the Public Acts of 1982, being sections 450.2101 to 450.3192 of the Michigan Compiled Laws.

(b) A corporation to which the nonprofit corporation act applies as provided in sections 121 and 123 of Act No. 162 of the Public Acts of 1982, being sections 450.2121 and 450.2123 of the Michigan Compiled Laws.

(c) A group, society, organization, or association organized to carry out any lawful purpose not involving pecuniary profit or gain for its officers, trustees, or members.

(8) Nothing in this section shall be construed to eliminate, modify or restrict any of the rights or collective bargaining agreements school employees have under Act No. 336 of the Public Acts of 1947, being sections 423.201 to 423.216 of the Michigan Compiled Laws.

Medicare and Medicaid

Medicare covers everyone over 62 and operates across the country. Medicaid covers the poor and disabled. The federal government pays a percentage based factors such as poverty rate and unemployment, typically around 54%.

CMH was set up under the general fund; now it's a medical model. MI has a B-3 waiver that allows bundling of services. Able bodied poor who are able bodied were moved over to an HMO model. In 2000, those with substance abuse, mental health, and development disabled were carved out.

Bay City uses aid. MSAA addresses Medicaid. NEMT – is reimbursed per round trip.

Medicaid Non-Emergency Transportation Webinar Playback and Documents

(Community Transportation Association of America, 2010)

Valerie Miller

Medical Transportation Specialist

800.891.0590 x713

202.294.2212

The complete audio and visual playback of the CTAA Medicaid Webinar Parts I and II is available on the CTAA website.

- [Medicaid Non-Emergency Transportation Part I Playback](#)
- [Medicaid Non-Emergency Transportation Webinar Part II Playback](#)

Part I

- [Report on Medicaid's Non Emergency Medical Transportation Assurance \(PDF\)](#)
This policy brief examines Medicaid's assurance of medical transportation in the context of medically necessary but non-emergency health care. Reviewing the origins and evolution of the assurance and presenting the results of a 2009 survey of state Medicaid programs, the results of this analysis underscore Medicaid's unique capacity to not only finance medically necessary health care but also the services and supports that enable access to health care by low income persons since Medicaid covers non-emergency medical transportation. This ability to both finance health care and enable its use moves to the forefront as Congress considers whether to assist low income persons in health reform through Medicaid expansions or via subsidies for traditional health insurance, which typically does not provide comparable transportation coverage.
- [An Overview: How Health Care Reform Impacts Community and Public Transportation](#)
For the benefit of our members and colleagues throughout our industry, we've provided an overview of the current health care reform activity in both the House of Representatives and the Senate, along with the general vision presented by President Obama.
- [Transportation as a Foundation for Better Healthcare \(PDF\)\(69 KB\)](#)
In his article, Transportation as a Foundation for Better Healthcare, Jon

- Burkhardt explores the significance of community transportation in healthcare. Jon closely examines the impact transportation has on the Medicare program.
- Mobile Communities are Healthy Communities (PDF)(1.16 MB)
Medicaid has played an important role in the development of medical transportation and will continue to do so in the future. Millions of people nationwide depend upon their Medicaid coverage to pay for rides to and from essential health services provided by community transportation. In turn, transportation providers depend upon Medicaid as a funding source to ensure that they can continue to provide the link by which people access their health care. Mobile Communities are Healthy Communities that explains Medicaid's role in non-emergency medical transportation.

Part II

- Medicaid Program; State Option To Establish Non-Emergency Medical Transportation Program
From the Federal Register
This final rule implements section 6083 of the Deficit Reduction Act of 2005, which provides States with additional State plan flexibility to establish a non-emergency medical transportation (NEMT) brokerage program, and to receive the Federal medical assistance percentage matching rate. This authority supplements the current authority that States have to provide NEMT to Medicaid beneficiaries who need access to medical care, but have no other means of transportation.
- Capitation and Negotiation
A capitated rate is generally figured on the total Medicaid population. It is important to know the percentage of utilization in the geographic area you will be serving.
- The Role of Public Transit in Solving the Texas Health Care Crisis
The Texas public transit network, now more than 40 years in the making, has long served the medical transportation needs of Texans. Today, as the state deals with a health care crisis, this network of dynamic, cost-effective agencies offers a local solution. Texans helping Texans: Because medical transportation is public transportation.

Appendix B: Mobility Management, Coordination, and United We Ride

Sixty-two federal programs fund transportation. The following table lists the possible uses for these programs according to United We Ride.

Federal Transportation Service Matrix

	Reimbursed Costs (Fares, Gas, Bus Pass, etc.)	Mobility Mgt/Travel Training/ O and M	Operate Vehicles (Direct or Contract)	Purchase Vehicles (public/nonprofit)
HEALTH AND HUMAN SERVICES				
Administration for Children and Families				
Social Service Block Grant	X		X	X
Child Care and Development Block Grant	X			
Head Start			X	X
Refugee and Entrant Assistant Discretionary Grants				
Refugee and Entrant Asst. State Administered Programs	X			
Refugee and Entrant Targeted Assistance	X			
Refugee and Entrant Asst. Voluntary Agency Programs	X			
State Developmental Disabilities Council and Protection & Advocacy	X	X	X	
Temporary Assist to Needy Families	X			
Community Services Block Grant			X	
Promoting Safe and Stable Families			X	
Administration on Aging				
Grants for Supportive Services and Senior Centers			X	
Programs for American Indian, Alaskan Native and Native Hawaii			X	
Centers for Medicaid and Medicare				
Medicaid	X			
State Health Insurance Program	X			
Home and Community Based Waiver	X	X		
Health Resources and Services Administration				
Community Health Centers	X		X	
Healthy Communities Program	X		X	
HIV Care Formula	X		X	
Maternal and Child Health Block Grant	X			
Rural Health Care Network	X		X	X
Rural Health Care Outreach Program			X	
Healthy Start Initiative			X	
Ryan White Care Act Programs				

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	Reimbursed Costs (Fares, Gas, Bus Pass, etc.)	Mobility Mgt/ Travel Training/ O and M	Operate Vehicles (Direct or Contract)	Purchase Vehicles (public/nonprofit)
Substance Abuse and Mental Health Services Administration				
Community Mental Health Services Block Grant	X	X		
Prevention and Texas Block Grant	X	X		
DEPARTMENT OF EDUCATION				
Voluntary Public School Choice	X	X		
IDEA		X		
Centers for Independent Living		X		
Independent Living for Older individuals Who are Blind		X		
Independent Living State Grants		X		
Vocational Rehab Grants		X		
DEPARTMENT OF LABOR				
Bureau of Indian Affairs				
Indian Employment Training and Related Services	X	X		
Indian Employment Services	X	X		
Employment and Training Administration				
Job Corps	X	X		
Migrant and Seasonal Farm Worker	X	X		
Native American Employment and Training	X	X		
Trade Adjustment Assistance for Workers	X	X		
Welfare to Work Grants for Tribes	X	X		
Welfare to Work for States and Locals	X	X		
Work Incentive Grants	X	X		
Workforce Investment Act Adult Services Program		X		
Workforce Investment Act Adult Dislocated Worker Program		X		
Workforce Investment Act Youth Activities		X		
Veterans Programs				
Veterans Employment Program		X		
Homeless Vet Project				
DEPARTMENT OF TRANSPORTATION				
Elderly and Persons with Disability				X
Job Access Reverse Commute			X	X
Non-Urbanized Formula (rural)			X	X
Urbanized Formula				X
New Freedom Program			X	X
Capital Discretionary Program			X	X
HOUSING AND URBAN DEVELOPMENT				
Community Planning and Development				
Community Development Block Grant			X	X
Housing for Ind. w/AIDS	X		X	X
Supportive Housing Programs			X	

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	Reimbursed Costs (Fares, Gas, Bus Pass, etc.)	Mobility Mgt/ Travel Training/ O and M	Operate Vehicles (Direct or Contract)	Purchase Vehicles (public/nonprofit)
Principal and Interest				
Revitalization of Severely Distressed Housing	X			
Veteran Affairs				
Homeless Provider Grants			X	X
Medical Care Benefits	X		X	X
Social Security Administration				
Ticket to Work Program	X			
U.S. Department of Agriculture				
Food stamp and Employment Training Program	X			

Source: United We Ride 2007c

The following functions were identified as the responsibilities of a *Mobility Management Center in the Mobility Management Plan for a Remote California Community* (Ballard, L., et. al., 2007).

Trip Planning

- The Mobility Management Center (MMC) upon phone, email, Internet, or walk-in request, arranges transportation for a customer within [the county] and to regional hubs, focusing on people with limited access to a car.
- Transportation may be provided by the public transportation systems, a [nonemergency medical transportation] van, senior transportation programs, volunteer drivers, agency vehicles, gas vouchers, veteran services vans, for hire cars, private intercity shuttles, or taxis to travel to these destinations.
- Public transportation is arranged if available.
- Transfers between providers may be necessary.
- If public transportation is not available, the MMC will attempt to arrange service from another public entity.
- Just as with the individual, the MMC arranges transportation requested by a service agency on behalf of its clients.
- The MMC will use a web-based trip planner to support this function.
- The [Mobility Manager] will train representatives from social service agencies in serving their clients in finding rides.
- Passengers will be able to book a ride on Greyhound through the MMC. The MMC will also work with social service agencies to determine if it is feasible to book a ride on any of their vehicles through the MMC. The MMC will also check the feasibility of booking rides on [neighboring counties’] demand response services.

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- The MMC [will determine the feasibility] of paying for rides on the web prior to taking the ride.

Person-centered transportation plans

- The MMC develops individual transportation plans to meet the ongoing needs of the customer. The United We Ride reference available on their web site, “Building an Individual Transportation Plan,” provides a good reference for this activity.
- One component of person-centered transportation plans helps customers understand transportation resources.
- The MMC works with case workers or potential riders to find appropriate transportation.

Broker rides

- If the MMC chooses to broker rides, they will book a ride on any available vehicle when someone calls to request a ride. They will arrange for payment to the transportation provider.

Travel training

- The MMC works with social service agencies to provide travel training to their clients. This includes in-class training and training transportation ambassadors.

Client eligibility (facilitate for mixed region)

- The MMC assists people with eligibility to use paratransit services as required by the Americans with Disabilities Act (ADA) in the [county and neighboring counties].
- The MMC will assist with client eligibility for social service agency transportation in Modoc County. A person coming into the MMC can be entered into the system with their criteria; potential programs for which the person qualifies will be identified.

Transportation inventory (resource assessment)

- The MMC assists the Regional Transportation Planning Agency (RTPA) by conducting a Social Service Transportation Inventory.

Unmet needs process (TDA)

- The MMC assists the RTPA in completing planning activities.
- The MMC assists the RTRA in identifying and recording unmet transportation needs.

Resource directory

- The MMC coordinates with social service agencies to maintain an accurate transportation directory.

Vouchers and billing

- The MMC develops agreements with a social service agency to fund rides on another organization's transportation resources. The MMC tracks ridership for the agency and bills (or invoices) the agency.
- The MMC will initiate in the Modoc electronic payment cards system.

Transit system performance

- By using an automated vehicle tracking system, the MMC will have access to performance measures for [operators]. This includes schedule adherence and ridership data. Information will be valuable for the purposes of planning and transit operations.

Coordination plan

- The MMC conducts coordination planning as required by the federal SAFETEA-LU legislation of 2005.
- The MMC leads community transportation planning.

Other planning

- The MMC helps social service agencies build transportation programs.
- The MMC helps develop alternatives to public transportation such as mileage voucher, gas reimbursement, faith-based transportation, carpool programs, and volunteer driver.