



## Behavioral and Physical Health and Aging Services Administration Encounter Data Integrity Team Minutes

Date: July 18, 2024	Location: TEAMS Meeting Webex: <a href="#">Click here to join the meeting</a>
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Time: 10AM-12PM	Dial-in Number: <a href="#">+1 248-509-0316,,748163010#</a>
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**Community Mental Health Service Programs**

X	Copper Country CMH: Susan Sarafini
X	Centra Wellness: Donna Nieman
<input type="checkbox"/>	West MI CMH: Jane Shelton
X	Integrated Services of Kalamazoo: Ed Sova
X	Livingston County CMH: Kate Aulette
X	Newaygo CMH: Jeff Labun
X	Sanilac County CMHA: Beth Westover

**Community Mental Health Association**

X	Bruce Bridges
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**Prepaid Inpatient Health Plans**

X	NCN: Alexis Shapiro
X	NMRE: Brandon Rhue
X	LRE: Ione Myers
X	LRE: Stacia Chick
X	SWMBH: Anne Wickham
X	MSHN: Amy Keinath
X	CMHPSN: Michelle Sucharski
X	DWIHN: Deabra Hardrick-Crump
X	DWIHN: Jeff White
X	OCHN: Jasmin White
X	OCHN: Leze Ibisaj
X	MCCMH: Thomas Cole
X	MCCMH: Kristen DesJardins
X	Region 10: Laurie Story-Walker

**MDHHS**

X	Laura Kilfoyle
X	Kasi Hunziger
X	Crystal Williams
<input type="checkbox"/>	Belinda Hawks
<input type="checkbox"/>	Kim Batsche-McKenzie
X	Angie Smith-Butterwick
<input type="checkbox"/>	Mary Ludtke
X	Brenda Stoneburner
X	Jackie Sproat
<input type="checkbox"/>	Phil Kurdunowicz
X	Lyndia Deromedi
X	Mary Luchies
X	Lisa Collins
X	Nicole Roszkowski
X	Alyssa Stuparek
X	Patricia Neitman
<input type="checkbox"/>	Erin Mobley
X	Abigail Chinn
<input type="checkbox"/>	Phil Chvojka
<input type="checkbox"/>	Kelsey Bowen
X	Pam Werner
X	Samantha Rushman

Agenda Item	Presenter	Notes/Action Items
Welcome and Roll Call, membership updates (5 minutes)	All	Oakland membership change – Leze Ibisaj replaced Jennifer Fallis <b>MDHHS staff updates:</b> Laura Kilfoyle Kasi Hunziger Samantha Rushman

		<p><b>Others in attendance not listed above:</b>  Jamie Anderson (MDHHS)  Carmen Starkweather (MDHHS)  Julia Schmitt (MDHHS)  Lisa Dilernia (MDHHS)  Laura Demeuse (MDHHS)  Krista Hausermann (MDHHS)  Michelle Hill (MDHHS)  Audrey Rock (MDHHS)  Amy Kanouse (MDHHS)  Hailey Mueller (MDHHS)  Jennifer Fallis (OCHN)</p>
Review and approve prior meeting minutes (5 minutes)	Kasi	In lieu of reviewing during meeting, we are just asking if anyone has any comments or questions on the minutes from our April meeting. They were distributed by Julie Harrison and are posted to our website. No questions or concerns raised.
Telemedicine Policy (5 minutes)	Samantha Rushman	Just a reminder that all telemedicine providers must have the capability to provide reasonably frequent in-person periodic evaluations. Please refer to the Telemedicine chapter of the Medicaid Provider Manual section 2.2.A.
97151 – Non-ABA (5-10 minutes)	Mary Luchies	<p>Code was developed for ABA for behavioral analysis. What codes could be used in lieu of this. The 96127 would be a good replacement. It's a brief behavior assessment. The 96127 is an encounter code where the 97151 is a 15-minute code.</p> <p>The 97151 – staff/provider qualifications need to be updated since it includes LMSW.</p> <p>October 1, 2024, effective date. Remove the 97151 without modifier line. Keep 97151 with U5 but update provider qualifications.</p> <p>Discussion on replacement codes. 96127, 96150, and 96156 are all assessments for behavior. Currently we only have the 96127 in our service array. DOS on or after 1/1/2020 CPT codes 96150-96154 were deleted and replaced with 96156, 96167, 96168. They are also encounters. No major concerns with shifting from a 15-minute based code to an encounter-based code.</p> <p>#8. On Same-Time Services Reporting page needs to be removed.</p>

97151 – ABA – Confusion with Update Made to Same-Time Services Reporting (15-20 minutes)	Mary Luchies	PowerPoint presentation. Will share with the group after the meeting.
Indirect Costs (5 minutes)	Lyndia/Kasi	<p>Update made to the General Rules for Reporting tab to include language on what Indirect Costs are.</p> <p>Displayed language added to the General Rules for Reporting Tab.</p> <p>Brandon Rhue (NMRE) Concern: The current language reads that the PIHP will reimburse the provider for indirect time which is not something that matches how we operate.</p> <p>A suggested update to the langue is:</p> <p><i>Per the Same-Time Services Reporting tab there are times where it is permissible that time could be reported as indirect. This means that an encounter is not submitted for this, and the cost is accounted <del>under administrative</del> as indirect service costs.;</i> <del>however,</del> <i>The provider staff is still being paid by the employer and would be reimbursed by PIHP. the indirect cost should be built into the service rate that is reimbursed by the CMHSP and/or PIHP.</i></p> <ul style="list-style-type: none"> <li>• Kristin D.: I agree that this language could be misinterpreted.</li> <li>• Lyndia: MDHHS will consider changing to the recommendation as per above.</li> </ul>
Clarification regarding beneficiaries sleeping and respite services. (5 minutes)	Lyndia	Individuals/Beneficiaries are allowed to sleep while receiving respite services.
Inpatient Tiered Rates (5-10 minutes)	Crystal/ Jackie	General overview: tiered reporting delay from July 1 to tentative Oct 1, 2024, start due to encounter reporting issue. MDHHS is currently working through and finalizing encounter reporting. Appreciate those who have reached out with suggestions and concerns.
EVV and Place of Service Code (15 minutes)	Michelle Hill & Laura Demeuse	As Behavioral Health prepares for EVV implementation on September 3, 2024, the MDHHS team wanted to highlight the service codes that will be in-scope for Behavioral Health. In accordance with the requirements of the CURES Act, and CMS guidance, <b>Community Living Supports (H2015) and Respite (T1005) that start and/or stop in the beneficiary’s home (place of service/location code 12) will require EVV.</b> This aligns with CURES Act

		<p>requirements and current code chart language. Services outside of that scope do not require EVV.</p> <p>There was a question about congregate care settings- MMP 24-21 includes language specific to congregate care setting exemptions, and the requirements for those exemptions. Michelle will send to Kasi to share with the group. SIP settings are unique reportedly to Behavioral Health and are <u>not</u> currently exempt from EVV. The MDHHS-BH team continues to talk through options and potential strategies for supporting this population with EVV, while still adhering to federal requirements. If this group has ideas or suggestions for ways to better support EVV with the SIP population, please share those with Michelle.</p> <p><i>Michelle will forward Kasi the most recent EVV related policy for Personal Care Services (MMP 24-21) to share with this group.</i></p>
EQI Update (10 Minutes)	Crystal Williams	<p>SFY2024 period 2 template is forthcoming. Period 2 template should fix an issue with H2023. In previous templates the H2023 was reportable with individual modifiers <i>and</i> group modifiers on the same encounter. That should not be the case, and thus will be fixed going forward. This issue came to light in part due to emails to MDHHS, and from MDHHS national reporting. Plan to take the results of that national reporting and reach out to PIHPs/CMHSPs to highlight the encounters that had both individual and group on the encounter. Want to highlight that going forward those encounters won't have a landing place on the EQI, and we want to make sure encounters and financials are properly captured going forward.</p> <p>Expect to see the SFY24 period 1 EQI observation templates coming out later today.</p>
CCBHC Codes for FY25 (15 minutes)	Amy Kanouse & Hailey Mueller	<p>We are including a document to share with your CCBHC members and provide any feedback to the MDHHS CCBHC mailbox at <a href="mailto:mdhhs-ccbhc@michigan.gov">mdhhs-ccbhc@michigan.gov</a> by <b>next Friday, July 26<sup>th</sup></b></p>
Crisis Codes	Krista Hausermann	<p>PowerPoint presentation.</p> <p><b>H2011/HT-</b> Crisis Intervention provider qualification changes. Crisis Professional or Any staff who is not a fully licensed master's clinician must have real time</p>

access to a fully licensed master's clinician while the service is provided.

**Crisis Professional Definition- Crisis Professional definition:**

Crisis Professional - An individual who is trained and experienced in the area of mental illness or developmental disabilities, meets the specialized crisis training requirements from MDHHS and is one of the following:

- a physician, psychologist, registered professional nurse licensed or otherwise authorized to engage in the practice of nursing under part 172 of the public health code (1978 PA 368, MCL 333.17201 to 333.17242),
- licensed master's social worker licensed or otherwise authorized to engage in the practice of social work at the master's level under part 185 of the public health code (1978 PA 368, MCL 333.18501 to 333.18518),
- licensed professional counselor licensed or otherwise authorized to engage in the practice of counseling under part 181 of the public health code (1978 PA 368, MCL 333.18101 to 333.18177),
- a marriage and family therapist licensed or otherwise authorized to engage in the practice of marriage and family therapy under part 169 of the public health code (1978 PA 368, MCL 333.16901 to 333.16915). NOTE: The approved licensures for disciplines identified as a Mental Health Professional include the full, limited, and temporary limited categories.

OR An individual who has a master's or bachelor's degree from a human services field, 2 years of relevant experience in Behavioral Health services.

- Note: If the individual is providing ICSS crisis services to minors, they must have 1-2 years of experience treating or working with children, adolescents, and families in a clinical, educational, or crisis intervention setting. They must have completed MDHHS child-specific training requirements to ensure an understanding of, but not limited to, child development, the impact of trauma on children, and child protection laws and reporting requirements. Additionally, they

		<p>must have real- time access to a supervisor who is a master’s level child mental health professional.</p> <p><b>T1023-</b> Discussion will be on the BSW role.</p> <p><b>H0038-Peer-Directed and Operated Support Services-</b> Discussion on Modifier usage. We are looking into the use of a modifier with this code, can you please think through what modifiers are already used and if current usage would allow for an additional modifier, while staying under the four-modifier limit.</p> <ul style="list-style-type: none"> <li>• <i>I'd want my regional input, but tentatively R1 doesn't see any issues with the ET modifier.</i></li> <li>• <i>ISK Supports the ability to get credit for more peer services H0038:ET sounds great.</i></li> </ul> <p>Discussion about G0140 and G0146 for “peer support”. What is the current use of this? Overall thoughts on the use of this code for peer support like services?</p> <p>G0140—Principal <b>Wellness</b> <del>Illness</del> Navigation—Peer Support by certified or trained auxiliary personnel under the direction of a physician or other practitioner, including a certified peer specialist; 60 minutes per calendar month</p> <p>G0146—Principal <b>Wellness</b> <del>Illness</del> Navigation—Peer Support, additional 30 minutes per calendar month (List separately in addition to G0140).</p> <ul style="list-style-type: none"> <li>• <i>Ed: units are weird for the G014x codes and hard to use.</i></li> <li>• <i>Carmen Starkweather: for <b>G0017/18</b> the psychotherapy for crisis is rendered in a <b>non-facility</b> site of service vs <b>90839/40</b> where it is being provided in a <b>facility</b> site of service.</i></li> </ul> <p>If you have feedback regarding the Crisis Services proposed changes please feel free to e-mail Jamie Anderson at: <a href="mailto:andersonj82@michigan.gov">andersonj82@michigan.gov</a></p>
Wrap-Up and Next Steps (5 minutes)	Kasi	

Action Items	Person Responsible	Status


**Next Meeting: October 17, 2024**