



Behavioral and Physical Health and Aging Services Administration

**Encounter Data Integrity Team
Minutes**

Date:	October 20, 2022	Location:	TEAMS Meeting
		Webex:	Click here to join the meeting

Time:	10AM-12PM	Dial-in Number:	+1 248-509-0316 ID: 597 953 211#
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Community Mental Health Service Programs

X	Copper Country CMH: Susan Sarafini
X	Centra Wellness: Donna Nieman
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

<input type="checkbox"/>	NCN: Joan Wallner
<input type="checkbox"/>	NMRE: Brandon Rhue
X	LRE: Ione Myers
X	LRE: Stacia Chick
X	SWMBH: Anne Wickham
X	MSHN: Amy Keinath
X	CMHPSN: Michelle Sucharski
<input type="checkbox"/>	DWIHN: Deabra Hardrick-Crumps
X	DWIHN: Jeff White
X	OCHN: Jennifer Fallis
X	OCHN: Julia Emerzian
<input type="checkbox"/>	MCCMH: Thomas Cole
X	MCCMH: Kristen DesJardins
<input type="checkbox"/>	Region 10: Laurie Story-Walker

MDHHS

X	Laura Kilfoyle
X	Kasi Hunziger
X	Kathy Haines
X	Belinda Hawks
X	Kim Batsche-McKenzie
<input type="checkbox"/>	Angie Smith-Butterwick
<input type="checkbox"/>	Mary Ludtke
<input type="checkbox"/>	Brenda Stoneburner
X	Jackie Sproat
<input type="checkbox"/>	Phil Kurdunowicz
X	Lyndia Deromedi
X	Debi Andrews
X	Mary Luchies
X	Lisa Collins

Agenda Item	Presenter	Notes/Action Items
Welcome and Roll Call, membership updates	All	Others in attendance not listed above: <ul style="list-style-type: none"> Shannon Clevenger Rae-Anne Galarneau Jane Shelton
Review and approve prior meeting minutes (5 minutes)	Kasi	Minutes approved
EDIT/MDHHS feedback process (2 minutes)	Jackie	Process topic – at the Department we have received feedback through the CMHSP contract negotiation meetings that there are concerns re: communication. The EDIT charter was established a

		<p>few years back and focuses on the Departments relationship with the PIHPs as 95% of the funding of services is Medicaid. CMHSP folks are feeling like they aren't receiving the level of input needed for two-way communication. They were getting info from EDIT reps but felt unable to provide feedback to go back up to EDIT.</p> <p>Anne – isn't this a regional concern.</p> <p>Jackie – if the group could go back and look at their communication processes with the CMHSPs.</p> <p>Stacia – could we expand the allowable number of CMHSP reps for the group since we are limited to two.</p> <p>Jackie – we wanted to make sure the group size wasn't impacting the ability to be productive.</p> <p>Amy – the charter includes one CMHSP and one PIHP rep for those regions that are not stand-alone.</p> <p>Jackie – just be aware of this feedback and please look at how the communication process is working at your region.</p>
<p>97153/97154 Update (10 minutes)</p>	<p>Phil Kurdunowicz & Mary Luchies</p>	<p>Mary Luchies provided the following guidance/clarification:</p> <p>To provide clarification related to ABA services and the use of these codes:</p> <p>97153 is billed for whoever is providing the treatment protocol for an individual. It would primarily be a behavior technician (BT), but could also be a BCBC, BCaBA, LP/LLP, or QBHP if there is no BT available.</p> <p>97154 is billed for whoever is providing the treatment protocol for a group with the same options.</p> <p>If a BCBA or BCaBA is also providing supervision of the BT during the treatment protocol, they would bill under 97155 or 97156 concurrently, so using their NPI for the direct implementation would be problematic.</p>

<p>Housing Support Benefit (10 minutes)</p>	<p>Lyndia & Group</p>	<p>How is it being utilized at the CMHSP or Regions. Any issues or concerns? Stacia – brief discussion – couple questions – how would this be used by contracted entities – how that overlaps with CCBHC? Under CCBHC housing support is under care coordination umbrella and not billable. Is there consideration of adding this code to the CCBHC? The contracted providers performing the service would be a DCO – and these are not considered external contractors. Lyndia – not aware of this aspect and would need to follow up with the CCHBC team. Sounds like confusion when this code should be used. Belinda – is there a plan to add housing assistance as a billable code under the CCBHC? We can take it back to the team. If this is a 1915i individual and they are under the CCBHC would they be allowed to utilize this service or would it be considered a duplication. Belinda – invite CCBHC team member to next EDIT meeting.</p>
<p>SIS and Case Management (10 minutes)</p>	<p>Amy Keinath/ Rae-Anne Galarneau</p>	<p>Amy – request to allow case management to overlap at same time as SIS. Often there are times there are not staff available to assist other than the case manager. Lyndia – the services a case manager provides would not include activities of what is being done during a SIS. Its not an active case management service being provided during the SIS. No requirement for the case manager to be a respondent during the SIS. Amy – will there be follow up to this or is this the response. Lyndia will reply to Amy Keinath so it can be forwarded on to the requesting CMHSP.</p>
<p>Child and Adolescent Needs and Strengths (CANS) (10 minutes)</p>	<p>Kim Batsche-McKenzie & Lisa Collins</p>	<p>Shared a PowerPoint presentation with the group. This was e-mailed out to the group prior to the meeting too. What is MichiCANS, the advantages, the structure of the domains, brief and comprehensive versions, timeline.</p> <p>Jennifer Fallis – is there any plan for a system for this to be entered such as SIS or CAFAS.</p> <p>Kim – we don't want to create additional administrative burden and this data needs to be state owned and accessible. We are looking at utilize CareConnect 360 to house the platform but acknowledge most clinical folks are not using this. The goal is to work with PCE to create an interface with the HER. Staff would complete within</p>

		<p>the EHR but the data would be able to be accessed in Care Connect 360.</p> <p>Kate – how would we report – excepted BH Teds, modifiers, etc.</p> <p>Kim – we haven’t determined at this point. How does that work with CAFAS? Minimize double reporting.</p> <p>Anne – do you know the length of time the comprehensive assessment will take? Kim – MichiCANS is to inform and guide and help with decision making. The intent is to not be separate from current work. Its an adjunct. Kim – we will get some more information on the length. Do intend to phase out CAFAS/PECFAS. MichiCANS are for ages 6-21.</p>
<p>CLS and Music Therapy (10 minutes)</p>	<p>Lyndia Deromedi</p>	<p>Received a question on if CLS and Music Therapy at the same time. The child is on a waiver. The CLS staff is assisting the child with the participation with the music therapy. Wanted EDIT’s input on if this should be allowed to be provided concurrently. MPM – does have a sentence that states hourly services cannot be billable during a specialty service.</p> <p>Laura K. – Generally, if a beneficiary needs assistance with a telemedicine visit from staff that would not be covered as a separate billable service.</p> <p>Jeff White – concern is that staff service is not billable via telemedicine but the staff is still working and needs to be paid. If it is in a group setting the U modifiers for H2015 could be used to help cover this. But wouldn’t work in an independent setting.</p> <p>Lyndia – could the group take this back and review and consider? <i>Bring this back to our January meeting for discussion.</i></p>
<p>Lifeways has requested for our consideration for the allowance of biofeedback/neurofeedback as an allowable modality for therapy. (10 minutes)</p>	<p>Amy Keinath /Others</p>	<p>Continued discussion from our July 21, 2022, meeting. Are these codes considered psychiatric codes? Definition states “with psychotherapy”. What are other state Medicaid agencies doing?</p> <p>Shannon Clevenger – late Spring – wondering if any allowance of expanding codes to allow this</p>

		<p>modality. Researched and found 90901 for biofeedback. 90875 & 90876 also being used. Wondering if this is something that is coming up for others?</p> <p>Laura – do not cover 90901. 90875 also not covered as well as 90876.</p> <p>Jeff L.– has been doing neurofeedback during case management as that is when it usually happens. Would like to see a code if available?</p> <p>Jeff White – did receive a request from a provider for biofeedback using psychotherapy codes. Suggests a state modifier be used so a different rate could be used for the biofeedback.</p> <p>Concern – costing / rates / time.</p> <p>Jeff – the time is about an hour. The most expensive part is the staff time to do it and program/computer.</p> <p>Laura – if there is a more specific code that defines the service then that should be used.</p> <p>Would have to look at the State Plan and Waivers to see if this would be covered under specific new codes.</p> <p>Donna – it sounds like it is being done and it may grow if opened. Also, for consistency purposes so everyone is reporting the same way and not using different codes.</p> <p><i>Kasi can send an internal communication to review waivers and state plan. Hope to provide an update at the January EDIT meeting.</i></p>
Telemedicine Update (5 minutes)	Laura	Federal PHE extended through January 11, 2023. If not extended again then the new policy will go into effect on January 12, 2023. We are internally reviewing the feedback that came from the proposed policy. Process is ongoing. Plan for final policy to be out 30 days before it becomes effective.
EQI Update (10 minutes)	Kathy	Period 2 EQI (Oct – May 22) due tomorrow. We are receiving those currently. Workgroup met earlier this month. Jeremy let group know that the period 3 EQI would be available by next meeting on

		November 10 th . Next meeting will talk about timelines for reporting and the beneficiary level file. These will be due at the end of February
COB Subgroup (10 minutes)	Jackie/Kathy	Establish agenda for 2023 – Kathy is setting up the meeting dates for November and regular dates going forward. Julie Harrison sent a request for availability and please respond to her if you have not yet.
Update on development of tiered rate for inpatient psychiatric services (5 minutes)	Jackie	One meeting since our last EDIT workgroup. The status of the work is essentially still on hold. Any solutions put forward must have not only funding but also solutions that would truly improve access to the beneficiaries.
Update on status of tiered rate for licensed residential services (5 minutes)	Belinda	Recently met and provided update on work we did over the summer that included the interviews done over the summer. We talked about a proposed timeline on consideration of when to start a pilot. The implementation of an assessment tool for the SMI population is a key part of the pilot. We are looking at the use of the ANSA Q3 FY2024. Implementation in 2024.
Code Chart Changes Subgroup (5 minutes)	Kasi	<p>The group has reconvened after not meeting for a couple of months. Our next meeting is on October 27th and my hope is we can finish up the review by the end of the year if not soon after.</p> <p>Donna – Supported Employment modifiers – concern for no communication on those and have received a ton of questions. Kasi informed the group of the Q&A document and that can be updated as more questions are sent in. Also, that Joe will be presenting at the I/O conference in December on these.</p>
Code Chart and Provider Qualifications Chart updates (10 minutes)	Kasi	<p>There were approximately 29 updates made since the previous update to the chart in July. Some of those include:</p> <ul style="list-style-type: none"> • Adding new Supported Employment code (H2025). This code is effective 1/1/23 but can be reported as early as 10/1/22. • Added new modifiers 1Y-4Y for use on the H2023 Supported Employment code. These are effective 1/1/23 but can be reported as early as 10/1/22. • Added new Place of Service code of 10 – Telehealth provided in patient’s home. This should not be used until post-PHE and when

		<p>we have issued additional instructions/clarifications.</p> <ul style="list-style-type: none"> • Added missing SEDW and CWP service (T2027) • Added missing transportation service (S0209) • Added missing child waiver service for Massage Therapy (97124) • Clarified modifiers WR (Certified Peer Recovery Coach) and WS (Certified Peer Support Specialist) • Clarified modifier ST and what it is used for • Attempted to make the workbook more user friendly given the size.
<p>Questions from Oakland:</p> <ol style="list-style-type: none"> 1. What services fall under Crisis Intervention in correlation with H2011? 2. When referencing H0018, how is Crisis Residential defined? 	<p>Julia Emerzian/ Group</p>	<p>Future Discussion at January 2023 meeting for when Krista Hausermann can attend.</p>
<p>Independent Facilitation and Wraparound</p>		<p>Future Discussion at January 2023 meeting.</p>
<p>Wrap-Up and Next Steps (5 minutes)</p>	<p>Kasi</p>	<p>Ed – per diem CLS and 15 minute CLS at same time and is there any new information on this other than the statements in the codebook from 2017.</p> <p>Statement from Same Time Services reporting tab: Cannot report CLS H2016 (per diem) with CLS H2015 (15 minute) previously used for emergency staffing as both are Community Living Support and in the same location (See-documents on community living support for exceptions for the use of these two codes). The Department is reviewing the simultaneous use of these two codes on the same day for possible future changes.</p> <p>Statement from the CLS H2015 Daytime tab:</p> <p>H2015 REPORTING CHANGES FOR FY17</p> <p>As of 10/1/16, DHHS will no longer allow use of H2015 to report added staffing due to emergency needs of consumers in licensed/certified settings. These temporary added costs must be incorporated in the per Community Living Support diems.</p>

For FY17 MDHHS will allow continued use of H2015 as a day-time CLS activity for persons also getting a per diem CLS (H2016). This decision will be re-validated in the context of the 1115 waiver. This will likely be disallowed in the future and an alternative be developed to address these situations. For FY17, there are conditions attached to this use of H2015 as a CLS day-time activity:

- The staff persons providing this activity cannot be the same as staff providing the CLS residential services.
- The IPOS must delineate goals specific to these day-time CLS activities
- The place of service code is not one reflecting living arrangement – primarily it will be code 99, “*in the community*”.

Shannon – was on the workgroup when the appendix statements were created and the preponderance was overarching idea. Ed – if a consumer is at a CLS daytime and leaves to go to another daytime activity. Shannon – not sure if it was ever solved on what really is a daytime activity. Kathy – this was never resolved in the documentation. We had it in place as a workaround, but we haven’t gone back to address this. Would agree it needs to be re-visited. Jeff White – should treat the H2015 like the H2014 during certain hours. A sub-level if skill-building, it is a not a residential service.

Kathy – this needs a special focus group.

Kasi will go back and look at creating a subgroup of EDIT to further look at this issue.

Also, Ed asked if the WX could be reported now on the H2019 - DBT or do they need to wait until the update in January. We agreed it could be used now and Kasi will notify Milliman for purposes of the EQI.

Action Items	Person Responsible	Status
Questions from Oakland: <ol style="list-style-type: none"> 1. What services fall under Crisis Intervention in correlation with H2011? 2. When referencing H0018, how is Crisis Residential defined? 	Krista Hausermann	January 2023 Meeting

Independent Facilitation and Wraparound	Lyndia Deromedi	January 2023 Meeting
Lifeways has requested for our consideration for the allowance of biofeedback/neurofeedback as an allowable modality for therapy.	Kasi Hunziger	January 2023 Meeting
EDIT Subgroup for CLS day-time activity overlapping with CLS per diem	Kasi Hunziger	

Next Meeting: January 19, 2023