

# **Consumer Centered Transportation: Enhancing Community Integration Transportation**

**December 2025**

## **Introduction:**

The Maine Department of Health and Human Services (Department), as part of its approved spending plan and narrative under section 9817 of the American Rescue Plan Act (ARPA) of 2021 (ARP), undertook a research project related to enhancing Maine's options for Mainers to participate in activities in their communities, specifically for Medicaid members who receive Home and Community Based Services (HCBS) under 1915(c) waiver authority. This report summarizes how certain other states have attempted to improve access to Community Integration Transportation, describes barriers and success factors, presents activities already underway in Maine, and offers recommendation for further action.

Non-Emergency Medical Transportation (NEMT)<sup>1</sup> (called Non-Emergency Transportation (NET) in Maine) and Community Integration Transportation (also called Non-Medical Transportation) - two distinct types of transportation program - both play a vital role in providing access to essential healthcare and community services.

NEMT is critical for members facing mobility challenges or who lack access to private transportation. NEMT provides transportation to and from Medicaid reimbursable services only, reducing healthcare disparities and increasing overall health and well-being for members. In Maine, NET provides limited Community Integration Transportation to enrolled intellectual disabilities providers and employment when MaineCare supports (e.g. employment support, counseling by a caseworker) are in effect. These are covered services under the Medicaid state plan.

Community Integration Transportation also plays a vital role in improving the quality of life for individuals who wish to gain full access to the community and social activities provided in their communities of choice. These activities include grocery shopping, trips to parks, museums, shopping malls, sporting events, and other like venues to increase the quality of life of members. In Maine, such transportation is available on a very limited basis. Bridging the existing transportation gaps by enhancing Community Integration Transportation could contribute to fostering independence, reducing social isolation, while generating inclusive communities for individuals with diverse mobility needs.

## **Barriers to Accessing Community Integration Transportation:**

Members receiving HCBS services face many transportation-related barriers to actively taking part in social, economic, and cultural aspects of community life. These barriers are identified below.

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<sup>1</sup> Non-Emergency Medical Transportation, called Non-Emergency Transportation (NET) in Maine, provides transportation for most Medicaid members to Medicaid-enrolled provider locations for Medicaid-covered services.

*Limited Access and Service Disparities:* Insufficient availability of transportation services for specific populations in certain regions of Maine, especially in rural or underserved areas, hinders access to medical appointments and essential services and activities within the community.

*Economic Barriers:* Lack of financial resources, even in more populace locations, can impact an individual's ability to access public transportation and engage in community activities.

*Coordination Challenges:* Ineffective coordination and scheduling often lead to missed appointments or missed community integration activities.

*Information Gaps:* Lack awareness or information about available transportation services may prevent people from utilizing those resources effectively.

*Geographic Constraints:* Rural areas often have a limited transportation infrastructure; individuals may encounter difficulties connecting with community resources and events.

*Physical Inaccessibility:* Lack of multiple transportation modalities may pose challenges for individuals with mobility impairments, restricting their participation in community life.

*Technological Barriers:* Limited access to technology for scheduling rides can impede an individual's ability to utilize NEMT or Community Services Transportation services efficiently.

### **Other States' Programs:**

We interviewed six states and reviewed six state policies to assess how these states utilized NEMT and how they provided Community Integration Transportation. Out of the six states that we consulted, six use NEMT for Medicaid state plan services only, and five states provided Community Integration Transportation through transportation programs separate and distinct from NEMT that are tailored to meet the needs of members receiving HCBS services.

Research is summarized in Appendix A.

### **Factors that Enhance Access to Community Integration Transportation:**

Based on our research, there are a number of factors that could enhance the availability of, and Mainers' access to, Community Integration Transportation, described below, along with some considerations.

*Expanding Service Coverage:* Increasing services to underserved areas to ensure a broader scope of services for individuals in need of transportation.

*Diversifying Transportation Modalities:* Utilizing a variety of transportation options, such as provider managed transportation, rideshare programs, public or community transportation including partnering with existing transit services to accommodate diverse mobility needs.

*Affordability Initiative:* Executing cost-effective methods such as subsidies, annual stipends, or sliding-scale fees to make non-medical transportation services more accessible and affordable for a larger range of individuals. Expanding transportation funding for HCBS members receiving 1915(c) Waiver services as part of their program budget, allowing for multiple reimbursement options based on the most efficient, cost effective, individualized transportation modality.

Some states have offered specific member populations an annual transportation voucher, administered under 1915(c) authority, for individuals to use across various transportation modalities to access community integration activities. The transportation options under this voucher are in addition to the transportation available through those states' NEMT programs. See additional detail in Appendix A.

DHHS would need additional time and resources to continue to assess the operational and regulatory feasibility of developing and implementing such a program in Maine. However, given that approximately 8,500 Medicaid members receive HCBS services under 1915(c) authority, a \$2,000 annual voucher could cost the State approximately \$17 million per year, in addition to the ongoing administrative costs and state staffing needed to run such a program.

*Technological Integration:* Utilizing user-friendly platforms for efficient scheduling, real-time tracking, improved communication for more sustainable and convenient accessibility to transportation services.

*Community Outreach and Education:* Ensuring awareness of transportation options via community outreach and collaboration with the Department of Transportation and Case Management/Care Coordination Providers will allow individuals to become well versed in services and how to access them.

*Partnership Collaboration:* Nurturing partnerships between transportation providers, community organizations, and local businesses to create a network that supports and expands transportation services.

### **Maine's Work Toward Enhancing Access to Community Integration Transportation:**

Maine is already doing work that contributes to the success factors listed in the previous section.

Maine has submitted a proposal under the federal Rural Health Transformation Program that aims to improve rural residents' access to transportation. Activities in the proposal include:

- Creating a Maine Regional Coordinated Service Pilot, managed by the Department of Transportation. This pilot would align with efforts by the Federal Coordinating Council on Access and Mobility to implement a technology application to enable trip sharing and coordination through accurate cost allocation between Medicaid transportation and other federally funded transportation programs to reduce gaps in access to transportation for health and wellness.
- Strengthening and expanding community transportation programs by funding the University of Maine's Center on Aging to coordinate and expand volunteer driving programs offered by many of Maine's "Age Friendly Community" organizations.
- Supporting the Maine Coordinating Council on Access and Mobility, established by LD1451 in 2025, to develop and implement a "mobility management" plan to identify the regional structure to increase access to rural healthcare with a focus on older adults, people with disabilities, and people of low income. DHHS, along with the Department of Transportation (MDOT), Department of Labor, Department of Education, and other

stakeholders serve on the council. MDOT has issued an RFP to contract with a vendor to conduct national research on mobility management structures and best practices.

Regarding several other success factors noted above:

- The five Area Agencies on Aging, Case Management/Care Coordination Providers, and other entities already undertake community outreach and education activities to ensure awareness of non-medical transportation options.
- A Department representative serves on the Public Transit Advisory Council (PTAC), with a mission to enhance and improve public transit systems in Maine.
- The Department's NET program has an existing model for cross-organizational partnership and collaboration that any new or enhanced Community Integration Transportation program could look to mirror.

### **Potential Next Steps:**

The following actions could support enhancing opportunities for Community Integration Transportation:

1. Continue to explore the operational, regulatory, and fiscal feasibility of an annual voucher for Community Integration Transportation. This could not be done by DHHS without additional resources, for a part-time contracted staff person to do this research and assessment, as ARPA Section 9817 funding is no longer available.
2. Continue planning for the possible awarding of funds for transportation-related projects under the federal Rural Health Transformation Program.

## Appendix A: Community Integration Transportation State Comparison

	New York	Ohio	Colorado	Iowa	New Hampshire	Vermont
Scope of Service	Direct Waiver Covered Service Model					Elderly & Disabled Transportation Program (Non-Waiver Funded)
Eligibility Criteria	Meets Medicaid Eligibility					Diagnosed Disability (ADA)
	Meets Level of Care (NF/DDS/MI)					Age 60 and Above
Oversight Agency	New York State Department of Health	Ohio Department of Developmental Disabilities	Department of Health Care Policy & Financing	Department of Health & Human Services	Division of Elderly & Adult Services	Vermont Public Transportation Association
Transportation Management: Non-Medical	Regional Brokers & MCO	Regional Brokers	Regional Brokers & Local Transport Providers	Regional Brokers & MCO	Regional Brokers & MCO	Subcontracted Entities
	Independent Provider					Volunteer Transport Providers
	Agency Provider					Commercial Transportation
	Commercial Transportation					
Transportation Management: Non-Emergency	Regional Brokers		Regional Brokers	Regional Brokers	Regional Brokers	Regional Brokers
	Managed Care Organizations	Managed Care Organizations	Local Transportation Providers (County Level)	Managed Care Organizations	Managed Care Organizations	Provider Networks
Fiscal Methodology	\$2,000/member annually	Determined by Beneficiary's Budget	2 Round Trips per week or 104 Round Trips per annual auth period	\$1570/member annually	\$5,000/annually per Waiver Member	No Annual Limit
Payment Methodology	Pre-paid Transport Vouchers/Cards					
	Mileage Reimbursement					
	Volunteer Transport					
	Non-Traditional Transport Providers					
Limits	Mileage Limit					
	Reimbursement for transportation services when the cost of transportation is not a component of the rate paid for another service					
	Informal Supports and Community Services must be utilized prior to seeking Non-Medical Transportation					
	Transportation to/from non-covered medical or waiver funded services which are not identified in the PCSP					
	Beneficiaries residing in residential facilities where transportation is a component of the service					

Table 1 State Analysis: Scope of Non-Medical Transportation vs Non-Emergency Medical Transportation Services

	Non-Medical Transportation (Waiver Funded)	Non-Emergency Transportation (Medicaid Funded)	Other Transportation Program(s)
Community Day Program	New York Colorado Vermont Ohio	New Hampshire Ohio	
Supported Employment	New York Colorado Vermont	New Hampshire Ohio	
Employment	Ohio Iowa New Hampshire New York (Interview Only)		Vermont (2 Week Limit)
Community Resources/Activities (Shopping, Volunteering, Civic Duties, Community Engagement, Non-Medical Therapy, Social Events, Non-Medicaid Activities)	New York Ohio Colorado Iowa New Hampshire		Vermont
Post Secondary Education/Internship/Practicum	Ohio New York (GED Prep Only)		Vermont
Medical Appointments	All States: Assurance of Transportation as required under Federal Regulation 42 CFR § 431.53		

Table 2 State Analysis: Covered Transportation Services Non-Medical Transportation vs Non-Emergency Medical Transportation

Janet T. Mills  
Governor

Sara Gagné-Holmes  
Commissioner



Maine Department of Health and Human Services  
Aging and Disability Services  
41 Anthony Avenue  
11 State House Station  
Augusta, Maine 04333-0011  
Tel.: (207) 624-8060; Toll Free: (800) 232-0944  
TTY: Dial 711 (Maine Relay); Fax: (207) 287-7186

## REPORT BACK TO COMMITTEE

**To:** Joint Standing Committee on Health and Human Services  
**From:** Michelle Probert, Office Director, Office of MaineCare Services  
Betsy Hopkins, Office Director, Office of Aging and Disability Services  
**Date:** December 22, 2025  
**Re:** LD 263, *Resolve, to Provide Rural Nonmedical Transportation Services to the Elderly and Adults with Disabilities Receiving Home and Community Benefits Under MaineCare*

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The Health and Human Services Committee (Committee) has requested a report back on the subject topic above by January 1, 2026. This memorandum serves as the response from the Department of Health and Human Services (Department).

In particular, the Committee requested responses on three points:

1. *The options available for nonmedical transportation for older people and people with disabilities in the state*
2. *Potential Medicaid authorities that other states have used to offer nonmedical transportation services to Medicaid [HCBS] recipients.*
3. *The feasibility of leveraging those opportunities here in Maine.*

Responses for each question are below. Additionally, the Department is attaching a summary report of recent work to explore this topic, entitled *Consumer Centered Transportation: Enhancing Community Integration Transportation*.

1. *The options available for nonmedical transportation for older people and people with disabilities in the state*

MaineCare's Non-Emergency Transportation (NET) program provides limited Community Integration Transportation for members going to enrolled behavioral health facilities and to employment when MaineCare supports (e.g. employment support, counseling by a caseworker) are in effect. These are covered services under the Medicaid state plan.

Under Sections 18, 20, 21, and 29 of the *MaineCare Benefits Manual*, part of the established Home and Community Based Services (HCBS) waiver provider reimbursement rate includes transportation. This is often called "in-program transportation," to distinguish from NET's provision of transportation to and from the services, and it is available if the member requires staff support for the activity. An example can be found in Chapter II, Section 21.05-

13 of the *MaineCare Benefits Manual* for the Home Support - Quarter Hour service. As part of that service, it is expected that the waiver provider will take a member into the community to destinations like a grocery store or the bank.

The Department is also aware that a number of Maine's Age-Friendly communities offer volunteer transportation services, often for medical appointments. See <https://www.lifelongmaine.org/communities/by-domain/transportation> for more information. The State does not fund these services, although some communities received grants from the State in FY 2024, and a portion of those grants were used for transportation programming. These grants were part of the Cabinet on Aging's Community Connections pilot, a broader initiative funded by the American Rescue Plan Act (ARPA) Section 9817, through one-time funding.

Additionally, non-medical transportation is an allowable, but not required, service under the Older Americans Act (OAA). The Department awards OAA funding to the Area Agencies on Aging (AAAs) each year. Each AAA determines how much of its OAA funding is allocated specifically to non-medical transportation-based funding amounts and competing funding priorities. In FY 2025, 1,678 people received 1,977 one-way trips of non-medical transportation using OAA funding awarded to AAAs. The AAAs arrange contracts with local and regional transportation providers.

2. ***Potential Medicaid authorities that other states have used to offer nonmedical transportation services to Medicaid [HCBS] recipients.***

Maine researched how six states provide Community Integration Transportation. Five states provided Community Integration Transportation services through transportation programs, separate and distinct from their Non-Emergency Medical Transportation (NEMT) programs, for members receiving HCBS services. Some states have offered specific member populations an annual transportation voucher, administered under 1915(c) authority, for individuals to use across various transportation modalities to access community integration activities. The transportation options under this voucher are in addition to the transportation available through those states' NEMT programs.

Additional information is in the attached report.

3. ***The feasibility of leveraging those opportunities here in Maine.***

Given the current fiscal climate at both the Federal and State levels, funding for new transportation programs remains the largest barrier to expanding access to nonmedical transportation. While DHHS would need additional time and resources to assess the full operational and regulatory feasibility of developing and implementing a transportation voucher program in Maine, given that approximately 8,500 Medicaid members receive HCBS services under 1915(c) authority, a \$2,000 annual voucher could cost the State approximately \$17 million per year, in addition to the ongoing administrative costs and state staffing needed to run such a program.

Of note, Maine has submitted a proposal under the federal Rural Health Transformation Program (RHTP) that aims to improve rural residents' access to transportation, including to nonmedical activities. More details on the proposal are in the attachment and available on the Department's RHTP website: <https://www.maine.gov/dhhs/ruralhealth>. As of December 22, the State has yet to receive a response from the federal government about its application to RHTP.

ATTACHMENT:

*Consumer Centered Transportation: Enhancing Community Integration Transportation*