



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

MEMORANDUM

Date: September 17, 2024
To: Residential Provider Network
From: Melissa Moody MS, LLP, MBA- VP of Clinical Operations
Re: General Fund (non-Medicaid) Benefit Plan- Effective November 1, 2024

DWUHN has evaluated current services covered under the General Fund Benefit Plan to ensure they are essential clinical services for this service population. As a result, Detroit Wayne Integrated Health Network (DWUHN) has updated the General Fund Benefit Plan effective November 1, 2024.

Please note, the General Fund Benefit Plan only pertains to persons that do not have Medicaid. This Benefit Plan does not pertain to Medicaid deductible/spend down or CCBHC members.

General Fund Exception is the process designed to prevent the interruption of needed services while the insurance acquisition/reinstatement effort is underway. This is a temporary coverage benefit.

General Fund authorization approvals are completed on a case-by-case basis and will not exceed 30 days for Personal Care and Community Living Support services in a residential setting without an exception approval. Please see the General Fund Benefit Plan attached for the services that are eligible for review and approval.

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General Fund Benefit Plan Covered Services		
Service Description	HCPCS & Revenue Codes	Reporting Code Description
Assessments	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
	97154	
	97155	
	97156	
	97157	
	97151 AN	
	9611X IN or AN	
0362T		
Behavioral Treatment Plan Review	H2000	Comprehensive Multidisciplinary Evaluation
Crisis Intervention	H2011	Crisis Intervention Service
Crisis Residential Unit (CRU)	H0018	Crisis Residential Unit Services
Room and Board (CRU)	S9976	Room and Board in CRU
Intensive Crisis Stabilization	S9484	Crisis Intervention Mental Health Services, Per Hour. DCH-Approved Program Only
Misc Therapeutic Items & Supplies	T1999	Includes Genoa Medication Assistance
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
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.
OT/PT/Speech	--	Occupational Therapy, Physical Therapy, Speech & Language Services
Specialized Residential (up to 30 days)	H2016	Comprehensive Community Living Support Services in Specialized Residential Setting
	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