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**Event: Transportaion Summit**

>> RANDY NOLEN: Good afternoon folks, this is Randy Nolen. Everybody gathered today, we're going to have a meeting from 1:00 p.m. to 4:00 p.m. to talk about transportation. We have a lot of individuals on the phone, over 200 people that have logged into this call. We will have presentations by a number of groups including the MATP program, PennDOT, OVR, SEPTA, PUC and the CHC-MCO's and their two brokers, MTM and CTS could I have left an hour at the end of the session, maybe a little bit more to do some Q and A. We do questions and answers a couple of different ways, you can either do it through the chat feature or you can raise your hand and I will unmute you and you can ask your question over the line. We will be taking all the questions that come in through chat, will make sure we get written responses back to them and kind of have a document from this. The meeting is being recorded, we have a transcript and nest that is recording the meeting. We'll have a couple individuals doing interpretive sign language for us. So I appreciate that. We will go ahead and get started.

I'm going to stay on the camera for the beginning part of this is I do the overview of why we are having this meeting, we have had a lot of conversation about transportation over the last couple years and in the last year had a lot of discussions with Jeff Wiseman and John Trinity in about a lot of things related to transportation, I want to take the opportunity to bring a large group together that includes the MCO's, other entities here at the state that provide transportation services, providers and participants to have discussions about the transportation issues that we are seeing. I don't expect we're going to answer all of the problems or solve all of the issues that we have with transportation but this is a beginning start to have this dialogue and to move forward with this. I also know from my conversations with Mr. Hancock in the Department of aging that the transportation was a big issue of comment for the master plan. As you can tell we are handling transportation across the whole state and every department to try and resolve the issues. With that being said, I will turn it over to the MATP program and try to move this forward like I said, if you have questions in the interim please put them in the chat and we will go back and forth and answer them. But is Tamara Carter on?

>> TAMARA CARTER: I'm here, Randy.

>> RANDY NOLEN: Tamara, I will turn it over to you. Do you have a PowerPoint? Do you want to share the screen or do you want me to pull it up?

>> TAMARA CARTER: You can pull it up, that's fine. Thanks.

>> RANDY NOLEN: All right, hold on a second. Give me a second folks and I will get the PowerPoint pulled up.

>> TAMARA CARTER: Okay, thank you Randy. Should I just say next slide when I am ready to move on?

>> RANDY NOLEN: Yes, Tamara. Thank you could sorry about that, folks good I'm not the best with computers, so I have somebody here to helped me.

>> TAMARA CARTER: Okay, good afternoon everyone. As Randy said my name is Tamara Carter put I am a division director within the Bureau of managed care operations and I oversee the MATP, the medical assistance transportation program or MATP. Randy asked that I provide an overview of the program with emphasis on specific areas, I will try my best to do that in the timeframe allotted. Next slide, please. Next slide, please. Randy, I think you have to enable the

editing button up there to be able to progress it forward.

>> RANDY NOLEN: We are working on it.

>> TAMARA CARTER: While he is doing that, you will see the slide. It shows all the rules and regulations under which MATP is governed. Federal regulations, which I omitted on the slide mandates that states assure that transportation is available for consumers to and from medical providers. Pennsylvania fulfills this mandate through the MATP. Okay, next slide please. So MATP is a share ride program in which trips are scheduled and consumers are grouped based on their destinations and appointment times. And as you can see above on the screen, it just shows you that services have to be in a compensable and those are some of the types of appointments that consumers frequently go to. Next slide, please. The MATP can be administered by different entities, in Pennsylvania the MATP is administered by the county government, subcontracted entities of the county government, transportation brokerage agencies and local transit agencies. Next slide. Please. Consumers are provided transportation through the most appropriate mode for their needs and capability. As noted above, if a consumer has a vehicle and can drive themselves or access to a vehicle and someone willing to drive them, we will reimburse the consumer for mileage, tolls, and parking. That is with valid receipts. DHS has increased the mileage rate to \$0.25 from \$0.12 during the pandemic. There has not been any recent discussions to further increase or decrease the current rate. Some MATP agencies contract with taxi companies, Uber or Lyft if transportation via this mode is necessary to keep in mind, trade agencies, there are some counties that don't even have those services available in their counties. Those are some of the rural counties. Next slide, please. This slide explains the registration process. The consumer will be offered courtesy rides for 30 days during the registration process or until the assigned application is returned.

I mentioned the consumers needed capabilities. During the registration process is where that is determined. Next slide, please. Consumers now have the ability to apply for transportation through the find my ride application, and John Taylor from PennDOT who is up next, I'm sure he will expand further on the Find My Ride application. Next slide. Just a reminder that the request must be appointment based and services must be in a compensable and providers MA enrolled while most appointments will take place in the consumer's local community, we realize that some trips, like two specialists, maybe outside the community. All traded administrators should be doing their best to accommodate further distance or out of county trips. In instances where they don't have either available vehicles or drivers to make the complete trip, we strongly encourage county coordination. Next slide, please. These are examples of the type of services that are covered. And again, they are only examples. That is not an exhaustive list. Life-sustaining trips such as methadone and dialysis are considered standing order trips and are also provided on Saturdays if necessary. Next slide, please. The MATP administrator is responsible for providing same day, after our normal business hours and weekends transportation services when the consumer has no other available means or transportation and request services for urgent care. The administrator has at a minimum three hours after the consumer's request to have secure transportation. The slide reflects, the hospital discharge can be considered urgent care and thus will be covered by MATP. Next slide, please. These are again examples of types of services that are not covered. When a trip cannot be completed by MATP, the request is referred to MCO to either fulfill and send forward to the CAO for further handling. Next slide, please.

This slide just explains what escorts, parents may accompany a minor child to an apartment without verification for the S court may be able to assist the consumer in some way to be considered a necessary as corporate and intent is provided usually for group children's trips. The attendant is an employee of the transportation provider and is not allowed to leave the vehicle. They are solely provided to facilitate a safe ride only. Next slide please.

The MATP administer at a minimum must adhere to the complaint policy and process outlined in

the MATP S and D for we are in the process of updating the S and G and hoping to standardize certain policies and processes across the state. It is a huge undertaking and that is why I said we are hoping to standardize some because we do currently give the county MATP administrators the flexibility to create their processes that best meet the needs of their -that best meet the needs of their operations. I mentioned earlier that the MATP administrator will issue referral if they cannot accommodate the trip request. They are also required to issue a denial, which gives the consumer appeal rights.

We have recently requested that the MATP administrators forward the written notice of denial to their program monitor so we could review for completeness and accuracy. Next slide, please.

Okay, MATP update speed sorry. As I mentioned earlier, we are currently in the process of updating our standards and guidelines and we are hoping by summer -sorry, spring or early summer to have that issued. If we are not ready to issue the manual itself, we're going to have to issue ops memos then incorporate those memos into the manual once it is complete.

I mentioned that a revised referral process has been implanted, we have had a few kinks in the process. We are working out some things to perfect it, but overall I think it is going pretty well. We continue to collaborate with PennDOT on efforts to streamline current policies and processes can we currently meet with them every other week. MATP participated in a PennDOT study on funding for the human services transportation project. So that is updates. Next slide, please. This slide just shows current program staff assignments which will be changing shortly because we will be getting a new program monitor, so we are really looking forward to that. Next slide, please. Then this slide just shows the directory, my information, Daphne the program manager, then the monitors themselves. Please fill rate free to reach out to myself, Daphne, or a program monitor with any questions you may have. Next slide, please. I think that is it. I think I did it in the time allotted.

>> RANDY NOLEN: Thanks, Tamara. There is a couple questions, one that came in on the chat Pete I will answer those but one is will slides be provided to participants? Yeah, we will put the slide out on the CHC website for the other one is will the answers to the questions be posted on the CHC website as well, will work on a Q and A from this session and get that out on the website also put two questions for you, one cannot before the meeting and was related to a situation in which a participant goes to a lake's doctors appointment, they are delayed in the doctor's office, and they missed their ride back home and it becomes after-hours. Say 7:00 p.m.. What is a participant supposed to do in that situation?

>> TAMARA CARTER: Obviously, every situation that is outside the nor is handled on a case-by-case basis. In this situation, the consumer should immediately, as soon as they realize that they are going to be late, they are going to go beyond their pickup time they should contact the MATP administrator to let them know. If they don't do that and it is called office, the office is closed and they leave a message, I don't know the frequency in which they check their messages but if they happen to not get anyone and their message is not addressed or they are not called back and I would just suggest that if they are able to get a Uber and Lyft if that is available, then they will be reimbursed by the MATP administrator. Maybe the doctor's office can work something out, if the consumer does not have the funds or something for the Uber and Lyft, maybe they could work something out. But to avoid all of that if they have the slightest idea that they are going to go beyond their appointment, they should call the office and let them know.

>> RANDY NOLEN: Thanks, Tamara could another question is, can you clarify if MATP covers hospital discharges for CHC participants?

>> TAMARA CARTER: If it is considered nonemergency medical, we do cover that for CHC I believe. That is considered an urgent care. I just mentioned that, it would be considered. I would say yes, let me get back to you on that. We have never had that. Whomever is asking that, if you do have a specific scenario please let us know. I would say if it's considered nonemergency, we

would cover it since urgent care is considered under nonemergency medical transportation, I would say yes off the top of my head. But please reach out, I really would like to know. If it is in fact a scenario, real actual scenario I would like to know about it. But again, I'm going to take this back just to make sure that off the top of my head I am going to say yes. Randy, if you feel otherwise Randy with CHC, then feel free.

>> RANDY NOLEN: If there is any clarifying information that person can send and we will look at that and ask that question. You talked about Uber and Lyft. Are these trips simply reimbursed or are Uber and Lyft enrolled as Medicaid providers?

>> TAMARA CARTER: They are not enrolled in Medicaid providers at the moment for like I said, some counties actually subcontract with them, but some counties don't. They will either arrange the ride for the consumer and pay Uber and Lyft directly or sometimes the consumer would rather get the ride themselves and get reimbursed. So either way, it works out. But that is an area where we are hoping to get some more clarity. We currently have nothing in the S and G about Uber and Lyft, it is a fairly new concept to us but I don't believe that county is really, like, using it. I know Uber and Lyft sometimes don't like accommodating MA consumers because of the tip portion of it. So that is some things we are trying to work out on our end, but there will be a section in the S and G about Uber and Lyft and all the other transportation network companies. I hope the answer to the question.

>> RANDY NOLEN: A couple other questions and I will unmute people. What about methadone clinics on Sundays? Do you cover that?

>> TAMARA CARTER: Methadone trips are covered. Again, the MATP agencies are given the flexibility, the autonomy to create their own hours but again, methadone is considered a life-sustaining trip and they do accommodate those I believe on Saturdays. I don't even know if they are open on Sundays. I was under the assumption or understanding that they are not. Some of methadone participants may be given dosages to take home for Sundays, but I was under the understanding that they were not open on Sundays. I could be wrong for that is something I can look into as well. But if the need is there, they will be accommodated.

>> RANDY NOLEN: All right. Shauna, you have your hand up. Can you hear me?

>> SPEAKER: Are physicians that accept medical assistance allowed to drop a patient because there medical assistance transportation is routinely late or nonexistent? We have had a number of complaints in this region that they lost physicians because their physician was upset or angry because the MATP provider didn't pick them up with an office our times and/or didn't drop them off on time. So people are losing their physician. That is a question. And I have just a comment about what you said relative to hospital discharges. This is the first time in probably 25 years I have heard that we can use MATP to get somebody home from the hospital. I think that is wonderful and I am going to advertise that amongst my community because our CIL has picked up many a person at a hospital because they couldn't get a ride home. So this is great, but in practicality I don't know that it is working.

>> TAMARA CARTER: Okay, well thank you for that question. I would definitely need to know the specifics of this, like what county. I cannot speak for what the providers can do and what they cannot do but that certainly goes beyond MATP. So I would definitely need to know more specifics on that so I can address that as well as the MATP agency themselves with the consistent late pickups. If you could share that information with me, I would appreciate it.

>> SPEAKER: The individuals I'm speaking of live in Erie County.

>> TAMARA CARTER: Erie? Okay. Okay.

>> RANDY NOLEN: Thanks, Shawna. Let's see. Pam silver, you have your hand raised. Why won't it let me unmute her?

>> SPEAKER: My mistake, I did submit a question in the chat.

>> RANDY NOLEN: Okay, we will pick it up, then. William Del Toro, can you hear me?

>> SPEAKER: Can you hear me?

>> RANDY NOLEN: Yes, go ahead.

>> SPEAKER: All right. I just wanted to highlight an important point about the presentation, this is for medical transportation. There needs to be more education in regards to medical transportation and nonmedical transportation use across the board peered specifically to support (indiscernible). It is very easy for participants like myself to get confused between both and that nontransportation is used for only, you know, in-home community supports type of stuff and not medical things. You know, it is important to differentiate between the two. And that supports coordinators to educate everyone in regards to that issue.

>> RANDY NOLEN: Thank you for that. We will make sure we talk to supports coordinators, they understand that as part of the training they go through with the MCO's.

>> SPEAKER: Thank you.

>> RANDY NOLEN: All right. Tracey has her hand raised.

>> SPEAKER: I just wanted to go back on the young lady that was speaking about the relationships with physicians that has been ruined due to the lack of transportation. It is not just her area, it might be Pennsylvania situation -sorry. We are in the southeastern region which covers Bucks Montgomery, the five counties over here but we are actually experiencing the same situation, we had an individual who I personally helped with the continuity of his care by scheduling his appointments and his transportation, and four times in a row transport has been late picking him up. Where it is not even worth going to the appointment, then you try to schedule another appointment and in the office, they don't understand that the clients hands are tied. It's not their fault that they are missing the appointment, it is definitely a ripple effect and it is not just one vendor. He has been assigned to multiple transport vendors so I think it is a system wide issue.

>> TAMARA CARTER: Thank you for that. We will definitely look into that. I am certainly not making excuses for the MATP administrators. I do know that there has been a driver shortage statewide, although things have gotten a little better. It does still exist, but again I am not making excuses for them. I will definitely look into that, we don't want it to go further. If it is spread from Erie to Southeast, we want to nip it in the bud. Thank you for sharing that.

>> RANDY NOLEN: John Scarborough? John, did you have a comment or question?

>> SPEAKER: Can you hear me?

>> RANDY NOLEN: Yes, now I can hear you.

>> SPEAKER: Sorry. Real quick question, is there a rates sheet for the prevailing rates for 2023 and 2024 coming up? For nonmedical transportation.

>> TAMARA CARTER: I'm sorry, did you say rates?

>> SPEAKER: Yes. Is there going to be a rates sheet published?

>> TAMARA CARTER: What do you mean, rates sheet? I'm not sure I follow you.

>> SPEAKER: Usually OLTL puts out a rates sheet for particular services, nonmedical transportation being one. And usually it doesn't have a particular delineation of what the rate is. Is there somebody that could answer that question for me?

>> TAMARA CARTER: Do you mean the rate for the transportation itself? Randy, do you understand what he is asking? If it is something.

>> SPEAKER: Yet, what is the rate per transport, for example for nonmedical transport in the southeast region?

>> TAMARA CARTER: Okay. That is a little different from OLTL. Our providers are paid per trip rate. That is per county, it is county specific. That is not publicized. They are paid per trip rate.

>> SPEAKER: So how do I get that information, like for the southeast region for example? We do a lot of free trips. I am from victory support services supportive transportation of Philadelphia, or for our litter and litter a consumers. Obviously things are getting high and I need to know what the application process is and what the rate is for MATP so I can get a grasp on completing the

application process correctly.

>> TAMARA CARTER: Why don't you reach out to me, what is your name? Victor? What is it?

>> SPEAKER: My name is John Scarborough.

>> TAMARA CARTER: Why don't you reach out to me afterwards? I want to make sure I am understanding your question correctly. If you can reach out to me directly either today or tomorrow, that would be great. Yeah, the trip rates are determined on a county by county basis. But again, I want to make sure I am understanding your request. If you could reach out to me, that would be great.

>> SPEAKER: Okay peered where is your contact information?

>> TAMARA CARTER: I see they just displayed it on the screen.

>> SPEAKER: Okay, and you are?

>> TAMARA CARTER: I am Tamara. Yep.

>> RANDY NOLEN: Okay folks. I know there is still a lot of questions for Tamara, she will stick around. We will get to some of those in the question and answer period and I will move over to the next presenter who is John Taylor from PennDOT. John, we will get your slides up here and I will let you go ahead.

>> TAMARA CARTER: Thank you everyone.

>> JOHN TAYLOR: Okay, can you hear me?

>> RANDY NOLEN: Yes.

>> JOHN TAYLOR: All right, great. Thank you. Good afternoon everyone, my name is John Taylor. I work at the Bureau of transportation at Trinity I am the manager of planning and technology there. Today we will be talked about how we support public transportation service, I'll be talking about the two main modes of public transportation we support. Next slide, please. This first slide is really just a template that we show for all of our PennDOT presentations Goodman to show his scope of the overall organization. Obviously PennDOT is a lot broader than just public transportation for the one thing I will point out in this slide, there are 52 in the left middle section of the slide there are 52 transit systems that PennDOT supports. Next slide, please. This is a summary of the presentation, they mentioned today I will talk about the two main modes of transportation service that we support good I will also be showing some usage data for those two modes. Then I will talk a bit about cost-sharing and mainly what I am talking about there is how different programs such as community health choices to the extent it has transportation needs can potentially utilize one or both of those two services, then finally I will talk a bit about share ride sustainability, Tammy in the previous presentation mentioned the study. There was a study referred to. I will talk a bit about what are the causes of needing a study as well as what is the current status of it? Then Tammy also gave a plug for find my right apply, I didn't plan to talk about that but I will talk a bit about that after I get through my slides. Next slide, please. So first I want to talk a little bit about fixed route service.

This is what most people think of when they hear the term public transportation service. This is where traditional bus or rail service, what really characterizes it is that there is a set schedule and set locations that the vehicle is going to stop at at certain times could as long as you are at one of those stops at the time the vehicle is supposed to be there and assuming the service is running on time, you know you can catch the service. You need need to arrange anything in advance with the service, if you're at the stop the time it arrives and you're able to pay the public fair and you can read the service could as I mentioned, that service covers both bus and rail, doesn't really matter. As long as the service matches that description for there is that fixed schedule and fixed stops, then it is a fixed route service. The fear that is charged to the public is generally low, usually it is one, two, three dollars per something in that range for the way that is able to be done is that fixed route service is heavily subsidized by other funding streams come usually state, federal, or local per the actual cost of the service if you average it out per trip would be a lot higher than those few

dollars, usually more in the range of 10+ dollars per trip on average. Next slide, please. So how does PennDOT support fixed route service in Pennsylvania?? First of all we provide most of the operating funding that is being used for that fixed route service across the state for the majority of that funding is actually state funding, Pennsylvania puts a lot of funding into public transportation, I believe it is \$1.3 billion annually currently. Most of that funding is going for the purpose of supporting fixed route operating costs. It also is a decent amount of federal funding that goes into public transit, PennDOT actually receives federal money that it redistributes to rural providers, transit providers that are in urbanized areas for the urbanized or the urban providers directly receive funding from the Federal transit administration which is part of the Pennsylvania or the federal department of transportation.

On the capital in the things it is sort of the same situation. PennDOT again is providing a lot of state funding to the agencies for their capital needs, when I say capital what I mean is any sort of asset that is going to have a useful life. Things like vehicles or buildings or things of that nature. Most of the funding that the agencies are using will come from the state, although you have to have higher percentage of federal funding going into the capital needs and that is mostly down to the federal rules and to devised their funds used for capital, they have higher matching percentages than they do for operating costs. At the end of the day we get more bang for our buck and state funding to match capital federal funds as opposed to operating. One program that I will talk about for fixed route service is the free transit program for senior citizens. This is a program that we require all of the fixed route providers in the state to participate in, basically the way it works is anyone who is 65 or older who registers with a public transit fixed route provider gets an ID card that allows them to write on that fixed route service at no cost. That card should be accepted by any fixed route provider, is not the type of thing we have to go agency to agency and register with each one to use the service. If you register with one, you can ride with anyone in the state. Next slide, please.

All right, not to switch gears and talk about the other major mode of transportation service that we support in Pennsylvania which is shared ride service. Should read from you can contrast it with a demand responsive, unlike fixed route which is running in the set area based on a schedule between set stops at certain time points that are planned in advance, shared ride is running from point to point based on who was requesting the trips and where they are going. No one is requesting a trip at a certain time, a vehicle is not going to be running, whereas fixed route will run whether or not anyone is on it. Because it is demand responsive, one difference from fixed route, one other difference from fixed route is you have to reserve the trip in advance. You have to generally call the agencies providing the service and tell them where you are going, when you are going pretty also have to register at that agency in advance. You can't just generally call them up and say I need a trip next week, if you go through registration process to access that service. With that said, the service is open to the public. It is public transportation service, but the caveat to that is the public fare that is charged to someone who doesn't qualify for one or several programs that discounts the rate is going to be fairly high, because the fares unlike with fixed route service are designed to cover -they are supposed to cover the fully allocated cost of the service and on average across the state that is going to be \$30-\$40, somewhere in the range. Unless someone is willing to pay that much money out of pocket who doesn't qualify for a program you're not really going to see people using shared ride service who don't qualify for one of those programs I mentioned that discounts the service. Now with that said, like I said the service is meant to be open to the public and it is also open to programs that want to purchase the service per the general model of how the service gets funded is these different human service programs such as the medical assistance transportation program or community health choices can purchase that service at the public rate so the agencies charge that rate that is meant to cover the allocated cost could any of those programs can pay the transit agency for the people that are covered to

ride that service. That is the general funding model of shared right service. Next slide, please. So how does PennDOT support should read service? We have two different funding programs for shared ride. One is the senior charade program which is the largest share ride funding program in the state. The way that program works is anyone who is 65 or older will have the senior share ride program pay 85 percent of that public fair. The public fair on average across the state run in the \$25 range on average, that means that PennDOT is paying 85 percent of that fare, then the writer has to pay the reminding 50 prison about fair. The other major program that transports for shared my services is the person with disability's program. The model if that is pretty much the same as senior share ride, and that it is paying 85 percent of the public share ride fair. One difference is where the senior charade program is meant for anyone who is 65 or older, the person with disabilities program is specifically intended for a person with disabilities to cover transportation services that are covered by another funding source or program. It is really meant as a gap filler. For example if you have medical assistance transportation covered person is going to a medical appointment, MATP would cover that who has a disability. If that person is traveling to work and there is not another funding source to cover that, that is where PennDOT will come in and pay for it if you contrast that with senior charade program, that can pay for a senior that is going to a medical appointment even if MATP would also be able to pay for that trip. Beyond those two programs, we also provide a lot of support for the vehicles being used throughout the state that is with accommodation of state and federal funds we have control over. There's also some facilities that we help agencies pay to be the builder or maintain or reconstruct, what have you. Most of the capital funding we are putting into shared ride is for vehicles.

The last thing that we also are involved with with his share ride is oversight of ADA complement three paratransit service you can see it is shared ride, but it is a required of fixed ride service where someone is unable to access that fixed route service due to a disability they have and traveling within that fixed route service area. In those cases, the transit agency provides that fixed route service is required to offer that person basically ape paratransit point-to-point ramp from where they are going, from where they need to get picked up to where they need to go for they can only charge that person no more than twice what the fixed route fair of that trip would be. Next slide, please. Okay. Here's just some usage data for the two modes of service I talked about. First thing that probably jumps out for this, one, both of these charts are talking about trips. When I say trip, I mean a one-way pass-through trip. I'm going to work in the morning then coming home in the afternoon, that would count as two trips for me and not David the top one is fixed route and it is in millions good might be a little hard to see in your screen. The bottom one is shared ride and it is in thousands be the first thing jumping out is there is a lot more fixed route trips in the state then shared ride trips for the other thing you are seeing is.

>> Let us have public comment.

>> JOHN TAYLOR: Whoever is speaking, you are not on mute.

>> RANDY NOLEN: Please be on mute.

>> JOHN TAYLOR: So the groupings of the trips are by fiscal year, state fiscal year. So June through July or July through June, rather. You can see the impact from COVID for both services, ultimately shared rides are covered a little stronger than fixed route has recovered in our state, both services are still not where they were prior to the pandemic. That is not evenly distributed across the state, I would say in general in the Southeast, I would say a weaker recovery than you are seeing in other parts of the state but there are exceptions to that. Next slide. New Mexico cost-sharing come again what I mean by this is how different funding sources can potentially utilize those two services I talked about. For fixed route, cost-sharing is pretty straightforward. The fears being charged are fairly low, like I said - all right. Sorry, I think someone was muting me. So fixed route service, the fare is relatively low. I would say any funding source whether it is MATP, community health choices or something else that wants to have consumers use that service, all



they need to do is pay that public fair. There are some organizations that will negotiate with providers for a group, a situation where all their people can read for free at any time and usually you will see that with universities, like in State College, Penn State will have it so students can read for free. Usually those are the only situations you will see something like that, it is usually situation where the funding stream is paying for one or more trips for an individual for a certain timeframe. As I mentioned, seniors 55 and older would all qualify for the free transit program. I would say any funding source that is looking to support seniors 65 or older, you shouldn't be paying for fixed route service in the state because that program should be universal. For shared ride service, it is a little more complicated. As mentioned, the fears being charged are meant to cover the fully allocated cost of the service. The fears are a lot higher. There is more of -more cost is needed from the programs that will be accessing that service been on the positive side, the capital cost should be factored into that because basically the full sticker price of the vehicle is being covered by the grant programs we are supporting good so those agencies don't have to recoup those costs and their fears, they do have to recoup all the other costs of service like the drivers wages, fuel, so on. As I mentioned, the reality of shared ride is even though it is intended to be public transportation service the vast majority of writers on my fixed route are people who are just writing who aren't covered by one or more programs come almost all writers do qualify for programs whether it is senior shared ride, PWB, ADA, or MATP or another program available across the state. With regard to cost-sharing, PennDOT does allow cost-sharing for the senior shared ride program in the form of sponsorship arrangements. That means that if we approve a funding source, it can cover a portion or all of the 15 percent that is due from a senior who is 65 or older that our senior charade program is also paying the 85 percent four. There are restrictions to that, it is not across the board. One research and as we do not allow a private for-profit business to cover that fear on behalf of someone who needs to be a human service organization or like a program like MATP or community health choices. Okay, next slide. All right. Share ride sustainability. As I talked about the model of shared ride is that -the elegant cost of the service is what is being charged to the programs and the people writing it, ideally that is how the service is being funded were there isn't necessarily a dedicated funding stream that goes against the actual cost of the service, and needs to be factored into that usage fee per trip that is being charged to different entities. The problem is, it is difficult for the agencies providing that service to maintain that usage fee to the level and needs to be too awfully cover the cost of the service. One of the causes for that is the PennDOT program, particularly senior shared red program like I mentioned the largest program across the state has a 15 percent co-pay requirement appeared what that means is if you say you need to raise your fares 15 percent to cover your current cost of service, that means your writers have to start paying 15 percent more out-of-pocket at the same time you are charging other state entities or local entities that 50 percent increase in your writers might not be able to afford that. As a result of that, a lot of our providers are not increasing their fears to the extent they would need 2 to fully cover their costs and they are needing to pull from other funding streams but whether it is other transit funds they could otherwise be using for fixed route service or local county funds or some other funding stream they may have access to per they fuse those other funding streams to cover that difference of what is not being covered by the fair revenue. Along the same lines, even if your writers are able to cover an increase you may have funding streams that can't afford the increase. Area agencies on aging provide a lot of support for the shared red program by either offsetting the 15 percent for people 65 or older or in some cases paying the fear on behalf of people under the age of 65. In a lot of cases when our agencies are increasing their affairs, the local areas on aging can't fully support the increase so we will see things like AAA might stop funding people in the 60 to 64 age range or alternatively they might stop covering certain travel purposes that they had covered prior to the fare increase peer that is another consequence were another reason that agencies can't necessarily raise their affairs

as high as they might need 2 to cover their costs because other funding streams that are buying the service from them can't afford the increase and they would have to decrease their participation if they did have the fare increase go through as is. As discussed, any sort of fair increase on the share ride side, sorry, any sort of decrease in the shared writer side causes direct decrease in your revenue. If the ridership drops and have or more like during COVID, your revenue is going down by the same amount, unlike with fixed route for most of the revenue coming in is coming from another funding stream that isn't necessarily tied to how many trips you are doing at the moment. Next slide, please.

This chart sort of illiterates what I was talking about, the issue with the shared ride they are not matching with the cost of service for the two lines, the blue line is showing the average cost per trip statewide for shared ride service for the fiscal year shown at the bottom, and the lower orange line is showing the average revenue per trip. Most of that revenue does comprise of fair revenue. So what the agencies are setting from their fears, whatever is coming in from the writers and programs are paying those fares. As you can see over time, the average fair revenue is saying fairly steady, or at least consistent on a per trip basis for whereas the cost per service particularly with COVID, but even beforehand has been growing and outpacing how much the revenue is coming in from the fairs.

What that means, basically that gap between the average fair and cost per trip has to be covered by other funding streams, there isn't really a dedicated funding stream out there that is intended just to cover that. Agencies have to locally figure other things to do that, some use county funds, some use other transit funds that could otherwise fund fixed route service or whatever they may have access to. That is sort of the sustainability issue illustrated. Next slide, please. As Tammy mentioned, there is a study currently in the works to sort of look at this issue, put it in, frame it so people who aren't necessarily experts and how this service works can understand what the problem is and hopefully to put forward a couple potential models for addressing it. The first phase of the study was what we are referring to here as the data collection, Tammy mentioned we had worked with DHS amongst other agencies in that data collection process per we are now done with that data collection phase, we have done all we are going to do in this phase. We are going to have additional outreach after the study is complete before the study at least that is done appeared right now, we are working to prepare the report, review the models being performed in the report. We don't have an exact timeframe for when that will be completed, but we're hoping it will be relatively soon. I think that was the final slide I had, next slide. This is just the PennDOT social media contact. As I said, Tammy mentioned find my write up like and I will talk quickly about that could find my right apply is an online resource that turn and work with the Department of human services to rollout could basically it lets people apply for the various transportation programs such as MATP, senior shared red, free transit program that are available across the state. It is currently live in basically all the counties except for Allegheny - [audiolost ]

>> RANDY NOLEN: John, are you still there? You froze on us. Alright folks, it looks like John has an IT issue himself. We will come back to him. John, did you have a question?

>> SPEAKER: More just a comment when John was talking about free programs. Allegheny County has a program funded through the Department of human services free ride for folks that are on SNAP. It is a pilot program, they have extended it. The way it works, it is done randomly. There is a certain amount of people that get a full free card to ride the PRT, then the others have to fair. A group of them get \$10 on their connect card. Those are the kinds of programs. That work was done primarily by an advocacy group, Pittsburgh public transit in Allegheny County. In other words, there are opportunities out there for these free programs and they don't necessarily -they are not necessarily funded by the transit agency, they can be funded through the Department of human services. I just wanted to throw that out, John. It is the only reason I mentioned that. Or Randy, rather.

>> RANDY NOLEN: Okay. John, have you been able to join us?

>> JOHN TAYLOR: I'm back. I apologize. My Teams just crashed on me, entirely got thrown out.

>> RANDY NOLEN: Okay, a couple questions that came in on the check. First one, isn't the senior shared ride program funded by Department of aging?

>> JOHN TAYLOR: It is funded by the water refund but it is directly administered by PennDOT. Department of aging unless I am not aware of something does not have a direct hand in that.

>> RANDY NOLEN: Okay. Question about, has the state in the current proposed budget requested increase to help with raising wages for drivers, or what is the state doing to help providers find more drivers?

>> JOHN TAYLOR: There are various things in the works for that. It is a collocated issue, because even if you raise the driver wages you won't necessarily get the additional drivers, but with that said there are things in the works and we are working with some agencies in particular to try things out to see what can be done with that. I know it is not a great answer, but it is a difficult problem. It is when we are aware of and the transit agencies are aware of. They're working on it, we are helping them to work through it. I don't know that I can give more of a real answer at this point other than we are looking into it and trying to figure something out.

>> RANDY NOLEN: I think we are seeing that across the board with staff shortages in all areas of care. We are starting to look at that. Is there a bus pass for the shared ride?

>> JOHN TAYLOR: As far as, like, similar to free transit, one pass you register and can use anywhere, not really. The nature of shared ride is you really need -the agency providing the service needs to know about you, need to know where you live, that you are eligible for certain programs and you did go through a registration process with them. To date we haven't really Searcy looked into doing some sort of universal process, but maybe in the future, particularly now that we have find my ride out there to have a statewide portal into the services maybe it is something we can look at over time.

>> RANDY NOLEN: Okay. Pam, can you be a little more specific in your question? You said have they fixed access problems yet could argue meaning access to rides, access to- need a little more specific as to your question. To be clear asking about access issues for people with visual disabilities for find my ride programs.

>> JOHN TAYLOR: I will say we have taken steps to improve the accessibility. One thing I did mention, Tammy talked about find my write up like I talked about that. We have another find my ride service which is find my ride schedule, which lets people manage their shared ride trips for that is only available with a few providers currently. For both those applications, if unable to work to make them accessible for screen readers and technologies like that. That doesn't mean everything works perfectly. We have had tests with visually impaired individuals, we have had them walk through it and point out things that weren't working well. Some of those things we have been able to address to date, others we are still working on. I would say you should be able to use a screen reader to get through, it is not a perfect process and something we are continually working on peers.

>> RANDY NOLEN: We will move on, John stick around a little bit. We will move on to Danielle who was going to give us a presentation on OVR services. I will let her pronounce her last name so I don't mess it up too badly. Danielle, can you hear me?

>> DANIELLE SCHMIDGALL: At can hear you, can you hear me?

>> RANDY NOLEN: Yes.

>> DANIELLE SCHMIDGALL: All right. Good afternoon, my name is Daniel Schmidgall. I am a vocational rehabilitation specialist with the Pennsylvania office of vocational rehabilitation or OVR. My presentation today will be about our vehicle modification services.

, Please. OVR's mission is to assist Pennsylvania's with disabilities to secure and maintain employment and independence put all of our services are dedicated to that employment piece of

things. If someone is looking for a vehicle modification it needs to be for work to get them to and from. That is where our services are based on, that employment piece. Next slide, please. The quote -qualifications for obtaining meat vehicle modification through OVR would be too have a transportation barrier, meet the employment or education requirements, which would mean that the individual is employed or has been employed in the last few years but is now looking for work again. Education wise, that would be for an individual who is in their final year of secondary education or postsecondary education. Highschooler, college, final year. They need to be unable to utilize alternative means of transportation, have access to a vehicle and have the financial means to maintain that vehicle. OVR asks you please do not replace your present vehicle or by or agreed to buy any vehicle until you discuss it with your OVR counselor. We have had some issues in the past with purchasing a vehicle then not being able to modify it for one reason or another. Just be cautious there. Next slide, please. The first step in this process is to complete a drivers evaluation. The driving evaluator determines if you have the ability to drive, provides the driver training, including taking the PA driver licensing exam.

And determines and prescribes with your assistance the minimum necessary equipment and modification you will need to drive. Next slide, please. Step two, selection of the vehicle. The equipment prescription will often determine the type and size of the vehicle that is needed. Only vehicles owned by you, a member of your immediate family or your legal guardian are acceptable for modification by OVR. OVR will provide only the minimum modifications necessary for you to drive. For example, if you purchase a van when an automobile is sufficient, OVR will limit its financial assistance to the cost of modifying an automobile. Then you would be responsible for any difference in price.

For vans in particular, OVR will sponsor modification on used vehicles provided they pass a OVR sponsored inspection and meet the age and mileage standards of conversion manufacturers. That used to say for those of you who are familiar with OVR policies that needed to be within five years old or 50,000 miles. That has been changed because conversion manufacturers are unable to modify things that are that old anymore. With the way that new vehicles are kind of designed, they change pretty frequently. Then the equipment that they used to modify those vehicles has to be changed as well. That just makes things a little more complicated for converting vehicles, vans in particular. If you do have a used vehicle or used van that you would like modified, just check in with your OVR counselor about that situation and we can help you along through that process.

Next slide, please. Step two continued, OVR will sponsor vehicle modifications for you once every 10 years or after you have driven the vehicle for at least 100,000 miles beginning when you take delivery of your modified vehicle. You must document OVR, the purpose of comprehensive and collision insurance equal to the value of the modifications. Maintenance of the vehicle and modifications is your responsibility, and customers requesting replacement modifications must demonstrate that they have properly maintained the vehicle. Next slide, please. All right. Step three, which is hitting. Always the fun part. So your transportation services coordinator or TSC who would be your contact person in the district office related specifically to your vehicle modification, they are usually a supervisor or a manager, just because these are complicated cases.

Because there is bidding involved. That individual will solicit bids from approved providers using the Commonwealth of Pennsylvania's bidding procedures. OVR maintains an approved provider list, which contains manufacturers representatives for the equipment to be installed. The providers on this list have been determined by OVR to have the competency level necessary to install and maintain the equipment, and you may choose which providers from the approved list OVR will solicit for bids. Next slide, please. Step four, installation. The provider installing the modifications will make the arrangements to get your vehicle to the shop to ensure proper placement of the equipment, you will need to make at least one visit to the shop during the modification process for custom fitting.

This is important to make sure that the equipment is installed in a place where you are able to use it appropriately, we have had some weird situations where things are not installed where they need to be or that it is not the right equipment for one reason or another. It's important that you attend this custom fitting. All parts and labor are warranted by the successful bidder for one year, or in accordance with the manufacturer's standard warranty, whichever is greater. The successful bidder is responsible for the fulfillment of the warranty and you must maintain the manufacturer's maintenance schedule in order to uphold that warranty. Next slide, please. Step five, which is the final checkout. The final checkout will be attended by you, your TSC, the provider and the driver evaluator. The driver evaluator will ensure that all prescribed equipment is provided, and fits you and works properly. If the vehicle passes this expectation -Haven inspection, the driver evaluator will ensure you are a competent driver in the vehicle per this may require further driver training grid with both the vehicle and the driver satisfy the driver evaluator, the vehicle will be released to you. The purchase of the vehicle modifications is an investment in you by the Commonwealth of Pennsylvania, so OVR will file a lien for the amount OVR expense in modifying the vehicle. Next slide, please. All right, that is my very quick presentation about vehicle modification services through OVR. Are there any questions? If you don't have a question right now but you would like to reach out to me for some more information my contact information is on the slide. Email is the best way to reach me, so my email address is there for you. Are there any questions?

>> RANDY NOLEN: William, did you have a question?

>> SPEAKER: More of a comment. I understand this is a summit, not only for questions also for comments. (indiscernible) For this great presentation, I am actually in the Pennsylvania rehab Council. I do understand these services very well. I just wanted to highlight that transportation for OLTL at least, transportation is one of the biggest barriers to employment and that when a person leaves OVR, they usually do transition into the waiver would be in this instant the managed care. So many times, the transportation service within the managed care is not the best service for women people are currently either employed or looking for employment. Which I hope that the managed care organizations do a better job in collaborating with OVR and also not doing a memorandum of understanding in regards to data sharing, specifically also in transportation because it is one of the biggest barriers. And as a learning lesson to the managed care organizations and to OVR, recently the employment first commission report came out, OVR -- \*UNTRAN7\* had the lowest numbers ever in employment. I am hoping they are really looking into this transportation issue and they are collaborating with OVR into it improving their employment outcomes.

>> RANDY NOLEN: Further, William heard we are taking a close look at that, we're taking a close look at our employment process altogether in the CHC program. That is a point of emphasis for us. Thank you for that comment.

>> SPEAKER: I does want to highlight the transportation for people that are currently played and have transitioned to the waiver, one of the requirements for transportation in regard to nonmedical transportation is like that whole scheduling, you know, three days in advance which is one of the barriers in regard to this transportation. Many times people end up with job interviews and stuff and I am really hoping that you all will look into that transportation service definition and how it is creating a barrier for employment, and how are y'all going to address it appropriately? As well as this whole three day schedule a transportation ride to get you to a, B, or C. Right? Sometimes public transportation is not a way that people can go and we do want more people to be employed in their communities. Thank you.

>> RANDY NOLEN: Thank you. Question that came through, does OVR help with any other type of transportation? Speak a great question we can help with some transportation through our supported employment providers which would be like job coaches. They can help with scheduling, like Uber and Lyft rides for customers were trying to get to work, or interviews, or meetings with

them with their job coaches. So that is a possibility. We are looking into developing some more relationships with transportation providers across the board to hopefully eliminate that barrier like William had mentioned. It is definitely a problem across the state, that's why we are having this meeting today, right? Yes, we are looking into that.

>> RANDY NOLEN: Okay. Shauna?

>> SPEAKER: Hi there. My name is Michael Donnelly. I am a participant. Are you going to address our problems.

Which are the problems with the transportation that apply to us? None of this applies to me.

>> RANDY NOLEN: That is part of this meeting. That is why we have an open area for questions at the end to ask questions then we will do some follow-up after that. Are you able to stay on until the end or do you want to talk about your situation now?

>> SPEAKER: I really don't want to ask a whole bunch of questions. I want to read to you the problems I have had with transportation. And it is ongoing. If I got time, I'm going to need more than five minutes to tell you my problems. Mike is going to need more than five minutes. We've got a lot to discuss here, and I don't think it is going to get addressed. And if you think you are going to address it, send me a copy of it and show me what you are going to do. Not just tell me. Thank you.

>> RANDY NOLEN: Thank you. Jeff, did you have a question?

>> SPEAKER: Yes, this is Jeff from PA CIL and transportation be more of a comment. If folks think of anything, we are going to have Danielle as one of our guests for the PA transportation alliance next Tuesday which is a virtual meeting on December 19 from 1:30 p.m. to 2:30. We will also be having OVR on and some other policymakers for folks that are interested. I did want to mention that if folks think of any questions for Danielle or for PennDOT. Thank you.

>> RANDY NOLEN: Okay. We are going to move on. We have a couple people from SEPTA that will give the next presentation. Cassandra?

>> CASSANDRA WEST: Good afternoon, I am Cassandra West. I am assistant chief operating officer for CCT. That is our paratransit program for we in our contract operations, we handle eligibility for all of the programs related to people with disabilities and older adults. Can we go to the next slide? Literacy literacy or to connect. Customized community transportation is the name of our paratransit service. We provide ADA paratransit which follows the US DOT regulations governing paratransit and it mirrors our fixed route bus and light rail service as well as the shared ride program in Philadelphia County. We make a few points to talk about the differences between CCT connect and other services. For example, it is transportation similar to our fixed route service. We don't provide car seats, we don't provide mobility devices or attendance. We provide reservations, they have to be made at least a day before pretty you don't get to choose the type of vehicle other than what your mobility needs are. Who the driver is, or which direction the vehicle travels. Can we go to the next slide, please? So talk about our ADA paratransit. It is in accordance with the Americans With Disabilities Act. We provide, the criteria is a person has to have a disability that makes them functionally unable to use a regular accessible fixed route bus for some or all travel needs. This means some people may be able to use the bus or light rail for some of their trips while receiving paratransit service for other trips. We mirrored the fixed route bus and light rail system in terms of where we travel, we travel within three quarters of a mile of anywhere around that route and we mirror the days and hours of operation. So they fixed route bus only runs six days a week, paratransit service is only operated six days a week. And the eligible individuals can travel whenever and wherever the buses operate in our five-county region. SEPTA actually serves not only Philadelphia, but we are parts of Bucks County, Montgomery County, Chester County, and Delaware County. Our shared ride program is for Philadelphia residents who are 65 or older and provides door-to-door ridesharing service on a space available basis with limited driver assistance but we usually tell people our drivers provide limited arm assistance. They can

carry up to two packages, no more than 40 pounds combined weight. They can assist up and down the stairs. The shared ride program travels within the city of Philadelphia, so within the entire county. But we will travel up to three miles into the surrounding counties. Which is a bonus for people, especially people who live near the edge of the city service area. Can we go to the next slide, please? Another program that we have here is our senior transportation -senior fair, the seniors ride free on our fixed route service. You do have to be 65 or older, you have to have acceptable proof of age. We will provide a key card, that key card is a contactless card that allows you to tap to enter a turnstile or board a bus with no cost.

Similarly we have the reduced fare program for people who are under 55 and have a disability. They can live anywhere, they don't have to live specifically in our region. They do have to complete the application with proper documentation, again they will receive the senior reduced fare key card. Next slide, please. One of the unique features we have here is our accessible travel center. It is inside of suburban station which is right in the heart of Philadelphia. At the travel center we actually have staff occupational therapists and those occupational therapists in addition to performing functional assessments for people who are applying for ADA paratransit service they provide travel training in about seven schools. Primarily, we work with special education high school students who are transitioning out, but we are actually more recently working with middle school students and for the first time we have worked with some elementary school students. We staff this program with our partnerships with about nine universities using their masters and doctoral level graduate students to broaden our reach in our community could one of the things we feel very strongly about is making sure we are capitalizing -sorry? We are capitalizing on the investment we have made in building an accessible system. Since 2004, all of our fixed route buses are fully ADA compliant. We are working on our stations and we are almost at about 50 percent of our total stations including our regional rail network, our commuter rail network being ADA compliant. On our rapid transit, our subway and elevated lines we have just a handful of stations that are programmed to become ADA compliant by 2032. So we are really proud of that, and we are working very hard to continue making sure that the system remains fully accessible. We work very closely with our community at the accessible travel center, we also base our outreach programs. In addition to travel training we have bus familiarization where we are able to take a bus out to a location, a school, and help people practice with boarding. The photo we have here shows our mockup of a bus at our travel center. It is a full bus, fully equipped. First one third of a bus, but all of the front equipment is there. People can come and travel, try to practice boarding grid we can deploy the ramp to curb height, we can deploy it to what we call our worst case scenario which is ground height.

We have working fair equipment so people can practice paying the fare. You can see in this picture, but right next to the bus we Axley have working turnstiles including ADA fair gate so people can practice using the gate. We also have service, we worked with some organizations on a service animal training, primarily they will bring new animals in training down to get familiar with the sights and sounds of the bus and of the turnstiles and learning about what transit is like. This is actually built right on top of a rail line, so underground as the trains are passing you almost get the feeling and abrasion of being on the bus which can be quite alarming to puppies at first but it does help them get used to the transit experience. Can we go to the next slide?

I did talk a bit about our bus familiarization program where we have a half-day for people who just want to get familiar with the bus. We have vehicle practice sessions, one of the things we have learned is people are a lot more comfortable when there is no pressure. If you have a new mobility device and you are trying to board a bus and you have an impatient operator or impatient customers around you, it can be a pretty challenging experience but coming down to the travel center allows you to practice almost in the comfort of your own home. Somebody is there to coach you and we have the bus ramp. In this one photo we have the bus ramp deployed to our curb. So

someone can practice boarding, getting into the securement area. Our floor also has doors, the stanchions letter about the distance apart for our subway line, a regional rail line, there is an actual gap in the floor so that you can actually learn about whether you need the bridge plate. We do have a bridge play to their, bridge plays are available at accessible stations. We have signage, if you were actually standing in the center, the photos make you feel like you are looking right at the platform. We allow people to practice travel here and what we will do is our travel trainers will go out with you and practice, if you need to learn a new route we will come out with you but that is all done free of charge to the writer. We also are working a little bit more now that we are post pandemic and back to bodying people up with experienced writers so you can learn to feel comfortable writing the system. We have all kinds of tools to help make the ride as accessible as you need it to be. Can we move to the next slide? Some of the travel aids that we have our route identifier kits. If you are looking for a specific bus, here in Philadelphia we have stops where multiple buses may stop and our buses do have automatic annunciator's for the raft, but if you feel more comfortable our operators are trained to look for that route identifier. If you are looking for route 17 and you have the route identifier kits, the operator will let you know that your bus has arrived. We have stop assistance cards that you can give to an operator if you want to get off at a certain stop and you are not sure where it is and the operator will hold onto that. They will let you know where your stop is and give you the card back. ADA access link is our telephone number that will get you to the next available customer service agent. If there is a question related to accessibility, we have wheelchair stroller tags for parents with children who use wheelchair strollers. This just, it is a completely voluntary program but it lets the operators know that the stroller should be treated as a wheelchair and not folded up like a regular stroller. We've got priority seating signage on our seats as part of the seat so no one can say they didn't know that they were in a priority seat. We recently upgraded our accessible trip planning. If you go to the Google maps, you can select an option and you can select a trip that will guide you on an accessible path.

Years ago, you used to have to get the accessible path then check each step to make sure it was an accessible station but this takes all of the accessible routing for you. Gives you the cost of the trip and you can even send the directions to your telephone, your mobile phone. Can we go to the next slide? That was it. You know, we call ourselves accessible SEPTA grid we will be rebranding ourselves sometime next year to SEPTA access, our whole group is really focused on accessibility. We are reachable via just about every type of social media. One of the things that we learned during our travel training was that social media, we started I think we were trying to be cool and it really became a great tool for our writers with disabilities to communicate with us in real time. We have a lot of stuff going, I have to tell them they have to know update the Twitter to X, but we are pretty much available through just about every media. We even have live chat on our site to reach an agent. Are there any questions?

>> RANDY NOLEN: Thank you. John, do you have a question?

>> SPEAKER: Yes. Thanks, Cassandra. This goes to bus driver training. One of the things that I found, I am in Allegheny County is the ability of a bus driver to pull to the curb. As you know, those ramps don't mean anything. Even if you put them on the sidewalk they are not the one inch riser for everyone. I wondered if that is part of the training, teaching bus drivers how to make sure that they get to the curb to be able to pick someone up in a wheelchair, or even a stroller.

>> CASSANDRA WEST: It is part of the training heard one of the challenges our operators have is people parking in the bus stops. I don't know if it made the news in Allegheny County, here we actually run a pilot, it was just signed by the mayor recently where our buses actually are equipped with cameras and we can now take it the vehicles that we capture parked in bus stops. We are hoping that is going to go a long way to kind of resolving our ability to curb the vehicles.

>> SPEAKER: Thank you for that answer. It gave me an idea for here in Allegheny County. Maybe



I need to talk to our mayor. Thank you.

>> RANDY NOLEN: All right folks we are going to move on. Our next presentation, PUC folks were unable to be here today, they did include some slides that I will include on the website. For time I will not read through the regulations so we will come back to that at a future meeting if you have questions but what I want to do is a couple things before I turn it over to the CHC-MCO's. You know, when I set this up I wanted to set it up as an educational piece to learn what the different programs are in the state for transportation. I also wanted to set it up as an opportunity for people to voice questions or concerns. I realized as we do the presentations that it kind of limits the time for people to voice concerns about their individual situations or ask questions. We will also have some time to ask questions at the end of this today, but my plan will be to do another follow-up summit early in 2024. So late January, early February is what I am looking at. In that summit, what we will do is open that up. We will invite MATP and we will invite PennDOT in the CHC-MCO's in their meeting. We will not have formal presentations, we will have it open up as a Q and A session for people to either tell their stories, ask questions and continue to work through this. Like I said in the beginning, we will not solve everything transportation wise. It is a large issue, large problem. It is one of our most sought after services in the CHC program. It is the linchpin to get people to their appointments, their social engagements, out to the community. We do understand the importance of it. We will have some more follow-up with that. I just wanted to, you know, give a little overview of that. I appreciate the comments that are coming in the chat, we will answer any of the questions. I will send questions out to the various program officers to answer them. I would ask you that if you have negative comments about the format of the presentation that you just-those to me instead of putting them in check. We are all here trying to help out with understanding and resolving the issues surrounding transportation. As the leader and overseer of this summit, please send information to me. My email address is out there, I believe somebody put it in check. For the most part, I think everybody knows my email address. We will go ahead and move on to the MCO's. The MCO's, AmeriHealth and PWC use the same broker, the question is will you do the presentations or just turn it over to MTM?

>> This is Cassandra at pH W, MCO is presenting today. We are here to support.

>> Randy if you wouldn't mind, I will share my screen. I have had some last minute updates to kind of go with some of the questions so I will present my screen and make sure I sure the new slide deck if that is okay. Make it easier for you instead of hitting next slide. Bear with me. Alright let me turn the camera on one more time, see if this doesn't cause too much commotion here. I've got to move some things around. All right. There we go, here is my camera. Hello everyone, I'd like to meet everyone on this. It is a large group of people, so yes. I am regional director, my name is Brian Arnold could I am regional director of operations for MTM, I get the distinct pleasure of providing brokerage services for both AmeriHealth Keystone and PA health and wellness. Today we will go over some of our program, for full transparency I went directly with the questions posed prior to this meeting. It may be some of these hit home with some of their concerns that people have. I also am putting my contact information directly into the chat right now so you can reach out to me directly with any concerns you may have as far as transportation for AmeriHealth Keystone or PA health and wellness. Again, Brian Arnold, regional Director of operations.

Overview to start for the CHC program, what we provide. We provide both nonmedical transportation as well as non-emergent medical transportation for the LTSS programs would be modes of transportation we provide are ambulatory, paralytic, public transportation which also touches on Cassandra's slide with SEPTA but they are a great partner of ours. Gas mileage reimbursement for the big one here is able and/pressure. For us, MTM providing services for both nonmedical or nonemergent medical transportation we provide aimless/Schechter for the participants for both of our MCO's, we also provide that again for both nonmedical or nonemergent medical. It is very distinct. We supplement SEPTA in this situation, not SEPTA. I apologize. MATP,

too many acronyms today. We supplement MATP by providing animal treasure services for the membership for both of our MCO screen highlights right here you will see later on, we have scheduled 1.8 million trip legs within the year of 2023, very large program between the two of them. The big key here is 99.96 percent of our transportation is successful. Our current complaint ratio, we'll talk about complaints in a second, one complaint is filed per every 13,588 requested transportations. Performing at a pretty high level with that being said. The first question that was asked that was shared with us is how are trips tracked? Sorry, I am hearing myself back here. Once trips are assigned, trips are tracked in our MTM link software. We have a dispatch department that keeps an eye on time limits to make sure these trips are going to be on time. Our software allows us to also reassign transportation when we see there could be a possible delay in a member being picked up or dropped off. We are able to reassign transportation as needed to make sure those members get to and from their appointments. The participants themselves, members also have visibility to their transportation provider via the MTM link also for this is available on smart phones, websites for free download. This also allows you to have provider details including the scheduled pickup time, provider phone numbers are shared on that. The big one here is estimated pickup time can be tracked from a member, using the member MTM link application for you will see a screenshot on the right here. Here is one just example of what they would see, a driver on route with an actual GPS coordinates. And also giving them an estimated pickup time could we have seen great success with that, making sure our members are fully aware when they are to be picked up. Second question we were opposed is who is tracking complaints and how is that accomplished? MTM is not designated for complaints for either of our MCOs, with that being said we play a vital part in complaints but when a member wishes to file a complaint or a concern we warm transfer that member to the MCO, the health plan for we do that only after we try to essentially resolve the issue ourselves. But we do transfer the member over on our side. We provide two resolution specialist to work with the MCOs to research any and all complaints. There are very few, you saw one in 12,000+ good when we get them we do our due diligence to research our information and get that information back to our MCOs could complaints are tracked, one big question is how are they tracked? They are tracked on our side through our quality management system with MTM link but once a complaint is documented we build out duties based on our contract with both of our MCOs to make sure we meet the requirements for timeliness and providing responsiveness to each and every complaint that may be filed. Next question that was asked was: what, if any, accountability is therefore late or missed trips? Also there is a second part of this that says is that it can ability to the state, managed care, or some other entity? From our standpoint use on 99.96 percent successful transport. We perform at an actually high level but we manage our network, that is a constant evolving process. You will see some numbers later that show the continual growth of this program throughout our success together with our MCOs but we hold biweekly meetings with both of our MCOs where we reviewed the performance of all phases. We went through that together, CHC phase 1, two, and three. We are getting into the weeds of each and every one of those reviews with both of our MCOs. As far as accountability what can be done from our standpoint? If a MTM transportation provider does not meet the performance that is documented in their contract we will coach, we will correct, we will obviously point out opportunities for improvement but we also have these items done on the bottom of the screen where we can issue corrective action plans per week and also reduce transportation volume for that transportation provider until they are able to get measurements back in line with what is agreed upon. We can reduce the service area for that transportation provider as long as it does not impact service for the members. Last but not least, we have had to do this once in many, many years as far as the program has been in place we have only had to remove one transportation provider from our network. But that is an option we try to avoid.

Talking about our transportation network, the next question was what providers are currently being utilized to provide trips? We as MTM have 116 different transportation providers that actually had transportation scheduled with them for the year of 2023. It is a very large network of transportation providers, we'll talk about what service areas are here in a minute. Again, 99.96 percent successful transportation provided by these great partners that we have. We cannot do this without our transportation providers. They are vital and they are great partners with our program for both of our MCOs. Again, 116 that had active transports this past year. The question was posed: are there cost savings being actualized? As being a broker for both of our MCOs that is one of our largest challenges along with removing barriers for the membership to make sure they are getting transported to and from safely and timely. I can gladly report that we are seeing cost reductions throughout the year in 2023. We have worked diligently to make sure we are using the most appropriate providers good with that being said, throughout the year we are down as far as scheduled transportation, down 24 percent or cost per likely to successful transportation, very large volume and still able to save money and currently at roughly 24 percent again on scheduled cost of transportation for the program. So we are very proud of that, that is the logistic team doing a great job.

Next question is two phases here. I will read it. Since transportation in the broker model does not follow the same guidelines as traditional shared ride services, what model is being utilized? Then it gives an example here. Other County line restrictions or shared ride type regulations in place, such as limited hours of service or same-day restrictions? This is great news for everyone of our participants and members for Karlomann Keystone and PA health and wellness. Our transportation is provided 24 hours a day, seven days a week, 365 days a year. We never stop operating for our members and participants put our contact center is available for those same members and participants to call into us, same amount of time. Every day, every minute of the whole year. We have redundancy in place, we are stuck to service the membership.

Transportation specifically, someone brought this up earlier but a County line restriction in the chapter there is no County line restrictions for our transportation. We do provide statewide transportation to the farthest left corner where Kathy may be asked, close to. To the farthest southeast, obviously. Where the bulk of our transportation is out for there are no County unrestricted for us, we provide services for both of our MCOs across the whole state. You asked for two business days notice when you're calling to request, someone touched on that earlier but I will say to the person that mentioned that there are exceptions to that rule. If it is an urgent transportation and we have an agreed-upon document with both of our MCOs, if your request meets the requirements there is no days notice but we will schedule that for you. Stomach schedules --someone asked MATP if they do hospital discharges earlier. If you recall a hospital discharge for us, we will schedule that for you. An urgent care transports such as a life sustaining dialysis, chemotherapy, etc., those have no days notice also. Next question that was posed pre-meeting, again is how is payment made? This is made in payment to our transportation providers but what if a trip is not provided? Is the transportation provider still paid? Is that trip marked as a trip denial and reported as such? I love this question, whoever presented this question. I will go through the questions first before I get too excited. Pennsylvania standard payment terms are net 30 with payments made to our transportation providers every two weeks. Now we as MCO offer an accelerated payment if a transportation provider needs the money quicker could we work with them to remove that barrier and we can place them on a net 15 agreement and those payments are paid out weekly. Most of the providers asked how they are getting paid, most of the providers do ACH direct deposit, however some still use check and that is fine also. We provide checks to our transportation providers also could be a big one is this last green box on the far right corner. I want to stress this. Payments are only made for completed transportation of a covered member. All transports that are not completed, they are marked accordingly and reported as such and they

are not paid. That is our agreement, that is something we take a lot of pride in. Each and every transport that is completed with the covered member that is authorized, will talk about authorizations in a second, will be paid out. But if that does not meet the requirement, they are not paid and they are marked accordingly. The question was posed, how many people are registered for transportation services? The big follow-up was has that changed since CHC went into effect? You can see on this chart, we started with roughly 450,000 members at the beginning of the program.

This has been a rapid climb could we have actually reached right at 100 percent increase, almost pushing 900,000 members this year that would be eligible for transportation through our program through both of our MCOs under the CHC program. So successful transportation, very large volume for lots of members continuing in the role, would take a lot of pride in removing barriers for our members. Both of our MCOs numbers and participants for the program is being very successful and continues to grow. Question was posed, how many participants have service authorizations for trips? Over 11,000 unique participants or members have authorizations submitted per month and these are submitted to MTM by both of our MCOs via API submission directly to us or a SFTP. Yes, there are quite a few participants that are being authorized by their service cord and enters for transportation each and every month. Large amount of unique users getting authorizations. Comparative numbers for trips. I know ideally this is said annual data that includes pre- CHC. I threw and what I could find for 2017 and 2018. You can see that the volume on CHC went live works pretty volume that MCO provided brokerage services port within the state of Pennsylvania. 2017 we had roughly 27,000 transports scheduled for the 2018, we increased to a large 66,000. We will hit over 66,000 in one month now. You can see the jump once the CHC program started. We went to 1.1 million and change as far as trips requested, and this year we are on pace for 1.8. I think I mentioned 1.8 million transports for our members and participants for PA health and wellness and AmeriHealth Keystone. Large group membership, large growth and transportation. I mentioned complaints earlier, this specific question was has it changed since CHC was implemented? The team did a great job preparing for this program could we knew it was very large, we knew what we were taking on. We had been in Pennsylvania previously. We knew the importance, so we are working well in advance for each one of these phases to be ready for them. When the program launched we were performing at a very high level right out of the gate. We had one complaint for every 12,600 or so requested transports, which is phenomenal as far as complaint percentage could I will say we have improved a little bit on top of that, but again we perform so well right out of the gate. We are currently out one complaint per 13,000 and roughly 500 requested transfers in the year 2020. We look to improve that going forward as we have every year. Last but not least, this was a big open question so I hope I put what people would like to see here the question was posed, other ongoing data that is collected by other providers governed by Sarn-McCormick for instance late trips, cancel trips, no-shows, etc. I can again say 1.8 million trips in 2023, 99.96 successful transport for these numbers and participants. 99.2 percent of our transportation when you make a request with us, it stays with that transportation provider that we originally scheduled it with. Highly successful, that leads to less what we call turned back and less potential for the members possibly not getting transportation providers assigned to them. So 8/10 of a percent we have to shuffle and move between transportation providers. So 99.2 stays with the very first transportation provider we send that trip to. That is also a credit to our transportation providers. They do a great job accommodating in telling us what they can complete. Donald the bottom left, vendor no-show rate. That is not one percent, not even 1/10, 1/100 of a percent is the occasion that we have vendors that do not show up to pick up the membership. So very happy with that performance. Again, not one person but it is 1/100 of a one percent currently, what we are meeting for our SLA requirements for vendor no-show rate per one complaint per 13 1/2 thousand trips, last but not least we touched about this. Even though we are performing a lot of

trips, a lot of growth we are very happy with this. We are very excited about our performance. We are still able to save both of our MCOs money. That is the end of my presentation, that is all I could squeeze in in the time allocated so thank you all. Again, take my information pre-please email me but I've been with this program since day one and I want to continue improving our performance in removing barriers. Please reach out to me as needed. Thank you.

>> RANDY NOLEN: We've got a couple questions could how do people file a complaint?

>> BRIAN ARNOLD: Let me pull that phone number and put it in the chat here so people have that readily available for them.

>> RANDY NOLEN: Okay. Can they send an email for complaint also?

>> BRIAN ARNOLD: Can they email about complaints, you said?

>> RANDY NOLEN: Yeah.

>> BRIAN ARNOLD: Yes. I'll tell you from use my email if you can. I will try to get all my information in here real quick to wrap up so everyone can have that available at their fingertips with this recording.

>> RANDY NOLEN: Another question is what providers do you have for areas like Huntington County?

>> BRIAN ARNOLD: What providers do I have where? Spooning some of the rural counties like forest or Huntington.

>> BRIAN ARNOLD: I will have to jump over to my software real quick and drop that in the chat present force or Huntington?

>> RANDY NOLEN: Or any of the rural counties like that.

>> BRIAN ARNOLD: Phase 3 was mostly rural without the P Radford, etc. but we have transportation that we have to provide in all of those counties, so yeah. We do have transportation providers in each and every county throughout. If they are not housed within that physical County, we do have partnerships with surrounding counties to go into that county. There is not a county that we do not have coverage providing for both of our MCOs transportations.

>> RANDY NOLEN: Okay. All right. This is for the MCOs, we'll have to get back to this could what are the number of people in really rural areas of PA that have transportation in their service plan? MCOs will work together on getting some data on that. Question comments is online my rides are sometimes kicked out as medical when attending meetings and medical facilities but a simple checkbox of nonmedical should suffice without having to let Linda know each time.

>> BRIAN ARNOLD: You are breaking up just a tad, Randy. I apologize but I will try to read the question in the chat. Kathy, I understand. Thank you, Kathy. Yes. Kathy we have put some stopgaps in place for you specifically could obviously you have my contact information along with some of our team members. It is something we have been researching to see why that may have happened on some of the situations. Hopefully it has been improving but that applies for everyone could we want to make sure, we applaud you guys for using self-service and scheduling your own transportation. That shows a level of independence that we love to see and we encourage, but we need to make sure on any situation that you may have an issue with a transport that it is kicked up to us. Again, please if anyone has that situation use my email that was in the chat to kick it up to me and we will research any and all of those situations same day for you to make sure you do not have a delay in your transport request.

>> RANDY NOLEN: Next comment, there is some confusion with subcontractors. Participants don't always know who's going to pick them up and take them home. How are you notifying the participants who was picking them up and transporting them?

>> BRIAN ARNOLD: That is a great question, actually. We send out a reminder the evening prior to the members. The other make a phone call or text if they have agreed to that to remind them of who their schedule transportation provider is along with their name and phone contact information for they should be receiving that, we also asked our transportation providers to call the member

and touch base with them, I understand that may not happen 100 percent of the trips but we do try to offer that information in advance of your transport so you know who you are looking for when our drivers arrive. They are supposed to call the member to come out at arrival to be ready, sometimes some of our drivers go knock on the door to make sure the member is aware that they are there waiting to take them. It's going okay. Can participants travel outside state lines?

>> BRIAN ARNOLD: That is a question that I should know offhand and I am pulling it up real quick but I have it here in my protocols but it would be agreed upon with both of our MCOs. I will look at AmeriHealth first and state that one real quick. Mileage out of state, there are no restrictions for that based on our contract I just pulled up. So it can happen, I know we have accommodated out-of-state transportation for membership so I would make sure that you get your caseworker involved in those requests to make sure they are escalated properly but they are not restrictions for AmeriHealth. I assume it is the same for PA health and wellness but I am pulling it up real quick. Crossing state lines does happen, I understand those trips may be needed.

>> RANDY NOLEN: Okay. Some of these are just comments, will CHC transportation ever evolve and improve to a trip on demand model? That is something we can certainly talk about going forward in the program. Another one is the MCO's need to eliminate the need for approval to travel 100+ miles per that is something the MCOs can take back and take a look at their policies, and I can have a follow-up on that. Question from an agency, how do we go about getting our participants as scheduled with rides? This is why our agency is in training. We did find out how to bill for transportation and schedule.

>> BRIAN ARNOLD: I will put the reservation number in the chat here in just a minute so you will have that number to call and contact us for there are obviously other methods calls go that route to get started, we will start there.

>> RANDY NOLEN: The other piece if that is the service coordinator should be assisting participants as they set up rides. It should be on their care plan, the SC should be assisting participants to make those connections and set up the rides also. That is the primary way that these should be scheduled. All right. So then we will move forward into the next presentation, we've got one more left from CTS who is the broker for UPNC. I will turn it over. What's that?

>> This is George present the very beginning I have had problems with but it was a nightmare. My legs were broken in the fall of 2019. For months I tried to get with MTM and get rides scheduled. It didn't happen, didn't happen. Called all of these different service people with MTM and they would not get back to me. Minnesota, you name it. It all of these different states. Finally, I get the name for Linda. Don't hear back from her. The transportation has been very strange to say the least. One of the two rides through a local place two miles away from me were then sent or scheduled to go to the same address but in Philadelphia to the meter Museum. Other droplets went okay but you are supposed to be scheduled this way or that way, then the portal, then the rides put in by your service coordinator for there was confusion over that. That was never cleared up. One time I called in for medical women to go in more emergent type care, and I was told oh, you only have approvals in here for psychiatric visits which were never anything that were requested. I have asked for this to be resolved and in a reasonable way of scheduling rides. Trying to go through the service coordinators, it hasn't been happening. They are very offended to do it.

Been trying to do it in the most efficacious way, and I think other people across the state are having the same kind of issues. Is anybody ever going to address this other than pie-in-the-sky?

>> BRIAN ARNOLD: George, I want to fix it. I have had this stated before, I am not going to sugarcoat or hide behind anything for this has happened on occasion. We do a good job for the majority, but some others may tell you on this that I have been able to help them. I'm going to give you my phone number, it is going to be in this chat. George, why don't you call me? You don't have to email me, I had the same situation with another member. I want to take care of your issues directly and I will make sure you do not have an issue going forward. Please reach out to

me when time allows, I will answer your call. We will work to resolve it so this will not be an issue going forward and I apologize for our failure. Is that fair?

>> SPEAKER: I appreciate that, Mr. Arnold.

>> BRIAN ARNOLD: I look forward to helping you. No better feeling than removing barriers, said thank you for that speech and appreciate it.

>> RANDY NOLEN: Thanks, George. Latoya, do you have a comment?

>> I have a comment for one of my stuff on here, they are blind and cannot use the check. Her name is Heather, she wanted to ask a question.

>> RANDY NOLEN: I have a couple people names, when we finished the last presentation I will call them and to speak.

>> SPEAKER: Thank you.

>> RANDY NOLEN: Now I will turn it over to CTS and like I said I got a couple people to call will not want to speak and we will answer questions from there. CTS?

>> Hi Randy, it's Earl. I'm going to introduce Christopher. Chris for.

Is a manager of field operations for coordinated transportation solutions that I have asked him to give you an abridged version of the presentation that they gave to you, I think we really want to get to the nuts and bolts, the questions that the participants have related to their actual transportation concerns but I'm going to introduce you to Christopher at CTS and we look forward to answering questions following his dissertation.

>> RANDY NOLEN: Thanks, Earl.

>> SPEAKER: Good afternoon everybody, Randy could you put up the slides? Okay. Next slide. Again, I'm going to kind of be brief. These are just the questions we were given to respond to. Walking through those, how are trips tracked? First as they come in it is a straightforward kind of process. Service coordinator is going into our portal and they are putting all of the information for the trip directly into our system. To a lesser degree they will call them in, almost all of them come in via the portal for the ones that may come in by phone or same day, urgent transportation requests that we don't want sitting in the portal. We want to jump on those as soon as possible. Once the trip comes and we verify the eligibility against the file we received from UPMC and assign it to one of our providers. Again, assigned to our providers, will push it out to the providers. They'll work with us through the same portal. So they will accept or reject the trip if it fits with their workflow. If they accept it, was along the path. They rejected we then look for another provider. We have a specialized team, provider relations team that works on any trips that are rejected and may be hard to fill. But once it is accepted, the member has the option of working with the service coordinator associate at UPMC to tell us whether they want a reminder call. That can be by phone call, email, or text and that would go out reminding them of the trip. Trent 20 staff can also call us and track the members trip, ask them where the writer may be, if there is a delay, something like that. One thing we do offer is a driver app, that is where the provider has our application and as the trip is happening they are real-time pressing options on the phone relating to the status of the trip. We are enhancing that next year and adding more facets and timestamps to the trip so they will be able to track that and monitor the trip in real time more robustly going forward into the next year. Next slide. So all complaints are tracked in our system. How do they come in? If they come to us it is a warm transfer back to UPMC where they will log the complaint, then they will ship it back to us and we will investigate. If UPMC and CTS have a dedicated team that works together to resolve any complaints, then ultimately we are providing feedback as appropriate to parties involved. Complaints get our highest priority, but we have a dedicated team for that. 14 day max turnaround time for resolving the complaint. Most get resolved much sooner than that. Our year to date complaint ratio is .08 percent. Most of the complaints we get our on-time performance, that is sort of expectation setting for the member. If pickup is at 2:00 p.m. and they are not there at 2:00 p.m., the member is calling saying they are late and complaining could we do have a window,

everybody knows things come up. Traffic, weather, delayed previous pickup for a member that may have needed more attention. We do have a 15 minute window, that is just about setting expectations for some of our members. Next slide. So accountability. First and foremost, the provider is accountable to us. Us are in turn accountable to UPMC, but we hold them accountable to our service provider agreement as well as to the regulatory bodies. Weatherby PUC, PennDOT, whoever they are also obligated or accountable to those folks as well. With our providers, we have a scorecard and we score our providers on a quarterly basis with a matrix that includes things such as both late and missed trips. Based on a low score, a provider would be placed on a corrective action plan and be monitored more closely for compliance. Ultimately if not improving within the predetermined period of time, that provider is pulled and we know longer will use them. Next slide. So providers currently being utilized in the network, as you can see in the slide, you can read our stats there on how many providers and how many vehicles. It is an extensive network across the state and for cost control obviously we use public transportation such as SEPTA. We book about 40,000 trips per month, of that about 8000 are public transportation. Then we also use Uber and Lyft along with the driver reimbursement program. So those are all the modes of how we book trips. The other thing that we have, in each state we operate, and Pennsylvania specifically we have two field operators that are out in the field dealing with the providers every single day doing spot inspections and just answering questions for the providers but they are the face of CTS and they build relationships. It's when we need something from a provider, they know who we are. We are not just some 800-number, you know, somewhere in the state. They know the people, feel providers have good relationships with the owners and managers. Next slide. So as far as the transportation model, we are similar in the way of MCO as Brian spoke could we have no restrictions, we operate on a 24/7 basis. We routinely field trips denied by MATP. We will get trips that because it is crossing county lines or because of time of day limitations they will come to us, most of the time same day and we again jump on those and we field those trips every single day. Next slide. Question about sample contract including service rules. You can see there in the slide the areas in the agreement that we have, that we address with the providers. We can certainly share details if that is something that is needed, we can provide that off-line. Next slide. Again, payment process. Pretty straightforward. Electronic funds transfer to most of our providers but I think as Brian Mae has set as well, paid every two weeks and some people like paper checks but most all our electronic funds transfer. On some trips where we may use a provider we don't use often, they will ask to be prepaid. Once in a while we even do that, so there are ways that providers are paid. As far as trips that are booked but then not provided, we do pay under certain situations. We don't feel it is fair to the provider that if they go out and the member is a no-show or canceled out the door step after they have spent, you know, lost opportunity to pick somebody else up, spend time, labor for the individual driving, they spent gas. We don't really think it is fair to not pay the driver or provider for the pre-we do classify the trips as they come, so is a member no-show, is classified as such. If it is canceled on arrival, again, same thing. If the providers no-show, we track that certainly as well. Again, that goes back to the scorecard. Next slide. This number was provided to us by UPMC. There are 9300 or so participants that have active authorizations in our system. And that is it. Questions?

>> RANDY NOLEN: Thanks, Christopher. There are questions in the chat, we will go ahead to the open for question session could if you have stuff, go ahead and raise your hand but I do want to call on a couple people because it has been brought to my attention that they cannot get into the chat for whatever reason. Heather Mac? I understand you had a question or comment.

>> SPEAKER: Yes, hello.

>> RANDY NOLEN: Go ahead, Heather.

>> SPEAKER: SEPTA. You said the travel training, you're going to hire people who are occupational therapists but did you know occupational therapists do not have the qualifications to



train people who are blind or low vision? Are you going to hire an orientation and mobility instructor? And for the low-vision community. That is my first question. My second question is, why is it no services being on Sundays? What about the people who are working? What about the people who have to go do outreach for the community? What if people need to go to church or go shopping on a Sunday, on their days off? Those are limitations of not allowing the disability and/or the public to not be traveling on a Sunday. And the third one, four OVR. I have been trying to reopen my case because I need mobility training to get from point A to point B to other counties. They will not open my case. Yes, I am working could I have been working for a year and I have been battling with this for the last three months trying to reopen my case. Greyhound sucks and it is very dangerous. It is not accessible at all from point A to point B. The scheduling is just absolutely horrible. I and others who are working, why can't we reopen our cases so that way we can get more transportation services and/or other services? All of this is setting us up for failure. Four, people who need to go to urgent care. What about the people that can't afford to call Uber and Lyft and the cab? You guys keep talking about reimbursement, reimbursement. Where are they going to get the money from to get the help? You said Sunday there are no services, what if they need to go to urgent care on a Sunday? Some places are open, my point is that you keep talking about all of this stuff. You said new things in the future, next year, it's like for the last two years I keep hearing it. It is going to happen next year, it will happen next year. The point is, when? How soon? It is like a broken record. We keep hearing the same thing over and over and over. Anyway, that is my \$0.10 for the day. Thank you.

>> RANDY NOLEN: (indiscernible), Heather could in regard to the first question about the training for SEPTA. I'll take that back to SEPTA, unfortunately they had to leave the culprit I will go back and ask them not question about what staff are they going to be able to use to do specialized training that letter T's can't stupid when you talk about travel on Sunday, are you talking about through SEPTA or are you talking about through MATP or through CHC?

>> SPEAKER: Like the buses. Some counties run on Sunday. One example, I was in Harrisburg for a conference. A friend of mine lives in Harrisburg, I said well how are you going to get home? We have to take a cab. Like that's expensive. She said the bus doesn't run on Sundays could I said, what if I want to go somewhere else? She's like well, we have to take a cab. I was like, well, that makes no sense. What about the other people that have to work on Sundays? Or people who are disabled? Or our families have to work and stuff. That makes no sense. It feels like Governor Shapiro made okay, let's have Sundays off. There are people who have to make a living. And one more thing about the OVR, they have a policy where they only allow you to do mobility training in your own city, in your own community. But I am working, therefore I need to go to other counties to do my job. I feel like OVR is setting me up for failure and pretty soon I may lose my job because I cannot get out into the community.

>> RANDY NOLEN: Okay, thank you. They put in the chat, SEPTA does run seven days a week, we will check on other programs across the state. Danielle, are you still on the line from OVR?

>> SPEAKER: One more thing. Does makes up Teams is not accessible for people who are blind. We can't even see the chat, can't even read the chat. I am just letting you know. Thank you.

>> RANDY NOLEN: I will check on that. Danielle, can you reach out to Heather and discuss her OVR situation?

>> DANIELLE SCHMIDGALL: If I could get her contact information.

>> SPEAKER: You can do it heather@gmail.com.

>> DANIELLE SCHMIDGALL: Okay, thank you.

>> SPEAKER: Thank you.

>> RANDY NOLEN: The other person, Kathy long. Did you have a comment or question? How about Cynthia Gibbs Pratt?

>> SPEAKER: She got disconnected because of the weather. I can ask her her question. What is

it, Cynthia? She wants to know why is all of this transportation issues in Pittsburgh or Philadelphia, but nothing about the capital?

>> Apparently we don't count, even though we are the capital of the state. I have heard nothing about Harrisburg, but we need help. I'm sorry, I was skipping cat litter when he called my name. I appreciate this. I think next time we have a meeting is going to have to be more about riders providing input.

>> RANDY NOLEN: Like I said earlier, that will certainly be set up for the next meeting that we do that instead of formal presentations we will just have participants ask questions and go from there.

>> SPEAKER: That would be helpful. That is very helpful. (indiscernible) Can I cannot read the chat either, I am blind. Hopefully I have someone who was going to gather that information for us and email it to us later.

>> RANDY NOLEN: I will look into that issue with Teams.

>> SPEAKER: I can hear, I just can't get it to tell me what is in there. It says chat. I don't know. Thank you.

>> RANDY NOLEN: Thank you. The first one on the list, Erie office.

>> SPEAKER: Hello, my name is Michael (NAME?). I have a couple questions. I have five grievances in, only got one response and I want to know why. And it would be nice to have answers to why at least five times they never showed up. Once they blamed me for it, or said I was waiting on my porch which was a lie. I wanted to go to a ballgame, I wanted to go to my daughter's birthday. I wanted to go listen to some music. It takes a little bit of time for me to get ready. I get excited to go because I don't go very many places, and you don't show up then blame me. I want answers as far as what you are going to do to remedy this situation.

>> RANDY NOLEN: Mike, who is your MCO?

>> SPEAKER: UPMC committee health choices.

>> RANDY NOLEN: So you are having concerns with, it would be CTS.

>> SPEAKER: Exactly.

>> RANDY NOLEN: Can you provide your contact information so CTS can reach out to you?

>> SPEAKER: Certainly.

>> My information is in the chat, or you can put your information. Whatever you are comfortable with.

>> SPEAKER: I have talked to them several times, including the supervisor. The kind of many feel like this is all my fault. Like I didn't call. And I said, if it is being recorded for quality assurance, it is all there. Every time I call.

>> Absolutely.

>> SPEAKER: CTS, the vendor didn't show up. It should all be there.

>> CHRIS KNAFF: Absolutely. It won't be hard for us to look at this but my information is in the chat, if you'd like you can email me, call me, or if you are comfortable you can put your information and I will call you. Whatever you'd like.

>> SPEAKER: Yeah, we've got your email. Thank you very much.

>> CHRIS KNAFF: Absolutely.

>> RANDY NOLEN: All right. William?

>> SPEAKER: Hello everyone, William Del Toro Vargas here but I would first like to thank UPMC, I think CTC for the presentation print personally I have used them and personally I have had a good experience with them. So thank you for that. But you know, the second thing is there are some things here that it seems it is not correct. Those that know me, I am not very confrontational. But I stopped coming to these because I noticed that they don't really solve anything. Okay? This summit has been one of those moments. Y'all talk about transportation issues, yet OIC is gloating of numbers and positive reviews but nothing in regards to collaboration with MCOs and OLTL and how we all should be addressing transportation issues. Y'all invited the whole community here, the

whole disability community and provider agencies. I have not heard about one complaint that y'all have received where y'all are currently addressing it at this moment. That is a little disappointing. I would also like to note that this whole summit has been horrendous in regards to accessibility. In regards to accessibility it has been horrendous from the closed captioning to making sure people are pinned when they are talking. Right? To making sure that people know who is talking at the moment. It has been completely horrendous. I really do hope y'all start reaching out to the activists from the Commonwealth and providers that work directly with the participants, or start inviting the participants into committees before y'all start planning these things. This is exactly what happens when you do not include people with disabilities into the creation of these summits. Y'all have 200 people here and basically in my view, the managed care organizations and the office of long-term living have wasted their time. One of the issues with transportation is really person centered transportation. There is nowhere in the PCSP where it actually addresses real transportation issues. What does that mean? That means the only question I have seen that PCSP, I'm looking at it right now. Do you have any transportation barriers? Or do you need transportation? There is literally almost no training for support coordinators in regards to transportation for the best y'all do, do you have a transportation issue? There goes the (indiscernible) and we wish you the best of luck. Thank goodness the other organizations, ODP and OVR we can rely on them to make sure travel training is taken into account so people can get out into the community because OLTL is truly not. Usually I am not this confrontational but I just spent 3 1/2 hours listening to things that pertain to no one and this was basically a gloating moment for everyone but I hope in the next summit you bring advocates together and actually discuss how the summit should go. Talk to advocates in regards to accessibility, because this is embarrassing from a point of state government. Thank you.

>> RANDY NOLEN: All right. The Orson office. Somebody have comments out of the Washington office? Move on to Latoya. Do you have comments?

>> SPEAKER: Hello?

>> RANDY NOLEN: Yes.

>> SPEAKER: I have comments - thank you. Somebody muted. I apologize. I think for the next summit, y'all should allow the community providers to give a presentation on what they are doing to help the constituents in the community along with y'all need to hear the bad stuff that is going on. Because liberty resources kept track of the transportation issues when it came to the CHC MCO MTM and CTS issues with the key card and funding be on the key card, a lot of the consumers the funding was not on the key card for a very long time. They're coming out of pocket. A lot of those consumers still haven't been reimbursed or know how to get reimbursed because you have to go through so many loopholes with getting in touch with the state and letting them know, like, how much you spent on the transportation could putting the money on the key card which is like \$144 depending on which path you need in the southeast region could I think that is something y'all need to look into. If MTM and CTS agreed to come to the table with providers and consumers long when these issues first started, all of us wouldn't be here right now. We would have been able to come to some type of even ground for everyone, like William said y'all had this for us and it was 260 people on this call. We got good information, but y'all are supposed to give us one hour to comment. Our comments time started at 3:25 PM. We got to do better and meet the needs of the consumers that are actually getting on these calls. It is very hard when you have a large group like this to get anything done. I just wanted to say that and let's do better for the future. Thank you.

>> RANDY NOLEN: Thanks, Trent will put in the next meeting, like I said, will structure it to allow participants to have comments and I will reach out and have discussions but may be set up a little work group as we plan that out. I will work on that. Next one, Passle. Do you have a comment or question?

>> SPEAKER: Yes I do. Can you hear me?

>> RANDY NOLEN: Yes.

>> SPEAKER: It is for Heather and anybody else who has blindness or visual impairment problems. I know Don (NAME?) was wonderful, Erie County doesn't have any literal M instructors appear and their surrounding counties, that is over our district office here. They hire one person, female who came from New York State and they hired Steve Hoyt in Clovis, Ohio for they came and worked with people here. There are other options, to could you can go to pilot dogs for free for two weeks and get 40 hours a week of O and M instructions. You can also go to (indiscernible) school in Michigan and get almost 40 hours a week of O and M instruction there, too. I said as people who are questions reach out to Don (NAME?) directly. She is wonderful to work with.

>> RANDY NOLEN: Thank you. All right, Jeff?

>> SPEAKER: Yeah, Randy. To get back to what Latoya was bringing up, could you give a brief update on addressing some of the community health choices issues with SEPTA: I think the SEPTA staff is off, I think were a number of people on this call that might be helpful. Just something brief and maybe follow up with additional information?

>> RANDY NOLEN: We did meet with SEPTA. We have met with SEPTA twice in regards to the key card issue. The last time was about a week ago. Jeff and John met with SEPTA and discussed this. At this point in time it appears that most of the issues with loading the key card has been resolved. All of the issues that were surrounding information were numbers needed or things like that were resolved. It appears that moving forward that issue is resolved. If there are individuals that were putting their own money on the card and haven't been reimbursed yet, I didn't know that. This is the first I have heard of that. I thought it was all resolved. I will make sure that Keystone first and MTM address that to make sure that anybody who had put money on themselves onto the card gets that reimbursement as soon as possible. I will put that out for them to do that. It was a good call and things seem to be resolving with the issues between MTM and SEPTA. I don't know if there is anything else, Jeff you had come out of there that you want to think about.

>> SPEAKER: I think it was two of the MCOs, now I think it is mostly one. This also came about one of our PA SIL C forums, someone in the southeast brought this up from Chester, Macomb County, and Philly. Thanks.

>> RANDY NOLEN: All right, VIP transportation?

>> SPEAKER: Can you hear me?

>> RANDY NOLEN: Yes.

>> SPEAKER: Good afternoon, how are you? So my name is Sam, I am from VIP transport. We are a prospective operator that can provide mobility transportation services. We have a fleet of 17 we are trying to bring online and assist. I can hear that there are some problems and there is a lot of need, we can definitely help. We are just trying to complete the enrollment process and it seems to be very challenging. So we wanted to see if we could talk to someone in regards to the DP 1059 form so we can complete the application and assist the community.

>> RANDY NOLEN: Is this enrollment with the office of long-term living or enrollment with either MTM or CTS?

>> SPEAKER: Good question. Can you repeat that?

>> RANDY NOLEN: Yeah. Every provider has to enroll with the office of long-term living as a litter and litter a provider for that is the first that. They can approach the MCOs about becoming a provider within their network.

>> SPEAKER: Yes. Right now we are at the point where we are trying to go to the ODP orientation so they can give us the form. Is there a person, a contact person I can lean on for this?

>> RANDY NOLEN: Yeah, send the information to me. We have a provider support unit that works on enrollment providers. If you send it to me I will have them reach out to you.

>> SPEAKER: And this is Mr. Randolph?

>> RANDY NOLEN: Yes. It len@pa.gov It is molen@pa.gov. It is in the chat.

>> SPEAKER: It is in the chat? Can you give me your email again? I'm sorry.

>> RANDY NOLEN: Let me put it in the chat here. Just send me an email and I will see what I can do to help you out.

>> SPEAKER: Thank you so much, Randolph.

>> RANDY NOLEN: It's Randy, yes.

>> SPEAKER: Thank you, Randy.

>> RANDY NOLEN: A couple hands still raised here. Any folks from the Erie office? Any of you folks?

>> SPEAKER: Yes, my name is Kelly Barrett. I live in Erie County and I have been sitting here with a group of my fellow community members and consumers of transportation services and I just want to state, I am so upset, disappointed, and angry because a lot of us in this room worked to set up this meeting and as consumers this is a problem that we run into a lot. We are consumers and our voice should be put first. We were pushed to the end of the agenda to give you our grievances. And frankly, that to me also speaks to just the general view of consumers sometimes. I feel like SEPTA's to do better if they are serving participants and walked participants to come first then we need to come first at the top of the agenda. The information provided was good, but the meeting we set out to have, the purpose hasn't been fulfilled. It should not take a second meeting because if people were listening in the first place would have given us the time to air our grievances. So I would like to know when the next meeting is going to be so that we can have our time to air our grievances.

>> RANDY NOLEN: My plan is to have the next meeting probably end of January, beginning of February could I want to take some time to be able to get together with various people who haven't been on this call, various participants that have been on this call. Folks like you and other people that have spoken up to try and set the agenda based on what your needs are, then I will work on setting a date here also.

>> SPEAKER: I think the end of January beginning of February is a little too late, we can definitely work with you on setting a date.

>> RANDY NOLEN: Okay.

>> SPEAKER: Thank you.

>> RANDY NOLEN: Cynthia Gibbs, do you have another comment? I think most of the people that had their hands raised I have already called Don. Jeff, did you have something else?

>> SPEAKER: Yes.

>> Hello.

>> This is Cynthia.

>> SPEAKER: I will defer to Cynthia first.

>> SPEAKER: I first want to say thank you for having this meeting, like the woman who just spoke when we are at the MLTSS meeting in Central Pennsylvania and we talked about having this transportation summit, again we thought it was about us and not about hearing information as we do on the SRTA meetings could it is redundant and repetitive. Issues are not getting resulted however I will let that go. I'm going to piggyback off of Heather, the transportation as far as Greyhound. It is dangerous, there are no hours to go from point A to point B. Lastly on the part regarding -it seems like this is all about Pittsburgh, Erie, and Philadelphia. However we are in the capital area and we can get from point A to point B. I take cabs and people who transfer me from the grocery store, the supermarkets or to the doctor and I am paying 20 and \$30 out of my pocket that I don't have because I'm looking for work with OVR and I am 14 months out. However, when are they going to do something about the capital areas? It feels like we're living in the stone ages. It has been 20 years, 25 years. But we're in the capital area, people come to visit and they come

by Amtrak or Greyhound or whatever means, but when they get here we can't get anywhere. I just want to know when it is going to happen. What do we need to do as the consumer to help get our concerns addressed and addressed immediately? Because transportation is a huge, huge issue. Not just those who have MATP, it is everyone having an issue when it comes to transportation. We can't even go grocery shopping. I'm visually impaired, on the go to hop on a bus to go downtown, then take another bus and go across town and get killed out there because I am not say. Thank you for having me, thank you for letting me speak.

>> RANDY NOLEN: Thank you.

>> SPEAKER: I'm on? Hello?

>> RANDY NOLEN: Yes. Who is this?

>> SPEAKER: This is Anthony from the Washington office. I have a comment from Kate Bleecker, a comment/question. Too many people are involved in planning and providing transportation services. There is no communication with consumers and no consumer input. Consumers don't know who to call when there is an issue. Is there anything being done to resolve this issue?

>> RANDY NOLEN: I mean, participants in the program should be able to call their service coordinators and talk about anything transportation related and anything service plan related. That should be their first point of contact. Each of the brokers, MTM and CTS both have one 100 numbers that people can call into also to talk about transportation is use. Within the counties, I think the training program also has people you can contact. Can you be a little bit more specific on what you are looking for?

>> SPEAKER: Hi Randy, (indiscernible) on how you can go home.

>> SPEAKER: So there is an issue when you plan a trip, a lot of people don't know what provider to pick them up or who to call when you go home. Did I get that right?

>> RANDY NOLEN: MTM and CTS, can you guys discuss a little bit how you notify participants on who they are transportation provider is?

>> BRIAN ARNOLD: I mentioned earlier we do send out a text or phone call the evening prior to that transportation. And also we asked the transportation provider to contact the member via phone when they arrived to pick up the member. Between one of those two, that should be contact to the member to suffice. Again, they contacted the day before gives them the opportunity to confirm with the transportation provider's name and phone number or to cancel if there is something that may have changed.

>> SPEAKER: That doesn't always happen.

>> SPEAKER: Kate said that doesn't always happen.

>> BRIAN ARNOLD: Would you mind reaching out to me? I have my information in the chat. I'm assuming Kate is with PA health and wellness?

>> SPEAKER: I am with CTS.

>> SPEAKER: She said she is with CTS and she is not only talking about herself. She is talking about other people, too.

>> For CTS from our process is similar. The service coordinator would convey back to the member who the provider is, and also on our reminder call again they would find out who the provider is. So they are getting it both ways. If there is an issue, my contact information is in the chat.

>> SPEAKER: Kate says she has it. Thank you.

>> CHRIS KNAFF: We will get right on that as soon as you send it to me.

>> SPEAKER: I have one more.

>> SPEAKER: Keith from Washington. Like he said, you don't always call. Why are you more concerned about paperwork than what we need? I want answers.

>> RANDY NOLEN: Keith, do you mean regarding paperwork for billing or paperwork that has to be done to get services set up?

>> SPEAKER: Are you talking about the presentation? Yeah. There was more focus on the outline of the programs and less focus on hearing from the systematic issues that are reaching the people who were receiving services.

>> RANDY NOLEN: Okay. I appreciate that comment. We will certainly structure the next meeting so that it meets those needs.

>> SPEAKER: This is William. I just had a question. I have had my hand up for a while.

>> RANDY NOLEN: Okay.

>> SPEAKER: Quick question, I just wanted to make sure this wasn't a complete waste of time. Where were supports coordinators invited? Support coordinate supervisors who are the OLTL reps, the managed care organization leadership? Since this was a training opportunity about transportation, this at the end of the day it was not really a summit. Were they invited? Are they here? Did they learn something? Can we get a response back on that? Not now, but can you go back and see how many supports and S literacy supervisors and leadership showed up to the summit? I mean, the deputy secretary. Juliette Marsella pretty did she even know this was happening? Can we get an answer back on this, please? Anyone of these people should have some common sense to making sure we are building an appropriate summit for people with disabilities who have concerns. This is a question that I would like an answer back by email. I will put my email up on the chat. Thank you pretty.

>> RANDY NOLEN: I'm going to wrap this up, just to let you know there are some S literacies on the line. I will make sure the MCOs on the line, they are administered of oversight staff are on the line. And yes, the deputy secretary was on this culprit she was on for part of it I will do some follow-up, I will look at setting up a group of individuals I can talk with as we set up the next summit. I will certainly do that and get some further information about that. We will get the presentations and Q and Phase out online and we will move forward with this. I saw this as a first step as a way to try to educate and start the conversation, like I said in the beginning this is not the end of the conversation. It will continue to go on, we will have another meeting in January to further this discussion and take the next step with it. I appreciate everybody's time, you guys gave a lot of valuable comments and feedback and thank you very much. Have a good evening.

>> SPEAKER: I added my email.

>> RANDY NOLEN: Thanks, William.

>> SPEAKER: You can't do it all in one go.

>> SPEAKER: And they can't do it without participants either. Thank you.