



**Commonwealth of Massachusetts**  
**Executive Office of Health and Human Services**  
**Human Service Transportation Office**

**FY2011 Annual Report**

HST Office  
100 Hancock St., 6<sup>th</sup> Floor  
Quincy, MA 02171

[www.mass.gov/hst](http://www.mass.gov/hst)

Deval Patrick, Governor  
Timothy P. Murray, Lieutenant Governor  
Dr. JudyAnn Bigby, Secretary  
Executive Office of Health and Human Services

## Message from the Director

In FY11, services provided through the EOHHS Human Service Transportation (HST) Office continued to expand with consumer trips increasing 5.3% to just under 6 million trips. Despite this increase in trips, the system's average cost per consumer one-way trip remained stable at \$20.04. This rate reflects the full spectrum of HST consumer trips serving five separate agencies and accounts for ambulatory, non-ambulatory, local and long distance services. The system's market-driven demand-response MassHealth PT-1 trip costs continued their downward trend in FY11 decreasing from \$15.59 in FY10 to \$14.75 in FY11, a 5.4% decrease - MassHealth paid \$171,797 fewer dollars for 116,829 more consumer trips in FY11.

In keeping with cost stabilization and efficiency efforts, the HST Office also welcomed two new agencies to its service network in FY11: the Massachusetts Rehabilitation Commission (MRC) and the Massachusetts Commission for the Blind (MCB). MRC services began in the second half of the year and preliminary data for the 6-month period indicates a dramatic savings in average cost per consumer trip (see Appendix I). MCB services, while added in FY11, are scheduled to begin in FY12.

Additionally in FY11, the Department of Veterans' Services joined the HST Advisory Board providing a much needed perspective on veterans' transportation issues and expanding the breadth and diversity of the Board and the talent and resources available to the HST Office.

FY12 promises to be as challenging as past years, but we are confident that the system will continue to provide enhanced service quality for consumers while seeking creative approaches to achieving cost containment and efficiencies across all of our brokered services. We look forward to expanding the Office's mobility management capacity in FY12 as a result of a two-year \$600,000 federal grant that will enable us to build and sustain a robust online mobility management information network that will ultimately support a broad-based array of transportation options for the elderly, disabled, low income, veteran and other populations.

Finally, I would like to express my appreciation and thanks to the HST Advisory Board and participating agencies for their guidance and support of the Office in FY11, and to the HST staff and brokers for their dedication and hard work in achieving the outcomes outlined in this report.

Sincerely,  
Jim Flanagan

## Who We Are

The EOHHS Human Service Transportation (HST) Office operates within the Executive Office of Health and Human Services (EOHHS) reporting to the EOHHS Chief Administrative Officer. The HST Office receives policy guidance and support from its Advisory Board made up of key stakeholders and participating agencies. The HST Office provides services for participating agencies through a statewide brokerage system contracting with six (6) Regional Transit Authorities as brokers.

### **HST Advisory Board**

Chair - Catherine Mick, Chief Administrative Officer, Executive Office of Health and Human Services (EOHHS)  
 Sandra Albright, Undersecretary, Executive Office of Elder Affairs (EOEA)  
 Cheryl Poppe, Deputy Secretary, Department of Veterans' Services (DVS)  
 John Englert, Deputy Administrator, Massachusetts Department of Transportation (MassDOT)  
 Amy Andrade, Director of Member and Provider Services, MassHealth (Medicaid)  
 Larry Tummino, Deputy Commissioner, Department of Developmental Services (DDS)  
 Kasper Goshgarian, Deputy Commissioner, Massachusetts Rehabilitation Commission (MRC)  
 Ron Benham, Bureau Director, Department of Public Health (DPH)  
 John Oliveira, Assistant Commissioner, Massachusetts Commission for the Blind (MCB)  
 Heidi Paulson, Legal Advisor, EOHHS

### **HST Participating Agencies**

Department of Developmental Services (DDS)  
 Department of Public Health (DPH)  
 MassHealth (Medicaid)  
 Massachusetts Commission for the Blind (MCB)  
 Massachusetts Rehabilitation Commission (MRC)

### **HST Brokers**

Berkshire Regional Transit Authority (BRTA)  
 Cape Ann Transit Authority (CATA)  
 Cape Cod Regional Transit Authority (CCRTA)  
 Franklin Regional Transit Authority (FRTA)  
 Greater Attleboro/Taunton Regional Authority (GATRA)  
 Montachusett Area Regional Transit (MART)

### **HST Staff**

Ed Bailey  
 Perry Fong  
 Gail Hill  
 Vera Kirrane  
 Ronni Lieberman  
 William McGuinness  
 Sandra Mulcahy  
 Christine Newhall  
 Tanya Pina  
 Taysa Rivera  
 Tanja Ryden

## Who We Are

The Executive Office of Health and Human Services (EOHHS) comprises 16 agencies that collectively deliver and administer most of the Commonwealth's health and human services. We support the health and well-being of residents through services that include Medicaid, nutrition assistance, mental health, public health, and transitional assistance. EOHHS has an operating budget which represents approximately half of the Commonwealth's budget and makes us one of the largest state government organizations in the country.

EOHHS' work touches the lives of all Massachusetts residents. We provide targeted services to approximately 1.5 million of the Commonwealth's most vulnerable populations. We also protect, preserve, and improve the health of all the Commonwealth's residents through our public health, safety, and quality programs, and other initiatives, including a coordinated human service transportation system.

The EOHHS HST Office reflects our commitment to ensuring access to care and helping individuals live in their community of choice by improving access to community-based supports.

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**HST Mission:** To promote access to health and human services, employment and community life by managing a statewide transportation brokerage network for eligible consumers and by providing technical assistance and outreach strategies in support of local mobility and transportation coordination efforts especially for transportation disadvantaged Massachusetts residents.

**HST Vision:** A system where all transportation disadvantaged residents of the Commonwealth have adequate transportation options allowing access to all facets of daily life.

**HST Core Values:**

- Support/ensure consumers' transportation access to the full range of human services they need to be healthy and self-sufficient
- Provide human service transportation in a safe, professional, on-time manner
- Maintain and enhance transportation service quality and cost effectiveness
- Treat all consumers with dignity and respect
- Use the least intensive level of transportation required, based on the consumer's needs
- Promote and facilitate public transit options
- Support the coordination of human service transportation on federal, state and community levels
- Develop transportation policies and programs that promote the safety, health and well being of the consumer

## What We Do: HST Brokerage

The HST Office contracts with six regional brokers to manage the transportation services of six programs within five EOHHS agencies:

- **MassHealth (Medicaid)** non-emergency medical transportation system (PT-I)
- **MassHealth** funded **Day Habilitation** (DayHab) programs
- **Department of Developmental Services** (DDS) supported employment workshops and residential supports
- **Department of Public Health's** (DPH) early intervention programs for children and families
- **Massachusetts Rehabilitation Commission's** (MRC) vocational rehabilitation and community services
- **Massachusetts Commission for the Blind's** (MCB) social and rehabilitative programs and services (\* MCB joined the HST system in FY11, during which implementation plans for services to begin in FY12 were completed)

Through the HST Office's brokerage operation, human service transportation is generally provided to eligible consumers via two models: "demand-response" and "program-based" (a third model is under development that incorporates elements of both):

- **Demand-Response** ("dial-a-ride") transportation is provided on an as-needed basis for consumers to and from varying locations. This model is used primarily for MassHealth PT-I non-emergency medical transportation services
- **Program-Based** transportation operates on a daily or regularly scheduled basis in which consumers are picked up from their homes and transported to the same program facility, on a grouped or shared-ride basis. This includes transportation for Department of Developmental Services, MassHealth-funded Day Habilitation programs, and the Department of Public Health's early intervention programs

EOHHS contracts with select Regional Transit Authorities (RTAs) that function as brokers to provide direct transportation services to EOHHS consumers in nine distinct HST Areas (HST1-9), which encompass all cities and towns within the Commonwealth. Each HST broker administers transportation services through subcontracting with qualified transportation providers in their HST Area(s).

Transportation brokers are required to adhere to high quality performance standards with specific outcome measures that have been established and are monitored by the HST Office. The primary responsibilities of brokers include:

- Arranging consumer trips and contracting for services with local providers
- Monitoring and ensuring service quality (on-site inspections, consumer surveys, etc.)
- Developing routing and other strategies to increase system efficiency and cost effectiveness
- Tracking and reporting system usage and costs and monitoring performance benchmarks

## What We Do: Technical Assistance

The HST Office offers a range of technical assistance to state agencies – from assessing current transportation programs to developing innovative solutions to consumer transportation needs. Our technical assistance focus this year was primarily on MassHealth non-emergency fee-for-service (non-brokered) transportation services. The HST Office provides guidance and technical expertise to MassHealth for all non-brokered fee-for-service (FFS) transportation serving MassHealth members. In this capacity, the HST Office works closely with multiple MassHealth offices (provider enrollment, claims operations, customer service, provider compliance unit, etc.) to help facilitate high quality and cost efficient Non-Emergency Ambulance, Non-Emergency Chair Car, Emergency Ambulance and Air Ambulance services.

**\$2.1M in savings for MassHealth in FY11** - In FY10, the HST Office proposed and worked closely with MassHealth and EOHHS staff to draft regulatory amendments that modified personal mileage reimbursement to consumers for travel expenses which became effective on 7/1/10. This change in regulation, while still ensuring access to services, yielded over \$2 million in savings while enhancing programmatic internal controls.

	FY2010	FY2011	Change	% Change
Total mileage reimbursements	\$2,381,660	\$203,463	-\$2,178,197	-91%

### Fee-For-Service (FFS) Non-emergency Ambulance and Chair Car Services

Fee-for-service (FFS) rates (non-emergency ambulance and chair car) are set by the Division of Healthcare Finance and Policy (DHCFP). Although FY11 expenditures for non-emergency ambulance (\$8,883,581) and chair car services (\$11,222,675) are relatively similar, chair car trips constitute 87% of total non-emergency fee-for-service trips. The significant difference in expenditures per trip between chair car and non-emergency ambulance services is the level of care involved in transport.

	Expenditures	Trips	Per trip cost
Chair Car	\$11,222,675	345,175	\$32.51
Non-emergency Ambulance	\$8,883,581	50,913	\$174.49
Total Expenditures	\$20,106,256	396,088	\$50.76

## What We Do: Mobility Management Support and Outreach

In FY11, the HST Office expanded its non-brokerage work from a focus on outreach and technical assistance to include a mobility management function to support a broad-based, efficient and high quality array of transportation options for the elderly, disabled, low income, veteran and other populations. Through initiatives accomplished in FY11, we are developing the Commonwealth's organizational capacity to support community and regional transportation coordination and local mobility management initiatives. Our goal is to assist agencies, community partners, consumers and other stakeholders in facilitating efficient, coordinated transportation resources that improve access to services and maximize travel independence.

### Mobility Management Support:

- During FY11 the HST Office achieved its mobility management objectives:
  - **Developed an expanded HST website** which now includes information on a wide array of transportation resources, technical assistance, best practice documents, reports, news & updates and links to key resources for consumers, transportation providers, human service agencies, employers and other stakeholders (see Appendix 2 – HST Web site homepage)
  - **Received a two-year \$600,000 federal grant award** to build and sustain a statewide mobility information network. This has laid the groundwork for creating a discrete unit to focus on the second part of our mission statement to “support local mobility and transportation coordination efforts especially for transportation disadvantaged Massachusetts residents.” Our goal is to assist agencies in ensuring that their consumers have timely access to services and maximize their potential for travel independence

### Outreach highlights:

- Partnership **with the UMASS Work Without Limits (WWL) initiative to sustain local transportation coordination teams** - Following a three day intensive Massachusetts Transportation Coordination Institute in 2009, WWL and HST continued to support and expand the local teams by hosting two follow-up statewide meetings, offering training and technical assistance
- **Formation of the Massachusetts Veterans Transportation Coalition (MVTC)** – This workgroup has expanded membership to facilitate coordination between EOHHS agencies, including the HST Office, Departments of Veteran's Services and Elder Affairs, and MassDOT and regional transit agencies (MART, CCRTA, MWRTA and GATRA), as well as a representative of the Massachusetts Veterans Service Officers (VSO) Association. The group has presented at the annual statewide VSO conference and continues to meet regularly to develop transportation resource materials for veterans, conduct outreach and facilitate communication and collaboration among a broader stakeholder group
- **Presenting at local and statewide conferences:**
  - Massachusetts Councils on Aging Annual conference
  - Department of Developmental Services regional conference



## FY2011 HST Brokerage: FY11 Snapshot

### HST 1: Berkshires

Consumer trips: 154,696  
Avg. cost/trip: \$28.26  
Broker mgt. avg. cost/trip: \$1.73

### HST 2: Franklin County

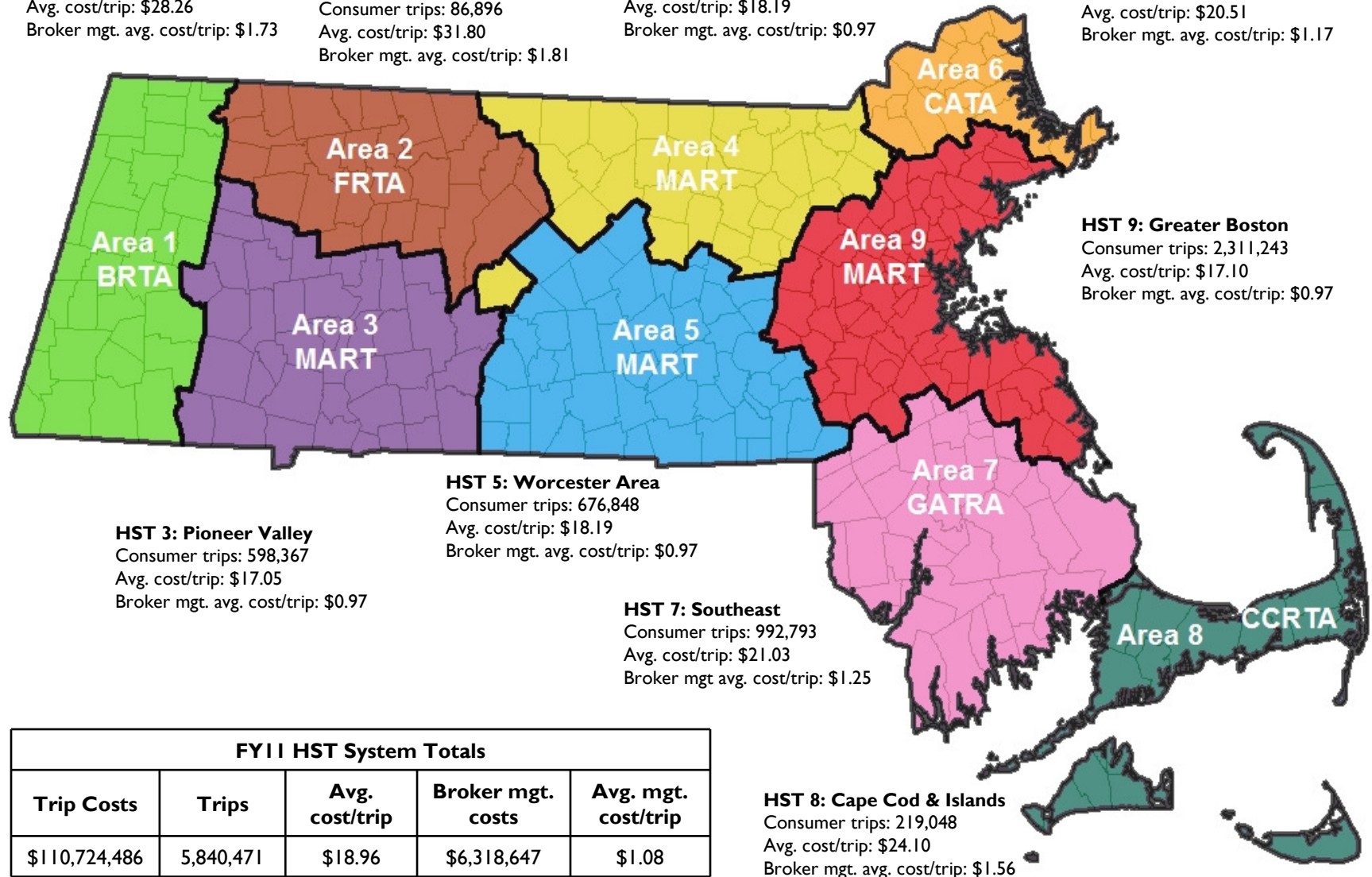
Consumer trips: 86,896  
Avg. cost/trip: \$31.80  
Broker mgt. avg. cost/trip: \$1.81

### HST 4: Fitchburg/Leominster Area

Consumer trips: 452,066  
Avg. cost/trip: \$18.19  
Broker mgt. avg. cost/trip: \$0.97

### HST 6: Northeast

Consumer trips: 348,714  
Avg. cost/trip: \$20.51  
Broker mgt. avg. cost/trip: \$1.17



### HST 9: Greater Boston

Consumer trips: 2,311,243  
Avg. cost/trip: \$17.10  
Broker mgt. avg. cost/trip: \$0.97

### HST 5: Worcester Area

Consumer trips: 676,848  
Avg. cost/trip: \$18.19  
Broker mgt. avg. cost/trip: \$0.97

### HST 3: Pioneer Valley

Consumer trips: 598,367  
Avg. cost/trip: \$17.05  
Broker mgt. avg. cost/trip: \$0.97

### HST 7: Southeast

Consumer trips: 992,793  
Avg. cost/trip: \$21.03  
Broker mgt. avg. cost/trip: \$1.25

### HST 8: Cape Cod & Islands

Consumer trips: 219,048  
Avg. cost/trip: \$24.10  
Broker mgt. avg. cost/trip: \$1.56

FY11 HST System Totals

Trip Costs	Trips	Avg. cost/trip	Broker mgt. costs	Avg. mgt. cost/trip
\$110,724,486	5,840,471	\$18.96	\$6,318,647	\$1.08



## FY2011 HST Brokerage: System Data

### Brokerage Finance and Operations

Brokerage fiscal and operations data is compiled from the monthly operations and revenue expenditure reports submitted by the six brokers to the HST Office and include the five agency programs operated under the HST brokerage system.

Financial Summary		Operational Summary	
Total Operating Costs	\$117,043,133	Consumer one-way trips	5,840,471
Consumer Trip Expenditures	\$110,724,486	Chair car trips	796,117
Broker Management Expenditures	\$6,318,647	% of total trips	14%
Average direct service cost per trip	\$18.96	Shared trips	3,955,224
Average broker management cost per trip	\$1.08	% of total trips	68%
Average total cost per trip	\$20.04	Consumers Served	34,903
		Local Transportation Providers	375
		Vehicles (including chair cars)	2,542
		Drivers	2,691
		Monitors	301

## FY2011 HST Brokerage: System Data

### Brokerage Performance Quality

The HST system consistently achieves a rate of 99% or better on contract performance standards (i.e., accident-free trips, on-time trips and complaint-free trips). For example, HST contract standards require that there be no more than three (3) vehicle accidents per 10,000 consumer trips, and in FY11 the performance outcome was less than one (1) accident per 20,000 trips. Additionally, the HST system achieved a greater than 99% performance rate of completed on-time trips and complaint-free trips (based on consumer complaints received and on-site inspections performed).

As part of ensuring service quality, the brokers are required to perform on-site service inspections at consumer destination facilities (clinics, doctor's offices, program sites, etc.). In FY11, the brokers completed 4,549 inspections, which was over 1,500 more inspections than were required by the contract. This equates to an average of 18 on-site service inspections taking place each weekday across the Commonwealth.

The HST Office strives to continually improve the brokerage system's performance, and receiving input from consumers is a crucial component in this effort. In FY11, the brokers conducted 18,944 consumer surveys (representing 54% of the HST system consumer population) and achieved an 88% positive response rate. This represents an increase of 9% in terms of consumers surveyed and 5% in terms of positive responses between FY10 and FY11.

Consumer trips	5,840,471
Percentage of completed on-time trips	99.8%
Percentage of complaint-free trips	99.7%
Broker on-site service inspections performed	4,549
Average number of inspections occurring every weekday	18
Broker consumer surveys conducted (phone & written)	18,944
Percentage of surveys with a positive response	88%

Although the HST brokerage system regularly achieves high quality performance, inevitably there are occasions where brokers have removed drivers, monitors and vendors from the system due to performance issues. In FY11:

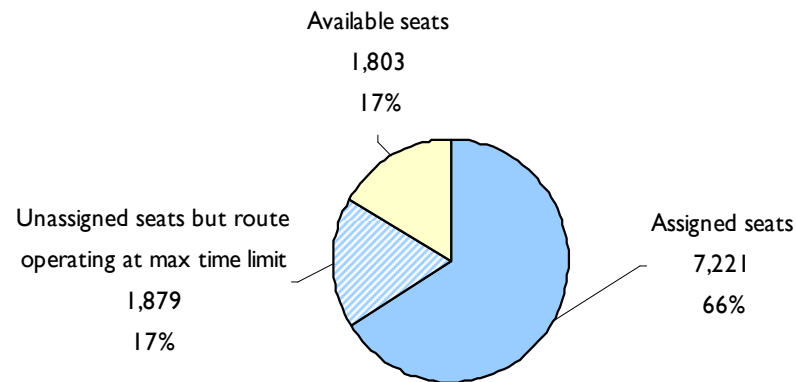
Vendor fines assessed by brokers - Fines are reflected in reduced costs to the agencies	\$136,557
Drivers/monitors removed from service	75
Vendor work re-assigned	75
Vendor contracts terminated	5

## FY2011 HST Brokerage: System Data

### Brokerage Operations Efficiency

The HST Office and its brokers are committed to managing transportation for the EOHHS consumers we serve as efficiently as possible. In FY11 the HST Office began analyzing shared-ride data beyond reporting on just the number and percentage of shared rides. The goal of this analysis was to identify routing efficiency as it relates to vehicle capacity versus ridership. The analysis started with program-based routes serving MassHealth-funded Day Habilitation and DDS-funded Day Programs from two brokers (GATRA and MART) representing 85% of these statewide services (\$79,680,801). The data indicates that when factoring in both ridership and routing time restrictions, the system is operating at 83% of vehicle capacity.

#### Routing Utilization at 83% Capacity



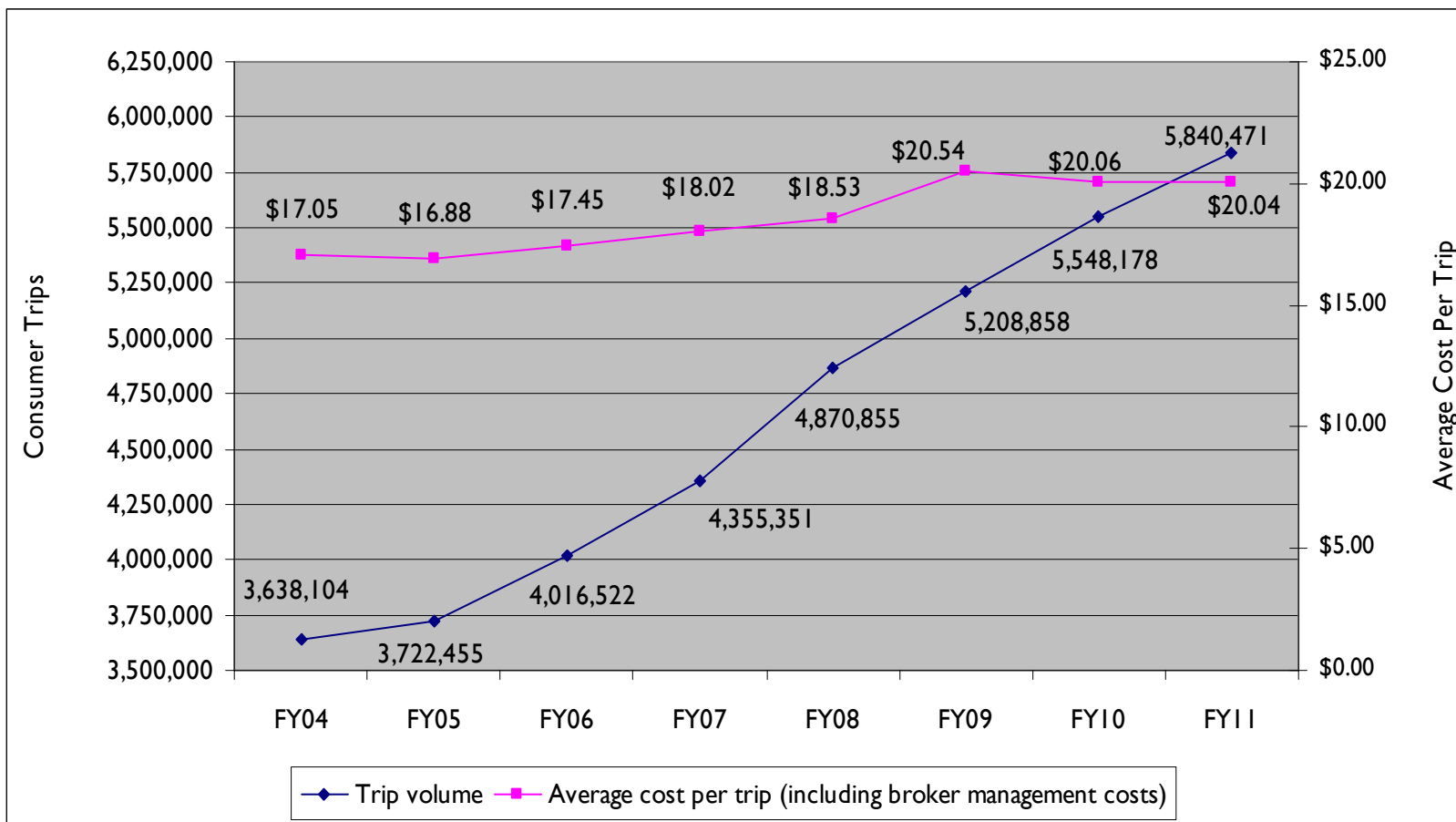
**\* Assigned seats (66%) + Unassigned seats but route at max time limit (17%) = 9,100 out of a possible 10,903 seats (83% utilization)**

In FY12 and FY13, this analysis will be expanded to include all HST brokers for all agency services. By ensuring that as many seats as possible are filled within the time constraints outlined in our specifications, we are not only able to maintain a stable cost structure, but we also reduce fuel consumption contributing to cleaner, healthier communities.

## FY2011 HST Brokerage: Cost Containment

### HST Brokerage System Growth & Cost Containment

The HST Office is committed to stabilizing costs in the brokerage system. In looking at the HST system since FY04, we note that the system has experienced an average annual growth in consumer trips of 8.8% per year, while average costs per trip have been held to less than 3% per year. For the second year in a row, the system saw average cost per trip (including broker management costs) decrease (-\$0.48 in FY10 and -\$0.02 in FY11).



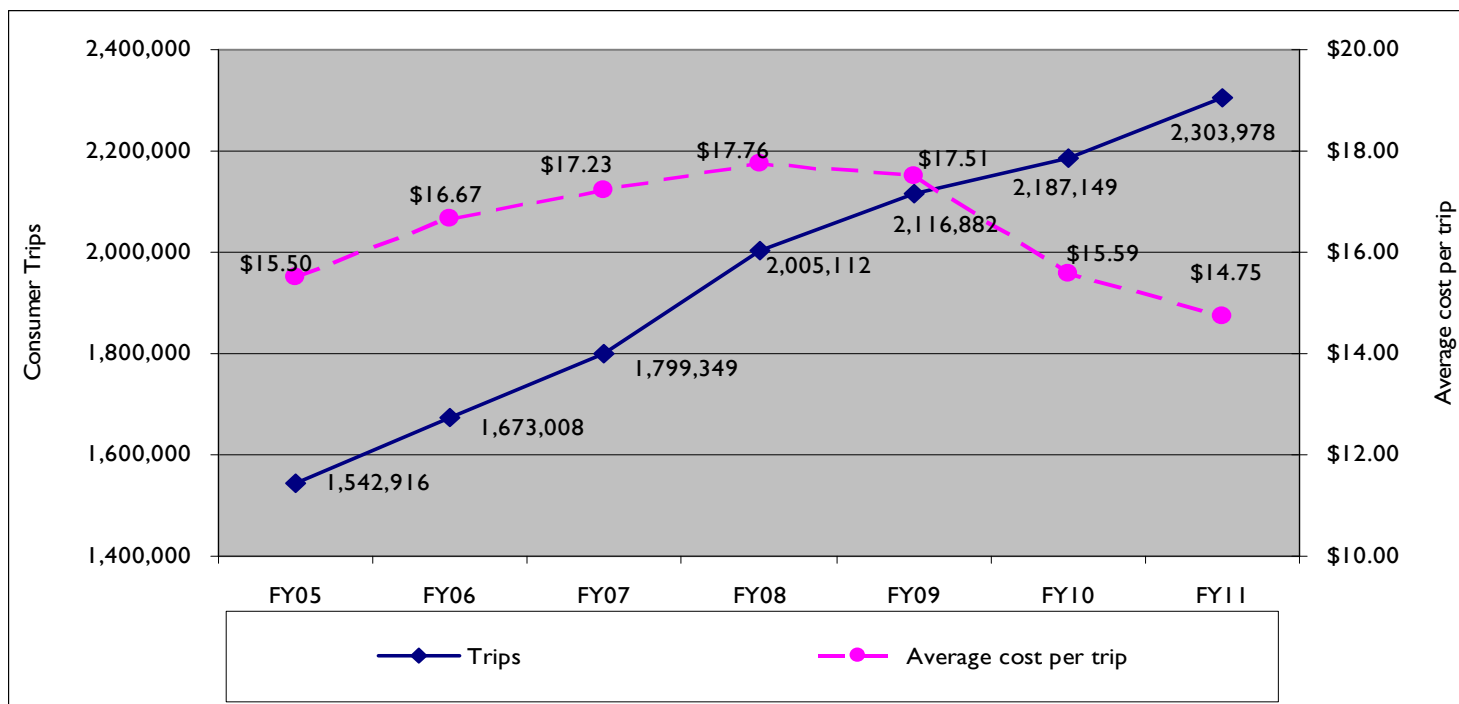
Average annual increase in consumer trips (FY04-FY11)	8.8%
Average annual increase in cost per trip (FY04-FY11)	2.9%

## FY2011 HST Brokerage: Cost Savings

### MassHealth PT-I Rates

In FY11, the PT-I demand-response average cost per trip continued its downward trend that began in FY09, decreasing an additional \$0.84 per trip from the FY10 rate. The FY11 rate of \$14.75 is the lowest rate that HST has on record for this service and is now \$0.75 below the FY05 rate of \$15.50. Contributing factors for this performance include the introduction of a shared cost savings incentive in FY09 and the fact that these rates are established through a near real-time, competitive, market-based system.

Change in average cost per trip from FY05 to FY11	-\$0.75
Percentage change in cost per trip from FY05 to FY11	-4.8%
Average annual change in cost per trip over 6-year period	-0.8%
Change in trips from FY05 to FY11	761,062
Percentage change in trips from FY05 to FY11	49.3%
Average annual change in trips over 6-year period	8.2%



## FY2011 HST Brokerage: Agency Data – FY10 to FY11 Comparison

Below is a comparison of FY10 and FY11 data for the five agency/program models served through the HST brokerage system. The data presents changes from FY10 to FY11 in consumer trips (including number and percentage of chair-car trips and shared trips), expenditures and average cost per trip.

	DDS	Day Habilitation	DPH	MassHealth PT-I	MRC (new HST agency in FY11)	TOTAL
<b>FY10 Trips</b>	854,553	2,406,349	100,127	2,187,149		5,548,178
<b>FY11 Trips</b>	827,552	2,603,073	102,418	2,303,978	3,450	5,840,471
<b>% change in trips FY10-FY11</b>	-3.16%	8.18%	2.29%	5.34%		5.27%
<b>FY11 Chair car trips,</b>	21,639	634,080	99	139,139	1,160	796,117
<b>% of total agency trips</b>	2.61%	24.36%	0.10%	6.04%	33.62%	13.63%
<b>FY11 Shared trips</b>	822,126	2,516,540	81,110	535,314	131	3,955,221
<b>% of total agency trips</b>	99.34%	96.68%	79.20%	23.23%	3.80%	67.72%
<b>FY10 Expenditures</b>	\$14,297,851	\$53,730,500	\$2,816,126	\$34,107,570		\$104,952,047
<b>FY11 Expenditures</b>	\$14,169,656	\$59,544,228	\$2,884,174	\$33,989,773	\$136,656	\$110,724,486
<b>% change in expenditures FY10-FY11</b>	-0.90%	10.82%	2.42%	-0.35%		5.50%
<b>FY10 average cost per trip</b>	\$16.73	\$22.33	\$28.13	\$15.59		\$18.92
<b>FY11 average cost per trip</b>	\$17.12	\$22.87	\$28.16	\$14.75	\$39.61	\$18.96
<b>% change in average cost per trip FY10-FY11</b>	2.35%	2.44%	0.11%	-5.37%		0.22%

## HST Accomplishments in FY11

- ✓ Expanded the HST system from three to five agencies when the Massachusetts Rehabilitation Commission (MRC) and the Massachusetts Commission for the Blind (MCB) added their transportation services to the HST brokerage
- ✓ Cost Containment/ Internal Controls:
  - Maintained stable system-wide average trip costs (including broker management costs)
  - Continued downward trend in MassHealth PT-I trip costs resulting in 116,829 more consumer trips for \$171,797 fewer dollars for MassHealth
  - Documented \$2.2M in savings to MassHealth by working with MassHealth and EOHHS staff to eliminate personal reimbursement for mileage expenses in FY10, while maintaining members' access to MassHealth-covered services and bolstering programmatic internal controls
- ✓ Awarded a two-year New Freedom/Job Access Reverse Commute (JARC) grant in conjunction with University of Massachusetts Medical School's Work Without Limits program to build and sustain the statewide infrastructure to support local mobility management
- ✓ Developed an implementation plan with MassHealth staff to transition transportation requests for MassHealth-eligible Day Habilitation and Early Intervention consumers to the PT-I form to improve system management and address potential audit risk
- ✓ All brokers transitioned to electronic DDS billing through EIM, increasing operational efficiencies and fiscal processing time
- ✓ Developed, facilitated and/or organized training opportunities for agency and broker staff including:
  - Crash Prevention Training
  - Disabled Persons Protection Commission (DPPC)
  - HST/MassHealth training for Eldercare network
- ✓ Developed and released an expanded HST website to serve as an information resource for consumers and state and local agencies on community transportation options and coordination initiatives (see Appendix 2)



## HST Broker Accomplishments in FY11

### MART

- ✓ Enhanced brokerage operations system by creating MassHealth Critical Care Unit to manage critical care consumer transportation needs and adding five call takers and one management staff to the Brokerage Department.
- ✓ Made automation and software changes to brokerage systems to allow for streamlined operations. These upgrades included automation of the DDS Portal to allow for electronic submission and processing of transportation requests (in testing phase); an upgrade to the shared ride program to include defined tracking of all adjustments to shared ride groups; an upgrade to the MassHealth billing program to calculate trip cost at the time of booking, eliminating vendor discrepancies in rate application; and the expansion of the Interactive Voice Response (IVR) system to create new PTI review and trip cancellation modules.
- ✓ Completed infrastructure and hardware upgrades to allow MART to accommodate system demand.

### GATRA

- ✓ Reconfigured its existing call center and administrative offices to include more work stations, accommodating call center staffing increases as well as GATRA's new mobility management department.
- ✓ Upgraded all computer hardware within brokerage operations during FY11, and completed several software upgrades on the brokerage scheduling system to allow for:
  - Enhanced electronic interface with MassHealth IS systems
  - Increased scheduling efficiencies
  - Improved audit ability of the brokerage transportation system

### CCRTA

- ✓ Added five additional buses to the Dial-A-Ride Transportation service that are used to accommodate the number of MassHealth PTI and social service transportation trips that CCRTA provides.
- ✓ Purchased seven accessible taxis that will be placed in service in January, 2012 and will also be leased to three CCRTA HST DDS/DayHab transportation providers. The selected providers will be required to provide a reduced cost for accessible general public, ADA, Human Service, and Social Service contracted transportation services that will reduce the cost to CCRTA for providing these services to customers. This Accessible Taxi initiative will be the first on Cape Cod that will provide needed accessible taxi service to the many residents and visitors who require door-to-door wheelchair and passenger assisted transportation services.

## HST Goals and Objectives for FY12

- ✓ Engage the Department of Mental Health (DMH) for inclusion in the HST system in FY13
- ✓ Work collaboratively with other secretariats and their agencies such as the Department of Early Education and Care (EEC) in transportation policy development and technical assistance
- ✓ Work collaboratively with MassHealth to transition Non-emergency Fee-for-Service Transportation to the HST system
- ✓ Support the work of Executive Order 530: Commission for the Reform of Community, Social Service and Paratransit Transportation Services
- ✓ Develop, facilitate and/or organize various training opportunities for agency and broker staff including:
  - Unique transportation needs of dialysis patients
  - Requirements for transporting service animals
  - Registry of Motor Vehicles - Driver screening protocols
  - Neutral writing - Efficiency in reporting
  - MassHealth's Customer Service Team (CST) - Training for brokers regarding member eligibility verification
  - MassHealth's Provider Compliance Unit (PCU) - Training for brokers regarding vendor audit procedures
- ✓ Implement year one of the New Freedom/Job Access Reverse Commute (JARC) grant to build and sustain a robust online mobility management information network, including:
  - Expand resource materials for the HST website and develop online communication tools
  - Revitalize Human Service Transportation Area Advisory Councils (HSTAACs) to support local mobility management and coordination efforts
  - Conduct outreach to build additional alliances and networking links among local stakeholders
  - Research and develop policy briefs (through our grant partner) to address local barriers to coordination
- ✓ Continue partnerships with the Massachusetts Veteran's Transportation Coalition and the UMASS Work Without Limits initiative

## Appendix I - Trends by Agency

**DDS** - The rate of decline in consumer trips has slowed from 8.5% in FY10 to 3.2% in FY11 with a corresponding decrease in expenditures of 0.9%. The average cost per trip increased 2.4% and continues to fluctuate in the range of 1.5% to 2.5%. This variation is attributable to the route cost structure of this program-based service and fluctuations in the agency cost allocation for shared routes with MassHealth-funded Day Habilitation services.

Dept. of Developmental Services (DDS)	FY09	FY10	FY11
<b>Total expenditures</b>	\$15,387,994	\$14,297,851	\$14,169,656
<b>Consumer one-way trips</b>	933,377	854,553	827,552
<b>Average cost per consumer trip</b>	\$16.49	\$16.73	\$17.12
<b>Consumers served</b>	2,671	2,408	2,326
<b>Average annual cost per consumer served</b>	\$5761.14	\$5,937.65	\$6,091.86

**DPH** - A slight trend in growth continues (FY09, FY10, and FY11), as FY11 trip volume and expenditures increased at an almost equal rate, of 2.3% and 2.4%, respectively, while average cost per trip increased by only 1.1%.

Dept. of Public Health (DPH)	FY09	FY10	FY11
<b>Total expenditures</b>	\$2,484,411	2,816,126	\$2,884,174
<b>Consumer one-way trips</b>	87,732	100,127	102,418
<b>Average cost per consumer trip</b>	\$28.32	\$28.13	\$28.16
<b>Consumers served</b>	3,094	3,224	3,202

**MRC** - After only six months of service in the HST system the agency saw significant savings (65%) in the average cost per consumer trip. MRC has the highest percentage of chair car trips (33.6%) in the HST system, and a low percentage of shared trips (3.8%). It is expected that over time, this low shared trip rate and relatively high trip cost (\$39.61) will come further into line with the other agencies served. MRC's higher trip cost can be attributable to the nature of its trips – high percentage of chair car trips as well as long-distance trips that span across the Commonwealth.

Massachusetts Rehabilitation Commission (MRC) - New HST Agency effective 1/1/11 *	FY10	FY11
<b>Total expenditures</b>	\$49,383	\$136,656
<b>Consumer one-way trips</b>	440	3,450
<b>Average cost per consumer trip</b>	\$112.23	\$39.61
<b>Consumers served</b>	60	131

\* The FY10 data above reflects the MRC Trip data provided to the HST Office in the service planning and transition stage prior to implementation, which occurred on 1/1/11. Therefore, the FY11 data above reflects only the second half of FY11. FY12 will show complete MRC data.

## Appendix I - Trends by Agency

**DayHab** - As in FY10, this service continues to see significant growth in trips (8.2%) with corresponding increases in expenditures (10.8%). An important note here is the chair-car trip ratio - approximately 1 in 4 Day Habilitation trips is a chair car trip. This ratio is almost four times the ratio of PT-I chair-car trips and has a significant impact on average cost per trip (\$22.87 per Day Habilitation trip vs. \$14.75 per PT-I trip).

MassHealth-funded Day Habilitation	FY09	FY10	FY11
<b>Total expenditures</b>	\$45,736,575	\$53,730,500	\$59,544,228
<b>Consumer one-way trips</b>	2,070,867	2,406,349	2,603,073
<b>Chair car trips</b>	483,855	570,180	634,080
<b>Average cost per consumer trip</b>	\$22.09	\$22.33	\$22.87
<b>Consumers served</b>	5,722	6,117	6,927
<b>Average annual cost per consumer served</b>	\$7,993	\$8,784	\$8,596

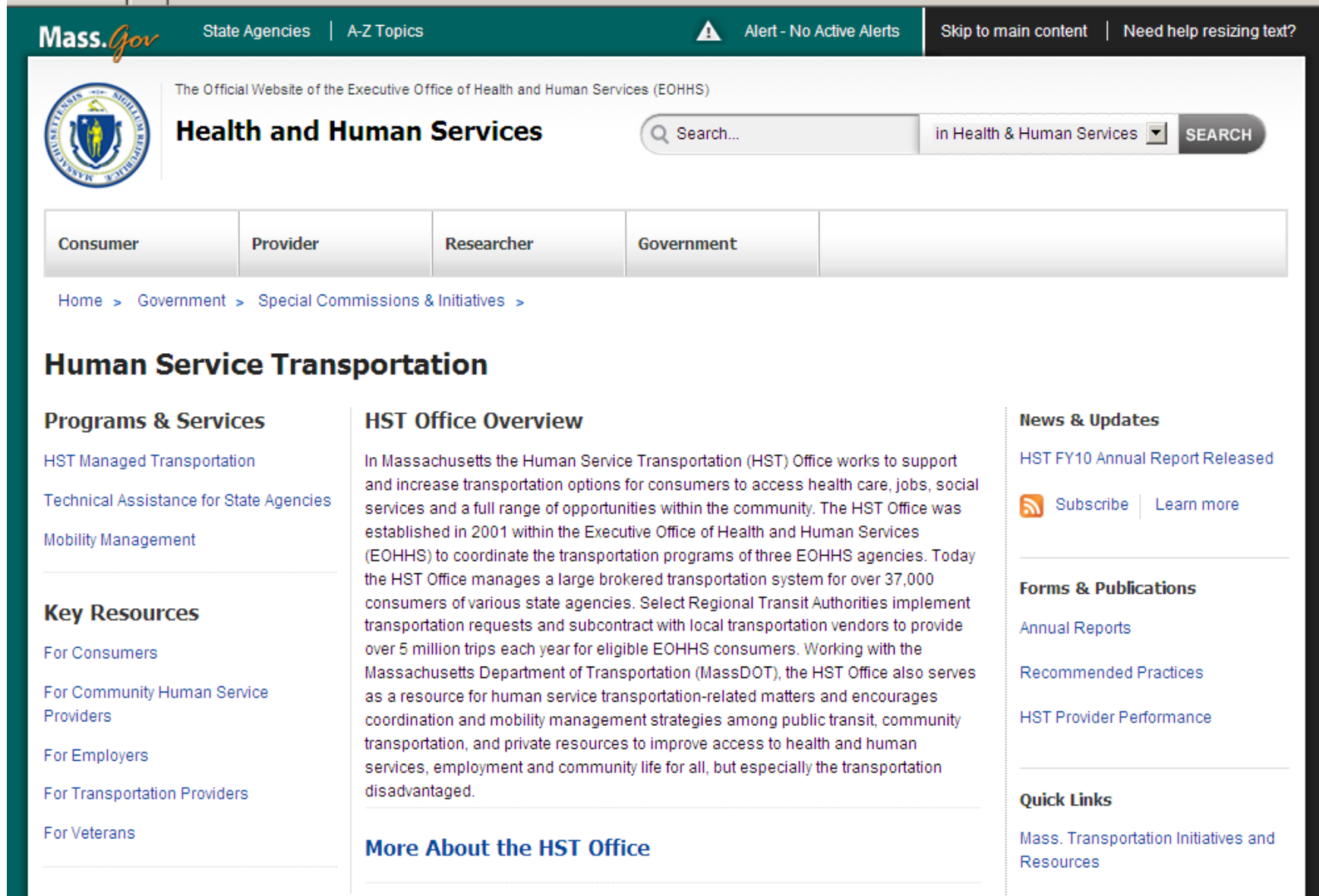
**PT-I** - As in FY10, this system saw the most dramatic change in average cost per trip, a 5.4% decrease from the FY10 rate (FY10: \$15.59, FY11: \$14.75). The PT-I data is particularly important to note, as the net result was a 0.4% decrease in expenditures, while trips increased by 5.34%. In other words, MassHealth was provided **116,829 more trips for \$171,797 fewer dollars.**

MassHealth PT-I	FY09	FY10	FY11
<b>Total expenditures</b>	\$37,067,469	\$34,107,570	\$33,989,773
<b>Consumer one-way trips</b>	2,116,882	2,187,149	2,303,978
<b>Average cost per consumer trip</b>	\$17.51	\$15.59	\$14.75
<b>Consumers served</b>	32,369	24,638	22,317

**MassHealth (Combined DayHab and PT-I)** - MassHealth transportation constitutes by far the largest share of brokered transportation in the HST system. In FY11, MassHealth expenditures alone totaled over \$93M, or 84% of the HST system's total direct service expenditures. While consumer one way trips and trip expenditures have grown by 15% and 11%, respectively, MassHealth has nonetheless seen a 5% decrease in average cost per consumer trip for its combined Day Hab and PT-I transportation services between FY09 and FY11.

MassHealth Combined Summary	FY09	FY10	FY11
<b>Total expenditures</b>	\$82,804,044	\$87,838,070	\$93,534,000
<b>Consumer one-way trips</b>	4,187,749	4,593,498	4,907,051
<b>Average cost per consumer trip</b>	\$19.80	\$18.96	\$18.81
<b>Consumers served</b>	38,091	30,755	29,244

## Appendix 2 – HST Web site Homepage: [www.mass.gov/hst](http://www.mass.gov/hst)



The screenshot shows the homepage of the Human Service Transportation (HST) website. The header features the Mass.gov logo, navigation links for State Agencies and A-Z Topics, an alert for no active alerts, and links to skip to main content or need help resizing text. The main content area includes the EOHHS logo, the title 'Health and Human Services', a search bar, and a navigation menu with links for Consumer, Provider, Researcher, and Government. The breadcrumb trail indicates the current location: Home > Government > Special Commissions & Initiatives >. The main heading is 'Human Service Transportation'. The left sidebar contains sections for 'Programs & Services' (HST Managed Transportation, Technical Assistance for State Agencies, Mobility Management), 'Key Resources' (For Consumers, For Community Human Service Providers, For Employers, For Transportation Providers, For Veterans), and 'News & Updates' (HST FY10 Annual Report Released, Subscribe, Learn more). The right sidebar contains 'Forms & Publications' (Annual Reports, Recommended Practices, HST Provider Performance) and 'Quick Links' (Mass. Transportation Initiatives and Resources). The main content area includes an 'HST Office Overview' section with a paragraph about the office's mission and a 'More About the HST Office' section.

**Mass.gov** State Agencies | A-Z Topics Alert - No Active Alerts Skip to main content Need help resizing text?

The Official Website of the Executive Office of Health and Human Services (EOHHS)

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## Human Service Transportation

### Programs & Services

- [HST Managed Transportation](#)
- [Technical Assistance for State Agencies](#)
- [Mobility Management](#)

### Key Resources

- [For Consumers](#)
- [For Community Human Service Providers](#)
- [For Employers](#)
- [For Transportation Providers](#)
- [For Veterans](#)

### HST Office Overview

In Massachusetts the Human Service Transportation (HST) Office works to support and increase transportation options for consumers to access health care, jobs, social services and a full range of opportunities within the community. The HST Office was established in 2001 within the Executive Office of Health and Human Services (EOHHS) to coordinate the transportation programs of three EOHHS agencies. Today the HST Office manages a large brokered transportation system for over 37,000 consumers of various state agencies. Select Regional Transit Authorities implement transportation requests and subcontract with local transportation vendors to provide over 5 million trips each year for eligible EOHHS consumers. Working with the Massachusetts Department of Transportation (MassDOT), the HST Office also serves as a resource for human service transportation-related matters and encourages coordination and mobility management strategies among public transit, community transportation, and private resources to improve access to health and human services, employment and community life for all, but especially the transportation disadvantaged.

### More About the HST Office

### News & Updates

[HST FY10 Annual Report Released](#)

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### Forms & Publications

- [Annual Reports](#)
- [Recommended Practices](#)
- [HST Provider Performance](#)

### Quick Links

- [Mass. Transportation Initiatives and Resources](#)