



## The Role of School in Transition

Transition planning under the Individuals with Disabilities Education Act (IDEA) must start before a student turns

The student is the creator of the transition plan, in collaboration with the Individualized Education Program (IEP) team which includes:

- ✓ The parents of the student
- At least one regular education teacher <u>if</u> the student is, or may be, participating in the regular education environment
- Not less than one special education teacher of the child, or where appropriate, not less than one special education provider of the child;
- A representative of the district who -
- ✓ Is qualified to provide/supervise special education
- ✓ Is knowledgeable about the general education curriculum; and the resources of the district
- An individual who can interpret the instructional implications of evaluation results.
- At the discretion of the parent or the district, other individuals who have knowledge or special expertise regarding the child, including related services personnel as appropriate
- Representative(s) of any agency likely to be responsible for or paying for transition services, with the consent of the parents or the student who has reached the age of majority



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## **Transition Services**

Transition services means *a coordinated set of activities* for a child with a disability that-

- √is designed to be within a results-oriented process
- ✓is focused on improving academic and functional achievement to facilitate movement from school to post-school activities including
  ✓ postsecondary education
  ✓ vocational education

  - $\checkmark \ \text{integrated employment (including supported employment)}$
  - ✓ continuing and adult education
  - ✓ adult services
  - ✓ independent living ✓ community participation

Services are based on *individual needs*, taking into account strengths, preferences, and interests and include opportunities to develop functional skills for work and community life. Before the student leaves school, the IEP must also contain, if appropriate, a statement of each public agency and each participating agency's responsibilities (including financial) for the Transition activities.

Individuals with Disabilities Education Act (IDEA) 34 CFR §300.43

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## **Transition Planning Resources**

Individuals with Disabilities Education Act (IDEA) 34 CFR §300.43 https://sites.ed.gov/idea/regs/b/a/30

Transition Planning: A Guidebook for Young Adults and Family

A Transition Guide to Postsecondary Education and Employment for Students and Youth

Michigan Department of Education - Family Matters Fact Sheet-Special Education Transition Planning: Considerations for Students with Disabilities and Families

MDE Family Matters Fact Sheet Special Education Transition Planning: Considerations for Students with Disabilities and

Think College is a national organization dedicated to improving inclusive higher education options for students with intellectual disabilities. Think College



## Age of Majority in Michigan - Students' Rights

When individuals reach the age of majority, they have the right to make decisions about their special education services, including the right to:

- o Attend their IEP meetings.
- o Invite anyone they choose to their IEP meeting.
- o Consent to any special education evaluations.
- o Provide input during the development of their IEP.
- Give signed permission for any personal records being sent to any outside agency under the Family Educational Rights and Privacy Act (FERPA).
- o Disagree with any school records.
- Access dispute resolution options such as IEP facilitation, mediation, state complaints, and due process.



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## Age of Majority in Michigan In Michigan, the law states that individuals become a legal adult when they turn 18 years old. This is when individuals have reached the age of majority. All rights covered by state and federal legislation automatically transfer to the individual. Students with an individualized education program (IEP) and their parents, on or before their 17th birthday, must be given information regarding this transfer of rights. Individuals who have reached the age of majority and feel uncomfortable making decisions on their own, may choose an advocate to assist them with their educational transition plans.

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## **Rights That Transfer at Age of Majority**

The following are examples of additional rights that transfer at the age of majority.

## The right to:

- Sign a home lease, legal contracts, or finance a mortgage.
- o Get a credit card and driver's license.
- o Open an individual bank account.
- o Marry, vote, and enlist in the armed services.
- o Consent to medical treatment.
- o Make living arrangements.

Michigan Department of Education - Family Matters Fact Sheet Transition: Age of Majority Considerations

Transition: Age of Majority Considerations https://www.michigan.gov/mde/-

rmedia/Project/Websites/mde/specialeducation/familymatters/FMT/AgeOfMajority\_Factsheet.p f?rev=db35b2550edc44ca9417ddf617b67746&hash=BF5F31E7255F5F5619FD2326DBC370BC Michigan Alliance for Familie



Parents of individuals with disabilities often ask how will they will make important decisions when they reach adulthood, and after they are gone.

Guardianship is often considered at this time.

Families often lack information about alternatives that can be used to support individuals to make decisions with support from their family, friends and other allies.

Supported Decision-Making is a tool people can use to make decisions with support from family, friends, and other allies.

It starts with acknowledging that people with disabilities have the right to make their own decisions and receive the support they need and want to understand the situations and choices they make while maintaining their right.

Supported Decision-Making in Decision-Making in Michigan (Adapted from Michigan Developmental Disabilities Council, January 2020)

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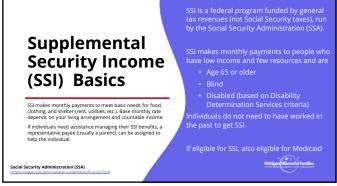






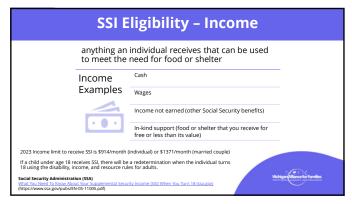


# Safeguards to Support Decision-Making Authority and Civil Rights Protections of Suardianship restricts a person's freedom to make decisions. It should be considered only as a last resort when no alternatives are available. of Guardianship should be reviewed regularly to confirm its continued necessity. of Family members should receive information about alternatives to guardianship a support people with disabilities to make decisions about health care, money, education, housing, relationships, or other areas. of A court should only grant a guardianship after a full and fair court hearing that includes the person with a disability. of Everyone's decision-making ability should be supported to the maximum extent possible. The Arc Michigan: Rethinking Guardianship/Supported Decision-Making Institute of the Community of the Com











## If an individual is eligible for SSI, they are automatically eligible for Medicaid. Includes Community Mental Health services (CMH): Job Development and job Coaching Respite Services Community Living Supports (hiring staff) staff) Skill Building Medicaid pays for services that are medically and clinically necessary. Based on: Personal information Clinical information Clinical information For community mental health services, based on the person-centered planning process Apply for Medicaid online M. Bridges Imphigua good

Medicaid: Last Payer

Medicaid is always the last payer. If you have other insurance that will cover the equipment or service, it will be billed before Medicaid is billed.



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## **Medicaid - Childhood Disability Beneficiaries**

Medicaid is available to a person receiving Disabled Adult Child (DAC) Retirement Survivor Disability Insurance (RSDI) benefits if the individual

- $\circ\,$  Is 18 years or older  $\mbox{\bf AND}$  has a disability or blindness that began before age 22
- o Received SSI and became ineligible due to a change in parents' status (parent retired, parent became disabled, or parent passed away) **AND**
- $\circ\,$  Is receiving RSDI  $\textbf{AND}\,$
- $\circ\,$  Would be eligible for SSI without such SSDI benefits

An individual might receive DAC RSDI, but not DAC Medicaid, but will not receive DAC Medicaid without receiving DAC RSDI.

MDHHS Bridges Eligibility Manual, Policy 158 https://dhhs.michigan.gov/OLMWEB/EV/BP/Public/BEM/158.pdf



## SSI and Medicaid **Advocacy Tips**

Work Incentives Planning Assistance (WIPA) Information for people with disabilities about how earnings from work affect their Social Security and other public benefits



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## **Home Help Services Activities**

Home Help Services provides funding for individuals to hire helpers to provide hands on assistance with activities of daily living such as:













another



Taking medication

Home Help Services Brochure (Contact Medicaid worker to apply/schedule assessment)

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## **Home Help Services**

Home Help Services is a program administered by Michigan Department of Health and Human Services (MDHHS).

It is designed to give support to individuals who are unable to care for themselves adequately at home

Eligibility requirements include active Medicaid and need physical help to perform essential daily living activities.

Home Help Services **DO NOT** pay for heavy housework, home repairs, prompting/reminding someone to do a task, supervision, transportation, yard work.

Provider must be at least 18 years old. Can be relative, friend, neighbor or health care agency.



Food Assista	ance Program benefits <b>are not</b> considered income or assets for Medicaid or other federal, state, local programs.
Eligibility	<ul> <li>Must be a resident of Michigan. Eligibility is based on household size, monthly income, and assets</li> </ul>
	<ul> <li>Individuals under the age of 22 are grouped together (with parents, siblings, etc.) as a household. Income/resources for all household members is taken into consideration for eligibility. Individuals may be eligible on their own the month after they turn 22.</li> </ul>
•	o Countable income  • Wages/selfe—inployment earnings  • Rental Income  • Social Security benefits, Veteran benefits
٥	<ul> <li>Assets considered</li> <li>Cash on hand, savings/checking accounts, investments, some trusts (NOT Special Needs Trusts)</li> </ul>
•	c Expenses deducted from income when determining food Assistance benefit  o Shelter (rem/mortgage, utilities)  o Child support payments  o Dependent care expenses, like daycare  o Certain medical expenses for household members who are disabled or are at least (6) opers old.
https://www. Appealing a	d Assistance Program Information militars assume the second section of the second section of the second section of the second section of the second section (contact care specials first to try to resolve the issue) military assumemental As Asia 1.5456.7 poor



# Adult Services – Vocational Rehabilitation (VR) Services - MRS Michigan Rehabilitation Services (MRS)Support eligible individuals with disabilities to prepare, secure, retain, advance in, or regain employment. Assist individuals while in school and after school is completed (high school diploma or certificate of completion). Pre-Employment Transition Services (Pre-ETS) • Early intervention services with the goal of competitive, integrated employment • Early intervention services with the goal of competitive, integrated employment • De application, Work-Based Learning Experience, Courseling on Post-Secondary Education, Workplace Readiness Training, Self-Advocary Training, including Peer Mentoring. All services are provided at no cost to the individual receiving services. Individualized Services: Courselor works with individual to decide on an employment goal, develop a plan, follow the plan, work towards/reach the goal. Eligibility • Existing physical or mental impairment AND • Vocational or work-related barriers due to disability AND • The requirement of MRS services. MRS contracts with vocational providers to do vocational assessments, provide job development, placement, and follow up services. Possible assistance with college tution (working towards a degree/certification), purchasing technology needed for coursework, as well as work related expenses. Order of Selection for Services MS must serve individuals with most significant disabilities (Section 200) https://www.michigan.gov/feo/bales/development/services/develop

## Adult Services - VR Services - BSBP Michigan Bureau of Services for Blind Persons (BSBP) Provide opportunities for individuals who are blind or visually impaired to achieve employment, and/or achieve maximum and meaningful independence. Michigan resident Provides diagnostic evaluations, vocational counseling, and training in daily living without vision Pre-Employment Transition Services (Pre-ETS) - Studiers 14-26 who are legally livind (some exceptions for eligibility) - Ost-Secondary focus on workplace readiness and skills that will lead to success upon exiting school system. Employment Vocational Regally blind (some exceptions) - Desire to be employed - At least one functional barrier to employment Depending on eligibility services may include low-vision equipment, vocational training, technical school training, college education, job development, placement and follow up. Specialized Services - Deaffillind Services - Deaffillind Services - Braile and Talking Book Library - Residential instruction BSBP Program Overviews - Interchemochana conference searcher bursts of services for blind personutroad overview Client Assistance Program Interchemochana conference for blind personutroad overview Client Assistance Program Interchemochana conferences for blind personutroad overview Client Assistance Program Interchemochana conferences for blind personutroad overview Client Assistance Program Interchemochana conferences for blind personutroad overview Client Assistance Program Interchemochana conferences for blind personutroad overview

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## Medicaid Provider Manual Medicaid pays for community mental health services (some emergency services can be paid for if a person doesn't have Medicaid). The Medicaid Provider Manual is used to understand the eligibility criteria for services, what medical necessity means, the criteria for services to be determined medically necessary, and how Medicaid services can be used to support individuals with disabilities. Medicaid Provider Manual (Don't print the manual) https://www.mdch.state.mi.us/dch-medicaid/manuals/MedicaidProviderManual.pdf

## **Community Mental Health Services Medical Necessity Criteria**

Medicaid Provider Manual Behavioral Health and Intellectual and Developmental Disabilities Supports and

2.5.A MEDICAL NECESSITY CRITERIA

Mental health, developmental disabilities, and substance use services are supports, services, and treatment:

o Necessary for screening and assessing the presence of a mental illness, developmental disability or substance use disorder; and/or

- Required to identify and evaluate a mental illness, developmental disability or substance use disorder; and/or
- Intended to treat, ameliorate, diminish or stabilize the symptoms of mental illness, developmental disability or substance use disorder; and/or
- Expected to arrest or delay the progression of a mental illness, developmental disability, or substance use disorder; and/or
- Designed to assist the beneficiary to attain or maintain a sufficient level of functioning in order to achieve his goals of community inclusion and participation, independence, recovery, or productivity.



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## **Community Mental Health Services Determination of Medical Necessity**

**2.5.B. DETERMINATION CRITERIA**The determination of a medically necessary support, service or treatment must be:

- Based on information provided by the beneficiary, beneficiary's family, and/or other individuals (e.g., friends, personal assistants/aides) who know the beneficiary;
- Based on clinical information from the beneficiary's primary care physician or health care professionals with relevant qualifications who have evaluated the beneficiary;
- For beneficiaries with mental illness or developmental disabilities, based on person centered planning, and for beneficiaries with substance use disorders, individualized treatment planning;
- Made by appropriately trained mental health, developmental disabilities, or substance abuse professionals with sufficient clinical experience; based on info. from trained professionals.
- o Made within federal and state standards for timeliness;
- Sufficient in amount, scope and duration of the service(s) to reasonably achieve its/their purpose; and
- o Documented in the individual plan of service.



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## **Community Mental Health Services** Supports, Services, Treatment, Decisions

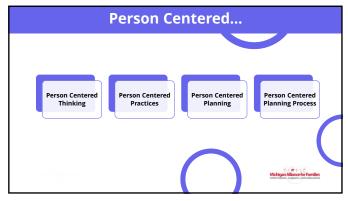
**2.5.C. Supports, Services and Treatment**Provided in the least restrictive, most integrated setting. Inpatient, licensed residential or other segregated setting shall only be used when less restrictive levels of treatment, service or support have been, for that beneficiary, unsuccessful or cannot be safely provided.

## 2.5.D. Decisions

Services may not be denied based solely on preset limits of the cost, amount, scope, and duration of services. Instead, determination of the need for services shall be conducted on an individualized basis.

Services are defined by the State and approved by Centers for Medicare and Medicaid Services (CMS).





## Person **Centered Planning** (PCP)

"Person-Centered Planning (PCP) means a process for planning and supporting an individual receiving services that builds on the individual's capacity to engage in activities that promote community life and that honors the person's preferences, choices and abilities".

Michigan Compiled Laws MCL 330.1700(g)

PCP is a way for people receiving supports and services from the mental health system to set goals that they want to achieve and develop a plan to accomplish them.

The PCP process leads to the development of an Individual Plan of Service (IPOS)

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## Values and principals That Guide the PCP Process

Person-Centered Planning is an **individualized** process designed to respond to the **unique needs and desires of** each person.

Every person is presumed competent to direct the planning process, achieve goals and outcomes, and build a meaningful life in the community. PCP should not be constrained by any preconceived limits on the person's ability to make choices.

Every person has strengths, can express preferences, and can make choices. The person-centered planning approach identifies the person's strengths, goals, choices, medical and support needs and desired outcomes. The person's choices and preferences are honored.

Choices could include: Choices could include:
- Family and friends involved
in his or her life and PCP
process
- Housing
- Employment
- Culture
- Social activities and
recreation
- Vocational training
- Relationships and
friendships
- Transportation

## **Values and Principals That** Guide the PCP Process, Cont'd

The person's choices are implemented unless there is a documented health and safety reason that they cannot be implemented. In that situation, the PCP process should include strategies to support the person to implement their choices or preferences over time.

Every person contributes to his or her community and has the right to choose how supports and services enable him or her to meaningfully participate and contribute to his

Through the PCP process, a person maximizes independence, creates connections, and works towards achieving his or her chosen outcomes.

A person's cultural background is recognized and valued in the PCP process. Cultural background may include language, religion, values, beliefs, customs, dietary choices and other things chosen by the person. Linguistic needs, including American Sign Language (ASL) interpretation, are also recognized, valued and accommodated.

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The Individual Plan of Service is developed through the personcentered planning process.

Life goals are identified by the individual and medically necessary services and supports are identified and documented in the IPOS to help work toward and reach goals.

PCP process is used at least annually to update the Individual Plan of Service. IPOS should be updated when needs or choices change.

Assessments may be used to inform the PCP process but is not a substitute for the process. Together, assessments and the PCP process are used to identify goals, risks, needs and authorize services.

**PCP Individual** Plan of **Service** (IPOS)

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The IPOS documents what services the mental health system will be providing and paying for:

Type of service (what service is needed?)

Amount of service (how much of the service is needed?)

Duration of service (how long should the service be provided?)

## REMINDER:

Services may not be denied based solely on preset limits of the cost, amount, scope, and duration of services. Determination of the need for services is made on an individualized

No assessment scale or tool should be utilized to set a dollar

figure or budget

that limits the

person-centered

planning process

basis. PCP - IPOS Michigan/Aliance for Families

## These are some commonly used Medicaid covered services • Supports Coordination: Someone to help develop the Person-Centered Plan and IPOS and to link and coordinate services and supports. • Respite Services: Intermittent, short-term staffing to provide a break to an unpaid caregiver. • Community Living Supports (direct care workers/staff): Scheduled staff support to help individuals access and participate in their communities, work toward becoming more independent and assist them in being productive. • Skill Building Services: Assistance to engage in meaningful activities such as recreation, work or volunteering. • \*Supported/Integrated Employment Services: Provides job deep communities and the productive of the providence of the provi

o **Environmental Modifications:** Physical adaptations to the home to make it accessible and safe.

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## Self Determination — Policy Michigan Department of Health and Human Services Behavioral Health and Developmental Disabilities Administration Self Determination is the value that people served by the public mental health system must be supported to have a meaningful life in the community. The components of a meaningful life include: o work or volunteer activities that are chosen by and meaningful to person, o reciprocal relationships with other people in the community, and odally activities that are chosen by the individual and support the individual to connect with others and contribute to his or her community. With arrangements that support self-determination, individuals have control over an individual budget for their mental health services and supports to live the lives they want in the community. Self-Determination Policy and Practice Guideline https://www.michigan.sov/. Immedia/project/Websides/midthu/Folder2/Folder4/Folder2/Folder14/Folder2/Folder14/Folder24/Fold Determination Jolicy, and Practice Guideline \*\*Tolicy, and Practice Guideline\*\*\* \*\*Tolicy, and Practice Guideline\*\* \*\*Tolicy, and Practice Guideline\*\*

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# Person-centered planning (PCP) is a central element of self-determination. PCP is the crucial medium for expressing and transmitting personal needs, wishes, goals and aspirations. As the PCP process unfolds, the appropriate mix of paid/non-paid services and supports to assist the individual in realizing/activeing these personally defined goals and appirations are identified. The principles of self-determination recognize the rights of people supported by the mental health system to have all few with freedom, and to access and direct needed supports that assist in the pursuit of their life, with responsible citizenship. These supports function best when they build upon natural community experiences and opportunities. The person determines and manages needed supports in close association with chosen friends, family, neighbors, and co-workers as a part of an ordinary community life. Self-Determination Policy and Practice Guideline Thttp://www.michigan.gov/c

## **Supporting an Individual Who is Turning 18**

Continue an open line of communication with the individual. Assume competence!

Talk about the transfer of rights when an individual turns 18. Explain the individual's rights and encourage their active role in decision-making at their IEP

Discuss decision-making options and identify family, friends, and allies who can support the individual to make their own decisions, with support that is needed.

PACER'S National Center on Transition and Employment-Prepare Your Child for Age of Majority and Transfer of Rights

Continue open conversations with the individual about their wishes for the future:

• where to live
• employment and daily activities
• continuing education

- support for daily & major life decisions
   build community connections

Help the individual apply for needed benefits to access services that will help the individual work toward and reach their desired goals.

Stay involved! Continue to attend planning meetings, at the invitation of the individual.



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## **Michigan Alliance for Families**

Michigan Alliance for Families is an IDEA Grant Funded Initiative of the Michigan Department of Education, Office of Special Education, and Michigan's federal Parent-Training and Information Center (PTIC) funded by U.S. Department of Education, Office of Special Education Programs (OSEP).

www.michiganallianceforfamilies.org 1-800-552-4821 info@michiganallianceforfamilies.org







