



QUARTERLY PROVIDER MEETING AGENDA

Monday, May 4, 2026

Virtual on Teams

| | | |
|--------|--|--|
| 1:00pm | Introductions | Katie Lorence, Contract Manager |
| | Welcome | Brian Babbitt, Chief Executive Officer |
| | May is Mental Health Month | Trenton Lee, Media and Communications |
| | Recipient Rights | Michael Wolf, Director of Recipient Rights |
| | Above & Beyond | Jennifer Nolan, Human Resources Manager |
| | Reimbursements | Dominique Cook, Reimbursement Supervisor |
| | Audit Overview & Training Documentation | Amanda Cordova, Training Specialist |
| | HCBS Training Info | Kim Rappleyea, Chief Operating Officer |
| 2:30pm | Open Discussion | |

THANK YOU FOR PARTICIPATING!

OUR NEXT QUARTERLY PROVIDER MEETING IS SCHEDULED FOR

Wednesday, August 5, 2026

10:00am – 12:00pm

IN-PERSON at University Center - Gaylord

- Please add providerrelations@norcocmh.org and constantcontact.com to approved contacts.
- Provider Meeting information can be found here: <http://www.norcocmh.org/provider-meetings/>
- Contract Manager, Katie Lorence, at klorence@norcocmh.org or call 231-439-1297 with questions.

ANTRIM COUNTY
203 E. Cayuga
P.O. Box 220
Bellaire, MI 49615
231-533-8619

CHARLEVOIX COUNTY
06250 M-66 North
Charlevoix, MI 49720
231-547-5885

CHEBOYGAN COUNTY
Doris E. Reid Center
825 S. Huron, Suite 4
Cheboygan, MI 49721
231-627-5627

EMMET COUNTY
Administrative Office
1420 Plaza Dr.
Petoskey, MI 49770
231-347-6701

KALKASKA COUNTY
515 Birch St.
P.O. Box 267
Kalkaska, MI 49646
231-258-5133

OTSEGO COUNTY
800 Livingston Blvd.
2nd Floor
Gaylord, MI 49735
989-732-7558



PROVIDERS REPRESENTED:

Alan Dyer, Bedford; Jory Harland, CHHS; Joy Miller, CHHS; Carrie Borowiak, Crossroads; Robert Grupp, Employer of CMH CLS Providers; Cindy Evans, Grand Traverse Industries; GTI Mancelona; Jessica Shrum, Grand Traverse Industries; Micah Haven, Grand Traverse Industries; Cindy Seger, Listening Ear; Jim Boyd, Listening Ear; Sherry Kidd, Listening Ear; Martha Troy, NFIS; Jo Hency, North Arrow ABA; Meredith Aleccia, North Arrow ABA; Candice Shepler, Ohana AFC/Serenity AFC/Sheplers AFC; Jordan Shepler, Ohana AFC/Serenity AFC/Sheplers AFC; Ryder Specialized Care; Delissa Payne, Spectrum; Amy Carter, Straits Area Services; Lacy, Straits Area Services; Deb Daly, Summertree; Tracy Trasky, Summertree; Jeff; Nancy Wood; Tim Mucha.

NCCMH REPRESENTED:

Amanda Cordova, Amy Christie, Angela Balberde, Ann Friend, Barb Woodhams, Brian Babbitt, David Hornibrook, Dominique Cook, James Sinclair, Jennifer Nolan, Jennifer Pewinski, Katie Lorence, Kelly Smith, Kim Rappleyea, Michael Wolf, Trenton Lee.

Introduction: Katie Lorence, Contract Manager.

Recording notice provided. Minutes and presentation materials to be posted on the NCCMH website. Agenda reviewed.

Welcome: Brian Babbitt, Chief Executive Officer

- PIHP RFP Update: Judge previously found portions of the PIHP RFP violated the Mental Health Code. MDHHS withdrew the RFP and requested dismissal due to mootness; case dismissed without prejudice. MDHHS indicated a revised RFP expected (anticipated early May).
- Legislative Update: Minimal legislative movement; primary focus currently on state budgeting and approaching campaign season.
- Wage Pass-Through Clarification: Addressed recent concerns alleging NCCMH was not properly passing through wage increases. Clarified that MDHHS guidance confirms the \$17.13 minimum wage assumption includes the \$3.40 increase. NCCMH rates exceed the fully loaded wage assumption (\$22.27 with benefits).

Provider Question – Charlevoix / Bergmann Center Closure: Robert Grupp

NCCMH identified three providers willing to assist with service gaps. Services will shift from traditional day programming to community-based CLS, skill-building, and supported employment. A transition period and some service interruption expected.

Recipient Rights – Michael Wolf, Director of Recipient Rights

- Annual Recipient Rights Training Requirements: Annual recipient rights refresher training is now required for all staff. Training materials and signature forms available on the NCCMH Training Hub.
- Out-of-Catchment Site Reviews (May 2026): Providers will be contacted to schedule reviews (~40 minutes per site). Reviews include postings, staff training documentation, rights restrictions, safety, HCBS compliance, and leases.
- FY2025 Data Review:
 - 123 Complaints containing 151 Allegations with 81 Substantiations.
 - Areas of Rights Violations/Allegations: 33% Dignity and Respect, 18% Neglect Class, 15% Safe, Sanitary, Humane Treatment, 11% Abuse Class, Remaining 22% combination of Services Suited, Freedom of Movement, Possession Use of Property, Disclosure of Confidential Info, Family Rights, Limits on Visits/Telephone/Mail, Least Restrictive Setting
 - Remedial/Disciplinary Action(s): 33% Written Reprimand, 10% Verbal Counseling, 6% Written Counseling, 32% Training, 1% Policy Revision / Development, 7% Other, 21% Employee Termination, 10% Employee Resigned, 7% Suspension, 1% Staff Transfer

Staff & Provider Recognition – Jennifer Nolan, Human Resources Manager

- Above and Beyond Staff Recognition: Providers encouraged to assist clients in submitting staff recognition forms. Forms to be returned by June 26, 2026.
- Provider Recognition Award: NCCMH staff will nominate providers for recognition. Awardee to be invited to the NCCMH annual staff event (tentatively mid-July).

Reimbursement Updates – Dominique Cook, Reimbursement Supervisor

- Claims Submission:
 - Preferred method: upload documentation with claim batches.
 - Alternate options: central reimbursement email or fax.
- Common Denial Reasons: Rounded service times (not allowed, except autism services). Mismatch between claims and documentation. Incorrect modifiers or place of service codes. Altered documentation (no white-out or overwriting allowed).
- Timelines: Payments issued within 30 days of clean claims. Denied claim lines must be resubmitted within 10 days.
- EVV Compliance: State compliance threshold set at 85%. Manual EVV edits reduce compliance rates. EVV required only for in-home CLS and respite (specific codes).

May Mental Health Month – Presented by Katie Lorence (on behalf of Trenton Lee, Media and Communications)

Virtual wellness presentations available. Mental Health America webinar on May 20. Movie showings: Penguin Lessons at Petoskey and Brutus Friendship Centers. Splash of Color Walk: Saturday, May 30 (register by May 8 for T-shirt guarantee). Community art display at Charlevoix Public Library.

Audit Findings & Training Requirements – Kim Rappleyea, Chief Operating Officer

- MDHHS Audit Overview:
 - Annual audit requires provider training and credentialing documentation.



- Key Findings & Reminders: Criminal background checks must be completed prior to hire date.
- Staff must be 18+ (Medicaid requirement). Documentation must be accessible and submitted as PDF/Word (not JPEG).
- MDHHS Required Trainings: Recipient Rights, Bloodborne Pathogens, Emergency Procedures, First Aid, HCBS Training, IPOS training required for all staff and upon updates.
- NCCMH Required Trainings: MANDT Day One, MANDT Day Two, Medication Administration, Trauma Informed Care, Cultural Competency, Limited English Proficiency, Person-Centered Planning, HIPAA/Confidentiality, DRA/Compliance (Medicaid/Medicare Fraud, Waste, Abuse).
- Upcoming NMRE Audit: Scheduled for June; providers may be contacted for documentation.

ARCHIVED PRESENTATION MATERIAL: <http://www.norcccmh.org/provider-meetings/>

If you would like to hear about a specific topic at our quarterly provider meetings or wish to have staff from your program added to our invitation list, please email: providerrelations@norcccmh.org and let us know!

**THANK YOU FOR PARTICIPATING IN OUR QUARTERLY PROVIDER MEETING.
VIRTUAL QUARTERLY PROVIDER MEETINGS WILL CONTINUE UNTIL NOTIFIED OTHERWISE.**

**NEXT QUARTERLY PROVIDER MEETING:
Wednesday, August 5, 2026
IN-PERSON at UNIVERSITY CENTER in GAYLORD
10:00AM – 12:00PM**



NORTH COUNTRY
COMMUNITY MENTAL HEALTH

QUARTERLY PROVIDER NETWORK MEETING

May 2026

AGENDA

| | | |
|---------------|--|--|
| 1:00pm | Introductions | Katie Lorence, Contract Manager |
| | Welcome | Brian Babbitt, Chief Executive Officer |
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| 2:30pm | Open Discussion | |





NORTH COUNTRY

COMMUNITY MENTAL HEALTH

Where our **clients** and
community are the mission.

HOPE RECOVERY RESILIENCE WELLNESS



Access to Services:
1-877-470-7130

24-Hour Crisis Help Line:
1-877-470-4668

Customer Services:
1-877-470-3195

Office of Recipient Rights:
1-800-281-0481



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COMMUNITY MENTAL HEALTH

THANK YOU

Next Meeting

Wednesday, August 5, 2026

10:00am – 12:00pm

IN-PERSON at University Center – Gaylord

Contract Manager

Katie Lorence – klorence@norcocmh.org

Provider Network Manager


Angie Balberde – abalberde@norcocmh.org



Michigan Department of Health and Human Services
Behavioral and Physical Health and Aging Services Administration

MEMORANDUM

To: Executive Officers of the Prepaid Inpatient Health Plans and Community Mental Health Services Program

From: Kristen Morningstar, Director 
Bureau of Specialty Behavioral Health Services

Date: February 6, 2026

RE: Revised Clarification of Direct Care Worker Wage Increase

Purpose:

This memorandum provides formal clarification regarding Prepaid Inpatient Health Plans (PIHP) responsibilities for implementing the Direct Care Worker (DCW) Wage Increase under Numbered Letter L-25-78 and outlines how recent minimum wage changes have been incorporated into PIHP managed care capitation rates. This guidance is intended to ensure consistent application across all PIHPs and contracted provider networks.

Statutory and Policy Requirements:

It is the responsibility of PIHPs to implement the wage increases in accordance with L 25-78. For reference please see: [Numbered-Letter-L-25-78-DCW.pdf](#).

The Department continues to receive questions and requests for guidance related to implementation of the Direct Care Worker (DCW) Wage Increase, which are clarified below:

- Consistent with L-25-78, the DCW Wage Increase **cannot** cover costs associated with the minimum wage increase.
- Consistent with L-25-78, the DCW Wage Increase is **in addition to** the minimum wage.
- State minimum wage changes are **separate from** the DCW Wage Increase detailed in L-25-78.
 - DCW Wage Increase is a standardized increase to a worker's hourly wage.
 - State minimum wage changes **do not** result in standardized wage increases.

Incorporation of Minimum Wage Changes Into PIHP Capitation Rates:

SFY 2025 Rate Amendment

- SFY 2025 amended managed care rates support the February 21, 2025, minimum wage increase as related to DCW services.

- Revised PIHP rates were reflected in Gross Adjustments transmitted February 5, 2026.
- As indicated in the SFY 2025 PIHP Rate Certification Amendment (December 26, 2025):
 - Michigan's minimum hourly wage increased to **\$12.48** effective February 21, 2025.
 - This adjustment was applied beginning **February 1, 2025**, in recognition of the administrative complexities with implementing mid-month wage increases.
 - The rate adjustment was informed by survey data provided by the Specialty System.
- The Michigan Earned Sick Time Act (effective February 21, 2025) was also incorporated into the rate adjustment with an effective date of February 1, 2025.

SFY 2026 Current PIHP Rates

- SFY 2026 current managed care rates support the **January 1, 2026**, minimum wage increase as related to Direct Care Worker services.
- PIHP Capitation payments effective October 2025 reflect this minimum wage consideration.
- As indicated in the PIHP Rate Certification (September 29, 2025):
 - Michigan's minimum hourly wage increased to **\$13.73** effective January 1, 2026.
 - Rates reflect:
 - **\$12.48** minimum wage for October 1–December 31, 2025
 - **\$13.73** minimum wage for January 1–September 30, 2026
 - The SFY 2026 current rates were informed by survey data provided by the Specialty System.
 - The Michigan Earned Sick Time Act (effective February 21, 2025) was also incorporated into SFY 2026 current rates.

Department Expectations for PIHPs:

As a result of guidance in the form of L-Letters and funding incorporated into PIHP capitation rates as described above, it is MDHHS's reasonable and **firm expectation that all qualifying DCW workers are compensated, prior to overtime consideration, at no less than:**

- **\$15.88** per hour ($\$12.48 + \3.40) for the period **February 1–December 31, 2025**
- **\$17.13** per hour ($\$13.73 + \3.40) beginning **January 1, 2026**

Recordkeeping Requirements:

Additionally, as required under L-25-78:

- DCW agencies that are a network provider under a Medicaid managed care entity and/or their subcontractor must retain documentation demonstrating:
 - Distribution of the DCW Wage Increase to eligible workers.
 - Compliance with all requirements in L-25-78.

Memorandum

Executive Officers of the Prepaid Inpatient Health Plans and Community Mental Health Services Program

February 6, 2026

Page 3

- Documentation must be provided upon request by MDHHS or contracted managed care entities.

FY26 Budget Changes- Section 1034:

PIHPs must comply with all requirements under [PA 22 of 2025 Sec. 1034](#). Consider the following when reporting:

- Neither this guidance nor L 25-78 reflect a requirement for the state minimum wage increase to reflect a uniform contract rate increase.
- As stated above, state minimum wage changes do not result in standardized wage increases.
- As such, state minimum wage increases are distinct from program requirements associated with ABA service provision.



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DCW & Rates

Network Provider Meeting
May 4, 2026

Brian Babbitt, CEO



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Rate Development

- Wage assumption – wages are the primary expense
 - $\$17.13 \times 1.3 = \22.27
 - 1:1 CLS current NCCMH rate is \$31.56 hr
 - 1:1 Skill Building in Community \$32.56
 - 1:1 In facility Skill Building out-of-home non-voc is \$30.12
 - Weight unit rates to facilitate community integration
 - 1:3 CLS – \$63 per staff hour
 - Outside benchmarks
 - MDHHS – Home Help Agency rate is \$27 per hr
-

North Country Community Mental Health – Quarterly Provider Meeting, May 4, 2026

Michael Wolf, Director Office of Recipient Rights

mwolf@norcocmh.org

(231) 439-1268

➤ Recipient Rights ORR Annual Refresher Training

- Changed in 2025 (August)
- To be completed by all staff once every 12 months.
- Training materials and signature form accessed via the NCCMH webpage
 - Under, “Providers”
 - “NCCMH Training Hub”
 - Page down and under “Training Schedule” and the displayed calendar there is, in large font, “Training Requirements”
 - Clickable gray background “NCCMH 2025 ORR Annual Refresher” and “ORR Refresher Training Signature Form.”

➤ Out of Catchment Site Reviews for 2026

- Will be scheduled and completed this month
 - You will be contacted shortly to confirm schedule. Reviews take approximately 40 minutes to complete
- Areas of Attention/Highlights
 - Postings/Rights Materials
 - Training, Initial and Annual
 - Documented allowance for any restrictions
 - General site safety and condition
- Additionally (HCBS added items)
 - Recipient Choice (Dietary, Activity, etc.)
 - Lockable personal space (Bedrooms and Bathroom)
 - Absence of restrictive egress, surveillance, and monitoring
 - Current IPOS, Care Plan, Assessment, BTP, Lease

NCCMH Quarterly Provider Meeting, May 4, 2026

- ▶ NCCMH ORR Complaint, Investigation, Substantiation, Action Statistics
 - ▶ FY2025 Complaints – **123** Complaints containing **151** Allegations with **81** Substantiations
 - ▶ Areas of Rights Violations/Allegations
 - ▶ **33%** Dignity and Respect
 - ▶ **18%** Neglect Class
 - ▶ **15%** Safe, Sanitary, Humane Treatment
 - ▶ **11%** Abuse Class
 - ▶ Remaining **22%** combination of Services Suited, Freedom of Movement, Possession Use of Property, Disclosure of Confidential Info, Family Rights, Limits on Visits/Telephone/Mail, Least Restrictive Setting
 - ▶ Remedial/Disciplinary Action(s)
 - ▶ **33%** Written Reprimand, **10%** Verbal Counseling, **6%** Written Counseling
 - ▶ **32%** Training, **1%** Policy Revision / Development, **7%** Other
 - ▶ **21%** Employee Termination, **10%** Employee Resigned, **7%** Suspension, **1%** Staff Transfer

NCCMH Quarterly Provider Meeting, May 4, 2026

Questions / Comments / Discussion

THANK YOU!!

Michael Wolf, Director
NCCMH, Office of Recipient Rights
mwolf@norcocmh.org
(231) 439-1268



STAFF RECOGNITION

North Country Community Mental Health is having its annual Staff Recognition Event and we want to offer the opportunity for clients or staff at your facility to recognize NCCMH staff who have made a difference in the lives of the people we serve.

Please use this form to submit your gratitude by June 26. Forms may be left at the reception desk or scanned and emailed to Jnolan@norcocmh.org.

Person(s) being Recognized: _____

Comments: _____

Person Submitting: _____ Client Staff



STAFF RECOGNITION

North Country Community Mental Health is having its annual Staff Recognition Event and we want to offer the opportunity for clients or staff at your facility to recognize NCCMH staff who have made a difference in the lives of the people we serve.

Please use this form to submit your gratitude by June 26. Forms may be left at the reception desk or scanned and emailed to kcross@norcocmh.org.

Person(s) being Recognized: _____

Comments: _____

Person Submitting: _____ Client Staff

Quarterly Provider Meeting

Reimbursement & Billing Compliance Review
May 4, 2026

Presented by: North Country Community Mental Health

Contact: Dominique Cook – dcook@norcocmh.org | 231-439-1233

May 2026



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Reimbursement Billing Requirements

Per your provider contract, claims must be submitted by the 5th day of the month following the date of service.

Preferred Submission Method:

Upload the CMH 3806 form and/or invoices to your claim batches, along with all supporting documentation for the claims being submitted.

Alternative submission options:

Email: Reimbursement@norcocmh.org

Fax: 231-487-2374

Contract Compliance Reminder

Submitting a claim verifies that:

- Services were provided
- Documentation is complete

Services comply with:

- Medicaid
- MDHHS
- PIHP
- Medicare / Third Party Rules

If documentation does not meet requirements:

- Payment may be denied
- Payment may need to be returned

Payment Timeline

Once a complete and accurate billing statement is received:

Payment will be issued:

Within 30 days following the submission of a clean claim.

Reminder:

Submitting late claims may result in:

 Denial of payment

Please submit clean claims within the expected timeframe.

Common Reasons Claims Are Denied

The most common denial issues include:

- Rounding service times
- Claims not matching documentation
- Incorrect modifiers
- Time discrepancies
- Missing community location or incorrect place of service
- Incorrect client name or client ID
- Missing staff signatures
- Improper documentation corrections
- Timely filing violations

We will review these in more detail

Service Time Requirements

Rounding of Service Times

Service times must reflect the exact start and end time of the service.

✗ Rounding is not permitted for most Medicaid services.

Documentation and claims must match precise service times.

✓ Exception:

Some Autism providers may round according to Medicaid rules.



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Claims Must Match Documentation

Claims must match documentation exactly:

- Service dates
- Service times
- Modifiers

Client information

Any mismatch may result in:

- ✘ Claim denial
- ✘ Compliance concerns during audit

Modifier Accuracy

Modifiers must:

- ✓ Be selected correctly
- ✓ Match the service provided

Before submitting claims:

Verify the correct modifier

Ensure documentation supports the modifier used



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Time Discrepancies

The time reported on the claim must match:

- ✓ The service note
- ✓ The actual time the service occurred

Differences between claim time and documentation may lead to:

- ⚠ Claim denial
- ⚠ Audit findings

Place of Service Documentation

When using the Community Place of Service Code:

Documentation must clearly state the specific location.

Examples:

- ✓ Park
- ✓ Library
- ✓ Grocery store
- ✓ Boyne city Bowling lanes

“Community” alone is not sufficient documentation.

Client Information Accuracy

Documentation must include:

- ✓ Client's legal name
- ✓ Correct Client ID

If a nickname is used:

Example:

Johnathan Smith (*Johnny*)

The legal name must appear first.

Staff Signatures

All documentation must include:

- ✓ Staff signature
- ✓ Credentials (if applicable)

Unsigned documentation:

- ✗ Cannot support billing
- ✗ May result in claim denial

Documentation Corrections

Documentation must not be altered using:

- ✗ White-out
- ✗ Scribbling out
- ✗ Overwriting

Correct method:

Draw one line through the error

Write the correction

Initial the change

Original entry must remain readable.

CMS Documentation Correction Standards

Federal documentation standards require:

- ✓ Transparent corrections
- ✓ Traceable changes

Corrections must not alter original documentation.

These standards are used during:

Medicaid audits

LARA reviews

Compliance investigations

Prohibited Documentation Practices

The following are not allowed:

- ✘ Erasing original documentation
- ✘ Backdating entries
- ✘ Overwriting documentation
- ✘ Altering records without traceability
- ✘ Creating false entries

Medicaid and LARA require complete and auditable records

Michigan Law on Alteration of Records

THE MICHIGAN PENAL CODE “750.492a (1) Except as otherwise provided in subsection (3), a health care provider or other person, knowing that the information is misleading or inaccurate, shall not intentionally, willfully, or recklessly place or direct another to place in a patient's medical record or chart misleading or inaccurate information regarding the diagnosis, treatment, or cause of a patient's condition. A violation of this subsection is...a felony.

3) Subsection (1) [does not] apply to ... (b)Supplementation of information or correction of an error in a patient's medical record or chart in a manner that reasonably discloses that the supplementation or correction was performed and that does not conceal or alter prior entries.”

CMS- Medicare Program Integrity Manual 100-08, Chapter 3, 3.3.2.5 Amendments, Corrections and Delayed Entries in Medical Documentation

“All services provided to beneficiaries are expected to be documented in the medical record at the time they are rendered. Occasionally, certain entries related to services provided may not be properly documented. In this scenario, the documentation may need to be amended, corrected, or entered after rendering the service. The date and author of any amendment, correction or delayed entry should be identifiable, and the change/addenda should be clearly and permanently denoted.”

Michigan Law on Alteration of Records

When reviewing medical documentation and making review determinations we will consider all submitted entries that comply with the widely accepted recordkeeping principles

Recordkeeping principles

Regardless of whether documentation is submitted from a paper record or an electronic health record, documents submitted containing amendments, corrections or addenda must:

**Clearly and permanently identify any amendment, correction or delayed entry as such, and
Clearly indicate the date and author of any amendment, correction or delayed entry, and
Clearly identify all original content, without deletion.**

Paper medical records

When correcting a paper medical record, these principles are generally accomplished by:

Using a single line strike through so the original content is still readable, and

The author of the alteration signing and dating the revision

Amendments or delayed entries to paper records may be initialed and dated if the medical record contains evidence associating the provider's initials with their name.

Electronic health records (EHR)

Medical record keeping within an EHR deserves special considerations; however, the principles specified above remain fundamental and necessary for document submission. Records sourced from electronic systems containing amendments, corrections or delayed entries must:

Distinctly identify any amendment, correction or delayed entry, and

Provide a reliable means to clearly identify the original content, the modified content, and

The date and authorship of each modification of the record

We will not consider any entries that do not comply with the recordkeeping principles.

Timely Resubmission of Denied Claims

If a claim is denied:

- ✓ Correct the issue
- ✓ Resubmit the claim

 **Deadline:**

Within 10 days of the Explanation of Benefits (EOB) date
For assistance, contact your reimbursement specialist.

Incorrectly altered documentation will not be accepted for resubmission.

Individual Claim Denial Process

Effective since September 2025:

Claims will be denied individually, not by batch.

Examples:

Exhausted authorizations

Duplicate claims

Missing documentation

Denial reasons will appear in the claim comment section.

Valid claims will continue to process.

*As always, please reach out to your reimbursement specialist with questions or concerns.

Before Submitting Claims

Always verify:

- ✓ Correct authorization
- ✓ Accurate dates and times
- ✓ Proper modifiers
- ✓ Complete supporting documentation

Submitting clean claims helps ensure faster payment and fewer denials.

Understanding Authorizations: What to Look For

Focus on the “**Claimed**” column, not the “Available” amount.
The “Available” total may not reflect accurate authorization data

4 Authorizations

| Authorization # | Effective/Expiration Dates | Provider | Status | |
|------------------------------|--|-----------------------|---------------------------------|---|
| 2509A0096786 | 09/05/2025 - 09/04/2026 | Outpatient (19) | Approved | Change View Delete Print Early Terminate Void Client Chart |
| Authorized Service(s) | Description | Authorized | Claimed | Available |
| 9083X | Individual Therapy 90832, 90834, 90837 (Panel Type: Outpatient) | 24 (2 Per Month) | 2 | 22 |
| Related SALs | | Rates | EFF: 09/05/2025 EXP: 09/04/2026 | |

Understanding Authorizations: What to Look For

| 2509A0096702 | 08/08/2025 - 09/30/2025 Early Termination: 09/29/2025 | [REDACTED] | Approved | Change View Delete Print Void Client Chart | |
|---------------------------------------|---|--|----------|---|-----------|
| Authorized Service(s) | Description | Authorized | Claimed | Paid | Available |
| H2015 Related SALs | CLS in Community (Panel Type: Other) | 2226 (42 Per Day) Rates | 1522 | 780 | 1446 |
| EFF: 08/08/2025 EXP: 09/29/2025 ⓘ | | | | | |

◀ [PREVIOUS](#) 1 2 3 [NEXT](#) ▶

Why Focus on “Claimed” Instead of “Available or paid”?

The “Available” column may not accurately reflect units already submitted or processed. To get the most accurate count of remaining authorized units, subtract the “Claimed” amount from the total authorized.

Example:

For instance, it shows only 780 units paid, but 1,522 units have actually been claimed.

To calculate the true number of units remaining:

2,226 authorized – 1,522 claimed = 704 units available, not 1446 like this authorization shows.

Review of EVV

Electronic Visit Verification (EVV)

EVV is a system used to verify that in-home service visits occur as scheduled.

It captures clock-in and clock-out times for services delivered in the client's home.

Helps reduce claim denials and ensures compliance with billing requirements.



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COMMUNITY MENTAL HEALTH

EVV-Required Codes

Current EVV-Required Procedure Codes:

H2015 – Community Living Supports
(CLS)

T1005 – Respite Services

 ***EVV is only required for in-home
services.***

EVV Compliance Requirements

To ensure compliance:

Clock-in/out times must match EVV system records.

Helps avoid overlapping claims and reduces risk of denials.

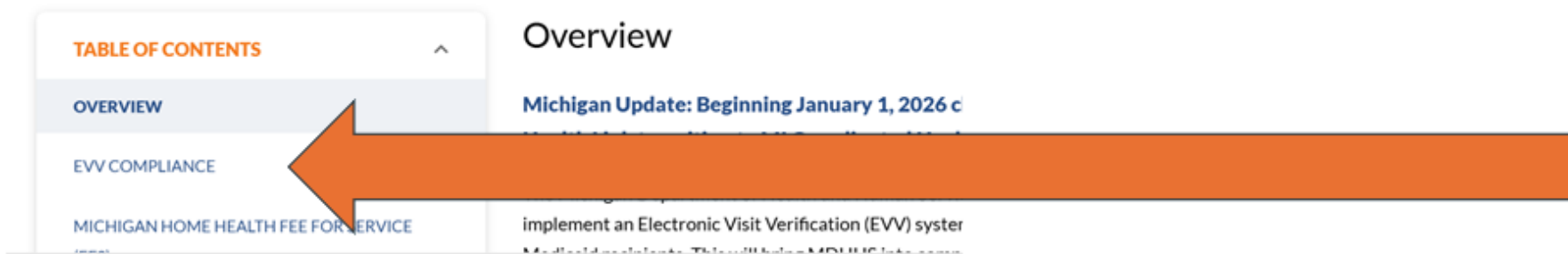
Future state: Billing will transition to a fully EVV-driven payer portal.

EVV Compliance Requirements

Starting in April, providers are expected to meet a new EVV compliance threshold of 85%. For more information about EVV Compliance you can access the HHA exchange Michigan info hub page: [Michigan EVV \(Electronic Visit Verification\) | HHAeXchange](#)



The screenshot shows the top navigation bar of the HHAeXchange website. On the left is the HHAeXchange logo. To its right are three menu items: "Homecare Software", "Technology", and "Resources", each with a downward-pointing triangle. Below the navigation bar is a dark blue banner for the "Michigan Information Center". On the left side of the banner is a white circle containing an orange outline of the state of Michigan. To the right of the circle, the text "Michigan Information Center" is written in white. Below this text is an orange button with the text "Provider Onboarding Form" in white.



The screenshot shows a page titled "Michigan Update: Beginning January 1, 2026 c". On the left side, there is a "TABLE OF CONTENTS" section with a list of items: "OVERVIEW", "EVV COMPLIANCE", and "MICHIGAN HOME HEALTH FEE FOR SERVICE". The "EVV COMPLIANCE" item is highlighted with a light blue background. A large orange arrow points from the right side of the page towards the "EVV COMPLIANCE" item in the table of contents. The main content area on the right shows the beginning of the "Overview" section, with the text "implement an Electronic Visit Verification (EVV) system".

Reasons EVV Compliance May Be Low

- Training gaps or incomplete EVV training
- GPS or clock in/clock out errors
- Connectivity Issues in rural areas
- **Manual edits to EVV records**

EVV Exceptions

The following situations are currently excluded from EVV requirements:

Community-Based CLS Services: EVV is not required when Community Living Supports (CLS) services are provided in the community rather than the client's home.

Licensed Congregate Living Settings: EVV is not required for licensed Adult Foster Care (AFC) homes serving two or more clients.

Live-In Caregiver Arrangement: EVV is not required when the caregiver:
Resides in the same home as the beneficiary, and the home is the caregiver's permanent and primary residence.

Dual Service Exclusion (Home Help + CLS): Beneficiaries receiving both Home Help and Behavioral Health (CLS) services from the same caregiver during the same visit are currently excluded from behavioral health EVV as they should already be reporting under the home help.

⚠️ *These exceptions are subject to change based on state or federal policy updates.*

Live-In Caregiver Exemption

In-home providers **may be exempt** from EVV if:

A **Live-In Caregiver Attestation** is submitted

Proof of address is also provided

Please submit both documents to validate exemption status.

Need Assistance?

We're here to help and ensure everything runs smoothly!

General Inquiries:

Dominique Cook

 dcook@norcocmh.org

Claim-Specific Contacts:

Cheryl Melke

Handles: Adult Foster Care/Children Foster Care, Supported Independent Living Program (SIP Homes), Hospital, Specialized Recover Services, and Grand Traverse Industries claims.

 cmelke@norcocmh.org

Cheryl Hoover

Handles: Day Programs – Bergmann, Crossroads, STRAITS, Northern Family Intervention Services, Respite, Respite Camps, Autism, and Self-Determination claims.

 choover@norcocmh.org

Kathy Brodie

Handles: Autism, and Guardiantrac Self-Determination claims.

 kbrodie@norcocmh.org



NORTH COUNTRY
COMMUNITY MENTAL HEALTH

THANK YOU



North Country Community Mental Health is proud to recognize May Mental Health Month. This year, we join Mental Health America to focus on a simple, shared goal: helping people have “more good days, together.”

We don't mean pretending everything is great or ignoring the challenges we're navigating. “Good” doesn't have to mean happy. Having a good day can be anchored in moments when a burden feels a little lighter after you talk about it, or when a small win gives you a boost of confidence. Good is defined by you.

Join us as we explore ways to create moments of connection, joy, or other things that help you have a “good” day – whatever that looks like for you.



More Good Days, Together **VIRTUAL WELLNESS PRESENTATIONS**

ATTEND ANY OR ALL – 3 DAYS
USE THE QR CODE OR VISIT OUR WEBSITE

30 MINUTES: 12:15–12:45 PM

SIGN UP
FOR A LINK



*
Monday,
May 18

**Coordinate
Mind & Body to
Move with Ease**

*Explore the foundations
of Pilates*

(accessible)

*
Tuesday,
May 19

**How to Keep Your
Devices Safe**

*Learn to stay safe in
our online world*

*
Thursday,
May 21

**Connections and
the World Outside**

*Connection is protection.
Being outside helps
people thrive*

*
Wednesday,
May 20

**National 2-hour
Presentation**

*Hands-on activities and
insight into how lifestyle
impacts our emotional
well-being*

MENTAL HEALTH AMERICA PRESENTATION



SIGN UP
FOR A LINK



NORTH COUNTRY
COMMUNITY MENTAL HEALTH

norcocmh.org
Crisis 877-470-4668
Access 877-470-7130

Join us at
Petoskey Friendship Center
1322 Anderson Rd, Petoskey

For a viewing:
The
Penguin Lessons

Tuesday, May 26 • 1PM

This movie is about a disillusioned English teacher in 1970s Argentina who finds purpose after rescuing an orphaned penguin, which he brings to his school, becoming an unlikely catalyst for change amidst political turmoil. It explores themes of compassion and resilience, with the penguin's presence positively impacting students and staff during a period of unrest.

*With a brief presentation about
mental health and aging*



HOSTED BY

**North Country Community Mental Health's
OBRA/Older Adult Services Program**



NORTH COUNTRY
COMMUNITY MENTAL HEALTH

Join us at
Brutus Friendship Center
6436 E Brutus Rd, Brutus, MI

For a viewing:
The Penguin Lessons

Wednesday, May 27 • 1PM

This movie is about a disillusioned English teacher in 1970s Argentina who finds purpose after rescuing an orphaned penguin, which he brings to his school, becoming an unlikely catalyst for change amidst political turmoil. It explores themes of compassion and resilience, with the penguin's presence positively impacting students and staff during a period of unrest.

*With a brief presentation about
mental health and aging*



HOSTED BY

**North Country Community Mental Health's
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NORTH COUNTRY
COMMUNITY MENTAL HEALTH



NORTH COUNTRY COMMUNITY MENTAL HEALTH

MAY
**MENTAL
HEALTH**
AWARENESS MONTH



26th Annual

SPLASH OF COLOR

Fun Run & Visibility Walk for Mental Health Awareness

Saturday, May 30, 2026

Prizes, giveaways, and fun "Splash of Color" paint throws! Register for \$15 at Event Brite or on the morning of the event from 9:00 to 9:30. The 5K Fun Run begins at 10 AM and the walk at 10:30 AM. Meet at the Festival Place Shelter in Petoskey.



HALF-HOUR VIRTUAL **MORE GOOD DAYS TOGETHER**

Wellness Sessions

Join us as we explore ways to create moments of connection, joy, or other things that help you have a "good" day – whatever that looks like for you.

30 MINUTES ON 3 DAYS
during lunch – 12:15-1245 pm

- **Monday, May 18** – Coordinate Mind & Body to Move with Ease
- **Tuesday, May 19** – How to Keep Your Devices Safe
- **Thursday, May 21** – Connections & the World Outside



Sign up for a link

Art Display

Charlevoix Public Library

Artwork created by members of New Horizons Clubhouse and Petoskey Club will be on display at the library all month.

Take a look!

Also there is information at the libraries in Petoskey, Gaylord, Cheboygan, Kalkaska & Bellaire

Free Movie 1 PM

May 26, Petoskey Friendship Center

May 27, Brutus Friendship Center

The Penguin Lessons, a story with compassion and resilience, about a teacher who rescues an orphaned penguin and positively impacts students.

FOR DETAILS, VISIT NORCOCMH.ORG/NEWS

26th Annual **SPLASH OF COLOR**

Fun Run & Visibility Walk for Mental Health Awareness

Saturday, May 30, 2026

Run - 10AM Walk - 10:30AM

Registration at 9AM

Meet at the Festival Place Shelter in Petoskey

200 Wachtel Ave. Petoskey, MI

Prizes, giveaways, and fun!
"Splash of Color" paint throws!
Register for \$15 at Event Brite or
on the morning of the event.

**Register by May 8 to
guarantee a t-shirt.**

**Scan the QR code or visit
tinyurl.com/nccmhsplash2026
to register online.**



Presented by:

NORTH COUNTRY
COMMUNITY MENTAL HEALTH



MDHHS Requirements

NCCMH-Provider Meeting May 4, 2026

MDHHS Audit

- **Criminal Background Checks (CBC)**
 - **MUST be completed *prior to the date of hire.***
 - Must be completed at least every **three years** thereafter.
 - Initial and ongoing CBC's must be completed for everyone (including administrators.)
- **ID (proof of 18 or older)**
 - Proof of name change (marriage certificate, etc.)
- **Date of Hire:**
 - Required to assess training and CBC compliance.
 - Provider should retain associated documentation (e.g., written job offers, separation letters) as proof.
- **Must keep copies of all of the above:**
 - When submitted to NCCMH, if photos of documents are used, they must be converted to pdf or word.
 - All documentation must be clear and easily readable.

MDHHS: Required documentation for training

- Documentation of proof of training is required to be kept on site and made available upon request.
- If desired, NCCMH will add all training proofs submitted to the training hub to employees' electronic transcripts for provider use.

EACH Proof of training must show:

- the name and signature of the **trainer** (using full/legal name)
- the name and signature of the **staff**, (using full/legal name)
- the **name** and **date** of the training
- pass/fail (if applicable)

Attestations may NOT be used.

Required MDHHS Training: **Recipient Rights**

- Required within **30 days of hire** and **annually** thereafter
- Recipient Rights New Hire Training:
 - Training taken with a CMHSP or the three modules on Improving MI Practices online.
- Recipient Rights Refresher:
 - **Annual** training from a CMHSP, Improving MI Practices, or the online downloadable module on the NCCMH training website (designed to be completed in a group.)
 - The NCCMH RR refresher cannot be used in place of initial or ORR CAP training.

Required MDHHS Training:

- The following are required **upon hire** and **every 3 years** thereafter.
 - **Bloodborne Pathogens** (a.k.a. infection/universal precautions)
 - **Emergency Procedures/ Environmental Emergencies:**
 - Copies of drill participation are not sufficient.
 - There must always be at least one employee on duty who is trained to handle emergencies.
 - **First Aid**
 - **Note:** If First Aid is taken as part of CPR/AED training, the CPR will expire after two years.

Required MDHHS Training: **NEW HCBS**

- CMS/ MDHHS Medicaid **H**ome and **C**ommunity **B**ased **S**ervices
- Required Initial and Annually thereafter
 - MDHHS has produced a first draft of the training for providers and are seeking feedback
 - This appears to be a self guided PowerPoint that is narrated.
 - We do not have the documentation requirements yet
 - Currently we have the HCBS training meant for Case Managers available on our website.

Required MDHHS Training: IPOS

- IPOS training is provided by the NCCMH case holder to the supervisor/responsible staff.
 - IPOS is required to be provided to you within 14 days of signature
 - If the case manager is not providing this or is non-responsive. Please contact their supervisor, if there is still no response, please contact ORR.
- The supervisor who was trained must then train the remainder of the staff.
- If the supervisor changes, they need to be trained by the case holder.
- IPOS Training is required for staff regarding every client served, and each IPOS and subsequent amendment or plan thereafter.
- The documentation elements are still required (slide 3)

Other required trainings:

- **Mandt Day 1:** Initial and every three years thereafter.
 - Mandt Day 2: only required if serving clients who may require physical intervention in order to keep themselves or others safe. Expires annually.
- **Medication Administration-**
 - required if serving clients that require medication to be administered by staff.
 - The provider is required to have at least one employee on duty to administer medication if any client requires it.
 - Initial must be taken with NCCMH.
 - Medication Admin Refresher training is required every 3 years and must be taken with a CMHSP or online with LARA or Improving MI Practices.

Contractually required training:

Training is required at hire with refresher training every 3 years or less.

These trainings are all available online at [Improving MI Practices](#), we will also accept another CMH's training or any other training that is substantially similar.

Documentation of training must be maintained for each employee by the provider.

- Trauma Informed Care
- Cultural Competency
- Limited English Proficiency
- Person-Centered Planning
- HIPAA/Confidentiality
- DRA/Compliance (Medicaid/Medicare Fraud, Waste, Abuse).