



May

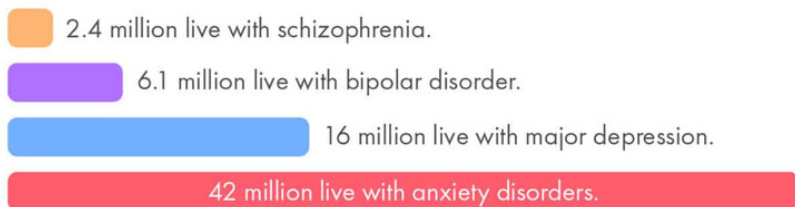
is Mental Health Awareness Month

Mental health—how you think, feel and act—can change over time due to factors like workload, stress and work-life balance. The COVID-19 pandemic and quarantining certainly qualify as stressful factors.

PROVIDER NETWORK NEWS

1 in 5 Americans experience mental illness each year.

1 in 25 Americans live with a serious mental illness.



Here are some strategies to help you thrive during uncertain times:



Find the positive.

It's natural to go through a grieving process after the loss of a relationship, job or loved one. Remember the good times and focus on what makes you happy.



Create healthy routines.

Healthy routines include eating a nutrition-rich diet, exercising and getting enough sleep. It's OK if your routine is not the same every day. Start with small changes.



Own your feelings.

It can be easy to get caught up in emotions as you're feeling them. Taking the time to identify what you're feeling can help you better cope with challenging situations.



Connect with others.

Connections help enrich your life and power through the tough times. Whether in person or virtually, connect with and lean on your support group.

If you're struggling with your mental health during these trying times, you're not alone. If you have concerns about your mental health, please contact a mental health professional.

This infographic is for informational purposes only and should not be construed as medical advice. © 2020 Zywave, Inc. All rights reserved.

DWIHN is offering yet another tool to help YOU!

The "Mindwise Mental Health Check-Up" is an anonymous, free assessment tool that will help you with your mental health and connect you to resources and assistance if needed.

Mental Health Matters! Please [click here](#) for the assessment.

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CEO Corner

Eric Doeh, Interim Chief Executive Officer

Integrated Healthcare Must Put People First



With all that we have experienced over the last fourteen months, it is without a doubt, we are resilient. We are a community that cannot be defined by that which threatens us, but rather, by our common bond to lean on each other and seek our better angels. The need for behavioral health services to remain in the public space is more important than ever today. There is a reason why it is called community mental health: inclusiveness matters. The pandemic has shed light on the fact that there is a disparity in access to healthcare.

This disparity will be made even more evident if the Medicaid Health Plans were to take over behavioral health services. The health plans do not have the infrastructure to support individuals, especially some of the most vulnerable populations in many of our settings, including our residential communities. Unlike the health plans, community mental health, especially the Prepaid Inpatient Health Plans (PIHP) are designed to care for the entire person, their holistic needs. The health plans do not have to account nor does it matter to them to construct programs and services that bridge the gaps of those social determinant factors. Factors that create barriers to equity in health care, transportation, housing and economics. Simply, the health plans in Michigan have limited experience or certification regarding the provision of services to the behavioral health population.

Any redesign to the behavioral health system must contemplate true integration that keeps community mental health within the public sphere. Services must remain consistent and uninterrupted for the individuals we serve no matter where they live. Finally, ultimate control of the finances must remain in the public domain.

Detroit Wayne Integrated Health Network (DWIHN) believes that in order to serve individuals in the behavioral healthcare community; true integrated healthcare needs must be centered around people, excellent service, efficiency, provide consistent and efficient quality care. Community Mental Health was established to be the safety net for society's most vulnerable citizens. We are guided by this and the Mental Health Code to ensure the social determinants of health are met for the people who we serve.

CONTRACT MANAGEMENT

June White, Director of Contract Management

As promised, we started our contract renewal process for Fiscal Year 21-22 much earlier this year. You should have received your documents by now which need to be completed by May 24th, 2021.

It is our expectation that the process will be more efficient and streamlined this year, ensuring everyone has a signed contract before the end of this current Fiscal year.

Thank you Provider Partners for taking such special care of our most vulnerable people. We appreciate you!



Your Provider Network Manager (PNM) sometimes called Contract Manager, can assist you with any questions you may have about the contract renewal process. To find your assigned PNM please click the link, <https://www.dwihn.org/providers-mco-contract-assignments>.

All current contracted Providers have a set of responsibilities. Below is short list but is not applicable to every Provider. Please check the polices on the DWIHN website as well as your contract for specific details.

Providers must notify DWIHN of any changes listed below at least 30 calendar days prior to the effective date of change:

- Provider Name
- All Changes in Executive management staff
- Office Hours
- Telephone Number
- No longer accepting new people
- Provider Affiliation Change (i.e. merger)
- Addition or deletion of service(s)
- Addition/change in program location (new or existing)
- Sanctions, suspensions or termination of credential practitioner staff members of your organization
- Provider Closure (sites or locations)
- Required to update Staff Records in MH-WIN when staff changes



DW IHN CONTACT INFORMATION

For all other inquiries, please contact the respective departments below

- Access Call Center - accesscenter@dwihn.org
- Authorizations - pihpauthorizations@dwihn.org
- Care Coordination - pihpcarecoordination@dwihn.org
- Claims- pihpclaims@dwihn.org
- Complex Case Management - pihpccm@dwihn.org
- Credentialing - pihpcredentialing@dwihn.org
- Customer Service - pihpcustomerservice@dwihn.org
- Grievances - pihpgrievances@dwihn.org
- MHWIN - mhwin@dwihn.org
- Provider Network - pihpprovidernetwork@dwihn.org
- Residential Referrals - residentialreferral@dwihn.org
- Self Determination - selfdetermination@dwihn.org
- Procedure Code Workgroup - procedure.coding@dwihn.org
- CRSP - crsprovider@dwihn.org

CREDENTIALIALS

CREDENTIALING UPDATES

By Ricarda Pope-King, Provider Network Administrator

All Behavioral Health and Substance Use Disorder providers contracted with DWIHN must be credentialed to provide those services.

If your organization has a contract with DWIHN and has not been credentialed or submitted an onboarding form for credentialing, please send an email to pihpcredentialing@dwihn.org.

The following is the process for contracted Providers to add new services and/or locations:

1. Send the request with a needs statement that indicates population to be served, the goal of the service/location, a service description to: pihpcredentialing@dwihn.org.
2. A Credentialing Specialist will query the unit that is responsible for the services/your contract to determine if there is a need for the addition of the service/location
3. If there is need, the Credentialing Specialist will send a packet to the requestor.
 4. Send the completed packet back to: pihpcredentialing@dwihn.org.
 5. The request will be presented at the next Credentialing Committee meeting.
 6. Within 72 hours after the meeting, an approval letter will be emailed.

There are monthly Provider Credentialing meetings, if you would like to attend, please send a request to pihpcredentialing@dwihn.org



CLAIMS UPDATES

By Debra Schuchert, Provider Network Administrator

Procedure Codes H2015 & T2027 do not require an Authorization number until 06-1-21 when submitting claims.

Claims questions or issues can be sent to pihpclaims@dwihn.org

PROVIDER UPDATES

FACE TO FACE SERVICES MDHHS MEMO



STATE OF MICHIGAN

GRETCHEN WHITMER
GOVERNOR

DEPARTMENT OF HEALTH AND HUMAN SERVICES
LANSING

ELIZABETH HERTEL
DIRECTOR

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.

PROVIDER UPDATES

FACE TO FACE SERVICES MDHHS MEMO CONT.

Executive Directors of Prepaid Inpatient Health Plans (PIHPs) and
Community Mental Health Services Programs (CMHSPs)
April 26, 2021
Page 2

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

c: Allen Jansen Kim Batsche-McKenzie Medical Directors
 Belinda Hawks Kendra Binkley
 Larry Scott Dr. Debra Pinals
 Jackie Sproat Robert Sheehan

PROVIDER UPDATES

CLOSE OUT PLAN TRAINING



Detroit Wayne Integrated Health Network

707 W. Milwaukee St.
Detroit, MI 48202-2943
Phone: (313) 833-2500
www.dwihn.org

FAX: (313) 833-2156
TDD: (800) 630-1044 RR/TDD: (888) 339-5588

DWPHN Contract Provider Close Out Plan

What is the Purpose?

The Contract Provider Close Out Plan is to be used when a provider is closing a program, contract home, site location, or terminating a contract. The Close Out Plan asks:

- Who (Provider or DWPHN Department) is responsible for the task to be completed?
- What is the task(s) and timeline requirement to be completed?
- What is the target date the task will be completed?
- Who is the person(s) identified to complete the task(s)?
- Are the task(s) completed or NA?

Where is the most current copy of the Close Out Plan located?

The Plan and other necessary documents can be found on the DWPHN Website at:

<https://www.dwihn.org/Provider-Close-Out-Plan-and-Required-Change-Forms.id.2119.htm>

What to do if contemplating a closure?

If you are thinking about closing a program, contract home, site location, or terminating a contract, please contact your assigned Provider Network Manager (PNM)/Contract Manager. They will guide you through the Close Out Plan process. Working together ahead of time will be beneficial for everyone and more effective in the process.

When will there be trainings available for providers to attend?

Trainings are held via Blue Jeans app. Click or copy and paste the link onto your browser:

Tuesday, May 11, 2021 from 9-9:30am (Zoom Meeting)

<https://dwihn-org.zoom.us/j/94674265369?pwd=ZGZGUmhNUDBsSnFZeDJLcEcrNFpnUT09>

Meeting ID: 946 7426 5369 Passcode: 955364

By Phone (US Toll-free): 888-788-0099 / 833-548-0276 / 833-548-0282 / 877-853-5247

Monday, June 7, 2021 from 1-1:30pm (Zoom Meeting)

<https://dwihn-org.zoom.us/j/96244337788?pwd=VFBIHeFMxRldqZUNnMzBhU1NIZnFIZz09>

Meeting ID: 962 4433 7788 Passcode: 589443

By Phone (US Toll-free): 888-788-0099 / 833-548-0276 / 833-548-0282 / 877-853-5247

PROVIDER UPDATES

AUTISM LEARNING SERIES SAVE THE DATE



Autism **LEARNING SERIES**

SAVE THE DATE!

APRIL 23

MAY 7 & 19

JUNE 7 & 23

JULY 13



Provider Alerts/Changes/Closures

NEW PROVIDERS

Vintage Specialized Services, LLC dba Creekside Residential Care- Effective 4/19/21

207 E. Bellevue St. Leslie, MI 49251



PROVIDER NETWORK CHANGES

The Guidance Center-adding a program

(Treatment Foster Care-Oregon) located on 26300 Outer Drive Lincoln Park, MI. 48146

Services: Effective 4/27/21

Assessments

Behavioral Health Treatment Plan

Skill Building

Crisis Intervention

Family Training

Mental Health Individual, Family & Group Therapy – Child

Transportation

Bay Haven Integrated Care I & II (operate under Hope Network Behavioral Health Services)

located at 799 Homtack Ignace, MI. 49781

Services: Effective 4/27/21

Community Living Support

Peer Directed and Operated Support Services

Personal Care in Licensed Specialized Residential Setting

Medication Administration

Targeted Case Management

Therapy (Mental Health) Child & Adult, Individual, Family Group

Lonia Home Care/Treat Heart Quality Care Services

located at 2246 West Philadelphia Street, Detroit MI 48206

Effective 4/27/21

I/DD Community Living Supports and Personal Care

Provider Merger

Northeast Integrated Health merged with CNS Healthcare

Effective 5/1/2021

Provider Alerts/Changes/Closures

PROVIDER CLOSURES

United Horizons - 5/12/21

14007 Rosemont Detroit, MI 48223

Carter Adult Foster Care - 5/2/21

10024 Brady, Redford, MI 48239

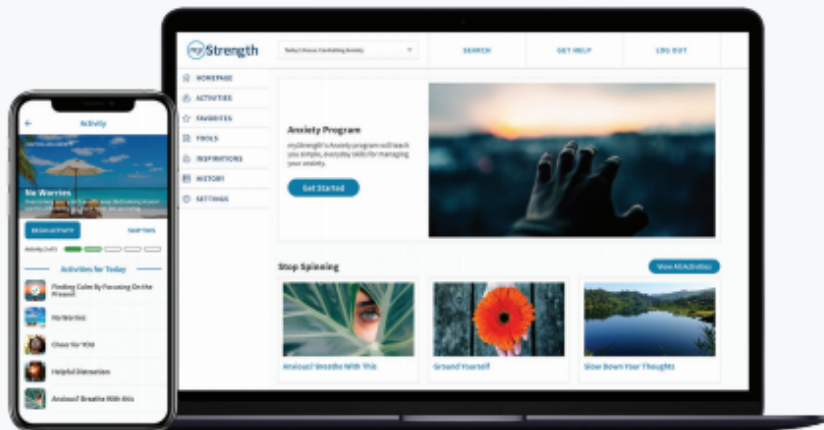
Nuttall AFC - 6/1/21

18815 Van Dyke, Detroit, Mi 4234

PERSONAL SUPPORT FOR YOU

Recharge, Refresh and Improve Your Mood with myStrength

Now you can use myStrength’s web and mobile tools to support your goals and well-being. Learning to use myStrength’s tools can help you overcome the challenges you face and stay mentally strong. And it’s all safe, secure and personalized – just for you.



What myStrength users are saying:

“It’s nice to have self-guided help that is so accessible.”

“myStrength gives me back some of the ‘light’ I had lost.”

SIGN UP TODAY

1. Visit www.mystrength.com and click on “Sign Up,”
2. Enter the **Access Code** marked below.
3. Complete the myStrength sign-up process and personal profile.

DWIHNc

Go Mobile! Download the **myStrength** mobile app, log in, and get started today.

myStrength

is presented by



ONLINE TRAININGS ARE AVAILABLE



Provider trainings are available at Detroit Wayne Connect, a continuing education platform for stakeholders of the behavioral health workforce. We strive to provide a variety of live and online courses. Log on at dwctraining.com.

SUD Trainings are available on Improving MI Practices posted at www.dwihn.org.



Detroit Wayne Integrated Health Network

707 W. Milwaukee St.
Detroit, MI 48202
www.dwihn.org

24-Hour Crisis Information and Referral

800-241-4949
TDD: 866-870-2599

Customer Service

888-490-9698 or 313-833-3232
TDD/TTY: 800-630-1044
Fax: 313-833-2217 or 313-833-4280

Recipient Rights Office

888-339-5595
TDD/TTY: 888-339-5588



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