

Expanding Access to Care in Rural Communities for People with Complex Health and Social Needs: Frequently Asked Questions

In July 2026, the Center for Health Care Strategies (CHCS) hosted a webinar, [*Expanding Access to Care in Rural Communities: Strategies to Better Serve People with Complex Health and Social Needs*](#), that highlighted practical approaches for addressing access to care challenges experienced by people with complex needs in rural communities. The topic is further explored in a [CHCS brief](#) that examined strategies in **California, Missouri, North Dakota, South Dakota, and Virginia** to improve access to care by establishing care coordination entities, strengthening provider capacity, and expanding accessible transportation.

Below are questions posed by attendees during the webinar and answers provided by presenters. Questions and answers are lightly edited for clarity.

1. Can you speak to evidence of improved patient outcomes and cost savings with South Dakota's Health Home model?

The state monitors several performance metrics for its Health Home program. The metrics can be found in the state's [annual report](#) on the [South Dakota Medicaid Care Connect page](#).

2. Did North Dakota experience any cost savings when paying home- and community-based providers a higher rate for longer travel distances to provide care? Did the state have to increase the Medicaid budget to pay the higher rate?

The rural differential rate increases the cost of providing services, but it also improves access to care in rural areas and helps divert individuals from higher-cost settings, such as skilled nursing facilities. The state determined that it is generally more cost effective to serve people at home.

3. Can North Dakota speak to the process of designing and implementing its rural differential rate? For example, did the state engage provider stakeholders?

The differential rate was established by the North Dakota Department of Health and Human Services. The state continues to discuss the rural differential rate with external stakeholders, and as a result of these engagements, North Dakota has made adjustments to its rates since they were initially established.

4. Why did North Dakota not use an enhanced reimbursement rate based on mileage?

The state does not pay for mileage. Instead, the state provides an increased payment rate for the time providers spend delivering care to help offset the additional travel costs associated with serving rural areas.

5. Can caregivers use the Mountain Empire Older Citizens (MEOC) Transit service to accompany their minor children to appointments?

The MEOC Transit service, part of the MEOC Area Agency on Aging in Southwest Virginia, uses flexible payment strategies and flexible program infrastructures to maintain a public transportation system. Caregivers can use the service to accompany minor children to appointments. An aide or family member can also accompany an adult that needs assistance. They must book a trip that includes the caregiver's

information so that the transportation service knows the capacity restraints of the vehicle. Caregivers are not charged separately, but are instead included in the overall ride charge.

6. It's really great to create opportunities for transportation, but don't you still have the long-distance accessibility problem?

There will always be long-distance accessibility challenges. MEOC Transit mobility managers work with agencies across the state to support trip planning to the greatest extent possible. In Virginia, they have a vibrant bus service that MEOC Transit can connect people to, including connections to Amtrak train services or Dulles Airport in D. C., greatly increasing the service area.

7. Are there any issues with access to broadband internet to download the transit service app and sign up for a ride?

We have not found this to be a challenge in Southwest Virginia. In the rural communities where the MEOC Transit service is available, broadband is also available. MEOC Transit also has an option to book by phone if individuals face internet issues.

8. How many vehicles does MEOC Transit have and who owns them? What is maintenance like for these vehicles?

MEOC Transit has a fleet of 56 vehicles owned by the Virginia Department of Rails and Transportation. MEOC has its own garage that takes care of maintenance of the vehicles, which helps control costs.

9. What app or platform is used for transportation coordination? Do both members and providers use the same platform?

MEOC uses [Via software](#) and its operations infrastructure for the MEOC Transit app. The app is used by both members and transportation providers. Via is a software company, as well as transportation service provider.

10. Are there any mileage requests that MEOC Transit must decline to transport or does the service work with the member and the mobility manager to address barriers?

While MEOC Transit does not have mileage limits, because the services are provided through a public transit agency, the transportation service is limited to the designated service areas. However, the organization tries to figure out a way to support the individual, especially if it is for a health-related need.

11. Do you "stage" vehicles in communities that you serve?

Micro-transit drivers are staged in the areas that work. The drivers live in various sections of the service area. They take their vehicles home and begin their routes from there.