

Julie MacRury - St Clair County  
3200 Armour St, Port Huron, MI 48060

Thank you for this opportunity to speak. I would like to address issues pertaining to St. Clair County CMH.

As an aging parent I am exceedingly concerned with my son's future living arrangement. In the past my son, Nolan aged 23, has received valuable Community Living Supports through CMH. These supports have enabled him to become more prepared to live in the community and in a Home Of Your Own (HOYO) setting with a roommate or two. However, in order for Nolan and his roommates to become and remain successful they will require in-home supports through CMH. I made the request this year, 2013, to my son's Supports Coordinator by telephone in June, again in August, and a third time in September through an email. The only contact that I have received pertaining to this request has been a telephone call in June from the Supports Coordinator who discussed this issue with the Deputy Director. According to the Deputy Director, CMH is no longer supporting HOYO arrangements for 24/7 supports because it costs too much. I explained that 24/7 was not needed. When I requested a written statement for the denial so that I could appeal the decision of in-home supports for my son to live in a home with roommates, the Supports Coordinator replied that I have nothing to appeal. She explained that CMH is not required to provide written notice because the service had never been in place. At the time I believed I had no recourse. Meanwhile, services to the Developmentally Disabled (DD) population in St. Clair County are being denied, terminated, reduced and changed at an alarming rate. After researching MDCH Policy I have found that it is a requirement to provide written notification for a denial, termination, reduction, or change of services. St. Clair County is operating contrary to MDCH policy. I sent the information via email on September 9 to the Supports Coordinator along with the amount of hours that I felt would be needed. I emailed her again September 16 and received a response that my message had been passed onto her supervisor and she had not heard from her yet. Later in the day I received the email denying in-home supports and that I could have my son placed in a Foster Home or Group Home. This is not acceptable.

I am extremely involved with my son's life and I have every intention of remaining a pillar in his life for as long as I am able. Since I want my son to succeed, I am very willing and want to contribute and be a part of his transitioning process to a more independent life. After signing up to participate in Self-Determination for my son, I received a contract from CMH with the guidelines. After careful review, I found that St. Clair County CMH prescribed to some very creative accounting. On the next page, you will find a copy of Charges that I was given. I find it very interesting that the rate for the Supports Coordinator (highlighted in yellow) is \$113.74 for 15 minutes of service or \$454.96 an hour. When I called to question this charge I was told by the

**ST CLAIR COUNTY COMMUNITY MENTAL HEALTH SERVICES BOARD  
 SELF DETERMINATION/CHOICE VOUCHER BUDGET PLANNING  
 CONSUMER SUPPORTS PROVIDED BY CMH STAFF**

NW

39630377

8/5/13 - 1/23/14

(Name)

(Medicaid ID Number)

(Plan Date)

901540

GT Independence

(Case Number)

(Fiscal Intermediary)

In the table below list the CMH provided/contracted supports to which the Person Centered Planning team has agreed.

A BUDGET CATEGORY	B SERVICE CODE	C ESTIMATED ANNUAL UNITS	D FREQUENCY OF PROVISION	E COST/UNIT	F TOTAL ANNUAL COST	G PROVIDER
<b>SUPPORTS &amp; SERVICE COORD:</b>			<b>(PER M,D,Y)</b>			
Supports Coordination, DD only (HSW)	T1016	25 (15 min units)	2 (15 min units) M	\$ 113.74	\$ 2,843.50	74145
Mental Health Service Plan Development by Non-Physician	H0032	Sessions	Y	\$ 332.77	\$ -	
Program Intake Assessment	T1023	Sessions	Y	\$ 61.20	\$ -	
Targeted Case management	T2023	month	M	\$ 357.56	\$ -	
Other(specify code(s))						
<b>RESPIRE CARE:</b>						
Respite Care Services	T1005TT	(15 min units)	M	\$ 5.46	\$ -	
Respite Care Services	T1005	(15 min units)	W	\$ 7.49	\$ -	
Comprehensive Community Support Services (HSW)	H2015TT	(15 min units)	(15 min units) per W	\$ 11.40	\$ -	
Comprehensive Community Support Services (HSW)	H2015	(15 min units)	(15 min units) per W	\$ 5.37	\$ -	
Other respite: specify code						
<b>PROFESSIONAL SERVICES:</b>						
OT Assessment	97003	session	Y	\$ 1,482.19	\$ -	
OT Services, individual	97530	(15 min units)	M	\$ 189.87	\$ -	
OT Services, group	97150	session	Y	\$ 334.95	\$ -	
Speech Assessment	92506	session			\$ -	
Speech Services, individual	92507	session	W M		\$ -	
Speech Services, group	92508	session	W M		\$ -	
Nursing Assessment	T1001	session	Y	\$ 433.54	\$ -	
Health Services, individual by RN	T1002	(15 min units)	W M	\$ 69.44	\$ -	
Medical Nutrition Therapy, Group	97804	(30 Min Units)	W M		\$ -	
Medical Nutrition Therapy, Initial Assessment & Intervention	97802	(15 min units)			\$ -	
Psychological Testing	96101	Hrs	Y	\$ 367.60	\$ -	
Neurobehavioral Clinical Assessment	96115	Hrs	Y		\$ -	
Individual Therapy (specify code(s))	90804	(20-44 min session)	Y	\$ 134.32	\$ -	
Individual Therapy (specify code(s))	90806	(20-44 min session)	Y	\$ 167.57	\$ -	
<b>Physician Services:</b>						
Medication Review (specify code) N E	90862	session	Y	\$ 174.22	\$ -	
Psychiatric Evaluation	90801	session	Y	\$ 373.23	\$ -	
<b>Other Prof Services (specify code(s))</b>						
Family Skill Development	S5111	session	M	\$ 223.51	\$ -	
Family Therapy w/ consumer present	90847	session	M	\$ 178.50	\$ -	
Home Care Training Non-Family	S5116	session	M	\$ 133.90	\$ -	
<b>Day Program Services:</b>						
Type A Day Program			D W M		\$ -	
Community Prog-in home(old type C)			D W M		\$ -	
Community Prog-out of home(old type C)			D W M		\$ -	
Transportation Rural Area Agency Vehicle	T2002	day	W M		\$ -	
Transportation Urban Area Agency Vehicle	T2004	day	W M		\$ -	
<b>TOTALS SUPPORT PLAN</b>					<b>\$ 2,843.50</b>	

Section 2

financial personnel that it is an Internal Rate and not to worry, it is not coming out of Self-Determination funds for Nolan. Regardless of where the money is coming from, I find that it is a gross overcharge of Medicaid money.

In addition, St. Clair County CMH does not have any competition. I believe this would hold down some of their spending. We need other Contract agencies that provide services so that our DD adults have other options in Agency of Choice. For example, Macomb, Oakland, and Wayne have MORC (Macomb Oakland Regional Center – [www.morcinc.org](http://www.morcinc.org)). This is one organization that provides many of the same services as Macomb CMH. They provide Supports Coordination, Clinical Therapy, Home Choices, Self-Determination, Recreational Services, Community Support Workers, Respite, to name a few. This competition keeps the costs down to Medicaid. Without competition our CMH calls all the shots, and many families are overstressed and uninformed to challenge the authority of CMH.

It is very curious that CMH doesn't have the money to take care of the people they are to serve but appear to find plenty of money to fund the huge new building they built, and for a fleet of 33 new and almost new vehicles.

I urge this Commission to please investigate and compare St. Clair County CMH to other counties. I know you will find huge discrepancies in how the DD population is treated and what services are offered and how they are funded.

Michigan Department of Community Health  
Mental Health and Substance Abuse Administration  
Person - Centered Planning Policy and Practice Guideline  
3/15/2011

**VI. Dispute Resolution**

Individuals who have a dispute about the PCP process or the IPOS that results from the process have the rights to grievance, appeals and recipient rights as set forth in detail in the Contract Attachment 6.4.1.1 Grievance and Appeal Technical Requirement/PIHP Grievance System for Medicaid Beneficiaries. As described in this Contract Attachment, some of the dispute resolution options are limited to Medicaid beneficiaries and limited in the scope of the grievance (such as a denial, reduction, suspension or termination of services). Other options are available to all recipients of Michigan mental health services and supports. Supports Coordinators, Case Managers and Customer Services at PIHP/CMHSPs must be prepared to help people understand and negotiate dispute resolution processes.

**ST. CLAIR COUNTY COMMUNITY MENTAL HEALTH SERVICES Date Issued 01/97  
THUMB ALLIANCE PIHP**

C. Adequate Notice of Action: Written statement advising the Beneficiary of a decision to deny or limit authorization of Medicaid services requested. Notice is provided to the Medicaid Beneficiary on the same date the action takes effect, or at the time of the signing of the individual plan of services/supports. (The form is entitled "Notice and Hearing Rights").