10:59:17 >> Tedra: There we are. It worked. Last week, our Facebook didn''t work. Good morning, everyone. Okay. I think we''re all -- I think we''re all set. We''ve got about2 minutes before 11. We''ll give a few more people a chance to come in and join us. And we''ll get started right at 11.

10:59:45 >>

11:00:49 >> Tedra: Good morning, it is 11 o''clock, so we are going to go ahead and get started. I would like to welcome everyone to our -- ooh, it''s our 18th webinar I believe. 17th or 18th webinar today. And we''ve got a really important topic and we''ve got a great cast of speakers and presenters lined up today. We''re going to be talking about an issue that has come up several times, that''s come up a lot in our -- that has come up a lot in our webinars and in other meetings that we''ve been in.

11:01:34 And that is the freedom of movement for people who are living in group homes or AFC homes. And not being able to leave or have visitors as they wish due to group home restrictions. And so today, we''ve got Belinda Hawks from behavioral health and developmental disabilities, administration of the Michigan Department of Health and human services. We have Raymie Postema from the office of recipient rights for the Michigan Department of Health and human services. And we''ve got Lisa Lepine froCoun

11:02:02 >> We have Chris DA IFS from, they just changed their name, as of Monday this week. Disability rights Michigan. Formerly known as Michigan Protection and Advocacy Services. So they are going to talk with us today about the issues on the matter at hand. But before we get started, just a couple of things. The session is being recorded.

11:02:39 And the recording will be available, usually early the following week at ddi.Wayne.edu/mddc and you will find the handout from today as well as a recording of the webinar. Your microphones will be muted for the duration of the presentation. If you want to ask a question, you may do so by using the hand -- if you want to ask a question during the presentation, you may do so using the hand raise function. We''ll talk about that a little bit more.

11:03:14 The only video you will see are those of the presenters today. So you won''t see everyone that is participating. You will only see the video for whomever is speaking. We do have closed captioning. And to access it, if you''re connected by computer, you''re going to click on the arrow to the right of the closed captioning button, and you will click show subtitles. There are three ways to ask questions during the presentation today.

11:03:56 One is in the Q and A window. The second option is in the chat box. And make sure that you say for all panelists and attendees to be able to see your chat. And the third way is using the hand raise button. If you''re connected by computer, if you click on the participant button, and right click your name, you will be able to raise your hand. It''s a hand raise button. We can''t see you, so please don''t raise your hand at the computer because we won''t know to be able to acknowledge your ha.

11:04:04 Raise. And so witho. ut further aO

11:04:10 >> I''m going to stop this share and who is starting us off, Belinda or Raymie?

11:04:11 >> Raymie: I can.

11:04:18 >> Tedra: Yep. Raymie, if you want to just introduce yourself a little bit as our new director of ORR.

11:04:31 >> Raymie: Sure. So my name is Raymie Postema and I became the DREK TORG of the office of recipient rights for the Michigan Department of Health and human services at the end of January.

11:05:00 And I had a couple weeks in the office, and then at the end of March, or the middle of March, I never saw my office again. So I''ve learned how to do everything very remotely and it''s been kind of an interesting introduction to my new job. But prior to that, I''ve been with department for 22 years. With the office of recipient rights. And have worked with the state hospital administration as well as doing assessments of community mental health programs.

11:05:18 Rights systems to ensure that they''re compliant with the law. So all in all I have been in recipient rights including community mental health for almost 30 years now, so it''s definitely taken up a good chunk of my life. Belinda, do you want to introduce yourself, or is that --

11:05:33 >> Belinda: Hi, everyone, Belinda Hawks, I''m the division director of quality management and planning with NBHDDA and I have been in the position for almost 7 years now. And before that, I was working.

11:05:56 In the community mental health system and before that as a provider. So Raymie and I have similar years in, in various work phases of behavioral and mental health. And services to people with IDD. So we''re happy to be a part of the presentation today. And thank the council for inviting us.

11:06:12 >> Raymie: Okay. So points. Tedra if we can. we have some talking

11:06:40 >> If we can click on the link for the freedom of movement policy. So this is the -- and below, there will be a link to get to the page that has this in it. See if we can get it to come up. I tested it this morning so I''m hoping they work okay.

11:06:43 >> Tedra: Want the policy, or you want the --

11:06:44 >> Belinda.

11:06:47 >> Raymie: That first link at the very top.

11:07:00 >> Tedra: I Ime. ight have potentially clicked the wrong

11:07:03 >> The first link is a PDF.

11:07:09 >> Raymie: Yes, the free done of movement policy.

11:07:19 >> And if for some reason -- we should be able to ...

11:07:29 >> If Tedra is having trouble, we can open it up. I just need to know, Tedra, how you want us to share our screen to see it.

11:07:35 >> Tedra: So on my end, it appears that I am sharing the policy. Can you all not see it?

11:07:36 >> No.

11:07:36 >> No.

11:07:48 >> Tedra, you have to stop sharing the word document and then share the new document that JU just showed up.

11:08:04 >> SFRJTS as you can see, this came out in July, and originally, we put out this guidance and communication in late March.

11:08:16 However, due to some changes in executive orders in the change to the stay home, stay safe order, and it''s ending, we updated this.

11:08:48 So basically, everybody can kind of look through this, but it does apply to all licensed adult foster care homes, specialized residential, including substance use disorder, residential settings. And it basically complies with the Michigan Mental Health Code that allows people freedom of movement and access to the community, access to services that they may need outside of the home.

11:09:01 And talks about -- you can go ahead and move down, Tedra. To the next page.

11:09:36 So this has been established that we want people to be safe, we want people to have education and training. And know what all the risks and benefits are. But we also want people to understand that they still have a right to be able to move around their community. They have to follow the law and hopefully people are doing that as far as wearing face coverings and social distancing. But there is no prohibition for people to be able to leave the home.

11:10:09 And there is no prohibition for people to be able to come back home once they have left. We also talk here about using the person center planning process in working with recipients, people receiving services, working with their family members, working with guardians. And working with the staff so that everybody understands that the person has that ability, and we''re trying to make sure that we''re able to maintain the services.

11:10:57 And their freedom so that they can maintain behavioral and psychiatric stability. We also address in this particular guidance some visitation issues, and the visitation issues have been the latest, and we provided a link to the latest executive order that addresses visitation. But if you move down to the next section, well, actually -- so the latest order is still in place. It''s in place until August 31. And it addresses the issue of prohibitions on people coming into.

11:11:31 Care facilities that do not meet certain criteria. And that includes people who are providing services. It includes people who are either coming to visit someone who is in hospice or in serious critical condition. If we want to -- why don''t we wait and we''ll pull up that order, I think would probably be the best way to go through.

11:11:36 >> There are any questions related to movement or is there anything you want to add, Belinda?

11:12:09 >> Belinda: I just want to make sure that we are able to help you understand the distinction between visits and freedom of movement because that seems to be what we''ve heard so far, where the confusion lies. And so Raymie hit VRJTS Raymie hit on the fact that our guidance says specifically that anybody has the freedom we all have even if they live in those type of facilities or settings, to go about their community. It''s really about visitation.

11:12:37 And that doesn''t mean the person out in the community can''t return to their facility or setting, right? It just means that visitors that are coming in to visit someone in that setting have more additional restrictions per the executive order that we''re going to cover now. So we wanted to make sure that you had an opportunity, and this, this -- these, this Power Point or talking points will be shared.

11:13:03 And Tedra, feel free to share the links with everyone. And the best way to keep up to date on what is out there in the way of executive orders or in the behavioral health or MDHHS guidance is to go to the direct links with those updates, so we''ll share those as well.

11:13:11 >> Raymie: It looks like there''s a question regarding quarantine. Is that correct?

11:13:33 >> Yes. Jane Litman asked the question, can group homo owe can the group home require quarantine for 14 days DP they go to the doctor or have lunch with apparent.

11:14:02 >> They can. There is a link from Jay Kalwart from licensing, from LARA. And we included the link to their FAQ. You cannot require someone to quarantine for the mere fact they left the facility. However, according to the licensing FAQ, you could quarantine if somebody is coming back as symptomatic, or is coming back with a test of positive Covid.

11:14:33 So we will go through that FAQ, and talk about that. But the mere fact that somebody wants to leave in and of itself does not make them a danger coming back into the facility. What we want to do is we want to do the criteria of doing temperatures, asking the questions that are set up in the links and the guidances that we''ve provided, so that you''re ensuring if somebody is symptomatic, that you''ve identified that, and then can take the next steps there.

11:14:41 But if somebody just based upon the fact that they left your home and are coming back would not require quarantine.

11:14:58 >> Raymie? Tom has a question. Tom, I''m going to allow you to talk: You need to unmute yourself, Tom.

11:15:07 >> Raymie: I see you there, Tom, but you''re muted.

11:15:29 >> Tedra: While we''re waiting for Tom to unmute, sometimes there is a delay, we had a question, is there something in place for individuals that live in residential homes, continues to elope, then coming back into the home knowing they have exposed themselves to unknown persons? That was a question from Tina.

11:15:51 >> Raymie: Well, the person has the ability to leave the home. I mean, if there are any limitations or any limitations on rights, that''s a different issue that should be addressed through the individual plan of service. But the person would be required when they come back into the home to answer the questions and have their temperature taken.

11:16:24 They also need to receive education and training regarding safe practices while they''re in the community. But any time any of us go out into the community, we could come in contact. But if we''re not coming back with known exposure to somebody, there again, people can come back and there wouldn''t be a need for quarantine unless it meets the criteria.

11:16:25 >>

11:16:30 >> Tedra: Thank you. Tom, are you ready?

11:16:40 >> If you''re talking about Tom Kendziorsqi, I did not have a question, I''m not sure what happened.

11:16:42 >> Sorry, you have your hand raised.

11:16:42 >> I do?

11:16:46 >> You do [laughing ]no big deal.

11:16:57 >> Not sure if I clicked it, but okay, I''m good.

11:17:04 >> Are there other questions? I see some chats there, so just making sure before we move on, that we get them all.

11:17:10 >> No other questions in Q and A. We do have people with their hand raised. Amanda?

11:17:14 >> Yea, Amanda, you''re open. Go ahead and ask your question.

11:17:28 >> Amanda: Thank you. Are you going to be touching, did you mention an FAQ coming up? I would hate to put a question about -- out there that''s about to be answered or something like that.

11:17:36 >> Yes, actually I think we were going to move there next because we want to cover the freedom of movement stuff, and then we''ll take a look specifically at the visitation issue.

11:17:40 >> Amanda: Okay. THEJ I will hold off.

11:17:53 >> Raymie: Okay. Tedra, if wthe, could go to the adult foster care link.

11:22:28 >>

11:22:37 >> tALKING ABOUT ADMITTING.

11:22:40 >> tALKING ABOUT.

11:22:47 >> Talking about admitting new residence. This is where we talk about that he this would to be symptomatic.

11:23:08 >> They would have to be symptomatic or would have to be identified from the health care provider or, that they''re considered to be either symptomatic or Covid positive, then you could quarantine.

11:23:47 Go on down. Here it talks a little bit about visitation and the executive order 156, where we''ve attached that as well. And so if you do have a family member or a loved one who wants to see their -- the individual, but it doesn''t comply with the visiting ban through the executive order, that you need to make other options available through face time or Skype or some type of other virtual communication. And so we need to try and accommodate those.

11:23:58 So that people have access to their support systems. Belinda, is there anything you wanted to add on that?

11:24:35 >> Belinda: I just wanted to let folks know that I am a part of a work group that was assigned out of the nursing facility task force from the governors office, to address all long-term care facility visitation restrictions based on this order. And look at ways that we can recommend as a work group visitation to occur to individuals outside of the essential staff that might be needing to visit or a compassionate care visit.

11:25:10 Which Raymie mentioned was related to folks that might be receiving hospice services, et cetera. So those recommendations were due back to the task force this week. And there are recommendations included in that -- in that plan, including allowing for visitation to occur outside of essential staff and compassionate care. Given certain criteria is met. So that should -- look for that to hopefully be influencing executive orders going forward.

11:25:14 Given that the current one is expiring Monday, right?

11:25:16 >> Raymie: Yep.

11:25:20 >> Belinda, we have a question from Jim Kelly.

11:25:21 >> Hi, Jim.

11:25:25 >> Jim, go ahead and unmute yourself and ask your question.

11:25:30 >> Jim: Actually I''m sorry, I didn''t mean to ask a question.

11:25:34 >> That''s okay, that''s okay.

11:25:37 >> Belinda: A false hand raise again.

11:25:59 >> Raymie: Let''s move to the next question. So here is where we talk about residents allowed to go into the community as well as visit with visitors outside of the facility. And this is basically the same as what we have in the guidance from behavioral health and it''s actually referenced here.

11:26:24 So there''s nothing in any executive order that prohibits the individuals that live in the home from moving about their community or visiting with visitors outside. And we just need to make sure there again that we are really working with the individuals who are living in the homes to talk about the importance of social distancing, hand hygiene. And wearing masks.

11:26:59 And also being aware as it says in the guidance or in the communication, that, you know, if you have -- as a resident, if you have some sort of a condition that puts you at higher risk for contracting and becoming very ill from Covid, that those things need to be discussed with the individual as well. The next one talks about do facilities have to allow family and friends to visit for hospice. The answer to that is yes, that is part of the executive order.

11:27:12 Here is the licensing FAQ on can I take my loved one out for a facility to visit. And if so does the facility have to allow them to return? And the answer to that is yes.

11:27:34 And then it also refers you to executive order 169 and if there is a discharge notice issued, that those questions can be directed back to the MDHHS Covid e-mail address.

11:27:57 Same thing with the question here about does executive order 169 prohibit me from discharging a resident. The answer is if you''re doing it due to Covid, yes. And then those questions can be directed directly to that e-mail and there is the executive order link as well.

11:27:59 >> Who answers that e-mail?

11:28:03 >> Raymie: Belinda?

11:28:20 >> Belinda: It''s manned by MDHHS staff. And various administrations. And they know to triage the question to the proper subject matter expert as they come in.

11:28:21 >>

11:28:27 >> TEDRA JACKSON: Okay. We do have a hand raised. Amanda? Mike, can you --

11:28:31 >> Mike: Yep, Amanda go ahead and unmute and you can ask your question.

11:29:01 >> Amanda: Okay. Can you hear me okay? I was wondering about using phone and Skype and so on instead of having visitors. I believe some AFC''s require residents to purchase phone minutes and so on. Has there been any sort of accommodation made to aleve that financial hardship, since they aren''t allowed to have visitors.

11:29:37 >> Belinda: Amanda, you hit on a good point related to if people have the option to have tele health visits for example, or just visits via technology, but don''t have the technology or don''t have the WiFi, or don''t have the plan, the data plan that allow for that to happen, what can we do? In look being at federal monies that have been issued or available to states, to allow for expenses such as that.

11:29:56 So we are actually talking about it, and understand that there is available -- there are available funds potentially that we could pursue that would address potentially the need for the technology that individuals can''t afford.

11:30:27 >> Raymie: That should be addressed through a personal center planning process as well. So if there is an issue of a person not being able to visit with people of their choice and those types of things and it is related to the fact that we don''t have the technology in place or they don''t have access to it, then that should be addressed as part of the person centered plan. And as Belinda said, I would be asking those questions about how do we support that person.

11:30:46 And how do we provide the funds. And I think there''s a meeting going on at the same time as this one to have some of those conversations about how do we get funds where they need to be. So that that definitely is something that should be able to be addressed based upon the individual''s needs.

11:31:20 >> Belinda: I want to add that if folks are receiving certain waiver services, and/or state plan services, there is a possibility, depending again on the particular needed equipment or technology, that it could fall under adaptive equipment. So I wouldn''t rule out the fact that you could go to Medicaid policy and see if it might apply to the particular situation.

11:31:43 >> Amanda: Right. I see, I see. You answered my question. And I''m also wondering if there would ever be any circumstance that would arise that AFC or group home didn''t have a private room to quarantine a resident?

11:32:25 >> Belinda: We have heard that that has occurred, and what happens in those cases is we expect that they work with their contracting entity, with their CMH, to identify then the most appropriate plan to address the needs of that particular person that needs to be quarantine quarantined while at the same time protecting the other individuals that live in that facility. So each CMH has approached it different depending on the circumstances, by way of arrangements they made with.

11:32:50 Local hotels and other settings that allow for the individual to still receive the support they need, but get quarantined as per the CDC guidelines. So I think that''s an opportunity again to go back to the CMH and say we need some support, and how we''re going to approach quarantineing a particular person.

11:32:58 But it isn''t the answer to say that they cannot return to that provider to receive service.

11:33:02 >> Amanda: Okay. I see, thank you for answering.

11:33:03 >> Belinda: You''re welcome.

11:33:04 .

11:33:16 >> Raymie: I don''t know that there is anything else, let''s take a quick look through the rest of the questions, but I don''t believe the rest of them apply here.

11:33:21 Yea, no, no. I think --

11:33:23 >> Belinda: I think that was it, Raymie.

11:33:36 >> Raymie: I do believe that that is it for the FAQ and anybody can take a look at that on their own when we pass that back out to everybody.

11:33:43 >> Tedra: Which one would you like next, Raymie.

11:33:51 >> Raymie: I''m look being at time. Belinda, do you think we need to go through anything with the executive order and VIS Tate.

11:33:59 >> Belinda: I think we sort of covered it, and I don''t sense that there are more questions at, that we haven''t already answered.

11:34:06 >> Raymie: If you can put up the talking points again, I just want to let people know what all of these are.

11:34:32 So the executive order is there, and it also, you can back out of that link a little bit and get to any other executive order if there is other ones you want to look at such as 169, which has been talked about here. Regarding discharge is. The recipients rights and customer service links, the recipient rights web page is linked there.

11:35:00 And also there''s a map of all the recipient rights offices so the link there, if you''re looking for contact information for either your local recipient rights office or any of their licensed private psychiatric hospitals, anybody in that area, you can just click on your area of the map and it will bring up that information.

11:35:28 The other link that we provided is for customer service. And that is through behavioral health and VELT Al disabilities administration -- developmental disabilities administration and those are for contract type questions or just customer service questions that you might have related to both services through the community mental health program or also through the PIHP, the prepaid in-patient health program.

11:35:57 So those are there. And then the last link is to the behavioral health Covid page, where all of the communications, including essential services, um, the visitation and freedom of movement as well as other documents that have been put out, are all living there. And so when you go to that, then you can get direct links into any of the documents you''re interested in looking at.

11:36:02 And then I will let Belinda talk about anything else she wants to talk about here.

11:36:32 >> Belinda: Tedra, I saw that you were starting to open that link up. If you want to do that, we can go through that real quick, so people understand how to navigate that page. This is the behavioral health and developmental disabilities administration web page that we created as an opportunity for people to go to that page directly, understand what policy and guidance has been issued on behalf of the State of Michigan.

11:37:12 The MDHHS, or BHDDA more specifically. And you will see the dates that are listed behind that document, which is really the dates that they were posted. So as you see, some of them have been rescinded, because of various orders may have expired. So, you know, again, as Raymie said, we try to keep up with, but there may have been some that have since been rescinded that we need to update. But this is a kind of a one stop shop for you to go and see what is out there.

11:37:56 You also, if you scroll down, see that we''ve included some MSA link which is again an opportunity for you to see what would have been released by the medical services administration. More general Medicaid policy. It''s further down. Tedra. Yep, there you go. And so those links are there as well. And those letters where you see the letter L, which is, they call an L letter, which is a policy letter, right? So it''s an opportunity for you to understand that Medicaid.

11:38:25 Has issued a policy letter, interpreting a particular guidance or order related to Covid. And then beyond that, we thought it would be important to include resources that have come to the department''s attention, or been created by the department. So the first three are actually links that the council provided to the department to include on this web page.

11:38:39 And then the rest are various links that we again wanted to make sure to point to, that people could go to. Understanding what resources might be out there in their community.

11:39:16 Underneath that, we talked about just, I mentioned the waivers and the benefits under those waivers. And state plan. So we thought it would be important to include the COVID-19 waiver flexible tease and state plan flexible tease that have been allowed and approved by CMS, by the centers for Medicaid-Medicare services. So that''s federal approval for us to really look at any waiver limitations and open those up and make them more flexible during the time of a pandemic.

11:39:56 So we thought it would be important to include those. You will also notice there''s a few documents related to services that might be available in the community. Again, not an exhaustive list. There''s a training document related to staff that are looking for guidance around their training that might be expiring during Covid. And then the FAQ, which would be the adult foster care HFA FAQ that we just went through. And then the FAQ for licensed psychiatric hospitals.

11:40:09 >> Raymie: I just want to say that we will update the FAQ''s since that one is from March. We will ask that that get updated and we''ll provide them with a new August one for the AFC FAQ.

11:40:46 >> Belinda: Yep. And then the videos below are videos that were early on developed to assist both caregivers as well as individuals related to behavioral health needs that they might have during this pandemic. So it''s a good page, again, it''s not an exhaustive page and of course the State of Michigan has a COVID-19 dedicated website. This is unique to more specifically behavioral health resources. Any questions?

11:40:57 >> Mary: There are none in the Q and A at this time.

11:41:22 >> Belinda: Okay. Well, we have the time if folks do have questions, and I know I did see a few ask a question, will the links be provided. And I think I saw Tedra already provided them in the chat. So we''re happy to take questions now. If not, then we''ll be available for questions at any point that you might have them.

11:41:31 >> Tedra: I want to check in with Tracy to see if there''s any questions or comments that we should pay attention to from the Facebook live.

11:41:35 >> Tracy.. there are no comments or questions at this time.

11:41:36 >> Tedra: Thank you.

11:41:57 >> Raymie: Well, thank you. And as we said, if there are questions, we''re available not just today, but we can make sure that our e-mails are provided too if there are questions that people have, or we can take them through your organization, Tedra, if you get questions and follow-up that we can help with.

11:42:05 >> Mike. And we do have one more question from Amanda. Oh, no, she lowered her hand. Never mind.

11:42:21 >> Mary: . We did get a question in the QA. Asked, how are individuals being made aware of these rights and information in the policy?

11:42:51 >> Raymie: So we''ve -- from the behavioral health standpoint, all of these communications have been sent out to all of the PIHP''s in the community mental health programs. And it has been asked that those be shared with all providers, and that they be shared with hopefully the individuals. I have also been making sure that all of the recipient rights offices in the State of Michigan are also getting copied on all of this.

11:43:03 And ask them to make sure that that information is getting shared out. I don''t know if there is a formal way, Belinda, do you know of anything that''s going directly out to, um, people who are receiving services?

11:43:46 >> Belinda: The only thing that I can say about that would be that the MSA letters that go out go to beneficiaries and to providers. So if there is state guidance or executive orders that MSA may have developed a policy around, that would have gone out that way. But otherwise, it -- we would have the expectation that the PIHP''s and CMH''s, along with their provider networks would assure that folks have an education about this information.

11:44:00 >> Raymie: I assume you should be able to access either your local community mental health program or your local customer service if you have any questions at your local level.

11:44:06 >> Mike: I think we do have one more question from Amanda. Amanda, you want to unmute and ask the question.

11:44:41 >> Amanda: Yes, I put my hand down earlier because I thought you were queueing me. My question is actually a bit of a follow-up to that one. I''m wondering how people who are advocates can remain aware that these things are being implemented and followed when they''re not in regular contact with someone actually receiving services in an AFC or group home, either through employment or recipient themselves.

11:44:49 >> Belinda: Amanda, you''re talking about how would the advocate community know about this?

11:45:12 >> Amanda: How, how can an advocate understand that, say, 169 people, are not being discharged because of Covid. How can we remain up to date and understand that rights are being ensured?

11:45:39 >> Raymie: I have to say even as a person who works within the department, we make lots of visits to some of the -- some of the links that we''ve provided as far as what the new executive order is, and unfortunately sometimes we even get caught off guard when something new comes out that maybe we didn''t catch. So I don''t know that there SA great mechanism in place for that except for we''re all trying to be super vigilant.

11:45:53 And watching what''s coming through. And then also from the department''s standpoint of making sure that when something does come to our attention, that we''re putting it on these links so that people can access it. Belinda, did you have any other thoughts about that?

11:46:34 >> Belinda, I have a question for you. What would you recommend would be the best way that this information could get dis SEM NATDZ? Because we expect, as we have all heard, that there will be a ramping up of Covid KATSZ potentially and the need for continued executive orders or protections for people as we move into the fall. So as we''ve shared these links, and you reviewed them, we would love to get input from you as a user of those links.

11:47:13 As to what would be an improvement or a better method to get the word out. We again count on the community that is supporting folks to be up to date based on what the department and the State of Michigan is putting in on these websites, but I understand that that might be challenging to monitor and manage because of the influx of new orders coming in and old orders being rescinded. So do you have any suggestions?

11:47:17 Or if not at this point, we appreciate any feedback you might have.

11:47:47 >> Amanda: Sorry, am I outgoing. I love that you put that on the table. So thank you so much for saying that. One of the things I think is really important is I noticed that the behavioral health page gets updated, I would say once or twice a month. Would you agree with that? At least the last few months? The certainly was more at the beginning.

11:47:48 >> Yep.

11:48:25 >> Amanda: And most of the things tend to pertain to Medicaid policies and freedom of movement like we discussed today. This is a bit off the topic of today''s discussion, but I would be interested to hear more about other departments of behavioral health, such as state hospital administration and so on. I know there''s a lot of areas I felt like I have not been informed, or had to reach out myself if I''m being clear.

11:48:27 >> Belinda: Uh-huh.

11:48:50 >> Amanda: Beyond policy and billing, I find that advocates at least myself become interested in the day-to-day of how people with disabilities are living beyond how their insurance are being build. Did I answer your question?

11:49:12 >> Belinda: You did. So it''s really getting to the quality of life impact and we all know it has been significantly impacted. So I think it''s important to know that and to understand that people are looking for resources related to that.

11:49:58 >> Amanda: Exactly. Because like a lot of the things we''ve discussed today, such as what I brought up about phones, I would have found it useful, just something like that, to know are people able to make phone calls. Just day-to-day things. That''s really all I can recommend off the top of my head while you ask. Although another thing I would like to bring up is I find it very, very useful and welcome when people like yourself open the floor like you just did.

11:50:09 Because it''s very difficult to find out the right people to out reach and find information. I don''t know if I''m making myself clear.

11:50:36 >> Raymie: I think that that''s important information, and I think we will take that going forward, but I do know that we are out of time, I believe. And I know we''ve got people following us, so like I said, we''re open to other questions and that type of thing, but we''re probably going to have to turn this back over to Tedra and go from there and make sure that if there are new questions coming in, that we get them and can try and answer them.

11:50:55 >> Belinda: Thanks again for your time and your feedback. I''m always interested in understanding the individual impact as much as the systemic impact that this pandemic is happening, and -- is having on people as well as the services and the benefits. So appreciate your time today. Thank you.

11:51:30 >> Tedra: Before we move on, we do have two more questions, and we will answer these last two questions, and then we''ll move on to our next two presenters. The first question came through the QA and it was regarding folks that use community living supports, or support services, are there guidelines that provider agencies can follow when the recipient of services wants to enter the community, but is unwilling to take precautions to minimize risk of contracting Covid.

11:52:06 >> Belinda: Well, it starts with the plan process, right? It starts with the conversation about just that. We understand this might be a risk for this individual, we understand what the community risk might look like and the unpredictable factors that might be playing out as people go out into the community. And what can we do at the individual level in a discussion with the person and their support team related to how to best support it.

11:52:42 I think it isn''t the answer to say we can''t do it. The CLS must be both community and in the home. And so what can we do safely in the community to allow the person to access their community like we would. And so I think it starts with a conversation and that sounds pretty simple. But I think that''s where it has to begin. And there are going to be unpredictable factors that play in. We just have to be able to respond to those with the support the person might need.

11:52:57 And not anticipate that they''re going to happen. Maybe they will, maybe they won''t. But know that if they do, the person has the support they need when that happens.

11:53:10 >> Tedra: Thank you, Belinda. ANL the next question is could there be a subscription -- oh, could people subscribe to something to receive updates from BHDDA I think is the question.

11:53:44 >> Belinda: Yea, I think within your question, you have a great idea. Because right now there is no way to subscribe. But wouldn''t it be good when we posted something new on a site, you got an e-mail or some sort of text that says there is a new listing or a new posting? I think that would be ideal for all of our Covid-related sites, because as Raymie said, we sometimes are surprised that something new has come out. And unless we''re really monitoring that site regularly.

11:53:51 We may miss it. So there isn''t anything now, but that''s a great idea and I will take that back. Thank you.

11:53:59 >> Tedra: Belinda there might be a way to set it up through gov delivery.

11:54:01 >> Belinda: You''re right. Good point.

11:54:32 >> Tedra: Thank you so much Belinda and Raymie. We appreciate this so much. I think we had almost 80 folks on and I think that we do have people -- these are the questions that we''ve been getting, so I think a lot of people did not know about the freedom of movement. And you know, the trickle down effect while is well-intentioned, doesn''t always work for every one. And so I''m glad that we were able to get the word out to so many people today.

11:54:55 So that they can push it out to the people that they know in their networks. And we do have quite a few CMH staff on the line with us today. So hopefully, this issue, people will be able to move about some more. More than they''ve been recently. So thank you.

11:54:57 >> Raymie: Thank you for the opportunity.

11:55:01 >> Belinda: Thanks.

11:55:51 >> Tedra: So our next two presenters are going to talk with us about is some issues surrounding guardianship that have cropped up during the pandemic. And our first presenter is Lisa Lepine. And unfortunately, Lisa is without Internet today, and is only able to talk to us by phone. And so we are going to go to Lisa and then after Lisa, we will go to Chris Davis from Disability Rights Michigan.

11:55:53 Lease a are you there, are you ready? Lisa.

11:55:57 >> Lisa: I am, Tedra, can you hear me okay?

11:55:59 >> Tedra: I can.

11:56:31 >> Lisa: First let me apologize. We have no Internet access here at the ARC of Macomb. I blame the wind, but I''m not sure if I''m correct. A little bit by way of introduction, I am the director at the Arc of Macomb, and I''m also an attorney licensed to practice in the State of Michigan. And a lot of what I do with the Arc and in practice are questions regarding guardianship and alternatives to guardianship.

11:57:03 And before we go into some of the things that we''ve been hearing about guardianship, I wanted to just make the distinction, or observation, that under law, we have two different laws that apply to guardianship in the State of Michigan. The estate of protected individuals code and the Michigan mental health code. And those two laws apply to different groups or categories of people. The estate of protected individuals code.

11:57:38 Addresses guardianship for persons of age, persons with brain injuries, persons who have mental health issues. The Michigan mental health code covers guardianship for folks with developmental disabilities. The reason that I make that distinction is that within the Michigan mental health code, we have two types of guardianship, plenary, which is a guardianship that''s granted overall aspects of life. And then a partial guardianship, which is only granted.

11:58:19 Based on what the judge determines is necessary as presented by testimony within the courtroom. So a partial can cover areas of life like legal and financial. But not give guardianship for medical reasons. Historically, or within the last maybe 3 to 5 years, I have been seeing judges make distinctions within guardian ships under epic for partial and plenary as well, so sometimes we''ll see some authorities granted under epic, but it is more common under the mental health code.

11:58:54 When a judge grants a guardianship and says a partial or plenary has been granted or there are restrictions on the authority of the guardian, that information is entered right into the letters of authority for the guardianship. So for every one on the call, when it comes to guardianship, understanding what level of authority a guardian has on an individual''s life, it is imperative that we review the letters of authority to determine how much a guardian has.

11:59:26 What types of authority and how much authority a guardian has in someone''s life. So a letter of authority might say that I have the authority as the guardian to make decisions over legal, financial, contractual and medical. But reserves to the individual the right to choose what clothes they wear, how much money they carry in their pocket and how far they travel. This is incredibly important because the State of Michigan has said that all guardianships.

11:59:59 Should be the least restrictive available to us and that individuals have the right to make any decisions that are not granted to the guardian. In the scope of this presentation and listening to the two previous presenters, I think that the key, and I think that something that''s really important to recognize, is that guardians have legal authority to make decisions and choices for individuals. However, they don''t necessarily have the right to make decisions for the individuals who.

12:00:34 Are responsible for assisting someone in their life. And by that I MEEP, if I''m someone''s guardian, and I say to that individual, you can''t leave the house because I''m worried about Covid, and they''re living in an adult foster care home, although I can say that to the individual for whom I''m guardian for, I cannot tell the staff at adult foster care home that they must keep the individual within the home and violate the executive order that allows for freedom of movement.

12:01:06 So I think it''s imperative to recognize that when a guardian last authority, that authority extends to the individual for whom they''re responsible. But if there are changes to an individual''s ability to go into the community or participate in activities or to have telephone calls or engage in tele medicine, those things need to be written into a plan of service because they become restrictions on not only the individual for whom the guardian slip ex sits.

12:01:48 But it becomes restrictions on the staff and a guardian simply doesn''t have that level of authority. So in this particular topic, and Chris, I think Chris is out there, too, Chris Davis, what we''ve been hearing through the advocacy organizations is that there are a number of guardians who are attempting to say that individuals can''t go into the community. And based on what we heard earlier this morning, what we know is that there is no restriction or law that limits and individual from lea.

12:02:08 Their FWRUP home or their adult foster care home, based on the governor''s orders. So a guardian wishing that their loved one -- the guardian wishing that the individual not go into the community is not sufficient to not allow a person to go out.

12:02:28 I did anticipate it being as difficult doing this just talking into the telephone, because I feel like I''m just talking to myself SHLGS so I''m going to leave it there, Tedra, and have Chris step up with some of the things that they have been hearing and seeing at PNA -- I''m sorry, Disability Rights Network.

12:02:29 >> Chris: All right.

12:02:35 >> Thank you, Lisa. VRNLTS.

12:03:14 >> Chris. The. Hello, I''m Chris Davis, I''m the supervisor attorney of the intake information referral department here at -- formerly Michigan protection advocacy group and now as of this week, Disability Rights Michigan. Before I get into some of the type of calls that we''ve been getting through this, I just want you to know our new website address is DRMICH.org as we go online with a lot of useful information and a lot of links to access information from various sources.

12:03:58 I think Lisa hit all the little legal points, and aspects. Early on, we were getting several calls, when I say early on, I mean when the pandemic first started the hitting here in Michigan in March. We were getting a lot of calls, particularly from nursing homes, but also from lesser, to a lesser extent from AFC homes on visitation issues, on discharge from hospitals and returning to -- to homes. But those calls have kind of tapered off over the last couple two to three months.

12:04:26 I think as people have gotten used to or have gotten guidance on what their rights are, what they can and -- providers have gotten guidance on what they can and cannot do. So things have kind of been improving, I would assume, based on the level of calls that we''re getting on these issues. And that''s positive to see.

12:04:47 But yes, anybody who has any concerns or about their rights or about the rights of residents and clients and consumers, you''re always free to give us a call at 1-8 # O 0-288-5923, D and we will be able.

12:05:09 We can help walk you through your particular situation and provide some information on rights and responsibilities and protections, and if we can''t provide direct assistance, we can get you referral to people that can provide you with direct assistance. That''s pretty much what I was going to say on it. That''s it from us.

12:05:29 >> Mike: Hey, Chris, you do have a question in the chat. It says what if a person resides in an AFC home, has a guardian, and the guardian won''t let the person attend a day program that the person wants to go, I think this question is directed at everybody speaking today.

12:05:38 >> Chris: I would say without knowing all the details, we fall BA being to the basic right of the person to come and go from the facility.

12:06:04 So I don''t -- that would be the right of the individual. The guardian, what Lisa was saying, could only restrict if that''s through the IPOS plan, the behavioral -- behavioral plan that''s been properly approved and gone through the process. Otherwise the person does have freedom of movement to go back and forth.

12:06:10 That''s what I would say on that. I don''t know if anybody else has anything else to add.

12:06:55 >> Lisa: This is Lisa Lepine. I would simply add that one of the challenges that I often experience is that the fear of the person making the decision, the guardian, is not always the fear or the concerns of the individual has. And I will go back to the previous speaker, where the discussion or the conversation was that something where we sit down in that plan of service and talk about why are we worried about someone attending the Daypro gram or going somewhere or doing something, ho thosea

12:07:30 >> Or is there a very practical reason that is resulting in someone not being able to attend the Daypro gram, for example, there is no transportation. One of the challenges that I''ve been observing over the last few months is that it''s not necessarily that the decision is that a person can''t go, it''s the barriers to getting there that sometimes Covid has presented, feel overwhelming, so we aren''t being necessarily creative in addressing how we might achieve what someone would like.

12:07:42 To do. So going back to the previous presenter saying it''s time for us to sit down and talk about how we might meet that goal or objective so that we can get there would be a great place to start on that.

12:08:16 >> Chris: I''d just add to that too, what Lisa said about the placement, where they''re going for services, the day program. One of the calls we''re get being is providers are not having staff or they''re not open. So again, it might not be that the guardian doesn''t want them to go, but they have been told maybe by the provider, they''re not having the service right now. That we were seeing, early on. Again, we''re not seeing those calls too much now. And also.

12:08:58 Going back to the individual plan of service, and having discussions about these things, this is a very trying time for everybody. A lot of people have -- are nervous and have great concern. And we encourage that people remain flexible, that they be patient and try to work on finding, cooperating and trying to find solutions to problems. And to focus on solutions rather than maybe just getting set on one type of mode of looking at things.

12:09:24 >> Mike: Thank you both. Chris and Lisa, there''s a follow-up to the last question and then one new question. The last question, the person said the day program is using PPE and social distancing, including during transportation. If the person isn''t able to socially distance, wear a mask, et cetera, then they don''t attend. That''s just some more context from that last question.

12:09:25 New question.

12:09:27 >> Lisa: So.

12:09:29 >> Mike: Sorry, go ahead, Lisa.

12:10:08 >> Lisa: I go back to, um, again, I just encourage anyone who is feeling that they weren''t able to do something they would like to do, going back to that planning time because a lot of people don''t socially distance well [laughing]. I live in a county -- I live in Macomb County, which is leading our numbers I think across the state right now. And I think that sometimes part of what we need to talk about is why those things are important, instead of saying you have to do this, how we might do

12:10:18 >> But just again, encouraging, sit down with that group, talk about how we might achieve the objectives so folks can be part of the opportunities that they would like to be part of.

12:10:45 >> Chris: I agree with what Lisa said. I also, from that question, sounds like maybe the restrict SLUN was coming from the day program rather than the individual. They do have responsibilities under the Americans with disabilities and Rehabilitation Act to provide reasonable accommodation. So if the person isn''t able to wear a mask because of their disability, there are other solutions.

12:11:02 Or ways to address things. Maybe face shield or something like that. To have the conversation and look for solutions rather than having just a hard, fast rule on things, try to look for solutions.

12:11:08 >> Mike: Right. And before the next question, thank you both, Raymie you had a comment?

12:11:39 >> Raymie: Yea, I just wanted to say based on some of the things that we talked about in the last part of this, that you know, we get a lot of things from providers with questions around, but the guardian wants us to do this, or the we have a doctor''s order for this, or these types of things. And the reality is, is that in Michigan, with the person centered planning process and how the guardianship laws read.

12:12:10 It really is about coming to negotiating at the table to talk about regardless of what a doctor may think or the guardian may think, what is the benefit to the individual. And they have a right to go to programming, they have a right to active treatment. They have a right to services suited to their condition. So I think that, you know, those are conversations that if those things are happening, that you know, this really is what the person-centered planning process.

12:12:38 Is all about. So I kind of want to add that in there. And also in the documents that we showed earlier, there are guidances relayed to essential services and CMA has to assure that those are available. So what Chris is saying about just because somebody may not be able to wear a face covering, then what do we do? How do we ensure that they''re still having access to all the services that they need.

12:12:49 So I wanted to add that in that you can contact your local rights office if you''re having issues with these or if you have questions about rights related specifically to the mental health code as well.

12:12:50 >> Thank you.

12:13:07 >> We have one more question from the chat. The question is how do we find out if AFC homes are complying with mandated Covid testing of staff and residents?

12:13:12 >> Raymie: Do you want me to take that one? Because we just had this conversation.

12:13:14 >> Please.

12:13:45 >> Raymie: It''s a little off topic, so I don''t think it goes to these questions, but there is no mandatory testing outside of nursing homes. So I think that that''s a question that maybe go to the Covid line and ask specifically about. But my understanding at this point, and both Belinda a who is gone and Jeff Waifridge have been working on the testing work group, but my understanding right now is that that''s voluntary.

12:13:54 I think there is something on there on the FAQ from Lara as well.

12:14:09 >> Tedra: Thank you, Raymie.

12:14:25 >> Mike, it looks like we have a question from Amanda? Amanda, go ahead and unmute.

12:14:30 >> Mike: Yep, I opened her mic, she should be able to unmute.

12:14:59 >> Amanda: There we go. Okay. My question is for Chris. I''m wondering if you''ve noticed a shift in your calls from immediate sort of crisis response to a shift in how can we adapt and fit my needs long-term to these Covid circumstances? I''m not sure if I phrased that right.

12:15:42 >> Chris: I think I get what you''re asking. And no. I think most of it is more still crisis, the issue immediately in front of people rather than thoughts about long-term planning. Maybe people really haven''t -- it hasn''t set in that this is going to be around for awhile. Speaking a little off topic, our call area, OU highest call areas are usually specialized and employment. Those top -- or housing, excuse me. Those topics dropped dramatically with schools closing.

12:16:20 And moratoriums on evictions. A lot of calls now are on special Ed issues. But generally overall. It seems to be more the issue at hand immediately in front of people, I think people might be a little overwhelmed with everything. And they''re really dealing with whatever''s in front of them right at the moment, at least from the consumers and clients and the calls that we''re getting. Not too much more in terms of long-term planning, on adjusting to the new reality.

12:16:28 That we''re kind of living in, at least probably for the next six months out, if not longer.

12:16:36 >> Amanda: I see. Thank you for answering.

12:16:48 >> Mary: There are no other questions in QA. At this time. Have we checked Facebook live to see if there are any questions or comments there?

12:16:55 >> Tedra: I am checking it now and there are no comments or questions on the Facebook live.

12:16:59 >> And I think we''ve addressed --

12:17:01 >> Great.

12:17:46 >> Tedra: Looks like we are wrapping early today. So a couple things. Just in closing. We heard a lot at the end of our discussion today about day programs and employment and those kinds of issues. And next Thursday, we have Bob Stein from MALA, Bob Shehan from the board association, and Todd Colver from encompass, which formerly was MORRO, and they will be speaking next Thursday with members from each of their associations about some of the issues that have.

12:18:24 Arisen around employment supports, day programs, the issues from the residential side of things. And so hopefully you will be available next Thursday at 11 to meet us back on the webinar as we delve into that really hot topic. We''ve got a lot of interest in that over the last -- since we''ve been -- since the reopening has been occurring. People have not been able to go to work or go to their day programs or get their skill building.