



417 Seymour Avenue
Suite 5
Lansing, MI 48933
517-484-5588
www.maro.org

December 19, 2016

Attention: Medicaid Policy
Program Policy Division
Bureau of Medicaid Policy and Health System Innovation
Michigan Department of Health and Human Services
P.O. Box 30479
Lansing, Michigan 48909-7979

SUBJECT: Statewide Transition Plan Comment

I appreciate the opportunity for input and comment on the Michigan Department of Health and Human Services (MDHHS) Statewide Transition Plan to achieve compliance with the Home and Community Based Services (HCBS) regulations. Representing the statewide network of mission driven organizations promoting community access and inclusion, we embrace the rule's intent – that service settings promote full access to the community; are selected by the individual beneficiary from among setting options, including non-disability-specific settings; ensure individual rights of privacy, dignity and respect, and freedom from coercion and restraint; optimize autonomy and independence in making life choices; and facilitate choice regarding services and who provides them.

We have deep concerns, however, about the Statewide Transition Plan and the role of the settings assessment process described therein. Pages 76-77 of the Plan cite the process underway for assessing settings for compliance to the rule and the potential need for corrective action. MDHHS has yet to issue clear guidance regarding the characteristics of a compliant setting, and how providers must demonstrate services are delivered within a setting affording the beneficiary sufficient opportunity and choice to engage with the broader community; our attention is therefore drawn to the survey tool being used to assess compliance. A key non-residential survey question raising the potential for non-compliance is whether or not the setting is disability-specific; thousands of individuals all over Michigan receive services in settings provided by organizations with a stated mission of supporting individuals with disabilities – therefore, disability-specific. We are concerned at the potential for interpretation that such settings might be excluded from consideration for funding, irrespective of their capacity to contribute to achieving the desired outcomes of community inclusion and integration. Frequently, persons served spend a portion of their day in these settings as a result of choices reflected in their individual plan of service – consistent with the stated intent of the HCBS rule outlined above. Services in such settings can also be supportive of developing employment or community living skills in preparation for achievement of goals in a non-disability-specific setting.

However, noting the Plan's intent to designate compliance status based on the results of this survey, our comment is a request for assurance that there is no risk of eliminating allocation of HCBS service funds to support services in a disability-specific setting, if that setting is reflected in the individual's plan of service, from among a full array of options promoting community inclusion and integration.

Michigan's provider community and the individuals and families served through this community are alarmed by the potential interpretation by MDHHS that no day activity could be supported with HCBS service dollars if it takes place in a facility or at an event dedicated to serving persons with disabilities. An interpretation more respectful of facilitating choice would be that each individual's day could be a mix of activities, some of which are bonding/affirming activities, in which persons could interact with persons with whom they are familiar and comfortable (those that they regularly see, may have gone to school or grown up with) and some of the day in bridging activities in the community (with persons with whom they may not be familiar or comfortable). An interpretation of the HCBS rules that would prevent allocation of HCBS funds to support these daily activities of persons with disabilities would be overly restrictive and inconsistent with the rule's intent.

Many Medicaid beneficiaries find their personal and friendship connections, for part of the day, at such affirming settings - connections that may not happen without inclusion of these settings from among a full array of service options, both disability-specific and non-disability-specific. From Consumer Advisory Committee meetings to classes designed to meet their needs, to Consumer Clubs to dances - to working in the location, and with co-workers, of their own choosing - these activities would be halted under a restrictive interpretation. Lacking capacity to maintain current levels of support if these options are eliminated, what will most assuredly result is increased isolation for individual beneficiaries, especially those with the most significant disabilities.

In addition to our request for assurance that HCBS service funds will be allowed to continue to support services in a disability-specific setting, if selected by the individual beneficiary from among a full array of service options, we voice our concern that elimination of these settings will result in consequences quite opposite from those intended. Rather than promoting greater access to the community, disallowing this type of service completely will result in increased isolation for those with the most significant disabilities, and eliminate choice from a full array of service options in the person-centered planning process. This was certainly not the intent of the rule.

Sincerely,

A handwritten signature in black ink that reads "Todd W. Culver". The signature is fluid and cursive, with a long horizontal stroke at the beginning.

Todd W. Culver
Executive Director
MARO
Promoting Community Access and Inclusion