Report on Michigan for VOR
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November 2015: Michigan Department of HHS warns against the inappropriate use of the Supports Intensity Scale and other assessment tools

Assessment tools that are inappropriately and arbitrarily used to restrict needed services, supplant Medicaid "medical necessity" criteria, and to achieve budget reductions are not allowable by the Michigan Behavioral Health and Developmental Disabilities Administration.

The spokesman for the DHHS said that, "With regards to determining medical necessity, I am not aware that any of the assessments or tools in use or proposed for use have any normed or research supported basis for determining an individual's medical necessity for services and supports."

The DHHS encourages the use of the SIS as an assessment tool with the consent of the individual but advises that it should not be tied to medical necessity criteria and the authorization of services.

December 2015: Michigan releases revised HCBS Transition Plan for public comment; my comments were posted on The DD News Blog on January 21, 2016

My general comment regarding the State Transition Plan was that the State should interpret the federal Home and Community-Based Services (HCBS) rule in a way that respects the individual differences and preferences of the people receiving waiver services.

"…Will the state implement the rule with enough flexibility to avoid imposing changes on disabled people and their families that are unwanted or conflict with the safety, welfare, and medical needs of the individual? To what degree will people with disabilities and their families continue to be the primary decision makers as described in the federal Development Disabilities Assistance and Bill of Rights Act…"

January 2016: The Flint Water Crisis

When Flint changed its water supply in April 2014 under an emergency manager who was brought in to resolve the financial crisis in the city, the people in charge decided to save a little money by not adding phosphate to Flint River water. Phosphate prevents the corrosion of old pipes that otherwise leach lead into the water supply. By spending a little extra money on adding phosphate, the state-appointed emergency manager could have prevented the disaster that followed.

Links to the sordid story of how Flint's children were exposed to unacceptable levels of lead in their drinking water and the consequences of lead poisoning can be found at the Detroit Free Press:
http://www.freep.com/news/flint-water-crisis/

March 2016: Michigan reverses course on privatization of the mental health system

When the Michigan budget for Fiscal Year 2017 was released earlier this year, it included the now infamous Section 298 that would have turned Medicaid funding over to Medicaid Health Plans that would have in turn contracted with local community mental health agencies to provide services to people with developmental disabilities, mental illness, and other disabilities. It was not clear for how long or to what

extent the Medicaid Health Plans were mandated to use the CMH agencies to provide services people with developmental and other disabilities.

Currently, mental health services are funded separately as a “carve-out” to assure that these vulnerable populations are taken care of appropriately. The Michigan Department of Health and Human Services contracts with regional administrative community mental health agencies (PIHPs) that distribute funds to local CMH agencies to provide services. PIHPs would have been eliminated and Medicaid Health Plans, many of them for-profit, would have taken over, reducing the amount in the total budget available for services. The difference in overhead with the current PIHP System is striking: for Medicaid Health Plans, overhead costs for administering these plans is 15 - 17 % of the total funding; in contrast, the Michigan PIHP system costs for overhead are only 6%.

By March 3, 2016, there was enough of an uproar over the proposed budget that the Michigan House Subcommittee on Judiciary and the Department of Community Health changed course and formed workgroups to study the problem before making drastic changes.

May 2016: Workgroup Recommendations on Direct Support Professionals

A “Workgroup on the Direct Support Workforce” was mandated by the Michigan legislature in 2015. It has issued a report http://www.lsre.org/Websites/lrptest/files/Content/5472898/05_1009_Final_.pdf that concludes that the direct support workforce for people with intellectual and developmental disabilities, mental illness, and substance abuse disorders is not stable. Employers, including disabled people who use self-determination to hire their own workers, are not able to recruit or retain competent direct support workers.

In the face of increased staff vacancies, the Workgroup recommended that DSPs earn at least two dollars per hour above minimum wage and that immediate steps be taken to allow DSPs to earn paid leave.

April 2016: The Michigan DD Council supports legislation to eliminate sub-minimum wage certificates for people with disabilities

Sub-minimum wages are used most often in sheltered workshops or other work settings for people who are not as productive as people without disabilities and for people who are unable to compete in “integrated, competitive work settings”. The sub-minimum wage allows providers to hire people to work in programs that many people prefer and rely on. Eliminating sub-minimum wages will result in the closure of specialized facility-based work programs and no alternative to subsidize these programs differently has been proposed.

The DD Council is in effect recommending to eliminate a choice for people who need and desire these programs and replacing them with assertions that everyone can work in integrated, competitive employment. As a member of the Michigan DD Council, I voted against the proposal, but the majority voted for it.