

Michigan Developmental Disabilities Council
Five- Year State Plan
2017-2021

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Statement of Values

Mission

The Michigan Developmental Disabilities Council's mission is to support people with developmental disabilities to achieve life dreams.

Vision

The Council's vision is that all citizens of Michigan have the opportunities and supports to achieve their life hopes and choices.

The Overarching Principle

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

Values

The Council's core values are:

Including People with High and Complex Support Needs in all Activities. This population is the Council's core constituency. Developing supports that help them to live self-directed inclusive lives automatically demonstrates that other people with disabilities can live self-determined lives in inclusive communities. Including this population requires an on-going commitment to continuing to learn to provide better supports and accommodations for them.

Self-Direction and Self-Determination. The Council advocates for systems and communities that support people with developmental disabilities to live the lives they choose, living where they prefer with the people they decide to live with, doing what they choose, and receiving services the way they choose to have them delivered.

Consumers' Voice at the Policy Table. People with developmental disabilities and their families must be able to participate in the design of the services and supports they need. They must also be able to make their voices heard as citizens across the landscape of policy development. Support of this value also requires ongoing commitment to improving supports and accommodations to allow full access to the policy table, especially for those with high and complex needs.

Economic Justice and Addressing Poverty. A very high proportion of people with disabilities live in poverty, and a high proportion of people living in poverty have disabilities. Improving the lives of people with developmental disabilities requires attention to economic justice and poverty. This attention adds an important perspective on the issues of people with developmental disabilities and opens opportunities for building partnerships with other poverty advocacy groups.

Community Inclusion. The Council works for people with developmental disabilities to exercise their right to full community inclusion, including inclusion in social and civic life, in the world of work, in access to community living, and in access to community programs and services.

Rights of People with Developmental Disabilities. The Council's ongoing tasks include helping people learn to understand their rights and exercise them. In addition the Council campaigns for accountability when governments and others ignore the rights of people with developmental disabilities, lose track of them or violate them.

Implementation of the Statement of Values

Taken together, the Mission, the Vision, the Overarching Principle and the Values serve as criteria to which all of the Council's activities must conform.

Adopted April 12, 2011
Revised October 10, 2014

Section I: Council Identification

PART A: State Plan Period: October 1, 2016 through September 30, 2021

PART B: Contact Person: Vendella Collins, Executive Director
 Telephone: (517) 335-3158
 E-Mail: collinsv1@michigan.gov

PART C: Council Establishment:
 Date of Establishment: 2006-Jul-21
 Authorization: Executive Order
 Authorization Citation: Executive Order 2006-12

PART D: Council Membership [Section 125(b)(1)-(6)]

(i) Council Membership Rotation Plan:

[Section 125(b)(1)(2)]

Michigan Developmental Disabilities Council (DD Council) appointments are staggered so that only one half of the membership is appointed in any one year. The DD Council makes a recommendation to the Governor that no member shall serve more than two (2) consecutive four-year terms. Appointments to fill an unexpired term are not considered a full term and the replacement member may be appointed to a full four-year term not to exceed two (2) four-year terms. Representatives from each agency, as defined in the Developmental Disabilities Act (DD Act), are recommended to the Governor by that agency. No individual representing said agencies are recommended for more than two (2) consecutive four-year terms. Individuals may be reappointed after stepping down for at least one year. Members of the DD Council are appointed by the Governor from among the residents of the state who meet the criteria as identified in the DD Act, and serve at the pleasure of the Governor. Terms expire on September 30. Members shall serve until they are reappointed or a successor is named.

(ii) Council Members

#	Name	Code	Organization
1	Barker, Jill	B2	Citizen Member
2	Cerano, Elmer L.	A5	Michigan Protection and Advocacy Service
3	Columbus, Kristen E.	B2	Citizen Chairperson
4	DeVries, Heidi A.	B1	Citizen Member
5	Johnson, Stephen	B2	Citizen Member
6	LeRoy Ph.D., Barbara,	A6	Wayne State University, Michigan Developmental Disabilities Institute
7	Palmer, Paul	B1	Citizen Member
8	Prusi, Jeremiah J.	B1	Citizen Member
9	Reagan, Jane E.	A2	Michigan Department of Education
10	Rock, Deborah L.	B2	Citizen Member
11	Sargent, Andrea P.	B2	Citizen Member

12	Suhrheinrich, Richard	B2	Citizen Member
13	Taylor, David J.	B1	Citizen Member
14	Wiese, Deborah	A1	Michigan Rehabilitation Services
15	Wills, Marnie	A9	Michigan Licensing & Regulatory Affairs
16	Yeomans, Tammy	B1	Citizen Member
17	VACANT	A3	Older Americans Act
18	VACANT	A8	Title V SSA
19	VACANT	A4	Title XIX SSA
20	VACANT	B1	Citizen Member
21	VACANT	B1	Citizen Member

(iii) Council Staff

#	Name	Position or Working Title
1	Collins, Vendella	Executive Director
2	Bouraoui, Yasmina	Deputy Director
3	Florence, Dee	Advocacy Secretary
4	Jackson, Tedra L	Grants Manager
5	VACANT	Grants Monitor
6	McCulloch, Sheila	Executive Secretary
7	Smith, Meredith	Communications Representative
8	Vincent, Tracy	Resource Analyst
9	Williams, Brett	Public Policy Analyst
10	VACANT	Community Service Consultant

Section II: Designated State Agency

PART A: The Designated State Agency (DSA) is:

Agency Name: Department of Health and Human Services
Official name: Michigan Department of Health and Human Services (MDHHS)
Agency Address: 235 S. Grand Avenue
Agency City: Lansing
Agency State/Zip: MI, 48913
Telephone: (517) 373-3626
Email: LyonN2@michigan.gov

PART B: Direct Services: [Section 125(d)(2)(A)-(B)]

The Michigan Department of Health and Human Services (MDHHS) provides health, prevention, family and residential supports to individuals with Intellectual and/or Developmental Disabilities (I/DD). The Medicaid program is housed within MDHHS.

PART C: Memorandum of Understanding/Agreement: [Section 125(d)(3)(G)]

The DSA has a Memorandum of Understanding/Agreement with the DD Council.

PART D: DSA Roles and Responsibilities Related to DD Council: [Section 125(d)(3)(A)-(G)]

The MDHHS provides personnel processing through the civil service system. It also provides fiscal and accounting services to support DD Council activities.

PART E: Calendar Year DSA was Designated: [Section 125(d)(2)(B)] 1997

Section III: Comprehensive Review and Analysis

[Section 124(c)(3)]

Introduction:

A broad overview of the Comprehensive Review and Analysis conducted by the DD Council.

The DD Council reviewed quantitative data from several sources to inform the 2017-2021 Five-Year State Plan including: the U.S. Census, the 2015 Annual Disability Statistics Compendium, the 2016 Kids Count in Michigan Data Book, the 2015 State of the States in Developmental Disabilities, and the 2013 Disability Status Report. While these data sets gave some insight into the state of affairs for individuals with I/DD in Michigan, the qualitative data received through the public input process was the driving force behind the plan.

The DD Council used a multi-prong approach to gain public input for this plan: community conversations, a family quality of life survey, a community input survey and think tanks.

Community conversations were held in five locations across the state: Detroit, Lansing, Marquette, Plainwell and Gaylord. Over 228 people attended. The largest numbers of attendees were individuals with I/DD, 134 people (59%), family members, 36 people (16%), others represented 58 people (25%). The DD Council staff facilitated the large gathering however volunteers facilitated the conversations at each table.

The conversations were held around six themes: Employment, Housing, Inclusion, Self-Advocacy, Self-Determination, and Transportation. The conversations were broken into two parts, barrier identification and solution strategies. During each conversation, participants were asked to identify the barriers from each topic that applied in their life. They were then asked, “What do you think can be done to make this better?” At the close of each community conversation the barriers and solutions identified at each table were shared with the larger group. At that time, participants offered additional barriers and solutions. It was also a time for attendees to share barriers or other problems they were having in their lives unrelated to the six themes.

The Community Input Survey was available online to people who were not able to attend a community conversation. There were 33 respondents; 5% individuals with I/DD, 58% family member, and 27% other. The survey was designed to mirror the community conversations. Respondents could identify barriers and solutions to each of the six themes. DD Council staff wanted to measure the quality of life for families, which included individuals with I/DD. The DD Council staff identified and utilized a survey tool, The Family Quality of Life Survey, developed in partnership with families, service providers and researchers at the Beach Center on Disability located at the University of Kansas.

The survey was distributed online through social media networks, advocacy groups, and family groups serving families of children with I/DD. There were 112 respondents: women (91%), men (9%), white (92%), black (4%), Asian (4%) and Hispanic (3%).

The DD Council contracted with Riehl Solutions to facilitate nine Think Tanks. In addition to the six topics from the community conversations, there were think tanks on family issues for children age 0-17; issues for families of adult children; and leadership opportunities for individuals with I/DD. Think tank participants were subject matter experts, individuals with I/DD, appropriate staff, workgroup leadership and DD Council members. Data from the community conversations and surveys were analyzed and provided to the think tanks to use as a basis for their work. Each think tank provided strategies the DD Council could use to address the topic in the five-year plan. The DD Council at the January 2016 meeting prioritized the strategies.

The ideas were expanded and became the objectives for the five-year plan.

PART A: State Information

(i) Racial and Ethnic Diversity of the State Population:

Race/Ethnicity	Percentage Of Population
White (alone)	78.9 %
Black or African American (alone)	14.2 %
Asian (alone)	2.4 %
American Indian and Alaska Native (alone)	0.6 %
Hispanic or Latino (of any race)	4.4 %
Native Hawaiian & Other Pacific Islander (alone)	0 %
Race unknown	0 %
Two or more races	0 %
Some other race	0 %
Do not wish to answer	0 %
Total	100%

(ii) Poverty Rate: 16.2%

(iii) State Disability Characteristics:

a) Prevalence of I/DD in the State: 178,606

Data was determined using a formula provided by the Administration on Developmental Disabilities to estimate 178,606 or 1.8% of Michigan's 9,922,576 citizens, have I/DD.

b) Residential Setting:

Year	Total Served	A. Number Served in Setting of 6 or less (per 100,00)	B. Number Served in Setting of 7 or more (per 100,000)	C. Number of Served in Family Setting (per 100,000)	D. Number Served in Home of Their Own (per 100,000)
2013	31,609	4126	640	20,431	6412

c) Demographic Information about People with Disabilities:

People in the State with a Disability	Percentage
Population 5 to 17 years	6.3%
Population 18 – 64 years	12.1%
Population 65 years and over	36.4%

Race and Ethnicity	Percentage
White (alone)	80.3%
Black or African American (alone)	14.5%
Asian (alone)	2.4%
Some other race (alone)	1.5%
Hispanic or Latino (of any race)	4.4%
Two or more races	2.3%
Do not wish to answer	0%

Educational Attainment Population Age 25 and Over	Percentage with a I/DD	Percentage without an I/DD
Less than high school graduate	21.9%	8%
High school graduate, GED, or alternative	37.2%	28.4%
Some college or associate's degree	28.9%	33.7%
Bachelor's degree or higher	12.1%	30%

Employment Status Population Age 16 and Over	Percentage with a I/DD	Percentage without an I/DD
Employed	19.6%	62.1%
Not in labor force	75.1%	30.4%

Earnings in Past 12 months Population Age 16 and Over with Earnings	Percentage with an I/DD	Percentage without an I/DD
Earning \$1 to \$4999 or less	22.5%	12.9%
Earning \$5000 to \$14,999	23.5%	17.6%
Earning \$15,000 to \$24,999	14.7%	14.3%
Earning \$25,000 to \$34,999	11%	12.7%

Poverty Status Population Age 16 and Over	Percentage with a I/DD	Percentage without an I/DD
Below 100% of the poverty level	23.1%	13.5%
100-149% of the poverty level	13.8%	7.8%
At or above 150% of the poverty level	63.2%	78.7%

PART B: Portrait of the State Services

[Section 124(c)(3)(A)(B)]

Following is a description and analysis of programs in Michigan that provide supports or other services to individuals with I/DD and their families. The 41 programs described include a variety of issues and are administered by a number of state agencies or advocacy groups. The information was obtained from key agency staff that work directly with, or are responsible for, administration of the various programs.

The section labeled "effectiveness" provides context of how these various programs work to promote and enhance the independence, integration, inclusion and productivity of individuals with I/DD and their families. The "eligibility" section of these reports is not intended to reflect a full discussion of eligibility requirements for these programs. It is intended to be used to give general information. Anyone interested in a specific eligibility determination should contact the state department or agency responsible for the administration of the program.

The state website is www.michigan.gov. Local resources can be accessed by dialing 2-1-1.

Michigan Department of Career Development

Client Assistance Program

The Michigan Client Assistance Program (CAP) staffs an advocate who is proficient in English, Arabic, and Hebrew. This advocate is a member of the LARA/BSBP Diversity Committee. This advocate continues to serve as a member of the committee to consult with bureau staff members on how to better engage their Arab American customers.

Program/Scope: The CAP is the client rights mechanism authorized in the 1973 Rehabilitation Act as amended (The Act). Michigan Protection and Advocacy Service, Inc. (MPAS) was named the designated state agency for CAP in 2004. CAP services are available statewide to applicants and participants in programs funded under The Act. These include MDHHS/MRS, LARA/BSBP and Centers for Independent Living (CIL).

Eligibility: Current participants, applicants or former participants of programs under the Act including programs offered by LARA/BSBP, MDHHS/MRS and CIL. Service area is statewide. During FY 2015, the Michigan CAP provided information and referral services to 108 people and provided direct representation to 122 individuals.

Extent of Services: The CAP exists to advise applicants, participants, and former participants of rights and services available to them under the Act. The major objectives of CAP include: providing information and referral; describing and clarifying agency procedures and policy; facilitating clear and productive communication between service provider and the customer; receiving complaints and negotiating resolutions when possible; representing customers in the appeals process to ensure fair resolution; and identifying systems problems and recommending appropriate systemic reforms. The CAP has the authority to pursue both administrative and legal remedies. The toll-free number is 1-800-288-5923 Voice and TTY.

Fiscal Year Funding: Information not provided.

Fiscal Year People Served: Information not provided.

Effectiveness: The CAP responds to all requests for assistance, including information and referral services regardless of the surface merit of those requests. The CAP must ensure that a request has merit before direct representation is provided. Barriers to fully serving the eligible population are limited funding/staffing and public awareness of the program's existence.

Availability of Assistive Technology: The CAP is not a direct provider of assistive technology.

Waiting Lists: Not applicable.

Unserved and Underserved Populations: The CAP responds to all populations who contact the agency.

Describe how the program outreaches or provides services to culturally and linguistically diverse backgrounds. Include any information on disparities related to service areas: The CAP staffs an advocate who is proficient in English, Arabic, and Hebrew. This advocate is a member of the LARA/BSBP Diversity Committee. This advocate continues to serve as a member of the committee to consult with bureau staff members on how to better engage their Arab American customers.

Interagency Efforts: Information not provided.

Michigan Department of Civil Rights

Michigan Civil Rights Commission

Program/Scope: The Michigan Civil Rights Commission (MCRC) was created by the Michigan Constitution of 1963, as a bipartisan 8 member body appointed by the Governor for alternating terms of 4 years. It is the duty of MCRC, in a manner prescribed by law, to investigate alleged discrimination against any person in the enjoyment of the civil rights guaranteed by law and the constitution, and to secure the equal protection of such civil rights without such discrimination. The MCRC is in charge of the Michigan Department of Civil Rights (MDCR) and appoints an executive director to oversee the department. The primary roles of MCRC are to set policy for the department, hold hearings on topics of concern to citizens of Michigan, issue final decisions and orders on complaints of discrimination, process requests for approval of affirmative action plans and for bona fide occupational qualification exemptions. As further stated in Article V, section 29, the state constitution directs MCRC to investigate alleged discrimination against any person because of religion, race, color, national origin. Public Acts (P.A.) 453 and 220 of 1976, also known as the Elliott-Larsen Civil Rights Act (ELCRA) and the Persons with Disabilities Civil Rights Act (PWDCRA) and subsequent amendments have added sex, age, marital status, height, weight, arrest record and physical or mental disabilities to the protected categories.

The MDCR performs the investigative function for the MCRC and enforcement of the ELCRA and PWDCRA. MDCR also offers education and training programs.

The MDCR works with employer and consumer groups to ensure the civil rights of individuals with I/DD through complaint investigation, enforcement, mediation, conciliation, research and training.

The MDCR also has agreements with the U.S. Equal Employment Opportunity Commission (EEOC) to investigate complaints and enforce federal employment laws and with the U.S. Department of Housing and Urban Development (HUD) to do the same with respect to federal housing laws.

Eligibility: Any person, who believes she or he may have been discriminated against because of I/DD or other protected basis, is eligible for protection. A complaint must be filed within 180 days from the date the alleged discrimination occurred.

Extent of Services: The MDCR enforces the civil rights laws in Michigan. Its goal is to extend the protections of those laws to all persons in the state of Michigan or who have minimal contacts in the state of Michigan, who are constitutionally protected, including those who may be at risk due to a protected classification.

Fiscal Year (FY) 2014 Funding: MDCR's FY 2014 budget includes approximately \$12.3 million in state funds and approximately \$2.6 in federal funds.

FY 2014 People Served: During FY 2014, 1,910 customer complaints were opened and 2,172 complaints were closed. More than \$1.5+ million was awarded to claimants, including cash settlements and annual salaries from claimants being returned to work.

FY 2014 Bases of Discrimination Recorded in Complaints

Race	1,001
Disability	749
Sex	470
Retaliation	446
Age	332
National Origin	161
Familial Status	18
Religion	71
Weight	32
Marital Status	16
Color	14
Height	15
Arrest Record	4

Effectiveness: Discrimination continues to exist despite the presence of strong civil rights laws. The MDCR remains an important resource for fighting discrimination with both legal and educational tools.

Availability of Assistive Technology: Not applicable.

Waiting Lists: Not applicable.

Describe how the program outreaches or provides services to culturally and linguistically diverse backgrounds. Include any information on disparities related to service areas:
Information not provided

Interagency Efforts: In addition to the cooperative agreements with the EEOC and HUD described above, MDCR works with other state departments and numerous civil rights organizations throughout Michigan.

Michigan Department of Health and Human Services

Adult Community Placement

Program Scope: The goal of the MDHHS/Adult Community Placement (ACP) Program is to provide services that assist in achieving the least restrictive community-based care settings for adults who require care in licensed community placement: Adult Foster Care (AFC) facilities or Homes for the Aged (HA) facilities. ACP works to maximize independence and self-determination for program recipients by assisting in maintaining connections with family, other community members and community activities.

Eligibility: MDHHS Adult Services workers provide program services to adults 18 or older who are elderly, frail, physically handicapped, emotionally impaired, or mentally ill. Clients are Medicaid eligible and receive Supplemental Security Income (SSI) or Social Security Disability Income (SSDI).

Extent of Services: The monthly average number of ACP adults in FY 2015 was 2,247. The ACP caseload levels have decreased (year-to-year) due to a payment disparity between the combined SSI and Medicaid supplemental rates (\$1,050 per month), and relatively higher private care rates that typically start at \$1,500 per month. The payment disparity provides a provider incentive to offer placements to private pay families and individuals. Also, clients are being served longer in independent settings with services from such programs as Independent Living Services (ILS) and Waiver Services.

FY 2015 Funding: Title XIX

FY 2015 People Served: 2,247

Effectiveness: The ACP Program provides pre-placement services and assistance with placement for adults who need care in licensed community placement settings (AFC facilities or HA facilities).

Post-placement/follow-up services are provided, as are transitional services for individuals relocated when nursing homes close. The MDHHS collaboratively works within multi-agency protocols for emergency and non-emergency nursing home, AFC and HA closures where teams (including MDHHS Adult Services caseworkers) are alerted and brought in to assist clients residing in the home. The goal is to reduce transfer trauma and support clients in locating and moving into another nursing home or an alternative, safe living environment.

Specific ACP Program services include case management, counseling, education and training, health related services, information and referral, money management, pre-placement services, post-placement services and protection.

Slightly over one-third of AFC and HA clients are over 65 and just under two-thirds are between 21 and 65 years old.

Availability of Assistive Technology: This program does not purchase assistive technology.

Waiting Lists: Not applicable.

Unserved and Underserved Populations: The payment disparity provides a provider incentive to offer placements to private pay families and individuals. Clients receiving SSI or low Supplemental Income checks have a more difficult time finding an AFC or HA placement.

Describe how the program outreaches or provides services to culturally and linguistically diverse backgrounds. Include any information on disparities related to service areas: No data available.

Interagency Efforts: ACP workers work collaboratively with hospitals, home care agencies and other community partners.

Adult Foster Care Licensing

Program/Scope: An Adult Foster Care (AFC) facility includes facilities and foster care family homes for adults who are aged, mentally ill, developmentally disabled, or physically disabled who require supervision on an ongoing basis, but who do not require continuous nursing care.

In Michigan, MDHHS/AFC Homes are authorized, defined and regulated under the provisions of P.A. 218 of 1979, as amended, the AFC Facility Licensing Act. This act regulates homes in the categories of:

- 1) AFC family home means a private residence with the approved capacity to receive 6 or fewer adults to be provided with foster care for 5 or more days a week and for 2 or more consecutive weeks. The AFC family home licensee shall be a member of the household, and an occupant of the residence.
- 2) AFC small group home means an AFC facility with the approved capacity to receive 12 or fewer adults to be provided with foster care.
- 3) AFC large group home means an AFC facility with the approved capacity to receive at least 13 but not more than 20 adults to be provided with foster care.
- 4) AFC congregate facility means an AFC facility with the approved capacity to receive more than 20 adults to be provided with foster care.

The department is prohibited from issuing any new AFC congregate facility licenses, except one which is to replace an AFC congregate facility licensed on March 27, 1984 and the bed capacity does not exceed that of the licensed facility which it replaces.

Eligibility: An operation needs to be licensed under P.A. 218 of 1979 as an AFC facility if it provides personal care, supervision and protection in addition to room and board to 20 or fewer unrelated persons who are aged, mentally ill, developmentally disabled, or physically disabled, for 24 hours a day, 5 or more days a week, for 2 or more consecutive weeks for compensation.

Extent of Services: “Foster care” means the provision of supervision, personal care, and protection in addition to room and board, for 24 hours a day, 5 or more days a week, and for 2 or more consecutive weeks for compensation.

“Supervision” means guidance of a resident in the activities of daily living, including all of the following:

- a) Reminding a resident to maintain his or her medication schedule, as directed by the resident’s physician.
- (b) Reminding a resident of important activities to be carried out.
- (c) Assisting a resident in keeping appointments.
- (d) Being aware of a resident’s general whereabouts even though the resident may travel independently about the community.

“Personal care” means personal assistance provided by a licensee, agent or employee of a licensee to a resident who requires assistance with dressing, personal hygiene, grooming, and maintenance of a medication schedule as directed and supervised by the resident’s physician, or the development of those personal and social skills required to live in the least restrictive environment.

“Protection”, means the continual responsibility of the licensee to take reasonable action to insure the health, safety, and well-being of a resident. This includes protection from physical harm, humiliation, intimidation, and social, moral, financial, and personal exploitation while on the premises, while under the supervision of the licensee or an agent or employee of the licensee, or when the resident’s assessment plan states that the resident needs continuous supervision.

FY 2015 Funding: AFC is typically paid for through the residents’ personal funds, including but not limited to: long term care insurance, No-Fault and other accident related insurances, SSDI and SSI benefits, private savings, pensions and family contributions, MI-Choice Waiver, Medicaid supplement (also known as personal care or model payments) and Community Mental Health (CMH) contract funds.

FY 2015 People Served: As of September 30, 2015, Michigan has 4268 licensed AFC homes serving approximately 33,554 vulnerable adults. Of these, 911 are family homes, 2814 are small group homes, 532 are large group homes, and 9 are congregate facilities. Of the 4268 AFC’s licenses, about half are also certified to provide specialized programs to individuals with IDD, mental illness or both. The 65 AFC licensing consultants processed 267 original license issuances, 1399 renewals of licenses and investigated 1894 complaints in FY 2015.

All AFC licensees have access to the Long Term Care Workforce Background Check website that enables them to complete registry and fingerprint based background checks on their employees.

Effectiveness: Licensing, oversight and regulation of these homes are the responsibility of the Michigan Department of Licensing and Regulatory Affairs (LARA), Bureau of Community and Health Systems (BCHS), AFC and Camps Licensing Division. The AFC regulation is required by federal law, specifically the Keys Amendment, for the protection of vulnerable adults in out of home care. Regulation of AFC is protection through prevention. P.A. 218 of 1979 minimally requires biennial license inspections. Interim inspections are also conducted when facilities are on a provisional or temporary license. Facilities licensed for 7 or more are also inspected annually by the LARA/Bureau of Fire Services and biennially by local health authorities, if the facility has private water supply and/or private sewage disposal system.

Availability of Assistive Technology: Not applicable.

Waiting Lists: While there are many vacancies across the state for those individuals who have private funds and can afford to pay private pay rates, there is always a need for more facilities that will accept low income individuals.

Unserved and Underserved Populations: Low income vulnerable adults.

Describe how the program outreaches or provides services to culturally and linguistically diverse backgrounds. Include any information on disparities related to service areas: It does not outreach or make any provisions to serve culturally or linguistically diverse backgrounds. Licensee may not admit a resident whose needs it cannot meet because of a linguistic or cultural challenge.

Interagency Efforts: Historically, LARA/BCHS/AFC and Camps Licensing Division has collaboratively worked with local CMH authorities, Offices of Recipient Rights (ORR), adult protective services, law enforcement and local units of government. On a state level, the division is actively engaged with the MDHHS, as well as all legislators with expressed concerns. Additionally, the division cooperatively works with both licensee and resident advocate organizations, as well has a statutorily required AFC Advisory Council that advises the division on the content of rules and their enforcement.

Adult Protective Services

Program/Scope: The purpose of the Adult Protective Services Program (APS), administered by MDHHS is to provide protection to vulnerable adults ages 18 years or older who are at risk of harm due to the presence or threat of abuse, neglect or exploitation. The provision of APS is mandated by P.A. 519 of 1982. This critical program requires extensive coordination with support from, mental health, public health, law enforcement agencies, the probate court, aging networks as well as the general public.

Eligibility: The program's target population includes adults (18 years or older) who are vulnerable and in danger of being abused, neglected or exploited. Income or disability is not considered for eligibility.

Extent of Services: The APS Program provides services to a growing number of cases. Total referrals grew 9.2% from 37,242 in 2014 to 40,302 in 2015. On average, 65% are assigned for investigation with approximately 32% substantiated.

There are 128 APS workers statewide. The majority of the APS workers are also responsible for ILS and ACP cases in addition to APS responsibilities.

FY 2015 Funding: State Funds.

FY 2015 People Served: 40,302 APS referrals received and 27,011 referrals investigated.

Effectiveness: APS may intervene whenever abuse to individuals with I/DD is suspected. For example, when an adult with a I/DD seeks to become more independent, family members may be reluctant to "allow" the person to move to a more independent setting. The family member may control the person's funds and fear losing the money. APS can provide immediate protection from this kind of exploitation as well as from abuse and neglect. They may also facilitate the adult's move toward independence by introducing the array of community services available.

Availability of Assistive Technology: If an APS client is in need of assistive technology, there is a small amount of APS funds which may be used. However, all other sources must be exhausted prior to using the APS funds.

Waiting Lists: Not applicable.

Unserved and Underserved Populations: Multiple studies suggest that individuals with I/DD are victims of crime at rates of 4 to 10 times higher than reported (Sorensen, D. (2002). *The Invisible Victims: an update of an article originally published in Prosecutor's Brief: The California District attorneys Associations Quarterly Journal*). As abuse, neglect and exploitation of a vulnerable adult often rises to the level of criminal activity, it can be assumed that reports of abuse, neglect and exploitation of individuals with I/DD are also underreported to APS.

Describe how the program outreaches or provides services to culturally and linguistically diverse backgrounds. Include any information on disparities related to service areas: No data available.

Interagency Efforts: APS works collaboratively with law enforcement, probate court, hospitals, home care agencies and other community partners.

Autism Applied Behavior Analysis Services

Program/Scope: Michigan Medicaid currently covers Applied Behavior Analysis (ABA) services for children with Autism Spectrum Disorder (ASD) who meet the medical necessity within the policy. The MDHHS provides ABA through the behavioral health managed care program by contracting these services with the Prepaid Inpatient Health Plans (PIHPs). At MDHHS, it is administered by the Behavioral Health and Developmental Disabilities Administration (BHDDA).

Eligibility: Michigan Medicaid currently covers ABA services for children with ASD who meet the medical necessity within the policy. ABA was provided to children from age 18 months through 5 years of age under a 1915(i) State Plan Authority from April 1, 2013 through December 31, 2015. The ABA policy was updated effective January 1, 2016 through a State Plan Amendment, and it now covers children under 21 years of age under the Early and Periodic Screening, Diagnostic and Treatment (EPSDT) benefit.

Extent of Services: The ABA services includes direct services for the child, as well as, family training.

FY 2015 Funding to Cover Services: \$29,783,236

FY 2015 People Served: 2135

Effectiveness: The ABA is the highest recommended evidenced based treatment for children with ASD. The ABA is provided in the home, community and/or clinic to assist children in gaining skills and appropriate behavior. Although the year ended with 1435 children approved for ABA services, there were 2235 approved as of May 9, 2016 due to the policy expansion.

Availability of Assistive Technology: Not applicable.

Waiting Lists: Not applicable.

Unservd and Underserved Populations: This service is only provided to individuals eligible for Medicaid services.

Describe how the program outreaches or provides services to culturally and linguistically diverse backgrounds. Include any information on disparities related to service areas: There is a variety of outreach and collaboration at the regional and local levels to reach families with culturally and linguistically diverse backgrounds. ABA providers are also recruited and trained to meet the needs of the families.

Interagency Efforts: The ABA services works within many areas of MDHHS including the Medical Services Administration, Children's Agency Administration, Population Health Administration, and Policy and Legislative Administration.

Child Development and Care

Program/Scope: The MDHHS/Child Development and Care (CDC) services are provided to qualified families when the parent(s) or substitute parent(s) is unavailable to provide care because of high school completion, employment, participation in an approved treatment program for a physical, mental or emotional condition (family preservation), or approved employment related activities at application or redetermination. Once a family is determined to be eligible, CDC benefits will continue for 12 continuous months with very few restrictions. Families must submit an application with required verification and use an eligible child care provider.

The goal of the CDC program is to help preserve the family unit and to promote the family's economic independence and self-sufficiency by promoting safe, affordable, accessible, and quality child care for qualified Michigan residents.

Eligibility: All families must submit a signed, completed application for child care services to their local MDHHS office. The applicant must be unavailable to provide the care due to a valid need or reason at application or redetermination, meet all eligibility requirements and use an eligible provider who is licensed/registered by the LARA/BCHS or who is unlicensed and enrolled by the Michigan Department of Education (MDE).

There are 6 child care eligibility groups:

1. **Protective Services:** Families in this group are categorically eligible. There is no family contribution. Protective services families may be eligible for child care needed to participate in a MDHHS required treatment plan for social or health reasons
2. **Foster Care:** Licensed foster parents and MDHHS paid relative placements are categorically eligible. There is no family contribution. Foster parents may be eligible for child care services needed to work, to complete a high school education, to participate in a treatment activity for social or health reasons, or to participate in approved education and training activities.
3. **Family Independence Program (FIP) Related:** Families in this group are categorically eligible. There is no family contribution. FIP and SSI recipients, may be eligible for child care services needed to work, to complete a high school education, to participate in a treatment activity for social or health reasons, or to participate in approved education and training activities.
4. **Migrant Farmworkers:** Families in this group are categorically eligible. There is no family contribution. Migrant farmworkers may be eligible for child care services needed to work, to complete a high school education, to participate in a treatment activity for social or health reasons or to participate in approved education and training activities.
5. **Homeless:** Families in this group are categorically eligible. There is no family contribution. Homeless families may be eligible for child care services needed to work, to complete a high school education, to participate in a treatment activity for social or health reasons or to participate in approved education and training activities.
6. **Income Eligible:** Families in this group are eligible based on family size and gross monthly income. A family contribution may be required. Only families whose income is

within the income eligibility scale are eligible. Low-income families who are not eligible for any of the categorical groups may be eligible if they need child care to work, to complete a high school education, to participate in treatment activities for social or health reasons, or to participate in approved education and training activities.

Extent of Services: The CDC program provides payments to eligible providers on behalf of parents who are receiving CDC assistance. The program area contracts with the Early Childhood Investment Corporation to enhance the quality of child care in Michigan.

FY 2015 Funding: The CDC program is primary federally funded. In FY 2015, \$131.2 million was spent on the CDC program. This funding includes Child Care Development Fund, Social Security Act Title XX, Social Security Act Title IV-E and State General Funds.

FY 2015 People Served: On average, 29,624 children in low-income families or foster care placements received assistance for care each month in FY 2015, while their parents participated in employment, training or education programs.

Effectiveness:

- CDC, has been in place since July 1992, although the low-income portion of the program dates back to the 1970's.
- Parental Choice
- A wide range of providers participate with the program. Currently, the CDC program in Michigan utilizes:
 - 1719 Licensed Child Care Centers
 - 1056 Licensed Group Child Care Homes
 - 1230 Registered Family Child Care Homes
 - 4839 Unlicensed Child Care Providers
- On average, 29,624 children received assistance for care each month in FY 2015.
- This assistance amounts to more than \$8.7 million monthly.
- In 2015:
 - 45 new instructors were trained to deliver the Great Start to Quality Orientation (a 7 hour basic health and safety training requirement for unlicensed child care providers)
 - 467 trainings were offered
 - 3171 current or prospective providers completed the Great Start to Quality Orientation
 - All children receiving CDC subsidy have a child care provider with training in core health and safety topics, including first aid and CPR
- In September 2015, 74% of the children receiving CDC assistance were in a licensed/registered child care setting or in the care of an unlicensed provider who has completed 10 annual hours of training
- Michigan has no child care waiting lists. Such lists are common in other states.

Availability of Assistive Technology: All parents in Michigan, including those qualifying for CDC, have 24/7 access to GreatStartToQuality.org, Michigan's online database that connects

parents with child care providers. Families searching for child care use this database to easily search for a licensed/registered provider that meets the needs of their family.

Waiting Lists: Not applicable.

Unserved and Underserved Populations: Not applicable.

Describe how the program outreaches or provides services to culturally and linguistically diverse backgrounds. Include any information on disparities related to service areas:
Information not provided

Interagency Efforts: The CDC program office within the MDE/Office of Great Start, collaborates across agencies through a variety of mechanisms such as MDHHS and LARA.

Children's Special Health Care Services

Program/Scope: Children's Special Health Care Services (CSHCS) is a program administered by MDHHS that provides early identification, diagnosis and treatment of certain disabilities in children. CSHCS receives funds from the Maternal and Child Health Block Grant, federal match for beneficiaries with Medicaid coverage, and the state. The program includes the following services to children with I/DD and their families: diagnostic evaluations, assessment of family service needs, case management, care coordination, assistance in locating appropriate sub specialists for care, and payment for medical care and treatment. CSHCS also funds the Family Center for Children and Youth with Special Health Care Needs, which is a program for families administered by families who have members with special health needs.

Eligibility: The target group for CSHCS is children with physical disabilities who have the potential for long term disability if untreated. These include, but are not limited to: cerebral palsy, cystic fibrosis, spina bifida, epilepsy, hemophilia and severe disabling conditions of the newborn. Those under 21 years of age who are suspected of having an eligible diagnosis qualify for a diagnostic evaluation if there is no other means to obtain the medical documentation. All other program services are available to enrollees: 1) under 21 who have an eligible diagnosis; and 2) of any age with cystic fibrosis or coagulation defects, i.e. hemophilia.

Extent of Services: Medicaid care and treatment, care coordination and case management.

FY 2015 Funding: \$202,058,500

FY 2015 People Served: 40,000

Effectiveness: The CSHCS program is an important resource for families in receiving services from appropriate sub specialists regarding the CSHCS qualifying condition. It is also significant for those who wish to keep a child with severe disabilities at home by providing essential support services available through CSHCS. CSHCS provides payment and community navigation assistance for people with special health care needs and their families.

Availability of Assistive Technology: When requested and medically necessary

Waiting Lists: Not applicable.

Unserved and Underserved Populations: Not applicable.

Describe how the program outreaches or provides services to culturally and linguistically diverse backgrounds. Include any information on disparities related to service areas:

CSHCS contracts with all 45 local health departments in Michigan to engage in program outreach activities. Outreach efforts also engage with the children's hospitals in Michigan to assure that pediatric subspecialists are both aware of the program and that they will refer medically eligible clients to the program. We assure outreach to culturally and linguistically diverse background through our partnerships with local health departments and the children's hospitals.

Interagency Efforts: The CSHCS works closely with the DD Council's Health Issues Work Group. The Family Center works closely with other partners including education, mental health, Medicaid and other advocacy organizations.

Children's Waiver Program

The contract between the MDHHS and PIHPs and CMH Services Programs (PIHPs/CMHSPs) establishes standards for access to mental health services. These standards provide the framework to address all populations that may seek out or request services of a PIHP or CMHSP including individuals with I/DD, mental illness, and co-occurring mental illness and substance use disorders. Each PIHP/CMHSP must have a Customer Services Unit. It is the function of the Customer Services Unit to be the front door of the PIHP/CMHSP and to convey an atmosphere that is welcoming, helpful, and informative. The Customer Services Unit is part of the PIHP/CMHSPs access system.

Access system services must be available to all residents of the state of Michigan, regardless of where the person lives, or where he/she contacts the system. The PIHP/CMHSP must arrange for an access line that is available 24 hours per day, 7 days per week; including in-person and by-telephone access for hearing impaired individuals. Telephone lines must be toll-free and accommodate people with limited English proficiency and other linguistic needs, as well as be accessible for individuals with hearing impairments and must accommodate persons with diverse cultural and demographic backgrounds, visual impairments, alternative needs for communication and mobility challenges.

The state of Michigan's contract with CMHSPs requires that CMHSPs comply with the Office of Civil Rights Policy Guidance on the Title VI Prohibition Against Discrimination as it Affects Persons with LEP. The contract addresses access to services by limited English proficiency persons throughout the contract. Requirements include equal access for people with diverse cultural backgrounds and/or limited English proficiency, as outlined by the Office of Civil Rights Policy Guidance in the Title VI Prohibition Against Discrimination as it Affects Persons with limited English proficiency; that materials are written at the 4th grade reading level to the extent possible; and that materials shall be available in the languages appropriate to the people served within the CMHSPs area.

Program/Scope: The Children's Waiver Program (CWP) is a Home and Community-Based Services (HCBS) waiver which is authorized under Section 1915 (c) of the Social Security Act via Section 2176 of the Omnibus Budget Reconciliation Act of 1981 (OBRA 81). The CWP is a Medicaid Fee-For-Service program administered locally by CMHSPs; and which is contracted by the MDHHS as providers of services to CWP enrollees under the auspices of a 1915(b)(4) Fee-For-Service Selective Contract concurrent waiver. Services are provided directly by CMHSPs, their contracted providers and/or providers of the consumer's choice through Financial Management Services under Choice Voucher arrangements and Purchase of Service contracts. HCBS waivers allow states to provide services to individuals, who without such services, require or are at risk of placement into an Intermediate Care Facility for Individuals with Intellectual Disabilities. The CWP is approved by the Center for Medicare and Medicaid Services (CMS) under these provisions. HCBS are federally approved for up to 5 years.

Eligibility: The CWP enables Medicaid to fund services for children up to age 18, with I/DD, who live in the homes of their birth or legally adoptive parents regardless of their parent's income.

Extent of Services: In addition to being eligible to receive all state plan Medicaid funded services, children served by the CWP may receive the following services as identified in their Individual Plan of Service (IPOS) and supports: family training, non-family training, respite care, community living supports, specialty services, transportation, enhanced medical equipment and supplies, and environmental accessibility adaptations. The CWP is a statewide program.

FY 2015 Funding: State of Michigan appropriation is \$21,544,900, Federal Medicaid match is \$15,488,700.

ARRA: Not applicable.

FY 2015 People Served: 469

Effectiveness: The CWP has been an important source of funding for Michigan for families who wish to maintain their child at home and provide a community-based, family-centered life for their child with I/DD. The CWP is approved to serve 494 children annually. Most terminations were due to the child turning 18 years of age and then becoming eligible for other services, some children passed away and some no longer needed CWP services. Only a few children lost eligibility upon leaving the home of their family. Almost all families report that they would not be able to maintain their child at home without the services of the CWP. These children have often experienced improved health and independence that can be attributed to the quality of care provided to them while residing at home and receiving necessary support services.

Availability of Assistive Technology: The CWP covers specialized medical equipment, supplies and repairs that are considered to be of direct medical or remedial benefit, including assistive technology such as devices, controls, or appliances specified in the IPOS which enable the child to increase his abilities to perform activities of daily living with greater degree of independence than without the device; or to perceive, control or communicate with the environment in which the child lives.

Waiting Lists: The CWP has a Weighing List that is established based on information gathered from the CMHSPs and summarized in the pre-screening form. A pre-screen is scored by MDHHS based on the health and safety factors. When a slot for the CWP becomes available, the family of the child with the highest score on the Weighing List is offered an invitation to apply.

Unserved and Underserved Populations: When CMHSP submits a pre-screen they are attesting to the fact that the child is in their priority population and therefore, per the Michigan Mental Health Code, the CMHSP is responsible to serve the child with general fund dollars. General fund dollars have continuously decreased recently, therefore the amount of services these children and families receive may be impacted negatively.

Describe how the program outreaches or provides services to culturally and linguistically diverse backgrounds. Include any information on disparities related to service areas:
Information not provided

Interagency Efforts: The CWP is funded through Medicaid. MDHHS/BHDDA interacts with the local Medicaid eligibility staff to establish Medicaid eligibility for the children on the CWP.

Child Welfare Services – Foster Care

Program/Scope: The MDHHS/Children's Foster Care Program provides placement and supervision of children who have been removed from their homes due to abuse or neglect. The court authorizes removal of children from their parents and refers them to MDHHS for placement, care and supervision. Foster care is viewed as a short-term solution to an emergency situation and permanency planning must continue throughout the child's placement in care. Whenever possible, the department shall preserve the child's family. A child should be separated from his/her family only when the family is absent or is unwilling or unable, even with assistance, to provide a safe home for the child. Foster care intervention is directed toward assisting families to rectify the conditions that brought the children into care through assessment and service planning. When families cannot be reunified, children must be prepared for safe, appropriate permanent placements through adoption, guardianship or another permanent placement.

The Children's Foster Care program is closely tied to the MDHHS/Children's Protective Services (CPS) program, Family Preservation Initiatives, and the adoption program. The CPS program identifies those children who cannot be protected from abuse or neglect in their homes. CPS petitions the court, which has the authority to authorize the removal of a child from his/her home, and the court refers the child to MDHHS for placement, care and supervision. Thus, CPS and the courts function as the entry point to the Foster Care Program. The goal of the Foster Care Program is to ensure the safety, permanence and well-being of children through reunification with the birth family, permanent placement with a suitable relative, a permanent adoptive home or legal guardianship.

Eligibility: Children are eligible, when they are determined by the Juvenile or Family Court to need foster care, and are under the care & supervision of MDHHS.

Extent of Services: The provision of foster care services is a joint undertaking between the public and private sectors. If the child cannot be protected from abuse or neglect in his/her home, and out-of-home placement is necessary, the primary focus of services is directed toward alleviating the conditions that brought the child into care so he/she may be returned home. The purpose of foster care is to provide continuity, consistency and permanence in a family setting for the growing child. If a return home is not possible, alternative permanent plans must be pursued. Foster care policy and practice provides caseworkers with a framework for child-focused, family-centered interventions to help achieve timely permanency planning decisions. ILS and supportive connections must be provided to older youth to ensure a successful transition to adulthood once they exit the foster care system. To improve outcomes for children and families in the foster care system, numerous child-focused, family-centered strategies are used: state and local recruitment and retention of foster homes targeting specialized groups of children, relative home licensing, concurrent permanency planning, family team meetings with the involvement of parents, children and caregivers and public/private partnerships. These strategies are achieved through self-evaluation, quality assurance and data-driven decisions.

Currently, MDHHS is able to collect information on emotional, mental, intellectual, hearing, visual, speech, specific learning, and physical disabilities through the Statewide Automated

Child Welfare Information System. The department continues to explore how to ensure collection of quality data on the children in foster care with I/DD.

FY 2015 Funding:

- Federal Social Security Act, Titles IV-E, IV-B, XX and Title XIX (Medicaid) for staffing costs only
- State General Fund
- County funds
- Federal Temporary Assistance for Needy Families (TANF) Block Grant - for staff and foster care costs
- Chafee Foster Care Independence Program for Youth in Transition and Educational Training Vouchers
- Jim Casey Youth Initiative

FY 2015 People Served: 13,009 Foster care children who were active during FY 2015

Effectiveness:

- The number of foster care program cases has been declining. As of September 30, 2015, Michigan was responsible for 13,009 children in foster care compared to 13,209 as of September 30, 2014.
- Among current living arrangements, 30% of children in care are placed with relatives. Michigan's public/private partnership is working together to license relative caregivers, making them eligible for the same training and support as unrelated foster homes. In FY 2015, 692 relative-only licenses were issued.
- Of all children discharged from foster care to reunification who had been in foster care for 8 days or longer, the median length of stay continues to decrease. As of the 12-month period ending March 31, 2014, the median length of stay was 10.1ⁱ months, compared to 11.6 months for FY 2009. Of all children who were discharged from foster care, and who were legally free for adoption at the time of discharge, the percent discharged to a permanent home prior to their 18th birthday continues to increase. A permanent home is defined as having a discharge reason of adoption, guardianship or reunification, including living with relative. As of the 12-month period ending March 31, 2014, 97.9%ⁱⁱ of children were discharged to a permanent home prior to their 18th birthday, compared to 96.7% for FY 2009.
- The number of children placed in residential care facilities continues to decrease. As of September 30, 2015, 856ⁱⁱⁱ children were in residential care compared to approximately 1200 in October 2008.

Availability of Assistive Technology: Staff provides assistance if a customer has an identified need.

Waiting Lists: Not applicable.

Unserved and Underserved Populations: There are gaps in services based on geography.

Describe how the program outreaches or provides services to culturally and linguistically diverse backgrounds. Include any information on disparities related to service areas: The MDHHS contracts with child placing agencies and service providers within the many diverse communities in Michigan to ensure that the cultural and linguistic needs of families are being considered during service provision. Agencies have the ability to access interpreters for families in which English is not their primary language to ensure they understand their rights and responsibilities.

Foster care services are provided to Unaccompanied Refugee Minors (URM). The URM Program provides culturally appropriate foster care services to assist eligible minors to develop appropriate skills to enter adulthood, while achieving economic self-sufficiency and social adjustment. These services are only applicable to URM foster care cases assigned to one of the URM programs in Michigan.

For American Indian or Alaska Native children, active efforts are required throughout all aspects of case service planning. Active efforts are more intensive than reasonable efforts and require the caseworker to thoroughly assist the family in accessing and participating in necessary services that are culturally appropriate, remedial and rehabilitative in nature. If a family indicates tribal affiliation, the tribe is notified and may take jurisdiction of the case if they choose to. There are gaps in services based on geography.

¹ Michigan 12-13-13B14A Data Profile as of 4/15/15

¹ Michigan 12-13-13B14A Data Profile as of 4/15/15

¹ Children Services Administration-Fact Sheet-September 30, 2015

Interagency Efforts: MDHHS collaborates with multiple state agencies as well as private agencies.

Early and Periodic Screening, Diagnosis and Treatment Program

Program/Scope: The purpose of the MDHHS/Early and Periodic Screening, Diagnosis, and Treatment (EPSDT) program is to discover potential health and/or developmental problems in children as early as possible to assure early intervention. EPSDT is a federally mandated Medicaid program, administered in MDHHS, through the Medical Services Administration. Providers are required to administer a series of assessments, tests, and measurements following specific program policies and procedures.

Eligibility: EPSDT visits, also known as well child visits, are a covered benefit for all eligible Medicaid beneficiaries under 21 years of age. Providers must complete all testing components at the specific ages indicated on the periodicity schedule. A link to the periodicity schedule may be found in the Directory Appendix of Medicaid Provider Manual located on the MDHHS web site at www.michigan.gov/medicaidproviders, Policy and Forms, Medicaid Provider Manual. EPSDT visits may be performed more frequently than the periodicity schedule as indicated per Medicaid policy.

Extent of Services: EPSDT program services include age appropriate screening based on the components identified in the EPSDT periodicity schedule. Required service components include, but are not limited to: health history, complete physical examination, laboratory testing including blood testing for lead, vision and hearing screening, developmental assessment, review of immunization status, interpretive conference, health education, and anticipatory guidance.

FY 2015 Funding: No information provided.

FY 2015 People Served: Information not provided.

Effectiveness: The EPSDT program is important in identifying children with existing and potential I/DD so they can receive diagnostic and treatment interventions early. The Michigan Medicaid program has a number of outreach efforts in place to assure that beneficiaries are receiving this important service.

Availability of Assistive Technology: Not applicable.

Waiting Lists: Not applicable.

Unserved and Underserved Populations: Not applicable.

Describe how the program outreaches or provides services to culturally and linguistically diverse backgrounds. Include any information on disparities related to service areas:
Information not provided

Interagency Efforts: Not applicable.

Federal Mental Health Block Grant

Program/Scope: Federal CMH Services Block Grant funds are used to provide community-based services for adults with serious mental illness and children with serious emotional disturbance. Service initiatives are designed to carry out the goals and objectives of MDHHS in accordance with the "State Comprehensive Mental Health Service Plan," approved by CMS. The Comprehensive Plan describes the state's public mental health system, established in Michigan's Mental Health Code, and operated through Michigan's 10 PIHP's and 46 CMHSPs. The plan also describes MDHHS' intent to use CMH Services Block Grant funds to continue services and to foster service innovation and service development in this system of care.

Eligibility: The CMH Services Block Grant regulations mandate that these funds be used solely for adults with serious mental illness and children with serious emotional disturbance. As specified in the plan, MDHHS allocates most of the funding to continue community-based services for adults with serious mental illness and children with serious emotional disturbance served by PIHPs/CMHSPs. Each year, a portion of the federal block grant funds is allocated for pilot projects, trainings in evidence-based practices and system-wide evaluations. As of FY 2014 the Substance Abuse and Mental Health Services Administration (SAMHSA) mandated a 5% set-aside to be used for First Episode Psychosis projects in the state. As of FY 2016, the required set-aside was raised to 10%.

Extent of Services: CMH Services Block Grant funds for adult services are used to drive a transformation of the public CMH system to one that is centered in the principle of recovery. CMH Services Block Grant funds are supporting the development and statewide implementation of evidence-based practices. Start-up block grant funds have resulted in Family Psychoeducation and Co-occurring Disorders: Integrated Dual Disorder Treatment being available in all regions of the state. Other evidence-based practices that have increased and improved in quality are Dialectical Behavior Therapy, Motivational Interviewing, Supported Employment, and Assertive Community Treatment. PIHPs are encouraged to implement other innovative practices that are considered promising with respect to consumer outcomes. Each PIHP region has created, with CMH Services Block Grant support, an Improving Practices Leadership Team, which is responsible to oversee the implementation of evidence-based and promising practices, and to assure that the entire system has a primary focus on recovery. At the CMHSP level, CMH Services Block Grant funds have been awarded on a competitive basis to fund innovative services in areas including anti-stigma, consumer-run programs, homeless resource centers, specialized rural programming, jail diversion services, integrated mental health and physical health pilots, trauma-informed care, and services for older adults and other special populations.

The children's portion of the CMH Services Block Grant is used to fund projects that focus on transforming the mental health system by improving outcomes for children with serious emotional disturbance and their families by continuing to introduce and support evidence-based, innovative and promising practices. Block Grant funds are used to expand access to Parent Management Training - Oregon Model across the state, to continue Trauma Focused Cognitive Behavior Therapy training cohorts, to support wraparound programs, training and fidelity, to continue the development of parent and youth peer service programs and to support the development of comprehensive systems of care. In addition, the CMH Services Block Grant

supports family-centered training opportunities for families and professionals. CMH Services Block Grant dollars are also used to support the Michigan Level of Functioning Project, which compiles and analyzes Child and Adolescent Functional Assessment Scale and the Preschool/Early Childhood Functional Assessment Scale data. The data is used to assess how effective services are on every level, from one individual child to the system as a whole and as a means of evaluating the outcomes of the services provided to children by the public mental health system.

FY 2015 Funding: Michigan was awarded a Federal CMH Services Block Grant in the amount of \$ 13,790,124 in FY 2015. The award is split 2/3 to adult projects and 1/3 to children's projects. An additional 5% was awarded to be utilized specifically for First Episode Psychosis projects in FY 2015 as well.

FY 2015 People Served: MDHHS does not keep data specifically on the total number of people served by or who benefit from all CMH Services Block Grant funded projects, as this would be vast and difficult to determine and changes every year. The CMH Services Block Grant funding is mandated to be used to serve adults with serious mental illness and children with serious emotional disturbance.

Effectiveness: Funding continues to support critical, community-based services for adults with serious mental illness and children with serious emotional disturbance. MDHHS is required to submit a CMH Services Block Grant Implementation Report each fiscal year to the SAMHSA that includes data on performance indicators that are predetermined by SAMHSA and evaluates specific aspects of CMH Services Block Grant usage.

Availability of Assistive Technology: Not applicable.

Waiting Lists: Not applicable.

Unserved and Underserved Populations: Not applicable.

Describe how the program outreaches or provides services to culturally and linguistically diverse backgrounds. Include any information on disparities related to service areas: A portion of the Federal CMH Services Block Grant is allocated to agencies and PIHPs/CMHSPs who provide services specifically to special population groups, i.e. LBGTQ2S, Native American, Asian, Hispanic, Arab/Chaldean, Jewish and Vietnam Veterans. Specific provisions and reporting requirements are included in contracts with those agencies that receive funding to serve special populations. SAMHSA requires states to include information on service area disparities in planning and reporting for the Federal CMH Services Block Grant.

Interagency Efforts: Not applicable.

Homes for the Aged Program

Program/Scope: In Michigan, Homes for the Aged (HA) are defined and regulated by the Public Health Code, P.A. 368 of 1978, and the Life Safety Code of Act 207, P.A. of 1941, and its amendments, as well as HA administrative rules. HA means a supervised personal care facility other than a hotel, AFC facility, hospital, nursing home, etc., that provides room, board and supervised personal care to 21 or more unrelated, and non-transient individuals age 60 or over.

A HA includes a supervised personal care facility for 20 or fewer individuals, age 60 or older, if the facility is operated in conjunction with, and as a distinct part of, a licensed nursing home.

Eligibility: An operation needs to be licensed under P.A. 368 of 1978 as a HA if it offers or provides supervised personal care in addition to room and board to 20 or more unrelated, non-transient individuals age 60 or over.

Extent of Services: HA facilities provide supervised personal care in addition to room and board. Supervised personal care means guidance of or assistance with activities of daily living provided to the resident by a home, an agent or employee of a home. Activities of daily living means activities associated with eating, toileting, bathing, grooming, dressing, transferring, mobility, and medication management. Room and board means the provision of housing and meals to meet the needs of the resident.

FY 2015 Funding: HA care is typically paid for through the residents' personal funds, including but not limited to: long term care insurance, SSDI and SSI benefits, private savings, pensions and family contributions, MI-Choice Waiver, and Medicaid supplement (also known as personal care or model payments).

FY 2015 People Served: HA primarily serve persons 60 years of age or older who do not require continuous nursing care. However, people whose care needs are similar to aged persons, that are also compatible with that population, may also be admitted into a HA with an LARA/BCHS/AFC and Camps Licensing Division Director's age waiver approval.

Effectiveness: Licensing, oversight and regulation of HA are the responsibility of LARA/BCHS/AFC and Camps Licensing Division. HA regulation is required by federal law, specifically the Keys Amendment, for the protection of vulnerable adults in home care. Regulation of HA is protection through prevention. P.A. 368 of 1978 requires license inspections for HA facilities at least once every 3 years. Interim inspections are also conducted when facilities are under Corrective Notice Orders. All HA facilities are also inspected annually by the LARA/Bureau of Fire Services.

As of September 30, 2015, Michigan had 230 licensed HA homes serving approximately 17,058 aged persons. Six full-time HA licensing staff processed 19 original license issuances, 57 renewals of licenses and investigated 188 complaints in FY 2015.

Availability of Assistive Technology: All HA licensees have access to the Long Term Care Workforce Background Check website that enables them to complete registry and fingerprint based background checks on their employees.

Waiting Lists: While there are many vacancies across the state for those individuals who have private funds and can afford to pay private pay rates, there is always a need for more facilities that will accept low income individuals.

Unserved and Underserved Populations: Low income vulnerable adults.

Describe how the program outreaches or provides services to culturally and linguistically diverse backgrounds. Include any information on disparities related to service areas. It does not outreach or make any provisions to serve culturally or linguistically diverse backgrounds. Licensee may not admit a resident whose needs it cannot meet because of a linguistic or cultural challenge.

Interagency Efforts: Historically, the LARA/BCHS/AFC and Camps Licensing Division has collaboratively worked with local CMH authorities, ORR, MDHHS/Adult Protective Services, law enforcement and local units of government. On a state level, the division is actively engaged with MDHHS, LARA/Bureau of Fire Services, as well as all legislators with expressed concerns. Additionally, the division cooperatively works with both licensee and resident advocacy organizations.

Independent Living Services

Program/Scope: The MDHHS/Independent Living Services (ILS) program offers a range of Medicaid and non-Medicaid services to individuals of any age that require consultation of assistance to maintain and maximize functional capacity within their own homes or independent living arrangements. Non-Medicaid services could include information and referral, health related resources and protection (for adults in need of guardian/conservator but who are not in immediate need of APS).

Eligibility: The following individuals are eligible for ILS:

- SSI recipients who need services
- Medicaid recipients who need services
- Must need assistance with at least 1 ADL to be eligible for ILS

Extent of Services: Information not provided.

FY 2015 Funding: 264 Million appropriated in P.A. 252 of 2014

FY 2015 People Served: 67,475

The ILS program served a monthly average of 7576 individuals with I/DD in FY 2015.

Effectiveness: The MDHHS/Home Help program, which allows individuals with I/DD to select their own provider for non-specialized services, is an extremely important service for people who want to stay in their own homes. Program staff assesses need and process payments to a provider for individuals in need of unskilled, non-specialized care to remain in an independent setting. Some of the tasks that could be paid for are laundry, meal preparation, grooming, dressing, transferring, and bathing. As functionality declines, progressively increased supports will be offered to enable the individual to remain in the least restrictive setting.

Availability of Assistive Technology: The Physical Disability Services program was eliminated in the FY 2010 budget and has not been reauthorized.

Waiting Lists: Not applicable.

Unserved and Underserved Populations: Not applicable.

Describe how the program outreaches or provides services to culturally and linguistically diverse backgrounds. Include any information on disparities related to service areas: No data available.

Interagency Efforts: None at this time.

Nursing Home Licensing and Certification

Program/Scope: For Michigan licensure purposes, nursing homes are defined and regulated under provisions of P.A. 368 of 1978 as amended (Public Health Code). The code definition of a nursing home is "a nursing care facility, county medical care facility, but excluding a hospital or facility created by P.A.152 of P.A. 1985, as amended, that provides organized nursing care and medical treatment to 7 or more unrelated individuals suffering or recovering from illness, injury, or infirmity." Under this definition, hospital long term units function are federally certified as Medicare and/or Medicaid participating nursing homes, but are licensed as part of the overall hospital license.

Eligibility: All facilities meeting the definition of a nursing home must be licensed. Nursing home participation in the Medicare and Medicaid programs is voluntary.

Extent of Services: Michigan has approximately 450 nursing homes, with a capacity of approximately 51,000 beds. The statewide average resident census in those beds is about 90% at any given time. Regulation is accomplished through the LARA/BCHS/Division of Federal Survey and Certification, with field offices in Lansing, Gaylord and Detroit. Each nursing home is surveyed (inspected) for federal certification purposes within a window of every 9 to 15 months with an average of every 12 months. A full licensure survey is conducted every 2 years under provisions of the Michigan Public Health Code. Additional survey visits are conducted to follow-up on correction of deficiencies and for complaint investigations. Complaints involving nursing homes are handled by the LARA/Health Facility Licensing, Permits and Support Division's Complaints Intake Unit. A 24 hour complaint hotline number records complaints and concerns of the public. The hotline number is 1-800-882-6006.

Fiscal Year Funding: Information not provided.

Fiscal Year People Served: Information not provided.

Effectiveness: The survey protocols for inspections of nursing homes are very detailed according to federal guidelines. They include sampling residents for detailed evaluations of adequacy of facility services in key areas such as resident quality of life, quality of care, and residential rights. Full effectiveness is constrained by survey staff reductions, most recently due to "early out" retirement incentives created by the Michigan Legislature.

Nursing homes must demonstrate compliance with the requirements of the ADA, and with the requirements of the Office of Civil Rights in order to receive Medicare/Medicaid certification.

Availability of Assistive Technology: Not applicable.

Waiting Lists: Not applicable.

Unserved and Underserved Populations: Not applicable.

Describe how the program outreaches or provides services to culturally and linguistically diverse backgrounds. Include any information on disparities related to service areas:
Information not provided.

Interagency Efforts: The LARA/BCHS/Federal Survey and Certification Division works closely with the LARA/Health Facility/Licensing, Permits and Support, the Medical Services Administration and the LARA/Bureau of Fire Services in a cooperative effort to evaluate nursing homes' compliance with State and Federal requirements for health and safety of residents.

Office of Recipient Rights

Program/Scope: The MDHHS/ORR is established by the Mental Health Code. It provides direct rights protection services to recipients in state-operated hospitals and centers, as well as consultation to their family members.

Among the protection services provided are: prevention, education, training, monitoring, and complaint resolution. The office also assesses the quality and effectiveness of the rights protection systems in the CMH service programs in Michigan, as well as those systems in private psychiatric hospitals and units licensed by the state.

Eligibility: Any individual receiving services from a state-operated psychiatric hospital or center for persons with individuals with I/DD is eligible for rights protection services from the ORR.

Extent of Services: In FY 2015, 3373 recipient rights complaints were filed by patients in state operated hospitals and centers. Other complaint sources resulted in an additional 1096 complaints. Of these, 548 cases were opened for investigation; 2306 interventions were done by the ORR staff. The ORR intervention is a process on behalf of recipients to obtain resolution of an allegation of a rights violation when the facts are clear and, the remedy is easily attainable. 845 complaints did not involve a code-protected right, or were out of the jurisdiction of the rights office. Of the cases opened for investigation, 49 were found to be substantiated rights violations. Of the cases resolved through intervention, 178 were found to be substantiated rights violations.

FY 2015 Funding: \$2,578,056

FY 2015 People Served: Not applicable.

Effectiveness: Despite strengthening of the rights of recipients of mental health services by the amendments to the Mental Health Code, much work needs to be done by the ORR in the areas of awareness and education for consumers and their family members. With the advancement of managed care and Person-Centered-Planning (PCP), much also remains to be done in the areas of training and assuring quality public mental health and recipient rights promotion and protection services. The ORR continues to act as a resource for providers as well as consumers in this regard.

Availability of Assistive Technology: Not applicable.

Waiting Lists: Not applicable.

Unserved and Underserved Populations: Not applicable.

Describe how the program outreaches or provides services to culturally and linguistically diverse backgrounds. Include any information on disparities related to service areas:
Information not provided.

Interagency Efforts: Not applicable.

Older Adults with Developmental Disabilities

Program/Scope: The Behavioral Health and Developmental Disabilities Administration (BHDDA) is located within MDHHS. The administration carries out responsibilities specified in the Michigan Mental Health Code, the Michigan Public Health Code and administers Medicaid Waivers for individuals with I/DD. Each year over 39,000 individuals with I/DD are served, in FY 2014 approximately 6% were 65 years of age or older.

The Aging and Adult Services Office provides services to older persons and this may include individuals with I/DD. Although older individuals with I/DD may access services through this office, they do not track the number of individuals with I/DD who are served.

Eligibility: Michigan was one of the first states to implement a combined 1915(b) and (c) waiver, known as the Specialty Supports and Services Waiver, for individuals with I/DD. An extensive array of community-based, developmental disability specialty services and supports are covered by Medicaid when delivered under the auspices of the waiver by an approved PIHP. A PIHP must be certified by MDCH as a CMHSP under the Michigan Mental Health Code. It must make available, either directly or through contract with other providers, both the comprehensive array of services specified under the Michigan Mental Health Code and all specialty services and supports approved in the waiver. This includes medically necessary supports and services that promote community inclusion and participation, independence, and/or productivity.

Programs funded by the Older Americans Act are available to people who are 60 years of age and older.

Extent of Services: Information not provided.

FY 2014 Funding: Not available.

FY 2014 People Served: 2645 individuals with I/DD and 65 years or older

A PCP process is used to develop a plan and based on medical necessity each individual can access a comprehensive array of services including case management, community living supports, transportation, medication administration and personal care in a licensed specialized residential setting.

The Habilitation Home and Community Based Services (HCBS) waiver served about 8,000 in FY 2014.

Total number of individuals with a dual diagnosis of I/DD and Mental Illness (DD/MI) who receive services through the HCBS waiver is 4142.

HCBS Enrollees for FY 2015 Dual Diagnosed (DD/MI)

60 to 64 years:	504	249
65 and older:	589	287
Total:	1093	536

Efforts to provide community living options and small and independent living options increased throughout FY 2013 and FY 2014. A small number of older persons continue to live in large (7–20 beds) group homes or in nursing facilities.

Large Group Residential for persons 60 and older in FY 2014:

<u>Age</u>	<u># in 7+ bed homes</u>
60-64	165 persons
65 and over	230 persons
Total	395 persons

Nursing facility for persons 60 and older in calendar year 2014

<u>Age</u>	<u># in a nursing facility</u>
65-74	108 persons
75-85	83 persons
86-100	19 persons

Total number of individuals with I/DD who are 65 or older and lived in a nursing facility in 2014 is 210.

Effectiveness: Michigan tracks performance of services including access and timeliness. In FY 2015, 10 additional measures for individuals who receive services through the HCBS waiver were added.

Availability of Assistive Technology: Information not provided.

Waiting Lists: Information not provided.

Unserved and Underserved Populations: Information not provided.

Describe how the program outreaches or provides services to culturally and linguistically diverse backgrounds. Include any information on disparities related to service areas:
Information not provided.

Interagency Efforts: Information not provided.

Services for Children and Adults with I/DD and Their Families

Program/Scope: Medicaid Services for individuals with I/DD are: necessary for screening and assessing the presence of a I/DD; and/or required to identify a I/DD; and/or intended to treat, ameliorate, diminish or stabilize the symptoms of a I/DD; and/or expected to arrest or delay the progression of a I/DD; and/or designed to assist the beneficiary to attain or maintain a sufficient level of functioning in order to achieve his goals of community inclusion and participation, independence, recovery, or productivity.

Medicaid services for individuals with I/DD are provided through local CMHSPs. These services assist families in maintaining, as a family member, a child or adult with a I/DD, in his or her own home. Services are provided to the entire family unit and are individually tailored to the unique needs of each family. Services included are: respite, parent or other care giver training, habilitation skills training, psychological/behavioral treatment, respite, and a cash subsidy program.

Eligibility: I/DD as outlined in Michigan's Mental Health Code.

Extent of Services: Applied Behavioral Analysis, Assessment, Support Coordination, Community Living Supports, Respite Care, Assistive Technology, Enhanced Pharmacy, Environment Modifications, Crisis Intervention, Crisis Residential Services, Family Support and Training (including Parent Support Partner), Housing Assistance, Peer-Delivered or Peer-Operated Support Services, Peer Specialist Services, Psychiatric Services, Home Based Services, Wraparound. Descriptions of all services may be found in the MDHHS Medicaid Provider Manual, Mental Health and Substance Abuse chapter.

FY-2014 Funding for Services: All sources including Medicaid and General Funds: \$2,237,776,182

FY 2014 Funding: Cost of services expended from all CMHSPs for individuals with I/DD total \$1,207,558,805.

- FY 2014 People served from all funding streams including Medicaid and General funds:
 - Total People Served: 241,329
 - Adults with I/DD: 23,068
 - Children with I/DD: 6606
 - Adults with Dual Diagnosis (DD/MI): 12,393
 - Children with Dual Diagnosis (DD/MI): 2848
- Number and cost of HCBS waiver enrollees as of September 30, 2015: 8180 (\$447,173,083.18)
- CWP enrollees as of September 30, 2015: 469 (\$21,544,900)

Effectiveness: Michigan continues to be a leader in its array of Medicaid services that assist children and adults with I/DD. These services, along with the Family Support Subsidy,

Children's and HCBS waiver, assist in maintaining children and adults with I/DD in their homes and communities.

- **Family Support Subsidy:** The MDHHS/Family Support Subsidy Program provides financial assistance to families that include a child with severe I/DD. The intent is to help make it possible for children with I/DD to remain with or return to their birth or adoptive families. The program provides a monthly payment of \$222.11. Families may use this money for special expenses incurred while caring for their child. Children must be under age 18, living in the family home and meeting educational eligibility requirements. The family's taxable income cannot exceed \$60,000. Applications are available at all local CMHSPs.

Availability of Assistive Technology: When specified in their Individual Plan of Service (IPOS), several types of assistive technology are available to Medicaid enrollees through their CMHSP. Included would be adaptations to vehicles, special personal care items related to a person's disability, communication devices (not covered through the Medicaid state plan), prostheses necessary to ameliorate negative impact of serious facial disfigurements and/or skin conditions, ancillary supplies and equipment necessary for proper functioning of assistive technology items, and repairs to covered assistive technology items that are not covered benefits through other insurances.

- The **Habilitation Supports Waiver** covers enhanced medical equipment and supplies that are not available through regular Medicaid coverage or through other insurances. These items must be specified in the IPOS, and enable the individual to increase their abilities to perform activities of daily living: or to perceive, control, or communicate with the environment. These include items necessary for life support, ancillary supplies and equipment necessary for proper functioning of such items and durable and non-durable medical equipment not covered under the Medicaid state plan.
- The **Children's Home and Community-Based Waiver Services Waiver** covers environmental accessibility adaptations specified in the IPOS which are necessary to ensure the health, welfare and safety of the child or enable them to function with greater independence in the home and without which the child would require institutionalization. The CWP also covers specialized medical equipment and supplies that are specified in the IPOS and are of direct medical or remedial benefit to the child.

Examples of these types of assistive technology may be found in the Medicaid Provider Manual on the state of Michigan website.

Waiting Lists: Not applicable.

Unserved and Underserved Populations: Individuals with I/DD and families who do not qualify for Medicaid or CSHCS may not be able to receive services through the local CMHSPs especially with limited General funds in the state of Michigan budget.

Describe how the program outreaches or provides services to culturally and linguistically diverse backgrounds. Include any information on disparities related to service areas:
Information not provided.

Interagency Efforts:

- The MDHHS and the DD Council collaborated on a Peer Mentoring initiative for individuals with I/DD initiative. Individuals with I/DD are trained to provide their peers with advocacy support that promotes self-determination; shows peers how to direct their own lives; and reinforces their efforts to become better self-advocates, make choices and develop leadership skills. Peer Mentors offers the benefit of their lived experiences and assist with PCP goals, build bridges to people and resources in the community, and assist others in building their own independent lives. Peer Mentoring is a Medicaid covered service and Certified Peer Mentors are employed at their local CMH agency providing peer mentoring services. Since 2007 there has been varying roles and responsibilities developing the Peer Mentor Program. A representative from MDHHS and the DD Council staff sat on the Peer Mentor Planning Committee, co-facilitated community forums for stakeholder input on the curriculum and training, presented at various conferences, and were instrumental in the development and implementation of the curriculum and training.
- The Family Center for Children and Youth with Special Health Care Needs (Family Center) is the statewide parent-directed center within CSHCS and the MDHHS. The primary role of the Family Center is to offer emotional support, information and connections to community-based resources to families of children and youth with special health care needs. This includes all children who have, or are at an increased risk for: physical, developmental, behavioral or emotional conditions. Children are not required to be enrolled in CSHCS to receive services from the Family Center.

The Family Center also provides parental perspectives and input on health care matters while focusing on families' access to coordinated systems of care. The Family Center operates from a family-centered care approach and promotes family/professional partnerships at all levels of care. This ensures that families participate in the decision making process, and are satisfied with the services they receive.

- The Autism Family Navigator initiative is a collaboration lead by the MDHHS, MDE, Michigan Department of Insurance and Financial Services, and the Autism Alliance of Michigan. The initiative is to increase the supports and services to families members with autism spectrum disorder. The collaborative is assessing the resources and policies within the state agencies, assisting with inquiries from family members and health care providers, increasing collaboration of autism agencies, and providing trainings to department service areas, families, and service providers. There was funding allocated which supports a position at MDHHS and MDE and staffing at the Autism Alliance of Michigan.

Supported Employment

Program/Scope: MDHHS/Supported Employment Services are available to all eligible individuals regardless of culture and linguistic background. These services are provided through the local CMHSPs with oversight by the PIHPs. Local CMHSPs commonly conduct outreach specific to the culturally and linguistically diverse communities they support.

Supported employment services support a job in an integrated work setting in the general workforce that an individual is compensated at or above the minimum wage, but not less than the customary wage and level of benefits paid by the employer for the same or similar work performed by individuals without I/DD. With the help of a job coach, who guides and prompts the worker as needed, the worker develops the skills needed for more independent work.

Supported employment services may include: outreach, discovery, job development, job matching, job placement, participation in supported self-employment, job coaching, evaluation of worker productivity, counseling, transportation, and long term supports to maintain employment and employer and community relations.

Supported employment services can be provided through many different service models, including customized employment, or the discovery model for individuals with significant I/DD. Supported employment may also include support to establish or maintain an IRS recognized self-employment business. Such services; are the ongoing supports to participants who, because of their disabilities, may need some fading level of supports to be successful.

Eligibility: Beneficiaries with I/DD may be enrolled in HCBS and receive the supports and services as defined in this section. HCBS beneficiaries may also receive other Medicaid state plan or additional B3 services. A HCBS beneficiary must receive at least one HCBS service per month in order to retain eligibility. Medical necessity criteria should be used in determining the amount, duration, and scope of services and supports to be used. The beneficiary's services and supports that are to be provided under the auspices of the PIHP must be specified in his/her IPOS developed through the PCP process. HCBS beneficiaries must be enrolled through the MDHHS enrollment process completed by the PIHP. The enrollment process must include annual verification that the beneficiary:

- Has a I/DD (as defined by Michigan law);
- Is Medicaid-eligible;
- Is residing in a community setting;
- If not for Habilitation Supports Waiver, would require Intermediate Care Facilities for Individuals with Intellectual Disabilities (ICF/IID) level of care services; and
- Chooses to participate in the HCBS in lieu of ICF/IID services.

The enrollment process also includes confirmation of changes in the beneficiary's enrollment status, including termination from the waiver, changes of residence requiring transfer of the waiver to another PIHP, and death. Termination from the HCBS may occur when the beneficiary no longer meets one or more of the eligibility criteria specified above as determined by the PIHP, or does not receive at least one HCBS service per month, or withdraws from the program voluntarily, or dies. Instructions for beneficiary enrollments and annual re-certification may be obtained from the MDHHS/Bureau of Community Based Services.

The PIHP shall use value purchasing for HCBS services and supports. The PIHP shall assist beneficiaries to examine their first- and third-party resources to pursue all reimbursements to which they may be entitled, and to make use of other community resources for non-PIHP covered activities, supports or services.

Reimbursement for services rendered under the HCBS is included in the PIHP capitation rate.

Beneficiaries enrolled in the HCBS may not be enrolled simultaneously in any other 1915(c) waiver.

Extent of Services: The range of services to promote employment for individuals with I/DD is broad and slowly evolving toward full integration in the workplace. Project Search continues to grow in Michigan, allowing young adults to experience strong internships ideally leading to competitive integrated employment and full benefits.

Recent initiatives led by the DD Council and other stakeholders such as the Office of Disability Employment Policy (ODEP) including rate restructuring, transformation from facility-based to competitive integrated employment, and a stronger focus for effective integrated employment outcomes for transition age youth are further advancing true citizenship by individuals with significant I/DD. Other initiatives within MDHHS/BHDDA include efforts to attain heightened employment outcome data related to hours and wages to underscore a message of the value of work. The MDHHS/BHDDA is also currently proposing updated language for the Medicaid Provider Manual to reinforce the implementation of the HCBS Waiver Rule in March of 2019.

Some individuals are still in enclaves or sheltered workshops. The combined initiatives above are focused on supporting the fullest transition to competitive integrated employment possible for individuals as the “first priority and optimal outcome for individuals with I/DD regardless of level or type of disability.” (Michigan Employment First Executive Order 2015-15)

FY 2013 Integrated Employment Funding: \$26,765,000

FY 2013 People Served in Integrated Employment: 4058

FY 2014 Integrated Employment Funding: \$27,196,628 total CMHSP dollars spent on integrated employment services

FY 2014 People Served in Integrated Employment: 4041 individuals with I/DD received integrated employment services

Employment Status Breakdown

- 245 full-time integrated employment
- 1568 part time integrated employment
- 2941 in sheltered workshops
- 161 in self-employment
- 1144 in enclaves and crews

Note: Above may reflect 1 person in multiple categories

Most CMHSPs in Michigan report that they have provided or arranged for supported employment services for some of their consumers. The shared initiatives noted above are aligning in efforts to further increase competitive integrated employment and promote the use of supported employment services when and as needed by individuals. All CMHSPs are monitored on employment related performance indicators and reports are issued by the MDHHS. Performance indicators are under review to increase the focus on competitive integrated employment outcomes. The performance reports show CMHSP outcomes individually and in relation to other CMHSPs.

Effectiveness: www.StateData.info provides a National Report on Employment Services and Outcomes for individuals with I/DD authored by the Institute for Community Inclusion (UCEED) at University of Massachusetts Boston.

This report shows that Michigan vocational rehabilitation services (MDHHS/Michigan Rehabilitation Services (MRS) & LARA/Bureau Service for Blind Persons (BSBP)) show a steady decline in the:

- Total number of closures with intellectual disability from 1390 in 2009 to 1109 in 2013
- Closures for a person with an I/DD into employment setting from 484 in 2009 to 347 in 2013
- Closures for a person with an I/DD and supported employment as a goal from 360 in 2009 to 265 in 2013

The report also shows that MDHHS/BHDDA shows basically a “flat” pattern in the:

- Percentage of people served in integrated employment, which remained relatively steady at 23% from 2009 through 2013. While this outpaced the national average ranging from 20% to 19% during this period; Michigan remains about 15th in the nation in comparison to other states.
- Integrated employment funding did increase by about \$7 million dollars over this time period as facility-based work funding declined by about \$11 million dollars. Yet facility-based non-work grew by over \$21 million dollars.

Availability of Assistive Technology: When specified in their IPOS, several types of assistive technology are available to Medicaid enrollees through their CMHSP. Included would be adaptations to vehicles, special personal care items related to a person’s disability, communication devices (not covered through the Medicaid state plan), prostheses necessary to ameliorate negative impact of serious facial disfigurements and/or skin conditions, ancillary supplies and equipment necessary for proper functioning of assistive technology items, and repairs to covered assistive technology items that are not covered benefits through other insurances.

In addition, MDHHS/MRS and LARA/BSBP promote the employment of individuals with I/DD may provide equipment, travel vouchers and other types of assistance not covered by Medicaid or other types of insurance.

Waiting Lists: Not applicable.

Unserved and Underserved Populations: Individuals with severe intellectual disabilities are the most underserved population although efforts are being made to improve this situation. Recently lowered general funding available to CMHSPs has lowered cooperative agreements between MDHHS/MRS to capture additional federal funding, thereby; lowering funding and services readily available. Partnerships with the LARA/BSBP are limited with CMHSPs but recent efforts have opened channels of communication and collaboration. Creative collaborations between vocational rehabilitation partners continue.

Describe how the program outreaches or provides services to culturally and linguistically diverse backgrounds. Include any information on disparities related to service areas:
Information not provided.

Interagency Efforts:

- The Peer Mentor Pilot program was developed in 2009-2010 as the result of collaboration between the DD Council and Michigan Department of Community Health. This pilot has involved the training of 22 individuals with I/DD to help others with I/DD to reach their life goals and increase their community involvement and self-advocacy. The pilot has involved numerous workshops and trainings culminating with internships at the peer mentors local CMH. The vision of the planning workgroup is to develop a “Train-the-Trainer” model so that the curriculum and lessons learned may be shared with other CMHSPs across the state
- The DD Council, MDHHS/MRS, LARA/BSBP, the MDE/Office of Special Education, the Michigan Department of Career and Talent Development’s Workforce Development Agency (WDA), and MDHHS/BHDDA are collaborating to establish effective Memorandum of Understanding documents to increase competitive integrated employment outcomes. These documents will reflect language to honor both the Workforce Innovation and Opportunity Act, the HCBS rule, and other applicable laws and policies.
- The Social Security Administration has presented at peer mentor workshops and is available for questions about the coordination of benefits and earnings.

State Disability Assistance

Program/Scope: The MDHHS/State Disability Assistance (SDA) program provides financial assistance to Michigan's disabled low-income adults to meet basic personal and shelter needs. SDA is a cash assistance program for I/DD adults, caretakers of I/DD individuals and persons age 65 or older. SDA recipients have little or no money to pay for living expenses such as rent, heat, utilities, clothing, food or personal care items and SDA is intended to meet these basic needs.

Eligibility:

Financial - To be eligible for SDA, applicants must meet income and asset requirements. The asset limit for SDA is \$3000. Most types of earned and unearned income are counted when determining eligibility. However, most SDA recipients do not have assets or income. A full-time minimum wage job exceeds SDA income eligibility standards.

Non-Financial – To be eligible for SDA A person must meet disability criteria, be caring for a disabled person, or over the age of 65. An individual meets disability criteria for SDA if:

- The individual is receiving SSI or SSDI benefits based on their own disability, or Medicaid due to a disability
- The individual meets the federal Social Security Administration (SSA) disability standards with the exception of duration. SDA has minimum disability duration of 90 days
- The individual is age 65 or older, and has applied for benefits with the SSA
- The individual is receiving services from MRS
- The individual is receiving special education services through a local intermediate school district and is under the age of 26
- The individual is caring for a I/DD person when assistance is medically necessary for at least 90 days and the disabled individual and the caretaker live together
- The individual is residing in an AFC home, HA, a substance abuse treatment center, or a county infirmary
- The individual is receiving post-residential substance abuse services. Individuals are SDA eligible for 30 days following discharge from the substance abuse treatment center
- The individual has an AIDS diagnosis

Extent of Services: The monthly maximum benefit for FY 2016 is \$200 (\$315 for a married couple). SDA recipients are eligible for Food Assistance Program benefits. In FY 2016, SDA recipients with no other income are eligible to receive \$200 per month in food assistance. SDA cases can be composed of a single person or spouses who live together. The FY 2016 appropriated caseload is roughly 12,000

Fiscal Year Funding: Information not provided.

Fiscal Year People Served: Information not provided.

Effectiveness: The SDA program provides interim financial assistance to Michigan's neediest disabled adults. Disability is a factor for all individuals found eligible for this program. Benefits

are meant to help meet basic personal and shelter needs. Without SDA most recipients would be homeless. Michigan recovers all SDA General Funds payment amounts when individuals are found eligible for SSI.

A large measure of SDA success is found in annual recipient turnover rates. While the monthly and annual average recipient count has increased slightly over the years to 11,000 and 12,000, a large number of those recipients go on to become eligible and receive federal supplemental income. The turnover rate (or churn) reflects subsequent receipt of SSI, and other federal income sources allowing individuals to no longer require SDA. While year-after-year caseload counts appear relatively static, in actuality SDA is among Michigan's most dynamic programs; quickly meeting intended goals.

Availability of Assistive Technology: Not applicable.

Waiting Lists: Not applicable.

Unserved and Underserved Populations: Not applicable.

Describe how the program outreaches or provides services to culturally and linguistically diverse backgrounds. Include any information on disparities related to service areas: The SDA Program offers most forms in Spanish and Arabic. The SDA program also offers a translation service for clients in need of a translator during the application process in order to obtain optimum service and communication.

Interagency Efforts: Not applicable.

Workforce Innovation and Opportunity Act Title I

Program/Scope: The Workforce Innovation and Opportunity Act (WIOA), which supersedes the Workforce Investment Act (WIA) of 1998, presents an extraordinary opportunity to improve job and career options for our nation's workers and jobseekers through an integrated, job-driven public workforce system that links diverse talent to businesses. The publically funded workforce system envisioned by the WIOA is quality-focused, employer-driven, customer-centered and tailored to meet the needs of regional economies. It is designed to increase access to, and opportunities for, the employment, education, training and support services that individuals need to succeed in the labor market, particularly those with barriers to employment. It aligns workforce development, education and economic development programs with regional economic development strategies to meet the needs of local and regional employers, and provide a comprehensive, accessible and high-quality workforce development system. This is accomplished by providing eligible participants with access to high-quality Michigan Works! One-Stop Centers that connect them with the full range of services available in their communities, whether they are looking to find jobs, build basic educational or occupational skills, earn a postsecondary certificate or degree, obtain guidance on how to make career choices, or are businesses and employers seeking skilled workers. This includes providing access and opportunities to all jobseekers, including individuals with barriers to employment such as individuals with I/DD, to prepare for, obtain, retain, and advance in high-quality jobs and high-demand careers. Local service center staff is sensitive to the unique needs of individuals with I/DD and are prepared to provide necessary accommodations.

Eligibility: Eligibility for WIOA Title I services relates to local determinations about the individual's need for and ability to benefit from services. A WIOA participant is an individual determined to be eligible to participate and who receives one or more WIOA funded service(s) in a Michigan Works! Service Center or a Michigan Works! Satellite Office.

Extent of Services: While under the WIOA Act there is no set-aside funding for participants with I/DD, funds may be used to purchase special tools, services, equipment, reader services, etc., to assist eligible participants with I/DD who are enrolled in the WIOA Title I Program. Services for I/DD participants are coordinated with other education, training, vocational rehabilitation, and public assistance programs, where appropriate. A universally accessible system requires meeting the diverse customer needs that exist within the local service delivery area, which includes the needs of individuals with I/DD, people of different cultures, and persons with barriers to employment.

Fiscal Year Funding: Information not provided.

Fiscal Year People Served: Information not provided.

Effectiveness: The WIOA Act requires that those accepting funds meet accountability requirements. These requirements include performance indicators that are reported to the U.S. Department of Labor. Over time, failure to meet the accountability performance indicators may result in a decrease or loss of funds. The primary indicators of performance indicators include:

- The percentage of program participants in unsubsidized employment in the second and fourth quarters after exit (this measure includes youth program participants who are in education or training activities);
- The median earnings of program participants who are in unsubsidized employment in the second quarter after exit;
- The percentage of program participants who obtain a recognized postsecondary credential or a secondary school diploma or General Education Diploma during participation or within one year after program exit;
- The percentage of program participants who, during a program year, are in an education or training program that leads to a recognized postsecondary credential or employment and who are achieving measurable skill gains toward such a credential or employment; and
- Effectiveness in serving employers.

Availability of Assistive Technology: Varies by Michigan Works! Agency

Waiting Lists: Varies by Michigan Works! Agency

Unserved and Underserved Populations: Varies by Michigan Works! Agency

Describe how the program outreaches or provides services to culturally and linguistically diverse backgrounds. Include any information on disparities related to service areas:

Information not provided.

Interagency Efforts: Strong partnerships help to leverage resources and increase opportunities for participants. These partnerships enhance the ability of workforce investment areas to access information and data, improve services, and increase efficiencies with regard to recruitment processes, referrals, and case management. Creating strong partnerships is critical to providing the most effective, targeted, and appropriate services to maintain progress along a successful career pathway.

The WDA's newest youth partnership is a collaboration on a pilot project with multiple partners to encourage seamless transition to employment for students with I/DD. The lead agency for this grant is the DD Council, within the MDHHS. The Michigan Core Team also includes the MDHHS/MRS, LARA/BSBP, MDHHS/BHDDA, the MDE, and the WDA.

Local efforts vary by Michigan Works! Agency.

Michigan Department of Education

Great Start Readiness Program (GSRP)

Program/Scope: "GSRP-Formula provides formula driven state aid funds to public school districts and public school academies. GSRP-Competitive provides funding to agencies through a competitive application process. Intermediate School Districts (ISDs) are the fiscal agents for GSRP grantees, expending funds on behalf of, and in coordination with, a group of formula consortium members or competitive (subcontractor) grantees. The purpose of the funding for both Formula and Competitive grantees is to provide preschool programs for 4-year-old children who may be "at risk" of school failure. There is no cost to families, but enrolled children must qualify for the program. Both center-based and home-based models are available. All programs must provide strong family involvement and parent education components as well as preschool education."¹

Eligibility: "There are eight consolidated risk factors. Based on the prevalence data, family income continues to be the most utilized factor in determining eligibility for GSRP. It was determined that tiered income eligibility was needed to ensure GSRP is finding and providing services to its target population and focusing on those most at risk. Therefore, family income has been split from one factor into two factors. Extremely low family income is defined as below 200% of the federal poverty level and low family income is defined as between 200 to 300% of the federal poverty level. In addition, as part of the prioritization process, at least 75% of children must be identified with one of these two factors:

The eight risk factors used to determine GSRP eligibility are:

1. Extremely low family income
2. Low family income
3. Diagnosed disability or identified developmental delay
4. Severe or challenging behavior
5. Primary home language other than English
6. Parent(s) with low educational attainment
7. Abuse/neglect of child or parent
8. Environmental

The number of children served represents the number of part-day slots, or spaces, available for use. Number of children served was provided by MDE. Total served is for the 2011-2012 school year.

Fiscal Year Funding: Information not provided.

Fiscal Year People Served:

Group Served: Children Parents/Caregivers Infrastructure (no direct service)

Ages Served: Age 4

Children Served

Birth-Preschool Age

30,669

K-Grade 3	0
Total (Birth-Grade 3)	30,669

Effectiveness: Information not provided.

Availability of Assistive Technology: Information not provided.

Waiting Lists: Information not provided.

Unserved and Underserved Populations: Information not provided.

Describe how the program outreaches or provides services to culturally and linguistically diverse backgrounds. Include any information on disparities related to service areas:
Information not provided.

Interagency Efforts: Information not provided.

1 Michigan Department of Education, Great Start Readiness Program (GSRP) website, www.michigan.gov/mde/0,1607,7-140-6530_6809_50451---,00.html (accessed 2/11/13).

2 Michigan Department of Education, GSRP Implementation Manual, Section: Eligibility (Lansing, Mich.: MDE, September 2011), www.michigan.gov/documents/mde/Eligibility_353313_7.pdf (accessed 2/11/13).

EARLY ON[®]

Program/Scope: Part C of the Individuals with Disabilities Education Act (IDEA) is commonly known as *Early On* within the state. The MDE is the lead agency for the implementation *Early On*. Leadership for *Early On* is located in the Office of Great Start/Early Childhood Development and Family Education (OGS/ECD&FE). *Early On* collaborates with the Michigan Interagency Coordinating Council (MICC), MDHHS, the Inter-Tribal Council of Michigan, as well as, other community partners.

Early On helps children, birth to 3, who need early intervention services because of I/DD delays or who have a diagnosed medical condition that has a high probability of resulting in a I/DD delay. A "child find" system identifies infants and toddlers in need of services. An Individualized Family Service Plan (IFSP) is developed for eligible infants and toddlers and their families. Early intervention services are individualized to meet the developmental needs of the child and related family supports.

Eligibility: *Early On* provides early intervention services for children, birth to 3, who are found eligible under I/DD delay if they have a delay of 20% or 1 standard deviation below the mean in one or more I/DD domains (physical, cognitive, communication, social-emotional or adaptive). A child is found eligible under established conditions when there is documentation of the diagnosis provided by a health or mental health care provider who is qualified to make the diagnosis.

Extent of Services: Services are individualized to meet the specific needs of the children and their families and may include speech and language, occupational therapy, physical therapy and others as identified on the Individualized Family Service Plan. Statewide early intervention services are coordinated through 56 service areas with ISD's functioning as fiscal agents. Local Interagency Coordinating Councils function in an advisory capacity. Service coordination includes linking families to Special Education, CSHCS, CMH Services, Early Head Start, and others.

FY 2014 Funding: \$11,819,503

FY 2014 Children Served: 18,420

Effectiveness: Early intervention is a system of coordinated services that promotes the child growth and development and supports families during the critical early years. The Individualized Family Service Plan recognizes the importance of the family and their input into the planning process for their child. It also acknowledges that the family has its own needs which must be addressed and includes the potential linking of families with other services.

Availability of Assistive Technology: Assistive technology is one of the early intervention services to be made available to eligible children and their families.

Waiting Lists: Not applicable.

Unserved and Underserved Populations: In FY 2014 *Early On* served 2.62% of the population compared to the target of 2.7%. *Early On* continues to increase public awareness and child find activities to reach additional children and families in the state.

Describe how the program outreaches or provides services to culturally and linguistically diverse backgrounds. Include any information on disparities related to service areas: *Early On* conducts public awareness activities across the state to reach out and inform the public and primary referral sources of early intervention services. Materials are printed in Spanish and Arabic to communicate early intervention services availability. Throughout the early intervention process the family's native language and/or mode of communication is to be used unless it is clearly not feasible to do so, as required by federal regulation.

Interagency Efforts: *Early On* is a collaborative effort amongst state agencies and community based partners with the ISD's serving as the lead agency at the local level.

Career and Technical Education

The Carl D. Perkins Vocational and Technical Act Of 2006

Program/Scope: The Office of Career and Technical Education, MDE, administers this grant program that helps secondary institutions design, develop and implement career and technical (vocational) education programs. The WDA, Department of Talent and Economic Growth, Community College Services, administers the grant to post-secondary institutions. The programs are open to all students; however, local agencies must determine and describe how they will provide services to “special populations.” Included in special populations are: individuals with I/DD, economically disadvantaged families (including foster children), individuals preparing for nontraditional employment, single parents (including single pregnant women), displaced homemakers, and individuals with limited English proficiency. All students are expected to meet program standards, with or without accommodations.

Eligibility: Students who are members of special populations groups receive the same access to programs and activities as other students and they are integrated into programs in the least restrictive environment. Post-secondary students are required to self-identify to receive an accommodation. Services are provided at the same level for all students.

Extent of Services: Services may vary by post-secondary institution. Use of funds to provide services to special populations’ students, including students with I/DD, is permissible. Under the Act, there is no set-aside funding for special populations students, including students with I/DD. Funds may be used to purchase adaptive equipment, work station modifications, special instructional tools, equipment, reader services, etc., for eligible students with I/DD who are enrolled in approved career and technical education programs. Services for students with I/DD are coordinated with other education and training programs providing services and accommodations to these institutions.

Effectiveness: The Carl D. Perkins Vocational and Technical Act requires that those accepting funds meet accountability requirements. These requirements include performance indicators that are reported for the total population and for each special population group. Over time, failure to meet the accountability performance indicators can result in loss of funds. The performance indicators:

- Academic achievement
- Technical skill achievement
- Secondary school completion/graduation rates
- Post-program placement
- Participation in, and completion of, nontraditional programs

FY 2015 Funding: Information not provided.

FY 2015 People Served: Information not provided.

Availability of Assistive Technology: Varies by educational institution offering programs.

Waiting Lists: Varies by educational institution offering programs.

Unserved and Underserved Populations: Varies by local educational institution offering programs.

Describe how the program outreaches or provides services to culturally and linguistically diverse backgrounds. Include any information on disparities related to service areas: The program provides, under Special Populations, funding to serve individuals with limited English proficiency which does include culturally and linguistically diverse populations. Secondary and post-secondary institutions provide services to meet their needs. It varies among the secondary and post-secondary institutions on what services are provided; however, many institutions have developed specific offices/programs like “English as a Second Language” within their institutions to help those individuals that would benefit from these services.

Interagency Efforts: Varies by local educational institution.

Michigan Interagency Coordinating Council

Program/Scope: The Michigan Interagency Coordinating Council (MICC) is a Governor-appointed body of *Early On* stakeholders with the purpose to advise and assist the MDE on matters related to Part C of IDEA.

Additional information about the MICC can be found on the website: www.michigan.gov/micc.

Eligibility: Eligibility for the MICC comes through an appointment of the Governor.

The MICC consists of 21 members, including all of the following:

- Five parents of infants or toddlers with I/DD or children with I/DD less than 13 years old at the time of appointment with knowledge of, or experience with, programs for infants and toddlers with I/DD.
- Five individuals representing public or private providers of early intervention services.
- One individual representing the Michigan Legislature.
- One individual representing Head Start programs.
- One individual representing individuals involved in personnel preparation. As used in this paragraph, "personnel preparation" means that phrase as used in IDEA.
- Three other individuals selected by the Governor. A member appointed under this paragraph may include a representative of a tribal government located within this state.
- The State Superintendent or his or her designee from within the MDE.
- The Director of the MDHHS, or his or her designee from within the MDHHS.
- The Executive Director of the MDHHS/Michigan Children's Services Agency, or his or her designee from within the MDHHS.
- The Director of the Department of Insurance and Financial Services, or his or her designee from within the Department of Insurance and Financial Services.
- The Director of the MDE/Office of the Coordinator of Education for Homeless Children and Youth within the Department, or his or her designee from within the MDE/Office of the Coordinator of Education for Homeless Children and Youth.

Extent of Services: The MICC does not provide services to children, but acts as an advisory body to the MDE around matters related to *Early On* (Part C of IDEA).

FY 2015 Funding: The MICC benefited from Part C's FFY14's allocation (funding July 1, 2014 – September 30, 2015) totaling \$11,819,503. Of that amount, an estimated \$9781 is budgeted to support participation of parents and provide operational support of the Council.

FY 2015 People Served: The MICC does not provide services to individuals.

Effectiveness: The MICC approves the Annual Performance Report, charges Ad Hoc committees to address issues that arise from the field, supports the work of the State Systemic Improvement Plan, reviews data and recommends targets for improvement.

Availability of Assistive Technology: Provided as needed to support members.

Waiting Lists: Not applicable.

Unserved and Underserved Populations: Not applicable.

Describe how the program outreaches or provides services to culturally and linguistically diverse backgrounds. Include any information on disparities related to service areas:
Information not provided.

Interagency Efforts: The MICC is a collaborative body with a great deal of interagency participation. Please see the eligibility section.

Special Education Preschool Incentive Grants

Program/Scope: The Preschool Grant Program, administered by the Office of Early Childhood Education & Family Services, MDE, provides funds to offset the cost of education to children with I/DD, ages 3 to 5 with Individual Education Programs (IEPs). Children age 2, and who will be 3 during the school year, may also participate. Funds are provided on a grant basis to ISDs and Local Educational Agencies (LEAs) to develop special education programs and services for eligible children in cooperation with their constituent districts. Funds may be used for child identification, screening and the full range of special education programs and services available under Michigan's special education rules.

Eligibility: Children who will become age 3 during the school year are eligible for services until they reach age 6. Since Michigan's Special Education law requires free, appropriate public education for children with I/DD, funds are used to supplement available resources for services and programs. The use of funds is determined by the ISD and/or LEA, which submits a grant proposal to the Office of Early Childhood Education & Family Services detailing how funds will be used to enhance the preschool special education system.

Extent of Services: Preschool special education classrooms and related services, including speech and language therapy, occupational therapy, physical therapy, social work and psychology.

The grant award for the 2015-2016 school year for Michigan was \$10,695,850 based on a pupil count of approximately 20,000 while the grant award for the 2016-2017 school year is estimated at \$11,142,002 based on a pupil count of approximately 20,000. The state can use up to 5% for administrative costs and 20% for state-initiated projects. In Michigan, the money typically flows through ISDs or LEAs, with the exception of a small amount that covers technical assistance to local ISDs.

FY 2015 Funding: \$10,695,850

FY 2015 Children Served: 20,456

Effectiveness: Funds available for Child Find help to ensure that children who may have an I/DD are referred and evaluated to determine their need for special services. Funds also cover the cost of evaluating, planning and implementing direct services to children with I/DD. The majority of funds are used for direct services to children with I/DD within the eligible age category.

Availability of Assistive Technology: Assistive technology devices and costs are covered under Preschool Special Education Grant if materials and/or activities are described in a child's IEP.

Waiting Lists: Under IDEA, all children eligible for special education programming are required to have an IEP written and implemented within required timelines. ISDs and LEAs are required to identify, locate and place students as needed according to their IEP.

Unserved and Underserved Populations: Preschool children requiring services are located through Child Find efforts as part of the Special Education system.

Describe how the program outreaches or provides services to culturally and linguistically diverse backgrounds. Include any information on disparities related to service areas:
Information not provided.

Interagency Efforts: All efforts are made to promote interagency efforts to serve preschool special education children in the least restrictive environment. State and local programs are encouraged to work collaboratively to increase value to young children with IEPs.

Michigan Department of Licensing and Regulatory Affairs

Barrier Free Design

Program/Scope: Accessibility within the built environment in Michigan has long been the focus of the Michigan Barrier Free Design Law. The initial act was adopted in 1966 (P.A. 1, 1966) and revised under Act No. 177 of the P.A. of 1975. The purpose was to expand the scope of application to include all building types where employment opportunities exist, or where services to the public were available.

This law now provides the basis for accessibility by all persons throughout all buildings and structures. The law provides for: the development of standards for construction and remodeling of buildings and structures; the investigation of complaints of noncompliance; review and approval of alternative methods of achieving compliance; and the granting of variances from the requirements.

Eligibility: All new construction and alterations of existing buildings are required to provide for access by all persons.

Extent of Services: Through state and local code administration agencies, the requirements are applied at the time of construction. This method of administering the law includes plan reviews prior to construction, on-site inspection during construction, and a final review before occupancy is granted. Additionally, the investigation of complaints of noncompliance includes a system involving local and state code officials.

FY 2015 Funding: Not applicable.

FY 2015 People Served: Not applicable.

Effectiveness: This system of application has provided for the safe access of all buildings and structures. Staff within the LARA/Bureau of Construction Codes provide oversight for the effective administration of these regulations. LARA is committed to devoting the necessary resources to assure the continued effectiveness and success of the program.

Availability of Assistive Technology: Not applicable.

Waiting Lists: Not applicable.

Unserved and Underserved Populations: Not applicable.

Describe how the program outreaches or provides services to culturally and linguistically diverse backgrounds. Include any information on disparities related to service areas:
Information not provided.

Interagency Efforts: Not applicable.

Bureau of Services for Blind Persons

Program/Scope: The mission of the Bureau of Services for Blind Persons (BSBP), an agency within LARA, is to provide opportunity to individuals who are blind or visually impaired to achieve employability and/or function independently in society. These include:

1. Rehabilitation Services, which include vocational evaluation, training and placement services to transitioning individuals as well as working-age people who are legally blind.
2. The BSBP Training Center, a short-term residential training center in Kalamazoo, Michigan which provides nearly 17,000 hours of instruction yearly in Braille, mobility, adaptive living skills, and adaptive technology.
3. The Business Enterprise Program, which licenses people who are blind to operate vending locations in private, federal, and state buildings, including cafeteria and vending operations.
4. The Independent Living Services Program, which provides a variety of specialized services to individuals age 55 and over who are legally blind and whose primary goal is to maintain their independence in their homes and communities.
5. The Youth Low Vision Program, which assists students (ages birth through 26 years with an acuity of 20/70 or less in the better eye or with a restricted field of 20 degrees or less) with low-vision exams when not covered by insurance and with the purchase of devices worn in the head such as microscopes, telescopes, and prescriptions when not covered by insurance.
6. Business Services for employers, to provide employment opportunities for BSBP consumers and ongoing support for employers of these individuals.
7. The BSBP Braille and Talking Book Library, which provides services including Braille and audio Talking Books to individuals throughout Michigan who are blind or visually impaired or who cannot use standard books due to other I/DD.

Eligibility: To be eligible for BSBP services (other than the Braille & Talking Book Library or the Youth Low Vision Program, which have their own requirements as described above), a person must meet at least one of these criteria:

- Visual acuity with best correction must be 20/200 or worse in the better eye, or;
- Visual fields must subtend an angle of less than 20 degrees in each eye, or;
- Visual acuity with best correction must be 20/100 or worse in the better eye with a prognosis of rapid deterioration, or;
- The individual must have visual fields that subtend an angle of less than 40 degrees in each eye with a prognosis of rapid deterioration.

Extent of Services: No information provided.

FY 2015 Funding: \$20.9 million

FY 2015 People Served: Approximately 3500 people served.

The BSBP has approximately 113 full-time employees.

Effectiveness: Information not provided.

Availability of Assistive Technology: The BSBP provides assistive technology training, equipment, and software consistent with each individual's specific plan for rehabilitation and employment. The BSBP Training Center provides assistive technology training, and has an expanded technology center with state-of-the-art equipment and an expanded technology curriculum.

Waiting Lists: Not applicable.

Unserved and Underserved Populations: The BSBP continues in its efforts to ensure that BSBP services are available to all Michigan residents who are eligible. Specific outreach efforts are ongoing with tribal groups and organizations representing other minority and underserved populations.

Describe how the program outreaches or provides services to culturally and linguistically diverse backgrounds. Include any information on disparities related to service areas:
Information not provided.

Interagency Efforts: BSBP continues in its collaboration with MDHHS/MRS, MDE, other Michigan state government departments, disability-related organizations, Michigan Works!, the Michigan Optometric Association, and the Michigan Society of Eye Physicians and Surgeons to ensure that those who are eligible for BSBP services are aware of these services, and to ensure that job-ready BSBP consumers are aware of available employment opportunities.

Michigan Rehabilitation Services

Program/Scope: The vocational rehabilitation program, which exists in all 50 states, was created by federal legislation in 1920. MDHHS/MRS, the general vocational rehabilitation program, currently operates under the federal Rehabilitation Act of 1973, as amended, and Title IV of the WIOA. MRS is a bureau within MDHHS.

The Mission of MRS is to partner with individuals and employers to achieve quality employment outcomes and independence for individuals with I/DD. MRS helps individuals prepare for, obtain, retain or regain employment with a variety of services that are planned to meet the needs of the customer.

The Vision of MRS is:

- Excellent customer service
- Strong, fortified partnerships
- Motivated, enthusiastic staff
- High producing Vocational Rehabilitation, nationally

Services to Eligible Individuals: Based on an assessment of eligibility and the need for services, the MRS counselor assists the individual in developing an Individualized Plan for Employment (IPE). The IPE reflects the vocational goal of the individual, specific services needed to achieve that goal, vendors selected by the customer and time frames for completion of the IPE. The counselor provides vocational counseling and guidance and coordination of services and resources. Examples of services may include assistance with training, job placement, assistive technology, job accommodations, or physical and mental restoration.

Services to business: The MRS works with business to find and retain qualified workers with disabilities. The MRS also provides guidance regarding work-related and non-work related injuries. The MRS business network experts help employers keep valued employees on the job through:

- Disability adjustment counseling
- Medical case management
- Work risk analysis
- Disability awareness/education

The top 5 services to businesses included employee recruitment, employee retention, interviewing and hiring assistance, consultation on ADA, and I/DD sensitivity training.

Eligibility: Applicants are eligible for services if they have physical or mental impairment that constitutes or results in a substantial barrier to employment and if they require MRS to prepare for, secure, retain or regain employment consistent with their abilities and capabilities. Applicants who have been determined to have a disability under the SSDI (Title II) and/or SSI (Title XVI) program of the Social Security Act shall be considered to have a significant disability and presumed to be eligible for MRS services provided they intend to achieve an employment outcome consistent with their unique strengths, resources, priorities, concerns, abilities, capabilities, interests and informed choice. Once an individual has been informed of

the employment nature of the program, the completion of a MRS application shall be considered as intent to achieve an employment outcome.

Eligibility will continue to be assessed throughout the rehabilitation process. If at any time, the customer is no longer eligible as indicated by clear and convincing evidence, their case will be closed.

Extent of Services: Services are provided in all 83 counties of the state through 35 MRS offices, some of which are co-located within Michigan Works! One-Stop Centers. In FY 2015, MRS served 37,216 people and helped 7109 people find jobs. Approximately 84% of the people served have a I/DD that meets the federal criteria for significant disability.

MRS operates the Michigan Career and Technical Institute (MCTI), a post-secondary residential vocational trade-training program in Plainwell, Michigan housing over 350 students, another part of MRS. The program provides intense literacy and math instruction, 13 vocational trade training programs, many support services and placement services to individuals with I/DD. MCTI's Certified Nursing Assistant training program is licensed at both the state and national level, and an approved regional Certified Nursing Assistant testing site for Prometric. Over 500 MCTI Certified Nursing Assistant licensed students are currently working in Michigan. The MDHHS/MRS, in collaboration with Michigan Works! has exported the Certified Nursing Assistant training program and an array of remedial training programs from the MCTI to the Benton Harbor Michigan Works! Service Center to train individuals in the Certified Nursing Assistant field. These individuals were Temporary Assistance for Needy Families recipients with I/DD in the Partnership, Accountability, Training and Hope (PATH) Program. The training program was highly successful and there are plans to replicate the program in Detroit, Harbor Springs, Lansing and other areas across the state of Michigan based on labor market need.

In FY 2015, MRS assisted 2985 employers to hire and retain 7109 qualified individuals with I/DD. The average number of hours worked by customers who achieved employment was 32 hours per week. The average wage for customers who went to work was \$12.75 per hour.

FY 2015 Funding: \$127,080,386

FY 2015 People Served: Information not provided.

Availability of Assistive Technology: The MRS has developed a special project designed to improve assistive technology service, both to internal and external customers. The project is in process of implementation and will develop new strategies for improving staff training related to assistive technology and for enhanced assistive technology services with customers.

Waiting Lists: Not applicable.

Unserved and Underserved Populations: No group, based on I/DD, was unserved in Michigan. However, the 2014 Comprehensive Statewide Needs Assessment did identify numerous underserved populations.

The 2014 Comprehensive Statewide Needs Assessment identified youth with ASD as the primary emerging population reported as either currently, or to be, an underserved population.

Michigan adult residents with mental illness who need mental health services and supported employment services were the number one population identified as underserved. Although the proportion of Michigan residents with mental illness served by MDHHS/MRS has remained relatively stable over the last 3 years, the availability of CMH services has continued to diminish in the state over the last 5 years. CMH does not have the resources necessary to provide mental health services and/or supported employment services to individuals with severe diagnoses, unless the person presents as a risk to self or others.

Based on Michigan Merit Curriculum impacts on graduation rates, dropout rates, and the employability of students with I/DD, Transition Youth with severe I/DD are another underserved population.

Describe how the program outreaches or provides services to culturally and linguistically diverse backgrounds. Include any information on disparities related to service areas
Information not provided.

Interagency Efforts: MDHHS/MRS currently has interagency agreements with the MDE/Office of Special Education, U.S. Department of Veteran Affairs, Michigan Department of Corrections, WDA, and Michigan State University to help better serve Michigan's citizens with I/DD.

MDHHS/MRS is participating in an ODEP grant with the DD Council (lead agency), MDHHS, MDE, Community Rehabilitation Organizations, MPAS, and LARA/BSBP. The purpose of the grant is full inclusion of individuals with I/DD through provider education and transformation. MDHHS/MRS is also participating in Community Living Service (CLS) to facilitate increased competitive integrated employment options for people with the most significant I/DD.

Michigan Department of Natural Resources

Department Of Natural Resources - Access Michigan's Outdoors

Program/Scope: The Michigan Legislature created the first fledgling agencies to manage and protect the state of Michigan's resources and, in 1921, combined them all into one unit called the Michigan Department of Conservation. As more demands were placed on state resources by a growing society, the term *resource use* signaled a new era in conservation. Renamed the Department of Natural Resources (DNR) in 1968 to shoulder broader responsibilities, the DNR continues its evolution today in response to changing resource needs and priorities.

The DNR is committed to the conservation, protection, management, use and enjoyment of the state's natural and cultural resources for current and future generations. Providing greater access to outdoor recreation in Michigan is key to increasing meaningful participation for people of all abilities. The DNR's accessibility initiative is a collaborative system that will enable the DNR to create a state access plan; work with other groups and organizations to create regional access; develop training; provide resources that support access planning in local communities across the state; and develop partnerships and sponsorships for creating access by pledging financial, service or technical support for the planning, technology, marketing or construction of accessible elements and/or the purchase of adaptive equipment using the model developed by the W.K. Kellogg Foundation's Access-To-Recreation Initiative. Within DNR's core mission is the challenge of maintaining a balance between protecting and preserving the unique natural and cultural resources of this state while providing access to land and water based recreation.

Under Title II of the Americans with Disabilities Act (ADA), it is the DNR's responsibility to ensure that all services, programs or activities, when viewed in their entirety, are readily accessible to and useable by individuals with I/DD. This programmatic access requires that individuals with I/DD be provided an equally effective opportunity to participate in or benefit from a public entity's programs and services. When choosing a method of providing program access, the DNR will give priority to the one resulting in the most integrated setting to encourage interaction among all users.

Eligibility: Any citizen or visitor to the state of Michigan.

Extent of Services: Information not provided.

Fiscal Year Funding: Information not provided.

Fiscal Year People Served: Information not provided.

Effectiveness: Information not provided.

Availability of Assistive Technology: Assistive technology is used to overcome accessibility barriers in the outdoor environment by providing support to the diverse ways individuals interact with their environment. An increasing amount of assistive technology is becoming more broadly available to accommodate a wide range of individual preferences, abilities and methods of use.

At varying locations around the state, the DNR has installed accessible fishing piers, EZ launch transfer systems for canoes and kayaks, and acquired some fully accessible elevated hunting blinds that can be reserved by wheelchair users. Michigan state parks have also created more accessible campsites and installed other accessible features such as barrier-free cabins, yurts, modern lodges, entrance ramps, shower facilities, pavilions, and picnic tables, as well as decking or mobi-mats to access the waterfront. The DNR was also recognized for installation of the first, truly universally accessible waterfall in the nation, and several other waterfalls managed by the DNR have also received accessibility improvements.

Waiting Lists: The aging infrastructure associated with parks, recreation areas, boating access sites, trails, pathways, beaches, harbors, wildlife/game areas, forests, streams, rivers, scenic and historical sites, inland lakes and the Great Lakes is compounding. Accessibility is limited by the ability to renovate existing amenities and to create new accessible outdoor recreation opportunities. Citizens and visitors are in need of more opportunities to access these programs statewide.

Unserved and Underserved Populations: Work is being done to increase awareness and involvement for persons of all abilities, means, or location in the planning and creation of outdoor recreation opportunities. Those populations that are underserved in outdoor recreation include individuals with I/DD, persons in metropolitan areas, persons of limited means, the elderly, urban communities, and other groups with cultural or linguistically diverse backgrounds.

Describe how the program outreaches or provides services to culturally and linguistically diverse backgrounds. Include any information on disparities related to service areas: The Michigan Operation Freedom Outdoors (MiOFO) program was created in collaboration with the DNR-managed Sharonville State Game Area and the neighboring Camp Liberty, covering Jackson and Washtenaw counties. MiOFO is a collaborative partnership whose mission is to provide outstanding outdoor recreation opportunities to wounded veterans and individuals with health challenges, and to coordinate a support network that facilitates their recovery through connecting with nature. MiOFO also provides guide services and specialized equipment, such as tracked wheelchairs and accessible elevated hunting blinds, to individuals with I/DD and many disabled veterans so they can experience opportunities similar to those of hunters without I/DD.

The DNR also holds interpretive programs in Michigan State parks and educational programs in the schools, such as Salmon in the Classroom and Project Wild. Other education and introductory recreation programs are hosted by Michigan state parks, referred to as “Rec 101.” Some of the adaptive recreation programs are for targeted audiences, such as individuals with I/DD and the Hispanic community. These programs are free and provide equipment rental, hands-on experience and instruction with special equipment or interpretive services. DNR staff also share information regarding accessible recreation opportunities at various outdoor enthusiast shows and events that are held around the state, including the 25th Anniversary of the ADA in 2015.

The DNR, through its Accessibility Team, is in the process of updating its web pages and reviewing its programs, materials and publications to maximize the effectiveness of current

communication methods, including alternative formats, to ensure accessibility and meet or exceed ADA standards. The DNR will continue to incorporate accessible recreation into new facility designs and/or improvements. The next step is developing additional means to communicate the DNR's accessible facilities, programs and services by utilizing a variety of media resources to expand public outreach and include diverse cultures and languages.

Interagency Efforts: Collaborative efforts and partnerships are established with federal, state, and local government agencies, educational institutions, non-profit and commercial organizations, including but not limited to: Access to Recreation; Brain Injury Association of Michigan; National Wild Turkey Federation and The Wheelin' Sportsmen; Michigan Sports Unlimited; mParks/Michigan Recreation and Park Association; Universal Design Consultants; Michigan CIL; Safari Club; MPAS.; Association of State Employees with Disabilities; Russell Designs; Michigan Paralyzed Veterans of America; Michigan Association of Recreation Vehicles and Campgrounds; Michigan United Conservation Clubs (MUCC); Michigan Association of Gamebird Breeders and Hunting Preserves; Bay-Arenac Behavioral Health Organization; Michigan Rehabilitation Association; and many more.

Other state agencies include the MDHHS, Military and Veterans Affairs, Transportation, Environmental Quality, and LARA, as well as the state's DD Council, Commission of Disability Concerns, Commission for the Blind, and the DNR's Accessibility Advisory Council.

Many municipal accessibility improvements and new recreation projects are funded by grants from the Michigan Natural Resources Trust Fund, the Land and Water Conservation Fund, and the Recreation Passport Fund, which are all administered by the DNR. These grant programs award additional points to grant applicants whose projects are based on universal accessibility.

For more information about accessible recreation opportunities in Michigan, visit the DNR web site at www.michigan.gov/dnraccessibility.

Michigan Department of Transportation

Job Access and Reverse Commute

Program/Scope: Job Access and Reverse Commute (JARC) is no longer a stand-alone program but JARC services can be funded through the urban and rural formula programs. JARC service is transportation for low income individuals to their job or job training.

Eligibility: Program is available to public, private, and private non-profit agencies. The formula funding is provided to designated recipients in urban areas over 200,000 population and to the states for areas under 200,000, population and rural areas. States and designated recipients must determine the amount of formula funds that will be used for JARC services and select sub-recipients competitively.

Extent of Services: Level of services varies significantly from locality to locality and is not available in all areas of the state. All transit agencies have a Title VI of The Civil Rights Act of 1964 plan which prohibits discrimination on the basis of race, color, or national origin in their programs or activities. The plan must also provide the methods for providing language assistance to persons with limited English proficiency.

FY 2015 Funding: The operating expenses for JARC service were \$6,359,376 and federal funding provided 50% and state funding provided for 50% of the expenses.

FY 2015 People Served: 545,771

Expenses and ridership for the City of Detroit is not available at this time

Effectiveness: Information not provided.

Availability of Assistive Technology: Not applicable.

Waiting Lists: Level of services varies significantly from locality to locality. In some areas, the service provider may be at capacity and may not be accepting new customers. The funding that Michigan Department of Transportation (MDOT) provides for this program is used to sustain existing services. MDOT is not accepting applications for new services.

Unserved and Underserved Populations: Not applicable.

Describe how the program outreaches or provides services to culturally and linguistically diverse backgrounds. Include any information on disparities related to service areas:

Information not provided.

Interagency Efforts: Not applicable.

New Freedom Program

Program/Scope: The New Freedom program is no longer a stand-alone program but New Freedom activities can be funded through the Enhance Mobility of Seniors and Individuals with Disabilities Program. New Freedom activities includes services and facility improvements to address the transportation needs of individuals with I/DD that go beyond those required by the ADA. It provides funding for associated capital and operating costs.

Eligibility: The New Freedom program is available to public, private and non-profit agencies. The allocations are made to designated recipients in urban areas over 200,000 population and to the states for areas under 200,000 populations and rural areas. States and designated recipients must determine the amount of funds that will be used for New Freedom activities and select sub-recipients competitively.

Extent of Services: Level of services varies significantly from locality to locality and is not available in all areas of the state. All transit agencies have a Title VI plan which prohibits discrimination on the basis of race, color, or national origin in their programs or activities. The plan must also provide the methods for providing language assistance to persons with limited English proficiency.

FY 2015 Funding: The operating expenses for New Freedom services were \$1,076,385 and federal funding provided 50% and local funding for 50% of the expenses.

FY 2015 People Served: 15,828

New Freedom services were not provided in southeast Michigan during 2015.

Effectiveness: Information not provided.

Availability of Assistive Technology: Not applicable.

Waiting Lists: Level of services varies significantly from locality to locality. In some areas, the service provider may be at capacity and may not be accepting new customers. The funding that MDOT provides for this program is used to sustain existing services. MDOT is accepting applications for new services but local match is required.

Unserved and Underserved Populations: Not applicable.

Describe how the program outreaches or provides services to culturally and linguistically diverse backgrounds. Include any information on disparities related to service areas:
Information not provided.

Interagency Efforts: Not applicable.

Public Transportation Systems

Program/Scope: Two forms of public transportation are available individuals with I/DD to get to work, for errands, or for leisure activities. They include "Line haul, or fixed route" – regularly scheduled public bus service that may be available to the degree that days and hours of operation and accessibility to individuals with I/DD make it available, and Demand-Response" (commonly known as Dial-A-Ride).

In 2015, 79 transit systems received Local Bus Operating assistance funds. These systems serve the general population but also meet the needs of individuals with I/DD to the degree to which they are affordable. In addition, there were 40 systems that received specialized service funds which are primarily targeted to serve seniors and individuals with I/DD.

Eligibility: While the target group for public transportation services is the general population, the ADA has strengthened access rights to these systems for individuals with I/DD.

Extent of Services: Level of services is determined by local authorities and agencies, thus varying significantly from locality to locality, and is not available in all areas of the state.

Service Supported By Local Bus Operating Funds:

FY 2015 Funding: \$167,400,000 (includes marine service)

FY 2015 People Served: 87,799,602 (includes marine service)

Specialized Service:

FY 2015 Funding: 3,853,829

FY 2015 People Served: 1,348,241

Total ridership during FY 2015 was 89,147,843. A total of 80,124,067 rides were provided by urbanized systems, including 8,242,528 (10%) for seniors and individuals with I/DD. Non-urbanized ridership was 6,871,053, including 3,103,828 (45%) for senior and individuals with I/DD. Specialized service provided another 1,348,241 rides to mainly senior and individuals with I/DD. And 804,482 rides were provided by Marine service. Total state funding for operating FY 2015 was \$171,253,829.

Effectiveness: The public transportation system can be a powerful resource for increased independence, inclusion and productivity for individuals with I/DD. With appropriate implementation, the Federal Transit Act and the ADA can help assure the rights of individuals with I/DD to access these systems. In Michigan, these rights were also strengthened by the 1978 amendment to Act 51 which requires that 100% of buses for fixed-route services purchased with state support be lift-equipped and buses for demand response services must be equipped based upon input from local advisory Councils comprised of seniors and individuals with I/DD.

Major concerns remain, however, including cost, availability and accessibility. While much of the general population may be only inconvenienced by the lack of accessible, affordable

transportation, many individuals with I/DD find these barriers to be a serious impediment to their mobility and may result in their inability to travel altogether. Meeting the needs of all those who need transportation will continue to be a major challenge for the new millennium. All transit agencies have a Title VI plan which prohibits discrimination on the basis of race, color, or national origin in their programs or activities. The plan must also provide the methods for providing language assistance to persons with limited English proficiency.

Availability of Assistive Technology: Not applicable.

Waiting Lists: Level of services varies significantly from locality to locality. Existing transit agencies may expand services or new transit agencies can request funding. However MDOT funding will not expand so if there is expansion other agencies will receive less state funding.

Unserved and Underserved Populations: Not applicable.

Describe how the program outreaches or provides services to culturally and linguistically diverse backgrounds. Include any information on disparities related to service areas:
Information not provided.

Interagency Efforts: Not applicable.

Federal Programs

Employment Opportunities for Disabled Americans Act of 1986

Program/Scope: Section 1619 of the Employment Opportunities for Disabled Americans Act creates a Social Security program to meet the special needs of individuals with I/DD who are working and whose income exceeds Substantial Gainful Activity (SGA) levels (\$1130 for 2016) but are not yet completely self-supporting. As an incentive to individuals with I/DD who are trying to work, Section 1619(a) of the Supplemental Security law permits people to continue to receive an SSI payment while they work. Under Section 1619(b), individuals may continue to be eligible for Medicaid coverage.

Eligibility: To qualify for 1619(a), an SSI beneficiary must have been eligible for at least 1 month before he or she began working at the SGA level, still be disabled, and meet all other eligibility rules, including the income and resource tests.

To qualify for 1619(b), an SSI beneficiary must meet all of the following qualifications:

1. Be eligible for an SSI payment for at least 1 month;
2. Would be eligible for cash payments except for earnings;
3. Still be disabled;
4. Still meet all other eligibility rules, including the resources test;
5. Need Medicaid in order to work; and
6. Have gross earned income that is insufficient to replace SSI, Medicaid, and any publicly funded attendant care.

The threshold amount is the measure used to decide if earnings are high enough to replace SSI and Medicaid benefits. The 2016 Michigan threshold amount is \$34,923.

Extent of Services: As of December 2014, Michigan had 443 SSI recipients participating in the 1619a program and 2500 recipients participating in the 1619b program. Together, 1.47% of all SSI recipients with I/DD in Michigan, ages 18 to 64, participated in the 1619 programs. The average monthly earnings of 1619a participants in Michigan as of December 2014 were \$1306, and the average monthly earnings of 1619b participants were \$1294.

Fiscal Year Funding: Information not provided.

Fiscal Year People Served: Information not provided.

Effectiveness: Section 1619 is a crucial program to support beneficiaries in achieving economic self-sufficiency. In order to meet the needs of individuals with I/DD, the program should fully

recognize the specific needs of those individuals (i.e. greater living expenses, medical expenses, etc.) and increase outreach efforts to all potential beneficiaries.

Availability of Assistive Technology: Not applicable.

Waiting Lists: Not applicable.

Unserved and Underserved Populations: Not applicable.

Describe how the program outreaches or provides services to culturally and linguistically diverse backgrounds. Include any information on disparities related to service areas: The SSA provides free interpreter services to help individuals conduct Social Security business. These interpreter services are available by phone or in the Social Security office. If business cannot be completed by phone, Social Security can make an appointment for individuals at a local Social Security office and arrange for an interpreter to be there at the time of the visit.

Interagency Efforts: Not applicable.

Social Security Disability Insurance Benefits

Program/Scope: Social Security Disability Insurance (SSDI), administered by the Social Security Administration, is a provision of the Social Security Act. The program is funded through the Social Security Trust Fund by FICA taxes from wage earners who are covered by the program. SSDI provides monthly disability insurance benefits to workers with I/DD and their eligible dependents. It also provides health care coverage under Medicare. The amount of an individual's monthly benefit depends on the amount of wages earned by the person while working.

Eligibility: To be eligible for SSDI, a person must be unable to work because of his or her medical condition that is expected to last at least 1 year or result in death and meet the earnings requirement. In general, to get disability benefits, a person must meet the "recent work" test which is based on a person's age at the time he or she became disabled and meet the "duration of work" test to show that he or she worked long enough under Social Security (these rules may be different for certain blind workers). A person must not be engaged in Substantial Gainful Activity (SGA), which for 2016 are monthly gross earnings of more than \$1130. Certain family members of disabled workers may also qualify for benefits.

Extent of Services: As of December 2014, 353,522 disabled workers in Michigan received SSDI benefits, 6337 spouses and 76,889 children. The average monthly benefit amount for disabled workers in Michigan as of December 2014 was \$1215.29.

Fiscal Year Funding: Information not provided.

Fiscal Year People Served: Information not provided

Effectiveness: Though limited, and sometimes considerably less than the poverty level, SSDI remains an important resource for individuals with I/DD as it promotes a level of financial independence for its beneficiaries. It allows people to make choices about where they live and with whom, and the benefits help provide for some of the supports needed to live independently in the community.

Availability of Assistive Technology: Not applicable.

Waiting Lists: Not applicable.

Unserved and Underserved Populations: Not applicable.

Describe how the program outreaches or provides services to culturally and linguistically diverse backgrounds. Include any information on disparities related to service areas: The SSA provides free interpreter services to help individuals conduct Social Security business. These interpreter services are available by phone or in the Social Security office. If business cannot be completed by phone, Social Security can make an appointment for individuals at a local Social Security office and arrange for an interpreter to be there at the time of the visit.

Interagency Efforts: Not applicable.

Social Security Disability Insurance Benefits – Medicare

Program/Scope: Medicare is a health insurance program for people age 65 or older. People younger than age 65 with certain I/DD or permanent kidney failure can also qualify for Medicare. The program helps with the cost of health care, but it does not cover all medical expenses or the cost of most long-term care. A portion of the payroll taxes paid by workers and their employers cover most Medicare expenses. Monthly premiums, usually deducted from Social Security checks also cover a portion of the costs. The CMS is the agency in charge of the Medicare program; however, individuals apply for Medicare through Social Security Administration.

Eligibility: Medicare has 4 parts.

Part A:

Hospital Insurance, helps pay for inpatient care in a hospital or skilled nursing facility. Those eligible for Part A include people age 65 or older, before age 65 if a person has been entitled to SSDI benefits for 24 months, or a person with permanent kidney failure that receives maintenance dialysis or a kidney transplant.

Part B:

Medical Insurance, helps pay for outpatient services. Anyone eligible for Part A can enroll in Part B by paying a monthly premium.

Part C:

Medicare Advantage plans, are available in many areas. People with Medicare Parts A and B can choose to receive all of their health care services through a single provider under Part C. If you have Medicare Parts A and B, you can join a Medicare Advantage plan. Private companies, approved by Medicare, offer Medicare Advantage plans.

Part D:

Prescription Drug Coverage, helps pay for the costs of prescription drugs. Anyone who has Part A or Part B is eligible for prescription drug coverage. Joining a Medicare prescription drug plan is voluntary, and you pay an extra monthly premium for the coverage.

Extent of Services: Most people receive Part A premium free as part of their Social Security benefits. Most people pay a premium for Part B, which, in 2016, is \$121.80 per month. Under Part A, copayments, coinsurance or deductibles may apply. For example, for the first 60 days in a hospital, the patient pays \$1288 (2016 rate). Part B has an annual (2016) deductible of \$166. Once this deductible is met, Medicare generally pays 80% of the approved charges for physician and other medical services. Beginning in January 2006, Medicare added a prescription drug benefit program, Part D. It is available to all persons who are eligible for Medicare regardless of age or income. Those of limited income and resources may qualify to have all or part of their premiums, co-payments and deductibles paid.

Fiscal Year Funding: Information not provided.

Fiscal Year People Served: Information not provided

Effectiveness: Although Medicare is an important source for providing health care coverage for individuals with I/DD, it does not provide all-inclusive benefits because of the deductibles, limited coverage and the 24 month waiting period (for SSDI beneficiaries).

Availability of Assistive Technology: Not applicable.

Waiting Lists: Not applicable.

Unserved and Underserved Populations: Not applicable.

Describe how the program outreaches or provides services to culturally and linguistically diverse backgrounds. Include any information on disparities related to service areas: The SSA provides free interpreter services to help individuals conduct Social Security business. These interpreter services are available by phone or in the Social Security office. If business cannot be completed by phone, Social Security can make an appointment for individuals at a local Social Security office and arrange for an interpreter to be there at the time of the visit.

Interagency Efforts: Not applicable.

Supplemental Security Income

Program/Scope: Supplemental Security Income (SSI) is a federally-funded program administered by the Social Security Administration under Title XVI of the Social Security Act. It provides monthly payments to people who have limited income and few resources. SSI is for elderly people, as well as blind or disabled people of any age including children. SSI is an income maintenance program to help recipients meet basic needs. In addition to a monthly payment, recipients also receive automatic Medicaid eligibility through the MDHHS. There are also special work incentives to encourage beneficiaries to attempt work without jeopardizing his or her SSI benefits.

Eligibility: To be eligible for SSI a person must be age 65 or older, be totally or partially blind, or have a medical condition that keeps him or her from working and is expected to last 1 year or longer or result in death. The basic monthly SSI payment for 2016 is the same nationwide. To be eligible in 2016, an individual living independently must have a countable income of less than \$733 per month. A couple must have less than \$1100 per month. Not everyone gets the same amount. A person may receive less if that person or his or her family has other income. Some income is excluded and does not count against the payment. Countable resources must not exceed \$2000 for an individual and \$3000 for a couple. Excluded resources may include a home, household goods, a car and certain prepaid funeral expenses. Children under age 18 may also be eligible. Some of the income and resources of parents are considered in determining the child's eligibility for SSI.

Extent of Services: In December 2014, there were 275,304 recipients receiving SSI payments in Michigan with an average monthly payment of \$541.53.

Fiscal Year Funding: Information not provided.

Fiscal Year People Served: Information not provided

Effectiveness: The SSI program is clearly a critical resource for individuals with I/DD in Michigan. It has significant advantages over state financial assistance programs in that it is less subject to political pressures, it receives regular increases, and it includes automatic Medicaid eligibility.

Availability of Assistive Technology: Not applicable.

Waiting Lists: Not applicable.

Unserved and Underserved Populations: Not applicable.

Describe how the program outreaches or provides services to culturally and linguistically diverse backgrounds. Include any information on disparities related to service areas: The SSA provides free interpreter services to help individuals conduct Social Security business. These interpreter services are available by phone or in the Social Security office. If business

cannot be completed by phone, Social Security can make an appointment for individuals at a local Social Security office and arrange for an interpreter to be there at the time of the visit.

LIVING ARRANGEMENT	FEDERAL BENEFIT	STATE BENEFIT	TOTAL
<u>Independent Living</u>			
Individual	\$ 733.00	\$ 14.00**	\$ 747.00
Couple*	1100.00	21.00**	1121.00
<u>Household of Another</u>			
Individual	\$488.67	\$ 9.33**	\$ 498.00
Couple*	733.34	13.96**	747.30
<u>Domiciliary Care</u>			
Individual	\$ 733.00	\$ 87.00	\$ 820.00
Couple*	1100.00	540.00	1640.00
<u>Personal Care</u>			
Individual	\$ 733.00	\$157.50	\$ 890.50
Couple*	1100.00	681.00	1781.00
<u>Home for the Aged</u>			
Individual	\$ 733.00	\$ 179.30	\$ 912.30
Couple*	1100.00	724.60	1824.60
<u>Title XIX Institution</u>			
Individual	\$ 30.00	\$ 7.00	\$ 37.00
Couple*	60.00	14.00	74.00

** These supplements are paid quarterly by the MDHHS.

*Couple = Married Individuals both receiving SSI. Payment amount is based on the living arrangement of the couple. Each individual receives one half.

Interagency Efforts: No information provided.

Head Start Act

Program/Scope: The Early Head Start/Head Start program provides comprehensive developmental services to preschool children from low income families, fostering their development and enabling them to deal more effectively with their present environment and later responsibilities in school and community life. The program may be administered by any local government, federally recognized Native American Tribe, or private non-profit agency that meets staffing and other grant application requirements. Grantee agencies may subcontract with other child serving agencies to provide services.

Eligibility: The target population for the program is prenatal through age 5 whose families meet the federal poverty level guidelines. Head Start can accept children with I/DD who do not meet the poverty guidelines, although at least 90% of enrollees in each Head Start program must meet these guidelines. At least 10% of the enrollment opportunities in each program must be available for children with I/DD using the criteria from P.L. 101-467, IDEA.

Extent of Services: No information provided.

FY 2015 People Served/Funding: Total funded enrollment for the Early Head Start/Head Start program for FY 2015 in Michigan was 33,922, with 4,671, or 13.8%, diagnosed as disabled.

FY 2015 Funding: The federal Head Start allocation for Michigan was \$292,231,626, inclusive of Tribal and Migrant Head Start, Early Head Start.

Effectiveness: The fulfillment of the 10% disability requirement has been met in Michigan. It allows many families to enroll in an inclusive setting, leading to better opportunities for a fully inclusive education in the future.

Availability of Assistive Technology: Not applicable.

Waiting Lists: Varies dependent on grantee location and funding availability

Unserved and Underserved Populations: Not applicable.

Describe how the program outreaches or provides services to culturally and linguistically diverse backgrounds. Include any information on disparities related to service areas: Not applicable.

Interagency Efforts: Not applicable.

Public Entities

Centers for Independent Living

Program/Scope: Centers for Independent Living (CIL) focus on assisting individuals with I/DD achieve self-sufficiency, remove barriers and move into or maintain community based independent living. The CIL are cross-disability service providers and work with individuals with I/DD of any age. The goal of CIL is to assure that individuals with I/DD have the services and supports essential to make informed choices, to have personal control over their own lives, and to participate to the fullest extent possible in the everyday activities of work, home, family, and community.

CIL are *consumer-driven* because individuals with I/DD form a majority of their governing boards, as well as a majority of their staffs and a majority of individuals in decision-making positions. They are *community-based* because they are designed and operated by individuals with I/DD within their local communities.

CILs are authorized under Title VII of the federal Rehabilitation Act and are supported by funding from a variety of federal, state, and local sources.

Services: Each CIL provides the following services:

- **Individual and Systems Advocacy** – Work to address discrimination issues and promote systems change.
- **Independent Living Skills Training** – Assist consumers in developing the skills needed to live independently.
- **Facilitate peer support** – Empowerment of consumers to achieve greater independence through example and sharing of day to day experiences.
- **Information and Referral** - Knowledge is power.
- **Transition Services** – Facilitate the transition of individuals with I/DD from nursing homes and other institutions. Facilitate the transition of youth with I/DD into higher education, the workforce and the community.

Eligibility: Individuals with I/DD of all ages are eligible for Independent Living services. There is no means testing.

Extent of Services: There are currently 15 CILs in Michigan serving all counties in the state.

FY 2015 Funding: \$18,000,000

FY 2015 People Served: 32,461

Effectiveness: Over 7,000 individuals successfully completed goals which they set during FY 2015. 51,000 specific information and referral services were provided by CIL.

In addition to these basic services, CIL assisted over 365 people move from nursing facilities to independent community based living. The program provided a positive return on investment to the State of Michigan by over 48 million dollars.

Availability of Assistive Technology: All Michigan CILs have staff members fully trained in assistive technology.

Waiting Lists: Not applicable.

Unserved and Underserved Populations: Not applicable.

Describe how the program outreaches or provides services to culturally and linguistically diverse backgrounds. Include any information on disparities related to service areas: Each Center for Independent living are required to have an individualized plan on how to conduct outreach activities.

Interagency Efforts: Not applicable.

Michigan Protection & Advocacy Service, Inc.

Program/Scope: Michigan Protection & Advocacy Service, Inc. (MPAS) implements the federally-mandated rights protection and advocacy programs and the Client Assistance Program, including the protection and advocacy program authorized by the Developmental Disabilities Assistance and Bill of Right Act.

The mission of MPAS is to advocate and protect the legal rights of individuals with I/DD.

Programs services include information and referral and short term technical assistance to all eligible populations. Cases are accepted for direct representation, including legal representation where they meet priorities approved annually by the Board of Directors. The priorities for direct representation are established each year with input from the people who are eligible for MPAS services. MPAS also provides workshops and seminars to professional and consumer groups.

Current priorities include: Eliminate Abuse and Neglect, Increase the Protection of Individual Rights, Independence and Self-Determination, Eliminate Employment Barriers and Protect Rights, Improve Access to Services, Ensure the Right to High Quality Education

Eligibility: Individuals with any disability are eligible for MPAS services.

Extent of Services: In FY 2015, a total of 7303 individuals with I/DD received information and referral services. Also, 632 individuals with I/DD (or their family members) were trained in self-advocacy, special education, housing and employment rights.

FY 2015 Funding: \$3,810.175

FY 2015 People Served: 8401

Effectiveness: Client satisfaction surveys indicate 90% of respondents are satisfied with the services delivered by MPAS.

Availability of Assistive Technology: Not applicable.

Waiting Lists: Not applicable.

Describe how the program outreaches or provides services to culturally and linguistically diverse backgrounds. Include any information on disparities related to service areas: The MPAS provides assistance to all eligible populations, offering English and Spanish brochures.

Unserved and Underserved Populations: Woman, Arab, Chaldean, Native American, Asian, rural residents, African-American residents.

Interagency Efforts: Common Disability Agenda, Michigan Alliance for Families

Wayne State University, Developmental Disabilities Institute

Program/Scope: The Wayne State University Michigan Developmental Disabilities Institute (DDI) is Michigan's University Center for Excellence in Developmental Disabilities (UCEDD). They are one of 67 UCEDDs throughout the 50 states and in U.S. possessions such as Guam and the U.S. Virgin Islands. DDI was established in 1983 at Wayne State University by the Federal Administration on Developmental Disabilities (ADD), U.S. Department of Health and Human Services. DDI is mandated by ADD to provide statewide services and programs designed to enhance the lives of individuals with I/DD. DDI's programs and services accomplish the following:

- Provide education
- Assist community agencies and human service systems as they shift policies and procedures to support consumers in making choices and controlling their own lives
- Investigate processes and products through systematic qualitative and quantitative methods
- Conduct research
- Produce and distribute products that inform and contribute new knowledge

Eligibility: Individuals with I/DD, their families, professionals, paraprofessionals, policymakers, students, and other members of the community that may provide services, supports, and assistance for individuals with I/DD.

Extent of Services: Information not provided.

FY 2010 Funding: Not applicable.

FY 2010 People Served: 20,000

Effectiveness: Not applicable.

Availability of Assistive Technology: Not applicable.

Waiting Lists: Not applicable.

Unserved and Underserved Populations: Hispanic and Arab American.

Describe how the program outreaches or provides services to culturally and linguistically diverse backgrounds. Include any information on disparities related to service areas:
Information not provided.

Interagency Efforts: DDI collaborates with organizations throughout Michigan to develop innovative strategies for meeting the needs of diverse communities.

PART C: Analysis of State Issues and Challenges

[Section 124(c) (3)(C)]

Criteria for eligibility of services: The following is an analysis of state services only. Due to the complexity of eligibility for federal programs such as the Employment Opportunities for Disabled Americans Act of 1986, Social Security Disability Insurance Benefits, Social Security Disability Insurance Benefits – Medicare and Supplemental Security Income, as well as the space/character limits the DD Council is unable to provide analysis for those programs. Many of those services have common eligibility requirements, such as assets, income, etc. Depending on the program an adult with a disability may be forced into poverty to qualify for the support he or she needs to live.

Children’s Special Health Care Services - The target group is children with physical disabilities who have the potential for long term disability if untreated. These include, but are not limited to: cerebral palsy, cystic fibrosis, spina bifida, epilepsy, hemophilia and severe disabling conditions of the newborn. Those under 21 years of age who are suspected of having an eligible diagnosis qualify for a diagnostic evaluation if there is no other means to obtain the medical documentation. All other program services are available to enrollees: 1) under 21 who have an eligible diagnosis; and 2) of any age with cystic fibrosis or coagulation defects, i.e. hemophilia.

Children’s Waiver Program (CWP) – Enables Medicaid to fund services for children up to age 18 with I/DD, who live in the homes of their birth or legally adoptive parents regardless of their parent’s income.

Early And Periodic Screening, Diagnosis, And Treatment Program - EPSDT visits, also known as well child visits are a covered benefit for all eligible Medicaid beneficiaries under 21 years of age. Providers must complete all testing components at the specific ages indicated on the periodicity schedule.

Services for Children and Adults with I/DD and their families- The target population is persons with I/DD as outlined in Michigan’s Mental Health Code.

Independent Living Services - The following individuals are eligible for Independent Living Services; 1) SSI recipients who need services and 2) Medicaid recipients who need services. Individuals must need a need assistance with at least 1 ADL to be eligible for ILS.

Office of Recipient Rights – Provides direct rights protection services to recipients in state operated hospitals and centers, as well as consultation to their family members.

Older Adults With I/DD – Programs funded by the Older Americans Act are available to people who are 60 years of age and older. A combined 1915(b) and 1915(c) waiver, known as the Specialty Supports and Services Waiver, for individuals with I/DD provides an extensive array of community-based, I/DD specialty services and supports are under Medicaid when delivered under the auspices of the waiver by an approved PIHP.

Supported Employment - A person must have a disability so significant that he or she would not be able to work without ongoing support services, and be enrolled in Michigan’s HCBS waiver.

Great Start Readiness Program (GSRP) - The 8 risk factors used to determine GSRP eligibility are:

1. Extremely low family income
2. Low family income
3. Diagnosed I/DD or identified developmental delay
4. Severe or challenging behavior
5. Primary home language other than English
6. Parent(s) with low educational attainment
7. Abuse/neglect of child or parent and 8. Environmental factors.

The Early On® Program – Eligibility includes children, birth to three, who are found eligible under developmental delay if they have a delay of 20% or 1 standard deviation below the mean in one or more developmental domains (physical, cognitive, communication, social-emotional or adaptive).

A child is found eligible under established conditions when there is documentation of the diagnosis provided by a health or mental health care provider who is qualified to make the diagnosis. ACP– DHS provides program services to adults 18 or older who are elderly, frail, physically handicapped, emotionally impaired, or mentally ill. Clients are Medicaid eligible and receive SSI or Social Security.

Adult Protective Services - The program’s target population includes adults (18 years or older) who are vulnerable and in danger of being abused, neglected or exploited. Income or disability is not considered for eligibility.

State Disability Assistance - To be eligible for SDA, applicants must meet income and asset eligibility requirements.

A person can also meet non-financial eligibility requirements by meeting disability criteria, be caring for a disabled person, or over the age of 65.

Bureau of Services for Blind Persons - A person must be a resident of the state of Michigan and meet at least one of these criteria; 1)visual acuity with best correction must be 20/200 or worse in the better eye, or 2)visual fields must subtend an angle of less than 20 degrees in each eye, or 3)visual acuity with best correction must be 20/100 or worse in the better eye with a prognosis of rapid deterioration, or 4)the individual must have visual fields that subtend an angle of less than 40 degrees in each eye with a prognosis of rapid deterioration.

MDHHS/MRS- Applicants are eligible for services if they have physical or mental impairment that constitutes or results in a substantial barrier to employment and if they require MRS services to prepare for, secure, retain or regain employment consistent with their abilities and capabilities.

Applicants who have been determined to have a disability under the SSDI (Title II) and/or SSI (Title XVI) program of the Social Security Act shall be considered to have a significant disability and presumed to be eligible for MRS services provided they intend to achieve an

employment outcome consistent with their unique strengths, resources, priorities, concerns, abilities, capabilities, interests and informed choice.

Medicaid Autism Applied Behavior Analysis Services - Michigan Medicaid currently covers ABA services for children with ASD who meet the medical necessity within the policy. ABA was provided to children from age 18 months through 5 years of age under a 1915(i) state plan authority from April 1, 2013 through December 31, 2015. The ABA policy was updated effective January 1, 2016 through a state plan amendment, and it now covers children under 21 years of age under the EPSDT benefit.

Analysis of the Barriers to Full Participation of Unserved and Underserved Groups of Individuals with I/DD and Their Families:

Individuals with high and complex support needs are not included or identified consistently in any demographic collection system. There is anecdotal evidence that this group is not included in planning, leadership, and decision-making activities in society. The DD Council funded a major national study to identify how to include this population, and required follow up actions, which was published in June, 2013. The most significant barrier identified was the lack of transportation. Barriers to inclusion focused on full inclusion (having the supports needed to engage in the agenda) and true influence (feeling that input and contributions impacted the outcomes of the meeting or policies of the organization). Strategies for achieving success in these areas that were referred to most frequently by participants included adapted materials, receiving assistance from mentors (or other individuals) to process information and provide input during the meetings, and dependable transportation. The study also recommended 12 top best practices that most effective organizations do. The DD Council prioritized the areas it would focus on, which included providing training and leadership development to people with complex needs through intense training events; funding and supporting an independent autonomous statewide self-advocacy organization/network; providing expense funds to support the inclusion and participation of people with complex needs in grant projects, conferences, and community activities. All of these initiatives are included in the proposed 2017-2021 State plan.

Asian families may be discouraged from seeking help due to racism, cultural barriers, and lack of knowledge of available services. African American families continue to have underutilized family support programs. Families do not know of eligibility criteria. Hispanic/Latino families underutilize systems due to family support systems, possible migrant status and language barriers. American Indian families express a lack of trust in government programs or may even be referred to reservation agencies. Arab/Chaldean families are populated in southeast Michigan. The major barrier is language and culture. A proposed DD Council project under Goal 3, Objective 3 “Leadership, Engagement, and Advocacy Development”, will have focused recruitment into these target populations and will locate the training locales to be within these communities to increase acceptability and ease transportation barriers. Barriers to employment for all individuals with I/DD are widespread.

In Michigan, only 30% of adults with I/DD are employed (source: U.S. Census), and therefore unable to enjoy the financial stability and other benefits of stable employment. If progress is going to be made to increase the percentage of Michigan’s citizens fully participating in the workforce, then Michigan’s entire transition and workforce system must better and more

consistently prepare young individuals with I/DD for the world of work. Michigan data underscores this need. The 2014-2015 Four-Year Graduation Dropout snapshot showed that the graduation rate in Michigan was 79.95% for all students, and 57.12% for students with I/DD (2015 Graduation Cohort). Students with I/DD represent just 11% of the 106,830 students enrolled in career and technical education programs (2013-2014). The state's federal Annual Performance Report for Federal FY 2014 includes a small sampling of graduates with individualized education programs (770 survey respondents; 608 high school graduates) across all disability categories. Of these respondents, only 216, or 28%, indicated that they were 'competitively' employed within one year of leaving high school. The dropout rate in Michigan was 9.12% for all students; 13.65% for students with I/DD.

In September 2014, Michigan's DD Network (MPAS, DDI, and the DD Council) released a report which outlined the current state of employment for individuals with I/DD in Michigan. MDHHS data was obtained on the 44,915 adults with I/DD, including those dually diagnosed with mental illness (DD/MI) who received services in FY 2014. Of those, only 20.45% (9186 individuals) had any type of employment. Of the 44,915 adults with DD/MI who received services from CMHSPs in FY 2014, over 62% of the individuals (28,020 people) were not considered to be eligible for the competitive labor force (defined as homemakers, students age 18 and over not working, retired from work, resident of an institution [including a nursing home], or incarcerated). Over 75% were working in facility-based settings of those working in non-competitive employment. Over 27% of individuals deemed to be eligible for the competitive labor force chose or were placed in facility-based activity programs, lacking any type of significant vocational supports or services from CMHSPs. These facility-based activity programs provide an array of specialty supports and services to assist individuals in achieving their non-work related goals. Of the 9186 individuals who had any type of employment, 67% worked in non-competitive employment (sheltered workshops or enclaves or mobile crews). Finally, 64-67% of employed adults with DD/MI were earning below the minimum wage.

National Core Indicator (NCI) data, utilized in over 35 states, provides a standardized way to measure and track different characteristics related to persons with I/DD served by the public mental health system, including employment. These consumer interviews conducted in Michigan in 2015 report that 45% of Michigan NCI respondents (N=400) who were interviewed in the 2014-2015 study indicated that they would like a job compared to the national average of 49%. Although 45% of consumers reported the desire to work, only 14% of all respondents reported having a community job.

Moreover, only 21% of respondents indicated that employment was even listed as a goal in their PCP. This valuable information gathered by the NCI clearly indicates that, despite individuals with I/DD in Michigan, by and large, having the desire to work, we are not providing them with the tools and supports needed to reach their employment goals. Therefore, this plan's first goal (Goal 1) is focused on employment, and working age adults with I/DD having the necessary information, tools, and supports to succeed in competitive, integrated employment. Two objectives focus on expanded employment opportunities for young adults (Goal 1, Objective 1), and promoting Employment First in Michigan (Goal 1, Objective 2).

The increased risk of dropout and decreased graduation rates for students with I/DD, and students of color, especially African-American, American Indian, and Hispanic students, put these populations at risk for sub-standard post-secondary outcomes. There is a significant difference in the Michigan 2014-2015 Four-Year Graduation Rate for some students of color compared to the general population. The rate was 79.95% for all students; 67.31% for African-American students; 70.88% for American Indian students; 72.07% for Hispanic students; 76.67% for Native Hawaiian students; and 90.77% for Asian students. It was 57.12% for all students with I/DD (2015 Graduation Cohort).

There is also a significant difference in the Michigan 2014-2015 Four-Year Dropout Rate for students of color compared to the general population. The dropout rate in Michigan was 9.12% for all students; 15.81% for African-American students; 14.78% for American Indian students; 14.10% for Hispanic students; 10.83% for Native Hawaiian students; and 5.07% for Asian students. It is 13.65% for all students with I/DD. Therefore, this plan is including an objective focused on increasing leadership engagement and advocacy development, Goal 3 Objective 3, with a specific outreach component to ethnic and culturally diverse communities.

In 2014 complaints based on disability were the second largest number of complaints reported to the Department of Civil Rights 749 (22%). There are also barriers in the eligibility criteria state for state programs.

Children's Waiver Program – There are a limited number of enrollments (approximately 469) for this waiver with the eligibility based on severity of need and income. When the CMHSP submits a pre-screen, they are attesting to the fact that the child is in their priority population and therefore, per the Michigan Mental Health Code, the CMHSP is responsible to serve the child who does not have Medicaid with General Fund dollars, which have continued to decrease, negatively impacting services.

Family Support Services - Individuals with I/DD and families who do not qualify for Medicaid or CSHCS are not able to receive services through the local CMH service programs with severe cuts to the General Fund in the state of Michigan budget.

Supported Employment - Individuals with severe intellectual disabilities are the most underserved population.

Maternal And Child Health Block Grant - Gaps in services based on geography and insurance coverage, as well as disparities in access to and usage of services for racial and ethnic minorities continue to exist.

Great Start Readiness Program - Preschool children requiring services are located through Child Find efforts as part of the Special Education system.

The Carl D. Perkins Vocational and Technical Act Of 2006 – The population of unserved and underserved varies by local educational agency offering programs.

Adult Community Placement - The payment disparity provides a provider incentive to offer placements to private pay families and individuals. Clients receiving SSI or low SSDI check have a more difficult time finding an AFC or HA placement.

Adult Protective Services - Abuse, neglect and exploitation of a vulnerable adult often rises to the level of criminal activity, it can be assumed that reports of abuse, neglect and exploitation of individuals with I/DD are also underreported to adult protective services.

Child Development Care - Child Welfare Services-Adoption Assistance – Unserved population are foster care children under the care and supervision of the MDHHS who are under the age of 3 who do not meet any other qualifying factors under Michigan’s definition of “special needs.”

Child Welfare Services –Foster Care - There are gaps in services based on geography.

Home For The Aged Program – Unserved population are low income vulnerable adults.

Bureau of Services for Blind Persons - Specific outreach efforts are ongoing with tribal groups and organizations representing other minority and underserved populations.

MDHHS/MRS- No unserved/underserved populations identified. MRS will be developing strategies to improve services and outcomes for minority populations.

Department Of Natural Resources - Individuals with I/DD, persons in metropolitan areas, and persons of limited means are underserved.

The availability of assistive technology: Assistive technology in Michigan for individuals with I/DD is available through a variety of services and supports. Major supports systems, including special education, MDHHS/MRS, Michigan's various Medicaid waivers and the programs that implement them (like the mental health system) all can provide assistive technology to eligible individuals with I/DD. Finally, the ADA and Section 504 can support the purchase of assistive technology as an accommodation to individuals with I/DD in employment, and physical and program access.

Michigan has a 3 year State Plan for assistive technology approved by the MDHHS/MRS. The plan is implemented through The Michigan Assistive Technology Program at Michigan Disability Rights Coalition, <http://www.myndrc.org>.

The State Plan for assistive technology covers fiscal years 2015 through 2017 and includes the following services:

Device Reutilization: Michigan administers the ATXchange (ATX) for individuals with an assistive technology device wishing to either sell it or give it away. Individuals can also post items they are looking for and receive an e-mail when something is available in that category.

Device Demonstration: The goals of the Michigan's Plan for assistive technology include increasing access to assistive technology by targeting individuals and entities in the areas of

education, employment, community living and information technology/ telecommunications. Michigan has targeted priority to first unserved then to underserved geographic areas of the state for this funding. The priority for services is people who are not eligible to receive services or have assistive technology services paid for through other agencies or organizations. The program is also identifying opportunities to leverage collaborative advocacy efforts by providing demonstrations within specific systems and or focus areas. The program has subcontracts for the provision of device demonstrations throughout the state through a variety of kits of devices.

Short-Term Device Loan: Short term loans for assistive technology devices are available at several of the demonstration subcontract organizations throughout the state. The purpose of short term loans is to give individuals the opportunity to try out more complex devices or devices that are best evaluated in the home to determine if the product is a good fit before purchasing.

State Financing Activities: United Cerebral Palsy of Michigan operates the Michigan Assistive Technology Loan Fund to provide low interest loans to individuals with I/DD so they can purchase assistive technology. The Michigan Assistive Technology Loan Fund allows individuals with I/DD and seniors (or their family members) to purchase assistive technology devices or services, including modification of vehicles and homes. Loans may also cover cost of training to use the purchased equipment, warranties, and service agreements.

Michigan Disability Rights Coalition also transferred ownership of the Michigan Employment Loan Fund which provides loans for the purchase of equipment for individuals with I/DD to work at home or operate home businesses.

State Leadership Activities: Michigan's program subcontracts with consumer-directed organizations to provide training statewide. Michigan also provides, in partnership with local groups; toll-free information and referral services, information through presentations at conferences; and collaboration on publications and training materials about assistive technology. Primarily, public awareness is provided webinars and blogs and social media, through their web site, the Assistive Technology Connections newsletter and through working with CIL to help increase their capacity for provision of information and assistance about assistive technology.

(iii) Waiting Lists:

Numbers on Waiting lists in the State

Year	State Pop (100,000)	Total Served	Number Served per 100,000 state pop.	National Average served per 100,000	Total persons waiting for residential services needed in the next year as reported by the State, per 100,000	Total persons waiting for other services as reported by the State, per 100,000
2014	1	1	1	1	1	1

a. Entity who maintains wait-list data in the state for the chart above

Case Management authorities Providers Countries State Agencies
Other

- b. There is a statewide standardized data collection system in place for the chart above Yes No

- c. Individuals on the wait-list are receiving for the chart above

No Services Only Case Management Services Inadequate Services

- d. To the extent possible, provide information about how the state places prioritizes individuals to be on the wait-list

Comprehensive services but are waiting for preferred options Other

- e. Description of the state's wait-list definition including the definitions for other wait-lists

Michigan is a managed care state, Medicaid funds are dispersed to the PIHPs who then cover the funding needed for beneficiaries at each CMHSP according to the individual's needs identified in their yearly IPOS. Because it is a managed care system and via an agreement with CMS, there is no waiting list for supports and services for individuals who are served by Medicaid. No zeros can be entered into the system.

There is a waiting list for children served by the CWP, offering necessary services and supports beyond what is available under the Medicaid State Plan to children with I/DD whose needs have placed them at risk for health, safety and/or out-of-home placement. Children with Medicaid are not placed on a waiting list for Medicaid State Plan services and the PIHP/CMHSP must provide mental health services and supports appropriate to need. There is also a waiting list for services for individuals who do not qualify for Medicaid. Technical guidelines have been issued for establishing and managing a general fund waiting list.

- f. Individuals on the wait-list have gone through an eligibility and needs assessment

Yes No

Prior to considering a request for CWP services, the PIHP/CMHSP must review and utilize all available and appropriate Medicaid State Plan services for the child. If the PIHP/CMHSP determines that a child remains at risk and meets criteria for Intermediate Care Facilities for individuals with I/DD, a CWP pre-screen is completed and submitted to the MDHHS. A child identified as "at-risk" must have their urgent care needs met by the PIHP/CMHSP to ensure health, welfare, and safety while the child remains on the CWP Priority Weighing List. The

PIHP/CMHSP must assess the child's needs and develop an IPOS through the person centered/family driven/youth guided PCP process. A request for CWP services begins with a pre-screen completed by a Qualified Mental Retardation Professional (QMRP) and the child's parent(s). Determination of severity of need is based on program-specific criteria. The CWP Priority Weighing Criteria provides a consistent and objective basis on which to determine the priority status of children who may be eligible for the program. The QMRP must meet with the child's family and provide detailed information on CWP service parameters and program requirements. This includes eligibility requirements, available services, access to all qualified providers, opportunities for family participation in planning and active treatment, and financial disclosure requirements. After this discussion, if the family wishes to have their child considered for the CWP, the QMRP completes a pre-screen. The pre-screen identifies those services to be provided by the CMHSP, based on the child's identified needs. A parent must sign the completed pre-screen and a copy must be maintained in the child's record. The QMRP then submits the pre-screen to MDHHS. Several factors associated with health, safety, well-being and risk of out-of-home placement comprise the CWP Priority Weighing Criteria. When reviewing a pre-screen, the MDHHS CWP staff determines the score for each of these factors based on the information submitted. The scores for each factor are then totaled. A cover memo and scoring form are completed for each pre-screen and copies are mailed to the QMRP to review with the family. If the cover memo contains questions about the pre-screen or indicates the availability of other potential resources, the QMRP should follow up and provide updated information to MDHHS. Re-scoring occurs when updated information is received by MDHHS. If there are subsequent changes in the child or family's situation that would affect a child's score based on the Priority Weighing Criteria, the QMRP should submit a brief update letter describing relevant changes. The CMHSP is responsible for updating the pre-screen, at least annually in order for the child to remain on the Priority Weighing List. The Priority Weighing List contains a sequential list of all pre-screen scores. The Priority Weighing List is updated each time pre-screens are scored. When a CWP opening becomes available, all pre-screens that have been received and date stamped at MDHHS are scored before a determination is made as to who will be invited to apply for the CWP opening. The child whose pre-screen is current, and who has the highest score, is invited to proceed with the CWP application process. The QMRP is notified by phone and asked to contact the family immediately to begin the formal application process.

- g. There are structured activities for individuals or families waiting for services to help them understand their options or assistance in planning their use of supports when they become available (e.g., PCP services)

Yes No

- h. Specify any other data or information related to wait-list: None.

i. Summary of Waiting List Issues and Challenges: None.

(iv) Analysis of the Adequacy of Current Resources and Projected Availability of Future Resources to Fund Services:

Funding of the Medicaid program has consistently been a point of concern. The composite of the Michigan Legislature is such that social programs, such as Medicaid, are regularly targeted as a point of reduction to balance state budgets. According to Pew Charitable Trust report, Michigan has maintained investment into Medicaid between 10% and 12% of own source revenue from 2000 to 2012. This investment has remained “flat” with the exception of the economic down turn in 2009 and 2010 where this investment tapered off to 10%. According to Kaiser Family Foundation, Michigan was well below the national average for Medicaid growth from 2010-2014. The national average was 5.2% growth were as Michigan experienced only 3.9% growth rate.

As cost of healthcare increases at a pace that exceeds increases in state revenue, funding of Medicaid related services continues to be a point of concern. Michigan experienced a horrific contaminated water crisis in Flint, Michigan that will have unforeseeable cost implications to the state and the state’s Medicaid program. CMS authorized a state 1115 demonstration project to provide healthcare services for those affected by this crisis. Even though CMS authorized these services, the current budget negotiations have ear marked \$147 million to fund issues surrounding this crisis; much of which is General Fund revenue.

The Affordable Care Act provided the means for Michigan to expand Medicaid to people with incomes below 138% of the federal poverty level (FPL). The program entitled Healthy Michigan Plan, helped provide critical health and mental health services to individuals with I/DD below the established income threshold who were not currently enrolled in either Medicare or Medicaid. CMS has issued a waiver that limits eligibility to 48 months for “healthy adults.”

The success of the Medicaid expansion program was far greater than expected. The MDHHS/Medical Services Administration’s testimony to the Senate Committee on Health Policy estimated 270,000 enrollees during the initial open enrollment period. Even though the first “plan year” was only from April 1, 2014 to December 31, 2014, enrollment figures broke 481,000. As of April 4, 2016, there are 593,000 people enrolled into the Healthy Michigan Plan. This number relates to over 100,000 people above all estimates for the number of expected total enrollment.

Even though these numbers represent outstanding participation in the Healthy Michigan Plan, they also demonstrate there is an exuberant number of people who are below 138% of the FPL, are not receiving Medicare or other Medicaid benefits, and are in need of healthcare coverage.

In order to coordinate Medicaid Health Plan benefits throughout the state and reduce cost associated with pharmacy related benefits, Michigan Medicaid program

instituted a “common formulary” program affecting all Medicaid beneficiaries. The common formulary establishes a baseline of covered medications.

All other medications not listed in the common formulary, will need prior authorization from the MHP. The intent was to establish uniformity in benefits regardless of the specific provider. However, the medications listed in the common formulary were selected by the health plans with little to no input from stakeholders. There is a level of consequential ramifications affecting individuals with I/DD expected due to this change Medicaid Spend Down continues to be a significant barrier for many individuals with I/DD. The spenddown amount is the difference between the net income of the household and the designated Protected Income Level (PIL). In Michigan, PIL ranges between \$341 and \$408 for a household of one, depending on the region of the state where you reside. In essence, a Medicaid eligible individual on spend-down would have to spend all income on medical related expenditures down to the PIL in order to receive Medicaid benefits; living on the PIL amount for all other expenses such as rent, food, etc.

Working with a coalition, the DD Council is meeting with MDHHS/MSA on a monthly basis to work on raising the PIL for spend-down participants. The recurring position of the department is there are insufficient general fund dollars to raise the PIL. According to the department, the research analysis stipulates that it would take somewhere between \$30 and \$50 million to raise the PIL to desired levels. To date, the department has not shared the research with the coalition to determine if these projections are accurate.

(v) **Analysis of the Adequacy of Health Care and Other Services, Supports, and Assistance that Individuals with I/DD Who Are in Facilities Receive.**

Michigan is in a transformational process for all segments of the Medicaid eligible population. Under the current construct, Michigan utilizes multiple Medicaid waivers under the 1915 provision. Separate 1915 waivers provide services for children with I/DD, children with behavioral health needs, and older adults. There are additional 1915 waivers for adults with I/DD, as well as children and adults with I/DD needing advanced level of care. Several 1915 waivers are applied to older adults or adults with I/DD providing HCBS for those who are dually eligible for Medicare and Medicaid. There is an additional 1915 waiver for those needing nursing home care levels of support. Much like older adults, 1915 waivers also address special applications for children as well.

As described above, the use of multiple 1915 waivers is extremely complex. Acknowledging the complexity of this waiver system, Michigan has recently submitted a request to CMS to transform multiple 1915 waivers into a single 1115 “demonstration project” waiver.

This project is designed to streamline administrative functions as well as align all support and services under the multiple 1915(c) waivers, 1915(b), and the now expired 1915(i) waiver under a single 1115 Demonstration Waiver.

A very important part of the services and supports available to individuals with I/DD who are in facilities, is how these settings comport with community integration, employ comprehensive PCP, and ensure the individual has the freedom to design the PCP to his/her desires. This is a long-standing problem within Michigan.

Under the newly imposed regulations for HCBS, the aforementioned issues are addressed through federal and state guidance. Even though regulations are in place, ensuring that all persons receive equal considerations and planning will be an ongoing issue. Michigan has a history of vastly different levels of support and services made available to persons in facility-based settings. Under the new state plan for HCBS settings, there are concerns that monitoring of supports and services made available will still be lacking. The current plan does not include independent review from an entity that has no vested or financial interest within the facility. Much of the reporting is at the hands of the facility itself.

As of December 2015, there are 8268 people served by the Habilitation Support Waiver (1915(c)), 969 children served under the Serious Emotional Disturbance Waiver (1915(c)), 469 children served under the CWP, and approximately 220,000 served under additional 1915(b) and 1915(c) waivers. From 2010 to December 2015, there was a three-fold increase in the number of children served under the SEDW.

(vi) To the Extent that Information is Available, the Adequacy of Home and Community-based Waivers Services (Authorized under Section 1915(c) of the Social Security Act(42 U.S.C. 1396n(c)) *

Michigan is divided into 10 prosperity regions that are designed to “encourage local private, public, and non-profit partners to create vibrant regional economies.” Each prosperity region is serviced by select Michigan Health Plans to service Medicaid beneficiaries. These regions vary by size and the number of Managed Healthcare Plans providing services.

Within each of these regions, Michigan employs a structure of CMHSP’s and PIHP’s to administer and facilitate a wide variety of services for Medicaid beneficiaries such as community supports, mental health services, establishing and facilitating PCP, and IPOS. This is coordinated through 10 regional PIHP’s and 46 CMHSP’s. Due to the variances of available funding across Michigan, the quality, quantity, and levels of services provided by the CMHSP’s and select PIHP’s have differed. Entities throughout different regions of the state have utilized different methods to reduce services to individuals with I/DD such as measurement or assessment tools. Even though the MDHHS/MSA has strongly advised CMHSP’s and PIHPs to cease and desist such practices, this continues to be an issue for many Medicaid beneficiaries, especially for individuals with I/DD with complex needs.

Under federal regulations, all states must adhere to new standards for HCBS. Michigan is in the development and implementation portion of these new requirements. The process chosen by the state to design and incorporate these policies

and procedures, did not promote a high level of transparency. Even though there was a “public comment period,” there were no public forums for stakeholder input. Another identifiable problem, the only means for public comment was based on electronic formatting i.e. public notifications, etc. Those without internet service, limited access to computers, or limited computer skills faced greater barriers to providing input. The majority of people affected by these procedures are the very same people utilizing HBCS.

The initial submission of the State implementation plan was not approved by CMS. The state questioned the guidance of CMS as to the mandatory inclusion of the 1915(b) waivers. Even though CMS drafted and published consistent regulations that these waivers be included, it was still questioned by this state.

Barriers to transportation continues to be one of the most important issues individuals with I/DD face. Michigan has a total of 81 transportation providers, all of which has established different thresholds of eligibility for reduced fare for “dial-a-ride” services (This does not include paratransit services). One of the goals of the DD Council is to develop a statewide, reduced fare card that will be accepted by most, if not all, transportation providers in Michigan. This will aid all individuals with I/DD, in facilities and those outside of the facility setting, to gain access to public transportation and increase community inclusion.

PART D: Rationale for Goal Selection

[Section 124(c)(3)(E)]

The principles of self-advocacy, independence, self-determination, and person centeredness are embodied in the DD Council's mission, vision, and work, and determine the goal selection process to support individuals with I/DD in building meaningful, purpose driven lives.

The DD Council has been front and center in the Employment First advocacy in Michigan. On August 13, 2013, the DD Council adopted a position on supporting Employment First policies and practices for Michigan. On September 22, 2014, the DD Network (MPAS, DDI and DD Council) released a report on Employment First in Michigan. This report outlined the dismal employment circumstances in Michigan for individuals with disabilities, particularly individuals with I/DD. In Michigan, 81% of individuals with I/DD are unemployed compared to 9% of individuals without I/DD. This is despite many individuals with I/DD having marketable skills and a true desire to work. In fact, the National Core Indicators Adult Consumer Survey (NCI) shows that 45% of individuals with I/DD in Michigan want a job in their community; however, only 14% of them have one. An employment goal (Goal #1) helps to formalize the work that has been going on over the last 2 years which have been championed by the DD Council, including a ODEP grant. It also recognizes individuals with I/DD in Michigan who want to work but aren't (NCI data).

Points of transition were identified as points in life where individuals with I/DD can fall through the "cracks" in the system. Focusing on transitions will allow the DD Council to work with partners to identify the gaps in the system and advocate for those gaps to be filled. This should provide for more seamless transitions in life (Goal #2).

The age of the disability leaders in Michigan as well as the will of the people lead to a goal related to leadership development for individuals with I/DD in Michigan (Goal#3). The DD Council is committed to building capacity among individuals with I/DD, family members and allies that allow them to be in control of the movement and advocacy for change. Within Goal #3 is the targeted disparity objective, Goal #3, Objective #3, focused on intensive training for adults with I/DD and parents of minor children with I/DD who are under-represented in leadership and advocacy efforts: African-American, Latino, Asian-American, Arab- American, and Native-American persons.

The DD Council seeks to rebuild a grassroots advocacy movement utilizing the technology and tools available today (Goal #4). Centering advocacy around topics most important to individuals with I/DD in Michigan and providing support for individuals with I/DD to engage in the process will bring about change in systems, laws and practices that most greatly impact the lives of individuals with I/DD .

The DD Council is supporting the retooling of the self-advocacy network in Michigan (Goal #5). In addition, training and support to self-advocate statewide will be provided to help them align with the new network. The DD Council will also provide a dedicated staff to help support the efforts of the network and individual advocates statewide.

Self-determination (Goal #6) is the right of a person to determine his/her own destiny. Its power lies in the right of choice. With self-determination comes the responsibility of shaping the direction of one's own life. Person centeredness focuses on the people and their needs by putting them in charge of defining the direction for their lives, not on the systems that may or may not be available to serve them, to create a life plan. The DD Council wants individuals with I/DD to have early and regular opportunities for successful experiences in decision-making. The experiences that empower people to make choices and take risks can enhance one's sense independence and capabilities. The DD Council's aim is to empower individuals with I/DD to have well defined self-concepts, enhanced ability for independence, and support for greater self and family expectations regarding levels of independence. There is still a disparity in how supports for self-determination are provided for individuals with I/DD , from the full range of supports to help self-advocates make decisions and direct their own services, to places where resistance is still deep-rooted, and support for self-determination is minor. In many areas, there remains confusion about definitions, practices, and rights.

The DD Council will provide and support education on disability issues to increase understanding and change the culture in Michigan to promote full inclusion (Goal #7). Public input revealed the need for a statewide community inclusion campaign, and the DD Council would like to empower self-advocates and individuals with I/DD to by providing individuals with I/DD and their family members reimbursement for specific expenses for activities designed to improve their knowledge, networking and skill levels for advocacy.

PART E: Collaboration

[Section 124(c)(2)(D)]

The DD Council, MPAS and DDI, collaborate on a number of issues. The DD Network has worked extremely well together to capitalize on each program's unique strengths, e.g. MPAS on legal issues, DD Council on policy analysis, and the UCEDD on data analysis and reporting.

(i) As a Network:

Employment First

The DD Network (DD Council, DDI and MPAS), has led the charge of Michigan becoming an Employment First State. In 2013, the DD Council adopted Employment First principles asserting community based, integrated employment is the preferred outcome for people with significant disabilities. The DD Network jointly released a landmark report entitled “Employment First in Michigan” in September of 2014; the information was shared with state policy makers, lawmakers, and other stakeholders. This report initiated the rollout of Michigan working towards the adoption of an employment first policy. The DD Council spearheaded an Employment First State Leadership Mentoring Program (EFSLMP) through the Office of Disability Employment Policy (ODEP) in fall of 2014. This collaborative systems transformation effort focus is on reforming the rate reimbursement system, provider transformation, and youth transition. The collaboration seeks to reform the systems that impact employment of individuals with I/DD in Michigan. The goal is to increase the number of individuals with I/DD who are employed in community based competitive jobs. This system transformation will break the cycle of individuals with I/DD who are placed in facility-based jobs at wages below minimum wage.

The DD Council received a technical assistance grant from ODEP, as part of the EFSLMP in November 2014 to work on “Employment First” in Michigan. The DD Council, MPAS and DDI had representatives as part of the core state team representing Michigan that travelled to Washington, DC in December, 2014 for orientation and to develop the priorities for Michigan’s plan. The grant focuses on 4 key areas: provider transformation, provider training, rate restructuring and reimbursement, and promoting partnerships with workforce development in implementing Employment First principles and practices in Michigan. The DD Council is the lead agency in the grant, providing for overall collaboration of the initiative. MPAS and DDI are involved in the core group meetings which occur twice a month, through the assistance of the formulation of state level initiatives to move this issue forward, and advocacy to make it happen. The grant was extended for FY 2016, and a joint Memorandum of Understanding between all the major state entities was signed to support transition students to successful competitive, integrated employment.

Through the various national networks and the state ODEP Technical Assistance (TA) grant, the DD Network has been able to receive updates and ideas for successful strategies to move Michigan toward an Employment First state.

Collaborative strategies that the DD network has used to address this issue of employment include:

- Jointly serving on the DD Council's task group on employment
- Jointly participating in the state's ODEP TA grant on Employment First
- Jointly attending the National Employment First meeting held at ODEP in December 2015
- Jointly working with the state ODEP team (DD Council, UCEDD, MDHHS, MDHHS/MRS, MDE and Michigan Association of Rehabilitation Organizations (MARO)) to produce an interagency transition plan to align with the new WIOA rule implementation
- Jointly working with MARO and employment service providers to pilot provider transformation strategies with the ODEP grant
- Jointly participating in writing an employment strategy paper related to findings from the state NCI survey
- Jointly sponsoring training on community employment
- Jointly preparing a policy paper for the Michigan Legislature to address the development of Employment First legislation in Michigan

(ii) With each other:

The DD Council's specific roles and responsibilities in this collaborative effort. The DD Council participated in this collaboration by:

- Convening the DD Council's task group on employment
- Applying and serving as convening agency in the state's ODEP TA grant on Employment First
- Attending the National Employment First meeting held at ODEP in December 2015
- Bringing together the state's ODEP team (DD Council, UCEDD, MDHHS, MDHHS/MRS, MDE and MARO) to produce an interagency transition plan to align with the new WIOA rule implementation.

Protection and Advocacy specific roles and responsibilities in this collaborative effort. MPAS participated in this collaboration by:

- Jointly serving on the DD Council's task group on employment
- Jointly participating in the state's ODEP TA grant on Employment First
- Jointly attending the National Employment First meeting held at ODEP in December 2015
- Jointly working with the state ODEP team (DD Council, UCEDD, MDHHS, MDHHS/MRS, MDE and MARO) to produce an interagency transition plan to align with the new WIOA rule implementation.

UCEDD's specific roles and responsibilities in this collaborative effort.

DDI participated in this collaboration by:

- Jointly serving on the DD Council's task group on employment
- Jointly participating in the state's ODEP TA grant on Employment First

- Jointly attending the National Employment First meeting held at ODEP in December 2015
- Jointly working with the state ODEP team (DD Council, UCEDD, MDHHS, MDHHS/MRS, MDE and MARO) to produce an interagency transition plan to align with the new WIOA rule implementation

(iii) With other entities:

A benefit of this collaboration is a growing synergy on this issue across previous disparate sectors of the community, e.g. sheltered workshops/supported employment, advocacy/trade associations, and the Governor's Office/service providers. The MDHHS has announced that it will be drafting and supporting Employment First legislation, which it has previously said it would not do.

The DD Network partners serve on or attend a number of ongoing and Ad-Hoc collaborative work groups, including:

- Special Education Advisory Committee
- Juvenile Justice Collaborative
- Medical Care Advisory Committee
- Olmstead Coalition
- Howell Group
- DNR Accessibility Advisory Council
- Michigan Alliance for Families Partners' Committee
- Governor's Task Force on Special Education
- Mental Health and Diversion Project
- State Bar Disability Advocacy Work Group
- ODEP Core Planning Team
- Great Lakes ADA Steering Committee
- UCEDD Advisory Council
- MDHHS DD Process Improvement Team (DDPIT)

Finally, the DD Council Network staff interact and collaborate with staff working on social justice issues at Michigan's Children, Michigan League for Public Policy, Michigan Association of United Ways, The ARC of Michigan, United Cerebral Palsy of Michigan, the Association for Children's Mental Health, the Mental Health Association in Michigan, and several provider groups.

Through many of its collaborative activities, the DD Network partners share policy information and research with other organizations. They also collaborate on specific projects to complement the strengths of other organizations. For example, in conducting special education trainings, MPAS worked with the Michigan Alliance for Families (MAF) to provide specific legal knowledge and backup to complement the parent knowledge and skills of MAF parent trainers. In its participation with the DD Council work groups, MPAS staff members often serve as legal resources to augment rather than duplicate the work of DD Council staff. The DD Council shows leadership around public policy advocacy and supporting self-advocacy and systems change work.

The network is also collaborating in a similar fashion around the following issues:

Restraint and Seclusion in School-Age Children and Youth

The issue is the use of restraint and seclusion within the school system. Through this practice, 2 Michigan students died due to excessive and misused restraint tactics. According to the Government Accounting Organization, hundreds of students died over the last 2 decades. The expected outcome is to have state legislation introduced that would prohibit the use of restraint and seclusion in all Michigan's schools.

The DD Council's role in the collaboration was to bring organizations, advocates, and policy makers to the table to discuss this important issue and formulate a solution. The DD Council worked with MPAS, parent advocates, self-advocates, and education partners to develop a position statement and present this position to the Disability Caucus. It was the responsibility of the DD Council to ensure that all DD Council members and workgroups were updated on this issue as well as present the position statement to the chair of the Disability Caucus.

An unexpected benefit through the work of this collaboration was the office of the Lt. Governor publically proclaimed that such practices are "barbaric... and need to stop immediately." Knowing that the Lt. Governor is actively working with the Disability Caucus, legislation barring the use of restraint and seclusion was introduced in March, 2016 but has not yet been passed.

ABLE Act

In order for individuals with I/DD to benefit from an ABLE savings account, Michigan needed to pass legislation that would establish the administration of the account, the tax regulations, and modify the state's 529 college savings account regulations to adapt to the establishment of 529(a) accounts. The expected outcome was for the passage of legislation that would allow individuals with I/DD to establish a 529(a) account, accrue balances of up to \$100,000, allow for tax- deductible credits for deposits made into an ABLE account, and for individuals with I/DD not to lose access to services such as Medicaid.

The DD Council worked with MPAS and staff with the National Disability Institute to advocate for the introduction and subsequent passage of ABLE legislation in October, 2015. The role of the DD Council was to help with advocacy efforts throughout Michigan, as well as keep all DD Council members, collaborative partners, and stakeholders up to date on the current standing of the ABLE act legislation. In conjunction to following and advocating for the development of Michigan's ABLE legislation, the DD Council was responsible for submitting a response to the Notice of Proposed Rule Making (NPRM) released by the Internal Revenue Services and the Department of Treasury. Collaborating with local and national partners, the DD Council provided detailed responses to the federal departments request for comments on the NPRM.

Several unexpected benefits arose due to the collaboration. Partnering with MPAS and with guidance from National Disability Institute staff, Michigan's ABLE legislation was the first in the nation to include a "financial literacy" component. This mandated that all investment information regarding risk, return, and investment strategy must be produced and provided to the beneficiary of the ABLE account. Another component of success through this collaboration was securing a threshold for 529 and 529(a) accounts of \$500,000; this is the highest level of deposits allowed for these types of accounts in the nation. The Michigan ABLE plan will be open for enrollment on November 1, 2016.

Section IV: 5-Year Goals

[Section 124(4); Section 125(c)(5) and (c)(7)]

Goal 1: Employment

Working age adults with I/DD have the necessary information, tools and supports to succeed in competitive, integrated employment at or above minimum wage

1.A Expanded Employment Opportunities for Young Adults

Council staff will host learning opportunities to educate parents, students, and teachers on the expectation of employment for students with I/DD. The aim of this initiative is to raise parent and educator expectations of students with I/DD that will lead to them living self-determined lives as gainfully employed adults

Implementation Activities:

1. Partner with local school districts, Intermediate School Districts, Michigan Alliance for Families, Michigan Family Voices, parent groups, transition classrooms, and other interested groups to host trainings. Topics may include: Employment First, Workforce Innovation and Opportunities Act, Freedom to Work, Work Incentives Planning and Assistance and other topics as necessary.
2. Develop and disseminate fact sheets to eliminate the spread of misinformation. Information on topics such as: exiting high school with a certificate of completion vs. receiving a diploma, the pros and cons of staying in school until age 26, benefits planning, etc.
3. Educate on the importance of work prior to exiting school including: summer employment, career exploration, co-ops, etc.

Outcome(s):

1. Students with I/DD and their parents will have an increase in knowledge about the opportunities and supports available to help them become gainfully employed.
2. Families will use the information they receive to support their children to choose community integrated employment.

Outputs:

1. 15 trainings held per year.
2. 75 students with I/DD educated per year.
3. 150 family members educated per year.
4. At least 5 fact sheets created.
5. All Intermediate School Districts and Center for Independent Living will receive fact sheets for distribution.

Timeline	FY 2017	FY 2018	FY 2019	FY 2020	FY 2021
Resources	\$37,500	\$37,500	\$37,500	\$37,500	\$37,500

1.B Employment First in Michigan

The DD Council, with DDI and Michigan Protection and Advocacy Services will work to establish the expectation and promote opportunities for *all* working-age citizens with I/DD in Michigan to gain individual integrated employment, at or above the minimum wage.

Implementation Activities:

1. Continue to pursue and coordinate resource acquisition via ODEP that maximizes the opportunity to support Employment First efforts in the state. Such efforts may support:
 - a. Provider transformation activities.
 - b. Rate reform initiatives.
 - c. Capacity building initiatives.
 - d. Systems change activities.
2. With support from ODEP:
 - a. Continue to pursue a Memorandum of Understanding (MOU) between all state agencies and organizations involved in service delivery, administration, and funding of services designed to achieve quality employment outcomes and independence for individuals with I/DD.
 - b. Convene a group of stakeholders to research and review best practices in employment, and develop standards to be adopted and implemented through the development of a recognized credential for employment specialists in Michigan.
 - c. Partner with identified state agencies, as well as organizations involved in service delivery, in order to 1) identify appropriate competencies that employment specialists need to in order to help individuals with I/DD achieve quality employment outcomes and independence and 2) assess available curricula to support the acquisition of those competencies.
3. Contract to provide education and information to expand the awareness of the Employment First movement to individuals with I/DD, PIHP and CMH staff, service providers, educators, family members, and interested others. This initiative will also:
 - a. Develop content to be delivered via webinar.
 - b. Produce and disseminate education materials.
 - c. Present at conferences.

Outcome(s):

1. Increased number of providers will focus on providing competitive integrated employment supports and related community-based day services within Michigan.
2. Increased number of managed care organizations with implementation plans for rate/reimbursement restructuring that incentivizes providers to increase the placement of individuals with I/DD in competitive, integrated employment settings.
3. Establishment of cross-systems provider standards to achieve consistent competencies across diverse employment specialists on how to use effective practices that lead to improved integrated employment outcomes for individuals with I/DD.
4. Development of interagency agreement that meets the requirements of requirements of WIOA, and other best practice recommendations to increase competitive, integrated employment for individuals with I/DD.

5. Increased awareness of the Employment First movement among individuals with I/DD, family members, service providers and others.

Outputs:

1. Recruit at least 8 new providers to participate in state Employment First efforts.
2. An interagency MOU between multiple state' agencies will be signed which meets the requirements of WIOA.
3. At least 150 people per year will attend in-person training on Employment First.
4. At least 100 people per year will participate in Employment First webinars.

Timeline	FY 2017	FY 2018	FY 2019	FY 2020	FY 2021
Resources	\$45,000	\$45,000	\$45,000	\$45,000	\$45,000

Goal 2: Transitions across the Lifespan

Individuals with I/DD, their family members and allies receive the information and support the need to navigate systems and experience successful transitions in life.

2.A Training for Transition Staff

DD Council staff will provide training opportunities for transition coordinators and local district staff, on the adult service system and programs that students may interface with after leaving school. The goal of the initiative is to stop the school to sheltered workshop/group home pipeline. Educating transition staff will help to ensure that families receive information that will help support their children living self-determined lives in inclusive communities.

Implementation Activities:

1. Coordinate and implement a webinar series for the Intermediate School District and other transition coordinators. Each webinar will be broadcast live, recorded and archived for future viewing.
2. Partner with the Michigan Transition Services Association (MTSA) and coordinate presentations at regional meetings.
3. Present annually at the MTSA Transition Conference.
4. Partner with ISD's and local districts to participate in transition fairs.
5. Training will be offered on topics including but not limited to:
 - a. Post-secondary education.
 - b. Self-directed services.
 - c. Housing options.
 - d. Assistive technology.
 - e. Employment First in Michigan.
 - f. Freedom to work.
 - g. Workforce Innovation and Opportunities Act.
 - h. Home and Community-Based Waiver services.
 - i. Supported decision making.
 - j. Independent living support.
 - k. The discovery process.

Outcome(s):

1. Transition staff will have the knowledge to direct families to resources that will help the students lead self-determined lives.
2. Transition staff will counsel parents to seek the tools for supported decision-making, community-based housing and competitive employment.

Outputs:

1. 10 webinars hosted per year.
2. 10 in-person presentations coordinated over the 5 years.
3. Attend 1 MTSA regional per region per year.
4. 150 transition staff educated over the 5 years.
5. 5 transition fairs attended per year.
6. 300 people reached at transition fairs per year.

Timeline	FY 2017	FY 2018	FY 2019	FY 2020	FY 2021
Resources	\$25,000	\$25,000	\$25,000	\$25,000	\$25,000

2.B Transition to Community-Based Living

Establish a think tank to research and understand the new HCBS rule and Michigan’s transition plan to determine how the DD Council can educate and support individuals with I/DD who want to transition from congregate living. The think tank will consist of individuals with I/DD who have transitioned from congregate living, Michigan Disability Housing Workgroup members, Council members, appropriate department staff and others.

Implementation Activities:

1. Research Michigan’s transition plan, the supply and demand for housing, and relevant waiver services to determine how transition from congregate living is addressed.
2. Draft recommendations to the DD Council about how it can support and educate individuals with I/DD who want to move into more independent living arrangements. Recommendations should include how the DD Council can help individuals with I/DD living in group homes get more control of their lives, and choose where and with whom they live.

Outcome(s):

1. The DD Council will develop an initiative to educate and support individuals with I/DD who want to move out of congregate living.
2. Individuals with I/DD will be educated and supported to transition from congregate living.

Outputs:

1. 6 think tank meetings will be held in FY 2017.
2. List of recommendations provided to the DD Council in FY 2018.

Timeline	FY 2017	FY 2018	FY 2019	FY 2020	FY 2021
Resources	\$5,000	\$5,000	TBD	TBD	TBD

* Think Tank Definition: A body of experts providing advice/ideas on a specific issue.

2.C Building Bridges to Family Support

DD Council staff will organize and disseminate information and resources to help families of I/DD better navigate systems, access services and supports and build capacity to advocate for and with their family members with I/DD. This initiative will also develop a partnership with organizations to better assist and support families.

Implementation Activities:

1. Host a Family Support Summit that will bring together the programs, organizations and systems supporting families of individuals with I/DD. Participating organizations will:
 - a. Establish an infrastructure for organizations to work together to provide better support for families of individuals with developmental disabilities.
 - b. Establish an early childhood awareness agreement among agencies to develop a system to inform families of what is available.
2. Develop a comprehensive training calendar so families have a one-stop to find learning opportunities.
3. Develop a statewide family support resource guide. The guide will be available on-line and hard copy.
4. Develop a framework to establish a parent empowerment program that will match families with mentors to help navigate systems.
5. Build capacity for families to advocate for and with their family members with I/DD.

Outcome(s):

1. Individuals with I/DD and their families will better be able to navigate the systems and supports.
2. Organizations supporting families will come together to provide better, seamless service and support.

Outputs:

1. 1 training calendar developed each year.
2. 1 statewide resource guide developed and updated each year.
3. 5 learning opportunities hosted each year.
4. 4 family support meetings held each year.

Timeline	FY 2017	FY 2018	FY 2019	FY 2020	FY 2021
Resources	\$10,000	\$10,000	\$10,000	\$10,000	\$10,000

2.D Family Empowerment Initiative

DD Council staff will partner with local schools, family organizations, and interested others to host workshops that will educate families of young children with I/DD (0-12) on disability pride, empowerment, rights, self-determination and advocacy. The aim is for families to raise expectations by introducing concepts that are necessary for individuals with I/DD to lead self-determined lives in the community. Graduates from ‘Leaders in Policy Advocacy’ (3.A) and ‘Leadership, Engagement and Advocacy Development’ (3.C) will be included in this initiative as co-presenters and/or speakers.

Implementation Activities:

1. Host one-day workshops in communities statewide. Content may also be delivered via webinar and archived for future use.
2. Provide information to participants on DD Council grants and other capacity building opportunities.
3. Develop and/or disseminate products that will provide more in-depth information and assistance for families.

Outcome(s):

1. More families will have increased expectations for children with I/DD.
2. More families will want inclusive arrangements for their children with I/DD in school and other settings.

Outputs:

1. At least 5 workshops held per year.
2. At least 5 products developed and disseminated in 3 years.
3. 50 family members educated per year.
4. 15 family members to apply to LEAD (3.C).

Timeline	FY 2017	FY 2018	FY 2019	FY 2020	FY 2021
Resources			\$45,000	\$45,000	\$45,000

Goal 3: Leadership Development

Provide a broad range of leadership development opportunities for individuals with I/DD, their family members and allies. Offer a variety of opportunities to develop the skills needed to become leaders in the disability movement.

3.A Leaders in Policy Advocacy

The project will provide intensive training for adults with I/DD and parents of minor children with I/DD on how to achieve systems change. Trainees will commit at the beginning to complete the entire program, homework, class assignments, and one major project.

Participants will learn to:

- A. Be effective public policy advocates at state and federal levels.
- B. Become leaders in the disability advocacy movement in Michigan and at the national level.
- C. Recognize and promote state of the art and best practices.
- D. Take leadership roles in the public discussion of principles and policies that affect their lives and their role in the community.

Implementation Activities:

- A. The project will:
 1. Select participants who demonstrate:
 - a. Diversity of all kinds – racial, cultural, socio-economic, age, education, type of disability, geographic residence; and
 - b. Desire, commitment, and ability to do the work, invest the time and effort, and become leaders in advocacy at local, state, and national levels.
 2. Identify and contract with trainers who are competent, have national and regional perspectives on issues, and understand the depth and breadth of the disability rights movement. Include qualified Michigan-based experts, certified peer mentors, Michigan Partners for Freedom Local Leaders, and other people with disabilities as trainers and co-trainers.
 3. Assure that each new graduate has a basic advocacy support network by linking each graduate with:
 1. Their fellow graduates, both those from the same cohort and those who graduate before and after them;
 2. Advocacy groups and other disability-related organizations;
 3. Connections beyond the disability network, including people and groups who can support them to run for public office, serve on school boards, and work with issues beyond disability, such as fair housing, human rights, and diversity; and
 4. Local and/or state mentors, including people who are retiring, to provide support on specific content areas or particular expertise.

Outcome(s):

1. Graduates will be able to describe the history and development of disability advocacy, including the parents' movement, the self-advocacy movement, and the independent living movement.

2. Graduates will be able to explain the importance and relevance of values including, but not limited to: inclusion, universal education, choice, self-directed services, integrated competitive employment, home ownership, and control of one's residence.
3. Graduates demonstrate knowledge and understanding of Michigan's DD services system, including assistive technology and family support services.
4. Graduates show ability to plan and carry out advocacy strategies on legislative issues.
5. Graduates outline specific strategies for achieving inclusion, universal education, and self-determination for individuals with I/DD, including grassroots organizing and using the media.
6. Graduates will be more involved in grassroots advocacy.

Graduates with I/DD will be more involved in self-advocacy groups and activities.

Outputs:

1. 15 individuals with I/DD trained each year.
2. 20 family members trained each year.

Timeline	FY 2017
Resources	\$166,250
Match	\$55,417

3.B Basic and Intermediate Leadership Development

Fund a state level project to offer a range of leadership development opportunities that meet people where they are in terms of experience and what they hope to learn. These will include:

1. Leadership development training and support for individuals with I/DD and their family members, including people with intellectual and cognitive disabilities. People will have opportunities to meet their expressed needs and wants, and to develop whatever level of self-awareness, disability culture and pride, self-advocacy, and/or leadership role they seek.
2. Support and technical assistance on leadership development for other local organizations and groups. Groups will have access to training that ranges from basic disability identity and pride, through developing the skills needed to take leadership in local activities, and learning to serve on the boards and committees that shape local services.

Implementation Activities:

The project will provide a range of basic and intermediate leadership training, technical assistance, and other learning experiences. Peer mentors, Local Leaders, and other people with disabilities will work as trainers and co-trainers. Participants will include people with intellectual and cognitive impairments. The range of training and technical assistance will include, but not be limited to:

- A. Building on Connections for Community Leadership’s (CCL’s) “Proud and Powerful” campaign to help individuals with I/DD and their families who want to find self-worth and disability pride.
- B. Work with parent groups to help individuals with I/DD and their families to learn about disability pride from a young age.
- C. Training on disability history, culture, and pride across the lifespan.
- D. Continued development of CCL’s “Her Power, Her Voice,” expanding it to include activities to help both male and female adolescents and young adults with I/DD to find self-worth and disability pride.
- E. Building on the “Building Alliances for Disability Leadership” (BAD-L) project by developing mentoring programs that use the talents and skills of experienced advocates and retirees to help individuals with I/DD learn leadership skills.
- F. Helping individuals with I/DD and family members to develop capacity to serve on local and regional boards, commissions, Councils, and advisory groups by:
 1. Supporting people to find out about bodies that exist in their area;
 2. Teaching them the skills they need to serve on the bodies that relate to organizations and government functions they care about; and
 3. Helping them find out what steps they need to take to get appointed to the bodies that interest them.
- G. Helping individuals with I/DD and their allies to find ways to participate in developing state policy in areas that affect their lives.

Timeline	FY 2017
Resources	\$34,875
Match	\$11,625

3.C Leadership, Engagement and Advocacy Development

The project will provide intensive training for adults with I/DD and parents of minor children with I/DD in Michigan; with recruitment efforts to ensure inclusion of participants from African-American, Latino, Asian American, Arab-American and Native-American communities. Participants in this project will learn how to achieve systems change. They will commit at the beginning, to complete the entire program, homework, class assignments, and one major project. Participants will learn to:

- A. Be effective public policy advocates at state and federal levels.
- B. Become leaders in the disability advocacy movement.
- C. Take leadership roles in the public discussion of principles and policies that affect their lives and their role in the community.

Implementation Activities:

First year activities will include:

- A. Outreach to ethnic and culturally diverse communities to develop relationships in the designated community.
- B. Identify local groups and organizations that can help with recruitment of participants.
- C. Establish an advisory committee that includes ethnic and culturally diverse members to guide the implementation and ongoing assessment of the program.

In subsequent years the project will:

1. Select participants who demonstrate:
 - a. Diversity of all kinds – racial, cultural, socio-economic, age, education, type of disability, geographic residence; and
 - b. Desire, commitment, and ability to do the work, invest the time and effort, and become leaders in advocacy at local, state, and national levels.
2. Identify and contract with trainers who are competent, have national and regional perspectives on issues, and understand the depth and breadth of the disability rights movement. Include qualified Michigan-based experts, certified peer mentors, Local Leaders, and other individuals with I/DD as trainers and co-trainers.
3. Assure that each new participant has a basic advocacy support network by linking each participants with:
 - a) Their fellow graduates, both those from the same cohort and those who graduate before and after them.
 - b) Advocacy groups and other disability-related organizations;
 - c) Connections beyond the disability network, including people and groups who can support them to run for public office, serve on school boards, and work with issues beyond disability, such as fair housing, human rights, and diversity; and
 - d) Local and/or state mentors, including people who are retiring, to provide support on specific content areas or particular expertise.

Outcome(s):

1. Graduates will be able to describe the history and development of disability advocacy, including the parents' movement, the self-advocacy movement, and the independent living movement.

2. Graduates will be able to explain the importance and relevance of values including, but not limited to: inclusion, universal education, choice, self-directed services, integrated competitive employment, home ownership, and control of one's residence.
3. Graduates will show knowledge and understanding of Michigan's DD services system, including assistive technology and family support services.
4. Graduates will possess the knowledge to plan and carry out advocacy strategies on legislative issues.
5. Graduates will possess the knowledge to outline specific strategies for achieving inclusion, universal education, and self-determination for individuals with I/DD, including grassroots organizing and using the media, including social media.
6. Graduates will be more involved in grassroots advocacy.
7. Graduates with I/DD will be more involved in self-advocacy groups and activities.

Outputs:

1. 3 communities trained per year.
2. 30 individuals with I/DD trained each year.
3. 30 family members trained each year.

Timeline	FY 2017	FY 2018	FY 2019	FY 2020	FY 2021
Resources	\$62,500	\$325,000	\$325,000	\$325,000	\$325,000
Match	\$20,833	\$108,333	\$108,33	\$108,33	\$108,33

3.D Leadership Development Opportunities

Fund a state level project to create a range of leadership development opportunities for individuals with I/DD. The training will meet people where they are in terms of experience and what they hope to learn. The project will work with Peer Mentors, Local Leaders, and others who are knowledgeable about leadership development as trainers and/or co-trainers.

Leadership development training and support for people with developmental disabilities. Groups will have access to training that ranges from basic disability identity and pride, through developing the skills needed to take leadership in local activities, and learning to serve on the boards, committees that shape local services and/or starting local self-advocacy.

The project will put particular emphasis on including people with intellectual and cognitive disabilities as participants.

Implementation Activities:

The range of training and technical assistance may include, but not be limited to:

1. Training, support and technical assistance to start local self-advocacy groups.
2. Supporting individuals with I/DD who want to find self-worth and disability pride, including special efforts with adolescents and young adults.
3. Mentoring programs that use the talents and skills of experienced advocates and retirees to support people with disabilities to learn leadership skills.
4. Supporting individuals with I/DD to develop capacity to serve on local and regional boards, commissions, Councils, and advisory groups by enabling them to:
 - a. Find out about entities that exist in their area;
 - b. Learn the skills they need to serve on the boards or commissions that relate to organizations and government functions they care about; and
 - c. Find out what steps they need to take to get appointed to the boards or commissions that interest them.

Outcome(s):

1. Individuals with I/DD will gain the knowledge and skills to start and maintain local self-advocacy groups.
2. Individuals with I/DD will gain the knowledge and skills to apply and join on boards and commissions.
3. Individuals with I/DD will gain skills to become leaders in the disability advocacy movement.

Outputs:

1. Annual increase in the # of groups supported in launching local self-advocacy groups
2. Minimum of 100 people with I/DD trained per year
3. Minimum of 5 experienced advocates with I/DD supported to serve as mentors each year

Timeline	FY 2017	FY 2018	FY 2019	FY 2020	FY 2021
Resources	\$82,000	\$142,000	\$142,000	\$142,000	\$142,000
Match	27,333	47,333	47,333	47,333	47,333

3.E Youth Engaged in Learning and Leading

Fund a youth leadership pilot project designed to improve outcomes related to community inclusion, advocacy, leadership, and community participation for transition-age youth with developmental disabilities. The goal of this initiative is to pilot a model that will change the culture of high schools in Michigan by giving participants the tools they need to create change in the school and eventually communities.

Implementation Activities:

1. Recruit schools to apply to the summer institute. Each application must be completed with administration and student participation. By applying the administration will be agreeing to distribute materials, provide letters of recommendations, and encourage students to apply for summer program and support their efforts to create change in their school once they return.
2. Each summer host a week long learning experience in an accessible venue. During the week students with and without I/DD will learn side-by-side about:
 - a. Leadership skill,
 - b. Starting a group or organization
 - c. Disability history
 - d. Disability pride
 - e. Community inclusion
 - f. Advocacy,
 - g. Supporting the self-advocacy of your peers with I/DD
 - h. Building an inclusive community
 - i. Self-determination
3. Provide support and technical assistance to schools and participants.
4. Develop a manual or curriculum with ideas students can implement in their schools and communities.
5. Provide training and information to school staff on supporting students in leadership.
6. Encourage partnership with community organizations such as, Rotary Club, Lions Club, Kiwanis Club, etc.

Outcome(s):

1. Participating youth will exhibit increased confidence, self-efficacy, and leadership skills.
2. Participating youth show increased confidence in directing their own lives and making their own choices.
3. Participating schools will form active inclusion groups or clubs.

Outputs:

1. 4 schools will participate per year.
2. 25 students will be trained and supported per year.
3. 12 staff will be trained on supporting student leadership per year.

Timeline	FY 2017	FY 2018	FY 2019	FY 2020	FY 2021
Resources	\$20,000	\$100,000	\$100,000		
Match	\$6,667	\$33,333	\$33,333		

Goal 4: Public Policy and Advocacy

Improve the lives of individuals with I/DD in Michigan by advocating for change in policy, laws, and systems; assuring that self-advocates can make their voices heard at the policy table.

4.A Grassroots Advocacy and Organizing

The DD Council will develop and implement a grassroots advocacy structure that will educate individuals with I/DD, their allies, and encourage them to take action.

Implementation Activities:

1. Identify key audience(s) and customize messages.
2. Produce infographics and easy read fact sheets to make information understandable.
3. Develop clear messaging to communicate the value and importance of the issue(s) to stakeholders and legislators.
4. Use a web-based advocacy tool with the capacity to connect individuals with policymakers and track participation.
5. Work with the appropriate grant projects, the Public Policy Analyst, Public Policy Committee and the Michigan self-advocacy organization to coordinate advocacy campaigns.
6. Work with individuals with I/DD, families and allies to provide testimony or public comment.

Outcome(s):

1. Individuals with I/DD and their allies will be aware of and supported and motivated to participate in advocacy actions.
2. More individuals with I/DD and their allies will participate in advocacy actions.

Outputs:

1. Set up a web-based advocacy tool for use in campaigns.
2. At least 1 advocacy campaign will be coordinated per year.

Timeline	FY 2017	FY 2018	FY 2019	FY 2020	FY 2021
Resources	\$0	\$5,000	\$5,000	\$5,000	\$5,000

4.B Public Policy Advocacy Development

Develop, support, and deliver advocacy by, with, and on behalf of individuals with I/DD assuring that their own voices are heard at the policy table. Advocate for changes that will enable them to live as they choose, where they want and with the people they want, fully included in their communities. Champion their rights to direct their own lives, decide how services are provided to them, and work in jobs they choose.

Implementation Activities:

1. Support a Public Policy Committee to contribute to, and advocate for systems change and public policies that positively affect people with disabilities, enhance individual choice, and assure that all citizens have the supports they need to function as independent members of the community. The committee will:
 - a. Support the self-advocacy network in developing focused public policy advocacy.
 - b. Develop, support, and deliver advocacy for and individuals with I/DD, so that their voices are heard at the policy table.
2. Advocate for systems change that shifts laws, policies, procedures to be more responsive to the needs and choices of individuals with I/DD. This will be achieved by:
 - a. Form and work with Ad Hoc groups to develop information about legislation and other policy initiatives that are pending or under development, or represent the DD Council's position at such groups which are hosted by other parties. Topics may include: education, employment, transportation, housing, health, family support.
 - b. Coordinate the development of products such as information, including position papers, talking points, action alerts, advocacy training, and technical assistance to enable ongoing advocacy by the DD Council.

Outcome(s):

1. Advocacy by state agency partners and programs will be more focused.
2. Policymakers will be more knowledgeable of issues that impact individuals with I/DD.
3. More individuals with I/DD will be active in advocacy actions.

Outputs:

1. 138 legislators will be educated on disability issues.
2. At least 10 organizations will be involved in coalitions/networks/partnerships per year.
3. 5 products will be developed per year.
4. Over 1,000 people will receive information on advocacy actions per year.

Timeline	FY 2017	FY 2018	FY 2019	FY 2020	FY 2021
Resources	\$10,500	\$10,500	\$10,500	\$10,500	\$10,500

4.C Evaluation of the DD Council’s New Plan Direction

Fund a state-level project that will provide external evaluation of the new projects and initiatives emerging from the DD Council’s 2012 DD State Plan. The evaluation will:

- A. Assess how well the DD Council’s new direction is accomplishing what the DD Council hopes, as defined in its Statement of Values; and how well the new ways of doing the work are achieving the targeted outcomes.
- B. Support plan participants in developing internal evaluations and in setting common data definitions and developing methods for collecting information that allow comparison across projects and initiatives.
- C. Assist participants in using evaluation information and processes to improve their operations.
- D. Develop interim products and a final report suitable for dissemination to others interested in developing similar programs. Products will include, but not be limited to:
 - 1. Annual reports with information that can help participants improve their efforts, including positive findings and information about successes, as well as recommendations for changing activities.
 - 2. An interim product in the fourth year, with recommendations to the DD Council for changes in its upcoming Five-Year DD State Plan and in its evaluation process.
 - 3. A final report that will cover the successes and failures of the DD Council’s overall approach to this Five-Year DD State Plan.
- E. Submit a final summative report.

Timeline	FY 2017
Resources	\$56,250
Match	\$18,750

Goal 5: Self-Advocacy

Support self-advocacy in Michigan by supporting a statewide self-advocacy organization, providing training and support for individuals and groups and helping advocates organize across the state of Michigan.

5.A Self-Advocacy in Michigan

The DD Council will provide funding for an autonomous statewide self-advocacy group that will develop into a statewide network. The DD Council, DDI, and MPAS, will support the development of a statewide self-advocacy group by providing funding, consultation, training, research, and support.

The goal is for the statewide group to become a non-profit organization by obtaining 501c (3) status. Gaining non-profit status will allow the organization to diversify funding sources and exercise greater independence in their work.

Implementation Activities:

The statewide organization will:

1. Develop a framework to support local self-advocacy groups.
2. Develop and direct the self-advocacy agenda for self-advocates in Michigan.
3. Affiliate with the national self-advocacy organization Self-Advocates Becoming Empowered (SABE) and represent Michigan at national meetings.
4. Address the needs of culturally diverse individuals with I/DD.
5. Work to increase the involvement of people with high and complex support needs in the self-advocacy movement.

Outcome(s):

1. Self-advocates in Michigan will establish a statewide organization that informs and directs the advocacy of individuals with I/DD.
2. The statewide organization will educate and train individuals with I/DD.

Outputs:

1. The board, an initial group of self-advocates, convened to shepherd the process of creating the organization
2. Bi-monthly education sessions for the board on Robert's Rules of Order, Conflict Resolution, Self-Advocacy across the country, etc.
3. 6 in-person meetings of the board per year.

Timeline	FY 2017	FY 2018	FY 2019	FY 2020	FY 2021
Resources	\$25,000	\$25,000	\$25,000	\$25,000	\$25,000

5.B Training and Support for Self-Advocacy

The DD Council, in conjunction with the statewide self-advocacy organization, will train, support and empower self-advocates. By providing resources and support at a regional as well as local level, the DD Council will help self-advocates gain the skills and knowledge needed to sustain local advocacy groups, participate in advocacy campaigns, and advocate for themselves with service providers, legislators and others.

Implementation Activities:

1. Provide training and education to groups of individuals with I/DD in their community. Topics may include, advocacy, rights and responsibilities, assertiveness, action plans, negotiation, government, serving on boards and committees, running meetings, talking to the media, and starting groups.
2. Regionally, provide support that will connect self-advocates with the DD Council and other advocacy initiatives. Provide information from the statewide self-advocacy group, the DD Council and others. Host meetings that will bring large groups of advocates together to receive education and training on topics necessary to advance the self-advocacy movement and build capacity among the members.
3. Support people with disabilities at the local level to organize small groups to provide information on supports and services in the community, learn the basics of self-advocacy and how to affect change in their lives.

Outcome(s):

1. There will be an increase in the number of individuals with I/DD participating in advocacy actions.
2. Individuals with I/DD will be educated on their rights and use that knowledge to make changes and impact their lives.
3. Individuals with I/DD will form local self-advocacy groups.

Outputs:

1. 100 individuals with I/DD will be trained per year.
2. Support development of 25 local groups over the 5 years.

Timeline	FY 2017	FY 2018	FY 2019	FY 2020	FY 2021
Resources	\$75,000	\$150,000	\$150,000	\$150,000	\$150,000

5.C Disability Leadership Corps

DD Council staff will work to develop a cohort of individuals with I/DD to express the DD Councils' value of community inclusion to the public and the importance of self-direction and self-determination in the lives of individuals with I/DD. The group will be also be supported by grantees.

Implementation Activities:

The participants will receive training on topics including but not limited to:

1. Expressing the Council's values.
2. Public speaking.
3. Telling your story.
4. Giving presentations.
5. Professionalism.
6. How to meet public officials and discuss issues.
7. Parliamentary procedures and serving on boards.
8. Proper procedures for conducting and participating in a meeting.

Outcome(s):

1. Corps members will possess the skill set to tell their story, give public comment at meetings, testify at legislative hearings, and participate at state-level advisory meetings.
2. Corps members will be appointed to boards and commissions.

Outputs:

1. At least 10 individuals with I/DD will join the Corps over the 5 years.
2. Corps members will participate in trainings annually.
3. DD Council staff will work with each Corps member to identify 1-3 boards or commissions they are interested in joining.

Timeline	FY 2017	FY 2018	FY 2019	FY 2020	FY 2021
Resources	\$12,500	\$25,000	\$25,000	\$25,000	\$25,000

5.D Community Services Consultant

The DD Council will employ a Community Service Consultant (CSC) at the state level to:

1. Provide technical assistance and support to self-advocates in Michigan.
2. Coordinate self-advocacy training.

Implementation Activities

The Community Service Consultant will provide support and technical assistance to the statewide self-advocacy organization. Duties may include:

1. Providing logistical support and coordination for the statewide self-advocacy organization.
2. Coordinating self-advocacy training for self-advocates across Michigan.
3. Working with DD Council committees and workgroups, and grant projects to provide and arrange training and support for self-advocates.
4. Hosting regional learning opportunities.
5. Providing support for local groups.

Timeline	FY 2017	FY 2018	FY 2019	FY 2020	FY 2021
Resources	Costs in Payroll/Administration				

5.E Regional Coordinators

Provide a Regional Coordinator to support DD Council activities in that region. Regional Coordinators must know and understand the region and be familiar with area resources, customs, and culture.

Implementation Activities

Fund 5 grant projects, each to provide a Regional Coordinator in 1 of 5 regions of Michigan to provide support for, grant projects, and other DD Council activities in the region. Their activities may include but not be limited to:

1. Support self-advocates, DD Council grant projects, and other DD Council activities to:
 - a. Learn about local resources and existing technology that can improve sharing and networking among DD Council initiatives.
 - b. Meet DD Council requirements and carry out their missions in ways that support people with DD to make decisions, develop leadership skills, and live the lives they choose.
 - c. Assess their needs and choose the training that will support the work they plan to do.
2. Support DD Council grant projects in their activities in the region by:
 - a. Supporting the *Flexible Basic and Intermediate Leadership Development* project to provide a range of leadership development opportunities.
 - b. Supporting the *Leaders in Policy Advocacy* in the region, including working with them to assure that each new graduate has a basic advocacy support network.
 - c. Working with the *Community Organizing* project to support their efforts to make community organizing training available and to develop peer to peer contacts in the region.
 - d. Using training, technical assistance, and information provided to them by the *Advance Self-Determination* project to:
 - a. Oversee, support, and coordinate activities of Local Leaders (individuals with I/DD who are trained and supported to promote self-determination) in the region.
 - b. Support Local Leaders to connect with resources for moving to the next level of leadership.
3. Work with DD Council committees and workgroups to provide support and information about issues in the lives of individuals with I/DD and about how they can advocate effectively and educate state legislators about how the issues affect individuals with I/DD.
4. Assist the DD Council in making community connections in the regions they've been working in the last 5 years. Connect DD Council staff with community groups, local advocacy groups, etc.

Timeline	FY 2017
Resources	\$87,000
Match	\$29,000

Goal 6: Self-Determination.

Individuals with I/DD and their families become aware of their rights and receive the supports and services they are entitled to by law across their lifespan, including: education, adult services, and long term care and supports.

6.A Self-Determination in Michigan

Fund a statewide effort to address the issues with consistency, availability of and access to the tools and supports that individuals with I/DD in Michigan need to control their services and live self-directed, self-determined lives. At the same time, the project will train individuals with I/DD on PCP and the tools of self-determination.

Implementation Activities:

1. Advocate for standards for self-determination that will ensure consistent, quality PCP and access to arrangements that support self-determination.
 - a. Establish a think tank; that includes individuals with I/DD, to research self-determination policies, procedures, effective model and best practices.
 - b. Draft standards that include desired outcomes for people.
 - c. Along with the DD Council, advocate with the MDHHS to adopt standards and include in contract language.
2. Provide education and training on PCP and tools of self-determination, to individuals with I/DD and families. Special recruitment efforts should be made to families and transition age students. Individuals with I/DD who use arrangements that support self-determination should be included on the training team. Training should:
 - a. Explain the concept of self-directed supports and services.
 - b. Explain the benefits from individuals with I/DD to service providers.
 - c. Educate on the tools of self-determination and the steps needed to set-up a plan of service that supports self-determination.
 - d. Education on the PCP process and how it should be used to get the desired outcomes for individuals with I/DD.

Outcome(s):

1. MDHHS will adopt standards that ensure consistent, quality PCP that leads to self-determined lives.
2. Individuals with I/DD know their rights surrounding PCP and self-determination.
3. More individuals with I/DD will develop their own service plans, hire their staff and manage their own budgets.

Outputs:

1. 100 people are educated per year.
2. 50 transition age students educated per year.
3. 25% of people educated will begin using arrangements that supports self-determination.
4. Standards drafted and recommended to MDHHS.

Timeline	FY 2017	FY 2018	FY 2019	FY 2020	FY 2021
Resources	\$82,000	\$142,000	\$142,000	\$142,000	\$142,000
Match	\$27,333	\$47,333	\$47,333	\$47,333	\$47,333

6.B Expand and Enhance Peer Mentor Program

DD Council staff will work to expand and enhance the peer mentoring program to train individuals with I/DD to provide their peers with advocacy support that promotes self-determination; shows peers how to direct their own lives; and reinforces their efforts to become better self-advocates, make choices, and develop leadership skills.

The program:

1. Targets services that promote self-determination and support peers to direct their own lives.
2. Trains peer mentors to support individuals with I/DD to become better self-advocates, make their own choices, and develop leadership skills.
3. Strengthens Peer Mentoring in the State of Michigan for individuals with I/DD.

Implementation Activities:

1. Work in partnership and provide technical assistance to CMH agencies and the MDHHS.
2. Provide Peer Mentor 101 training annually.
3. Support peer mentors to learn to empower people with developmental disabilities to direct their own lives and advocate for themselves.
4. Provide on-going support for peer mentors to attend additional training opportunities, conferences and other relevant activities to increase their skills.

Outcome(s):

1. Individuals with I/DD will gain the knowledge necessary to mentor peers based on their lived experience.
2. Peer mentors will be employed at CMH statewide.
3. Increased awareness of the peer mentor program statewide.

Outputs:

1. Peer Mentor Coordinator will meet with 5 CMH agencies annually to increase awareness.
2. Host 1-2 Peer Mentor 101 trainings annually.
3. Train and certify 15 individuals with I/DD as Peer Mentors annually.
4. Host 1 Peer Mentor Retreat annually.
5. Host 6 Peer Mentor conference calls annually.
6. Conduct at least 4 workshops at various conferences annually.

Timeline	FY 2017	FY 2018	FY 2019	FY 2020	FY 2021
Resources	\$15,000	\$15,000	\$15,000	\$15,000	\$15,000

6.C Advance Self-Determination

Build on Michigan Partners for Freedom, to continue its efforts to increase demand for self-determination, expand the work statewide and make self-determination available to those with the highest needs. Provide training, technical assistance, and consultation for individuals with I/DD.

Implementation Activities

The project will:

1. Provide training, technical assistance, and consultation on self-determination. Introduce and reinforce self-determination in each region by:
 - a. Providing community-level training to individuals with I/DD, their family members and other allies on what self-determination is and how to get support for it.
 - b. Informing and supporting individuals with I/DD on how they can choose their own service provider, supports coordinator, place to live, who they live with, and daily activities.
 - c. Using the services of the Regional Coordinators to provide liaison, coordination and support for local and regional activities, arrange venues and logistics, publicize activities, disseminate information, and recruit participants.
2. Develop and maintain the curriculum, information, and materials needed to support the various kinds of training on self-determination needed to build on Michigan Partners for Freedom, widen the project's audience, and expand it statewide.

Timeline	FY 2017
Resources	\$34,875
Match	\$11,625

6.D Supported Decision Making in Michigan

DD Council staff will host regional and local learning opportunities to educate individuals with I/DD, family members, school personnel and interested others on supported decision making and other alternatives to guardianship. The focus of this initiative will be to help families think about how to support their adult children/family members in decision making without plenary guardianship.

Implementation Activities:

Host workshops that will focus on individuals with I/DD, family members, school personnel and interested others on tools to assist them in supporting a family member with I/DD to make decisions about his or her life while maintaining autonomy.

Information on power of attorney and other legal decision-making alternatives to guardianship will be included.

Outcome(s):

1. Individuals with I/DD and families will be educated on all options regarding legal decision making.
2. Fewer families of individuals with I/DD will file for plenary guardianship.

Outputs:

1. 15 workshops held per year.
2. 150 people educated per year.

Timeline	FY 2017	FY 2018	FY 2019	FY 2020	FY 2021
Resources	\$45,000	\$45,000	\$45,000	\$45,000	\$45,000

Goal 7: Community Inclusion and Education

Provide and support education on disability issues to increase understanding and change the culture in Michigan to promote full inclusion.

7.A Michigan Disability Housing Workgroup

The DD Council will continue its membership on the Michigan Disability Housing Workgroup to work with Disability Network of Michigan and other partners to develop and implement advocacy strategy on housing for people with disabilities. Educate legislators and policymakers regarding the housing needs of individuals with I/DD and explore opportunities to expand support services for individuals with I/DD to live in the community.

Implementation Activities:

The workgroup will continue to monitor, and to advocate for the needs of people with DD, with the Michigan State Housing Development Authority, Housing Resource Centers, the Building Michigan Communities Conference, the legislature, local housing authorities, and agencies that develop and regulate group homes.

Outcome(s):

- 1. More vouchers for individuals with I/DD to move out of congregate settings.
- 2. Housing policies for individuals with I/DD will be improved.
- 3. Increase in advocacy efforts on housing among individuals with I/DD.

Outputs:

- 1. 50 letters written to legislators per year.

Timeline	FY 2017	FY 2018	FY 2019	FY 2020	FY 2021
Resources	\$1, 500	\$1, 500	\$1, 500	\$1, 500	\$1, 500

7.B Statewide Community Inclusion Campaign

The DD Council will develop and implement an awareness campaign with statewide reach and visibility; that will educate the state of Michigan on community inclusion and the many abilities of individuals with I/DD. The campaign will utilize professional services to create and disseminate material for social media banners, posters, etc. promoting the Council's value of community inclusion.

Implementation Activities:

1. Develop a multi-media campaign that can be accessed on TV, radio, and social media.
2. The campaign should include messaging about:
 - a. The right of individuals with I/DD to be full and active participants in their communities;
 - b. The benefits of community inclusion;
 - c. How to create a welcoming and inclusive environment;
 - d. The importance of relationships;
 - e. The importance of employment; and
 - f. Other relevant information.

Outcome(s):

1. People in the community will see individuals with I/DD as individuals with disability pride who contribute to and participate in the community as equal citizens.
2. Individuals with I/DD will be more active participants in their communities including both work and leisure.

Outputs:

1. 2 Social media banners and posters created.
2. 2 radio ads developed.
3. 2 television ads developed.
4. Radio ads played in 10 communities statewide to reach an estimated 5000 listeners.
5. Television ads played in 10 communities statewide to reach an estimated 5000 viewers.
6. Weekly posting of campaign information on DD Council social media and website.

Timeline	FY 2017	FY 2018	FY 2019	FY 2020	FY 2021
Resources	TBD	TBD	TBD	TBD	TBD

7.C Information Accessibility

The DD Council will work to adapt resources and provide information in language that is more accessible to individuals with I/DD and families, in an effort to help them understand the policies, procedures and laws that impact their lives.

Implementation Activities:

1. Convert existing resources into plain language materials that will provide information to individuals and families' in a way that is easy to understand. Information will be made available in a variety of formats and languages when appropriate. Products may include decision trees, facts sheets, infographics, etc. as well as resources where more in-depth information can be found. Topics may include: self-determination, respite, housing, and PCP.
 - a. The information will be disseminated to individual with I/DD and family members.
2. Develop educational tools that can be delivered via webinar to educate individuals with I/DD, their families and allies.
 - a. Webinars will be hosted and archived for flexibility.
 - b. Individual(s) with disabilities will be included in the development of content.
 - c. Content will be delivered in plain language to maximize understanding.

Outcome(s):

1. Individuals with I/DD and families will gain knowledge about the policies affecting their lives and will make more informed choices.

Outputs:

1. 5 resources converted or created per year.
2. 5 webinars hosted per year.

Timeline	FY 2017	FY 2018	FY 2019	FY 2020	FY 2021
Resources	\$0	\$0	\$0	\$0	\$0

7.D Michigan DD Council Empowerment Fund

The DD Council seeks to empower individuals with I/DD and their family members with opportunities, experiences, resources and information, to actively participate in decisions that often impact them personally. Individuals with I/DD and their family members can receive reimbursement for specific expenses for seminars and conferences designed to improve their knowledge, networking and skill levels for advocacy.

Implementation Activities:

1. Develop application process for the fund that clearly states information such as:
 - a. What the Empower Fund is.
 - b. What the Empower Fund can be used for.
 - c. What the Empower Fund cannot be used for.
 - d. Who can apply for support through the Empower Fund?
 - e. How to apply for support from the Empower Fund.
 - f. The maximum amount applicants can receive through the Empower Fund.

2. Widely disseminate the availability of the fund.

Outcome(s):

Individuals with I/DD and their family members will be empowered to impact issues that affect their lives and the lives of others.

Outputs:

1. Application process and selection criteria developed.
2. 20 individuals with I/DD and their family members will be funded to attend conferences/seminars per year.

Timeline	FY 2017	FY 2018	FY 2019	FY 2020	FY 2021
Resources	\$18,750	\$25,000	\$25,000	\$25,000	\$25,000

7.E Diversity Outreach

The DD Council recognizes the strengths of all individuals with I/DD and their families, from all races, ethnicities, and cultures. The initiative will seek to increase the number of participants from African-American, Latino, Asian American, Arab-American and Native-American communities in DD Council activities and advocacy in Michigan. The goal is to support individuals with developmental disabilities and their families in a culturally competent manner, which is responsive to their beliefs, interpersonal styles, attitudes, language and behaviors, and ensures effective and meaningful opportunities for full participation in their communities.

Implementation Activities

The goal is to make the DD Council and all its activities culturally competent so that individuals with I/DD from diverse populations, can achieve equity of access and participation

1. Support a Diversity Committee to address diversity issues throughout the work of the DD Council, placing value on all individuals and their perspectives, and promoting an environment in which all are included. The committee will:
 - a. Establish a statewide think tank of people from ethnically diverse populations to research best practices and develop recommendations on how to recruit and retain ethnically diverse individuals with I/DD and their families in DD Council activities.
 - b. Identify cultural brokers in cities with large ethnically diverse populations such as: Detroit, Dearborn, Hannahville, Saginaw, Benton Harbor, Flint and Grand Rapids.
 - c. Work to identify and address diversity issues as they arise, and make recommendations to the DD Council.
 - d. Work to identify and remove barriers that prevent people from diverse populations with I/DD from being included in the work of the DD Council.
 - e. Help to raise awareness of the DD Council in diverse communities.
 - f. Work with all DD Council grants, committees, workgroups and staff to provide technical assistance to ensure diversity and cultural competence in all Council activities.

Outcome(s):

1. DD Council activities will reflect the diversity of the community in which they are being held.
2. Individuals with I/DD and their families will be supported in a culturally competent manner.

Outputs:

1. Think tank established.
2. List of best practices collected and recommendations made to Council.
3. Four meetings held in each targeted city with potential partners/cultural brokers.

Timeline	FY 2017	FY 2018	FY 2019	FY 2020	FY 2021
Resources	\$5,000	\$5,000	\$5,000	\$5,000	\$5,000

Section V: Evaluation Plan

[Section 125(c)(3) and (7)]

PART A: Outline

The DD Council's five-year plan will measure the progress made in achieving goals for the state plan using three methods 1) staff monitoring, which includes, quarterly program reports and site visits; 2) project evaluation reports submitted by each grantee; and 3) evaluations will be distributed at each DD Council sponsored training and/or workshop.

All grantees provide quarterly reports on project activities to the DD Council grants staff. DD Council staff monitors the reports to measure progress and determine if any technical assistance, clarification and/or corrective actions are needed. Additionally, grants staff will regularly make site visits to projects, and attend advisory meetings, training, or other grant activities. The in-field observations coupled with the quarterly reporting will help staff assure that progress is being made towards the identified outcomes.

Evaluation is required for grant projects using the DD Council funds. The grantee is allowed to select the best evaluation method for the project and participants. Past evaluation methods have included: pre/post-tests, verbal or written surveys, and focus groups. Grantees will continue to report evaluation results to the DD Council. When applicable, performance measures will be tracked and reported on as part of quarterly and annual reports submitted to the DD Council. The DD Council's Public Policy Platform identifies advocacy issues that will be focused on. Each issue has an action plan that identifies, short, intermediate and long term outcomes. Advocacy efforts will be tracked by updating the progress on each outcome.

Self-Advocacy surveys will be distributed to the participants of self-advocacy trainings to gauge their satisfaction and increase in knowledge. In concert with the statewide self-advocacy group, the DD Council may co-sponsor efforts to obtain input from self-advocates on the rebuilding of the network and other self-advocacy supports. This may include, listening sessions, community conversations, online surveys, social media polls, public comment at meetings, etc.

Part B: Methodology to Determine Needs Being Met and Council Results Being Achieved

All grantees provide quarterly reports on project activities to the DD Council grants staff. Project level information includes: How has the project results compared with the results expected; what barriers have you encountered and what has been done to overcome; What has the project changed, a) for participants?, b) for systems?; What's the most important thing learned? Within each project, there may be one or more activities relating to advocacy, systems change and capacity building, outreach, training, technical assistance, supporting and educating communities, interagency collaboration, coordination with other programs, barrier elimination, systems design and redesign, coalition development and citizen participation, informing policymakers and demonstration of new approaches to services and supports. Activity level information includes the number of participants and the type of participants in the activity (i.e. individuals with I/DD and families by race/ethnic group, individuals with I/DD by level of supports needed, etc.). Quarterly reports are entered in the DD Suite. When this system is replaced, reporting will migrate to the new system.

Each project will also submit an annual program and evaluation report. The annual report is a summary of the project's activities and achievements for the year and to-date. Grantees also describe how individuals with I/DD and their families participated in planning, implementing and evaluating the project. The evaluation plan includes an analysis of the project's progress toward achieving its objectives, in terms of its work plan and of the DD Council's targeted outcomes and indicators. The results of the consumer satisfaction survey including an analysis of what the consumer satisfaction responses mean for the project. The report also describes how the survey responses and other assessments will be used to improve the project.

Evaluations will be distributed to participants of all DD Council sponsored trainings and/or workshops. They will be collected and analyzed to determine if changes need to be made in the recruitment, delivery or content.

PART C: Council's Role in Reviewing and Commenting on Progress of the Plan Goals

The DD Council's Program Committee provides oversight to the DD Council's Grants program. It oversees, on behalf of the DD Council, implementation and evaluation of the grants included in the DD Council's Five-year Strategic State Plan.

The Public Policy Committee (PPC) provides direction to the policy advocacy of the DD Council. The PPC will receive regular reports and updates on each topic in the Public Policy Platform. The PPC will recommend to the DD Council any changes or additions to the platform. Through monthly meetings, PPC will interface with stakeholders statewide and provide information on the latest federal, state and when appropriate local issues affecting the lives of individuals with I/DD in Michigan.

Staff responsible for training and workshops will be responsible for updating the DD Council on issues from the field, responses to evaluations, misunderstood issues that may require a system-level solution, or additional topics that may require training in the future.

PART D: How the Annual Review Identifies Trends and Needs and For Updating the Comprehensive Review and Analysis Section

The DD Council has an annual two-day retreat, where it conducts business including an annual review of the DD Council budget; a review/update of emerging trends and needs; and a review of project ideas in light of emerging trends and needs. The annual review is also a time to hear about timely or emerging issues of relevance to the DD Council. Every DD Council meeting, including the annual-retreat, includes written updates advocacy issues, committee reports, and presentations to the DD Council, as appropriate to keep DD Council members abreast of emerging issues and trends in life areas.

Section VI: Projected Council Budget

[Section 124(c)(5)(B) and 125(c)(8)]

Goal	Subtitle B \$	Other(s) \$	Total
Employment	\$206,279.00	\$0.00	\$206,279.00
Transitions Across the Lifespan	\$163,779.00	\$0.00	\$163,779.00
Leadership Development	\$606,404.00	\$120,594.00	\$726,998.00
Public Policy and Advocacy	\$200,529.00	\$14,062.00	\$214,591.00
Self-Advocacy	\$319,500.00	\$21,750.00	\$341,250.00
Self-Determination	\$288,654.00	\$26,219.00	\$314,873.00
Community Inclusion and Education	\$149,029.00	\$0.00	\$149,029.00
General management (Personnel, Budget, Finance, Reporting)	\$535,002.00	\$0.00	\$535,002.00
Functions of the DSA	\$50,000.00	\$0.00	\$50,000.00
Total	\$2,519,176.00	\$182,625.00	\$2,701,801.00

Section VII: Assurances

[Section 124(c)(5)(A)-(N)]

Assurances reference **Section 124 (c)(5)(B-N)**

The MDHHS provides the following assurances to support the Michigan Developmental Disabilities Council's Five Year Plan 2017-2021.

(B) USE OF FUNDS

(i) not less than 70% of such funds will be expended for activities related to the goals of the Council Five Year State Plan;

(ii) such funds will contribute to the achievement of the purpose of Subtitle B of Public Law 106-402, The Developmental Disabilities Assistance and Bill of Rights Act of 2000 and in various political sub-divisions of the State;

(iii) such funds will be used to supplement, and not supplant, the non-Federal funds that would otherwise be made available for the purposes for which the funds paid under section 122 are provided;

(iv) such funds will be used to complement and augment rather than duplicate or replace services for individuals with developmental disabilities and their families who are eligible for Federal assistance under other State programs;

(v) part of such funds will be made available by the State to public or private entities;

(vi) at the request of any State, a portion of such funds provided to such State under this subtitle for any fiscal year shall be available to pay up to 1/2 (or the entire amount if the Council is the designated State agency) of the expenditures found to be necessary by the Secretary for the proper and efficient exercise of the functions of the designated State agency, except that not more than 5% of such funds provided to such State for any fiscal year, or \$50,000, whichever is less, shall be made available for total expenditures for such purpose by the designated State agency; and (vii) not more than 20% of such funds will be allocated to the designated State agency for service demonstrations by such agency that-

(I) contribute to the achievement of the purpose of this subtitle; and

(II) are explicitly authorized by the Council.

(C) STATE FINANCIAL PARTICIPATION. -The State assures that there will be reasonable State financial participation in the cost of carrying out the plan.

(D) CONFLICT OF INTEREST. -No member of the Council will cast a vote on any matter that would provide direct financial benefit to the member or otherwise give the appearance of a conflict of interest.

(E) URBAN AND RURAL POVERTY AREAS. -Special financial and technical assistance will be given to organizations that provide community services, individualized supports, and other

forms of assistance to individuals with developmental disabilities who live in areas designated as urban or rural poverty areas.

(F) PROGRAM ACCESSIBILITY STANDARDS. -Programs, projects, and activities funded under the plan, and the buildings in which such programs, projects, and activities are operated, will meet standards prescribed by the Secretary in regulations and all applicable Federal and State accessibility standards, including accessibility requirements of the Americans with Disabilities Act of 1990 (42 U.S.C. 12101 et seq.), section 508 of the Rehabilitation Act of 1973 (29 U.S.C. 794d), and the Fair Housing Act (42 U.S.C. 3601 et seq.).

(G) INDIVIDUALIZED SERVICES. - Any direct services provided to individuals with developmental disabilities and funded under the plan will be provided in an individualized manner, consistent with the unique strengths, resources, priorities, concerns, abilities, and capabilities of such individual.

(H) HUMAN RIGHTS. - The human rights of the individuals with developmental disabilities (especially individuals without familial protection) who are receiving services under programs assisted under this subtitle will be protected consistent with section 109 (relating to rights of individuals with developmental disabilities).

(I) MINORITY PARTICIPATION. - The State has taken affirmative steps to assure that participation in programs funded under this subtitle is geographically representative of the State, and reflects the diversity of the State with respect to race and ethnicity.

(J) EMPLOYEE PROTECTIONS. - Fair and equitable arrangements (as determined by the Secretary after consultation with the Secretary of Labor) will be provided to protect the interests of employees affected by actions taken under the plan to provide community living activities, including arrangements designed to preserve employee rights and benefits and provide training and retraining of such employees where necessary, and arrangements under which maximum efforts will be made to guarantee the employment of such employees.

(K) STAFF ASSIGNMENTS. -The staff and other personnel of the Council, while working for the Council, will be responsible solely for assisting the Council in carrying out the duties of the Council under this subtitle and will not be assigned duties by the designated State agency, or any other agency, office, or entity of the State.

(L) NONINTERFERENCE. -The designated State agency, and any other agency, office, or entity of the State, will not interfere with the advocacy, capacity building, and systemic change activities, budget, personnel, State plan development, or plan implementation of the Council, except that the designated State agency shall have the authority necessary to carry out the responsibilities described in section 125(d)(3).

(M) STATE QUALITY ASSURANCE. - The Council will participate in the planning, design or redesign, and monitoring of State quality assurance systems that affect individuals with developmental disabilities.

(N) OTHER ASSURANCES. -The plan shall contain such additional information and assurances as the Secretary may find necessary to carry out the provisions (including the purpose) of this subtitle.

Nick Day

6/23/16

Designated State Agency Representative Signature and Date

Written and signed assurances have been submitted to the Administration on Intellectual and Developmental Disabilities, Administration for Community Living, United States Department of Health and Human Services, regarding compliance with all requirements specified in Section 124 (C)(5)(A) -- (N) in the Developmental Disabilities Assurance and Bill of Rights Act.

Approving Officials for Assurances

For the Council (Chairperson)

Designated State Agency

A copy of the State Plan has been provided to the DSA Designated State Agency

Section VIII: Public Input and Review

[Section 124(d)(1)]

PART A: Describe How the Council Made the Plan Available for Public Review and Comment. Include How the Council Provided Appropriate and Sufficient Notice in Accessible Formats of the Opportunity for Review and Comment

The link to the draft plan was emailed to over 800 contacts in the DD Council's database on May 12, 2016, with a notice that it was available for review and comment through June 27, 2016, on the DD Council website at www.michigan.gov/ddCouncil. Individuals needing accommodations were given the opportunity to contact the DD Council so that they could receive the draft plan in alternative formats, as necessary.

An in-person review was made available at the DD Council offices on May 27, 2016 and June 15, 2016 from 8:00am – 5:00pm. at the Michigan Developmental Disabilities Council, 320 S. Walnut Street, Lansing, MI 48913.

PART B: Describe the Revisions Made to the Plan to Take into Account and Respond to Significant Comments

The Minor Family Think Tank (0-17 years of age), held in the fall of 2015, identified strategies to addressing the problems facing families in Michigan. In January 2016, the DD Council applied for and was awarded the "Supporting Families Throughout the Lifespan" Community of Practice Grant. The purpose of that grant is for states to work on supporting families across the lifespan. As a result, family-specific strategies were removed from the plan to focus more attention on other areas. Although many positive comments about the progressive nature of the plan were received, an overwhelming theme of feedback was that families needed exposure to the principles of self-determination, community inclusion, etc. much earlier in order to change their mindset about their family member's future.

As a result of the comments, strategies from the Minor Family Think Tank were reintroduced into the plan (Goal #2, Objectives # 3 and #4). Much of the plan focuses on raising expectations for individuals with I/DD. It was determined that the early exposure was a good first step towards changing attitudes and minds about the abilities of individuals with I/DD.
