



STATE OF MICHIGAN
DEPARTMENT OF HEALTH AND HUMAN SERVICES
LANSING

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April 26, 2021

TO: Executive Directors of Prepaid Inpatient Health Plans (PIHPs) and
Community Mental Health Services Programs (CMHSPs)

FROM: Jeffery L. Wieferich, M.A., LLP *JW*
Director
Bureau of Community Based Services

SUBJECT: **Clarification of Expectations for the Provision of Face-to-Face Home and
Community-Based Services and Supports**

This memo offers additional clarification of the communication issued on March 3, 2021 regarding the use of telemedicine. According to CMS, telemedicine is defined as “...*activities involving two-way, real time interactive communication between the patient and the physician or practitioner at [a] distant site.* Prior to the COVID 19 pandemic many services were provided in this manner, such as psychiatric care, and the communication was not intended to disrupt that previous practice or other standing practices.

The Behavioral Health and Developmental Disabilities Administration has received numerous complaints from beneficiaries, families, and other state agencies about CMHSPs denying or not offering face-to-face (in person) home and community-based services and supports. Despite having a very strong telemedicine framework, it does not mean that face-to-face services can be summarily suspended. In accordance with the July 8, 2020, Essential Behavioral Health Services in the COVID-19 Context: Updated Guidance Communication document #20-11 “The clinical rationale for the modality used, including face-to-face, or the use of telephonic or virtual services shall be made with input from individual(s) served and must be documented on an individualized basis. Such rationale shall be reviewed and updated regularly as the individual’s needs and the public health crisis evolves.”

This communication can be found at the below link:
https://www.michigan.gov/documents/mdhhs/BH_Communication_Essential_Virtual_and_F2F_Services_COVID-19_Guidance_20-11_695961_7.pdf

Face to face, home and community-based services must be provided unless they cannot be provided safely to minimize the risk of transmission of COVID-19, or if the family specifically requests telehealth services; either instance should be well documented. Individuals can refuse face-to-face services which should also be documented. If the CMHSP denies the face-to-face service provision when requested and offers only a virtual option, detailed documentation will be needed to explain the health or safety rationale for this decision.

The Person Centered or Family Driven Youth Guided Individual Plan of Service should reflect a clinical determination of how services will be provided for each individual. Individuals and families must be presented with choices about the way in which home and community-based services can be provided.

In summary, the use of telemedicine has many benefits for our system and shall be offered when clinically appropriate and upon parent, youth or individual request as one modality of service delivery. Face-to-face services continue to be a best practice model for individuals accessing behavioral health services.

The recent extension of the MIOSHA Emergency Rules does not limit the provision of face-to-face behavioral health, home and community-based services. The links to the emergency rules and the accompanying facts sheet are provided below for your reference. The rules address workplace safety and standards that employers must put in place because of COVID-19.

https://www.michigan.gov/documents/leo/Final_MIOSHA_Rules_705164_7.pdf
https://www.michigan.gov/documents/leo/Emergency_Rules_10.14_705109_7.pdf

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