

FTA

FEDERAL TRANSIT ADMINISTRATION

Annual Report on FAST Act Section 3006(b) Pilot Program for Innovative Coordinated Access and Mobility Fiscal Year 2018

DECEMBER 2018

FTA Report No. 0126
Federal Transit Administration

PREPARED BY

Federal Transit Administration
Office of Program Management
Rural and Targeted Programs Division



U.S. Department of Transportation
Federal Transit Administration

COVER PHOTO

Courtesy of Mass Transportation Authority of Flint, MI

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1200 New Jersey Avenue, SE
Washington, DC 20590

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Metric Conversion Table

SYMBOL	WHEN YOU KNOW	MULTIPLY BY	TO FIND	SYMBOL
LENGTH				
in	inches	25.4	millimeters	mm
ft	feet	0.305	meters	m
yd	yards	0.914	meters	m
mi	miles	1.61	kilometers	km
VOLUME				
fl oz	fluid ounces	29.57	milliliters	mL
gal	gallons	3.785	liter	L
ft³	cubic feet	0.028	cubic meters	m ³
yd³	cubic yards	0.765	cubic meters	m ³
NOTE: volumes greater than 1000 L shall be shown in m ³				
MASS				
oz	ounces	28.35	grams	g
lb	pounds	0.454	kilograms	kg
T	short tons (2000 lb)	0.907	megagrams (or "metric ton")	Mg (or "t")
TEMPERATURE (exact degrees)				
°F	Fahrenheit	5 (F-32)/9 or (F-32)/1.8	Celsius	°C

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13. ABSTRACT This report provides an update on projects selected pursuant to FTA's Notice of Funding Opportunity (NOFO) (81 FR 17549) for Section 3006(b) of the Fixing America's Surface Transportation Act (FAST), Public Law 114-94, Pilot Program for Innovative Coordinated Access and Mobility (ICAM Pilot Program). The primary purpose of these projects is to find and test promising, replicable public transportation health care access solutions that support the goals of (1) increase access to care; (2) improve health outcomes; and (3) reduce health care costs. Transit and Health Access (formerly "Rides to Wellness") is a Coordinating Council on Access and Mobility (CCAM) initiative that works to build partnerships, stimulate investment, and drive change across the health and transportation sectors to ensure that transportation disadvantaged Americans can access non-emergency medical transportation to the health care services they need. CCAM is a federal interagency council established by Executive Order 13330 49 U.S.C. 101 note.			
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EXECUTIVE SUMMARY

Section 3006(b) of the Fixing America's Surface Transportation (FAST) Act, Pub. L. 114-94, created the Pilot Program for Innovative Coordinated Access and Mobility (ICAM Pilot Program). ICAM Pilot Program funds must be used for capital projects to improve the coordination of nonemergency medical transportation (NEMT) for persons who are transportation disadvantaged.

Section 3006(b) further requires that:

The Secretary shall make publicly available an annual report on the pilot program carried out under this subsection for each fiscal year, not later than December 31 of the calendar year in which that fiscal year ends.

The ICAM Pilot Program grants are 18-month projects that began implementation between late 2017 and 2018. Each grantee must submit a detailed final report of its results to the Federal Transit Administration (FTA) within 90 days of project completion. No reports have been completed to date.

The ICAM Pilot Program grants, which are intended for organizations that focus on coordinated transportation solutions, were authorized for \$3.25 million in Fiscal Year (FY) 2018 and \$3.5 million in FY 2019 and FY 2020.

To date, FTA has published two Notices of Funding Opportunity (NOFO) for this pilot program.

In FY 2016, FTA issued a NOFO ([81 FR 17549](#)) for the ICAM Pilot Program called "Rides to Wellness Demonstration and Innovative Coordinated Access and Mobility Grants" to be funded through Section 3006(b) grants as well as 49 U.S.C. 5312 Public Transportation Innovation grants. FTA received 78 project proposals, from 34 States, requesting a total of \$28 million. FTA selected 19 projects—totaling \$7,211,518—to assist in financing innovative projects for persons who are transportation disadvantaged.

- Of the 19 grants, 11 capital-only projects were funded with \$4,346,285 in FY 2016 and FY 2017 FAST Act Section 3006(b) Pilot Program for Innovative Coordinated Access and Mobility funding.
- The 8 remaining projects were funded through 49 U.S.C. 5312 in the amount of \$2,865,233. An annual report on Section 5312, *FTA Annual Report on Public Transportation Innovation Research Projects for FY 2017*, captures these 8 projects in the Rides to Wellness Initiative section on page 23: <https://www.transit.dot.gov/research-innovation/fta-annual-report-public-transportation-innovation-research-projects-fy-2017>.

Selected projects are diverse, piloting innovative concepts and tracking performance measures related to three goals: increased access to care, improved health outcomes, and reduced costs. Projects are assessing new technology,

piloting more efficient ways to schedule a ride, leveraging community partnerships, testing systems for coordinating trips, and deploying real-world solutions. Projects underway are working to improve the coordination of NEMT and show the value of linking transportation options with medical appointments. They include:

- rural volunteer-based transit services to improve the coordination of NEMT;
- software interfaces that connect medical and transit schedules to generate real-time transit travel times and costs;
- technology solutions that analyze public and private routing and dispatching to integrate rides and maximize efficiency;
- training of health care staff who will act as mobility managers to help patients utilize transportation;
- One-Call/One-Click Centers targeting areas affected by disproportionately low numbers of health care providers;
- training programs for low-income, high-risk pregnant women to utilize public transit for health care appointments;
- embedding transportation networks into hospital discharge planning; and
- travel navigator and mobility management coordination programs.

On September 13, 2018, FTA announced the availability of \$6.3 million for Access and Mobility Partnership Grants for transit coordination projects that improve access to healthcare. The two competitive grant programs will improve options for people with limited transportation choices, and bridge the gap between service providers in the transportation and health sectors. Applications were due November 13, 2018.

- FTA made available \$3,903,715 for the FY 2018 ICAM Pilot Program. Selected projects under the ICAM Pilot Program will finance innovative capital projects for the transportation disadvantaged, with the goal to improve the coordination of transportation and NEMT services. Selected projects will be reported in future FAST Act Section 3006(b) Reports.
- FTA also made available \$2,434,767 in 49 U.S.C. 5312 Public Transportation Innovation funding for the Human Services Coordination Research grants (HSCR Grant Program). Research activities awarded under this competitive program will support the implementation of innovative strategies in the coordination of human services transportation to provide more effective and efficient public transportation services to seniors, individuals with disabilities, and low-income individuals. Projects selected for funding under the HSCR Grant Program will be reported in the *FTA Annual Report on Public Transportation Innovation Research Projects*.

SECTION

1

Legislative Background

Section 3006(b) of the FAST Act, Pub. L. 114-94, created the new Pilot Program for Innovative Coordinated Access and Mobility (ICAM Pilot Program). ICAM Pilot Program funds must be used for capital projects to improve the coordination of non-emergency medical transportation (NEMT) for persons who are transportation disadvantaged. Funding, which is intended for organizations that focus on coordinated transportation solutions, was authorized for \$2 million in FY 2016 and increases incrementally each year to \$3.5 million in FY 2019 and FY 2020. A summary of the program funding is shown in Table I.

Table 1
*ICAM Funding,
FY 2016–2020*

	FY 2016 (mil \$)	FY 2017 (mil \$)	FY 2018 (mil \$)	FY 2019 (mil \$)	FY 2020 (mil \$)
Competitive ICAM Pilot Program	2.00	3.00	3.25	3.50	3.50

Additionally, Section 3006(b) requires that:

The Secretary shall make publicly available an annual report on the pilot program carried out under this subsection for each fiscal year, not later than December 31 of the calendar year in which that fiscal year ends. The report shall include a detailed description of the activities carried out under the pilot program and an evaluation of the program, including an evaluation of the performance measures described in paragraph (3)(D).

In accordance with Section 3006(b)(3)(D), each applicant was to identify specific performance measures the eligible project will use to quantify actual outcomes against expected outcomes. The performance measures, as identified by applicants, are included in the table at the end of this report.

SECTION
2

FY 2016 Notice of Funding Opportunity

On March 29, 2016, FTA published the first ICAM Pilot Program NOFO ([81 FR 17549](#)), announcing the availability of funding for the FAST Act Section 3006(b) Pilot Program titled “Rides to Wellness Demonstration and Innovative Coordinated Access and Mobility Grants.” Two grant programs support the NOFO: Section 3006(b) of the FAST Act, which funds eligible capital projects, and 49 U.S.C. 5312 Public Transportation Innovation, which funds projects that include operating expenses.

On September 16, 2016, FTA announced the selected projects with a total of \$7,211,518 in funding. This included: \$4,346,285 for 11 capital-only projects eligible under Section 3006(b) of the FAST Act, see Table 2 below and Appendix 1 for more detailed project information), and \$2,865,233 for 8 projects that include operating expenses eligible under Section 5312 , see Table 3 below.

Table 2

FY 2016 Capital-Only ICAM Grants

Project Title	Project Recipient	City & State	FTA Award
1) Click to Wellness: Connecting Medical Appointment Scheduling to Public Transit	Jacksonville Transportation Authority	Jacksonville, FL	\$399,200
2) Transportation Coordination and Mobility Management for Patients in Southern and Southeastern Illinois	Rides Mass Transit District	Southern IL	\$518,844
3) Integrating Medicaid Rides with Paratransit and Council on Aging Rides in North Central MA Region	Montachusett Regional Transit Authority	Fitchburg, MA	\$200,000
4) Allegany County Mobility Management Program Providing coordinating NEMT to the transportation disadvantaged	Maryland Transit Authority	Allegany County, MD	\$103,334
5) Michigan Access to Wellness Project	Michigan Department of Transportation	State of MI	\$1,006,387
6) MTA Rides to Health and Wellness	Flint Mass Transportation Authority	Flint, MI	\$310,040
7) GoHealth! In Durham County, NC	Research Triangle Regional Public Transportation Authority	Durham, NC	\$65,600
8) Bridge to Integration: Incorporating NEMT into New Hampshire’s Coordination System	New Hampshire Department of Transportation	State of NH	\$182,880
9) Integrated Medical and Transportation Scheduling (IMATS) via FindMyRidePA	Pennsylvania Department of Transportation	State of PA	\$1,190,000
10) Rides to Wellness in Knoxville, Tennessee	Knoxville Area Transit	Knoxville, TN	\$200,000
11) Improved Access to Health Care through Community Transit	Vermont Agency of Transportation	Ascutney, Windsor & St. Johnsbury regions of VT	\$170,000
<i>Total</i>			\$4,346,285

Table 3

FY 2016 Grants with Operating Assistance

Project Title	Project Recipient	City & State	FTA Award
1) Blythe Wellness Express	Riverside County Transportation Commission	Riverside, CA	\$185,753
2) Rides to Wellness: Coordinating Inpatient Medical Transportation for San Diego County	San Diego Association of Governments	San Diego, CA	\$160,000
3) Rides for Wellness	Atlanta Regional Commission	Atlanta, GA	\$337,628
4) Delaware County Connections Program	Iowa Department of Transportation	Ames, IA	\$130,560
5) Rides2Wellness Detroit	Detroit Department of Transportation	Detroit, MI	\$509,475
6) Gateway Program	Bi-State Development Agency	Saint Louis, MO	\$940,251
7) GO Buffalo Mom	Niagara Frontier Transportation Authority	Buffalo, NY	\$468,566
8) Mommy and Me Ride for Free Program	Ohio Department of Transportation	Columbus, OH	\$133,000
<i>Total</i>			\$2,865,233

SECTION
3

Program Evaluation

The ICAM Pilot Program grants are 18-month projects that began implementation between late 2017 and 2018. Each grantee must submit a detailed final report of its results to FTA within 90 days of project completion. As grantees complete these projects and submit reports, FTA will perform a comprehensive evaluation of the outcomes and impacts of each grant project and include findings in future reports.

No reports have been completed to date. Table 4 indicates when FTA expects to receive final reports.

Table 4
*ICAM FY 2016 and
FY 2017 Grants
Implementation Dates*

State	Project Sponsor (Organization Name)	Award Executed Date	Date of Completion*	Final Report (90 days after completion)
FL	Jacksonville Transportation Authority	March 02, 2018	September 2019	December 2019
IL	Rides Mass Transit District	January 24, 2017	July 2018	October 2018
MA	Montachusett Regional Transit Authority	June 20, 2017	December 2018	March 2019
MD	Maryland Transit Administration (Allegany County Human Resources Development Commission, Inc.)	March 29, 2018 *Budget Revision In-Progress	September 2019	December 2019
MI	Michigan Department of Transportation (Michigan Transportation Connection)	September 19, 2017	March 2019	June 2019
MI	Flint Mass Transportation Authority	December 4, 2017	June 2019	September 2019
NC	Research Triangle Regional Public Transportation Authority (GoTriangle)	July 31, 2017	January 2019	April 2019
NH	New Hampshire Department of Transportation	June 14, 2017	December 2018	March 2019
PA	Pennsylvania Department of Transportation	July 19, 2018	January 2020	April 2020
TN	City of Knoxville, Tennessee	September 22, 2017	March 2019	June 2019
VT	Vermont Agency of Transportation	June 19, 2017	December 2018	March 2019

* target end date

Although the selections were announced at the same time, each 18-month project has its own implementation date that signifies the project’s actual “go live” date—not including preparation activities such as buying software or training, but the date when the project was in service, or “up and running”. All projects had pre-award authority.

Given the project timeframes, FTA anticipates it will be able to begin to report on the results of several projects in next year’s report.

Appendix 1

ICAM FY 2016 and FY 2017 Grants, Detailed Information

State	Project Sponsor/ Title	Project Description	Performance Measures*	Partners
FL	Jacksonville Transportation Authority – I-Click to Wellness	The Jacksonville Transportation Authority received \$399,200 to develop a software interface connecting medical scheduling programs and transit schedules to estimate transit travel times and costs for health care receptionists and patients as they choose appointments. The project aims to improve health outcomes by connecting patient appointments with transit availability. With the potential to link a large number of health care providers to mobility management nationally, the project will provide pilot data to prove the value of linking transportation options with medical appointments.	Missed appointments (tracked by University of Florida Health)	University of Florida Health, Cambridge Systematics, Smart Transit, Health Planning Council

* Method and frequency of data collection, data sources, and some performance measures still being finalized.

Appendix 1 (Cont.)

ICAM FY 2016 and FY 2017 Grants, Detailed Information

State	Project Sponsor/ Title	Project Description	Performance Measures	Partners
IL	Rides Mass Transit District – Transportation Coordination and Mobility Management for Patients in Southern and Southeastern Illinois	The Rides Mass Transit District received \$518,844 to establish a One-Call/One-Click Center, expand mobility management services for patients at risk of re-hospitalization, and initiate transportation coordination for patients seeking drug-abuse and mental health services in an area with a disproportionately low number of health care providers. The project is intended to close the gap in access to mental health services due to transportation challenges in rural areas and builds on a 2015 FTA-funded Health Care Access Challenge Grant through National Center for Mobility Management.	<p>The grantee will track</p> <ul style="list-style-type: none"> • Increased access to care: <ul style="list-style-type: none"> – number of trips for patients at risk of re-hospitalization referred to mobility management services and number of trips compared to previous year (transportation providers); – surveys of patients, case-coordination staff, and participating behavioral health providers (health providers); • Improved health outcomes: <ul style="list-style-type: none"> – surveys of transportation and health providers, patients, and behavioral health providers measuring project effectiveness (transportation and health providers); • Reduced health care costs: <ul style="list-style-type: none"> – survey of participating hospitals on reducing costs due to fewer re-hospitalizations – survey of behavioral health providers measuring reduced costs due to fewer maladies and diseases related to drug abuse and other mental health illness; • Percentage-based comparison: <ul style="list-style-type: none"> – number of patient re-hospitalizations; referred from participating hospitals compared to same hospitals prior to inception of project (health providers); – median cost of re-hospitalization for each participating hospital (health providers); and – reduced re-hospitalization costs calculated by multiplying cost of hospitalization by percentage reduction of re-hospitalizations (health providers). 	MedTrans, Memorial Hospital of Carbondale, Marshall Browning Hospital, Franklin Hospital, Herrin Hospital, Rural Medical Transportation Network of Southern Illinois University School of Medicine-Center for Rural Health & Social Service Development, Rides Mass Transit District with funding from Downstate Operating Assistance Program

Appendix 1 (Cont.)

ICAM FY 2016 and FY 2017 Grants, Detailed Information

State	Project Sponsor/ Title	Project Description	Performance Measures	Partners
MA	Montachusett Regional Transit Authority – Integrating Medicaid Rides with Paratransit and Council on Aging Rides in North Central Massachusetts Region	The Montachusett Regional Transit Authority received \$200,000 to implement technology to analyze routing/dispatching among several providers to integrate management of rides to health care in western Massachusetts and boost underused fixed route and paratransit services. Software will allow paratransit and Council on Aging systems to bid on demand-response, long-term, and shared-ride contracts so people seeking fixed-route, paratransit, and senior ride services can request additional rides or mix rides to maximize efficiencies. It will also determine if provider has capacity to deliver service.	The grantee will track the <ul style="list-style-type: none"> • data on appointments, including number of missed appointments (health care providers); and • data collected by hour for all segments per segment (total vehicle miles, total passenger miles, passenger miles/vehicle mile, passengers/vehicle mile, deadheading miles/vehicle mile, passenger miles/vehicle mile) (transportation provider). 	Software companies, Ashby, Leominster Council on Aging Center
MD	Maryland Transit Administration – Allegany County Mobility Management Program	The Maryland Transit Administration received \$103,344 to increase capacity of the mobility management program that addresses barriers for low-income individuals in Allegany County in western Maryland who lack reliable access to transportation. The project coordinates and provides transportation to and from non-emergency medical appointments at no cost to the individuals and includes transportation coordination software.	The grantee will track <ul style="list-style-type: none"> • increase in number of transportation-disadvantaged individuals served (individual/ transportation provider); • increase in number of medical providers referring eligible individuals (individual/ transportation provider/ medical provider); • decrease in number of unmet transportation needs by target population (individual); • reduction in number of Level 1 & 2 emergency department visits (individual/medical provider); • percent decrease in emergency department visit rate, broken down by diabetes, hypertension, mental health, addictions (individual, medical provider); • percent decrease in readmission rates to demonstrate improved health outcomes (individual/ medical provider); and • decrease in time to assist eligible clients and time needed to schedule transportation services. 	Western MD Health System, Tri-State Community Health Center, Allegany Co. Health Department, Core Service Agency

Appendix 1 (Cont.)

ICAM FY 2016 and FY 2017 Grants, Detailed Information

State	Project Sponsor/ Title	Project Description	Performance Measures	Partners
MI	Michigan Department of Transportation – Michigan Access to Wellness Project (MAWP)	The Michigan Department of Transportation received \$1 million to expand brokerage-based program currently available only in certain parts of the State to a statewide model. The program manages and delivers NEMT for older adults, people with low incomes, and people with disabilities, ensuring they have access to non-emergency health care. Coordination software records trips reserved by county in each region based on trip types, procedures, and clinic visits. Local health centers will integrate software and refer clients to service.	<p>The grantee will measure performance by call center data per region via software:</p> <ul style="list-style-type: none"> • number of late/missed trips or cancellations; number of no-shows; number of complaints files and complaint resolutions; • average hold times on calls; • number of abandoned calls; • average turn time for returning calls; and • trips reserved by county in each region based on trip types, procedural/clinic visits, trip requests, mental health services. <p>The grantee will also track data collected from the Michigan Data Warehouse, a searchable database created to allow the Department of Health and Human Services to track Medicaid claims. With input from stakeholders, MAWP will develop additional performance metrics to evaluate the effectiveness of service providers and how access to health care impacts hospital re-admissions and quality of health. Measurable outcomes will include provider recruitment and collaborations with health care systems and among providers.</p>	Michigan Public Transit Association, MassTrans, Community Transportation Association of America, area health centers

Appendix 1 (Cont.)

ICAM FY 2016 and FY 2017 Grants, Detailed Information

State	Project Sponsor/ Title	Project Description	Performance Measures	Partners
MI	Flint Mass Transportation Authority – MTA Rides to Health and Wellness	The Flint Mass Transportation Authority received \$310,040 to develop mobility-management program, including coordinated NEMT, trip planning, and training. The program will provide rides to wellness appointments for behavioral health patients, dialysis patients, primary/urgent care for families, elderly, and elderly disabled patients in Flint and Genesee County, both impacted by Flint’s municipal water crisis. Building on a 2015 FTA-funded Health Care Access Mobility Design Challenge Grant, project will improve local coordination and access to health care in community.	The project will track the <ul style="list-style-type: none"> • number of people who access services of Mobility Manager to secure transportation (tracked through software); • number of people who use door-through-door service (tracked through software); • improvement of health care outcomes (survey data); • improved communication between providers and transit (survey data calls to mobility manager); • decrease in anxiety among riders (survey data); • reduction in missed appointments (targeted survey of providers); • reduction in emergency room visits (targeted survey of providers and riders); and • increased access to full-service grocery stores (tracked through trips provided and survey of riders). 	Flint MTA Mobility Managers, Valley Area Agency on Aging, Program for All-Inclusive Care for Elderly, Genesee Health System, state/local Departments of Health & Human Services, Greater Flint Health Coalition, Michigan Children’s Health Access Program, Jewish Community Services

Appendix 1 (Cont.)

ICAM FY 2016 and FY 2017 Grants, Detailed Information

State	Project Sponsor/ Title	Project Description	Performance Measures	Partners
NC	Research Triangle Regional Public Transportation Authority – GoHealth! in Durham County, North Carolina	The Research Triangle Regional Public Transportation Authority received \$65,600 to expand GoTriangle’s Regional Call Center to improve coordinated transit planning and application assistance for paratransit riders who are low income, uninsured, or have mental health special needs. By co-locating paratransit mobility management services with fixed-route mobility management services, the project will increase access to care. The project builds on a 2015 FTA-funded Health Care Access Challenge Grant through National Center for Mobility Management that tested solutions for transportation for low-income, uninsured, or Medicaid consumers of behavior health care and developed a plan to implement solutions.	The grantee will track <ul style="list-style-type: none"> • Increased access to care: <ul style="list-style-type: none"> – kept health care appointments and reasons for missed appointments; • Improved health outcomes: <ul style="list-style-type: none"> – consumer, clinician, and case manager surveys, which will include health-supportive goals such as obtaining prescription medications, attending group meetings, and ease of arranging transportation; • Reduced health care costs: <ul style="list-style-type: none"> – clinician and/or case manager time spent arranging transportation, success rate, and workplace satisfaction; – length and volume of calls (transit and paratransit providers); – number of consumers assisted (transit and paratransit providers); – number of paratransit trips provided (transit and paratransit providers); and – number of trips converted to fixed route (transit/ paratransit providers). 	GoTriangle, GoDurham ACCESS, Durham County Cooperative Extension (Durham County ACCESS), Department of Social Services, Alliance Behavioral Health Care, Carolina Outreach, Duke University Health System, Lincoln Community Health Center, Project Access of Durham County

Appendix 1 (Cont.)

ICAM FY 2016 and FY 2017 Grants, Detailed Information

State	Project Sponsor/ Title	Project Description	Performance Measures	Partners
NH	New Hampshire Department of Transportation – Bridge to Integration	The New Hampshire Department of Transportation received \$182,880 to fund technology that will bridge the gap between Medicaid-funded transportation brokers and New Hampshire DOT's coordination software vendor system. This innovation will be tested at three pilot sites with the goal of increasing access to transportation for health care appointments for Medicaid recipients, older adults, and people with disabilities. Under New Hampshire's managed care model authorized in 2011, all Medicaid populations must be in a managed care program, resulting in an increase in Medicaid care management population. Partnering with brokers and implementing a coordinated software system will allow more efficient and effective coordination of transportation resources and assets throughout New Hampshire.	<p>Performance measures will be generated by the software, with data collected from the Medicaid broker through ride-sharing component.</p> <p>The grantee will track:</p> <ul style="list-style-type: none"> • percent of trips offered, performed, accepted, completed and declined per site; • labors hours saved on data entry and reconciliation • percent of shared vs. non-shared rides across funding sources; and • passengers per vehicle miles/hour. 	New Hampshire DOT, Department of Health & Human Services, Department of Education, Governor's Commission on Disability, New Hampshire Transit Association, Endowment for Health, United Way, Granite State Independent Living, AARP, Easter Seals, Univ. of New Hampshire Institute on Disability, Aeronautics, New Hampshire Department of Transportation, Upper Valley Lake Sunapee Regional Planning Commission, Coordinated Transportation Solutions, Tri-County Community Action Program
PA	Pennsylvania Department of Transportation – Integrated Medical/ Transportation Scheduling (IMATS) via FindMyRidePA	The Pennsylvania Department of Transportation received \$1,190,000 to fund a One-Call/One-Click Center and real-time transportation service serving a three-county area in central Pennsylvania. Building off the One-Call/One-Click Center concept developed by the FTA-funded Veterans Transportation and Community Living Initiative project, this project will address the challenge of missed health appointments due to lack of transportation in a targeted community, then be scaled for deployment in other areas of Pennsylvania.	<p>The grantee will track</p> <ul style="list-style-type: none"> • Reduction in health care costs: <ul style="list-style-type: none"> – no-show rate and/or appointments kept for key chronic conditions (post hospital discharge appointments, diabetes, hypertension, and pre-natal care) at Keystone Family Health practices; – approved public transportation eligibility applications as a percentage of total eligible population – total percentage of no-show and same-day cancellation public transportation trips 	Keystone Health, Family Health, Smart Transit, rabbittransit

Appendix 1 (Cont.)

ICAM FY 2016 and FY 2017 Grants, Detailed Information

State	Project Sponsor/ Title	Project Description	Performance Measures	Partners
TN	Knoxville Area Transit (KAT) – Rides to Wellness in Knoxville, Tennessee	The Knoxville Area Transit (KAT) received \$200,000 to expand the 2-1-1 call center as a single point of entry for older adults and people with disabilities to access transit to health care facilities in the region. The project will improve local coordination and access in the community and train public information staff, health care providers, and residents on how to use KAT buses.	The grantee will track the <ul style="list-style-type: none"> • number of medical appointment trips by transit to partner medical clinics; • reduction in missed healthcare appointments due to transportation; • efficacy of training with partner medical staff members (pre- and post-training survey and evaluation to determine awareness of 2-1-1 program and KAT fixed route transit); • total referrals made by partner agency staff and referral source made to 2-1-1 requesting transit information and/or travel training • number of travel training sessions completed (one-on-one vs. classroom) and number of attendees per session; • customer engagement; • number of partner agency staff participating in training; • number of outreach efforts (presentations, meetings, health fairs, etc.); and • number of successful trips completed. 	Cherokee Health Systems, Knox County Health Department, Knoxville Regional Transportation Planning Organization
VT	Vermont Agency of Transportation – Improved Access to Health Care through Community Transit	The Vermont Agency of Transportation received \$170,000 to develop a program to train staff at Community Health Services to act as mobility managers to help individuals in Ascutney, Windsor, and St. Johnsbury regions of Vermont schedule and attend medical appointments. The project will lead to better health outcomes, reduction in missed appointments, and a reduction in use of emergency services for routine medical care. Modeled on a program in another region of Vermont, this project will train mobility managers to help patients, medical providers, and social service agencies identify individuals most at risk and to provide alternative transportation options via local transit providers.	The grantee will track the <ul style="list-style-type: none"> • number of and percent of no-shows (health providers); • percent of compliance for certain chronic illnesses that are appointment heavy (individual surveys and health providers); • ranking of transportation barriers on community health assessment and change in those barriers (individual surveys); • total cost of care (health providers); • total number of well visits (health providers); • number of emergency department visits, excluding trauma (health providers); and • number of ambulance trips (health providers). 	Vermont Agency of Transportation, local transit providers



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