



DWIHN
Your Link to Holistic Healthcare



Detroit Wayne Integrated Health Network

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

FAX: (313) 833-2156
TTY: 711

CRSP/Outpatient Provider Meeting

Friday, January 10, 2025

Virtual Meeting

10:00 am –11:00 am

Agenda

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

- I. Welcome/Introductions
- II. 1915iSPA – Melissa Moody
 - Prior Authorizations (Page 3-7)
- III. Compliance Updates – John Shafer (Pages 8-12)
- IV. Clinical Practice Improvement – Alison Gabridge
 - BH TEDs
 - Mi Strength (Pages 13-21)
- V. Integrated Care – Ashley Bond
 - CCM (Pages 22-23)
- VI. Utilization Management – Lucinda Brown
 - Self-Directed Services (Pages 24-25)
- VII. Recipient Rights – LaShanda Neely
 - ORR Training
 - Monitoring (Site Reviews)
 - (Pages 26-30)

Board of Directors

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Dora Brown, Treasurer
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William Phillips

Eva Garza Dewaelsche, Secretary
Angelo Glenn
Kenya Ruth

James E. White, President and CEO



VIII. Access Call Center –Yvonne Bostic

- Appointment Availability
- Updating Appointment status in MHWIN
- CRSP Change Request Form: Step 3 – Member’s Signature
(Pages 31-38)

IX. Children’s Initiative – Cassandra Phipps

- CAFAS Training Resources Memo
- Non-ABA assessment Code Bulletin
- SEDW Approval Memo 9
- Home-Based Bulletin
- EPSDT/Family Training and Support Bulletin (Pages 39-48)

X. Administrative Updates – Manny Singla, Executive VP of Operations

XI. Questions

XII. Adjourn



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1915(i)SPA

Melissa Moody MS,LLP, MBA
VP of Clinical Operations



What is the 1915(i)SPA?

Following CMS requirements, Michigan is transitioning all specialty behavioral health services and supports currently covered under Medicaid (b3) authority to a 1915(i)SPA State plan benefit effective October 1, 2023.

Michigan developed the HCBS benefit to meet the specific needs of its behavioral health and developmental disabilities priority populations that were previously served through the Managed Specialty Services & Supports B3 Waiver authorities within Federal guidelines.



Eligibility Criteria

The 1915(i)SPA target groups include individual beneficiaries with a serious emotional disturbance, serious mental illness and/or intellectual/developmental disability.

To be eligible for 1915(i) services, an individual must meet the following:

- Have a substantial functional limitation in 1 or more of the following:
 1. Self-care
 2. Communication
 3. Learning
 4. Mobility
 5. Self-direction
 6. Capacity for independent living
 7. Economic self-sufficiency; and
- Without 1915(i) services the beneficiary is at risk of not increasing or maintaining sufficient level of functioning to achieve their individual goals of independence, recovery, productivity or community inclusion and participation.



1915(i)SPA Enrollment Process

- Each member's eligibility is evaluated annually to determine they meet the needs-based criteria for the 1915(i) benefit
- The enrollment process includes:
 1. Evaluation completed by the clinical staff
 2. Services requested are included in the IPOS/Addendum
 3. Clinical Staff provides the evaluation information to the 1915(i) SPA Lead
 4. 1915(i)SPA Lead enters the information into the Waiver Support Application (WSA)
 5. DWIHN is notified that there is an application to review
 6. DWIHN processes the application and sends to MDHHS for final review
 7. Provider is notified directly via e-mail of application status



1915(i)SPA Status

Overdue DWIHN members eligible for 1915iSPA services:

- 476 - CMH Queue
- 1,503 - Completed but overdue (initial application completed, nothing thereafter)
- 1,979 - Total Overdue

Next Steps:

- Each provider will be sent an 1915iSPA overdue Report with a deadline for completion
- Providers determined to be out of compliance will need to provide a Plan of Improvement





CORPORATE COMPLIANCE DEPARTMENT

Provider Meeting Updates
January 10th, 2025

January - December 2024

Frequent noncompliance issues:

- Billing for services not rendered
- Inaccurate time
- Clinical Documentation not detailed enough to allow for reconstruction
- Failure to provide clinical documentation upon request
- Failure to create/update staff record in MHWIN
- Workforce Background Checks
- Workforce Training (i.e. New Hire Recipient Rights Training)
- Inaccurate CPT Code for Service Rendered

COMPLIANCE UPDATES

HOW TO REMAIN IN COMPLIANCE

How to avoid being cited for any of the noncompliance allegations.

- **Auditing and Monitoring:** Conduct regular audits and monitoring of operations to identify and address compliance issues promptly.
- **Stay Informed:** Regularly monitor updates to healthcare laws, regulations, and industry standards relevant to your practice.
- **Policies and Requirements:** Regularly review DWIHN policies to ensure you are up to date on contract requirements and regulatory changes.
- **Implement Policies and Procedures:** Establish and maintain clear policies and procedures that align with regulatory requirements and best practices.
- **Training and Education:** Provide ongoing training to staff on compliance issues, including fraud prevention, patient privacy (HIPAA), and billing practices.
- **Documentation:** Maintain accurate and detailed records of patient care, billing, compliance activities and HR files.

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 required from your agency?**
 - Please contact John Shafer, Compliance Special Investigations Unit Administrator, 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.

Questions:



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myStrength Self-Management Tool

Alison Gabridge LMSW CAADC
Clinical Practice Improvement
Adult Initiatives
January 2025



What is myStrength?

A digital self-management tool brought to you by DWIHN, in partnership with Teledoc Health



Evidence-based self-help resources for emotional health and overall well- being

Explore all

Building resilience

- Mindfulness and meditation
- Reducing stress
- Balancing intense emotions

Conditions

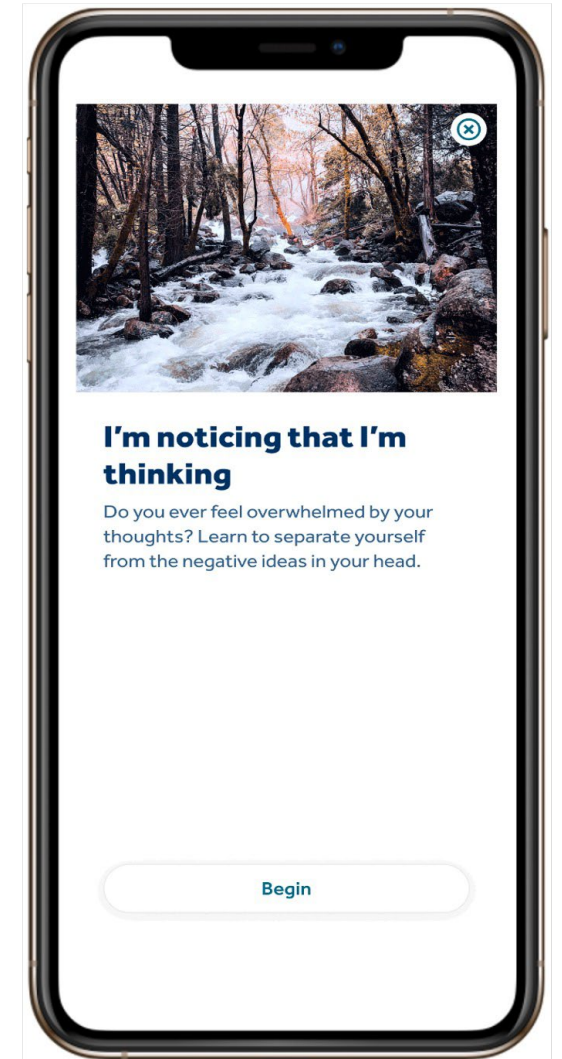
- Managing depression
- Managing anxiety
- Improving sleep

Navigating life [See all](#)

- Coping during COVID-19
- Pregnancy and early parenting
- Racism and discrimination
- LGBTQ+ emotional health

Physical activity

- Weight management
- Eating well
- Physical fitness
- Getting active



Who is myStrength for?

DWHIN Employees* DWHIN Providers* DWHIN Members



Scan to Sign
Up!



It's EASY to refer individuals to my Strength!

- ✓ Scan the QR Code or download the free mobile app from Apple App Store or Google Play and click the sign-up button
- ✓ Enter the appropriate access code from the list below
- ✓ Complete a personal profile and brief wellness assessment



	Service Area Description	Access Codes
1	DWIHN & Provider Network Staff	DWIHNStaff
2	DWIHN Member Referral	DWIHNc
3	Non-Member Referral	DWIHNp
4	Prevention Initiatives and Services Referral	DWIHNSupport
5	First Responder Referral	DWIHN911
6	Access Center Referral	DWIHNAccess

SCAN TO SIGN UP

- Open camera app on phone
- Select the rear facing camera in Camera or Photo mode
- Center the camera on QR Code until myStrength link pops up
- Tap the link and you will be directed to myStrength website



How does myStrength help?



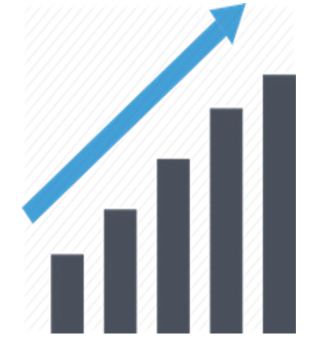
Evidence-based

MIND**BODY.**

Multi-condition
and holistic



Web-
responsive &
mobile tool for
your toolbox



Demonstrated
results



Personal
and relevant



Interactive,
available
24/7/365



Safe & Secure



Hopeful
and helpful

Digital programs offer broad coverage

Clinically comprehensive

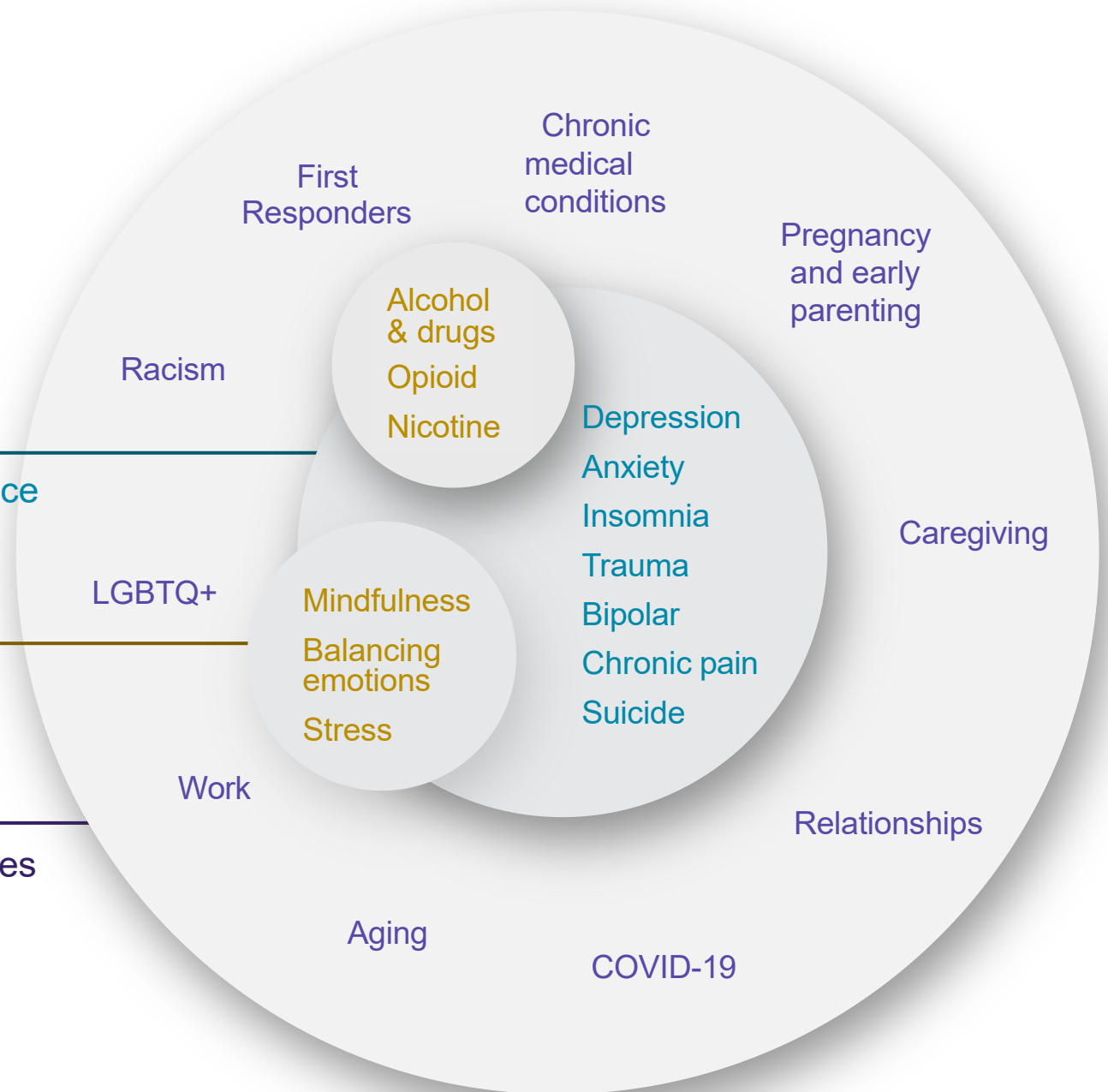
Highest prevalence conditions, including substance use

Tools for everyone

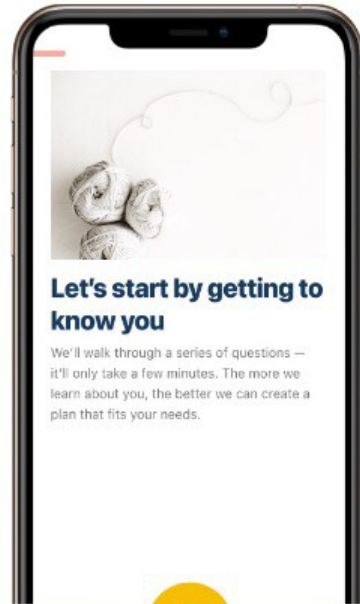
Tools to build resiliency at all acuity levels

Contextual and relevant

Managing distress from life events and challenges



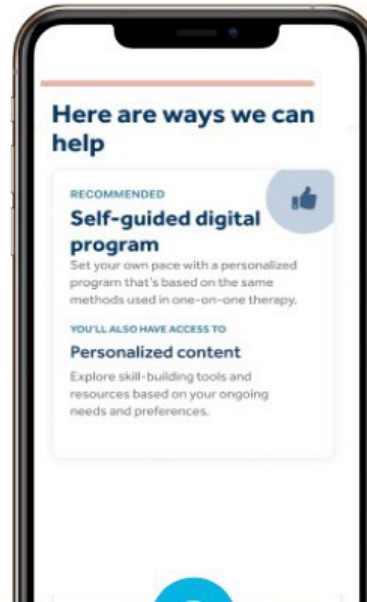
Powerful, iterative personalization



1

Clinical Assessment

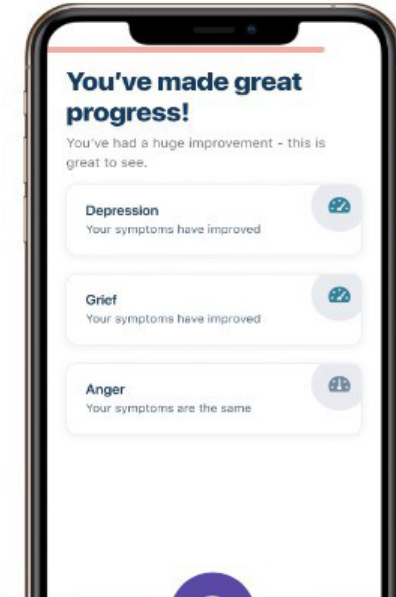
Prioritizes addressable condition(s) and evaluates acuity level



2

Personal Plan

Delivers a personalized plan with prioritized focus areas and reminders to stay on track



3

Regular Reassessment

Continuously adapts programming to flexibly meet evolving needs

Interested in more information?

Reach out to our Adult Initiatives Team

adultteam@dwihn.org

or

agabridge@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
- 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.)
- Medical Issues (Asthma, Obesity, Chronic Pain, Diabetes and etc.)
- 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 a chronic medical health condition (Asthma, Obesity, Cerebral Palsy, Epilepsy and etc.) 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



Self-Directing (SD) Services Updates

- Training Series for CRSP; registration is required.
- E-Newsletter- looking for stories to highlight how a member has a better life by self-directing their services. Please submit to selfdetermination@dwihn.org.
- DWIHN will be collaborating with Partners Advancing Self-Determination and MDHHS to assess and implement system improvements in Spring of 2025. Stakeholders (CRSPs, people served, or network agencies) are welcome to participate to provide input in the sessions. Email interest to selfdeterminatin@dwihn.org.

****Reminder****

There must be progress notes for every shift that Medicaid pays for, even if the person lives with family. Support Coordinators must be reviewing written documentation of the services provided to document progress on goals identified in the IPOS.



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Self-Directing Services Training

Jan 28th

- What is Self-Directing Services
- How to set-up a new SD arrangement
- <https://dwihn-org.zoom.us/meeting/register/PfHRGo68SyiiCT2MrUTj5Q>.

Feb 25th

- How to support a family to use their budget for goals beyond CLS or Respite staff.
- Monitoring a Self-Directed Service Arrangement
- <https://dwihn-org.zoom.us/meeting/register/sQt2KVJaTK63oH3lLxfRTg>

March 25th

- Goals, Objectives, and Interventions for a person who self-directs services
- <https://dwihn-org.zoom.us/meeting/register/wxUUgIQbSAG9pJy5Jtxzug>

June 3rd, Sep 9th,
and Dec 2nd

- Quarterly trainings based on network needs; trends, frequent errors, questions (no registration required)
- <https://dwihn-org.zoom.us/j/81580071665?pwd=67bXbHKXsccJc8OheK4dNi1f61FZGF.1> 6/3
- <https://dwihn-org.zoom.us/j/88481784721?pwd=Hjt5cO2sM0Ed9fdqaDib7embMLRqbW.1> 9/9
- <https://dwihn-org.zoom.us/j/87692839400?pwd=9LmRpwNiW32jxZA4Dxz7yqeG1BaoqG.1> 12/2



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ORR Training & Monitoring Agenda Provider Meeting (01/10/2025)



Updates: ORR Training (January 2025)

1. ORR requests that the Provider or their Designee please follow up with your staff after they've attended and completed NHRRT, with a passing score.

2. The days that NHRRT classes are conducted have changed beginning this month, January 2025. NHRRT will be held via Zoom on Tuesday, Wednesday & Thursday of each week. The evening NHRRT will continue to be conducted on the 2nd Tuesday of each month from 4pm-6pm.

3. The addition of a 2nd evening NHRRT class per month is currently under consideration. At the next Provider meeting, ORR training unit will provide an update.

4. NHRRT registration availability-currently 3 weeks out; see available New Hire RR training classes in MHWIN.

ORR NHRRT Information:

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.

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 your staff are not tech-savvy, please assist them when they attend NHRRT.

An email is sent on morning of trg. to email address listed in MHWIN. If staff experiences any issues with the NHRRT class email, they may contact us at: 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), in MHWIN, & on the FAQ's form on website.

ORR Trainers: LaShanda Neely, Michael Olver, Joyce Wells,
ORR Managr: Schakerra Pride



Updates: January 2025

1. FY25 ORR monitoring of DWIHN-contracted locations continues & the Provider/Site Rep. should be prepared to submit evidence of NHRRT & ARRT for their staff.

2. Providers/Site Reps-At the completion of the site review visit, you should be providing your signature/date on page #4 of the site review tool, completed by the ORR Reviewer.

3. The Provider will receive a copy of the Compliance Status letter, from ORR, for their records. AFC only-LARA (Licensing) requests the ORR CSL during the renewal of the license for the AFC.

ORR Monitoring Information:

ORR Site Visit conducted onsite (in person). Covid 19 Questionnaire- If +exposure, an alternative site review will be arranged

ORR accepts NHRRT certificates obtained from *different* counties w/evidence provided & verification of validity, in most cases (Oakland, Macomb, Washtenaw accepted)

During site review ORR Reviewer looks for the following:

List includes: Required postings, RR booklets, where confidential-



List cont'd:

items stored, health/safety violations, interior/exterior of facility, interviews staff & members re: rights awareness and complaint filing

Any violation(s) found requires a Corrective Action Plan. Provider has 10-business days from the date of the site visit to remedy violation

End of site review visit, Site Rep required to sign & date page #4 of site review tool

Important Reminder/Contact Info:

Provider contact info and staff records should be kept current, as required in MHWIN

Questions re: ORR Monitoring: esims1@dwihn.org, ludson@dwihn.org ahardrick@dwihn.org or spride@dwihn.org



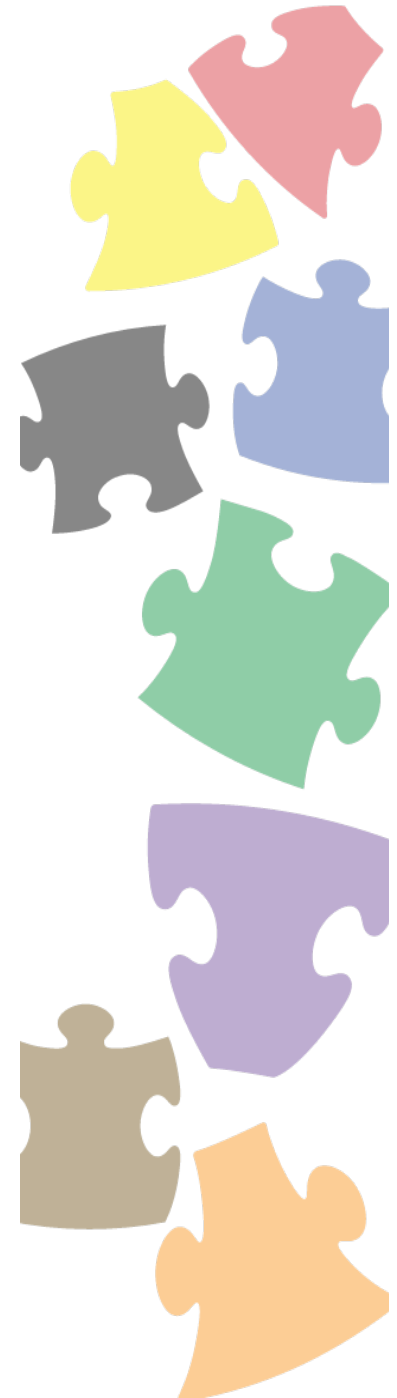
QUESTIONS?



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**DWIHN Access Call Center
CRSP Outpatient/ Residential Meeting
Friday January 10, 2025**

**DETROIT WAYNE INTEGRATED
HEALTH NETWORK**

800-241-4949

www.dwihn.org

Appointment Availability

- ▶ The call center should make a referral for services within 24 hours of screening and the scheduled appointment should take place within the standard MDHHS guidelines:
 - ▶ Routine: within 14 days
 - ▶ Urgent / Emergent: with 24-48 hours
 - ▶ Hospital discharge within 7 days
- ▶ Once an individual has been referred to the provider:
 - ▶ For Emergent:
 - ▶ The intake should take place within 24 hours of the referral
 - ▶ For Urgent:
 - ▶ The intake should take place within 24-48 hours of the referral
 - ▶ For routine:
 - ▶ The IBPS should be completed within 14 days of the referral and ongoing services should be within 14 calendar days from the intake

Appointment Availability

- ▶ Access Call Center staff will contact the provider to request an appointment if one is not available within the stated timeframes
- ▶ November 2024 Appointment Availability:
 - ▶ SMI, SED and I/DD (within 14 days): 89.3%
 - ▶ Hospital Discharge (within 7 Days): 97.2%
 - ▶ SUD priority Populations (Urgent / Emergent- within 24 hours): 78.9%
 - ▶ SUD (routine within 5-7 days): 80.2%

Update Appointment Status in MHWIN

- ▶ CRSP providers should update the appointment status in MHWIN within 24 hours of the appointment date and include appropriate notes for appointments that are rescheduled or cancelled
- ▶ Appointment statuses:
 - ▶ Appointment kept
 - ▶ No Show
 - ▶ Rescheduled by Member / Provider
 - ▶ Cancelled by Member / Provider

CRSP Change Request Form - Member Signature (required)

- ▶ CRSP change request forms can be completed by the current crsp, new crsp or member and submitted to CRSPProvider@dwihn.org for processing
- ▶ This form must be signed by the member or include **printed name and phone number** of the member along with **the signature and printed name of the person who completed the form** if the member was not present to sign the form (see Step 3: Member Signature)
- ▶ Access Call Center staff will call the member to confirm this request, which can delay the processing of this form
- ▶ **It is recommended that the new CRSP schedule the intake, have the member sign the form on the day of the intake and submit it to the access center via email with a note to include the start of care date/intake date and the access center will assign the CRSP in MHWIN using that date.** ⁵

Sending Information via Fax/email to DWIHN Access Call Center

- ▶ Please use a cover page or include a note to explain the reason for the communication and the contact person
- ▶ Give the Access Call Center a follow up call if your request has not been processed within 24 hours
- ▶ Incomplete documents will be returned to you and may delay the processing of your request
 - ▶ CRSP enrollment Forms
 - ▶ SED, DD or SMI Checklists
 - ▶ CCBHC enrollment forms
 - ▶ Consents / Release of information
 - ▶ CRSP change request forms

Sending Information via Fax/Email to DWIHN Access Call Center

- ▶ CRSP change requests: CRSPprovider@dwihn.org
- ▶ Disability Designation Change Requests: go to DWIHN.org website (For Providers, then Access Call Center)
 - ▶ <https://app.smartsheet.com/b/form/a713f14ee3ca4463ad67b1fb88b80467>
- ▶ Fax (877-909-3950)
 - ▶ IMH enrollment & TCW / PCW enrollments
 - ▶ Generate Member ID, etc.
 - ▶ SUD Chart Release
- ▶ Send the following to AccessCenter@dwihn.org
 - ▶ Enrollment for School Success Initiatives
 - ▶ Enrollment for CCBHC services
 - ▶ Enrollment Crisis Stabilization Services, etc.

Questions?



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BULLETIN NUMBER: 25-001

ISSUED/REVISED: 11/27/2024

EFFECTIVE: 10/01/2024

SUBJECT: Behavior Identification Assessment (Functional Behavior Assessment) for Non-Autism Services (*NEW H0031 6Y cpt code*)

SERVICE AFFECTED: 97151 – Functional Behavior Assessment (Children and Adult Services)

BACKGROUND:

Effective January 2023 the Michigan Department of Health and Human Services (MDHHS) replaced H0031 FA cpt code for Functional Behavior Assessments (FBA) with the 97151 cpt code to be billed for non-ABA beneficiaries.

PROCEDURE:

Effective 10/1/2024 MDHHS is replacing 97151 cpt code for Behavior Identification Assessment (BTP) for non-ABA members with H0031 6Y.

AUTHORIZATIONS & CLAIMS:

H0031 6Y unit type is an “encounter” and does not require an authorization. When filing claims please ensure both the code, the 6Y modifier, and the appropriate staff credentialing modifiers are entered. *Refer reference section below for additional information.*

CHART:

Procedure Code	Description
H0031 6Y	Behavior Identification Assessment (BTP) for non – ABA members: Behavior identification assessment includes face-to-face, standardized and non-standardized assessments, and direct behavior observations to assess skills across various domains (e.g., social skills, behavior, daily living skills, communication).

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Angelo Glenn
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James White, President and CEO



REFERENCES:

MDHHS Website: SFY 2025 Behavioral Health and Provider Qualifications

https://www.michigan.gov/mdhhs/-/media/Project/Websites/mdhhs/Keeping-Michigan-Healthy/BH-DD/Reporting-Requirements/SFY_2025_BH_Code_Charts_and_Provider_Qualifications.xlsx?rev=34ce036c903d4ed998746338ef4eea09

DWIHN Rate Charts

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

DWIHN Coding Manual Bulletins

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

DWIHN Service Utilization Guidelines

<https://www.dwihn.org/resources/upload/5264/DWIHN%20MASTER%20SUG%20LIST%20UPDATED%209-22-23.xlsx>

Policy Stat:

<https://www.dwihn.org/policies>

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



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BULLETIN NUMBER: 25-003
ISSUED/REVISED: 01/07/2025
EFFECTIVE: 10/01/2024
SUBJECT: MDHHS State Plan Update Code Changes
SERVICE AFFECTED: Early Periodic Screening Diagnostic Treatment Services and S5111 / S5111 WP

BACKGROUND:

Historically specific children services were a covered benefit for Early Periodic Screening Diagnostic Treatment (EPSDT) according to the Michigan Department of Health and Human Services (MDHHS).

- H2014 – Skills and Training Development
- H2015 – Community Living Supports
- H2016 – Community Living Supports (residential setting)
- H2023 – Supported Employment
- H2025 – Ongoing Employment Support
- S5111 – Family Support and Training (Home Care Training)
- T1015 – Family Training (Family Psycho education)

PROCEDURE:

Effective 10/1/2024 MDHHS the services mentioned above are no longer a covered benefit for EPSDT. In addition, Parent Support Partner (PSP) services have been added to the MDHHS State Plan.

PSP services will be removed from the 1915(i). Eligible beneficiaries who are enrolled in the 1915(i) will be able to receive PSP services via the state plan. Family Support and Training will remain in the 1915(i), and PIHPs will reimburse the provision of Family Support and Training to eligible beneficiaries enrolled in the 1915(i).

- **S5111 WP = Family Support and Training** (*serviced rendered Parent Support Partner*) – will no longer be a 1915i SPA requirement.
- **S5111 = Family Support and Training** (*service rendered by a Clinician*) – to remain as a 1915i SPA requirement.

In addition, S5111 and S5111 WP are also covered services for members enrolled in SED Waiver (SEDW) and Children Waiver Program (CWP).

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James White, President and CEO



When current authorizations for S5111 expires begin to authorize S5111 WP for parent support partner services. Effective 10/1/2025 all parent support partner services to be authorized with the S5111 WP.

AUTHORIZATION / CLAIMS:

S5111 and S5111 WP requires prior authorization. When filing claims please ensure both the code and appropriate modifiers along with staff credentialing modifiers are submitted. *Refer to the Reference section below for additional information.*

CHART:

Procedure Code		Description (Non-Waiver Mental Health Services) – MH Child Outpatient Contract
S5111	Family Training: Home Care Training (family per session) Reporting Type: Encounter DT = 2 per day	
S5111 WP	Family Training: Home Care Training (family per session) Reporting Type: Encounter	
Procedure Code		Description (Waiver Services – SEDW / CWP) – Waiver Contract
S5111	Family Training: Home Care Training (family per session) Reporting Type: Encounter cannot exceed 1 per day (<i>limit up to 4 sessions per month but no more than 12 sessions per 90 day period</i>).	
S5111 WP	Family Training: Home Care Training (family per session) Reporting Type: Encounter	

REFERENCES:

MDHHS Website: SFY 2025 Behavioral Health and Provider Qualifications

https://www.michigan.gov/mdhhs/-/media/Project/Websites/mdhhs/Keeping-Michigan-Healthy/BH-DD/Reporting-Requirements/SFY_2025_BH_Code_Charts_and_Provider_Qualifications.xlsx?rev=34ce036c903d4ed998746338ef4eea09

DWIHN Rate Charts

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

DWIHN Coding Manual Bulletins

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

DWIHN Service Utilization Guidelines

<https://www.dwihn.org/resources/upload/5264/DWIHN%20MASTER%20SUG%20LIST%20UPDATED%209-22-23.xlsx>

Policy Stat:

<https://www.dwihn.org/policies>

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



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BULLETIN NUMBER: 25-004
ISSUED/REVISED: 1/7/2025
EFFECTIVE: 10/1/24
SUBJECT: Home Based Services
SERVICE AFFECTED: H0036 - Home Based Services and ancillary services
(Any Children’s Services Provider providing Home Based Services)

BACKGROUND:

Historically Children Providers have billed each home-based service (H0036) separately. Refer to previous Home-Based Bulletin 23-001 for updates to H0036 cpt code and H0031 Assessment Replacement Bulletin 24-009 v2.

PROCEDURE:

Effective 10/1/2022 any home-based service rendered after the initial Integrated Biopsychosocial Assessment has been completed is to be billed using the H0036 cpt code. Per bulletin 19-004 Infant Mental Health Providers (IMH) to also use the IF modifier in addition to other modifiers listed in chart below as needed.

- Home Based Services (Ages 0 to 5 – day prior to 6th birthday) = H0036 IF
- Home Based Services (Ages 6 to 20 – day prior to 21st Birthday) = H0036

Effective 1/1/2025 according to Michigan Medicaid Provider Manual: Section 22 – Home Based Services, age categories are from birth to age 5 and age 6 to 20 years old. Current 6-year-old children receiving Infant Mental Health and Early Childhood services can continue to receive these services and or have the option to transition to the age 6 to 20 home based program. However, any *new* 6 year old children starting services are not eligible for the Infant Mental Health and Early Childhood program.

Refer to chart below for additional modifiers to use as needed.

AUTHORIZATION / CLAIMS:

H0036 requires prior authorization. When filing claims please ensure both the code and appropriate modifiers along with staff credentialing modifiers are submitted. *Refer to the Reference section below for additional information.*

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Service	Former CPT Code	New CPT Code	Requires Authorization
ASSESSMENTS			
Initial Biopsychosocial Assessment	H0031 BI	90791 BI	No
Annual Biopsychosocial Assessment	H0031 BI	H0036 AN	Yes
Reassessment	H0031 PS	H0036 PS	Yes
MichiCANS Comprehensive	NA	96110 CN	No
MichiCANS Comprehensive (Home Based) <i>Use for members in the Home Based Program</i>	NA	H0036 CN	Yes
DECA – Age 0 to 18 months (Infant) <i>(Document in Progress Note)</i>	H0031 DE	H0036 DE	Yes
DECA – Age 18 to 36 months (Toddler) <i>(Document in Progress Note)</i>	H0031 DT	H0036 DT	Yes
DECA – Age 37 to 47 months (Clinical) <i>(Document in Progress Note)</i>	H0031 DC	H0036 DC	Yes
LOCUS – Age 18 and older as needed <i>(Document in Progress Note)</i>	H0031 LO	H0036 WX	Yes
PECFAS – Age 4 to 6 <i>(Document in Progress Note)</i> <i>*PECFAS – ONLY for SEDW and 1915i SPA services</i>	H0031 PE	H0036 PE	Yes
CAFAS – Age 7 to 21 <i>(Document in Progress Note)</i> <i>*CAFAS – ONLY for SEDW and 1915i SPA services</i>	H0031 FS	H0036 FS	Yes
PERSON CENTERED PLANNING			
Initial Individual Plan of Service (IPOS)	H0032	H0036	Yes
Annual Individual Plan of Service (IPOS)	H0032	H0036	Yes
Treatment Planning (Periodic Reviews)	H0032	H0036	Yes
Treatment Planning (Addendums)	H0032	H0036	Yes
CRISIS SERVICES			
Crisis Planning	H0032	H0036	Yes
Crisis Intervention	H2011	H0036	Yes
CLINICAL SERVICES			
Home Based Therapy	H0036	H0036	Yes
Group Therapy (with Home-based Group Facilitator)	90853	H0036	Yes
Evidenced Based Practice (EBP) Therapy <i>(Continue to use appropriate modifier per EBP. Refer to EBP Bulletin)</i>	H0036	H0036	Yes

REFERENCES:

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Policy Stat:

<https://www.dwihn.org/policies>

Michigan Medicaid Provider Manual:

<https://www.michigan.gov/mdhhs/doing-business/providers/providers/medicaid/policyforms/medicaid-provider-manual>

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STATE OF MICHIGAN

DEPARTMENT OF HEALTH AND HUMAN SERVICES
LANSING

GRETCHEN WHITMER
GOVERNOR

ELIZABETH HERTEL
DIRECTOR

MEMORANDUM

DATE: November 20, 2024

TO: Prepaid Inpatient Health Plans (PIHPs)
Community Mental Health Services Programs

FROM: Kim Batsche-McKenzie, Division Director *Kim Batsche-McKenzie*
Program and Grant Development and Quality Monitoring
Bureau of Children's Coordinated Health Policy and Supports

SUBJECT: CAFAS Training Resources

The Michigan Department of Health and Human Services has received requests for training on CAFAS/PECFAS tools. In addition to supplying self-training manuals to each PIHP, Multi-Health Systems (MHS) has provided us with the following information to share with providers. MHS does not offer live trainings; however, they do have recorded modules available online.

On the MHS YouTube channel, they have a playlist of short demonstration videos on the CAFAS and FAS Outcomes platform to provide quick overviews:

[FAS Training/CAFAS Demo - CAFAS at a Glance \(1 of 7\)](#)
[FAS Training/CAFAS Demo - Completing the CAFAS \(2 of 7\) \(youtube.com\)](#)
[FAS Training/CAFAS Demo - Using the Client Dashboard \(3 of 7\) \(youtube.com\)](#)
[FAS Training/CAFAS Demo - Using the Clinician Dashboard \(4 of 7\)](#)
[FAS Training/CAFAS Demo - Using the Supervisor Dashboard \(5 of 7\)](#)
[FAS Training/CAFAS Demo - Aggregate Reporting Function \(6 of 7\)](#)
[FAS Training/CAFAS Demo - Data Export \(7 of 7\)](#)

Community Mental Health Services Programs have access to complimentary online training. Each assessor can take the [reliability quiz](#) as well afterwards.

A [resource library](#) is also available, which includes reference materials such as a [CAFAS overview from Dr. Kay Hodges, Reliability and Validity, Parent brochure](#), and an [overview of FAS Outcomes](#).



STATE OF MICHIGAN

DEPARTMENT OF HEALTH AND HUMAN SERVICES
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GRETCHEN WHITMER
GOVERNOR

ELIZABETH HERTEL
DIRECTOR

MEMORANDUM

DATE: January 3, 2025

TO: Prepaid Inpatient Health Plans (PIHP) and Community Mental Health Services Programs (CMHSP) Leadership

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

SUBJECT: Update on 1915(c) Waiver Programs for Children

The Bureau of Children's Coordinated Health Policy and Supports (BCCHPS) is providing the following update on the renewal applications for the Waiver for Children with Serious Emotional Disturbances (SEDW) and Children's Waiver Program (CWP).

Waiver for Children with Serious Emotional Disturbances (SEDW):

The Michigan Department of Health and Human Services (MDHHS) received approval from the Centers for Medicare and Medicaid Services (CMS) for the renewal of the SEDW program on December 18, 2024. The waiver has been approved for a five-year period with an effective date of October 1, 2024. The renewal application included several programmatic changes, which are listed below. MDHHS will provide interim guidance to the PIHPs and CMHSPs in January 2025 that will address the following items, and MDHHS will also issue a policy bulletin in 2025 that will incorporate these items into the Medicaid Provider Manual.

- Revision to assessment tools including the addition of the Michigan Children and Adolescent Needs and Strengths (MichiCANS) tool
- Revision of Overnight Health and Safety Supports eligibility and coverage
- Removal of Wraparound from SEDW and Addition of Intensive Care Coordination with Wraparound (ICCW) to State Plan
- Removal of Family Support and Training from SEDW and 1915(i) and transition to the Parent Support Partner State Plan Amendment
- Addition of Equine Therapy as a new service type
- Change in name from "Children's Therapeutic Foster Care" to "Children's Therapeutic Family Care" and update to the best practice model
- Revision and addition of some performance measures for the Quality Improvement Strategy
- Update of Electronic Visit Verification language
- Update of Conflict Free Access and Planning requirements

- Language change from “Fiscal Intermediary” to “Financial Management Services”
- Change in frequency of provider qualification verifications from 2 years to 3 years
- Change in site review frequency from biennially to annually

Children’s Waiver Program (CWP)

MDHHS has not received approval from CMS for the renewal application for the CWP. MDHHS submitted and received approval for an extension request for the current waiver approval to allow for finalization of the updated waiver application.