# FY2021 CMHPSM Unlicensed Community Living Supports Encounter Coding Transition

# Contents

# General Information

## MDHHS Requirement

All unlicensed community living supports (CLS) services delivered on or after October 1, 2020 will be required to utilize one set of codes and modifiers. The H0043 per diem service code will no longer be eligible for use for services beginning October 1, 2020, all unlicensed CLS services will be authorized, delivered and billed under 15-minute units of H2015.

STATE OF MICHIGAN
DEPARTMENT OF HEALTH AND HUMAN SERVICES
LANSING

GRETCHEN WHITMER
GOVERNOR

ROBERT GORDON
DIRECTOR

July 22, 2020

TO:         Executive Directors of Prepaid Inpatient Health Plans (PIHPs) and
            Community Mental Health Services Programs (CMHSPs)

FROM:       Jeffery L. Wieferich, M.A., LLP *JW*
            Director
            Bureau of Community Based Services

SUBJECT:    October 1, 2020 Effective Service Coding Changes

Effective for services provided starting October 1, 2020, MDHHS is implementing the following coding changes:

- Community Living Support services delivered in unlicensed setting should be reported in 15-minute units using H2015, not H0043, as previously described in the March 23, 2020 letter.
- The group modifier (TT) used for many behavioral health services will be replaced by one of the following nationally used group modifiers which more specifically identify the number of people in the group, for H2015 and T2027 beginning October 1, 2020.
  o UN - 2 patients served
  o UP - 3 patients served
  o UQ - 4 patients served
  o UR - 5 patients served
  o US - 6 or more patients served
  (Use of these modifiers on other services such as group therapy, skill building, and supported employment will begin 10/1/2021.)

The CMHPSM previously utilized a site plan and invoice system that was unique to our region for the majority of our unlicensed CLS services. This site plan system originally exported encounter data in H2015 increments until July 1, 2017 when we updated and transitioned the system to H0043, per the communications from MDHHS at that time.

The MDHHS mandate to return to reporting unlicensed CLS with H2015 units in conjunction with concurrent coding changes and future encounter and policy requirements the CMHPSM has determined that it will sunset our unique site plan and invoice system with all services delivered through September 30, 2020.

## Transition Information

Please visit the CMHPSM website for the most up to date information including the most recent version of this transition document. The direct link to the FY21 CLS transition webpage is: https://www.cmhpsm.org/fy21clstransition

## Timeline

| Important Dates | Requirement: |
|---|---|
| All unlicensed CLS services delivered on or before September 30, 2020 | No changes, existing authorizations are valid and will be able to be billed up to sixty (60) days post service delivery (per your service contract) , however since this transition is occurring on a fiscal year end, we are asking that services delivered on or before September 30, 2020 be billed by October 15, 2020. Billing systems will coexist for 60 days, until November 30. |
| All unlicensed CLS services delivered on or after October 1, 2020 | Unlicensed CLS services will be authorized utilizing H2015 or H201X. CLS invoices will no longer be utilized. |

## New Modifiers

The CMHPSM will begin utilizing the new unlicensed CLS (and overnight safety and supports T2027) service modifiers as prescribed by MDHHS on October 1, 2020:

| Unlicensed CLS and Overnight Safety and Supports Service Provision | Old H2015 / T2027 Modifier (Services on or before 9/30/20) | New H2015 / T2027 Modifier (Services on or after 10/1/2020) |
|---|---|---|
| Two individuals served by one staff person. | TT | UN |
| Three individuals served by one staff person. | TT | UP |
| Four individuals served by one staff person. | TT | UQ |
| Five individuals served by one staff person. | TT | UR |
| Six or more individuals served by one staff person. | TT | US |

## New Reimbursement Rates

The CMHPSM region has agreed to a graduated rate structure that increases reimbursement rates by 5% for shared services when an employee serves three or more individuals (UP,UQ,UR or US) in comparison

to the shared rate.  All provider rates will be delineated within the CMHSP-Provider contracts and/or service authorizations.

| Unlicensed CLS and Overnight Safety and Supports Service Provision | New H2015 / T2027 Modifier (Services on or after 10/1/2020) | Graduated Reimbursement Rate Methodology |
|---|---|---|
| One individual served by one staff person | H2015 or T2027 | = 15 Minute Rate |
| Two individuals served by one staff person. | H2015 UN or T2027 UN | = 15 Minute Rate / 2 |
| Three individuals served by one staff person. | H2015 UP or T2027 UP | = (15 Minute Rate / 3) *1.05 |
| Four individuals served by one staff person. | H2015 UQ or T2027 UQ | = (15 Minute Rate / 4) *1.05 |
| Five individuals served by one staff person. | H2015 UR or T2027 UR | = (15 Minute Rate / 5) *1.05 |
| Six or more individuals served by one staff person. | H2015 US or T2027 US | = (15 Minute Rate / 6) *1.05 |

# Provider Service Authorizations

## Authorized Codes

Unlicensed CLS services delivered on or after October 1,2020 will all be authorized utilizing H2015 or H201X.

| CLS Authorization Situation: | Authorize: | Eligible Claims: |
|---|---|---|
| Individual is on a c-waiver (HSW, SED or CW) and qualifies for T2027 Overnight Health and Safety Services | H201X | H2015 or T2027 |
| Individual is on a c-waiver (HSW, SED or CW) and does not qualify clinically for T2027 Overnight Health and Safety Services | H2015 | H2015 |
| Individual is not on a c-waiver. | H2015 | H2015 |

**H201X will be utilized to authorize unlicensed CLS services for all individuals that are authorizes for Overnight Health and Safety Services and are covered by a c-waiver program, those programs are: Habilitation Supports Waiver (HSW), Children with Serious Emotional Disturbances (SED) Waiver and Children's Waiver.**

- The authorization for H201X will allow providers to submit claims for 15-minute units of both unlicensed CLS services (H2015) and overnight safety and supports (T2027).

- Overnight safety and supports services is an allowable service only for individuals covered by the c-waiver populations and for those individuals with a medical necessity for the service.

- The H201X authorization should indicate the total need for 15-minute units of CLS and overnight safety and supports, as providers can submit claims for either of those services from the H201X authorization.

- The H201X authorization also allows providers to submit service claims for any combination of non-shared (no modifier) or shared staffing modifiers (UN, UP, UQ, UR and US) for both H2015 and T2027 utilizing the same authorization.

- The H201X authorization will not include home help hours. Home help will be included in the CLS worksheet as an additional source of support that covers all home help eligible personal care services.

**H2015 will be utilized by CMH staff to authorize unlicensed CLS services for all individuals not covered by a c-waiver program as well as any waiver consumer that does not qualify for overnight health and safety.**

- H2015 authorizations allows providers to submit service claims for any combination of unshared (no modifier) or shared staffing modifiers (UN, UP, UQ, UR and US) based upon the number of individuals served by each rendering staff person.

- The H2015 authorization will not include home help hours. Home help will be included in the CLS worksheet as an additional source of support that covers all home help eligible personal care services.

# CLS Authorizations Module > CLS Worksheet

Beginning October 1, 2020 all unlicensed CLS service authorizations will be treated like all other services in CRCT. Thus, each individual's service authorization will control their service reimbursement, previously the CLS site plan controlled the staffing at each site and the maximum reimbursement for unlicensed CLS services.

The CLS Authorization module which previously linked the service needs of each individual to the CLS site, has been renamed the CLS Worksheet.

- CLS Worksheets will continue to be utilized to link individuals to specific CLS sites. Those sites will be utilized to identify shared staffing situations and to assist providers with billing services at individual service sites.

- CLS Worksheets have been revised to help clinicians calculate the appropriate authorization for unlicensed CLS services, after deducting natural supports, home help and other services after determining medical necessity for each individual served.

## CLS Worksheet Example:

**CLS Worksheet**

**Authorization Information**

| Individual Plan of Service | | Site/Provider |
|---|---|---|
| IPOS Eff: 04/24/2020 Exp: 4/23/2021 | | Test site (9781)/Test Provider (6365) |
| **Effective Date** | **Expiration Date** | **Affiliate** |
| 08/01/2020 | 12/01/2020 | Washtenaw |

**Consumer is on a Waiver**

**CLS Information**

| | | |
|---|---|---|
| **Consumer's Total Need** | | |
| Hours of Total Need per Week | | 60.00 |
| Hours of Total Need that are IPOS ordered One-On-One per Week | | .00 |
| EXCLUDING DEDUCTIONS / INCLUDING HOME HELP | | |
| **Deductions from Total Need** | | |
| Hours of Total Need that are PERS per Week | | .00 |
| Hours of Total Need that are Day Activity per Week | | .00 |
| Hours of Total Need that are Work per Week | | .00 |
| Hours of Total Need that are ABA per Week | | .00 |
| Hours of Total Need that are Natural Supports per Week | | 7.00 |
| Hours of Total Need that are Other per Week | | .00 |
| Notes | | |
| --- | | |
| **Provider Support** | | |
| Total Hours of Provider Support per Week | | 53.00 |
| INCLUDING HOME HELP | | |
| Hours of Provider Support that are IPOS ordered One-On-One | | .00 |
| INCLUDING HOME HELP | | |
| Hours of Provider Support that are Unspecified | | 53.00 |
| **Home Help** | | |
| Hours of Home Help per Month | | .00 |
| Hours of Home Help per Week | | 0.00 |
| **CMH Responsibility** | | |
| Hours/Units of CLS that are covered by the CMH per Week | 53.00 | 212 |
| Hours/Units of IPOS ordered One-on-One CLS that are covered by the CMH per Week | 0 | 0 |
| Hours/Units of Unspecified CLS that are covered by the CMH per Week | 53.00 | 212 |
| Notes | | |
| --- | | |

**Site History**

| Dates | Site | Provider |
|---|---|---|
| 08/01/2020 - 12/01/2020 | Test site | Test Provider |

## CLS Site Plan Module

The CLS site plan module will continue to be utilized to house CLS worksheets and to indicate shared staffing situations. The CLS site plan will no longer impacts service reimbursement and will no longer indicate total shared staffing at service sites. Individual service authorizations will now drive the reimbursement for services delivered to each individual.

# Provider Billing/Claims Information

Previously providers were required to wait until a full calendar month of services was documented and delivered prior to billing any service claims to the CMHPSM when utilizing the CLS invoice system. Starting with services delivered on October 1, 2020 there will no longer be such a requirement. Service claims can be claimed at any point after services have been delivered, like all other services. Providers should bill no frequently than weekly and should bill all individuals at a site within one claims batch whenever possible.

# Claims Submission Information

Claims will now be submitted through the "Claims Submission" located on the left side of the CRCT home screen. The biller will then need to select:



**Step (1) - Enter New Claims**

View authorized service and enter claims. + myPage

# CRCT Help Guides

Please see PCE's instructions on how to enter a claim under the " **? Help** "button that is located in the upper right-hand corner of the EHR.

At the very top of the CRCT – Help/Resources see the Claims section for instructions/guidance on how to enter a new claim:



CRCT - Help / Resources

**Claims**
- ▶ Claim Submission Training Video
- Claims Management Manual
- Claims Submission User Manual
- Provider Claims Entry Flow Chart
- Provider Claims Entry Quick Reference

**How-To Guides**
- Access Module
- Access Process: Request for Service by phone/walk-in
- Faxing Documents from CRCT
- How to Add Staff Locations and Make Locations Primary

**Medications Module / Prescriber Info**
- Prescriber Setup - A to Z
- FAQ for Prescribers

# Claim Submission Tips/Scenarios

- All highlighted sections below must be completed when entering a claim:



*Note: please ensure you are entering in the correct modifier based on how many consumers were served at the site by your staff.

- There is also a "copy" button on the claim line (see highlighted section below) that you can select when all service information is the same for other dates of service. A calendar will populate and you can select the applicable days. This will copy and create claim lines for the days you selected.

## Scenario 1: Shared CLS Staffing

**1 staff served 3 consumers from 8am – 3pm**

each consumer would need to have a claim line with the UP modifier for that time

**If a staff takes 1 consumer to the park and the other two stay home from 3-4pm**

2 consumers would need to have the UN modifier and the one who went to the park for 1:1 would just get the straight H2015 (no modifier)

**1 staff again served 3 consumers 4pm-9pm**

Each consumer would need to have a claim line with the UP modifier for that time frame

**1 staff providing the service but 1 consumer is on a waiver who receives OHSS and the other 2 do not 9pm-5am**

2 consumers would need to have the UP modifier since 3 consumers served and the waiver consumer would need the T2027 UP billed for that period.

## Scenario 2: 24 Hour CLS with Home Help

A consumer receives 24 hours of total need, which includes Home Help services from the same provider. Your biller will need to bill for the full shift 12am-12am but only submit the claim for the units that the CMH is responsible for.

For example: if 20 hours (80 units) are the CMH Responsibility but the remainder 4 hours (16 units) are being reimbursed by Home Help you would need to submit the claim like the screen shot below:

## Scenario 3: Partial Day CLS with Home Help

A consumer receives 6 hours (32 units) of total need which includes Home Help Services from the same provider, but the CMH responsibility is only 4 hours (16 units) per day, times will need to be entered for the full shift but only submit the claim for the units and charges that the CMH is responsible for.

| 24. | | A | B | C | D | | E | F | G | H | I | J |
|-----|---|---|---|---|---|---|---|---|---|---|---|---|
| | **Dates Of Service** | | **POS** | **EMG** | **Procedures/ Service** | | **Diagnosis** | **Charges** | **Units** | **EPSDT Family Plan** | **ID Qual** | **Rendering/Referring Provider ID #** |
| | **From** | **To** | | | **CPT/HCPCS** | **Mod(s)** | | | | | | |
| Copy | 10/1/2020 | 10/1/2020 | 12 | ? | H2015 | | 1 | 78.88 | 16 | | | Clear Line |

**Time of Service**
From: 12:00 PM
To: 6:00 PM

**COB**
Allowed Amount: 
Paid Amount: 
Paid Date: 
HIPAA Adjustment Reason Code ?: 

Staff: 
☐ Check to specify Rendering Provider not in the system
Ref. Prov: 
First        Last        NPI
Notes: 
Prefill COVID-19 Telehealth Note Video Audio-Only

lookup clear

## Scenario 4: Two on One Staffing

When a consumer receives consistent two on one staffing (or are authorized for an enhanced rate) the rate will be changed at the authorization level. The provider will need to bill for the services provided at the approved rate. Do not double the units when submitting your claim for two on one staffing since you are submitting the claim at a higher rate to reimburse correctly. If you double the units you will end up exhausting your authorization too soon.

*Note if two on one staffing is not consistent the rate will not be changed on the authorization. This information will be noted on the CLS worksheet and when submitting a claim, the biller will need to enter the higher rate with a note on the claim stating approved two on one staffing, etc. occurred. The CMH Claims Processor will review and if approved process correctly for payment.

**Authorization example:**

**1 Authorization**

| Authorization # | Effective/Expiration Dates | Provider | Status |
|---|---|---|---|
| 2010A0314135 | 10/01/2020 - 02/28/2021 | INI Group (4805) | Approved |

| Authorized Service(s) Description | | Authorized | Claimed | Paid | Available |
|---|---|---|---|---|---|
| H2015 | Comprehensive Community Support | 17258 (800 Per Week) | 0 | 0 | 17258 |
| | | Rate: $9.86 | EFF: 10/01/2020 | EXP: 02/28/2021 | |

**2 on 1 staffing claim entry example:**

| 24. | | A | B | C | D | | E | F | G | H | I | J |
|-----|---|---|---|---|---|---|---|---|---|---|---|---|
| | **Dates Of Service** | | **POS** | **EMG** | **Procedures/ Service** | | **Diagnosis** | **Charges** | **Units** | **EPSDT Family Plan** | **ID Qual** | **Rendering/Referring Provider ID #** |
| | **From** | **To** | | | **CPT/HCPCS** | **Mod(s)** | | | | | | |
| Copy | 10/2/2020 | 10/2/2020 | 12 | ? | H2015 | | 1 | 315.52 | 32 | | | Clear Line |

**Time of Service**
From: 12:00 PM
To: 08:00 PM

**COB**
Allowed Amount: 
Paid Amount: 
Paid Date: 
HIPAA Adjustment Reason Code ?: 

Staff: 
☐ Check to specify Rendering Provider not in the system
Ref. Prov: 
First        Last        NPI
Notes: 
Prefill COVID-19 Telehealth Note Video Audio-Only

lookup clear

# Provider Documentation Requirements

Documentation Requirements for Progress Notes / Service Verification

- Staff name (s)
- Date of Service Delivery
- Start / Stop Times of Service Delivery
- # of Consumers Served by Staff
- Name/ID#/Initials of consumers served
- CLS IPOS activity documentation during CLS
- Identification of Overnight Health and Safety Supports (CMH Paid)
- Progress Notes
- Staff signature or attestation of document
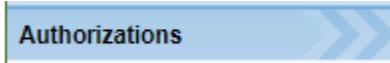
## Link to Provider Documentation Samples

Documents

Sample Provider Service and Progress Note Template

Sample Provider Service Time Billing Template

# Provider Reports

## Provider Census Report

This is accessible for CMH staff as well as CMH Providers. This is a view list of consumers that are assigned to a CLS site. This will show you what consumers are in a specific site, what provider they are utilizing, and a link to their CLS Worksheet. This can be found by clicking the "Authorizations" link on the left-hand side of our electronic health record:

Then select:

You can then search by Provider, Site Name or Consumer:

▼ Test Provider (6365) / 2 Consumers

▼ Test site (9781) / 2 Consumers

| Consumer ▼³ | From Date | Thru Date | Hours One-on-One (week) | Unspecified (week) | Home Help (month) | Status | |
|---|---|---|---|---|---|---|---|
| 0000000013 - Client, Test | 08/01/2020 | 10/01/2020 | 4.50 | 163.50 | 20.00 | Approved | View |
| 0000000012 - Client (TEST), Jessie | 08/01/2020 | 12/01/2020 | 0.00 | 53.00 | 0.00 | Approved | View |

*Note: this data can also be exported to an excel file

# Currently Available CRCT Reporting Services Reports

CMHPSM providers currently have access to two custom reports, as additional reports are created and made available to providers.

Reporting services can be accessed through:
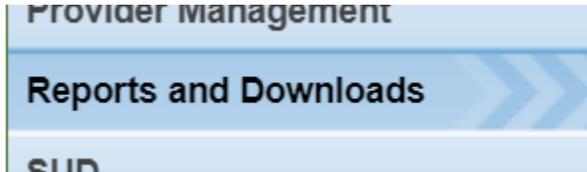


Then select:



## Provider Authorization Report (1020c)

| Authorizations (1020c) FOR EXTERNAL PROVIDERS | Finance | SHEET 1: List of approved authorizations that overlap the user-defined time period, for user's provider only. If the user is associated with a Vendor, auths are pulled from all service providers tied to that vendor. Gives percent of auth units used, cost incurred, cost not yet incurred<br>SHEET 2: Data Dictionary ⬅ | View Run Report |
|---|---|---|---|

| Report Name | Report Category |
|---|---|
| Authorizations (1020c) FOR EXTERNAL PROVIDERS | Finance |

**Report Description**
SHEET 1: List of approved authorizations that overlap the user-defined time period, for user's provider only. If the user is associated with a Vendor, auths are pulled from all service providers tied to that vendor. Gives percent of auth units used, cost incurred, cost not yet incurred <br> SHEET 2: Data Dictionary

**SQL Server Report Name**
1020c_PROVauths

**Report Parameters**

start: ⬚ 🟦

end: ⬚ 🟦

case (leave blank to see all): ⬚

cpt (leave blank to see all): ⬚

staff: James Colaianne

Report Format: Excel ⌄

RUN    CANCEL

## Provider Claims Report (1002c)

| claims (1002c) FOR EXTERNAL PROVIDERS | Finance | SHEET 1: All claims (paid and otherwise) between two dates, for the user's provider only. If the user is associated with a Vendo ▪▪▪➡ | View Run Report |
|---|---|---|---|

| claims (1002c) FOR EXTERNAL PROVIDERS | Finance | SHEET 1: All claims (paid and otherwise) between two dates, for the user's provider only. If the user is associated with a Vendor, claims are pulled from all service providers tied to that vendor. Includes info as to whether claims overlap with other claims on the same date at the same time.<br>SHEET 2: summary of paid claims by vendor, cpt, modifier, and fund source<br>SHEET 3: Data dictionary ⬅ | View Run Report |
|---|---|---|---|

| Report Name | Report Category |
|---|---|
| claims (1002c) FOR EXTERNAL PROVIDERS | Finance |

**Report Description**
SHEET 1: All claims (paid and otherwise) between two dates, for the user's provider only. If the user is associated with a Vendor, claims are pulled from all service providers tied to that vendor. Includes info as to whether claims overlap with other claims on the same date at the same time. <br> SHEET 2: summary of paid claims by vendor, cpt, modifier, and fund source <br> SHEET 3: Data dictionary

**SQL Server Report Name**
1002c_PROVclaims

**Report Parameters**

start: [          ] 🗓

end: [          ] 🗓

case Number (leave default to see all): [          ]

cpt (leave blank to see all): [          ]

staff: James Colaianne

Report Format: [ Excel ▾ ]

[ RUN ]  [ CANCEL ]

# Provider Staff Access to CRCT Reports

If provider staff need access to any of our CRCT reports, providers should contact their local CMHSP CRCT contact. The CMHPSM help desk does not authorize individual CMHSP provider staff access to reports, any requests to the CMHPSM help desk will be returned or re-directed to the appropriate CMHSP CRCT contact.

# CLS Request Module

This module is used for when a provider needs to request a change (increase/decrease) to their CLS authorization for a consumer.

Below are some examples of when a request would need to be made:

***Prior notification*** *of an event is required* ***as soon as possible*** *or at least 72 hours prior to the event*

- Preplanned Day Program Closures
- Doctor's Appointments
- Vacations/Camps
- School closures for regularly scheduled Holidays
- Temporary change in care needs

***24-hour notice*** *is requested after emergencies*

- Unexpected School/Day Program Closures or Discharges
- Hospitalizations

Please see below the instructions on how to use the CLS Request Module:

Requests are associated with CLS Worksheets:

| Test site (9781) | 12/01/2018 - 12/31/2018 | ONE-ON-ONE PER WEEK 0.00 | Approved |
| Test Provider (6365) | | UNSPECIFIED PER WEEK 113.00 | |
| Washtenaw | | HOME HELP PER MONTH 0.00 | |

**Requests**

> No Requests Exist
> Add Request

The request will consist of a date, who is making the request and what the request is (please see highlighted section for what information is needed):

**CLS Request**

Request Date*
11/12/2020

Requested By * lookup

Request*
Please enter the Date(s) of Service, the Number of Units, and Reason

This is a test request

Staff can save the request as pending or they can "Submit Request" to the CMH. The system will ask for confirmation when you click "Submit Request":

| Save | Submit Request | Cancel |

**Requests**

| Date | Status | Add Request |
| --- | --- | --- |
| 01/29/2021 Request This is a test request | In Review | Change View Delete |

Once Finalized the request Status will show "Finalized" and the request will show who finalized it and when:

**Requests**

| Date | Status | Add Request |
| --- | --- | --- |
| 12/21/2020 Request testing | Finalized | View |

Submitted by Sven Langenstein on 10/29/2020 04:56:25 PM
Finalized by Sven Langenstein on 10/29/2020 05:21:55 PM