



2025 Advocacy Priorities

Medicaid

Medicaid is a joint federal and state program that provides health insurance and access to long-term care to more than 2.6 million Michiganders, including:

- Around **37% of Michiganders with disabilities** under the age of 65
- Around **40% of Michigan children**
- More than **266,000 adults** receiving long-term supports and services

Cuts are being considered at the federal level. The devastating impact of Medicaid cuts would mean:

- **Shifting Costs to Michigan Families** – It would force the state to raise taxes or reduce services, straining already tight local budgets.
- **HCBS at Risk** – Michigan spends only 29.4% of Medicaid long-term services and supports (LTSS) on HCBS (Home & Community-Based Services), compared to the national average of 53.3%.
- **Reductions in HCBS funding** would force even more people into institutions instead of allowing them to live at home.
- **Threat to Independence** – Losing Medicaid funding means fewer job supports, fewer assistive devices, fewer resources for everyday life.
- **A Weakened Workforce & Economy** Cuts don't just hurt individuals—they shrink our health care workforce, close facilities, and weaken Michigan's economy.
- For more information about the impact of Medicaid cuts click [here](#).

The Arc Michigan is working with local Arc Chapters, the Arc U.S., and other state, and national organizations to educate legislators about the impact any Medicaid cuts would have on their constituents in Michigan.

Direct Care Workers (DCWs)

The Direct Care Workforce crisis continues to be a pain-point for many individuals living with disabilities and their family members. The Arc Michigan continues to prioritize advocating for increased compensation for this workforce, as they are the ones who

continue to serve as the backbone to our state's behavioral health system, by supporting, empowering, and caring for our most vulnerable.

The Arc Michigan continues to facilitate a [coalition](#) consisting of 14 state-wide disability advocacy agencies as well as disability service provider organizations that focus on increasing state Medicaid funding to offer higher wages for direct care workers. In Michigan, DCWs bring home very small paychecks, and often have no benefits. While direct care workers received a \$0.20 per hour wage increase in 2025 Fiscal Budget, in addition to maintaining the \$3.20, ***the average starting wage of a DCW in 2025 is still under \$16.00 per hour.***

DCW Wage Coalition's current efforts include:

- Urging our state lawmakers to increase DCW wages to a \$20/hour starting wage for the state's 50,000 DCWs who work within the behavioral health system. This would require a total general fund budget expenditure of \$100 million in the Fiscal Year 2026 state budget. See our coalition's full position statement [here](#).
- Recommending that the Michigan Department of Health and Human Services (MDHHS) establish uniform contractual standards for behavioral health providers funded through the Prepaid Inpatient Health Plan (PIHP)/Community Mental Health Services Program (CMHSP) system. These standards should include uniform training requirements and reciprocity, claims and billing procedures, quality assurance standards, record retention requirements, documentation of services provided including progress notes, and audit requirements. A full list of our administrative efficiencies can be found [here](#).

In addition to facilitating the Wage Coalition, The Arc Michigan also actively participates in the State of Michigan's Direct Care Workforce Advisory Committee, Care Can't Wait Michigan and the Olmstead Coalition to advocate for and support DCWs.

Education

It is important that The Arc Michigan Education Committee is aware of and provides input when changes to Michigan Administrative Rules for Special Education (MARSE) or when Michigan or federal education legislation is proposed that impacts students with disabilities.

- The Education Committee discusses relevant education topics, including reviewing and studying Michigan Department of Education, Office of Special Education guidance, proposed changes to the Michigan Administrative Rules for

Special Education (MARSE), and proposed Michigan and federal education legislation. The committee provides public comment as appropriate. The committee develops and updates The Arc Michigan Position Statements related to education. Committee members share the above information with their organizations to further advocacy efforts. <https://arcmi.org/public-policy/education-committee/>

There is much concern about protecting the rights of individuals with disabilities who are protected under the Individuals with Disabilities Education Act (IDEA) and Section 504 of the Rehabilitation Act of 1973 given the current administration's priorities and actions that are being taken across the country impacting students with disabilities.

- The [Individuals with Disabilities Education Act \(IDEA\)](#) is the federal law that guarantees all eligible students with disabilities a free appropriate public education (FAPE) in the least restrictive environment (LRE). The IDEA protects the rights of students who receive special education and related services and their parents.
- The U.S. Department of Education (ED) provides funding to states to help them meet their obligations under the IDEA and issues regulations and guidance, so states understand how to follow IDEA provisions. ED provides oversight to ensure that IDEA is implemented consistently, and the rights of students and parents are protected in a consistent manner. The ED gathers data from states regarding compliance and result indicators and provide specialized technical assistance to states that need it to ensure that states are complying with IDEA requirements.
- The IDEA existed before the U.S. Department of Education was established. If the ED is eliminated, the IDEA remains in place as federal law, but there may be cuts in federal funding and a loss of federal oversight for compliance that could impact students receiving special education and related services who are entitled to a FAPE.

[Section 504 of the Rehabilitation Act of 1973](#) is a federal law that prohibits discrimination against individuals with disabilities. Section 504 applies to employers and organizations that receive federal financial assistance, including hospitals, nursing homes, mental health centers, human services agencies, public school districts, institutions of higher education, and other state and local agencies.

- In education, Section 504 requires schools to provide reasonable accommodations, ensure equal access to educational opportunities, and provide a free appropriate public education (FAPE) for qualified students with disabilities.

- Currently, the [Texas v. Becerra](#) lawsuit filed against the US government by 17 states seeks to invalidate Section 504 and do away with Section 504 regulations in areas like healthcare, education, employment, housing, and transportation. Attorneys General in the 17 states are stating that Section 504 should only protect people against discrimination in certain areas under the Rehabilitation Act, like vocational rehabilitation services, and not other areas where Section 504 has always applied, such as health, education, and housing. The lawsuit describes regulations related to community integration and [Olmstead](#) as an unconstitutional application of Section 504. The integration regulation protects our rights to participate in our community with supports, instead of being segregated in institutions or separate classrooms.
- While Michigan is not included in this lawsuit, if successful the Attorneys General action would invalidate student's rights to a Section 504 plan in school that ensures their FAPE and equal access to educational opportunities.

Person-Centered Planning, Self-Determination, Independent Facilitation

Inconsistency in access to, and implementation of, Person and Family-Centered Planning, Self-Directed Service Arrangements and Independent Facilitation must be addressed by MDHHS. The Arc supports a statewide effort aimed at improving current systems, as well as improving individual/family experiences for those served within the Public Behavioral Health System.

- The Arc Michigan [interviews](#) people with disabilities and family members about their experience with person-centered planning during the MDHHS site reviews to improve services at CMHSPs.
- We facilitate [Partners Advancing Self-Determination](#) which works to improve self-directed services policy on the state and local levels.
- Arc Michigan staff also maintain the Person-Centered Planning & Self-Determination [Help Desk](#) which answers questions people may have about self-directed services and person-centered planning.
- Arc Michigan staff participate in the MDHHS Independent Facilitation Workgroup, which is an effort to further use of Independent Facilitation across Michigan through policy change and training.

- Arc Michigan staff participate in the MDHHS Self-Determination Design Team, which is an effort to improve Self-Directed practices across programs under MDHHS.
- Additionally, the Arc Michigan helps to plan MDHHS' annual Self-Determination Conference.

Specialty Behavioral Health Services

In late 2025 or early 2026, after collecting input from stakeholders, the Michigan Department of Health and Human Services (MDHHS) will ask for proposals for new contracts to administer specialty behavioral health services for people enrolled in Medicaid.

- The Arc Michigan is closely monitoring this process, helping to collect input, and meeting regularly with MDHHS leadership.

Statewide Service Discrepancies

The state-funded behavioral health system **must eliminate statewide discrepancies in the availability of services and supports**. Where you live cannot determine the quality or scope of services and supports. Significant inequalities across the state are found in person-centered and family-driven/youth-guided planning, self-directed services and supports, and criteria for priority service and CMHSP pre-admission screening determinations. Existing discrepancies must be eradicated for statewide equity and quality.

- The Arc Michigan participates in a Statewide Advocacy Group that is focused on this issue, and data will continue to be collected during site reviews.
- The Arc Michigan is monitoring developments at MDHHS (Michigan Department of Health and Human Services) and its Executive Director meets monthly with staff from BPHASA.

Supported Decision-Making

Far too often guardianship is granted in the courts of our state as a matter of course when no evidence of a need for guardianship has been presented or argued. **From recently collected court data, it appears that petitions for guardianship are granted almost 100% of the time.**

- The Arc Michigan will actively support legislation requiring a finding on the record of the necessity of guardianship before a guardian can be appointed and that the

record shows the court has considered whether the individual's needs may be met without the appointment of a guardian through other supports, services, and alternatives.

- To implement actions, and engage services, which are consistent with a person's wants and needs, a Guardian must meet regularly with their ward to ask, see for themselves, and establish what those wants and needs are.
 - ✓ The Arc Michigan will actively support legislation mandating regular meetings between guardians and their wards.
- People with Developmental Disabilities deserve equal treatment under the law. The current laws of the [Mental Health Code](#), under which most guardianships for people with developmental disabilities fall, does not provide the same protections that people receive under [Estates and Protected Individuals Code](#) (EPIC).
 - ✓ We will advocate for parity between the laws of guardians EPIC and under the Mental Health Code.
 - ✓ We will monitor the development of supported decision-making legislation and advocate as needed.

Issues We Monitor

Home Help and Electronic Visit Verification

Home Help is the Medicaid State Plan Personal Care Program that provides in-home services to those who qualify for assistance with Activities of Daily Living (ADLs), which include eating or feeding, using the bathroom, bathing, grooming, dressing, transferring, and mobility. If the individual qualifies for assistance with ADLs, then they may also get assistance with Instrumental Activities of Daily Living (IADLs), which are: taking medication, meal preparation, laundry, housework, and shopping.

- We will continue to advocate for closing wage disparities between individual direct care workers (DCW) in Home Help and those providing supports and services in other Medicaid funded programs.

The Electronic Visit Verification (EVV) process is underway in the state. The Cures Act, enacted by the U.S. Congress in 2016, added Section 1903(I) to the Social Security Act to require all states to use EVV for Personal Care Services (PCS) provided under a Medicaid State Plan. EVV is a technology-based application that is intended to be used to validate that PCS have been completed for an authorized beneficiary.

- We have continued monitoring its roll out and are advocating for those who it will directly impact to ensure ease of use, accuracy, flexibility, and accessibility.

Funding

Our public mental health system is underfunded. Additionally, state law requires CMHSPs to be the safety net for persons who have nowhere else to turn and those who have no insurance. The current system leaves many non-Medicaid individuals with unmet needs, they are not given the proper consideration for eligibility, are placed on waiting lists, and left without services or assistance from anyone. An increase in general fund dollars and working to **ensure sufficient funding** for our public mental health system must be a priority.

Supplemental Security Income (SSI)

Currently individual SSI recipients may not have more than \$2,000 in assets. An SSI eligible couple may have no more than \$3,000 in assets. Asset limits have not been raised since 1989, and that increase only partially offset the effects of inflation up to that point. These asset limits do not allow people to save for the kinds of emergencies we all face, like having to move, or a furnace that needs to be replaced, or even some auto repairs.

Currently individuals receiving SSI get a Federal Benefit Rate of \$967 per month. An amount that is below the federal poverty rate and would not even cover rent in many areas of the state. A couple who both qualify for SSI get \$1,450 a month, or about 1 and a half times the individual rate.

- We will continue to support the advocacy work of the Arc of the US to protect this program and support legislation that would improve the financial security of individuals with disabilities by:
 - ✓ Increasing the asset limit.
 - ✓ Raising the Federal Benefit Rate to make it equal with the federal poverty rate, and index increases to inflation.
 - ✓ Making the rate for couples twice the individual rate, eliminating the marriage penalty for an eligible couple.

Conflict-Free Case Management

- CMS has approved BPHASA's (Behavioral, Physical Health, and Aging Services Administration) implementation plan to meet the rules for Conflict-Free Case Management. The Arc Michigan will monitor implementation activity.