



STATE OF MICHIGAN

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GOVERNOR

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
LANSING

ROBERT GORDON  
DIRECTOR

April 27, 2020

To: Executive Directors of Prepaid Inpatient Health Plans and  
Community Mental Health Service Programs

From: Jeffery L. Wieferich, MA, LLP, Director *JW*  
Bureau of Community Based Services  
Behavioral Health and Developmental Disabilities Administration

RE: Telemedicine Case Management Monitoring

The Behavioral Health and Developmental Disabilities Administration (BHDDA) greatly appreciates everyone's continued hard work in implementing the telemedicine policies during the COVID-19 mitigation. As you know it is extremely important that we use what tools are available to provide behavioral health services to the people we serve.

We have received questions on whether case management monitoring can be provided via telemedicine at the same time other authorized services are being provided, such as respite. The PIHP and CMHSP Encounter Reporting Code Chart has some information in the section entitled Same-time Services Reporting and specifically item #11 on page 114 addresses what services can be reported at the same time case management monitoring is occurring. While this does not address telemedicine case management monitoring specifically it does state examples of services that can take place at the same time. See verbiage from the chart below:

*Face-to-face interactive Case Management monitoring (T1016/T1017) can be reported at the same time as in-home service **such as** community living support and personal care, and certain day-time activity services (clubhouse, supported employment, prevocational service, skill building, community activities). Professionals and specialty providers will report treatment plan monitoring (H0032-TS) at the same time that the consumer is receiving the service for which they are being monitored in the above settings.*

*The consumer must be present and have at least 15 minutes of interaction with the case manager/supports coordinator for the monitoring activity and the service being monitored to be reported at same time.*

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Therefore, Supports Coordination (T1016) and Targeted Case Management (T1017) for case management monitoring can be provided via telemedicine during in which the other authorized service is also taking place.

Consistent with public health emergency conditions at both the state and federal level related to COVID-19, BHDDA is issuing this reporting change is effective March 1, 2020. Given the circumstances, this reporting change is intended to be time-limited, and BHDDA will notify providers of its termination.

Please direct any questions or concerns to the provider qualifications mailbox: [MDHHS-ProviderQualificationCode@michigan.gov](mailto:MDHHS-ProviderQualificationCode@michigan.gov)

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