



ROBERT L. COWLES

Wisconsin State Senator, 2nd Senate District

STANDING COMMITTEES:

Natural Resources & Energy, Chair
Transportation & Local Government, Vice-Chair
Economic Development & Technical Colleges

Testimony on 2023 Senate Bill 856

Senator Robert Cowles

Senate Committee on Transportation and Local Government

February 6, 2024

Thank you, Chairman Tomczyk and fellow Committee Members, for allowing me to testify on Senate Bill 856. This bill would create a specialized transit pilot program through the Departments of Health Services (DHS) and Transportation, streamlining an approach to both support patients receiving critical transit assistance and lower administrative costs for the state. This bill was brought to our attention by concerned constituents with accommodation needs.

Under this bill, aging and disability resource centers (ADRCs) can create a position or contract with mobility managers to coordinate specialized transit cases. DHS would be able to submit a waiver to federal officials so that persons enrolling in specialized, non-emergency medical transit (NEMT) can also receive certain transportation support to a secondary, non-homebound location. For example, a person who requests a ride to a doctor's appointment would also be able to book transportation to the grocery store, their place of work, or other locations to help them meet their daily needs. NEMT would still cover the state-contracted portion of the total transit, while coordinated providers would be allowed to receive reimbursement for the non-medical purposes of travel at the same cost rate. Through this combination, transit care recipients would save time and money on scheduling their transportation, and we believe that the state would also lower its own expenses in administering the program.

The pilot program established under SB 856 would allow coordination between NEMT and other providers of specialized transit, such as programs assisting long-term care patients, veterans, and additional federal, state, local programs supporting the elderly or disabled, and non-drivers. By placing all of these programs under one local collaborative entity, the process of organizing specialized transit will be streamlined for intended beneficiaries across Wisconsin.

By creating this pilot program and allowing specialized transit care recipients to combine several trips into one, DHS and DOT can analyze data and potential cost savings should the program be considered for future implementation on a wider scale. Senate Bill 856 will not only help patients receiving specialized transit get additional support as they go about their daily lives, but streamline organizational processes to lower costs for those who need it most.



SHAE SORTWELL

STATE REPRESENTATIVE • 2nd ASSEMBLY DISTRICT

Hearing Testimony
Senate Committee on Transportation and Local Government
February 6, 2024
Senate Bill 856

Chairman Tomczyk and members of the Senate Committee on Transportation and Local Government – Thank you for giving me the opportunity to speak on Senate Bill 856, relating to specialized transportation assistance pilot program.

Last session, when I visited Options for Independent Living in Green Bay, a significant concern they brought to my attention was transportation for our elders and those with disabilities, particularly as current law does not allow trips to the doctor and the grocery store, for instance, to be combined into a single trip. If this could be done, it would save volunteer time and taxpayer money and be more convenient for those using the service. The relationship between current Wisconsin and federal law on Medicare and Medicaid would not allow this to happen. Senator Cowles and I are looking to fix this problem with this legislation by streamlining the organizational processes of the agencies and stakeholders within this system.

SB 856 would require DHS and DOT to create a specialized transit pilot program. This program, organized through ADRCs, would create or contract with mobility managers to establish specialized transportation arrangements for people who require such accommodations. By combining the oversight of nonemergency medical transportation (NEMT) with other forms of specialized transit, the process of organizing specialized transit will be streamlined for its intended beneficiaries.

SB 856 would then allow persons enrolling in NEMT to receive transportation support for non-NEMT purposes on the same trip they would go to an appointment or get a prescription. DHS would still cover the NEMT portion of their transit, and providers would be allowed to receive reimbursement for the non-NEMT purposes of travel at the same rate. This would help care recipients save money and time on scheduling transportation, while also allowing the state to lower its own expenses in administering the programs.

I want to thank the committee for your time and consideration. I am happy to answer any questions members of the committee may have.



State of Wisconsin
Department of Health Services

Tony Evers, Governor
Kirsten L. Johnson, Secretary

TO: Members of the Senate Committee on Transportation and Local Government

FROM: HJ Waukau, Legislative Director

DATE: February 6, 2024

RE: SB 856 relating to: specialized transportation assistance pilot program

The Wisconsin Department of Health Services (DHS) would like to submit testimony for information only on Senate Bill 856 (SB 856) regarding the creation of specialized transportation pilot programs. SB 856 would require DHS to create and establish a specialized transportation assistance pilot program to be administered across three separate state regions; and allow DHS to use existing appropriations to fund the pilots. The pilots would be administered through aging and disability resource centers (ADRCs) to either contract or coordinate with specialized transit services for individuals in need of those services. ADRCs would be allowed to include transportation coordination as a part of their overall service coordination efforts. Any ADRC that participates in the pilot program would have to submit annual reports to both DHS and the Department of Transportation (DOT) on the number of people served by the pilot and the effect on access. DHS and DOT would also be required to submit annual reports to the legislature. SB 856 further requires DHS to seek any federal approval necessary to administer the pilots as it relates to reimbursement for non-emergency medical transportation services (NEMT) that would be paid for by the recipient of transportation services, or another source of funding. Additionally, DHS would be required to update its contracts with NEMT providers to collect new data and information as stipulated by the bill. Lastly, SB 856 would require DOT to create a specialized transportation services advisory council in coordination with DHS.

Expanding access to care and services, improving efficiencies, and identifying cost savings, is an endeavor DHS constantly strives to seek out and achieve regardless of service type. Transportation services are no different as they are a key part of Wisconsin's health care infrastructure. SB 856 attempts to streamline NEMT with other related transportation services through the creation of regional pilots, while identifying cost savings and collecting data for potential future expansion. If enacted, SB 856 could potentially lower barriers to transportation, provide ease of movement for service recipients, and increased utilization of transportation services. However, DHS has significant concerns regarding who would be administering the pilot, capacity issues, redundancy or duplication of services, administrative and regulatory complexity, and a lack of resources. Conversely, a number of the proposals put forward by SB 856 may be achieved without legislation.

SB 856 as currently drafted would allow ADRCs in one of three state regions (northeast, southeast, and western) to coordinate or contract with a mobility management organization to coordinate the provision of specialized transportation assistance for qualifying individuals. This specifically includes individuals eligible for Medical Assistance (MA); long-term programs such as Family Care, Partnership, or IRIS (Include, Respect, I Self-Direct); DOT programs; veteran's programs; or other services to assist elderly or disabled individuals with transportation. In short ADRCs would be tasked with administering the pilot as defined under SB 856 for all of the aforementioned groups, each of whom have their own complex regulatory and reimbursement structures. ADRCs are a vital partner in Wisconsin and do an exemplary job of connecting Wisconsin residents with a myriad of local, state, and federal services. They also have experience with the administration of Medicaid funds. However, ADRCs do not have experience with the

provision of Medicaid services, nor do they currently oversee, manage, or coordinate Medicaid providers and services. Additionally, ADRCs likely may not have the staff capacity, overhead, willingness, or technology to provide these services. SB 856 also doesn't appropriate new funding to ADRCs to either provide or contract out for transportation services with a mobility management organization. Without additional funding it would not be possible for ADRCs to provide the services required under the bill. SB 856 may also unintentionally put ADRCs in competition with local transportation service providers and could result in less funding or rides being available if resources are redirected to the pilot program. Lastly, SB 856 excludes other qualified entities that could administer the transportation pilots, specifically transportation mobility coordinators and independent living centers (ILCs). Both of whom may be more readily able to administer the transportation pilots created under SB 856.

Regarding the duplication of services, the responsibilities for ADRCs under SB 856 are already being addressed by transportation services for qualifying populations. For example, the role of an ADRC under SB 856 would be to coordinate or contract with a mobility management organization to coordinate access to various transportation assistance programs and providers. For members in Family Care or Partnership programs, SB 856 would duplicate some of a managed care organization's (MCO) care management responsibilities under Article V.E of the DHS-MCO contract. Specifically, the coordination of NEMT services with waiver transportation services, which are both covered by the MCO. DHS also collects many of the data elements required by SB 856 under its current NEMT contract. Additionally, three of the state's ILCs operate large scale transportation programs covering 54 counties in the state. They utilize paid staff and volunteer drivers. The largest program, New Freedom is housed at the Center for Independent Living Western Wisconsin. New Freedom covers 42 counties and has an annual budget of \$1.2 million dollars from multiple funding sources. Further, much of the work that would be performed by the Specialized Transportation Advisory Council created by SB 856, is already addressed by DHS and DOT councils such as the Transportation Committee under the Governor's Committee for People with Disabilities, and DOT's Non-Driver Advisory Council.

Other provisions put forward by SB 856 may not need new legislation. Collaboration for transportation services currently exists between local county offices, county transportation boards, NEMT contractors, Mobility Managers, MCOs, and other entities to coordinate medical and non-medical rides at the local level, when possible. Additionally state departments currently work together on transportation programs for shared populations including people with disabilities and veterans. Creating a new transportation pilot infrastructure may disrupt the operations of these entities.

As mentioned above, the programs and services impacted by SB 856 have a high-level of complexity and the proposals put forward by the bill may only add to that complexity. Requiring DHS to alter its current NEMT contract to include non-NEMT rides presents significant logistical challenges and potential risks. First, it will be difficult to identify which portion of a trip qualifies as a medical ride compared to non-medical ride, without the sufficient infrastructure to track. If done incorrectly, DHS risks an improper payment either by MA, another provider, or the member themselves. In order to accurately track ride information additional administrative resources would be required to ensure appropriate payment for NEMT services and prevent payment for non-medical transportation. Additionally, DHS will not be able to collect federal funding to support additional administration of the program. Funding would either need to come from a different source or be GPR-funded. It is also unclear under SB 856 which entity will be responsible for monitoring and maintaining the quality of non-medical transportation rides. Individuals who encounter an incident on the non-medical portion of a trip may have no recourse to resolve it. Administering the transportation network under SB 856 would also add a new layer of complexity. SB 856 broadly permits non-medical transportation without parameters, adding complexity for providers who must balance trip volume with service requirements, such as timeliness. Coincidentally, the length of non-medical trips are likely more variable than medical trips which often have a specific length and a

predetermined pickup time. This complexity could be compounded for NEMT trips that may be "multiloaded" with multiple passengers in a single trip.

All of these new layers will have a measurable impact on costs. SB 856 requires all portions of each ride segment to be provided at the Medicaid reimbursement rate. Unfortunately, there is not a set Medicaid reimbursement rate and rates are negotiated on a local level with providers. Requiring a set rate may actually result in higher out-of-pocket costs to individuals for non-medical trips if they are not provided at the locally negotiated rates, and there is not a billable source for all segments of an individual's ride. The potential risk of requiring a standard Medicaid rate is that non-medical transportation rides may become cost-prohibitive to individuals, and they may be unable to utilize transportation services.

On top of the costs to individuals and providers SB 856 does not account for the costs that DHS will incur to administer the pilots, nor does it appropriate funding or position authority. DHS anticipates it will need additional staff to provide support and technical assistance to ADRCs administering the specialized transportation pilot program, assist with billing and reporting, build infrastructure and templates for tracking rides, and manage and amend contracts. Additionally, DHS would need fiscal resources to oversee the non-medical transportation rides that would be in addition to the NEMT it currently oversees, as well as to review payments for medical and non-medical trips and ensure payment integrity. New resources would also likely be needed for the NEMT broker to support the additional staff and coordination associated with scheduling and monitoring the additional volume of non-medical trips.

DHS appreciates the efforts of SB 856 to identify cost savings and efficiencies in the state's NEMT and specialized transit services. DHS also appreciates the efforts of the bill authors who reached out and shared draft proposals for review and comment, and we look forward to continued dialogue and collaboration. While DHS has significant concerns with multiple parameters of SB 856 it shares the goal of improving service delivery for all individuals served by its programs and offers itself as a resource for the Committee.



Date: February 6, 2024

To: Chairperson Tomczyk and members of the Senate Committee on Transportation and Local Government

From: Janet Zander, Advocacy & Public Policy Coordinator

Re: For Information Only – SB 856 Specialized Transportation Assistance Pilot Program

Thank you for this opportunity to share testimony on SB 856. My name is Janet Zander and I serve as the Advocacy and Public Policy Coordinator for the Greater Wisconsin Agency on Aging Resources, Inc. (GWAAR).

Transportation services support the health, well-being, financial security, independence, and community engagement of Wisconsinites who do not drive. Transportation services also strengthen the local and state economy. The average man in the U.S. will outlive his ability to drive by six years and the average woman, by 10 years. Nearly one-third of Wisconsin residents are non-drivers. Increasing the efficiency of transportation services creates opportunities to serve more people and to better meet the needs of Wisconsin's non-drivers. For these reasons, GWAAR supports the bill's call for the creation of a Specialized Transportation Services Advisory Council. We encourage the council to be broadened in scope and membership to address statutorily required state-level transportation coordination and include all state agencies operating, supporting or using transportation services, as well as representatives from the aging, disability, Veteran, and provider communities. Improved coordination of transportation resources expands access and stretches needed resources.

While GWAAR is supportive of improved coordination of transportation services, we have several questions and concerns regarding the legislation as proposed. Each of the specialized transportation programs included in this legislation have distinct target populations, eligibility requirements, and authorization processes. Some non-drivers may be eligible for all or most of the programs, while others may only be eligible for one of the programs. Braiding the various specialized transportation funding sources to streamline the process for riders requesting service will require significant cooperation between federal, state, and local programs. Any changes to service population, eligibility, or authorization cannot be made at the local or regional level. Our questions regarding SB 856 are as follows:

- Is the pilot intended to serve only those eligible for Medicaid (MA) non-emergency medical transportation (NEMT) rides or are individuals who are not MA-eligible also part of the pilot program?
- What is the role of the NEMT broker? Does the broker still authorize and coordinate the NEMT portion of the ride?
- Must a rider have a need for an NEMT ride to request other transportation services?

- How would the Aging and Disability Resource Centers (ADRCs) or mobility management organizations know about riders' other trip needs? Would the NEMT broker contact the ADRC/mobility management organization or would the individual need to call two places?
- Is additional funding allocated under this proposal for ADRCs to expand their scope of service or to contract with a mobility management organization? Coordination of regional transportation services and/or contract management will require additional staff and funding.
- Will rides for purposes other than NEMT be affordable for individuals? SB 856 states that providers of NEMT services shall offer the additional service to the recipient "at the same rate charged for NEMT." Rides provided by specialized medical vehicles (SMVs) or contract providers under the NEMT program may cost significantly more than rides provided by aging services buses, shared ride taxis, and volunteer driver programs. The fiscal estimate submitted by the Wisconsin Department of Health Services (DHS) indicates the average SMV trip costs almost \$105 for a 12-mile trip. Passengers who are eligible for Medicaid will not be able to pay this nor will other specialized transportation programs be able to pick up this high cost. If the NEMT broker selects the provider, other programs will have no control over who provides the ride and at what cost. Rates for rides will vary dependent upon the provider and passengers may not even know the cost of the ride before receiving it. If costs are high, other transportation programs will more quickly deplete their available funding and are likely to serve fewer passengers.
- Will the pilot program negatively impact the local transportation infrastructure? If the additional non-NEMT rides are provided only by providers under contract with the NEMT broker, how will other community transportation providers be sustained?

We support efforts to expand transportation services and streamline the transportation process for the state's nondriver population and appreciate the interest in and efforts of policy makers to help riders save time and money. Thank you for your consideration of these comments related to SB 856. We look forward to continuing to work with you on policies that improve the quality of life for older people in Wisconsin.

*The Greater Wisconsin Agency on Aging Resources, Inc. (GWAAR) is a nonprofit agency committed to supporting the successful delivery of aging programs and services in our service area consisting of 70 counties (all but Dane and Milwaukee) and 11 tribes in Wisconsin. We are one of three area agencies on aging (AAAs) in Wisconsin. We provide lead aging agencies in our service area with training, technical assistance, and advocacy to ensure the availability and quality of programs and services to meet the changing needs of older people in Wisconsin. Our mission is to deliver innovative support to lead aging agencies as we **work together to promote, protect, and enhance the well-being of older people in Wisconsin.***

Contact:
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TO: Chair Tomczyk and Honorable Members of the Senate Committee on Transportation and Local Government
FROM: The Wisconsin Public Transportation Association (WIPTA)
DATE: 2/6/2024
RE: Testimony for Informational Purposes on Senate Bill 856, relating to a specialized transportation assistance pilot

Thank you for providing us the opportunity to present our written testimony for informational purposes on Senate Bill 856, which pertains to a specialized transportation assistance pilot. The Wisconsin Public Transportation Association (WIPTA) serves as a robust and unified advocate for transit in Wisconsin. Our diverse membership, comprising 28 bus systems, 43 shared ride taxi systems, 24 associate and affiliate members, and over 2,900 transit operators, actively collaborates to enhance transit systems statewide.

Firstly, we want to thank and acknowledge the insightful discussions with Senator Cowles and his staff. It is evident from our interactions that we share a common objective of eliminating transportation barriers and promoting efficient, customer-centered mobility strategies, which are central tenets of public transportation's mission. However, we wish to highlight that public transit agencies across the state are already extensively engaged in coordinating transportation efforts with various partners. While the intent of the policy is commendable, we have concerns about its potential impact on existing initiatives in many communities which are facilitated by public transit and its coordinating partners.

The human services provisions within the federal FAST Act seek to enhance transportation services for seniors, individuals with disabilities, and low-income individuals. This is achieved by fostering coordination of transportation resources across multiple federal programs, aiming to improve access, minimize service duplication, and optimize cost-effective transportation with available resources. Counties are required to publish a locally developed Coordinated Public Transit-Human Services Transportation Plan.

Notably, public transportation systems across Wisconsin are already operating in alignment with these principles. Transit agencies are actively collaborating with local partners through Coordinated Transportation Plans. Valley Transit in Appleton, for instance, has established partnerships with Calumet, Outagamie, and Winnebago counties for transportation services, in accordance with the local Transportation Plan. While many regions are already implementing such coordinated efforts, there may be isolated pockets that require support, and WIPTA and its members stand ready to assist and facilitate the realization of these goals.

In conclusion, WIPTA extends its appreciation to the committee for considering our testimony, and we express appreciation to the bill's author for ongoing dialogue. SB 856 brings to light a broader issue—the necessity for a more integrated and efficient transportation network throughout Wisconsin. It highlights the need for improved regional mobility and a more straightforward approach to funding transportation services. As experts in transportation, we welcome the opportunity to contribute to solutions for areas in the state that may benefit from our expertise. Public transit can and is a cost-effective way to meet the diverse transportation needs of Wisconsin's residents.

Thank you,
Wisconsin Public Transportation Association (WIPTA)

For any questions, please reach out to Katie White at Hubbard Wilson & Zelenkova, kwhite@hwz-gov.com or 608-255-0566.



Feb 2nd, 2024

Senate Committee on Transportation

Sen. Tomczyk, Chair

State Capitol, Rm 310 S

Madison, WI 53707

Dear Sen. Tomczyk and members of the Committee:

The Wisconsin Board for People with Developmental Disabilities (BPDD) supports improving transportation options for non-drivers and braiding funding (coordinating) diverse pots of transportation funding so non-drivers can accomplish multiple tasks on the same trip.

Improving the ability for non-drivers to get where they need to go is a critical policy need. Currently, according to the Wisconsin Department of Transportation 31% of state residents are non-drivers, and this population is projected to increase. Non-drivers are a diverse group including older adults, people with disabilities, low-income workers living in non-car or car-deficient households, people who are delaying or not getting licensed to drive, and people under the age of 16.

Unfortunately, we find that SB 856 would not meet these goals or address many of the current barriers to transportation faced by non-drivers.

Wisconsin has a patchwork of transportation programs that serve specific populations of non-drivers or geographic areas administered by several state agencies—including DOT and DVA—and county and municipal governments. Some programs are population specific—for example veterans only, people with disabilities, or adults over age 60, or people financially eligible for Medicaid. Some transportation options are limited to non-drivers who live within a defined geographic area—municipal or county lines, within transit system service boundaries.

Non-Emergency Medical Transportation (NEMT) is a specific Medicaid benefit (one ride, for one purpose) and is limited to people who meet the means testing for Medicaid. Even for people seeking medical rides, NEMT is not a funding source for the non-Medicaid population.

Likewise, transportation services paid for under the Home and Community Based Waiver long term care programs Family Care and IRIS are available only to people who have met the Medicaid income/asset limits and required functional screen. These transportation services are not available to non-Medicaid populations.

It is unclear how NEMT transportation providers would administratively be able to bill medical (i.e. NEMT eligible) and non-medical portions of trips, even for Medicaid beneficiaries. The funds for county-based elderly and disable transportation programs are extremely limited, and it is unclear how



private portions of a trip could be calculated and whether they would be affordable to Medicaid beneficiaries living at or below the federal poverty level.

For non-Medicaid beneficiaries, these providers would be challenged to determine what portions of a trip could be potentially covered by different programs with age or disability specific criteria. Likewise, many trips may require crossing multiple municipal and/or county boundaries. These jurisdictional boundaries matter because transit and county-based programs funding is designed to be spent within the jurisdiction. It is implied portions of the trip that are uncovered by a public funding source would be born by the individual, but it is unknown what that private pay rate would be, whether it was affordable, and how the rider would know the cost in advance to avoid a bill they could not afford.

A legislative approach that could meaningfully address the challenge using disparate programs with limited funding and eligibility constraints would be to establish a **Transportation Coordinating committee** with the charge focused on developing consistent practices on braiding of available funding sources and having consistent mobility management staff to do it.

We look forward to working with the legislature in future sessions to build capacity for non-driver transportation options throughout the state.

BPDD is charged under the federal Developmental Disabilities Assistance and Bill of Rights Act with advocacy, capacity building, and systems change to improve self-determination, independence, productivity, and integration and inclusion in all facets of community life for people with developmental disabilities¹.

Thank you for your consideration,

A handwritten signature in cursive script that reads "Beth Swedeen".

Beth Swedeen, Executive Director,
Wisconsin Board for People with Developmental Disabilities

¹ More about BPDD https://wi-bpdd.org/wp-content/uploads/2018/08/Legislative_Overview_BPDD.pdf.

February 6, 2024

The Honorable Senator Robert L. Cowles

State Capitol, Room 188 South

Madison, WI 53702

Dear Senator Cowles,

Thank you for the opportunity to provide comments on Senate Bill 856. I am writing on behalf of MTM/Veyo, Wisconsin's Non-Emergency Medical Transportation (NEMT) broker that operates in all 72 counties in Wisconsin, providing approximately 285,000 trips/rides per month (or 3.5 million trips/rides annually). We do this in partnership with over 250 transportation providers around the entire state of Wisconsin. MTM also utilizes public transit agencies, as well as provides for gas mileage reimbursement for family members to drive their loved ones to medical appointments. States are required by the federal government through the Centers for Medicaid and Medicare Services (CMS) to provide program integrity and a plan to ensure Medicaid approved and appropriate rides to medical appointments occur using state and federal tax dollars.

We appreciate the effort and see the value in simplifying and streamlining the process for Medicaid members, but due to CMS and federal requirements, we have a number of questions around compliance, accountability, and sustainability related to Senate Bill 856. Below are a few items we thought might be helpful to think about during the discussion.

States who use a broker for NEMT rides receive additional federal matching dollars as compared to those states who do not. In the 2015 Wisconsin Non-Emergency Medical Transportation Audit document, it was stated that Wisconsin moved to the broker model based on the fact it received a higher federal match, whereas it received lower administrative fees when it was administered through the county system. DHS affirmed it often did not receive proper details or documentation related to Medicaid sponsored trips, which is necessary to provide to the federal government. It is unclear whether Wisconsin



would continue to receive those additional resources under SB 856. In fact, many states around the country experienced “claw backs” from the federal government in recent years for failing to provide proper data to ensure program integrity.

Given Medicaid is often the “payer of last resort”, it is unclear to us as to how DHS would be able to prove to CMS the ability to track the same data it currently collects, much less prevent various forms of fraud, waste, or abuse of Medicaid dollars under the system that is proposed in SB 856. MTM currently monitors trips, verifies that Medicaid members have no other form of transportation, ensures transportation providers are approved and have proper credentials, ensures the appointments are approved by Medicaid, and that the Medicaid member is eligible for Medicaid. How would Medicaid dollars flow through, around, or within the constructs of this new pilot? What would the impact of this pilot be to existing Medicaid members? And/or does this pilot put this or other programs at risk? In addition, how would a Medicaid member then know which program would be the proper mechanism to get a ride to their medical appointment? Assuming a waiver would be required from CMS for this type of programming to exist for Medicaid, would all transportation providers in Wisconsin then need to be licensed to do Medicaid, even if they don't currently operate within Medicaid?

These are just a few topics and questions related to Medicaid and the proposed legislation. We are happy to discuss further with committee members or stakeholders at your convenience. While we are proud of the work we do in Wisconsin, we are consistently looking for new ways to operate more efficiently, and we know the NEMT program is not perfect. We are committed to continue thinking about ideas to deliver this benefit in an even more efficient way.

Thank you for your indulgence and we appreciate the opportunity to provide our thoughts on SB 856. Please let us know if we can provide any additional information.

Sincerely,



Phil Stalboerger

Senior Vice President, Public Affairs

pstalboerger@mtm-inc.net Phone: 612.616.2445





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Testimony of Wisconsin Department of Transportation
Assistant Deputy Secretary Joel Nilsestuen
Before the Senate Committee on Transportation and Local Government
February 6, 2024

Re: Senate Bill 856, relating to specialized transportation assistance pilot program.

Thank you, Chairman Tomczyk, and members of the committee for your consideration of the department's input on Senate Bill 856, relating to a specialized transportation assistance pilot program. Specialized transportation assistance programs are vitally important to residents throughout the state and the department appreciates the efforts of the authors to ensure these programs bring the greatest benefit possible to those who rely upon these programs.

Currently, the department administers several programs that provide state and federal funding to support specialized transportation services. This bill allows the Department of Health Services (DHS) with support from WisDOT to create a five-year pilot program using the existing Medicaid Non-Emergency Medical Transportation (NEMT) and through other existing state transportation programs. DHS currently administers the NEMT program via a third-party transportation broker. WisDOT programs implicated by the bill include state paratransit aid (§ 85.205), the specialized transportation assistance program for counties (§ 85.21), the tribal elderly transportation grant program (§ 85.215), and the specialized transportation program (§ 85.22) which is combined with the federal program, 5310, enhanced mobility for seniors and individuals with disabilities.

The proposed bill allows DHS to work with Aging and Disability Resource Centers (ADRCs) to coordinate and/or contract with mobility management organizations to coordinate funding, the provision of specialized transportation assistance services, and expand specialized transportation service delivery options. Currently, coordination among specialized transportation programs is challenging. State and federal programs have distinct eligibility criteria related to recipient organizations, individual users, trip purposes, cost structures and payment options. For example, individuals who participate in Medicaid can schedule medical trips through the NEMT brokerage system, which limits the trip to medical appointments. If the same individual wanted to go shopping, after their medical appointment, they would have to schedule a separate trip through another transportation provider. Such situations can be difficult for individuals to navigate and complicated for agencies and transportation providers to implement.

Under the pilot, Medicaid participants could use specialized transportation to travel to the grocery store or attend social events, in addition to currently allowed medical trips.

Costs for the additional transportation would be at the same rate as the NEMT services and would be paid by the passenger directly or through another source. WisDOT believes the coordination concept has the potential to improve transportation efficiency for individuals through simplified and consolidated services and allow greater funding effectiveness for specialized transportation agencies.

While WisDOT appreciates the pilot program's potential, the Department has identified concerns regarding project authority, individual eligibility, and overall administration. WisDOT assistance programs would be used in this effort, but existing statutory and regulatory requirements do not fully align with the pilot program aims.

For instance, the specialized transportation assistance program for counties (§ 85.21) allocates funding to counties for the provision transportation services for seniors and individuals with disabilities. Counties are responsible for developing and implementing services and there are many different types throughout the state. WisDOT's authority to determine which transportation services are offered locally is limited so the Department is unable to assure the 85.21 dollars will actually be applied toward the pilot as envisioned.

The pilot includes a provision for the cost of the non-NEMT portion of a trip to come from the passenger directly or another source. Allowing other funding sources to cover part of the trip is appropriate because it may be cost prohibitive for people with Medicaid benefits to afford the additional trips otherwise. Some counties currently use 85.21 funds for passenger subsidies (i.e. vouchers) but it is unclear how this may translate to cover the non-NEMT cost portion of a trip in the pilot, however. Cost rates differ among NEMT services and payment methods vary across the transportation provider as well. The additional complexity of distributing and accounting for payments may discourage counties from utilize 85.21 funds in support of the pilot.

Additionally, WisDOT specialized transportation programs are defined on age and ability status. Only individuals over the age of 55 or with disabilities are eligible to receive services funded through the 85.21 program whereas the pilot structures eligibility based on individuals who receive Medicaid benefits. We acknowledge there is overlap in these characteristics, but there are potential equity concerns how these funds are utilized given that Medicaid participants may not be seniors or have disabilities.

WisDOT appreciates Senator Cowles' collaborative efforts around the discussion relating to this bill and the opportunity to provide our comments in its early stages. WisDOT also recognizes the value of coordinating with DHS and other state agencies in this area. The proposed pilot to coordinate activities and funding sources across programs is a step in the right direction to improve specialized transportation service delivery efficiency and effectiveness. However, WisDOT recommends further consideration of funding eligibilities and administrative structure before advancing the pilot further.

Thank you again for the opportunity to provide written testimony. We would be happy to answer any questions you might have.