



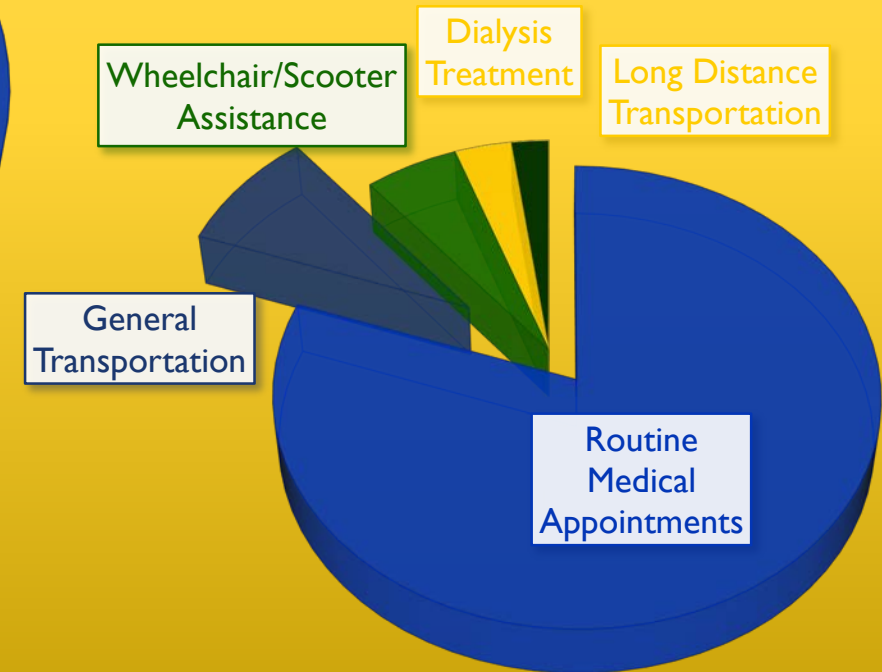
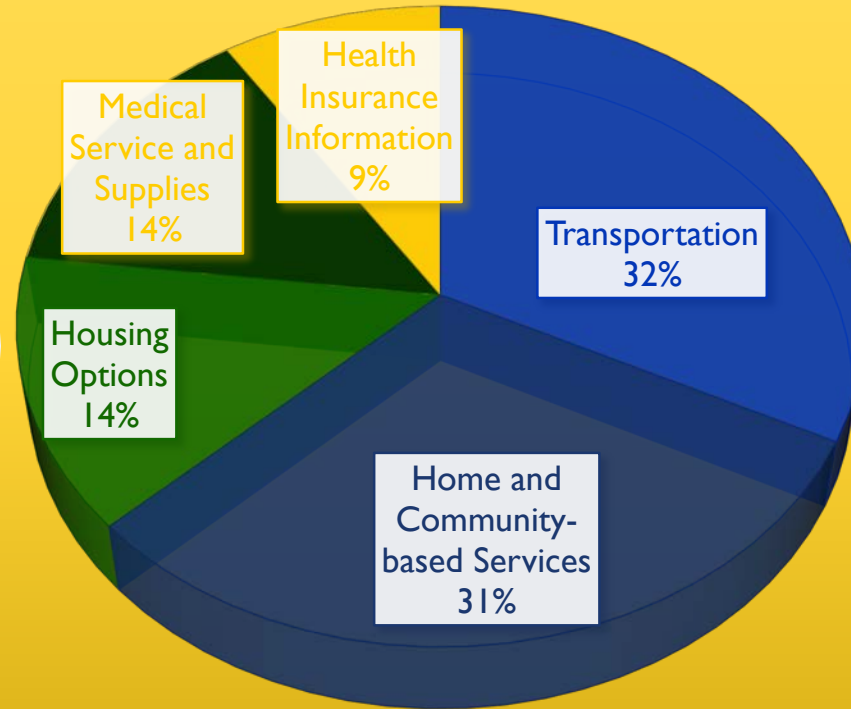
NON-EMERGENT MEDICAL TRANSPORTATION IN RURAL OREGON

Presenters Angie Peters and Connie Guentert,
Community Connection of Northeast Oregon, Inc.

2018 Forum on Aging in Rural Oregon

WHERE ARE THE NEEDS?

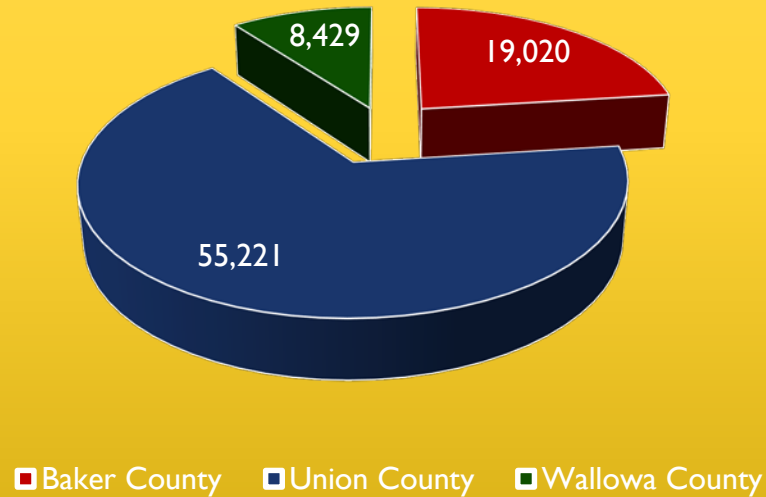
TOP FIVE CONSUMER NEEDS



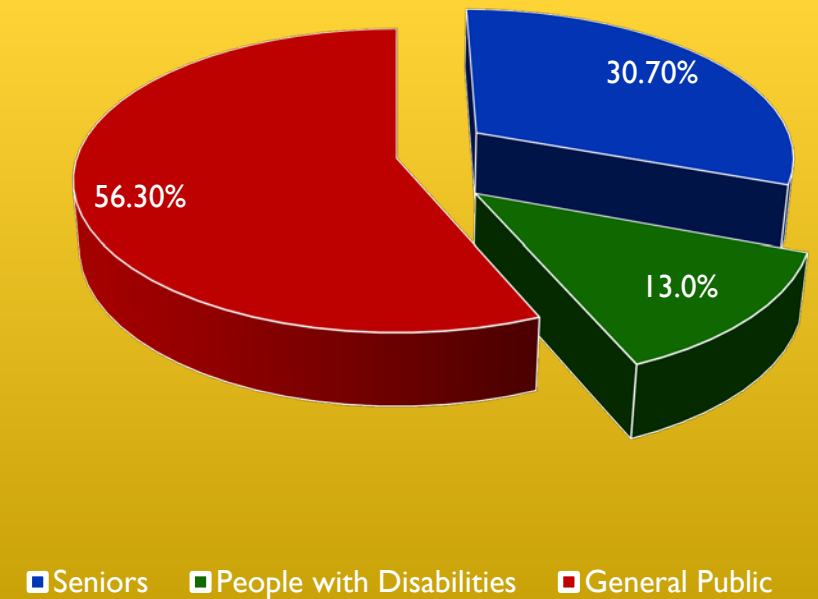
TRANSPORTATION NEEDS

WHERE ARE THE NEEDS?

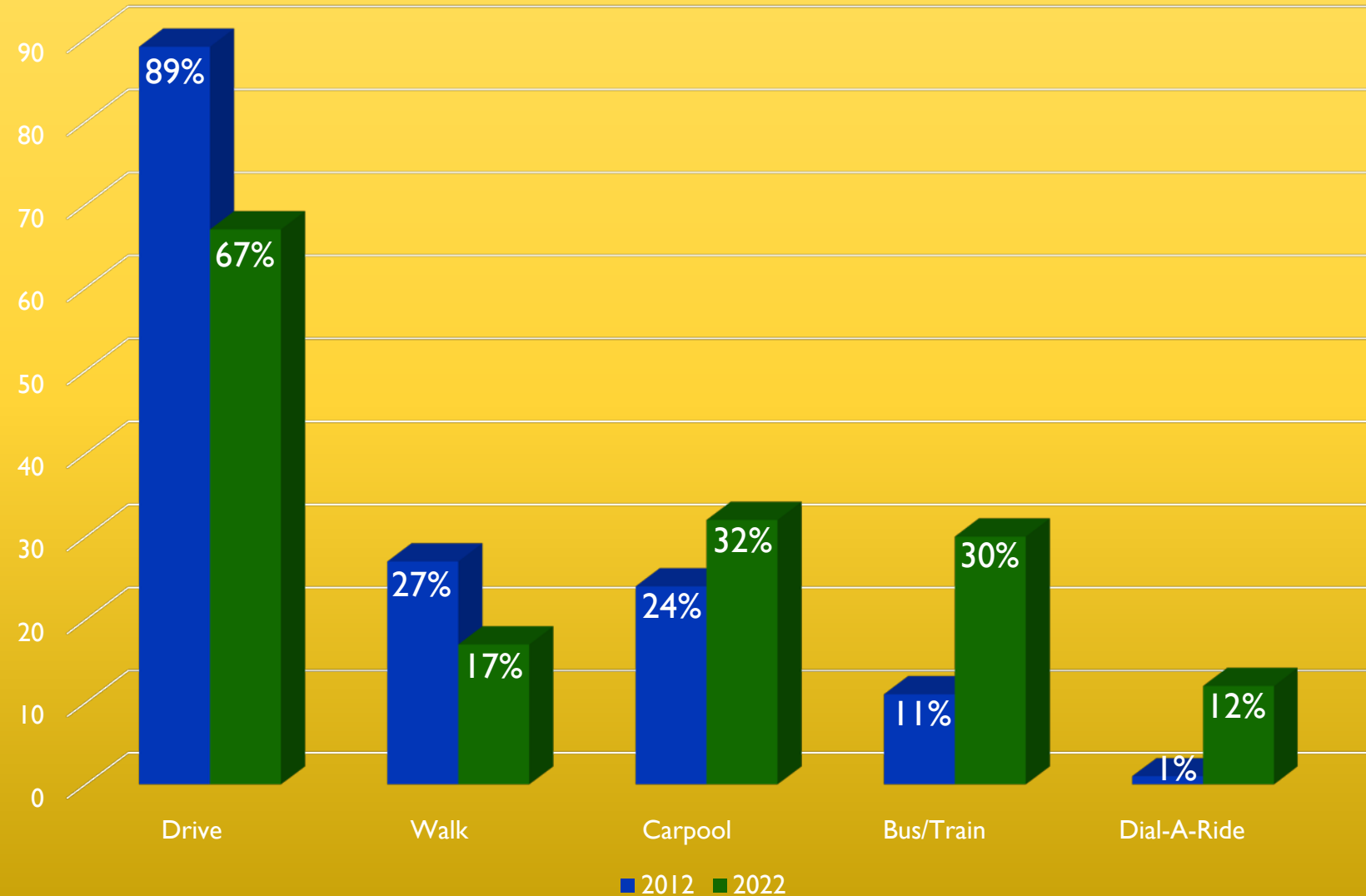
Community Connection
Transportation
Break Down



Community Connection
Transportation Demographics



THE NEED CONTINUES TO GROW



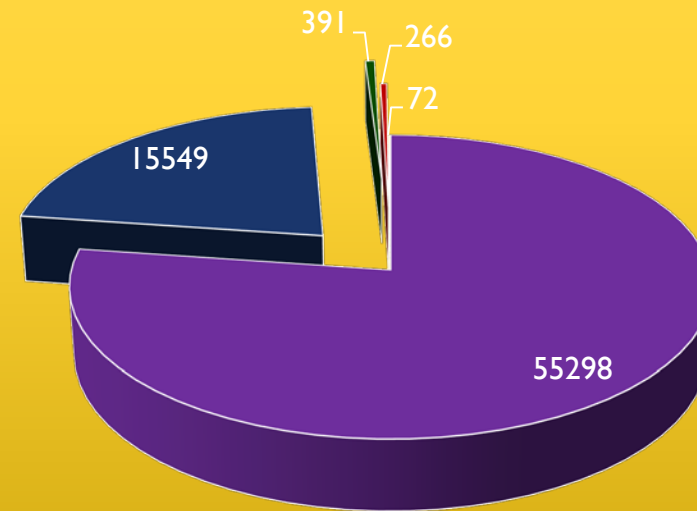
Statistics from: Survey for people 55 and older in 2011 by Grantmakers in Aging (GIA)

BROKERED OHP/MEDICAID TRANSPORTATION

Non-emergent Medical Transportation for passengers on Oregon Health Plan or Medicaid. Delivered with no cost to the client, and provided through a network of transportation providers as assigned by the Greater Oregon Behavioral Health, Inc. (GOBHI) brokerage.

Modes

- Ambulatory
- Wheelchair/ Mobility Device
- Stretcher
- Non-emergency Ambulance
- Secured Transport



■ Ambulatory (55,298)
■ Wheelchair (15,549)
■ Stretcher (391)
■ Non-emergency Ambulance (266)
■ Secured Transport (72)

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Baker County Medical Rides



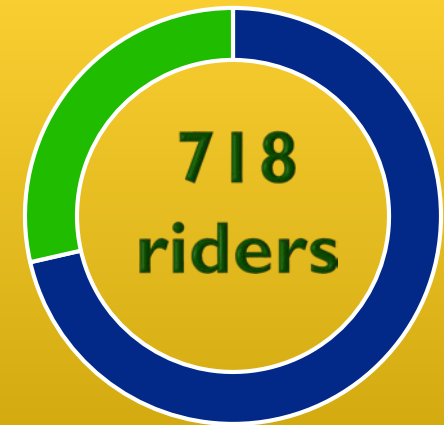
■ Brokerage Rides ■ Other Medical Program Rides

Union County Medical Rides



■ Brokerage Rides ■ Other Medical Program Rides

Wallowa County Medical Rides



■ Brokerage Rides ■ Other Medical Program Rides

HIGHLY RURAL VETERANS TRANSPORTATION

- Federal Grant specific to highly rural counties to provide medical transportation to VA covered/authorized services for Veterans.
- No participation cost to the Veteran.
- The grant is only available to counties that have fewer than 7 people per square mile. Wallowa County is considered a frontier county with approximately 2.2 people per square mile
- 8 Oregon counties that currently receive this grant; Baker, Gilliam, Grant, Malheur, Morrow, Sherman, Wallowa, and Wheeler.

HIGHLY RURAL VETERANS TRANSPORTATION

- Wallowa County has approximately 800 Veterans residing in it's boundaries.

To date:

- 94,046 miles traveled since the grant award
- 1285 trips provided since the grant award

- Places we travel:

Walla Walla, Wa.

Lewiston, Id.

Milton-Freewater, Or.

Kennewick, Wa.

Richland, Wa.

Clarkston, Wa.

La Grande, Or.

Pendleton, Or.

Dayton, Wa.

Boise, Id.

Portland, Or.

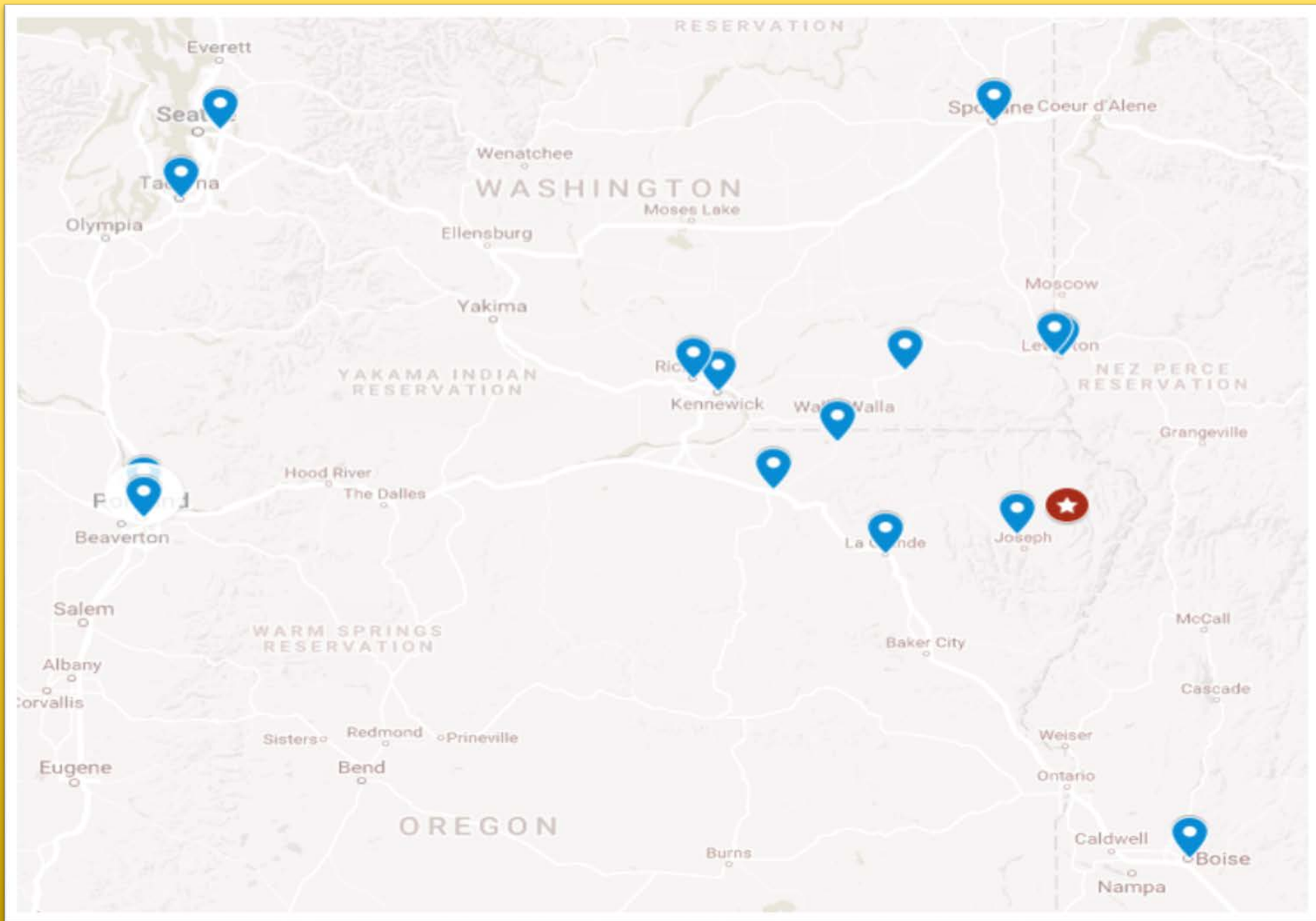
Enterprise, Or.

Spokane, Wa.

Vancouver, Wa.

Tacoma, Wa.

Bellevue, Wa.



HIGHLY RURAL VETERANS TRANSPORTATION LIMITED FUNDING MEANS WE FIND WAYS TO MAKE IT LAST

- Grant funds are \$45,000 per year which has to cover all aspects of the program to include:
 - Administration
 - Staffing/drivers
 - Vehicle costs including operation, maintenance, and fuel
 - Travel expenses for overnight/out of town stays

HIGHLY RURAL VETERANS TRANSPORTATION

WE MAKE IT WORK!!!!

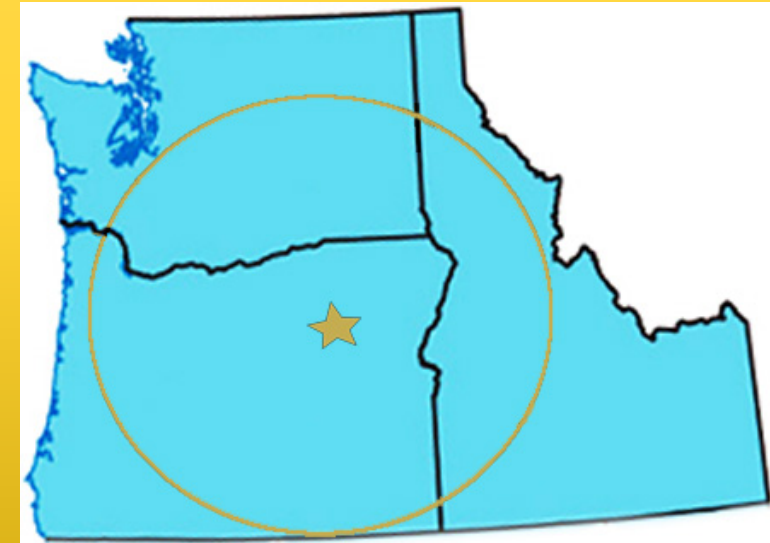
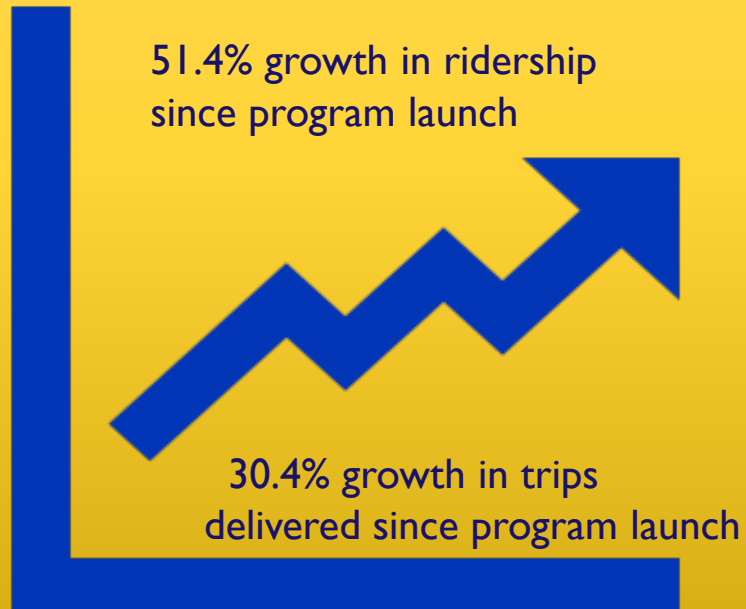
- Staff look for ways to alleviate any barriers or added stress that the client might experience in obtaining their DD214 or other necessary forms.
- We coordinate rides as much as possible to ensure longevity
 - Example: If we have 2 Veterans going to the Walla Walla VA clinic on the same day but a few hours apart, we will reach out to the clinic to see if it is possible to get the appointment times closer together. Of course, this is done with the client's permission.





RIDES TO WELLNESS

Non-emergent Medical Transportation for passengers that do not have their transportation needs covered by their insurance, and cannot afford private transportation (e.g. own vehicle, taxi service, etc). Small fares paid by passenger.

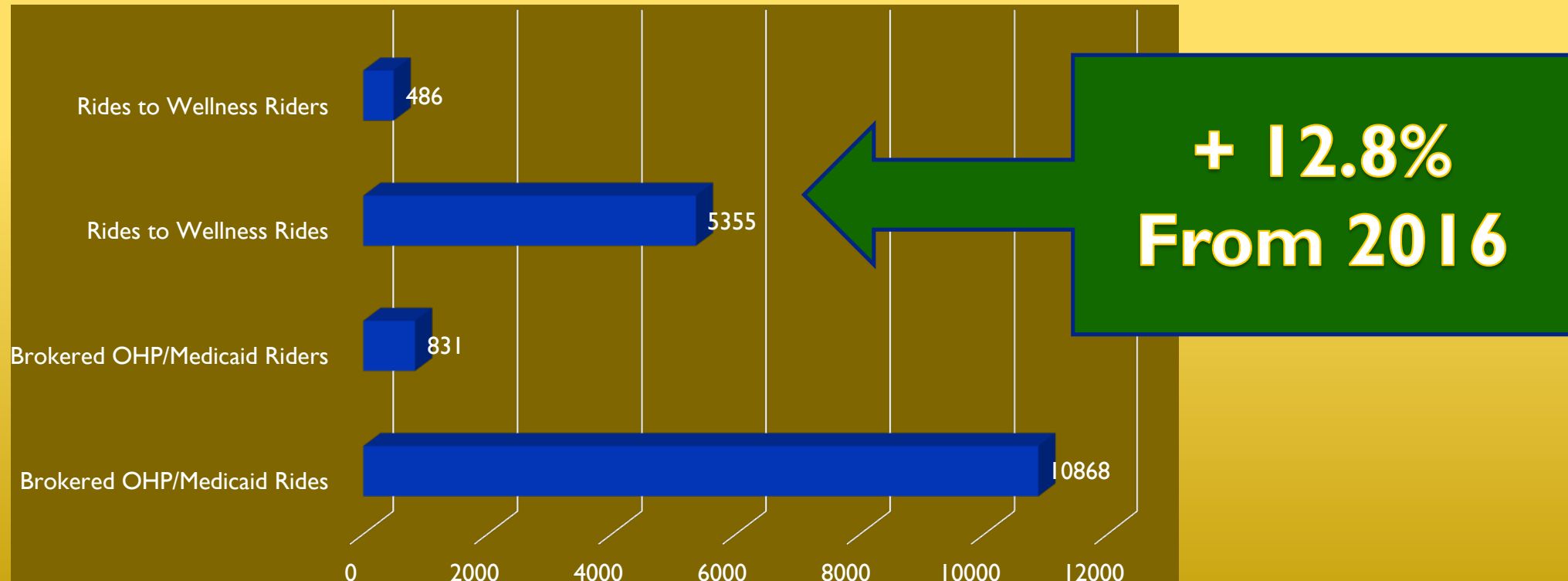


Delivering to locations up to 250 miles away from Union County



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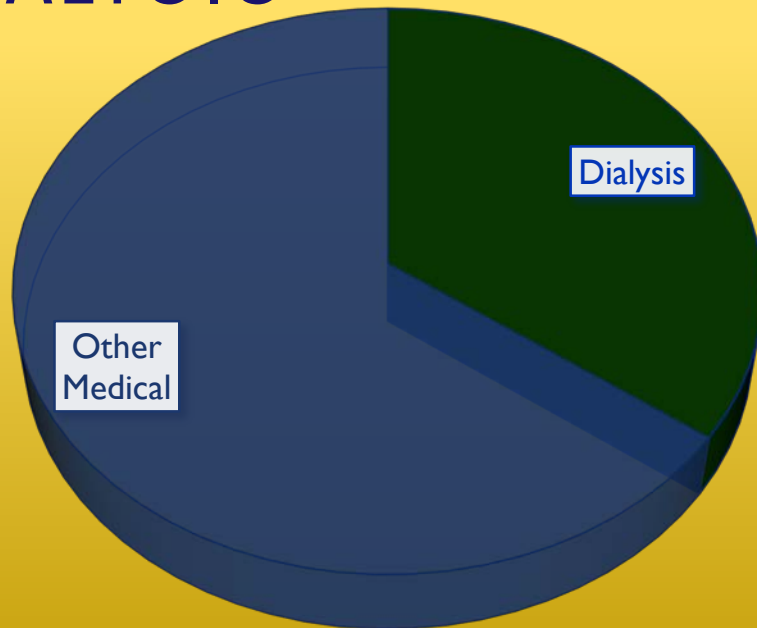




RIDES TO WELLNESS

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DIALYSIS



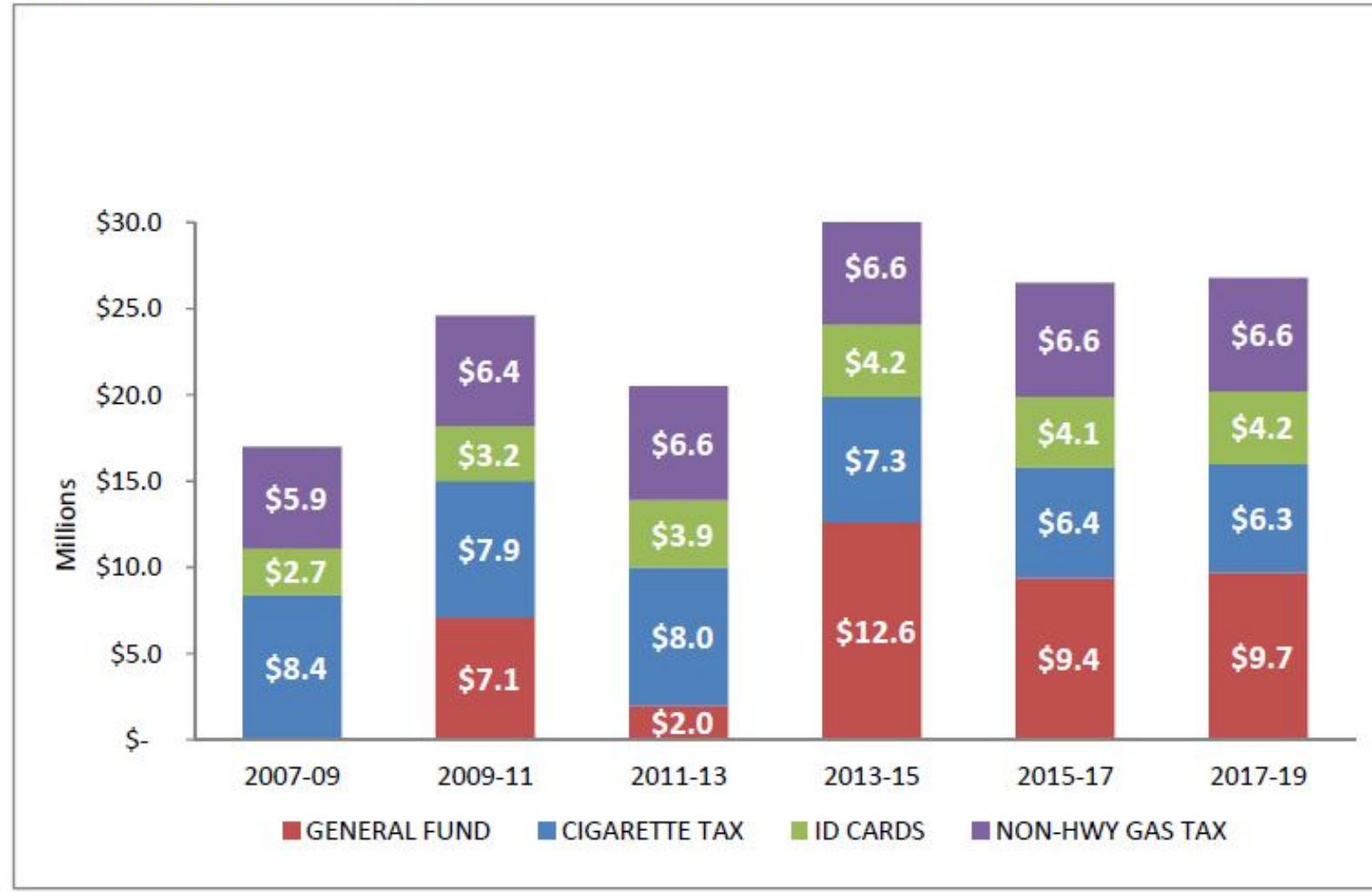
As a Demand Response program, Rides to Wellness is able to operate outside of our standard service hours. Multiple medical appointments can call for this (particularly to travel outside of the area). However the primary use is to transport dialysis patients, who often have very early appointment times (or late pick-ups due to the length of time they need to be connected to the machine). The percentage of off hour rides is also influenced by dialysis patients needing treatment 3+ times a week.

SPECIAL TRANSPORTATION FUND

- This program was designed to assist elderly and disabled clients with medical transportation needs not being met by Medicaid, Public Transit, or other means available. Comparable to Union Counties Rides to Wellness Program.
- We use Special Transportation Grant Funds from ODOT to facilitate the program. Funding is allocated every two years so we budget appropriately. STF funding is supported with cigarette taxes, ID card fees, non-highway use gas tax, and the general fund.

SPECIAL TRANSPORTATION FUND

Figure 1. STF Trends: 2007-2019



SPECIAL TRANSPORTATION FUND

- The special transportation fund was created in 1985 by the Oregon Legislature with original funding of \$.01 per pack of cigarettes. Changes have been made along the way that has increased available revenue. In 1989, the cigarette tax was raised to \$.02 per pack of cigarettes, excess revenue earned from sales of ID Cards, and other funds from Oregon Department of Transportation. The biennial budget 2011-2013 was approximately \$17 million.
- The purpose of the STF program is to provide flexible, coordinated, reliable and continuing source of revenue to support transportation services for seniors and people with disabilities. Legislature intended these funds be used to provide transportation services to health care, education, work, and social or recreational activities. The goal is independence and productivity to the fullest extent possible.

PARATRANSIT TRANSPORTATION TO MEDICAL LOCATIONS

- Paratransit, sometimes called Complimentary Paratransit, runs concurrently with Fixed Route bus lines, and serves mobility challenged passengers within $\frac{3}{4}$ a mile from the bus line. This service can be used for many things, but one common usage is to reach medical appointments. A small fare paid by the passenger.



31.5%

This mode of transportation to medical appointments has historically been the least cost effective option for both passengers and transit providers. The utilization of this mode has decreased significantly as the other programs have launched.



QUESTIONS?