



Residential Provider Meeting Q&A

Friday, March 15, 2024

Virtual Meeting

11:30 am –12:30 pm

1. The Arc NW provides FMS services for individuals with IDD self-directing services. Our staff have been participating in the new state EVV system, HHAeXchange, trainings. The trainer is teaching that organizations using this EVV will need to submit claims and billing through the EVV directly to the state. As an FMS we contract with DWHN as payor so submit billing and claims through MHWIN. Will this change? Will our contract with DWHN end?
 - A. DWHN participates in the applicable meetings held with MDHHS & HHAeXchange. Up to this point, the claims process has not been discussed as the focus has been on the front end related to authorizations. However, claims will continue to come to DWHN for payment and providers will maintain their contracts with DWHN.

2. Some SCs are saying they have until the end of the AUTHs to do the IPOS instead of before the 365 days of the previous plan date....can you clarify and address this with the CRSPS
 - A. Thank you for that information. We will ensure to provide communication to providers that address this concern.

3. Who should be updating progress notes and how often should they be updated?
 - A. Progress notes should be updated daily by the DCW in the home.

4. What is the process (and forms that need to be completed) if a home provider wants to appeal the CLS hours a client was given?
 - A. Please send an email to residentialreferral@dwhn.org

5. Residential- if a member has been in the hospital for 2 months, and their guardian has asked us to hold her bed, but this is our choice to do so, correct?
 - A. This is a business decision and conversation between you and the guardian.

6. Are we supposed to be using the new progress notes? At the last meeting, we were told not to yet use the new progress note layout, however, they are uploaded on the DWHN site.
 - A. Please continue to use the current progress note.

7. Still, lots of concerns regarding spend downs....how can the deductibles get met in a timely manner as this is affecting the member's access to health care, but it is also costing DWIHN GF dollars that will continue to get higher and higher....it seems your system should be able to communicate with DHS, but it is not happening.
A. I will share an update on this shortly on this call. thank you.
8. Is DWIHN / MDHHS Benefits and Eligibility department submitting persons served deductible reports?
A. Yes. they are.
9. It seems the DWIHN benefits department is not helping to ensure deductibles are met and are not responding to providers and when they do, they basically say figure it out and you do it
A. Please send me some of those exchanges that you have received. Thanks a lot, Manny Singla
10. MDHHS has been terminating Medicaid for many persons on Medicaid for years and remains eligible. These events occur because of DHS workers doing remote work and entering erroneous information. Appeals take months to complete even Judges appear to have little patience with DHS. What is DWIHN doing to address this with MDHHS directly?
A. Please send some specific examples so that we can make those cases with the dept.
11. I have requested booklets and pamphlets for our homes. How do we obtain them?
A. Good morning. Please give me a call and we can set up a time and day to obtain the material. (313)433-2845.
12. How do we obtain new R. Rights booklets
A. Give me a call at (313)433-2845. I will make sure you are able to meet with me next week to obtain booklets.
13. There is an issue/error with the progress codes, which prevents staff from writing in codes. Code is already generated on the progress note
A. Could you please send your concerns to kmancani@dwihn.org
14. The employee expense survey/ - Is there training available to ensure accurate completion?
A. Good morning Ms. Terry, please reach out to your PNM and cc rwilliams@dwihn.org for instructions as this survey is due back to the State today. Thank you.

15. For example, improved progress, same progress, etc. on the back side of the progress note
 - A. Please send your concerns to kmancani@dwi hn.org

16. Home help for the month is not paid if Medicaid stops anytime during the month. It is not paid later even if the Medicaid is retroactive. Need help on this.
 - A. Please send specific examples where it is not happening even if Medicaid is established retro.

17. Can a process be sent on the spend-down when it's due where to submit the spend-down
 - A. Manny Singla will send documents to that effect.

18. Can progress notes be typed, printed, and signed? Also, can they be scanned and stored on a server?
 - A. Progress notes should be completed each day in real time during the shift and signed each day.

19. What is the timeframe policy on which the SCs can begin working on a new Auth when the old one is set to expire? How far in advance?
 - A. The process of updating bio-psychosocial and other assessments and the IPOS can begin up to 60 days prior to the expiration of the IPOS.

20. It would help send out the best practices for Medicaid activation. What should providers do when they submit claims?
 - A. The steps will be included.

21. I am having a hard time filling the beds in my homes Marabel 1 has had 1 opening for some time now and Marable 2 has had 5 openings for some time. Occupancy reports have been submitted. Is there anyone who can help us with this issue please?
 - A. Please send in a vacancy report to residentialreferral@dwi hn.org

22. Who do we contact for spend-down problems?
 - A. Katrina Myles kmyles@dwi hn.org



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Memorandum

Date: April 1, 2024
To: DWIHN Provider Network
From: Melissa Moody, VP of Clinical Operations- DWIHN
Re: Medicaid Redetermination and Deductible (spend down) Process

Dear Provider:

There continue to be many questions surrounding Medicaid redeterminations and deductibles since the end of the Pandemic Emergency Order. This correspondence is being provided to clarify these processes.

Process for Members with upcoming Medicaid Redeterminations:

- Member receives letter of redetermination from MI Bridges
- Submit the documents to the local DHS office or using the new web application online - https://newmibridges.michigan.gov/s/isd-external-afb-screen?language=en_US
- Strongly recommend to use the online portal – https://newmibridges.michigan.gov/s/isd-external-afb-screen?language=en_US
- Check status of the application online for any missing documents
- If member meets minimum eligibility the first letter that gets issued is Plan 291 eligibility
- If member documentation is complete for full Medicaid benefits, then the second letter of full Medicaid is issued
 - If a member is missing any documents, then a second letter is not issued and the member is not on full Medicaid.
 - This can be best reviewed and responded to if the application is submitted online as you don't have to wait and can check and respond immediately using link above.
 - If you submit the application manually then there will be a letter after the initial Plan 291 letter with the list of documents missing to meet full Medicaid
 - Work with member/guardian to submit any additional documents missing.

Deductible (Spend Down) Management Process:

- If a member is on spend down and receives CLS services (or any other clinical services):
 - Submit claims as early as possible in first week of the month, or as early in the month as possible, and send an email to kmyles@dwihn.org and cc msingla@dwihn.org
 - We will use all of those claims to submit documentation for the member to the MDDHS office

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- If you already have a local MDDHS office staff that you are working with, and for some reason the process is not working, you can submit the issue with details to the same two email addresses above along with member details
- We will then contact you to resolve that specific issue.

If you have any questions, please contact Katrina Myles at kmyles@dwihh.org

Thank you.