

Iowa Transportation Coordination Council

January 11, 2017, Meeting

10:00 a.m. – 2:00 p.m.

Heart of Iowa Regional Transit Agency

2824 104th Street

Urbandale, IA 50322

MEETING NOTES

I. Call to Order

The January 11, 2017, meeting of the Iowa Transportation Coordination Council was called to order at 10:06 a.m.

ITCC Representatives in attendance:

Kristin Haar, Iowa Department of Transportation (DOT) Office of Public Transit, Chair

Joe Drahos, Iowa DOT Office of Systems Planning

Julie Bergeson, Iowa Department on Aging

Frank Greise, League of Human Dignity

Becky Harker, Iowa Developmental Disabilities Council

Loren Bawn, Bureau of Refugee Services

Jeremy Johnson-Miller, Iowa DOT Office of Public Transit

Hugh Lively, Iowa Public Transit Association – via telephone

Roxanne Cogil, Epilepsy Foundation of North Central Illinois, Iowa, Nebraska

Megan Hartwig, Iowa Department of Public Health

Kelly Angell, American Cancer Society – via telephone

Jordan Snow, Easter Seals Project Action/National Center on Mobility Management – via telephone

Tony Filippini, Ames Area MPO

Scott Anderson, Access2Care

Carl Lingen, Iowa Public Transit Association

LeAnn Moskowitz, Iowa Department of Human Services, Iowa Medicaid Enterprise

II. Introductions

Those in attendance introduced themselves.

III. Review of November 9, 2016, Meeting Notes

No comments or revisions were received.

IV. American Cancer Society Transportation Needs Assessment

Kelly Angell with the American Cancer Society (ACS) presented two surveys the ACS is drafting gather input on patient transportation needs. The first survey presented is to be completed by the cancer patient. This survey hopes to gather information on how the patient got to their appointment that day, how they usually get to appointments, how difficult it is to get to appointments, whether they have ever missed an appointment due to transportation problems, number of miles traveled to the appointment, types of transportation options available to the patient, if they have ever used public transportation, and, if they use public transit, how easy the public transportation was for them to use.

The second survey is intended to be completed by cancer hospitals and treatment centers. The survey would collect information on percentage of patients with mobility issues or disabilities, how the center identifies when a patient is in need of transportation assistance, current process for aiding patients with transportation, availability of public transportation, ease of patients' use of public transportation in getting to appointments, other transportation options available, whether the facility assists with transportation costs, and if any facility staff members participate on a local Transportation Advisory Group.

Becky Harker remarked that the ability to use certain types of transportation varies over the course of treatment.

Scott Anderson asked if the ACS foresees transportation being an issue.

Kristin Haar suggested repeating the survey over the course of treatment to get input on transportation needs depending where they are in their treatment.

Carl Lingen informed, from his marketing background, that the patient survey alone asks 29 questions with the sub-questions. Suggested trying to pare it down to increase completion rate. Mr. Lingen also suggested moving the scale question concerning difficulty using transportation to the top to ensure that question is answered even if nothing else is. Mr. Lingen asked if the ACS could share the survey results once complete.

Chair Haar suggested making the survey available online and handing out business cards with the survey web address in case the patient did not care to complete the paper copy in the waiting room. Ms. Angell replied that ACS would try to make it available online.

LeAnn Moskowitz suggested adding in a question concerning the funding source of the trip. With options such as Medicaid, Road to Recovery, volunteer, private pay, etc.

When asked for a deadline to submit comments, Ms. Angell requested all comments and suggestions be to her by January 25.

V. Medicaid Integrated Settings Rule and its Effect on Public Transit meetings update

Ms. Moskowitz was asked to explain the HCBS Settings rule. Ms. Moskowitz explained the Settings rule affects two federal programs under the purview of Iowa Medicaid Enterprise (IME). Four waiver programs are affected. Under this rule, waiver recipients must live in the most integrated setting possible, having the most interaction with the non-disabled population. Waiver recipients must have a freedom of choice; it's a person centered program. Waiver recipients should have the same opportunities as a person without disabilities.

Ms. Moskowitz confirmed that the HCBS Settings Rule would result in a shift in how services are currently delivered. For transportation, the rule's impact would be many more individual riders rather than groups. The Managed Care Organizations are looking for economies in service provision. For non-residential settings, IME partnered with Iowa Vocational Rehabilitation Services to evaluate how integrated they were.

Hugh Lively shared that his public transit region, RIDES, is already seeing some changes with one sheltered workshop being shut down. That workshop told RIDES their clients no longer needed transportation, so Mr. Lively was unsure how the workshop's clients are getting around the community. Mr. Lively stated that RIDES is in four mental health regions. In surveying all of them about their implementation of the HCBS Settings Rule, only one responded and is working with

RIDES on solutions. RIDES would like timelines about when each service agency or sheltered workshop will put the rule into effect. Mr. Lively expects to see a rise in small groups requiring transportation rather than large and public transit will need smaller vehicles to accommodate. As an example, one sheltered workshop in the RIDES region has 150-200 clients needing to get out into the community for employment. The majority of the jobs will be outside traditional hours, on evenings and on weekends.

Roxanne Cogil stated that most public transit in the state doesn't run at non-traditional hours and if they do it is at a higher price.

Mr. Lively responded saying his region would likely open up evening and weekend service to the general public to keep the price lower. He also informed that running buses at non-traditional hours required more than just a driver and bus, it required a dispatcher and supervisors on at that time, as well.

Mr. Lively asked how the new Trump administration might affect the HCBS Settings Rule. Ms. Moskowitz did not believe services would be affected.

Ms. Cogil asked how the higher rates on evenings and weekends could be accounted for. Ms. Moskowitz stated those higher rates should be part of the negotiations with the Managed Care Organizations.

Mr. Anderson suggested inviting legislators to the local TAG meetings so they could hear the discussion surrounding this firsthand. He also suggested holding more meetings like the one held in South West Iowa in quadrants around the state to get this issue in front of transit agencies and social service agencies.

Mr. Lingen offered using the meetings the IPTA staff will hold around the state with local public transit agencies to further educate public transit providers of the settings rule.

VI. 2017 Passenger Transportation Summit Planning

Chair Haar distributed a document of preliminary ideas to assist in planning the 2017 Passenger Transportation Summit. This year's summit will be held May 18 at the FFA Enrichment Center on the DMACC Campus in Ankeny.

One question posed by Chair Haar was whether to have breakout sessions or to make the conference all general session so everyone is able to participate in all discussions. Ms. Harker suggested if the summit is all 'general' session to have a separate room across the hall for side conversations that require more in depth discussion than a break would allow. Chair Haar also suggested certain times could be available for specific issues in that separate room, such as an hour for mobility management questions or an hour for Medicaid non-emergency transportation questions to be addressed.

Chair Haar recapped the other items on the handout – panel discussions on use of technology in passenger transportation, transportation under Medicaid, Mobility Management in the Midwest, and a rider panel.

Other suggestions from the group were a session on where to give input on passenger transportation needs, having registrants offer topic suggestions at registration or upon arrival at the summit, having a session providing an I-380 Corridor update, and a session highlighting the transit planning happening over the past couple years in Dubuque.

ITCC representatives were asked to contact Chair Haar or Jeremy Johnson-Miller with additional speaker and panel ideas.

VII. Driving Retirement Brochure

Mr. Johnson-Miller handed out an Iowa DOT-created brochure entitled *Driving Retirement*. This is an older brochure and Mr. Johnson-Miller asked for input on its value and ideas for its update.

Loren Bawn suggested a broader audience than just older Iowans, 'meeting mobility needs when you can't drive.' Ms. Cogil agreed, stating it should be easy to understand and serve the general population.

Mr. Johnson-Miller stated he would invite his contact from the Motor Vehicle Division who works on these issues to the March ITCC meeting so the group could discuss further.

VIII. Final 2016 Transportation Coordination in Iowa Report

Chair Haar presented the final version of the *Transportation Coordination in Iowa* report. This report is assembled biennially for the Governor and Iowa General Assembly compiling transportation coordination efforts and any recommendations for assistance from the legislature on coordination issues. This report was due to the Legislature and Governor by December 15, 2016.

Chair Haar also noted the Olmstead Consumer Task Force reviewed and commented on the report. Comments included adding a member of a disability advocacy group to ITCC, including NEMT on the passenger transportation summit agenda, "live streaming" the summit so persons with disabilities may participate, concern about keeping costs down for rides and expressing a concern over the aging bus fleet. Also, the Task Force liked the Iowa DOT's proactive approach to working with the HCBS Settings Rule.

IX. LifeLong Links Project Update

Chair Haar reported that the Veterans Transportation Community Living Initiative and Iowa DOT-funded portion of the LifeLong Links project would essentially be complete around the end of January 2017. The one-call network, provider database, and LifeLong Links website are all either complete or nearing completion.

Frank Greise asked if there would be any further marketing efforts surrounding this project. Julie Bergeson responded that none were planned at this time.

X. Member Roundtable

Chair Haar started the Roundtable by announcing the resignation of the Iowa DOT Offices of Public Transit and Aviation Director, Michelle McEnany. Ms. McEnany also served as Chair of ITCC in the late 2000s and her resignation was effective December 27.

Ms. Cogil shared the number one referral for the Epilepsy Foundation was to mobility management. One frustration for her constituents in Polk County is if a car is owned by someone in the household,

that person is not eligible for transportation services. Ms. Cogil also reminded the group the Epilepsy Foundation offers free seizure training around the state.

Mr. Johnson-Miller explained most of his last couple months have been filled with his Transportation Programs Administrator duties.

Mr. Filippini informed the group that the Ames Area MPO will have several new policy board members this year, as a result of the 2016 election.

Mr. Greise updated the ITCC members on the human services transportation needs survey done in the Council Bluffs area. The survey had 72 responses. For those not using public transit, when asked why the responses were the times it runs and the locations it does not serve. United Healthcare also presented to the human services group on non-emergency medical transportation.

Mr. Lingen reported that IPTA is hearing less from the public transit agencies on MCO transportation issues; however, transit agencies are still not receiving notices of decision.

Ms. Bergeson shared that the Iowa Department on Aging (IDA) has a new director, Linda Miller. The AAAs are currently working on their area plans and are asking the question what do the people they serve use transportation for?

Megan Hartwig reminded all state agencies to respond to Louise Lex's request for action steps to input into the Healthy Iowans plan.

Ms. Moskowitz has been working on policy clarifications for the managed care organizations.

Mr. Bawn informed the group that the Bureau of Refugee Services directly provides 30-50 rides to refugees daily.

Ms. Harker shared that the Developmental Disabilities Council infonet newsletter is now being distributed frequently during the legislative session. If there is a bill you could like the DD Council to follow, please let Ms. Harker know. Also, Advocating for Change day is April 5 at the Capitol, an event they do every two years to advocate for issues relevant to persons with disabilities.

XI. IMM and Statewide Mobility Manager Updates

Mr. Johnson-Miller reported the Job Access Reverse Commute and New Freedom money the Iowa DOT had available last fall has been awarded. As a result, Johnson County will be hiring a mobility manager.

Ms. Hartwig informed the group that the Iowa Department of Public Health has three grants available to healthcare providers working on coordinating transportation.

XII. Other Items of Interest

None offered.

XIII. Adjournment/Next Meeting Date and Location

The next meeting of the ITCC is scheduled for March 8, 2017, from 10:00 a.m. – 2:00 p.m., at Polk County River Place, 2309 Euclid Avenue, Des Moines, IA 50310.

The meeting was adjourned.