

STATE OF MICHIGAN DEPARTMENT OF HEALTH AND HUMAN SERVICES LANSING

ROBERT GORDON DIRECTOR

MEMORANDUM

March 20, 2020

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GOVERNOR

TO: Executive Directors of Prepaid Inpatient Health Plans (PIHPs) and

Community Mental Health Services Programs (CMHSPs)

FROM: Jeffery L. Wieferich, MA, LLP, Director

Bureau of Community Based Services

Raymie Postema, Director <a>P

Office of Recipient Rights

SUBJECT: Service and Setting Concerns

The Michigan Department of Health and Human Service (MDHHS) has received a significant number of complaints from beneficiaries about service delivery and with actions in residential settings. There seems to be a lack of clear understanding on access and restriction of movement issues. MDHHS recognizes that directly operated and contract residential providers need direction related to the March 16, 2020 Governor's Executive Order No. 2020-7 for temporary restrictions on visits and freedom of movement of their residents.

The following is effective for the duration of Executive Order 2020-7:

Freedom of Movement

All the behavioral health needs of the people we serve need to be provided within a personcentered approach, and this order does not limit individuals under residential facilities care from exiting of their home where they would otherwise have freedom of movement. At the same time, we do have people that are vulnerable in multiple ways-physically (i.e., many have underlying physical health conditions that could make them more vulnerable to COVID-19) and with behavioral health issues and we need to balance supporting both of these and help them help their community to slow the spread. As such, consistent with the Executive Order, there is no reason people cannot go out for fresh air, especially on the property. They can work with social distance standards if they go out, such as for groceries as needed, which is something they may need as part of their activities of daily living and for their mental wellness, and assuming they are not actively symptomatic, in which case staying at home is the right thing to do. In that way, we should also work with the individuals served to help them understand their risks. For example, if they have underlying health conditions, they might want to prioritize limiting their exposure, and we should provide supports to help them with their decisions or work with their guardians.

Executive Directors of Prepaid Inpatient Health Plans (PIHPs) and Community Mental Health Services Programs (CMHSPs)
March 20, 2020
Page 2

Deviations from the current contracted staff-to-resident ratio as a result of emergency staffing changes, do not need to be pre-approved. Furthermore, contract non-compliance should not be cited for efforts made in good faith surrounding staffing.

Visits

All residential providers must allow the following for individuals under their care:

- Visits that are necessary for the provision of medical care and essential mental health services.
- Visits from court appointed guardians for adult recipients and parents, foster parents, or a guardian of a recipient under the age of 21.
- Visits for those recipients that are in hospice care.
- Visits by the Office of Recipient Rights, Adult Protective Services, Child Protective Services, AFC Licensing and other persons performing official governmental functions.

All residential providers must provide health screenings for visitors of all types, and denial of entry of all visitors who do not pass the health screening. Health Screening must include:

- A health evaluation of all individuals that are not under the care of the facility each time the individual seeks to enter the facility
- Evaluating for symptoms of a respiratory infection, such as fever, cough, shortness of breath, or sore throat
- Questioning contact in the last 14 days with someone with a confirmed diagnosis of COVID-19.
- Denying entry to those individuals who do not meet the evaluation criteria.

The ability to provide home and community based services in the amount, scope and duration that is identified in the person-centered plan has been significantly impacted by the restrictions put in place as a result of the State of Emergency to manage COVID-19. While following the various executive orders that have been issued is important, it is also important to note that those orders do not provide blanket permission to eliminate or reduce services.

When it is necessary to take these steps, it must be done on an individual basis and in conjunction with the individual and guardian if applicable. The various alternatives that are now allowed by for the provision of services should be fully vetted as options, as well as a thorough clinical review with medical staff, before steps are taken to reduce or eliminate services.

We understand these are difficult times and MDHHS is here to partner with you to help manage this unprecedented crisis.