



Detroit Wayne Integrated Health Network

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MEMORANDUM

Date: August 21, 2024
To: Clinically Responsible Service Providers (CRSP)
From: Melissa Moody MS, LLP, MBA- VP of Clinical Operations
Re: Revised General Fund Benefit Plan- **REVISED**

This communication is being sent to our Clinically Responsible Service Providers regarding coming changes to the General Fund (non-Medicaid) benefit plan. DWIHN recently evaluated current services covered under general fund to assure they align with medical necessity for this service population. As a result, Detroit Wayne Integrated Health Network (DWIHN) has updated the General Fund Exception Process and Benefit Plan which will be implemented on September 1, 2024.

GENERAL FUND EXCEPTION PROCESS

- New or existing members without health care benefits automatically default into the DWIHN information system as “General Fund”. However, that designation alone *does not qualify* the member for actual General Fund dollar coverage of services.
- General Fund Exception is the process designed to prevent the interruption of needed services while the insurance acquisition/reinstatement effort is underway. For a member to be considered for General Fund Exception to cover the cost of services, the CRSP must first confirm the insurance status, then electronically complete and submit the "Requests for General Fund Exception."
- All fields in the electronic “Requests for General Fund Exception” module must be completed for the request to upload into the Utilization Management General Fund Approval queue for review and disposition within fourteen (14) business days.
- When completing the request module, if different services are provided by more than one provider agency, the CRSP submits a separate General Fund Exception request under each provider number.
- General Fund authorization approvals are completed on a case-by-case basis and will not exceed 90 days for the initial request and 60 days from a secondary request without an exception approval.

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General Fund Benefit Plan Covered Services		
Service Description	HCPCS & Revenue Codes	Reporting Code Description
Assessments	T1001	Nursing or nutrition assessments
	97802	
	97803	
	90791	Psychiatric Evaluation
	90792	
	9079x	
	H0031	Assessment by non-physician
	H0002	Brief Screening to a Non-Inpatient Program
	T1023	Screening for an Inpatient Program.
Autism Spectrum Disorder Services	97153	ABA Services **Refer to General Fund Benefit Plan- Autism Services
	97155	
	97154	
	97156	
	97157	
	97151 IN or AN	
	9611X IN or AN	
	0362T	
Behavioral Treatment Plan Review	H2000	Comprehensive Multidisciplinary Evaluation
*Clubhouse Psychosocial Rehabilitation Programs	H2030	Mental Health Clubhouse
Crisis Intervention	H2011	Crisis Intervention Service
Crisis Residential Unit	H0018	Crisis Residential Unit Services
Fiscal Intermediary Services	T2025	Fiscal Intermediary Services for Self-Directed Members
Health RN Services	T1002	RN Services up to 15 minutes
Intensive Crisis Stabilization	S9484	Crisis Intervention Mental Health Services, Per Hour. DCH-Approved Program Only
Misc Therapeutic Items & Supplies	T1999	Includes Genoa Medication Assistance
Specialized Residential	H2016	Comprehensive Community Living Support Services in Specialized Residential Setting

Specialized Residential	H2x15	Comprehensive Community Living Support Services in Unlicensed Residential Setting and staffing services
	T2x27	Overnight Health and Safety Supports in specialized unlicensed homes and staffing services
	T1020	Personal Care in licensed Specialized Residential Setting
Medication Administration	99506	Provided by physician, licensed PA, NP, RN, or LPN assisting a physician
	96372	
Med Drop	H2015 PH	Med Drop Services
Medication Review	99201-99215	Psychiatric Evaluation and medication management require very specific Medical Necessity Criteria detailed documentation to support service utilization.
	992xx	
Outpatient Services	9083x	Outpatient Therapy Services- Up to 2/month
Patient Education	S944x	Patient Education, Non-Physician Provider
Peer Directed and Operated Support Services (MH and DD)	H0038	Mental Health Peer Specialist Services provided by CPS, 15 min.
	H0046	Peer mentor services provided by a DD Mentor
Services for Individuals on AOT, NGRI Status, Jail Diversion	--	Services necessary to meet AOT or NGRI Requirements
Targeted Case Management	T1017	Up to 4 units per month
Treatment Planning	H0032	Mental Health Service Plan development by non-physician.
*Skill Building	H2014	Vocational Services
*Supported Employment	H2023	Vocational Services
**OT/PT/Speech	--	Occupational Therapy, Physical Therapy, Speech & Language Services

* Available to Individuals with Medicaid Deductible Only

8-5-24

**OT/PT/SLP- approved on a case-by-case basis

-Non- Medicaid individuals requesting Licensed Specialized Residential services may require an updated DWIHN Residential Assessment.