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OCTOBER 2007

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NOTICE

CONSUMER TASK FORCE MEETING

 **NEW LOCATION**

**CAPITOL VIEW BUILDING
CONFERENCE ROOM A**

DRIVING DIRECTIONS

Capital View Building

201 Townsend Street, Lansing, Michigan

The Capitol View Building is located on the southeast corner of West Allegan Street and Townsend Street. Parking is available, for a fee, in two city-run parking ramps. One ramp is located on Townsend Street, adjacent to the Capitol View Building. The other ramp is at the corner of West Allegan Street and South Capitol Avenue. Parking is also available at meters throughout the downtown area.

From Grand Rapids: Take I-96E to I-496E. Follow I-496E to the Pine Street Exit (Exit 6). Follow the off ramp to West Main Street and continue down West Main Street. Turn left on to Walnut Street (see map below).

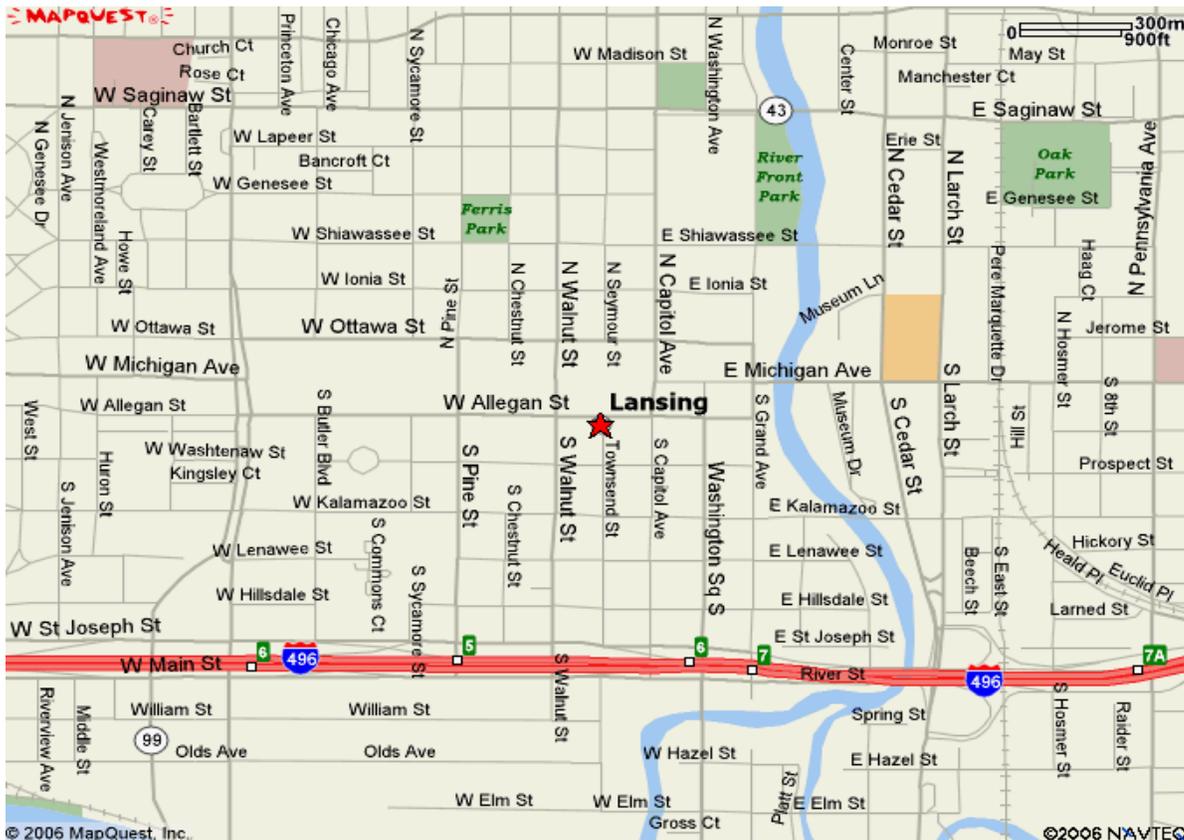
From Clare and Points North: Follow US-127S to I-496W. Take I-496W to the Walnut Street Exit (Exit 6). Follow the off ramp to West St. Joseph Street and continue on St. Joseph Street for one block. Turn right on to Walnut Street (see map below)

From Flint: Take I-69W to US-127S. Follow US-127S to I-496W. Take I-496W to the Walnut Street Exit (Exit 6). Follow the off ramp to W. St. Joseph St and continue on St. Joseph St. for one block. Turn right on to Walnut Street (see map below)

From Detroit: Take I-96W to Lansing which runs right into I-496W. Get on I-496W and continue to Exit 6 which is Walnut Street. Follow the off ramp to W. St. Joseph St and continue on St. Joseph St. for one block. Turn right on to Walnut Street (see map below)

From Jackson and Points South: Take US-127N from Jackson to Lansing. At I-96, I-496 will join US-127N. Follow I-496W to the Walnut Street Exit (Exit 5). Follow the off ramp to W. St. Joseph St and continue on St. Joseph St. for one block. Turn right on to Walnut Street (see map below)

From Southwest Michigan (Kalamazoo-Benton Harbor-St. Joseph Area): Travel North on I-69 to Lansing. Follow I-69 to I-496E. Follow I-496E to the Pine Street Exit (Exit 6). Follow the off ramp to W. Main Street and continue down W. Main Street. Turn left on to Walnut Street (see map below)



CONSUMER TASK FORCE
EXECUTIVE COMMITTEE
SEPTEMBER 24, 2007
MINUTES

IN ATTENDANCE: Laura Hall, Jacqui Day, Sara Harrison, Colleen Widder, Jackie Tichnell

Refocus of the Executive Committee Meetings - It was determined that Laura did not need to continue to work with the Executive Committee to create the next month's agenda. This could be done given the tenor of the Consumer Task Force meeting. However, the Executive Committee would be used to further discuss the events and issues of the Consumer Task Force meeting.

Informational Sessions - These sessions will continue. Next month will possibly be the Citizens for Better Care response to the Ombudsman proposal.

Agenda/Meeting Process

Possible agenda items include:

- Status of the new grants
- Project Updates
- Consumer Introductions
- Consumer Comments

For the October meeting, the following items were suggested:

- Estate Recovery/Estate Preservation (this should be a session once the final bill is released. It is currently under much negotiation)
- Background manual comments

**PROJECT UPDATES
OCTOBER 2007**

Long-Term Care Supports and Services Advisory Commission October 2007

The September 24 Commission meeting was held at the Detroit/Wayne County Long Term Care Connection and included a public input session where Commissioners took input pertinent to the task force recommendations and other long term care issues.

Over 125 individuals attended the morning public input session, including consumers, caregivers, advocates, policymakers, and service providers. Testimony was provided by 27 individuals and addressed such issues as the lack of community-based services, quality of services provided, the need for better coordination with hospital discharge planning, respite services for caregivers, opportunities to enhance the direct care workforce, dementia services. The Commissioners appreciated the opportunity to hear from the people and has plans to explore additional out-state meetings in 2008.

The business portion of the meeting was shortened to allow all individuals who wanted to speak an opportunity to do so. Business consisted of a Report from the Chair, an OLTCCSS Director's Report, and discussion about advocacy around the ongoing budget debate.

The October meeting will be held on 10/22/07 at the Capitol View First Floor Conference Center. The agenda will include an update on the LTC Insurance Partnership project, a discussion of estate recovery, updates on the MSHDA assisted living project and the MI Choice services in licensed settings subcommittee, and updates from workgroup chairs.

INDEPENDENCE PLUS GRANT SUMMARY

OCTOBER, 2007

The Independence Plus (IP) Grant was awarded to the Department of Community Health in 2003. Its primary purpose was to develop within the mental health and developmental disability services system, a comprehensive capacity to give consumers a high level of choice and control over planning, selecting, directing, and purchasing needed services and supports. The grant **objectives** also included providing support for the technical and informational infrastructure that supports self determination. The IP grant effort has been part of a systemic approach to transform service and supports delivery in Michigan's long-term care system to support CMS's New Freedom Initiative objectives. Independence Plus is one of several grant projects that have overlapped, thus providing a **synergistic effect**. For example, the State was awarded a RWJF Cash and Counseling (C&C) Grant in 2004 and the PCP training and products developed under the IP grant for the MI Choice waiver are being used in the C&C project. The IP grant's PCP and self-determination materials and approaches will be used in the State's four newly-established Single Point of Entry demonstration projects established in part with an Aging and Disabilities Resource Center Grant.

Grant staff have developed documents to create a **standardized model** for participant-controlled provider services arrangements, which includes fiscal intermediary services and methods for determining individual budgets in Michigan's mental health and DD service system. Staff are also developing and testing participant-controlled models for long-term care services provided to elderly persons and persons with physical disabilities. In both service systems, these models include independent facilitators for person-centered planning and the option to use independent supports brokers.

Statewide **annual self-determination conferences** have been held each year of the grant project, with typical attendance of over 500 people, one-half of whom are consumers and family members. These conferences have served to showcase progress and serve as learning laboratories for others interested in self-determination.

Grant staff partnered with a grass roots advocacy group called **Michigan Partners for Freedom (MPF)** to provide information about independent living, self-determination, and peer mentoring to consumers and families in several geographic areas of the State. MPF has provided leadership training to 624 individuals with disabilities and 195 family members to develop empowerment, advocacy skills, and awareness of state and local issues. This training also explains the basics of developing and participating in self-determination arrangements. MPF primarily focuses on expanding knowledge about self-determination for persons with DD and their allies, but its efforts seek to involve anyone who wants to learn more about self-determination.

Grant staff also worked with the Paraprofessional Healthcare Institute to create and conduct a Train-the-Trainer program for a curriculum on "**Employing, Supporting and Retaining Your Personal Assistant.**" This initiative developed seven teams of consumer and staff trainers, created a curriculum designed for both consumers and staff, and developed materials for use with consumers in self-determination arrangements who wish to learn how to hire and manage their own staff.

Money Follows the Person 2003 Grant Summary October 2007

The Michigan Money Follows the Person (MFP) Initiative was awarded in October, 2003 with the goals of developing a 1915(b)(c) waiver application which would be the basis for a prepaid LTC health plan, and developing consumer involvement in the development and operations of systems change efforts.

Briefly, the accomplishments for the MFP Initiative are:

- a. The Michigan Disability Rights Coalition (MDRC) developed the LTC Consumer Consortium, which is a network of consumers, advocates and allies who seek to keep informed about and have a voice in LTC reform efforts. MDRC conducted information presentations throughout the state, produced issue papers, and maintains an e-mail newsletter to keep people informed. They also supported local groups in organizing and providing input to local and state policymakers.
- b. MDRC also developed a curriculum and conducted training on nursing facility transition services. They continue to provide this training independent of grant support.
- c. A Consumer Task Force holds monthly meetings to involve consumers and advocates in planning and decision making on activities to support Person-Centered Planning, Self-Direction state-wide implementation in LTC services, planning and supports for the development of Fiscal Intermediary services and other questions of consumer interest.
- d. Consumers, staff and advocates have participated in meetings of the Michigan Olmstead Coalition to come to a consensus regarding a position on supporting managed care and a single point of entry entity within long-term care programs.
- e. Grant staff and Consumer Task Force members participated in the Governor's LTC Medicaid Task Force work-group on financing long-term care. This work group addressed barriers to

balancing the long term care system in Michigan and identified possible policy changes. A final report was issued May, 2005. More information on the work of the task force can be found at http://www.michigan.gov/documents/Final_LTC_Task_Force_Report_159990_7.pdf

- f. The principles of person-centered planning and the use of self-determination strategies were adopted by the full LTC Medicaid Task Force for implementation into any new system of long-term care in the state.
- g. Guidelines for Person-Centered Planning in Long-Term Care have been developed through a collaborative process with stakeholders.

The 1915(b)(c) waiver concept paper has been developed within the Michigan Department of Community Health and was sent to CMS. A feasibility study has begun to determine the financial soundness of the approach. We have researched the Wisconsin Family Care efforts, studied research and reports about managed long-term care program options and consulted with program leadership there in order to learn from their experiences with feasibility study methodology, provider entity development, contracting and other features of the project.

This Grant was scheduled to end on September 30, 2007, but has been awarded a six-month extension until March 31, 2008. The goals for the extension period are:

- to complete the feasibility study and subsequent project development work,
- to write and submit the 1915(b)(c) combined waiver request,
- to work with providers to prepare for a pre-paid health care pilot, and
- to continue to develop and support consumer involvement in these activities,

**LTC CONNECTIONS
OCTOBER 2007**

Summary of Long Term Care Connection Activities

	Actual - January -August 2007				
	SW	Detroit	UP	WM	Totals
I and A Calls	6,898	5,345	1,652	3,706	17,601
Options Counseling Cases					
Options Counseling Cases Opened	479	1,026	357	348	2210
Cases Closed	44	174	66	46	330
Cases Continuing Open	435	852	291	302	1880
Transitions	0	34	0	18	52
Community Education Presentations					
Number of Presentations	36	46	12	19	113
Number Present	3,595	12,724	496	567	17,382
Outreach Activities					
Number of Activities	108	79	310	323	820
Number of brochures distributed	3,445	2,316	6,484	5,814	18,059
Stakeholder Meetings					
Number of Meetings	34	76	2	16	128
Number of Participants	238	348	43	112	741
Board Meetings					
Number of Meetings	7	6	3	7	23
CAB Meetings					
Number of Meetings	4	8	2	5	19

	SW	Detroit	UP	WM	Totals
Total Staff FTEs	23.35	44	18	16.8	102.15
Direct Service					
I and A Staff FTEs	8.35	3	1.5	2.3	15.15
# of I and A Staff with AIRS Certification	0.6	2	2	2	6.6
Options Counselors FTEs	10	17	13	9.5	49.5
Options Counselors Supervisors FTEs	0	2	0	0	2
Administrative					
Office Management FTEs	5	18	2.5	3	28.5
Resource Database FTEs	0	2	1	2	5
# of Resource Database Staff with AIRS Certification	0	2	1	2	5

Medicaid Infrastructure Grant (MIG) October 2007

There are presently 1062 Freedom to Work (FTW) participants.

On August 2, 2007, the Centers for Medicare & Medicaid Services (CMS) approved the State Plan Amendment to allow the use of personal care services in the workplace. MSA is circulating a proposed policy bulletin for public comment with a response due date of late October to use in its implementation of personal care services in the work place. The projected implementation date is December 1, 2007.

There was a follow up www.db101.org presentation on September 14, 2007. About 30 people attended. The consensus was that people remain very interested in seeing a Michigan specific “db101.org” site created. Discussions continue on how to proceed in securing annual funding for maintenance of such a site. Core members are confident that initial funding may be secured through grant sources. Joe will work with a small committee to polish talking points on funding and to further address the annual maintenance costs.

MIG staff attended the fall conference on September 18-20, 2007, hosted by the National Consortium for Health Systems Development held in conjunction with the Centers for Medicare and Medicaid meeting in Chicago. Jill Gerrie and Laura Hall also attended this meeting. Su Min Oh and Charlyss Brandon with MDCH also attended. Interactive tracts included Supported Employment, Benefits Planning, Transition to Work, Business Leadership Networks, and more.

The joint MIG/MSA meeting was held on October 10. An updated grid on discussions is also provided in this distribution.

The MIG has completed a FTW DVD and is distributing it to local CMHs, clubhouses, MRS offices, One Stops, CILs, CWICs, etc. A Supported Self-employment 101 Handbook has been completed with assistance from the MIG. This handbook is also now being shared with local CMHs and other resources. The MIG hopes to have these documents and others available online by the end of December 2007.

			<p>necessary letter accepting the CMS contingencies as early as next week. The letter will stress the need to receive CMS approval before 10/1/07 to allow for continued MIG grant awards.</p> <p><u>Oct 10, '07</u> CMS approved MSA language for the SPA on August 2, 2007. A draft policy bulletin was shared for public comment with a late October due date. It is expected that this policy will be effective December 1, 2007. Thanks to all that supported this ongoing effort to reduce barriers to employment for persons with disabilities.</p>
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<p>Case Review/Earnings Level Issue</p> <p>Presently, after 12 months a person earning over SGA – upon their yearly DHS case review, the person is seen as “not” disabled, and kicked out of FTW because of earnings level.</p>	<p>DHS defers to PEM 260 for directive as to yearly review and PAM 815 as to guidance on the process of review. <u>DHS Diary Date set for automatic annual review of a person with a disability set at one year.</u> <u>The review looks at earnings, then disability.</u> The current FTW law supports this. The FTW law states eligibility standards in 106a (2) specifically “(a)... or would be found to be disabled except for earnings in excess of the SGA level as established by the U.S. SSA”</p>	<ul style="list-style-type: none"> -Working with MSA, and DHS – MRT Division. -Short term solution “interim update” to DHS proposed. -Long-term procedure being determined. - Need to review cases w/out considering disability. -Need to change procedure manual (PEM) manual to disregard earnings consideration in the case of FTW participants - Jackie & Theresa assigned to work with MSA & complement process -Theresa will assure 	<p><u>-JUNE 13, ‘07</u> Status of review dates was given by Julie. Linda is responsible for this. Also she will be the one in charge of drafting the policy change to resolve this issue permanently. This policy change is likely to be in January 2008. Logan remains concerned that just changing policy will not “catch” the FTW files that should not be reviewed. More discussion about choosing a certain color of paper to highlight the file. Joe said the MIG would buy a couple of cases of bright neon paper and paper clips to attach to the top of these files so MRT doesn’t</p>
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		<p>that Linda does receive copies of the documents she needs (PEM 260 & 174).</p>	<p>review. Oct 10, '07 Linda Kusnier will meet with Stan Parker with the Medical Review Team and bring him up-to-date on this issue. Linda doesn't anticipate any problems with utilizing a 1/4 sheet pink "special attention" that would have a FTW designation to alert the worker.</p>
<p>Unearned Income Issue</p> <p>Current FTW individuals receive or achieve unexpected unearned income, placing them in a status with</p>	<p><u>Some unearned income results as a direct benefit from working</u>, such as: unemployment, workers compensation, and working at higher earnings, thereby increasing the amount of SSDI check received in the case of temporary</p>	<p>-The benefits derived from working are received as unearned income, ie unemployment, comp pay, disability leave, etc. -The intent is not to be penalizing people who work</p>	<p><u>JULY 13, '07</u> This is still under discussion. Applicants need to be treated the same as enrollees. Annual unearned income adjustments (such as COLAs) or from the loss of a parent potentially initiating or increasing a</p>

<p>unearned income above FPL.</p>	<p>layoffs or medical leave. <u>Other factors that could cause an unexpected rise in unearned income include the death of a parent, receipt of child support, or receipt of spousal support.</u> FTW Law 106a (2) (c) states, “The individual has unearned income level of not more than 100% of the current federal poverty guidelines.” Yet this seems to contradict with 106a (4) (c) which speaks to “temporary breaks in employment that do not exceed 24 months if temporary breaks are the result of an involuntary layoff or are determined to be medically necessary.”</p>	<p>- Theresa assisted by Joe, will develop list of items to be included in future inclusive FTW disregard for submission to Logan by June 30.</p>	<p>DAC or VET payment vs. recurring and continual incomes such as unemployment or workers comp are difficult to define and delineate for the policy. <u>Oct 10, '07</u> SSA COLA outpaced the FPL COLA in 2 of the last 5 years, thus making some people ineligible for FTW because their UNEARNED income would be more than 100% of the FPL. This also impacts people in AD Care. Theresa will review the past 15-20 years for SSA Colas, avg. the increases, compound the increases and determine an amount to propose as a</p>
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	<p><u>Because of a person’s past work record, the amount of unearned income collected during these temporary breaks from employment may actually bring a person above the FPL threshold and make them ineligible to participate in FTW.</u></p>		<p>disregard to address the potential increases in COLA. Discussion continues on non-COLA UNEARNED income increases that may impact a person’s FTW eligibility (DAC, VETS, and increased SSDI from improved work history.</p>
<p>Aging Out Issue FTW participants approaching age 65+ accumulating resources, savings, retirement, etc. must now dissolve these resources in order to retain</p>	<p>FTW Law specifically states in 106a (2) (b) <u>“To be eligible, “the individual is at least 16 years of age and younger than 65 years of age.”</u> Michigan’s Medicaid Buy-In Law is authorized under the TWIIA, which has an age limit for participation of 16-65.</p>	<p>-One course of action could be to try to pass a Medicaid Buy-In under the Balanced Budget Act as other states are attempting to do. The Balanced Budget Act allows for all ages to participate but has other restrictions as to income earned and savings.</p>	<p><u>JULY 13, ’07</u> We now know at least one person on FTW will be turning 65 in November. We must resolve this issue quickly. Discussion occurred. Two suggestions were made. One was to utilize the 1997 BBA to create a new Medicaid category for persons 65 and over. Also 1902(r)(2) disregards may be required as well. The</p>

<p>Medicaid eligibility.</p>		<p>-Theresa will discuss with NCHSD and look into which states either have done this or are about to accomplish the passing of both. -Theresa will follow up with NCHSD and/or Connecticut on this topic.</p>	<p>other suggestion was to look into the utilization of Pooled Trusts. It was suggested the Mike Head provide a letter to Paul Reinhart to initiate the BBA action. Also Julie Dupruis will provide data on how many persons currently enrolled FTW workers are turning 65 this year. <u>Oct 10, '07</u> Presently there is no edit in the system to end eligibility for FTW persons reaching age 65. But it may be determined during a person's scheduled review. Paul Reinhart is interested in seeking a BBA amendment to allow</p>
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			<p>persons “aging out” at 65 to be eligible for the benefits gained through the FTW legislation. Budget neutrality remains a concern. Nancy Bishop soes have draft MIG language for a possible State Plan Amendment. MSA will review and determine how best to implement. MSA will also check with Michelle Best, DHS, and try to make all efforts possible to protect individuals who may lose eligibility due to aging out.</p>
<p>Premium Issue The current FTW premiums fees</p>	<p>The FTW Law allows for Medicaid Buy-In premiums to be on a sliding scale.</p>	<p>- Consider a MSA Administrative Policy Change in the existing current premium fee</p>	<p>-<u>Aug 15, '06</u> It was suggested that we consider using % for eligibility into the program. And it</p>

<p>are seen as “cliffs.” The variance in premium amount leaves big differences from one level to the next, which can be triggered by a simple .50 cents increase in pay.</p>	<p>Specifically the FTW Law states in 106a “(5) (c) “the Premium sliding fee scale shall have no more than 5 tiers.” <u>An unintended consequence of setting the fee scale as MI did (using an SSI methodology for counting income) resulted in individuals having to earn around \$4,000 a month before paying the first level of premium, which was set at \$50.00.</u></p>	<p>scale. -One Suggestion includes changing to a % scale for individual income level; or go from 100% FPL To 250% of FPL to begin paying premium. - Another possibility would be to switch to a sliding scale based on percentage of countable income. -Some states have premiums that start at the point of any earnings and/or may include unearned income</p>	<p>should also be noted that % was suggested here as a way to make premiums smoother from one level to the next. <u>-Sept 12, ‘06.</u> It was suggested by Tony that we might want to look at and compile suggestions using different premium scales or methodology for premiums. Theresa will assist by providing an analysis from NCHSD on what other states have for their premium systems.</p>
<p>Marriage Penalty Issue The FTW</p>	<p>The issue of deeming is a problem for FTW participants who have a spouse receiving</p>	<p>-This is a federal challenge within SSA -The WIAG group meets in Chicago and</p>	<p><u>-Aug 15, '06</u> A question was raised, why we couldn't use the provisions in 1902 to specify this</p>

<p>participant's earnings are "deemed" to the spouse and the spouse becomes ineligible for Medicaid and other supports.</p>	<p>supportive benefits, such as SSI, due to a disabling condition. A part of the working spouses' income is deemed to the other spouse. This results in the other spouses' benefits possibly being reduced or eliminated.</p>	<p>this is a topic they are considering. Tony Wong, Karen Larsen, & June Morse participate.</p>	<p>group individually, and make a State administrative rule that would eliminate the problem of deeming between spouses. Logan referred us to a piece of guidance issued from CMS that may be of help. More research to be done in this area. <u>Sept 12, '06</u> Tony is going to write up a possible state solution to this Federal problem using the 1902 (r) (2) provisions. He would like some feedback on a document he is preparing for the WIAG committee. Note: Federal SSA policy continues to "trump" what we could do at the State level.</p>
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<p>Part B Premiums Issue</p> <p>Some FTW persons become responsible to pay the Medicare premium for Part B without being advised of this impact.</p>	<p>The state DHS policy FTW, PEM 174, clearly states, "a person eligible for medical assistance under FTW is not eligible for ALMB." FTW participants may be required to pay Part B costs when they achieve certain earnings levels. Currently Individuals are not made aware of this before switching to FTW.</p>	<ul style="list-style-type: none"> -Theresa will further research potential implications of this factor within the FTW program -Consider whether a change in Administrative policy is needed -Need to develop method to inform participants that they may be required to pay their Medicare Part B premiums as they begin working. 	<p><u>-June13, '06 MSP</u> premiums were discussed briefly as the issue also involves concurrently eligible for ADCARE. Linda concurred with Theresa's findings that people did not have to pay Medicare Part B premiums because of switching to FTW, but because of a rise in their income as a result of working.</p> <p><u>-Jan 10, '07</u> We acquired information at this meeting that there is a new sliding scale to part B premiums with costs starting at \$93.60 plus \$12.50 and with a scale going up from there. At this time there doesn't seem like there would be</p>
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			an impact for our current FTW participants, but that may change if and when we have participants in the higher income brackets.
<p>Waiver Issue</p> <p>People are asking about being in FTW while using waivers.</p>	<p>People want to be able to remain within a waiver, work, and participate in FTW, but they have been told they can't. People prefer waivers because of the PSA/PCA services. Waivers have a higher income limit to be economically eligible than other Medicaid programs. FTW is an eligibility category and by using the "Freedom Accounts" a person should remain or be eligible for the MI Choice Waiver.</p>	<p>-Discussed with Pam McNabb & Jackie Tichnell. Eligibility would depend on slots and earnings? - Mike Head noted that FTW was an eligibility Category, whereas the MI Choice waiver is a Program Category. -May 18...Jackie forwarded an overview of why we believe FTW should be able to work in conjunction with this waiver</p>	<p>-<u>Jan 10, 07</u>-Mike Head met with Ed in December to address this. Logan did not know if this had formally been addressed. Joe will check with Ed. -<u>Feb 14, 07</u> We can now celebrate success on this issue. People can now participate in both the waiver and FTW at the same time. Joe presented a copy of a memo to the waiver agents giving them direction on the new policy. Completed!</p>

<p>Economic Earnings Issue</p> <p>SSDI recipients that are FTW enrollees remain discouraged from earning over SGA until a person can minimally replace their SSDI check. Ties into the Federal SSA action on SGA. People are unlikely to work in order to have less \$ in their pockets.</p>	<p>People with disabilities work to make money just like anyone else. Individuals are commonly unwilling to accept work that won't minimally replace their check. <u>It costs PWD money \$ to work, in some cases people with disabilities incur large expenses in order to work.</u> In addition, individuals remain concerned of the future need of medical coverage. Some progress has been made in this area through the TWIIA and reinstatement of benefits provision within.</p>	<p>-Need to do research on what it would take to eliminate SGA and allow persons to wean off benefits slowly. -Work with the MI JOB Coalition and others working towards a solution to the issue of SGA - PWDS need to gain skills to qualify for a higher paying job, so they can earn enough to take the leap of faith off the system.</p>	<p>-Feb & April "Think Work" summits suggest growing effort by Mi Jobs Coalition to seek demonstration/pilot grant from SSA to disregard SGA as a standard for persons with SSDI.</p>
<p>Deductible Issue</p> <p>As of January</p>	<p>As of January 2004 through August 01 2005 (Prior to the</p>		<p>- July 13, '06 Concern was expressed as to what if anything can be done to</p>

<p>2004, PWD may have been put into Spend-Down eligibility category (now referred to as the Deductible Program) instead of being referred to the FTW eligibility category.</p>	<p>institutionalization of the LAO2 prompt), PWD may have inadvertently been put into spend-down (now referred to as the Deductible Program) when applying for Medicaid benefits because of having earned income combined with unearned income that placed total earnings over the FPL. Some of these individuals should have been FTW participants.</p>		<p>capture persons who were missed. -Aug 15 Additional discussion occurred. No action -<u>OCT 10</u>, '06 There was some discussion as to what/who this population is. Linda Kusnier is working on the December 2003 persons that were spend down prior to January 2004 and would have been FTW persons except for the implementation date. Tony was thinking this was the same group of persons. Logan will pursue with Linda</p>
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<p>AD Care Issue</p> <p>PWDs that come in to apply for Medicaid and are working below 100% FPL are automatically referred to AD Care.</p>	<p>It is the policy of DHS to place eligible individuals into the most beneficial MA category for the person. Yet, <u>some individuals with disabilities who have jobs and are actively working are placed into ADCARE rather than FTW.</u> These individuals have a combined income below FPL. The benefit of placing working PWDs to FTW would increase the program enrollment numbers and bring more federal grant dollars to the state ultimately providing greater opportunities to individuals with disabilities.</p>	<p>-Take a look at DHS policy and procedures and determine if changes are needed. If so, make recommendations to MSA. Theresa and Jackie</p> <p>-Study the challenges of transferring working persons with disabilities from ADCARE to FTW to be sure that no harm would occur (recall that some would then need to pay the Part B premium of \$88.50/mo.)</p> <p>*People will only have to pay their Part B premium as their</p>	<p><u>JULY 13, '07</u> DHS has agreed to the concept of putting the working Ad-Care people into Freedom to Work. The Outstate manager wants a random sample run through a test run to see if any reason pops up why these people might be prohibited from moving to freedom to work. MSA will pull a random sample for DHS to run through their system.</p> <p><u>Oct 10, '07</u> DHS is not able to transfer individuals from AD Care to FTW due to staffing shortages. MSA will utilize the 1 system they have that can access this data & allow X time</p>
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		<p>income rises above 120% of the poverty level. At that point they would no longer be eligible for ACARE or the Medicare subsidy because they would be over income for ADCARE.</p>	<p>a week to transfer X # of nearly 800 from the known list of persons. Each case will have to be manually reviewed for other elements before changing to FTW. Joe will forward the most recent draft letter to participants to be modified into a flyer with the inclusion of a WIPA brochure so individuals will have someone to contact to understand both the advantages and how to plan to best maximizing being in FTW.</p>
<p>Freedom Accounts Issue FTW enrollees</p>	<p>The advantage to Freedom Accounts is that <u>PWDs can set aside income & resources to save for</u></p>	<p>-Determine how to build awareness among FTW enrollees to promote increased</p>	<p>-<u>Aug 15 '06</u> Theresa reported that she has located within the PEMs a DHS Form that will serve</p>

<p>are not aware of Freedom Accounts and commonly don't know the benefits of utilizing these accounts to build savings or increase earnings.</p>	<p><u>things they need, and still qualify for Medicaid</u> benefits and medical coverage under the MA program.</p>	<p>earnings & savings while retaining needed benefits.</p>	<p>the purpose of designating freedom accounts by consumers of DHS services. She also has drafted new PEM language and directions for the use of this form. Theresa is in the process of going through the PEMS to see where modifications need to occur to affected PEMs, and is drafting a memo on this to be submitted with the suggested changes. <u>-OCT 10 '06</u> Theresa shared a draft Bulletin announcing this policy. She provided Logan with a copy. MSA will review and provide the office with comments. Tony suggested adding a section</p>
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			<p>on consumer responsibilities and consequences to the bulletin and the brochure he is working on. Theresa suggested modifying DHS Form 503 Asset Verification Form to include designation for Freedom Accounts, creating a new DHS Form for FTW. A suggestion occurred to modify the FTW DHS Form since Freedom Accounts can also include money from income. Make it a similar but New Form with its own Form Number.</p>
<p>SSA 1619 transition to FTW</p>	<p><u>Persons presently in 1619 status may earn or save their way onto FTW, but are fearful to take that leap</u></p>	<p>-Research possible ways to address MA policy to allow this transition to be</p>	<p><u>Oct 10, '07</u> Theresa is working with Karen Larsen from SSA and Cynthia Asher to</p>

<p>Presently smooth transition to FTW is not assured.</p>	<p><u>because they are unsure that transition into FTW Medicaid will be a seamless process.</u></p>	<p>seamless.</p>	<p>determine possible ways to shape a smooth transition that individuals will trust, utilize, and see the benefits of increased work.</p>
<p>Working from Home and HUD Housing</p>	<p><u>Persons living in HUD housing are told that they cannot engage in business activities out of their home.</u> This severely limits some employment opportunities for PWDs.</p>	<p>-Theresa will check HUD policy and also with a few contacts she has within the advocacy field that often helps PWDs with housing issues regarding subsidized housing.</p>	<p>-June 16, '06 Ref Jackie Blankenship (MSHDA) thru Sue Eby (MDCH) thru Glen Ashley (MDDC-MDCH)</p> <p>HUD Regulations: 24 CFR 982.551 Obligations of Participant states</p>
<p>Michigan First - Health Care Program</p>	<p>Does this new waiver have any impact on the Freedom to Work Program?</p>		<p>-July 13 Jackie Tichnell contacted Susan Yontz. What we know so far is that it is an 1115 waiver, there is no draft available</p>

			<p>to share, and there is no template. Susan will let people know that we are interested in learning more information and she will get back to us.</p> <p>-August 8 Theresa has done some research into this and drafted a memo giving the message that from all materials so far there appears to be no adverse effects to FTW participants. This new MI health program may in fact offer health care to people with disabilities who wouldn't otherwise have access to health care.</p>
<p>Issue regarding the use of or Lack of use of IRWEs by</p>	<p>1. It is difficult to find clear rules or process available to the public or within the SSA</p>	<p>There needs to be an administration process and documentation flow process put into</p>	<p><u>Oct 10, '07</u> Theresa is working with Karen Larsen, SSA, to determine possible</p>

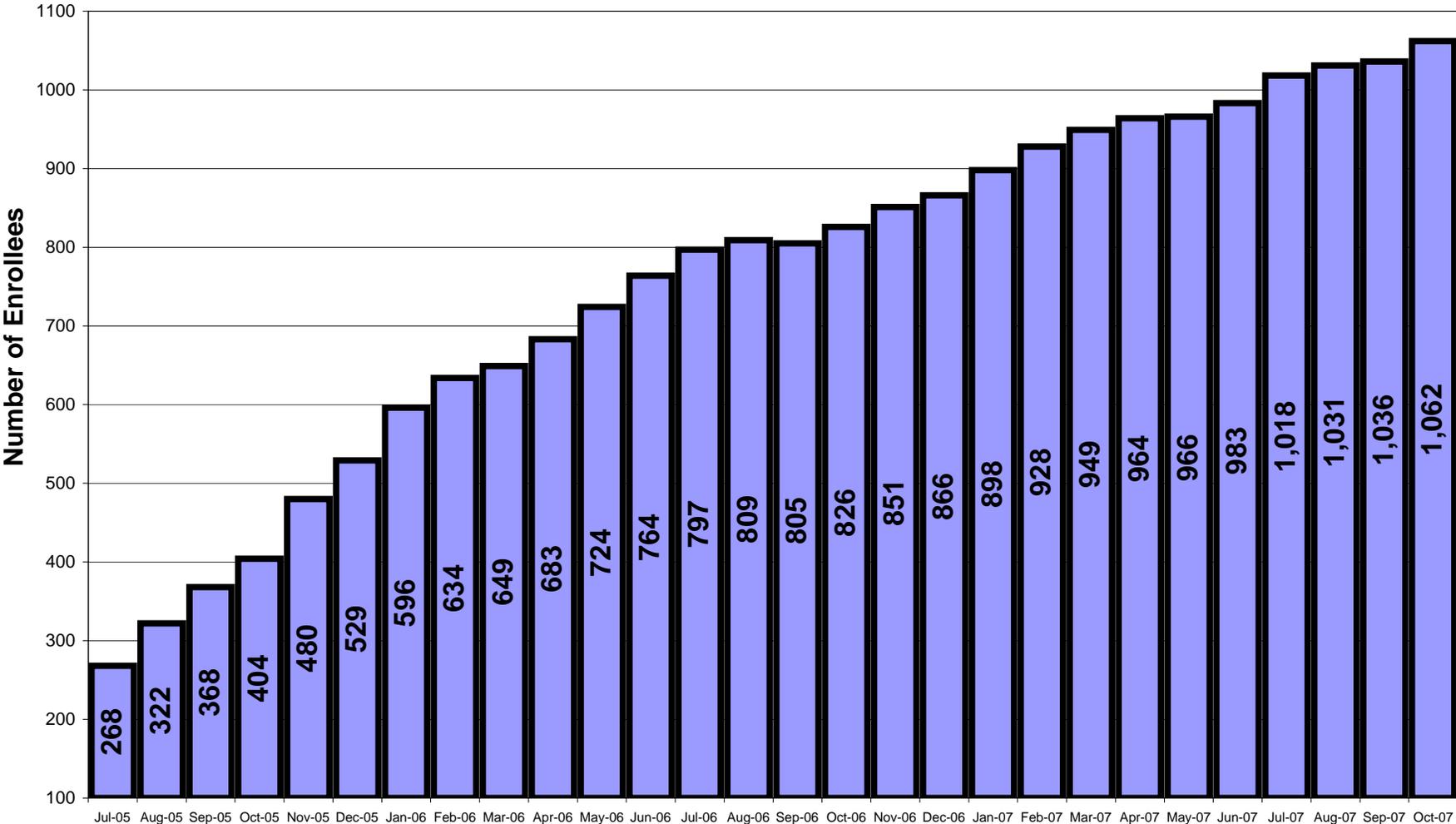
<p>PWDS due to many systemic problems.</p>	<p>Department that persons can use as guidance in determining whether they have potential IRWEs.</p> <p>2. There is a concern as to how PWDs are treated when they are aware of the POMS or are working with a knowledgeable Social Worker and therefore they have a list of IRWEs to turn in.</p> <p>3. When PWDs are working with knowledgeable WIPAs etc. and turn in their IRWEs, they seldom receive correspondence or feedback from SSA.</p>	<p>place here. Along with an appeals process.</p> <p>The lack of these things clearly shows why the numbers are so low in people using IRWEs.</p>	<p>alternatives.</p>
<p>FTW and Family Size Eligibility Issue</p>	<p>When FTW eligibility is considered for people with disabilities, we look at the individual. The issue of</p>	<p>-We need to decide if we can look at family size relative to income eligibility.</p>	<p><u>-June 13, '07</u> Theresa will forward the Medicaid Buy-in comparison chart of all states to Ed Kemp</p>

	<p>what is the individual is a member of a family of two and the working spouse is currently receiving Medicaid under ADCARE or some other category?</p>	<p>-We need to consider the impact on other people who now may be eligible where they were not before.</p>	<p>and others to consider how states may be addressing eligibility challenges. <u>Oct 10, '07</u> As a policy, this has not moved forward. A discussion followed about whether part of the issue was to also disregard the non-FTW spouse's income. Joe did not think this was part of the discussion. Joe will forward Logan brief notes from the March meeting.</p>
<p>People Dropping Out of FTW....Why?</p>	<p>People deciding that they don't want to participate in Medicaid for whatever personal reason they may have.</p>	<p>Attend existing community gatherings the consumers and their families/support persons attend. Ask: -Was the program difficult to participate</p>	<p><u>Oct 10, '07</u> Joe is working with Cindy Asher (DHS) to best determine why people continue to become ineligible.</p>

		<p>in?</p> <ul style="list-style-type: none"> -Were the rules too difficult to understand? -Was there no one to explain the program or help with paperwork? -Did they receive Benefits counseling/ If so, was it helpful? -If not? Why Not? -Did they not trust the program would work for them? 	
<p>Migration Issue <i>(People moving out from one county and into another to become a Medicaid Beneficiary)</i></p>	<ul style="list-style-type: none"> -People will migrate to counties based on the way DHS policies are applied to cases. -For example. An individual w/disabilities since birth; Medicaid eligible since birth; moves 	<ul style="list-style-type: none"> -Cost of Living varies from county to county. DHS Budgeting process for each county is based on the COL for that county. Therefore the individual may or 	

	to another county and has case transferred. They are planning to stay in new county for awhile. (Cheap Rent). Person soon discovers that in new county they are not eligible. Why?	may not be a recipient of the same benefits from county to county.	
Durable Medical Equipment (DME)			<u>Oct 10, '07</u> During August and September a concern arose about DME. Ed Kemp and others have addressed the critical issue(s). There was a backlog in the DME approval system due to staffing shortages. This should now be resolved. Ed Kemp may be contacted on any related specific DME issues.

Michigan FTW Enrollees October 2007



Self Determination in Long Term Care October 2007

As of October 9, 2007, there are 111 people enrolled in Self Determination in Long Term Care. The next phase of enrollment will begin by the end of the year. 6 waiver agents from Southeast MI, Flint, Saginaw and Traverse City comprise the first band of statewide enrollment. We will focus on two other groups of waiver agents after the first band is up and running.

The grants for the Pioneers sites ended. I will receive both final reports and sustainability plans for them in November. They will continue to help with mentoring and training for the rest of the waiver agents in the states.

I attended the Home and Community Based Services conference and have hand-outs from the following workshops: Caring for the Caregivers, Facilitating Culturally Competent Self-Determination, States' Experience with Nursing Home Diversion, and Health Insurance for Direct Care Workers. Let me know if you would like copies of hand-outs or more information. 517.335.5671
munizt@michigan.gov

We were awarded a small grant to develop a training plan for consumers as employers. This is an 18 month project, "Project Success". As of this writing, I do not know the actual amount of money and hours of technical assistance. This is aimed at participants who are in Self Determination. We will design a train the trainer model that includes and consumer and waiver agent staff team. The purpose is to reduce turnover rates of direct care workers by supporting consumers to be successful employers by increasing their knowledge. I will be the coordinator for this project and we are working with the Paraprofessional Healthcare Institute who will provide technical assistance. Thank you for your support.

DRA MFP
October 2007

We are interviewing candidates for the Project Coordinator job on 10/26. RoAnne Chaney from the CTF is on the interview panel. After the Coordinator is in place, we will submit the Operational Protocol. Once that is approved, we will begin implementing the grant. We are currently providing input to CMS's evaluation plan, which include extensive data collection.

STG
October 2007

We received feedback from CMS on our evaluation plan. It was very positive, with a reasonable list of items for which they want additional detail. We are still working through the steps necessary for posting the Manager position for this grant.

State Profile
October 2007

Michigan was awarded a CMS State Profile Grant. This 3-year grant will support our development of a quantitative and qualitative description of our long-term care programs that will identify accomplishments toward balancing the system (between community services and institutional services), identify opportunities for better coordination and identify areas of need. The profile will be a useful tool for policy-makers, administrators, consumers and other stakeholders. In addition, we will work on a national effort to develop benchmarks for balancing long-term care systems, which will provide another valuable gage of our progress. Thanks to Laura Hall and the Task Force for the letter of support.

The award amount for the State Profile: \$498,740.

Michigan Quality Community Care Council

October 2007

The QC3 continues its efforts to expand the Registry Provider pool, to serve more Home Help Consumers and to make a variety of training available to Home Help Providers around the state. We had 955 unduplicated Providers on the Registry and served 715 unduplicated Consumers, as of August 31st. We have worked with several external partners, and, with their help, have been able to offer all of the trainings that we have facilitated for free. We have also been able to provide stipends for several of the trainings, lessening the impact of taking a day off, and increasing a provider's ability to attend. We have made available:

- ◆ Adult Abuse and Neglect Prevention (AANP) training. We also offered this program after a curriculum alteration, which shortened it from eight hours to four hours, and changed the name to Preventing Adult Abuse and Neglect (PAAN).
- ◆ Training through the Alzheimer's Disease Demonstration Grants to States (ADDGS) to educate Providers on working for people with dementia.
- ◆ Training for Providers on Body Mechanics, with an emphasis on Consumer safety and comfort, while still protecting the physical well being of the provider.
- ◆ Cardio-Pulmonary Resuscitation (CPR) training.
- ◆ An opportunity to attend the Michigan Alliance of Direct Support Professionals (MADSP) Conference.
- ◆ Peer Mentor training, for both Providers and Consumers, who will continue to work with the QC3, to support Providers in their work and Consumers in their role as employers.

The following statistics, on trainings, Consumers served, and Consumer Referrals, are based on services provided through the end of August 2007.

Training	Number Trained
AANP & PAAN	543
ADDGS	311
Body Mechanics	15
CPR	14
MADSP	12
Peer Mentors	20 Providers 5 Consumers

Consumers and Providers by County

The highlighting denotes those counties where we have served 3%, or more, of the Home Help Consumer population.

County #	County Name	HH Recipients	Unduplicated Consumers Served by the QC3	% of HH Served	Providers Available
1	Alcona	55	1	1.82%	1
2	Alger	19	0	0.00%	1
3	Allegan	249	3	1.20%	9
4	Alpena	151	1	0.66%	2
5	Antrim	92	1	1.09%	4
6	Arenac	144	8	5.56%	7
7	Baraga	55	0	0.00%	0
8	Barry	155	0	0.00%	7
9	Bay	678	59	8.70%	38
10	Benzie	66	0	0.00%	8
11	Berrien	778	2	0.26%	7
12	Branch	115	0	0.00%	8
13	Calhoun	615	0	0.00%	6
14	Cass	172	1	0.58%	2
15	Charlevoix	78	0	0.00%	3
16	Cheboygan	169	0	0.00%	4

County #	County Name	HH Recipients	Unduplicated Consumers Served by the QC3	% of HH Served	Providers Available
17	Chippewa	175	0	0.00%	2
18	Clare	181	5	2.76%	8
19	Clinton	108	3	2.78%	15
20	Crawford	64	2	3.13%	4
21	Delta	190	0	0.00%	1
22	Dickinson	125	0	0.00%	0
23	Eaton	264	12	4.55%	22
24	Emmet	141	0	0.00%	5
25	Genesee	2,577	65	2.52%	82
26	Gladwin	136	1	0.74%	10
27	Gogebic	40	0	0.00%	1
28	Grand Traverse	196	0	0.00%	10
29	Gratiot	127	1	0.79%	2
30	Hillsdale	173	0	0.00%	5
31	Houghton	134	0	0.00%	0
32	Huron	120	2	1.67%	2
33	Ingham	1,190	107	8.99%	51
34	Ionia	191	10	5.24%	11
35	Iosco	124	0	0.00%	6
36	Iron	96	0	0.00%	1

County #	County Name	HH Recipients	Unduplicated Consumers Served by the QC3	% of HH Served	Providers Available
37	Isabella	280	2	0.71%	2
38	Jackson	607	2	0.33%	6
39	Kalamazoo	1,105	2	0.18%	10
40	Kalkaska	70	0	0.00%	0
41	Kent	1,834	33	1.80%	32
42	Keweenaw	11	0	0.00%	0
43	Lake	111	2	1.80%	4
44	Lapeer	153	2	1.31%	16
45	Leelanau	13	0	0.00%	3
46	Lenawee	227	1	0.44%	2
47	Livingston	224	3	1.34%	7
48	Luce	37	1	2.70%	0
49	Mackinac	41	1	2.44%	1
50	Macomb	3,114	84	2.70%	157
51	Manistee	183	0	0.00%	5
52	Marquette	238	0	0.00%	4
53	Mason	90	0	0.00%	3
54	Mecosta	212	0	0.00%	4
55	Menominee	150	1	0.67%	0
56	Midland	382	1	0.26%	11
57	Missaukee	55	1	1.82%	6

County #	County Name	HH Recipients	Unduplicated Consumers Served by the QC3	% of HH Served	Providers Available
58	Monroe	329	0	0.00%	3
59	Montcalm	266	6	2.26%	12
60	Montmorency	59	0	0.00%	2
61	Muskegon	851	2	0.24%	13
62	Newaygo	294	7	2.38%	4
63	Oakland	3,663	115	3.14%	232
64	Oceana	151	1	0.66%	3
65	Ogemaw	260	0	0.00%	8
66	Ontonagon	41	1	2.44%	1
67	Osceola	136	0	0.00%	6
68	Oscoda	47	1	2.13%	1
69	Otsego	176	12	6.82%	12
70	Ottawa	270	4	1.48%	12
71	Presque Isle	56	0	0.00%	1
72	Roscommon	160	1	0.63%	3
73	Saginaw	1,280	49	3.83%	50
74	St. Clair	574	6	1.05%	23
75	St. Joseph	163	0	0.00%	2
76	Sanilac	193	2	1.04%	9
77	Schoolcraft	72	0	0.00%	0
78	Shiawassee	205	7	3.41%	13

County #	County Name	HH Recipients	Unduplicated Consumers Served by the QC3	% of HH Served	Providers Available
79	Tuscola	198	1	0.51%	7
80	Van Buren	375	16	4.27%	11
81	Washtenaw	900	13	1.44%	25
82	Wayne	16,898	49	0.29%	418
83	Wexford	166	2	1.20%	12
Total		46,863	715	1.53%	

The number of Home Help Recipients in each county is based on figures from October 2006.

CONSUMER TASK FORCE MEETINGS
2008

MICHIGAN ASSOCIATION OF COMMUNITY
MENTAL HEALTH BOARDS*
426 SOUTH WALNUT STREET
LANSING, MI

JANUARY 22, 2008

JULY 22, 2008

FEBRUARY 26, 2008

AUGUST 26, 2008

Meeting is at the Capitol View Building
Conference Room A

MARCH 25, 2008

SEPTEMBER 23, 2008

APRIL 22, 2008

OCTOBER 28, 2008

MAY 27, 2008

NOVEMBER 25, 2008

JUNE 24, 2008

DECEMBER 23, 2008

* Location Subject to Change with Advance Notice

Dial-in number: 1-800-791-2345, Pass Code: (will provide the
number)

DCH Contact:

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