



## 2022 Advocacy Priorities

### Behavioral Health Integration

We are facing a renewed **attempt in the Michigan legislature to privatize our state's public behavioral health care system**. Although the existing CMH system is far from perfect, privatization would put profits ahead of what is in the best interest of the more than 300,000 Michiganders with mental health and/or developmental disabilities who rely on the critical supports and services the current system provides. Privatization would mean less person-centeredness, less choice, and greatly reduced financial transparency.

- ✓ The Arc MI is working intently with other state-level advocacy organizations to address this issue. Here is our list of [changes](#) needed in our public mental health system. See the Michigan Behavioral Health Coalition's [website](#) for more information.
- ✓ Senator Shirkey's bills [SB 597](#), [SB 598](#), [SB 714](#)

### Waiver Renewals

- Michigan Department of Health and Human Services (MDHHS) must find alternatives to the 1115 Waiver to replace existing unrenewable waivers. **Extension of, and some additions to, the waiver will be made, and it will be opened back up to public comment.** The Arc Michigan will need to follow this work and monitor the Department's efforts to **prevent any decrease in current supports and services** and potentially alleviate some spend-down issues.
  - ✓ The Arc Michigan is monitoring developments at MDHHS and its Executive Director meets monthly with the Director of Quality Management at BHDDA.

## Services

- Addressing the **direct care work force crisis** is imperative. We must prioritize increasing the compensation for this most important and critical component of supports and services to persons with developmental disabilities.
  - ✓ The Arc Michigan facilitates a coalition of state-wide disability advocacy, disability rights and disability service provider organizations focused on increasing Medicaid funding to increase the wages of direct care workers who provide supports to people who receive services via Michigan's Community Mental Health system. A current effort of the coalition is to advocate for using federal American Rescue Plan Act (ARPA) funding, which includes funds specifically for Home and Community Based Services (HCBS), to address the direct care worker shortage. We also participate in the State of Michigan's Direct Care Workforce Advisory Committee. Additionally, we are involved in a new initiative, led by IMPART Alliance and PHI, which is seeking long-term solutions to the staffing crisis.
- **Adult 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.
  - ✓ The department has recently issued Policy Proposal [2132-HH](#). This proposal limits any Home Help provider to 40 hours per week for any individual. We provided comments opposing this proposal. MDHHS is currently reviewing this policy.
  - ✓ We are looking into ways to address the wage disparity between individual direct care workers (DCW) in Home Help and those providing supports and services in other Medicaid funded programs. This wage disparity creates situations where some of the hours a DCW provides for an individual are paid at a lower rate.
- 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.
- **Conflict-free case management** is supposed to be a reality in Michigan. However, efforts to make it so have been suspended for a few years. Many of the problems we encounter would have been alleviated if we truly had conflict-free case management.
  - ✓ We ask that MDHHS restart a work group that includes people with disabilities, family members, and advocates to address this issue. This group has been restarted and the Arc Michigan is participating in this group. This is also an issue being worked on by a Statewide Advocacy Group, in which the Arc Michigan participates.

## **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.
  - ✓ The Arc Michigan supports various efforts to alleviate **spend-down issues**, whether using a 1915(i) Waiver, additional mental health funding, or a change in the protected income level.

## **State SSI Supplement**

- Given the low rate of SSI payments and the poverty in which people with disabilities find themselves, it is time to reinstate the state supplemental payment. It was decreased some time ago when economy was bad with the promise to

increase it when things got better. Increase to what the amount was and adjust to inflation.

## Freedom to Work

- Freedom to Work Medicaid (FTW) is the Medicaid Buy-In Program in the state of Michigan. This program allows individuals with disabilities to qualify to receive Medicaid, though they have higher levels of earnings from work and higher resource (asset) levels than is allowed with SSI related Medicaid.

Eligibility for FTW extends only to age 65, when the individual would qualify for Medicare. The problem is that many people with disabilities require attendant care services to work, and Medicare does not provide those services. Additionally, when an individual has FTW, they automatically qualify for the Low-Income Subsidy which pays the individuals Part D premium for prescription coverage. Without Medicaid to pay for these programs, some people find it impossible to work. Since it is becoming more and more common, and often necessary, for people to work past age 65, we are seeing this issue having an increasing impact on the lives of people we serve.

- ✓ The Arc Michigan supports a **policy fix to remove or amend the top age for accessing this program.**
- ✓ We've met with Rep. Kahle to discuss. She is following up.
- ✓ We met with Sen. Irwin who is developing legislation that would potentially **remove the age cap, remove the income cap on eligibility, raise the resource cap on eligibility, and eliminate the savings cap while on the program.** We support this effort and are working with partners to develop further support, bipartisanship, and testimony.

## HCBS Rules and Transition

- Advocacy regarding the Transition Plan and future **implementation of the Home and Community-Based Rules** is imperative. The deadline for compliance is 3/17/23. The deadline for submitting isolating settings that could not come into compliance with the rule is 10/31/21. The integration and inclusion of persons with developmental disabilities is a core value and must be a priority.
  - ✓ Arc Michigan's Executive Director is a member of MDHHS's Implementation Advisory Group and the Heightened Scrutiny Review Team.

## **Non-Discrimination in Health Care**

- Hospitals, other health care providers, and governing bodies **must respect the civil rights of all citizens**. This includes citizens with disabilities, particularly regarding equal access to quality health care, and especially in communities of color. The Covid-19 pandemic has shone a spotlight on discrimination and ableism inherent in our systems of care.
  - ✓ We are working to make sure individuals with disabilities are not discriminated against in the vaccine distribution and access.

## **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.
  - ✓ Additionally, the Arc Michigan helps to plan MDHHS' annual Self-Determination Conference.

## **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.
  - ✓ The Arc Michigan will actively support legislation requiring a finding on the record of the necessity of guardianship before a guardian can be appointed.
  - ✓ The Arc Michigan has supported a package of bills HB4847-HB4850 of 2021, initiated by the Elder Abuse Task Force (EATF), that would improve the rules for those whose guardianship falls under the [Estates and Protected Individuals Code \(EPIC\)](#). Specifically [HB4847](#) requires a finding on the record before the appointment of a guardian.

- ✓ Working with Supported Decision-Making Coalition and monitoring the Elder Abuse Taskforce.
- To implement actions, and engage services, that 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 requiring mandated regular meetings between guardians and their wards.
  - ✓ The Arc Michigan has supported a package of bills HB4847-HB4850 of 2021, initiated by the EATF that would improve the rules for those whose guardianship falls under EPIC. Specifically [HB 4848](#) mandates more frequent meetings of guardians with their wards.
- We will advocate for parity between the laws of guardianship under EPIC and under the [Mental Health Code](#).
  - ✓ In our support of the EATF package of bills we have also stated the need for equal treatment under the law and requested the reforms proposed by this legislation be extended to the Mental Health Code.

## **Education**

<https://arcmi.org/public-policy/education-committee/>