

MICHIGAN



"PROTECTING THE RIGHTS OF
PERSONS WITH DISABILITIES"

Elmer L. Cerano, *Executive Director*

**PROTECTION & ADVOCACY
SERVICE, INC.**

February 2, 2016

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AND VIA REGULAR MAIL

Eric Kurtz
Michigan Department of Health and Human Services
Bureau of Community Health
Behavioral Health/Developmental Disabilities Administration
320 South Walnut Street, Lewis Cass Building, 5th Floor
Lansing, MI 48913

**RE: Comments by Michigan Protection & Advocacy Service, Inc. (MPAS)
to Pathway to Integration 1115 Waiver Application**

Dear Mr. Kurtz:

Michigan Protection & Advocacy Service, Inc. (MPAS) is the designated protection and advocacy agency mandated to advocate for people with disabilities in the Great Lakes State. MPAS is pleased to submit the following comments on the proposed "Pathway to Integration" Section 1115 Medicaid Waiver Application.

1. MPAS supports the measurement of "linkages that directly impact social determinants of health" as a program outcome (page 6).
2. MPAS supports the continuation of all current services under the new waiver (page 9). The service array must clarify that assistive technology is included.
3. MPAS supports adding coverage for permanent supportive housing (page 9). Permanent supportive housing must be "independent" housing consistent with HCBS principles, i.e. is not congregated and tends not to isolate individuals.

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4. MPAS supports inclusion of services for people experiencing substance use disorders (page 11). The waiver must include language that preserves access to person-centered planning for individuals with co-occurring substance use disorder and developmental disability or serious mental illness since the ASAM criteria do not clearly specify how service planning occurs for these individuals. In addition, the waiver language must clarify that "emotional, behavioral, and cognitive conditions [preventing] beneficiaries benefiting from this level of care" are not interpreted to deny services to people with developmental disabilities or serious mental illness.
5. MPAS supports the maintenance of a single, public specialty support system (page 19) served by nonprofit organizations (pages 20, 26, 30, 31). There is no room in the tight budgetary landscape for the added cost of profit-driven services.
6. MPAS supports the use of independent external facilitation in determining services (page 36).
7. MPAS recommends addition of specific notice and support requirements to children and their families on the current SED waiver and children's waiver (page 26). These service recipients will move from a fee-for-service to a managed care model and may lose their service providers if the providers do not join the managed care organization under the new waiver. MDHHS must ensure that service recipients who lose their providers due to transition from fee-for-service to managed care are provided with adequate advance notice and all necessary supports to locate new providers.
8. MPAS recommends strengthening the consumer survey component of the waiver application (page 44) to be a structured participant evaluation along the lines of the participant evaluation conducted in the HCBS state transition process. The HCBS transition survey revealed a glaring discrepancy between the participant and provider responses. This information is important in evaluating the quality and implementation of waiver supports.
9. MPAS supports inclusion of a broad standard for evaluating practice guidelines, including "promising practices" (page 45).
10. MPAS endorses the comments by The Arc Michigan regarding site review and quality assurance (pages 47-48). Site review is an important component of the waiver. The quality standard that services "reflect the goals and preferences" of the individual is good, as are the standards that mandate compliance with person-centered planning, HCBS community standards, and conflict-free case management. The site reviews must be objective, frequent (annual), and include all participants, including 1915(b) service recipients. They should include longitudinal reviews and should add non-medical quality standards that reflect quality of life, such as achievement of competitive integrated employment.
11. MPAS recommends removing the equivocal qualifying language in the description of self-determination (pages 49-50).

12. MPAS recommends that the waiver proposal address critical barriers to community services, such as the regional and local disparities in person-centered planning and self-determination identified in The Arc Michigan's comments and the nature of countable income in determining Medicaid spend-downs.

The Pathway to Integration Waiver Application is one part of a remarkable confluence of laws and policies, including the new Home- and Community-Based Services (HCBS) regulations, the Workforce Innovation and Opportunity Act (WIOA), and the Achieving a Better Life Experience (ABLE) Act, presenting a rare opportunity to advance the equality and independence of persons with disabilities. MP AS urges all agencies to take full advantage of the opportunity presented.

For more information, please contact me or Mark McWilliams, (800) 288-5923, ecerano@mpas.org, mmcwill@mpas.org.

Sincerely,



Elmer L. Cerano
Executive Director

ELC/mm

cc: MPAS Board of Directors
MPAS PAIMI Advisory Council
Nick Lyon, Director DHHS
Lt. Governor Brian Calley
Ralph Lollar, CMS