

**Webinar Transcript:**

***Addressing Transportation Barriers for Older Adults and People with Disabilities***

**June 16, 2016**

**Eileen Miller (EM):** Good afternoon and thank you for joining us on today's webinar. My name is Eileen Miller with the National Aging and Disability Transportation Center and welcome to our first webinar, ***Addressing Transportation Barriers for Older Adults and People with Disabilities.*** We are excited about how many people have joined us today to talk about this important topic. We hope to have a great discussion with you all.

Before we begin the session, a few housekeeping items in webinar logistics to get out of the way. This session is being recorded and archived. The archive will be available on the NADTC website in the next week or so, and our website address is WWW.NADTC.org. If you have dialed in on the phone today, we ask that you mute your speakers to eliminate feedback on the recording. We welcome questions from the audience. We will open a chat box for questions after we conclude the presentation. If you think of a question during the discussion, please feel free to type a direct message to “NADTC Staff”, and we will collect those questions through throughout the webinar to address during the Q & A period.

Closed captioning is also available for today's session. And thank you to our captioner, Mary Kay. To open closed captioning on your window, please press control F8. An additional window will open where you can resize and format the captioning as you wish. You may also resize the captioning window so you can see both that and the Power Point presentation at the same time. If you are having difficulty with Blackboard functioning please contact Blackboard technical assistance, the phone number is 877 382 2293.

I'm now going to turn it over to our NADTC Co-director, Virginia Dize, for a quick introduction to our Center before we begin the presentation.

**Virginia Dize (VD):** Good afternoon, everyone. Welcome to our first NADTC webinar. We are very excited to have you on the phone with us. Just a couple of words about the NADTC: At the National Aging and Disability Transportation Center, our focus is primarily on working with communities and states around the country, in helping them address accessibility issues that particularly impact older adults, people with disabilities of all ages, and their caregivers. Those are our primary target audiences. We have a number of communication vehicles. We hope you have already looked at our website. We certainly invite you to check out our Facebook or Twitter accounts, as well as our LinkedIn site. Please definitely sign up for our e-Alerts, that come at least a couple of times a month.

The NADTC is a partnership between the National Association of Area Agencies on Aging, and Easterseals, and we are funded by the Federal Transit Administration.

We will hopefully in the next month or so be making announcement about an opportunity for grant funding. We also have an upcoming course on 5310 which is part of our mission to provide education and support to communities on the Section 5310 program. And that course will be beginning late this month. So please stay tuned for those opportunities to interact with us.

Now I'm going to turn it back to Eileen.

**EM**: Great, thank you so much, Virginia. I'm going to make a few introductory remarks and then I'll turn it over to Mary Blumberg, Program Manager, Strategic Planning and Development at the Area Agency on Aging at Atlanta Regional Commission and Patti Szarowicz, Aging and Disability Resource Connection Information Counselor also from the Atlanta Regional Commission. The three of us had interesting conversations as we prepared for the webinar. I do hope that those conversations will continue with you all who have joined us today throughout this session.

Please don't forget to submit your questions through the chat box, either directly to “NADTC Staff”, or at the end of the session when we open up for open chat.

A quick introduction to the session: In the last few months, NADTC has received a number of emails and phone calls on our toll free line from hospital social workers, case managers, housing coordinators and other community social service workers who are seeking transportation resources for their clients. We realized that more information was needed on how to connect and partner with transportation professionals in your community. This webinar is the first effort to develop material to address these calls. Our second step will be the release of an Information Brief, a publication that will be released on-line, and that will be intended to walk you through some of the steps needed to navigate transportation in your community, and how to find out about some community resources and connect with the right people.

That brief should be released within the next coming weeks, and as Virginia said, if you sign up for our newsletter you will be in the know of all of our updates.

A few other things we hope you take away from this session are a understanding of how transportation can impact individuals in receiving timely and necessary support services, some ideas and best practices from the ARC, and some information and resources for you to engage with transportation providers in your community.

Uncovering how to navigate community transportation resources can help service providers better understand the reasons for, and hopefully prevent, some late arrivals, missed appointments, follow-through with referrals, or the inability to maintain employment. When the community at large is familiar with transportation options, it enhances dialogue with the consumer and their caregivers, but also with transportation providers to help determine what the best options may be to match an individual's unique needs.

When we talk about transportation in communities we refer to it as a *family of transportation options*. This family of options is used to meet the mobility needs of seniors and people with disabilities. One size does not fit all! The solutions are unique to each community. This list you see on the screen reflects flexible and consumer focused transportation services. You will see it includes private vehicle options, public transportation, volunteer solutions, accessible vehicles, reduced fares, Dial A Ride and more. Many communities are offering a combination of the modes listed, but the challenge that we think you might face is how to find out about what is offered.

Chances are, though, that there is a program or resource in your community that can offer assistance and help your clients find the rides they need. A couple of the terms you might hear us referring to throughout this presentation:

**Information and Referral Assistance (I&R/A)** - Information referral providers connect people with resources on transportation, but also housing, home & community based services, healthcare and more. I&R/A can be provided by nonprofits, Area Agencies on Aging, faith based organizations, or government agencies, and these service providers are the quickest and most reliable source for connecting people with the services that they need.

Transportation I&R can sometimes occur through **one call, one click centers**. We will hear a little about a one click service that the ARC runs a little later. This is when consumers have a single point of contact to learn about information that is available and receive assistance with access to those services.

**Travel training** refers to the instruction of skills necessary to travel safely and independently on available transportation options. Lastly, mobility management, which can both refer to one on one counseling or group counseling on transportation options, but also to a broader set of activities that is done within the community to help create partnerships and coordination among the various organizations that may offer transportation.

I'm going to turn it over to Mary and Patti. I want to do a quick introduction, so you can hear about their background before they provide their presentation to you.

Mary, **Mary Blumberg** is the program manager for strategic planning and development at the Atlanta Regional Commission, aging and health resources division. She is responsible for overseeing activities within ARC's lifelong community initiative, which promotes housing and transportation options, opportunities for healthy living and convenient access to basic services. She oversees a range of transportation programs for older adults, persons with disabilities, and low income, including FTA Section 5310, county coordinated transportation system and Title III Older Americans Act transportation services. She has a BS and MS from Louisiana State University in nutrition and is a registered dietitian.

We will hear from **Patti Szarowicz** after Mary. She began working at the ARC as a care counselor and then as the aging and disability resource center counselor in 2006. During her ten years of service as ADRC counselor, she provided telephone counseling and referrals of community resources to seniors and individuals with disabilities. She is a certified options counselor and she is certified information referral specialist for aging and disability. Mary and Patti, we will turn the controls over to you. And let us know if you accepted.

**Mary Blumberg (MB**): Yes. Thank you, Eileen. We are delighted to be with you this afternoon, and hope that we can share a little bit of what we are doing in Atlanta. First I wanted to tell you a little about what the Atlanta Regional Commission is or ARC. We are both a regional planning and intergovernmental coordination agency, and we serve our ten county area, and we have about 4.2 million people we serve. We are both a Metropolitan Planning Organization, MPO, and a AAA, Area Agency on Aging. That just means as a MPO we are responsible for creating all of the transportation plans for the region, and funding and distributing that funding for infrastructure. But we also as an Area Agency on Aging are directly involved in providing the services for people who need it right now. We both plan and we provide services.

We administer a variety of different programs here that deal with transportation. This is just some of our many different funding streams. One thing to know about this is, although many of them come from the federal government, they all have different requirements, different eligibility, different reporting, different definitions. So it can get quite complicated sometimes, at times, understanding all of the different eligibility requirements.

Hopefully, we will give you some tools to help you navigate that. But basically, when it comes down to type of rides, for consumers, we are really looking at two different types. One is called demand response, which demand response means that that person needs a ride, it's from their door to wherever they are going and usually back home again. It is more of a one on one type service. That demand response can be delivered in a number of different ways. Some of our providers have very traditional fleets. You will see the buses with their name on it. And they are taking people to senior centers and to the doctor. But they are usually 14 passenger or less buses. We also have some trips that organizations provide through volunteers, and these volunteers are usually well trained. They sometimes get knowledge reimbursement, sometimes they don't, or small stipend. But they are mainly volunteers and they in our area mostly provide rides for medical transportation. There is another even more flexible way to provide demand response trips through vouchers. That is where the consumer really gets to be in charge in most cases. They can ask a family member or a friend to take them somewhere; often they can negotiate their own rate for that. They get a certain number of vouchers to use over a period of time. And they arrange the rides to go where they want to go, when they want to go and with whom they want to provide it. Then that transportation provider turns in the voucher and gets reimbursed that way.

The other type of ride is what we call “fixed or flex route” shuttles. Those are usually small buses that have a predetermined route that they circulate among. Then they start at a senior center and go to the grocery store and from there to the hospital, a medical appointment area. But they have a very fixed route that they continuously provide. When you look at, this is just one of our programs, 5310 program which Virginia mentioned in the beginning, there is going to be a course that when you look at, this is just one of our programs, and the type rides we provide. Employment, medical and personal.

Personal rides, you can see are the greatest, and those are the ones that are so important to someone's health and overall wellbeing. They can be to a senior center or a grocery store, really almost anywhere they want to go, to visit a friend. And they are very important because they help people stay active and not isolated, and independent in their own home.

What most people don't realize is that they are going to outlive their ability to drive by 7 to ten years. And while people might do a good job of planning for their financial needs, as they become older, most people don't think about coming up with a transportation plan. And that is why it's so important to have options, to get people where they need to go.

Those are sampling of the type people that we serve.

As I said, we have all been saying why transportation matters; this is a number one requested service on our information line. Atlanta is getting older, but the whole world is getting older. People are living longer, and as I said, the demographics are changing, and with the aging population, it's even more important than ever that you have these options available.

We know that transportation maintains or can improve a quality of life for people. One of the things I want to talk about is, one program that we participated in, we actually do believe it made a big difference in people's health outcomes, and that is our community based care transitions program.

This was a pilot program that we did for centers for Medicare and Medicaid services. It was funded by Medicare. And there was a program whose goal was to keep people from being readmitted into the hospitals. We had 30 days to follow someone and to keep them from being readmitted. We gave them a number of services, it wasn't just transportation. They had a coach that would come to their home and try to teach them, help them identify when to call the doctor, help them set some personal goals, so that they could stay healthy. But in addition to that coaching, managing their disease, we also thought it was important to give them some support services. These were the three services that we provided, home delivered meals, homemaker services and transportation.

This slide shows you what we think is a pretty significant increase in result when transportation was provided. For this period of time, we gave the intervention to about 8400 people. You can see most of the people did not get transportation. That is 7937.

We know that from the hospitals we worked with, when we started the project, the readmission rate was 19.4 percent. So Medicare has a way to calculate based on the people we serve what the readmission rate was that actually receives the service. You can see for all the people that we gave this service to, including the coaching, and other services, we had, we reduced the readmission rate from 19.4 to 15 percent, which is really good. But for the people that opted to get transportation, it even cut it further in half. It went from 19.4 to 7 percent readmission rate. So while this information was, is really observational, we didn't do a research designed study that teased out transportation, when we looked at that we thought it was significant as a trend or pattern.

This shows you the actual savings to Medicare as a result of these interventions. Medicare paid us $409.91, as you can see at the top for every person they saw, and gave the intervention to. They calculate that the average cost of a readmission is $10,000. So the amount of readmissions that we avoided by reducing that rate, they could calculate out for us. The ones that overall did not get transportation services, it was a $236,000 savings. For the ones that opted for transportation, even though the number was much smaller, you can see the savings was even greater, $389,802. That number is after they had paid us our fee to provide the service.

Another factor that they really emphasize as far as preventing readmissions is that a person visit their physician within 14 days of being discharged from the hospital. That has been found to really increase the success rate that they are not going to go back and be readmitted. We found that we have a 7 percent increased success rate, and that physician follow up visit was increased with transportation services. This program was very limited. We offered during a 90 day period two round trip medical transportation, transportation rides. It wasn't a lot, and still it had quite a dramatic event.

As I stated earlier, there are a lot of different programs and services. In order for consumers or even people who work with consumers, case workers and social workers and other folks, caregivers, you have got to have some kind of bridge for the consumers to find out about who you are and what is available. We at ARC have three different ways that we connect with consumer with transportation and rides. The first one is aging and disability resource center. I'm not going to talk about that one. Patti is going to give you detail about that one. But there are a couple more that I will go over. One is our, before I go do that, I'm going to tell you how we get the word out. We do it, no big surprise, through marketing campaigns. We try to work with community engagement and outreach. There is probably a health fair or speaking engagement, there is not one that we don't say yes to. We have a really well trained RSVP, very volunteer program. These folks are trained on going out and getting word out about the services and transportation being one of them. We do offer trainings and forums for professionals and older adults themselves throughout the year. Then one unique thing we have, for the past year we have been doing a partnership with the local television station where every month they feature a different topic. We go in and we concentrate on that topic, and then throughout the month they do different programs, 30 second spots featuring that. So transportation is one of the things that we discuss.

So getting back to our simply get there, that is our website that we, the tool that we have to reach consumers that are on the Internet. That is probably the fastest way that most people get information.

This site is what we call a trip discovery site. It provides all of the options out there for a person to get around within a region. It is specific to the Atlanta region. It looks similar to kayak.com if you have ever done that. We have got two databases that we pulled all of the transportation resources from. Those databases are continuously updated. You can use it on your computer, your tablet, smart phone. What is unique about it, that makes it different from Google or kayak is that it does include what we call specialized transportation. I'll go a little bit more into that.

It really is four simple steps. This is the home page. Step one is you plan your trip. You put in your origin and your destination. Step 2, you are going to select your special services. This is optional. But if you select that you need specialized services, it's going to ask you 7 questions. It's going to ask you if you are a veteran, it's going to ask your age, it's going to ask if you need a wheelchair or special vehicle and things like that, that might make you eligible for the Title III programs or for special transportation programs that veterans offer. It is a way to find out if you are eligible, simple screen.

Then on step 3, you are going to review all your different travel options, are going to come up. You can choose to whittle that down based on what you care most about, and what matters most to you. It can be, I only want to ride trains, no buses. You can narrow it down by cost, I only want to spend up to a certain amount. The amount of time that you want to spend, it even can tell you how much walking would be involved. So you can say I can't walk more than a quarter of a mile.

Then the last step, after you review all your options, is finalize and choose your travel plan. You can print it or save it on your device for next time.

We are in the midst of trying to move to the next phase for this website. What we eventually hope to be able to do with it is to have a centralized eligibility to it. On our end we will be able to triage and send people to the best provider and mode for them. It will be great if we can book and schedule rides on it. Then eventually, even pay the different providers through it. This is as I said in the early stages of development. But we already know from consumers who use it, one of the number one things they are asking for is to be able to book their trip while on the site. So we hope to get there.

And then, the last thing that I'm going to talk to you about, is travel training. Because you can have all of these options available for public transit, which really is your least expensive most independent way to get around if you can't drive your own car. But if people don't know how to utilize it or they are not comfortable doing it, then it is good to provide some training on how to use public training. It teaches how to plan a trip and read the schedule. We also have other modes for people who don't use a smart phone. How do you buy a ticket, how to get to your nearby bus and train stops, even how to board and exit the trains and buses. This training can be provided either in groups or even for folks that use a little bit more attention and time, it can be individualized, where they ride the transit with them until they are comfortable, and that one-on-one training, just to get people to that place.

With that I'm going to turn it over to my colleague Patti who is going to tell you a little about aging and disability resource center.

**Patti Szarowicz (PS):** Hi, everyone. This is Patti. And thank you, Eileen, for asking me to participate in this webinar. What I'm going to start with, with Mary's help here clicking the next slides, I'm going to get into a little more detail, explaining what we do here at the Atlanta ADRC, what services that we provide. The first one is the information and referral assistance. That is where the ADRC counselors (and that is me), we provide along with around ten other counselors at this point, but we are constantly increasing our staff, because of the need, but we provide counseling using what we call the ESP, it stands for an enhanced services program. It is a very huge extensive database of more than 26,000 plus services that help link the individuals to the supports and resources they need.

We do have an extensive partner network, and we are able to provide the full suite of home and community based services to older adults and individuals with disabilities. I was giving this number, and it kind of terrified me because I'm on the phone, I had no idea we were getting this many calls, but we receive around 65,000 requests for information per year. And that is for the ten county Atlanta metro region.

The next service that is rather new to our services is the behavioral health coaching initiative. Now, that is an extension of the ADRC, and basically what that is doing is, it's coordinating the care by bridging the aging services network of home and community based services with the behavioral health services. So instead of working in silos, we are trying to work together, so that we can, you know, make that person address all the person's needs, and not individually trying to work one part of the behavioral health and then they are lacking the community services. So it is a wonderful program that is really making a difference in many people's lives.

It is helping them to remain in their community; it's helping to stop evictions from the subsidized housing apartments, linking them to things that like home delivered meals and homemaker services, so we are really seeing great success there.

Now, another very very important part of the services is we are the intake and screening for the long term services in the home through the Medicaid waiver program, called the community care services program. We are also the intake for one of the source Medicaid waiver programs as well as, as of July 1, we are going to be the intake for the home and community based services, nonMedicaid services, things like the personal support services, home delivered meals, homemaker, respite, all the services that are offered through the older Americans act.

Okay. So another service that we do is we do education and resource development. Without this unit, we wouldn't be able to operate, because they maintain our database, the ESP, and they also reach out to professionals with this education. They provide education about aging and long term care resources. It consists of two major work areas, the first is education on the community based resources and the aging network to providers professionals and consumers.

And then the resource development part unit manages the ESP, and like I said before, it has 26,000 plus and still growing services in Georgia. It is the main source of the aging and long term care provider information for professionals in the state of Georgia.

Another service that is offered is called community options counseling. What that does is basically, there is only a few of us that have been certified at this point. But there will be many more to come. And it provides a more intensive options counseling, especially those that may be, examples could be if someone is illiterate, or they have so many services they need to access. We can't talk about that all on one phone call. So we follow up with printed information to them, to make sure what they need to do and then what the counselor is going to do to help them attain the goal.

Lastly, we do, excuse me, the nursing home transition, and what that entails is basically people that are in nursing homes, you know, if they improve or they want to return back into the community, either to a home environment or maybe to a personal care home, we have counselors that go out and talk to them, and provide them with all the options that they have, you know, including maybe getting into the Medicaid waiver program, for them to be able to return home.

That is kind of a very quick summary of what we do.

The next topic that is really more, is important for this webinar s about transportation. What I thought I might do is, you can see a list of the transportation resources that we have. But I thought I might explain it as if I had just received a call, and what I do to tweak out what transportation the person is going to be eligible for.

Initially in the conversation, I first determine their age, to see if they are a senior, 60 plus, that would maybe make them eligible for the older Americans act transportation. The challenge there is oftentimes there are waiting lists. But we still encourage people to get on the waiting list because we never know when funding is going to be available and the list is going to be cleared.

Then we go into, I would ask what kind of Social Security are you receiving, if you are receiving SSI, supplemental Social Security income you are automatically eligible for Medicaid transportation. You would be surprised how many people are on SSI and not aware they have free transportation. It is amazing that they could miss this for so long, but we refer them to the company that can provide the transportation.

The next information I would ask is if they were able to walk, to drive to or drive to a bus stop or station, and if they have a mobility impairment, then I would discuss motor public paratransit. If they could walk to a bus stop or station, then I would give them information on your basic mode of transportation which is in Atlanta the bus and rail service. But the mobility Marta paratransit is a wonderful service that really does enable people to get to their doctor appointments. It is $4 each way which if you have to go really a lot, that can add up. But it is the most reasonable way to pay for transportation versus a taxi or something.

Now, of course, you know, there is a little bit of requirement there where you have to live within a certain distance from the bus stop or the rail, in order to qualify. It also only provides service from 5:00 a.m. in the morning until 12:30 a.m. so you do reach a little barriers especially with individuals that I know that I've talked to that are on dialysis and usually they run two sets of dialysis treatments, you have to be morning or afternoon, so it can be difficult. If a person lives in a, I would ask them what county they live in. Some counties have very specific bus services, specific routes, as Mary alluded to before. So if that is a possibility, I would refer them there. Most of the people that I talk to, not all of them, but a lot of them are living in a very fixed income. So we do, I give them information on transportation vouchers. In that way, they can use those vouchers to pay for their Marta or use the vouchers to pay sometimes, there can be a little bit of cost share when it comes to county services but not always.

Then volunteer services, they are very limited. I think a lot of it has to do with the liability of companies providing that type of service. There is a lot to that, with regard to insurance and things like that.

Then finally, we get down to the private pay for the taxis and transportation companies. Usually this is not good option, it is not affordable. But we do get down to that as the last option maybe for just a need for one day to get to that very much needed doctor appointment.

During the course of the conversation, I can tease out where, what eligibility requirements are needed for whatever referral that I'm going to make.

Lastly, for my part, I was going to give you an example of a call that I had regarding a very, this is not your normal call that I receive. But it was, I was so happy that she could get this.

I had a 55 year old individual, who is, yes, young, who is a two years stroke patient. She was so excited when she called me, and said that she had enrolled herself in a pilot test program at a hospital, to receive free physical therapy for several weeks. This person had already received your traditional physical therapy. She was young, and this was an opportunity she truly did not want to miss. I ask her, what kind of income do you receive. She received Social Security disability. But the challenge was is that she lived in a very rural county, and she needed to go to a hospital that was in the city. She told me that, you know, I really could feel for her, she reported that she could drive with one arm, because of the stroke, she had weakness in the other arm, for a very short distance. But she definitely was not comfortable driving in the city.

This was an unusual type request because she needed transportation for several weeks. So I used the simplygetthere website. I was able to give her, map out the transportation route. It was very exciting, because she just needed to get to the bus station, which was, I believe she said about three miles away from her.

So she didn't feel nervous about driving that distance. Once she got there, she could switch from bus to rail and then that would take her to the hospital. And the cost was affordable. She could afford that on her income.

So I was very very happy to be able to help her with that. I think the simplygetthere website is really useful, especially with a person who lives in a rural area, because we need to start to get them to where we do have transportation, and oftentimes that may not be specifically in our database on how to do that. But the simplygetthere.org website is really, it really gives that information.

**MB:** Thank you, Patti. I wanted to close out with an ask of all of you that are listening in today, and that is to ask you to please get involved, because your voice does matter. ARC is a Metropolitan Planning Organization. But there is one like us in every inch of this country. And you can use this website to find out, if you don't already know, who your MPO is. The reason this is so important is because they create the transportation plans for public input and engagement, and every bit of federal funding has to be prioritized. If it's not in the plan, then you are not allowed to spend funds in that region that way.

So there is also within your transportation plan a human services transportation plan and that is where all the rides and services for people that have disabilities or low income or seniors are so important, that your voice is heard, because the planners need to know what you hear every day and that is what people really need, where they want to go, how they want to get there, and I urge you, if you haven't made that connection, to please reach out and provide some input. They will be delighted to hear from you.

And that concludes our presentation. I will turn it back over to Eileen.

**EM:** Great, thank you so much, Mary. What I am going to leave on the screen right now is a list, that has the same website that you mentioned, Mary, with the MPO, but an additional list of other resources for folks to identify transportation in their communities. Those include the 211, information on how to find out about your Area Agency on Aging, your Aging and Disability Resource Center, Centers for Independent Living, local Public Transit Agency and the MPO. I know these links aren't clickable through the screen that you are viewing this on. But you should have received an E-mail with the Power Point earlier today. And we will be posting this with these links live on our website. We will do that shortly in the next couple of days while we are waiting for the recording to get ready.

So once this is up, you can click on the links and try and find the local resources that are available to you. We will leave that screen up while we will take some questions. We have about ten minutes left. We do have a few questions that have come in. Mary and Patti, I'll let you decide maybe which one of you wants to address these.

Our first question is that not everyone is going to have a website like you do, simplygetthere.org. Before that was launched, where did people find out about this information and how would you suggest that folks that are in communities that don't have a website like this find out about what is available?

**PS**: Eileen, before we had simplygetthere, the ADRC was the intake for all calls for any type of service, including transportation. So it was, you know, this Area Agency on Aging, they would call us or their county, county based service, every county provides county services. So oftentimes they could call there, or they could call us the ADRC.

**MB**: Yes – and You know, at this time, not everyone uses the Internet so we still rely on ADRC. Another thing we have done is train other case managers at different agencies, on how to link up to the transportation services. So we try to train information workers and case managers throughout the region on what their options are.

**EM:** Great. The next question is about prioritizing need for a ride. How, when folks call with medical ride requests versus personal ride requests, versus other type, how are those prioritized? And is that something that you, Patti, do yourself? Or you make a referral to another transportation provider to do?

**MB:** Yeah, this is Mary. I'll take a first stab at that. We don't directly provide the transportation services, that probably wasn't entirely accurate, we administer those funds. We put out proposals, all of our transportation services. We probably directly contract with around 20 different organizations that are doing the rides on the ground.

For instance, the Older Americans Act, each program based on their needs and with 5310 will prioritize how they want to spend those funds. Some of them have said they only want to do medical. Others are doing senior centers and more quality of life type. Depending on where you live, they are prioritizing those funds based on what they put in their proposal. It can get more complicated. Not every program provides the same type of ride, through the same people every time.

EM: Right. That provides clarification to the audience.

Maybe jumping off that question, one of the questions asked you to talk about your relationship with MARTA which is your local transit provider, and how that relationship has been built.

**MB:** Right. We have a very good relationship with Marta. In fact, we just put in a joint application for federal funds to extend our travel training. They have a wonderful regional mobility center, and they are very excited to work with us, because paratransit, which is the service they provide, is quite expensive in our region. It's almost $50, the one way trip.

We are very happy when we train people to ride the fixed route and regular transit services.

Another way we support them is they are in the process of assessing and reassessing people for paratransit, to determine if people are eligible, capable of driving fixed route, if they are given the training. We are supporting that with some 5310 funds that comes through our agency.

In the Area Agency on Aging, we look at the human services transportation side, with their riders, and trying to make sure people know their options, and then our Metropolitan Planning Organization, they work a lot as transit operators, and resources and planning around that.

**EM:** Our next question asks, how do you address any conflict of interest between your options counseling and intake work at the ARC and also offering services like transportation that the counseling may be referring to? But perhaps you answered part of that question, kind of letting us know that you do not provide the direct transportation services.

**MB:** Right. That is exactly right. We do put all of our services out for proposals and bids. We do contract out. We have a lot of community partners that are providing those transportation among the other services that Patti talked about.

**EM:** We have a couple more questions. One is just a simple clarification for what OAF and SSBG stands for. I believe it's on your slide where you have your funding lists.

**MB:** SSG, social services block grant comes to us through Department of Human Services. That is money they get for transportation. ADA funds our Americans with Disabilities Act funds, those are for folks that are in vocational rehab. One thing I didn't get into, we are administering the coordinated transportation for one county, we actually have contracted with a private transportation provider. But that program services, it gets a lot of different federal and state funding streams to serve different populations. Georgia vocational rehab is one, people with different developmental disabilities who are going to work programs and rehab facilities, and then our social services block grant is money that comes down through the state for transportation.

**EM:** Then I think maybe the participant mistyped, and they are referring to OAA funds, which are Older Americans Act.

**MB:**  Older Americans Act, primarily for people 60 and older.

**EM:** We have five minutes left. So we will try and get through the rest of the questions that are coming in. One individual is asking, they have a one click trip planning website like your simplygetthere.org but they don't have the call option like the ADRC. They are wondering what the funding source is for having the call services.

**MB**: ADRC is funded through a lot of different, like everything we do at ARC we patch together different funding sources. But Older Americans Act would be one source. We are an intake center for our Medicaid waiver programs. There might be some various other smaller grants and programs that support it. Those are probably the two biggest funding sources for that service. If you don't have a, you may well have a ADRC in your area, and I would recommend that you, probably the Eldercare Locator would be a good place to find out. It's a call center.

**EM:** Right. I think for folks on the webinar, we do have a link to the Eldercare Locator website, it's WWW.eldercare.gov and the phone number is listed there so folks can call the number and go to the website. And eldercare locator can help find the right people in your community to connect with.

**VD:** This is Virginia. I want to interject that with the information and referral service, information and referral assistance is a mandated service in the Older Americans Act, so it's generally available in every local community nationwide. But in addition to that, with the ADRCs, they have in the past certainly received some Medicaid funding to support their effort and certainly the building effort of the aging and disability resource centers.

That is a source of funding that I don't know is going to continue. But that is a whole 'nuther story.

**EM:** Let's see. We have one more question coming in. It should be our last question. We are almost at time. It is a good one to wrap up this discussion. Wondering do you track how many professional contact you versus individuals? And what non-transportation type professionals may contact you for referrals or information.

**PS**: Yes, they are capable of tracking a number of calls, some go through the state, the main 800 number, and then are transferred to us. We can also track the number of professionals that have called us for referrals from hospice, hospitals, you know, referrals from the Medicaid providers. So yes, we have a system called harmony that we are able to track all of that. We can filter it down to the point of how many calls per day, per month, per year. That is why when I said in the beginning that there were 65,000 calls we received, they would be able to divide that up, and give specific information on each type of call.

**EM**: Great. So we are just at 3:00. I know there may be some lingering questions that we did not get to answer on the call. And we will definitely try and follow up with you to see if we can work with Patti and Mary to get an answer if it's specific to the ARC information.

So again, my information is on the screen at this point. Please feel free to contact me if you have any questions. We will be posting the recording of this webinar to our website, WWW.NADTC.org and a big thank you to both Patti and Mary for participating and sharing such great information with us. Thank you.

>> This will conclude today's conference call. You may now disconnect your line.

(end of webinar at 3:00 p.m. EST)