



MEETING THE HEALTH CARE ACCESS NEEDS OF VETERANS



MOBILITY MANAGEMENT IN PRACTICE SERIES

The Department of Veteran Affairs (VA) provides health care to just over 9 million veterans each year.¹ Transportation to those health care services, however, is not a guaranteed benefit. Veterans, particularly those living in rural areas and those with significant disabilities, often find that transportation is one barrier to health care with which they must contend. Over the past decade, the VA has launched transportation initiatives to help veterans contend with transportation issues; some of those initiatives have involved building closer relationships with local transit agencies and mobility managers.

This brief describes VA services designed to improve veteran's access to health care, shares success stories of mobility managers working within and outside of the VA system to expand access options for the veteran community, and discusses opportunities for mobility managers to facilitate partnerships between community and veteran transportation providers.

¹CMS Alliance to Modernize Healthcare Federally Funded Research and Development Center: "[Independent Assessment of the Health Care Delivery Systems and Management Processes of the Department of Veterans Affairs. Volume I: Integrated Report.](#)" September 1, 2015

VETERANS HEALTH CARE SYSTEM

The VA provides health care for veterans through a network of 152 Veterans Affairs Medical Centers (VAMCs) and nearly 1,000 affiliated Community-Based Outpatient Clinics (CBOCs). VA facilities are grouped into regional Veterans Integrated Service Networks (VSNs).

To be eligible for VA medical benefits, veterans must meet certain minimum standards related to their active duty or have been discharged for hardship, early out, or a disability incurred or aggravated in the line of duty. If a veteran doesn't meet the VA criteria, his or her eligibility for medical benefits depends on the veteran's current income and net worth. Once a veteran is determined to be eligible for medical benefits, s/he is placed in one of eight priority groups, which are used to determine priority among eligible veterans for receiving certain VA medical benefits that are limited by budget or space.

The Veterans Access, Choice, and Accountability Act of 2014 and the Surface Transportation and Veterans Health Care Choice Act of 2015 made significant changes to the ways in which veterans could access health care. These two pieces of legislation allowed veterans to seek health care from non-VA clinics as long as they met certain circumstances, such as these transportation barriers:

- If the veteran lives more than 40 miles driving distance from a VA medical facility with a full-time primary care physician
- If the veteran needs to travel by air, boat, or ferry to the VA medical facility closest to his/her home
- If the veteran faces an unusual or excessive burden in traveling to a VA medical facility based on geographic challenges, environmental factors, a medical condition, the nature or frequency of the care needed, or the need to be accompanied by an attendant.

Staff at the local VA medical facility will work with the veteran to determine if s/he is eligible for any of these reasons.

VETERANS TRANSPORTATION BARRIERS

Of the approximately 3 million rural veterans enrolled in the VA health care system,

- 56% are age 65 or older
- 41% have service-related disabilities
- 39% earned less than \$26,000 annually (FY 13)²

Often one or more of these factors impacts the veteran's ability to travel to health care appointments. For example, an age- or service-related disability may make driving difficult or unsafe; or the veteran may be comfortable driving close to home, but not to a VA medical center located a long distance away. Financial limitations are another potential barrier, preventing veterans from paying for fuel or car maintenance, or accessing for-hire travel options, such as taxis. Options for sharing a ride with others may be difficult to find or arrange, or family members may have obligations of their own which makes it difficult for them to drive veterans to appointments.

Rural veterans often experience many of these conditions. In addition, rural veterans may have access to fewer local general and specialist health care providers than their urban peers, live in communities where smaller hospital systems are closing due to financial instability, and have limited broadband coverage making it more difficult for them to access telehealth services. Indeed, the VA data shows that veterans who live in rural settings have greater health care needs and lower health-related quality-of-life scores compared with urban veterans. The five states with the highest numbers of enrolled rural veterans are Texas, North Carolina, Ohio, Pennsylvania, and New York.³

Veterans with an injury-related mental health condition, such as traumatic brain injury, are another group for whom transportation to health care services may be problematic. The need to access health care among this group of veterans is exemplified by findings that indicate the risk for suicide is higher among those who have experienced combat related trauma. Those who experienced multiple wounds have an even higher risk.⁴ However, these veterans may not be able to transport themselves to treatment or have access to information on available transportation options.

² [VA Office of Rural Health](#)

³ [Ibid.](#)

⁴ [U.S. Department of Veterans Affairs National Center for PTSD](#)

VA-SPONSORED TRANSPORTATION PROGRAMS

The VA's Veterans Transportation Program consists of three programs that directly support transportation to health care services: the Veterans Transportation Service (VTS), the Beneficiary Travel Program, and the Highly Rural Transportation Grants program. Each program is managed by VA mobility managers at local VAMCs.

The VA's oldest transportation program, the [Beneficiary Travel Program](#), reimburses eligible veterans or the family members who transport them for travel costs to a scheduled VA or VA-authorized health care appointment. Reimbursements are made via a beneficiary travel account that covers mileage costs or the cost of special transportation or hired vehicles. Reimbursements may also be made for lodging or meals when deemed appropriate. Travel for legal guardians or caregivers traveling with the veteran may also be provided.

VTS, a VA-funded and operated transportation service for veterans, began as a pilot project in 2010. Now fully operational, the VTS provides improved access to medical appointments that has resulted in better health care outcomes for veterans and cost savings to the VA. For example, in FY 2014, the VTS vans provided 404,000 trips to veterans, 75,000 of which were non-ambulatory trips. The total cost to the VA of providing those trips was still \$12 million less than if those veterans had been reimbursed for the same trip under the beneficiary travel program. In addition to providing access to medical care, the VTS also transports participants of the Compensated Work Therapy program, a vocational rehabilitation program that places unemployed veterans with mental conditions into competitive jobs.



[The Highly Rural Transportation Grant \(HRTG\)](#) program, authorized by Congress in 2015, provides grant funding to qualified organizations (veteran service organizations and state veteran service agencies) that provide innovative transportation services to veterans who live in highly rural areas and have difficulty obtaining VA health care service due to their location. Highly rural areas, defined as a county with fewer than seven people per square mile, are found in about 50% of the states. Grantees receive \$50,000 per fiscal year for each highly rural area in which they provide transportation services. In 2015, there were 19 grantees.

Although not an official VA program, the [Disabled American Veteran \(DAV\)](#) transportation program is operated in close collaboration with VAMCs. The DAV donates purchased vehicles to VAMCs, which cover maintenance and insurance costs. Then DAV hospital service coordinators arrange rides for veterans, and DAV volunteers operate the vehicles. The transportation is available to veterans free of charge. Currently there are almost 190 hospital service coordinators around the country. DAV has purchased 2,967 vehicles, worth nearly \$65.1 million, that have been donated to VAMCs since the program began in 1987. One limitation of the DAV services is that their vehicles are not lift-equipped, so that veterans using wheelchairs cannot use them.



VTS MOBILITY MANAGERS

Another component of the VTS program is the growth of its cadres of mobility managers, placed within each of its VAMCs. These individuals help veterans determine the most appropriate transportation service to transport them to medical services.⁵ By FY 2016, approximately 102 VAMCs were expected to have a mobility manager on site.

VTS mobility managers oversee the administration of payments to veterans made through the Beneficiary Travel Program and coordinate with DAV volunteer driver services. Because each VAMC has a limited number of vehicles available to provide transportation, mobility managers are encouraged to partner with FTA grantees, veterans service organizations (VSOs), state veterans agencies, and state departments of transportation to build collaborative networks to expand transportation options for local veterans.

⁵Personal conversation with by Marc Chevalier, VTS National Coordinator, 6/22/2015

VETERANS TRANSPORTATION AND COMMUNITY LIVING INITIATIVE

In 2011 and 2012, the Federal Transit Administration funded the [Veterans Transportation and Community Living Initiative](#) (VTCLI) to improve access to local transportation information for veterans and their families, wounded warriors, and other military personnel. Grantees forged partnerships between transit agencies, local governments, and veterans groups to implement technological solutions to assist veterans' in accessing to affordable transportation options.

The VTCLI projects tackled real issues in improving transportation and mobility options for veterans and military families, mostly using proven strategies and off-the-shelf solutions. Some VTCLI grants, for instance, were for the construction and building-out of bricks-and-mortar facilities for housing call centers or information and referral services. The majority of VTCLI grants were used to buy on-vehicle communications equipment, hardware, software, or to upgrade existing software, or to build out websites for better informing customers of the available transportation options in their area. Several examples of innovative VTCLI programs are included in the project descriptions discussed below.

PROMISING PRACTICES IN VETERANS TRANSPORTATION

PARTNERSHIPS BETWEEN VTS MOBILITY MANAGERS AND COMMUNITY PARTNERS

Many VTS mobility managers have found success partnering with community planning and transportation commissions, transit agencies, and state DOTs to improve transportation options for veterans in their service area. As exemplified in the programs highlighted below, VTS mobility managers have made significant strides in their efforts to connect veterans with community resources that expand affordable transportation options for eligible veterans.

In **Amarillo, TX**, the need for transportation access to health care and other quality-of-life destinations was identified as a major challenge for veterans. “To address these concerns, [Jason Shaffer](#), the VTS mobility manager, partnered with a number of area stakeholders to increase transportation access for veterans in underserved communities and to expand mid-day and weekend service.⁶ Funded in part by the Texas DOT (TxDOT), this GAP service operates from 3:00 p.m. to 6:00 p.m., Monday through Friday, and from 8:00 a.m. to 5:00 p.m. on Saturdays and some holidays, primarily transporting veterans returning from dialysis treatment at the VA. Prior to its implementation, the VTS provided this return service, incurring overtime costs for doing so. Shaffer hopes to expand the network to include local employers and businesses to further extend veterans’ access to health care while supporting the local economy.

⁶ Included in the partnership are PROMPT, the Panhandle Independent Living Center, the Area Agency on Aging, Amarillo City Transit and LeFleur, a provider of non-emergency medical transportation.

The VTS Regional Coordinator in **Austin, Texas**, [Kevin Bergen](#) in partnership with TxDOT, provided multiple opportunities to inform area transit providers about the transportation needs of local veterans and to impact regional planning efforts. Bergen also reached out to human service agencies, encouraging them to refer veterans to the VTS, thus freeing up seats for other disadvantaged residents on the local paratransit service. Through his work, he identified the need was to facilitate access for veterans traveling to the VAMC in Temple, Texas.

Other programs in the same region are also partnering to improve veterans' access to healthcare. Austin-based CARTS (Capital Area Rural Transit System) and Temple-based provider Hop coordinated transfer points to connect rural veterans to the VTS van service, which would then transport them to the VAMC and other facilities. Riders on the CARTS and Hop services paid a nominal fee (25 cents) or nothing to use the service. Bergen's efforts exemplify the benefits of reaching beyond the VTS to expand the scope of services available to veterans in a cost effective and comprehensive manner.

In 2010, [Kelly van Gelder](#), the mobility manager with the **Bath, New York** VAMC, began gathering information on available transportation services in her area and sharing that information with veterans going to the regional center. Together with the mobility manager for Schuyler County, two VSOs, and the mobility manager at the Institute for Human Services in Bath, Van Gelder also created the state-sponsored Veterans Rideshare program, which paired veterans riding to the VAMC. In addition to providing information about the program, Van Gelder provided travel training, distributed public transit schedules, and helped facilitate veterans' outreach to the provider who can best meet their transportation needs. Van Gelder summarized her experience, saying, "Transporting veterans is easier when everyone works together."

Veterans are currently able to access rideshare opportunities through the [511NY Southern Tier Rideshare](#) website.

In **Roseburg, Oregon**, mobility manager [Curtis Holley](#) partnered with TransLink to allow veterans to fill empty seats on this state Medicaid-funded service. TransLink transports veterans from their homes throughout southern Oregon to the Roseburg VAMC; for those veterans who then need to go to the Portland VAMC for specialty appointments, the VTS service will transport them from Roseburg to Portland. A \$100,000 grant from the state pays for the rides on TransLink. Once able to verify the veteran had scheduled a medical appointment, Holley shared that information with TransLink and the VTS to identify which service was the best match to provide a ride and to verify the veteran's eligibility for that ride. Holley also coordinated with the DAV to include pick-ups in Eugene and Roseburg when traveling to the Portland VAMC. Holley secured an agreement with UTrans, a service operating in the greater Roseburg area by United Community Action Network, to allow veterans to purchase a \$30 pass for unlimited rides. UTrans vans now travel twice weekly to the Roseburg VAMC. The efforts of Holley and his partners have saved the VA system significant expense in getting veterans from southern Oregon to the two VAMCs.

Holley also collected and shared information on transportation options available to veterans to the local 211 service and through a transportation resource guide available to all veterans in the community. By coordinating with other VTS mobility managers throughout the state, he was influential in expanding transportation access options beyond the Roseburg area. Holley is now serving as the mobility manager at the New Mexico VA Health Care System in Albuquerque, NM.

IMPROVING ACCESS TO TRANSPORTATION INFORMATION

In **Kansas City**, with funding through a VTCLI grant, the VA mobility manager worked closely with the Mid-America Regional Council (MARC) to create the [Link for Care](#) website, which provided one-stop transportation information focused on the needs of veterans as well as those of the general community.

Through his work with the VTCLI partnership, the mobility manager became familiar with local public transportation options and the four agencies providing Americans with Disabilities Act–complementary paratransit services to people with disabilities. Working in conjunction with the Kansas City Area Transportation Authority (KCATA), the VAMC was able to predetermine which veterans were qualified to ride on the ADA paratransit service; the VA mobility manager was instrumental in bringing this option to the attention of eligible veterans. KCATA billed the Kansas City VAMC for these services, alleviating veterans’ requirements to pay up for rides and then be reimbursed through the Beneficiary Travel Program. This program, in conjunction with ADA transportation, resulted in a significant reduction of missed appointment rates, a decrease of nearly 10 percent, which is significantly higher than the national average of 1.5 percent.

In **Atlanta, Georgia**, the Atlanta Regional Commission (ARC) launched the [Simply Get There](#) on-line trip planner, supported with VTCLI funding. The resource provides information on all fixed route public transit, carpool/vanpool options, walking, biking and demand-response human service transportation, as well as eligibility information within the ten county ARC service area. The resource, which allows users to compare travel options and costs, has proven valuable to Atlanta VAMC social workers, who now use it in their work with individual patients.

In **Seattle, Washington**, Hopelink used its VTCLI grant to create [VetsGO](#), a centralized, on-line resource to help customers identify the many public and private transportation services available to them. VetsGO was also supported by the Washington State Department of Transportation, the state Department of Veterans Affairs, local transit providers, and others. The website's Find a Ride tool allows riders to locate transportation providers and plan trips. The site is promoted through outreach to area veterans coalitions; Hopelink is doing additional outreach with VSOs and other organizations to educate them about the site. Hopelink also developed an innovative program to distribute mobile tablets to caseworkers and mobility managers to facilitate easier access to VetsGO resources.



OTHER AGENCY-SPONSORED VETERANS TRANSPORTATION

In many communities, transit agencies have implemented programs to meet the access needs of their growing veteran population. In addition to providing rides to VA medical facilities, these programs improve access to non-VA medical care, mental health services, pharmacies, and other locations.

Since its inception in 2012, Nevada's Veterans Medical Transportation Network for Senior and Disabled Veterans (VMTN) has provided nearly 60,000 rides for veterans and family members visiting primary care doctors, VBOCs, VMACs, and related destinations, such as pharmacies, mental health services, and chemotherapy. Service is provided for veterans living in the urban areas of Las Vegas, North Las Vegas and Henderson, and those living in southern Nevada rural communities as well. In addition to providing one-call access to available demand-response services, the VMTN coordinates with the regional transportation commission for veterans who prefer to use the fixed route service from the Bonneville Transit Center in downtown Las Vegas to the VMAC.

The Bucks County (PA) Veterans Transportation Bus has provided trips to and from VA hospitals in Philadelphia and Coatesville Pennsylvania since 2001. Administered by the County Department of Veteran Affairs, the program has transported over 13,000 veterans at no cost. Spouses or caretakers also ride for free. Program director Daniel Fraley partnered with the Coatesville VAMC to implement the service. In agreement with the hospital, the county provided a 15-seat van and the hospital covered fuel, maintenance and vehicle insurance. Riders must be ambulatory or able to load a folded wheelchair on the bus, board and exit on their own. Rides for non-ambulatory patients are available on Bucks County Transit for a nominal fee. The Veterans Transportation Bus operates during the hours of 9:30 am to 2:00 pm. Hospital staff is familiar with the service and are able to schedule appointments to accommodate hours of operation.

STRATEGIES FOR BUILDING PARTNERSHIPS

The examples provided above are valuable road maps for mobility managers working outside of the VA system to assist local veterans in finding the transportation they need. Below are some additional strategies mobility managers may want to pursue:

- Participate in local/regional coalitions working to support area veterans
- Provide travel training specifically geared to veterans
- Reaching out to DAV chapters and local veteran service organizations (VSOs) to identify access needs and sharing information about available services. A listing of VSOs is available at <http://www.va.gov/vso/>.
- Disseminate information about free/reduced fare programs offered by local transit providers and non-DAV volunteer driver programs
- Provide VA Recovery Care Coordinators, who assist wounded, injured or ill service members, and their families assistance in identifying medical and non-medical supports, with information about local transportation services
- Explore the establishment of a one-call/one-click transportation centers, such as VetsGO and Simply Get There, as centralized sources of transportation information and trip planning

As exemplified in the programs outlined above, VTS mobility managers and their community partners have made significant strides in their efforts to connect veterans with the services they need. The partnerships they have facilitated have resulted in reduced costs for VAMCs, and more efficient service provision. Partnering with transit providers and mobility managers outside of the VA has resulted in increased knowledge among veterans and providers leading to better use of existing resources.

RESOURCES

Additional information and resources related to veterans' transportation solutions and VTCLI can be found by visiting the following websites:

- [Veterans Transportation Service](#)
- [NCMM](#)
- CTAA: [Veterans Transportation Resources](#)
- [FTA VTCLI Grantee Resources](#)

