



RICK SNYDER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF HUMAN SERVICES
LANSING



Nick Lyon
Interim Director

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

**Department of Community Health
Department of Corrections
Department of Human Services
Department of Transportation
Workforce Development Agency
Michigan Economic Development Corporation**

Report to the Legislature

As Required in Sections 1892, 504, 227, 312 and 1058 of PA 252 of 2014

March 1, 2015

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,

Corrections, and the Workforce Development Agency. These five agencies each use federal and state funding to assist specific clients in accessing transportation in order to obtain needed services. The assistance supplements and supports a primary program purpose, such as medical treatment or job training, and none of these programs or agencies has transportation as its primary goal. These 20 programs are listed on page 3 with additional information in Appendix D.

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.

TRANSPORTATION ACCESS PROGRAMS BY AGENCY	
Department	Program(s) Name
Community Health	1. Children's Special Health Care Services (Medicaid)
Community Health	2. Children's Special Health Care Services (Non-Medicaid)
Community Health – Medical Services Administration	3. Healthy Michigan Plan (Fee-For-Service)
Community Health – Medical Services Administration	4. Healthy Michigan Plan (Managed Care)
Community Health – Medical Services Administration	5. Maternal Infant Health Program (Medicaid)
Community Health – Medical Services Administration	6. Breast and Cervical Cancer Control Program (Medicaid)
Community Health – Medical Services Administration	7. Breast and Cervical Cancer Control Program (Non-Medicaid)
Community Health – Medical Services Administration	8. Medicaid (Managed Care)
Community Health – Medical Services Administration	9. Medicaid (Fee-For-Service)
Community Health – Medical Services Administration	10. MI Choice
Community Health – Office of Services to the Aging	11. (Local) AAA
Community Health -Behavioral Health and Developmental Disabilities Administration	12. Community Mental Health (Non-Medicaid)
Community Health -Behavioral Health and Developmental Disabilities Administration	13. Mental Health (Medicaid)
Community Health -Behavioral Health and Developmental Disabilities Administration	14. Substance Use Disorder (Medicaid)
Corrections	15. Prisoner Re-Entry Services
Human Services	16. Direct Supportive Services for Cash and Non-Cash Assistance Clients
Human Services	17. Michigan Rehabilitation Case Services
Human Services	18. Volunteer Reimbursements for Cash and Non-Cash Assistance Clients
Michigan Economic Development Corporation	19. Community Ventures
Workforce Development Agency	20. Partnership. Accountability. Training. Hope.

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

APPENDIX B: PROGRAM INVENTORY FOR SECTIONS 1892, 504, 227, 312 AND 1058 OF PA 252 OF 2014

0	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22
A	IS THIS A SEPARATE/ DISTINCT PROGRAM	Does the state agency (or its direct recipient) use money to operate or contract for transportation services?	Who decides if transportation services/money will be provided to an individual?	Does the state agency who received the appropriation know if transportation was provided to an individual?	Can agency document how many individuals are provided transportation assistance under this program?	Department	Program Title	Program Description	Target Population	Service Delivery Method	Eligibility	Appropriation Line Item	Appropriated Amount dedicated/ limited to Transportation?	Total Funding	Federal Funds	GF/GP	State Restricted Funds	Other Funds	Match Required and %	Federal Requirements?	State Statutory Requirements?	Comments on funding
B	YES	IN SOME SITUATIONS	The local agency that MEDC contracts with to provide support/coaching to residents in the targeted cities, such as Goodwill	Local agencies are beginning to maintain this type of information	Local agencies are beginning to maintain this type of information	MSF/MEDC	Community Ventures	Promote public-private partnerships that create jobs for structurally unemployed urban residents and help businesses improve job retention and employee productivity.	Residents of Detroit, Pontiac, Flint and Saginaw who meet the eligibility criteria	Performance-based grants to employers and service providers (local agencies that provide support and coaching to residents/employees)	Persons who are one of the following: at-or below the poverty line, ex-offenders, lack of high school education, disabled, low-aptitude	Community Ventures 085/13/01300/0812	N	\$9,800		\$9,800			NO	NO	NO	actual FY13 expenditures
C	NO	YES - When private services are used there is a contract NO - When Public services are used there is not a contract	Local Agency (17 Local Prisoner Reentry Administrative Agencies - 12 of which are WDAs) or MDOC Supervising Parole Agent	YES - Private (902) YES - Public (4,806)	YES	Corrections	Prisoner Reentry Services: funds Housing, Employment, Social Support and Health and Behavioral Health services and programs for returning (paroled) offenders.	Public/Private Transportation Services are funded within Social Support. Public Transportation provided by local transit authorities available to the general public; bus passes, tokens, vouchers, co-pays to access government-subsidized/public transit systems. Private transportation; fuel cards, bicycles, transport services negotiated at a per trip/per mile rate.	Assessed as Moderate to High Risk Parolees. Risk defined as return to prison and/or future risk of committing a violent offense using MDOC's COMPAS assessment instrument.	Two means; MDOC has contracts with local Prisoner Reentry Administrative Agencies who procure services with local transit authorities or providers. MDOC purchases directly with local transit authorities for bus passes/tokens and dispensed through local parole offices.	Determined by MDOC Supervising Parole Agent through completing a referral on MDOC Form (CFJ-140), parolee has no means to pay for transportation	FY 12/13 Section - 103 Prisoner Reentry and Community Support. Funding to support Transportation Services contained within this line item. In FY12/13, a total of \$715,582 was budgeted for returning parolees (\$583,844 / \$294,110 spent - public and \$131,738 / \$76,017 spent - private). Note: \$264,485 was budgeted for transportation for FY 13/14.	N	\$370,128	\$-	\$-	\$-	\$370,128	No	No	No	FY13 expenditures
D	YES	NO	Local Michigan Works Agency/PATH caseworker	YES	YES	WDA	PATH	The PATH Program is a partnership between the MWAs, MDHS, and WDA to assist cash public assistance recipients prepare for, find and retain employment.	Cash Public Assistance applicants	Delivered through 24 MWAs throughout state	determined by DHS	Temporary Assistance for Needy Families	N	\$4,794,649	\$ 4,794,649		\$ -	\$ -	No (TANF MOE required)	Yes (TANF)	No	FY13 transportation expenditures
E	YES	NO	Local Michigan Works Agency/PATH caseworker	YES	YES	WDA	PATH	The PATH Program is a partnership between the MWAs, MDHS, and WDA to assist cash public assistance recipients prepare for, find and retain employment.	Cash Public Assistance applicants	Delivered through 24 MWAs throughout state	determined by DHS	Refugees - Temporary Assistance for Needy Families	N	\$26,351	\$ 26,351		\$ -	\$ -	No (TANF MOE required)	Yes (TANF)	No	FY13 transportation expenditures
F	YES	NO	Local Michigan Works Agency/PATH caseworker	YES	YES	WDA	PATH	The PATH Program is a partnership between the MWAs, MDHS, and WDA to assist cash public assistance recipients prepare for, find and retain employment.	Cash Public Assistance applicants	Delivered through 24 MWAs throughout state	determined by DHS	DHS - Temporary Assistance for Needy Families	N	\$843,249	\$ 843,249		\$ -	\$ -	No (TANF MOE required)	Yes (TANF)	No	FY13 transportation expenditures
G	YES	NO	DHS caseworker	YES	YES	DHS	Direct Supportive Services	Employment and training related travel services to Family Independence Program (cash assistance) clients.	Low-income	Direct services to clients and IA with MSF-WDA	Employment and training related	Employment and training supportive services	N	\$3,550,650	\$ 2,520,962	\$1,029,689			No (TANF MOE required)	Yes (TANF)	No	FY13 Appropriations
H	YES	NO	DHS caseworker	YES	YES	DHS	Michigan Rehabilitation Services - Case Service	Employment and training related travel services to eligible clients receiving services from Michigan Rehabilitation Services.	Disabled	Direct services to clients	Employment and training related	Michigan Rehabilitation Services	N	\$2,267,176	\$ 1,768,397	\$498,779			Yes (22%)	Yes (Title I)	No	FY13 Appropriations
I	YES	NO	DHS caseworker	YES	YES	DHS	Volunteer Reimbursements	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.	Elderly, disabled, low-income	Direct payments to volunteers	DHS client with an identified need	Volunteer service and reimbursement	Y	\$618,800	\$ 389,844	\$228,956			No	Yes (SSBG)	No	FY13 Appropriations
J	YES	Contracts are allowable, but unknown if/where they are used by the Health Program Provider	Health Program provider (i.e., PIHP network provider) and/or DHS Office if the person has a DHS caseworker	YES	YES	MDCH	Medicaid Mental Health - PIHP	Transportation	Specialty Mental Health	Contractual arrangements between the PIHP/CMH and local providers	Eligibility based on mental health code & Medicaid Eligible, Scope = 1 or 2 and Coverage = D,F,K,P,T Scope = 3 (Healthy Michigan)	Medicaid Mental Health Services Approp #02965. Summary transportation specific expenditure data is not available for FY 2013. Transportation services are provided within the capitation payment.	Not Specific	\$ -					Yes - 66.39%	Yes	No	
K	YES	Contracts are allowable, but unknown if/where they are used by the Health Program Provider	Health Program provider and/or DHS Office if the person has a DHS caseworker	YES	YES	MDCH	Non-Medicaid Community Mental Health Services Program	Transportation	Specialty Mental Health	Contractual arrangements between the PIHP/CMH and local providers	Eligibility based on mental health code	Community Mental Health Non-Medicaid Services Approp #02966	Not Specific	\$ 2,061,781	\$ -	\$ 2,061,781	\$ -	\$ -	No	No	No	FY13 Expenditures
L	YES	Contracts are allowable, but unknown if/where they are used by the Health Program Provider	Health Program provider and/or DHS Office if the person has a DHS caseworker	YES	YES	MDCH	Medicaid Substance Use Disorder - PIHP	Transportation	Substance Abuse Disorder	Contractual arrangements between the PIHP/CMH and local providers	Eligibility based on public health code & Medicaid Scope = 3 (Healthy Michigan)	Medicaid Mental Health Services Approp #02970. Summary transportation specific expenditure data is not available for FY 2013. Transportation services are provided within the capitation payment.	Not Specific	\$ -					Yes - 66.39%	Yes	No	

APPENDIX B: PROGRAM INVENTORY FOR SECTIONS 1892, 504, 227, 312 AND 1058 OF PA 252 OF 2014

0	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	
A	IS THIS A SEPARATE/ DISTINCT PROGRAM	Does the state agency (or its direct recipient) use money to operate or contract for transportation services?	Who decides if transportation services/money will be provided to an individual?	Does the state agency who received the appropriation know if transportation was provided to an individual?	Can agency document how many individuals are provided transportation assistance under this program?	Department	Program Title	Program Description	Target Population	Service Delivery Method	Eligibility	Appropriation Line Item	Appropriated Amount dedicated/ limited to Transportation?	Total Funding	Federal Funds	GF/GP	State Restricted Funds	Other Funds	Match Required and %	Federal Requirements?	State Statutory Requirements?	Comments on funding	
M	YES	N	Local contract agency (AAAs)	YES	NO	MDCH	Office of Services to the Aging Service Name: Transportation	Centrally organized services for transportation of older persons to and from community facilities in order to receive support services, reduce isolation, and otherwise promote independent living.	Elderly population	OSA Funds are granted out to regional area agencies on aging (AAAs). AAAs can then contract for transportation services locally. A unit of service is defined as a one, one-way trip per person, or one educational session.	Based on eligibility for Title III of the federal Older Americans Act. Age 60+ . Transportation for caregiver-related transportation services based on OSA Merit Award trust fund rules and Federal OAA Title III-E National Family Care requirements	Federal Older Americans Act - Title III, Part B funds can pay for transportation. These are included under Community Services - Approp #46511 and Respite Care Program - Approp #46520. State restricted Merit Award Trust Fund funds can be used for caregiver-related transportation services. The figures represent actual FY 2013 expenditures for transportation services.	Not Specific	\$ 1,494,579	\$ 603,936	\$ -	\$ 109,495	\$ 781,148 Local and	Yes - 15% total. Local agencies match at 10% and state funds match at 5%	Yes	No	FY13 Expenditures	
N	YES	N	Local contract agency (LHDS)	NO	NA	MDCH	Breast and Cervical Cancer Control Program(BCCCP)	Provides breast and cervical cancer screening, diagnostic services to follow up on abnormal screenings (mammogram, Pap smear, Clinical breast exam), and access to cancer treatment. A small component of this program includes transportation services to these programs.	Women ages 18-64 who have been screened for breast or cervical cancer, or have been diagnosed with breast or cervical cancer, and who do not have access to insurance.	Funding through Title XV of public health services act -CDC Cooperative Agreement. Statewide, access to services administered through 19 local health departments and Karmanos Cancer Institute. Local agencies contract with community providers and health systems to provide services to women statewide. Agencies get caseload with a per woman seen allocation, clinical services bills are paid to providers using Medicare rates	Women ages 18 to 64, uninsured or underinsured, <=/250% FPL	Cancer Prevention and Control Program - Approp #11352. Transportation specific expenditure data is not available for FY 2013.	Not Specific										
O	YES	N	Client	NO	NA	MDCH	Medicaid - Breast and cervical cancer prevention and treatment program	Eligibility is related to screening and cancer diagnosis through the BCCCP. A small component of this program includes transportation services to these programs.	Women ages 18-64 who are low-income, uninsured, or underinsured.	Payment voucher to beneficiary	Women ages 18-64 who are low-income, uninsured, or underinsured.	Transportation - Approp #33570	Y	\$ 13,700	\$ 6,850	\$ 6,850	\$ -	\$ -	Yes - 50%	Yes. 42 CFR 431.53; § 440.17(a); 42 CFR 441.62; 42 CFR 440.390; Michigan Medicaid State Plan		FY13 Expenditures	
P	YES	N	DCH approved CSHCSP agencies, primarily local health departments.	YES	Y; 1803 Clients	MDCH	Children's Special Health Care Services (CSHCS) / Non-Medicaid	Transportation assistance available to CSHCS clients for specialty medical care for their approved diagnosis. These clients are Title V enrollees.	CSHCS clients (children and some adults with specialty health care needs)	Mileage/lodging reimbursement offered to families; rides via independent transportation vendors (i.e. medivan, ambucab, wheelchair accessible, lifts, regular rides)	Eligible and enrolled in CSHCS, traveling to an authorized provider for the qualifying diagnosis	Medical Care and Treatment Approp #14355; Nonemergency Medical Transportation Approp #14357	Approp #14355 is Not Specific & Approp #14357 is Y	\$ 692,912	\$ -	\$ 692,912	\$ -	\$ -	No	No	No	FY13 Expenditures	
Q	YES	NO	MIHP Program	YES	YES	MDCH	Medicaid-Maternal Infant Health Program	Transportation services provided for access to health care and pregnancy related appointments for MIHP Medicaid FFS beneficiaries, MHP Tribal beneficiaries and NFP beneficiaries. Transportation assistance for MHP beneficiaries to "other pregnancy related appointments" such as WIC appts, child birth classes, and mental health/substance abuse appointments when not provided by MHP.	Pregnant women who are MIHP beneficiaries and their infants	FFS-CHAMPS system payment to provider	Medicaid beneficiary and participant in MIHP and beneficiaries of Nurse Family Partnership	Transportation - Approp #33570	Y	\$ 749,600	\$ 374,800	\$ 374,800	\$ -	\$ -	Yes - 50%	Yes. 42 CFR 431.53; § 440.17(a); 42 CFR 441.62; 42 CFR 440.390; Michigan Medicaid State Plan	Yes, MCL400.108	FY13 Expenditures	
R	NO	NO	DHS caseworker, except in the Greater Detroit Area where transportation is authorized by the MDCH Transportation Broker. Local Health Departments as back-up.	YES	YES; 1560 Clients	MDCH	Children's Special Health Care Services (CSHCS) / Medicaid	Transportation assistance available to CSHCS clients for specialty medical care for their approved diagnosis. These clients are Title V/XIX enrollees.	CSHCS clients (children and some adults with specialty health care needs)	Mileage/lodging reimbursement offered to families; rides via independent transportation vendors (i.e. medivan, ambucab, wheelchair accessible, lifts, regular rides)	Eligible and enrolled in CSHCS and Medicaid FFS, traveling to an authorized provider for the qualifying diagnosis when DHS does not respond or denied the request for transportation or CSHCS clients, enrolled in a Medicaid Health Plan, traveling to an authorized provider for the qualifying diagnosis when the service is a CSHCS covered service and not a Medicaid covered service (i.e. orthodontia)	Medical Care and Treatment Approp #14355; Nonemergency Medical Transportation Approp #14357	Approp #14355 is Not Specific & Approp #14357 is Y	\$ 933,527	\$ 466,763	\$ 466,763	\$ -	\$ -	Yes - 50%	Yes	No	FY13 Expenditures	
S	YES	NO	Based on eligibility and whether services are covered by Medicaid. Managed care policies may apply as long as they don't conflict w/ FFS.	YES	No, potentially in Datawarehouse	MDCH	Medicaid - Managed Care	All MA medical appts, except for Mental Health/Substance Abuse/DDS appts which are provided by FFS	Pregnant women, low-income children and their parents, and low-income seniors.	Capitation payment contract w/ own vendors, except for carved out services (see FFS)	See Bridges Eligibility Manual (BEM)105	Health Plan Services - Approp #33550 - Transportation specific expenditure data is not available for FY 2013. Transportation services are provided within the capitation payment.	Not Specific - Capitated payment to Medicaid Managed Care Plans						Yes - 66.39%	Yes. 42 CFR 431.53; § 440.17(a); 42 CFR 441.62; 42 CFR 440.390; Michigan Medicaid State Plan	No		

APPENDIX B: PROGRAM INVENTORY FOR SECTIONS 1892, 504, 227, 312 AND 1058 OF PA 252 OF 2014

0	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22
A	IS THIS A SEPARATE/DISTINCT PROGRAM	Does the state agency (or its direct recipient) use money to operate or contract for transportation services?	Who decides if transportation services/money will be provided to an individual?	Does the state agency who received the appropriation know if transportation was provided to an individual?	Can agency document how many individuals are provided transportation assistance under this program?	Department	Program Title	Program Description	Target Population	Service Delivery Method	Eligibility	Appropriation Line Item	Appropriated Amount dedicated/limited to Transportation?	Total Funding	Federal Funds	GF/GP	State Restricted Funds	Other Funds	Match Required and %	Federal Requirements?	State Statutory Requirements?	Comments on funding
T	YES	YES	Based on eligibility and whether services are covered by Medicaid. Managed care policies may apply as long as they don't conflict w/ FFS.	Y	No, potentially in Datawarehouse	MDCH	Healthy Michigan Plan - Managed Care	All HMP medical appts, except for Mental Health/Substance Abuse appts which are provided by FFS	Adults under the age of 65 and at or below 133% of FPL	Contract w/ own vendors, except for carved out services (see FFS)	Mostly single 21-64 year olds who are not disabled up to 133% FPL	N/A - Program started in FY 2014	Not Specific - Capitated payment to Medicaid Managed Care Plans							Yes. 42 CFR 431.53; \$ 440.17(a); 42 CFR 441.62; 42 CFR 440.390; Michigan Medicaid State Plan	No	
U	YES	YES	Supports Coordinator or MI Choice participant	YES (in encounter data)	No	MDCH	MI Choice	Non-Medical Transportation	Elderly and people with disabilities	Capitation payments	Must meet functional eligibility through Nursing Facility Level of Care Determination, Must meet Medicaid financial eligibility (300% of SSI, no spenddowns), Require supports coordination and one additional service	Medicaid Home and Community-Based Services Waiver - Approp #33610 (Note: Expenditures are FY 2012)	Not Specific - Capitated payment to Medicaid Managed Care Plans	\$ 762,300	\$ 506,091	\$ 256,209	\$ -	\$ -	Yes - 66.39%	No	No	FY12 Expenditures
V	YES	YES	Broker in Detroit Metro Local DHS Office outside of Detroit Metro	YES	Data likely available through LogistiCare. DHS data exists but not accessible	MDCH	Healthy Michigan Plan - FFS	All HMP medical appts for enrollees in FFS, and Mental Health/Substance Abuse appts for those enrolled in a HMP MCP	Adults under the age of 65 and at or below 133% of FPL	GQ Payments through Interagency Agreement w/ DHS for FFS non-metro Detroit; FFS and Transition to Capitation payments as of December 2013 for Non-Emergency Medical Transportation (NEMT) broker in Wayne, Macomb, and Oakland Counties	Mostly single 21-64 year olds who are not disabled up to 133% FPL	N/A - Program started in FY 2014	Not Specific							Yes. 42 CFR 431.53; \$ 440.17(a); 42 CFR 441.62; 42 CFR 440.390; Michigan Medicaid State Plan	No	
W	YES	YES	Broker in Detroit Metro Local DHS Office outside of Detroit Metro	YES	Data likely available through LogistiCare. DHS data exists but not accessible	MDCH	Medicaid (MA)- Fee For Service (FFS)	All MA medical appts for enrollees in FFS, and Mental Health/Substance Abuse/DDS appts for those enrolled in a MA Managed Care Program (MCP)	Pregnant women, low-income children and their parents, and low-income seniors.	GQ Payments through Interagency Agreement w/ DHS for FFS non-metro Detroit; FFS and Transition to Capitation payments as of December 2013 for Non-Emergency Medical Transportation (NEMT) broker in Wayne, Macomb, and Oakland Counties;	See Bridges Eligibility Manual (BEM)105	Transportation - Approp #33570	Y	\$ 19,699,100	\$ 11,897,700	\$ 7,801,400	\$ -	\$ -	Yes - 66.39% and 50%	Yes. 42 CFR 431.53; \$ 440.17(a); 42 CFR 441.62; 42 CFR 440.390; Michigan Medicaid State Plan	No	FY13 Expenditures
X	NO	YES	Rider	YES	YES	MDOT	Bus Capital	Provides federal funding and state match	General population	Grants to transit agencies	open door	Comprehensive Transportation Fund - Bus Capital Federal Section 5311 Operating and Capital. In FY2013 included General Funds	Y	\$61,419,205	\$ 15,777,205.0		\$ 33,642,000.0	General Funds	Federal funds provide 80% of the capital cost. State funds provide match. (state funds shown match federal funds that do not pass through MDOT)	Yes	Yes	FY13 Appropriation
Y	NO	YES	Rider	YES	YES	MDOT	Federal Operating Assistance	Provides a percent of the rural transit agencies' eligible expenses of providing public transit services	General population	Formula grants to transit agencies	open door	Comprehensive Transportation Fund - Federal Section 5311 Operating and Capital	Y	\$14,434,364	\$ 14,434,364.0		\$ -	\$ -	Federal funds will only fund up to 50%. Federal funds available each year covers about 18%. Remaining comes from state (program above) and local sources	Yes	No	FY13 Appropriation
Z	YES	YES	Rider	YES	YES	MDOT	Intercity	Provides federal funding and state match for intercity bus service - operating and capital	General population	Contracts with intercity bus carriers	open door	Comprehensive Transportation Fund - Intercity Services	Y	\$6,886,830	\$ 3,868,964.0		\$ 3,017,866.0	\$ -	Federal funds require 20% capital match and 50% operating match	Yes	Yes	FY13 Appropriation
AA	YES	YES	Rider	YES	YES	MDOT	Local Bus Operating Assistance	Provides a percent of the 78 transit agencies' eligible expenses of providing public transit services	General population	Formula grants to transit agencies	open door	Comprehensive Transportation Fund - Local Bus Operating and Discretionary State Operating	Y	\$171,735,270	\$ -		\$ 171,735,270.0	\$ -	By law, state funds provides a percent of total eligible expenses-up to 50/60%. Remaining provided with local federal funds.	No	Yes	FY13 Appropriation
BB	YES	YES	Rider	YES	YES	MDOT	Specialized Services	Provides federal and state funding (operating and capital) for services targetted at seniors and persons with disabilities	Seniors and persons with disabilities	Operating and capital grants to transit agencies and non-profit agencies	priority to seniors and persons with disabilities	Comprehensive Transportation Fund - Specialized Services	Y	\$5,581,310	\$ 1,727,481.0		\$ 3,853,829.0	\$ -	Federal funds cover 80% of capital costs and 50% of operating costs. State funds match capital only. Local funds must match operating costs	Yes	Yes	FY13 Appropriation
CC	NO	YES	Rider	YES	YES	MDOT	Transportation to Work	Provides federal funding and state match for services targeted at low income workers	Low income for job or job training	Operating and capital grants to transit agencies	priority to low income workers	Comprehensive Transportation Fund - Transportation to Work	Y	\$7,192,039	\$ 2,492,039.0		\$ 4,700,000.0	\$ -	Federal funds will cover 80% of capital costs and 50% of operating costs. State funds provide match	Yes	Yes	FY13 Appropriation
DD	YES	YES	Rider	YES	YES	MDOT	Vanpool	Provides federal funding and state funding for vanpool program	General population	Contracts with vanpool service vendors	open to all but services predominantly in geographic areas that meet federal air quality requirements	Comprehensive Transportation Fund - Vanpool	Y	\$1,969,848	\$ 1,774,848.0		\$ 195,000.0	\$ -	No. but vanpool participants must pay their share of costs	Yes	No	FY13 Appropriation

APPENDIX C: MDOT TRANSPORTATION INFRASTRUCTURE PROGRAMS

MDOT TRANSPORTATION INFRASTRUCTURE PROGRAMS				
Program	Purpose	Users	Delivery Method	FY 2013 Appropriation
Bus Capital	Provides federal funding and state match for transit buses, facilities and equipment	General population	Grants to transit agencies	\$61,419,205
Federal Operating Assistance	Provides a percent of the rural transit agencies' eligible expenses of providing public transit services	General population	Formula grants to transit agencies	\$14,434,364
Intercity	Provides federal funding and state match for intercity bus service - operating and capital	General population	Contracts with intercity bus carriers	\$6,886,830
Local Bus Operating Assistance	Provides a percent of the 78 transit agencies' eligible expenses of providing public transit services	General population	Formula grants to transit agencies	\$171,735,270
Specialized Services	Provides federal and state funding (operating and capital) for services targeted at seniors and persons with disabilities but open to all	Seniors and persons with disabilities	Operating and capital grants to transit agencies and non-profit agencies	\$5,581,310
Transportation to Work	Provides federal funding and state match for services targeted at low income workers but open to all	Low income for job or job training	Operating and capital grants to transit agencies	\$7,192,039
Vanpool	Provides federal funding and state funding for vanpool program	General population	Contracts with vanpool service vendors	\$1,969,848

APPENDIX D: TRANSPORTATION ACCESS PROGRAM INFORMATION

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

Program(s) Name	Program Summary
<ul style="list-style-type: none"> • Area Agencies on Aging 	OSA contracts with 16 Regional AAAs for community-based services to seniors
<ul style="list-style-type: none"> • Behavioral Health <ul style="list-style-type: none"> ○ Medicaid Mental Health ○ Non-Medicaid Community Mental Health ○ Medicaid Substance Use Disorder 	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).
<ul style="list-style-type: none"> • Breast and Cervical Cancer Control Program (BCCCP) <ul style="list-style-type: none"> ○ Non-Medicaid ○ Medicaid 	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.
<ul style="list-style-type: none"> • Children's Special Health Care Services (CSHCS) <ul style="list-style-type: none"> ○ Non-Medicaid ○ Medicaid 	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.
<ul style="list-style-type: none"> • Community Ventures 	MEDC promote public-private partnerships that create jobs for structurally unemployed urban residents and help businesses improve job retention and employee productivity.
<ul style="list-style-type: none"> • Direct Supportive Services for Cash and Non-Cash Assistance Clients 	Employment and training related travel services to Family Independence Program (Cash and Non-Cash assistance) clients.
<ul style="list-style-type: none"> • Healthy Michigan Plan Fee-For-Service 	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.
<ul style="list-style-type: none"> • Healthy Michigan Plan Managed Care 	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.
<ul style="list-style-type: none"> • Maternal Infant Health Program – Medicaid 	Provides home visitation support and care coordination for pregnant women and infants on Medicaid.
<ul style="list-style-type: none"> • Medicaid Managed Care 	Medical services for pregnant women, low-income children and their parents and low income seniors.
<ul style="list-style-type: none"> • Medicaid Fee-For-Service 	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.
<ul style="list-style-type: none"> • MI Choice 	Medicaid covered home and community based services to elderly and disabled adults in lieu of nursing home.
<ul style="list-style-type: none"> • Michigan Rehabilitation Case Services 	DHS works with eligible customers and employers to achieve quality employment outcomes and independence for individuals with disabilities.
<ul style="list-style-type: none"> • Partnership. Accountability. Training. Hope. (PATH) 	Partnership between DHS and WDA to assist Cash and Non-Cash assistance recipients in preparing for, finding and retaining employment.
<ul style="list-style-type: none"> • Prisoner Re-Entry Services 	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.

APPENDIX D: TRANSPORTATION ACCESS PROGRAM INFORMATION

TABLE 1: TRANSPORTATION ACCESS PROGRAM DESCRIPTIONS

Program(s) Name	Program Summary
<ul style="list-style-type: none"> • Volunteer Reimbursements for Cash and Non-Cash Assistance Clients 	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.

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?

Program(s) Name	Method of Service or Assistance	Eligible Trip Purpose
SERVICES		
Community Ventures	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.	Employment
Area Agencies on Aging	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.	Access Community Services
ASSISTANCE		
Breast and Cervical Cancer Control Program (BCCCP) <ul style="list-style-type: none"> - Non-Medicaid - Medicaid 	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.	Approved Medical Services, including screening

APPENDIX D: TRANSPORTATION ACCESS PROGRAM INFORMATION

TABLE 2: TRANSPORTATION ACCESS - SERVICES OR ASSISTANCE?

Program(s) Name	Method of Service or Assistance	Eligible Trip Purpose
Children's Special Health Care Services (CSHCS) - Medicaid - Non-Medicaid	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.	Approved Medical Services
Community Mental Health - Non-Medicaid	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.	Approved Medical Services
Direct Supportive Services for Cash and Non-Cash Assistance Clients	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.	Employment and Training Related
Healthy Michigan Plan Fee- For-Service	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.	Approved Medical Services
Healthy Michigan Plan Managed Care	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.	Approved Medical Services
Maternal Infant Health Program (Medicaid)	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.	Approved Medical and Pregnancy Related Appointments
Breast and Cervical Cancer Control Program - Medicaid	Medicaid Beneficiary makes transportation arrangements and seeks reimbursement.	Approved Medical Services
Medicaid Managed Care	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.	Approved Medical Services
Medicaid Fee-For-Service	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.	Approved Medical Services
Mental Health - Medicaid	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.	Approved Medical Services
MI Choice	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.	Approved Medical Services
Michigan Rehabilitation Case Services	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.	Employment and Training Related

APPENDIX D: TRANSPORTATION ACCESS PROGRAM INFORMATION

TABLE 2: TRANSPORTATION ACCESS - SERVICES OR ASSISTANCE?		
Program(s) Name	Method of Service or Assistance	Eligible Trip Purpose
Partnership. Accountability. Training. Hope.	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.	Employment and Training Related
Prisoner Re-Entry Services	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.	Employment, Training, Medical, Community Services, Social Support
Substance Use Disorder - Medicaid	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.	Approved Medical Services
Volunteer Reimbursements for Cash and Non-Cash Assistance Clients	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)	Access Any Needed Service

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

TABLE 3: TRANSPORTATION ACCESS DECISION MAKERS	
Program(s) Name	Who Authorizes
A STATE CASEWORKER	
Michigan Rehabilitation Case Services	DHS caseworker.
Direct Supportive Services for Cash and Non-Cash Assistance Clients	DHS caseworker.
Volunteer Reimbursements for Cash and Non-Cash Assistance Clients	DHS caseworker.
Healthy Michigan Plan Fee-For-Service	DHS caseworker, except in the Greater Detroit Area ¹ where transportation is authorized by the MDCH Transportation Broker
Medicaid Fee-For-Service	DHS caseworker, except in the Greater Detroit Area where transportation is authorized by the MDCH Transportation Broker
Children's Special Health Care Services (CSHCS)/ - Non-Medicaid - Medicaid	DHS caseworker, except in the Greater Detroit Area where transportation is authorized by the MDCH Transportation Broker. Local Health Departments as back-up.

¹ Wayne, Oakland and Macomb Counties

APPENDIX D: TRANSPORTATION ACCESS PROGRAM INFORMATION

TABLE 3: TRANSPORTATION ACCESS DECISION MAKERS	
Program(s) Name	Who Authorizes
A LOCAL AGENCY	
Area Agencies on Aging	Local AAA staff
MI Choice	Supports Coordinator in the MI Choice Waiver Agency (largely AAAs) or in some cases the MI Choice participant.
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).
Partnership. Accountability. Training. Hope.	Michigan Works! Caseworker.
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			
Program(s) Name	Annual appropriation dedicated for transportation	Dollar Amount Spent on Transportation in FY 2013	Comments on Dollar Amount
Area Agencies on Aging	NO	\$1,494,579	
Breast and Cervical Cancer Control Program (BCCCP) Medicaid	YES	\$13,700	
Breast and Cervical Cancer Control Program (BCCCP)/Non-Medicaid	NO	Unavailable	
Children's Special Health Care Services (CSHCS) • Non-Medicaid • Medicaid	YES and NO*	\$692,912	Non-Medicaid
		\$933,527	Medicaid <i>* For both non-Medicaid and Medicaid programs there are two appropriations and one of the two is specific to</i>

² If the client has a DHS caseworker, they may be involved

APPENDIX D: TRANSPORTATION ACCESS PROGRAM INFORMATION

TABLE 4: TRANSPORTATION ACCESS FUNDING			
Program(s) Name	Annual appropriation dedicated for transportation	Dollar Amount Spent on Transportation in FY 2013	Comments on Dollar Amount
			<i>transportation.</i>
Community Ventures	NO	\$9,800	
Community Mental Health (Non-Medicaid)	NO	\$2,061,781	
Direct Supportive Services for Cash and Non-Cash Assistance Clients	NO	\$3,550,650	
Healthy Michigan Plan Fee-For- Service	NO	Not yet known	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.
Healthy Michigan Plan Managed Care	NO	Not yet known	No FY 2013 expenditures, the program started in FY 2014. In the capitation payments provided to the managed care provider.
Mental (Behavioral) Health (Medicaid)	NO	Unavailable	Amount spent on transportation is unknown; it is included in capitation payments to the provider.
Medicaid Managed Care	NO	Unavailable	Amount spent on transportation is unknown; it is included in the capitation payments provided to the managed care provider.
Maternal Infant Health Program Medicaid	YES	\$749,600	Maternal Infant Health Program/ Medicaid
MI Choice	NO	\$762,300	Transportation is an eligible cost in the capitation payments to the Medicaid managed care plan.
Michigan Rehabilitation Case Services	NO	\$2,267,176	
Medicaid Fee-For-Service	YES	\$19,699,100	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.
Partnership. Accountability. Training. Hope.	NO	\$4,794,649	TANF Line Item.
		\$26,351	TANF Refugees Line.
		\$843,249	TANF-DSS Line Item.
Prisoner Re-Entry Services	NO	\$370,128	
Substance Use Disorder (Medicaid)	NO	Unavailable	Amount spent on transportation is unknown; it is included in capitation payments to the provider.
Volunteer Reimbursements	YES	\$618,800	