



Outpatient Provider Meeting Q&A

Friday, October 11, 2024

Virtual Meeting

10:00 am –11:00 pm

1. **Regarding the email response you indicated DWIHN is waiting on - can you let the individual CRSPs know if their response is outstanding?**
 - A. Hi Faten, We will follow up with Jacquee Davis to identify the CRSP providers that are outstanding and send out communication.

2. **Can you please provide this updated benefit grid to all the Providers? We never received it until it was an issue with a client this month. Thank you.**
 - A. The memo is located on our website (under Provider information: announcements). I have included the link here as well.
 - B. <https://www.dwihn.org/General-Fund-Benefit-Plan.id.6752.htm>

3. **How do we handle Plan First members, do you have a contact person to resolve this issue or a process?**
 - A. If they were not found eligible for full Medicaid benefits the individual can appeal the decision through MDHHS (appeal information is on the determination letter). You can also reach out to DWIHN at spenddown@dwihn.org to review with an MDHHS liaison.

4. **Can you please send the PowerPoint regarding the compliance investigation process? Thank you.**
 - A. The PowerPoint is included in the agenda posted online.
<https://www.dwihn.org/providers-crsp-op-meeting-info>

5. **Is the member ID considered PHI?**
 - A. Yes, Member ID is considered PHI
 - B. Protected health information (PHI) is any information in the medical record or designated record set that can be used to identify an individual and that was created, used, or disclosed in the course of providing a health care service such as diagnosis or treatment.

6. **Is there an example of something we could use via email if we're not utilizing secure email at this time?**

- A. I would advise you to describe your billing issue in detail and/or provide examples of the claim edit your claim is experiencing in your email.

- 7. **Is the MichiCANS screener completed by DWIHN for the 7-17 home-based program?**
 - A. DWIHN completes the MichiCANS Screener for youth ages 7 to 21st birthday that are in the children's program.

- 8. **Is the link for enrollment also ineffective for ages 5-7 home-based?**
 - A. The SmartSheet link is for the children's special populations that was indicated in the 24-006 bulletin.

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
- 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

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:

Please fax completed form to: 313-989-9529

Please send via secure email to: pihpccm@dwihn.org

For DWIHN USE:

Date Referral Received: _____

Case Assigned To: _____

Date Referral Assigned: _____



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 1st 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://dwihn-org.zoom.us/j/8759841092?pwd=eFVpbE9lYTJGdHQ4TGhCcW8xSnFUUT09&omn=89354935805>

Meeting ID:

875 984 1092

Passcode:

BKx8br



Detroit Wayne Integrated Health Network

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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 st birthday	H0002	YF
Youth Juvenile Justice	SED / IDD	0 to 21 st 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 st birthday	H0002	CW
SED Waiver	SED	0 to 21 st birthday	H0002	WA
School Success Initiative	SED	0 to 21 st 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

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

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

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

If there are any additional questions and or concerns, please contact: procedure.coding@dwihn.org



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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 st birthday	H0002	YF
Youth Juvenile Justice	SED / IDD	0 to 21 st birthday	H0002	YJ
Juvenile Restorative Program	SED / IDD	12 to 18	H0002	JR
Clinical for Child Study	SED	0 to 21 st birthday	H0002	CU
Children Waiver	IDD	0 to 18 th birthday	H0002	CW
SED Waiver	SED	0 to 18 th birthday	H0002	WA
School Success Initiative	SED	0 to 21 st 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.

IF	Infant Mental Health	(age 0 to 5)
IE	Infant and Early Childhood Mental Health Consultation	(age 0 to 5)
DD	Intellectual Developmental Disabilities	(age 0 to 5 – IDD)
YF	Youth involved in Foster Care	(age 0 to 21 st birthday – SED / IDD)
YJ	Youth Juvenile Justice	(age 0 to 21 st birthday – SED / IDD)
JR	Juvenile Restorative Program	(age 12 to 18 – SED / IDD)
CU	Clinic for Child Study	(age 0 to 21 st birthday – SED / IDD)
CW	Children Waiver	(age 0 to 18 th birthday – IDD)
WA	SED Waiver	(age 0 to 18 th birthday – SED)
SI	School Success Initiative	(age 0 to 21 st 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
Infant Mental Health and Early Childhood (IMH) * Age 0 to 5	N/A	X	X
Infant and Early Childhood Mental Health Consultation Grant (IECMHC) Age 0 to 5	N/A		X
Intellectual and Developmental Disability Services Age 0 to 5	IDD		X
Youth involved in Foster Care * Age 0 to 21 st birthday	SED / IDD	X	X
Youth Juvenile Justice Age 0 to 21 st birthday	SED / IDD		X
Juvenile Restorative Program Age 0 to 18	SED / IDD		X
Clinic for Child Study Age 0 to 21 st birthday	SED		X
Children Waiver Age 0 to 18 th birthday	IDD		X
SED Waiver Age 0 to 18 th birthday	SED		X
School Success Initiative Age 0 to 21 st birthday	SED		X

Instructions: Providers are to complete and submit the following documents to DWIHN Access Center via the smarhseet 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.

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

- 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.

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