



Detroit Wayne Integrated Health Network

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To: All DWIHN Providers
From: DWIHN Administration
RE: Coronavirus Update Online Operations 3.13.2020

Michigan Governor Gretchen Whitmer just announced that all gatherings of 250 people or more are banned and with the closure of all schools until April 5, 2020 due to the COVID-19 Coronavirus pandemic, the Detroit Wayne Integrated Health Network is taking proactive measures as well. In an effort to keep our employees safe and to minimize the spread of the virus, DWIHN's Board of Directors and its Administration is issuing this communication that effective Monday, March 16, 2020, at 5:00 p.m., our office locations will be not be accessible.

Effective Tuesday, March 17, 2020, through March 20, 2020, DWIHN will be shifting to remote operations and staff will be expected to work remotely when possible to assure services continue to the people we serve. During this time, DWIHN staff will be able to access business-related emails, and our Customer Service department will have all calls forwarded to the Access Center. Crisis, authorizations, services such as COPE and other departments such as Finance, Contract Management, Claims and Utilization Management will continue to be accessible during this time. On Monday, March 23, 2020, all employees are expected to return to their respective buildings to resume their normal workweek.

Additionally, in an effort to ensure the safety of our provider network and the members we serve, DWIHN is in the process of making accommodations that will allow Providers to continue offering essential clinical services and supports with minimal face-to-face contact to the extent required, as part of the consumer's well-being and safety to ensure continuity of care. As claims are processed, they will be reviewed and paid per Michigan Department of Health and Human Service (MDHHS) guidelines to ensure appropriate modifiers are applied to comply with State guidelines.

As we continue to work together to address these challenges, the well-being and safety of our consumers, providers, and staff is of the utmost importance. Additionally, we are also working with our PCE team to accommodate these special considerations. We will continue to share additional updates as we receive guidance from the State regarding this special consideration.

Also, the following update from the Community Mental Health Association addresses the operation of CMHs, PIHPs, and providers over the next few weeks in light of the need to prevent the spread of COVID-19 and the Governor's decision, yesterday, to close all schools from Monday, March 16 through Sunday, April 5. The Community Mental Health Association is recommending these things:

1. **EXPANSION OF TELEHEALTH:** MDHHS will be issuing, early next week, guidance that will allow all Medicaid, GF, and local-funded services that can be provided via telehealth to be provided in that fashion. While the determination, by you and your clinical leadership, as to which services are appropriate for telehealth is one that only you can make, the services that would fit in that category

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would most likely include: psychiatric services, psychotherapy, 24/7 crisis intervention, homebased, case management/supports coordination, and similar services.

2. **CLOSING CONGREGATE SERVICES:** In discussions with MDHHS leadership, they have determined that, given the fact that avoiding crowds and ensuring social distance are key methods for preventing the spread of COVID-19, temporarily closing clubhouses (PSR), drop-in centers, site-based day programming (CLS, PC, Skill building), and similar services would be supported by MDHHS. Other services, provided via telehealth, could be/should be provided to support those persons who would normally be served at these congregate settings, during the period in which they are closed.
3. **ESSENTIAL FACE-2-FACE SERVICES:** In discussions with MDHHS leadership, CMHs, PIHPs, and providers should work to provide with staff physically present with persons served, as best they can, services that must, by their nature, be provided via face-to-face contact. By using telehealth approaches as broadly as possible, the number of essential services that must be provided via face-to-face contact will be reduced to only those for which face-to-face contact is essential.
4. **CURRENT AND FUTURE STATE AND FEDERAL REVENUES:** We have been assured, by MDHHS leadership, that the drop-in encounter volume, during this time, will not harm the current year's revenue nor the revenue/rates developed for future years via rebasing.

Finally, all DWIHN Board and Committee meetings and trainings have been postponed until further notice. Please continue to monitor our website for updated information.

Should you have questions, please contact your appropriate DWIHN representative.

Thank you,
DWIHN Administration