

Testimony to the Senate Health Committee regarding Senate Bills 362 and 363

Honorable Chairman and members of the Senate Health Committee:

On behalf of the Michigan Chapter of the National Association of Social Workers. Our organization continues our opposition to work requirements as an eligibility requirement for Medicaid benefits. While we support the expectation that those able to work should be encouraged and assisted to become employed, we believe that health care is a fundamental right. Limiting access to essential health care may undermine the ability of an individual to seek and to maintain employment. We believe that a better solution would be to assess a person's ability to become employed and to assist them to overcome barriers to self sufficiency.

While the administrative changes included in Senate Bills 362 are a step in the right direction, such as extending the period of time that a person has to be in compliance, they do not go far enough in assuring that essential health care will be available to those facing significant barriers. One additional amendment should require the Department of Health and Human Services to accept an alternate form of meeting the work requirements for any individual who has been assessed to have significant barriers to self sufficiency. Any individual who has been assessed by a qualified case manager and who is actively working on a detailed plan to overcome their barriers should be deemed to have a significant "unpaid connection to the work force" and such involvement should fully meet their work requirements.

The Department should actively facilitate and encourage this form of compliance by designating the minimum requirements for an individualized assessment and by specifying the types of professionals and/or organizations that may conduct the assessments and case management services. The Department should also encourage local Human Services Collaborative Boards to coordinate efforts on a local level to assure that everyone in their counties has access to the assessment and case management services. The Department should provide tools and training on line (or on site as resources permit).

While this may seem like a costly and massive expansion of services, it may not prove to be the case. Many if not most of the current recipients may already be connected to some type of case management services. These may be provided through a large variety of agencies and professionals such as Community Mental Health, Michigan Works, Domestic Violence shelters, Veterans Services, Health Departments, private health professionals, Child Welfare Agencies, and a variety of other private or governmental programs. It would be in their client's and their agency's best interests to assist their recipients with the assessment. These professionals and agencies should also find it useful to assist their clients in reporting thus assuring continued access to Medicaid coverage. In fact, the increased coordination and the comprehensive plans may actually reduce costs. I have learned in my nearly 50 years in the field that if resources are properly deployed and coordinated, outcomes improve. And better outcomes are less expensive than the horrible outcomes many recipients currently face.

similar approaches have taken place in various locations in Michigan, Colorado, Arizona and Washington DC. In Marquette Michigan were among the first in the state to test work requirements for the old AFDC program in the 1980's. But rather than specify a certain number of hours that a recipient must work, they were offered an

individualized plan based on the needs of each family. The surprising result was that most people quickly moved into employment when their other barriers were considered and addressed.

In El Paso County, the Colorado Department of Human Services successfully implemented this approach in one of the nation's most conservative communities. Again, they did not specify a certain number of hours that an individual needed to work but rather that everyone would negotiate a plan and would be accountable for meeting their own plan. If they did not meet their goals, we either provided more help or renegotiated the plan to more realistically address their true barriers to self sufficiency. Of the approximately 2800 families that faced a 5 year time limit on TANF, only 12 remained at the end of 5 years. Not a single family was sanctioned off assistance for non-compliance during those five years. All left because they found a better alternative to welfare. The approach was recognized nationally as one of the most humane implementation of work requirements in the country.

In Arizona and later in Washington DC these programs demonstrated that this approach is less costly and more effective than more punitive models based entirely on compliance. We strongly encourage the State of Michigan to return to our past successful strategies.

Thank you for this opportunity to provide comments and suggestions on how to help more people to overcome barriers to self sufficiency. I have attached a copy of one tool that was implemented in Arizona called the Arizona Self Sufficiency Matrix. It is currently being used in some projects in Michigan and may be useful as an assessment tool for the Medicaid work requirements. In Addition, the Michigan Health Endowment Fund recognizes it as resource and tool for measuring self-sufficiency. The Michigan Chapter of the National Association of Social Workers stand ready to assist you and the Department if you decide to pursue this approach.

Respectfully Submitted:



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Self-Sufficiency Matrix

Participant Name _____ DOB ___/___/___ Assessment Date ___/___/___ Initial Interim Exit

(If using ServicePoint)

Program Name _____ HMIS ID _____

Domain	1	2	3	4	5	Score	Participant goal? (✓)
Housing	Homeless or threatened with eviction.	In transitional, temporary or substandard housing; and/or current rent/mortgage payment is unaffordable (over 30% of income).	In stable housing that is safe but only marginally adequate.	Household is in safe, adequate subsidized housing.	Household is safe, adequate, unsubsidized housing.		
Employment	No job.	Temporary, part-time or seasonal; inadequate pay, no benefits.	Employed full time; inadequate pay; few or no benefits.	Employed full time with adequate pay and benefits.	Maintains permanent employment with adequate income and benefits.		
Income	No income.	Inadequate income and/or spontaneous or inappropriate spending.	Can meet basic needs with subsidy; appropriate spending.	Can meet basic needs and manage debt without assistance.	Income is sufficient, well managed; has discretionary income and is able to save.		
Food	No food or means to prepare it. Relies to a significant degree on other sources of free or low-cost food.	Household is on food stamps.	Can meet basic food needs, but requires occasional assistance.	Can meet basic food needs without assistance.	Can choose to purchase any food household desires.		
Child Care	Needs childcare, but none is available/accessible and/or child is not eligible.	Childcare is unreliable or unaffordable, inadequate supervision is a problem for childcare that is available.	Affordable subsidized childcare is available, but limited.	Reliable, affordable childcare is available, no need for subsidies.	Able to select quality childcare of choice.		
Children's Education	One or more school-aged children not enrolled in school.	One or more school-aged children enrolled in school, but not attending classes.	Enrolled in school, but one or more children only occasionally attending classes.	Enrolled in school and attending classes most of the time.	All school-aged children enrolled and attending on a regular basis.		
Adult Education	Literacy problems and/or no high school diploma/GED are serious barriers to employment.	Enrolled in literacy and/or GED program and/or has sufficient command of English to where language is not a barrier to employment.	Has high school diploma/GED.	Needs additional education/training to improve employment situation and/or to resolve literacy problems to where they are able to function effectively in society.	Has completed education/training needed to become employable. No literacy problems.		
Health Care Coverage	No medical coverage with immediate need.	No medical coverage and great difficulty accessing medical care when needed. Some household members may be in poor health.	Some members (e.g. Children) have medical coverage.	All members can get medical care when needed, but may strain budget.	All members are covered by affordable, adequate health insurance.		
Life Skills	Unable to meet basic needs such as hygiene, food, activities of daily living.	Can meet a few but not all needs of daily living without assistance.	Can meet most but not all daily living needs without assistance.	Able to meet all basic needs of daily living without assistance.	Able to provide beyond basic needs of daily living for self and family.		
Family /Social Relations	Lack of necessary support form family or friends; abuse (DV, child) is present or there is child neglect.	Family/friends may be supportive, but lack ability or resources to help; family members do not relate well with one another; potential for abuse or neglect.	Some support from family/friends; family members acknowledge and seek to change negative behaviors; are learning to communicate and support.	Strong support from family or friends. Household members support each other's efforts.	Has healthy/expanding support network; household is stable and communication is consistently open.		

Domain	1	2	3	4	5	Score	Participant goal? (✓)
Mobility	No access to transportation, public or private; may have car that is inoperable.	Transportation is available, but unreliable, unpredictable, unaffordable; may have care but no insurance, license, etc.	Transportation is available and reliable, but limited and/or inconvenient; drivers are licensed and minimally insured.	Transportation is generally accessible to meet basic travel needs.	Transportation is readily available and affordable; car is adequately insured.		
Community Involvement	Not applicable due to crisis situation; in "survival" mode.	Socially isolated and/or no social skills and/or lacks motivation to become involved.	Lacks knowledge of ways to become involved.	Some community involvement (advisory group, support group), but has barriers such as transportation, childcare issues.	Actively involved in community.		
Parenting Skills	There are safety concerns regarding parenting skills.	Parenting skills are minimal.	Parenting skills are apparent but not adequate.	Parenting skills are adequate.	Parenting skills are well developed.		
Legal	Current outstanding tickets or warrants.	Current charges/trial pending, noncompliance with probation/parole.	Fully compliant with probation/parole terms.	Has successfully completed probation/parole within past 12 months, no new charges filed.	No active criminal justice involvement in more than 12 months and/or no felony criminal history.		
Mental Health	Danger to self or others; recurring suicidal ideation; experiencing severe difficulty in day-to-day life due to psychological problems.	Recurrent mental health symptoms that may affect behavior, but not a danger to self/others; persistent problems with functioning due to mental health symptoms.	Mild symptoms may be present but are transient; only moderate difficulty in functioning due to mental health problems.	Minimal symptoms that are expectable responses to life stressors; only slight impairment in functioning.	Symptoms are absent or rare; good or superior functioning in wide range of activities; no more than every day problems or concerns.		
Substance Abuse	Meets criteria for severe abuse/dependence; resulting problems so severe that institutional living or hospitalization may be necessary.	Meets criteria for dependence; preoccupation with use and/or obtaining drugs/alcohol; withdrawal or withdrawal avoidance behaviors evident; use results in avoidance or neglect of essential life activities.	Use within last 6 months; evidence of persistent or recurrent social, occupational, emotional or physical problems related to use (such as disruptive behavior or housing problems); problems have persisted for at least one month.	Client has used during last 6 months, but no evidence of persistent or recurrent social, occupational, emotional, or physical problems related to use; no evidence of recurrent dangerous use.	No drug use/alcohol abuse in last 6 months.		
Safety	Home or residence is not safe; immediate level of lethality is extremely high; possible CPS involvement.	Safety is threatened/temporary protection is available; level of lethality is high.	Current level of safety is minimally adequate; ongoing safety planning is essential.	Environment is safe, however, future of such is uncertain; safety planning is important.	Environment is apparently safe and stable.		
Disabilities	In crisis – acute or chronic symptoms affecting housing, employment, social interactions, etc.	Vulnerable – sometimes or periodically has acute or chronic symptoms affecting housing, employment, social interactions, etc.	Safe – rarely has acute or chronic symptoms affecting housing, employment, social interactions, etc.	Building Capacity – asymptomatic – condition controlled by services or medication	Thriving – no identified disability.		
Other: (Optional)	In Crisis	Vulnerable	Safe	Building Capacity	Empowered		