



**DWIHN**  
Your Link to Holistic Healthcare



Detroit Free Press

# Detroit Wayne Integrated Health Network

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

FAX: (313) 833-2156  
TTY: 711

## CRSP/Outpatient Provider Meeting Friday, October 11, 2024 Virtual Meeting 10:00 am –11:00 am Agenda

Zoom Link: <https://dwihn-org.zoom.us/j/93220807823>

- I. Welcome/Introductions
- II. General Fund Benefit Plan – Melissa Moody
- III. Compliance- Sheree Jackson
  - Compliance Investigation Process (Pages 3-10)
- IV. Integrated Care– Ashley Bond (Pages 11-13)
  - Complex Case Management
- V. Claims Department – Quinnetta Robinson
  - PHI (Protected Health Information) (Pages 14-17)
- VI. Residential – Ryan Morgan
  - CRSP Trainings for the new FY (Pages 18-19)
- VII. Recipient Rights – Edward Sims
  - ORR Training
  - RRI (Pages 20-22)
- VIII. Children’s Initiative – Cassandra Phipps
  - Children Special Population Screening
  - Children's Hospital Recidivism
  - MichiCANS Update (Pages 23-40)

### Board of Directors

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Kenya Ruth

Manny Singla, Interim President and CEO



- IX. Administrative Updates – Manny Singla, Interim President and CEO
- X. Questions
- XI. Adjourn



# PROVIDER NETWORK Compliance Investigation Process

SHEREE JACKSON, VICE PRESIDENT OF COMPLIANCE

October 2024

# The Process...

- 1 The Office of Inspector General (OIG) assigns a referral or an internal referral is submitted for preliminary investigation to DWIHN Compliance.
- 2 Upon receipt, a risk level is assigned to the case, and an internal evaluation is performed to assess whether the matter aligns with the program integrity guidelines.
- 3 The Compliance Officer assigns the case to a compliance staff for investigation.
- 4 Claims audits, research, data analysis, interviews and site inspections (if applicable) are performed. **This includes request for supportive documentation, policies and procedures, timesheets, mileage logs, etc.)**
- 5 Findings are reported to the OIG accompanied by the MDHHS fraud referral (if applicable), and once confirmation is received from the OIG, DWIHN Compliance notifies the provider(s) and all relevant DWIHN stakeholders of the outcome of the preliminary investigation findings.
- 6 All applicable sanctions are entered, recoupment (if applicable) is processed, and the exit meeting is scheduled with the provider.
- 7 Upon receipt of the completed CAP and subsequent approval from the DWIHN Compliance department, the sanction is lifted, and the provider is referred for ongoing monitoring (if applicable).
- 8 If the OIG, Attorney General (AG), and Medicaid Fraud Control Unit (MFCU) accepts the fraud referral and opts to take further action, DWIHN staff and/or employees of the provider network may be required to provide legal testimony.

# Q & A

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## Question

- Can a decision rendered in a preliminary investigation be appealed?

## Answer

**YES, BASED ON CONSIDERATION OF SEVERAL FACTORS**

Did?

- **New Evidence:** If new evidence emerges that contradicts the findings of the initial investigation, it may warrant a review or reversal of the conclusions.
- **Regulatory Changes:** Changes in laws or regulations that affect the basis for the investigation's conclusions may also lead to a reevaluation

Then..

- The Chief Compliance Officer or the delegate will reassess the new evidence and all laws, statutes, DWIHN policies, and the contractual agreement.

## Q &amp; A

## Question

- We located supportive documentation after the due date listed on the notification letter. Why won't the Compliance Department accept them?

## Answer

- To be consistent with the Michigan Medicaid Provider Manual, General Information for Providers, Section 14.4, *"Providers must, upon request from authorized agents of the state or federal government, make available for examination and photocopying all medical records, quality assurance documents, financial records, administrative records, and other documents and records that must be maintained."*
- **All documents are required for review at the time of the request.**
- **Documentation submitted after the due date can be presented at the exit meeting or included with the CAP.**

# Q & A

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## Question

- Why does our findings say a, “Credible Allegation of Fraud?”

## Answer

- This statement means that the preliminary investigation determined there was a credible allegation of fraud as defined by the Office of Inspector General.

### CREDIBLE ALLEGATION OF FRAUD

- ***An overpayment of \$5,000***
- ***The investigation found that there was intent to misrepresent the claim, backed by specific facts or evidence that supports the allegation.***

# Q & A

## Question

- Why would the compliance department investigate a closed provider site? How long can such an investigation last?

## Answer

- A provider investigation can occur up to 10 years after the date on which the violation occurred.
  - **400.614 Statute of limitations.**
- An investigation can take up to, but is not limited to, 180 days.



## Question

- Why weren't we informed that the investigation was initiated by the Office of Inspector General?

## Answer

- The disclosure requirements are established by the Office of Inspector General (OIG), and the OIG enforces the standard operating guidelines of DWIHN's compliance department.

Q & A

# When and Who to contact?

- ▶ If you have a question pertaining to an active investigation?
  - ▶ Your designated investigator is listed in the notification letter sent to your agency, along with their name and contact details.
- ▶ If you have a question pertaining to a closed case. This means you have submitted your CAP, and no further action is requested from your agency?
  - ▶ Please contact John Shafer, Compliance Special Investigation Unit Administrator, [Jshafer@dwihn.org](mailto:Jshafer@dwihn.org).
- ▶ If you have concerns about sanctions or actions being taken against your agency.
  - ▶ Please contact Sheree Jackson, Vice President of Compliance, [sjackson@dwihn.org](mailto:sjackson@dwihn.org).

## Goals of CCM

- Connect to appropriate community resources
- Develop teams that include family, medical, and behavioral health professionals
- Improve quality of life
- Provide early intervention to prevent crisis

CCM services do not take the place of current services but are integrated with the clinically responsible service provider's case management services.

## Referral Process

The DWIHN CCM staff may receive referrals for services via:

- E-mail [pihpccm@dwihn.org](mailto:pihpccm@dwihn.org)
- Fax 313-989-9529
- Phone 313-833-2500

A referral form is available on the DWIHN website on the Integrated Health Care page.

Along with the referral form please send current bio-Psychosocial assessment, LOCUS/SIS assessment and any other relevant clinical documents.



# COMPLEX CASE MANAGEMENT

## CONTACT US!

Phone: 313-833-2500

Access Helpline: **800-241-4949**

Website: [dwihn.org](http://dwihn.org)

707 W. Milwaukee St. Detroit, MI  
48202



## What is Complex Case Management?

CCM is a collaborative process that includes assessment, planning, facilitation, and advocacy.

It explores options and services to meet a person's identified needs with the ultimate goal of promoting high quality, person friendly and cost-effective outcomes.



## Criteria to Participate

The DWIHN CCM program has general eligibility criteria for adults and children/youth. CCM is a voluntary program, all active participants have to be willing to participate in the program for at least 90 days.

### Adults

An active member of outpatient behavioral health services with a disability designation of SMI, DD/IDD or SUD as evidenced by at least one visit within the quarter with a DWIHN provider and evidence of one or more gaps in services:

- Absence of primary care or specialty medical care visits within the last 12 months
- Gaps in care (medication refills, not seeing doctors and etc.)
- Chronic Pain and/or Morbid Obesity
- Frequent ED visits within the last six months
- Missing appointments with behavioral health providers

### Children/Youth

Diagnosed with serious emotional disturbances (SED) and autism spectrum disorder (ASD) between the ages of 2-21 years of age and diagnosed with chronic asthma or other medical health condition as well as evidence of one or more gaps in services:

- Frequent ED visits related to medical and/or behavioral health in the last 12 months
- Gaps in services and/or care (absence of primary care visit within the last six months, gaps in refilling medications, and etc.)
- Missing appointments within behavioral health providers





## Integrated Health Care Initiatives Complex Case Management Referral Form

Complex Case Management is designed to assess, plan, implement, coordinate, monitor and evaluate options and services needed to meet an enrollee's chronic complex health (behavioral and physical) and human service needs. Enrollees are chosen for Complex Case Management because of frequent inpatient admissions, frequent visits to the Emergency Department, and because they have complex medical and behavioral needs that are not being resolved using traditional means/resources. Along with this referral form, please include the psychosocial assessment, current LOCUS, medication sheet, and any other clinicals that would be useful in managing this enrollee's care.

**Referral Source:**

\_\_\_ Behavioral Health Provider

\_\_\_ Medical Health Provider/Primary Care Provider

\_\_\_ DWIHN

\_\_\_ Self-Referral

\_\_\_ Other (specify): \_\_\_\_\_

**Name of Facility/Agency/Referral Source:** \_\_\_\_\_

**Telephone #:** \_\_\_\_\_

**Fax #:** \_\_\_\_\_

**Enrollee Name:** \_\_\_\_\_ **Date of Birth:** \_\_\_\_\_

**Enrollee Telephone #:** \_\_\_\_\_

**Reason for Referral:**

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Please fax completed form to: 313-989-9529

Please send via secure email to: [pihpccm@dwihn.org](mailto:pihpccm@dwihn.org)

For DWIHN USE:

Date Referral Received: \_\_\_\_\_

Case Assigned To: \_\_\_\_\_

Date Referral Assigned: \_\_\_\_\_



PHI (Protected Health Information)

**Quinnetta Robinson**

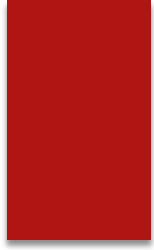
Claims Manager



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- To ensure we are protecting our consumers' privacy, effective immediately the Claims Department will not be responding to inquiries containing member PHI unless it is sent using secure methods.
- As a reminder PHI includes any personal data that relates to a consumer and/or their health. Ensuring the security of PHI is critical for protecting patient privacy and maintaining compliance with HIPAA regulations.

# PHI (Protected Health Information)

CLAIMS DEPARTMENT



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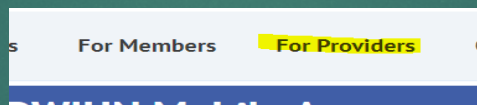


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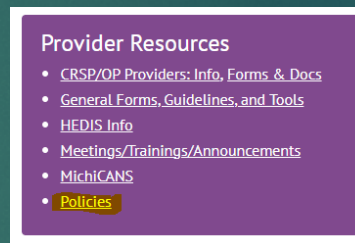
# PHI (Protected Health Information)

Remember protecting consumer information is a shared responsibility. For more information or guidance on secure email procedures, please refer to our IT policy on DWIHN's website at DWIHN.org.

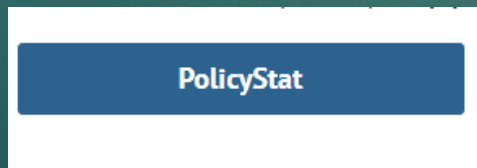
- Click the "For Providers" tab



- Scroll Down to "Provider Resources" and select policies.



- Select Policy Stat and you will have accessed all DWIHN's policies.







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TOP WORK PLACES 2023

Claims Department Contact:

[PIHPclaims@dwihn.org](mailto:PIHPclaims@dwihn.org)

# Contact

CLAIMS DEPARTMENT

# Residential Services

## ► Residential Services

- Clinical documentation trainings, helping to ensure consistency in documentation (see next slide).
- Maintaining updated treatment plans and compliance moving forward.





# Detroit Wayne Integrated Health Network

## Residential Assessment, Service Authorizations, & Clinical Alignment of Documentation Trainings

### Training Attendees Include:

CRSP Supports Coordinators | Case Managers  
CRSP Supervisory Team

**Beginning Tuesday, October 8, 2024**  
**then Bimonthly Every 1<sup>st</sup> Tuesday**

IDD CRSP Providers: **11:00 AM**      AMI CRSP Providers: **2:00 PM**

### 2024-25 Bimonthly Training Dates

October 8, 2024

December 3, 2024

February 4, 2025

April 1, 2025

June 3, 2025

August 5, 2025

October 7, 2025

***No Registration Required!***

Click on hyperlink below to join Zoom meeting:

<https://dwhn-org.zoom.us/j/8759841092?pwd=eFVpbE9lYlJGdHQ4TGhCcW8xSnFUUT09&omn=8935493580>

Meeting ID: 875 984 1092

Passcode: BKx8br





# DETROIT WAYNE INTEGRATED HEALTH NETWORK

**800-241-4949**

**[www.dwihn.org](http://www.dwihn.org)**

# ORR Recipient Rights Training

## Updates: October 2024

- ❑ NHRRT registration availability-currently 2 weeks out; see available New Hire RR training classes in MHWIN.
- ❑ ORR training unit will continue to work with Providers to assure their staff are trained w/I 30 doh, even if class has to be overbooked. **Strongly** encourage Providers to register new staff during the onboarding process, i.e, pls don't wait until the 28<sup>th</sup> day.
- ❑ FYI-For each NHRRT class-different documents are utilized for different NHRRT dates.
- ❑ **ALL** staff who attend a NHRRT class **must** be registered for that class.

## ORR NHRRT Information:

- ❑ NHRRT conducted **Mon-Wed** from **10am-12pm**. Evening NHRRT-2nd Tuesday of the month from **4pm-6pm**.
- ❑ If new staff report they previously attended NHRRT, request *evidence* **during the onboarding/orientation process.**
- ❑ NHRRT is held via the Zoom App-**participants need strong Wi-Fi signal** & be familiar w/the Chat feature.
- ❑ Participants **must** be present **online**, with working cameras, and remain **visible** and available to communicate **throughout** the course. Staff are not allowed into the training 5 minutes after the start time.
- ❑ If your staff are **OBSERVED DRIVING OR OTHERWISE NOT ENGAGED DURING THE TRAINING**, they will be removed from the training and will need to be rescheduled.
- ❑ Providers, if you know that your staff are not technology-savvy, please have them come into the work office to take the training, where you are able to assist them.
- ❑ An email is sent on morning of training to email address listed in MHWIN. If your staff experiences any issues with the NHRRT class email, you may contact us at: [orr.training@dwihn.org](mailto:orr.training@dwihn.org)
- ❑ NHRRT vs. ARRT-NHRRT: Virtual ZOOM new staff; ARRT: DWC website (1year after NHRRT training date, and annually thereafter)
- ❑ ORR Trg. info located on DWIHN website ([dwihn.org](http://dwihn.org)), in MHWIN, & on the FAQ's form on website.
- ❑ ORR Trainers: LaShanda Neely, Michael Olver, Joyce Wells



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# DETROIT WAYNE INTEGRATED HEALTH NETWORK

## Children Initiatives Department

CRSP Outpatient Meeting  
10.9.24



# Agenda

**MichiCANS  
Update**

**Wrap Around  
Update**

**Children  
Hospital  
Recidivism**





# MichiCANS

□ Effective 10/1/24 MichiCANS hard launch commenced for ages 0 to 21<sup>st</sup> birthday for SED and IDD disability designations.

□ SED Providers continue to administer Initial, Annual, Exit CAFAS/PECFAS for Services that required WSA Approval:

- SEDW
- CLS
- Respite,
- Family Training and Support

□ CAFAS/PECFAS cpt code Remains in the fee schedule

- CAFAS = H0031 PE
- PECFAS = H0031 FS

Date: October 7, 2024

To: Children's Clinically Responsible Service Providers (CRSP)

From: Melissa Moody, VP of Clinical Operations- DWIHN

Re: MichiCANS- CAFAS/PECAFAS Utilization for SEDW and 1915iSPA

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On October 1, 2024, MDHHS launched the MichiCANS as a replacement for the CAFAS and PECAFAS. Detroit Wayne Community Mental Health Network (DWIHN) has been working with our provider network throughout the last year to prepare for this system-wide assessment change.

MDHHS also established contractual requirements for the PIHPs to specifically use the MichiCANS to support eligibility determinations for the Waiver for Children with Serious Emotional Disturbances (SEDW) and the 1915(i) SPA. According to MDHHS, at this time, CMS has not provided approval for the amendment to the 1915(i) SPA or provided approval for the renewal of the SEDW.

For this reason, providers should continue to use the Child and Adolescent Functional Assessment Scale (CAFAS) and Preschool and Early Childhood Functional Assessment Scale (PECFAS) to support eligibility determinations for the 1915(i) SPA and SEDW only, until MDHHS receives approval from CMS. Providers must enter CAFAS and PECFAS scores into the Waiver Support Application (WSA) for these programs as part of the enrollment process. The MichiCANS will continue to be utilized for all individuals outside of the SEDW and 1915iSPA. If you have any questions regarding this process change, please contact Cassandra Phipps, Children Initiatives Director, at [cphipp@dwihn.org](mailto:cphipp@dwihn.org). Thank you.





# NEW Wrap Around Model

## ❑ Effective 10/1/24 Targeted Case Management is a new service available for the Intensive Care Coordination Wrap Around (ICCW).

- Regarding SEDW, according to medical necessity and family choice there is the option of Targeted Case Management or Wrap Around services.
- Future trainings offered by MDHHS on the new ICCW model are being rescheduled and will inform the network as they are scheduled.

**DATE:** October 7, 2024

**TO:** Director of Prepaid Inpatient Health Plans (PIHPs) and Community Mental Health Services Programs (CMHSPs)

**FROM:** Patricia Neitman, MS, LLP, Bureau Director *PLN*  
Bureau of Children's Coordinated Health, Policy, and Supports

**SUBJECT:** Wraparound / Intensive Care Coordination with Wraparound (ICCW) Update

The Bureau of Children's Coordinated Health Policy and Supports (BCCHPS) at the Michigan Department of Health and Human Services (MDHHS) is providing the following update regarding Intensive Care Coordination with Wraparound (ICCW) and Wraparound.

The Centers for Medicare and Medicaid Services (CMS) provided approval for adding ICCW as a new Target Group for Targeted Case Management within the state plan. This change is effective on October 1, 2024. The MDHHS will post the approved state plan amendment on the website, which can be accessed through the following link:

[www.michigan.gov/mdhhs](http://www.michigan.gov/mdhhs) >> Inside MDHHS >> Budget & Finance & Medicaid State Plans and Amendments >> 2024

The MDHHS has also been working with the Centers for Medicare and Medicaid Services (CMS) to secure a renewal of the Waiver for Children with Serious Emotional Disturbances (SEDW). CMS has temporarily extended the current authorization for the SEDW, and the MDHHS and CMS are continuing to work towards securing a five-year renewal.





# Children Hospital Recidivism

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What is Hospital Recidivism?

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Data

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Barriers and gaps identified

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Interventions

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# What is Hospital Recidivism?

**Hospital Recidivism:** When a member experiences more than 1 psychiatric hospitalization within 30 days of being discharged from the previous psychiatric hospital encounter within a 90-day period.

- Goal for hospital recidivism for children / youth to remain below 15%

## High risk need:

- Children / Youth are placed out of the home and community
- Children / Youth are unable to receive community mental health services while in the hospital setting
- Importance of beginning the Hospital Discharge Planning process during the onset of being informed of initial crisis screening



# Data

**Follow Up After Hospitalization (FUH):** Member has a visit with a Therapist, Psychiatrist, or Nurse Practitioner within 30 days of the hospitalization.

*\*\*\*Note: The H0036 (Home Based Service) counts for post visit as well (Refer to Hospital Discharge Bulletin)*

## Year 2023:

- 781 children were hospitalized and 497 completed post hospital visit (63.64%)
- MDHHS set a goal of 70%

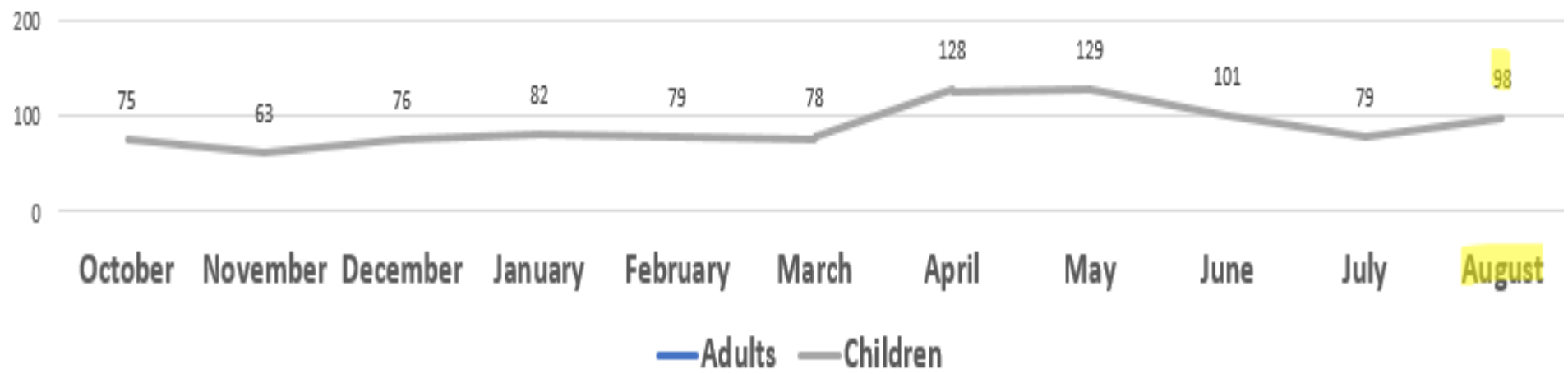
## Year 2024: (as of June 2024)

- 367 children were hospitalized and 233 completed post hospital visit (63.49%)



# Data

**Inpatient Admissions:** There was an increase of inpatient hospital admissions for children during the Spring 2024 season (FY24/Q3).



## Hospital Recidivism Data: (Children)

- FY23/Q4 = 11.58%
- FY24/Q1 = 8.62%
- FY24/Q2 = 8.82%
- **FY24/Q3 = 15.69%**
- FY24/Q4 = 9.09% (*preliminary*)



# Barriers / Gaps

- ❖ Crisis Screening Trends
- ❖ Crisis Plans
- ❖ Hospital Discharge Planning with Providers and Hospitals
- ❖ FY24/Q3 the Hospital Recidivism increased above 15% - *Youth not connected to CMH services*



# Interventions

## ❖ Facilitated Crisis Plan Training for both SED and IDD Children Providers

**Crisis Plan Data:** The chart below is an overview of the Crisis Plans completed by Children Providers for FY 24 thus far. The goal is to obtain 85% completion of Crisis Plans. There is noted progress with completed Crisis Plans throughout FY24. Providers refer to Risk Matrix for more detailed information.

Disability Designation	FY 24 – Q1	FY 24 – Q2	FY 24 – Q3	FY 24 – Q4
Serious Emotional Disturbance (SED)	77%	77%	78%	<i>Pending</i>
Intellectual Developmental Disability (IDD)	76%	80%	81%	<i>Pending</i>

## ❖ Implemented the Crisis Clinical Review Form Nov 2023

- September 2024 Crisis Screeners inform Providers of crisis screening event and request to complete the Children Crisis Clinical Review Form. Now available on DWIHN Crisis Services website <https://www.dwihn.org/crisis-services>

## ❖ Updated the Hospital Discharge Bulletin and provided additional guidance to support hospital discharge planning

<https://www.dwihn.org/resources/upload/6546/Bulletin%2024-007%20Hospital%20Discharge%20v3.pdf>



# Interventions

- ❖ **Updating the CRSP Re Engagement Policy for Children Providers to complete the CRSP Discharge Records when “administratively closing” case when member does not attend intake appointment post hospital discharge appointment and following 5 engagement attempts.**
- ❖ **Updated MHWIN for Crisis Screeners to select common risk factors when completing screeners to identify trends and needs for services**  
(Ex: Suicidal / Homicidal behaviors, Medication, Substance Use, Elopement, etc).
- ❖ **Facilitate 60-day Provider meetings to review Hospital Recidivism Performance Indicator #10 and Hospital Discharge Follow Up Indicator 4a**
- ❖ **Case consultation meetings (Outcomes Improvement Committee)**





# Contact Information

**Reference the MichiCANS webpage for additional information**

<https://www.dwihn.org/Providers/MichiCANS>

**Children System Transformation Meeting 10/25/24 @ 9:00am – 10:30am via Zoom**

- Can contact Destany Smith for invitation / [Dsmith3@dwihn.org](mailto:Dsmith3@dwihn.org)

## Contact Information:

- MichiCANS – Cassandra Phipps / [cphipps@dwihn.org](mailto:cphipps@dwihn.org) and Ebony Redding / [eredding@dwihn.org](mailto:eredding@dwihn.org)
- Procedure Codes – Procedure Code Workgroup / [procedure.coding@dwihn.org](mailto:procedure.coding@dwihn.org)
- Wrap Around / ICCW / SEDW – Monica Hampton / [mhampton@dwihn.org](mailto:mhampton@dwihn.org)
- PIHP Crisis Services – Dan West / [dwest1@dwihn.org](mailto:dwest1@dwihn.org)
- Integrated Health – Vicky Politowski / [vpolitowski@dwihn.org](mailto:vpolitowski@dwihn.org)
- MHWIN Performance Indicator – Justin Zeller / [jzeller@dwihn.org](mailto:jzeller@dwihn.org)
- Outcomes Improvement Committee – Daijia Walton / [dwalton@dwihn.org](mailto:dwalton@dwihn.org)





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

## Children Provider Eligibility Screening Guidance

10/8/24

According to Bulletin 2024-006 v2 Children Providers to begin using the H0002 Brief Screening CPT Code when completing screenings to determine eligibility for behavioral health services.

<https://www.dwihn.org/billig-coding-bulletins>

Special Population Screenings	Disability Designation	Age Criteria	CPT Code	Modifier
Infant Mental Health and Early Childhood (IMH)	NA	0 to 5	H0002	IF
Infant and Early Childhood Mental Health Consultation Grant (IECMHC)	NA	0 to 5	H0002	IE
Intellectual and Developmental Disability Services	IDD	0 to 5	H0002	DD
Youth involved in Foster Care	SED / IDD	0 to 21 <sup>st</sup> birthday	H0002	YF
Youth Juvenile Justice	SED / IDD	0 to 21 <sup>st</sup> birthday	H0002	YJ
Juvenile Restorative Program	SED / IDD	12 to 18	H0002	JR
Clinical for Child Study	SED	0 to 21 <sup>st</sup> birthday	H0002	CU
Children Waiver	IDD	0 to 18 <sup>th</sup> birthday	H0002	CW
SED Waiver	SED	0 to 18 <sup>th</sup> birthday	H0002	WA
School Success Initiative	SED	0 to 21 <sup>st</sup> birthday	H0002	SI

## Children Services Specialty Population Provider List

**Providers to refer to the chart below to use the applicable specialty program H0002 code and modifier.**

<b>IF</b>	Infant Mental Health	(age 0 to 5)
<b>IE</b>	Infant and Early Childhood Mental Health Consultation	(age 0 to 5)
<b>DD</b>	Intellectual Developmental Disabilities	(age 0 to 5 – IDD)
<b>YF</b>	Youth involved in Foster Care	(age 0 to 21 <sup>st</sup> birthday – SED / IDD)
<b>YJ</b>	Youth Juvenile Justice	(age 0 to 21 <sup>st</sup> birthday – SED / IDD)
<b>JR</b>	Juvenile Restorative Program	(age 12 to 18 – SED / IDD)
<b>CU</b>	Clinic for Child Study	(age 0 to 21 <sup>st</sup> birthday – SED / IDD)
<b>CW</b>	Children Waiver	(age 0 to 18 <sup>th</sup> birthday – IDD)
<b>WA</b>	SED Waiver	(age 0 to 18 <sup>th</sup> birthday – SED)
<b>SI</b>	School Success Initiative	(age 0 to 21 <sup>st</sup> birthday – SED)

Provider Name	IF	IE	DD	YF	YJ	JR	CU	CW	WA	SI
All Well Being			X	X						
America's Community Council (ACC)	X			X						X
ACCESS				X						X
Assured Family Services	X			X	X					X
Black Family Development				X					X	X
CNS	X		X	X					X	
Community Living Services (CLS)			X	X				X		
Development Center (MiSide)	X	X	X	X					X	X
DWIHN Community of Care				X						X
EastersealsMorc			X	X						
Elmhurst Home										
Hegira Health	X	X	X	X					X	X
Judson Center	X		X	X				X	X	
Lincoln Behavioral Health	X			X					X	
Neighborhood Service Organization			X	X						
Psygenics			X	X						
Ruth Ellis				X						
Southwest Counseling Solutions (MiSide)	X			X					X	X
Starfish	X		X	X					X	X
Team Wellness			X	X		X				X
The Children Center	X		X	X					X	
The Guidance Center	X	X	X	X				X	X	X
Third Circuit Court				X			X			
Vital Health			X	X				X		
Wayne Center			X	X						

## Access Screening

**In supporting a no wrong door approach to community mental health services, below is a chart indicating which entity completes Brief Eligibility Screenings (H0002):**

*\*= Either DWIHN Access Center or Provider completes the screening*

Special Population Screenings	Disability Designation	DWIHN Access Center	Provider
<b>Infant Mental Health and Early Childhood (IMH)</b> * Age 0 to 5	N/A	X	X
<b>Infant and Early Childhood Mental Health Consultation Grant (IECMHC)</b> Age 0 to 5	N/A		X
<b>Intellectual and Developmental Disability Services</b> Age 0 to 5	IDD		X
<b>Youth involved in Foster Care</b> * Age 0 to 21 <sup>st</sup> birthday	SED / IDD	X	X
<b>Youth Juvenile Justice</b> Age 0 to 21 <sup>st</sup> birthday	SED / IDD		X
<b>Juvenile Restorative Program</b> Age 0 to 18	SED / IDD		X
<b>Clinic for Child Study</b> Age 0 to 21 <sup>st</sup> birthday	SED		X
<b>Children Waiver</b> Age 0 to 18 <sup>th</sup> birthday	IDD		X
<b>SED Waiver</b> Age 0 to 18 <sup>th</sup> birthday	SED		X
<b>School Success Initiative</b> Age 0 to 21 <sup>st</sup> birthday	SED		X

**Instructions:** Providers are to complete and submit the following documents to DWIHN Access Center via the smarthsheet form:

- Consumer Enrollment Packet
- SED or IDD Screening Checklist
- MichiCANS Screener (*PDF format*)

*Note: Effective 10/1/2024 Children Providers are expected to use the MichiCANS Screener in your agency electronic health record and or MHWIN to complete brief eligibility screenings.*

<b>Screening Packet Documents</b>	Consumer Enrollment Packet and SED / IDD Checklists are available on DWIHN Access Call Center webpage <a href="https://www.dwihn.org/DWIHN-Access-Call-Center">https://www.dwihn.org/DWIHN-Access-Call-Center</a>
<b>Children Screening Submission Smartsheet Form</b>	<a href="https://app.smartsheet.com/b/form/336965fa2885435db00b594e4f173251">https://app.smartsheet.com/b/form/336965fa2885435db00b594e4f173251</a>

- DWIHN Access Center to review the submitted packet and enter information into MHWIN and follow up with the Provider via email with the assigned MHWIN ID#. DWIHN Access Center to open the case the same date as the screening date.



## **Detroit Wayne Integrated Health Network**

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

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

**BULLETIN NUMBER:** 24-006 v2

**ISSUED/REVISED:** 10/8/2024

**EFFECTIVE:** 7/1/2024

**SUBJECT:** Eligibility Screening Code & Modifiers

**SERVICE AFFECTED:** H0002 – Brief Screening to determine Eligibility for Behavioral Health Services (Children Providers and CCBHC Providers)

**BACKGROUND:** Offering screenings to determine eligibility for behavioral health services is an important and introductory component of persons served connecting to behavioral health services. In addition to DWIHN Access Center completing screenings, there are specific situations in which Children Providers and CCBHC Providers also complete screenings.

**PROCEDURE:** Effective 7/1/2024 Children Providers and CCBHC Providers are to begin using the H0002 Brief Screening CPT Code when completing screenings to determine eligibility for behavioral health services. H0002 ID cpt code has been added for screenings completed for children ages 0 to 6 receiving intellectual and developmental disability services.

**BILLING:** CRSPs are to use the appropriate H0002 Brief Screening CPT Code (H0002) along with a specific modifier according to the special population identified in the chart below. This service does not require an authorization. In the instance where more than one special population is applicable Children Providers and CCBHC Providers are to select the most applicable modifier.

Highlighted in the chart below are updates for the following special populations:

- Intellectual and Developmental Disabilities
- Third Circuit Court / Clinical for Child Study
- CCBHC

In accordance to Bureau of Specialty Behavioral Health Services Telemedicine Database, Effective 5/12/2023:

- **CPT Code:** H0002
- **Description:** (Behavioral Health Screening) To determine eligibility for admission to treatment program. *Audio only when determining level of care for admission and or continued authorization for current services (screening).*
- **Simultaneous Audio/Visual Must Include:** POS 02 or POS 10 – No Modifier Required

## CHARTS

Special Population Screenings	Disability Designation	Age Criteria	CPT Code	Modifier
Infant Mental Health and Early Childhood	NA	0 to 5	H0002	IF
Infant and Early Childhood Mental Health Consultation Grant (IECMHC)	NA	0 to 5	H0002	IE
Intellectual and Developmental Disability Services	IDD	0 to 5	H0002	DD
Youth involved in Foster Care	SED / IDD	0 to 21 <sup>st</sup> birthday	H0002	YF
Youth Juvenile Justice	SED / IDD	0 to 21 <sup>st</sup> birthday	H0002	YJ
Juvenile Restorative Program	SED / IDD	12 to 18	H0002	JR
Third Circuit Court / Clinic for Child Study	SED	0 to 18	H0002	CU
Children Waiver	IDD	0 to 21 <sup>st</sup> birthday	H0002	CW
SED Waiver	SED	0 to 21 <sup>st</sup> birthday	H0002	WA
School Success Initiative	SED	0 to 21 <sup>st</sup> birthday	H0002	SI
CCBHC (Must be billed along with T1040)	NA	All ages	H0002	None

## REFERENCES:

### Michigan Medicaid Provider Manual

[http://www.michigan.gov/mdhhs/0,5885,7-339-71551\\_2945\\_42542\\_42543\\_42546\\_42553-87572--,00.html](http://www.michigan.gov/mdhhs/0,5885,7-339-71551_2945_42542_42543_42546_42553-87572--,00.html)

### Eligibility and Screening Policy

<https://dwmha.policystat.com/policy/9502733/latest>

### Access Policy

<https://dwmha.policystat.com/policy/13123573/latest/>

### Telemedicine Policy

<https://dwmha.policystat.com/policy/10681486/latest>

### Michigan Mission Based Performance Indicator (MMBPI) Reporting Requirements

<https://dwmha.policystat.com/policy/13906196/latest>

### Michigan Medicaid Provider Manual

[http://www.michigan.gov/mdhhs/0,5885,7-339-71551\\_2945\\_42542\\_42543\\_42546\\_42553-87572--,00.html](http://www.michigan.gov/mdhhs/0,5885,7-339-71551_2945_42542_42543_42546_42553-87572--,00.html)

[https://www.michigan.gov/mdhhs/-/media/Project/Websites/mdhhs/Keeping-Michigan-Healthy/BH-DD/Reporting-Requirements/Bureau\\_of\\_Specialty\\_Behavioral\\_Health\\_Services-](https://www.michigan.gov/mdhhs/-/media/Project/Websites/mdhhs/Keeping-Michigan-Healthy/BH-DD/Reporting-Requirements/Bureau_of_Specialty_Behavioral_Health_Services-)

[Telemedicine Database.pdf?rev=4f8499187fd64e758eea882605bdf5f3](#)

**MDHHS Website: SFY 2024 Behavioral Health and Provider Qualifications**  
[https://www.michigan.gov/mdhhs/0,5885,7-339-71550\\_2941\\_38765---,00.html](https://www.michigan.gov/mdhhs/0,5885,7-339-71550_2941_38765---,00.html)

**DWIHN Rate Charts**  
<https://www.dwihn.org/rate-charts>

If there are any additional questions and or concerns, please contact: [procedure.coding@dwihn.org](mailto:procedure.coding@dwihn.org)

- If your request has not been processed within 24 hours Providers give DWIHN Access Call Center a follow up call.
- Incomplete relevant documents may delay the processing of your request
  - CRSP Enrollment Forms
  - Disability Designation Checklists
  - Consent / Release of Information Forms
  - Proof of Residency (Ex: Driver License)
  - Foster Care Worker Name and ID #
  - Court Order / Legal Documents

**Eligibility:** Eligibility for community mental health services with DWIHN requires a score of 2 or 3 with the MichiCANS Screener.

**Ineligibility:** If youth scores a 0 or 1 with the MichiCANS Screener and not eligible for community mental health services Children Provider to offer additional resources and supports and provide Adverse Determination Letter. Provider to also submit MichiCANS Screener and or Checklist to the smartsheet and DWIHN Access Center to provide a MHWIN ID# for the Provider to submit a claim to bill the completed screening.

**DWIHN Access Call Center Contact Information:**

- Phone: 1-800-241-4949
- Fax: 1-877-909-3950
- Email: [AccessCenter@dwihn.org](mailto:AccessCenter@dwihn.org)
- Website: <https://www.dwihn.org/DWIHN-Access-Call-Center>

**Billing**

**Below is a chart indicating which DWIHN Contract to select for authorizations and billing. There are 3 options to submit billing for eligibility screenings (H0002):**

1. Screening section of the electronic health record
2. Submit a progress note
3. Submit a manual claim via MHWIN

Special Population Screenings	DWIHN Contract
<b>Infant Mental Health and Early Childhood (IMH)</b>	MH Child Outpatient
<b>Infant and Early Childhood Mental Health Consultation Grant (IECMHC)</b>	IECMHC
<b>Intellectual and Developmental Disability Services</b>	DD Outpatient
<b>Youth involved in Foster Care</b>	MH Child Outpatient / DD Outpatient
<b>Youth Juvenile Justice</b>	MH Child Outpatient
<b>Juvenile Restorative Program</b>	Juvenile Restorative Program
<b>Clinic for Child Study</b> <i>(Not required to complete MichiCANS Screener)</i>	Clinic for Child Study
<b>Children Waiver</b>	DD Outpatient
<b>SED Waiver</b>	MH Child Outpatient
<b>School Success Initiative</b>	MH Child Outpatient