

June 16, 2025

<Provider Name>  
<Provider Address 1>  
<Provider Address 2>  
<City> <State> zipcode5-zipcode4

Dear Provider:

**RE: Respite for Children in Foster Care**

This letter provides an overview of the requirements for coordination of Medicaid-funded respite services with other commercial insurance and government programs. This letter specifically provides clarification on the authorization and delivery of respite services for children and youth placed in foster care.

The Michigan Department of Health and Human Services (MDHHS) funds Respite Services through the Prepaid Inpatient Health Plans (PIHP) for Medicaid eligible children and youth enrolled in the Habilitation Supports Waiver (HSW), Children's Waiver Program (CWP), Waiver for Children with Serious Emotional Disturbances (SEDW) program, and 1915(i) State Plan Amendment. MDHHS also provides funding for Respite services provided for children in foster care through the Children's Services Administration (CSA) via state General Fund Dollars. Respite services funded through CSA are not subject to coordination of benefit requirements for Medicaid program, and the PIHP should not deny medically necessary Medicaid-funded respite care for Medicaid eligible children and youth in the foster care system as a result. When determining medical necessity criteria for respite services, PIHPs are not permitted to consider a child's involvement in the foster care system or the child's eligibility for services through CSA as part of the medical necessity process or service authorization process.

When a PIHP receives a request for service authorization for services, the PIHP must comply with the requirements outlined in L 22-72. If a Medicaid beneficiary requests a service, the PIHP must notify the beneficiary if the service authorization request is denied. PIHPs cannot delay the approval or denial of a service request based upon the availability of providers. A decision for a request for service must be provided expeditiously and cannot exceed 14 calendars days after the request for service. An Adverse Benefit Determination must be issued if a decision for a request for services is not made within 14 days.

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Policy, Letters & Forms.

Sincerely,

A handwritten signature in dark ink, reading "Meghan E. Groen". The signature is fluid and cursive, with the first name "Meghan" and last name "Groen" clearly legible.

Meghan E. Groen, Chief Deputy Director  
Health Services