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# Governor's Interagency Transportation Coordinating Committee's 2012 Annual Report

Maine Department of Transportation

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**Annual Report of the  
Governor's Interagency Transportation  
Coordinating Committee**

**Submitted to Governor Paul R. LePage  
and the  
Joint Standing Committee on Transportation**

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**February 15, 2012**

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## INTERAGENCY COORDINATION BACKGROUND

The Governor's Interagency Transportation Coordinating Committee (ITCC) was created by state law to strengthen the collaborative efforts in the delivery of human services transportation across various state agencies and their respective transportation programs. Specifically, the law mandates that the commissioners (or their designees) of Transportation, Health and Human Services and Labor serve on the committee to promote efficiency, cooperation and strategic planning for public transportation purposes.<sup>1</sup>

Coordination of human services transportation dates as far back as 1979 when the Maine Department of Transportation (MaineDOT), in partnership with other state agencies, designated geographical regions and transportation providers in an effort to provide "efficient and cost effective transportation services to children, elderly persons, persons with disabilities and the general public" and equity among the various transportation providers. The guiding principle over time has been to leverage, to the extent possible, existing resources and funding opportunities at the federal, state and local levels to develop regional transportation systems that would meet the needs of Maine's citizens and visitors alike.

In addition to Maine's interagency initiatives, the federal government established its own committee in response to a United States Supreme Court decision *Olmstead v. L.C.* in 1999, which directed the federal government to assist states in developing a plan to provide services to individuals with disabilities. Consequently, President George W. Bush signed an Executive Order<sup>2</sup> in 2004 creating the Coordinating Council on Access and Mobility (CCAM) and appointed the Secretaries of Transportation, Health and Human Services, Education, Labor, Veterans Affairs, Agriculture, Housing and Urban Development, Interior and Justice, the Commissioner of the Social Security Administration, and the Chairperson of the National Council on Disability to serve on the committee. The resulting federal initiative is now known as the "United We Ride" program, which aims to assist federal and state programs in the delivery of transportation services to the transportation disadvantaged.

A quick survey of federal transportation programs reveals that there are more than 70 different funding sources, as well as many other state and local grant programs available. The benefit of having such a variety of funding sources is that it allows the leveraging of all transportation dollars to fund transit initiatives statewide. On the other hand, one of the biggest challenges of having several funding sources is the regulatory barriers that accompany the funding streams, which create and maintain silos over who and how the funds are distributed.

In order to access the funding opportunities here in Maine, the state must inventory and analyze existing transit systems using a public involvement process to determine how best to prioritize transit investments to support existing transportation services and to expand services as needed. There are a variety of resources that the ITCC can employ to analyze data for the purpose of making such policy recommendations. However, it is the committee's strategic plan as well as

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<sup>1</sup> 23 MRSA §4309 et seq.

<sup>2</sup> Executive Order 13330, February 2004; Federal Register Vol.69, No. 38

the Biennial Operations Plan (BOP) that are key in terms of measuring effectiveness, efficiency and cooperation within Maine's regional transportation systems.

The strategic plan identifies methods to increase effectiveness and efficiency and improve universal mobility for Maine citizens and visitors. The plan outlines the following six goals: 1. Increase efforts at education and outreach; 2. Consolidate access; 3. Reduce regulatory barriers; 4. Coordinate planning; 5. Standardize cost allocation; and 6. Document successful models of services. Lastly, continued partnerships with the regional transportation providers, as well as the Maine Transit Association, are critical to the ITCC in reaching its goals.

The Biennial Operations Plan is an additional tool used by the committee to review current fixed-route and demand-response transit systems and to identify opportunities for enhancing these services. Development of the BOP offers the service providers and transit users an opportunity for structured dialogue concerning the opportunities and obstacles to providing efficient and productive mobility for travelers in Maine. The BOP also serves as the basis for MaineDOT to seek federal and state funding of public transportation projects in both rural and urban areas of Maine.

## **INVENTORY OF CURRENT SERVICES**

As noted earlier, there are various federal, state and local programs that provide services to the transportation disadvantaged as well as the general public. A brief description of transportation services provided by each of the member agencies of the Interagency Transportation Coordinating Committee is provided below.

### **Maine Department of Transportation** **Bureau of Transportation Systems Planning (BTSP)**

The Bureau of Transportation Systems Planning's mission is to facilitate development of innovative customer-oriented policies, plans and programs in support of MaineDOT's mission of responsibly providing a safe, efficient, and reliable transportation system that supports economic opportunity and quality of life.

BTSP is responsible for managing and distributing financial support provided by the Federal Transit Administration (FTA) to 21 rural and small urban transportation systems. The current annual program funding figures from the FTA are \$6.8 million in non-urbanized areas and \$4.8 million in urban areas, and the current funding figure from the state budget is \$0.5 million. Additional funds are occasionally available from discretionary and competitive FTA programs, as well as state bond match for vehicle purchase.

As indicated earlier, there are 21 transit systems statewide that are divided into eight geographical regions that receive federal and state funding through BTSP. The three categories of transportation systems are regional transportation systems, fixed-route transit systems and transit systems supporting the tourist industry. Regional transportation systems receive funding that serve rural areas and generally provide services to low-income, elderly, and disabled

## **BTSP (cont.)**

populations, as well as the Maine Department of Health and Human Services' clients. Fixed-route transit systems receive partial funding and use a fare system to cover operational costs and provide urban, rural, intercity and ferry services. Currently, three transportation providers also provide seasonal services.<sup>3</sup>

## **Maine Department of Health and Human Services MaineCare Services**

Public transportation plays an important role in the daily lives of many Maine citizens. Without a doubt, one of the most vital needs for Maine's most vulnerable citizens is access to health care services. Getting to these services is the first step.

The Maine Department of Health and Human Services and MaineDOT cooperate to help provide non-emergency medical transportation (NEMT) for MaineCare members to access medically necessary Medicaid covered services. Full Service Regional Transportation Providers arrange the most efficient form of suitable transportation for the member only when transportation is not otherwise available. At present, MaineCare is the major funding source for the nine regional public transit systems within Maine.

MaineCare reimburses a variety of modes of suitable non-emergency medical transportation, including:

- Transportation by members, friends, family, and volunteers;
- Transportation using Maine Department of Transportation leased vehicles and other vehicles with hired employees;
- Taxis; and
- Maine's 13 year-round fixed-route transit systems, which use a fare system, operate on a fixed schedule, and include urban bus systems, intercity services and ferry systems.

MaineCare Services' non-emergency medical transportation (NEMT) system is currently undergoing transition to a new non-emergency transportation (NET) brokerage model. Details follow beginning on page 10 below.

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<sup>3</sup> Biennial Operations Plan, 2011-2012

**Maine Department of Health and Human Services**  
**Office for Family Independence (OFI)**

The Additional Support for People in Retraining and Employment Program within OFI is charged with providing additional support to Maine families who receive Temporary Assistance for Needy Families (TANF). The goal is to provide assistance that enables families to reach the goal of self-support. Transportation needs are met in a variety of ways through the ASPIRE program.

Participants select the specific transportation support that meets their needs. Options include assistance with the following expenses: auto maintenance and vehicle repair; liability insurance; reimbursement for individual vehicle transportation; public transportation; and temporary private transportation. Assistance may be in the form of direct payments for a service, or more often, as reimbursement to the participant or the individual transporting them. In the State Fiscal Year 2011, the cost for this support was \$4.7 million.

Transportation assistance is also currently provided to ASPIRE participants through a contracted service with Goodwill Industries of Northern New England, Good Wheels to Work. Eligible employed participants may qualify for a low-interest rate car loan through this program.

Good Wheels staff also assists in determining the quality and safety level of participants' vehicles upon request and may assist in determining appropriate car repair expenses.

Transportation support for ASPIRE participants is funded with a combination of Federal TANF block grant funds as well as State (Maintenance of Effort) funds.

**Maine Department of Health and Human Services**  
**Office of Child and Family Services (OCFS)**

The target population served is all clients in the care or custody of the Maine Department of Health and Human Services without regard to income as well as low-income clients who are not eligible for Maine Care. Transportation services are needed to prevent at-risk, disadvantaged individuals from further alienation from the mainstream, inappropriate institutionalization, continued abuse and neglect and continued dependence on the social welfare system.

One funding source for this contract is the Federal Social Services Block Grant (SSBG). In compliance with the funding objectives of SSBG, transportation services are directed toward one of the following five goals specified by law: (1) to prevent, reduce, or eliminate dependency; (2) to achieve or maintain self-sufficiency; (3) to prevent neglect, abuse, or exploitation of children and adults; (4) to prevent or reduce inappropriate

## **OCFS (cont.)**

institutional care; and (5) to secure admission or referral for institutional care when other forms of care are not appropriate.

Eligible individuals can use these funds to access transportation to social and medical services when no other reasonable means exists. Target populations are: child protective cases, children in the care or custody of the Maine Department of Health and Human Services and low income individuals/families who are not eligible for Maine Care services.

## **Maine Department of Health and Human Services Office of Elder Services (OES)**

The Office of Elder Services receives Title III formula funding from the federal Administration on Aging (AoA) and distributes the grants to five designated Area Agencies on Aging (AAAs) in Maine. They are:

- Aroostook Area Agency on Aging - serving Aroostook County;
- Eastern Area Agency on Aging - serving Penobscot, Piscataquis, Washington, and Hancock Counties,
- Senior Spectrum – serving Somerset, Kennebec, Waldo, Knox, Lincoln and Sagadahoc counties;
- Seniors Plus – serving Androscoggin, Franklin and Oxford counties; and
- Southern Maine Area Agency on Aging – serving York and Cumberland counties.

The intent is for the agencies to use Title III funds as a catalyst in bringing together public and private resources in the community to assure the provision of a full range of efficient, well coordinated and accessible services for older persons, including transportation. Most of the AAAs utilize existing transportation providers and transit systems such as the Aroostook Regional Transportation System, Inc., The Lynx/Penquis, and Washington Hancock Community Agency to meet the transportation needs of their clients.

The Office of Elder Services allocates \$75,000 annually in state legislated funding specific to the AAAs to support the transportation needs of older adults for medical purposes. Also, per OES policy, the state-funded Section 68 respite and Section 61 adult day programs may allow a caregiver or others to be reimbursed for transportation costs so long as the costs are eligible under the program. The state's five Area Agencies on Aging also use the funding to reimburse volunteers for mileage associated with the provision of certain services, such as the Meals on Wheels driver program.



## **OES (cont.)**

Below are highlighted examples of how agencies fund and deliver transportation services to the elderly:

- Spectrum Generations in Augusta awards an annual grant to Coastal Trans, Inc. for transporting non-MaineCare clients and their caregivers to get to medical, dental and psychiatric services;
- Eastern Area Agency on Aging utilizes two programs:
  - **Elizabeth West Transportation** – provides medical rides to people who live in Bangor or any town contiguous to Bangor. Rides are provided either by EW's van or through a taxi company. Co-pays are based on income.
  - **Med Rides** - provides reimbursement to medical appointments for anyone in Penobscot, Piscataquis, Washington or Hancock Counties. Rides must be provided by a volunteer,( i.e. family, friend or neighbor, etc) The rides are reimbursed at 22 cents per mile.

In addition, the Adult Protective Services caseworkers within the Department of Health and Human Services have limited flexibility to designate funds for transportation needs based upon extraordinary circumstances and determined on a case-by-case basis.

## **Maine Department of Labor**

### **Bureau of Rehabilitation Services - Division of Vocational Rehabilitation (DVR)**

The Maine Division of Vocational Rehabilitation program assists eligible individuals (clients) with physical or mental disabilities to prepare for and achieve an employment outcome. To be found eligible, the disability or disabilities must result in a substantial barrier to employment and the individual must be able to benefit from DVR services needed to achieve the employment outcome. "Employment outcome" means entering or retaining full time employment or, if appropriate, part-time competitive employment in the integrated labor market, supported employment, or any other type of employment in an integrated setting. This can also include self-employment, telecommuting, or business ownership that is consistent with the individual's strengths, resources, priorities, concerns, abilities, capabilities, interests, and informed choice. "Integrated", with respect to an employment outcome, means a setting typically found in the community in which people with disabilities interact with non-disabled individuals.

Services are provided under an Individualized Plan for Employment that is oriented to the achievement of a vocational goal. Services provided to individuals with disabilities must be necessary to overcome the vocational barrier, must be provided as cost effectively as possible, and will be of sufficient quality to meet individual needs. All funding must be pre-authorized.

## **DVR (cont.)**

Core DVR services include such elements as vocational guidance and counseling, job training and education, job placement, and job coaching. Support services such as *transportation* are funded only when necessary for the client to derive benefit from core DVR services.

### **Transportation Expenses:**

- Public transportation must be the transportation of choice if it is readily available in the area and matches the individual's needed schedule. An individual may choose to use his or her own vehicle in this situation but will only be funded for gas up to the cost of a monthly bus pass for the fare. Those who are not able to use public transportation because of their disability must provide specific documentation as to why from the treating physician or psychiatrist.
- Reimbursement will be for actual expenses needed to participate in the Plan. This may include gas (based on actual mileage and miles per gallon), tolls, and parking.
- Alternative sources of funding must be explored before DVR funding is provided.
- DVR is not responsible for routine vehicle maintenance expenses.
- Funding for vehicle repairs singly or in combination over the life of the DVR case cannot exceed the value of the vehicle and must be performed by a certified mechanic who can attest to the cost/benefit of repairing the vehicle.
- Assistance with vehicle purchase will only take place if it is the most cost effective option for transportation and all other resources have been explored and utilized. Prior to authorizing such assistance there must be a determination of the individual's ability to afford a vehicle not only in terms of payments but also vehicle maintenance and insurance. Generally, a down payment of \$500 is provided. Any payment beyond that up to \$1000 must be approved by a supervisor.
- Start-up costs related to a vehicle purchase, which may also be considered for DVR funding include initial payment of registration, excise tax, and initial insurance down payment to bind coverage.

The expenditure by service code report for FFY 2007 through 2011 includes: monthly bus passes, gas reimbursement, vehicle repairs and vehicle accessibility modifications as follows:

2007 - \$1,063,441  
2008 - \$577,822  
2009 - \$611,748  
2010 - \$437,707  
2011 - \$348,053

This reflects the continued cost savings resulting from changes made in 2008 to DVR transportation policy as outlined in the bulleted list above.

## MaineDOT FLEET CAPACITY

The Maine Department of Transportation's Transit Operations Section is responsible for managing a fleet of 453 vehicles, which are leased to transportation providers statewide in accordance with federal and state regulations. The capital investment made to date in the procurement of accessible vehicles is approximately \$66,893,045.

MaineDOT vehicles support 21 transit systems and those systems fall into one of three categories such as a regional transportation system, a fixed-route transit system or a seasonal/tourism system and provide extensive interagency coordination between public transit and human service transportation programs.

MaineDOT has 46% of its passenger vehicle fleet that has more than 50% of its useful life remaining and 54% of its passenger vehicle fleet between 50% and beyond the end of its useful life. Of the older vehicles, 30% are completely beyond their useful life and 10% are close to that condition.

### MaineDOT Fleet Capacity/Inventory

#### Vehicles by Category

Small Cutaways and Vans	186
Mid Size Buses	181
Large Buses	86
<b>Total Fleet</b>	<b>453</b>

#### Seating Capacity

Ambulatory	7436
Wheelchair positions	737

Percent of Accessible Vehicles 100%

#### Percent of Vehicles by Useful Life

Over 100% useful Life	30%
Between 75%-100% useful life	10%

MaineDOT purchased and accepted 65 vehicles during 2011. MaineDOT anticipates purchasing a combination of small vans, mid and large buses in 2012.

## **COMMITTEE ACCOMPLISHMENTS TO DATE**

The ITCC strategic plan provides the framework by which the committee measures its progress in meeting its mission to promote efficiency, cooperative effort and strategic planning for public transportation. Below are highlights of the committee's accomplishments to date:

### **Strategic Plan Review**

The ITCC reviewed its strategic plan in an effort to refocus priorities given the current funding challenges such as diminishing capital and operational resources. The work includes a review of the education and outreach efforts, consolidated access goals, regulatory issues and/or barriers, coordinated planning processes and best practices.

The strategic plans of the ITCC will be part of a major planning study by MaineDOT entitled, "Statewide Transit Strategic Plan" which will be a comprehensive analysis of transit services in Maine. Specifically, the study will provide recommendations in prioritizing service improvements, identifying performance measures and responding to the evaluation of expanded transit services. The plan will be a holistic approach to evaluating surface passenger transportation initiatives, programs and funding sources including interagency coordination of public and social service transportation, biennial operations plans of the eight transit districts, Explore Maine, Go Maine, Park & Ride Lot Program, connectivity with passenger and commuter rail, ferry service, and capital improvements for transit providers.

The plan will have a particular focus on Maine's aging population and will assess and make recommendations to meet the elderly transportation needs statewide. In addition, the plan will make recommendations for policymakers to consider based on an analysis of best practices for transit planning and funding strategies.

### **MaineCare Transportation Funding**

MaineCare Services has spent the last year working toward the implementation of the non-emergency transportation brokerage redesign for the purpose of complying with the Centers for Medicaid & Medicare Services (CMS) regulations. The ITCC has been and will continue to be involved as MaineCare moves toward the regional risk-based Prepaid Ambulatory Health Plan (PAHP) non-emergency transportation brokerage model and obtains CMS approval of the necessary 1915b waiver. These changes will directly impact transportation users, providers and state agencies mandated with providing transportation services.

## **Biennial Operations Plan (BOP) Report**

In December, the ITCC approved the Biennial Operations Plan for 2011 and 2012. As stated earlier, MaineDOT is mandated to develop a biennial operations plan every two years in collaboration with the ITCC. The purpose of the plan is to maximize coordination of state agencies that fund transportation, to develop a plan that specifically addresses the needs of the elderly, low-income and individuals with disabilities and to encourage coordination among transit providers throughout the state. In addition, the plan provides a means for the MaineDOT to achieve compliance with the Federal Transit Administration's requirement to develop a locally coordinated plan which allows the department to identify and prioritize transit needs and to seek federal grant opportunities in collaboration with local, regional and statewide partners.

The 2011 Biennial Operations Plan (BOP) describes and documents transportation needs and priorities throughout Maine and summarizes the transit services provided by each of the state's subsidized fixed route and demand response transit systems. It also describes future plans and changes to the systems, and provides opportunities for public comment on the distribution of funds and services provided. In addition, the development of the BOP offers service providers, transit users and other transportation partners an opportunity for structured dialogue concerning the opportunities and obstacles in providing efficient and productive mobility options for Maine residents and visitors alike.

The BOP also provides an accounting of how public transit funds were spent during FY 2009 and FY 2010, and how the Bureau and each transit provider intend to use public funds during FY 2011 and FY 2012. It also documents how the transit providers have met and will continue to meet various federal and state requirements for transit systems. Finally, as discussed in more detail on page 5, the BOP meets the new requirements under the Federal SAFETEA-LU (Safe, Accountable, Flexible, Efficient Transportation Equity Act: A Legacy for Users) for the development of locally coordinated plans for transit services. For additional information, see <http://www.maine.gov/mdot/ptp/bop.htm>

## **ISSUES ANTICIPATED FOR 2012**

### **Strategic Plan Review**

The ITCC will continue to review the current strategic plan and make necessary adjustments to its work plan in an effort to refocus its priorities given the funding challenges and limited resources. This work will include re-examining education and outreach efforts, consolidated access goals, regulatory issues and/or barriers, coordinated planning processes and best practices. In addition, a revised Memorandum of Agreement among the Departments of Health and Human Services, Labor and Transportation will be signed.

## **MaineCare Transportation Funding**

MaineCare Services' non-emergency medical transportation services (NEMT) is a mandatory service that is funded partly by the State and partly by the Federal government. The Centers for Medicare and Medicaid Services (CMS) has informed Maine's Department of Health and Human Services (DHHS) that it cannot continue its current reimbursement methodology for non-emergency transportation, which currently allows Full Service Regional Transportation Providers (FSRTPs) to be both the brokers and transportation providers.

CMS asserts that this arrangement is a conflict of interest, as providers can self refer. CMS has also raised concern with reimbursement methodology for other transportation means, including pass-through payments for bus, taxi, and ferry service and reimbursement for volunteer drivers, friends and family, and members. CMS also asserts that MaineCare may no longer seek Federal Medical Assistance Percentages (FMAP) match rate for many of the brokerage functions currently done by FSRTPs that CMS considers administrative in nature; these functions should only be matched at a 50% administrative rate.

MaineCare Services has been working closely with the CMS over the past year to determine the best model that conforms to federal requirements, ensures timely access to transportation services, is cost-effective and sustainable with minimal disruption to the current service delivery system. After much discussion with its federal partners, it became clear to DHHS that to achieve these goals, a regionally-based Risk-Based Prepaid Ambulatory Health Plan (PAHP) was the best option.

This approach means that MaineCare will be making capitated payments to a broker that will function like a managed care organization for non-emergency transportation (NET) in each of the eight transit regions. CMS will allow full FMAP matching for this approach, which allows MaineCare to continue in the most cost neutral manner moving forward. This approach also allows the broker to be flexible in utilizing all modes of transportation available to assure timely and 24/7 access to medically necessary services for our members. This is a key component of federal compliance. This model will also allow the continued involvement of volunteer, family and friend drivers, which is very important to MaineCare members. This model will ultimately be the most efficient and will allow MaineCare to continue the important NEMT services its members need for years to come.

This approach will require issuance of a competitive bid. The Request for Proposal will soon post. MaineCare continues to work with CMS and DHHS on a timeline that will achieve federal compliance and effective implementation of a successful NEMT brokerage system.

## **Performance Measures**

The ITCC will work with its transportation partners, such as the Maine Transit Association and others, to further identify and recommend ways in which agencies and transportation providers collect and analyze data to ensure efficiencies. There will be a particular focus to develop measures that accurately reflect the unique characteristics of each transit region in terms of level of transit services, population density, socioeconomic factors, etc. so that performance is based on qualitative measures. In other words, a “one-size-fits-all” criteria for measuring performance of transit services in our regions is neither effective nor valid.

## **Customer Service**

The Maine Department of Transportation and the Muskie School of Public Service – Center for Learning continue to work on establishing an online training program to offer customer service training to provider staff in a more accessible and efficient manner.

## **CONCLUSION**

The focus of the committee’s work during this past year has been reviewing the Biennial Operations Plan, discussing strategies regarding data collection, identifying performance measures for agency contracting purposes, improving coordination of children transportation services, managing staffing transitions and monitoring the MaineCare/CMS brokerage rule issue.

These transportation policy issues will continue to be revisited in the coming year, as well opportunities to host joint meetings with the Maine Transit Association to identify new opportunities to improve and expand services. Specifically, the ITCC will revise its 5-Year Strategic Plan, which will continue to focus on strategies such as improving the delivery of services, examining regulatory issues, increasing community involvement in the transportation planning process, evaluating transportation services and programs for efficiencies and increase access to information regarding transportation services.

The committee’s work ahead will no doubt be challenging given the federal and state fiscal climates. Nonetheless, the ITCC is committed to ensuring that ongoing coordination and collaboration among state agencies can be achieved so that Maine’s citizens and visitors benefit from its transportation services.

## **APPENDIX A – 23 MRSA §4209 as amended by Public Law 2009, Chapter 130:**

### **Title 23: HIGHWAYS Part 5: DEPARTMENT OF TRANSPORTATION Chapter 410: DEPARTMENT OF TRANSPORTATION**

#### **§4209 Public transportation administration**

**1. Geographic regions.** The Department of Transportation shall divide the State into a number of geographic regions for regional distribution of state-administered transportation funds. Upon designation of the geographic regions, a regional public transportation agency must be selected from each region to formulate a biennial regional operations plan. Selection of regional public transportation agencies must be by the Department of Transportation in collaboration with the committee established in subsection 1-A. The Department of Transportation shall establish a schedule for submittal of the biennial regional operations plan and shall reference these plans in its biennial transportation improvement plan submitted to the Legislature.

[ 2009, c. 130, §1 (AMD) .]

**1-A. Interagency Transportation Coordinating Committee.** The Interagency Transportation Coordinating Committee, referred to in this section as "the committee," is established to promote efficiency, cooperative effort and strategic planning for public transportation between the Department of Transportation, the Department of Labor and the Department of Health and Human Services.

A. The committee consists of the Commissioner of Transportation, the Commissioner of Labor and the Commissioner of Health and Human Services or the designees of the commissioners. [2009, c. 130, §2 (NEW).]

B. The committee shall meet at least twice each year. [2009, c. 130, §2 (NEW).]

C. The Commissioner of Transportation shall designate the chair of the committee. [2009, c. 130, §2 (NEW).]

D. The committee shall designate a catchment area for MaineCare transportation providers. [2009, c. 130, §2 (NEW).]

E. The committee shall submit a report on its deliberations and any recommendations by February 15th each year to the Governor and the joint standing committee of the Legislature having jurisdiction over public transportation matters. [2009, c. 130, §2 (NEW).]

[ 2009, c. 130, §2 (NEW) .]

**2. Biennial regional operations plan.** The biennial regional operations plan submitted by each regional public transportation agency must provide for the following:

A. Maximum feasible coordination of funds among all state agencies that sponsor transportation in the region; [1987, c. 428, §1 (AMD).]

B. Development and maintenance of a permanent and effective public transportation system, with particular regard to riders who are low-income or elderly or who have disabilities; [2009, c. 130, §3 (AMD).]

C. Participation of private transit operators in the service, to the greatest extent possible; [2009, c.



130, §3 (AMD).]

D. Conformity with general operations requirements as may be prescribed by the commissioner; and [2009, c. 130, §3 (AMD).]

E. Compliance with any appropriate federal regulations, including but not limited to the federally required locally coordinated plan. [2009, c. 130, §3 (NEW).]

In years in which no biennial plan is required, amendments to the effective operations may be submitted. Approval of each regional operations plan must be by the Department of Transportation in collaboration with the committee. Upon approval, all agencies, groups or organizations named to participate in the provision of service in accordance with a regional operations plan are eligible to receive funds administered by the Department of Transportation and the Department of Health and Human Services.

[ 2009, c. 130, §3 (AMD) .]

**3. State assistance.** Within the limits of available funding, the department shall provide assistance as follows:

A. Planning and technical assistance, information transfer, capital and operations planning, performance monitoring and evaluation, quality assurance, accounting, assistance with management information systems and service reporting to a regional operations plan drafter or transportation provider and securing of provider compliance with the requirements of other state agencies in these areas; [1987, c. 428, §2 (AMD).]

A-1. Act as mediator and, if necessary, final arbiter of disputes between state agencies and transportation providers regarding service; [1987, c. 428, §2 (NEW).]

A-2. In consultation with the Bureau of Insurance, advise transportation providers regarding the liability of volunteer drivers; [1991, c. 859, §1 (NEW).]

B. Capital assistance to transportation providers for up to 100% of the nonfederal share required by federal assistance programs; [1991, c. 103, (AMD).]

C. Operating assistance to transportation providers in an amount up to 1/2 of the operating deficit incurred in fulfillment of the biennial regional operations plan; and [1987, c. 428, §2 (AMD).]

D. Notwithstanding any other provision of law and except as funds are necessary to carry out the object of this section, funds appropriated for public transportation shall not lapse at the end of a fiscal year, but shall be carried forward from year to year to be expended for the same purpose. [1985, c. 174, Pt. E, (NEW).]

[ 1991, c. 859, §1 (AMD) .]

**4. Human services assistance; priorities.** The committee shall act to coordinate purchase of service contracts and serve in an advisory capacity to the department in matters concerning public transportation. In the event that transportation funds for human services programs are insufficient for full implementation of the human services portion of an approved biennial regional operations plan, priorities established by the Department of Health and Human Services determine the priority clients that must be initially served by human services funds. Members of the committee and their contractors shall actively engage local transportation providers in the planning of new services that are expected to have a transportation component.

The Department of Health and Human Services and the Department of Labor shall ensure that any new service to be provided is adequately funded to cover the costs of the transportation component of the program.

[ 2009, c. 130, §4 (AMD) .]

**5. Intercity service.** Intercity service shall be service designated as such in a public transportation plan developed by the department. Intercity service planning shall fulfill the requirements set forth in subsection 2 and shall address public transportation needs that cannot be met by regional operations planning. The State may contribute to the nonfederal costs of intercity service.

[ 1979, c. 505, §4 (NEW) .]

**6. Letters of credit; reporting requirements; general powers.** To further the purposes of this section, the Department of Transportation may do the following:

- A. Make available letters of credit or other appropriate assistance to transportation providers faced with unavoidable difficulties in securing day-to-day operating expenses; [1979, c. 505, §4 (NEW).]
- B. Investigate all practicable ways that reporting requirements might be unified to reduce the paper workload for state and regional public transportation administration; and [1979, c. 505, §4 (NEW).]
- C. Exercise all powers necessary, convenient or incidental to assuring the development and maintenance of effective public transportation service throughout the State. [1979, c. 505, §4 (NEW).]

[ 1979, c. 505, §4 (NEW) .]

**7. Review.**

[ 1987, c. 428, §4 (RP) .]

**SECTION HISTORY**

1979, c. 505, §4 (NEW). 1981, c. 493, §2 (AMD). 1981, c. 559, (AMD). 1983, c. 812, §144 (AMD). 1985, c. 174, §E (AMD). 1987, c. 428, §§1-4 (AMD). 1991, c. 103, (AMD). 1991, c. 859, §1 (AMD). 1995, c. 560, §K82 (AMD). 1995, c. 560, §K83 (AFF). RR 1995, c. 2, §§47,48 (COR). 2001, c. 354, §3 (AMD). RR 2003, c. 2, §§83,84 (COR). 2009, c. 130, §§1-4 (AMD).

## **APPENDIX B – ITCC Strategic Plan**

### **Goal I – Education and Outreach**

To develop an education plan for coordinated human service transportation resulting in enhanced customer access at the local level for individuals with disabilities, older adults and individuals with lower incomes.

#### **Deliverables**

1. A standardized rider education packet will be developed for distribution;
2. A standardized training curriculum will be developed for transportation providers to ensure accurate, complete and consistent information is communicated to the rider;
3. An operator's manual will be developed ensuring all accepted practices are understood and followed; and
4. A one-stop shop call center will be implemented ensuring up to date accurate travel information is available to potential riders.

### **Goal II – Consolidated Access**

To develop a comprehensive and coordinated transportation system by simplifying access to transportation services and enhancing customer service.

#### **Deliverables**

1. Provider goals will be established enhancing service to riders;
2. A method allowing for all regional groups including riders, providers and funding agencies to meet on an annual basis will be developed;
3. One State agency will assume responsibility for managing all transportation;
4. Enhanced scheduling software will be used by providers whenever feasible;
5. Standardized reporting of trip cost and data will be developed; and
6. Volunteer driver rate of reimbursement will be tied to State employee's mileage reimbursement rate.

### **Goal III – Regulatory Barriers**

To reduce restrictive and duplicative laws, regulations and programs related to human service transportation at the federal and/or state level.

#### **Deliverables**

1. Requirements for issuance of buss passes will be simplified;
2. One state agency will assume responsibility for managing all transportation;
3. All vehicles funded with state or federal dollars will be open to referrals from the Regional Transportation Provider;
4. Mixing of riders in volunteer vehicles will be clarified by policy;
5. A new source of revenue to support transportation will be found;
6. All trip requests will be made through a Regional Provider; and
7. Volunteer mileage rate, at a minimum, will be tied to state employee's mileage reimbursement rate.

### **Goal IV – Coordinated Planning**

To ensure comprehensive planning for the coordination of human service transportation for individuals with disabilities, older adults and persons with lower incomes.

#### **Deliverables**

1. Goals will be established for improved provider service;
2. A method allowing for all regional groups, provider, agencies, riders to meet on an annual basis will be developed;
3. One state agency will assume responsibility for managing transportation;
4. The Biennial Operations Plan process will be improved upon, including more involvement from riders, funding agencies and all providers within a region;
5. Enhanced scheduling software will be used whenever feasible; and
6. On-going regional reviews will be conducted by the Governor's Interagency Transportation Coordinating Committee.

### **Goal V – Cost Allocation**

To standardize cost allocation processes.

#### **Deliverables**

1. A method of standardized cost allocation will be developed;
2. Enhanced scheduling software will be used wherever feasible; and
3. Standardized reporting of cost/trip data will be developed.

### **Goal VI – Useful Practices**

To document successful strategies in coordinating human service transportation at the federal, state, tribal and local levels.

#### **Deliverables**

1. The Biennial Operations Plan process will include reviews of coordination efforts and demonstrated useful practices (both implemented and planned); and
2. The Governor's Interagency Transportation Coordinating Committee (or sub-committee) will conduct regional review ensuring coordination and useful practices are documented.

## **APPENDIX C – ITCC Committee Membership**

### **Maine Department of Transportation – Bureau of Transportation Systems Planning**

**Sue Moreau**, Manager, Multimodal Planning & Operations

**Penny Vaillancourt**, Policy Development Specialist

### **Maine Department of Health and Human Services**

**Vacant**, Manager, Community Programs, Office of Elder Services

**Delta Chase**, Comprehensive Health Planner, Office of MaineCare

**Liz Ray**, ASPIRE Program Manager, Office of Integrated Access and Support

**Melissa Read**, Social Service Program Specialist I, Office of Child and Family Services

### **Maine Department of Labor**

**Cathy Singleton**, Casework Supervisor, Bureau of Rehabilitation Services