



NONEMERGENCY MEDICAL TRANSPORTATION

Leading Practices Would Help the Federal Transit Administration Evaluate Its Pilot Program

Report to Congressional Committees

September 2024

GAO-24-106847

United States Government Accountability Office

Accessible Version

GAO Highlights

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September 2024

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Why GAO Did This Study

Millions of Americans, particularly those requiring regular access to medical services, such as older adults or people with disabilities, rely on NEMT. A lack of access to NEMT can result in delayed care and poorer health outcomes. The Department of Transportation's FTA administers several programs that provide funding for public transportation, some of which may be used to support NEMT. House Report 117-402 included a provision for GAO to study FTA grant programs that could support NEMT.

This report evaluates (1) FTA's design and implementation of the ICAM program against leading practices for pilot programs and (2) how FTA communicates the availability and use of its funding for NEMT, among other objectives.

GAO reviewed FTA documentation on ICAM and compared FTA's efforts to leading practices for the effective design of pilot programs. GAO also reviewed the information FTA publicly shares about its funding programs. GAO interviewed FTA officials on ICAM and selected FTA grant recipients.

What GAO Recommends

GAO is making two recommendations to FTA, to (1) develop an evaluation plan for ICAM, which includes an assessment methodology and scalability criteria and to (2) consolidate and publish information about using FTA funding for NEMT. DOT agreed with our recommendations.

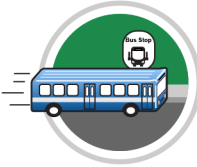
What GAO Found

Seven Federal Transit Administration (FTA) grant programs provide funding for general public transportation that may be used to support nonemergency medical transportation (NEMT) services. These funds may be used to purchase vehicles that provide transportation to medical appointments or fund call centers that schedules rides for health care, among other activities.

Examples of Nonemergency Medical Transportation (NEMT) Activities



Purchasing and maintaining vehicles, including buses and vans used for public transportation.



Individuals may use public transportation, including community bus routes and "dial-a-ride" demand-response service.



Providing transportation vouchers in limited situations.



Mobility management activities, including:

Call centers to coordinate trips, technology and software to schedule rides, travel training to help riders plan and use public transit, hiring coordinators to help riders find transportation options.

Source: GAO illustrations and analysis of Federal Transit Administration information. | GAO-24-106847

Established in 2015, the Pilot Program for Innovative Coordinated Access and Mobility (ICAM) is the only FTA program that specifically mentions NEMT as part of its primary objectives. FTA established objectives for ICAM and ensured stakeholder communication but did not follow the other three leading practices for the effective design of pilot programs. FTA did not develop an assessment methodology, establish an evaluation plan, or develop criteria to assess whether ICAM is scalable, such as whether and how the pilot could be expanded. A comprehensive evaluation plan that includes an assessment methodology and criteria to assess scalability would help FTA determine whether ICAM is achieving its goals of increasing health care access and improving health outcomes. Such efforts could also provide Congress with information in making decisions about the future of ICAM, which is funded through fiscal year 2026.

Publicly available FTA information does not provide a holistic, readily accessible picture of how FTA funds can be used to support NEMT. While ICAM materials discuss NEMT, materials for the other six FTA grant programs that are eligible to support NEMT provide little to no information related to NEMT. Information that is provided is dispersed across multiple sources. Many of the 25 FTA grant recipients GAO interviewed thought it would be helpful to have consolidated or simplified information about using FTA programs for NEMT. In July 2024, FTA published a notice that it is establishing a national center that will promote NEMT coordination as part of its portfolio. However, since the center has not been established, whether it will provide resources about using FTA funding for NEMT services is unclear. Consolidating and publishing information on the potential uses of FTA funding to support NEMT could help potential applicants, recipients, and other stakeholders interested in initiating or expanding this key transportation service.

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Abbreviations

CCAM	Coordinating Council on Access and Mobility
DOT	Department of Transportation
FAST Act	Fixing America’s Surface Transportation Act
FTA	Federal Transit Administration
	ICAM Pilot Program for Innovative Coordinated Access and Mobility
NEMT	nonemergency medical transportation
PTI	Public Transportation Innovation
state DOT	state department of transportation

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September 25, 2024

The Honorable Brian Schatz
Chair
The Honorable Cindy Hyde-Smith
Ranking Member
Subcommittee on Transportation, Housing and Urban Development,
and Related Agencies
Committee on Appropriations
United States Senate

The Honorable Steve Womack
Chairman
The Honorable Mike Quigley
Ranking Member
Subcommittee on Transportation, Housing and Urban Development,
and Related Agencies
Committee on Appropriations
House of Representatives

Public transportation is essential for millions of Americans to access education, employment, medical care, and other destinations. Transportation to medical care, in particular, is becoming more important as an increasing number of people develop conditions that require regular access to medical services, such as dialysis and cancer treatment, and the percentage of the population that is older continues to grow. According to a Transportation Research Board report, barriers to accessing transportation are a significant impediment to health care, leading to missed appointments and delayed care, and consequently, poorer long-term health outcomes.¹ Such barriers can disproportionately affect people who cannot provide their own transportation due to age, disability, or income, or people in rural and historically disadvantaged communities and Tribal Nations, who have limited or no public transit options.

Nonemergency medical transportation (NEMT) consists of providing transportation to individuals for the purposes of receiving medical and health care.² NEMT may be provided as part of general transportation services, such as public transit on buses, or targeted services, such as a van that provides on-demand services to pick up individuals to take them directly to medical appointments.

The Department of Transportation's (DOT) Federal Transit Administration (FTA) administers several grant programs that provide funding for public transportation, some of which may be used to support NEMT.

¹National Academies of Sciences, Engineering, and Medicine, *Critical Issues in Transportation for 2024 and Beyond* (Washington, D.C.: The National Academies Press, 2024). <http://nap.nationalacademies.org/27432>

²For purposes of this report, we define NEMT as the provision of nonemergency, nonmilitary, surface transportation services of any kind to beneficiaries or clients for the purpose of receiving medical care. This includes transportation in a private vehicle or public transportation, such as a bus, to medical appointments or services.

However, the Pilot Program for Innovative Coordinated Access and Mobility (ICAM) is the only one of these programs that provides grants to specifically support NEMT services.

The House Appropriations Committee Report accompanying the 2023 Appropriations Bill for the Departments of Transportation, and Housing and Urban Development, and Related Agencies (H.R. Rep. No. 117-402, at 87 (2023)), includes a provision directing us to study NEMT, including FTA grant programs that could support NEMT and improve access to those services for individuals in disadvantaged populations and historically disadvantaged communities. This report addresses:

1. How selected states, localities, and Tribes use or seek to use FTA funding to plan and provide NEMT services for disadvantaged populations and historically disadvantaged communities;
2. The extent to which FTA's design and implementation of ICAM align with leading practices for pilot programs; and
3. The extent to which FTA communicated how its funding can be used for NEMT services for disadvantaged populations and historically disadvantaged communities.

To understand how selected recipients (states, localities, and a Tribe) used FTA funds for NEMT, we first identified the FTA grant programs that are eligible to support NEMT. We reviewed our prior work on NEMT programs and reviewed documents from the Federal Register and FTA's website to identify programs that included references to NEMT or health care and medical transportation.³ We also compared the FTA programs with an inventory of federal programs that can provide funding for transportation for people with disabilities, older adults, and/or individuals of low income. The inventory is created and maintained by an interagency committee for coordinating transportation. We also interviewed FTA officials to confirm our decisions on what program funding may be able to support NEMT.

We then interviewed 25 recipients of FTA funding, including state departments of transportation (state DOT), a Tribe, municipal and local government agencies, public transportation providers, and private organizations to obtain their perspectives on using or seeking FTA funding to plan and provide NEMT or health care services.⁴ Eight of these 25 recipients were project sponsors that received ICAM or Section 5312 Public Transportation Innovation (PTI) funds for projects awarded through a joint notice of funding opportunity with ICAM in fiscal years 2016 through 2022. We selected these eight recipients based on several factors, including type of recipient (state and local agencies and Tribal Nations), geographic location, grant amount, and recipient of other FTA funding that is eligible to support NEMT, among other considerations, to obtain a variety of recipients.⁵

³GAO, *Transportation Disadvantaged Populations: Nonemergency Medical Transportation Not Well Coordinated, and Additional Federal Leadership Needed*, [GAO-15-110](#) (Washington, D.C.: Dec. 10, 2014). At the time of our report in 2014, we identified 42 programs across six federal departments that could provide funding for "transportation-disadvantaged" individuals in accessing human service programs.

⁴For this report, we refer to recipients as any agency or organization that received FTA program funds as an eligible recipient or sub-recipient.

⁵For the purposes of this report, we use the terms "Tribes" or "Tribal Nations" to refer to federally recognized Indian Tribes. Federally recognized Tribes have a government-to-government relationship with the United States and are eligible to receive certain services and benefits by virtue of their status as Indian Tribes. The Secretary of the Interior is required by law to annually publish a list of all Tribes recognized by the Secretary. As of January 8, 2024, there were 574 federally recognized Tribes in the contiguous United States and Alaska. 89 Fed. Reg. 944 (Jan. 8, 2024).

Other recipients we interviewed included the state DOTs of the state where each selected project sponsor is located and certain other relevant stakeholders that were involved in the planning or implementation of the ICAM projects with the selected project sponsors. The recipients we interviewed also included two state DOTs and two transit organizations that did not receive ICAM funds to learn their reasons, if any, for not applying for ICAM and how, if at all, they addressed NEMT needs with other FTA funding sources. (A complete list of agencies, the Tribe, and organizations we interviewed can be found in appendix I). The perspectives obtained from the interviews are not generalizable but illustrate various approaches to providing NEMT services.

To evaluate the extent to which FTA's design and implementation of its ICAM program align with leading practices for pilot programs, we reviewed FTA documentation and guidance on the administration of the pilot program for ICAM and interviewed FTA officials. We reviewed FTA's notices of funding opportunity for ICAM and its ICAM annual reports from fiscal years 2016 through 2023. We also reviewed the final ICAM reports submitted by sponsors to FTA on completed projects. We compared FTA's efforts to design, implement, and evaluate its ICAM pilot program to leading practices for the effective design of pilot programs that we identified in prior work. These practices included establishing the goals and objectives of the program and the process for evaluating program results.⁶

To assess the extent to which FTA communicates how its funding can be used for NEMT, we reviewed publicly available agency documentation and information related to relevant FTA funding programs (e.g., notices of funding opportunity, grant guidance, and web pages about grant programs; resources from the Coordinating Council on Access and Mobility (CCAM) and selected FTA technical assistance centers; and related research reports). We interviewed FTA officials and representatives of three technical assistance centers about the information they share externally regarding NEMT, as well as selected FTA grant program recipients (discussed above) about their awareness and impressions of such information. We compared FTA's communication to relevant FTA and DOT strategic goals;⁷ the 2023-2026 CCAM Strategic Plan,⁸ *Standards for Internal Control in the Federal Government* related to agencies' communication with external stakeholders;⁹ and the Office of Management and Budget's Circular A-130, *Managing Information as a Strategic Resource* guidance pertaining to dissemination of information.¹⁰

We conducted this performance audit from June 2023 to September 2024 in accordance with generally accepted government auditing standards. Those standards require that we plan and perform the audit to obtain sufficient, appropriate evidence to provide a reasonable basis for our findings and conclusions based on our audit objectives. We believe that the evidence obtained provides a reasonable basis for our findings and conclusions based on our audit objectives.

⁶GAO, *DATA Act: Section 5 Pilot Design Issues Need to Be Addressed to Meet Goal of Reducing Recipient Reporting Burden*, [GAO-16-438](#) (Washington, D.C.: Apr. 19, 2016).

⁷Department of Transportation, *Strategic Plan FY2022-2026* (Washington, D.C.: Apr. 7, 2022).

⁸Federal Transit Administration, *2023-2026 Strategic Plan: Coordinating Council on Access and Mobility* (Washington, D.C.: Oct. 27, 2022).

⁹GAO, *Standards for Internal Control in the Federal Government*, [GAO-14-704G](#) (Washington, D.C.: Sept. 2014).

¹⁰Office of Management and Budget, *Managing Information as a Strategic Resource*, OMB Circular A-130 (Washington, D.C.: July 28, 2016). This guidance applies to information that is disseminated by the federal government.

Background

Millions of Americans who are transportation disadvantaged, such as people who are older or disabled, or live in historically disadvantaged communities or rural areas rely on NEMT to access medical appointments and other health care services.¹¹ Transportation disadvantaged populations may experience significant barriers to accessing medical services because of their inability to provide their own transportation, and because public transportation options may be limited in their respective areas. In 2020, the Census Bureau reported that there were 55.8 million persons in the United States (16.8 percent of the total population) over the age of 65 and estimated that 37.2 million people live below the federal poverty line. The Census Bureau also reported that approximately one in five people live in a rural area.¹²

Several federal agencies provide funding that can be used to support NEMT for transportation disadvantaged individuals and communities, with the Department of Health and Human Services and FTA playing key roles in providing this funding.¹³ The two agencies use different mechanisms to fund transportation programs and services that provide NEMT to the public. The Centers for Medicare & Medicaid Services, within the Department of Health and Human Services, is the largest provider of funding that directly supports NEMT. Specifically, Medicaid provides funds for beneficiaries to access any covered medical service, which includes arranging transportation to medical appointments and other services when beneficiaries cannot transport themselves.¹⁴ Medicaid NEMT funding can be provided under a fee-for-service basis or through a periodic payment per beneficiary.¹⁵ According to the Centers for Medicare & Medicaid Services, in fiscal year 2018, Medicaid medical assistance payments for NEMT totaled \$1.8 billion.¹⁶

FTA provides funding to states and localities to cover a broad range of general public transportation needs. As of 2024, seven FTA programs provide funding for general public transportation and may be used to provide

¹¹Transportation disadvantaged populations include people who cannot provide their own transportation due to age, disability, and income restraints. Office of Management and Budget interim guidance defines historically disadvantaged communities as communities that have been historically marginalized and overburdened by pollution and underinvestment in housing, transportation, water and wastewater infrastructure, and health care. All federally recognized Tribes are considered disadvantaged communities under the administration's Justice40 Initiative, which sets a goal for 40 percent of the overall benefits of certain federal investments to flow to disadvantaged communities. Exec. Order No. 14,008, Tackling the Climate Crisis at Home and Abroad, 86 Fed. Reg. 7619, 7631 (Feb. 1, 2021).

¹²For the 2020 Census, the Bureau identified rural areas as locations that have a population under 5,000 or have no more than 2,000 housing units.

¹³[GAO-15-110](#). The 42 programs identified in this previously issued report reflect the programs for which NEMT was an eligible expense in 2014. Program authorizations may have changed since 2014, and NEMT may no longer be an eligible expense in some of these programs or may be an eligible expense for additional programs.

¹⁴Medicaid provides health coverage to millions of Americans, including eligible low-income adults, children, pregnant women, older adults, and people with disabilities. Medicaid is administered by states, according to federal requirements. The program is funded jointly by states and the federal government.

¹⁵Medicaid reimbursement on a fee-for-service basis occurs when the state Medicaid agency reimburses transportation providers (e.g., public transportation, taxis, and ride-share companies) for services provided. Medicaid payments per beneficiaries are provided under managed care, in which the state Medicaid agency pays managed care organizations, prepaid inpatient health plans, and prepaid ambulatory health plans a periodic payment per beneficiary for all services covered under the contract.

¹⁶This spending estimate does not include spending on NEMT provided through managed care organizations, prepaid inpatient health plans, and prepaid ambulatory health plans because payments for NEMT services are not separately reported from other services.

NEMT services.¹⁷ While FTA funding used to support public transportation may be used to provide access to medical and health care services, most FTA programs do not include NEMT as part of their primary objectives. For example, FTA Grants for Buses and Bus Facilities program allows recipients of the funding to replace, rehabilitate, and purchase buses and related equipment and to construct bus-related facilities. Buses purchased through this program may be used by riders for a variety of trips, which may include visits to medical appointments or other nonemergency medical services. Most of FTA’s seven formula and competitive grant programs specifically target projects to meet the needs of disadvantaged groups or individuals, who are more likely to require access to nonemergency medical care. (see table 1).¹⁸

Table 1: Federal Transit Administration (FTA) Grant Programs That Are Eligible to Provide Funding in Support of Nonemergency Medical Transportation, as of July 2024

Grant program	Formula or competitive grants	Targeted disadvantaged individuals or groups	Federal cost sharing/match	Eligible projects and expenses
Section 5307 Urbanized Area Formula Grants	Formula	None	80% for capital projects, 50% for operating expenses, and 80% for Americans with Disabilities Act paratransit service ^a	Capital and operating
Section 5310 Formula Grants for the Enhanced Mobility of Seniors and Individuals with Disabilities	Formula	Seniors and individuals with disabilities	80% for capital projects and 50% for operating expenses	Capital and operating
Section 5311 Formula Grants for Rural Areas	Formula	Rural populations, including those in tribal areas	80% for capital projects, 50% for operating assistance, and 80% for Americans with Disabilities Act paratransit service ^a	Capital and operating
Section 5311(c)(2) Public Transportation on Indian Reservations (Tribal Transit Program)	Both	Tribal Nations	100%	Capital and operating
Section 5339 Grants for Buses and Bus Facilities	Both	At least 15% of § 5339(b) competitive grants awarded to rural areas	80%	Capital
Section 5312 Public Transportation Innovation (PTI)	Competitive	May include seniors, individuals with disabilities, and low-income individuals	80 to 100%	Research and innovation

¹⁷While other FTA programs may potentially be used for projects that could support NEMT, we excluded those programs from our review given that the types of eligible expenses under the programs did not include references to health care or medical access. For example, FTA’s Helping Obtain Prosperity for Everyone Program fiscal year 2020 Notice of Funding Opportunity included that funds could support planning, engineering and technical studies, financial planning, and transportation coordination that address transportation challenges faced by areas of persistent poverty.

¹⁸FTA distributes formula grant funding based on specific parameters set by Congress, such as state population. Formula programs generally allow recipients the discretion to use funds for a wide variety of eligible expenses. FTA distributes competitive grants for specific projects through a competitive selection process.

Grant program	Formula or competitive grants	Targeted disadvantaged individuals or groups	Federal cost sharing/match	Eligible projects and expenses
Pilot Program for Innovative Coordinated Access and Mobility (ICAM)	Competitive	Transportation disadvantaged groups, including older adults, individuals with disabilities, and people of low income	80%	Capital

Sources: GAO analysis of FTA documents; GAO review of applicable statutes. | GAO-24-106847

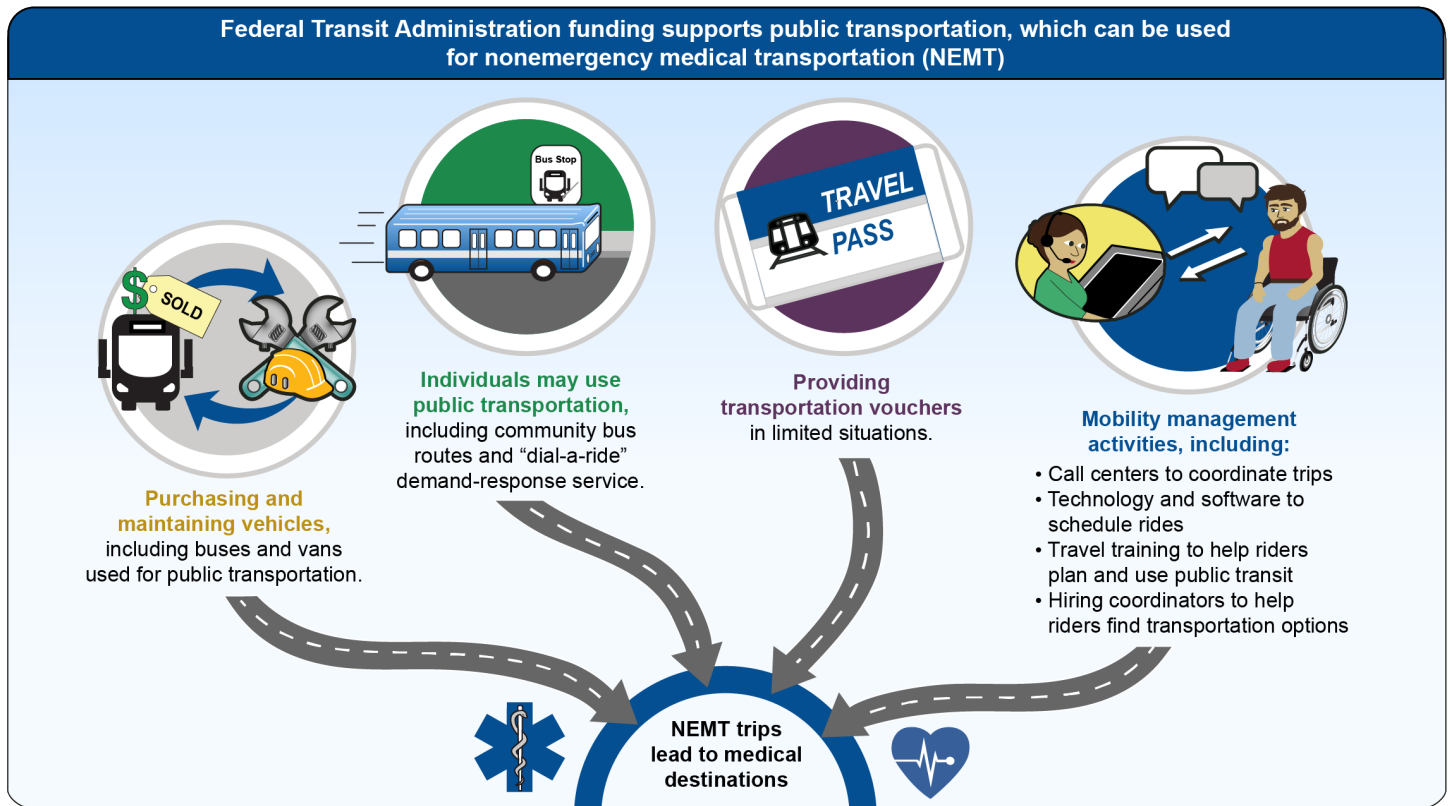
Note: FTA funds three technical assistance centers that have awarded community grants that have been used for nonemergency medical transportation. Two such centers—the National Center for Mobility Management and the National Aging and Disability Transportation Center—award community grants annually using their funding from FTA’s Section 5314 Technical Assistance and Workforce Development Program. The National Rural Transit Assistance Program is funded by Section 5311 Formula Grants for Rural Areas and awarded “community rides” grants in 2021 but does not have an annual grant program.

⁸Eligible capital projects include the provision of nonfixed route paratransit transportation services in accordance with the Americans with Disabilities Act (42 U.S.C. § 12143) for amounts not to exceed 10 to 20 percent of the recipient’s annual formula apportionment under Urbanized Area Formula Grants and Formula Grants for Rural Areas. 49 U.S.C. § 5302(4)(I).

These FTA grant programs provide funding for a variety of public transportation projects, including support for NEMT. The FTA funding can be used for both capital and operating expenses, depending on the program. Capital expenses include purchasing vehicles that are used for public transportation and constructing facilities. Mobility management is also defined as a capital expense (see fig.1). Operating expenses typically include vehicle maintenance, fuel, and labor costs but may include vouchers in limited circumstances.¹⁹

¹⁹The Formula Grants for the Enhanced Mobility of Seniors and Individuals with Disabilities Program can provide vouchers to seniors and individuals with disabilities to purchase rides in some circumstances.

Figure 1: Examples of Nonemergency Medical Transportation (NEMT) Activities



Source: GAO illustrations and analysis of FTA information. | GAO-24-106847

Note: Not every NEMT activity described above is an eligible expense for all FTA programs that can support NEMT. For example, transportation vouchers and passes are eligible expenses only under the Formula Grants for the Enhanced Mobility of Seniors and Individuals with Disabilities Program. Transportation vouchers and passes are classified as operating expenses. Furthermore, some FTA programs that are eligible to provide funding in support of NEMT may only fund capital projects, such as mobility management, purchasing vehicles, and preventative and associated capital maintenance.

While the public can use the general public transportation services funded through these FTA programs for nonemergency medical purposes (e.g. to travel to a doctor’s appointment or to the pharmacy), neither FTA nor transit providers track trips by purpose. Therefore, it is not possible to determine how many people use public transit for NEMT or how much FTA funding is specifically used for NEMT. However, as discussed below, FTA’s ICAM pilot program is the agency’s one program that specifically identifies NEMT as part of its primary objectives.

ICAM and PTI Grant Programs

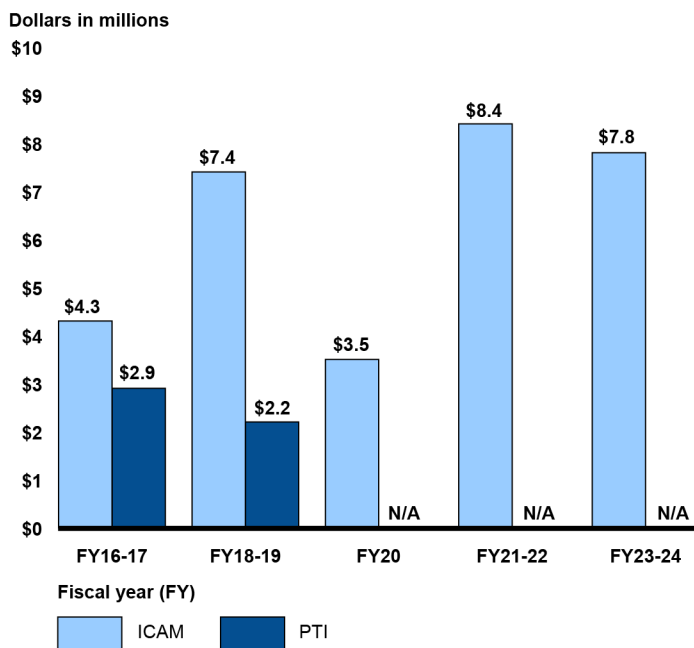
The Fixing America’s Surface Transportation (FAST) Act of 2015 established ICAM, authorizing DOT to make grants that support innovative capital projects that improve the coordination of transportation services and NEMT services for the transportation disadvantaged.²⁰ The primary purpose of ICAM grants is to test promising, replicable public transportation health care access solutions that support the goals of (1) increasing access to care; (2) improving health outcomes; and (3) reducing health care costs by improving access to

²⁰Fixing America’s Surface Transportation (FAST) Act, Pub. L. No. 114-94, § 3006(b), 129 Stat. 1312, 1462-63 (2015).

coordinated transportation services. The Secretary is required to publish an annual report to Congress that includes detailed descriptions of ICAM projects and an evaluation of the program, including an evaluation of the performance measures for ICAM projects. Congress provided almost \$19 million for ICAM for fiscal years 2016 through 2021, and the Infrastructure Investment and Jobs Act of 2021 provided an additional \$24 million for fiscal years 2022 through 2026.

FTA's PTI grants provide funding for research, development, and evaluation projects that will advance public transportation interests. For fiscal years 2016-2017 and 2018-2019, FTA also used PTI research grants to fund projects that supported the primary goals of ICAM and addressed transportation barriers to health care access.²¹ According to FTA officials, PTI grants awards were not directed towards ICAM or NEMT projects in subsequent fiscal years. Officials also stated that, while PTI program funds can be used for NEMT, the primary objective of the program is not NEMT. Figure 2 shows ICAM and PTI funding awarded for NEMT-related projects by fiscal year.

Figure 2: Innovative Coordinated Access and Mobility (ICAM) Funding and Related Public Transportation Innovation (PTI) Funding Awarded for Each Fiscal Year from 2016-2024



Source: GAO analysis of Federal Transit Administration information. | GAO-24-106847

²¹See Rides to Wellness Demonstration and Innovative Coordinated Access and Mobility Grants, 81 Fed. Reg. 17549 (Mar. 29, 2016); Fiscal Year 2018 Competitive Funding Opportunity: Access & Mobility Partnership Grants, 83 Fed. Reg. 46534 (Sept. 13, 2018).

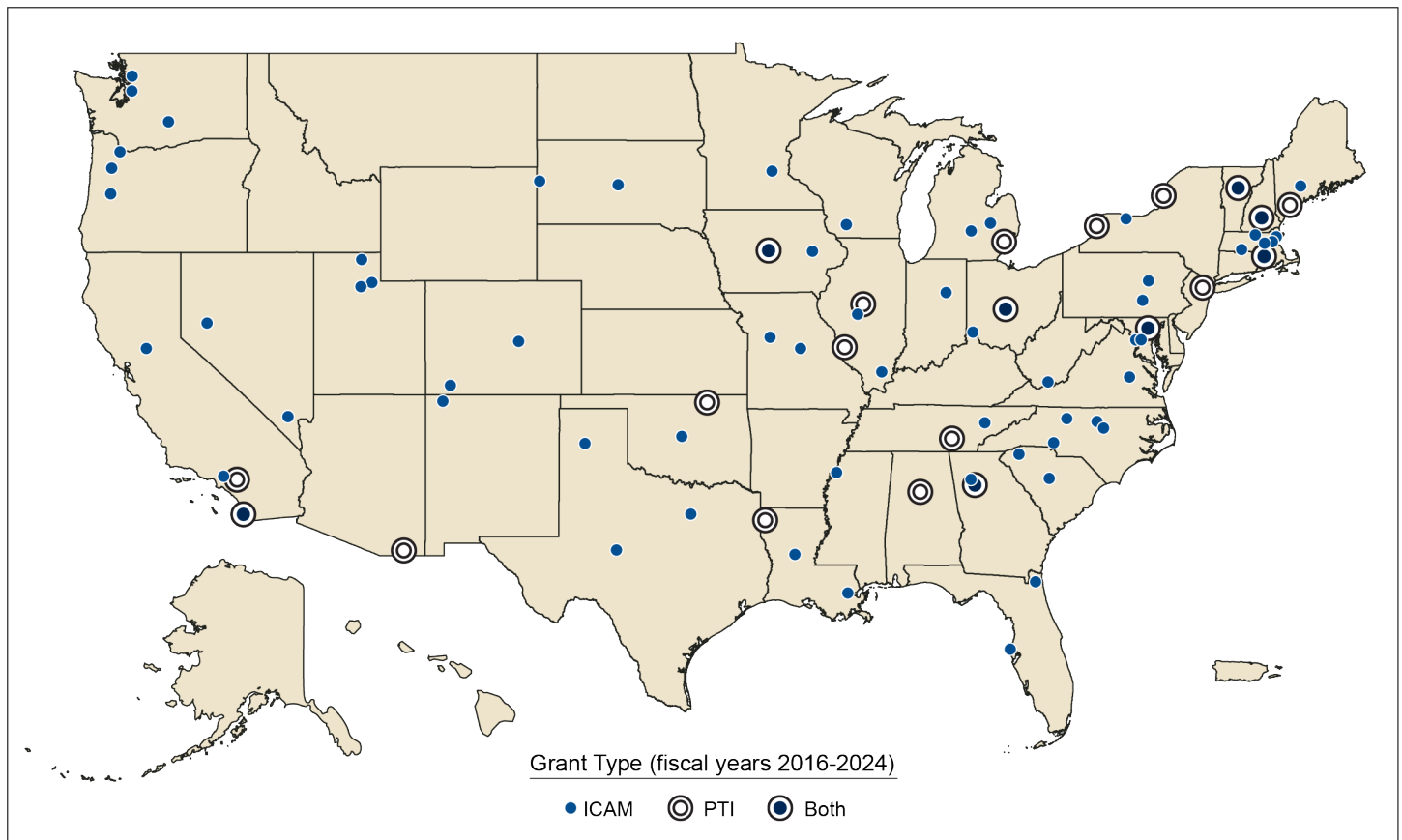
Accessible Data for Figure 2: Innovative Coordinated Access and Mobility (ICAM) Funding and Related Public Transportation Innovation (PTI) Funding Awarded for Each Fiscal Year from 2016-2024

Fiscal Year (FY)	ICAM (dollars in millions)	PTI (dollars in millions)
FY16-17	\$4.3	\$2.9
FY18-19	7.4	2.2
FY20	3.5	N/A
FY21-22	8.4	N/A
FY23-24	7.8	N/A

Source: GAO analysis of Federal Transit Administration information. | GAO-24-106847

ICAM and PTI grants awarded to individual project sponsors ranged between about \$17,000 and \$2.8 million. From fiscal years 2016 through 2024, FTA received 306 applications and awarded 107 ICAM and PTI grants to project sponsors in 39 states. Figure 3 maps the location of ICAM and PTI grant project sponsors that received grants from fiscal years 2016 through 2024.

Figure 3: Project Sponsors That Received Innovative Coordinated Access and Mobility (ICAM) and Related Public Transportation Innovation (PTI) Program Funds from Fiscal Years 2016-2024



Source: GAO analysis of Federal Transit Administration information and Map Resources (map). | GAO-24-106847

Notes: The dots represent the locations of the project sponsors awarded FTA program funds and may not reflect the service area of the project itself. In addition, the identified PTI program funding was awarded to related projects in support of ICAM program goals for fiscal years 2016-2017 and fiscal years 2018-2019.

Technical Assistance Centers

In addition to these programs, FTA sponsors technical assistance centers that provide assistance, training, and other resources across a number of areas to improve public transportation. Three of these centers—the National Aging and Disability Transportation Center, National Center for Mobility Management, and National Rural Transportation Assistance Program—provide information on FTA funding opportunities and guidance that is relevant to NEMT activities and grant eligibility. Each of these centers award community grants (funded by FTA), which may be used for NEMT and other transportation services.²²

Coordinating Council on Access and Mobility (CCAM)

CCAM, a federal interagency council, works to improve federal coordination of transportation funding, with a focus on programs for people with disabilities, older adults, and low-income individuals. The council, established in 2004, is chaired by DOT and includes 10 other federal departments and agencies.²³ The council issues recommendations and guidance to stakeholders that are designed to improve the efficiency, accessibility, and availability of transportation for transportation disadvantaged populations. CCAM goals also include clarifying federal policies to improve NEMT and transportation coordination within states and local communities.

Recipients Use FTA Funds to Address a Variety of Transportation Needs, including Nonemergency Medical Transportation

Selected Recipients Mostly Used FTA Funds to Provide NEMT as Part of Broader Efforts to Address General Transportation Needs

Nearly all of the recipients we interviewed told us that they used FTA funds for NEMT as part of their efforts to meet their general transportation needs in their respective state or community. While most recipients told us that FTA funds are used to support general transportation, 22 of the 25 recipients told us that they used FTA program funds, in part, to plan or provide services to address or support NEMT. With respect to planning, officials from eight of the 11 state DOTs we interviewed told us they included access to health care services as

²²Two centers—the National Center for Mobility Management and the National Aging and Disability Transportation Center—award community grants annually using their funding from FTA’s Section 5314 Technical Assistance and Workforce Development Program. The National Rural Transit Assistance Program is funded by Section 5311 Formula Grants for Rural Areas and awarded “community rides” grants in 2021 but does not have an annual grant program.

²³Exec. Order No. 13330, Human Service Transportation Coordination, 69 Fed. Reg. 9185 (Feb. 26, 2004). Member agencies of the Coordinating Council are DOT, the Department of Agriculture, Department of Education, Department of the Interior, Department of Justice, Department of Labor, Department of Health and Human Services, Department of Housing and Urban Development, National Council on Disability, Social Security Administration, and Department of Veterans Affairs.

part of their transportation planning on how to use FTA and other transportation funding.²⁴ Officials from four of these state DOTs stated that their Coordinated Public Transit-Human Service Transportation Plans considered the transportation needs of disadvantaged groups, including the older adults and people with disabilities, which require access to health services.²⁵ Officials from seven state DOTs we interviewed stated that while these planning efforts cover all transportation needs of these populations, they specifically consider bus routes to provide access to hospitals and medical centers as part of transportation planning.

With respect to the provision of transit service, 14 recipients we interviewed told us that NEMT was among the specific community needs that their FTA program funds have helped address. Recipients identified FTA formula programs, such as the Enhanced Mobility of Seniors and Individuals with Disabilities Program and the Formula Grants for Rural Areas Program, as a source of funding. For example, one recipient we interviewed used Enhanced Mobility of Seniors and Individuals with Disabilities Program funding to purchase a replacement van to provide NEMT to individuals with developmental disabilities and chronic mental illness.

Five other recipients told us that they used FTA program funds to support specialized transportation services for specific groups that require access to regular health care, such as older adults and people with disabilities. For example, officials from one transportation agency we spoke with said they used FTA program funds to purchase a vehicle that provides on-demand, door-to-door service within the city limits. These officials told us that many riders have incomes below the federal poverty line and use the bus to go to dialysis treatment and doctor appointments, in addition to other essential destinations, such as grocery stores and workplaces.²⁶ Another recipient operated a van that provided regular service to a medical center in the rural community served by the transit agency. Agency officials told us that they subsequently had to cut the service due to funding constraints. After hearing about the community's NEMT needs from residents who had relied on the service, the officials said they re-established a modified, on-demand version of the service using FTA funds.

While these selected recipients identified ways in which they used their overall FTA program funding to address NEMT needs and health care access, most told us that they use FTA program funds to support the general transportation needs of their communities. They emphasized the wide variety of trip purposes that may be supported by these expenditures, including for employment, shopping, or any number of other trips.²⁷ For example, two recipients specifically noted that while their use of FTA program funds may provide access to medical destinations, the purpose is to support public transit, not NEMT.

²⁴When asked about planning, officials from one of these state DOTs told us they were not aware that NEMT services were included in the state transportation plan. The remaining two state DOTs did not mention that their plans included or considered NEMT or health care access in their transportation plans.

²⁵Federal transit law requires that projects selected for funding under the Enhanced Mobility for Seniors and Individuals with Disabilities (Section 5310) Program be "included in a locally developed, coordinated public transit-human services transportation plan" and that the plan be "developed and approved through a process that included participation by seniors, individuals with disabilities, representatives of public, private, and nonprofit transportation and human services providers and other members of the public" using transportation services.

²⁶The 2024 federal poverty guidelines for the contiguous United States and the District of Columbia are \$15,060 annual income for an individual and \$31,200 annual income for a family of four. Annual Update of the HHS Poverty Guideline, 89 Fed. Reg. 2961, 2962 (Jan. 17, 2024).

²⁷Most state DOTs and recipients do not track trip purpose and are unable to identify how many rides taken on their transportation services are for NEMT.

Selected Recipients Used ICAM and PTI Grants to Target NEMT Services and Other Community Transportation Needs

The eight project sponsors we interviewed used ICAM and PTI funds to support a range of projects designed to address gaps in NEMT and better coordinate transportation to meet other community transportation needs among disadvantaged populations. Specifically, six project sponsors we interviewed used the ICAM and PTI funds to develop new projects to meet NEMT needs. For example, officials from one project sponsor we spoke with used PTI funds to partner with other local organizations in providing transportation planning and transit passes to low-income pregnant women to attend prenatal appointments. Project sponsor officials and stakeholders said they identified the need for this NEMT service in their transportation plans and interviews with low-income pregnant women about the barriers they faced in accessing prenatal care. Project sponsors told us that the funding provided a unique opportunity to address their respective area's particular NEMT needs. Another project sponsor used the ICAM funds to develop a technology platform to coordinate NEMT to and from dialysis centers for underserved populations. According to project sponsors, the platform would coordinate transportation between transportation providers, dialysis clinics, and patients, which in turn, would reduce delays, cancellations, and no-shows.

Two project sponsors used the funds to support or expand existing NEMT services. For example, officials from one project sponsor used ICAM funds to establish an on-demand NEMT service and accompanying mobility management program. These officials said they learned of ICAM while partnering with local organizations and other agencies to help address their community's public health crisis, which would require transportation to long-term medical treatment for those who have been affected by an environmental contaminant. According to project sponsor officials, ICAM offered an opportunity to seek funding to expand its existing NEMT efforts and meet gaps in service. These officials told us that without ICAM funds, they would not be able to provide the level of NEMT service they currently provide. Another project sponsor told us that without ICAM funds, the agency would not have been able to purchase seven vehicles to extend NEMT services to people with developmental disabilities, chronic mental illness, and substance use disorders.

Other uses of ICAM funding that project sponsors we interviewed identified included:

- Vehicle purchases to provide on-call, door-to-door shuttles for those needing access to medical appointments.
- Training for individuals on using public transit for NEMT.
- Development of a mobility management program to coordinate rides to wellness appointments for behavioral health patients, dialysis patients, and primary/urgent care for families and older patients, including those with disabilities.

Recipients and Project Sponsors Identified Several Challenges Using FTA Funds for NEMT

Selected recipients of FTA funds and the ICAM and PTI project sponsors we interviewed identified several challenges that affected their ability to access and use FTA funding specifically to provide NEMT services and access to health care. According to seven recipients and two project sponsors, obtaining funding at the statutorily required 20 percent match to the federal FTA funding amount for a project can be difficult. Officials from two state DOTs we interviewed said that the local match for federal funds is particularly challenging for

rural agencies and organizations that are often unable to raise matching funds. Officials from one state DOT told us that transit agencies in their state have declined FTA funding because they could not meet the local match requirement.

In addition, six recipients told us that most FTA funding supports capital projects, such as vehicle purchases, and five of them stated that funding that can support operating expenses would be useful. For example, one state DOT official told us transit agencies in rural areas have high operating costs for vehicle maintenance and fuel costs as they must transport their passengers over long distances to reach their destinations. Another recipient noted that because many rural areas they serve are far from the locations where they provide the bulk of their transit services, operating costs for providing NEMT, including hiring drivers and fuel costs, are high.

In addition, project sponsors we interviewed cited the ability to sustain their NEMT projects as a challenge. The ICAM pilot program provides funding for capital projects for the pilot programs, but project sponsors we interviewed noted that they needed additional operating funding to continue providing the NEMT services established with ICAM funds. Two sponsors told us that they used non-ICAM FTA funding to sustain their NEMT activities after completion. For example, one project sponsor discontinued its ICAM project as a standalone service and continued to deliver the service through an existing NEMT program for seniors and people with disabilities that the sponsor supported with FTA's Enhanced Mobility of Seniors and Individuals with Disabilities Program funding. In addition, three sponsors told us that they continue to rely on state or local funding sources and donations from private or non-profit organizations to sustain their projects after the completion of their pilot projects. For example, one project sponsor told us that ICAM funding was helpful to establish its project, but without dedicated long-term funding, it was difficult to initiate services for vulnerable communities with the likelihood that cuts will be needed if service cannot be sustained. Project sponsors noted that they use local funding sources to sustain these ICAM projects because the non-ICAM FTA funds they receive are used for general public transportation or the FTA funds they receive cannot support operating expenses that are needed to sustain the NEMT service.

FTA Designed and Implemented ICAM in Line with Some, but Not All, Leading Practices for Pilot Programs

While FTA funding supports general public transportation services, FTA's ICAM pilot program was established by the FAST Act to provide funding to selected applicants to support innovative approaches to improve the coordination of transportation services and NEMT services for the transportation disadvantaged. We found that FTA's ICAM pilot program aligned with two of the five leading practices for developing and implementing a well-designed pilot program and did not align with three leading practices. We have previously found that adherence to these leading practices can help ensure that agency assessments of pilot programs produce the information needed to make effective program and policy decisions. The five leading practices and our assessment of FTA's alignment with those practices are summarized in table 2.

Table 2: Alignment of Federal Transit Administration's (FTA) Innovative Coordinated Access and Mobility Pilot Program with GAO Leading Practices for Pilot Program Design

Leading practice	Description	GAO assessment of FTA's alignment
Establish clear and measurable objectives	Establish well-defined, appropriate, clear, and measurable objectives	Aligns

Leading practice	Description	GAO assessment of FTA's alignment
Ensure two-way stakeholder communication	Appropriate two-way stakeholder communication and input should occur at all stages of the pilot	Aligns
Articulate an assessment methodology	Articulate an assessment methodology that details the type and source of data and information necessary to evaluate the pilot program and methods for collecting that information, including timing and frequency	Does not align
Develop an analysis plan to evaluate the pilot program	Develop and carry out a plan that defines how the information collected will be analyzed to evaluate the pilot's implementation and performance, including successes, challenges, and lessons learned	Does not align
Establish criteria to assess scalability	Identify criteria for identifying lessons from the pilot to inform decisions on whether and how to expand pilot activities or integrate into overall efforts	Does not align

Sources: GAO (leading practices for pilot program design); GAO analysis of FTA documents. | GAO-24-106847

Note: "Aligns" indicates that FTA provided evidence its pilot program design satisfied the leading practice, and "does not align" indicates that FTA provided no evidence that its pilot program design satisfied the leading practice.

FTA Has Established Clear Program Objectives and Effectively Communicates with Stakeholders on ICAM

Establish clear and measurable program objectives. We found that FTA has clear objectives for the overall ICAM program, as called for by leading practices for pilot programs. Establishing clear and measurable objectives can help ensure that appropriate evaluation data are collected throughout the pilot. The primary objectives of the ICAM program are increasing access to health care, improving health outcomes, and reducing health care costs by improving access to coordinated transportation services. Each objective could be measured across the overall program and individual projects. For example, tracking the number of rides to appointments provided by an individual project could measure the increased access to health care for the public, and combining similar measures across ICAM would provide a measurement against the program objective of increasing access. In addition to these measurable objectives, FTA states that projects supported through ICAM are intended to identify replicable and sustainable solutions. FTA describes these objectives in its notices of funding opportunity and annual reports to Congress.

Ensure two-way stakeholder communication. We found that FTA has established and maintained regular communication with stakeholders such as project sponsors and program applicants. Ensuring that two-way communication occurs throughout the program supports the program's success. FTA engages regularly with individual project sponsors through meetings with officials from the National Aging and Disability Transportation Center and FTA's regional offices, according to sponsors we interviewed. The meetings provide opportunities for project sponsors to receive technical assistance on performance measures and check project progress. According to technical assistance center officials, specific questions related to implementing ICAM funding are directed from the technical center to FTA. FTA also uses email and notices to share ICAM information with potential applicants. In addition, FTA holds webinars and online question and answer sessions that provide opportunities for applicants to learn more about the program.

FTA's Implementation of ICAM Does Not Align with the Three Remaining Practices to Design an Effective Pilot Program Evaluation

Articulate an assessment methodology. We found that FTA's design and implementation of ICAM does not align with the leading practice for articulating an assessment methodology. A clear assessment methodology details the type and source of data necessary to evaluate the pilot program and the methods and timing for collecting that data.

While FTA requires each project sponsor to provide some performance data to FTA quarterly, as well as in a final report after project completion, the agency has not developed an assessment methodology or identified standardized performance data that helps ensure that it can use the individual project reports to assess the program as a whole. As required by statute, FTA requires each individual project sponsor to develop specific performance measures to quantify actual outcomes against expected outcomes of the project. For example, a project sponsor for one completed project reported a 36 percent increase in the number of trips provided by the ICAM-funded service, while another sponsor recorded providing over 300 rides to visit a variety of health providers. However, because the projects' goals vary and FTA has not requested standardized data, the collected information may prove difficult to use in evaluating the overall program. Without developing a program assessment methodology, FTA may not collect all of the data necessary to effectively evaluate the program.

Develop an analysis plan to evaluate the pilot program. We found that while FTA has conducted some individual project evaluations, it has not developed or documented a plan to evaluate the overall pilot program. An evaluation of the overall pilot program that aligns with leading practices would show the successes and challenges of the pilot program, identify lessons learned, and inform whether and how the pilot could be continued and broadened.

The FAST Act included a requirement for FTA to provide a report to Congress annually that includes a detailed description of the activities carried out under the pilot program and an evaluation of the program, including an evaluation of project sponsors' performance measures. FTA has published annual reports to Congress since 2017, which include summaries of individual projects starting in the fiscal year 2018 report. Each report since the fiscal year 2018 report also includes a section titled "program evaluation," which contains information about the number of applications submitted and selected for each round of funding as well as how FTA is managing ICAM.

FTA officials stated that the evaluation presented in the annual reports is an assessment of the ICAM program based on the data available at the time of each report. However, the program evaluation sections within the annual reports do not include a detailed assessment of the program's implementation and performance overall. For example, an evaluation section notes that some completed projects have been able to continue in a self-sustaining manner after completion, while other completed projects identified ways to adapt project sponsors' existing services to better meet needs or initiated coordination among community stakeholders that did not previously exist. However, there is no information on lessons learned from pilot projects or the replicability of successful projects provided in the program evaluation, which would inform FTA's objectives for the ICAM program.

Establish criteria to assess scalability. We found that FTA has not developed criteria to assess ICAM's scalability, meaning whether the pilot can be scaled up or increased in size to a larger number of projects over

the long term. Our prior work has found that criteria to measure scalability should provide evidence that the pilot objectives have been met, and the evaluation's results should inform scalability by showing whether and how the pilot could be expanded or how well lessons learned from the pilot can be incorporated into broader efforts. Although FTA's notices of funding opportunity indicate that its goal for the ICAM program is to test promising, innovative, coordinated mobility strategies that other communities can replicate, FTA has not developed criteria to determine if the program could or should be expanded or incorporated into broader agency efforts.²⁸

FTA officials stated that the evaluation of the program to date has included information presented in the annual reports, which is based on the data and information available from individual projects at the time of FTA's report. Furthermore, according to officials, FTA and the National Aging and Disability Transportation Center have documented lessons from individual projects to help FTA better manage the program, but FTA has not tracked lessons learned for the overall ICAM program or evaluated the program's scalability. FTA officials stated that ICAM is under consideration for programmatic evaluation by the agency. However, officials told us that FTA conducts one of these evaluations per year, and the officials were uncertain if ICAM would be chosen based on resource limitations.

Establishing a plan to evaluate the overall program, which would include outlining an assessment methodology, detailing an analysis plan, and establishing scalability criteria would help FTA improve the implementation of the ICAM program. A comprehensive evaluation that included those practices could help FTA determine whether ICAM is achieving its goals of increasing health care access and improving health outcomes. Furthermore, such efforts could help FTA determine whether and how ICAM could be expanded or incorporated into broader efforts to address NEMT needs for transportation disadvantaged individuals and communities and identify lessons learned and challenges from the individual projects that can inform other activities. It would also provide information on how the pilot program could potentially support NEMT needs and give Congress the information it needs to make decisions on the future of ICAM.

Information about Using FTA Funding for NEMT Is Not Readily Accessible

Publicly Available Information about How FTA Funding Can Be Used for Health Care Access, including NEMT, Is Limited and Dispersed

The information that FTA and related entities share does not provide a holistic, readily accessible description about how FTA funds can be used to support NEMT. While ICAM information discusses NEMT, most programmatic materials for the other FTA grant programs that are eligible to support NEMT do not explicitly

²⁸See 2 C.F.R. § 200.301(a) ("The Federal awarding agency must measure the recipient's performance to show achievement of program goals and objectives, share lessons learned, improve program outcomes, and foster adoption of promising practices."); 2 C.F.R. § 200.202 ("Program performance shall be measured based on the goals and objectives developed during program planning and design.").

refer to NEMT or health care access.²⁹ In addition, information about using these FTA funds for health care access is dispersed across multiple sources. When asked about the ways that FTA communicates how its funding can be used for NEMT, agency officials referred us to numerous web pages published by FTA, FTA-sponsored technical assistance centers, and CCAM, which are discussed below. Understanding more detail about using FTA funding for NEMT would require grant applicants and recipients to search across these multiple resources from FTA and related entities. Furthermore, the information does not consistently direct recipients and other stakeholders to other relevant NEMT information, such as through embedded links, which may make it more challenging for these readers to locate relevant resources.

FTA Information about Funding Programs

FTA's programmatic information on ICAM, the one program that identifies NEMT as part of its primary objectives, consistently and explicitly incorporates discussion of NEMT. All publicly available ICAM information we reviewed explicitly states that the program's purpose or eligible activities include supporting NEMT. For example, ICAM funding announcements, press releases, webinars, and other materials use the term NEMT. FTA officials said that ICAM information explicitly discusses NEMT because the term is used in the authorizing statute for ICAM, so describing NEMT in programmatic information meets Congress's requirements and intentions.³⁰

However, FTA provides little to no information related to NEMT in programmatic materials for the other six FTA grant programs that, while not focused on NEMT, are eligible to support NEMT. For three of these programs we found some references to health care access or NEMT among the programmatic or other related materials we reviewed.³¹ Specifically, guidance for the Formula Grants for Rural Areas program states that health care access is a program goal, among other goals.³² Notices of funding opportunity for the Tribal Transit Program state that applicants' proposals for the competitive program should include information about the proposed use of funding, which could include accessing health care. In addition, annual reports for PTI, which are posted on FTA's website, describe some funded projects that have involved NEMT services. For the remaining three FTA programs that are eligible to support NEMT, we were unable to find any reference to NEMT or health care access in the programmatic materials. FTA officials said that recipients determine the specific trip purposes or destinations to serve—which may include medical destinations—and that FTA does not specify any routes or

²⁹For purposes of this report, we define FTA's programmatic materials and resources as publicly available information that FTA has developed and disseminated about its grant programs to describe key topics such as the types of eligible activities. These materials include FTA web pages, notices of funding opportunities, guidance and instructions, webinars, and press releases. We considered other related information in our review, which may discuss FTA programs, such as annual reports, research reports, and information from FTA's technical assistance centers and CCAM.

³⁰As discussed earlier, the FAST Act authorizes FTA to award grants for ICAM pilot projects that improve coordination of transportation services and NEMT services for transportation disadvantaged populations.

³¹Of the six programs that can be used to support NEMT, three provide formula grants—Section 5307 Urbanized Area Formula Grants, Section 5310 Formula Grants for the Enhanced Mobility of Seniors and Individuals with Disabilities, and Section 5311 Formula Grants for Rural Areas. Two of these six programs provide both formula allocations and competitive grants—Section 5311(c)(2) Public Transportation on Indian Reservations (Tribal Transit Program) and Section 5339 Grants for Buses and Bus Facilities. The last program—Section 5312 Public Transportation Innovation—awards competitive grants.

³²Federal Transit Administration, *Formula Grants for Rural Areas: Program Guidance and Application Instructions*, FTA C 9040.1G (Washington, D.C.: Nov. 24, 2014).

destinations that projects must serve, in accordance with statutory requirements.³³ NEMT is not the primary objective of these programs but recipients have in some instances used the programs to directly support NEMT projects or help sustain ICAM projects, as discussed above.

FTA Oral Communication

FTA also disseminates some information relevant to using FTA funds for NEMT in oral presentations, including webinars. FTA officials told us they answer questions about using FTA funding for NEMT, such as during webinars about FTA grant programs or when asked directly by grant recipients. FTA officials said that grant recipients sometimes ask whether they may use specific FTA funds for certain activities, although not all these questions are related to NEMT. FTA has also participated in several presentations about health care and transportation and highlighted its ICAM program during joint events with other CCAM agencies. Some of these presentations have included ICAM grantees and FTA-sponsored technical assistance centers.

In addition, to support the Centers for Medicare & Medicaid's efforts to update Medicaid NEMT guidance, FTA worked with its technical assistance centers to convene a listening session for public transportation providers to share their input. FTA later held a webinar to publicize the final guidance. Sharing information orally is a key method of communication, but it may not always reach as broad an audience as written materials.

FTA-Sponsored Technical Assistance Centers

In general, and as confirmed by representatives from each relevant technical assistance center, NEMT-related information shared by FTA-sponsored technical assistance centers mostly does not address the use of specific FTA grant program funding to support NEMT.³⁴ These technical assistance centers serve as a resource for recipients, potential applicants, and other stakeholders to access information on coordination and mobility management, aging and disability transportation issues, and rural and tribal transportation issues.³⁵ To varying extents, these centers also have resources on their websites about the connection between transportation and health care. Each of these centers also includes a link to the Transportation Technical Assistance Library, an online repository with information about public transportation coordination, gathered in one location from FTA and its technical assistance centers.³⁶

However, to the extent the technical assistance centers' information discusses NEMT, it is mainly in the context of NEMT services funded through Medicaid or in communications about the ICAM program. Several of the National Center on Mobility Management's and National Aging and Disability Transportation Center's resources discuss the ICAM program or mention public transportation in relation to NEMT, but these two centers' websites generally do not highlight other FTA grant programs that can be used for NEMT. For example, a National Aging and Disability Transportation Center blog discusses how some transportation

³³See 49 U.S.C. § 5334(b)(1) (prohibiting, with some limited exceptions, FTA from regulating the operation, routes, or schedules of a public transportation system or the rates, fares, tolls, rentals, or other charges prescribed by any provider of public transportation).

³⁴The technical assistance centers' resources do provide information about their respective FTA-funded community grants, which some recipients have used for NEMT activities, as discussed later in this report.

³⁵These technical assistance centers are the National Center for Mobility Management (NCMM), the National Aging and Disability Transportation Center (NADTC), and the National Rural Transit Assistance Program (NRTAP).

³⁶Department of Transportation, *Transportation Technical Assistance Coordination Library*. Accessed July 16, 2024, <https://www.transportation.gov/grants/dot-navigator/transportation-technical-assistance-coordination-library-tacl>.

programs for older adults and people with disabilities may be used for NEMT purposes, but the blog does not mention specific FTA programs. In some cases, the three centers' websites also include information about Medicaid funding for NEMT, including coordinating with public transit programs to provide NEMT. Given the limited FTA-specific information shared on the three centers' websites, those accessing the sites—including potential applicants and those providing or seeking to provide NEMT services in their communities—may not fully understand the FTA funding options that are available to support NEMT or how to use FTA funding to provide NEMT services.

In addition, each of these technical assistance centers has awarded community-focused competitive grants, which some recipients have used for NEMT activities. For the most part, the technical assistance centers' grants have not focused solely on health care access, but the centers' websites contain descriptions of funded projects, many of which have supported NEMT or health care access.³⁷ However, generally the summaries and information about these projects are not in a consolidated location.

CCAM Information

CCAM, the federal interagency council on transportation coordination chaired by DOT, has a website that includes resources that address transportation coordination among federal programs more broadly, including human services transportation for disadvantaged groups.³⁸ FTA and other CCAM member agencies have also held events related to transportation and health care access, some of which have shared information about FTA's ICAM program. FTA's website includes summaries of grant programs for CCAM-related initiatives, along with links to FTA annual reports, reports from grantees, and technical assistance center grants.³⁹ In addition, one CCAM resource—a program inventory—describes FTA and other federal programs that can fund human services transportation for disadvantaged populations, but the inventory does not currently address using FTA programs for NEMT. FTA officials said they planned to update the CCAM federal program inventory to identify programs that have NEMT as an eligible expense. According to FTA officials, NEMT eligibility will for the first time appear as “yes” or “no” in a drop-down menu of the inventory listing. Identifying relevant programs is an important step in providing information. However, it is not clear if the inventory will provide additional contextual information that could help applicants and recipients learn more about using FTA funding for NEMT, such as examples of funded projects and embedded links to connect recipients and other stakeholders to the existing information from FTA, its technical assistance centers, and CCAM.

FTA-Sponsored Research Reports

We found specific and comprehensive information about using various FTA grant programs for NEMT in two Transit Cooperative Research Program reports, but potential applicants, recipients, and other stakeholders

³⁷In certain years, the focus areas for National Center for Mobility Management grants have included health care access or community health, but the grant information has not used the term NEMT. FTA funding supports the grants awarded by these technical assistance centers. As discussed above, two centers—the National Center for Mobility Management and the National Aging and Disability Transportation Center—award community grants annually. The National Rural Transit Assistance Program awarded “community rides” grants in 2021 but does not have an annual grant program.

³⁸According to FTA, human services transportation includes a broad range of transportation service options designed to meet the needs of transportation disadvantaged populations, including older adults, people with disabilities, and/or individuals with lower income. Human services transportation includes public transit and NEMT, and may also be provided by social service agencies, criminal justice programs, veteran's transportation programs, among others.

³⁹Links to the CCAM-related initiatives can be found at <https://www.transit.dot.gov/ccam/about/initiatives>.

may not know about these resources.⁴⁰ Specifically, a 2019 research report on transportation for dialysis patients identifies four FTA funding programs that can support NEMT services such as dialysis trips.⁴¹ Similarly, a 2021 research report focused on helping communities improve transportation to health care and highlighted possible grant funding options, including a few FTA programs.⁴² These reports are available on an FTA web page entitled “Transportation Research Board Reports,” but these reports are not how existing and potential applicants may typically look for information on funding eligibility or how to use program funds. We found a few instances where CCAM or a technical assistance center’s resources used embedded links to direct readers to these reports, but it may be challenging for someone searching for NEMT funding sources to identify these reports.

FTA Is Establishing a New Technical Assistance Center That Will Address NEMT, but It Is Not Yet Clear What Resources It Will Provide

FTA and other CCAM agencies are in the process of establishing a new national technical assistance center (Center), which will promote and facilitate human services transportation, public transit, and NEMT coordination. On July 1, 2024, FTA published a notice of funding opportunity, seeking an entity to establish and manage the Center.⁴³ According to that notice, the Center will be tasked with disseminating guidance, best practices, and communication campaigns to increase awareness of available transportation resources and funding, among other things. The notice also states that the applicant should submit information about its knowledge of NEMT and its relationship with public transit. The Center’s activities will include mapping and disseminating information on available funding opportunities, according to the notice. However, since the Center has not been established, it is unclear whether it will provide resources about using FTA funding for NEMT services.⁴⁴

Given the planned Center’s stated focus, potential applicants, recipients, and other stakeholders that have an interest in providing or expanding NEMT services may identify the Center as a relevant source for information. As such, the Center has the potential to provide clear, consolidated information on NEMT, including the role of FTA programs in supporting NEMT. FTA has produced another consolidated resource on the topic of mobility management. In 2018, FTA developed a two-page brochure that summarizes information about mobility management and subsequently developed a web page on the topic.⁴⁵ The two-page brochure defines mobility

⁴⁰FTA funds the Transit Cooperative Research Program.

⁴¹National Academies of Sciences, Engineering, and Medicine, *Dialysis Transportation: The Intersection of Transportation and Healthcare*, Transit Cooperative Research Program Report 203 (Washington, D.C.: 2019).

⁴²National Academies of Sciences, Engineering, and Medicine, *Guidebook and Research Plan to Help Communities Improve Transportation to Health Care Services*, Transit Cooperative Research Program Report 223 (Washington, D.C.: 2021).

⁴³FY 2024 Competitive Funding Opportunity: Coordinating Council on Access and Mobility (CCAM) National Technical Assistance Center, 89 Fed. Reg. 54629 (July 1, 2024). The notice of funding opportunity states that FTA will award the CCAM National Technical Assistance Center as a 5-year cooperative agreement to a national nonprofit organization.

⁴⁴The notice of funding opportunity states that the Center’s website will house a tool called the CCAM Cost Allocation Technology for NEMT, which was developed with FTA funding. This tool will serve as a method that accounts for divergent federal requirements and funding sources by trip for NEMT. Department of Transportation, *Project 190-FT1: Cost Allocation Technology for Non-Emergency Medical Transportation Final Report* (Washington, D.C.: June 2020).

⁴⁵Federal Transit Administration, *Mobility Management* (Washington, D.C.: Aug. 2018), <https://www.transit.dot.gov/ccam/resources/mobility-management-brochure>. Federal Transit Administration, “Mobility Management” (Washington, D.C.: May 30, 2024). Accessed July 17, 2024, <https://www.transit.dot.gov/ccam/mobility-management>.

management, specifies which FTA grant programs can be used for mobility management, identifies eligible activities, and provides hyperlinks to other relevant DOT web pages. The brochure is available on the FTA, CCAM, and FTA-sponsored technical assistance center websites.

Clarifying and consolidating information on potential uses of FTA funding to support NEMT can help the Center and FTA provide concise guidance clarification and technical assistance essential to NEMT implementation, as envisioned by the CCAM strategic plan. In addition, doing so could help FTA help achieve its strategic goals, one of which is improving equity, including for people who are transportation disadvantaged, through supporting transit investments that address disparities in access.⁴⁶ Furthermore, providing useful, accessible information is consistent with federal internal control standards and Office of Management and Budget guidance. According to *Standards for Internal Control in the Federal Government*, agencies should communicate necessary quality information so that both the agency and relevant external parties can achieve the agency's goals.⁴⁷ Office of Management and Budget guidance also notes that federal information is a valuable resource that enables the government to carry out its mission and programs effectively.⁴⁸ This guidance states that information that is accessible and usable can fuel innovation, and that the federal government shall provide access to public information on government websites.

Many of the recipients we interviewed thought it would be helpful to have more information about using FTA programs for NEMT. Specifically, 14 recipients told us it would be helpful to have consolidated or simplified information about using FTA funding for NEMT, such as on a dedicated web page or document.⁴⁹ Three recipients described searching for information about NEMT-eligibility across FTA's website, circulars, or other materials and finding little relevant information. Representatives of two state DOTs brought up that the term NEMT—in a general context—is not used in their geographic area, so some education from FTA about what NEMT is and how it can be addressed within existing FTA programs would be helpful. Two recipients also mentioned that a consolidated resource about NEMT would help newer staff who may not have institutional knowledge about FTA funding.

A consolidated resource could help provide potential applicants, recipients, and other stakeholders with a holistic, readily accessible description about how FTA funding can be used to support NEMT. A better understanding of the funding available could help them plan for, or continue, services. For example, as discussed above, some project sponsors we interviewed said that sustaining their NEMT projects after the ICAM or PTI funding concluded is a challenge. Without such a resource, FTA and the Center could miss an opportunity to provide a holistic view of NEMT funding and information.

⁴⁶FTA's goals are aligned with DOT's strategic goals, which include reducing inequities across transportation systems, through objectives such as expanding access for all people, including disadvantaged populations and underserved rural and urban communities.

⁴⁷[GAO-14-704G](#).

⁴⁸Office of Management and Budget, *Circular A-130, Managing Information as a Strategic Resource*.

⁴⁹Not all recipients were specifically asked about consolidating or simplifying NEMT resources. Each of the six recipients specifically asked thought consolidation or simplification would be helpful. Additionally, eight recipients mentioned this topic during other questions.

Conclusions

NEMT is becoming increasingly important, and many people who are older, have disabilities, or otherwise cannot provide their own transportation depend on government-funded transportation to get to medical appointments and other health care services. While several federal agencies can provide funding for NEMT services, FTA funds a broad range of public transportation needs and has a critical role in providing funding opportunities that increase access to health care services and NEMT for disadvantaged populations and historically disadvantaged communities through its ICAM pilot program and other programs that are eligible to support NEMT.

As FTA considers the results of ICAM since its establishment in the FAST Act and whether, or the extent to which, the pilot program is scalable, adhering with leading practices in designing a pilot program can be beneficial. By aligning with those practices, FTA can provide Congress with detailed information and lessons learned about providing NEMT and improving access to health care across a range of locations and needs that would otherwise be unavailable. Such information could help Congress determine whether to extend or expand funding to the pilot program.

In addition, FTA and other CCAM agencies have identified the need for a new national technical assistance center that addresses NEMT coordination, among other things. While FTA's planned inventory listing will identify federal programs that can provide NEMT, it is not clear the extent to which it will provide contextual information and examples. Developing and publishing a consolidated resource that identifies the various ways FTA funding can be used for such transportation would provide stakeholders valuable knowledge to use in improving NEMT services across the country.

Recommendations for Executive Action

We are making the following two recommendations to FTA.

The Administrator of FTA should develop a plan to evaluate the Pilot Program for Innovative Coordinated Access and Mobility that includes an appropriate program assessment methodology and criteria to assess the scalability of the program. (Recommendation 1)

The Administrator of FTA should ensure that FTA consolidates and publishes information about using FTA funding for NEMT. This may include developing resources through the CCAM national technical assistance center that identify which FTA programs are relevant, provide examples of FTA-funded projects, and direct applicants, recipients, and other stakeholders to related NEMT resources using embedded links. (Recommendation 2)

Agency Comments

We provided a draft of this report to the Department of Transportation and the Department of Health and Human Services for their review and comment. In its comments, reproduced in appendix II, DOT agreed with both our recommendations. In addition, DOT and HHS provided technical comments, which we incorporated as appropriate.

We are sending copies of this report to the appropriate congressional committees, the Secretary of Transportation, the Secretary of Health and Human Services, and other interested parties. In addition, the report is available at no charge on the GAO website at <http://www.gao.gov>.

If you or your staff have any questions about this report, please contact me at (202) 512-2834 or VonAhA@gao.gov. Contact points for our Offices of Congressional Relations and Public Affairs may be found on the last page of this report. GAO staff who made key contributions to this report are listed in appendix II.



Andrew Von Ah
Director, Physical Infrastructure

Appendix I: List of Recipients of FTA Program Funds Interviewed and Related Project Stakeholders

Arizona Department of Transportation
Arkansas Department of Transportation
City of Derby, Kansas
East Tennessee Human Resource Agency, Inc.
Flint Mass Transportation Authority
Greater Buffalo Niagara Regional Transportation Council (New York)
Idaho Department of Transportation
IT Curves
Metropolitan Washington Council of Governments
Michigan Department of Transportation
Mississippi Band of Choctaw Indians
Mississippi Department of Transportation
Mountain Rides Transportation Authority
Nevada Department of Transportation
New York State Department of Transportation
Niagara Frontier Transportation Authority
Ohio Department of Transportation
Regional Transportation Commission of Southern Nevada
Rural Community Transportation (Vermont)
Southeastern Arizona Governments Organization
Southern Highlands Community Mental Health Center, Inc.
United Way of Buffalo and Erie County (New York)
Vermont Agency of Transportation
West Virginia Department of Transportation
Wyoming Department of Transportation

Appendix II: Comments from the Department of Transportation



**U.S. Department of
Transportation**
Office of the Secretary
of Transportation

Assistant Secretary
for Administration

1200 New Jersey Avenue, SE
Washington, DC 20590

September 9, 2024

Andrew Von Ah
Director, Physical Infrastructure
U.S. Government Accountability Office (GAO)
441 G Street NW
Washington, DC 20548

Dear Mr. Von Ah:

The Federal Transit Administration's (FTA's) mission is improving America's communities through public transportation. Transportation coordination can improve access to medical services for older adults, people with disabilities, and people of low-income, which is an important aspect of FTA's mission. Collaboration between Federal agencies is necessary to provide equitable and efficient transportation services. FTA will continue to collaborate with our Coordinating Council on Access and Mobility (CCAM) partners to provide funding, guidance, and information on providing access to everyday destinations, including access to medical services, known as 'non-emergency medical transportation (NEMT)'.

FTA continues to improve resources and implement activities to assist our grantees to meet the transportation needs of older adults, people with disabilities, and people of low-income. Such needs include NEMT service. FTA is engaged in:

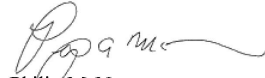
- Creating and publishing guidance clarifying FTA policies (e.g., Incidental Use Policy, Vehicle Sharing Policy, and Federal Fund Braiding Resource);
- Collaborating with the Centers for Medicare and Medicaid Services to develop a Medicaid NEMT coordination fact sheet that provides an overview of opportunities within FTA's Innovative Coordinated Access and Mobility (ICAM) program;
- Encouraging the coordination of NEMT services at the state, regional, and local levels through the ICAM program;
- Facilitating local coordination efforts and improving the efficiency of NEMT by making available a cost allocation model developed to comply with the requirements of federal agencies that fund NEMT services; and
- Providing targeted technical assistance to FTA stakeholders about NEMT and how they can coordinate with CCAM grantees of other Federal agencies to ease barriers for transportation providers and support them in providing equitable and efficient transportation services.

Upon review of the GAO's draft report, the Department concurs with GAO's two recommendations that FTA 1) develop a plan to evaluate the Pilot Program for Innovative Coordinated Access and Mobility that includes an appropriate transit program assessment methodology and criteria to assess

the scalability of the program, and 2) consolidate and publish information about using FTA funding for NEMT.

The Department appreciates the opportunity to respond to the GAO draft report. We will provide a detailed response to these recommendations within 180 days of the final report's issuance. Please contact Gary Middleton, Director of Audit Relations and Program Improvement, at 202-366-6512 with any questions or to obtain additional details.

Sincerely,



Philip McNamara
Assistant Secretary for Administration

Accessible Text for Appendix II: Comments from the Department of Transportation

September 9, 2024

Andrew Von Ah
Director, Physical Infrastructure
U.S. Government Accountability Office (GAO)
441 G Street NW
Washington, DC 20548

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Sincerely,

Philip McNamara
Assistant Secretary for Administration

Appendix III: GAO Contact and Staff Acknowledgments

GAO Contact

Andrew Von Ah, (202) 512-2834 or VonAhA@gao.gov

Staff Acknowledgments

In addition to the contact above, Brandon Haller (Assistant Director); John F. Miller (Analyst-in-Charge); Delwen Jones; Mark Luth; John Mingus; Rebecca Morrow; Kate Perl; Malika Rice; Cristina Toppin; Alicia Wilson; and Elizabeth Wood made key contributions to this report.

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