The MondayUpdate

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Special Report

Beyond the basics; focus is on recent Medicaid proposed waiver

On April 28, 2003, the Director of the Michigan Department of Community Health (MDCH) hosted a public briefing on Michigan's proposed Medicaid adult benefits waiver.

According to the Governor's Medicaid web site – www.michiganmedicaid.org — the proposed waiver keeps in effect caretaker relatives' Medicaid benefits that were due to end this spring, with some changes. Certain relatives who are under 65 may be considered caretakers for people with disabilities.

The waiver requested from the federal government will, if granted, alter benefits for currently Medicaid-eligible adults under 65 years of age. Not only may this benefit those adults, many of whom may be caretakers for people with disabilities, but it may also generate millions in general fund savings, says the web site.

After the April 28 meeting, there was a period of public comment, during which the DD Council provided its input (see below).

After considering all comments, MDCH submitted the waiver proposal to the federal Centers for Medicare and Medicaid Services about June 1. The proposal also was placed on the web site listed above about the same time.

What prompted the waiver request? What were the comments from the public on the plan? What's at stake for people with disabilities and advocates around the state? In order to understand this often-complex series of events, the reader must return to the beginning of this latest chapter in Medicaid basics:

First, what is a waiver? In the case of the state's application for a waiver, it means asking the federal government to permit a change in Michigan's Medicaid program. The federal government provides about 50 percent of the money for Medicaid and closely monitors a state's use of that money. Any exception to the declared plan for spending the funds is a waiver.

Of interest to people

The proposed waiver submitted to the feds by Michigan on June 1 has several items of possible interest to people with disabilities, families and advocates. Among the items that would change if the waiver is granted are:

- A $3 co-payment would be required for a doctor's office visit. Same co-pay would apply to outpatient hospital visits and the services of a nurse practitioner;

- There would be a $10 co-pay for an optometrist and the same amount for non-preferred prescriptions;

- A $5 co-pay for preferred prescriptions:

- Dental and podiatry care, hearing aids and eyeglasses will no longer be covered;

- A $25 co-pay for visits to an emergency room that do not result in admission to the hospital.

After April 28, MDCH posted a series of questions to obtain input from anyone with an interest in the proposed waiver. This was divided into two comment periods. The first posed three questions for response, the second asked just one question. The DD Council made constructive, timely replies to each question. The Council also distributed the questions through its work groups, committees and web listserves, and encouraged individual responses to the questions.

Three questions answered

First round questions and summaries of DD Council responses:

Question 1. Is the proposed waiver consistent with the governor's goals of Medicaid reform?

The DD Council said the waiver seemed consistent with the goals and it approved of restoring Medicaid eligibility of relatives who are also caretakers. The DD Council's reasoning was that medical care for caretaker relatives reduces the number of uninsured citizens while containing costs and is consistent with the administration's stated goals.

What is not consistent are the cuts to Medicaid benefits in such important areas as dental, podiatry, hearing aids and eyeglasses. This jeopardizes the health and wellness of people with disabilities by denying them preventative care.

In general the Council said the waiver may cost the state more in the long by reducing or eliminating preventative care. The result can be acute care, which is far more costly.

The Council also said the impact of the waiver on people with disabilities could be harsh, because they often live on a low, fixed income; when people are forced to choose between food, housing and medical care, medical care may be last.

Question 2. If there were aspects of the waiver that you would change, what alternative strategies would you propose that would achieve the same cost savings?

The DD Council recommended providing coverage for preventative dental care, as well as hearing aids, glasses, chiropractic services and podiatry.

The Councils' reply also recommended contracting with urgent care clinics. Using such services would save money in the long run by avoiding life threatening situations and preventing serious conditions from developing.

Also, visits to an emergency room should not have to always result in hospital admission to be considered "necessary." Such a decision should be made by a physician, not Medicaid policy.

Question 3. What else should be considered, as the waiver is prepared?

The Council recommended reducing paperwork – a thorn in the side of many of the state's health and dental care providers - to encourage retention of those providers.

Another recommendation for reducing costs is through managed care expansion. There should be increased emphasis on cost containment and preventive care.

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Work toward eliminating the barriers to transportation, thus improving health care for all. Through improved local transportation, people with disabilities can better access health care facilities – doctors' offices, labs, pharmacies.

The DD Council recommended considering improved access to health care in rural areas of the state.

Special emphasis was placed on making certain effective estate recovery systems are designed in a way that helps prevent homelessness and promotes a safe environment for people with developmental disabilities upon the death of care providers such as parents.

The Council also suggested a careful examination of universal health care as an alternative to the current system.

A list of concerns

The second round question was, "What comments do you have on the draft Medicaid Benefits Waiver?" The DD Council replied with a list of concerns:

- Cost-sharing – The requirements for co-pays are not reasonable for people living at or below the federal poverty level. The Council suggested a cap on the total amount a person or a family would pay for medical costs.

- Private/employer insurance options – Here, the Council said it liked the idea of cost-sharing with the employee, the employer and government. It disagreed with the notion of having the government pay the employer's health insurance premium by sending the premium check to the employee and having him/her pay the employer. Why not just send the premium payment directly to the employer?

- Maintenance of coverage – This also deals with timely premium payments for employer-provided health insurance. To avoid cancellation of coverage because of missed premium payments the Council suggested regular payment plans or discounts for on-time payments.

Other issues in the second round response from the Council included promoting family planning to reduce birth defects; making certain that high quality drugs are available for Medicaid members; sparing vulnerable groups such as people with disabilities from further hardships by constructive and thoughtful reduction of the state's budget; and using tobacco settlement money exclusively for health care and/or prevention of tobacco use.

The Council concluded its response by offering to continue working with the department on the future of Medicaid policy in Michigan.

Medicaid is a complex and ever-changing program with vital outcomes for people with disabilities and advocates. The DD Council staff is staying on top of the issues surrounding Medicaid in Michigan. If you have comments or questions about Medicaid, feel free to contact Council staff member Tandy Bidinger in the office at 517/334-7353, or e-mail her at bidingert@michigan.gov.

Sutton appointment concerns consumers and advocates

Jeffrey S. Sutton was confirmed by the U.S. Senate as a federal circuit court justice on April 29.

The Senate voted 52-41 to confirm Sutton for a seat on the Cincinnati-based 6th U.S. Circuit Court of Appeals, which hears cases from Ohio, Kentucky, Tennessee and Michigan.

Sutton's confirmation hearing earlier this year had to be moved to a larger room to accommodate the dozens of activists for people with disabilities sporting "Stop Sutton" stickers.

Many were using wheelchairs or brought seeing-eye dogs.

Many advocates for people with disabilities have opposed the appointment from the time President Bush nominated the conservative lawyer in 2001. The National Centers for Independent Living's website says nearly 400 national and local advocacy groups came out against the Sutton nomination. They say his appointment will help dilute the gains people with disabilities have made in Congress.

Among other activities, Sutton said Americans with Disabilities Act protections are not necessary to eliminate discrimination against people with disabilities by states.

The campaign to prevent Sutton's nomination began immediately. At the heart of the objections to the 42-year-old Sutton's appointment is his clear belief in the priority of states' rights over civil rights.

According to the Department of Justice's biography of Sutton, he was a lawyer in private practice prior to his appointment, and taught constitutional law at Ohio State University.

He has argued 12 cases before the U.S. Supreme Court, winning nine. The U.S. Court of Appeals to which Sutton has been confirmed is one step below the Supreme Court.

Act was not necessary?

Advocates say that Sutton told the Supreme Court in one case that the landmark Americans with Disabilities Act was not necessary. In another case, he argued that federal agencies should not be able to take action against state programs that have discriminatory effects.

Sutton filed a brief representing the state of Georgia before the Supreme Court in *Olmstead v. L.C.* arguing that unnecessarily keeping people with disabilities in institutions was not discrimination.

Judge Sutton is one of a number of controversial judicial nominations the Administration has offered in the past few years. Others include John Roberts, Priscilla Owen and Deborah Cook. According to the National Organization for Women, each nominee is an outspoken adherent to a judicial philosophy that is opposed to federal civil rights and women's rights protection.

Focus groups spotlight past grants successes, future objectives

What has been the impact of $27 million worth of DD Council grants in the past 20 years? That was the central question last fall for Council Grants Monitor Glenn Ashley.

He reviewed the history of Council grants by reading through old annual reports, data bases, grant files and fact sheets.

Last month, he presented his findings to the DD Council at its annual retreat.

He concentrated his historical study and review on 11 areas of emphasis that received the Council's grant money over the years. The 11 areas are:

- Education and early childhood
- Transition from school to adult life
- Employment
- Family support
- Recreation
- Health
- Housing
- Multicultural activities
- Quality of life, person-centered planning, self-determination
- Self-advocacy, leadership, civil rights
- Transportation

Ashley examined the grant history of each area, then wrote reports on his findings. During his examinations Ashley also developed a series of questions, among them:

- What impact have the grants made locally and on a state level?
- How have the grants and other factors interacted to create the impact?
- Were there changes in the system as the result of the grants and did they remain once the grant project was completed?

Organizing focus groups

Since focus groups had been used successfully in the past to help answer such questions, Ashley and the rest of the Council staff worked to organized focus groups to tackle each of the areas and answer the questions.

Invitations were mailed to people and agencies that had received the grants and worked the projects. Bringing together those who had actually worked on the projects would provide information beyond the written reports. Most focus group participants were still working in the same area of interest as their original grant, employment, health, housing, etc.

An example is a Council grant for research into placental lesions and their relationship to birth defects. Purpose of this grant was research into prevention of developmental disabilities, an area of interest for the 1983 DD Council. The grant was awarded to Michigan State University in 1983 and thanks to the Council's seed money, the work is still continuing through support from other sources.

The 11 focus groups met during a three-month period in the Lansing area starting in January. Each group met for about three hours and discussed and attempted to answer the questions Ashley had drawn up. Comments and observations were recorded.

From the papers and focus groups, 34 factors were identified that have contributed to the success of grants over the years.

Ashley says that attendance was respectable, given that some of the grants were more than 20 years old! Represented in the 11 focus groups were 13 statewide organizations and 23 counties.

Some of the best general observations to come out of the focus groups were:

- Focus on people who will be around for the long haul.
- Create what people want, not what we think they want.
- Leaders that train leaders can create factories, not just factors.
- Proximity does not create community.

Among the focus groups' suggestions:

- Revise grant funding and planning to offer quicker response and greater flexibility.
- Reconfigure roles of RICCs and local partners.
- Find new approaches to link with private businesses, combining their resources with the Council's.
- Assess previous grants to see if they can be used in other places.
- Increase multi-cultural participation and outreach.
- A multi-prong approach to universal education.

Next, develop plans, proposals

The next step is to present to Council committees and work groups the information gathered from the focus group sessions. They will develop plans and proposals for the upcoming state plan, future grants and other Council activities.

The work group and committee review process also will search for ways to make grants even more effective.

From there, according to Ashley, the Council will make decisions based on work group and committee recommendations. Some of the questions the Council will likely ask of itself for each of the 11 areas of interest are:

- How can the focus group information be used to educate and advocate?
- How can we get better results in future grants?
- Is it time to shift grant emphasis to different areas?
- How much money is needed to create and sustain systems change?
- How can we take advocacy to the next level?

For more information on the grants history and the focus groups, contact Glenn Ashley at 517-334-7241, or e-mail him at ashleygle@michigan.gov.

Eden Alternative may hold key to better quality of life and longer life, too

At the DD Council's annual retreat in May, members were treated to a presentation on a subject that is gaining more advocates every day: the Eden Alternative, and the talk by Jack Steiner, executive director of BEAM, was received with great interest by Council members. BEAM is Bringing the Eden Alternative to Michigan, a non-profit group located in Lansing.

The theory and practice of the Eden Alternative started out as a help to seniors who are in nursing homes and other assisted living places.

The Eden Alternative is a new way of looking after people who are in the care of others, such as people with disabilities who might live in an organized care facility such as an adult foster care home, community care, or nursing home.

No matter how good the facility, no matter how competent the staff and its resources, there are three basic negatives about living in such places, according to the Eden Alternative: boredom, helplessness, and loneliness.

Making living more livable

Steiner told the Council that a doctor, William Thomas, created the idea of the Eden Alternative as a means to make nursing home living more livable. Thomas, said Steiner , first realized that making life tolerable in a nursing home was possible after he got a job as the medical director in one.

Making life better for residents, determined the doctor, reduces illness and makes life more enjoyable. Among older people using the Eden concept, it may also extend life by giving life daily purpose and meaning. It is about treating patients like people.

The Eden Alternative works like this, according to Steiner: If a person's living environment and the caregivers within it have some measure of warmth and real caring, life becomes more fulfilling and takes on new meaning. Things matter. Each day brings new possibilities.

The alternative suggests that care and nurturing can reduce some medication for some individuals. To quote Dr. Thomas' book – *Life Worth Living – The Eden Alternative in Action* - on the subject of the elderly in homes and the given need for medications: "Common sense tells us these people need light, not drugs. When we place frail, demented, elderly people in long-term care facilities and shut them away from companionship, usefulness, and variety in their daily lives, we….create a 'need' for medications."

While this discussion has focused on the elderly, Thomas' words could also include people with disabilities in these facilities.

For a younger person with disabilities in a place largely populated by elderly residents, there may be little to share on a purely generational basis. The positive approaches and outcomes of the Eden Alternative may help to bridge this gap.

The better alternative? In his talk to the Council, Steiner said people in assistive care settings respond greatly to environments that contain elements of life: gardens, children, birds, animals, unplanned activities, an air of optimism, etc.

A new day beginning

The Eden Alternative creates a space where a positive spin is placed on simply starting the day, where the routine is not rigid and the unexpected can happen. This place may allow residents to own birds or other pets, or spend time with children; things a person might do were they living on their own.

The proven result: Happier, healthier residents who look forward to each day and who quite possibly live longer, more productive lives.

Another benefit of the alternative, says Steiner, is that the staffs of these Eden-certified facilities are more satisfied with their jobs, stay on the job longer, and find more satisfaction interacting with the residents.

One of the keys to a successful program is building relationships between residents and staff…*all* of the staff. It is relationships and interaction that make any life meaningful. The same certainly applies to staff and through the Eden Alternative, they become empowered to have more of a say in facility operations,

How? Through training programs, says Steiner. Staff and administrators go through a series of classes and study programs and learn the Eden method.

Perhaps most importantly, within the facility or home itself, the responsibility for day-to-day decisions rests with the resident, their family members and the staff who provide care.

The BEAM training and study programs taken by the staff of a facility lead to Eden certification for the facility itself. While BEAM has been active for only about five years, there are already a number of Eden-certified home in the state and, says Steiner, more are on the way. He adds that the program has been so successful in some places that the care facilities have waiting lists of people who wish to live and work there.

There are other such programs in the state currently working to improve the lives of the elderly and people with disabilities who cannot care for themselves. The issue of making care facility living more tolerable, says Steiner, comes at a time when the demand for such services is increasing as the aging population grows.

For more information on the Eden Alternative, contact the program's national website at www.edenalt.com/, or its Midwest site at www.edenmidwest.com/. Or contact Steiner at 517-703-9346 or e-mail him at ceppelhe@mibeam.org.

Council committee and work group meeting minutes

Here are minutes from recent meetings of the Council's committees and work groups.

The Program Committee and Housing Work Group either did not meet recently or did not submit minutes for publication.

Meetings of all the committees and work groups are open to the public and input and comments are always welcomed.

For a schedule, please contact the Council office at 517-334-6123.

Transportation Work Group

April

Members present in Lansing: Stu Lindsay, Kevin Wisselink, Margaret Heiser, Bud Beebe, Doug Anderson, Terry Hunt, Rick Van Horn.

Meeting came to order at 10:00.
Teleconference sites connected. The sites and those present include:
St. Ignace: Tonee Therian
Escanaba: Harold Sackett, Nancy Froberg, Donnie Champeau, Linda, Gloria McCullough, Jerry McCulloue, Ernest DePas, Judy Johnson, Earl Kucharsh
Marquette: Howard Schweppe, Patsy Tonge, David Carl, Chuck Lindstrom, Janice Peterson
Baraga: Mick Sheridan, Dale Kempen, Janel LaPlante, Ben Ranson, Ron Webb, Patty Putala, Carl Mantila
Copper Country – Jeff Valley, Tracy Jaehnig, Carol Lambert, Arthur Peneaor

Everyone introduced themselves. Since Tandy Bidinger was not at this meeting, Kevin Wisselink gave a legislative update. Legislation currently in the House or the Senate include:

- ❖ Rep. Kooiman's bill to classify assaults on city buses or at bus stops a felony
- ❖ DARTA seems to be sitting still for now
- ❖ Transportation budget is being worked out. Governor is suggesting restructuring the sales tax that will result in transit getting approximately 10% less. The Diesel Tax will bring another 3 to 5% into transit. The net effect of gains and losses is a wash and transit basically will not see any increases or losses.

Recommendation made for everyone to write letters to Senator Shirley Johnson, chairperson of the transportation appropriations committee and chairperson of the Senate Appropriations Committee. Letters need to reflect personal experience and the pluses and minuses of public transit in each area of the state. Diane Kempen will send out a letter structure for people to use. The structure will ask specific questions that people can answer in their own words and write in their own writing. Original letters, handwritten have a great impact.

Discussion on legislation to strengthen Local Advisory Council's throughout the state. S. Lindsay reported that letters were sent to 115 transit agencies in the state and about 85% have been returned. The letters ask for the chairperson of their Local Advisory Councils. The idea of bringing LACs and RICCs together to discuss local transportation issues. Rep. Scott Shackleton's office is spearheading the legislation revising LAC requirements.

Stu Lindsay mentioned that LACs should be involved in assessing transportation services provided, customer base and transportation resources and needs to move people, particularly people with disabilities, and an accessibility plan. The LAC, to be effective, needs to be in touch with the transit agency's governing body.

A quick review of people at the meeting indicated that participation on LACs is greater than it was when we started. K. Wisselink recommended that LACs take the current LAC legislation to the governing board of their transit agency. The only group actually identified in the current legislation is "one representative from the area's commission on Aging.

A recommendation was made that the transportation work group take time on a DD Council agenda to speak at a regular meeting of the Council on getting RICCs and LACs together to form a strong local advocacy voice.

D. Kempen will request time on a future DD Council agenda.

Howard Schweppe gave a view of transit as customer responsive. H. Schweppe mentioned things like regular articles in local papers about a transportation, going into public schools including grade schools to talk about using public transit, speak at adult living centers on bus safety and convenience. An example given by H. Schweppe is that his transit agency gives anyone under 18 years of age a free ride during the summer, while school is not in session.

Stu Lindsay talked about a voucher/volunteer driver program and possibilities of trying it in Michigan. S. Lindsay distributed a statement from Dr. Tom Seekins of the University of Montana. Dr. Seekins conducted a study of a voucher program used in Montana. Stu Lindsay is trying to set up a conference call with T. Seekins, D. Kempen, K. Wisselink, M. Sheridan, T. Hunt and perhaps others to discuss voucher travel systems.

Tasks between now and the next meeting:

- Generate and distribute a "answer the questions" type of letter to go to legislators re: Sen. Shirley Johnson, transit budget, and/or local problems. (D. Kempen)
- Distribute current wording and proposed wording for LACs as written in Act 51 of Public Transit Act (K. Wisselink)
- Assist/ask people to get the wording for LACs to their transit agency's governing board (K. Wisselink)
- Ask for time on a DD Council agenda to discuss RICCs and LACs working together (D Kempen)
- Set up conference call and continue gathering information for a possible pilot voucher transit system in Michigan. (S. Lindsay)
- Fax DR. Seekins paper to people at phone sites. (T. Vincent)
- Send "Traveler's Check" documents to phone sites with a suggestion that they reproduce, discuss and distribute Traveler's Check document at RICC meetings and to any others who may be interested (T. Vincent)

Meeting adjourned at 12:00 p.m.

Education Work Group

April

Members Present: Andre Robinson, Lynne Tamor, Tandy Bidinger, Mark McWilliams, Steve Youngblood, Vera Graham, Bud Kraft, Barb Leroy, Karen Mussaro-Mundt, Lauri Stein

It was discussed that contact was not made with Liz Bauer to present to the State Board of Education similar information given to Council. Question was asked on where the State Board of Education is on their inclusion policy. It is a 10-step proposed process, which was reduced from the previous 13-step process.

It was discussed that the SEAC is moving back to four meetings per year.

Discussion took place on doing a side-by-side of Council position and IDEA - adjust Council presentation.

IDEA is being marked up for change now. The full education committee meeting is today and already the voice was voted out of subcommittee. Four Michigan Representatives joined the House Committee.

NAPAS position was discussed. The concerns include:

- reauthorization moving too fast
- disciplinary

manifestation determinations changes
- takes away parent rights - due process is moving towards segregation
- paperwork is excessive – some schools expand amount of paper.
- monitoring is not being done
- 3 year IEP is not practical
- the Secretary of Education could waive federal rules in up to 10 states.

Standardized testing is a federal objection.

Discussion took place on the Education Work Group position. Old IDEA97 is not being implemented. Send Consortium of Citizens with Disabilities position to DPDG. There is pressure toward re-segregation. Legislators need to be educated on a personal level. Ask them how it is working.

Items to accomplish before next meeting:
- Get NAPAS paper to Education Work Group members to review
- Check on Level 1-4 outcomes with Mark McWilliams (out for comment)
- Send contact information for audience with Granholm
- Lynne will contact Liz Bauer about getting an agenda of the Board in the future. Will need to get her input on a strategy.

Discussion took place on the DD Network. Need to bring DD information to educate legislators. Presenting the DD Network information on a glossy document was discussed.

Family Support Work Group

April

<u>Agenda:</u>

1. Completed Talents of the Team and presented each other to the group
2. Discussed implications of the Team Inventory
3. Discussed elements of effective teams (Team Performance Model) and critical issue of goal clarification
4. Presented mission and goals for Family Support Work Group and began goal clarification process
5. Discussed work to be performed prior to next meeting (examining Goals D and E and determining if additional goals are needed)

Team Inventory of Skills and Networks:

Skills & knowledge + networks:

Knowledge about adults with disabilities + PHP
Advocacy/self advocacy + RICC
Good listening skills + People First
Good organizing skills + Support agencies - Farmington
Knowledge about the big picture + Michigan Protection and Advocacy
Knowledge of support systems + Multiple committees on DD issues
Mediation + New Horizons
Team players + Parent advocacy
Tax/business law + Community Mental Health
Knowledge of how to track legislation + RICC network
Knowledge about policy; pulse on legislation + Saginaw area
Experience with coalitions + Michigan Commission on Disability Concerns
Grant writing and reviewing +

Upper Peninsula networks
Many life experiences relevant to disabilities + Various boards
Community mental health expertise + The Arc
Family support coordination
Knowledge of services offered – direct experience
Knowledge of issues and RICCs
Living with a person with a disability
Interconnected with may providers and services
Experience on various boards
Concrete thinker, asks questions
Optimistic and determined
Works well with others
Coaching/mentoring skills
Patience

What Does the Inventory tell us about our Team?

- Motivated with common interests
- Knowledge of different systems relevant to Family Support
- Lots of experience in working on relevant issues and being advocates
- Great networking potential given team members
- Members need and use family support services (direct knowledge and personal experience)
- Compassionate people/devoted to these issues
- Practical knowledge (how to work with systems)
- Willingness to get involved and stay involved
- Good listeners
- Location diversity

How to Best Utilize the Talent on the Team?

- Seek advice from others
- Build upon own knowledge base by listening/asking questions of others
- Find out what is broken and how to fix it
- Meet regularly as a core group
- Develop strategic planning process
- Place equal value on talents of all team members
- Brainstorming so that everyone is involved and all knowledge is utilized
- Develop clear mission and goals and prioritize small set of issues to addresss
- Have some successes so that it drives more energy into team
- Respect diversity

What Does this Inventory tell us about needed qualities on for this Team?

- More caregivers on the team
- Speakers relevant to updating us on policy changes, new directions
- More knowledge about the people around the table to know how to utilize team expertise
- Bring people into committee (funding, programming) when consensus is reached on action plans
- Share values of where people are coming from on the Team
- Central point of organization and what various roles are on the team
- More cultural diversity needed on the team

Remember that strengths of the team can always be areas of weakness!

Health Issues Work Group

April

Members Present:

Arini, Theresa, via phone
Chaney, RoAnne
Crider, Bev
DeLisle, Jr., Norm
Fleener, Yonne
Graham, Vera
Hall, Pamela
Harvey, Beth
Yarger, Val

Staff:
Bedford, Ivy
Bidinger, Tandy
Hunt, Terry

Yvonne welcomed and asked members to introduce themselves.

Yvonne proposed revising the agenda to include an update on Medicaid Summit.

The March minutes are not available. They will included with material for the May meeting.

Glenn reported a brief report regarding the council's recent Health Issues Focus Group. Past and present grantees dealing with health issues were invited to provide background regarding their grant, outcomes, surprises and suggestions for the future. Glenn report this focus group was dynamic and fast talking, so it was difficult to keep up with their input. This focus group offered 7 pages of suggestions for potential grants. After the council has an opportunity to review the data in April, more detailed information will be provided at the May work group meeting.

Tandy reported DCH has announced an April 28, 9:30-11:30am, Lansing Center, Medicaid forum to provide input to the department. People can join by telephone. Responses are due by May 6. Council staff would appreciate work group member assistance in reviewing/commenting on the proposals which will impact non-disabled adults under age 65. Bev Crider volunteered to assist in reviewing comments.

Yvonne reviewed previous work group discussions regarding care coordination. Bev Crider was invited to today's meeting to described care coordination for children enrolled in Children's Special Health Care Services (CHSCS). Bev works for Children's Choice, and further information is available at www.childrenschoice.mi.com.

Bev provided background regarding then Gov. Engler's proposal to move publicly funded health services into a managed care model. Advocates for children with special health needs were successful in gaining access to the decision-making table to participate in redesigning the system. The redesigned system is built upon a care coordination model to assure that each child receives the medical as well as other supports needed. There are two managed care systems for children enrolled in CHSCS: Children's Choice, which is part of Children's Hospital, and Kids Care, which is part of the University of Michigan. Eligibility levels for CHSCS include: income eligible for Medicaid; not income eligible for Medicaid and MI-Child eligible. Payment scales arfe bsed on status of disability and insurance.

Each child enrolled must have an Individualized Health Care Plan (IHCP). These plans are to be family centered, culturally competent, coordinated care and must be signed by the family and the physician. Families are assisted by a Local Care Coordinator (LCC), typically a local nurse or social worker, to help develop the plan and assure it is implemented. The LCC helps coordinate medical, educational, social and emotional support for the child. Children's Choice contracts with various agencies to provide local care coordination e.g. public health, visiting nurses association, etc.

Each child also has a Principle Coordinating Doctor (PCD), selected by the family, who can be either a specialist or family doctor. The PCD helps coordinate a child's care with other doctors. Pediatricians and parents are partners in a medical home. They identify and arrange the medical and non-medical services needed to help children and their families be at their best.

Authorizations are in place for certain critically needed services so the family can immediately access them. Plans are updated annually, but can be revised sooner if conditions change. All people in this program have already been found to be eligible for CHSCS, which ends at age 21, except for cystic fibrosis and hemophilia. Children's Choice has a very high general customer satisfaction rate, as well as, high ranking for coordination care, getting information and getting care.

In redesigning the CHSCS program, the state paid a health economist to review diagnostic categories and rate cells. The data reviewed was old and did not account for care coordination expenses because some providers did not bill for services due to Medicaid's time consuming bureaucracy. Nonetheless, DCH used this financial data as a rationale to help anticipate costs and assure the system was adequately resourced. The state is gradually gaining experience and an accurate data base regarding actual expense, but at this time when a cost which exceeds the established cell rate, the state will cost-settle at the end of the year.

This system is designed totally differently from other Medicaid HMOs. Members discussed inviting various DCH officials to explore how to use this model and redesign other systems, particularly CMH, so those systems are more responsive.

Yvonne will work with staff to select and invite a speaker.

Meeting adjourned.

Multicultural Committee

April summary

Materials to be distributed to those who attend the Retreat presentation were revisited. Additional census tables, which separate out data regarding the Latino community will be added. It is also hoped that up-dated demographic maps will be added. The plan is to provide packets of useable information to all in attendance. A draft evaluation/needs assessment was presented and refined.

The April deadline for submission of abstracts for the November rehabilitation conference was discussed. Members will be submitting abstracts, particularly in response to the request for presentations related to cultural competence/diversity issues. Most will be submitting abstracts through their organizational affiliations.

Elaine Newell's resignation due to relocation was discussed. Her knowledge, skill and commitment will be greatly missed. New strategies for involving other groups in the committee's work were discussed.

Public Policy Committee

April

Attending:

Andre Robinson
Rick Van Horn
Terry Hunt
Tandy Bidinger
Mary Ablan
Todd Koopmans
Tony Wong
Alice Mailhot
Pam Hall

Jane Spitzley

Agenda:
1. Co-Power Action day on May 8, 2003
2. Letter to Medicaid Summit on processes
3. Medicaid Buy-In – Tony Wong, MACIL
4. MI Choice – Mary Ablan, AAA
5. Olmstead Coalition/Issues
6. Education Work Group – Council Adopted Position on Inclusive Education
    - Next steps
7. Rep. Jack Brandenburg's letter re: group homes

Welcome and introductions were done.

Andre Robinson motioned to approve minutes from previous meeting.

Tony Wong from Michigan Association Center for Independent Living (MACIL) gave an update on Medicaid Buy-In. The goal of the program allows people with disabilities to work without losing Medicaid. He stated that the program must be cost neutral and could not directly deal with people now on Medicaid spend down.

Tony spoke on two Waivers:
* 1619(a): S.S.I. recipients who goes to work allows the person to earn $1100/month and keep Medicaid. It also allows the person to receive some cash benefits up to approximately $22,000.

* 1619(b): If a person earns more than $1100/month, they should be able to keep Medicaid.

The problem with these Waivers is that you will not be able to save over $2,000 in assets. The other problem is that the system is too complicated and is hard to keep track of the rules. If a person is kicked off Medicaid, he/she would need to appeal.

Michigan is one of 22 states without Medicaid Buy-In. 28 states already have it.

Proposal S.B.22 is being re-written. Requirements for the proposal include that it must be cost neutral (must restrict program to people already on Medicaid and/or are Medicaid eligible) and fit within federal law.

There is a provision, like COBRA, that if you can't work, you can still keep Medicaid for two years if you pay the premiums. After two years of being on the program, they will evaluate and maybe expand in the future.

If you earn $75,000/year, you would have to pay the full premium. The Federal law states that if you earn more than 450% of FPL, you must pay the full premium.

There may be a possible tax deduction in the future for expenses/costs for going to work.

Once substitute legislation is introduced, the Public Policy Committee can take a position and promote Medicaid Buy-In.

Tony gave his email address of tony@macil.net for anyone who may have questions for him or would like to keep updated.

Mary Ablan, from AAAAM gave an update on MI Choice Waiver Program. The program has been frozen for two years. In 2001, 15,000 people closed due to the budget. They are talking with the Governor and Department of Community Health to get them interested in re-opening the program. Discussion are underway. They hope to re-open the program as soon as possible.
Meeting adjourned.