February 23, 2015

The Honorable Peter MacGregor, Chair
Senate Appropriations Subcommittee on DHS
Michigan State Senate
Lansing, Michigan 48933

The Honorable Earl Poleski, Chair
House Appropriations Subcommittee on DHS
Michigan House of Representatives
Lansing, Michigan 48933

Dear Senator MacGregor and Representative Poleski:

Section 227(1) of 2014 Public Act No. 252 requires the Department of Human Services to conduct a workgroup in conjunction with the department of community health, the state transportation department, the department of corrections, the strategic fund in the department of treasury, and members from both the senate and house of representatives to determine how the state can maximize its services and funding for transportation for low-income, elderly, and disabled individuals through consolidating all of the current transportation services for these populations under one department.

Section 227(2) of 2014 Public Act No. 252 requires DHS to provide a report by March 1 of the current fiscal year to the senate and house appropriations subcommittees on the department budget, the senate and house fiscal agencies, the senate and house policy offices, and the state budget office on the findings of the work group on the items described in subsection (1). The required report is attached.

If you have any questions regarding this report, please contact Terrence M. Beurer, director, Field Operations Administration, at (517) 335-3570.

Sincerely,

Susan Kangas
Chief Financial Officer

CC: Senate and House Appropriations Subcommittees on DHS
Senate and House Fiscal Agencies
Senate and House Policy Offices
State Budget Office
INTRODUCTION

The Michigan Departments of Community Health, Corrections, Human Services, Transportation, (MDOT) and the Strategic Fund in the Michigan Department of Treasury each had boilerplate in their portions of the FY 2015 omnibus budget bill that required the agencies to form a workgroup to evaluate and respond to this question:

“...Can the State maximize its services and funding for transportation for low-income, elderly, and disabled individuals through consolidating all of the current transportation services for these populations under 1 department?”

The workgroup was directed to submit a report on their findings to their respective senate and house appropriations subcommittees, the senate and house fiscal agencies, the senate and house policy offices, and the state budget office, by March 1, 2015. This report is in response to this requirement.

The boilerplate requirement for each department can be found in Sections 1892, 504, 227, 312 and 1058 of Public Act 252 of 2014 and is provided in Appendix A.

WORKGROUP PROCESS AND MEMBERS

The workgroup was initially formed through a request from State Budget Office Director, John Roberts, to each department director asking for the director to appoint members from their department. Director Roberts also asked Dennis Schornack from Governor Snyder’s Office to lead the workgroup and the majority of the workgroup’s effort was completed under Mr. Schornack’s leadership. Upon Mr. Schornack’s retirement in December 2014, MDOT was asked to coordinate the workgroup as they finalized and reached consensus on this report.
Workgroup members included:

**Michigan Department of Transportation (MDOT):** Kim Johnson, Manager, and Sharon Edgar, Administrator, Office of Passenger Transportation

**Michigan Department of Human Services (DHS):** Dawn Sweeney, Program Policy Manager, and Ryan Doll, Budget and Grant Management Operations Manager

**Workforce Development Agency (WDA):** Brian Marcotte, Manager, Don Childs, State Coordinator, and Matt Shields, Policy Specialist, Welfare Reform and Wagner/Peyser Section

**Strategic Fund/Michigan Economic Development Corporation (MEDC):** James Durian Director, Community Ventures, Talent Enhancement

**Michigan Department of Community Health (DCH):** Nick Norcross MPA, Policy Analyst, Medical Services Administration, and Erin Black, Section Manager, Medical Services Administration, Budget Division

**Michigan Department of Corrections (MDOC):** Kenneth Brzozowski, Administrator, Prisoner Reentry Contract Management Section

Lisa Shoemaker and Matthew Ferguson from the State Budget Office also regularly attended workgroup meetings.

To conduct its analysis, the workgroup undertook an iterative process.

- First, the workgroup identified 27 transportation or transportation related programs serving low-income, elderly, and disabled individuals that are managed and delivered by the participating agencies. These programs were fully inventoried and are listed in Appendix B.
- Second, to facilitate a better understanding of each program, the workgroup classified the programs into two primary categories, which for the purpose of this report have been labeled “Transportation Infrastructure” and “Transportation Access.”
- Finally, the workgroup further dissected the 20 “Transportation Access” programs and grouped them according to three primary factors to help flesh out similarities.

The results of these three steps, the resulting conclusions, and final recommendations are provided below.

**WORKGROUP FINDINGS, CONCLUSIONS AND RECOMMENDATIONS**

The “Transportation Infrastructure” category consists of the seven programs within MDOT which provide capital and operating support to maintain the state’s public transportation system. While some of MDOT’s programs have targeted segments of the population, such as seniors, persons with disabilities and commuters, all of the MDOT programs support transportation which, for the most part is available to the general public. The user determines what services to avail themselves of and pays the associated fare. The MDOT programs are supported with federal funds, including grants received from the Federal Highway Administration (FHWA) and the Federal Transit Administration (FTA), and the state’s Comprehensive Transportation Funds (CTF), and each has transportation as its primary program purpose. These seven programs are listed in Appendix C.

The second category, “Transportation Access” consists of the 20 programs identified by the workgroup within the Michigan Economic Development Corporation, the departments of Human Services, Community Health,
Likewise, programs become the skills that require assistance from the MDOT, the state’s transportation planning component. Most of MDOT’s programs include the use of federal, mostly FTA funds, and require detailed knowledge of FTA rules and regulations.

The workgroup concluded that the two categories are related in one critical way: clients of the 20 “Transportation Access” programs are often provided financial assistance to make use of the “Transportation Infrastructure.” However, in terms of program purpose and methods of delivery, the two categories are very different. The MDOT programs are grants and contracts to transportation providers. Within MDOT, the programs are managed by a small staff within Lansing headquarters whose skills and responsibilities are largely grant and fiscal management. Most of MDOT’s programs include the use of federal, mostly FTA funds, and require detailed knowledge of FTA rules and regulations.

In contrast, the 20 “Transportation Access” programs are client-based and the staff who deliver the transportation component of the program insure clients obtain the services that are central to each program. Staff must be knowledgeable of the specific state and federal rules that govern overall program eligibility and performance, including but not limited to the transportation regulations and eligibility portions of the program. “Transportation Access” staff are for the most part decentralized, in local state offices or local agencies, where they are directly accessible to individual clients.

Placing the transportation component of these “Transportation Access” programs under a single agency (one of the five social service agencies) would require two sets of staff to understand the program rules and requirements – the staff serving clients to achieve the main program purpose and the staff serving the same clients to assist with transportation. In addition, consolidating the transportation component might lead to centralized transportation assistance that becomes disconnected from the caseworker-client relationship and less client-centric. Placing the “Transportation Access” programs within MDOT, would not only require MDOT to become familiar with all the regulations that govern each of the social services agencies (duplicating knowledge that must also be retained within the program agencies), it would also require MDOT to create a client-based program delivery system, duplicating the client-based delivery systems in the five social service agencies.

Likewise, placing MDOT’s “Transportation Infrastructure” programs within one of the “Transportation Access” agencies, along with all of the “Transportation Access” programs, would require the new host agency to gain skills and knowledge of FTA and FHWA requirements, as well as state law which governs the use of the CTF programs, duplicating knowledge that others in MDOT would need to retain since MDOT would continue to deliver other FHWA, FTA, and CTF programs. Removing the “Transportation Infrastructure” programs from MDOT would also disconnect the public transportation programs from the related road, bridge, aviation, and rail programs within MDOT, significantly compromising MDOT’s ability to achieve its mission of an integrated transportation planning and project delivery, which requires consideration of multiple modes.

For the reasons noted above, the workgroup concluded that the “Transportation Infrastructure” programs and “Transportation Access” programs are better able to achieve their intended program purposes if they remain in
the current locations where they are closely connected to program purpose. However, prior to making this its final recommendation the workgroup conducted an additional analysis of the 20 “Transportation Access” programs.

**The Transportation Access Programs**

The 20 programs placed in the “Transportation Access” category are listed below, organized by responsible department/agency. A description of each “Transportation Access” program is provided in Appendix D.

<table>
<thead>
<tr>
<th>TRANSPORTATION ACCESS PROGRAMS BY AGENCY</th>
</tr>
</thead>
<tbody>
<tr>
<td>Department</td>
</tr>
<tr>
<td>Community Health</td>
</tr>
<tr>
<td>Community Health</td>
</tr>
<tr>
<td>Community Health – Medical Services Administration</td>
</tr>
<tr>
<td>Community Health – Medical Services Administration</td>
</tr>
<tr>
<td>Community Health – Medical Services Administration</td>
</tr>
<tr>
<td>Community Health – Medical Services Administration</td>
</tr>
<tr>
<td>Community Health – Medical Services Administration</td>
</tr>
<tr>
<td>Community Health – Medical Services Administration</td>
</tr>
<tr>
<td>Community Health – Medical Services Administration</td>
</tr>
<tr>
<td>Community Health – Medical Services Administration</td>
</tr>
<tr>
<td>Community Health – Office of Services to the Aging</td>
</tr>
<tr>
<td>Community Health -Behavioral Health and Developmental Disabilities Administration</td>
</tr>
<tr>
<td>Community Health -Behavioral Health and Developmental Disabilities Administration</td>
</tr>
<tr>
<td>Community Health -Behavioral Health and Developmental Disabilities Administration</td>
</tr>
<tr>
<td>Corrections</td>
</tr>
<tr>
<td>Human Services</td>
</tr>
<tr>
<td>Human Services</td>
</tr>
<tr>
<td>Human Services</td>
</tr>
<tr>
<td>Michigan Economic Development Corporation</td>
</tr>
</tbody>
</table>

To further its analysis and help flesh out similarities among the “Transportation Access” programs the workgroup evaluated and organized them according to three factors:

- **Factor One**: Does the agency provide transportation services or transportation assistance?
- **Factor Two**: Where within the program delivery structure is transportation services or assistance to a client authorized?
- **Factor Three**: Is the transportation funding (and as such the transportation component of the program) separable from the overall program?

Tables that provide the results of this organization and that include additional descriptive information for the 20 programs are also provided in Appendix D.

In evaluating the grouped programs, the workgroup reached the following conclusions.
**Factor One: Does the agency provide transportation services or transportation assistance?**

With a few exceptions, neither the state departments, nor the local agency or entity that delivers a “Transportation Access” program, is directly providing transportation services. By looking at the “Transportation Access” programs in more detail, the workgroup also concluded that “Transportation Access” funding is not being used to duplicate services available in the public or private marketplaces, and the “Transportation Access” departments and staff are not duplicating the programs and staff work of MDOT in delivering its “Transportation Infrastructure” programs. As shown in Table 2 in Appendix D, “Transportation Access” programs make use of the existing transportation services available within the community or to the individual, including but not limited to the “Transportation Infrastructure” programs (i.e., public transportation). Therefore, the workgroup concluded that the individual “Transportation Access” programs are not creating nor leading to new transportation systems that are operating independent, and as such in duplication, of one another or the MDOT funded public transportation system.

Within the “Transportation Access” programs, decisions to provide assistance are made on a case-by-case basis by individuals knowledgeable of the state program purpose, its regulations, and the needs of an individual client to access program services. Transportation assistance is a means to an end – it supplements the primary program purpose by ensuring a client can access medical care, job training, and/or community services. Because the “Transportation Access” programs support the needs of individual clients, the workgroup concluded that these transportation programs should be delivered within the social service structure that each supports, specifically decentralized within each agency, as compared to being centralized to a single agency.

**Factor Two: Where within the program delivery structure is transportation services or assistance to a client authorized?**

The results of this grouping are shown in Table 3 in Appendix D. For six programs, the local DHS caseworker is making transportation decisions. For 11 programs, a local agency is delivering the program and staff within the local agency are making the decision whether to provide transportation assistance. For these 17 programs, the workgroup concluded there may be opportunities to provide coordinated (centralized) technical assistance, training and/or policy guidance to state caseworkers and local agencies to help them make transportation decisions for individual clients. Recent examples of coordinated assistance are DHS’s Transportation Navigators and recent efforts between DHS and MDOT to share information and skills, including joint training of caseworkers and local transit agency staff that will help local social service workers make better use of existing transit services, when feasible. As the efforts are made to combine DHS and DCH these opportunities are likely to become evident and will be acted upon as necessary.

For the DCH programs the majority of the funding spent on transportation are within programs where the decisions are made at a rudimentary level, in most cases starting with a medical practitioner or patient determining a need for transportation assistance and ending with a managed care insurance provider or local or state agency authorizing payment for transportation. The clients may have very unique needs and may require overnight travel, medically-equipped vehicles, being accompanied by family, friends or assistants, and time-sensitive appointments. Decisions regarding whether assistance will be provided for a specific client/trip requires back and forth communication between the patient, the medical practitioner and the insurance provider. For these reasons, the workgroup concluded that the ability to coordinate training or technical assistance for these DCH programs with those programs delivered through state and local caseworkers seem limited.
Also as shown in Table 3 in Appendix D, access to transportation can come in many forms and is made on a client-by-client basis. Access may include off-setting the cost to the individual using public or private transportation services, mileage reimbursement to individuals for use of their own vehicles, or use of volunteer drivers. For a few programs, access may come in the form of purchase of a car or bicycle. For some programs, transportation access includes offsetting the cost of lodging and meals when long distance or overnight travel to medical appointments is necessary. Based on this analysis, the workgroup concluded that the diversity of assistance methods further supports maintaining the transportation access programs decentralized within each social service agency so that the transportation access decisions are made consistent with program purpose and as “client-central” as possible.

**Factor Three: Is the transportation funding (and as such the transportation component of the program) separable from the overall program?**

Consolidating the “Transportation Access” programs would require consolidating of the funding. As shown in Table 4 in Appendix D, transportation funding is potentially separable in only six programs and the FY 2013 expenditures for these six programs totaled $22,707,639. Of this $19,699,100 is the Medicaid (Fee-for-Service) program with over $14 million of these expenditures being through the DCH’s FFS contract for transportation brokerage services in the Greater Detroit area. In 14 programs, transportation funding is appropriated as part of the larger social service program and expended for transportation purposes as needed as the fiscal year progresses. For these programs, $16,180,663 was expended on transportation access in FY 2013. For several of these programs, including Medicaid (Managed Care), the amount spent on transportation is not available. Specifically, Medicaid Managed Care plans are paid via an at-risk based model through a capitation arrangement with DCH which means the dollar amount is not available and the funds could not be separated out to be appropriated as a specific line item.

Also, as noted previously, each funding stream comes with distinct requirements for the social service program as well as the transportation component of the program. Separating the transportation component from the social service program requires duplication of staff skills and knowledge of the funding requirements in that the knowledge would need to be retained within the agency delivering the social service program but also gained by the agency delivering its transportation component. Based on this analysis, the workgroup concluded that the diversity of funding streams and the “expend as needed” nature of the funding further supports maintaining the transportation access program decentralized within each social service agency.

**FINAL RECOMMENDATION:** Based on the full analysis conducted by the workgroup, their response to the question put before them in PA 252, is that transportation services for low-income, elderly, and disabled individuals should remain in their current organizational locations.
APPENDIX A: SECTIONS 1892, 504, 227, 312 AND 1058 OF PA 252 OF 2014

Community Health
Section 1892. The department shall conduct a workgroup jointly with the department of human services, the department of transportation, the department of corrections, the strategic fund in the department of treasury, and members from both the senate and house of representatives to determine if the state can maximize its services and funding for transportation for low-income, elderly, and disabled individuals through consolidating all of the current transportation services for these populations under 1 department.

Corrections
Section 504. (1) The department shall conduct a workgroup in conjunction with the department of community health, the state transportation department, the department of human services, the strategic fund in the department of treasury, and members from both the senate and house of representatives to determine if the state can maximize its services and funding for transportation for low-income, elderly, and disabled individuals through consolidating all of the current transportation services for these populations under 1 department.
(2) The department shall submit to the senate and house appropriations subcommittees on corrections, the senate and house fiscal agencies, the senate and house policy offices, and the state budget office, by March 1, a report on the findings of the workgroup on the items described in subsection (1).

Human Services
Section 227. (1) The department shall conduct a workgroup in conjunction with the department of community health, the state transportation department, the department of corrections, the strategic fund in the department of treasury, and members from both the senate and house of representatives to determine how the state can maximize its services and funding for transportation for low-income, elderly, and disabled individuals through consolidating all of the current transportation services for these populations under 1 department.
(2) The department shall submit to the senate and house appropriations subcommittees on the department budget, the senate and house fiscal agencies, the senate and house policy offices, and the state budget office by March 1 of the current fiscal year a report on the findings of the workgroup on the items described in subsection (1).

Transportation
Section 312. (1) The department shall conduct a workgroup in conjunction with the department of community health, the department of human services, the department of corrections, the strategic fund in the department of treasury, and 1 member from both the senate and the house of representatives to determine how the state can maximize its services and funding for transportation for low-income, elderly, and disabled individuals through consolidating all of the current transportation services for these populations under 1 department.
(2) The department shall submit to the senate and house appropriations subcommittees on the department budget, the senate and house fiscal agencies, the senate and house policy offices, and the state budget office by March 1 of the current fiscal year a report on the findings of the workgroup on the items described in subsection (1).

Strategic Fund
Section 1058. (1) The fund shall conduct a workgroup in conjunction with the department of community health, the department of transportation, the department of corrections, the department of human services, and members from both the senate and house of representatives to determine how the state can maximize its services and funding for transportation for low-income, elderly, and disabled individuals through consolidating all of the current transportation services for these populations under 1 department.
(2) The department shall submit to the senate and house appropriations subcommittees on the department budget, the senate and house fiscal agencies, the senate and house policy offices, and the state budget office by March 1 of the current fiscal year a report on the findings of the workgroup on the items described in subsection (1).
APPENDIX B: FULL PROGRAM INVENTORY

The inventory is provided on the following page
<p>| | | | | | | | | | | | | | | | | | | | | | | | |
|   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
|   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
|   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
|   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
|   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
|   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
|   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
|   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
|   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
|   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
|   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
|   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
|   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
|   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
|   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
|   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
|   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
|   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
|   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
|   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
|   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
|   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
|   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
|   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
|   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
|   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
|   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
|   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
|   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
|   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
|   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
|   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
|   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
|   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
|   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |</p>
<table>
<thead>
<tr>
<th>S. No</th>
<th>Date</th>
<th>Section</th>
<th>Program Name</th>
<th>Target Population</th>
<th>Eligibility</th>
<th>Appropriation Code</th>
<th>Appropriation for Medicaid Transportation?</th>
<th>Total Funding</th>
<th>Federal Funds</th>
<th>GSCP</th>
<th>State/Local Funds</th>
<th>Direct Funds</th>
<th>Match Requested and %</th>
<th>Federal Appropriation</th>
<th>State/Site Matching Required</th>
<th>Comments on Funding</th>
</tr>
</thead>
<tbody>
<tr>
<td>M</td>
<td>YES</td>
<td>N</td>
<td>MIHP Program</td>
<td>Elderly population, and whether services don’t conflict with FFS.</td>
<td>Local Health Department</td>
<td>Program(BCCCP)</td>
<td>Eligible and enrolled in Medicaid, with breast or cervical cancer, and who do not respond or denied the request for transportation services.</td>
<td>$1,092,170</td>
<td>$</td>
<td>$835,706</td>
<td>$</td>
<td></td>
<td>$</td>
<td></td>
<td>No</td>
<td>MTO Expenditures</td>
</tr>
<tr>
<td>N</td>
<td>YES</td>
<td>N</td>
<td>MIHP Program</td>
<td>Elderly population, and whether services don’t conflict with FFS.</td>
<td>Local Health Department</td>
<td>Program(BCCCP)</td>
<td>Eligible and enrolled in Medicaid, with breast or cervical cancer, and who do not respond or denied the request for transportation services.</td>
<td>$13,700</td>
<td>$6,850</td>
<td>$6,850</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>No</td>
<td>MTO Expenditures</td>
</tr>
<tr>
<td>O</td>
<td>YES</td>
<td>N</td>
<td>MIHP Program</td>
<td>Elderly population, and whether services don’t conflict with FFS.</td>
<td>Local Health Department</td>
<td>Program(BCCCP)</td>
<td>Eligible and enrolled in Medicaid, with breast or cervical cancer, and who do not respond or denied the request for transportation services.</td>
<td>$1,494,579</td>
<td>$603,936</td>
<td>$109,495</td>
<td>$781,148</td>
<td></td>
<td></td>
<td></td>
<td>No</td>
<td>MTO Expenditures</td>
</tr>
<tr>
<td>P</td>
<td>YES</td>
<td>N</td>
<td>MIHP Program</td>
<td>Elderly population, and whether services don’t conflict with FFS.</td>
<td>Local Health Department</td>
<td>Program(BCCCP)</td>
<td>Eligible and enrolled in Medicaid, with breast or cervical cancer, and who do not respond or denied the request for transportation services.</td>
<td>$933,527</td>
<td>$466,763</td>
<td>$466,763</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Yes</td>
<td>MTO Expenditures</td>
</tr>
<tr>
<td>Q</td>
<td>YES</td>
<td>N</td>
<td>MIHP Program</td>
<td>Elderly population, and whether services don’t conflict with FFS.</td>
<td>Local Health Department</td>
<td>Program(BCCCP)</td>
<td>Eligible and enrolled in Medicaid, with breast or cervical cancer, and who do not respond or denied the request for transportation services.</td>
<td>$550,622</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Yes</td>
<td>MTO Expenditures</td>
</tr>
<tr>
<td>R</td>
<td>YES</td>
<td>N</td>
<td>MIHP Program</td>
<td>Elderly population, and whether services don’t conflict with FFS.</td>
<td>Local Health Department</td>
<td>Program(BCCCP)</td>
<td>Eligible and enrolled in Medicaid, with breast or cervical cancer, and who do not respond or denied the request for transportation services.</td>
<td>$550,622</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Yes</td>
<td>MTO Expenditures</td>
</tr>
<tr>
<td>S</td>
<td>YES</td>
<td>N</td>
<td>MIHP Program</td>
<td>Elderly population, and whether services don’t conflict with FFS.</td>
<td>Local Health Department</td>
<td>Program(BCCCP)</td>
<td>Eligible and enrolled in Medicaid, with breast or cervical cancer, and who do not respond or denied the request for transportation services.</td>
<td>$550,622</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Yes</td>
<td>MTO Expenditures</td>
</tr>
<tr>
<td>Department</td>
<td>Program Title</td>
<td>Program Description</td>
<td>Target Population</td>
<td>Eligibility</td>
<td>Appropriation Line Item</td>
<td>Appropriated State Share</td>
<td>Total Funding</td>
<td>Federal Funds</td>
<td>Medicaid Funds</td>
<td>State Restricted</td>
<td>State General</td>
<td>Federal Appropriated</td>
<td>State Match Required</td>
<td>Approp recurse to line item?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>------------</td>
<td>---------------</td>
<td>---------------------</td>
<td>-------------------</td>
<td>------------</td>
<td>-------------------------</td>
<td>--------------------------</td>
<td>--------------</td>
<td>--------------</td>
<td>---------------</td>
<td>----------------</td>
<td>----------------</td>
<td>-------------------</td>
<td>-------------------</td>
<td>------------------------</td>
<td></td>
<td></td>
</tr>
<tr>
<td>MDCH</td>
<td>Medicaid (MA)- Fee For Service</td>
<td>90% of Medicaid payments for services targetted at seniors and persons with disabilities</td>
<td>All Medicaid recipients over the age of 21 and below 100% of FPL</td>
<td>Mostly eligible, except for institutional services (see FFS)</td>
<td>Medicaid (MA)- Fee For Service</td>
<td>Medicaid (MA)- Fee For Service</td>
<td>$50,614,305</td>
<td>$10,777,205</td>
<td>$33,642,000</td>
<td>$12,000,000</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>MDCH</td>
<td>Healthy Michigan Plan - Managed Care</td>
<td>Medicaid (MA)- Fee For Service</td>
<td>All Medicaid recipients except for institutional services (see FFS)</td>
<td>Mostly eligible, except for institutional services (see FFS)</td>
<td>Medicaid (MA)- Fee For Service</td>
<td>Medicaid (MA)- Fee For Service</td>
<td>$14,434,364</td>
<td>$14,434,364</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>No</td>
<td>No</td>
</tr>
<tr>
<td>MDCH</td>
<td>MDCH Medicaid (MA)- Managed Care Program</td>
<td>Medicaid (MA)- Fee For Service</td>
<td>All Medicaid recipients except for institutional services (see FFS)</td>
<td>Mostly eligible, except for institutional services (see FFS)</td>
<td>Medicaid (MA)- Fee For Service</td>
<td>Medicaid (MA)- Fee For Service</td>
<td>$14,434,364</td>
<td>$14,434,364</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>No</td>
<td>No</td>
</tr>
<tr>
<td>MDCH</td>
<td>Healthy Michigan Plan - Managed Care</td>
<td>Medicaid (MA)- Fee For Service</td>
<td>All Medicaid recipients except for institutional services (see FFS)</td>
<td>Mostly eligible, except for institutional services (see FFS)</td>
<td>Medicaid (MA)- Fee For Service</td>
<td>Medicaid (MA)- Fee For Service</td>
<td>$14,434,364</td>
<td>$14,434,364</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>No</td>
<td>No</td>
</tr>
<tr>
<td>MDCH</td>
<td>Medicaid (MA)- Fee For Service</td>
<td>90% of Medicaid payments for services targetted at seniors and persons with disabilities</td>
<td>All Medicaid recipients over the age of 21 and below 100% of FPL</td>
<td>Mostly eligible, except for institutional services (see FFS)</td>
<td>Medicaid (MA)- Fee For Service</td>
<td>Medicaid (MA)- Fee For Service</td>
<td>$50,614,305</td>
<td>$10,777,205</td>
<td>$33,642,000</td>
<td>$12,000,000</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>MDCH</td>
<td>Healthy Michigan Plan - Managed Care</td>
<td>Medicaid (MA)- Fee For Service</td>
<td>All Medicaid recipients except for institutional services (see FFS)</td>
<td>Mostly eligible, except for institutional services (see FFS)</td>
<td>Medicaid (MA)- Fee For Service</td>
<td>Medicaid (MA)- Fee For Service</td>
<td>$14,434,364</td>
<td>$14,434,364</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>No</td>
<td>No</td>
</tr>
<tr>
<td>MDCH</td>
<td>Healthy Michigan Plan - Managed Care</td>
<td>Medicaid (MA)- Fee For Service</td>
<td>All Medicaid recipients except for institutional services (see FFS)</td>
<td>Mostly eligible, except for institutional services (see FFS)</td>
<td>Medicaid (MA)- Fee For Service</td>
<td>Medicaid (MA)- Fee For Service</td>
<td>$14,434,364</td>
<td>$14,434,364</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>No</td>
<td>No</td>
</tr>
<tr>
<td>MDCH</td>
<td>Healthy Michigan Plan - Managed Care</td>
<td>Medicaid (MA)- Fee For Service</td>
<td>All Medicaid recipients except for institutional services (see FFS)</td>
<td>Mostly eligible, except for institutional services (see FFS)</td>
<td>Medicaid (MA)- Fee For Service</td>
<td>Medicaid (MA)- Fee For Service</td>
<td>$14,434,364</td>
<td>$14,434,364</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>No</td>
<td>No</td>
</tr>
<tr>
<td>MDCH</td>
<td>Healthy Michigan Plan - Managed Care</td>
<td>Medicaid (MA)- Fee For Service</td>
<td>All Medicaid recipients except for institutional services (see FFS)</td>
<td>Mostly eligible, except for institutional services (see FFS)</td>
<td>Medicaid (MA)- Fee For Service</td>
<td>Medicaid (MA)- Fee For Service</td>
<td>$14,434,364</td>
<td>$14,434,364</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>No</td>
<td>No</td>
</tr>
<tr>
<td>MDCH</td>
<td>Healthy Michigan Plan - Managed Care</td>
<td>Medicaid (MA)- Fee For Service</td>
<td>All Medicaid recipients except for institutional services (see FFS)</td>
<td>Mostly eligible, except for institutional services (see FFS)</td>
<td>Medicaid (MA)- Fee For Service</td>
<td>Medicaid (MA)- Fee For Service</td>
<td>$14,434,364</td>
<td>$14,434,364</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>No</td>
<td>No</td>
</tr>
<tr>
<td>MDCH</td>
<td>Healthy Michigan Plan - Managed Care</td>
<td>Medicaid (MA)- Fee For Service</td>
<td>All Medicaid recipients except for institutional services (see FFS)</td>
<td>Mostly eligible, except for institutional services (see FFS)</td>
<td>Medicaid (MA)- Fee For Service</td>
<td>Medicaid (MA)- Fee For Service</td>
<td>$14,434,364</td>
<td>$14,434,364</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>No</td>
<td>No</td>
</tr>
<tr>
<td>MDCH</td>
<td>Healthy Michigan Plan - Managed Care</td>
<td>Medicaid (MA)- Fee For Service</td>
<td>All Medicaid recipients except for institutional services (see FFS)</td>
<td>Mostly eligible, except for institutional services (see FFS)</td>
<td>Medicaid (MA)- Fee For Service</td>
<td>Medicaid (MA)- Fee For Service</td>
<td>$14,434,364</td>
<td>$14,434,364</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>No</td>
<td>No</td>
</tr>
<tr>
<td>MDCH</td>
<td>Healthy Michigan Plan - Managed Care</td>
<td>Medicaid (MA)- Fee For Service</td>
<td>All Medicaid recipients except for institutional services (see FFS)</td>
<td>Mostly eligible, except for institutional services (see FFS)</td>
<td>Medicaid (MA)- Fee For Service</td>
<td>Medicaid (MA)- Fee For Service</td>
<td>$14,434,364</td>
<td>$14,434,364</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>No</td>
<td>No</td>
</tr>
<tr>
<td>MDCH</td>
<td>Healthy Michigan Plan - Managed Care</td>
<td>Medicaid (MA)- Fee For Service</td>
<td>All Medicaid recipients except for institutional services (see FFS)</td>
<td>Mostly eligible, except for institutional services (see FFS)</td>
<td>Medicaid (MA)- Fee For Service</td>
<td>Medicaid (MA)- Fee For Service</td>
<td>$14,434,364</td>
<td>$14,434,364</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>No</td>
<td>No</td>
</tr>
<tr>
<td>MDCH</td>
<td>Healthy Michigan Plan - Managed Care</td>
<td>Medicaid (MA)- Fee For Service</td>
<td>All Medicaid recipients except for institutional services (see FFS)</td>
<td>Mostly eligible, except for institutional services (see FFS)</td>
<td>Medicaid (MA)- Fee For Service</td>
<td>Medicaid (MA)- Fee For Service</td>
<td>$14,434,364</td>
<td>$14,434,364</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>No</td>
<td>No</td>
</tr>
<tr>
<td>MDCH</td>
<td>Healthy Michigan Plan - Managed Care</td>
<td>Medicaid (MA)- Fee For Service</td>
<td>All Medicaid recipients except for institutional services (see FFS)</td>
<td>Mostly eligible, except for institutional services (see FFS)</td>
<td>Medicaid (MA)- Fee For Service</td>
<td>Medicaid (MA)- Fee For Service</td>
<td>$14,434,364</td>
<td>$14,434,364</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>No</td>
<td>No</td>
</tr>
<tr>
<td>MDCH</td>
<td>Healthy Michigan Plan - Managed Care</td>
<td>Medicaid (MA)- Fee For Service</td>
<td>All Medicaid recipients except for institutional services (see FFS)</td>
<td>Mostly eligible, except for institutional services (see FFS)</td>
<td>Medicaid (MA)- Fee For Service</td>
<td>Medicaid (MA)- Fee For Service</td>
<td>$14,434,364</td>
<td>$14,434,364</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>No</td>
<td>No</td>
</tr>
<tr>
<td>MDCH</td>
<td>Healthy Michigan Plan - Managed Care</td>
<td>Medicaid (MA)- Fee For Service</td>
<td>All Medicaid recipients except for institutional services (see FFS)</td>
<td>Mostly eligible, except for institutional services (see FFS)</td>
<td>Medicaid (MA)- Fee For Service</td>
<td>Medicaid (MA)- Fee For Service</td>
<td>$14,434,364</td>
<td>$14,434,364</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>No</td>
<td>No</td>
</tr>
<tr>
<td>MDCH</td>
<td>Healthy Michigan Plan - Managed Care</td>
<td>Medicaid (MA)- Fee For Service</td>
<td>All Medicaid recipients except for institutional services (see FFS)</td>
<td>Mostly eligible, except for institutional services (see FFS)</td>
<td>Medicaid (MA)- Fee For Service</td>
<td>Medicaid (MA)- Fee For Service</td>
<td>$14,434,364</td>
<td>$14,434,364</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>No</td>
<td>No</td>
</tr>
<tr>
<td>MDCH</td>
<td>Healthy Michigan Plan - Managed Care</td>
<td>Medicaid (MA)- Fee For Service</td>
<td>All Medicaid recipients except for institutional services (see FFS)</td>
<td>Mostly eligible, except for institutional services (see FFS)</td>
<td>Medicaid (MA)- Fee For Service</td>
<td>Medicaid (MA)- Fee For Service</td>
<td>$14,434,364</td>
<td>$14,434,364</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>No</td>
<td>No</td>
</tr>
<tr>
<td>MDCH</td>
<td>Healthy Michigan Plan - Managed Care</td>
<td>Medicaid (MA)- Fee For Service</td>
<td>All Medicaid recipients except for institutional services (see FFS)</td>
<td>Mostly eligible, except for institutional services (see FFS)</td>
<td>Medicaid (MA)- Fee For Service</td>
<td>Medicaid (MA)- Fee For Service</td>
<td>$14,434,364</td>
<td>$14,434,364</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>No</td>
<td>No</td>
</tr>
<tr>
<td>MDCH</td>
<td>Healthy Michigan Plan - Managed Care</td>
<td>Medicaid (MA)- Fee For Service</td>
<td>All Medicaid recipients except for institutional services (see FFS)</td>
<td>Mostly eligible, except for institutional services (see FFS)</td>
<td>Medicaid (MA)- Fee For Service</td>
<td>Medicaid (MA)- Fee For Service</td>
<td>$14,434,364</td>
<td>$14,434,364</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>No</td>
<td>No</td>
</tr>
<tr>
<td>MDCH</td>
<td>Healthy Michigan Plan - Managed Care</td>
<td>Medicaid (MA)- Fee For Service</td>
<td>All Medicaid recipients except for institutional services (see FFS)</td>
<td>Mostly eligible, except for institutional services (see FFS)</td>
<td>Medicaid (MA)- Fee For Service</td>
<td>Medicaid (MA)- Fee For Service</td>
<td>$14,434,364</td>
<td>$14,434,364</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>No</td>
<td>No</td>
</tr>
<tr>
<td>MDCH</td>
<td>Healthy Michigan Plan - Managed Care</td>
<td>Medicaid (MA)- Fee For Service</td>
<td>All Medicaid recipients except for institutional services (see FFS)</td>
<td>Mostly eligible, except for institutional services (see FFS)</td>
<td>Medicaid (MA)- Fee For Service</td>
<td>Medicaid (MA)- Fee For Service</td>
<td>$14,434,364</td>
<td>$14,434,364</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>No</td>
<td>No</td>
</tr>
<tr>
<td>Program</td>
<td>Purpose</td>
<td>Users</td>
<td>Delivery Method</td>
<td>FY 2013 Appropriation</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>--------------------------------</td>
<td>--------------------------------------------------------------------------</td>
<td>-----------------------</td>
<td>-----------------------------------------------</td>
<td>-----------------------</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Bus Capital</td>
<td>Provides federal funding and state match for transit buses, facilities and equipment</td>
<td>General population</td>
<td>Grants to transit agencies</td>
<td>$61,419,205</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Federal Operating Assistance</td>
<td>Provides a percent of the rural transit agencies' eligible expenses of providing public transit services</td>
<td>General population</td>
<td>Formula grants to transit agencies</td>
<td>$14,434,364</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Intercity</td>
<td>Provides federal funding and state match for intercity bus service - operating and capital</td>
<td>General population</td>
<td>Contracts with intercity bus carriers</td>
<td>$6,886,830</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Local Bus Operating Assistance</td>
<td>Provides a percent of the 78 transit agencies' eligible expenses of providing public transit services</td>
<td>General population</td>
<td>Formula grants to transit agencies</td>
<td>$171,735,270</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Specialized Services</td>
<td>Provides federal and state funding (operating and capital) for services targeted at seniors and persons with disabilities but open to all</td>
<td>Seniors and persons with disabilities</td>
<td>Operating and capital grants to transit agencies and non-profit agencies</td>
<td>$5,581,310</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Transportation to Work</td>
<td>Provides federal funding and state match for services targeted at low income workers but open to all</td>
<td>Low income for job or job training</td>
<td>Operating and capital grants to transit agencies</td>
<td>$7,192,039</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Vanpool</td>
<td>Provides federal funding and state funding for vanpool program</td>
<td>General population</td>
<td>Contracts with vanpool service vendors</td>
<td>$1,969,848</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
For the “Transportation Access” programs, the transportation component supports a specific social service or health care program. The program that the transportation component supports is described below. The programs are listed in alphabetical order.

**TABLE 1: TRANSPORTATION ACCESS PROGRAM DESCRIPTIONS**

<table>
<thead>
<tr>
<th>Program(s) Name</th>
<th>Program Summary</th>
</tr>
</thead>
<tbody>
<tr>
<td>Area Agencies on Aging</td>
<td>OSA contracts with 16 Regional AAAs for community-based services to seniors</td>
</tr>
<tr>
<td>Behavioral Health</td>
<td>Through prepaid Inpatient Health Plans (PIHPs), behavioral health services (Medicaid funded, non-Medicaid funded and Substance Use Disorder programs) that are coordinated and delivered through local Community Mental Health Services Programs (CMHSPs).</td>
</tr>
<tr>
<td>Breast and Cervical Cancer Control Program (BCCCP)</td>
<td>Through a multi-year grant from the U.S. Centers for Disease Control and Prevention, provides low-income women access to cancer screening services and follow-up care, including cancer treatment (for women not on Medicaid or a Healthy Michigan Plan). Provides Medicaid clients who have been screened/diagnosed through the BCCCP with access follow-up care and treatment.</td>
</tr>
<tr>
<td>Children's Special Health Care Services (CSHCS)</td>
<td>CSHCS is part of Title V of the Federal Social Security Act. CSHCS helps persons, primarily children, with chronic health problems. Children must have a qualifying medical condition and be 20 years old or under. Persons 21 and older with certain disorders may also qualify. Medicaid category reflects individuals eligible and enrolled in both CSHCS and Medicaid.</td>
</tr>
<tr>
<td>Community Ventures</td>
<td>MEDC promote public-private partnerships that create jobs for structurally unemployed urban residents and help businesses improve job retention and employee productivity.</td>
</tr>
<tr>
<td>Direct Supportive Services for Cash and Non-Cash Assistance Clients</td>
<td>Employment and training related travel services to Family Independence Program (Cash and Non-Cash assistance) clients.</td>
</tr>
<tr>
<td>Healthy Michigan Plan Fee-For-Service</td>
<td>Michigan’s health insurance expansion for low income individuals. Those enrolled are mostly adults under the age of 65 and at or below 133% of the Federal Poverty level, excluding pregnant woman. Fee-For-Service is for those individuals not enrolled in a health plan or for services not provided by the health plan.</td>
</tr>
<tr>
<td>Healthy Michigan Plan Managed Care</td>
<td>Michigan’s health insurance expansion for low income individuals. Those enrolled are mostly adults under the age of 65 and at or below 133% of the Federal Poverty level, excluding pregnant woman.</td>
</tr>
<tr>
<td>Maternal Infant Health Program – Medicaid</td>
<td>Provides home visitation support and care coordination for pregnant women and infants on Medicaid.</td>
</tr>
<tr>
<td>Medicaid Managed Care</td>
<td>Medical services for pregnant women, low-income children and their parents and low income seniors.</td>
</tr>
<tr>
<td>Medicaid Fee-For-Service</td>
<td>Medical services for pregnant women, low-income children, and their parents and low income seniors. Fee-For-Service is for those individuals not enrolled in a health plan or for services not provided by the health plan.</td>
</tr>
<tr>
<td>MI Choice</td>
<td>Medicaid covered home and community based services to elderly and disabled adults in lieu of nursing home.</td>
</tr>
<tr>
<td>Michigan Rehabilitation Case Services</td>
<td>DHS works with eligible customers and employers to achieve quality employment outcomes and independence for individuals with disabilities.</td>
</tr>
<tr>
<td>Partnership. Accountability. Training. Hope. (PATH)</td>
<td>Partnership between DHS and WDA to assist Cash and Non-Cash assistance recipients in preparing for, finding and retaining employment.</td>
</tr>
<tr>
<td>Prisoner Re-Entry Services</td>
<td>MDOC funds 17 Local Prisoner Re-entry Administrative Agencies (12 of which are WDAs) to provide assistance in the areas of Housing, Employment, Social Support, and Health and Behavioral Health services for returning (paroled) offenders.</td>
</tr>
</tbody>
</table>
### APPENDIX D: TRANSPORTATION ACCESS PROGRAM INFORMATION

#### TABLE 1: TRANSPORTATION ACCESS PROGRAM DESCRIPTIONS

<table>
<thead>
<tr>
<th>Program(s) Name</th>
<th>Program Summary</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Volunteer Reimbursements for Cash and Non-Cash Assistance Clients</td>
<td>Any DHS client who has been determined eligible for programs or services provided by the department for whom transportation has been identified as a need in order to receive services. Subject to volunteer availability.</td>
</tr>
</tbody>
</table>

The “Transportation Access” programs were organized according to three factors. The tables which show the results of these three groupings that lead to the conclusions and final recommendation in this report are provided below.

**FACTOR ONE: DOES THE AGENCY PROVIDE TRANSPORTATION SERVICES OR TRANSPORTATION ASSISTANCE?**

1. Transportation Services means the state agency (or the local agency or other entity that delivers the state program):
   a. Owns and operates vehicles dedicated to providing clients rides, OR
   b. Has a contract with one or more public or private transportation providers that owns and operates vehicles dedicated to providing client rides.
2. Transportation Assistance means the state agency (or the local agency or other entity that delivers the state program) assists clients in accessing existing transportation services.

#### TABLE 2: TRANSPORTATION ACCESS - SERVICES OR ASSISTANCE?

<table>
<thead>
<tr>
<th>Program(s) Name</th>
<th>Method of Service or Assistance</th>
<th>Eligible Trip Purpose</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>SERVICES</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Community Ventures</td>
<td>On an ad-hoc basis, the local agencies that MEDC contracts with to assist and coach employees may directly arrange for transportation services to move specific employees to specific employers in targeted cities. Prior efforts have included a partnership with the Genesee County local transit agency to expand a route to serve a specific employer (with the state covering rider fares to support the service expansion) and a partnership with MDOT to subsidize employees use of a MichiVan vanpool to a Saginaw employer.</td>
<td>Employment</td>
</tr>
<tr>
<td>Area Agencies on Aging</td>
<td>Regional AAAs may provide financial assistance for transportation services to provide rides to area seniors, such as contracts with local senior centers that provide rides to and from the senior center or the AAA supports specialized transportation providers for older adults that have mobility issues. In some cases seniors may be provided with tokens so that they can use local transit services.</td>
<td>Access Community Services</td>
</tr>
<tr>
<td><strong>ASSISTANCE</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Breast and Cervical Cancer Control Program (BCCCP)</td>
<td>On a case-by-case basis a client is provided with assistance in the form of cab fare, a bus pass, reimbursement for a volunteer driver, reimbursement of Non-Emergency Medical Transportation (NEMT) services, etc.</td>
<td>Approved Medical Services, including screening</td>
</tr>
</tbody>
</table>
## TABLE 2: TRANSPORTATION ACCESS - SERVICES OR ASSISTANCE?

<table>
<thead>
<tr>
<th>Program(s) Name</th>
<th>Method of Service or Assistance</th>
<th>Eligible Trip Purpose</th>
</tr>
</thead>
<tbody>
<tr>
<td>Children's Special Health Care Services (CSHCS)  - Medicaid  - Non-Medicaid</td>
<td>On a case-by-case basis a client and family is provided with assistance in the form of mileage reimbursement, cab fare, bus pass, reimbursement for a volunteer driver, reimbursement of NEMT services, etc. Assistance can include lodging and meals.</td>
<td>Approved Medical Services</td>
</tr>
<tr>
<td>Community Mental Health  - Non-Medicaid</td>
<td>On a case-by-case basis a client is provided with assistance in the form of cab fare, a bus pass, reimbursement for a volunteer driver, reimbursement of NEMT services, etc.</td>
<td>Approved Medical Services</td>
</tr>
<tr>
<td>Direct Supportive Services for Cash and Non-Cash Assistance Clients</td>
<td>On a case-by-case basis a client is provided with assistance in the form of cab fare, a bus pass, car purchase, reimbursement for a volunteer driver, etc. The caseworker may also provide the transportation.</td>
<td>Employment and Training Related</td>
</tr>
<tr>
<td>Healthy Michigan Plan Fee- For-Service</td>
<td>On a case-by-case basis, outside of the Greater Detroit area, a client is provided with assistance in the form of cab fare, a bus pass, reimbursement for a volunteer driver, reimbursement of NEMT services, etc. In the Greater Detroit Area, a contracted broker arranges for the ride using existing public and private sector providers. Assistance can include lodging and meals.</td>
<td>Approved Medical Services</td>
</tr>
<tr>
<td>Healthy Michigan Plan Managed Care</td>
<td>Managed care providers are required, when necessary, to provide for non-emergency transportation, including travel expenses. The managed care provider may contract for transportation services or provide assistance (mileage reimbursement) directly to individuals.</td>
<td>Approved Medical Services</td>
</tr>
<tr>
<td>Maternal Infant Health Program (Medicaid)</td>
<td>On a case-by-case basis a client is provided with assistance in the form of cab fare, a bus pass, reimbursement for a volunteer driver, reimbursement of NEMT services, etc.</td>
<td>Approved Medical and Pregnancy Related Appointments</td>
</tr>
<tr>
<td>Breast and Cervical Cancer Control Program - Medicaid</td>
<td>Medicaid Beneficiary makes transportation arrangements and seeks reimbursement.</td>
<td>Approved Medical Services</td>
</tr>
<tr>
<td>Medicaid Managed Care</td>
<td>Managed care providers are required, when necessary, to provide for non-emergency transportation, including travel expenses. The managed care provider may contract for transportation services or provide assistance (mileage reimbursement) directly to individuals.</td>
<td>Approved Medical Services</td>
</tr>
<tr>
<td>Medicaid Fee-For-Service</td>
<td>On a case-by-case basis a client, outside of the Greater Detroit area, is provided with assistance in the form of cab fare, a bus pass, reimbursement for a volunteer driver, reimbursement of NEMT services, etc. In Greater Detroit Area, a contracted broker arranges for the ride using existing public and private sector providers. Assistance can include lodging and meals.</td>
<td>Approved Medical Services</td>
</tr>
<tr>
<td>Mental Health  - Medicaid</td>
<td>On a case-by-case basis a client is provided with assistance in the form of cab fare, a bus pass, reimbursement for a volunteer driver, reimbursement of NEMT services, etc.</td>
<td>Approved Medical Services</td>
</tr>
<tr>
<td>MI Choice</td>
<td>On a case-by-case basis a client is provided with assistance in the form of cab fare, a bus pass, reimbursement for a volunteer driver, reimbursement of NEMT services, etc.</td>
<td>Approved Medical Services</td>
</tr>
<tr>
<td>Michigan Rehabilitation Case Services</td>
<td>On a case-by-case basis a client is provided with assistance in the form of cab fare, a bus pass, car purchase, reimbursement for a volunteer driver, etc. The caseworker may also provide the transportation.</td>
<td>Employment and Training Related</td>
</tr>
</tbody>
</table>

APPENDIX D-3
# APPENDIX D: TRANSPORTATION ACCESS PROGRAM INFORMATION

## TABLE 2: TRANSPORTATION ACCESS - SERVICES OR ASSISTANCE?

<table>
<thead>
<tr>
<th>Program(s) Name</th>
<th>Method of Service or Assistance</th>
<th>Eligible Trip Purpose</th>
</tr>
</thead>
<tbody>
<tr>
<td>Partnership. Accountability. Training. Hope.</td>
<td>On a case-by-case basis a client is provided with assistance in the form of cab fare, a bus pass, car purchase, reimbursement for a volunteer driver, etc. The caseworker may also provide the transportation.</td>
<td>Employment and Training Related</td>
</tr>
<tr>
<td>Prisoner Re-Entry Services</td>
<td>Some local agencies may have contracts with public or private transportation providers to serve their clients and refer clients to the contracted provider as rides are needed. Most provide financial assistance to the clients, in the form of pre-purchased bus tokens or bus passes, to access existing transportation services within the community. Some local agencies may also provide assistance in the form of fuel cards, mileage reimbursement or bicycles.</td>
<td>Employment, Training, Medical, Community Services, Social Support</td>
</tr>
<tr>
<td>Substance Use Disorder - Medicaid</td>
<td>On a case-by-case basis a client is provided with assistance in the form of cab fare, a bus pass, reimbursement for a volunteer driver, reimbursement of NEMT services, etc.</td>
<td>Approved Medical Services</td>
</tr>
<tr>
<td>Volunteer Reimbursements for Cash and Non-Cash Assistance Clients</td>
<td>On a case-by-case basis a client is provided with assistance in the form of cab fare, a bus pass, car purchase, reimbursement for a volunteer driver, etc. The caseworker may also provide the transportation. (A separate line item is specifically for reimbursements to volunteer drivers)</td>
<td>Access Any Needed Service</td>
</tr>
</tbody>
</table>

## FACTOR TWO: WHERE WITHIN THE SOCIAL SERVICE DELIVERY STRUCTURE IS TRANSPORTATION SERVICES/ASSISTANCE TO A CLIENT AUTHORIZED?

### TABLE 3: TRANSPORTATION ACCESS DECISION MAKERS

<table>
<thead>
<tr>
<th>Program(s) Name</th>
<th>Who Authorizes</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>A STATE CASEWORKER</strong></td>
<td></td>
</tr>
<tr>
<td>Michigan Rehabilitation Case Services</td>
<td>DHS caseworker.</td>
</tr>
<tr>
<td>Direct Supportive Services for Cash and Non-Cash Assistance Clients</td>
<td>DHS caseworker.</td>
</tr>
<tr>
<td>Volunteer Reimbursements for Cash and Non-Cash Assistance Clients</td>
<td>DHS caseworker.</td>
</tr>
<tr>
<td>Healthy Michigan Plan Fee-For-Service</td>
<td>DHS caseworker, except in the Greater Detroit Area(^1) where transportation is authorized by the MDCH Transportation Broker</td>
</tr>
<tr>
<td>Medicaid Fee-For-Service</td>
<td>DHS caseworker, except in the Greater Detroit Area where transportation is authorized by the MDCH Transportation Broker</td>
</tr>
<tr>
<td>Children's Special Health Care Services (CSHCS)/</td>
<td>DHS caseworker, except in the Greater Detroit Area where transportation is authorized by the MDCH Transportation Broker. Local Health Departments as back-up.</td>
</tr>
<tr>
<td>- Non-Medicaid</td>
<td></td>
</tr>
<tr>
<td>- Medicaid</td>
<td></td>
</tr>
</tbody>
</table>

---

\(^1\) Wayne, Oakland and Macomb Counties

APPENDIX D-4
### TABLE 3: TRANSPORTATION ACCESS DECISION MAKERS

<table>
<thead>
<tr>
<th>Program(s) Name</th>
<th>Who Authorizes</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>A LOCAL AGENCY</strong></td>
<td></td>
</tr>
<tr>
<td>Area Agencies on Aging</td>
<td>Local AAA staff</td>
</tr>
<tr>
<td>MI Choice</td>
<td>Supports Coordinator in the MI Choice Waiver Agency (largely AAAs) or in some cases the MI Choice participant.</td>
</tr>
</tbody>
</table>
| Children's Special Health Care Services (CSHCS)  
- Non-Medicaid  
- Medicaid | DCH approved CSHCSP agencies, primarily local health departments. |
| Breast and Cervical Cancer Control Program  
- Non-Medicaid  
- Medicaid | DCH approved BCCCP providers who are referred to as “Local Coordinating Agencies,” primarily local health departments. |
| Prisoner Re-Entry Services | Local Prisoner Re-entry Administrative Agencies, primarily Michigan Works! Offices. |
| Behavioral Health  
- Mental Health Medicaid  
- Community Mental Health/Non-Medicaid  
- Substance Use Disorder/Medicaid | Prepaid Inpatient Health Plans (PIHPs) and Local Community Mental Health Agency Services Program Offices.2 |
| Maternal Infant Health Program/ Medicaid | DCH approved MIHP service providers (includes but is not solely limited to local health departments). |

| **A HEALTH CARE SERVICE OR HEALTH INSURANCE PROVIDER** | |
| Medicaid Managed Care | Managed care provider or their Transportation Subcontractor. |
| Healthy Michigan Plan Managed Care | Managed care provider or their Transportation Subcontractor. |

| **OTHER** | |
| Community Ventures | State Program Manager. |

### FACTOR THREE: IS THE TRANSPORTATION FUNDING (AND AS SUCH THE TRANSPORTATION COMPONENT OF THE PROGRAM) APPROPRIATED SPECIFICALLY FOR TRANSPORTATION SUCH THAT IT IS SEPARABLE FROM THE OVERALL PROGRAM AND AVAILABLE FOR CONSOLIDATION?

### TABLE 4: TRANSPORTATION ACCESS FUNDING

<table>
<thead>
<tr>
<th>Program(s) Name</th>
<th>Annual appropriation dedicated for transportation</th>
<th>Dollar Amount Spent on Transportation in FY 2013</th>
<th>Comments on Dollar Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Area Agencies on Aging</td>
<td>NO</td>
<td>$1,494,579</td>
<td></td>
</tr>
<tr>
<td>Breast and Cervical Cancer Control Program (BCCCP) Medicaid</td>
<td>YES</td>
<td>$13,700</td>
<td></td>
</tr>
<tr>
<td>Breast and Cervical Cancer Control Program (BCCCP)/Non-Medicaid</td>
<td>NO</td>
<td>Unavailable</td>
<td></td>
</tr>
</tbody>
</table>
| Children's Special Health Care Services (CSHCS)  
- Non-Medicaid  
- Medicaid | YES and NO* | $692,912  
* Non-Medicaid |
| | | $933,527  
Medicaid |

* For both non-Medicaid and Medicaid programs there are two appropriations and one of the two is specific to

---

2 If the client has a DHS caseworker, they may be involved.
TABLE 4: TRANSPORTATION ACCESS FUNDING

<table>
<thead>
<tr>
<th>Program(s) Name</th>
<th>Annual appropriation dedicated for transportation</th>
<th>Dollar Amount Spent on Transportation in FY 2013</th>
<th>Comments on Dollar Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Community Ventures</td>
<td>NO</td>
<td>$9,800</td>
<td>transportation.</td>
</tr>
<tr>
<td>Community Mental Health (Non-Medicaid)</td>
<td>NO</td>
<td>$2,061,781</td>
<td></td>
</tr>
<tr>
<td>Direct Supportive Services for Cash and Non-Cash Assistance Clients</td>
<td>NO</td>
<td>$3,550,650</td>
<td></td>
</tr>
<tr>
<td>Healthy Michigan Plan Fee-For- Service</td>
<td>NO</td>
<td>Not yet known</td>
<td>Program started in FY 2014 so no record of annual transportation expenses at this time. Transportation is an eligible cost in the capitation payments to managed care provider.</td>
</tr>
<tr>
<td>Healthy Michigan Plan Managed Care</td>
<td>NO</td>
<td>Not yet known</td>
<td>No FY 2013 expenditures, the program started in FY 2014. In the capitation payments provided to the managed care provider.</td>
</tr>
<tr>
<td>Mental (Behavioral) Health (Medicaid)</td>
<td>NO</td>
<td>Unavailable</td>
<td>Amount spent on transportation is unknown; it is included in capitation payments to the provider.</td>
</tr>
<tr>
<td>Medicaid Managed Care</td>
<td>NO</td>
<td>Unavailable</td>
<td>Amount spent on transportation is unknown; it is included in the capitation payments provided to the managed care provider.</td>
</tr>
<tr>
<td>Maternal Infant Health Program Medicaid</td>
<td>YES</td>
<td>$749,600</td>
<td>Maternal Infant Health Program/ Medicaid</td>
</tr>
<tr>
<td>MI Choice</td>
<td>NO</td>
<td>$762,300</td>
<td>Transportation is an eligible cost in the capitation payments to the Medicaid managed care plan.</td>
</tr>
<tr>
<td>Michigan Rehabilitation Case Services</td>
<td>NO</td>
<td>$2,267,176</td>
<td></td>
</tr>
<tr>
<td>Medicaid Fee-For-Service</td>
<td>YES</td>
<td>$19,699,100</td>
<td>Amount expended for transportation in FY 2013, over $14m of this was through the Logisticare contract and may including lodging and meals associated with the travel.</td>
</tr>
<tr>
<td>Partnership. Accountability, Training, Hope.</td>
<td>NO</td>
<td>$4,794,649</td>
<td>TANF Line Item.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>$26,351</td>
<td>TANF Refugees Line.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>$843,249</td>
<td>TANF-DSS Line Item.</td>
</tr>
<tr>
<td>Prisoner Re-Entry Services</td>
<td>NO</td>
<td>$370,128</td>
<td></td>
</tr>
<tr>
<td>Substance Use Disorder (Medicaid)</td>
<td>NO</td>
<td>Unavailable</td>
<td>Amount spent on transportation is unknown; it is included in capitation payments to the provider.</td>
</tr>
<tr>
<td>Volunteer Reimbursements</td>
<td>YES</td>
<td>$618,800</td>
<td></td>
</tr>
</tbody>
</table>