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NASW. MICHIGAN CHAPTER
National Association of Social Workers

September 3rd, 2019

Chairman Sheppard
House of Representatives
P.O. Box 30014
Lansing, MI 48909-7514

Testimony to the House Government Operations Committee regarding Senate Bills 362 and 363

Honorable Chairman and members of the House Government Operations 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 and 363 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 online (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 of 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 actually reduce costs. We have learned 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, Colorado The Department of Human Services successfully implemented this approach in Colorado Springs 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. We 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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