

# Health Access in San Bernardino and Riverside Counties: Non-Emergency Medical Transportation (NEMT) Needs and Resources

Caltrans/ Federal Transit Administration S. 5313  
Study of Statewide Planning Significance  
Winter 2003 to Winter 2005

## **Project Management Team:**

Caltrans, Southern California Association of Governments, San Bernardino Associated Governments, Riverside County Transportation Commission, Inland Empire Health Plan, Kaiser Permanente, Molina Health Care, Health Net, Community Hospital of San Bernardino

## **Consultant Team:**

**Judith Norman – Transportation Consultant (JNTC)**

*In association with*

O'Melia Consulting

Civic Technologies, Inc.

David Raphael- Medical Transportation Consulting

Medical Transportation Management, Inc.

UCLA Center for Health Policy Research

The Fairfax Research Group

## **Project Development Team:**

25+ health care, public transit agencies and community based organizations in Riverside and San Bernardino Counties' Inland Empire

## **Overall Project Goal:**

To identify solutions to non-emergency medical transportation in these two expansive counties, through a regional planning study, by rigorously documenting issues and devising solutions, refined by community input, that are implementable through partnership between the transit and health care industries.

## **Project Components:**

*Project Management Team* (funding sponsors) and *Project Development Team* (other stakeholders)

Consultant study by JNTC and team

Way-finding maps of medical facilities for bus riders

Conference in March 2005 to report and disseminate findings, engage in dialogue, proceedings.

- **JNTC Study Objective** NEMT trip needs
- Quantify NEMT need in geographic areas
- Describe available resources and potential barriers
- Devise recommendations to meet geographic area needs with identified resources
- Identify challenges of NEMT geographic areas potentially applicable to other areas of Calif.
- Facilitate continuing education of project stakeholders regarding issues and potential solutions to NEMT.

## **Study Elements:**

- Stakeholder interviews and focus groups
- Resource analysis of transportation services
- Review of state and national NEMT models
- Examination of funding resources and barriers
- Household telephone survey
- Geographic information system (GIS) analysis of multiple data sets.
- Analysis and direction

## **Four Organizing Questions:**

1. Is there currently a need for non-emergency medical transportation to medical appointments for consumers residing within the study areas?
2. If the need exists, what segment of the population is demonstrated to have the greatest need for non-emergency medical transportation in the study areas?
3. Where in the study areas does the target population reside?
4. To what extent does the target population have access to public transit as a transportation alternative to get to medical appointments?

Study process and findings, significantly affected by the *Healthcare Insurance Portability and Accountability Act* (HIPAA), made it premature to develop the anticipated transportation demonstration projects. Importantly, the project has refined our understanding of NEMT issues, to better inform both healthcare and transportation stakeholders. Policy direction to address the needs identified requires continued dialogue and adaptation by all parties involved, at local and state levels.

### Selected Overall Findings:

- **Population segments have missed medical appts.** due to lack of transportation, including those with their own transportation and those depending upon others for transportation.
- Demographic characteristics of those missing appts. due to transportation are: **women, 25 to 34 years of age, household incomes of less than \$20,000, MediCal recipients and Spanish speakers.**
- **Seniors appear to be getting to** scheduled medical appts., missing or rescheduling fewer medical appts. than other age groups.
- The San Bernardino Valley area surfaced as the destination target area for most medical appointments while the populations missing appointments **reside primarily in the rural areas of the two counties.**

### Healthcare Related Findings:

- State level data suggests that **California's NEMT policies** are not on par with those of other states. Program based upon physical ability and not economic need or the availability of transportation alternatives.
- Nationally, **operating NEMT programs** continue to rest on the shoulders of healthcare organizations due to Medicaid funding policies.
- Confusion and differences in the interpretation of **HIPAA requirements** limited the amount of healthcare related data collected and analyzed in this study.
- Wide variations in the levels and methods of **reporting NEMT transportation expenses** in California make it difficult to determine financial resources targeted to transportation by healthcare organizations.
- **Missed appt. data** is the most important factor for assessing the severity of NEMT need but is not currently being collected by healthcare organizations.
- **Lack of funding** is cited by stakeholders as number one barrier to direct NEMT provision.
- **Perceived success** of NEMT programs operating across the country relates to ability to focus on the target population and consolidate administration, rather than cost per trip, and to obtain adequate financial resources.
- **Significant cooperation between healthcare and transit** is necessary to ensure successful and cost-effective NEMT programs.

### Public Transportation Related Findings:

- Access to public transit services for IEHP members is very good. Data shows that IEHP population segments are **in most cases close to public transit, within ¼ mile walking distance** from home to a transit stop.
- Although 57% of the total study area population is **within ¼ mile of fixed-route service**, only 31% of the population live **near high frequency routes** (15 to 30 minute headways).
- Vast majority (93%) of **IEHP facilities are located within ¼ mile of fixed-route services.** Nearly half (45%) of IEHP facilities are located within close proximity to high frequency transit routes. These facilities generate demand for 63% of NEMT trips of IEHP cases analyzed.
- **Dial-a-Ride and ADA-related services** are operating in each area for eligible seniors and persons with disabilities, but not to those identified as having difficulty getting to appointments, suggesting [CTSA] transportation brokerages as one possible options.
- Public transit connections medical destinations outside the local areas are limited. **Inter-regional connectivity** needs significant improvement.

### Conclusions:

- The State of California should consider the overall impacts of its current funding policies and practices relative to non-emergency medical transportation.
- The State's policies and practices relative to funding medical transportation under MediCal are inconsistent with other states and contrary to Federal regulation.
- The issue of allowing expenditure of MediCal funding for NEMT for low-income MediCal recipients must be recognized and accepted as a critical core issue in the State's efforts to identify and further local efforts to address NEMT needs.
- Rapidly changing socioeconomic conditions of the Inland Empire do suggest that in-depth "destination-based" information about missed appts. would logically assist transit operators in developing services that better replicate travel patterns of study area participants.
- Destination-type data could be collected as part of ongoing transit data collection efforts to serve as a valuable tool in designing more productive services, based upon demonstrated demand.
- There is no one answer, no one-time answer as each recommended action must serve to enhance and support the overall objective of addressing NEMT needs.