

**Testimony in opposition of
House Bill 6355: A bill to amend 1974 PA 258, entitled, "Mental Health Code"**

Submitted by:

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Dear House Health Policy Committee Members,

My name is Jennifer Carpenter and I live in Adrian, MI where I am employed by the Lenawee Community Mental Health Authority as the Clinical Director. I have worked in the field of mental health since 2010; specifically with LCMHA since 2012. I am writing in representation of my position as well as that of LCMHA.

The Lenawee Community Mental Health Authority strongly urges your opposition of the proposed *House Bill 6355: A bill to amend 1974 PA 258, entitled, "Mental Health Code"*. The change to allow any provider on contract with a Community Mental Health (CMH) to complete a pre-admission screening would make the CMH responsible for the payment of inpatient stays for which they did not authorize.

It is our position that the authority to complete pre-admission screenings remain with the CMH's. This would not only ensure medically necessary admissions, but would allow the CMH's to work with individuals on potential diversions from inpatient stays and implementation of outpatient supports that other providers are unable to provide. Additionally, the CMH's are working as a united front to ensure parity for all individuals accessing CMH supports including inpatient psychiatric stays. Removing the need for CMH to complete the pre-admission screening eliminates the ability for these qualified clinicians to evaluate and ensure fair and equitable access to treatment for all individuals. Data from QMP Measures (Indicator 1a) FY 21 shows that over 98% of pre-admission screenings for the State of Michigan took place within 3 hours of request, thus, the proposed changes outlined in this bill would have no impact on the ability to reduce wait times for psychiatric admission. It should be noted that the Department's standard is 95%.

We urge your opposition of House Bill 6355 so that the CMH's in our state can properly evaluate individuals in need and allow not only equitable access to care, but potential for diversion to community partners reducing the burden on already strained hospital systems. Thank you for your consideration in this matter.

Sincerely,

Jennifer Carpenter, LMSW