The newest Michigan Partners for Freedom Local Leaders are now equipped to enhance demand for self-determination in Kalamazoo.

On April 20, seven individuals attended a full day training and covered the Five W's of being a Local Leader (see page 2) and reviewed the importance of Michigan’s self-determination movement and discussed venues for their presentations. They are officially ready to spread the word and talk of freedom!

Spring & Summer 2009

March - Bay City Community Training, AAIDD Conference

April - Kalamazoo Local Leader Training, Jackson presentation

May - Lenawee Local Leader Training

June - Bay City Local Leader Training, Arc Michigan Conference - Sterling Heights

For more information, call Sherri Boyd (800) 292-7851

July 17 & 18 - Local Leaders Summit Midland, Northwood University
How are services and supports in Michigan funded?

Answers Local Leaders Know
The Five W’s of Local Leaders

WHO should you be connecting with to enhance self-determination?

WHAT can you do as a Local Leader?

WHEN is the right time?

WHERE is the right place?

WHY is self-determination important?

Two Local Michigan Newspapers Feature Two Local Leaders

The Detroit Free Press called Kim Rosario “a public speaker (who) teaches others to focus on the best” while the Flint News said Eric Thomas is “a man (who) hopes sharing his trials and tribulations will help others.” Both Kim and Eric are Local Leaders with Michigan Partners for Freedom. Each talk about their life and their disability—both with strong messages about trust and belief in oneself. Visit the (Stories and Thoughts about Self-Determination) page on the www.mifreedom.org Web site.
Self-Determination: This I believe...

Glossary of Terms

1. The Michigan Department of Community Health is one of 20 departments in state government and is responsible for health policy and management of the publicly-funded health service systems.

2. Michigan’s 1915 (b) waiver—forms Michigan Managed care

Section 1915 of the Social Security Act authorizes the U.S. Department of Health and Human Services to waive certain Medicaid requirements to cover a broad array of home and community-based services as an alternative to institutionalization.

3. Prepaid Inpatient Health Plans (PIHP) – Michigan has 18 PIHPs that manage the Medicaid services in their geographical

4. Community Mental Health Services Programs (CMH)— There are 46 Community Mental Health Services Program that provide services in Michigan

5. Centers for Medicare and Medicaid Services – Federal partner administering Medicaid dollars in partnership with states

Self-determination and the Application for Renewal and Recommitment

I believe we have a new hope and a new opportunity to see self-determination move forward and deliver on the promise it holds for persons served by the public mental health system in Michigan.

The Department of Community Health (1) has released the Application for Renewal and Recommitment (ARR). This application is a part of what they term “Focusing a Partnership for Renewal and Recommitment to Quality and Community in the Michigan Public Mental Health System.”

The department is using the pending renewal of Michigan’s 1915 (b) waiver (2) June, 09) to seek and affirm that Prepaid Impatient Health Plans (PIHP) (3) and their respective Community Mental Health Services Programs CMHSP’s (4) intend to live up to the promise made in 2000, under our Revised Plan for procurement of Medicaid Specialty Health Plans. In fact, it incorporates the Application for Participation (AFP) which each PIHP and CMHSP submitted as part of the original waiver request. In the original waiver submission, Michigan promised the Centers for Medicare and Medicaid Services (5) that they would select local managing entities which promote beneficiary freedom, participation and integration as well as choices and community inclusion.

The ARR stresses the importance of the PIHP’s “supporting greater personal autonomy, control and direction of the course of people’s lives that require assistance from the public mental health system.”

One of the specific items of the ARR is a request for data on key areas. One of these is, “Improved access to self-determination (SD) and independent facilitation of person-centered planning”. What is expected is that PIHP’s will use the data to work with their CMHSP’s to develop and implement PIHP wide plans to result in ongoing measurable improvements to assure the equity of opportunity and outcomes across the CMHSP’s. The ARR goes on to say that for certain topics, PCP, SD and integrated employment among them, MDCH has raised expectations of PIHP performance.

Another focus of the ARR is around the options and mechanisms to “facilitate choice and control.” It cites the federal Balanced Budget Amendment requirements that entitle individuals to their choice of Medicaid providers. It goes on to say that “Maximum choice and control is often obtained through arrangements that support self-determination, enabling the individual to control his/her access to provider arrangements and specifically tailored service options through the control of an individual budget.”

Dohn Hoyle is the Executive Director of The Arc Michigan and a long-time advocate for the rights of people with disabilities.

Finally, the ARR calls for “All individuals in each CMHSP and across every PIHP to be fully informed of, and provided expanding opportunities to choose to participate in, consistent and easy access to arrangements that support self-determination”. The implementation and measurement of this expectation will be through a quality improvement plan which calls for milestones and time frames for improving the PCP experience and outcomes for persons with developmental disabilities and mental illness so that current practices can be improved and which addresses the challenges and opportunities for improving access to SD arrangements, fiscal intermediaries and independent facilitation of PCPs. DCH expects that plans will address penetration (percentages) of individuals using SD arrangements and opportunities for independent facilitation of PCPs for each year of the improvement plan. When this is combined with the new expectation and requirement for involvement of individuals, parents and advocates it does indeed represent an opportunity.

Involvement is described at all steps of the process, from designing the support and service offerings, to developing the improvement plan and measuring progress. Together, the involvement of the previously mentioned stakeholders with the expectations in the ARR, self-determination should be jump-started from its current malaise.

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