



**STATE OF VERMONT**  
JOINT FISCAL OFFICE

**MEMORANDUM**

To: Joint Fiscal Committee members  
From: Daniel Dickerson, Fiscal Analyst  
Date: November 29, 2016  
Subject: Grant Request #2861- #2867

Enclosed please find seven (7) items that the Joint Fiscal Office has received from the administration.

**JFO #2861** – \$170,000 grant from the Federal Transit Administration to the Agency of Transportation. The funds will be used to establish a training program for Community Health Center staff so that they may act as mobility managers to help transportation-challenged individuals schedule and attend medical appointments. Approximately \$42,500 in State matching funds would be required, which are included in the Agency's FY17 budget.

*[JFO received 11/28/16]*

**JFO #2862** – \$480,000 grant from Federal Transit Administration to the Agency of Transportation. The grant will be used by the Agency to develop a statewide trip planner to include flexible or demand-driven routes, as well as hail-a-ride and other non-fixed route services, which would be incorporated into mobility applications. Approximately \$120,000 in State matching funds would be required, which are included in the Agency's FY17 budget.

*[JFO received 11/28/16]*

**JFO #2863** – \$13,000 grant from Vermont Birth to Five to the Agency of Education. The funds will be used to hire temporary staff to process license applications for early childhood educators to meet full-licensing requirements under Act 166. The Agency has experienced an unexpectedly high level of Pre-K applicants and the additional staff would help reduce the backlog and meet Act 166 deadlines.

*[JFO received 11/28/16]*

**JFO #2864** – \$30,000 grant from the Trust for Public Land to the Vermont Dept. of Forests, Parks and Recreation. The funds would be used to pay for stewardship planning and improvements to the 2,085 acres that were recently acquired to expand Camel's Hump State Park. The funded activities would include trailhead parking, replacing culverts, developing signage, improving roads and trails, performing natural resource inventories and public involvement events.

*[JFO received 11/28/16]*

**JFO #2865** – \$15,000 grant from the Vermont Ski Areas Association to the Agency of Agriculture, Food and Markets. The funds serve as a donation to support the Working Lands Fund.

The actual grant amount will be between \$15,000 and \$20,000 as stated in the Association's award letter.

[JFO received 11/28/16]

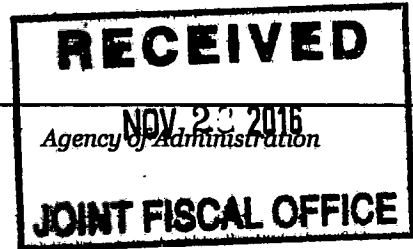
**JFO #2866** – \$10,000 grant from Advocates for Youth to the Agency of Education. The funds would be used to pay for training materials and technical assistance provided to Vermont teachers for the improvement of sexual health education in the State.

[JFO received 11/28/16]

**JFO #2867** – \$100,000 grant from Vermont Technical College (VTC) (as a sub-grant of federal funds) to the Department of Economic Development. The funds will be used to pay for existing staff within the Department to dedicate time to working with employers to identify needed skills in order to create pathways to employment. This sub-grant is part of a \$4 million grant received by VTC from the U.S. Department of Labor under a project titled the *Strengthening Workforce Families Initiative*. The awarded funds will be allocated to the Department in \$25k increments from State FY 2017 through FY 2020.

[JFO received 11/28/16]

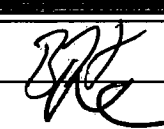
Please review the enclosed materials and notify the Joint Fiscal Office (Daniel Dickerson at (802) 828-2472; [ddickerson@leg.state.vt.us](mailto:ddickerson@leg.state.vt.us)) if you have questions or would like an item held for legislative review. Unless we hear from you to the contrary by December 16, 2016 we will assume that you agree to consider as final the Governor's acceptance of these requests.



**State of Vermont**  
 Department of Finance & Management  
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**STATE OF VERMONT**  
**FINANCE & MANAGEMENT GRANT REVIEW FORM**

<b>Grant Summary:</b>		Grant for developing a training program for staff at Community Health Services as mobility managers to help people in Ascutney, Windsor and St, Johnsbury schedule and attend medical appointments.			
<b>Date:</b>		11/10/2016			
<b>Department:</b>		AOT - Public Transit			
<b>Legal Title of Grant:</b>		Rides to Wellness Demonstration and Innovative Coordinated Access and Mobility Grant			
<b>Federal Catalog #:</b>		20.514			
<b>Grant/Donor Name and Address:</b>		Federal Transit Administration, Coordinating Council on Access and Mobility, 1200 New Jersey Ave., S.E., Washington, D.C. 20590			
<b>Grant Period:</b>		<b>From:</b>		<b>To:</b>	
		12/1/2016		12/1/2018	
<b>Grant/Donation</b>		\$170,000			
	<b>SFY 1</b>	<b>SFY 2</b>	<b>SFY 3</b>	<b>Total</b>	<b>Comments</b>
<b>Grant Amount:</b>	\$170,000	\$	\$	\$170,000	
<b>Position Information:</b>		<b># Positions</b>	<b>Explanation/Comments</b>		
<b>Additional Comments:</b>		Match of \$42,500 is included in the FY 2017 Public Transit appropriation. No additional spending authority is needed for the federal funds; this grant award was anticipated in AOT's budget. FTA website page showing award to VT included by F&M on 11/10/2016.			
<b>Department of Finance &amp; Management</b>				(Initial)	
<b>Secretary of Administration</b>				(Initial)	
<b>Sent To Joint Fiscal Office</b>		11/21/16		Date	



**STATE OF VERMONT REQUEST FOR GRANT (\*) ACCEPTANCE (Form AA-1)**

<b>1. Agency:</b>	Transportation		
<b>2. Department:</b>	Policy, Planning and Intermodal Development Division		
<b>3. Program:</b>	Public Transit		
<b>4. Legal Title of Grant:</b>	Rides to Wellness Demonstration and Innovative Coordinated Access and Mobility Grant		
<b>5. Federal Catalog #:</b>	20.514 - Public Transportation Research, Technical Assistance, and Training		
<b>6. Grant/Donor Name and Address:</b>	Federal Transit Administration Coordinating Council on Access and Mobility 1200 New Jersey Avenue, SE Washington, DC 20590		
<b>7. Grant Period:</b>	<b>From:</b>	12/1/2016	<b>To:</b> 12/1/2018
<b>8. Purpose of Grant:</b>	This Grant will be used to develop a program to train staff at Community Health Services to act as mobility managers to help individuals in the Ascutney, Windsor and St. Johnsbury regions of Vermont schedule and attend medical appointments.		
<b>9. Impact on existing program if grant is not Accepted:</b>	Project will not proceed.		

	SFY 1	SFY 2	SFY 3	Comments
	FY 18	FY	FY	
<b>Expenditures:</b>				
Personal Services	\$	\$	\$	
Operating Expenses	\$	\$	\$	
Grants	\$	\$	\$	
<b>Total</b>	\$	\$	\$	
<b>Revenues:</b>				
State Funds:				
Cash	\$42,500	\$	\$	
In-Kind	\$	\$	\$	
Federal Funds:				
(Direct Costs)	\$170,000	\$	\$	
(Statewide Indirect)	\$	\$	\$	
(Departmental Indirect)	\$	\$	\$	
Other Funds:				
Grant (source )	\$	\$	\$	
<b>Total</b>	\$212,500	\$	\$	
<b>Appropriation No:</b>		<b>Amount:</b>	\$	
			\$	
			\$	
			\$	
			\$	

NOV 1 - 2016

**STATE OF VERMONT REQUEST FOR GRANT (\*) ACCEPTANCE (Form AA-1)**

		\$
		\$
	<b>Total</b>	\$

Has current fiscal year budget detail been entered into Vantage?  Yes  No

11. Will monies from this grant be used to fund one or more Personal Service Contracts?  Yes  No  
 If "Yes", appointing authority must initial here to indicate intent to follow current competitive bidding process/policy.

Appointing Authority Name:      Agreed by: CC (initial)

12. Limited Service Position Information:	# Positions	Title
<b>Total Positions</b>		

12a. Equipment and space for these positions:  Is presently available.  Can be obtained with available funds.

I/we certify that no funds beyond basic application preparation and filing costs have been expended or committed in anticipation of Joint Fiscal Committee approval of this grant, unless previous notification was made on Form AA-1PN (if applicable):	Signature: <u>Chris Csh</u>	Date: <u>10/28/16</u>
	Title: <u>Sec. of Transportation</u>	
	Signature:	Date:
	Title:	

Approved: [Signature] (Secretary or designee signature)      Date: 11/15/16

Check One Box:  
 Accepted  
 Rejected  
 (Governor's signature) [Signature]      Date: 11/21/16

**Required GRANT Documentation**

- |   |   |
|---|---|
| <input type="checkbox"/> Request Memo                           | <input type="checkbox"/> Notice of Donation (if any)              |
| <input type="checkbox"/> Dept. project approval (if applicable) | <input type="checkbox"/> Grant (Project) Timeline (if applicable) |
| <input type="checkbox"/> Notice of Award                        | <input type="checkbox"/> Request for Extension (if applicable)    |
| <input type="checkbox"/> Grant Agreement                        | <input type="checkbox"/> Form AA-1PN attached (if applicable)     |
| <input type="checkbox"/> Grant Budget                           |   |

(\*) The term "grant" refers to any grant, gift, loan, or any sum of money or thing of value to be accepted by any agency, department, commission, board, or other part of state government (see 32 V.S.A. §5).

**Standard Questions for AA-1 Grant Approval**

**Train Mobility Managers/Wellness Rides**

1. Are there any state matching requirements or contributions?

Yes, 20%

2. Is the State already performing the function for which the funds are intended?

No

3. After the term of the grant expires, what is the intent for the underlying activity? The intent is to use the products and processes developed for other medical centers and to create improved access to health care, improving outcomes and reducing the costs to the transportation. Does the grant funded activity cease to exist? No, the products will continue to be available. Will the state be asked to assume financial responsibility? No, just make the products available, likely on our website. A revolving loan fund may be created to enable health centers to take the risk of paying for transportation that may not be reimbursed. It is expected that health centers will realize increased income due to the increased appointment completion reimbursement.

4. What are the measurements that are going to be used to evaluate the effectiveness of the expenditure?

Statistical analysis of missed appointments, use of mass transit, other factors to be determined.

5. How will the grant funds be expended? The grant funds will be used to pay the consultant developing this program and all materials associated with it. It will also be used to pay for the cost of transportation in the case that it is not reimbursed. See attached proposed budget. What is the budget for the grant funds, including all funding sources, for the duration of the grant? \$212,500. The state match of \$42,500 will come from state transportation funds.

6. What entities are collaborating on this grant; departments, community organizations?

The Northern Counties Health Care (NCHC) and the Mount Ascutney Health Center as well as the local transit providers, Rural Community Transportation (RCT) and the Southeast Vermont Transit (SEVT), Current Division.

7. What is the intended staffing level for the grant funded activity?

This will require minimal time from the Manager of the Public Transit Section to supervise the program, approximately 20 hours/month.

# Rides to Wellness Demonstration and Innovative Coordinated Access and Mobility Program FY 2016

## Applicant and Proposal Profile

Is this a resubmission due to an invalid/error message from FTA?  Yes  No

### Section I. Applicant Information

Organization Legal Name: Vermont Agency of Transportation

FTA Recipient ID Number: 1393

Applicant Eligibility:  Direct or designated recipient  
 State  
 Tribe (Federally recognized Native American Tribe)

Population Served:  Urbanized Area  
 Rural

#### Description of services provided.

The Vermont Agency of Transportation (VTrans) oversees eight rural transportation operations, which are managed by seven executive teams (one agency manages two properties) (See Attachment 1, Map of Transit Regions). The agencies are mostly private non-profits, though one is a regional transit district and another is a municipal corporation that is also the state-designated direct recipient for the one urban area in Vermont. This municipal corporation, Green Mountain Transit (GMT, formerly CCTA) also manages a sprawling rural area in central and northwest Vermont. In addition to operating FTA funded public transit service, most of these agencies also operate non-emergency Medicaid transportation (NEMT) funded through the Vermont Agency of Human Services, as well as multiple other contracted community transportation type services co-delivered in a coordinated fashion. Vermont pays special attention to the needs of the elderly and those with disabilities, providing a distinct allocation each year to provide essential transportation services. This effort is supported by regional partner committees managed by the regional planning agencies to ensure that the most essential transportation is provided to those most in need. Each region of the state has an active E&D (Elderly and Disabled) committee composed of community service providers who work together to share resources and fairly distribute the VTrans funding. VTrans distributes section 5311 and section 5310 operations funding jointly to the rural transit providers through competitive, regional, grant agreements. In support of the state goal to provide basic mobility to all Vermonters, VTrans extends its support of transit by enhancing its FTA funds with substantial FHWA highway funds which are flexed to the FTA to provide additional support for administration, capital and maintenance every year.

VTrans also provides funding for intercity bus service through section 5311(f). This money goes to a private carrier to operate service between Burlington, VT and Albany, NY and between Rutland, VT and Hanover, NH. In addition, VTrans supports a Greyhound run between White River Junction, VT and Springfield, MA.

VTrans does not directly operate any service, but does provide technical assistance to the transit providers and conducts statewide studies on a periodic basis.

VTrans has a State Management Plan which describes the procedures for overseeing the sub-recipients. This includes compliance checks and reporting for NTD, Charter, School Bus and Title VI, EEO, and DBE requirements. The sub-recipients submit detailed statistical service indicator reports to VTrans quarterly to report on service supplied, service consumed, and costs. VTrans subsidizes new service initiatives through flexed CMAQ funds for up to three years.

#### Description of areas served.

VTrans and its sub-recipients serve the entire state of Vermont (see attachment 1). The state contains one small urbanized area at the center of Chittenden County (UZA population approximately 105,000), but is otherwise rural. All parts of the state have access to demand response service, though in the most rural areas most riders are seniors, people with disabilities, or Medicaid recipients. Volunteer drivers provide much of the demand-response service in the most rural areas. The more densely populated areas have access

to fixed route or demand response bus service for local travel. Many areas have commuter bus services that connect to important employment centers such as Burlington, Montpelier, White River Junction and the Hanover/Lebanon area of New Hampshire, Rutland, Middlebury, Waterbury and others. The total population of Vermont is approximately 630,000 spread over 9,216 square miles, a density of 67.9 people per square mile.

## Section II. Evaluation Criteria (This section repeats per project)

### About the Project

Project Title: Improved Access to Health Care through Community Transit  
(Descriptive title of this project)

#### Project Executive Summary:

Establish an easily replicable model in Vermont in which staff at Community Health Services act as mobility managers to help transportation-challenged individuals schedule and attend medical appointments. This will lead to better health outcomes for the individuals, a reduction in no-shows at hospitals and health centers, and reduced use of emergency services, both at EDs and in ambulances. The grant funds will establish a revolving loan fund to be replenished with savings accrued by FQHCs.

### Demonstration of Need

\*\*\* Note: Applicant should address all elements listed as part of the evaluation criteria in the Notice Of Funding Opportunity (NOFO).

Every year, thousands of patients miss their scheduled appointments at community health centers in Vermont. In one rural region, over 3,000 appointments were missed in just one 8-month period. These tallies do not include appointments that are never scheduled because the patient knows that they have no way to get to their health center.

One of the biggest barriers to health access is transportation – especially for the populations served by community health centers, i.e., individuals with Medicaid or no insurance, elderly, and rural dwellers. In a study of patients at a Vermont community health center, 32% reported a transportation barrier in the last year and 40% reported that at some point they had been unable to obtain needed health care (Shook, M., "Transportation Barriers and Health Access", 2005, unpublished). One study reported that people who rated their health as poor were almost twice as likely to cite a problem with transportation (Blazer, D., Landerman, L., Fillenbaum, G., 1995, "Health Services: Access and Use" American Journal of Public Health 85(10), 1384-1390). In another study, patients who said that they had a transportation problem were 1.45 times more likely to delay seeking medical care (Rask, K., Williams, M., Parker, R., 1994, "Obstacles Predicting Lack of Regular Provider and Delays in Seeking Care" Journal of the American Medical Association 271(24), 1931-1933).

Maureen Shattuck, RN, CDE, the leader of a Community Health Team (CHT) in Springfield, VT, has daily experiences with patients who report how difficult they perceive transportation to be and that they frequently encounter transportation barriers. Here are some real-life examples:

(1) An elderly patient with a chronic health condition called his provider stating that his condition had worsened. The provider offered several appointments for same-day or next-day service. The patient did not feel well enough to drive his own car or to navigate his way to an appointment. He was unable to use the local dial-a-ride transportation service because his situation did not meet their criteria. (Dial-a-Ride medical appointments usually require a 2-day advance scheduling.) With no other options, the patient was delayed in seeing his doctor for required antibiotics, which was discovered after he called an ambulance the following weekend to be taken to the Emergency Department (ED), which then had to arrange for his transportation home. The cost of the ambulance transport and ED visit exceeded \$1,500. A taxi ride, office visit, antibiotics and follow-up phone call by his primary care office 2 days before would have cost less than \$300.

(2) A young couple's newborn child was seen at their pediatric practice where they identified a heart arrhythmia. The infant's parents were instructed to take the child to the local hospital immediately, but the couple did not have a car or the funds to pay for transportation. There were no neighbors, friends or family to offer a ride to their appointment. The appointment for the infant was delayed for several hours while the couple secured a ride. This presented unnecessary risks to the infant and significant stress to the postpartum mother and the child's father. If funds had been available for transportation, the issue could have been resolved "with \$10 in less than 10 minutes", according to a staff member.

(3) The local Fire Chief reports that folks with Medicaid often use the ambulance to be seen at the Emergency Department for non-emergency needs because they lack the resources or supports to access routine healthcare. (There is no out of pocket cost to Medicaid)



patients to be transported to the ED in an ambulance.)

Helping people to get where they need to go for medical service in a timely way will save lives, time and money.

## Demonstration of Benefits

\*\*\* Note: Applicant should address all elements listed as part of the evaluation criteria in the Notice Of Funding Opportunity (NOFO).

The projected benefits of this program are better health outcomes and substantial savings for health centers, hospitals and funding programs (such as Medicaid) achieved by a reduction in missed appointments, a reduction in the use of emergency services, and regular access to preventive and follow up care. The entire program is focused on easing access to health care and helping people who face transportation barriers to overcome them so that they can attend to their health needs in a timely way.

Vermont has already proved to the satisfaction of the federal Medicare program that regular and timely basic care can promote healthy outcomes and reduce health expenses in Vermont. SASH (Support and Services at Home) provides basic level preventive services at housing complexes, (See Attachment 2, SASH RTI Fact Sheet). Compared to a control group, the costs for patients in the SASH program 'were lower by an estimated \$1,536 per beneficiary per year'. In addition to this case, programs at Springfield Hospital and the Northern Counties Health Care (NCHC), have shown that small investments in overcoming transportation barriers lead to major improvements in health outcomes and reduced costs. This project will assist health centers to document the improvements for those being assisted with transportation.

The program in Springfield, VT, on which a major part of this pilot project is based, fulfilled nearly 900 requests for transportation in 2015 (its second year of operation), providing 338 rides, 430 gas cards, and 237 bus passes. These trips add up to over 35,000 miles of transportation facilitated. Over 200 requests were for transportation that same day. About 62% of the requests were for medical trips and the other 38% were for wellness trips, including routine appointments.

In St. Johnsbury, VT, NCHC, a network of health and dental clinics, reduces no-shows through an agreement with the local transit provider, RCT. When a patient states that they cannot make an appointment due to lack of transportation, RCT will arrange a ride for them with a volunteer driver, van or bus route, often on short notice, to be paid for through programs such as Medicaid, when eligible, or by the health center when the patient is not eligible. The health center has realized cost savings and improved revenue because of better attendance, even when it pays for the transportation service directly.

As stated above, thousands of patients miss appointments every year. The community health teams (CHT) running the proposed program will track the number of patient trips facilitated and will work with the local health centers to perform a before and after analysis to see if the additional trips provided through the program are correlated with a drop in missed appointments. The program will survey clients to tabulate estimates of past ambulance/emergency department usage and compare that to present usage. At the same time, the CHT will contact the relevant emergency departments and ambulance services to determine if the trips provided through the program are correlated with a reduction in emergency services. The CHT will also survey the users of the program to determine how their transportation options have changed and the status of their health.

Benefits will accrue to health centers through a drop in missed appointments. Benefits will accrue to patients through more timely health care and better health outcomes. Benefits will accrue to transit providers through increased ridership on its bus services and greater coordination/higher productivity on its demand response service. Increased communication between health care providers and transportation providers, facilitated by the mobility manager at the CHT, can lead to more efficient scheduling of appointments for patients, so that individuals from similar geographic areas can have coordinated appointments (particularly for repeating periodic appointments like kidney dialysis).

## Planning and Partnership

\*\*\* Note: Applicant should address all elements listed as part of the evaluation criteria in the Notice Of Funding Opportunity (NOFO).

VTrans has identified two regions in Vermont to serve as the initial pilot projects for this initiative: Ascutney/Windsor and St. Johnsbury. Both of these regions have CHTs in place and access to Federally Qualified Health Centers (FQHCs). Using the successful experience of the CHT in Springfield, and NCHC in St. Johnsbury, the grant funds will help these pilot-project CHTs establish partnerships with health centers, hospitals (especially the emergency department), ambulance services, and the local transit provider. The CHT will designate one or more staff members to act as a mobility manager. The CHT will work with health centers and doctors' offices to proactively and retroactively identify individuals who have faced transportation barriers leading to missed appointments and poor health. The CHT will also work with the emergency department staff and ambulance services to identify individuals who have been using emergency care resources when regular visits to the doctor might have avoided the use of an ambulance and the ED. This research will yield an initial pool of individuals to whom the mobility manager's services will be offered. It will also establish protocols and tools which allow the front line medical providers a way to quickly arrange for transportation to medical appointments when that will produce the best health results for the patient.

At the same time, the CHT will promote the availability of the mobility manager to health centers, doctors' offices and social service agencies to encourage patients who need transportation assistance to work with the CHT. The mobility manager will also work closely

with the local transit provider to enhance the capacity to arrange trips for individuals on short notice. New demand response scheduling software being installed statewide in Vermont will allow transit providers to shorten the advance window required to make a trip reservation. This program will encourage the providers to set up protocols for the CHT mobility manager to arrange trips quickly and easily.

The program will focus on the transportation needs of vulnerable patients to help them attend appointments with their primary care physicians. The grant will fund a CHT member's time to focus on the transportation barriers and pay for the transportation a patient needs only when existing reimbursements are not available.

The mobility manager at the CHT will work with a patient to determine if the patient has any transportation options, including:

- on or close to a bus route
- an operating car and gas money
- a friend or family member able to offer a ride
- has Medicaid which enables use of demand response transit with 2-day notice and pre-authorization
- is over age 60, so qualifies for Vermont's elderly & disabled program with 2-day notice
- served in the military, which enables use of Veterans Administration (VA) transit
- can afford to pay for transportation.

If the answer to these questions is negative, then that patient will be eligible to receive transportation assistance through the program.

The CHT will work with local transportation providers to identify those who can provide same-day and even same-hour transportation at an average cost of, say, \$20 round-trip for local rides and \$60 round-trip to major hospitals such as those in Burlington and Hanover or assistance could be in the form of gas cards for people with cars or taxi service for those who do not have car.

The program includes close cooperation between the CHT and the local transit provider. The transit provider is already coordinating trips between different programs, such as Elders & Persons with Disabilities and Medicaid. The CHT may identify others who are eligible under these programs but are not currently using the transit provider's service. The CHT could also fund trips for riders who are not eligible under these programs, but who can travel on the same vehicles and thus reduce the cost for everyone.

## Local Financial Commitment

\*\*\* Note: Applicant should address all elements listed as part of the evaluation criteria in the Notice Of Funding Opportunity (NOFO).

VTrans will be providing the local share for the initial pilot projects. However, VTrans envisions that future funding for this program, and its ultimate propagation, can be funded through the savings achieved by reducing missed appointments and the unnecessary use of emergency services. The initial grant will fund the two pilot projects described earlier. Once those have been implemented, VTrans envisions the grant turning into a revolving loan fund which is replenished through the savings achieved and other funding such as Health Resources and Services Administration (HRSA) grants which are available to FQHCs. Thus, the grant from FTA will serve as the start-up funding not just for the pilot projects, but for those and several rounds of expansion projects eventually covering the entire state. See Attachment 3 for the letter documenting the Vermont Agency of Transportation's willingness to provide the entire local match.

## Project Readiness

\*\*\* Note: Applicant should address all elements listed as part of the evaluation criteria in the Notice Of Funding Opportunity (NOFO).

In proposing this project, VTrans is very fortunate in having successful prototypes already in operation in Vermont. Staff from the CHT in Springfield, VT has been very generous with their time in explaining how their program was developed and how it functions, and has provided detailed data on usage. One of the pilot project sites is near Springfield, is familiar with what they have achieved, and is eager to replicate the program, but lacks the startup funds to do so. The transit provider in the Northeast Kingdom of Vermont (RCT) has been working directly with NCHC to achieve some of the benefits of the proposed program. There is a contract in place (since July 2015) between the two entities for RCT to provide rides via the most cost-effective means available so that patients can attend their scheduled appointments. NCHC agrees under the contract to pay for the cost of transportation if the patient ends up not having another fund source such as Medicaid. The proposed pilot project will allow RCT to expand this type of relationship to other FQHCs in the sprawling Northeast Kingdom by involving the CHT in the area. The participation of the CHT will reduce the burden on staff at the FQHC and perhaps allow them to increase the funding available to help pay for additional rides. Both regions are ready to proceed with this initiative, and VTrans already has at its disposal the technical expertise and experience to make it happen.

As indicated earlier, the short-term goal for this project is to replicate the success of the Springfield CHT in other parts of the state so that health care outcomes are improved through transit access, no-shows are reduced, and money is saved. The medium-term goal is to set up a revolving loan fund to spread the model to other areas of the state, replenishing the original grant funds from the savings achieved by the program. The long-term goal is to continue to scale up this program so that it covers the entire state and that it expands to provide more rides each year, thus achieving better health outcomes and more savings.

This program will provide direct benefits to the transportation disadvantaged by finding ways for them to attend their medical appointments, and for removing the barriers they face them so that they take care of their health needs without worrying about not being able to get to their health care provider. It makes maximum use of available resources and programs and offers fall-back options of rides (via the transit provider or local taxi companies) or direct transportation subsidies (gas cards) if no other alternatives are available. Without these barriers, fewer people will be forced to wait until they are sick enough to require emergency services.

The specific performance measures include trips provided through the program (gas cards distributed, rides provided, etc.), ridership on the local transit provider, the number of missed appointments at the health care provider, the number of emergency department visits, and the number of ambulance uses. A more complicated but more important performance measure is the health status of patients who participate in the program. VTrans will work with the CHTs and FQHCs to gather de-identified data about the impact of enhanced transportation access on participants' health.

The proposed project is extremely collaborative by its very nature. There will be constant communication among the CHTs, FQHCs, and the local transit providers. The CHTs will be talking to patients every day about their needs, and all of the partners will work continuously to improve service delivery and efficiency. As the service expands, advisory committees of stakeholders, including patients and all of the partners, will be convened to monitor and improve the program.

Letters of support are attached from the local medical centers (Attachments 4 and 5), the local transit providers (Attachment 6 and 7) and the Vermont Public Transit Association (Attachment 8).

## Readiness Justification

Project Can Be Implemented Within:  6 Months  12 Months  18 Months

## Technical, Legal, and Financial Capacity

\*\*\* Note: Applicant should address all elements listed as part of the evaluation criteria in the Notice Of Funding Opportunity (NOFO).

VTrans has a vast amount of experience administering grants. It has worked cooperatively for many years with the Agency of Human Services on Medicaid and other human service transportation programs. Of course, VTrans has a very close working relationship with all of the transit providers in Vermont. To date, VTrans has not worked directly with community health teams, but it does have the enormous advantage of having the experience of the Springfield CHT to draw on.

The two pilot areas were chosen because of the available technical capacity and existing relationships. As stated above, the Ascutney region is near to the Springfield area, and so the local transit provider for Ascutney has already been involved in this program with Springfield. In the Northeast Kingdom, the transit provider is already offering one of the services similar to that described in this proposal and has the capacity, interest and commitment to expand. VTrans would assign a in-house project manager not paid for by this grant to oversee and direct this project.

There are no outstanding legal, financial or technical issues that would make this a high-risk project. Indeed, the strategy from the start is to leverage the initial FTA grant to scale the pilot projects into a statewide effort and to make the initiative sustainable by plowing the savings achieved back into the program. Health care providers have already shown willingness to help fund this type of service; there is already substantial evidence that it is in the financial interest of the health care sector to find inexpensive and efficient ways of overcoming transportation barriers in order to reduce missed appointments and to achieve better health outcomes.

## Project Budget

Description	QTY	Federal Amount	Local Match	Total Cost
Consultant for project management and facilitation	1	50,000	12,500	62,500
Consultant for data analysis, establishment of valid survey data	1	40,000	10,000	50,000
Budget for each health team to facilitate transportation	2	40,000	10,000	100,000
<b>Total:</b>		<b>170,000</b>	<b>42,500</b>	<b>212,500</b>

## Matching Funds Information

Matching Funds Amount:

### Source of Matching Funds.

These funds will be provided by the State of Vermont Agency of Transportation from State Transportation Funds allocated to the Public Transit Section through the legislative process.

### Supporting Documentation of Local Match.

See attached letter of support from the Financial Director of the Vermont Agency of Transportation. Attachment 3

## Project Timeline

Timeline Item Description	Timeline Item Date
Advertise RFPs for consultants to manage and analyze project	10/01/2016
Award contract for consultants	12/01/2016
Begin initial analysis of existing data	01/05/2017
Kickoff meeting - Ascutney region	02/01/2017
Kickoff meeting - St. Johnsbury region	02/15/2017
Conduct surveys to establish baselines	03/01/2017
Present plan of action for Ascutney	04/01/2017
Present plan of action for St. Johnsbury	04/15/2017
Report on 6 month accomplishments	10/01/2017
Report on 12 month accomplishments	04/15/2018
Finalize project and deliver tool kit	06/30/2019

### Congressional Districts (Place of Performance)

Congressional District

Congressional Representative

VT-001

Welch, Peter



**FTA-2015-012-TPM-RTW**  
**Innovative Coordinated Access and Mobility Grants Program - 2016**  
**NOFO**  
**Department of Transportation**  
**DOT/Federal Transit Administration**

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**GENERAL INFORMATION**


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<b>Document Type:</b>	Grants Notice
<b>Funding Opportunity Number:</b>	FTA-2015-012-TPM-RTW
<b>Funding Opportunity Title:</b>	Innovative Coordinated Access and Mobility Grants Program - 2016 NOFO
<b>Opportunity Category:</b>	Discretionary
<b>Opportunity Category Explanation:</b>	
<b>Funding Instrument Type:</b>	Grant
<b>Category of Funding Activity:</b>	Transportation
<b>Category Explanation:</b>	
<b>Expected Number of Awards:</b>	
<b>CFDA Number(s):</b>	20.514 -- Public Transportation Research, Technical Assistance, and Training
<b>Cost Sharing or Matching Requirement:</b>	Yes

<b>Version:</b>	Synopsis 1
<b>Posted Date:</b>	Mar 29, 2016
<b>Last Updated Date:</b>	Mar 29, 2016
<b>Original Closing Date for Applications:</b>	May 31, 2016
<b>Current Closing Date for Applications:</b>	May 31, 2016
<b>Archive Date:</b>	Jun 30, 2016
<b>Estimated Total Program Funding:</b>	\$5,300,000
<b>Award Ceiling:</b>	
<b>Award Floor:</b>	

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**ELIGIBILITY**


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<b>Eligible Applicants:</b>	City or township governments Others (see text field entitled "Additional Information on Eligibility" for clarification) Native American tribal governments (Federally recognized) State governments County governments
<b>Additional Information on Eligibility:</b>	Eligible proposers and eventual grant applicants under this initiative must be States, Tribes, and Designated or Direct Recipients for funds under 49 U.S.C. 5307, 5310 or 5311. Applicants must serve as the lead agency of a local consortium that includes stakeholders from the transportation, healthcare, human service or other sectors. Members of this consortium are eligible as subrecipients. Applicants must demonstrate that the proposed project was planned through an inclusive process with the involvement of the transportation, healthcare and human service industries.

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**ADDITIONAL INFORMATION**


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<b>Agency Name:</b>	DOT/Federal Transit Administration
<b>Description:</b>	The goal of the competitive R2W Demonstration Grants is to find and test promising, replicable public transportation healthcare access solutions that support the following Rides to Wellness goals: increased access to care, improved health outcomes and reduced healthcare costs. To support these goals, the R2W Demonstration Grants will: 1. Develop replicable, innovative, sustainable solutions to healthcare access challenges; 2. Foster local partnerships between health, transportation, home and community-based services and other sectors to collaboratively develop and support solutions that increase healthcare access; and 3. Demonstrate the impacts of transportation solutions on improved access to healthcare and health outcomes and reduced costs to the healthcare and transportation sectors.
<b>Link to Additional Information:</b>	Rides to Wellness Demonstration and Innovative Coordinated Access and Mobility Grants program - 2016 NOFO
<b>Grantor Contact Information:</b>	If you have difficulty accessing the full announcement electronically, please contact:  Danielle Nelson Office of Program Management 202-366-2160  Danielle Nelson





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		<p>its 2-1-1 call center as a single point of entry for older adults and people with disabilities to access transit to healthcare facilities in the region. The project will improve local coordination and access in the community and train public information staff, healthcare providers and residents on how to use KAT buses.</p> <p>The Vermont Agency of Transportation will receive \$170,000 to develop a program to train staff at Community Health Services to act as mobility managers to help individuals in the Ascutney, Windsor and St. Johnsbury regions of Vermont schedule and attend medical appointments. This will lead to better health outcomes, a reduction in missed appointments, and a reduction in the use of emergency services for routine medical care. Modeled on a program in another region of Vermont, the mobility managers will help patients, medical providers and social service agencies identify individuals most at risk and provide alternative transportation options via local transit providers.</p>	<p>County Health Department &amp; the Knoxville Regional Transportation Planning Organization</p> <p>Vermont Agency of Transportation &amp; local transit providers</p>
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**Funding Total: \$7,211,518**

**Updated: Thursday, September 15, 2016**