

Behavioral Health Adult Services Update

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Agenda Items

- World Health Organization Disability Assessment Schedule (WHODAS) update.
- Status on Community Living Supports (CLS) and Overnight Health and Safety Supports (OHSS) amendment for the 1915(i) State Plan Amendment (iSPA) and Habilitation Supports Waiver (HSW).
- Critical Incident Reporting (CIR) Changes.
- Home and Community-Based Services (HCBS) update.
- Electronic Visit Verification (EVV) update.
- Other updates and resources.

World Health Organization Disability Assessment Schedule (WHODAS) 2.0

What is the WHODAS?

WHODAS is a 36-item assessment/screening tool that will be used to:

- Determine eligibility the 1915(i)SPA.
- Screen for potential HSW eligibility.
- Inform person-centered planning.

Not intended to be used for level of care determination.

Required by CMS to have a standardized assessment tool.

- Used for people with Intellectual and Developmental Disabilities who are 18 and older. *

*The MichiCANS is the preferred assessment tool of those who are transition age.

What Does the WHODAS Measure?

WHODAS Domains	MDHHS Need Areas
Cognition	Learning
Mobility	Mobility
Self-Care	Self-Care
Getting Along	Communication
Life Activities	Capacity for Independent Living
Participation	Self-Direction
	Economic Self-Sufficiency

How Was the WHODAS Selected?

WHODAS was selected via an expert panel including:

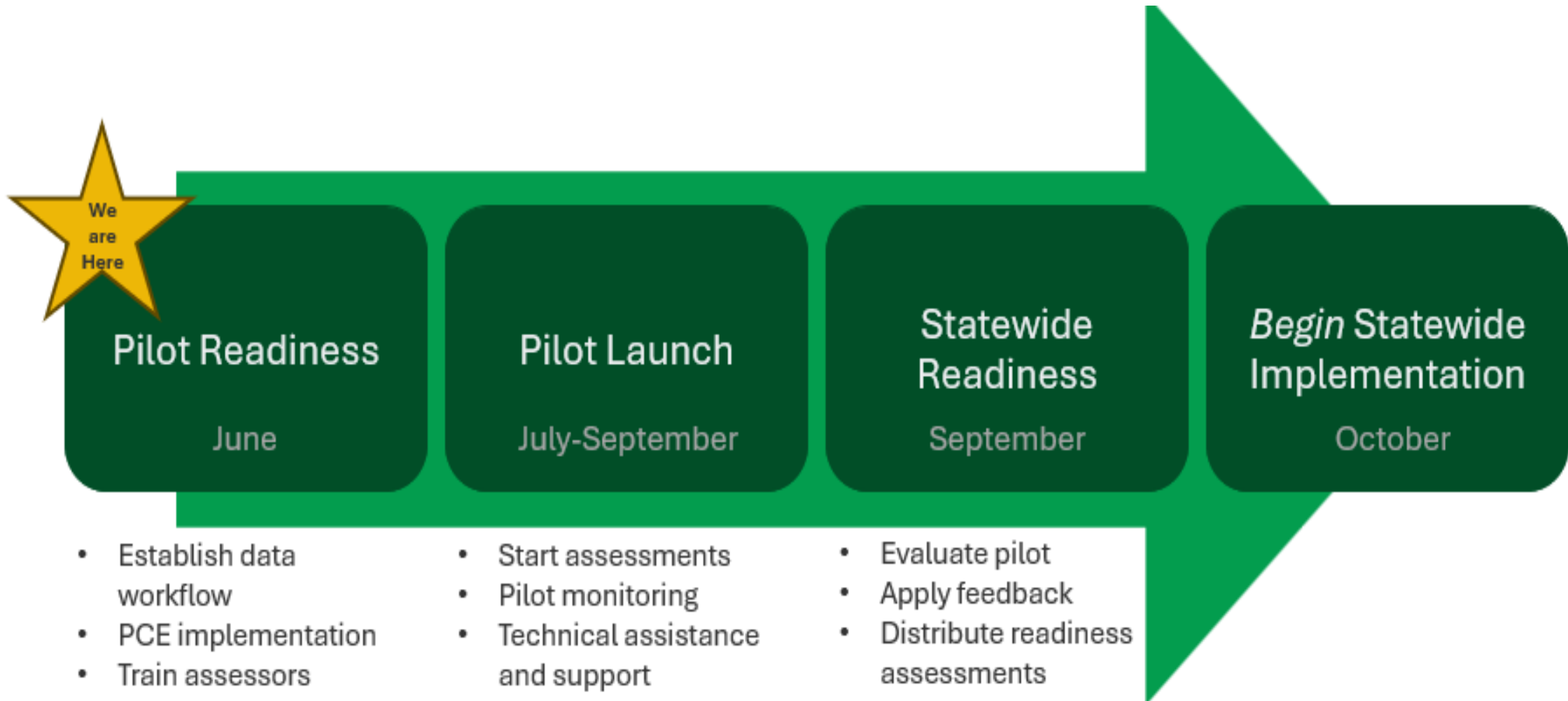
- PIHP and CMHSP staff;
- SIS Assessors and Quality Leads;
- beneficiaries;
- family members;
- Advocate; and,
- MDHHS staff.

Role of Pilot Sites

As part of the pilot, sites will:

- Support testing of operational feasibility, including:
 - Integration into existing workflows;
 - training approaches;
 - data collection and reporting processes; and,
 - quality oversight structures.
- Evaluate whether WHODAS can be implemented reliably by staff, produce consistent and equitable results, and support eligibility decision-making.
- Pre-paid Inpatient Health Plans will support pilot sites throughout the process.

WHODAS Timeline-Draft



Status on Community Living Supports (CLS) and Overnight Health and Safety Supports (OHSS) amendment for the 1915(i) State Plan Amendment (iSPA) and Habilitation Supports Waiver (HSW)

HSW and iSPA Amendment

Per Diem CLS and OHSS

- **New Changes - July 1st update:**
- The H0043 per diem code is back for those individuals in the non-licensed setting that are authorized for 10 or more hours of CLS a day.
- Add the TJ modifier back to the code chart to allow for flagging beneficiaries with high utilization of 16+ hours of daytime CLS.
- OHSS was an added service to the iSPA (pending approval of amendment).
- Addition of per diem OHSS T2026.
- Per diem code use for both CLS and OHSS is only approved for the HSW and iSPA. Children who are on the SEDW or CWP and would meet the criteria to utilize per diem CLS and OHSS can be enrolled in the iSPA to utilize these per diem codes.

HSW and iSPA Amendment

Per Diem CLS and OHSS

H2015 CLS – 15-minute code:

- New parameters: For beneficiaries who are authorized less than 10 hours of CLS a day.

H0043 CLS (NEW) – Per Diem:

- Parameters: For beneficiaries who are authorized 10-15 hours of CLS a day.

H0043TJ CLS (NEW) – Per Diem:

- Parameters: For beneficiaries authorized 16+ hours of CLS a day.

T2026 OHSS (NEW) – Per Diem:

- Parameters: Beneficiaries who authorized 6 or more hours of OHSS per day with a maximum of 12 hours per day.

T2027 OHSS – current 15-minute OHSS code:

- Parameters: Beneficiaries who authorized for less than 6 hours of OHSS per day.

Amendment Status:

- Amendments submitted to CMS.
- CMS has begun their review.
- CMS requested changes which were made.
- Amendments for the HSW and iSPA have been corrected and are sent back to CMS for review.
- We are still on track for the July 1, 2026, approval.

Critical Incident Reporting (CIR) Changes

CMS Ensuring Access to Medicaid Services Rule

Changes to Critical Incident Reporting (CIR)

Requires states to define critical incidents to include, at a minimum:

- Verbal, physical, sexual, psychological, or emotional abuse;
- Neglect;
- Exploitation including financial exploitation;
- Misuse or unauthorized use of restrictive interventions or seclusion;
- A medication error resulting in a telephone call to, or a consultation with a poison control center, an emergency department visit, an urgent care visit, a hospitalization, or death; or
- An unexplained or unanticipated death, including but not limited to a death caused by abuse or neglect.

**Highlight indicates a change to current reporting requirements.*

CMS Ensuring Access to Medicaid Services Rule

Changes to Critical Incident Reporting (CIR)

Establishes standardized annual reporting requirements and sets a **90% minimum performance level for states** related to whether the following occur within state-specified timeframes:

- Critical incident investigations are initiated;
- Critical incidents are investigated and resolved; and,
- Corrective actions related to critical incidents are completed

**Highlight indicates a change to current reporting requirements.*

CMS Ensuring Access to Medicaid Services Rule

Changes to Critical Incident Reporting (CIR)

- Requires states to operate and maintain an electronic incident management system to identify report, triage, **investigate, resolve**, track, and trend critical incidents.
- Requires **states to separately investigate** critical incidents if the investigative agency fails to report the resolution of an investigation within state-specified timeframes.
- Requires states to report on **an incident management system assessment every 24 months** (may be reduced to every 60 months for states that meet incident management system requirements).

**Highlight indicates a change to current reporting requirements.*

CMS Ensuring Access to Medicaid Services Rule

Changes to Critical Incident Reporting (CIR)

MDHHS has begun work on this.

- Internal meetings to discuss these requirements and the implications of these changes.
- Ongoing internal meetings to begin the changes required.
- Requires amendments of all 1915(c) Waivers and iSPA.
- Requires updates with policy and contract language changes.
- Requires system training and time needed for API changes.

Home and Community-Based Services (HCBS) update

HCBS Updates:



- CMS approved Michigan's HCBS Corrective Action Plan.
- Applies to both 1915(c) Behavioral Health Waivers, the 1915(i) SPA and the Mi Choice Waiver.
- All setting must be in full compliance with HCBS rule requirements by September 30, 2026.
- Monitoring concerns at the federal level regarding HCBS services and fraud, waste and abuse.

Electronic Visit Verification (EVV) Update

Implementation for Behavioral Health

- Behavioral Health went live with EVV in September 2024.
 - Started with a soft launch.
 - Claims/billing not currently tied to confirmed EVV visits at this time.
- Those using the state sponsored system to report EVV for services being provided as part of a Self-Directed (SD) arrangement did not go-live until the Spring 2026.

Self-Determination (SD)

- HHAeXchange letter sent to fiscal Management Services (FMS) agencies in January 2026.
- Kick off webinar for FMS agencies held in February 2026.
- User training sessions for FMS agencies held in March 2026.
- Go-live date March 23, 2026.
 - Medicaid Provider Manual 26-10 allows for a ramping up period.
- Compliance training sessions in March/April 2026.

EVV exemptions currently allowed for behavioral health

- Michigan Medicaid Provider Manual policy 24-34 outlines allowable exemptions for personal care services, including Behavioral Health. Those exemptions include the following:
 - Live in-caregiver.
 - Congregate care settings.
 - Service delivery that includes both behavioral health and Home Help services being provided to a beneficiary during the same shift by the same caregiver/provider.

What's next with EVV within Behavioral Health

- MMP 26-10 went into effect April 1, 2026.
 - Outlines quarterly schedule.
- Go-live for services rendered as part of an SD arrangement went live in the Spring 2026.
 - MMP 26-10 includes a ramping up period for this user group.
- Claims and billing for EVV required services.
 - Date for ending the current soft launch for Behavioral Health not yet identified.
 - Other program areas may have different dates for tying claims and billing to confirmed EVV visits.

Electronic Visit Verification (EVV) Resources

General questions for MDHHS about EVV

MDHHS-EVV@Michigan.gov

General EVV information and updates from MDHHS

[Electronic Visit Verification
\(michigan.gov\)](https://www.michigan.gov/electronic-visit-verification)

Provider Enrollment questions

Email Providersupport@Michigan.gov

Phone 1-800-292-2550

Electronic Visit Verification (EVV) Resources

Information from HHAeXchange about EVV implementation in Michigan

[Michigan EVV \(Electronic Visit
Verification\) | HHAeXchange](#)

HHAeXchange Help Desk:

1-866-576-1179

Other Updates and Resources

Case Manager 101 Training



Intent is for a Case Manager 101 training to discuss introductory elements of case management and engaging with people served.

To continue this work:

- MDHHS interviews to gather initial feedback (Complete).
- Advocate Interviews/Focus group interviews to kick off in June (Upcoming).

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Completed Activities:

- 10/1/2025: Promulgated Policy went into effect (see Bulletins [25-31](#) and [25-41](#)).
- 12/2025: [Guidance examples](#) were published.
- 1/2026: A new [Self-Directed Services website](#) was launched.
- 1/2026 - 3/2026: Various technical assistance materials were posted including [Frequently Asked Questions, Clarification and Update Memo](#), and [Response Memo](#).

Current and Ongoing:

- MDHHS provides technical assistance to PIHPs and CMHSPs and responds to community stakeholder and beneficiary settlement-related questions via mdhhs-bhfederalcompliance@michigan.gov.
- MDHHS adjusting/updating technical requirement materials.
- MDHHS is developing training materials for MDHHS to facilitate.

Medicaid H.R 1

Community Partner Resources:

- Medicaid HR1 Information Hub webpage: [Upcoming Federal Medicaid Changes](#)
- Facts about Changes to Medicaid and Supplemental Nutrition Assistance Program:
[SNAP Medicaid FAQ](#)
[SNAPMedicaid-FAQ-SpanishFinal.pdf](#)
[SNAP Mediciad FAQ \(Ar\) Fin](#)

Questions?