Transportation Barriers to Medical Appointments

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OLO
OFFICE OF LEGISLATIVE OVERSIGHT

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Access to transportation is necessary to receive ongoing healthcare, especially for patients living with chronic disease and require regular physician visits and medication access. This Office of Legislative Oversight (OLO) report responds to Council's request to better understand (1) existing medical transportation programs in the County, (2) data on populations at greater risk for experiencing transportation barriers, and (3) a summary of programs operating in other jurisdictions. In sum, OLO found that Montgomery County operates numerous programs to address transportation barriers and increase access to medical appointments; however, opportunities exist to expand service offerings to address barriers throughout an individual's lifespan.

Demographics of Residents at Greater Risk for Experiencing Transportation Barriers.
Stakeholders identified populations in Montgomery County who experience transportation barriers:

- Persons in Communities of Color;
- Persons with Limited English Proficiency;
- Persons of low-income;
- Older Adults (ages 65 and older);
- Children, including those in foster care;
- Persons experiencing homelessness;
- Persons living with chronic illness; and
- Persons living with disabilities.

Vehicle Access. Patients who walk or use public transit to access medical care are less likely to establish routine care and more likely to miss appointments. County data show around 7% of households in Montgomery County do not have access to a vehicle and that those without access to a vehicle are more likely to be a Person of Color, of low-income, or non-English speaking. Similarly, customers who use Ride On bus service are majority Black, Indigenous, or People of Color (78%); speak a language other than English (42%); or report an annual household income of less than $30,000 (47%).

Geographic Barriers. Geography poses barriers for urban and rural residents in the County. Rural residents without vehicle access encounter a lack of transportation options, higher transit costs, and limited availability of and farther distances to medical providers. Comparatively, short distances to medical facilities in urban areas may pose significant barriers to a patient that cannot afford transit or must walk to the appointment.

Medical Transportation Programs in Other Jurisdictions.
Other jurisdictions offer transportation programs that narrowly target transportation needs of specific populations, including vulnerable populations or those with specific medical needs:

Programs that Assist Vulnerable Populations

- Free or reduced cost monthly bus passes
- Shared van services for seniors, those with language barriers, and vulnerable legal status
- On-demand transportation for rural residents without fixed-route service
- Purchase of gas cards or vehicle maintenance funding for individuals with private vehicles but who are not able to afford costs to attend appointments

Targeted Medical Needs

- Uber rides to women's health appointments for those with no or limited fixed route transit service
- Free bus passes to pregnant women and women with young children
- On demand transportation and ride schedule for individuals living with chronic illnesses
- Use of transportation network companies to provide and track rides for patients without smartphone access

Existing Transportation Programs in Montgomery County. Existing County transportation programs target low-income older adults or adults with disabilities and are often income or geographically restricted. Stakeholders report a gap in available services for programs that serve youth, young adults, adults with children, and working age adults. Further, some older adults and adults with disabilities to earn too much to qualify for transportation assistance programs but not enough to pay for private transportation. Additionally, OLO found:

- Volunteer and non-profit organizations fill critical transportation gaps in the County. However, these organizations face difficulty with volunteer recruitment, vehicle accessibility, and cost of liability insurance.

- County bus service poses numerous problems for patients including (1) trip length and number of bus transfers, (2) lack of 24-hour bus service or limited non-rush hour service, (3) cost-prohibitive bus fares, and (4) bus stop access and accessibility.

- Stakeholders report mixed results with taxicab service quality including long wait times, difficulty securing accessible taxis, and cost prohibitive taxi fares (particularly for rural residents).

- Transportation Network Companies (TNCs) may provide expediated service compared to taxis, but stakeholders report several issues: (1) unregulated drivers; (2) technology associated with services may be difficult to navigate or require banking information, and (3) limited availability in rural areas of the County.

Transportation Services Improvement Fund (TSIF). In 2015, the County imposed a $0.25 surcharge is on each TNC trip (e.g., Uber or Lyft) originating in the County. The TSIF was established to distribute revenue generated with the goal of expanding transportation options for low-income, disabled, and older County residents. Stakeholders report that the TSIF is not being used to its fullest potential - OLO found that the current fund balance totals over $3.5 million.

Transportation Services Improvement Fund Expenditures and Balance

Revenue	FY16	FY17	FY18	FY19	FY20	FY21	Total
Fee	$263,731.63	$1,295,383.18	$1,926,205.79	$2,318,601.54	$2,396,425.09	$979,784.75	$9,180,131.98
Expenditures							
Spent	--	--	$68,148.80	$273,268.10	$499,836.96	$296,019.30	$1,137,273.16
Encumbered	--	--			$319,911.74	$319,911.74	$319,911.74
Resolution 18-1144*	--	--	$4,146,279.00			$4,146,279.00	$4,146,279.00
Fund Balance							**$3,576,668.08**

Source: MCDOT; Finance; OLO. *Resolution 18-1144 appropriated funds to support existing programming freeing funding in the Mass Transit Fund for FY19 only.

OLO Recommendations

Recommendation #1: The Council should coordinate with the Executive Branch to review the Transportation Services Improvement Fund and how to optimize surcharges to close medical transportation gaps in the County.

Recommendation #2: Identify and evaluate potential changes to programs and services that address transportation barriers to medical appointments for vulnerable populations:

- Examine stakeholder-identified public transit barriers to medical appointments as part of the Department of Transportation Ride On Reimagine Study.

- Review available data for County social service programs to determine whether the demand for programs/services that address transportation barriers is being met.

- Leverage existing partnerships with hospitals and care providers to expand opportunities that address the diversified transportation needs of the County.

OLO Report 2021-11

Transportation Barriers to Medical Appointments

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Introduction

Health is significantly linked to the social and economic conditions in which people live. One of these conditions is access to transportation, which is necessary for ongoing healthcare and medication access, particularly for those with chronic conditions. Some transportation barriers include long travel distances, lack of vehicle, transportation costs, and inadequate infrastructure. Transportation barriers can result in missed or delayed medical appointments impacting the health of the patient.[1] The American Hospital Association reports, "These barriers may result in missed or delayed healthcare appointments, increased health expenditures and overall poorer health outcomes."[2]

This report responds to the Council's request to examine transportation barriers to medical appointments in Montgomery County. It provides information on populations at risk for experiencing transportation barriers, existing transportation programs in the County, program feedback from stakeholders, and case studies from other jurisdictions. OLO staff member Stephanie Bryant conducted this study, with assistance from Blaise DeFazio, Kristen Latham and Karen Pecoraro. OLO received a high level of cooperation from everyone involved in this study and appreciates the information and insights shared by all who participated.

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[1] OLO acknowledges that transportation is one hurdle in a complex system of barriers that impact an individual's access to medical appointments. In this larger context, OLO examined the use of telehealth to address issues of access and the impacts of COVID-19 on primary care physicians. This report focuses on transportation barriers. OLO Report 2020-11, Telehealth Equity, December 8, 2020 provides information on the use of telehealth; for OLO's report on COVID-19 impacts on primary care practices, see OLO Spotlight: COVID-19 Impacts on Primary Care Physicians, May 24, 2020.

[2] American Hospital Association, Social Determinants of Health Series: Transportation, http://www.hpoe.org/resources/ahahret-guides/3078

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Methodology. To prepare this report, OLO gathered information through document reviews, data analysis, and interviews with staff from Montgomery County Government, community stakeholders, and regional partners.

Report Organization. The following outlines the organization of this report:

- **Chapter 1** defines transportation barriers and identifies the impacts of missed medical appointments;

- **Chapter 2** identifies populations in Montgomery County at risk for experiencing transportation barriers;

- **Chapter 3** examines existing programs that offer transportation to medical appointments in Montgomery County;

- **Chapter 4** summarizes key takeaways from stakeholder interviews;

- **Chapter 5** highlights programs in other jurisdictions; and

- **Chapter 6** outlines OLO's key findings and recommendations for Council action.

Chapter 1.   Transportation Barriers and the Impact of Missed Medical Appointments

Access to transportation is necessary to receive ongoing healthcare, particularly for patients with chronic diseases. This chapter summarizes the impacts of transportation barriers on an individual's health and healthcare providers.

Transportation Barriers to Medical Appointments. When a patient has access to transportation, his/her care and overall health improve. The diagram below depicts the relationship between transportation, healthcare access, and health outcomes.

Diagram 1. Impact of Transportation on Medical Care and Access[3]
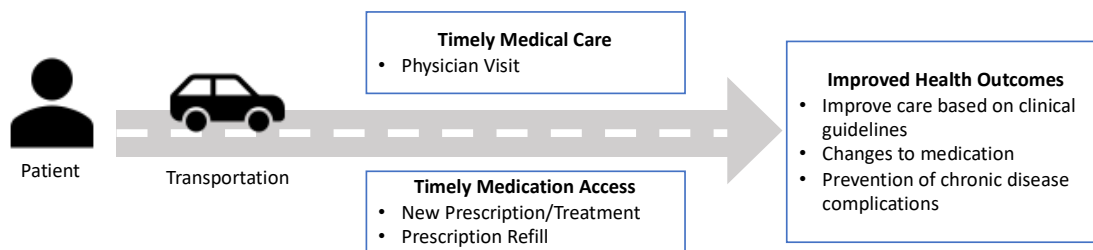
Source: Samina Syed, Ben Gerber, and Lisa Sharp, Traveling Towards Disease: Transportation Barriers to Health Care Access

However, research shows for many populations, transportation is a major barrier to healthcare access.[4] Studies report transportation barriers may affect as many as sixty-seven percent of patients (depending on population observed).[5] Additionally, research notes that barriers may not be consistent across geographies and populations because different geographies have unique transportation solutions and systems.[6] Chapter Two examines populations at greater risk for experiencing transportation barriers and associated research findings.

Impact of Missed Appointments. Missed medical appointments can have health and economic impacts on both patients and healthcare providers.

Patients. Research estimates that 5.8 million Americans (1.8%) delay medical appointments due to lack of transportation.[7] Missed medical appointments result in interrupted care, especially for those patients with chronic diseases which require regular physician visits, medication access, and routine changes to treatment plans.[8] Missed appointments can compromise early detection of diseases, result in poorer long-term health outcomes, and an increase in emergency care.[9] Studies found that patients with transportation barriers also

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[3] Samina Syed, Ben Gerber, and Lisa Sharp, Traveling Towards Disease: Transportation Barriers to Health Care Access, 2013 Journal of Community Health, 38(5), 976–993, https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4265215/

[4] Samina Syed, Ben Gerber, and Lisa Sharp, Traveling Towards Disease: Transportation Barriers to Health Care Access.

[5] *Ibid*.

[6] Health Outreach Partners, Rides to Wellness Community Scan Project, 2017, https://outreach-partners.org/2017/06/23/rides-wellness-community-scan-project/

[7] Mary K. Wolfe, Noreen McDonald, G. Mark Holmes, Transportation Barriers to Health Care in the United States: Findings from the National Health Interview Survey, 1997-2017, American Journal of Public Health 2020 Jun;110(6):815-822.

[8] Health Outreach Partners, Transportation and Health Access: Where are We Now and Where Can We Go?; Samina Syed, Ben Gerber, and Lisa Sharp, Traveling Towards Disease: Transportation Barriers to Health Care Access.

[9] Health Outreach Partners, Transportation and Health Access: Where are We Now and Where Can We Go?,

face increased difficulty traveling to pharmacies and had lower prescription refill rates compared to patients who do not have transportation challenges. [10]

Healthcare Providers. When patients miss appointments, there is a loss of income and revenue for the provider and medical facility. Missed medical appointments cost the U.S. healthcare system more than $150 million per year, with individual physicians losing up to $200.00 for each unused appointment slot.[11] Health Outreach Partners identified measures used by researchers to quantify the cost of missed or delayed care.[12] It is important to note that researchers have not isolated the costs of missed appointments specifically due to transportation barriers.[13]

Table 1. Impact of Missed Appointments for Providers and Health Systems[14]

Reduction in Clinical Efficiency	Reduction in Revenue
• Cost of unused provider time	• Cost of maintaining unused examine rooms
• Cost of time spent by staff to contact patients to reschedule appointments	• Loss of earned income
• Increased wait time for other patients	
• Cost of interrupted care on long-term health outcomes for the patient	

Source: Health Outreach Partners

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[10] Samina Syed, Ben Gerber, and Lisa Sharp, Traveling Towards Disease: Transportation Barriers to Health Care Access; Sunil Kripalani, Laura Henderson, Terry Jacobson, Viola Vaccarino, Medication Use Among Inner-City Patients After Hospital Discharge: Patient Reported Barriers and Solutions, Mayo Clinic, 2008, https://pubmed.ncbi.nlm.nih.gov/18452681/

[11] Sachin Jain, Missed Appointments, Missed Opportunities: Tackling the Patient No-Show Problem, Forbes, October 6, 2019, https://www.forbes.com/sites/sachinjain/2019/10/06/missed-appointments-missed-opportunities-tackling-the-patient-no-show-problem/?sh=2bdeaa44573b

[12] Health Outreach Partners, Rides to Wellness Community Scan Project, 2017, https://outreach-partners.org/2017/06/23/rides-wellness-community-scan-project/; Health Outreach Partners, Transportation & Health Access: Where are We Now and Where Can We Go?

[13] Health Outreach Partners, Rides to Wellness Community Scan Project; Health Outreach Partners, Transportation & Health Access: Where are We Now and Where Can We Go?

[14] *Ibid*.

Chapter 2.   Populations at Greater Risk for Experiencing Transportation Barriers

The U.S. Government Accountability Office defines transportation disadvantaged populations as "those that cannot provide their own transportation due to age, disability, or income constraints, and may face challenges accessing transportation, including lack of access to public transportation or a private vehicle."[15] Through a literature review and stakeholder interviews with County Government staff, healthcare providers, and nonprofit organizations, OLO identified populations in the County at risk for experiencing transportation barriers. Summary findings include:

- Across most categories, data show low-income People of Color in Montgomery County have a higher percentage of populations more vulnerable to transportation barriers than White residents.

- People of Color in the County are more likely to face chronic health conditions which require routine care. At the same time, County residents without vehicle access and those that rely on public transit are more likely to be low-income People of Color and speak a language other than English.

- Geographic barriers can pose transportation barriers both for urban and rural residents in the County.

The remainder of this chapter provides more detail on vulnerable populations and transportation barriers. It is organized as follows:

- **Section A**, summarizes how transportation patterns are shaped for vulnerable populations;

- **Section B**, identifies populations at risk in Montgomery County;

- **Section C**, highlights the impact of vehicle access; and

- **Section D**, examines geographic barriers that can limit transportation access.

A.   **Mobility Trends and Health Transportation Needs**

The need for transportation does not decrease with age, driving ability, or changes in physical or cognitive state.[16] The following section discusses how transportation patterns are shaped by identity and geography, the medical and transportation needs of vulnerable populations, and population.

National Mobility Trends. The UCLA Institute of Transportation Studies analyzed National Health Interview Survey data and found that to overcome transportation barriers in accessing medical care, it is essential to

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[15] U.S. Government Accountability Office, Transportation Disadvantaged Populations – Federal Coordination Efforts Could be Further Strengthened, Report No. 12-647, June 2012, https://www.gao.gov/assets/gao-12-647.pdf.
[16]Laura Fraade-Blanar, Nico Larco, Ryan Best, Tiffany Swift, and Marjory S. Blumenthal, Older Adults, New Mobility, and Automated Vehicles, AARP Policy Center, RAND Corporation, and the Urbanism Next Center at the University of Oregon, February 2021, https://www.aarp.org/content/dam/aarp/ppi/2021/02/older-adults-new-mobility-automated-vehicles.doi.10.26419-2Fppi.00132.001.pdf

understand how identity and geography shape travel patterns.[17] The following table highlights mobility differences identified by researchers.

Table 2. UCLA Institute of Transportation Studies Observed U.S. Mobility Trends[18]

Group	Mobility trends
Women[16–18]	• Greater complexity in travel patterns (trip chaining), especially among single-parent households with young children • Higher proportion of non-work trips and travel during mid-day periods • Lower bicycle use
Lower-income households[16,19–23]	• Lower number of trips/day • Higher public transit mode share and lower levels of car ownership • Under-represented in ride hailing trips • Higher amounts of walking for shopping trips • Highest carpool-to-work rates
Black Americans[20,24]	• Highest public-transit-to-work rates, highest levels of walking trips • Most underrepresented in ride-hailing trips • Higher rates of inter-household carpooling
Immigrants[ii, 25]	• Higher rates of household carpooling • Higher rates of transit use, followed by assimilation away from transit
People with disabilities[26–28]	• Fewer trips per day • Fewer trips by car (driver or passenger) than other non-disabled people • More likely to live in lower-income households • Higher use of public transit and paratransit • Greater need for high-quality pedestrian environment
Older adults[16,19,22]	• As age increases, declining number of trips per day • Higher levels of disability and concern for personal safety and security • Lower rates of driver licensing and driving
Rural populations[29]	• Higher rates of auto ownership, even among poor households • Rural transit use is extremely low but most common among Hispanic rural households

Source: UCLA Institute of Transportation Studies

Medical and Transportation Needs for Selected Populations. UCLA researchers found that the same disadvantaged groups who face elevated health risks are also more likely to experience transportation barriers

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[17] Katherine Chen, et.al. Transportation Access to Health Care During the COVID-19 Pandemic: Trends and Implications for Significant Patient Populations and Health Care Needs, UCLA Institute of Transportation Studies, August 2020, https://escholarship.org/content/qt22b3b1rc/qt22b3b1rc_noSplash_26657cca0c4d319c238aa8806f960a7f.pdf?t=qf9ipr
[18] *Ibid*.

in accessing care.[19] Specifically, persons facing transportation barriers are more likely to be older, of low-income, less educated, female, and People of Color.[20] OLO compiled the following research findings which highlight transportation barriers and their impacts on selected populations discussed above:

- **Missed Appointments**. Race and ethnicity are a predictor of missed medical appointments. A study in Baltimore found that Black patients were 1.8 times more likely to miss appointments and Latinx patients were 2.0 times more likely to miss appointments compared to White patients. Lack of insurance, out-of-pocket costs, and cultural and linguistic barriers are impediments to accessing appointments.[21]

- **Low-Income Households**. Research shows lower-socioeconomic status was linked to experiencing higher rates of transportation barriers for ongoing healthcare compared to higher-socioeconomic status. A review published in the Journal of Health found that 25% of low-income patients missed or rescheduled their appointments due to a lack of transportation.[22]

- **Women's Health**. U.S. Obstetric Guidelines recommend pregnant women attend 14 or more prenatal care visits. Physical limitations and presence of other children can make travel difficult. Research shows 68% of Black women and 72% of Latinx women receive adequate prenatal care in the U.S., compared to 81% of White women.[23]

- **Children**. Caretakers of children cite lack of vehicle access, excessive distance, expense, and inconvenience of public transportation as barriers to timely medical care.[24]

- **Older Adults**. Older adults require more frequent visits to medical providers and experience additional barriers due to disability and illness.[25] AARP identified a group of older adults who are the hardest to serve, including: (1) those living in areas with few convenient transportation options; (2) those with low income or technology literacy; and (3) those with limited abilities due to cognitive and/or physical challenges.[26]

- **Immigrants**. Factors such as citizenship status, language, and income can result in transportation barriers for immigrant populations. Due to citizenship status required for transportation programs and driver license requirements, this population relies on informal networks and public transit to travel.[27]

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[19] Katherine Chen, et.al. Transportation Access to Health Care During the COVID-19 Pandemic: Trends and Implications for Significant Patient Populations and Health Care Needs, UCLA Institute of Transportation Studies, August 2020, https://escholarship.org/content/qt22b3b1rc/qt22b3b1rc_noSplash_26657cca0c4d319c238aa8806f960a7f.pdf?t=qf9ipr

[20] Samina Syed, Ben Gerber, and Lisa Sharp, Traveling Towards Disease: Transportation Barriers to Health Care Access; Wallace, R. et. al., Access to Health Care and Nonemergency Medical Transportation: Two Missing Links, Transportation Research Record: Journal of the Transportation Research Board, 2005.

[21] Health Outreach Partners, Rides to Wellness Community Scan Project, 2017, https://outreach-partners.org/wp-content/uploads/2017/06/FTA-Comm-Profiles-2.pdf

[22] Imran Cronk, The Transportation Barrier, The Atlantic, August 9, 2015, https://www.theatlantic.com/health/archive/2015/08/the-transportation-barrier/399728/

[23] Katherine Chen, et.al. Transportation Access to Health Care During the COVID-19 Pandemic: Trends and Implications for Significant Patient Populations and Health Care Needs, UCLA Institute of Transportation Studies, August 2020.

[24] Samina Syed, Ben Gerber, and Lisa Sharp, Traveling Towards Disease: Transportation Barriers to Health Care Access; Flores, G., et. al., Access Barriers to Health Care for Latino Children, Archives of Pediatrics and Adolescent Medicine, 1998.

[25] Samina Syed, Ben Gerber, and Lisa Sharp, Traveling Towards Disease: Transportation Barriers to Health Care Access.

[26] Laura Fraade-Blanar, Nico Larco, Ryan Best, Tiffany Swift, and Marjory S. Blumenthal, Older Adults, New Mobility, and Automated Vehicles, AARP Policy Center, RAND Corporation, and the Urbanism Next Center at the University of Oregon, February 2021.

[27] Katherine Chen, et.al. Transportation Access to Health Care During the COVID-19 Pandemic: Trends and Implications for Significant Patient Populations and Health Care Needs, UCLA Institute of Transportation Studies, August 2020.

- **Persons living with disabilities**. Persons living with disabilities have higher healthcare utilization rates and more frequent emergency room visits. Persons with disabilities often rely on informal support networks or paratransit to access appointments. Travel times can be lengthy and impact physical wellbeing – which could result in delayed medical care and negative patient outcomes.[28]

- **Persons living with chronic illness**. Nationally, persons living with chronic illness (e.g., heart disease, diabetes, etc.) are older, Black or Latinx, lower income, and less educated.[29] This population requires reliable transportation to attend routine care appointments; however, persons with multiple chronic conditions are less likely to own a vehicle and more likely to take public transit.[30]

B. **Populations at Greater Risk for Experience Transportation Barriers in Montgomery County**

Stakeholders interviewed by OLO identified the following populations in the County who experience transportation barriers to medical appointments:

- Persons in Communities of Color;
- Persons with Limited English Proficiency;
- Persons with low-incomes;
- Older Adults (Ages 65 and older);

- Children, including those in foster care;
- Persons experiencing homelessness;
- Persons living with chronic illness; and
- Persons living with disabilities.

The following two tables present County-level demographic and health data by race and ethnicity. The data show the prevalence of these vulnerable populations identified by stakeholders above:

- Table 3 presents data from OLO Report 2019-7, Racial Equity Profile Montgomery County, and the U.S. Census American Community Survey.
- Table 4 provides key metrics from Health Montgomery's data dashboard related to chronic health conditions by race and ethnicity.

The data points show the percent of the total specified race and ethnicity that are within the designated cohort. For example, the percentage of all White County residents under the age of 18 is 20.4%. Key findings from both tables include:

- Across most categories, data show low-income People of Color in Montgomery County have a higher percentage of population more vulnerable to transportation barriers than White residents.

- White residents have a higher percentage of population over the age of 65 (20.6%) compared to all other racial and ethnic groups. Comparatively, Black and Latinx residents have a higher percentage of population under the age of 18.

- Black and Latinx children are more likely to live in poverty compared to White and Asian children.

- Black and Latinx residents are more likely to have chronic health conditions which require routine and emergency care as well as lead to higher morbidity rates.

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[28] *Ibid*.

[29] *Ibid.*

[30] *Ibid.*

Table 3. County Populations at Greater Risk for Experiencing Transportation Barriers, 2019[31]

	White	Asian	Black	Latinx	Other
Age					
Under 18	20.4%	19.0%	25.5%	30.9%	33.5%
Over 65+	20.6%	16.3%	11.1%	7.3%	6.6%
Gender					
Female	51.6%	53.2%	52.7%	49.9%	49.3%
Male	48.4%	46.8%	47.3%	50.1%	50.7%
Language					
Speaks English Less than Well*	7.6%	29.9%	6.9%	36.0%	40.0%
Education					
No Diploma or GED (Adults 25+)*	5.6%	8.1%	5.4%	31.6%	38.2%
High School Diploma or GED (Adults 25+)*	10.6%	9.7%	22.2%	23.2%	27.3%
Economic Security					
Percent Living in Poverty*	4.0%	5.8%	11.2%	11.1%	14.6%
Residents 65 or older living in Poverty	5.0%	9.5%	13.2%	11.5%	17.8%
Child Poverty (18 and under)*	3.4%	3.6%	18.7%	15.8%	20.2%
Children in Foster Care*	17.2%	1.9%	52.9%	18.2%	9.8%
Health					
No Health Insurance Coverage*	3.8%	5.8%	7.3%	19.4%	26.6%
With a Disability	9.8%	7.6%	10.1%	5.7%	5.8%

* Identifies data obtained from OLO Report 2019-9, Racial Equity Profile Montgomery County
Data not identified with an asterisk comes from the U.S. Census American Community Survey

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[31]U.S. Census American Community Survey; OLO Report 2019-9 Racial Equity Profile Montgomery County.

Table 4. Health Montgomery Core Measures, 2014-2018[32]

	White	Asian	Black	Latinx
Late or No Prenatal Care *(% of Births; 2014-2018)*	4.3%	5.9%	11.9%	9.2%
Pre-term Births *(% of Births; 2014-2018)*	8.1%	8.2%	10.1%	9.3%
Infant Mortality *(Rate/1,000; 2018)*	2.2	--*	9.2	2.5
Mental Health Related ER Visits *(AAR**/100,000; 2016-2018)*	1,132.8	343.4	1,716.1	986.7
Diabetes Related ER Visits *(AAR/100,000; 2016-2018)*	252.7	175.9	1,015.0	626.8
Diabetes Mortality *(AAR/100,000; 2016-2018)*	9.88	8.39	22.86	10.14
Heart Disease ER Visits *(AAR/100,000; 2016-2018)*	1,353.7	690.9	3,682.0	1,794.4
Heart Disease Mortality *(AAR/100,000; 2016-2018)*	126.29	72.0	151.35	59.32
Chronic Lower Respiratory Disease ER Visits *(AAR/100,000; 2016-2018)*	503.5	213.3	1,605.2	843.0
Chronic Lower Respiratory Disease Mortality *(AAR/100,000; 2016-2018)*	20.77	6.02	16.57	3.87

Source: Healthy Montgomery
Publicly available core measures are not broken down for other races/ethnicities.
*Data not reported.
**Age Adjusted Rate

C. Vehicle Access in the County

Research shows people who have access to a personal vehicle or a vehicle through family and friends are more likely to use healthcare services and less likely to miss appointments.[33] Patients who walk or use public transit to receive medical care are less likely to establish routine care.[34] This section examines zero-vehicle households and data on public transit riders in Montgomery County.

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[32] Healthy Montgomery, Montgomery County, MD, Healthy Montgomery Core Measures, Data Dashboard, https://www.montgomerycountymd.gov/healthymontgomery/chart.html

[33] Laura Fraade-Blanar, Nico Larco, Ryan Best, Tiffany Swift, and Marjory S. Blumenthal, Older Adults, New Mobility, and Automated Vehicles, AARP Policy Center, RAND Corporation, and the Urbanism Next Center at the University of Oregon, February 2021; Samina Syed, Ben Gerber, and Lisa Sharp, Traveling Towards Disease: Transportation Barriers to Health Care Access.

[34] Samina Syed, Ben Gerber, and Lisa Sharp, Traveling Towards Disease: Transportation Barriers to Health Care Access; Rask, KJ, et. al., Obstacles predicting lack of regular provider and Delays in Seeking Care for Patients at an Urban Public Hospital, Journal of the American Medical Association, 1994.

Zero-Vehicle Households in the County. The U.S. Census American Community Survey (ACS) collects data on the number of vehicles available to a household.[35] The data refers to vehicle access, not vehicle ownership.[36] In Montgomery County, 7.2% of households have no access to a vehicle.[37]

Table 5. Percent of Households with Vehicle Access in Montgomery County, 2019[38]

Vehicle Access	2019
Zero-Vehicle Households	7.2%
One-Vehicle Households	32.8%
Two or More Vehicle Households	54.4%

Source: OLO, U.S. Census American Community Survey
Total percent of groups shown equals 94.3%. 5.7% of respondents did not provide an answer to the question.

The following table summarizes ACS household characteristics and demographic data available for zero-vehicle households in the County. Data tables are included in Appendix A.

Table 6. Household and Demographic Data for Zero-Car Households in Montgomery County[39]

Household Size	• 18.0% of single-person households have zero vehicles available for use; compared to 4.1% of multi-person households
Income	• 11.8% of households earning less than $108K (County's median household income in 2019) are zero-vehicle households; four times higher than households earning over the County's median income
	• Almost one-quarter of households in the County earning less than $25,000 annually are zero-vehicle households (24.3%)
Race and Ethnicity	• Black households are about three times more likely to have zero vehicles available for use (11.3%) compared to Asian households (3.5%), White households (3.3%), Other (3.8%), and Latinx (3.7%)
Limited English-Speaking Households	• 16.9% of limited English-speaking households are zero-vehicle households; compared to 6.8% of English-speaking households
Renter-Occupied	• Households living in a rented residence are 5.5 times more likely to be zero-vehicle households compared to non-renters

Source. OLO; U.S. Census American Community Survey

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[35] U.S. Census, American Community Survey Vehicle Availability, available at
https://www.census.gov/acs/www/about/why-we-ask-each-question/vehicles/
[36] Vehicle refers to privately owned motor vehicles, such as cars and trucks. U.S. Environmental Protection Agency, Number of Households with Zero Vehicles, available at
https://enviroatlas.epa.gov/enviroatlas/DataFactSheets/pdf/Supplemental/NumberofHouseholdsWithZeroVehicles.pdf
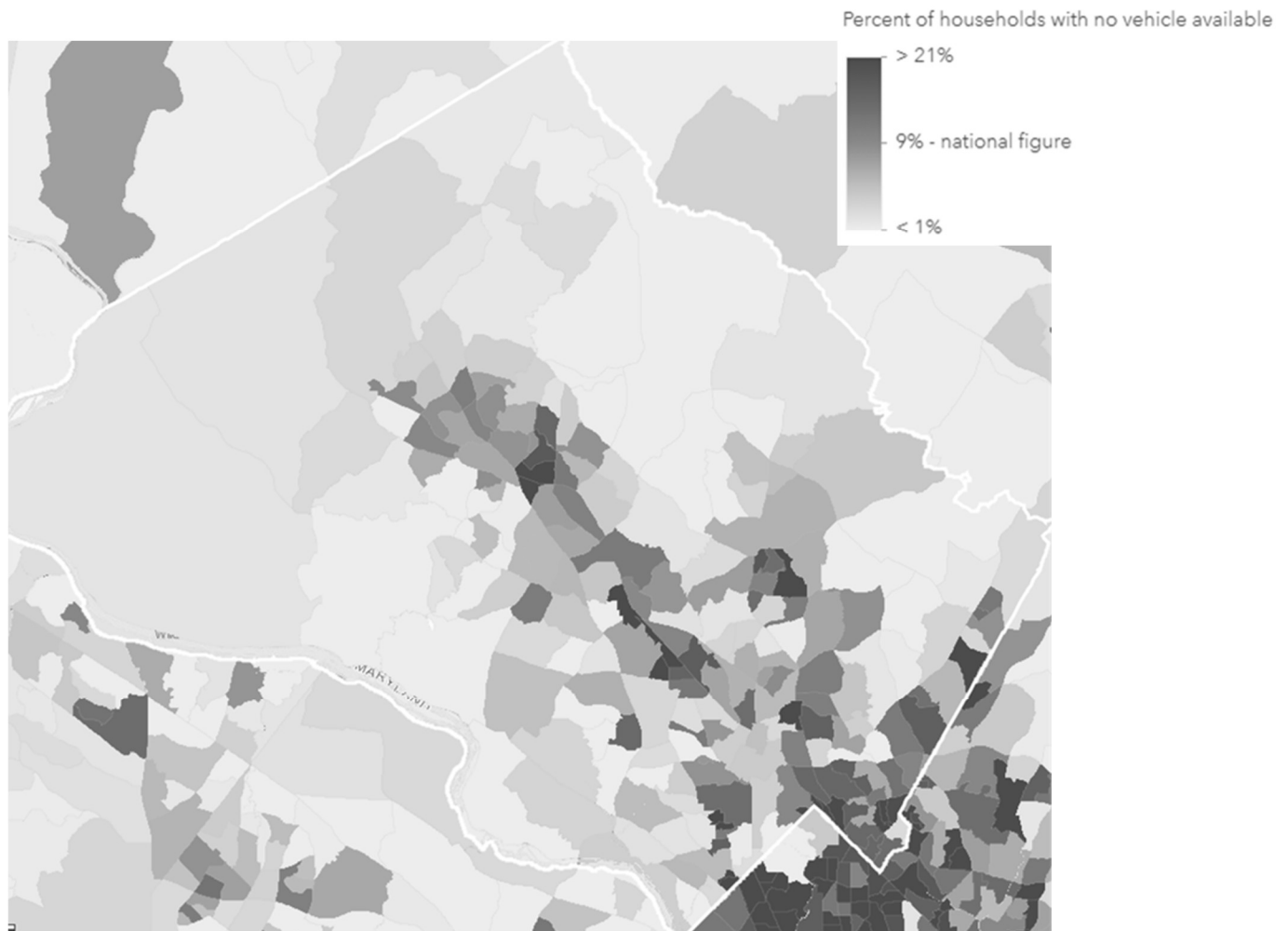[37] OLO; U.S. Census American Community Survey, 2019.
[38] OLO; U.S. Census American Community Survey, 2019.
[39] OLO; U.S. Census American Community Survey, 2019

The U.S. Census also provides data to map vehicle availability across the County. The map below shows percent of households with no vehicle available (2015-2019 5-Year Estimates).[40] As shown, the highest concentrations of zero-vehicle households are located along the I-270 corridor and Central/East County.

Map 1. Percent of Households with No Vehicle Available, ESRI

Percent of households with no vehicle available

> 21%

9% - national figure

< 1%

Source: U.S. Census; ESRI

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[40] U.S. Census Bureau's American Community Survey (ACS) 2015-2019 5-year estimates, Table(s) B08201

Ride On Customers Demographic Data. Public transit riders may face obstacles accessing care due to travel distance and time burdens.[41] Research shows bus users are more likely to miss appointments compared to patients who have reliable vehicle access. [42]

OLO Report 2020-10 reviewed Ride On ridership statistics and found that Black and Latinx residents were more likely to take public transit compared to White and Asian residents in the County.[43] Further, a 2018 survey conducted by MCDOT found that:

- 78% of customers were categorized as Black, Indigenous, or People of Color (BIPOC);

- 42% of customers spoke a language other than English at home - the primary language spoken was Spanish (50.9%) followed by French (16.6%);

- 47% of customers reported an annual household income of less than $30,000; and

- 29% of Ride On customers were between 35 and 54 years old.[44]

D. Geographic Barriers to Healthcare in the County

Research is mixed as to whether geography plays a role in transportation barriers to healthcare.[45] Several studies have shown that rural patients may face significantly more barriers to accessing medical care compared with urban patients due to lack of transportation options, cost of transit, and availability of and distance to medical providers.[46] Curvy or hilly rural roads that are not maintained can be further challenging for patients.[47]

Contrasting research shows that distance to medical facilities may play a more limited role depending on patient income and vehicle access. For example, a patient in a wealthy suburb who owns a vehicle may have no difficulty accessing care, whereas a short distance to a medical facility may pose significant barriers to a patient who cannot afford public transit or must walk to the appointment.[48]

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[41] Laura Fraade-Blanar, Nico Larco, Ryan Best, Tiffany Swift, and Marjory S. Blumenthal, Older Adults, New Mobility, and Automated Vehicles.

[42] Samina Syed, Ben Gerber, and Lisa Sharp, Traveling Towards Disease: Transportation Barriers to Health Care Access; Silver, D, et. al., Transportation to Clinic: Findings from a Pilot Clinic-Based Survey of Low-Income Suburbanites, Journal of Immigrant and Minority Health, Center for Minority Public Health, 2012.

[43] OLO Report 2019-7. The OLO report also showed data that the mean travel times to work was longer for Asian, Black, and Latinx residents compared to White residents.

[44] OLO Report 2020-10

[45] Samina Syed, Ben Gerber, and Lisa Sharp, Traveling Towards Disease: Transportation Barriers to Health Care Access;

[46] Samina Syed, Ben Gerber, and Lisa Sharp, Traveling Towards Disease: Transportation Barriers to Health Care Access

[47] Laura Fraade-Blanar, Nico Larco, Ryan Best, Tiffany Swift, and Marjory S. Blumenthal, Older Adults, New Mobility, and Automated Vehicles.

[48] Samina Syed, Ben Gerber, and Lisa Sharp, Traveling Towards Disease: Transportation Barriers to Health Care Access.

Travel Distance to County Hospitals. Research demonstrates that public transit takes about 1.9 times longer than accessing a private vehicle, with trips taking longer in areas with infrequent transit service.[49] In some cases, the time it takes to get to and from the transit stop can exceed the actual trip time.[50]

Working with the Department of Technology and Enterprise Business Solutions, the map below displays radii within a three- and five-minute drive time from area hospitals (using a personal vehicle). As shown, much of the County is geographically outside these short driving distances from hospitals. If populations in these areas rely on public transit, trip length and time can be detrimental to accessing continued care. Further, stakeholders identified hospitals in the County as "medical hubs," meaning there is often a cluster of medical offices located near the hospitals.

Map 2. Areas in Montgomery County within 3- & 5- Minute Drive from Hospitals (Using a Personal Vehicle)
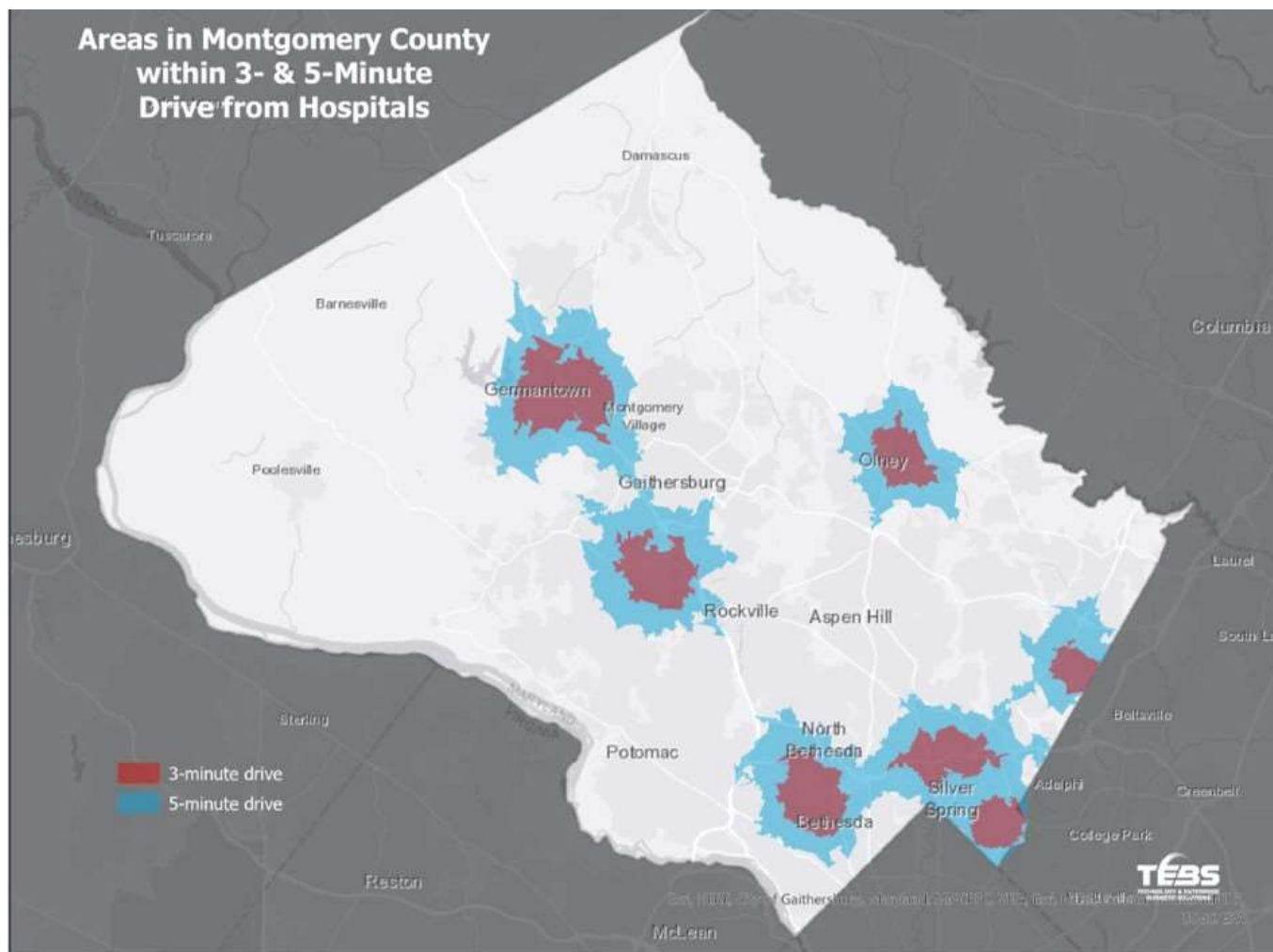
Source: Technology and Enterprise Business Solutions

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[49] Mike Maicag, Riding Transit Takes Almost Twice as Long as Driving, Governing, January 26, 2017, https://www.governing.com/archive/gov-transit-driving-times.html
[50] Mike Maicag, Riding Transit Takes Almost Twice as Long as Driving.

Health Professional Shortage Areas. Related to drive times, the U.S. Health Resources and Services Administration (HRSA) tracks data on Health Professional Shortage Areas (HPSA). A HPSA is a geographic area, population group, or healthcare facility that is designated by HRSA as having a shortage of health professionals.[51] There are three categories of HPSAs – Primary Care, Dental Care, and Mental Health practices. [52]

Specifically, for primary care, access to services results in improved quality of life, improved longevity, helps avoid disabilities, and reduces rates of emergency care and hospitalization. Further, research has shown that social determinants discussed above (medical, economic, and geographic vulnerability), are likely to geographically co-occur "with primary care workforce shortages, since access to quality healthcare, education, housing, transportation, employment, and the system of justice all relate to the societal distribution of resources."[53] The table below summarizes the HRSA Designated Health Professional Shortage Areas in the County.[54]

Table 7. HRSA Designated Health Professional Shortage Areas in Montgomery County

Geographic Area	Practice Type	Population Served	No. of FTEs Needed
Gaithersburg and Germantown	Primary Care	Low-Income	3.25
Southeast Montgomery County	Primary Care	Low-Income	4.31
Central Kensington Wheaton	Primary Care	Medicaid Eligible	2.82
	Dental Care	Medicaid Eligible	3.39
	Mental Health	Medicaid Eligible	1.07

Source: U.S. HRSA

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[51] U.S. Health Resources and Services Administration (HRSA), Health Professional Service Areas (HPSAs) and Your Site, Health Professional Shortage Areas (HPSAS) And Your Site (hrsa.gov)

[52] HRSA uses three data points to identify HPSAs: (1) population to provider ratio; (2) Percent of population below 100% of the Federal Poverty Level; and (3) travel time to the nearest source of care outside of the HPSA.U.S. Health Resources and Services Administration (HRSA), Health Professional Service Areas (HPSAs) and Your Site.

[53] Robin A. Streeter, John E. Snyder, Hayden Kepley, Anne L. Stahl,Taindong Li, and Michelle M. Washko, The Geographic Alignment of Primary Care Health Professional Shortage Areas With Markers for Social Determinants of Health.

[54] U.S. Health Resources and Services Administration, HPSA Find, https://data.hrsa.gov/tools/shortage-area/hpsa-find

Chapter 3.   Transportation Programs Summary: Montgomery County

Communities, like Montgomery County, operate numerous programs to address transportation barriers to increase access to medical appointments. These programs are operated by governments, nonprofits, and volunteers and fall into general categories - Medicaid Non-Emergency Medical Transportation (NEMT) and patient-centered transportation.

Medicaid Non-Emergency Medical Transportation. Medicaid is a public health insurance program for low-income populations jointly funded by the federal and state governments.[55] Nationally, 2.1 million (4.4%) of Medicaid beneficiaries under the age of 65 reported delaying care due to lack of transportation – two-thirds of which had an income below 100% of the federal poverty guidelines.[56] Federal regulations require states to ensure transportation to and from medical providers for beneficiaries with no other means – commonly referred to as non-emergency medical transportation (NEMT).[57]

Patient-Centered Transportation. Health Outreach Partners classifies all other transportation programs as patient-centered transportation.[58] These programs utilize a diversity of transportation modes to provide services, including fee-for service, Transportation Network Companies (TNCs), public transit, shared rides, or personal vehicles. Funding and program operations are spearheaded by government agencies, community health centers, non-profits, and/or volunteer organizations.[59]

The remainder of this chapter provides details on programs operating in the County. This chapter is organized as follows:

- **Section A,** highlights existing medical transportation programs operating in the County; and

- **Section B,** discusses private transportation options, including the County's Transportation Services Improvement Fund.

A.   Existing Medical Transportation Programs in Montgomery County

OLO met with County government staff, care providers, and community stakeholders to identify existing medical transportation programs in the County. The table on the following page lists programs identified by stakeholders

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[55] National Center for Mobility Management, Non-Emergency Medical Transportation, https://nationalcenterformobilitymanagement.org/non-emergency-medical-transportation-medicaid-transportation/ U.S. Center for Medicaid and CHIP Services, Financial Management, https://www.medicaid.gov/medicaid/financial-management/index.html

[56] The Medicaid and CHIP Payment and Access Commission (MACPAC), Medicaid Coverage of Non-Emergency Medical Transportation, May 2019, https://www.macpac.gov/wp-content/uploads/2019/05/Medicaid-Coverage-of-Non-Emergency-Medical-Transportation.pdf

[57] National Center for Mobility Management, Non-Emergency Medical Transportation.

[58] Health Outreach Partners, Overcoming Obstacles to Health Care – Transportation Models that Work, 2014, https://outreach-partners.org/wp-content/uploads/2015/09/Kresge-Report-Web.pdf;

[59] Health Outreach Partners, Overcoming Obstacles to Health Care – Transportation Models that Work; "Improving Transportation Access to Health Care Services," National Center for Transit Research (NCTR), Report No. CUTR-NCTR-RR-2018-09, Center for Urban Transportation Research, University of South Florida, 2018, https://scholarcommons.usf.edu/cgi/viewcontent.cgi?article=1009&context=cutr_nctr

summarized in this report.[60] For each program, OLO summarizes eligibility factors, services provided, and program costs (including rider fees and program operations when available).

Table 8. Existing Transportation Programs Identified by Stakeholders

	Program	Operated by	Population Served	Participant Fee
County Government (starts on page 18)				
1	Medicaid Non-Emergency Medical Transportation	MCDOT	Low-income beneficiaries	Free for qualified beneficiaries
2	Call-N-Ride	MCDOT	Adults 65+ and Adults 18+ with disabilities	Income dependent sliding scale ($5.25 - $30.00 or $10.50 - $60.00) for a $60.00 or $120.00 value on a swipe card
3	Same-Day Access	MCDOT	MetroAccess riders	$30.00 payment for a $60.00 value on a swipe card
4	Ride On Programs	MCDOT	Youth (18 and under), Adults (65+), and persons with disabilities	Program dependent
5	HHS Programs	HHS	Program dependent	Free for qualified participants
Washington Metropolitan Area Transit Authority (starts on page 27)				
6	MetroAccess	WMATA	Ages 5 and older with an ADA-recognized disability	Maximum fare of $6.50 per trip
7	Abilities Ride	WMATA	MetroAccess riders	Minimum of $5.00 per trip
8	Reduced Fare	WMATA	Program dependent	Program dependent
Non Profit Organizations (starts on page 30)				
9	Connect-A-Ride	Jewish Council for the Aging Staff	Adults 50+ and Adults 18+ with disabilities	Free
10	Escorted Transportation	Jewish Council for the Aging Staff/Volunteers	Adults ages 50 and over who meet income and disability requirements	Income dependent sliding scale ($7.00 - $25.00)
11	VillageRides	Jewish Council for the Aging Staff	Villages and Nonprofit Organizations	--
12	Senior Rides	Senior Connection	Adults 60+	Free for qualified participants
13	Villages	Volunteers	Restricted by zip code and age	May charge a membership fee
14	HELP Organizations	Volunteers	Program/need dependent	Free for qualified participants

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[60]This report does not provide a full scan of all programs operating in the County.

County Government

1. **Medicaid Non-Emergency Medical Transportation (NEMT) Program**

Maryland's Medicaid Program is administered by the Maryland Department of Health (MDH) and serves all Medicaid beneficiaries in Maryland, including fee-for-service/managed care, children enrolled in CHIP, and expanded Medicaid populations under the Affordable Care Act.[61] Medicaid covers rides for eligible individuals to and from the doctor's office, the hospital, or another medical office for Medicaid-approved care. Under the Medicaid NEMT program, beneficiary medical trips are generally covered if:

- The beneficiary is eligible for Medicaid;

- The trip is for a Medicaid-covered service;

- The beneficiary has no other means to travel to and from the Medicaid-covered service (e.g., no driver's license or physically/mentally disabled);

- The NEMT trip is authorized in advance by an appropriate party; and

- The NEMT trip is to the nearest qualified medical provider authorized by Medicaid (e.g., doctor's office, hospital).[62]

Medicaid restricts transportation options to the least expensive form of transit that is appropriate for the beneficiary and can include taxis, public bus, vans, and ambulances.[63] The majority of Medicaid beneficiaries utilizing NEMT benefits are persons with disabilities (41%), followed by older adults (25%), children (21%), and adults ages 18 to 64 (13%).[64] Most common destinations for NEMT users are behavioral health, dialysis, and preventative care appointments.[65]

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[61] Transportation Research Board, State-By-State Profile for Examining the Effects of Non-Emergency Medical Transportation Brokerages on Transportation Coordination, April 2018, http://onlinepubs.trb.org/onlinepubs/tcrp/tcrp_rpt_202_companion.pdf

[62] U.S. Center for Medicare and Medicaid Services, Let Medicaid Give You a Ride, https://www.cms.gov/medicare-medicaid-coordination/fraud-prevention/medicaid-integrity-education/downloads/nemt-factsheet.pdf; Medicare also provides NEMT benefits for qualified recipients. National Center for Mobility Management, Non-Emergency Medical Transportation.

[63] U.S. Center for Medicare and Medicaid Services, Let Medicaid Give You a Ride.

[64] Maryland Department of Health, Maryland Medicaid Diagnostic Assessment of Business Processes and Program Administration, December 7, 2018, https://health.maryland.gov/mmcp/Documents/JCRs/2018/businessprocessroadmapforchangeJCRfinal11-18.pdf

[65] Maryland Department of Health, Maryland Medicaid Diagnostic Assessment of Business Processes and Program Administration.

The state sets regulations governing NEMT and awards grants to the counties to administer the program. [66] In Maryland, 20% of Medicaid beneficiaries utilize NEMT benefits.[67] The State of Maryland spent $52.2 million on NEMT, providing over 1.2 million trips.[68]

Table 9. State of Maryland Medicaid Non-Emergency Medical Transportation Data (2015)

Total NEMT Expenditures	Number of Trips	Cost per Trip	Utilization Rate
$52,520,000	1,246,322	$42.12	20%

Source. Maryland Department of Health and Mental Hygiene

Due to a growth in NEMT costs, the state capped the medical transportation budget in 2009 and encourages counties to shift NEMT trips to lower-cost modes when appropriate. For example, any Medicaid recipient living within three-quarters of a mile from a bus or rail stop is expected to use public transportation.[69] The map on the following page shows areas of the County within three-quarters of a Ride On, Metrorail, and Metrobus stops – about 55% of the County.

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[66] Majority of states use a brokerage model in which states contract with a private provider to provide services. Nine states use an in-house model. Maryland Department of Health and Mental Hygiene, Maryland Medicaid Diagnostic Assessment; The Medicaid and CHIP Payment and Access Commission (MACPAC), Medicaid Coverage of Non-Emergency Medical Transportation, May 2019, https://www.macpac.gov/wp-content/uploads/2019/05/Medicaid-Coverage-of-Non-Emergency-Medical-Transportation.pdf

[67] Maryland Department of Health and Mental Hygiene, Maryland Medicaid Diagnostic Assessment of Business Processes and Program Administration.

[68] Maryland Department of Health and Mental Hygiene, Maryland Medicaid Diagnostic Assessment of Business Processes and Program Administration.

[69] Transportation Research Board, State-By-State Profile for Examining the Effects of Non-Emergency Medical Transportation Brokerages on Transportation Coordination.

Map 3. Areas of the County within Three-Quarters of a mile of a WMATA or Ride On Station and Stops

Source. Montgomery County Government Technology and Enterprise Business Solutions.
 + Identifies approximate location of hospitals in the County. Added by OLO using Montgomery County GIS data.
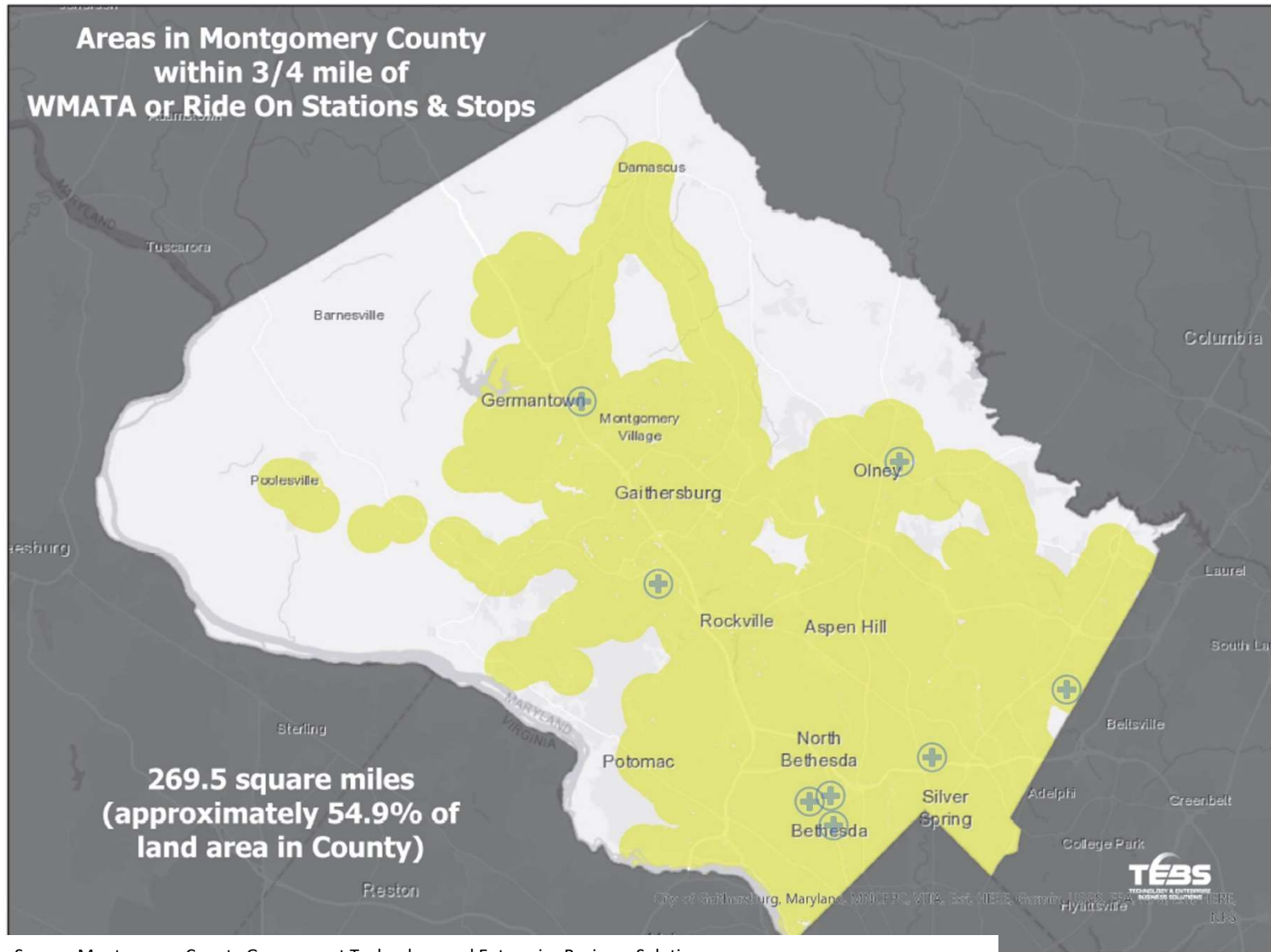
Montgomery County NEMT Administration. Under state law, transportation screening and requests must be completed by a separate entity than the operator who provides the actual transportation. Montgomery County Department of Transportation (MCDOT) manages the NEMT transportation grant and contracts with transportation providers to transport qualified beneficiaries.[70] MCDOT verifies individual Medicaid benefits, determines appropriate mode of transportation, and sends approved trips to transportation providers contracted by the County through an open solicitation procurement process. The primary modes of NEMT transportation used by the County are taxi and wheelchair van service.[71]

Eligibility. To be eligible for NEMT, beneficiaries must provide proof of County residency and medical certification that their health condition or disability prevents the use of public transit.[72] MCDOT tracks data on the number of Medicaid beneficiaries served – providing trips to an average of 2,148 clients per year (Table 10). In FY19, a high of 212 individuals were denied Medicaid NEMT service. MCDOT staff report that individuals may be denied service for several reasons including: not being a Medicaid recipient or County resident; not qualifying for transportation benefits; or services were suspended by the state.[73] If service is denied, MCDOT works to refer the beneficiary to another transportation program as appropriate.

Table 10. Number of Individuals Served or Denied NEMT Trips by MCDOT (FY17-FY21*)[74]

	FY17	FY18	FY19	FY20	FY21*
No. of Unduplicated Beneficiaries Served	2,029	2,298	2,372	2,201	1,842
No. of Individuals Denied Service	128	182	212	96	84

*First three quarters of FY21 (July 2020 through March 2021).
Source: MCDOT

Trip and Expenditure Data. The table on the following page highlights NEMT trip and expenditure data for the County.

- The number of NEMT trips increased 5.8% (4,419 trips) between FY17 and FY19.

- Spending trends indicate a decrease in costs in FY19. Per trip costs decreased $2.76 from FY18 to FY19 and per capital spending declined about $246.00 during the same period.[75]

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[70] U.S. Department of Health and Human Services, Center for Medicare and Medicaid Services, Maryland State Plan Amendment, Attachment 3.1D Non-Emergency Medical Transportation Services, November 2014, https://www.medicaid.gov/sites/default/files/State-resource-center/Medicaid-State-Plan-Amendments/Downloads/MD/MD-14-0009.pdf

[71] Other modes include ambulance and accessible taxi. Metropolitan Washington Council of Governments, Medicaid Transportation Study of Policy and Practices in the Metropolitan Washington Region, August 2018, https://www.mwcog.org/file.aspx?&A=S2P1f6%2F2r1ffEatZ%2ByAJe4Jsbq3smHPZjTDb0nfdyYs%3D

[72] Montgomery County Department of Transportation, Medical Assistance Transportation Program, https://www.montgomerycountymd.gov/DOT-transit/seniors.html; Stakeholder interviews.

[73] Montgomery County Department of Transportation

[74] Montgomery County Department of Transportation

[75] Maryland Department of Health, 2019 Joint Chairman's Report (p. 121) – Report on the Maryland Medical Assistance Program's Non-Emergency Medical Transportation (NEMT) Grant Program, October 3, 2019, https://health.maryland.gov/mmcp/SiteAssets/pages/Reports-and-Publications/NEMTJCRfinal10-19.pdf

The COVID-19 pandemic has led to a decrease in demand, with MCDOT staff reporting a total of 66,621 trips in FY20 and 61,421 in FY21 (July 2020 to March 2021).[76]

Table 11. Medicaid NEMT Trip and Expenditure Data for Montgomery County[77]

Total Number of Paid Trips			Average Cost per Trip			Per Capita Spending*		
FY17	**FY18**	**FY19**	**FY17**	**FY18**	**FY19**	**FY17**	**FY18**	**FY19**
71,808	75,791	76,227	$40.05	$44.26	$41.50	$1,222.80	$1,398.83	$1,152.73

*Per capita spending is based on the total number of Medicaid participants using NEMT in Montgomery County, but the total Medicaid population of the County.
Source: Maryland Department of Health

2. MCDOT Call-N-Ride Program

The Call-N-Ride program provides subsidized taxi trips to medical and/or personal appointments for eligible County residents. Participants are issued a Call-N-Ride swipe card and based on income, pay a reduced fee per $60.00 in value.

Eligibility. Income-eligible older adults (ages 65 and older) and adults with disabilities (ages 18 and older) are eligible to participate in the Call-N-Ride program. Participants must complete an application and provide proof of County residency, age, household income, and if applying due to disability, physician certification of mental or physical disability. Participants must recertify every two years. MCDOT staff report 70% of program participants are older adults.[78]

Trip Eligibility and Participant Cost. Trips must begin and end in Montgomery County, except for medical appointments in approved service areas (e.g., Baltimore, Prince George's County, Northern Virginia, and Northwest Washington, D.C.).[79] Participants must make reservations directly with the taxi companies and destinations cannot be changed from existing reservations. Fares more than $60.00 must receive preapproval and translation services are available.[80]

Taxi rates are set by Montgomery County Division of Transit Services/Taxicab Regulation (See Section C for description of current rates), with a program maximum fare limit of $60.00.[81] For each $60 trip value, eligible participants pay based on sliding scale ($5.25 - $30.00 or $10.50 - $60.00 for a $60.00 or $120.00 value on a swipe card).[82] For example, a one-person household would pay between $5.25 (88% subsidy) to $30.00 (50% subsidy) (Table 12).[83]

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[76] Montgomery County Department of Transportation

[77] Maryland Department of Health, 2019 Joint Chairman's Report (p. 121) – Report on the Maryland Medical Assistance Program's Non-Emergency Medical Transportation (NEMT) Grant Program.

[78] Montgomery County Department of Transportation, Senior/Disabled Transportation Options Outreach, November 18, 2020.

[79] MCDOT, Same Day Access Participant's Guide, https://www.montgomerycountymd.gov/DOT-Transit/Resources/Files/SDA%20Participants'%20guide.pdf

[80] MCDOT, Same Day Access Participant's Guide; Montgomery County Department of Transportation, Senior/Disabled Transportation Options Outreach, November 18, 2020, Engage@HOME - Montgomery County's Transportation Presentation

[81] MCDOT, Same Day Access Participant's Guide.

[82] Montgomery County Department of Health and Human Services.

[83] MCDOT, Call-N-Ride Program, https://www.montgomerycountymd.gov/DOT-Transit/seniors.html#Same-Day-Access

Table 12. Call-N-Ride Subsidy for Family of One

Yearly Income for Family of One	Monthly Cost Per $60 Value
Up to $15,856	$5.25
$15,857 - $21,403	$10.00
$21,404 - $26,951	$20.00
$26,952 - $39,000	$30.00

Source: MCDOT

Call-N-Ride Budget and Impact of Covid-19. Pre-COVID-19, about 11,500 trips were made per month. During the pandemic total trips fell to 8,000 trips per month. MCDOT expanded the program during COVID to provide for essential deliveries (e.g., food banks, restaurants, and grocery stores) via taxicab drivers.[84]

MCDOT received a federal grant total of $554,000 in 2019 to reduce the co-payment. This funding will run through 2022.[85] The FY22 Call-N-Ride program budget is $3,596,773.

3. MCDOT Same Day Access Program

The Same Day Access program provides on-demand, same day taxi trips for eligible County residents. The program operates as part of the Call-N-Ride program, with MCDOT tracking data for both programs together. MCDOT staff report that the programs average 120,000 trips per year to over 5,000 participants.[86]

Eligibility. The Same Day Access program is only available to certified MetroAccess identification card holders (ADA required paratransit program provided by WMATA).[87] Customers must apply and be re-certified to maintain eligibility.

Trip Eligibility and Participant Cost. Trip destinations are not restricted (e.g., customers may travel to medical appointments, pharmacies, and shopping destinations). However, like the Call-N-Ride program, trips must begin and end in Montgomery County, except for medical appointments. The maximum trip cost one-way within the County is $60.00 (includes tip).[88] Destinations cannot be changed and fees more than $60.00 must receive preapproval.[89]

Participants schedule trips directly with participating taxi companies and may request wheelchair accessible taxis. Translation services are available.[90] Participants use a Call-N-Ride swipe card to pay for trips; each month participants qualify to add one payment of $30 for a $60 value (a 50% subsidy) online or via check.[91]

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[84] *Ibid*.

[85] Montgomery County Department of Transportation, Senior/Disabled Transportation Options Outreach, November 18, 2020.

[86] Stakeholder interviews.

[87] MCDOT, Same Day Access Participant's Guide.

[88] *Ibid*.

[89] *Ibid.*

[90] MCDOT, Same Day Access Participant's Guide; Montgomery County Department of Transportation, Senior/Disabled Transportation Options Outreach, November 18, 2020, Engage@HOME - Montgomery County's Transportation Presentation

[91] *Ibid*.

4. MCDOT Ride On Programs

Except for fixed-route service, Ride On does not offer transit directly related to medical appointments. However, Ride On offers free bus service to selected populations, as well as senior transportation programs. Ride On is free for the following riders:

- *Youth* - County youth ages 18 and under ride free on all Ride On bus routes and must present a Youth Cruiser Smart Trip Card.[92] FY22 operating budget expenditures for the Kids Ride Free Program is $1,366,346.[93]

- *Older adults (ages 65 and older) and persons with disabilities* - These populations have access to free rides on all Ride On routes (including the Flex and Flash bus routes) and select Metrobus routes.[94] To be eligible for the program older adults and persons with disabilities must show to the bus operator: a senior SmarTrip card; a reduced fare SmarTrip photo ID card; a Medicare card with a current photo ID; or a MetroAccess card.[95] FY22 operating budget expenditures for the Seniors Ride Free Program (includes persons with disabilities) is $567,300.[96]

Ride On also operates two curbside transportation programs for seniors: (1) a joint program between DHHS and MCDOT Transit Services to transport seniors from 13 senior residences to grocery stores[97] and; (2) the Department of Recreation, DHHS, and MCDOT Transit Services offer transportation to County recreation centers.[98]

Additional Expansion of Services. Stakeholders discussed expansion of the Ride On Flex program and successful vaccine shuttle as areas of opportunity to expand offerings.

- Ride On Flex provides on-demand bus service to transportation hubs, commercial centers, and public services. The program provides corner to corner transportation and utilizes small, 11-passenger buses which can access neighborhood streets. The buses are wheelchair accessible and provide curb-to-curb service for those with disabilities. Currently, the Flex service operates in two zones – Rockville and Glenmont/Wheaton areas.[99] MCDOT Ride On staff report that prior to the pandemic, the most frequent Flex service destination was Metro stations. Stakeholders identified opportunities to increase zones to include medical hubs.[100]

- COVID-19 vaccine shuttles operated by Ride On staff provided busing from the Shady Grove Metro Station to Montgomery College's Germantown Campus. Four buses ran every 15 minutes between the hours of 8am and 5pm (Monday through Friday). Staff report 10 to 15 passengers per day took

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[92] Montgomery County Department of Transportation – Transit Services, Kids Ride Free, https://www.montgomerycountymd.gov/DOT-Transit/kidsridefree/index.html

[93] Montgomery County Department of Transportation.

[94] Montgomery County Department of Transportation – Transit Services, Fares, https://www.montgomerycountymd.gov/DOT-Transit/fares/index.html#passes

[95] Sarah Dilworth, MCDOT Will Offer Free Bus Rides For Seniors and Persons with Disabilities, July 21, 2021, https://www.mymcmedia.org/mcdot-will-offer-free-bus-rides-for-seniors-and-persons-with-disabilities/

[96] Montgomery County Department of Transportation.

[97] Stakeholder interviews.

[98] Stakeholder interviews.

[99] Montgomery County Department of Transportation – Transit Services, Ride On Flex, https://www.montgomerycountymd.gov/dot-transit/flex/

[100] Stakeholder interviews.

advantage of the service.[101] Staff noted that ridership was impacted due to the location of the clinic and duplication of fixed Ride On routes.

5. **Transportation Supports Offered by DHHS Programs**

OLO met with DHHS staff to identify transportation supports offered to clients accessing County health programs/facilities.

Crisis Center. The Crisis Center provides free crisis services 24 hours per day, 365 days per year.[102] There are fixed-route Ride On service stops at the Center and staff offer clients free bus tokens. However, while the Center operates 24/7, staff noted that Ride On fixed-route service hours are limited and operate Monday through Friday, creating a transportation gap.[103] Crisis Center staff can also help to transport residents in crisis to and from the Crisis Center through taxi services. Staff report that there are around 1,000 taxi rides a year and the budget for transportation is $23,234 per year.[104]

Maternal Child Health Programs. The County's Maternal Child Health Programs provide taxi transportation to prenatal visits at a cost of $15.00 to $50.00 round trip (depending on client distance). Staff report some clients may only use this service once or twice, while other clients utilizing free taxi rides for all 10 prenatal visits. The current level of funding covers 75 to 80 rides. [105]

Child Welfare Services (CWS). Each Client Welfare unit is allotted a set number of bus tokens. Each unit's administrative assistant keeps and distributes the tokens as requested for clients.[106] Data in the table on the following page show the number of bus tokens provided by each Child Welfare Service for FY19. In total 1,109 bus tokens were provided across all services.[107] Staff report that the bus token supply is adequate, except for two additional program areas identified by HHS staff:[108]

- Placement Solutions Unit (kids placed in residential placements): Existing token allotment is 36 tokens when demand shows it should be increased to 72.

- Kinship Unit (kids placed with relatives): Existing bus token allotment is 244 tokens. To meet existing clients' needs, the number of tokens needs to increase to 360 tokens.

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[101] Stakeholder interviews.
[102] Montgomery County Department of Health and Human Services, 24 Hour Crisis Center, https://www.montgomerycountymd.gov/HHS-Program/Program.aspx?id=BHCS/BHCS24hrcrisiscenter-p204.html
[103] Stakeholder interviews; Department of Transportation – Transit Services, Ride On Route 63 and 66, available at https://www.montgomerycountymd.gov/dot-transit/routesandschedules/rideonroutes.html
[104] Montgomery County Department of Health and Human Services.
[105] Stakeholder Interviews.
[106] Montgomery County Department of Health and Human Services.
[107] *Ibid*.
[108] *Ibid.*

Table 13. HHS Treatment Section, Bus Token Distribution, FY19

Teams	7/18	8/18	9/18	10/18	11/18	12/18	1/19	2/19	3/19	4/19	5/19	6/19	Total
Family Preservation Unit, Team 1	--	12	--	44	8	--	14	--	--	10	--	4	92
Family Preservation Unit, Team 2	40	15	57	71	45	20	84	35	20	15	--	--	402
Treatment Foster Care	60	30	20	48	40	--	10	10	29	--	42	20	309
Out of Home Services	12	28	30	12	--	--	21	8	12	24	6	17	170
Germantown	--	12	6	10	24	20	12	--	6	4	14	28	136
Adoptions	--	--	--	--	--	--	--	--	--	--	--	--	--
SUBTOTAL	112	97	113	185	117	40	141	53	67	53	62	69	1,109

Source: HHS

Washington Metropolitan Area Transit Authority (WMATA)

In accordance with the Americans with Disabilities Act, Washington Metropolitan Area Transportation Authority (WMATA) operates two paratransit services – MetroAccess and Abilities Ride. WMATA also offers discounted fare programs for adults with disabilities and adults over the age of 65.

6. MetroAccess

MetroAccess is a shared-ride[109] paratransit service that provides scheduled trips for people who are unable to use fixed-route transit due to disability or health condition.[110] MetroAccess rides for Maryland residents are funded by the Maryland Department of Transportation, providing rides for 8,568 County residents.[111]

Eligibility. Individuals, ages 5 and older, who have an ADA-recognized disability and are unable to use fixed-route service, may apply for MetroAccess transportation, regardless of income-level. Applicants must complete an application and undergo a functional assessment conducted by WMATA. [112] There are three levels of eligibility:

- Unconditional Eligibility – disability or health condition always prohibits the customer from using fixed-route transportation (bus or rail) and they qualify for paratransit for all rides;

- Conditional Eligibility – customers may be able to use fixed-route transit for some routes, but need paratransit services for certain trips; or

- Short-term Eligibility – disability of health condition temporarily prevents use of fixed-transit.[113]

Personal care attendants travel free with customers and must be included on the application. Conditionally eligible MetroAccess customers and their personal care attendants ride free on Metrobus and Metrorail, as well as bus service throughout the DC region, including Ride On.

Trip Eligibility and Participant Costs. MetroAccess provides door-to-door service during the hours of operation of Metrorail and Metrobus. MetroAccess customers can access destinations in the following Capital Region jurisdictions - District of Columbia, Montgomery and Prince George's Counties in Maryland, Arlington and Fairfax Counties, and the cities of Alexandria, Fairfax, and Falls Church in Virginia. Pick-up and drop-off locations must be within three-quarters of a mile of a fixed transit stop, like Metrorail and Metrobus. Travel is not limited to medical appointments and rides require advanced scheduling.[114] Map 4 (page 30), shows areas of the County within three-quarters of a mile of a Metrorail and Metrobus stop – about 25% of the County.

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[109] Shared ride means multiple passengers may ride together. Shared rides are resuming in November, https://www.wmata.com/service/accessibility/metro-access/

[110] Washington Metropolitan Area Transportation Authority, MetroAccess Customer Guide, 2021, https://www.wmata.com/service/accessibility/metro-access/upload/MetroAccess-Customer-Guide-2021.pdf

[111] Stakeholder interviews.

[112] Washington Metropolitan Area Transportation Authority, MetroAccess Customer Guide.

[113] *Ibid*.

[114] Washington Metropolitan Area Transportation Authority, MetroAccess Customer Guide; Montgomery County Department of Transportation, Senior/Disabled Transportation Options Outreach, November 18, 2020, Engage@HOME - Montgomery County's Transportation Presentation

Due to the nature of shared-ride service, customers are expected to anticipate travel times upwards of 50% longer than if a personal vehicle was used. Fares are determined by the time of day, trip distance, and fastest mode of transportation, with a maximum fare set at $6.50 per trip (twice the fastest comparable fixed-route fare). Companions may travel with customers if space is reserved, with those five years or older paying full fare.

7. Abilities-Ride

WMATA offers Abilities-Ride, which is a program that provides same-day transportation to registered MetroAccess customers only. Transportation is provided by privately owned and operated companies; Regency Taxi currently serves Montgomery County. Of note, this service was discontinued during the COVID-19 pandemic.[115]

Trip Eligibility and Participant Costs. Abilities-Ride provides direct, private curb-to-curb service in which customers may take up to four trips per day (e.g., a customer may travel to the doctor, pharmacy, grocery store, and the bank). Trips for County residents must begin and end in Maryland. Reservations are not needed, and a personal care attendant may ride free.[116] Customers pay as little as $5.00 per trip, with WMATA paying the next $15.00 in fare. Any remaining fare over $20 is charged to the customer. Customers are provided a fare estimate prior to the trip. [117]

8. Reduced-Fare Programs

WMATA offers two reduced-fare programs. The Reduced Fare SmarTrip Identification Card allows persons with qualified disabilities to ride Metrobus, Metrorail, and other participating transit agencies for half the peak fare.[118] The second program allows adults ages 65+ to purchase a Senior SmarTrip Card, which entitles holders to:[119]

- 50% of peak Metrorail fare;
- $1.00 regular fare on Metrobus routes using cash or SmarTrip;
- $2.10 fare on Express Metrobus routes;
- $3.75 fare on Airport Express Metrobus Routes; and
- Discounted fare on participating bus transit.[120]

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[115] Montgomery County Department of Transportation, Senior/Disabled Transportation Options Outreach, November 18, 2020.

[116] Washington Metropolitan Area Transit Authority, Abilities Ride, https://www.wmata.com/service/accessibility/metro-access/Abilities-Ride.cfm ; Montgomery County Department of Transportation, Senior/Disabled Transportation Options Outreach, November 18, 2020.
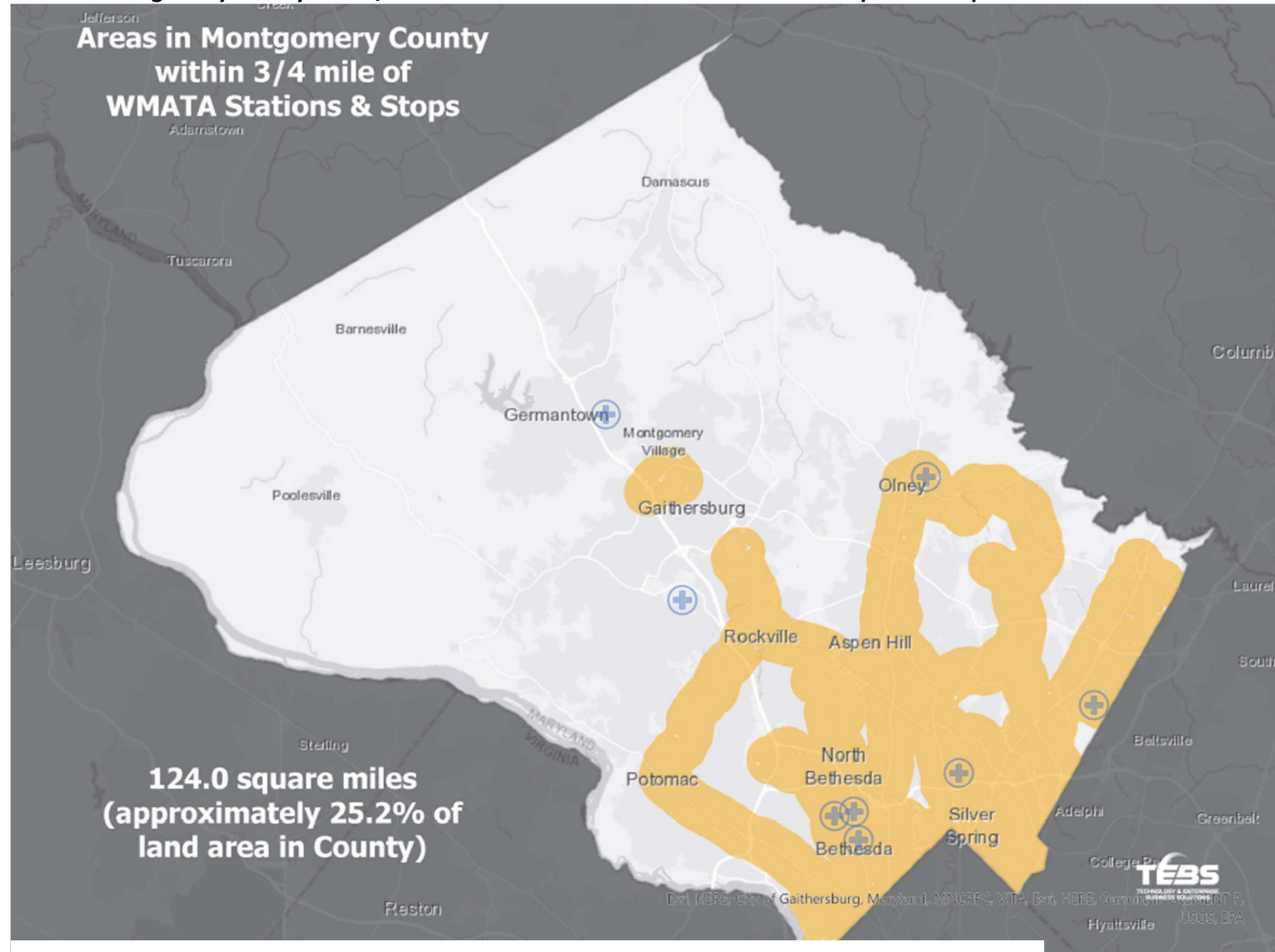
[117] Washington Metropolitan Area Transit Authority, Metro to expand Abilities-Ride program to D.C. and Virginia after successful pilot in Maryland, January 9, 2019, https://www.wmata.com/about/news/Abilities-Ride-Expansion.cfm

[118] Washington Metropolitan Area Transit Authority, Reduced Fare Programs, https://www.wmata.com/fares/reduced.cfm

[119] Washington Metropolitan Area Transit Authority, Reduced Fare Programs.

[120] Includes Alexandria Transit Company, Arlington Transit, CUE Bus System (Fairfax), Loudon County Commuter Bus Service, OmniRide/Potomac Rappahannock Transportation Commission, Ride On Montgomery County, TheBus (Prince George's County) and MTA Bus (Montgomery County).

Map 4. Areas in Montgomery County with 3/4 Mile Radius of WMATA Metro Stations & Stops and Hospital Locations

Source. Montgomery County Government Technology and Enterprise Business Solutions.
+ Identifies approximate location of hospitals in the County. Added by OLO using Montgomery County GIS data.

Non-Profit Organizations

9. The Jewish Council for the Aging of Greater Washington (JCA) Connect-A-Ride Referral Program

JCA operates a free transportation information and referral program that connects eligible participants with public and private transportation resources and programs. Connect-A-Ride does not arrange rides but provides the information needed to do so. [121] Adults ages 50 and over and adults with disabilities (ages 18 and older) may use JCA's referral service.[122] JCA mobility specialists are available from 9am to 5pm, Monday through Friday. JCA staff will assist callers with completing Metro Access and Call-N-Ride applications. JCA also offers travel training programs to assist individuals with how to use public transit.[123] JCA staff will only refer riders to private providers that have commercial liability insurance and are licensed by the Maryland Public Service Commission or the Washington Metro Area Transportation Commission.[124]

JCA received County funding to provide this service totaling $153,860 in FY21.[125] Connect-A-Ride mobility specialists provided 2,996 referrals, assisted 1,233 callers to help seniors find safe, affordable rides.[126]

10. The Jewish Council for the Aging of Greater Washington (JCA) Escorted Transportation Program

JCA operates an Escorted Transportation Program that provides door-to-door service (e.g., the escort stays and waits for the client).[127] Adults ages 50 and over who meet income and disability requirements are eligible to participate [128] and participants must require assistance due to physical, cognitive, and emotional impairment and be unable to travel alone. [129] Participants submit an application which includes residency, medical certification, age, and proof of income (which must be less than $40,000 per year). [130]

The Escorted Transportation Program provides clients with up to three round trips per month (a maximum of 32 trips per year). Trips can be up to three hours in length, longer with preapproval. [131] Destinations can be in Montgomery County or nearby jurisdictions.[132]

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[121] Stakeholder interviews.

[122] MCDOT, Transportation Network Directory for People with Disabilities, and Adults 50+, September 2020, https://www.montgomerycountymd.gov/HHS-Program/Resources/Files/A&D%20Docs/TransportationOptionsforSeniorsandPWD.pdf

[123] Travel training programs were suspended during the COVID-19 pandemic.

[124] Stakeholder interviews.

[125] Montgomery County Office of Management and Budget, Approved FY21 operating budget, https://www.montgomerycountymd.gov/OMB/Resources/Files/omb/pdfs/fy21/psp_pdf/FY2021_Approved_Operating_Budget.pdfhttps://www.montgomerycountymd.gov/OMB/Resources/Files/omb/pdfs/fy21/psp_pdf/FY2021_Approved_Operating_Budget.pdf

[126] JCA, Forty-Seventh Annual Report, November 2020, https://accessjca.org/wp-content/uploads/JCA-Annual-Rpt_2020-web-version.pdf

[127] Stakeholder interviews.

[128] MCDOT, Transportation Network Directory for People with Disabilities, and Adults 50+, September 2020. The program also serves some disabled adults under the age of 50.

[129] JCA, Escorted Transportation, https://accessjca.org/escorted-transportation/

[130] Montgomery County Department of Transportation, Senior/Disabled Transportation Options Outreach, November 18, 2020.

[131] Montgomery County Department of Transportation, Senior/Disabled Transportation Options Outreach, November 18, 2020.

[132] JCA, Escorted Transportation.

JCA's Escorted Transportation Program is County-funded. Program participants pay a sliding scale fee based on income, ranging from $7.00 to $25.00 per trip.[133] The remainder of the trip cost is paid for by the program.[134]

HHS staff report prior to the pandemic, JCA's Escorted Transportation Program contract totaled $128,213.36. [135] Due to the COVID-19 pandemic, the Program's budget was decreased to $84,927 for FY22. JCA staff report that due to the scope of services and ride demand trends, this program will run out of funding in January 2022. [136] The following table provides the number of clients served and rides provided.

Table 14. Escorted Transportation Program Number of Clients and Rides Provided

	FY19	FY20	FY21 (as of May)
Riders	62	73	45
Rides	508	354	204
Cancellations	35	62	54

Source: HHS

11. The Jewish Council for the Aging of Greater Washington (JCA) VillageRides Program

JCA runs the VillageRides program to provide support to the County's Villages[137] and community organizations that offer volunteer transportation services. The program is funded through a County Government Community grant totaling $40,000; the grant helps offset the 20% that JCA must provide as part of their Metropolitan Washington Council of Governments Federal Transportation Authority federal government Enhanced Mobility Grant).[138] VillageRides offers organizations access to a web-based software platform that maintains a database of volunteers and clients, schedules rides, links ride requests to online mapping, and provides performance reports.

Through the program, JCA staff train volunteer drivers and Village organization administrators on a variety of topics including risk and safety of riders, communicating with riders, and offering limited physical assistance to riders. The program also reimburses Villages Organizations for criminal and motor vehicle background screenings for volunteer drivers. Additionally, the program provides branded marketing material including brochures, driver id badges, and car magnets to identify volunteer drivers' cars. [139]

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[133] Montgomery County Department of Transportation, Senior/Disabled Transportation Options Outreach, November 18, 2020,

[134] JCA, Escorted Transportation.

[135] Stakeholder interviews.

[136] Stakeholder interviews.

[137] Villages are a local, volunteer-led, grassroots organizations that aim to support community members who choose to age-in-place.

[138] Stakeholder interviews.

[139] Jewish Council for the Aging, Village Rides Program Description; Stakeholder interviews.

12. Senior Connection Senior Rides Program

Senior Connection offers a free escorted transportation service for seniors. The program provides eligible participants with up to four escorted round trips per month to prescheduled appointments/stops (e.g., medical appointments, pharmacies, senior activities, religious observations, grocery shopping). Eligible participants must be a Montgomery County resident aged 60 or older. Clients must complete an application which includes demographic information, income level, client mobility issues, and mobility devices used.[140] Trips must be scheduled in advance and destinations are limited to Montgomery County unless preapproved. Volunteer drivers provide reminder phone calls and will wait for the rider if round trip is requested. At the time of this report, the service is currently booked two to three weeks in advance. [141]

The service is free to eligible participants. Services provided are largely funded through two contracts with the Department of Health and Human Services.[142] In FY21 the contracts totaled $172,348. [143]

13. Villages

Villages are local, volunteer-led community organizations that help residents age in place.[144] Each Village is unique in its service offerings (social events, transportation, etc.), reflecting the needs of the community.[145] HHS employs a Village Coordinator that helps guide volunteers through the process of starting and sustaining a Village. There are currently 27 Villages in operations, with four in development (shown in the map on the following page). Most Village locations are concentrated down County. [146]

Some Villages have paid staff along with volunteers and charge a membership fee, while other Villages are volunteer-based and are free.[147] For example, dues range from $10.00 to $1,000.00 annually. Stakeholders report that it is time intensive to start a Village program.

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[140] Senior Connection, Senior Rides.

[141] *Ibid*.

[142] Senior Connection, Senior Rides, https://www.seniorconnectionmc.org/our-programs/senior-rides/

[143] Stakeholder interviews.

[144] Department of Health and Human Services, Villages Montgomery County Maryland, https://www.montgomerycountymd.gov/HHS-Program/Resources/Files/A%26D%20Docs/Villages/Village%20Brochure%20FINAL%20for%20PRESS.pdf

[145] Department of Health and Human Services, Villages Montgomery County Maryland.

[146] Department of Health and Human Services, Join a Village and Village Map https://www.montgomerycountymd.gov/HHS-Program/ADS/Villages/villageslist.html

[147] Department of Health and Human Services, What is a Village?, https://www.montgomerycountymd.gov/HHS-Program/ADS/Villages/Villagesindex.html

Map 5. Current Villages Programs in Montgomery County[148]
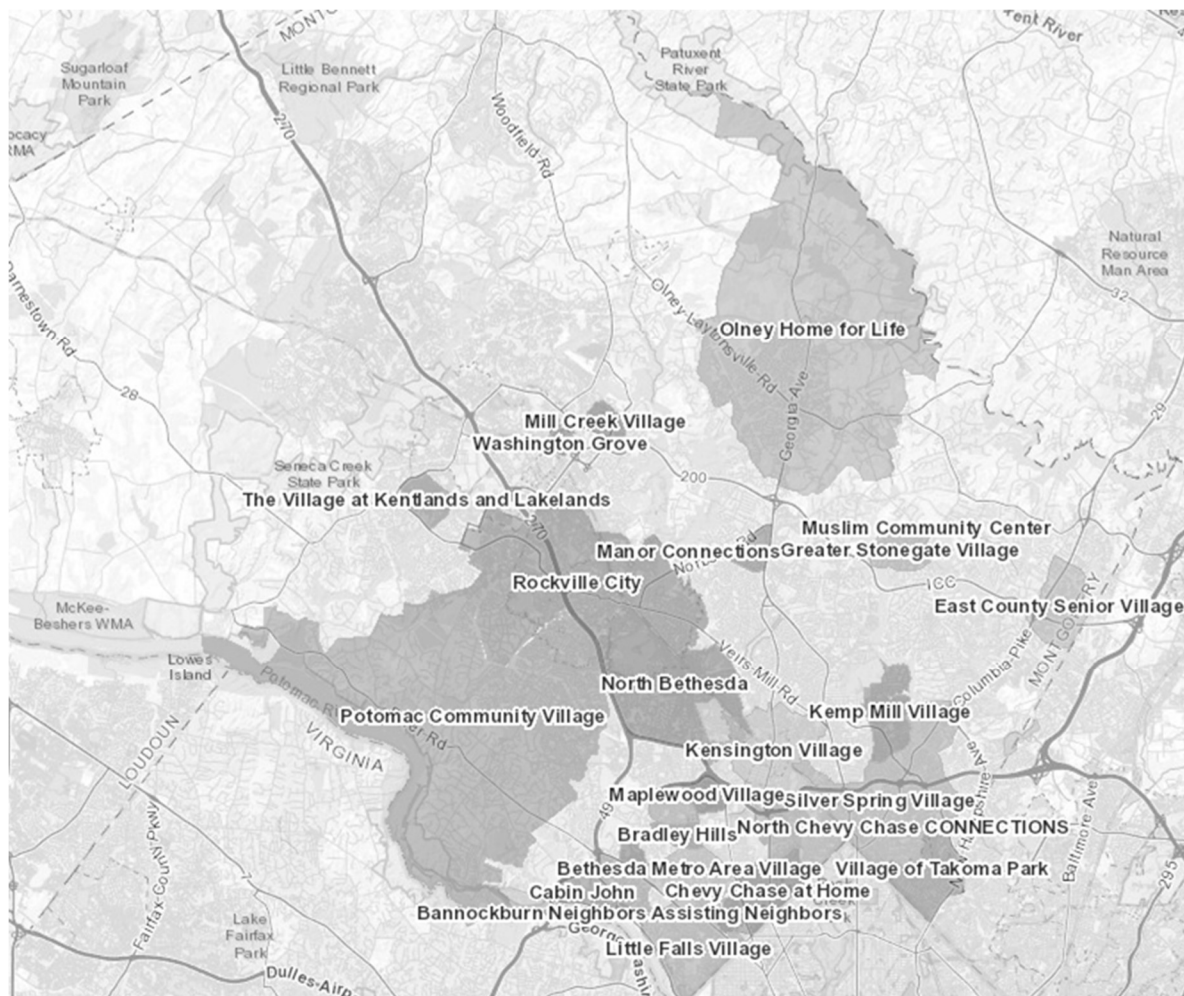
Source: Montgomery County Department of Health and Human Services

14. HELP Organizations

HELP organizations are non-profits that provide an array of basic and financial supports for their communities, which may include transportation services. Montgomery County has seven HELP organizations – Bethesda, Damascus, Gaithersburg, Germantown, Olney, Rockville and Western Upper Montgomery County.[149]

Like the Villages program, not every HELP organization provides transportation services. For organizations that do provide transportation, rides are free of charge (there may be limits on the number of rides per calendar year). They utilize volunteer drivers, require advanced scheduling, and may limit mileage (but trip destinations can be outside of the County). While HELP organizations generally serve older adults or adults with disabilities,

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[148] Montgomery County Department of Health and Human Services, Villages Map, https://www.montgomerycountymd.gov/HHS-Program/ADS/Villages/villagesmap.html

[149] Western Upper Montgomery County serves the area from Frederick County line (northwest) to Potomac River (west/southwest) to Clarksburg and Germantown (east), including the towns of Poolesville, Boyds, Barnesville, Dickerson and Beallsville.

stakeholders noted that if contacted for a ride, volunteers will work to find a ride regardless of age (e.g., transportation to COVID-19 vaccination appointments).

<u>Transportation Data and Impact of COVID-19</u>. Stakeholders noted several pandemic-related impacts including reduced ride requests and number of volunteer drivers available:

- Gaithersburg HELP provided 483 rides to medical and social services appointments in 2020 – 53% of rides provided in 2019.[150] About 80% of volunteer driver declined ride assignments due to COVID-19 risks during this time. To fill the services gap, Gaithersburg HELP utilized taxi rides (50% of rides in 2020 were fulfilled by taxis compared to 40% in 2019).[151] Gaithersburg HELP receives an $8,000 County Government Community grant to help fund transportation.[152]

- Western Upper Montgomery County (WUMCO) HELP provided medical transportation to 104 individual services. In addition to transportation, WUMCO HELP also provides funding for vehicle maintenance (43 individual services) and gasoline (15 individual services).[153]

B. Private Transportation Options

This section discusses private transportation available to County residents, which includes: private driving companies, transportation network companies, and taxicabs, followed by a discussion of the Transportation Services Improvement Fund.

Private Driving Companies. Private companies can provide assisted, escorted, or pick-up/drop-off options for customers. Companies provide assistance in carrying a rider downstairs, using medical or stretcher transportation, and wheelchair accessible vehicles. Trip destinations can include medical appointments, shopping, and out-patient surgery. Rates start at $40.00 per hour with additional charges for escort, mileage, tolls, and waiting at appointments. Companies often require a minimum number of hours per trip. [154]

Transportation Network Companies (TNCs). TNCs (e.g., Uber and Lyft) provide on-demand transportation; riders may request rides 24 hours, 7 days a week and pay for rides via mobile apps. Rates are based on distance, time, base charge and service fee. In Maryland, TNC drivers are required to hold a Transportation Network Operator's License or a Passenger for Hire License by the Public Service Commission; the vehicle must also have a permit authorizing operation. Both Uber and Lyft drivers are required to accept riders who have service animals.[155] Stakeholder feedback regarding TNC service is discussed in Chapter 4.

Taxicab Companies. Taxi companies also provide vital transportation for County residents. The Maryland Public Service Commission regulates the taxi industry, with authority delegated to County Government to regulate

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[150] Gaithersburg HELP, Annual Report 2020, https://www.gaithersburghelp.org/wp-content/uploads/2021/05/annual-report-2020.pdf

[151] Gaithersburg HELP, Annual Report 2020.

[152] Stakeholder interviews

[153] Western Upper Montgomery County, Touching Lives – Clients Served During 2020, https://wumcohelp.org/services

[154] Montgomery County Department of Transportation, Senior/Disabled Transportation Options Outreach, November 18, 2020, Engage@HOME - Montgomery County's Transportation Presentation

[155] Montgomery County Department of Transportation, Transportation Network Directory for Peoples with Disabilities and Adults 50+, September 2020, https://www.montgomerycountymd.gov/HHS-Program/Resources/Files/A&D%20Docs/TransportationOptionsforSeniorsandPWD.pdf

local taxicab service.[156] The County issues licenses for sedans and also wheelchair accessible vehicles that meet ADA requirements.[157] While there is no extra fee charge for accessible vehicles, companies may charge a $1.00 "Personal Storage Fee" for loading luggage, packages, or wheelchairs that are stowed in a non-accessible sedan.[158] All licensed Montgomery County taxicabs charge the same rate.[159] The current rate schedule is included in the following table. Stakeholder feedback regarding taxicab service is discussed in Chapter 4.

Table 15. Taxicab Meter Rate Schedule (Rates for One Passenger)[160]

Description	Rate
Rate for the initial charge	$4.00
For each succeeding one-fourth mile	$ .50
Waiting and Traffic Delay Time	$28/hour
Additional Passengers	$1.00
Personal Service for Loading Items	$1.00
Pick-up and Delivery	$2.00
Snow Emergency - Charge in the event a snow emergency is declared by the state for the County.	$2.50
Service Animal	$0.00
Toll and Surcharges	As Required

Regency Taxi also offers a free Senior Ride Program to residents 70 years or older, which provides rides to the first three callers each day. Rides are for up to 10 miles each way, with one round trip per week per rider. Riders must call by 7am the day before the ride is needed. The program provides up to 100 free rides per month.[161]

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[156] Montgomery County Department of Transportation, Taxi Licensing, https://www.montgomerycountymd.gov/dot-dir/taxi_reg/taxi_user.html

[157] Montgomery County Department of Transportation, Transportation Network Directory for Peoples with Disabilities and Adults 50+.

[158] *Ibid*.

[159] Montgomery County Department of Transportation, Taxi Licensing, Passengers, https://www.montgomerycountymd.gov/DOT-DIR/taxi_reg/taxi_user.html

[160] Montgomery County Department of Transportation, Montgomery County, Maryland Taxicab Meter Rate Schedule, https://www.montgomerycountymd.gov/DOT-DIR/taxi_reg/taximeterrate.html

[161] Montgomery County Department of Transportation, Senior/Disabled Transportation Options Outreach, November 18, 2020.

Transportation Services Improvement Fund (TSIF)

In 2015, the Montgomery County Council enacted Bill 33-15, Taxicabs – Transportation Services Improvement Fund, which imposed a $0.25 surcharge on Transportation Network Companies (TNC) for each trip originating in the County. The TSIF was established to receive and distribute revenue generated.[162] Under the law, funds may be used to:

- Offset the higher operational costs of accessible taxicab services for owners and operators, including vehicle costs associated with purchasing or retrofitting an accessible vehicle, costs associated with receiving training in providing accessible transportation services, and additional time involved in providing accessible taxicab services; **OR**

- Provide incentives for improving or expanding transportation options for persons with disabilities, eligible senior citizens, or persons of limited income.[163]

In 2017, Executive Regulation 1-17 provided guidance about the distribution of funding and established a reimbursement model for MCDOT to distribute money from the TSIF. Over several years, the County Council and the County Executive have modified how TSIFs are distributed. [164]

In 2018, the Council required that the fund be used to expand services, not supplant existing operations.[165] The table on the following page shows fund expenditures. Currently, funds are directed toward these key activities:[166]

- Distributing TSIF to taxicab owners and operators to offset the increased costs of owning and operating accessible vehicles. This includes reimbursing taxicab owners & operators up to $15,000 for purchasing or retrofitting a taxicab vehicle, so it is accessible to individuals who are disabled; and

- Providing incentives for improving or expanding transportation options for eligible seniors, persons with limited income and individuals who are disabled. TSIF are distributed in the following manner:

  - To taxicab drivers as a trip incentive for transporting individuals requiring wheelchair service. Currently, drivers are paid $15 for trips transporting disabled passengers between 6:00 a.m. and 11:59 p.m. and $20 for trips between midnight and 5:59 a.m.;

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[162] Montgomery County Council, Expedited Bill 13-18, Taxicabs – Transportation Services Improvement Fund – Use of Fund, Action Packet, October 16, 2018, https://apps.montgomerycountymd.gov/ccllims/DownloadFilePage?FileName=2565_1_297_Bill_13-18E_Action_20181012.pdf

[163] Montgomery County Code §53-801.

[164] Montgomery County Office Department of Transportation.

[165] Montgomery County Council, Expedited Bill 13-18, Taxicabs – Transportation Services Improvement Fund – Use of Fund, Action Packet.

[166] Montgomery County Department of Transportation.

> **Transportation Services Improvement Fund (TSIF) cont'd.**
>
> o To taxicab drivers who are transporting wheelchair passengers, an incentive of 10 cents per mile; and
>
> o The Call-N-Ride guarantee trip program. Any trip for Call-N-Ride participants that is under $10, the fund will round up the trip to a $10 minimum for the taxicab operator.[167]
>
> There is currently more than $3.5 million in the fund available for use for eligible expenditures.
>
> **Table 16. Transportation Services Improvement Fund Expenditures and Balance[168]**
>
> | Revenue | FY16 | FY17 | FY18 | FY19 | FY20 | FY21 | Total |
> |---|---|---|---|---|---|---|---|
> | Fee | $263,731.63 | $1,295,383.18 | $1,926,205.79 | $2,318,601.54 | $2,396,425.09 | $979,784.75 | $9,180,131.98 |
> | **Expenditures** | | | | | | | |
> | Spent | -- | -- | $68,148.80 | $273,268.10 | $499,836.96 | $296,019.30 | $1,137,273.16 |
> | Encumbered | -- | -- | | | $319,911.74 | $319,911.74 | $319,911.74 |
> | Resolution 18-1144* | -- | -- | $4,146,279.00 | | | $4,146,279.00 | $4,146,279.00 |
> | **Fund Balance** | | | | | | | $3,576,668.08 |
>
> Source: MCDOT; Finance; OLO
> *Resolution 18-1144 appropriated funds to support existing programming freeing funding in the Mass Transit Fund for FY19 only.
>
> *Stakeholder Observations*. Stakeholders report the TSIF is not being used to its fullest potential to increase available transportation options for the three populations identified in the legislation – older adults, persons with disabilities, and persons with low-incomes. Additionally, stakeholders indicated issues with data reporting (e.g., number of accessible taxis available versus types of taxis in-use by drivers) and challenges in securing accessible cabs.[169] Stakeholders identified additional opportunities to fill the fund's mandate:
>
> - Expand income eligibility requirements for MCDOT's Call-N-Ride Program;
>
> - Permit volunteer organizations to apply for funding to purchase accessible vehicles;
>
> - Establish a bus fare fund for County service providers to provide bus token to clients;
>
> - Permit use of funding to provide gas cards for clients to attend appointments; or
>
> - Utilize funds to pay for on-demand rides or use of TNCs when appropriate.[170]

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[167] Montgomery County Department of Transportation.
[168] Montgomery County Department of Transportation, Montgomery County Department of Finance, and OLO. Data provide to OLO in October 2021.
[169] Stakeholder interviews
[170] *Ibid*.

Chapter 4.   Stakeholder-Identified Challenges and Service Gaps

To gain feedback on existing transportation services to medical appointments, OLO conducted interviews with County Government departments, nonprofit organizations, and medical providers. Overall, County residents experience transportation challenges accessing medical services, with the COVID-19 pandemic exacerbating these barriers. Care providers reported that when transportation is offered, clients are more likely to attend appointments.

Overall, transportation to medical appointments can be expensive and time-consuming. Most programs documented in Chapter 3 by stakeholders serve qualified low-income adults and persons with disabilities, who often cannot afford transportation. It is common for many older adults and adults with disabilities who earn too much to qualify for transportation assistance programs, however, don't earn enough to pay for private transportation. Some other stakeholder findings include:

- There is a gap in available services for programs that serve the lifespan of the individual including youth, young adults, adults with children, and working-aged adults.

- Stakeholders noted challenges for individuals in completing program applications (e.g., time intensive, need for forms to be in multiple languages, internet connection).

- Funding was a key limitation noted by multiple stakeholders as transportation programs are costly and time intensive to manage, and funds are often not available before demand is met.

- There is limited flexibility to secure optimal transportation options due to existing procurement contracts (e.g., purchase gas cards, pay for personal vehicle maintenance, ride sharing).

This chapter summarizes stakeholder feedback, organized into three topic areas: impact on medical care providers/organizations, public and private transportation, and geographical barriers.

1. **Medical Care Providers and Volunteer Organizations**

The following highlights central challenges faced by care providers and volunteer organizations.

Accessing existing programs. Care providers reported a lack of knowledge and/or difficulty accessing existing transportation solutions for eligible patients. Specifically:

- Clients accessing Medicaid benefits report difficulty connecting with MCDOT staff, who must approve and arrange transportation services.

- Medicaid transportation requests must be faxed, with forms routinely denied for errors (which must be fixed by connecting with Department staff and/or resubmitting the application).

- MCDOT staff are not available nights and weekends when care providers often need to transport patients.

- Care providers report that medical transportation companies servicing hospitals may not be approved County vendors. These circumstances result in high transportation costs for hospitals and other care providers who must pay to transport patients to other hospitals, rehabilitation centers, or mental health facilities.

Recruiting volunteer drivers, increasing vehicle availability, and obtaining liability insurance. Organizations that offer transportation primarily rely on volunteer drivers, often older adults, to transport clients.
Prior to 2020, volunteer driver recruitment was a challenge for many organizations. The COVID-19 pandemic amplified these recruitment challenges and as ride demand returned, volunteer drivers did not return due to personal health concerns. As a result, waitlists for rides are several weeks long.

In addition, volunteer programs rely on personal vehicles and may not offer accessible vehicles and physical assistance. This limits the number of clients an organization can serve. Stakeholders noted potential opportunities to purchase wheelchair accessible vehicles or create a car share program with County vehicles to increase availability.

Another issue is the prohibitive cost of liability insurance for small volunteer organizations, affecting the ability of an organization to offer transportation. For example, the average cost of insurance for a Villages organization is between $1,700 and $2,000 per year per organization, with costs being higher for programs that have employees.[171] Stakeholders identified opportunities to provide an umbrella insurance policy to reduce costs.

2.   **Public and Private Transportation Providers**

Stakeholders reported several challenges related to accessing public and private transportation.

Numerous challenges exist for riders accessing County bus service for travel to medical appointments.
Specifically, stakeholders identified the following transit barriers (table on the following page). The resulting impact of these barriers is forgone/delayed medical care, especially for working adults with limited or no sick leave. Stakeholders report that transit is not just a challenge for residents seeking medical care, but for any resident needing transport to adult daycare centers, food distribution sites, mental health centers, grocery stores, and pharmacies.

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[171] Department of Health and Human Services, Village Guide: Risk Management and Liability Concerns, https://www.montgomerycountymd.gov/HHS-Program/Resources/Files/A%26D%20Docs/Villages/Risk%20Management%20Liability%20Concerns%20.pdf

Table 17. County Bus Service Barriers to Accessing Medical Care

Trip Length and Route Options	• Public transit trips may take half-day to full-day to access care, depending on patient and facility location • Patients may need to take multiple buses, each way, to facility location • Lack of 24-hour bus service impacts access to the County Crisis Center and hospitals • Bus routes may only offer rush hour service which limits ability to access care mid-day, particularly for rural residents
Bus Stops	• Walking distance between closest bus stop and care facility may be too long for patients to manage (ex. 20-minute walk between stop and facility) • Bus stop access may impact safety of patients using transit (e.g., length of time to cross the street, no sidewalks available or stop is along busy highway) • Bus stop accessibility may be difficult for vulnerable patients (e.g., lack of benches or covered seating)
Other	• Cost of bus service is prohibitive for low-income individuals • Limited access of bus times electronic boards at County health sites (e.g., Crisis Center) limit accessibility for riders

Navigating the public transit network can be difficult for residents with disabilities, not feeling well, or experiencing mental health challenges. Patients using public transit must be able to navigate the system to obtain care. For some, public transit can be overstimulating and difficult to navigate. Additionally, some patients with mental health issues, including suicidal thoughts, may be at risk to themselves or others and therefore need private transportation. However, stakeholders report that these populations may have few transportation alternatives due to a lack of programming, costs, or safety concerns.

Clients and providers experience mixed results with taxicab service quality. Stakeholders report that regulated taxi companies increase rider safety compared to transportation network companies, like Uber and Lyft. However, stakeholders reported several issues with use of taxicabs to access appointments and related services.

- **Timeliness**. Care providers reported high passenger wait times for taxi service, in part due to fewer drivers. Examples include Crisis Center and prenatal services clients waiting two to three hours for taxi transportation due to lack of availability.

- **Accessibility.** Stakeholders report issues securing accessible taxi vehicles. Although customers request an accessible vehicle at the time of the reservation, there are cases in which the taxi driver arrives in a non-accessible vehicle (e.g., minivan) and/or relies on the customer to know how to safely enter/exit an unknown vehicle. Additionally, like Uber and Lyft, stakeholders identified examples of taxi drivers being unfamiliar with Americans with Disability Act and denying transportation to riders with service animals.

- **Fares**. Taxicab fares may be cost prohibitive for certain populations, including residents in rural areas. While taxi companies do offer reduced fare/no fare ride programs, these programs have maximum trip mileage. For residents in areas like Poolesville, many facilities are outside of the permitted range, leaving residents without access to these programs.

Transportation Network Companies (TNCs) are not a one-size fits all approach. While TNCs, like Uber and Lyft, provide expedited service compared to taxis, providers and users report several challenges:

- **Safety.** Uber and Lyft drivers are not regulated and vetted like taxi drivers. For some patients, an unknown driver may present risks, particularly for anyone experiencing a crisis.

- **Accessibility.** Like public transit, riders must be intellectually and physically capable of using on-demand ride services. Similarly, patients undergoing medical treatments, like dialysis, may be physically incapable of managing rides (including booking, organizing, managing drop-off and return). Stakeholders reported additional challenges with TNCs and use of personal vehicles, including compliance with the Americans with Disabilities Act.

- **Ride Service Apps.** Stakeholders report on-demand ride apps are difficult for segments of the County's population. In practice, County Government staff report that Uber gift cards were not well received by clients because of app registration requirements (e.g., banking requirements, credit cards).

- **Service Area**. Stakeholders report limited availability of TNCs in rural areas of the County, including number of available drivers. Rural patients report last minute cancellations by drivers, resulting in patients either cancelling the appointment or finding alternate transportation. Providers report that companies may also place geographic limitations on programs. For example, Manna Food received free rides for clients from Lyft during the pandemic to food distribution sites. However, clients in areas like Damascus were excluded from the ride vouchers.

- **County Procurement**. Care providers note that current procurement regulations and contracts do not permit the use of funds to purchase TNC rides, even if this is the most preferred option for the client.

3. **Geographical Barriers**

Geographic location greatly impacts available transportation options, particularly in less developed areas. Stakeholders identified the following areas with inadequate transportation services: (1) Up-County (e.g., Germantown, Damascus, Clarksburg); (2) rural areas in western and northern Montgomery County (e.g., Poolesville and Beallsville); (3) areas in mid- and eastern Montgomery County (e.g., Olney, Aspen Hill, Wheaton, and Four Corners); and (4) north-eastern Montgomery County (e.g., Burtonsville). For these areas, the number of care providers are limited, particularly specialists, making travel essential. Compounding fewer providers, these geographic areas have more limited public transit options, including fewer routes or the lack of mid-day service.

Stakeholders indicate that residents living in these areas are more likely to own cars. However, many vulnerable clients have financial difficulty affording fuel, vehicle maintenance, or may be unable to drive to appointments due to road congestion. There are limited volunteer programs to fill these transportation gaps for residents needing to access care. For clients of County-run healthcare programs facing these geographic challenges, staff report sending taxis for round trip travel as it is not possible for staff to purchase gas cards due to procurement limitations.

Cross-County or between jurisdictions for medical services. Stakeholders indicate that patients encounter multiple and magnified transportation challenges when crossing the County for medical services. This can also be impacted by insurance coverage – programs and care might be only available through insurance in certain areas of the County, but if transportation to that facility is time-consuming, costly, or not possible, access becomes limited.

- **Cross-County**. Bus routes may only offer rush hour service, require multiple transfers, or lack convenient bus stops at medical hubs. Stakeholders caution that these issues are not limited to accessing medical appointments but extend to commuting for employment and schooling.

- **Cross-Jurisdiction**. Stakeholders identified that residents often seek specialist care in neighboring jurisdictions due to type of care required or geographic proximity. However, many medical transportation programs may have distance limitations or limit access to County-based providers only. To bridge this gap, patients may depend on family/friends, volunteer organizations, or navigate multiple transit systems, which often take all day.

Chapter 5.   Medical Transportation Programs in Other Jurisdictions

OLO researched programs in other jurisdictions to better understand how communities are working to address transportation barriers. OLO found that programs focus on providing transportation services to targeted populations. This chapter highlights programs in other jurisdictions and is organized by transportation barrier or population served:

- **Section A,** Programs that Assist Vulnerable Populations
    - *Transportation Disadvantage Program (FL)*
    - *Moving UpStream Program, Los Angeles (CA)*
    - *Wheels to Wellness, Tri-County Council for Southern Maryland*
    - *Upstate New York Transportation Programs*
- **Section B**, Targeted Medical Needs
    - *Boston Medical Center Refugee Women's Health Clinic, Boston (MA)*
    - *Go Buffalo Mom, Buffalo (NY)*
    - *Baby on Board Program, Cleveland (OH)*
    - *IT Curves, Ride to Wellness Pilot (MD)*

The chapter concludes with a summary of the adoption of Ride Technology and Transportation Network Companies (TNCs) (Section C).

A.   Programs that Assist Vulnerable Populations

This section provides an overview of numerous programs throughout the country that focus on providing transportation support to low-income populations, patients with language barriers or patients of vulnerable legal status and/or rural patients.

Case Study: Transportation Disadvantaged Program (FL). Overseen by the State of Florida's Commission for the Transportation Disadvantaged, the Transportation Disadvantaged Program established coordinated policies and funding to address transportation barriers encountered by four population subsets – children-at-risk, older adults, persons with disabilities, and people on low-incomes. The Program provides coordinated transportation to medical appointments, employment, educational activities, and other life sustaining services for individuals who cannot obtain transportation due to age, disability, or income.[172]

Each county assigns a community transportation coordinator who ensures services are provided to disadvantaged populations.[173] Duties include operating a call center, determining transportation eligibility, scheduling trips, and invoicing local government agencies which purchase transportation for clients.[174] The local coordinating board assists coordinators by identifying service needs and how to best coordinate and provide transportation.[175]

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[172] Florida State Senate, CS/HB 551, House of Representatives Staff Analysis, January 30, 2020, https://www.flsenate.gov/Session/Bill/2020/551/Analyses/h0551b.SAC.PDF

[173] Florida State Senate, CS/HB 551, House of Representatives Staff Analysis.

[174] Broward Metropolitan Planning Organization, Transportation Disadvantaged Local Coordinating Board Member Guidebook, January 2018, https://www.browardmpo.org/images/WhatWeDo/20171213-lcbmemberguidebook.pdf.

[175] Florida State Senate, CS/HB 551, House of Representatives Staff Analysis.

Every five years, counties develop transportation disadvantaged plans in concert with the transportation coordinator, local coordinating board, and respective planning agency. Plans are submitted to the state and include a service area profile with population forecasts, an assessment of needs and barriers to coordination, a public participation component, goals/objectives/strategies, and service plans and costs. Each plan designates agencies (e.g., local government departments) that may purchase transportation on behalf of clients. Transportation operators may also directly bill agencies for services provided.[176] Plans are updated annually to ensure goals/needs are met and agency resources are available.[177]

The state-wide program is primarily funded through a trust fund which subsidizes counties' transportation costs. The largest source of fund revenue is a $1.50 fee on each motor vehicle tag registration. In FY20, the Florida State Legislature appropriated $65.6 million in revenue through the trust fund.[178] Counties primarily use funding to assist with ADA paratransit costs and provide free/reduced cost fixed-route service. The following table highlights how three counties use program funding to increase transportation services.

Table 18. Examples Transportation Disadvantaged Program Components

Manatee County	• Unlimited number of bus rides per month with a $15 co-payment (per rider).
	• Handy Bus Service provides door-to-door service for transportation disadvantaged clients with disabilities. Medical appointment trips occur Monday through Friday and non-medical trips may occur Tuesdays and Thursdays. Reservations are required and the service prioritizes trips for dialysis, school, work, and acute needs.[179]
Pinellas County	• Provides a 10-day consecutive bus pass for $5.00 or a 31-day unlimited pass for $11.00 to individuals with income levels at 150% or below the Federal poverty guidelines.
	• Clients who have jobs that end between 9pm and 6am may add-on a Late Shift pass for $9.00 (with the purchase of a 31-day pass). The add-on entitles riders to 25 on-demand trips per month to and from work when bus service is not available.
	• Any client (with a transportation disadvantage bus pass) who has a life-sustaining trip, may secure one on-demand trip per month for $3.00.[180]

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[176] Florida Commission for the Transportation Disadvantaged, TD 101, A Comprehensive Overview of the Transportation Disadvantage Program, January 29, 2020, https://ctd.fdot.gov/docs/AboutUsDocs/TD101-AnIntrotoFlaCoordSystem09172019.ppt
[177] Florida Commission for the Transportation Disadvantaged, TD 101, A Comprehensive Overview of the Transportation Disadvantage Program.
[178] Florida State Senate, CS/HB 551, House of Representatives Staff Analysis.
[179] Manatee County Transportation Disadvantaged Program, https://www.mymanatee.org/UserFiles/Servers/Server_7588306/File/Departments/MCAT/Riding%20MCAT/Transportation%20Disadvantaged/Transportation-Disadvantaged-brochure-100620.pdf; Manatee County Area Transit, Handy Bus System, https://www.mymanatee.org/departments/mcat/riding_mcat/handy_bus_system; Manatee County Area Transit, Transportation Disadvantaged, https://www.mymanatee.org/departments/mcat/riding_mcat/transportation_disadvantaged
[180] Pinellas County Transportation Disadvantaged Program, https://www.psta.net/programs/td-transportation-disadvantaged/

Broward County	• Provides a free 31-day bus pass to anyone meeting transportation disadvantage qualifications.
	• Program sets eligible income level at 225% of the federal guidelines ($59,625 for a family of four)[181]

Case Study: Moving UpStream and the Kheir Clinic (CA).   Moving UpStream is an 18-month project funded by Cedars Sinai and health clinics in Los Angeles (Clinica Romero, Kheir Clinic, Planned Parenthood Pasadena and San Gabriel Valley, and T.H.E. Health and Wellness Centers). The project explores opportunities to reduce transportation barriers to healthcare access. Specific transportation barriers in Los Angeles include:

- Driver anxiety due to congested highways and roads;

- Patient discomfort using ride share services with unknown drivers because of safety issues, language concerns, or cultural concerns;

- Public transportation may be inconvenient, unreliable, time-consuming, intimidating, unsafe, and unhygienic;

- Patient anxiety using public transit due to language barriers or legal status; and

- Transfers on public transit may be difficult for riders with disabilities or language barriers.

One example of the Moving UpStream program is the Kheir Clinic, a medical facility that serves a predominantly Korean residents. The program uses a personal van to transport seniors, those with language barriers, and patients with vulnerable legal status. The Clinic will also use Uber to provide additional rides. Uber was an effective supplement to van service because staff can coordinate transportation for a vast number of clients who speak a language other than English. The van service accommodates 15 to 20 round trips per day and 10 to 15 Uber rides per day.[182]

Case Study: Wheels to Wellness, Tri-County Council for Southern Maryland. Started in 2018, Wheels to Wellness is a partnership between the Tri-County Council for Southern Maryland, The Arc of Southern Maryland, the Center for Life Enrichment and hospitals in St. Mary's and Calvert Counties. The program recently received a grant to expand to Charles County. This program addresses sporadic bus schedules in rural communities which result in patients delaying care or missing an entire day of work for a medical appointment.[183]

The program provides free, on-demand transportation to medical appointments for elderly, disabled, and low-income patients, who reside beyond Medicaid's distance requirement to use fixed-route service. Rides are coordinated by The Arc of Southern Maryland, which relays requests to the appropriate providers.[184] The program utilizes drivers who transport developmentally disabled adults.[185] Drivers selected for the program are

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[181] Broward County, Transportation Disadvantaged Bus Pass Program, https://www.broward.org/BCT/Documents/Services/TDBPapp.pdf
[182] Center for Care Innovations, Transportation: A Barrier to Good Health in Los Angeles, May 4, 2020, https://www.careinnovations.org/resources/transportation-a-barrier-to-good-health-in-los-angeles/
[183] MedStar Health, Improving Access to Care by providing "Wheels to Wellness," MedStar Health's 2019 Report to the Community, https://ct1.medstarhealth.org/content/uploads/sites/8/2017/07/6999-2002_MedStar_Hospital_Report_2020-MGUH.pdf
[184] Tri-County Council for Southern Maryland, Wheels to Wellness Recognized by Health Quality Innovators, November 22, 2019, https://www.thebaynet.com/articles/1119/wheels-for-wellness-recognized-by-health-quality-innovators.html
[185] Stakeholder interviews.

licensed, pass background checks, receive training in emergency protocols, and have knowledge on how to transport patients in wheelchairs.[186] Wheels to Wellness partnered with healthcare providers in Maryland that use CRISP, State Designated Health Information Exchange in Maryland, to determine healthcare performance measures.[187] On average the program provides 154 rides per month – servicing 54 unique individuals and traveling 1,687 miles. Data show that there is a $6.30 return on investment for every dollar spent on providing medical transportation through this program.[188]

Case Studies: Transportation Programs in Upstate New York. Transportation barriers to medical appointments are exacerbated in Upstate New York due to geography and low-population density. The following table highlights three programs that are working to increase transportation options. [189]

Table 19. Upstate New York Transportation Programs

Program	Eligibility	Transportation Provided
Uplift Warren Washington	• Persons discharged from hospital in last 30 days	• Transports patients to destinations not covered by Medicaid, including grocery stores, pharmacies, social services appointments, and support groups.
Rides to Healthier Strides	• Medicaid beneficiaries • Persons at risk for becoming Asset limited, Income Constrained, Employed Household*	• The program provides travel training, transportation vouchers, and gas cards. • Trips to grocery stores, job interviews, and treatment and recovery centers are included.
St. Lawrence County Access to Care	• Medicaid beneficiaries	• A patient's social worker, primary care provider, or someone connected to the client's care must approve trips. • Covered trips are to non-Medicaid approved destinations, including grocery stores and pharmacies, early parenting classes, disease management classes, exercise classes, continuing education classes, and work. • The program operates a first mile/last mile volunteer driver program to transport individuals to the nearest bus station.

Source: Adirondack Health Initiative
*Asset Limited, Income Constrained, Employed (ALICE) households have income above the Federal Poverty Level but below the cost of living for an area (United Way of Frederick County, ALICE: A Study of Financial Hardship, https://www.unitedwayfrederick.org/sites/unitedwayfrederick.org/files/ALICEreportforfrederick.pdf)

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[186] Stakeholder interviews; Health Quality Innovators, HQI Announces 2019 Health Quality Innovators for Maryland, November 19, 2019, https://www.hqi.solutions/news/hqi-announces-2019-health-quality-innovators-for-maryland/
[187] Stakeholder interviews.
[188] Wheels to Wellness, Presentation to Metropolitan Washington Council of Governments, Coordinating Human Service Providers and Non-Emergency Medical Transportation, October 6, 2020.
[189] Adirondack Health Institute, Transportation Programs Provide Rides to Good Health, https://ahihealth.org/transportation-programs-provide-rides-to-good-health/; NY Connects, Uplift Warren Washington, https://www.nyconnects.ny.gov/services/uplift-warren-washington-7795 ; Susan Mende, New Program provides free rides for low income St. Lawrence county residents, July 29, 2019, NNY 360, https://www.nny360.com/news/stlawrencecounty/new-program-provides-free-rides-for-low-income-st-lawrence-county-residents/article_4a219464-8fcf-5e78-8f82-ad66a0a6705e.html

B. Targeted Medical Needs

This section provides information on examples of transportation programs that provide services for specific medical needs - women/mothers and dialysis patients.

Case Studies: Increasing Transportation Options for Women's Health Appointments. OLO found several programs that assist women and mothers with accessing health appointments. Results from these programs show that regular access to transportation decreased appointment no-show rates and increased revenue for care providers.

- Boston Medical Center Refugee Women's Health Clinic (Boston, MA). The clinic provides care to refugees, asylum-seekers, and recent immigrants. The clinic had a chronic appointment no-show rate of 30% due to many patients living in neighborhoods that were not well-connected with transit. Travel time via public transit averaged 71-minutes one-way to the clinic. The clinic launched a pilot with Uber Health to provide rides to women who indicated transportation challenges during gynecological visits. Care providers schedule rides for the patients and were able to track trips in real time. Women using the service did not need to download the Uber App and were provided ride updates via text. The appointment no-show rate for the pilot dropped six percent. The pilot ran for eight months with a total grant cost of $2,033 and generated $30,337 in hospital revenue.[190]

- Go Buffalo Mom (Buffalo, NY). The City of Buffalo had an 11.6% pre-term birthrate, the highest of any major city in New York. About 27% of women in Buffalo do not receive prenatal care during the first trimester, often due to transportation barriers. The United Way of Buffalo and Erie County partnered with Buffalo Niagara Regional Transportation Council to jointly serve about 300 participants with an annual budget of $300,000.[191] Transportation navigators meet with moms during their first prenatal appointment, conduct a transportation needs assessment, and develop an individual transit plan (e.g., bus, taxi, rideshare). The goal of this meeting is to determine the most affordable and efficient way for women to travel to appointments, include delivery.[192] Women receive travel vouchers to cover the cost of trips to appointments and other needs.[193]

- Baby on Board Program (Cleveland, OH). Women are primary users of public transit in Cleveland. Three city zip codes have an infant mortality rate of about 28%.[194] The program provides free weekly bus passes to pregnant mothers or new mothers with children ages zero to one and their families (including fathers). The program is a partnership between the Greater Cleveland Regional Transit Authority and Cuyahoga County Board of Health and is grant funded by the Ohio Department of Transportation to run this program. Grant funding will also upgrade bus shelters in the three zip codes to include larger shelters, solar lighting, and additional seating for families.[195]

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[190] Meryl Bailey, Uber Health Decreases No-Shows in Clinic for Refugee Women, December 13, 2019, https://healthcity.bmc.org/research/uber-health-decreases-no-shows-clinic-refugee-women

[191] Health Outreach Partners, Rides to Wellness Community Scan, 2017, https://outreach-partners.org/wp-content/uploads/2017/06/FTA-Comm-Profiles-2.pdf ; Peter Kates, Go Buffalo Mom, Buffalo Health Living, September 2, 2019, https://buffalohealthyliving.com/go-buffalo-mom/

[192] Health Outreach Partners, Rides to Wellness Community Scan.

[193] Go Buffalo Mom, Buffalo Health Living, September 2, 2019.

[194] Tiarra Braddock, RTA to Provide Free Transit Passes to New Moms To Reduce Infant Mortality, January 27, 2021, Cleveland 19News, https://www.cleveland19.com/2021/01/27/rta-provide-free-transit-passes-new-expectant-mothers-under-new-program-aimed-reducing-infant-mortality/

[195] Greater Cleveland Regional Transit Authority, Next Stop: Baby on Board, http://www.riderta.com/BabyOnBoard

Case Study: IT Curves Rides to Health Pilot Program. End State Renal Disease (ESRD) is a condition that requires a significant amount of transportation for treatment. Typical dialysis treatments require three trips to facilities per week, about 12 hours of treatment in total. [196] The Transportation Research Board identified three categories of transportation barriers for these patients.[197]

Table 20. Dialysis Treatments Transportation Barriers[198]

Patients	Dialysis Facilities	Public Transportation Agencies
• Unreliable transportation • Extended wait times • Late arrivals shorten treatment times • Post-treatment return trip is long • Ride no-shows or cancellations result in missed appointments	• Dialysis trips on ADA paratransit cannot be prioritized • Medicaid transportation is unreliable • Public transit agencies hours are inadequate • Provider arrives late to pick patients up post-appointment • Cost of transportation is expensive if not subsidized	• Rising demand and costs for dialysis trips impact ability to serve other trips • Scheduling is an issue as patients may not be ready or dialysis centers change appointment times • Trip coordination is nonexistent • Dialysis patients require extra care beyond what public transit can provide

Source: Transportation Research Board

The IT Curves Rides to Health Pilot Program (Maryland) offers a one-stop platform for dialysis transportation coordination. The centralized management system allows:

- Patients to apply for funding, make reservations, track and manage trips, and pay and rate the trip provider.

- Transportation providers to view and accept trips, track and manage rides, accept payment, and provide trip feedback.

- Dialysis facilities to make ride reservations, track rides to dialysis centers, and receive ride feedback.

- Funding agencies to process online client applications, approve ride eligibility, set trip eligibility rules, and provide ride payment.[199]

The pilot started in Fall 2021 and is funded as part of a federal grant award administered by the Metropolitan Washington Council of Governments. The pilot will run eight months and assist 200 patients with a total of 3,000 trips. Pilot goals include increased trip satisfaction, increased ease of scheduling, and reduction of late arrivals. Data will be collected throughout the pilot from riders, transportation providers, dialysis centers, and public agencies.[200]

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[196] Transportation Research Board, Dialysis Transportation: The Intersection of Transportation and Healthcare.
[197] *Ibid*.
[198] *Ibid*.
[199] Stakeholder interviews; IT Curves, Rides to Health Presentation to OLO, June 11, 2021
[200] *Ibid*.

C. Adoption of Ride Technology and Transportation Network Companies

Research found that the most common intervention to reduce transportation barriers is leveraging transportation network companies (TNCs), like Uber and Lyft. [201] Insurers, like Blue Cross Blue Shield and Cigna, are partnering with TNCs to provide non-emergency rides to medical appointments. [202] Benefits to care providers include reserving and tracking patients' trips, recording billing statements, and sending trip reminders. However, research is mixed as to the effectiveness of using TNCs to access medical appointments. While one study found decreased use of ambulance transportation in cities with UberX, researchers at the University of Pennsylvania found that offering free Lyft rides to medical appointments did not decrease appointment no-show rates.[203]

Digital Divide. Ride sharing users are typically younger, have higher levels of education, are less diverse than the general public, and have access to online banking and smartphones. In terms of equity, expanding these programs to serve transportation disadvantaged populations requires further study to ensure effectiveness. A study conducted by AARP in conjunction with RAND and the Urbanism Next Center found that "those with more limitations (physical, cognitive, multiple disabilities, financial, technology access/understanding) or specific transportation needs (transportation that accommodates mobility aids, low-income, rural location) often do not fit into the current new mobility business models."[204] For example, for older adults and persons with disabilities, transportation barriers can occur throughout the TNC trip, particularly pre- and post-ride since many TNC services focus on curb-to-curb service:

- "Identifying the vehicle if one does not have a smartphone;
- Orienting oneself at drop off;
- Getting to the curb cut if using a walker or wheelchair;
- Stowing bags or mobility aids;
- Safely getting out of or into vehicles, especially when there are approaching vehicles/bicycles; and
- Finding the front door or correct door at a more complex facility, such as a hospital or shopping center."[205]

According to researchers, addressing this divide will require funding and coordination between paratransit providers, microtransit, and TNCs. Without advanced coordination and policies, the application of these challenges will continue as new mobility modes are introduced, like autonomous vehicles.[206]

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[201] Mary K. Wolfe and Noreen C. McDonald, Innovative Health Care Mobility Services in the U.S., BMC Public Health 20, 906 (2020), https://bmcpublichealth.biomedcentral.com/articles/10.1186/s12889-020-08803-5

[202] Mary K. Wolfe and Noreen C. McDonald, Innovative Health Care Mobility Services in the U.S.

[203] *Ibid*.

[204] Laura Fraade-Blanar, Nico Larco, Ryan Best, Tiffany Swift, and Marjory S. Blumenthal, Older Adults, New Mobility, and Automated Vehicles, AARP Policy Center, RAND Corporation, and the Urbanism Next Center at the University of Oregon, February 2021, https://www.aarp.org/content/dam/aarp/ppi/2021/02/older-adults-new-mobility-automated-vehicles.doi.10.26419-2Fppi.00132.001.pdf

[205] Laura Fraade-Blanar, Nico Larco, Ryan Best, Tiffany Swift, and Marjory S. Blumenthal, Older Adults, New Mobility, and Automated Vehicles.

[206] *Ibid*.

Case Study: West County Health Centers and Hitch Health (California). West County Health Centers (WCHC) provide comprehensive care to patients in western Sonoma County, California. Eighty percent of the WCHC's patients live at or below the federal poverty guidelines, in rural communities, and lack access to reliable transportation. WCHC partnered with Hitch Health, a technology platform developed by Hennepin County Medical Center that utilizes Lyft drivers.[207]

Upon scheduling an appointment, Hitch Health sends patients an SMS text message offering a roundtrip ride to the appointment. Patients do not need a smart phone or Lyft account. If a patient accepts the ride, text reminders are sent, and the system provides clinic staff updates on the patient's arrival. When the appointment is over, the patient sends another text, and a driver arrives to provide transport home. The entire process is automated and does not involve management by frontline medical staff.

The program received mixed results, with success dependent on geographic location. One clinic located 40 miles from the concentration of Lyft drivers had drivers consistently cancel appointment trips. The rural geographic location posed significant barriers to Lyft service and program operators stopped the service to this clinic.[208] Alternatively, WCHC found that Hitch Health worked well for homeless patients via an on-demand feature which allowed drivers to transport patients immediately, rather than for scheduled appointments. This feature increased service efficiencies and the quality of care received for homeless residents.[209]

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[207] Center for Care Innovations, Case Study: A Transportation Solution for Rural Communities, February 28, 2019, https://www.careinnovations.org/resources/case-study-a-transportation-solution-for-rural-communities/
[208] Center for Care Innovations, Case Study: A Transportation Solution for Rural Communities.
[209] *Ibid*.

Chapter 6.   OLO Findings and Recommendations

Access to transportation is necessary to receive ongoing healthcare. Missed medical appointments result in interrupted care, especially for those patients with chronic diseases which require regular physician visits, medication access, and routine changes to treatment plans. It is estimated that 5.8 million Americans delay medical care due to transportation barriers. In addition, missed medical appointments can have a health and economic impact on both patients and healthcare providers. Although researchers have not isolated the cost of missed appointments due to transportation barriers specifically, missed medical appointments in general cost the U.S. healthcare system more than $150.0 million per year, with individual physicians losing up to $200.00 for each unused appointment slot.

Many communities, like Montgomery County, operate numerous programs to address transportation barriers to increase access to medical appointments. This Office of Legislative Oversight (OLO) Report responds to the Council's request for information on transportation barriers in the County, existing transportation programs, data on populations at greater risk for experiencing transportation barriers, and summary of programs operating in other jurisdictions. This chapter summarizes the major findings and OLO's recommendations for Council action.

FINDINGS

Finding #1.   **Research shows persons facing transportation barriers are more likely to be older, of low-income, less educated, female, and People of Color. Similar findings exist in the County.**

Researchers found the disadvantaged groups who face elevated health risks are also more likely to experience transportation barriers in accessing care, specifically, they are more likely to be older, of low-income, less educated, female, and People of Color. Stakeholders in Montgomery County identified similar populations who experience transportation barriers to medical appointments:

- Persons in Communities of Color;
- Persons with Limited English Proficiency;
- Persons with low-incomes;
- Older Adults (ages 65 and older);

- Children, including those in foster care;
- Persons experiencing homelessness;
- Persons living with chronic illness; and
- Persons living with disabilities.

OLO also reviewed data from the U.S. Census, OLO Report 2019-7, Racial Equity Profile Montgomery County, and Health Montgomery. Data show:

- White residents have a higher percentage of population over the age of 65 (20.6%) compared to all other racial and ethnic groups. Comparatively Black and Latinx residents have a higher percentage of population under the age of 18;

- Across most categories, data show low-income, People of Color in Montgomery County have a higher percentage of population more vulnerable to transportation barriers than White residents;

- Black and Latinx children are more likely to live in poverty compared to White and Asian; and

- Black and Latinx residents are more likely to have chronic health conditions which require routine and emergency care as well as lead to higher morbidity rates.

Finding #2.   **Patients who walk or use public transit to access medical care are less likely to establish routine care and more likely to miss appointments.**

Research shows people who have access to a personal vehicle or a vehicle through family and friends are more likely to use healthcare services, establish routine care, and less likely to miss appointments. Data for the County suggests that those without access to a vehicle are more likely to be a Person of Color, low-income, or non-English speaking:

- **No-Vehicle Access**. U.S. Census data show that around 7% of households in Montgomery County do not have access to a private vehicle or vehicle access via family members or friends. The data show that: (1) Black households are about three times more likely to have zero vehicles available for use (11.3%) compared to other racial/ethnic groups; (2) almost one-quarter of households in the County earning less than $25,000 annually are zero-vehicle households; and (3) 16.9% of limited English-speaking households are zero-vehicle households; compared to 6.8% of English-speaking households.

- **Ride On Ridership**. OLO Report 2020-10 reviewed Ride On ridership statistics and found that Black, Indigenous, or people of color (BIPOC) residents were more likely to take public transit compared to White residents in the County (78% of customers). The report also found that 42% of customers spoke a language other than English at home and 47% of customers reported an annual household income of less than $30,000.

Finding #3.   **Geography can pose transportation barriers for both urban and rural residents in the County.**

Rural residents without private vehicle access face transportation barriers due to lack of transportation options, cost of transit, and availability of and distance to medical providers. Comparatively, short distance to a medical facility in an urban area may pose significant barriers to a patient who cannot afford public transit or must walk to the appointment.

OLO examined three- and five- minute drive times to area hospitals (using a personal vehicle) and found much of the County is geographically outside three- and five- minute drive times from area hospitals. If populations in these areas rely on public transit, trip length and times can be detrimental to accessing care.

Related to geographic drive times, the U.S. Health Resources and Services Administration (HRSA) tracks data on Health Professional Shortage Areas (HPSA) – areas with a shortage of medical professionals. HRSA data show three areas in Montgomery County are designated as HPSAs. Residents in these areas who are low-income or Medicaid Eligible would be required to travel farther for care due to a lack of providers.

Table 21. HRSA Designated Health Professional Shortage Areas in Montgomery County, 2021

Geographic Area	Practice Type	Population Served	No. of FTEs Needed
Gaithersburg and Germantown	Primary Care	Low-Income	3.25
Southeast Montgomery County	Primary Care	Low-Income	4.31
Central Kensington Wheaton	Primary Care	Medicaid Eligible	2.82
	Dental Care	Medicaid Eligible	3.39
	Mental Health	Medicaid Eligible	1.07

Source: U.S. HRSA

Finding #4. **Existing County programs overwhelmingly target low-income older adults and adults with disabilities and are often income or geographically restricted. As a result, residents who do not meet eligibility requirements are often left with few transportation options.**

OLO met with County Government staff, care providers, and community stakeholders to identify existing medical transportation programs in the County. Most programs offered by County Government and area non-profits target two populations – low-income older adults (ages 65 and older) or persons living with disabilities. Stakeholders report there is a gap in available services for programs that serve the lifespan of the individual including youth, young adults, adults with children, and working-aged adults. Further, it is common for many older adults' and adults with disabilities to earn too much to qualify for transportation assistance programs, but not enough to pay for private transportation.

Table 22. Percent of Older Adults and Persons Living with Disabilities in Montgomery County, 2019

	White	Asian	Black	Latinx	Other
Age					
Over 65+	20.6%	16.3%	11.1%	7.3%	6.6%
Health					
With a Disability	9.8%	7.6%	10.1%	5.7%	5.8%

Source: U.S. Census; OLO Report 2019-9

Finding #5. **Volunteer and non-profit organizations fill critical transportation gaps in the County. However, these organizations face difficulty with volunteer recruitment, vehicle accessibility, and liability insurance.**

Stakeholders report that volunteer driver programs work to fill gaps in County-provided programs – serving residents that exceed program eligibility requirements, live geographically outside program service areas, or require transportation outside of Montgomery County. However, these organizations rely on volunteers, often older adults. Historical volunteer recruitment challenges have been exacerbated by the COVID-19 pandemic and, as a result, waitlists for rides is often several weeks long.

Opportunities to expand volunteers' programs are also limited due to vehicle accessibility and cost of liability insurance. Volunteer programs rely on personal vehicles which are often not accessible by riders requiring physical assistance or wheelchairs. This limits the number of clients these programs can serve. Additionally, the prohibitive cost of liability for small volunteer organizations affects an organization's ability to offer transportation services.

Finding #6.   **Relying on public and private transit commutes to medical appointments can be time consuming and expensive for County residents.**

Stakeholders reported several challenges related to accessing public and private transportation. The resulting impact of these barriers is forgone/delayed medical care, especially for working adults with limited or no sick leave. Some specific feedback includes:

- **County Bus Service.** County bus services poses numerous problems for patients: (1) public bus transit trips may take half-day to full-day to access care or require multiple buses, depending on patient and facility location; (2) there is a lack of 24-hour bus service or limited non-rush hour service; (3) bus service is cost-prohibitive for low-income individuals; and (4) bus stop access and accessibility may make it difficult for vulnerable patients to use the existing network.

- **Taxicab Services.** Stakeholders report mixed results with taxicab service quality including two to three hours wait time for transportation due to lack of availability, difficulty securing accessible taxis, and cost prohibitive taxi fares (particularly for residents in rural areas).

- **Transportation Network Companies (TNCs).** TNCs (like Uber or Lyft) may provide expediated service for patients; however, drivers are not regulated and vetted like taxi drivers. The apps associated with these services may be difficult to navigate or require user banking information. Further, stakeholders report limited availability of TNCs in rural areas of the County. These patients report last minute cancellations by drivers, resulting in patients either cancelling the appointment or finding alternate transportation.

In addition, County Government stakeholders reported limited flexibility due to existing procurement regulations to purchase TNC rides and gas cards for residents with private vehicles, even if this is the most preferred transportation options for the client.

Finding #7.   **The County's Transportation Services Improvement Fund (TSIF) was established to expand transportation options for low-income, disabled, and older County residents. Stakeholders report the fund is underutilized, and opportunities exist to leverage available dollars.**

In 2015, the Montgomery County Council enacted Bill 33-15, Taxicabs – Transportation Services Improvement Fund, which imposes a $0.25 surcharge on transportation network companies (TNC) for each trip originating in the County. The Transportation Services Improvement Fund (TSIF) was established to receive and distribute revenue generated. Under the law, funds may be used to:

- Offset the higher operational costs of accessible taxicab services for owners and operators; or

- Provide incentives for improving or expanding transportation options for persons with disabilities, eligible senior citizens, or persons of limited income.

In 2018, the Council required the fund be used to expand services, not supplant existing operations. There is currently more than $3.5 million in the fund available for use for eligible expenditures.

Table 23. Transportation Services Improvement Fund Expenditures and Balance

Revenue	FY16	FY17	FY18	FY19	FY20	FY21	Total
Fee	$263,731.63	$1,295,383.18	$1,926,205.79	$2,318,601.54	$2,396,425.09	$979,784.75	$9,180,131.98
Expenditures							
Spent	--	--	$68,148.80	$273,268.10	$499,836.96	$296,019.30	$1,137,273.16
Encumbered	--	--			$319,911.74	$319,911.74	$319,911.74
Resolution 18-1144*	--	--	$4,146,279.00			$4,146,279.00	$4,146,279.00
Fund Balance							$3,576,668.08

Source: MCDOT; Finance; OLO.
*Resolution 18-1144 appropriated funds to support existing programming freeing funding in the Mass Transit Fund for FY19 only.

Stakeholders report the TSIF is not used to its fullest potential to increase available transportation options for the intended populations. Stakeholders identified additional opportunities to fill the fund's mandate:

- Expand income eligibility requirements for MCDOT's Call-N-Ride Program;

- Permit volunteer organizations to apply for funding to purchase accessible vehicles;

- Establish a bus fare fund for County service providers to provide bus token to clients;

- Permit the use of funding to provide gas cards for clients to attend appointments; or

- Utilize funds to pay for on-demand rides or use of TNCs when appropriate.

Finding #8. **Other jurisdictions seeking to expand medical transportation services focus on providing services to targeted populations.**

OLO researched programs in other jurisdictions to better understand how communities are working to address transportation barriers. OLO found that programs are often narrowly targeted to address transportation needs of specific populations, including vulnerable populations or specific medical needs. The following presents a summary of programming options OLO found in other jurisdictions.

Programs that Assist Vulnerable Populations

- Free or reduced cost monthly bus passes, including a set number of on-demand rides for individuals with lower-incomes

- Shared van services specifically for seniors, those with language barriers, and vulnerable legal status

- On-demand transportation for rural residents without fixed-route service

- Purchase of gas cards or vehicle maintenance funding for individuals with private vehicles but are not able to afford costs to attend appointments

- First mile/last mile transportation to public transit stations

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Targeted Medical Needs

- Uber rides to access women's health appointments for patients without or limited fixed route transit service

- Free bus passes to pregnant women and women with young children

- On demand transportation and ride schedule for individuals living with chronic illnesses and requiring frequent, reliable service to medical appointments

- Use of transportation network companies by healthcare centers to provide and track rides for patients without smartphone access

<u>**RECOMMENDATIONS**</u>

Recommendation #1. **The Council should coordinate with the Executive Branch to review the Transportation Services Improvement Fund and how to optimize surcharges to close medical transportation gaps in the County.**

The Transportation Services Improvement Fund exists to provide a dedicated source of funding to offset operational costs of accessible taxicab services and to expand transportation options for persons with disabilities, eligible senior citizens, or persons of limited income. Stakeholders report the fund is not being optimized to address transportation gaps in the County. Staff should work to review how the fund is currently used and examine opportunities for expanded uses.

Recommendation #2. **Request the County Executive identify and evaluate potential changes to programs and services that address transportation barriers to medical appointments for vulnerable populations.**

There are several potential changes to the County's existing programs addressing transportation barriers that could further assist vulnerable populations. The Council should ask the Executive to complete the following actions to lessen transportation barriers:

- *Examine stakeholder-identified public transit barriers to medical appointments as part of the Department of Transportation Ride On Reimagine Study.* Stakeholders identified numerous challenges for residents requiring bus service to access medical appointments, including few routes, rush-hour only service, and no mid-day service or 24-hour service. The Department of Transportation is conducting a Ride On Reimagine Study which will evaluate routes, bus stop amenities, etc. As part of this study, staff should leverage key report findings to improve transit to medical hubs in the County for vulnerable populations.

- *Review available data for County social service programs to determine whether the demand for programs/services that address transportation barriers is being met.* Stakeholders report that transportation benefits are well received and reduce appointment no-show rates. However, funds are often extinguished before demand is satisfied; for example, some programs have a sufficient supply of bus tokens while others report demonstrated need. Additionally, staff reported a lack of flexibility to utilize diverse service options to meet clients' needs (taxicab, transportation network companies, gas cards, and bus tokens). Staff should work to review existing social service programs to determine need, funding constraints, and opportunities to expand services.

- *Leverage existing partnerships with hospitals and care providers to expand opportunities that address the diversified transportation needs of the County.* Funding was a key barrier identified by County staff and volunteer organizations to expanding transportation benefits and programs. Programs in other jurisdictions leverage partnerships between government departments, care providers, and other entities to pilot and expand transportation services. The County could evaluate joint funding opportunities to increase options for patients at greater risk of experiencing transportation barriers.

Chapter 7.   Agency Comments

The Office of Legislative Oversight (OLO) shared final drafts of this report with staff from Montgomery County Government. OLO appreciates the time taken by agency staff to review the draft report and to provide technical feedback. This final report incorporates technical corrections and feedback received from agency staff.

The written comments received from the Montgomery County Chief Administrative Officer are attached in their entirety on the following pages.

OFFICE OF THE COUNTY EXECUTIVE

Marc Elrich
County Executive

Richard S. Madaleno
Chief Administrative Officer

M E M O R A N D U M

October 27, 2021

TO: Chris Cihlar, Director
               Office of Legislative Oversight

FROM: Richard S. Madaleno, Chief Administrative Officer

SUBJECT: Draft OLO Report 2021-11: Transportation Barriers to Medical Appointments

Thank you for the opportunity to comment on the Office of Legislative Oversight's (OLO) Report 2021-11: Transportation Barriers to Medical Appointments. The County Executive and I recognize the crucial role transportation plays in accessing healthcare and in improving overall health outcomes. We know that having access to a variety of transportation options to get to health care facilities, obtain social services, and engage in personal activities such as grocery shopping is vital to ensure the health and wellbeing of our residents, especially the most vulnerable residents underscored in the OLO report.

The draft report included the following recommendations.

Recommendation #1: The Council should coordinate with the Executive Branch to review the Transportation Services Improvement Fund and how to optimize surcharges to close medical transportation gaps in the County.

CAO Response: We agree with this recommendation. The Montgomery County Departments of Transportation (MCDOT) and Health and Human Services (DHHS) will work with other stakeholders, including key Boards, Committees and Commissions, to explore ways of using the Transportation Services Improvement Funds (TSIF) to improve transportation access to medical facilities for older adults, persons with disabilities, and those with low-incomes. We recognize, as emphasized in the OLO Report, that more can be done to address the transportation needs of low-income youth, young adults, adults with children, and working-aged adults who experience transportation barriers to medical care, social services, and personal activities of daily living. MCDOT and DHHS will work together to examine current strategies and devise innovative, efficient, and effective strategies to use the TSIF to offer client-centered public and private transportation services to address the transportation needs of low-income youth, young adults, adults with children, and working-aged adults.

Recommendation #2: Request that the County Executive identify and evaluate potential changes to programs and services that address transportation barriers to medical appointments for vulnerable populations.

This recommendation includes the following additional recommendations of the Council:
- Request that the County Executive examine stakeholder-identified public transit barriers to medical appointments as part of the Department of Transportation Ride On Reimagine Study.
- Request that the County Executive review available data for County social services programs to determine whether the demand for programs/services that address transportation barriers is being met.
- Request that the County Executive leverage existing partnerships with hospitals and care providers to expand opportunities that address the diversified transportation needs of the County.

CAO Response: We agree with these recommendations. MCDOT will ensure that the Ride On Reimagined scope of work includes an examination of public transit barriers to medical appointments. We also agree with the report's emphasis on the Executive Branch providing flexibility in transportation options (taxicab, transportation network companies, gas cards, bus tokens, etc.) to meet the personal transportation preferences of low-income County residents needing to access medical care and social services throughout the County. The Office of Procurement, MCDOT, and DHHS will collaborate to review available data and examine current procurement regulations and contracts to ensure that the availability of public and private transportation offerings that are client centered. The OLO Report clearly presents the research that underscores the disparities that exist when vulnerable County residents do not have accessible transportation to attend medical appointments. Through strong existing partnerships, DHHS and MCDOT will work collaboratively with the County's hospitals and care providers to examine innovative, efficient, and effective strategies to address the transportation needs of vulnerable, at-risk patients experiencing transportation barriers in accessing medical care and social services, as well as personal activities such as going to the grocery store or pharmacy.

 We look forward to discussing these items at the Council session.

cc: Fariba Kassiri, Deputy Chief Administrative Officer
       Earl Stoddard, Assistant Chief Administrative Officer
       Jake Weissmann, Assistant Chief Administrative Officer
       Chris Conklin, Director, Department of Transportation
       Raymond Crowel, Director, Department of Health and Human Services
       Ken Hartman, Director of Strategic Partnerships, Office of the County Executive

Appendix A. Percent and Characteristics of Zero-Vehicle Households in Montgomery County, 2019

Table 2-1. Household Size

Size	# of Households	# of Zero-Vehicle Households	Percent
Single-person Household	94,586	17,003	18.0%
Multi-person Household	274,312	11,162	4.1%
Not Classified	22,126	--	--
Total	**391,024**	**28,165**	**7.6%**

Source: OLO. U.S. Census American Community Survey, 2019

Notes: Multi-person household is 2 or more people

Table 2-2. Household Income

Size	# of Households	# of Zero-Vehicle Households	Percent
Above $108K	185,314	5,227	2.8%
Less than $108K	180,197	21,317	11.8%
Less than $25K	*32,310*	*7,861*	*24.3%*
$25K to $108K	147,887	13,456	9.1%
Other	25,513	1,621	6.4%
Total	**391,024**	**28,165**	**42.6%**

Source: OLO. U.S. Census American Community Survey, 2019

Notes: Federal Poverty Level for Maryland in 2019 for a family of four was $25,100; https://www.peoples-law.org/federal-poverty-guidelines; Median household income for Montgomery County was $108,820; https://www.census.gov/quickfacts/montgomerycountymaryland

Table 2-3 Renter- or Owner-Occupied

Size	# of Households	# of Zero-Vehicle Households	Percent
Renter-Occupied	128,026	20,460	16.0%
Owner-Occupied/Other	262,998	7,705	2.9%
Total	**391,024**	**28,165**	**7.2%**

Source: OLO. U.S. Census American Community Survey, 2019

Table 2-4. Limited English-Speaking Households

Size	# of Households	# of Zero-Vehicle Households	Percent
Limited English Proficiency	28,799	4,873	16.9%
Non-Limited English Proficiency	340,099	23,292	6.8%
Not Classified	22,126	--	--
Total	**391,024**	**28,165**	**7.2%**

Source: OLO. U.S. Census American Community Survey, 2019