



**Residential Provider Meeting Q & A**  
**2-5-2021**

1. Will 1099's be provided in the future?
  - a) We are not required per IRS to submit 1099's to corporations. However, if you want a 1099, please contact [tomani@dwihn.org](mailto:tomani@dwihn.org)
  
2. How can an AFC home provider get funding to add a Wheel Chair ramp to a specialized AFC home?
  - a.) DWIHN follows all Medicaid guidelines in regard to environment modifications and these are reviewed on a case-by-case basis to ensure guidelines are met.
  
3. Did you say that we need to track if staff decline/accept vaccine too?
  - a) No, we just would like the number of staff who have been vaccinated. No names are needed.
  
4. How do we go about getting staffed vaccinated?
  - a) <https://conta.cc/3rmYitC>
  - b) You can call the TCF Center at (313) 230-0505 for information.
  
5. Where do you get the consent forms for those interested in getting the vaccine? Also, is there a form for those who choose to decline
  - a) Typically, the consent form is tied to the type of vaccine. There is a specific form for Moderna and that would be true for the Pfizer vaccine. I've not seen a form to decline.
  
6. Who is receiving the vaccine information forms?
  - a) The forms are coming to the Residential Department.
  
7. Can you please update the status of completing SPG's for individuals residing in non-licensed homes?
  - a) We are working on the non-licensed home SPG, we are in the final phase of approval. Once approved, we will schedule trainings for providers and CRSP. expect to receive correspondence within the next couple weeks.
  
8. Does this have a cost to providers?

- a) No cost to providers as long as you are not using it for anything other than DWIHN line of business. We are covering the cost.
9. What will the pilot look like if we are interested?
- a) We will have you part of the review team, we will identify homes that you want as part of the pilot. We will train the staff and your team We will work with Vendor to support you and your team.
10. Why don't you ask the Residential provider to complete Audit tools in MHWIN like the MCPNs used to do to ensure they understand what they need to self monitor on? Especially during the pandemic.
- a.) This is a function of the Quality Department as they are responsible for the monitoring of the providers by performing audits on records and environmental standards. We will refer to Quality to determine a comprehensive course of action.
11. Are the staffing requirements the same for licensed and non-licensed homes?
- a.) No, licensed homes are required to meet the 24-hour standard by virtue of the state license. Additionally, any services above and beyond would have to meet medical necessity and be identified in the IPOS. Non-licensed settings (SIL, SILP) staffing is determined by documentation of need in the IPOS, always adhering to medical necessity. We would fully expect the assessment of need must align with the IPOS.
12. How does the EVV system/pilot work with a state level EVV if one is eventually rolled out by MDHHS....would a provider need to switch to a state approved EVV in the future.
- a) Yes absolutely. Presently the position the state has taken is a hybrid model where providers will have a choice. Our solution will also work with a state aggregator model to ensure there is no repetition.
13. What exactly is the Pilot, I missed something?
- a) The pilot is for the Electronic Visit Verification. It will enable electronic claims submission from your end so no entry in MHWIN will be required and the EVV solution will submit claims into MHWIN directly after you review those.
14. Has a form been developed to help with submitting H2015 claims, as mentioned in meetings with providers in Dec?
- a) We are still evaluating that request and working with PCE and also reviewing our strategy in terms of authorizations and associated claims.
15. Can you please update on when Providers will start submitting claims against authorizations in MHWIN? Will Providers be given an opportunity to review these authorizations to make sure they are correct prior to submitting our claims?
- a) Absolutely. That's the whole idea.

16. Once members are vaccinated should Covid testing be continued? Also, what are the requirements with respect to frequency of getting tested?
- a) That's a good question. Send me your email address and we will get you an answer. [kmcghee@dwihn.org](mailto:kmcghee@dwihn.org)
17. How often shall members be tested?
- a.) Testing should occur for any new or returning individuals into a residential home, new staff in a residential home (up to 72 hours before start date), and should also be done weekly if there are other residents in the home that have tested positive.
18. What about providing vaccines to non-group home residents?
- a.) Currently the only persons eligible to receive the Covid-19 vaccine are those considered at highest risk (over 65 or those living in congregate setting). DWIHN is continuing to discuss the potential expansion of vaccine availability to our members with the City of Detroit Health Department. DWIHN will provide further communication on this when updates become available.
19. When will the \$2.00 pay difference be provided for the DCW?
- a) Refer to website under COVID updates or Providers-Announcements. We provide regular updates on the hazard pay.
20. We often get requests to submit info or forms in a very short time frame, but we are so busy with the billing and COVID that it is often not reasonable, can DWIHN staff be more considerate of this?
- a) We acknowledge that we are in a difficult time, therefore we take the difficulty of this time into consideration when we request information and we will continue to do so. However, if you experience extenuating circumstances, please contact your Provider Network Manager. <https://www.dwihn.org/providers-mco-contract-assignments>.
21. Will there be new Psych doctors? The current one only works two days a week which pushes appointments and causes psych evals etc. to expire
- a.) Our provider network is responsible for ensuring the psychiatric services are accessible to our members. If there is a specific issue at a provider level please inform of that specific situation.
22. H2015 is still incredibly cumbersome and time consuming. As a Provider Agency who has been in business for 41 years. This is the most challenging obstacle we have ever faced. Along with revenue reductions at the same time. I have worked every weekend on billing just to keep up. This is not a sustainable process. Please help us at your level and advocate with DHHS with us.
- a.) The administration of DWIHN has currently been advocating for the H2015 claim process and there is a solution coming out in the future.

23. Carelink had a Provider Relations dept. where providers could call in their questions and get answers in a timely manner. No question just a suggestion.
- a) Hello, if you have any questions, please contact your Provider Network Manager. If you have a question on who your Provider Network Manager is please check our website here: <https://www.dwihn.org/providers-mco-contract-assignments>.
24. Will a psychologist ever be available for AMI population for Behavior plans?
- a.) AMI providers either have psychologists on staff that provide these services or should connect the member to that appropriate service.
25. My home is not aware of the process for getting the staff and consumers vaccinated through DWIHN
- a) It's not through DWIHN. We will have information on the website.
26. Can you make sure all residential providers are aware when the name of reports change such as SPG changed to Residential PC/CLS Worksheet.
- a) When new forms/documents are implemented we can indicate any document name change within that announcement. In addition, the name changes were addressed as the Residential Department trained providers, we will continue to keep providers abreast of any and all changes.