



Public Policy Platform 2019

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INTRODUCTION

The Michigan Developmental Disabilities Council (Council) is a statewide advocacy organization that advocates for people with Intellectual and/or Developmental Disabilities (I/DD) to become independent, productive and fully included members of their communities. Our Public Policy Platform outlines issues the Council will advocate for with the help of our partners, grantees, and self-advocates to positively effect changes in the lives of people we serve. We want to use this platform to continue making strides in independence and inclusion so the lives of people with I/DD in Michigan can prosper. With your continued advocacy, we know that people with I/DD will achieve their life dreams.

Our Vision: The vision of the Michigan Developmental Disabilities Council is that all citizens of Michigan have the opportunities and supports to achieve their full potential. (Adopted June 9, 1998).

Our Mission Statement: To support people with developmental disabilities to achieve life dreams.

Our Overarching Principle: People with disabilities are supported across their lifespan to live self-determined and self-directed lives in a diverse and inclusive community.

EMPLOYMENT FIRST

The following are four policy areas that were consistently identified as a challenge to Employment First and Outcome Based Payment Models to support Competitive Integrated Employment (CIE). As a part of the statewide initiative to increase CIE, it is recommended to work collectively on creating solutions to the following areas.

- 1. While there is a current memorandum of understanding (MOU) with Michigan Rehabilitation Services (MRS) and the Department of Health and Human Services (DHHS), there is still great confusion on the partnership to support individuals in Competitive Integrated Employment.
 - a. Recommendations:
 - i. In collaboration with MRS, establish policies that develop a consistent process and outcome-based funding stream that sufficiently covers the cost of job development and job placement/retention.
 - ii. Individuals with IDD and MH that qualify for Community Mental Health (CMH) services need to have the same access to MRS services as individuals that do not receive CMH services. Draft policy proposals that would better align MRS services with those receiving CMH services.
 - iii. Prioritize through policy proposals / initiatives Cash Transfer agreements, so that individuals needing job development support, long term care providers and CMH's can be connected to have increased CIE.
- 2. Home and Community Based Services (HCBS) Implementation: CMH's have a different interpretation of the HCBS rules. Clarity in these areas will move the focus from compliance with different rules to movement of implementation of increased Competitive Integrated Employment (CIE).
 - a. Recommendations: Work with Michigan Developmental Disabilities Council's Public Policy Committee to address the following questions through comprehensive analysis of the state transition plan and draft policy position statements that support the goals of CIE. Areas of focus include:
 - i. What is the timeline for compliance for HCBS for existing providers and service/supports that exist today? There is an interpretation of timelines to include March 2019 and 2022.
 - ii. What services are anticipated to not be in compliance with HCBS rules?
 - 1. Facility Based Skill Development (Prevocational Services)

- 2. Supported Employment group services (Traditional Enclave employment) This could be paid at sub minimum wage under a 14(c) license or at minimum wage or higher. The contract for the job is between the employer and the CRP provider agency. The CRP uses for job training or ongoing employment for individuals they support. If allowed, is there a mandated time frame that this service can be authorized?
- 3. Transportation: Currently the Michigan Waiver does not allow for transportation services as a stand-alone service, and the only path is through the Supported Employment Provider. This creates an unintended consequence of over supporting the person in order to get paid for transportation.
 - a. Recommendation: Work with the department to establish policy that adds Employment Transportation as a stand-alone service to the current 1915 (b) and (c) waiver, potentially others including the (i). Recognizing that this proposal may include the submission of an 1115 waiver, employment first staff will also work with the department to gain clarity to establish this stand-alone service. As we are developing a system to increase CIE with the highest level of independence for the individual; transportation is a barrier to success. While the most cost-effective method of transportation should always be explored there are times that purchasing transportation to meet the CIE outcome is extremely cost effective.
- 4. Outcome Based Waiver Codes: Currently Michigan uses H codes for 15 minutes of support to pay for CIE. The encounter system created by PIHP for CMH's to share data creates challenges for outcome-based payment.
 - a. Recommendations:
 - i. Work with appropriate departments to establish policies that support a statewide code structure that is consistent for outcome-based payment model that all CMH's and PIHP's would report to the state. DHHS would convert the outcome-based payment to a 15-minute unit of support when reporting to CMS. This is modeled in Wisconsin with the creation of "Z" codes.
 - ii. Draft policy language to be incorporated into the encounter payment structure system that would allow a 15-min face to face reimbursement code to be used to support outcomes or service on behalf of the recipient such as phone consultations, written communications with employers, etc.

SUBMINIMUM WAGE

Subminimum wages paid under the Fair Labor Standards Act (FLSA) to people with I/DD have negative financial, emotional, and economic impacts. Data provided by the United States Department of Labor demonstrates that some improvement has been made in the reduction of people being compensated at subminimum wage, however, these improvements have been very slow. People employed at a subminimum wage experience greater financial hardships and barriers to everyday needs as opposed to those paid at minimum wage. Three states have eliminated the use of subminimum wages, Alaska, Maryland, and New Hampshire. Several Michigan legislators are working to eliminate this practice as well.

Position

MDDC established its formal position on April 5, 2016 "The DD Council supports amending current legislation to prohibit the ability under the state law of employers to pay less than the minimum wage to persons with physical or mental disabilities."

Action Plan

- Work with law makers to have legislation introduced to eliminate the use of subminimum wages in the state of Michigan.
- Educate lawmakers and policymakers on the value of CIE for people with I/DD, and how the payment of subminimum wages continues a level of poverty for people with I/DD.

Targeted Outcome

People with I/DD, in all forms of employment, are compensated at least at Michigan's' standard minimum wage.



WORKFORCE INNOVATION AND OPPORTUNITY ACT

Michigan is in the process of implementing the Workforce Innovation and Opportunity Act (WIOA) regulations, policies, and procedures. This federal act directs how federal and state agencies address the needs of people seeking employment, training, and assistance in job placement, including people with disabilities. Also included in WIOA, are provisions that prohibit vocational rehabilitation services (Michigan Rehabilitation Services and Bureau of Blind Services for Blind Persons) from moving people with I/DD directly from secondary school settings to sheltered work environments.

Position

MDDC supports the implementation of WIOA policies as well as the MOU to Employment of Students and Youth with Disabilities that ensure people with I /DD have access to desired employment options, training, and post-secondary education that provides comprehensive training so that the individual can achieve their preferred job outcomes. The council also supports employment services for all people seeking competitive, integrated employment. This position also aligns with the Employment First position "that individual integrated employment is the first priority and preferred outcome of people with I/DD."

Action Plan

- Provide feedback on WIOA Implementation plan amendments as introduced
- Work with respective state agencies, stakeholders, and advocates to embrace competitive, integrated employment for people with disabilities is the foremost desired outcome.
- Work with Peer Mentors within the Community Mental Health offices to provide their clients with information on WIOA requirements for education, job training, job coaching, and other opportunities required under this policy.

Desired Outcome

The implementation of WIOA policies and procedures will benefit people with I/DD so that they can achieve competitive, integrated employment (CIE) of their choosing.



UNIVERSAL REDUCED FARE CARD PUBLIC TRANSPORTATION

MDDC supports the Michigan Department of Transportation (MDOT) pilot program that promotes a universally accepted reduced fare card for people with disabilities (PWD's) and seniors. The council has been instrumental in the initial organization of this project. Through this process, MDDC has developed key relationships with many transportation providers as well as MDOT. MDDC staff will work towards expending this service state wide through aliening this program with NEMT benefits in Medicaid state policy.

Action Plan:

 Work with MSA to explain the URFC program and how it can benefit Medicaid beneficiaries through NEMT and work towards implementing the program in Medicaid Policy

Desired Outcome

Statewide participation of universal reduced fare cards and expanded NEMT for PWDs and seniors.





INCREASING THE AMOUNT AND SCOPE OF PUBLIC COMMENTS PROVIDED BY PEOPLE WITH DISABILITIES ON STATE AND FEDERAL POLICY

The Council supports and encourages people with disabilities to provide feedback and public comments on policy issues affecting people with disabilities (PWDs). Many documents distributed from Center for Medicare and Medicaid Services (CMS), Michigan Department of Health and Human Services (MDHHS), Medical Service Administration (MSA), as well as other policy entities, post notices for public comment on proposed policy changes. MDDC PPC team shares many of these documents, however, rarely receives feedback.

Action Plan

- Work with the Self-Advocates of Michigan (SAM) to formulate responses to request for public comment on proposed policy issues.
- Help educate PWD's and others on the importance of providing feedback on policy issues that will impact a person's quality of life.
- Co-host think-tank committees comprised of individuals, PWDs, and other organizations that will work together on formulating positions on policy items impacting PWDs.

Desired Outcome

Through outreach, training, and other opportunities increase the number of participants providing public comments on policy issues that will impact PWDs quality of life, delivery of services, access to healthcare, and other items as presented.





DIRECT SUPPORT WORKER RETENTION AND RECRUITMENT

Direct support workers (DSW's) for people with disabilities and seniors are in great shortage throughout the state. This is due to several reasons such as low compensation, varying training requirements, restrictions for employment, lack of benefits, etc. This shortage will only be amplified by the increasing number of people who are living longer with greater support needs. At any given day, there are a minimum of 2000 positions available within Michigan.

Position

MDDC supports increasing the retention and recruitment of DSW's through increased wages, education, increased benefits, and outreach. The council also supports strategic alliances that will collectively work towards achieving this goal.

Action plan

- Work with state lawmakers to understand the need for additional appropriations to support increasing the wage of DSW as outlined in the 1009 report.
- Work with other advocacy organizations such as Michigan Disability Rights Coalition, United Cerebral Palsy of Michigan, Arc of Michigan, and others to develop strategic legislative outreach, advocacy, and policy positions.
- Work with SAM and other advocates to analyze any policy proposal that would impact DSW's wages, education, recruitment, retention, and certifications.

Desired Outcomes

The desired outcome is to increase the number people willing to work as direct support workers through an increase in compensation, alignment of educational / certification requirements, as well as the elimination of unreasonable barriers to employment.





STATE OF MICHIGAN HCBS TRANSITION

Centers for Medicare Medicaid Services (CMS) issued regulations that direct how services are to be delivered under the newly implemented Home and Community Based Services program. Due to several factors, there has been some providers, including a CMH provider, eliminate services and close locations supplying those services to Medicaid beneficiaries. The argument being that HCBS regulations forced the closure of those facilities.

Position:

MDDC supports services for Medicaid beneficiaries to be provided in the least restrictive setting of the person's choosing. MDDC also support HCBS regulations that focus on comprehensive Person-Centered Planning (PCP) as well as implementation of Individual Plans of Service (IPOS) that is directed by the beneficiary.

As such, it is imperative that MDHHS's Behavioral Health Developmental Disabilities Administration work to ensure that the state transition to HCBS conformity does not lead to PWD's experiencing a reduction or elimination of supports and services.

Action Plan:

Work collectively with other advocacy organizations to ensure that there is no loss of service and supports provided to people receiving home and community-based services during and after the state transition to HCBS conformity. This will be accomplished through:

- Drafting the Council's policy positions on HCBS policy initiatives that will help shape the state's transition plan to best fit the needs of PWD's.
- Provide policy feedback during MDHHS-BHDDA IAG committee meetings.
- Coordinate and draft policy feedback and position statements that reflect national policy positions if pertinent.
- Draft comments as required / requested for the State Transition Plan, and other items as they relate to HCBS implementation.

Desired Outcome:

To ensure the intent of HCBS regulation is upheld to its fullest potential through consistent policy feedback, development, and input.