

August 20, 2024

Heather Valentiny
Michigan Department of Health and Human Services
Behavioral & Physical Health and Aging Services Administration
valentinyh@michigan.gov

Re: Establishment of Intensive Care Coordination with Wraparound (ICCW) [2423-BCCHPS]

Dear Ms. Valentiny,

On behalf of more than 150 acute care, long-term acute care, and inpatient psychiatric hospitals, the Michigan Health & Hospital Association (MHA), we appreciate the opportunity to provide comments on the proposed policy to establish Intensive Care Coordination with Wraparound (ICCW). While we recognize the intent to improve care coordination for children, youth, and young adults and are generally supportive of this policy proposal, we have several concerns regarding the implementation and scope of this policy, as well as several points where further clarification is needed.

Shortage of State Hospital Beds and Wraparound Services in Inpatient Settings

The MHA has concerns with the exclusion of wraparound services to Medicaid beneficiaries in inpatient psychiatric hospitals. Given the existing shortage of state hospital beds, it is crucial to maximize all available resources to ensure that individuals with complex mental health needs receive comprehensive care. The exclusion of wraparound services from inpatient settings could exacerbate the challenges faced by these individuals and lead to longer hospital stays or repeated hospitalizations, which would further strain the already limited state hospital capacity. **The MHA believes it would be beneficial to include wraparound services within inpatient psychiatric settings.** This would align with the policy's goal of ensuring comprehensive care coordination and holistic planning, particularly for individuals with the most intensive needs.

Clarification Needed on 'Qualified Residential Treatment Programs' (QRTPs)

The policy also references "Qualified Residential Treatment Programs" (QRTPs) without providing a clear definition or explaining how these differ from Psychiatric Residential Treatment Facilities (PRTFs). Given that hospitals establishing a PRTF work directly with MDHHS, bypassing Community Mental Health (CMH) involvement, it is important to understand whether the same process will apply to QRTPs under this model.

The MHA requests the MDHHS clarify what constitutes a QRTP and how it differs from a PRTF. Additionally, if a hospital were to establish a QRTP, the MHA requests clarification on whether it would interact directly with MDHHS, as in the case of PRTFs, or if CMH involvement is required. Given the critical nature of these services, the MHA recommends that hospitals establishing QRTPs maintain direct oversight by MDHHS to ensure consistency and quality of care.

Brian Peters, Chief Executive Officer

General Clarifications

The MHA would like to outline concerns included in our comment letter on the proposed policy for the implementation of the MichiCANS tool for Medicaid-Funded Specialty Behavioral Health Services [2428-BCCHPS]. With these policies working in tandem, the below comments are applicable to both ICCW and the MichiCANS tool. The MHA believes clarification on these comments in either policy proposal is appropriate.

Timeline for Request Approvals

The policy indicates certain steps and assessments required before services can be initiated, but it does not specify the expected duration for the approval of these requests. Timeliness is crucial in behavioral health services to ensure that children and youth receive the necessary interventions without undue delay. **The MHA requests further clarification on the expected timeline for approval of requests, specifically those related to ICCW.** Understanding how long these processes take will help our members manage expectations and plan accordingly.

Post-180-Day Process

The policy outlines that services may be approved for up to 180 days. However, there is no clear guidance on what happens after this period if a recipient's condition remains unchanged or if additional services are needed. **The MHA requests clarification on the process and criteria used for re-evaluation or extension of services after the initial 180 days have elapsed.** In practice, many cases require continuity of care beyond this timeframe, and outlining a procedure will ensure uninterrupted service delivery.

Aging Out of the Program

Given that the policy applies to individuals up to the day prior to their 21st birthday, the MHA requests additional details on the transition process when a beneficiary ages out of the program. Specifically, what steps are taken to ensure that individuals who are no longer eligible due to age receive appropriate support or referrals to adult services? An outline of the transition plan would help avoid service gaps and ensure ongoing care for these individuals.

Transition Plan for Cessation of Services

Lastly, while the policy addresses the initiation of services, the MHA requests additional information on how services will be phased out or transitioned when they are no longer deemed necessary. **The MHA requests more detailed guidance on the transition plans, including how families are supported during the cessation of services and what follow-up protocols are in place to ensure that the needs of the child or young adult continue to be met.**

The MHA appreciates the opportunity to provide comments on the proposed policy on the Establishment of Intensive Care Coordination with Wraparound. The MHA member hospitals and health systems are supportive of the proposed policy, but believe further clarification on this policy, as well as the proposed policy for the implementation of the MichiCANS tool for Medicaid-Funded Specialty Behavioral Health Services [2428-BCCHPS] is needed before implementation. The MHA is committed to working with MDHHS to ensure that the needs of Michigan's children and young adults are met through a coordinated and transparent process.

Thank you for your consideration of these comments. We look forward to further dialogue on how best to serve individuals with intensive behavioral health needs in our state. Please contact Lauren LaPine (llapine@mha.org) at the MHA for more information or with any questions.
Sincerely,

A handwritten signature in black ink, appearing to read "Lauren LaPine". The signature is fluid and cursive, with the first name "Lauren" and last name "LaPine" clearly distinguishable.

Lauren LaPine
Senior Director, Legislative and Public Policy