Minutes: Health Services Advisory Council

Date: June 10, 2026 5:30 - 7:30PM

Attendance

Council Members

Present

1. Mame Samba Fall, *HSAC Chair*
2. Brian Palmer – *appointment pending*
3. Christy Walz – *appointment pending*
4. John Hennessey – *appointment pending*
5. Claudia Thomas
6. Daniel Stein
7. Rakesh John

Absent

1. Suadade SammuelSon – *appointment pending*
2. Scott Sundby – *appointment pending*
3. Rosilynn Morrie
4. Elora Riggs Lyksett
5. Bimaje Akpa

DHS Staff

- Nate Chomillo
- Caralyn Schnick
- Liz Gipson
- Ashley Setala
- Matthew Vierzba
- Mallory Cummings

Guests

- Cathy McMilin, *Occupational Therapist at Gillette Children's*
- Kathy Maroney, *Occupational Therapist at Gillette Children's*
- Sue Redepenning, *Occupational Therapist at Live Life Therapy Solutions*

Minutes

Welcome

- Called to order 5:35 PM
- Mame Samba Fall, HSAC Chair, welcomed attendees and led introductions.

Housekeeping:

- March minutes approved, motion made by Sambe Fall, seconded by Daniel Stein, approved unanimously by council.

Medical Frailty and H.R. 1 Implementation Update

Presenter: Dr. Nathan Chomilo, *DHS Medicaid Medical Director*

- As an update to the March 2026 meeting, Dr. Chomilo shared updates on how DHS is proposing the state define medical frailty for the purpose of the H.R.1 community engagement requirements
- Since March:
    - DHS has continued to seek feedback from partners on the above, including by releasing a Request for Information (RFI)
    - CMS put out additional guidance on the community engagement/work requirements, including medical frailty
- CMS' new Interim Final Rule CMS-2454-IFC interprets medical frailty significantly more narrowly that DHS had anticipated

MHCP Coverage of Enclosed Beds

DHS presentation:

Presenter: Matthew Vierzba, *DHS Durable Medical Equipment Policy*

- Enclosed beds: beds that utilize enclosure and are used to prevent injuries from climbing out of bed or seizure-related falls
    - Beds vary greatly in terms of cost, materials, features, and other aspects
- Existing MHCP Policy:
    - Enclosed beds are covered and medically necessary for members who are cognitively impaired and mobile if their unrestricted mobility demonstrates significant risk for serious injury, not just a possibility of injury
    - Over 80% of requests are for behavioral diagnoses; majority of requests are for 12 hours per day
- Technology Hub: A built-in component of some enclosed beds, typically non-covered as of October 2023
    - MHCP occasionally authorizes the Hub for certain cases
    - Hubs feature cameras and microphones to allow for communication; rhythm lighting; sound machine/speakers
- Medicaid programs nationwide have seen a surge in requests for enclosed beds, largely for members with autism spectrum disorder (ASD)
    - There is little to no clinical evidence associated with enclosed beds and ASD
- Clinical practice guidelines prioritize improving sleep hygiene and patterns, behavioral therapy, and pharmacotherapy; other recommendations include reducing nighttime wandering by using child protection locks
    - No clinical guidelines endorse beds as a solution or treatment for autism
- DHS' Health Care Administration has met with several stakeholder groups to receive input on the policy from:
    - External Partners:
        - Accentra (DHS' medical review agent)
        - EIDBI Advisory Group
        - LiveLife Therapy Solutions
        - Gillette Children's Minnsota

        - Other states' Medicaid programs
    - Internal Partners:
        - Behavioral Health Admin
        - Aging and Disability Services Admin
- MHCP is considering:
    - Establishing separate criteria for medical v. BH needs
    - Joint DME-behavioral health review for members requesting the beds due to BH needs
    - Diagnostic and functional assessments for members with BH needs
    - Treatment plan requirements that include concurrent BH interventions, defined monitoring schedule, other interventions
    - Broadened list of less costly alternatives with concurrent utilization of beds
    - Therapy, ABA, PCA, and other services with concurrent utilization of beds

Public Comment: Gillette Children's Hospital

Presenters: Cathy McMillin, *Pediatric Occupational Therapy*

- Patients who need this care present with complex medical and behavioral health needs; it is difficult for providers to consider these needs separately
- From a BH intervention perspective, most of these patients are already engaged in multidisciplinary care, including care to help support sleep such as working with sleep specialists
- Pharmacological interventions are difficult to manage and may be contraindicated for this patient population
- Using restraints at night is not recommended and can put patients at additional risk of injury; enclosed beds are safer in these cases
- Sleep is essential for patient and family health; enclosed beds can support this
- Closing statement: Enclosed beds are not a substitute for medical care but are a necessary intervention for this patient population
- Members asked about society guidelines from occupational therapy related to medical necessity of enclosed beds
    - Gillette Children's were unaware of any formalized guidelines
- Member asked about the beds' clinical appropriateness to improve sleep
    - Gillette Children's shared that there are some beds with raised mattresses, etc. that may support better sleep for patients with physical health needs

Council Discussion and Recommendations

Background Discussion

- Member asked about DHS' policy related to medical restraints and the process in place for reporting harm or entrapment
    - DHS does not currently have policies to follow up once the bed is approved
    - Matt flagged that the proposed monitoring plan the Committee will vote on is designed to address this
    - DHS coverage policy does not collect information on harm or suspected harm related to enclosed beds; suspected child abuse is reported to and overseen by DCYF

- Member asked what role, if any, the manufacturer plays in training parents/caregivers on appropriate use of the beds
    - DME vendors, not the manufacturer, provide this training and DHS operates under the assumption that the vendor provide this
- Member asked about cost of enclosed beds
    - Beds often cost between $7k to $12k
- Member asked about other states' Medicaid coverage of enclosed beds
    - DHS shared that other states mirror what we do as we were initially ahead of the curve with coverage
- Sue Redepenning shared that the technology hub is helpful for monitoring seizures and is a safer alternative to retroactively adding cameras to the beds
- Members acknowledged that developing coverage criteria is difficult since medical societies have not put out guidelines about enclosed beds for behavioral needs
    - Two members expressed concern that if we begin covering the beds for behavioral Dx the number of requests will increase dramatically and could result in increased misuse
- Member asked how DHS began covering enclosed beds for behavioral health needs if there was not medical consensus or society guidelines

<u>Questions for Voting and Results</u>

1. **Should MHCP require separate criteria for behavioral and medical diagnoses?**
    a. Yes: 3 votes
    b. No: 1 vote
    Recommendation to require separate criteria for behavioral and medical diagnoses
2. **Which of the following should review authorization requests for enclosed beds for behavioral needs?**
    a. Behavioral reviewers only: 1 vote
    b. Medical reviewers only
    c. Both behavioral and medical reviewers: 3 votes
    Recommendation for authorization requests be reviewed by both medical and behavioral reviewers
3. **Should MHCP require concurrent behavioral therapy with enclosed beds?**
    a. Yes: 4 votes
    b. No: 0 vote
    Unanimous recommendation to require concurrent behavioral therapy with enclosed beds
4. **Should MHCP cover the technology hub?**
    a. Yes: 4 votes
    b. No: 0 vote
    Unanimous decision to recommend coverage for the technology hub

Conclusion + Adjournment

- Next meeting date/time: September 9, 2026
- Meeting adjourned at 7:11
    - Initiated by Samba Fall; seconded by Claudia Thomas; approved by committee