

Michigan Developmental Disabilities Council's Public Policy Advocacy Platform

2017



Introduction

The Michigan Developmental Disabilities Council (Council) is a statewide advocacy organization that advocates for people with Intellectual and/or Developmental Disabilities (I/DD) to become independent, productive and fully included members of their communities. Our Public Policy Platform outlines issues the Council will advocate for with the help of our partners, grantees, and self-advocates to positively effect changes in the lives of people we serve.

We want to use this platform to continue making strides in independence and inclusion so the lives of people with I/DD in Michigan can prosper. With your continued advocacy, we know that people with I/DD will achieve their life dreams.

The following are issues that will be the focus of our advocacy efforts:

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Employment

In Michigan, 81 percent of people with Intellectual and/or Developmental Disabilities (I/DD) are unemployed compared to 9 percent of people without I/DD (Employment First in Michigan report)¹.

Many vocational rehabilitation service providers fail to provide adequate training that results in meaningful community-based employment. As a result, many Michiganders with I/DD who are “employed” are limited to work in sheltered workshops that keep people with I/DD from people without I/DD. Employment is limited to piece work and/or contractual work, often paying wages below the minimum wage.

Michigan has a proud history of leading the country with respect to expanding community-based opportunities for people with I/DD. However, in terms of competitive integrated employment, Michigan has a lot of room for improvement. Putting forth state legislation which acts to raise expectations and enable people with I/DD to enhance their productivity and earn at least minimum wage alongside people without I/DD will allow them to become an integral part of the American workforce.

This step forward will ultimately increase the quality of life for Michiganders with I/DD, while reducing dependence on traditional government supports.

¹ Employment First Report.

http://www.michigan.gov/documents/mdch/Employment+First+in+Michigan_469682_7.pdf

Employment First

Employment First is based on the expectation that people with Intellectual and/or Developmental Disabilities (I/DD) can, with proper training, job matching techniques, assistive technology and reasonable accommodations, earn at least minimum wage alongside people without I/DD in fully integrated settings. This philosophy lays the foundation upon which a productive and valued workforce of people with I/DD can be built.

On November 18, 2015 Lieutenant Governor Brian Calley signed Executive Order 2015-15 titled “*Employment First in Michigan.*” This Executive Order promotes Competitive Integrated Employment (CIE) for people with I/DD as the best employment outcome.

Currently, people with I/DD hold a greater rate of unemployment than people without I/DD. Research compiled by the Michigan Developmental Disabilities Council (Council) pointed out there is a 72% differential in employment standings between people with I/DD and people without I/DD.

Position

The Council adopted a position on *Employment First* on August 8, 2013, declaring that individual integrated employment is the first priority and preferred outcome of people with I/DD. This position lays out five principles:

1. Individual integrated employment is the first and preferred outcome for people with I/DD, regardless of level or type of disability.
2. Employees with I/DD are 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 people without I/DD.
3. Employees with I/DD have the right to accommodations as necessary to achieve and maintain employment with a focus on the use of natural occurring supports.
4. Employment services:
 - a. are developed using processes that align with the principles of person-centered planning, self-determination, and informed choice based on the individual’s talents, skills and interests;
 - b. are provided in the amount, duration, and intensity that allow people with I/DD to work the maximum number of hours consistent with their abilities in an CIE setting;

- c. may include career exploration, job discovery and development, job carving, job coaching, job training, benefits counseling, personal care services, and job customization.
5. Implementation of *Employment First* must be based on clear public policies and practices that ensure employment opportunities of people with I/DD within the general workforce and is the priority for public funding and service delivery

The Council supports *Employment First* policies and will work with the legislature, policy personal, stakeholders, and interested parties to promote *Employment First* policies and positions.

Action Plan

- Continue to pursue and coordinate resource acquisition via the Office Disability Employment Program, Administration for Community Living, and other entities that maximizes the opportunity to support *Employment First* efforts in the state
- 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
- Pursue (with identified state agencies and organizations involved in service delivery) the administration, funding, and resource acquisition to support the delivery of the recognized curricula for employment specialists, designed to achieve quality employment outcomes and independence for individuals with I/DD

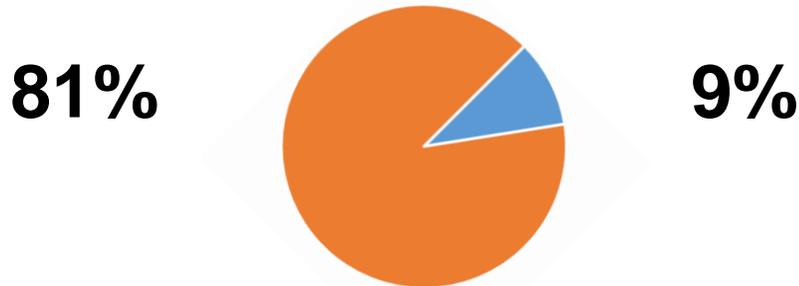
Targeted Outcome

A significant increase in the number of people with I/DD in CIE, compensated at or above the minimum wage.

Employment First

What is the Issue?

In Michigan, 81 percent of people with Intellectual and Developmental Disabilities (I/DD) are unemployed compared to 9 percent of people without I/DD (Employment First Report).



Even though people with I/DD have the skills and the desire to work, they are not employed. When people with I/DD are hired, they typically end up working in a sheltered workshop making subminimum wage (less than Michigan's standard minimum wage). They do not receive benefits, such as health insurance, like people without I/DD.

What does the Michigan Developmental Disabilities Council (Council) plan to do?

The Council has adopted and plans to implement an *Employment First* policy.

What is *Employment First*?

Employment First is based on the belief that people with I/DD can earn at least minimum wage alongside people without I/DD in fully integrated settings. People with I/DD have the right to accommodations for employment and employment services.



This guy has had enough of sheltered workshops and day wasting. But he can't get help to get a real job! So, he is hitting the streets to find a real job that pays real money.

The Council will:

- Continue to gain resources through the Office of Disability Employment Policy, Administration on Community Living, and other organizations that help support *Employment First* efforts in the state



RESOURCES

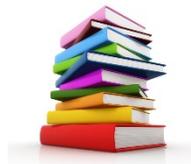
- Organize a group of stakeholders to research and review best practices in employment



- Develop standards that are a recognized qualification for employment specialists in Michigan



- Pursue recognized courses, for employment specialists that are designed to achieve employment outcomes and independence for people with I/DD



What does the Council hope to achieve?

A major increase in the number of people with I/DD in individual, integrated employment, paid at or above the minimum wage.

Subminimum Wage

Subminimum wages paid under the Fair Labor Standards Act (FLSA) to people with Intellectual and/or Developmental Disabilities (I/DD) have negative financial, emotional, and economic impacts. Data gathered in 2013 indicated that there were over 8,200 people being paid a subminimum wage in Michigan. People employed at a subminimum wage experience greater financial hardships and barriers to everyday needs as opposed to those paid at minimum wage. Several states have begun the transition into fully Competitive Integrated Employment (CIE) for people with I/DD; Michigan has made some progress towards this.

Position

The Michigan Developmental Disabilities Council supports the elimination of subminimum wages paid to people with I/DD and supports CIE.

Action Plan

- Develop relationships with key stakeholders, and policymakers to eliminate the payment of subminimum wages for people with I/DD in Michigan
- Work towards ensuring people with I/DD are employed in fully integrated, inclusive, and competitive work environments
- Educate policymakers on the value of CIE for people with I/DD
- Educate policymakers on how the payment of subminimum wages continues a level of poverty for people with I/DD
- Establish a strong *Employment First* position throughout the state

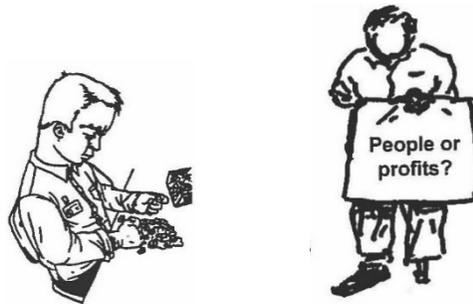
Targeted Outcome

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

Subminimum Wage

What is the Issue?

The Michigan Developmental Disabilities Council (Council) believes people with all abilities should be paid at or above minimum wage. However, not everyone in Michigan is getting paid minimum wage. Most people with Intellectual and/or Developmental Disabilities (I/DD), especially those working in a sheltered workshop, are making less than minimum wage. People who make less than minimum wage have more difficulties buying what they need.



What is Subminimum wage?

In Michigan, if you don't have an I/DD, an employer must pay you standard minimum wage. However, there is a federal law (14c wavier) that allows an employer to pay people with I/DD less than minimum wage, this is subminimum wage. A person with I/DD will make on average \$2.75 an hour in a sheltered workshop.



What does the Council plan to do?

Michigan has made some progress to make sure all people make at least minimum wage or above. The Lieutenant Governor, Brian Calley, signed an *Employment First* Executive Order. The goal of *Employment First* is to

make sure people with I/DD have the opportunity to work in a Competitive Integrated Employment (CIE) setting and are paid at least minimum wage.

The Council will:

- Advocate to policymakers to end paying subminimum wages to people with I/DD in Michigan
- Work towards making sure people with I/DD are employed in fully integrated, inclusive, and competitive jobs
- Explain to policymakers the value of fully CIE for people with I/DD
- Educate policymakers on how the payment of subminimum wages to people with I/DD keeps them in poverty
- Set a strong *Employment First* position in Michigan

What does the Council hope to achieve?

People with I/DD are paid at least Michigan's standard minimum wage.

Workforce Innovation and Opportunity Act

Michigan has begun the process of implementing the Workforce Innovation and Opportunity Act (WIOA) regulations, policies, and procedures.

This federal act takes a look at how the federal government and state agencies address the needs of people seeking employment, training, and assistance in job placement. Also included in WIOA, are provisions that prohibit vocational rehabilitation services (Michigan Rehabilitation Services and Bureau of Blind Services for Blind Persons) from moving people with Intellectual and/or Developmental Disabilities (I/DD) from secondary school settings to sheltered work environments that pay less than minimum wage.

Position

The Michigan Developmental Disabilities Council (Council) supports the implementation of WIOA policies that ensure people with I/DD have access to desired employment options, training, and post-secondary education that provides comprehensive training so that the individual can achieve their preferred job outcomes. The Council also supports employment services for all people seeking competitive, integrated employment.

Desired Outcome

The implementation of WIOA policies and procedures will benefit, people with I/DD so that they will achieve competitive, integrated employment of their choosing. In conjunction, the implementation of a “no wrong door” approach for those seeking employment will include services and supports for people with I/DD.

Workforce Innovation and Opportunity Act

What is the problem?

People with Intellectual and/or Developmental Disabilities (I/DD) have trouble finding employment and training. In July 2014, President Barack Obama signed the Workforce Innovation and Opportunity Act (WIOA) into law. This Act looks at how the federal government and state agencies help people who are seeking employment and training.



Also included in WIOA, are many requirements that vocational rehabilitation services (Michigan Rehabilitation Services and Bureau of Blind Services for Blind Persons) cannot immediately direct people with I/DD from schools into sheltered workshops. As a result, Michigan is starting to implement WIOA policies. The Council will continue to monitor the implementation of these policies.

What does the Council plan to do?

Support WIOA policies that make sure people with I/DD have access to what they need in order to have better paying jobs.

Whether that is access to:

- Job trainings
- Post-secondary education (college, trade school, etc.)



The Council will also support employment services for all people seeking competitive, integrated employment.

What does the Council hope to achieve?

People with I/DD will receive the job training, supports, and post-secondary education needed to secure competitive, integrated employment.

Restraint and Seclusion

Michigan has educational policies in place that provide guidelines on the use of restraint and seclusion in our schools. However, current policies lack enforcement or compliance components. Children in Michigan schools are subject to restraint and seclusion practices which pose great danger. In 2013 the Government Accounting Office reported that two children in Michigan died due to the improper use of restraint techniques. In one case a 15-year-old boy with Autism, while held in a prone restraint for over an hour, suffocated.

The most recent data compiled by Civil Rights Data Collection (CRDC) in 2011-2012 noted that the use of restraint and seclusion on students with Intellectual and/or Developmental Disabilities (I/DD) is alarming in Michigan. According to the CRDC, 1,845 of the 2,569 (72%) reported uses of restraint were implemented on a student with I/DD. 1,297 out of 2,034 (64%) reported uses of seclusion were used on a student with I/DD. Students with I/DD are about 260% more likely to be a victims of restraint and about 75% more likely to be a victim of seclusion than students without a I/DD.

Position:

The Michigan Developmental Disabilities Council (Council) supports the implementation of state laws that place restrictions on the use of restraint and seclusion in public schools. We also support the establishment of positive behavior supports to ensure all students have the ability to receive their education in an environment that promotes dignity and respect and is free from abuse.

Action Plan

- Educate policy and lawmakers on the disadvantage of restraint and seclusion practices
- Work with policymakers to draft and pass legislation that places strict guidance on the use of restraint and seclusion in public schools
- Work with national partners to advocate for the passage of restraint and seclusion legislation on state and federal levels
- Advocate for national policies on the use of restraint and seclusion

Targeted Outcome

Michigan will pass legislation that places strict guidelines on the use of restraint and seclusion as well as incorporate a method of positive behavior supports. Federally, legislation will be introduced and passed that places strict prohibitions on the use of restraint and seclusion in all school systems.

Restraint and Seclusion

What is the Issue?

School officials can restrain and seclude a student with or without Intellectual and/or Developmental Disabilities (I/DD), if they feel he or she is being unruly or causing harm to themselves or someone else. More children with I/DD are being restrained or secluded than children without I/DD. In Michigan, there are guidelines and policies on restraint and seclusion, but they are not being carried out by some schools.

What is Restraint and Seclusion?

There are three basic types of restraint:

- Physical
- Mechanical
- Chemical

Physical restraint is defined as restricting or limiting a student's ability to move their body (arms, legs, head, and body) on their own.

Mechanical restraint is restricting or limiting a student's ability to move their own body using a device (such as rope or handcuffs) or piece of equipment.

Chemical Restraint is using a drug that is not prescribed by a doctor to treat the student's medical conditions or using medication on a student to control behavior or restrict freedom of movement.



Examples of physical restraint

Seclusion is putting a student into a locked space or area alone (such as a closet) and they cannot leave.



What does the Council plan to do?

- Work with state lawmakers to pass laws that have strict guidelines on the use of restraint and seclusion in public schools.
- Promote the use of positive behavioral supports to decrease problem behavior by improving communication, social, and self-management skills.
- Educate policymakers on why the use of restraint and seclusion is bad
- Work with legislators to draft and pass legislation that places strict guidelines on the use of restraint and seclusion in public schools
- Advocate for national policies to stop the use of restraint and seclusion



What does the Council hope to achieve?

Get legislation passed that places strict guidelines on the use of restraint and seclusion as well as includes a method of positive behavior supports.

Medicaid Spend-down

Medicaid spend-down is the amount of income that needs to be spent on medical related expenses to reach a Protected Income Level (PIL) in order to sustain eligibility for Medicaid coverage. The PIL's vary depending on where you live. The following is an example of spend-down and how it works.

A person has a PIL of \$348 per month. This person has an income of \$1100 per month. This person would have to spend \$752 on medical related expenses in order to qualify for Medicaid services for that month.

Medicaid spend-down creates a barrier for individuals and families who rely on Medicaid services for their health and well-being. Currently, the spend-down PIL is approximately 34%, of the Federal Poverty Level (FPL), depending on where you live. In this example, 34% of the FPL is the entire amount of money this person/family will have to live on for that month to cover all other expenses.

Position

The Michigan Developmental Disabilities Council (Council) supports raising the PIL so that people will not have to remain in an extreme level of poverty in order to qualify for Medicaid benefits.

Action Plan

- Educate all members of the Michigan Legislature on the problems with Medicaid spend-down
- Work with Michigan Medical Service Administration to identify barriers to increasing the PIL and work towards creating solutions to eliminate identified obstacles
- Create a unified message for statewide advocacy efforts

Targeted Outcome

To have the PIL raised to a level so that people will not have to live in poverty in order to qualify for Medicaid services.

Medicaid Spend-down



What is the issue?

People with Intellectual and/or Developmental Disabilities on Medicaid spend-down do not have enough Protected Income Level (PIL) to live on and qualify for Medicaid.

PIL is the amount of money you can keep and still qualify for Medicaid benefits. The amount you can keep varies in different parts of the state and can be as low as \$341 per month.

What is Medicaid spend-down?

Medicaid spend-down is the amount of income that needs to be spent on medical expenses to reach a PIL in order to still have Medicaid benefits.

For example: If your income is \$1,000, you will need to spend \$659 on medical expenses to keep your Medicaid benefits. The \$341 left is your PIL and it is what you have to live on for that month.



Income - medical expenses = \$ left to spend

What does the Council plan to do?

- Educate all members of the Michigan Legislature on the problems of Medicaid spend-down
- Work with Michigan Medical Service Administration to identify barriers to increasing the PIL and work towards creating solutions to eliminate identified obstacles
- Create a unified message for statewide advocacy efforts

What does the Council hope to achieve?

To have the PIL raised to a level so that people will not have to live in poverty in order to qualify for Medicaid services.

Universal Reduced Fare Transportation Card

Access to reliable, affordable public transportation is an obstacle to many people with Intellectual and/or Developmental Disabilities (I/DD) experience. In addition, there are differences among transit providers when it comes to applications and procedures to obtain a reduced fare.

Currently, Michigan has 81 transit providers serving 83 counties. Each provider has different applications, policies, and procedures for an individual to be eligible for reduced fares. In order for an individual to commute across a wide variety of providers, they may need to file multiple applications or make prior arrangements to receive reduced fares.

Position

The Michigan Developmental Disabilities Council supports a universally accepted, statewide-reduced fare application and access card.

Action Plan

- Work with multiple transportation providers representing diverse service areas to gather data on what is required for a reduced fare to be issued
- Design a single application that would be accepted by Michigan's 81 transportation providers
- Design the application to meet the needs of people with I/DD, seniors, and transportation providers
- Work with key stakeholders, Michigan Department of Transportation, as well as providers to determine the best way to implement the card

Targeted Outcome

To implement a statewide, universal reduced fare card that will be accepted by all 81 of Michigan's transportation providers.

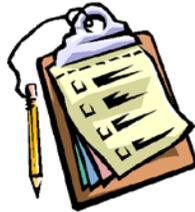
Universal Reduced Fare Transportation Card

What is the issue?

There are many barriers to dependable, affordable public transportation for people with Intellectual and/or Developmental Disabilities (I/DD) in Michigan.

One barrier is transportation from county to county. In Michigan there are 83 counties, with 81 transit providers delivering transportation services.

In order to travel from county to county, people with I/DD would have to make transportation arrangements ahead of time by filling out a reduced fare card application in the county they want to visit. They would need to be approved before they could get reduced fares in that county, otherwise they would not receive transportation at a reduced rate in that county.



What does the Council plan to do?

- Design a universal reduced fare card and application that would be accepted by Michigan's 81 transportation providers
- Design the application to meet the needs of people with I/DD, seniors, and transportation providers
- Work with key stakeholders, Michigan Department of Transportation, as well as providers to make sure the card is accepted in all counties and to determine the best way to issue the card



Building Relationships with Legislators

It is important that advocates build relationships quickly with elected officials because they [officials] are term-limited. The Michigan Developmental Disabilities Council (Council) recognizes the importance of these relationships, not only with the Council members and staff, but with advocates as well.

Position

The Council supports and encourages statewide legislative advocacy efforts that promote positive change to policies, procedures, and state statutes that affect people with Intellectual and/or Developmental Disabilities (I/DD).

Action Plan

- Hold a Legislative Day in March 2017 to help self-advocates meet with their legislator(s) and discuss issues affecting people with I/DD
- Educate legislators and other stakeholders on the issues affecting people with disabilities
- Help advocates follow-up with state legislators to build and maintain relationships

Targeted Outcome

The statewide advocacy network will develop meaningful relationships with state legislators, promote disability related initiatives and encourage legislators to introduce and pass state legislation that is helpful to the I/DD agenda and Public Policy Platform.

Building Relationships with Legislators

What is the Issue?

Lawmakers or legislators are unfamiliar with the issues that affect people with Intellectual and/or Developmental Disabilities (I/DD).



Lawmakers + People with disabilities = Answers

What does the Council plan to do?

The Council will:

- Hold a Legislative Day in March 2017 to help self-advocates meet with their legislator(s) and discuss issues affecting people with I/DD
- Educate legislators and other stakeholders on the issues affecting people with disabilities
- Help advocates follow-up with state legislators to build and maintain relationships

What does the Council hope to achieve?

To see positive change to policies, procedures, and state statues that affect people with I/DD.

The Council will:

- Make legislators aware of policy issues important to people with I/DD
- Help the statewide advocacy network develop relationships with state lawmakers
- Promote I/DD related needs
- Encourage lawmakers to introduce and pass state legislation that supports the I/DD agenda and Public Policy Platform

Housing

The quantity and quality of available accessible housing in Michigan continues to be an issue. Depending on where you choose to live as well as other variables, wait times for housing using a Housing Choice Voucher (Section 8), could vary, from month to month or years. In addition, the supply of accessible homes does not meet the current demand.

Position

The Council advocates for more accessible, affordable housing and more vouchers in Michigan.

Action Plan

- Advocate for full inclusiveness during the Home and Community-Based Services (HCBS) state transition. Within broad Federal guidelines, States can develop HCBS waivers to meet the needs of people who prefer to get long-term care services and supports in their home or community, rather than in an institutional setting
- Participate in public forums surrounding implementation of HCBS regulations
- Work with policymakers to present clear and consistent positions for inclusive housing and community settings
- Educate federal policymakers to provide more funding to expand Housing and Urban Development 811 vouchers
- Formulate legislative and policy positions that promote accessible housing that is affordable and community inclusive
- Expand efforts with the Michigan State Housing and Development Authority (MSHDA) to coordinate outreach efforts that enables people with Intellectual and/or Developmental Disabilities (I/DD) to become better informed on housing options

Targeted Outcome

Michigan will see an expanded base of accessible and affordable housing that either conforms to or surpasses the intent of the federal HCBS guidelines. In addition, there will be an increase of housing vouchers so more people with I/DD can live in community inclusive settings.

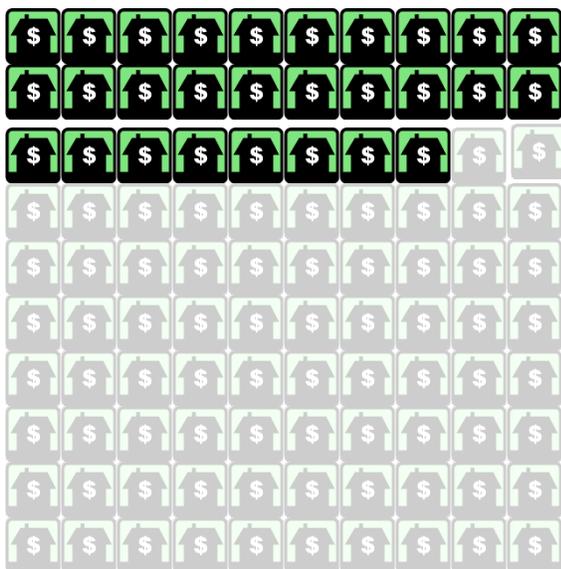
Housing

What is the issue?

There is not enough accessible, affordable rental housing for people with low income, elderly, and people with Intellectual and/or Developmental Disabilities (I/DD) in Michigan. Also, there are not enough housing vouchers to help people pay for rental costs.



Not enough housing + inaccessible = a lot of people who need housing



There are only 28 affordable housing units available for every 100 extremely low income renters

What is a housing voucher?

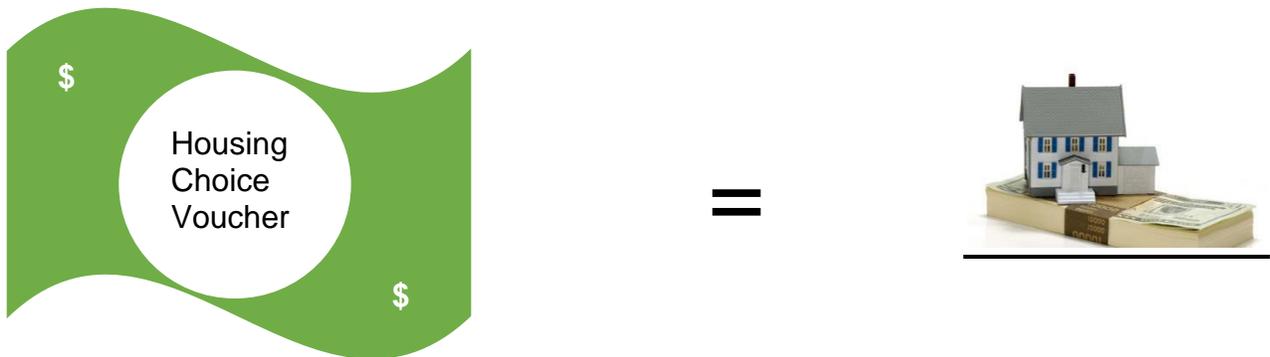
There are many different housing vouchers for people with I/DD or people with low income. Two types of vouchers are:

- Housing Choice Voucher
- 811 voucher

A **Housing Choice Voucher** (Section 8) is for people with low income with and without I/DD. It allows a person to live where they want in a community of their choice as long as the landlord will accept the voucher.

An **811 voucher** can only be used by people with I/DD.

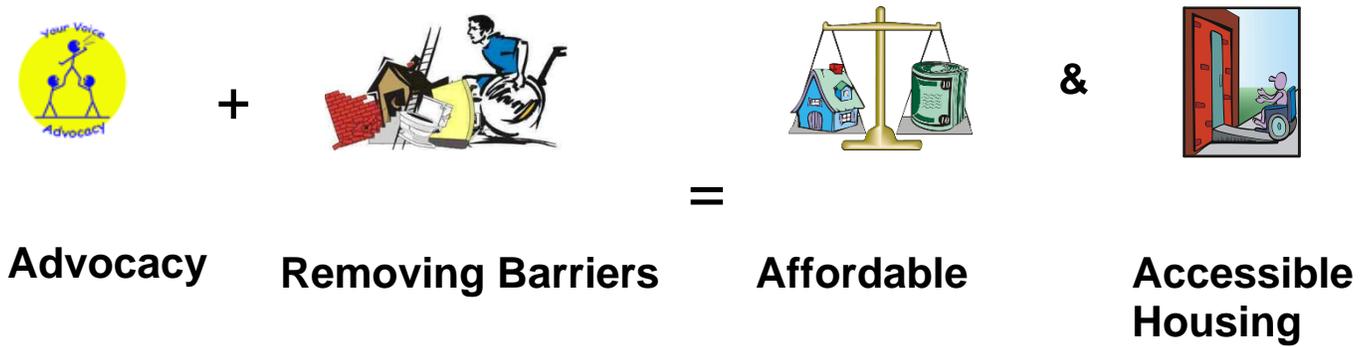
Housing vouchers are used to help pay part of a person's rent. You have to meet certain guidelines and sign up on a waiting list in your community. These waiting lists are long and do not open often. There are not enough housing choice or 811 vouchers in the state to help everyone who is low income and/or has an I/DD.



What does the Council plan to do?

- Help Michigan State Housing Development Authority (MSHDA) get more Housing Choice vouchers (to help low income families get rental housing) and HUD 811 vouchers (help people with I/DD get rental housing)
- Educate federal policymakers on the need for more funding for Housing Choice and 811 vouchers
- Draft legislative and policy positions that help get more accessible, affordable and inclusive housing

- Work with MSHDA to educate people with I/DD on their housing options
- Participate in public forums about Home and Community Based Services guidelines



What does the Council hope to achieve?

An increase in accessible and affordable housing, and housing vouchers in Michigan, so more people with I/DD can live in community inclusive settings.

Home and Community-Based Services

Within broad Federal guidelines, states can develop Home and Community-Based Services (HCBS) waivers to meet the needs of people who prefer to get long-term care services and supports in their home or community, rather than in an institutional setting. Mandated by Centers for Medicare and Medicaid Services, States must establish certain characteristics that demonstrate community inclusion with a strong emphasis on eliminating segregation of people with Intellectual and/or Developmental Disabilities (I/DD) from the general population. States have until March 17, 2019 to implement their federally approved state plan that demonstrate community inclusion.

Position

The Michigan Developmental Disabilities Council (Council) endorses full community inclusion for people with I/DD. This includes access to transportation, fully integrated and competitive employment, entertainment, shopping, medical care, as well as supports and services as needed to achieve these outcomes.

Action Plan

The Council will continue to work with the Michigan Department of Health and Human Services (MDHHS) to make sure that the HCBS rules are completed so people with I/DD will have the option to live their lives as they choose.

This includes:

- Person-Centered Plans (PCP) with most of the input from the person who the plan is being created for
- People with I/DD will have the supports and services needed to fulfill the PCP
- A person is fully included in his/her community
- Employment options and strategies that lead to fully integrated and competitive employment, and expected outcomes set by the individual

Targeted Outcome

Work with MDHHS to ensure compliance with HCBS, so that people with I/DD will have the option to live their lives as they choose.

Home and Community Based Services

What is the problem?

The Centers for Medicare and Medicaid Services (CMS) told the states that they had to follow new rules affecting Home and Community-Based Services (HCBS). In Michigan, people receiving HCBS services offered through 1915(b) and 1915(c) waivers, have to receive their services in community settings. The rule also stated that all settings (a place where a person lives, for example group home, adult foster care home, and nursing home) that receive Medicaid funding must reflect a community setting outlined in the HCBS rules. These settings also have to make sure that people with Intellectual and/or Developmental Disabilities (I/DD) are included in their communities and not separated from it.



+



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Setting + **Medicaid money** = **community inclusion**
(A place where you live)

As a result of the rule, each state had to come up with a plan on how they would make sure each setting follows the new rule. This is called a transition plan. All states have until March 17, 2019 to make sure their federally approved state plan is carried out. Michigan is working with CMS to change the plan they submitted to make sure that it follows all the guidelines.



What does the Council plan to do?

The Council will continue to work with the MDHHS to make sure that the HCBS rules are completed so people with I/DD will have the option to live their lives as they choose.

This includes:

- Person-Centered Plans (PCP) with most of the input from the person who the plan is being created for
- People with I/DD will have the supports and services needed to fulfill the PCP
- A person is fully included in his/her community
- Employment options and strategies that lead to fully integrated and competitive employment, and expected outcomes set by the individual

What does the Council hope to achieve?

People with I/DD will be included in their communities.

This includes:

- Access to transportation 
- Fully integrated and competitive employment 
- Entertainment 
- Shopping 
- Medical care 
- Supports and services needed to achieve these outcomes

1115 Demonstration Project

Michigan has multiple 1915 waivers that cover persons with Severe Mental Illness, Substance Use Disorders, Intellectual/Developmental Disabilities(I/DD), and Children with Severe Emotional Disturbance, all of which are due to expire in 2016. Michigan sent a request to the Centers for Medicare and Medicaid Services (CMS) for permission to combine these assorted 1915 waivers under a unified 1115 Demonstration Project waiver. At the time of drafting this Public Policy Platform, the transition plan and demonstration project were not approved by CMS; the department is working closely with CMS to gain final approval. In the meantime, CMS has granted extensions of the multiple 1915 waivers. Rationalization for the demonstration project shared with CMS includes:

- Establish seamless coordinated care
- Improve the overall population health objectives (for waiver recipients)
- Increase department competences
- Increase the ability to track cost indicators as they relate to quality and cost of services provided
- Better coordination of services including behavior and physical health, reporting, and maintaining Michigan's robust coverages

As this demonstration project continues to move forward, it is imperative that consumers and stakeholders remain engaged, not only during the development of this project but throughout implementation as well.

Position

The Michigan Developmental Disabilities Council (Council) supports the consolidation of the multiple 1915 waivers into an 1115 Demonstration Project Waiver on the following premise:

- Under the tracking of coordinated care, there is an emphasis on tracking and ensuring statewide consistency in Individual Plans Of Service (IPOS), Person-Centered Plans (PCP)
- There are no reductions in quality or quantity of supports and services, but rather increased services and supports that promote full community inclusiveness, robust IPOS and PCPs that are driven by the individual's wants and desires. There are also reporting mechanisms that are free from any conflict of interest, and oversight protections that ensure all available services and supports a person

is eligible to receive are made available and implemented to the level of satisfaction of the beneficiary

Action Plan

Work with the Michigan Department of Health and Human Services (MDHHS) to ensure the wavier:

- Will provide personal care and Long-Term Services and Supports (LTSS) including options for both self-direction/determination models, including the use of fiscal intermediaries
- Wavier participants will have the opportunities for both employer and budget authority
- Participants can control their individual budget for all services or can direct a single service for which participant direction is option
- Participants may direct the budget and directly contract with chosen providers

Targeted Outcome

The implementation of the 1115 Demonstration Project is done so in a manner that eliminates the great discrepancies in IPOSs and PCPs throughout Michigan. In addition, all reporting and data collection has strict conflict of interest mechanisms to ensure the data harvested is accurate and free of “filtering.”

With the implementation of the 1115 Demonstration Project, there is enhanced oversight to ensure that people with Intellectual and/or Developmental Disabilities have all supports and services desired by the beneficiary included in their PCP to achieve their desired outcomes and goals, which may include competitive, integrated employment. The plan development also must be free of any conflicts of interest and the individual is at the center of the plan development.

Expand Access to Adult Dental Oral Healthcare

Few dentists in Michigan accept Medicaid patients because the reimbursement rate is too low. According to research provided from Michigan Council for Maternal and Child Health (MCMCH), there are dental care shortages in 76 of Michigan's 83 counties.

During the budget process, over the past several years, language has been proposed to address this issue by expanding the general fund dollars available to increase provider reimbursement rates. These attempts at increasing reimbursement rates have not been adopted in the final state budget.

Action Plan

- Educate policymakers on the importance of adult dental services
- Encourage advocates to share their stories on the need for adult dental services
- Work with the Oral Health Coalition and MCMCH to advocate for increased access and coverage for adult dental services
- Gather data and produce talking points for advocates

Targeted Outcome

Michigan Medicaid reimbursement for dental health providers would be increased through the state budget process for adult dental Medicaid beneficiaries.

Expand Access to Adult Dental Oral Healthcare

What is the issue?

The state doesn't pay dentists enough for treating people who are on Medicaid. Dentists don't get enough money to cover their services, so a lot of dental providers do not want to take on patients who have Medicaid.



To solve this problem, the Michigan Senate introduced language in the state budget that would raise the rates on how much money dental providers get from the state. However, it did not make it into the state budget.



What is Medicaid?



Medicaid is healthcare for people who are low income and/or people with Intellectual and/or Developmental Disabilities. Each state has an agreement with the federal government on how they will provide Medicaid benefits in their state.

This includes:

- Who can get Medicaid
- What healthcare services will be provided
- Reimbursement rate or how much money providers (doctors, dentist, people who provide medical services) will get from the state for treating patients who have Medicaid



What does the Council plan to do?

- Educate policymakers on the importance of adult dental services
- Encourage advocates to share their stories on the need for adult dental services
- Work with the Oral Health Coalition and other partners to advocate for increased access and coverage for adult dental services
- Gather data and create talking points for advocates on the need for adult dental services

What does the Council hope to achieve?

Increased Medicaid reimbursement rates for dental health providers.



Recruitment and Retention of Direct Support Workforce

P.A. 84 of 2015, Article X, Sec. 1009 required the Michigan Department of Health and Human Services (MDHHS) to establish a work group to address the issue of recruitment and retention of Direct Support Workers (DSW). The work group was comprised of providers, agencies, stakeholders, advocates, and people with Intellectual and/or Developmental Disabilities (I/DD).

Historically, DSW have high turnover rates, low pay, and long hours. Those needing services and supports go without adequate assistance. The work group met over the period of several months and identified many critical areas, which should be addressed to greatly improve the number of available DSW as well as provide competitive wages.

Action Plan

- Educate policymakers on the findings of the work group's report
- Work with other advocacy organizations such as Michigan Disability Rights Coalition, United Cerebral Palsy of Michigan, Paraprofessional Health Institute, Arc of Michigan, and others to develop strategic outreach efforts and provide talking points when applicable
- Help coordinate meetings with legislators to educate them on the importance of increasing funding for DSW
- Develop information handouts on what DSW do to help people needing supports and services

Targeted Outcome

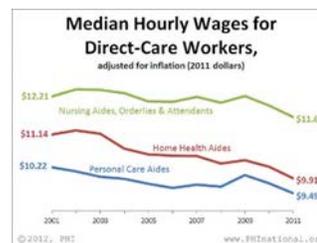
To have the state implement the recommendations of the work group's report to increase wages, establish community outreach and education materials, unify training and certification of staff, and work towards changing laws that prohibit people with past indiscretions from working as a DSW.

Getting More and Keeping a Direct Support Workforce

What is the issue?

Direct Support Workers (DSW), who support people with Intellectual and/or Developmental Disabilities (I/DD) and the elderly, work long hours, and are not paid for overtime or vacation. A lot of DSW leave their jobs. Most DSW are:

- Not paid enough
- Work long hours
- Get no overtime pay
- Get no vacation pay
- Get no time off



A lot of positions for DSW are left empty leaving people with I/DD and elderly without help. As a result, MDHHS established a work group to address the issue of recruitment and retention of DSWs.



What does the Council plan to do?

- Coordinate advocacy and outreach efforts to educate policymakers on the findings of the work group's report
- Work with other advocacy organizations such as Michigan Disability Rights Coalition, United Cerebral Palsy of Michigan, Paraprofessional Health Institute, Arc of Michigan, and others to develop outreach efforts and provide talking points
- Help coordinate meetings with legislators to educate them on the importance of increasing funding for DSW
- Develop informational handouts on what DSW do to help people needing supports and services

What does the Council hope to achieve?

The Council supports increasing wages and overtime pay for DSW. The Council would like the state to carry out the suggestions of the work group's report to:



- Increase wages
- Increase pay for overtime and vacation
- Establish community outreach and education materials
- Bring together training and certification of staff



Work towards changing laws that prevent some people from working as a DSW

