



Public Transportation Division

Making the Transit Paradigm Shift In North Carolina

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It's about mobility . . .

- ❑ Our mobility needs will diversify
- ❑ Cost of continuing what we are doing will strain or hinder achieving other priorities
- ❑ Demographic - Economic Shifts

The centenarians are coming!
Employment dynamics are changing!





Life Patterns are Changing

- Job Patterns

- Income & Expense Patterns

- Medical Service Patterns

- Educational Patterns





Key Trends

□ Choice

□ Flexibility

□ Personalization

□ Accountability





Emphasis on Increasing Mobility & Access

We want to -

- Have mobility choices
- Readily move from place to place
- Access opportunities
- Be adaptable and versatile





A New Paradigm

Traditional Public Transit

Vehicle Driven

Fixed Services

Serve Organizational Goals

Managing Discrete Services

Subsidy Based Pricing

**Relies on Operational
Subsidies**

Competes With Cars

Mobility Enterprise

Customer Driven

**Flexible, Demand Based
Services**

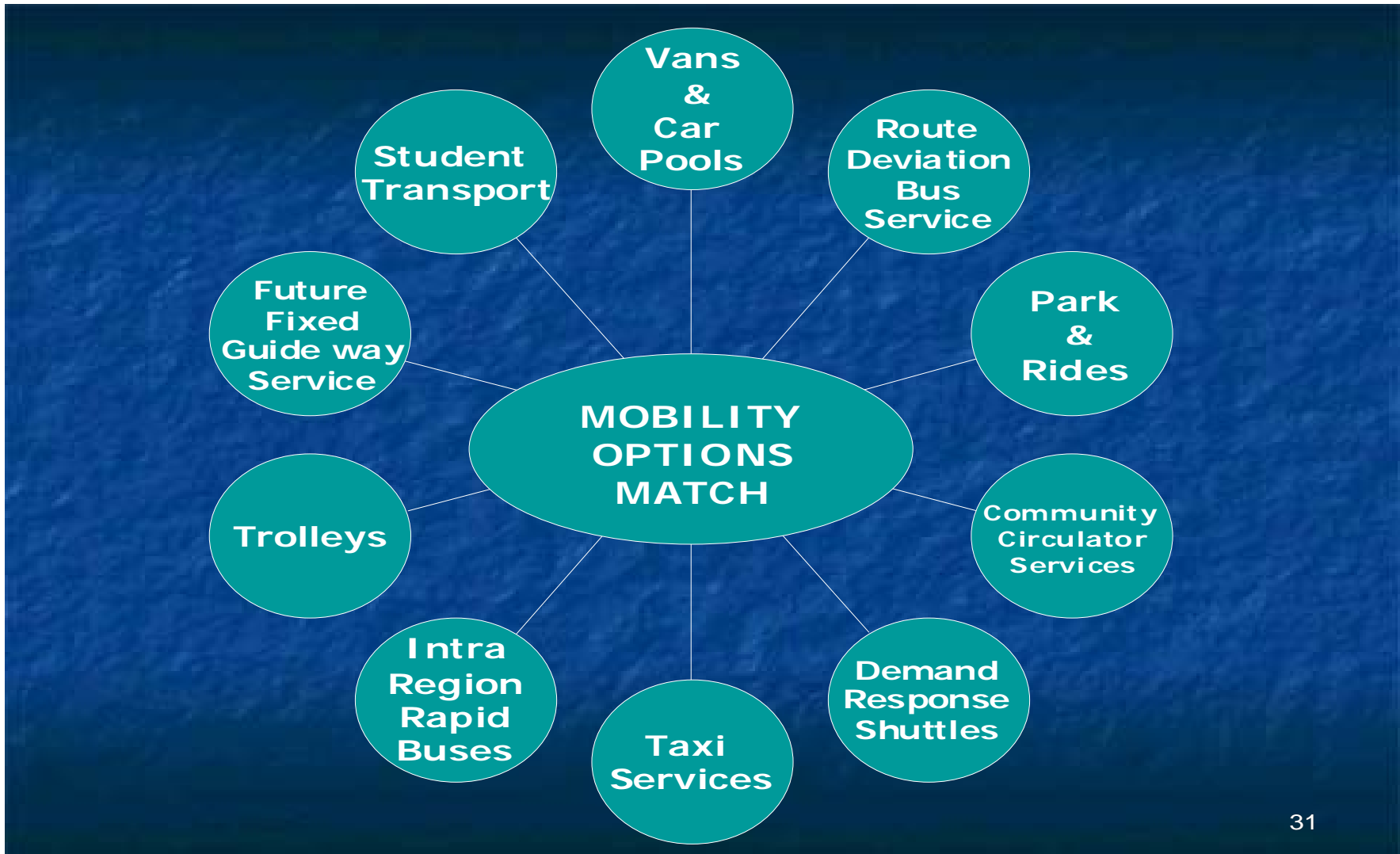
Serve Community Goals

**Managing a Network of
Services**

Value Based Pricing

**Achieves Operational Self-
sufficiency**

**Integrates All Modes of
Mobility**





What is a Paradigm Shift?

- ❑ A paradigm is our perception of reality.
- ❑ A paradigm shift is a change from one way of thinking to another.
- ❑ It is a fundamental change in an individual's or a society's view of how things work in the world.





Crossing Boundaries

- ❑ Traditional service boundaries
- ❑ Institutional funding boundaries
- ❑ Geographical boundaries
- ❑ Political boundaries
- ❑ Economic boundaries

- ❑ One size does not fit all!!





Non-Emergency Medicaid Transportation

Federal requirement is for the least cost, most appropriate transportation for the trip

Expand the menu of transportation options to best serve the individual trip need

Going forward, NEMT must have 24/7 availability





Division of Medical Assistance (DMA) responding to a program audit that identified concerns with NEMT, in general

- ❑ Inconsistent transportation reporting
- ❑ Ineligible trips reimbursed
- ❑ Inequity in level of service across the state
- ❑ Individuals not approved for Medicaid being transported

DMA explored the transportation brokerage model as a means of addressing the audit findings and to reduce the administrative cost associated with NEMT





What is a transportation brokerage?

Brokerage programs provide administrative oversight and coordination of human services transportation through a contract.

Brokers act as gatekeepers, ensuring recipients receive the most efficient, cost effective and appropriate mode of transportation.

Brokers verify recipient eligibility for transportation, schedule trips, and dispatch trips to transportation providers.





Brokers contract directly with transportation providers in local communities to transport recipients to and from medical facilities.

Transportation providers are paid by the Broker.





Current NEMT Issues

- ❑ Each of the one-hundred county DSS offices are responsible for assessing the need for transportation, arranging for, and providing non-emergency transportation services to recipients in their counties.
- ❑ Rural counties experience difficulty in administering transportation due to the lack of available resources to provide the transportation in remote areas.
- ❑ Smaller counties experience difficulties where there are limited resources available for recipients who must be transported after hours and on weekends. They often have no resources other than the community transportation system.





Current NEMT Issues

- ❑ Larger counties with a high number of recipients needing transportation state that the amount of paperwork and documentation is time consuming on a daily basis.
- ❑ Very few counties have staff devoted to transportation only. As a result, clerical staff, case workers, social workers, and others in the agency handle transportation, in addition to other duties.
- ❑ Overall lack of documentation to support transportation claim reimbursements; inconsistency in the application of transportation policy statewide.





Is it time to make the Paradigm Shift?

- ❑ What can we do to provide the flexible, affordable, accountable mobility options?
- ❑ Contract with other organizations to supplement the service provided by the CT system.
- ❑ Is the single provider model still best for NC citizens seeking mobility options?
- ❑ Can the CT system act as a broker (Wake County model)?





System vs. Regional-Based Funding

Does the NCDOT model for funding still work (single county/system allocations?)

Thoughts about regional allocation formulas?

Pros?

Cons?





DISCUSSION

AND

QUESTIONS?

