



Michigan State Benefit Packages

From Trinity Nicholson

Description of Current Service System/Options:

Michigan has been providing services under the 1915 b/c waiver since 1998 and currently has **4 primary waivers**. In 2008, there were 18,031 participants in the 4 waiver programs in Michigan with expenditures totaling \$491,110,920 (an average expenditure per capita of \$49.09) –

All services (including employment) are determined based on a person centered planning process.

State Plan Services

ACT	ICF/MR
Assessments	Med admin & review
Behavior management review	Nursing facility
Child therapy	Personal care in spec res
Clubhouse (MH day treatment center)	Substance abuse
Crisis interventions	Dental
Crisis residential	OT, PT and Speech
MH Therapies	Targeted case management
Health services	Transportation
Home-based services	Treatment Planning
Intensive crisis intervention	

Michigan provides the same state plan services to all people with disabilities regardless of diagnosis which means DD and MI have access to the same base services and level of care is not a factor.

#1 - Habilitation Supports Waiver Program

If you have a developmental disability and meet the requirements for services in an Intermediate Care Facility for Mental Retardation (ICF/MR) you may request enrollment in the Habilitation Supports Waiver (HSW) Program. **This program has a limited enrollment.**

HSW Medically necessary services include:

Chore Services
Community Living Supports
Enhanced Medical Equipment and Supplies
Enhanced Pharmacy
Environmental Modifications
Family Training
Out-of-Home Non-vocational Habilitation
Personal Emergency Response System (PERS)
Pre-vocational Services
Private Duty Nursing (PDN)
Respite Care

Supports Coordination
Supported Employment

#2 - Elderly and Disabled Waiver

This waiver allows older adults or disabled persons who meet the nursing facility level of care to remain living at home and in the community. Services offered under this waiver include: personal care supervision, homemaker services, respite services, adult day care, environmental modifications, and private duty nursing.

Through this program, eligible adults who meet income and asset criteria can receive Medicaid-covered services like those provided by nursing homes, but can stay in their own home or another residential setting. The waiver became available in all Michigan counties October 1, 1998. Each participant can receive the basic services Michigan Medicaid covers, and one or more of the following services unique to the waiver:

- Homemaker services
- Respite services
- Adult day care
- Environmental modifications
- Transportation
- Medical supplies and equipment not covered under the Medicaid State Plan
- Chore services
- Personal emergency response systems
- Private duty nursing
- Counseling
- Home delivered meals
- Training in a variety of independent living skills
- Personal care supervision

#3 - Children with SED Waiver

This waiver allows children below 18 who are diagnosed with Severe Emotional Disturbance and who meet a hospital level of care to remain living at home and in the community. Services offered under this waiver include: respite care and community living support.

#4 - Children's Waiver

This waiver allows children with DD aged 18 and younger who have challenging behaviors and/or complex medical needs and are eligible for, or at risk of, placement into an ICF/MR to remain in their parent's home (or return to their parent's home from out-of-home placements) regardless of the parent's income. Services offered under this waiver include:

- Family training
- Non-family training
- Specialty services (e.g. music, recreation, art and message therapy)
- Community living supports
- Transportation
- Respite care
- Environmental accessibility adaptations, and
- Specialty Medical Equipment

This program has a capacity to serve **464 children statewide**. Although the program is at capacity, a waiting list is maintained, using a priority rating system to add new children to the program when openings occur.

Employment Services:

Michigan uses Voc Rehab for all upfront training but **long term support services and work services are funded by Medicaid**. Funding for long term employment is worked into an individual's overall plan during the PCP meeting and is paid for by Community Mental Health Agency in the region the individual resides. The amount of support needed is decided on by the PCP team which includes their Community Mental Health service coordinator.

Choice Voucher System:

Participants directly employ workers or directly contract with chosen providers by utilizing the methods of the Choice Voucher System. The individual budget authorized by the PIHP/CMHSP provides a defined amount of resources sufficient to implement the person's plan, which may be directed by the participant to pursue his or her plan's goals and outcomes. Service and support arrangements directly controlled by the participant may range from one specific service to all services in the person's plan. **Participants may choose whether to manage some or all of their services.**

General Information about Michigan's Service Delivery System:

Michigan's base system is made up of PIHP (pre-paid in health program) – PIHP's are the money gate keepers who are assigned to one or more counties and anyone can apply to be one of these if they meet all criteria. These agencies are allocated Medicaid dollars based on population and then distribute those dollars to Mental Health Agencies who can provide direct service or contract out service. The Mental Health Agency is the first point of contact for any individual entering the habilitative service system (see more detail under individual budgets regarding money distribution)

Their one specialty "carve out" targets individuals with co-occurring mental health and substance use disorders.

Appropriations for services/funding and payment structure:

Michigan has two managed care systems that are critical to DD and MI services. One system addresses all health care – medical, dental etc. The other is strictly carved out to deal with HCBS habilitative services

Michigan established a managed care program—the Michigan Specialty Services and Support Program (MSSSP)—in 1998 for children and adults with mental health, substance abuse, and IDD. The program operates with both Medicaid 1915 (b) and (c) waivers; this enables individuals to receive needed HCBS whether or not they are eligible for institutional care.

The three populations are served by the same Prepaid Inpatient Health Plan (PIHP). PIHPs are capitation-financed health plans operated by the network of county-run Community Mental Health Services Programs (CMHSPs).⁷ CMHSPs remain as the single point of entry for mental health, substance abuse and IDD services.⁸ However, the PIHP is responsible for the delivery and costs of all mental health, substance abuse, IDD, and LTC services and supports for its enrollees, including the HCBS waived services.

Since 2010, each PIHP receives capitated per member per month (PMPM) payments from the Department of Community Health. There are two monthly payments: One covers mental health, substance abuse, and IDD state services (including targeted case management and special children's Medicaid services); the other is for services provided to people with IDD who live in a residential group home and are enrolled in the Habilitation Support Waiver (HSW) Program. All per capita payments are blended (i.e., they cover the three types of enrollees) and structured around Medicaid eligibility (DAB, TANF, and HSW) rather than disability designation (e.g., MI, IDD). After calculating the base rate for each Medicaid eligibility group, the figure is multiplied first by an age/gender factor and then by a geographic factor for each enrollee to obtain the total PMPM capitation payment.

Experience and Lessons to Date: MSSSP is the end result of Michigan's gradual efforts over nearly 30-years to achieve greater flexibility over state and federal funds, increase program performance and accountability, enhance the delivery and integration of services, improve client outcomes, and contain the overall cost of care for several high-risk populations, including people with IDD.

In Fiscal Year 2011, the program served over 220,000 Medicaid beneficiaries, including 41,273 individuals with IDD. The 2011 capitation for the IDD group under the 1915 (b) waiver was \$1,384/ month; for the IDD group under 1915 (c) waiver, \$4,299/month.¹¹