



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

**FY2014 Annual Report**

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

Deval Patrick, Governor

John W. Polanowicz, Secretary  
Executive Office of Health and Human Services

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## Message from the Director

Transportation services provided through the EOHHS HST Office continued to expand in FY14 with consumer trips increasing 9.13% (approximately 606,000 trips) to 7.2 million trips. With the increase in trip volume, the average cost per consumer one-way trip increased by 3.6%, or \$0.76 per trip to \$21.63. This rate reflects the full spectrum of HST consumer trips serving six separate agencies and accounts for ambulatory, non-ambulatory, local and long-distance services.

The HST Office continued to expand its outreach and technical assistance to build the capacity of mobility management and support transportation coordination efforts across the Commonwealth to increase the mobility of EOHHS consumers and other transportation-disadvantaged populations.

In FY15 we 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.

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 FY14, and to the HST staff and brokers for their dedication and hard work in achieving the outcomes outlined in this report.

Sharna Small Borsellino  
Director

## Who We Are

The EOHHS Human Service Transportation (HST) Office operates within the Executive Office of Health and Human Services (EOHHS) and reports to the EOHHS Director of POS Administration. The HST Office receives policy guidance and support from its Advisory Board comprised of key stakeholders and participating agencies. The HST Office provides services for participating agencies through a statewide brokerage system by contracting with six (6) Regional Transit Authorities who act as brokers to provide direct transportation services for EOHHS consumers.

### **HST Advisory Board**

Chair – Jennifer Hewitt, Director of Purchase of Service Administration, Executive Office of Health and Human Services (EOHHS)  
 Ann Hartstein, Secretary, Executive Office of Elder Affairs (EOEA)  
 Michael Lambert, Special Assistant to the MBTA General Manager (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)  
 Cliff Robinson, Deputy Commissioner, Department of Mental Health (DMH)  
 Heidi Paulson, Legal Advisor, EOHHS

### **HST Participating Agencies**

Department of Developmental Services (DDS)  
 Department of Mental Health (DMH)  
 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  
 Betty Bennette  
 Rachel Fichtenbaum  
 Theadora Fisher  
 Perry Fong  
 Ashley Herra  
 Gail Hill  
 Vera Kirrane  
 William McGuinness  
 Sandra Mulcahy  
 Taysha Rivera  
 Tanja Ryden  
 Sharna Small Borsellino

## Who We Are

The Executive Office of Health and Human Services (EOHHS) comprises 15 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.

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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 seven human service programs within six EOHHS agencies:

- **MassHealth (Medicaid)** non-emergency medical transportation system (PT-I)
- **MassHealth** funded **Day Habilitation** (DayHab) programs
- **MassHealth/ Department of Public Health's** (DPH) **Early Intervention** programs for children and families.
- **Department of Developmental Services** (DDS) supported employment workshops and residential supports.
- **Massachusetts Rehabilitation Commission's** (MRC) vocational rehabilitation and community services.
- **Massachusetts Commission for the Blind's** (MCB) social and rehabilitative programs and services.
- **Massachusetts Department of Mental Health** (DMH) clubhouse programs.

Through the HST Office's brokerage operation, human service transportation is generally provided to eligible consumers via two models: "demand-response" and "program-based":

- **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, but also includes services for MRC, MCB and DMH.
- **Program-Based** transportation routes operate 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, Department of Public Health Early Intervention and Department of Mental Health Clubhouse 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 (HST I-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). Collectively the six RTA's subcontract with 364 different transportation providers in the Commonwealth.

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: Mobility Management Support and Outreach



During FY14, the HST Office continued to expand its outreach and technical assistance to efficiently and effectively increase the mobility of EOHHS consumers and other transportation-disadvantaged populations. Much of this work was conducted under the auspices of the MassMobility Project, which has received Federal Transit Administration funding since late 2011.

### **Statewide and Regional Coordinating Councils:**

In partnership with MassDOT, the HST Office helped launch and provide ongoing support during FY14 to [thirteen Regional Coordinating Councils \(RCCs\)](#) as well as the Statewide Coordinating Council on Community Transportation (SCCCT), which is co-chaired by EOHHS and MassDOT. These councils bring together members from transit and transportation providers, community-based organizations, advocates, planning agencies, employers and workforce development agencies, and others to identify community transportation needs and help implement recommendations from the Executive Order 530 report on improving quality and efficiency of paratransit services in Massachusetts. The leadership being provided by EOHHS and MassDOT on community transportation issues provides the foundation for a robust network of stakeholders devoted to finding solutions to enhancing mobility for all EOHHS consumers and residents of Massachusetts. We are energized by the progress made to date and look forward to continuing this vital work in FY15.

### **Information Hub:**

During FY14, the HST Office expanded its online transportation resource information hub at [www.mass.gov/hst](http://www.mass.gov/hst), continued publishing a monthly [MassMobility newsletter](#), maintained an [active Twitter account](#) and completed its research and design of an interactive transportation resource map in partnership with MassGIS. These information sources have been well received; the *MassMobility* newsletter reached its target subscriber base of 500 a full year early and boasted an average open rate of over 30%, which is well above industry norms that hover around 20%.

### **Outreach:**

The MassMobility project staff had a busy year conducting workshops, exhibiting or presenting on panels in venues as varied as the “Human Services and Equity in Transportation” forum held by the Metropolitan Area Planning Commission to the Mass. Councils on Aging annual conference, as well as presenting to staff, providers and/or consumers of MCB, MRC, DPH, DDS and DMH. We continued to offer twice yearly statewide conferences for regional transportation coordination teams and other interested stakeholders. Staff also expanded the Massachusetts Travel Instruction network to support travel trainers and foster peer to peer networking. A similar effort for volunteer driver program will be launched in FY15.

### **Technical Assistance and Policy:**

Highlights in FY14 included publication of two new [best practice briefs](#) on accessible taxis and insurance for volunteer driver programs. Research continued on travel instruction program materials and transportation across boundaries (state and regional) among other topics. Staff continued to be the “go to” source for technical assistance to local, state and national organizations, as well as to individuals on a variety of topics. Members of the HST Office were invited to join the Older Driver workgroup for the state’s Strategic Highway Safety Plan and continued as technical expert reviewer for a national project on inclusive planning for community transportation services.

## FY2014 HST Brokerage: FY14 Snapshot

### HST 1: Berkshires

Consumer trips: 182,172  
Avg. cost/trip: \$31.79  
Broker mgt. avg. cost/trip: \$1.47

### HST 2: Franklin County

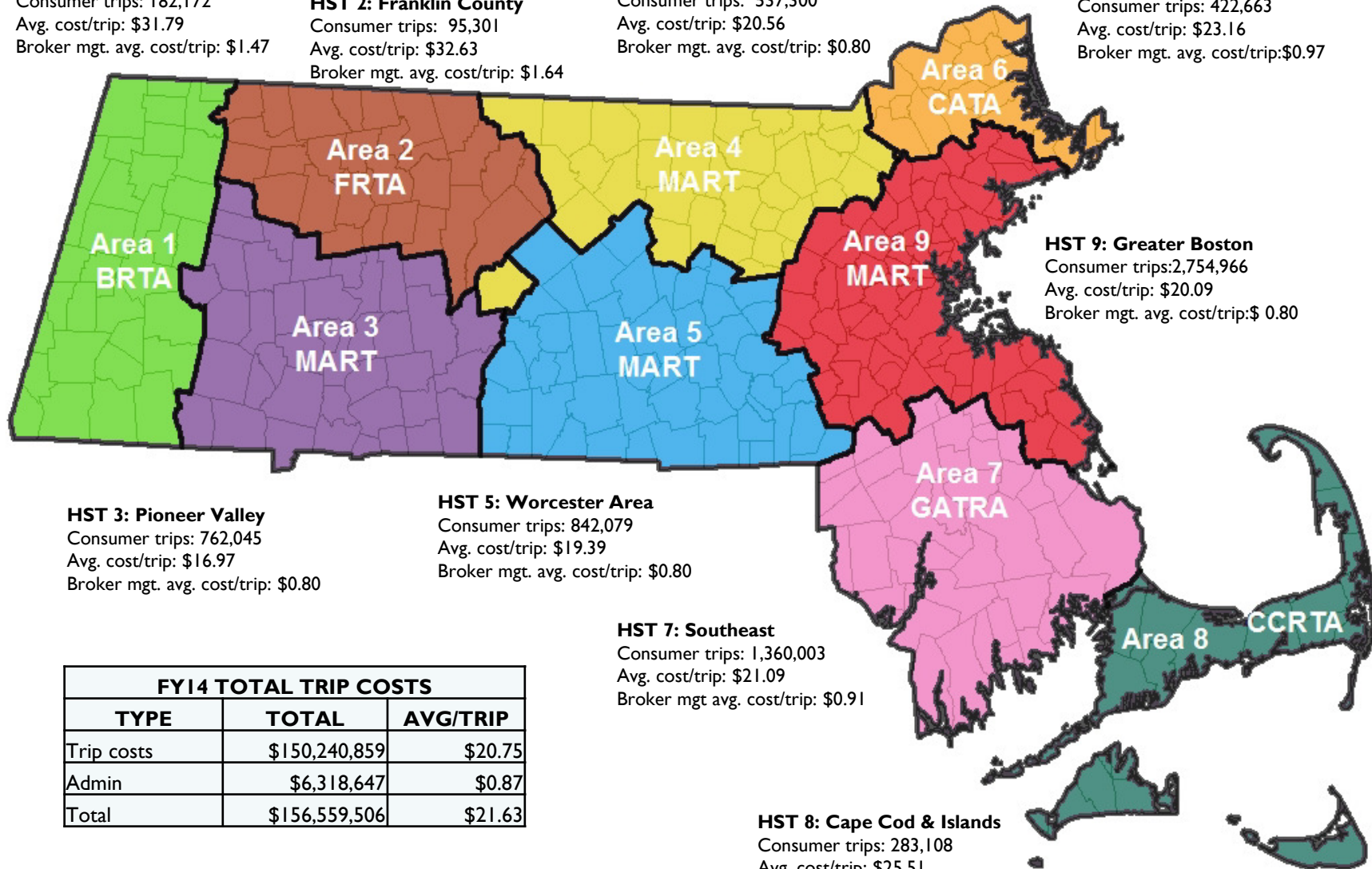
Consumer trips: 95,301  
Avg. cost/trip: \$32.63  
Broker mgt. avg. cost/trip: \$1.64

### HST 4: Fitchburg/Leominster Area

Consumer trips: 537,300  
Avg. cost/trip: \$20.56  
Broker mgt. avg. cost/trip: \$0.80

### HST 6: Northeast

Consumer trips: 422,663  
Avg. cost/trip: \$23.16  
Broker mgt. avg. cost/trip: \$0.97



### HST 3: Pioneer Valley

Consumer trips: 762,045  
Avg. cost/trip: \$16.97  
Broker mgt. avg. cost/trip: \$0.80

### HST 5: Worcester Area

Consumer trips: 842,079  
Avg. cost/trip: \$19.39  
Broker mgt. avg. cost/trip: \$0.80

### HST 7: Southeast

Consumer trips: 1,360,003  
Avg. cost/trip: \$21.09  
Broker mgt. avg. cost/trip: \$0.91

### HST 8: Cape Cod & Islands

Consumer trips: 283,108  
Avg. cost/trip: \$25.51  
Broker mgt. avg. cost/trip: \$1.21

### HST 9: Greater Boston

Consumer trips: 2,754,966  
Avg. cost/trip: \$20.09  
Broker mgt. avg. cost/trip: \$0.80

FY14 TOTAL TRIP COSTS		
TYPE	TOTAL	AVG/TRIP
Trip costs	\$150,240,859	\$20.75
Admin	\$6,318,647	\$0.87
Total	\$156,559,506	\$21.63



## FY2014 HST Brokerage: System Data

### Brokerage Performance Quality

Brokerage operations and performance data is compiled from the monthly operations reports submitted by the six brokers to the HST Office and includes the six agency programs operated under the HST brokerage system.

The HST system consistently achieves a success 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 specify no more than three (3) vehicle accidents per 10,000 consumer trips, and in FY14 the performance outcome was less than one (1) accident per 25,000 trips. Additionally, the HST system achieved greater than 99% 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, doctors offices, program sites, etc.). In FY14, the brokers completed 6,520 inspections. This equates to an average of 26 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 to this effort. In FY14, the brokers conducted 22,345 consumer surveys (representing 49.9% of the HST system consumer population) and achieved a 93% positive response rate.

Operational Summary	FY12	FY13	FY14
Consumer trips	6,289,372	6,633,726	7,240,234
Consumers served	36,134	38,790	44,718
Percentage of completed on-time trips	99.8%	99.8%	99.9%
Percentage of complaint-free trips	99.6%	99.7%	99.7%
Shared trips	4,213,194	4,466,497	4,673,793
% of total trips	67%	67%	65%
Chair car trips	898,548	940,279	998,245
% of total trips	14%	14%	14%
Local transportation vendors	341	349	364
Vehicles (including chair cars)	2,363	2,319	2,815
Drivers	2,472	2,386	2,777
Monitors	320	338	387
Broker on-site service inspections performed	4,395	5,893	6,520
Unduplicated Broker consumer surveys received (phone & written)	18,854	19,142	22,345
Percentage of surveys with a positive response	88%	92%	93%

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. FY14 performance is summarized below.

Performance Summary	FY12	FY13	FY14
Vendor fines assessed by brokers - fines are reflected in reduced costs to the agencies	\$143,937	\$155,180	\$260,905
Drivers/monitors removed from service	86	53	48
Vendor contracts terminated	2	3	2



## FY2014 HST Brokerage: Agency Data – FY13 to FY14 Comparison

Below is a comparison of FY13 and FY14 data for the seven human service programs of the six EOHHS agencies served through the HST brokerage system's two transportation models. The data presents changes from FY13 to FY14 in consumer trips, expenditures, average cost per trip and the addition of the DMH Clubhouse programs.

	Year	MassHealth PT-I Demand Response	MassHealth Day Habilitation Program Based Routes	DDS Program Based Routes	DPH Program Based Routes	DMH Program Based Demand Response	MRC Demand Response	MCB Demand Response	Combined Total
Consumers	FY13	24,644	7,689	2,359	3,924	N/A	166	8	38,790
	FY14	29,376	8,192	2,545	3,834	611	156	4	44,718
% Change		19.2%	6.5%	7.9%	-2.3%	N/A	-6.0%	-50.0%	15.3%
Trips	FY13	2,717,257	2,926,424	864,828	118,409	N/A	6,736	72	6,633,726
	FY14	3,100,327	3,050,212	908,879	120,546	51,199	9,007	64	7,240,234
% Change		14.1%	4.2%	5.1%	1.8%	N/A	33.7%	-11.1%	9.1%
Average Direct Service Cost per Trip	FY13	\$15.50	\$24.34	\$17.41	\$29.14	N/A	\$47.94	\$26.72	\$19.92
	FY14	\$17.57	\$25.19	\$17.78	\$30.07	\$23.76	\$50.90	\$17.71	\$21.10
% Change		13.3%	3.5%	2.1%	3.2%	N/A	6.2%	-33.7%	5.9%
Agency Spending	FY13	\$42,116,044	\$71,220,338	\$15,052,493	\$3,450,066	N/A	\$322,916	\$1,924	\$132,163,781
	FY14	\$51,952,015	\$76,839,908	\$16,162,334	\$3,624,914	\$1,020,101	\$458,452	\$1,133	\$150,240,859
% Change		23.4%	7.9%	7.4%	5.1%	N/A	42.0%	-69.8%	13.7%

## FY2014 HST Brokerage: Agency Data – Chair Car and Shared Trips

SHARED TRIP INFORMATION											
Program Based Transportation				Demand Response Transportation				Total Trips			
RTA	Total Trips	Total Shared	% Shared	RTA	Total Trips	Total Shared	% Shared	RTA	Total Trips	Total Shared	% Shared
BRTA	100,304	98,521	98.2%	BRTA	81,868	36,930	45.1%	BRTA	182,172	135,451	74.4%
CATA	254,006	240,425	94.7%	CATA	168,657	30,351	18.0%	CATA	422,663	270,776	64.1%
CCRTA	175,151	169,572	96.8%	CCRTA	107,957	62,788	58.2%	CCRTA	283,108	232,360	82.1%
FRTA	46,818	44,929	96.0%	FRTA	48,483	13,755	28.4%	FRTA	95,301	58,684	61.6%
GATRA	618,874	595,265	96.2%	GATRA	741,129	353,614	47.7%	GATRA	1,360,003	948,879	69.8%
MART	2,884,484	2,761,025	95.7%	MART	2,012,503	266,614	13.2%	MART	4,896,987	3,027,639	61.8%
Overall	4,079,637	3,909,737	95.8%	Overall	3,160,597	764,052	24.2%	Overall	7,240,234	4,673,789	64.6%

As a cost control measure, the Brokers shall ensure that for each agency program type (PT-I, DDS, DayHab, DPH, DMH, MCB, and MRC) that at least 15% of all ambulatory trips are shared and at least 10% of all non-ambulatory trips are shared. In FY14 all Brokers exceeded the required % of shared trips for all agencies, while ensuring that no consumer was on board a vehicle for more than 90 minutes on a program based route, and no longer than 45 minutes for a demand response trip.

## HST FY14 Highlights

- In FY14 the HST office planned to transition from the use of six transportation Brokers to one through a competitive procurement process. This initiative would have led to an integration of services streamlining transportation authorizations into a single statewide system including a single statewide call center, automated route scheduling, and a single system for data reporting. The procurement was subsequently cancelled and contract extensions were executed with all six of the current Brokers for the continuation of services through June 30, 2020.
- Integrated the Department of Mental Health's (DMH) clubhouse transportation services into the HST Brokerage, bringing a total of six agencies and seven program models into the HST system.
- Continued to partner with MassDOT in implementing Executive Order 530 report policy recommendations via the Statewide Coordinating Council on Community Transportation (SCCCT).
- Continued implementation of the federal grant to build and sustain a robust mobility management information network, including:
  - Expanded communications tools and outreach materials
  - Enhanced outreach efforts, including presentations and workshops at conferences throughout the state
  - Supported existing transportation coordination teams and developed relationships with key stakeholders in new regions of the Commonwealth to facilitate formation of the Regional Coordination Councils
  - Fostered a community of practice among travel instruction program leaders in Massachusetts with quarterly meetings
  - Published technical briefs on issues, such as accessible taxis and other timely topics
  - Updated the HST website ([www.mass.gov/hst](http://www.mass.gov/hst)) regularly with information for state agency staff, local social service and transportation providers, mobility managers and other stakeholders

## HST Goals and Objectives for FY15

- ✓ Continue to work collaboratively with MassHealth to transition Day Hab and Early Intervention Transportation Requests to PT-I's for processing by MassHealth's Customer Service Center in April 2015.
- ✓ Work collaboratively with MassHealth, service providers, programs and the Brokers to implement changes in the Affordable Care Act (ACA) which will require the addition of a National Provider Identification (NPI) number of the authorizing provider on any service claims submitted for processing. (July 2015) This work will include:
  - Identifying the NPI numbers of the authorized providers on the 200,000 active PT-I's currently in use.
  - Verifying that prescribing providers are certified by MassHealth to Order/Refer/ Prescribe transportation services
  - Working with Brokers to modify their software to capture the NPI numbers on claims prior to submission for payment.
- ✓ Engage with EOHHS agencies to identify and support any opportunities to provide additional transportation services through the HST Brokerage.
- ✓ Continue to partner with MassDOT on implementing Executive Order 530 report policy recommendations via the Statewide Coordinating Council on Community Transportation (SCCCT) and Regional Coordination Councils (RCCs).
- ✓ Lead the technical assistance team to assist RCCs across the state and collaborate with MassDOT to support local mobility management and coordination efforts.
- ✓ Continue implementation of the federal grant for a robust mobility management information network (i.e., MassMobility) by:
  - Broadening and deepening communication and outreach
  - Continuing to support existing transportation coordination efforts and developing relationships with key stakeholders in new regions of the Commonwealth to facilitate formation of additional RCCs
  - Hosting three to four regional volunteer driver program forums across the state to bring together peers for information sharing and networking support for existing programs and to foster development of new volunteer driver initiatives
  - Developing a long term sustainability plan for integrating mobility management in health and human services.