DEPARTMENT OF HUMAN SERVICES

Health Services Advisory Council

June 10th, 2026

DEPARTMENT OF HUMAN SERVICES

Agenda

1. Welcome and Housekeeping
   - Confirming March minutes
   - Welcome to new members
   - Grounding, safety and security

2. Medical Frailty and H.R.1 Implementation update

3. Enclosed Hospital Bed
   1. Presentation
   2. Public Comment
   3. Recommendations and voting

4. Conclusion and Adjournment

   Next Meeting – September 9th, 2026

Grounding, safety and security

- The topic being presented tonight is sensitive in nature and references children with high behavioral or medical needs as well as the potential for abuse and negligence.
- Open and respectful dialogue is expected. Fighting words, obscene speech, or threats are absolutely prohibited.
  Persons who engage in such conduct will be given one warning; if the conduct continues the person will be removed from the meeting.
  By remaining in the meeting via Webex or in person, you are agreeing to follow these guidelines.
- Mute your microphone while not speaking.
- Use the ‘raise your hand’ feature or utilize the chat if you have a question or comment.
- We expect and encourage all committee members to actively participate in the discussion.

Enclosed Hospital Beds

Matthew Vierzba, MPPA | Benefit Policy Specialist

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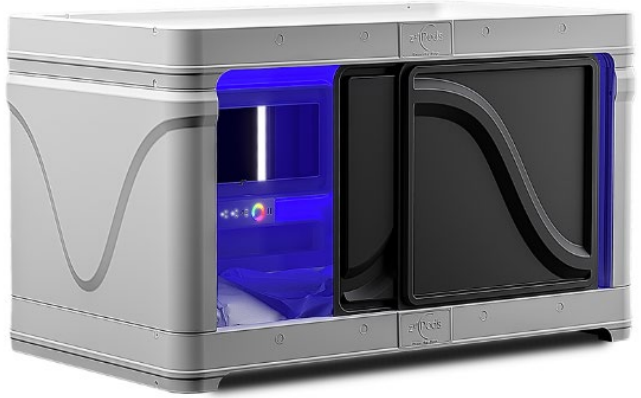
What Are Enclosed Beds?

- Enclosed hospital beds are beds that utilize enclosure and are used to prevent injuries from climbing out of the bed or seizure-related falls
- Beds feature mesh canopies, padded walls, zippered door access, other traits
- Medical Assistance programs nationwide have seen a huge increase in authorization requests
- Medicaid is by far the largest payor of beds nationwide; few private plans cover and are a distant second
  - Medical Assistance programs report issues with policy and utilization review
  - Demand growth stems from ASD prevalence, manufacturer marketing, and pandemic-related routine and sleep disruptions
- Beds are used for behavioral diagnoses such as autism spectrum disorder and developmental disability or medical conditions such as brain injury, cerebral palsy, and seizure disorder with daily activity
  - More than 80% of requests for enclosed beds are for behavioral diagnoses
- Evidence supporting effectiveness of beds for treatment of autism is extremely limited; most literature stresses potential for overuse or harms inflicted by beds featuring enclosure

Types of Enclosed Beds

- Enclosed beds vary significantly in cost, materials, features, and other aspects
- Beds by George, Safety Sleeper, Cubby Beds, zPod



Clinical Practice Guidelines

- Clinical practice guidelines from major health organizations address beds
  - American Academy of Pediatrics (AAP), American Academy of Neurology (AAN), American Epilepsy Society (AES), Autism Speaks, American Academy of Child and Adolescent Psychiatry (AACAP)
- Guidelines prioritize improving sleep hygiene and patterns for patient health
- No guidelines endorse beds as a solution or treatment option for autism
- Primary recommendations to enhance sleep include behavioral therapy and pharmacotherapy
  - Beds do not treat behavioral needs, but they do aid in inducing sleep if used appropriately
- Other recommendations include reducing nighttime wandering by using child protection locks, locking doors and windows, removing hazardous items, etc.

Existing MHCP Policy

MHCP considers an enclosed bed medically necessary when the member is cognitively impaired and mobile if their unrestricted mobility demonstrates significant risk for serious injury, not just a possibility of injury.

1. Members must meet the following criteria:

- Dx of brain injury, cerebral palsy, developmental disability, seizure disorder, or severe behavioral disorder
- Documentation of specific risk from unrestricted mobility (i.e., self-injurious behavior, tonic-clonic type seizures, uncontrolled perpetual movement)
- Documentation of trial and failure or rejection of alternatives (i.e., baby monitors, behavior modification changes, helmets, medications, floor mattress, padding, removing hazards)

2. Current policy is focused on medical necessity over behavioral. MHCP believes in a proactive approach, addressing the underlying medical or behavioral issue. MHCP wants to ensure support is well rounded and all additional services that may be needed are utilized

3. Enclosed beds have become largely requested for behavioral, not medical, conditions and diagnoses. Over 80% of requests are for behavioral diagnoses. Up to 5 requests per day. Often being requested for 12+ hours/day

4. MHCP is unable to follow up after approval to ensure proper usage. Common for behaviors to cause damage and costly repairs, or usage of damaged beds
High risk for abuse/neglect. Many children with chronic conditions are not seen by a therapist regularly

Issues with Existing MHCP Policy

- Current policy focuses on medical needs vs behavioral needs
- Entrapment and restraint are huge concerns for DHS
- Enclosed beds do not directly ameliorate members' behavioral conditions
- Majority of requests are for use of around 12 hours per day
- Some members seldom receive regular treatment for behavioral issues from mental health providers
- Products experience manufacturer recalls or integrity issues
- Self-inflicted damages to beds by members is becoming more common
- Beds are becoming more expensive and feature more advanced accessories
- Beds are marketed on social media as solution to injurious and challenging behaviors

Technology Hub

- Provides features camera and microphone, ambiance/circadian rhythm lighting, sound machine or Bluetooth speaker and app-based controls
- Policy has listed the technology hub under Typically Noncovered Services since 2023
- zPod previously manufactured technology hub as a bed component, but now offers separate versions with and without the technology hub
- Cubby Beds recently launched Cubby Bed 2, which includes the technology hub as a manufactured component of the enclosed bed versus an add on accessory
- Policy allows for review of technology hub separately from the enclosed bed
- Newer technology will continue to modernize and likely expand on accessories and options

Organizations Providing Input

- DHS has conversed and received input for the policy from several key stakeholders:
  - Acentra (DHS' medical review agent)
  - Behavioral Health Administration (BHA) (within DHS)
  - Aging and Disability Services Administration (ADSA) (within DHS)
  - EIDBI Advisory Group
  - LiveLifeTherapy Solutions
  - Gillette Children's Minnesota
  - Other state Medical Assistance programs

Input Received by MHCP

- Behavioral therapies are proven and standard method of treatment for behavioral conditions and diagnoses
- Concurrent therapy for use with enclosed beds is appropriate
- Sleep hygiene for both members and their families is paramount
- Enclosed beds can help with sleep, but do not treat underlying conditions
- High risk of potential overuse or entrapment
- Beds are prone to damages
- Families adapt and learn to use the bed effectively with proper guidance
- Diagnostic and functional assessments should be required

Policy Revision

- MHCP is considering the following ideas and proposals:
  - Separate criteria for medical and behavioral needs
  - Joint DME-behavioral reviews of beds for members with behavioral needs
  - Diagnostic and functional assessments for members with behavioral needs
  - Treatment plan that includes concurrent behavioral interventions, defined monitoring schedule, other interventions
  - Broadened list of less costly alternatives with concurrent utilization with beds
  - Therapy, ABA, PCA, other services as concurrent treatment with beds

Public Comment

- Kathy Maroney, OT- Gillette Children's Specialty Healthcare
- Kathy Maroney is an Occupational Therapist with 39 years of experience working with Pediatric patients. She currently works at Gillette Children's as a level II therapist and is involved in evaluating and making recommendations for pediatric patients who require an enclosed bed.

Questions

1. Should MHCP 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

    B) Medical reviewers only

    C) Both behavioral and medical reviewers

3. Should MHCP require concurrent behavioral therapy with enclosed beds?
4. Should MHCP cover the technology hub?

Thank you!

Matthew Vierzba

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Adjournment

Next meeting September 9th, 2026