

Centers for Medicare & Medicaid Services  
Questions and Answers  
Open Door Forum: Rural Health  
Thursday, October 5, 2023

1. Question: What is CMS doing to ensure that the mental health assessments in the states are consistent with the state laws in those states? In Michigan, we have the Michigan Mental Health Code, and I'm with our local independent or intermediate school district; we have a Community Wellness Task Force, and the Director of Health and Human Services, Elizabeth Hertel from Michigan, the Department of Human Health Services, stated we reach out to her and ask the definition of a comprehensive mental health services and because the Governor Whitmer was talking about that is what they are providing in Michigan now, and we have like hundreds of millions of dollars of extra funding, and the response was that it's the Michigan Mental Health Code is now required in all mental health services in Michigan and that Medicaid is being charged for these assessments, and in our school-based health programs, and the problem is that what they have approved is the Behavioral Health Works Program, an assessment program from Drexel University, and is a nationally validated assessment tool. But it does not comply with Michigan state law. It is nationally validated because it doesn't address any state laws. Well in Michigan it is MCL 330.1712. Is an individualized written plan of services in the Michigan Mental Health Code and it says that there will be nine tenants of a person's life addressed in an individualized written plan of services, you know food, shelter, clothing, medical care, but the needs for legal services and that is missing from the assessments in Michigan, and Medicaid is being charged for these assessments and they are not addressing their needs for legal services for the children, and 63% of children from fatherless homes, the suicides are 63% of the youth suicides are from children from fatherless homes. So, the custody and parenting rights and the visitation violations that are happening and alienating the children from the family that they don't live with, that's part of the problem. And these are needs for legal services, and in Michigan, every circuit court has a make-up parenting time policy by law, it's a statutory requirement that every judge will have a make-up time policy. All you have to do is say, "Hey, please review and enforce, if necessary," and the judge will do it. And the schools won't do it because is not on that assessment. So, I would ask you to review the Drexel University's behavioral health works program and ensure that it is adjusted according to every state that it is used in. They say you can use it in any state—well they can, but our requirements in Michigan are different than the ones in Washington, and Ohio, and California, so when they use it in Michigan, and I think is a skewing all of the research also. Because the standards for the national research, like the child traumatic

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stress network, they are using different standards. They are not the same because they are all the Michigan Mental Health Code in Michigan at, you know, the University of Michigan is big on that, and so I ask you to please ensure that, like you said, the mental health assessments are complete according to that state's laws. Michigan, it is MCL 330.1712. So, if you can bring this up on your agenda and just figure it out, that would be great. And you know, we could maybe start preventing some of the suicidal behavior.

- a. Answer: We rely on the states to ensure that assessment tools comply with state-level laws.
2. Question: Can you comment on St. Mark's, the rural emergency hospital that managed to fail within six months. Didn't know if that was the kind of thing that would be covered on the call today, but I guess not. Is there anybody who can talk on the rural emergency hospital failing within six months?
  - a. Answer: Thank you for your question regarding St. Mark's Rural Emergency Hospital. CMS does not provide information to the public regarding specific facilities.
3. Question: I was asking for IRF QRP, when hospitals are going to get notified regarding the noncompliance re-consideration request—we were originally told mid-to-late September. I was wondering if there is an update on when hospitals would get notified.
  - a. Answer: I don't have the exact date, but those notifications should be coming in the next week or so, hopefully, next week or two weeks, but they should be coming very soon.
4. Question: I wondered if you would be able to clarify for me for the purposes of data, accountability, and reporting. I am in a county; I serve with projects as part of the MSA for Buncombe County. But we are still very, very rural. I want to know if there is any difference in what counties that are in an MSA receive in terms of benefits or grant opportunities versus totally rural, 100% rural counties.
  - a. Answer: If you are an urban area, an urban MSA, you can apply under 412103 to be treated as if you are in a rural area. That does open up a lot of opportunities, and I think 340B and different things I don't deal with and also has different wage index implications. But just from that level, there is a way to reclassify as rural, if you are an urban hospital.

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