NORTH COUNTRY
COMMUNITY MENTAL HEALTH

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QUARTERLY PROVIDER MEETING AGENDA

Friday, November 13, 2026
Virtual on Teams

10:00am	**Introductions**	Katie Lorence, Contract Manager
	Welcome	Brian Babbitt, Chief Executive Officer
	MIOSHA CET	Robert Atkins, (AtkinsR1@michigan.gov) Senor Occupational Safety Consultant
	Reimbursements, EVV, and Claims	Dominique Cook, Reimbursement Supervisor
	Topics & Requests	Katie Lorence, Contract Manager
11:30am	**Open Discussion**	

THANK YOU FOR PARTICIPATING!

OUR NEXT QUARTERLY PROVIDER MEETING IS SCHEDULED FOR

Tuesday, February 23, 2027
10:00am – 12:00pm
VIRTUAL on Microsoft Teams

- 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.

NORTH COUNTRY
COMMUNITY MENTAL HEALTH

PROVIDER MEETING MINUTES

Friday, November 13, 2026
'VIRTUAL MEETING'

PROVIDERS REPRESENTED: Alan Dyer, Alexander Forton, Amanda Brothers, Amy Carter, Angie Taylor, Barb Sands, Becky Phillips, Brian Kime, Carrie Borowiak, Connie Hart, Deb Daly, Delissa Payne, Fran Damoth Bigelow, Jeff, Jennifer Kucharek, Jennifer Teegardin, Jo Hency- North Arrow ABA, Jordan Walch, Joshua Caswell, Katy Venchenko, Meredith Aleccia (North Arrow ABA), Micah Haven, Nancy Wood, Ryder Specialized Care, Tracy Trasky

NCCMH REPRESENTED: Andrea Rose, Angela Balberde, Brian Babbitt, David Hornibrook, Dominique Cook, Jennifer Pewinski, Katie Lorence, Kim Rappleyea, Lynne Pearson, Pam Krasinski-Wespiser, Tiffany Kiper, Trenton Lee

GUEST: Robert Atkins, MIOSHA

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
Legislative activity has been relatively quiet, with uncertainty surrounding the upcoming lame-duck session and any future PIHP-related RFP activity. All 10 PIHPs have active FY27 contracts with MDHHS, while the FY25 contract dispute remains in the legal process. Attendees were encouraged to review recent Medicaid Provider Manual updates that took effect October 1, particularly changes affecting behavioral health and home- and community-based services. FY27 rates have been issued and initial payments show an increase from September levels, though future impacts from eligibility redeterminations are still being evaluated. Additional guidance is pending regarding funding and implementation of the January 1 minimum wage increase for direct care workers.

MIOSHA CET: Robert Atkins, Senor Occupational Safety Consultant (AtkinsR1@michigan.gov) from MIOSHA's Consultation, Education, and Training (CET) Division. An overview of MIOSHA's mission to protect Michigan workers through education, training, and hazard prevention. "Educate before we regulate" approach and highlighted the free consultation services available to employers.

Proactive workplace safety practices, including hazard assessments, employee training, accident and near-miss investigations, safety committees, proper use of PPE, and thorough documentation. MIOSHA encourages organizations to develop comprehensive safety programs that go beyond minimum compliance requirements.

Special attention was given to employee safety in nontraditional work environments and for lone workers. Key recommendations included conducting regular safety assessments, addressing identified hazards, implementing worker check-in procedures, and utilizing MIOSHA consultation resources to help prevent injuries and maintain safe working conditions.

Reimbursements, EVV, and Claims: Dominique Cook, Reimbursement Supervisor
Reimbursement and Billing Update: Upcoming retirement of Cheryl Melke with a transition to a shared reimbursement team approach, with claims processed on a first-come, first-served basis. Providers were

reminded of documentation requirements, the importance of timely responses to Northstar Messenger communications, and the need to upload complete supporting documentation as PDFs with claim batches. Updates were provided on claim processing statuses and timelines.

Service Codes and EVV Update: New per diem codes for CLS (H0043) and Overnight Health and Safety Monitoring (T2026) became effective November 1, with implementation work underway, including contract updates, rate setting, and authorizations. Once implemented, many providers currently using H2015 may no longer be required to complete EVV. Providers were also reminded of recent HHAeXchange login changes, EVV compliance requirements, and available exemptions for congregate living, live-in caregivers, and certain dual-service situations. Providers were encouraged to contact the reimbursement team with questions or concerns.

Poll for upcoming meeting ideas: A short poll was created. 11 participants selected any topic that would interest them. The results are below:

HCBS Requirements	5
MDHHS Code changes	5
Recipient Rights Updates	4
Community Resources & Partnerships	3
Contract & Compliance Updates	3
Finance & Reimbursement Updates	3
IPOS, Documentation, Goals, Outcomes	3
MDHHS/Regulatory Updates	3
Workforce Recruitment & Retention	3
Access to Services	2
Placement, Referral, and Denial Processes	2
Provider Spotlight/Best Practices	2
Self Determination	2
Skillbuilding, Supported Employment, CLS	2
Training & Professional Development	2
Contract & Compliance Updates	1
IT & Technology Updates	1
Open Q&A with Leadership	1
Specialty Services (ASD, ABA, Behavior Treatment)	1

ARCHIVED PRESENTATION MATERIAL: Minutes & Recordings

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@norcocmh.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:
Tuesday, February 23, 2027
VIRTUAL on Microsoft Teams
10:00AM – 12:00PM

NORTH COUNTRY
COMMUNITY MENTAL HEALTH

QUARTERLY PROVIDER NETWORK MEETING



NOVEMBER 2026

AGENDA

10:00am	**Introductions**	Katie Lorence, Contract Manager
	Welcome	Brian Babbitt, Chief Executive Officer
	MIOSHA CET	Robert Atkins (AtkinsR1@michigan.gov) Senor Occupational Safety Consultant
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	Topics & Requests	Katie Lorence, Contract Manager
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Access to Services:
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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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THANK YOU

Next Meeting
Tuesday, February 23, 2027
10:00am – 12:00pm
VIRTUAL on Microsoft Teams

Contract Manager
Katie Lorence – klorence@norcocmh.org

Provider Network Manager
Angie Balberde – abalberde@norcocmh.org



MIOSHA Consultation Education and Training (CET) Services

MIOSHA Mission

Help Protect the Health and Safety of Michigan Workers!

MIOSHA Motto

Educate Before We Regulate!



MIOSHA Basics

State Plan Program:

- One of 28 State Plans
- Authorized by Federal OSHA
- Must be "at least as effective as," Federal OSHA
- Funded roughly 50/50 federal/state

State Plan Benefits:

- Flexibility
- Broader consultation strategy
- State Interaction/Accountability
- Covers additional 500,000+ Michigan public sector workers that would not have protections under OSHA
- Program covers roughly 235,000 Michigan businesses and 4M+ Michigan workers



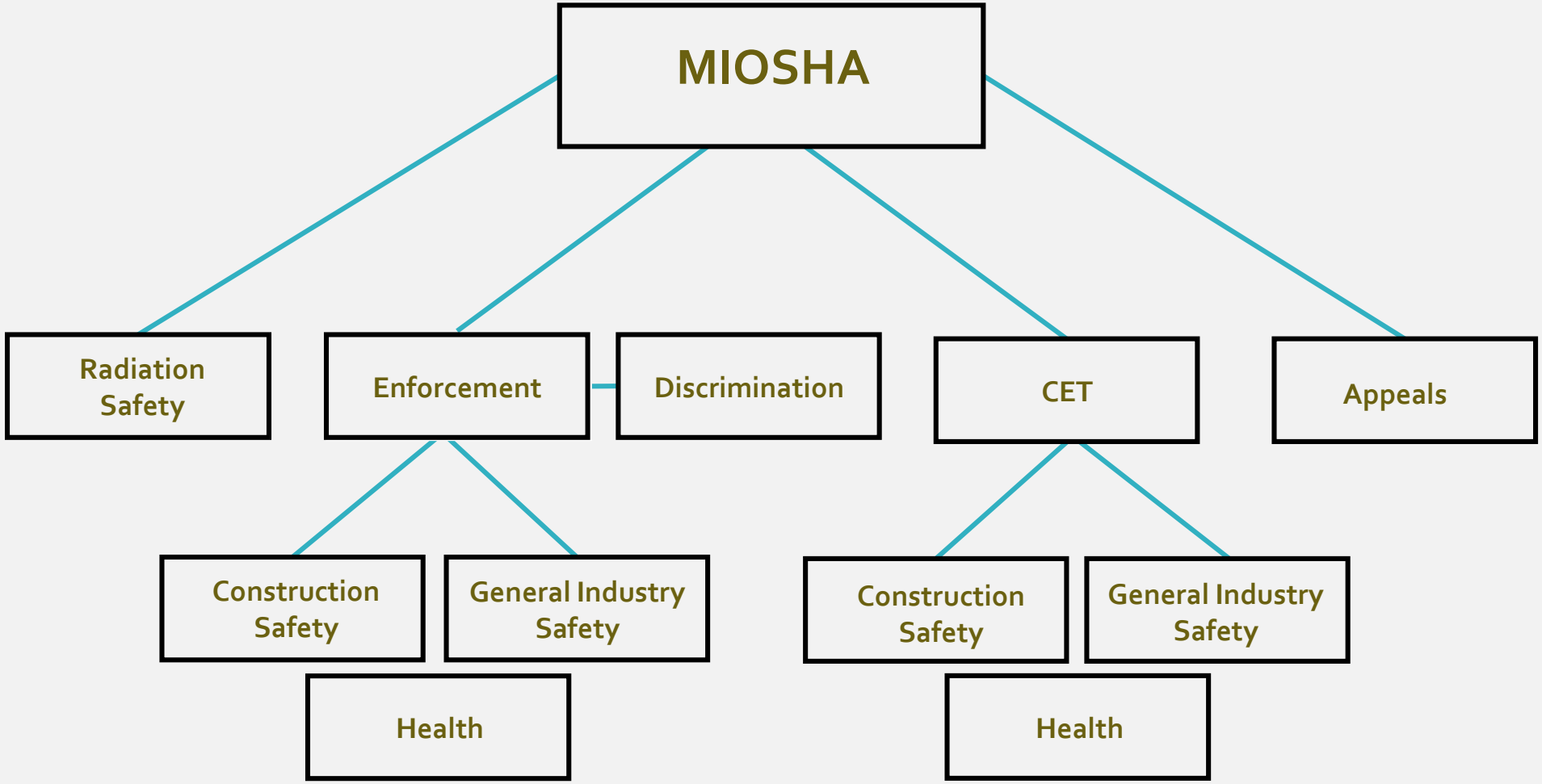
Federal and State OSHA Programs



28 States/Territories operate a state-run program (Brown shading indicates state-operated). Yellow shading (NY, NJ, CT, VI, ME, and IL indicate state-run for public sector only).

MIOSHA
Michigan Occupational Safety and Health Administration

Michigan Occupational Safety and Health Administration



MIOSHA
Michigan Occupational Safety and Health Administration

Consultation Education and Training (CET) Division

- Established in 1967
- (Federal OSHA-1970; Modern MIOSHA-1975)
- Funded through a special Michigan worker's disability compensation levy assessment that provides CET restricted use funding.
- Supplemented by federal funds



MIOSHA
Michigan Occupational Safety and Health Administration

CET Division Mission Statement

Provide employers and employees occupational safety and health consultation, education, and training to prevent worker injuries and illnesses by assisting with the development and implementation of effective safety and health management systems.

MIOSHA
Michigan Occupational Safety and Health Administration

Consultative Services and Compliance Assistance

- Develop and provide statewide safety and health education and training programs for both private and public:
  - Employers
  - Employees
  - Supervisors
  - Union Leaders

- Achieve long-range solutions to occupational safety and health problems through consultation and education.

MIOSHA
Michigan Occupational Safety and Health Administration

Education and Training Services Site - Specific Programs

Training Programs Customized to an Organization's Needs:

- Safety and Health Committee Activities
- Accident Investigation and Reporting
- Injury Audits and Accident Cost Analysis
- Hazard Survey
- MIOSHA Standard Requirements
- Occupational Safety and Health Assistance
- Safety and Health Program Assessment
- Proactive Incentive Programs
- Human Factors Engineering
- MIOSHA Rights and Responsibilities
- Construction Safety and Health Program
- Construction Apprentice Training

MIOSHA
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- Conducted by safety or health consultants at your site.
- Training given on how to identify job site hazards including unsafe acts and conditions.
- Written report issued to assist in identifying MIOSHA violations.



Workplace Hazard Surveys

MIOSHA
Michigan Occupational Safety and Health Administration

What MIOSHA expect from Employers

Employer responsibilities for their workers

- Identify workplace hazards
- Assess risks before they occur
- Train employees
- Investigate incidents and near misses
- Correct recognized hazards
- Provide necessary PPE
- Maintain injury and illness records
- Protect employees from recognized hazards under the General Duty Clause

MIOSHA
Michigan Occupational Safety and Health Administration

Home and Community Safety Assessments

The Client's Home Is Still a Workplace

MIOSHA generally expects employers to identify hazards employees encounter while working.

Consider evaluating:

- Slip and trip hazards
- Aggressive animals
- Fire safety concerns
- Unsafe electrical conditions
- Environmental hazards
- Neighborhood security concerns

MIOSHA
Michigan Occupational Safety and Health Administration

The MIOSHA General Duty Clause

The Most Important Rule You May Never Be Inspected Under

Employers must provide a workplace free from recognized hazards that are causing or likely to cause serious harm.

Human Service Examples

Potentially recognized hazards include:

- Hazardous home environments
- Known lifting and transfer hazards
- Repeated slip and fall exposures

MIOSHA
Michigan Occupational Safety and Health Administration

What MIOSHA Standards will likely apply in AFC settings

- **Walking-Working Surfaces (General Industry Part 2).**

Floors, hallways, stairs, and ramps must be kept clean, dry, and free of tripping hazards.

- **Exit Routes and Emergency Action Plans (General Industry Part 6).**

Facilities must maintain unobstructed, clearly marked exit routes and keep a written emergency action plan for fires or severe weather.

- **Portable Fire Extinguishers (General Industry Part 8).**

Extinguishers must be properly mounted, inspected monthly, serviced annually, and accessible to staff who are trained in their use.

- **Personal Protective Equipment (Part 33)**

Written hazard assessment certification, proper selection, provision, maintenance, and use of PPE. Provide Employee training

MIOSHA
Michigan Occupational Safety and Health Administration

Administrative & Recordkeeping Rules

- **Recording and Reporting Occupational Injuries and Illnesses (ADM Part 11).**

Facilities with 11 or more employees must keep MIOSHA injury and illness logs (Forms 300, 300A, and 301). Regardless of size, all employers must report any work-related fatality within 8 hours, and any inpatient hospitalization, amputation, or loss of an eye within 24 hours.

- **General Duty Clause**

MIOSHA
Michigan Occupational Safety and Health Administration

Home and Community Safety Assessments

Important Point

You may not control the home.

But you can:

- Assess it
- Document hazards
- Establish precautions
- Restrict services if necessary
- Protect employees

MIOSHA
Michigan Occupational Safety and Health Administration

Incident Investigations

One of the Biggest Missed Opportunities

Many providers document:

- Injury occurred
- Employee treated
- Employee returned to work

But fail to answer:

Why Did It Happen?

- Staffing issue?
- Training issue?
- Communication issue?
- Transportation issue?
- Home environment issue?
- Behavioral plan deficiency?

MIOSHA
Michigan Occupational Safety and Health Administration

Lone Worker Procedures

What happens if an employee is:

- Assaulted?
- Injured?
- Experiences a medical emergency?
- Loses communication?

Recommended Controls

- Check-in/check-out procedures
- Supervisory contact schedules
- Emergency response protocols
- Mobile communication devices
- Escalation procedures

MIOSHA
Michigan Occupational Safety and Health Administration

Documentation Saves Employers

If It Isn't Documented...

MIOSHA may assume it didn't happen.

Document:

- Training
- Home assessments
- Behavioral risk reviews
- Vehicle inspections
- Supervisory observations
- Corrective actions
- Incident investigations

MIOSHA
Michigan Occupational Safety and Health Administration

MIOSHA Resources

Michigan Department of Labor and Economic Opportunity
Michigan Occupational Safety and Health Administration

General Industry Safety and Health Division	517-284-7750
Construction Safety and Health Division	517-284-7680
Consultation Education and Training Division	517-284-7720
Standards Section	517-284-7790
Appeals Division	517-284-7711
Employee Discrimination Section	313-456-3109
Management Information Systems Section	517-284-7740
Fatality Hotline	800-858-0397
MIOSHA Severe Injury Report Line	844-464-6742
Radiation Safety Section	517-284-7820

www.michigan.gov/miosha

MIOSHA
Michigan Occupational Safety and Health Administration

Questions?

Nursing and Residential Care Facility Checklist

This document was developed through the cooperative efforts of the MIOSHA/Michigan Assisted Living Association Alliance

The following is intended as a guide for compliance with Michigan Occupational Safety and Health Administration (MIOSHA) rules. This guide was created to specifically assist Adult Foster Care, Homes for the Aged, Assisted Living and other nursing and residential care facilities.

The MIOSHA Act 154 of 1974 states, "Employers shall furnish to each employee, employment and a place of employment that is free from recognized hazards that are causing, or are likely to cause, death or serious physical harm to the employee." The following represents some of the rules and hazards within nursing and residential care facilities.

Providers should review each of the MIOSHA rules and topics on the checklist to determine which are applicable to their organization.

☐ **Recordkeeping - MIOSHA Administrative Standard Part 11, Recording and Reporting of Occupational Injuries and Illnesses**

Who must record and report? If your company had 10 or fewer employees at all times during the last calendar year, you do not need to keep MIOSHA injury and illness records unless requested to do so by MIOSHA, OSHA or the Bureau of Labor Statistics. These requests would be sent to you by mail.

What must be recorded? You must consider an injury or illness to be work-related if an event or exposure in the work environment either caused or contributed to the resulting condition or significantly aggravated a preexisting injury or illness.

MIOSHA Recordkeeping Forms 300, 300A and 301 (Excel Spreadsheet Versions)
MIOSHA Form 300 - Log of Work-Related Injuries and Illnesses
MIOSHA Form 300A - Summary of Work-Related Injuries and Illnesses
MIOSHA Form 301 - Injury and Illness Incident Report
Injury Tracking Application (ITA) | Occupational Safety and Health Administration

☐ **MIOSHA Required Posters**

☐ **Hazard Communication (chemicals used in the workplace) - General Industry Standard Part 92, Hazard Communication and Part 430, Hazard Communication**

Required Elements of the Hazard Communication Standard:

- Written Program (needs to be site specific to the chemical hazards at the facility) - Sample written hazard communication program
- Safety Data Sheet (SDS) posters - Workplace Posters
- Container labeling (secondary containers)
- Safety Data Sheets (SDSs)
- Employee training - Compliance Guide, Right-to-Know
- Chemical inventory list

☐ **Personal Protective Equipment (PPE) –** General Industry Standard Part 33, Personal Protective Equipment and Part 433, Personal Protective Equipment

Elements of the PPE Standard:

- Written Hazard Assessment Certification - PPE Guide and Sample Certification
- Proper selection, provision, maintenance, and use of PPE
- Employee training

☐ **Bloodborne Infectious Diseases (BID) – General Industry Standard Part 554, Bloodborne Infectious Diseases**

Elements of the BID Standard:

- Written exposure control plan (site specific) - Sample Bloodborne Infections Diseases Control Plan (Healthcare Facilities) 5231
- Hepatitis B vaccination for all Category A employees (or declination statement)
- Post exposure evaluation and management of incidents - USPS postexposure prophylaxis guidelines Updated U.S. Public Health Service guidelines for the management of occupational exposures to HIV and recommendations for postexposure prophylaxis.
- Standard operating procedures
- Employee training on employer's exposure control plan

☐ **Tuberculosis (employee protection)**

MIOSHA adopts the federal OSHA Instruction, CPL 02-02-078, Enforcement Procedures and Scheduling for Occupational Exposure to Tuberculosis
Resources:

- Centers for Disease Control and Prevention, Tuberculosis (TB)
- Michigan Department of Health and Human Services, Tuberculosis Control

☐ **Respiratory Protection - General Industry and Construction Standard Part 451, Respiratory Protection**

Elements of the Respiratory Protection Standard:

Required Use of Respirators (e.g., TB exposure)

- Medical Evaluation
- Fit-testing
- Written program - Sample Respiratory Protection Plan SP05
- Training
- Maintenance and Care

Voluntary Use of Respirators (e.g. dust mask)

- Provide the information from Appendix D

☐ **Workplace Violence Prevention (protecting employees from incidents)**

OSHA resources:
Workplace Violence - Overview | Occupational Safety and Health Administration
Guidelines for Preventing Workplace Violence for Healthcare and Social Service Workers

☐ **Eyewash stations and First Aid – General Industry Standard Part 472, Medical Services and First Aid**

Agency Instruction MIOSHA-STD-08-3R, Medical Services and First Aid for General Industry and Construction
Agency Instruction MIOSHA-STD-07-1R, Eyewash/Shower Equipment – Describes requirements and location for eyewash/shower equipment.
MIOSHA Fact Sheet CET #0199, Eyewashes and Safety Showers
FAQ's on the AXION eyePOD Faucet-Mounted Eyewash - Haws Co

☐ **Hazardous Drugs (Chemotherapy and other high hazard drugs)**

- MIOSHA Fact Sheet CET #0197, Preventing Exposure to Hazardous Drugs

☐ **Ergonomics – Strains, sprains and cumulative trauma muscular skeletal disorders**

MIOSHA Fact Sheet GISHD #001, Ergonomics
Division Instruction GISHD-GEN-05-1R, Ergonomics
Occupational Safety and Health Administration (OSHA) Safety and Health Topics - Ergonomics: Guidelines for Nursing Homes
National Institute for Occupational Safety and Health - Safe Lifting and Movement of Nursing Home Residents

☐ **MIOSHA General Industry Safety Standards -** MIOSHA/CET #0156, Self-Inspection Checklist

Please note: This is not an exclusive list. Additional MIOSHA Standards may apply depending on the operations occurring at the facility. Refer to the MIOSHA Standards and Legislation webpage to determine if other standards apply.

For site-specific consultation assistance please submit a Request for Consultation Assistance (RCA) or contact our office at 517-284-7720.

Reimbursement Department Updates & Reminders

Claims Processing
Code Updates
EVV/MI Login Updates
Claim Documentation Requirements

Presented by: North Country Community Mental Health
Contact: Dominique Cook – dcook@norcocmh.org | 231-439-1233

November 13, 2026

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Reimbursement Department Update

Staffing Update & Team Recognition



Retirement Announcement
Cheryl Melke's last day will be November 20.

We would like to thank Cheryl for her contributions to the Reimbursement Department and wish her all the best in her retirement.

Current Reimbursement Specialists
Kathy Brodie



Cheryl Hoover



Provider Contract Compliance:

Understanding Your Responsibilities

Submitting a claim verifies that:
-Services were provided
-Documentation is complete and uploaded to the batch.

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

NCCMH Claims Processing Workflow

Claims Processing

Order & Timeliness

-Claims will be processed on a first-come, first-served basis.

-Please ensure claims are submitted accurately and include all required information to help prevent processing delays.

-Clean claims continue to be processed within the required 30-day timeframe.

Key Reminder:

Submitting clean, complete claims helps support timely reimbursement.

Claims Processing

Per Diem vs. Non-Per Diem Claims

Per Diem Codes:
-If an error is identified in your batch, the entire batch will be returned to you for correction.
-Once the batch is returned to the provider, the 30-day timeframe for processing clean claims restarts when the corrected batch is resubmitted.

Non-Per Diem Codes:
-If an error is identified, the claim will be denied at the individual claim line level.
-Providers have **10 business days from the date of the EOB (Explanation of Benefits)** to rebill the corrected claim.

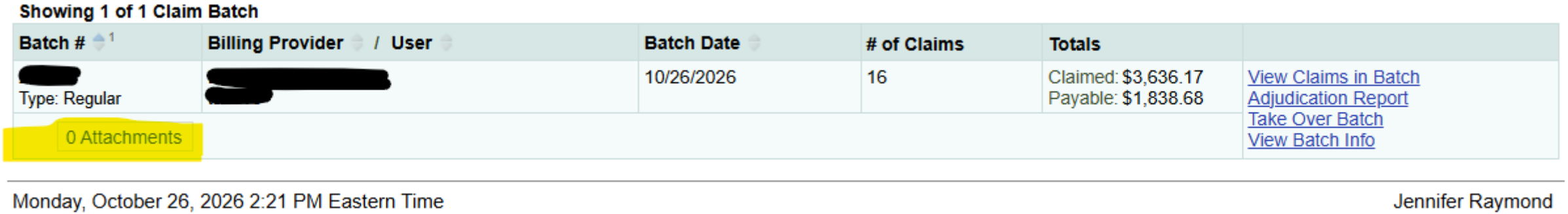
Reminder: Please review your claims carefully before submission to help prevent delays in processing and payment.

Backup Documentation Requirements

Uploading Supporting Documentation

-**Where to upload:** All backup documentation must be uploaded directly to the claim batch under the **Attachments** section.
-**Required file format:** Documents must be uploaded as **PDF files only**. Please don't send Zipped or Compressed files.
-**Why PDF?** PDF files help preserve the original documentation and prevent the contents from being easily edited or changed.
-**Important:** Please ensure all required supporting documentation is attached to the correct batch before submitting.

Key Reminder
Upload all backup documentation under Attachments in PDF format only.



Showing 1 of 1 Claim Batch

Batch #	Billing Provider / User	Batch Date	# of Claims	Totals	
[redacted] Type: Regular	[redacted]	10/26/2026	16	Claimed: $3,636.17 Payable: $1,838.68	View Claims in Batch Adjudication Report Take Over Batch View Batch Info
0 Attachments					

Understanding Batch & Claim Statuses

View All Batches and Claims

Use this screen to track where a claim is in the payment process.

1. Claim Data Entry
Claim is being entered/processed by provider

2. Submitted
Sent to CMH for Review**:** Once submitted, claims cannot be edited unless a Reimbursement Specialist returns the batch for corrections.

3. Adjudication-Ready
CMH staff are actively reviewing the batch to verify supporting documentation and ensure all required information is included for claim approval. **Review times may vary** depending on the number of claims, the amount of supporting documentation, and any additional checks needed.

4. Adjudication-Pending Approval
The review of claims and supporting documentation has been completed.

5. Approved for Payment
Claims have been approved and are moving forward for payment.

4. Paid / Sent to GL
Payment has been sent to the GL (General Ledger) for processing in our accounting system, the last step before payment.

Code Updates

CLS Per Diem Code Update

Overview of Coding Structure:

H0043 – CLS Per Diem

Used for beneficiaries authorized for 10–15 hours of CLS per day

H0043-TJ Modifier – CLS Per Diem

Used for beneficiaries authorized for 16+ hours of daytime CLS

H2015 – CLS (15-minute units)

Continues to be used for beneficiaries authorized for fewer than 10 hours of CLS per day.

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Overnight Health & Safety Supports (OHSS) Code Summary T2026

Purpose: Provides awake overnight staff supervision to protect individuals with physical or developmental needs from injury, hazards, or accidents.

Covered Support: Includes monitoring and intervention for non-life-threatening self-harm behaviors and medical-related needs, such as wound care, sleep apnea, uncontrolled seizures, or anticipated medical emergencies.

Service Limit: Up to 12 hours within a 24-hour period, during the hours the individual would typically be asleep.

Staff Qualifications: Services cannot exceed the medical care capabilities permitted under the provider's qualifications (aide-level staff).

Eligibility: The individual must live in a community-based setting. Certain settings are excluded, including hospitals, nursing facilities, AFC homes, licensed specialized residential settings, and correctional facilities.

New Per Diem Codes: Implementation Process

What Needs to Happen Before the Codes Take Effect?
The new per diem codes will **not take effect immediately**. Several steps must be completed before they can be used for billing.

1. **Contract Updates:** The new codes must be added to provider contracts.
2. **Client Eligibility:** The agency will identify which clients qualify for and are appropriate for the new codes.
3. **Rate Establishment:** Rates must be determined and established for the new codes.
4. **Fee Schedule Updates:** Fee schedules must be updated to reflect the approved codes and rates.
5. **Client Authorizations:** Clients must have the appropriate authorization in place before services are billed under the new codes.

EVV Reminder
If a client currently uses EVV under H2015 and transitions to an applicable per diem code, **EVV will no longer be required for that service under the per diem code**, subject to applicable requirements.

Key Takeaway: The new codes can be implemented only after the necessary contract, rate, fee schedule, eligibility, and authorization steps are completed. Please continue following current billing and EVV requirements until the transition is confirmed.

EVV MiLogin and Compliance

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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HHAeXchange MiLogin Integration

Effective Monday, October 5, 2026

HHAeXchange is transitioning to **MiLogin Single Sign-On (SSO)**, Michigan's secure login system. Users will access their HHAeXchange portals through MiLogin.

Required Actions

1. Set Up MiLogin: Create or access your existing account.

Payer/Provider Agency Portals: MiLogin for Business

Services Portal (Employer/Managing Employer): MiLogin for Citizens

2. Verify Access: Log in to your HHAeXchange portal before the transition to help prevent access issues.

3. Request Portal Access: Contact your portal administrator if you need access. Administrators can find user management instructions in the portal's Support Center.

Important: Separate instructions were sent to users of the HHAeXchange Services Portal.
Initial email communication was sent October 2, 2026.

Questions?

To stay up to date on EVV in Michigan, visit www.Michigan.gov/EVV.
For questions or help using the HHAeXchange portal(s), visit the HHAeXchange website at https://www.hhaexchange.com/info-hub/michigan.

EVV-Required Codes

Current EVV-Required Procedure Codes:

H2015 – Community Living Supports (CLS)

T1005 – Respite Services

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

NORTH COUNTRY
COMMUNITY MENTAL HEALTH

EVV Compliance Requirements

To ensure compliance:

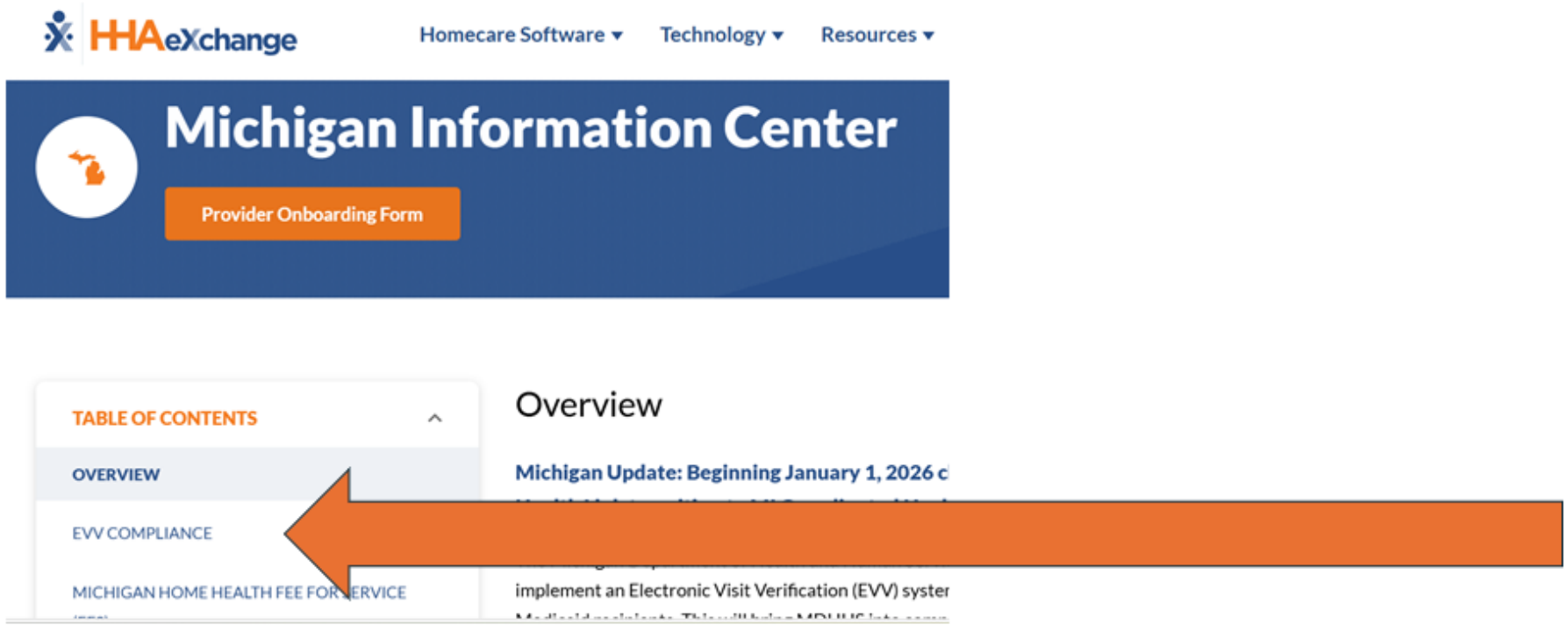
Clock-in/out times must match EVV system records.

Helps avoid overlapping claims and reduces risk of denials.

NORTH COUNTRY
COMMUNITY MENTAL HEALTH

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**



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!

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THANK YOU