
COMMON GROUND

A lessons learned white paper on coordinating Medicaid and Pierce Transit ADA Transportation

The purpose of the Common Ground demonstration project was to assess and demonstrate potential efficiencies if Pierce Transit ADA and Medicaid eligible passenger's trips were scheduled together on the same vehicle within common service areas.

The project objective was to group "on paper" the trips common to both programs provided to clients of a specific Adult Day Health Center and then analyze the cost benefits, if any. If the results were favorable, the trips would be grouped, and cost savings realized.

Project Accomplishments

A significant accomplishment for this project has been the agreement on a cost allocation model – a mechanism to share the costs and savings of grouping trips. In addition, the partners identified avenues to share trip information while upholding privacy requirements. These two agreements took several years of work, with a beneficial side effect of establishing a positive working relationship between the two agencies.

The project also answered several project questions:

- Pierce Transit trips can be routed efficiently with Paratransit Services, Inc. trips.
- Pierce Transit non-ambulatory (wheelchair) trips appear to be more cost effective; Paratransit Services, Inc ambulatory trips appear to be more cost effective. This was only a one-way test with trips from Pierce Transit being blended with Paratransit Services trips. In order to get a true measure of cost effectiveness of sharing trips the reverse process would need to be tested.
- According to the Adult Day Health site, the clients transported by Paratransit Services usually attended for the medical component of their service, which meant many of the clients needed hand-to-hand or door-to-door transportation. Pierce Transit's clients normally attended the social component and were more ambulatory and needed less assistance.

Project Challenges

The Common Ground project encountered many challenges. The following is documentation of the lessons learned to date:

- **Cost Allocation has to be automated:** While the project workgroup was able to successfully agree upon a fair and equitable cost allocation formula, the actual implementation of the formula is labor intensive. To implement the cost allocation formula on a comprehensive basis, the formula algorithm must be automated.
- **Need adequate and appropriate staff resources:** This project was started without appropriately allocating the necessary staff and responsibilities needed to do the work. Like many coordination activities, the tasks were expected to be accomplished on top of existing workloads when time permitted. Time and expertise is needed from a variety of skill areas, including technology, consumer service representatives, policy makers and managers, and eventually dispatchers.
- **Pulling trips from comprehensive system not evaluated:** In order to manage the scope, the initial design of the project was to group common trips to a specific adult day health location. In retrospect,

this approach did not support current operating practices of Paratransit Services, Inc. or Pierce Transit. Both agencies group trips within their own agencies. When the project pulled riders going to specific destinations, an accurate analysis would have to evaluate the impact on the entire system, not just the project trips. Further efforts will need to redesign the scope of work to include a comprehensive system analysis.

- **Trips have to go both ways:** The preliminary analysis was conducted by Paratransit Services, Inc. Given the project methodology, it would have been more cost efficient for the agency to shift approximately 2/3 of their ADH trips to Pierce Transit SHUTTLE. Given the large dispatching system implementation that Pierce Transit was undergoing, they were unable to conduct the reverse analysis to evaluate the cost efficiency of shifting trips from Pierce Transit to Paratransit Services. Shifting trips to just one agency could have a negative impact on the quality and capacity of transportation providers throughout both programs. Any further efforts will need to allocate trips to the lowest cost provider, shifting Medicaid trips to SHUTTLE providers and SHUTTLE trips to Medicaid providers.
- **Different Service Levels:** Medicaid and Pierce Transit SHUTTLE have varying service levels. Medicaid trips provide passengers with assistance **through** the door of the destination. SHUTTLE trips provide passengers with assistance **to** the door of the destination, including assistance up or down one step (which exceeds the requirements of the American with Disabilities Act). These differing services levels add confusion for riders when shifting trips between providers.

Recommendations

The following recommendations were developed by the Common Ground workgroup for presentation to the executive sponsors. Based on the above lessons learned, the workgroup recommends:

1. Table Project & Watch

The workgroup recommends the project to be tabled, at least for the time being. Two key elements are necessary for the Common Ground project to be revived; 1) automation of the cost allocation formula and 2) significant funding and staff resources. Several activities on this front should be watched closely. A current ACCT project is funding an automated cost allocation formula in Yakima County. Other software vendors may also respond to the demand for a more flexible billing system. In addition, the federal government has shown heightened interest in projects that coordinate transportation especially between Medicaid and transit agencies. Federal funding opportunities may arise in the future for this project.

2. Revised Scope of Work

If funding opportunities avail themselves and automation of the PCCTC cost allocation formula is realized, the project workgroup recommends that a revised scope of work be developed that includes a comprehensive impact analysis of grouping appropriate trips on both systems.

3. Implement - Maybe

While there is a belief that cost efficiencies can be achieved by both agencies, there are no guarantees the findings of the impact analysis will be positive. If the results are favorable, then and only then, would the workgroup recommend implementing the grouping of Medicaid and Pierce Transit trips.