



Detroit Wayne Integrated Health Network

707 W. Milwaukee St.
Detroit, MI 48202-2943
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www.dwihn.org

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TTY: 711

CRSP/Outpatient Provider Meeting Friday, December 5, 2025 Virtual Meeting 10:00 am –11:00 am Agenda

Zoom Link: <https://dwihn-org.zoom.us/j/93220807823>

- I. Welcome/Introductions
- II. ABA and Supports Coordination – Manny Singla
- III. MDHHS - Karen Claiborne
 - Benefits Re-Determination Process
- IV. Integrated Care - Vicki Politowski
 - MI Health Link
- V. Customer Service- DeLora Williams (Page 3)
 - Continuing Education (CE) Updates for Certified Peers
 - New Requirements for Ethics and Boundaries Training
- VI. Compliance – Andrew Ling (Pages 4-8)
 - Compliance Updates
- VII. Claims – Quinnetta Robinson (Pages 9-13)
 - Claims Updates
- VIII. Residential – Ryan Morgan (Pages 14- 22)
 - Residential Services Updates

Board of Directors

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Kenya Ruth

James E. White, President and CEO



- IX. Children Services Initiatives – Luke Goglotti (Pages 23- 33)
 - MDHHS Bulletin Updates (Children Initiative)
- X. Quality Department- Danielle Dobija (Pages 34- 40)
 - Quality Department Updates
- XI. Administrative Updates – James White, President and CEO
- XII. Questions
- XIII. Adjourn



Urgent Reminder: Continuing Education (CE) Updates for Certified Peers January 1, 2026 is the deadline and New Requirement for Ethics and Boundaries Training

Dear Providers,

The following important information is regarding the Michigan Department of Health and Human Services (MDHHS) Continuing Education (CE) requirement for Certified Peer Support Specialist and Certified Peer Recovery Coach. They must complete thirty-two (32) Continuing Education hours by January 1, 2026. If the CE hours are not completed by January 1, 2026, Certified Peer Support Specialists and Certified Peer Recovery Coaches will enter a three-month probationary period. Following the probationary period, the Certified Peer Support Specialist and Certified Peer Recovery Coach will have a suspension period. The Certified Peer Support Specialist and Certified Peer Recovery Coach will not be allowed to bill Medicaid for services until the thirty-two (32) Continuing Education hours are completed.

New Requirement from MDHHS:

Certified Peer Support Specialists and Certified Peer Recovery Coaches must complete the next level of Ethics and Boundaries Training after receiving their renewal certificate.

Example of Certification Renewal Cycles:

- First Renewal Cycle: Complete Level One Ethics and Boundaries Training.
- Second Renewal Cycle: Level Two Ethics and Boundaries Training is required.
- Third Renewal Cycle: Level Three Ethics and Boundaries Training is mandatory.

It is important to adhere to all requirements to ensure that the Provider is not paying for MDHHS Ethics and Boundaries training when it does not apply to the Certified Peer Support Specialist and Peer Support Recovery Coach certification renewal cycle.

Continuing Education Hour Breakdown:

- A total of 32 Continuing Education credits
- A total of 16 credits from MDHHS Peer Services
- 6 hours in-person MDHHS Ethics Training
- 19 credits of in-person Instruction

If you have any questions or need assistance, please contact Delora Williams, DWIHN Peer Coordinator, Phone: (313) 989-9431 Ext. 9431, Email: dwilliams@dwihn.org





Corporate Compliance Updates:

- Compliance Academy
- Who to report to
- How to report
- Resources



Who and When to Contact?

- **If you have any questions or suggestions regarding the Compliance Academy.** Please contact Andrew Ling, Senior Compliance Auditing Specialist, Aling@dwihn.org
- **If you have a question pertaining to an active compliance review?** Your designated reviewer is listed in the notification letter sent to your agency, along with their name and contact details.
- **If you have a question pertaining to a closed case. This means you have submitted your CAP and satisfied all CAP or other requirements, and no further action is required from your agency?** Please contact John Shafer, Compliance Special Investigations Unit Administrator, Jshafer@dwihn.org
- **If you have concerns about sanctions or actions being taken against your agency.** Please contact Sheree Jackson, Vice President of Compliance, Sjackson@dwihn.org



Who to Report to?

- If you have a suspicion of fraud, waste or abuse:
 - Directly to their supervisor or the Corporate Compliance Officer.
 - To the DWIHN Compliance Hotline (313-833-3502), for anonymous and confidential reporting to the extent provided by law.

- In writing to the Corporate Compliance Officer:

Attn: Corporate Compliance Officer
Detroit Wayne Integrated Health Network
707 W. Milwaukee, Detroit MI, 48202

- VIA EMAIL: compliance@dwihn.org
OR
- Office of Inspector General:
Michigan Department of Health and Human Services
Office of Inspector General
PO Box 30062
Lansing, MI 48909
Ph: 855-MI-Fraud (643-7283).



FY '25-'26 Compliance Academy

QRT 1:

Jan: 6th and 8th - CRSP

Jan: 13th and 15th - Outpatient

Jan: 20th and 22nd - Residential

Jan: 27th and 29th - ABA

QRT 2 :

March 31st and April 2nd- CRSP

April: 7th and 9th- Outpatient

April: 14th and 16th- Residential

April: 21st and 23rd- ABA

QRT 3 data:

July: 7th and 10th- CRSP

July: 14th and 17th- Outpatient

July: 21st and 23rd- Residential

July: 28th and 30th- ABA

QRT 4 :

October: 6th and 8th- CRSP

October: 13th and 15th- Outpatient

October: 20th and 23rd- Residential

October: 27th and 29th- ABA

End of the FY review:

November: 3rd and 6th-CRSP

November: 10th and 12- Outpatient

November: 17th and 20th-Residential

December: 1st and 3rd-ABA



Resources Available

- DWIHN Policies-<https://dwmha.policystat.com/>
- CPT code chart-<https://www.michigan.gov/mdhhs/keep-mi-healthy/mentalhealth/reporting>
- Michigan Medicaid Provider Manual: <https://www.michigan.gov/mdhhs/doing-business/providers/providers/medicaid/policyforms/medicaid-provider-manual>
- Code of Federal Regulations: <https://www.ecfr.gov>
- The Council For Autism Providers: [Resources - Council of Autism Service Providers](#)
- DWC Training Events
- DWIHN Provider Meetings





Claims Department

Quinn Robinson
Claims Manager



➤ Helpful Billing Resources

We encourage all providers to take advantage of the many helpful resources found on our website at <https://www.dwihn.org> and click the “Providers” tab to access billing tools such as

- ❖ Claim Reconsideration Form
- ❖ Rate Charts
- ❖ SFY 2025 Behavioral Health Code Charts & Provider Qualifications





Bulletins

[Home](#) > [For Providers](#) > [Billing and Authorizations](#) > [DWIHN Coding Manual Bulletins](#)

Providers can visit DWIHN.org to access all the updated bulletins.

All previously dispersed bulletins can be found on the website as well.

[Home](#) > [For Providers](#) > [Billing and Authorizations](#) > [DWIHN Coding Manual Bulletins](#)

DWIHN Coding Manual Bulletins

2025

[Bulletin 25-001: Non-ABA Assessment Code](#)

Last Updated: Dec 2, 2024 File Size: 214.05 KB

[Bulletin 25-002: Medicaid Coverage of Community Health Worker \(CHW\) / Community Health Representative \(CHR\) Services](#)

Last Updated: Dec 11, 2024 File Size: 351.89 KB

[Bulletin 25-003: EPSDT and Family Training](#)

Last Updated: Jan 8, 2025 File Size: 223.41 KB

[Bulletin 25-004: Home-Based](#)

Last Updated: Jan 8, 2025 File Size: 288.19 KB



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BULLETIN NUMBER:	25-010
ISSUED/REVISED:	6/26/2025
EFFECTIVE:	7/1/2025
SUBJECT:	Intensive Care Coordination Wrap Around (ICCW)
SERVICES AFFECTED:	H2021 - ICCW

BACKGROUND:

Effective 10/1/24, MDHHS implemented Intensive Care Coordination with Wraparound (ICCW) for children and youth ages 0 to the 21st birthday with serious emotional disturbances (SED), intellectual developmental disabilities (IDD), and serious mental illness (SMI) and eligible for Medicaid. ICCW is a form of care coordination that leverages the Wraparound planning process and will replace existing forms of Wraparound available through the Michigan Medicaid program. This service will be available to children who are and are not enrolled in the Waiver Program for Children with Serious Emotional Disturbances (SEDW). Historically, SEDW services was billed under the *direct contract*; however, this process will change.

PROCEDURE:

Effective 4/1/2025, SEDW services are to be billed as H2021 per communication from Michigan Department of Health and Human Services (MDHHS). The H2022 CPT code is discontinued for SEDW services as of 4/1/25. In addition, effective 7/1/2025 Providers are to bill ICCW (H2021) services under the MH Child Outpatient contract or DD Outpatient contract. Providers are to also early terminate any authorizations completed with the SEDW Contract and reauthorize under the MH Child Outpatient contract or DD Outpatient contract using 6/30/2025 as the early termination date.

AUTHORIZATION / CLAIMS:

H2021 requires prior authorization. When filing claims please ensure both the code and appropriate modifiers along with staff credentialing modifiers are submitted. *Refer to the Reference section below for additional information.*



➤ MHWIN: Guides and Manuals

Providers can also access billing guides and manuals via the MHWIN portal.

They can be found by clicking the “Help” tab in MHWIN and searching with keywords in the search bar.

The screenshot displays the MHWIN portal interface. At the top left, the logo for the Mental Health Wellness INFORMATION NETWORK is visible, along with the text "Detroit Wayne Integrated Health Network" and "Mental Health Wellne". Below the logo, there are navigation tabs: "Home", "Logout", and "Help" (which is highlighted with a yellow box). To the right of the "Help" tab, there is a search bar labeled "Resource Name:" with a "Search" button. Below the navigation tabs, there is a list of links: "(1) Enter Claims For Providers" (with a description: "Enter AP claims submitted on page the claim to."), "(2) Send Batch of Claims for Processor" (with a description: "View a list of AP batches that have"), and "Auditing". On the right side of the page, there are two main sections: "How-To Guides" and "User Manuals". The "How-To Guides" section lists: "CLS Training Guide", "Crisis Plan Training", "How To Add Delegated Signatures", "How to Request General Fund Exception", "How to Send Documents with Attachments", "How to Work with the MichiCANS", and "Vulnerable Population". The "User Manuals" section lists: "Access Center", "Appointment Push to External Calendar", "ASAM Continuum Assessment Interface Training Materials", "Assessments", and "Authorization Request User Manual for Providers (8.10.22)".



➤ Provider Claims Training

Providers can request additional claims training or refreshers as needed by sending a request to the PIHPclaims@dwihn.org mailbox.





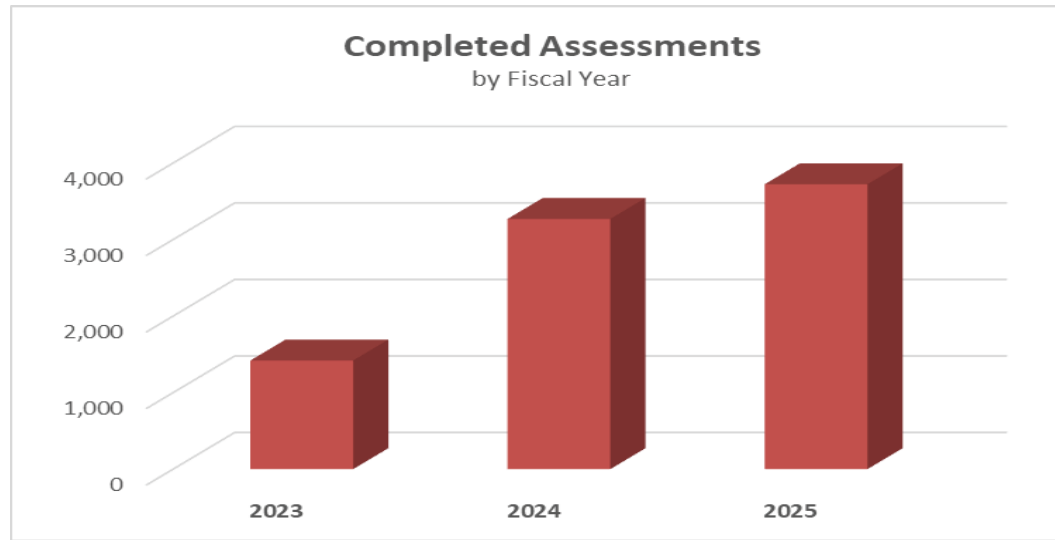
CRSP Providers Meeting

Residential Services Department

Ryan Morgan LMSW- Director of Residential Services



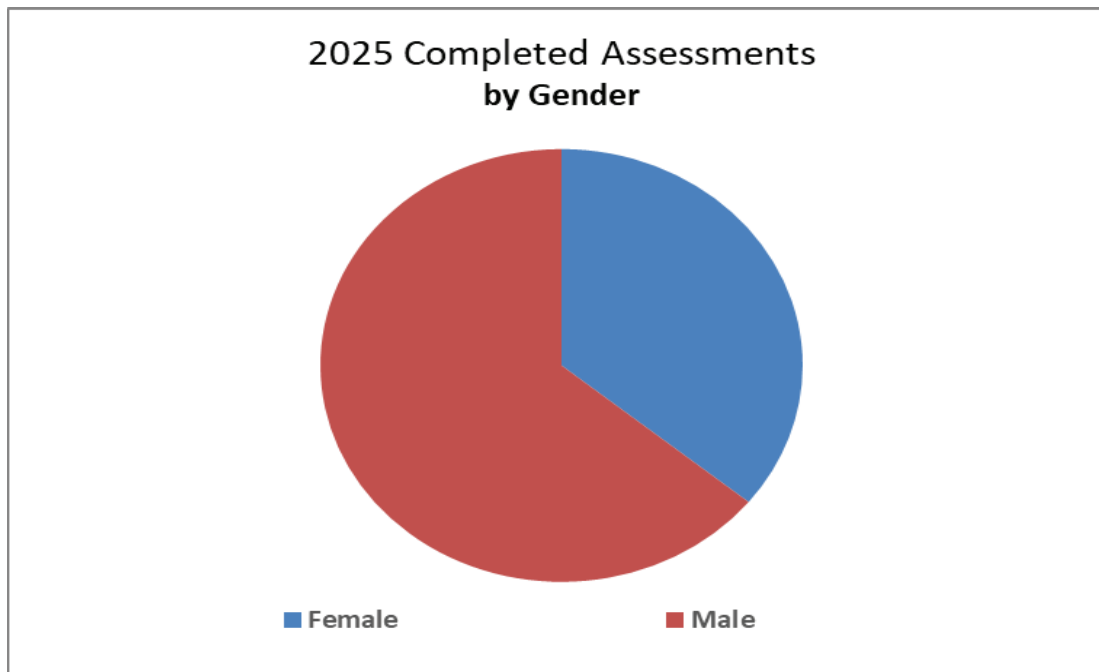
Review of Residential Population Served



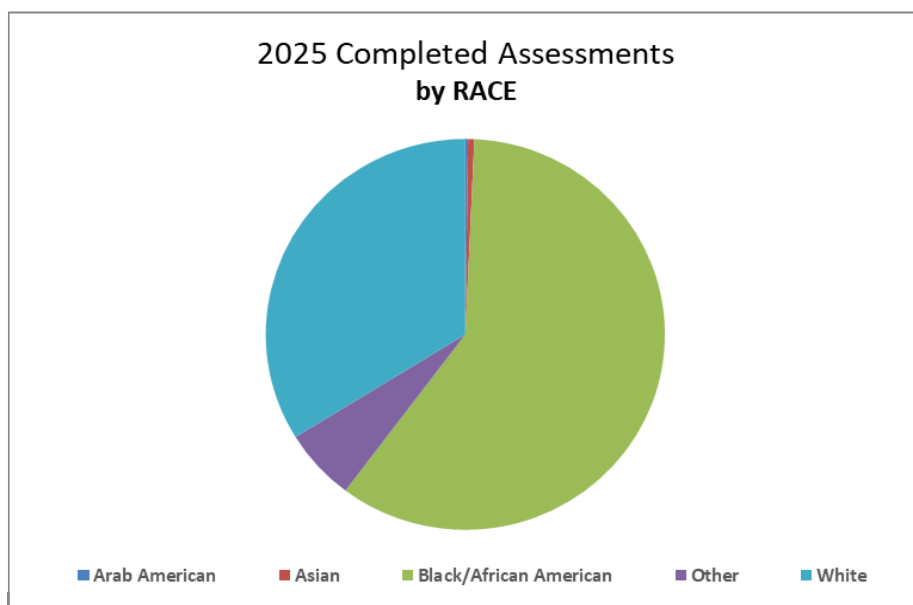
Fiscal Year	2023	2024	2025
Completed Assessments	1,419	3,269	3,722



Residential Services Population Served



Population Served cont.



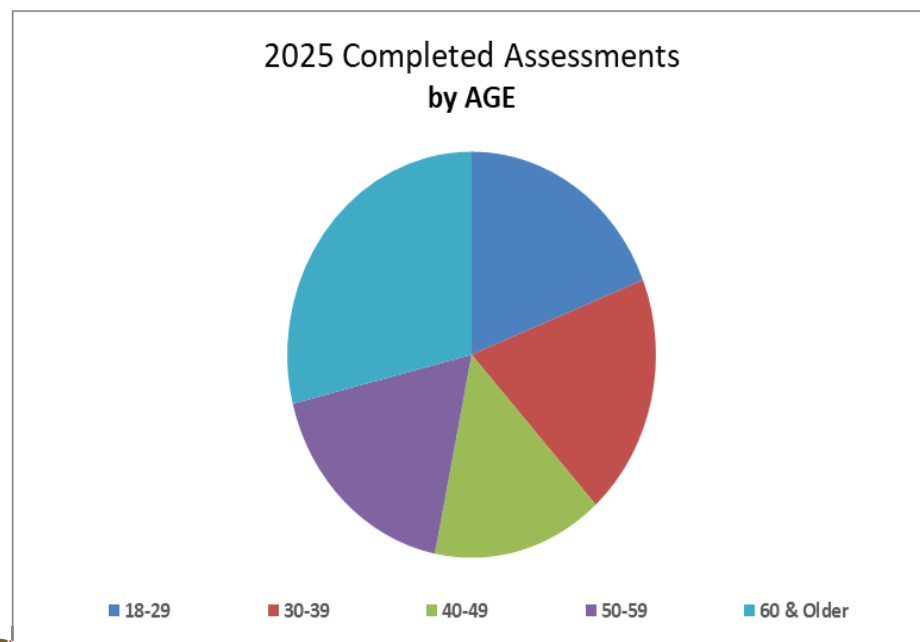
Completed Assessments: by RACE	
	2025
Arab American	8
Asian	19
Black/African American	2,216
Other	221
White	1,258



DWIHN
Your Link to Holistic Healthcare



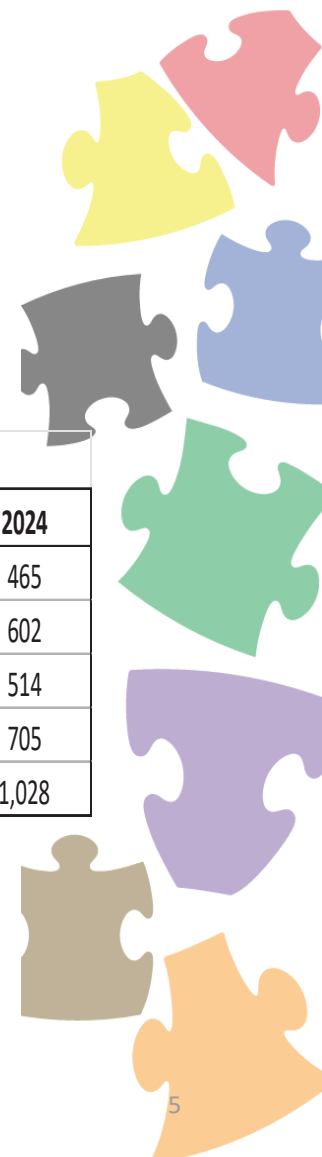
Population Served cont.



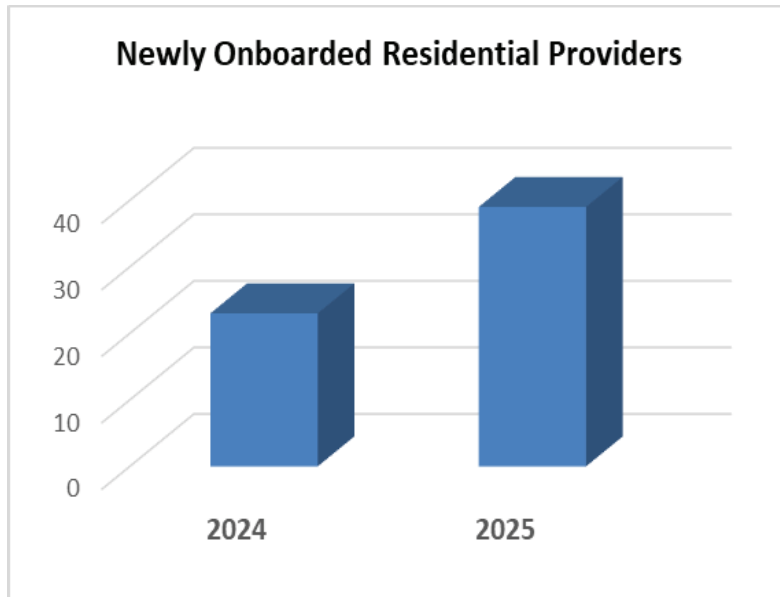
Completed Assessments: by AGE		
	2025	2024
18-29	707	465
30-39	716	602
40-49	557	514
50-59	667	705
60 & Older	1,075	1,028



DW IHN
Your Link to Holistic Healthcare



Newly Onboarded Providers



	# of Facilities
2024	23
2025	39



Updates/Reminders:

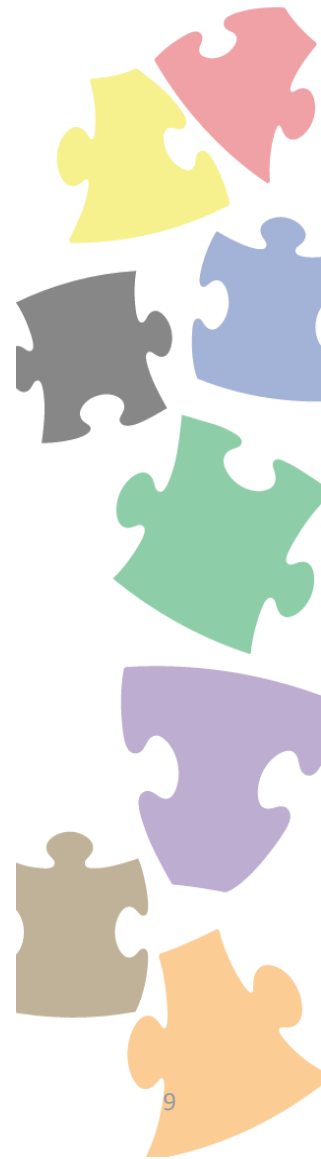
- Completed residential assessments will now transfer into each provider's electronic medical record. If you have not yet confirmed access, please reach out to your PCE Project Manager to activate this function.
- Residential Assessments are updated annually or any time there is a change in the member's condition. If you believe a new assessment is needed, please submit a referral to the residential services department for an updated assessment. DWIHN staff will coordinate the assessment within 24 hours of receiving the referral. The assessment will be completed then signed off on within 72 hours.
- Residential Providers must notify Clinically Responsible Service Providers when issuing a discharge notice to a member. Members being discharged remain the responsibility of the discharging provider until an alternative residence is located.

Please Remember To:

- Ensure that you are submitting referrals to the residentialreferral@dwihn.org email address, or by fax to 313-989-9525.



Thank You, for everything
you do to serve our
members!





DWIHN
Your Link to Holistic Healthcare



Detroit Free Press

Children Services Outpatient Provider Meeting

December 5, 2025



WAYNE COUNTY SYSTEM OF CARE
SYSTEMS IN ACTION FOR CHILDREN, YOUTH AND FAMILIES



Agenda

MDHHS Bulletin 25-56 (Autism Services and Ancillary Services)

Intellectual Developmental Disabilities Services Expansion

NCQA Care Coordination Request

Performance Improvement Plan Feedback Surveys



MDHHS Bulletin 25-56

Bulletin Number: MMP 25-56

Distribution: All Providers

Issued: November 26, 2025

Subject: Updates to the Medicaid Provider Manual; OT/ST/PT for Beneficiaries with Autism Spectrum Disorder Clarification; Electronic Health Record (EHR) Incentive Program for Hospitals

Effective: January 1, 2026

Programs Affected: Medicaid, Healthy Michigan Plan, Children's Special Health Care Services, Children's Waiver, Maternity Outpatient Medical Services, MI Choice Waiver



MDHHS Bulletin 25-56

Purpose:

- Medically necessary Occupational Therapy (OT), Physical Therapy (PT), and Speech Therapy (ST) is covered in accordance with the Early and Periodic Screening, Diagnosis, and Treatment (EPSDT) benefit for Medicaid beneficiaries who have been diagnosed with an autism spectrum disorder (ASD).
- Beneficiaries should be referred to their Prepaid Inpatient Health Plan (PIHP) for an ASD comprehensive assessment when further evaluation and treatment is determined necessary.
- Beneficiaries who have been assessed and determined eligible by the PIHP for specialty Behavioral Health Treatment (BHT) services may have related OT, PT, and ST services covered through the PIHP.
- If the beneficiary was determined ineligible by the PIHP, ASD related OT, PT, and ST may be covered by the Medicaid Health Plan (MHP) or Medicaid Fee-for-Service (FFS) program.

Next Steps:

- DWIHN Autism Department to update Autism Services Policy via PolicyStat to reflect the changes.
- *Providers refer to the attached bulletin for further reference*



Intellectual Developmental Disabilities Services Expansion

There is a need to expand the provider network to service children ages 0 to 21st birthday with intellectual developmental disabilities.

MDHHS Performance Indicator 2a – Intake assessment occurs within 14 days of the screening date.

- Goal is to achieve at least 57%
- During FY25 this goal has not been met for children receiving IDD services

Findings:

- Increase census of children with IDD requesting services during FY25
- Increase census of children seeking autism services having an IDD designation
- Children receiving IDD services tend to continue services until adulthood
- Staffing challenges

Request:

- Adult Providers servicing adults with IDD able to expand to provide services to children with IDD as well?
- Providers have Support Coordinators servicing children with IDD in nearby counties (ex: Oakland, Macomb) able to have staff provide services to children with IDD in Wayne County?



Intellectual Developmental Disabilities Services Expansion

Next Steps:

- If your agency is interested in expanding to provide IDD services for children and or share staff across counties connect with TeamChildrens@dwihn.org and your Program Network Manager.
- Would need to ensure your agency location and staff are credentialed to deliver IDD services for children.
- There is a Performance Improvement Project focusing on improving access to services for children with IDD



NCQA Care Coordination Transitions

Goal: To prepare for ongoing NCQA requirements. One of the

Standard is CC3 - Care Coordination Transitions

Documentation Needed for Accreditation Requirements

Description 1: Meeting minutes where care transitions discussed (3 Examples)

Children Provider submit meeting minutes (effective 1/1/2025) of the care transitions procedure being discussed and provider discussions on particular member(s) who are transitioning to adult services (ex: case consultation meetings).

Description 2: Children were transitioned to adult services (3 Examples)

Children's providers to identify examples in 2025 (effective 1/1/2025) where children were transitioned to adult services and provide documentation from member records (ex: progress notes, IPOS transition plan, discharge summary).

Please send examples via smartsheet form by Monday 12/22/25

<https://app.smartsheet.com/b/form/1d3eff8988274befb48021cc20d6c373mples>.



Performance Improvement Plan Feedback Surveys

Children Initiative Department currently monitors 3 Performance Improvement Plans:

- **ADHD Medication Follow Up – Vital Data System**
Survey Link: <https://forms.office.com/g/WSSKyXrKHm>
- **Antipsychotic Medication Metabolic Testing – Vital Data System**
Survey Link: <https://forms.office.com/g/PNdzdjEaCw>
- **Patient Health Questionnaire for Adolescents (PHQA) – Risk Matrix**
Survey Link: <https://forms.office.com/g/VLMn9YfkfV>

During previous memorandums requested Providers to complete the feedback survey quarterly if not meeting the goal for the quarter. The data and goals are available via the Vital Data System and Risk Matrix platforms to reference for your agency. The feedback surveys are needed to gather progress, barriers, and interventions your agencies are experiencing with not meeting the goals for the PIPs.

Due Dates to Complete the Feedback Surveys:

- | | |
|----------------------------------|------------------------------|
| • Quarter 1 (October – December) | Due January 10 th |
| • Quarter 2 (January – March) | Due April 10 th |
| • Quarter 3 (April – June) | Due July 10 th |
| • Quarter 4 (July – September) | Due October 10 th |



Contact Us

Children Initiative Department:
TeamChildrens@dwihn.org



BULLETIN

Michigan Medicaid Policy (MMP) | Health Services

Bulletin Number: MMP 25-56

Distribution: All Providers

Issued: November 26, 2025

Subject: Updates to the Medicaid Provider Manual; OT/ST/PT for Beneficiaries with Autism Spectrum Disorder Clarification; Electronic Health Record (EHR) Incentive Program for Hospitals

Effective: January 1, 2026

Programs Affected: Medicaid, Healthy Michigan Plan, Children's Special Health Care Services, Children's Waiver, Maternity Outpatient Medical Services, MI Choice Waiver

Updates to the Medicaid Provider Manual

The Michigan Department of Health and Human Services (MDHHS) has completed the January 2026 quarterly update of the MDHHS Medicaid Provider Manual. The Manual is maintained on the MDHHS website at www.michigan.gov/medicaidproviders >> Policy, Letters & Forms >> Medicaid Provider Manual. A compact disc (CD) version of the manual is available to enrolled providers upon request.

The January 2026 version of the manual does not highlight changes made in 2025. Refer to the online version of this bulletin at www.michigan.gov/medicaidproviders >> Policy, Letters & Forms to view the attachments that describe the changes made, the location of the changes within the manual and, when appropriate, the reason for the change. Subsequent changes made for the April, July, and October 2026 versions of the manual will be highlighted within the text of the on-line manual.

OT/ST/PT for Beneficiaries with Autism Spectrum Disorder Clarification

Medically necessary Occupational Therapy (OT), Physical Therapy (PT), and Speech Therapy (ST) is covered in accordance with the Early and Periodic Screening, Diagnosis, and Treatment (EPSDT) benefit for Medicaid beneficiaries who have been diagnosed with an autism spectrum disorder (ASD). Beneficiaries should be referred to their Prepaid Inpatient Health Plan (PIHP) for an ASD comprehensive assessment when further evaluation and treatment is determined necessary. Beneficiaries who have been assessed and determined eligible by the PIHP for specialty Behavioral Health Treatment (BHT) services may have related OT, PT, and ST services covered through the PIHP. If the beneficiary was determined ineligible by the PIHP, ASD related OT, PT, and ST may be covered by the Medicaid Health Plan (MHP) or Medicaid Fee-for-Service (FFS) program. Therapy covered by the MHP or FFS

program must meet the standards of coverage outlined within the Therapy Services chapter of the MDHHS Medicaid Provider Manual.

Beneficiaries receiving ASD therapy services through the PIHP may also receive concurrent therapy services through the MHP/FFS program for co-morbid physical health impairments or diagnosis. If therapy is provided under both the physical and behavioral health benefit, the goals and purpose for each must be distinct and collaboration between therapy providers is required to coordinate therapy and prevent direct duplication of services.

Providers should refer to the MDHHS Medicaid Provider Manual, Behavioral Health and Intellectual and Developmental Disability Supports and Services chapter and the Therapy Services chapter for complete coverage details.

Electronic Health Record (EHR) Incentive Program for Hospitals

The Electronic Health Record (EHR) Incentive Program for Hospitals section of the Hospital Reimbursement Appendix will be removed from the Medicaid Provider Manual due to the completion of the program. The last eligible payment for the EHR Incentive Program for Hospitals was made in 2019. Medicaid policy bulletins pertaining to the EHR Incentive Program for Hospitals will be maintained at <http://www.michigan.gov/medicaidproviders> >> Policy, Letters & Forms.

Manual Maintenance

If utilizing the online version of the manual at www.michigan.gov/medicaidproviders >> Policy, Letters & Forms, this bulletin and those referenced in this bulletin may be discarded. If using a CD version of the MDHHS Medicaid Provider Manual, providers should retain all bulletins issued since the version date of the CD. Providers are encouraged to use the MDHHS Medicaid Provider Manual on the MDHHS website; the online version of the manual is updated on a quarterly basis.

Questions

Any questions regarding this bulletin should be directed to Provider Inquiry, Department of Health and Human Services, P.O. Box 30731, Lansing, Michigan 48909-8231, or e-mail at ProviderSupport@michigan.gov. When you submit questions, be sure to include your name, affiliation, NPI number, and phone number so you may be contacted if necessary. Typical Providers may phone toll-free 1-800-292-2550. Atypical Providers may phone toll-free 1-800-979-4662.

An electronic copy of this document is available at www.michigan.gov/medicaidproviders >> Policy, Letters & Forms.

Approved



Meghan E. Groen, Chief Deputy Director
Health Services



Quality Improvement Performance Monitoring Updates

December 5, 2025



HCBS Focused Provider Meetings

Facilitators: Quality Department's HCBS Performance Monitors

Residential Provider Meetings

Second Tuesday of the month at 11:00 AM

Zoom: https://dwihi-org.zoom.us/webinar/register/WN_W8D-e5R_R7uUoirZIP4xZA

Non-Residential Provider Meetings

Fourth Tuesday of the month at 11:00 AM

Microsoft Teams: [Non-Residential HCBS Meetings](#) | [Meeting-Join](#) | [Microsoft Teams](#)



HCBS CM / SC Training

Facilitators: Quality Department's HCBS Performance Monitors

Mandatory Case Manager / Supports Coordinator HCBS Training Modules 1 – 3

Dec. 8, 2025, 1:00 – 3:30 PM

Teams Link: [CM/SC HCBS Training | Meeting-Join | Microsoft Teams](#)

Dec. 10, 2025, 9:30 AM – 12:00 PM

Teams Link: [CM/SC HCBS Training | Meeting-Join | Microsoft Teams](#)



Upcoming Events

MDHHS 1915(c) Waiver and 1915(i) State Plan Amendment (iSPA) Review

CWP = Children's Waiver Program

SEDW = Serious Emotional Disturbance Waiver

HSW = Habilitation Support Waiver

iSPA = 1915(i) State Plan Amendment

Purpose: Ensure compliance with the Waiver and iSPA Medicaid requirements



Upcoming Events

MDHHS 1915(c) Waiver and 1915(i) State Plan Amendment (iSPA) Review

Preparation begins January 2026

- List of member's selected
- Collection of staff qualifications
- Collection of Progress Notes for HCBS services provided
- Arrange for EMR Access for IPOS review



Upcoming Events

MDHHS 1915(c) Waiver and 1915(i) State Plan Amendment (iSPA) Review

MDHHS Review takes place March – May 2026

- Look back period: one year (March 2025 – Feb. 2026)

Post Review Activities

- MDHHS provides formal report
- If applicable, develop CAP
- MDHHS approves CAP
- Implement CAP
- MDHHS validates CAP implementation



Quality Contacts

Quality questions
quality@dwihn.org

Home and Community Based Services questions
HCBSInforPIHP@dwihn.org

