Provider Network Meeting

10/28/2026

Summit Pointe

Housekeeping



- Recording in progress
- Webinar Style Meeting
  - We cannot see/hear you
- Use the chat function if you have a question
  - You can message the host/panelist or the whole group
- PowerPoint Presentation will be sent out along with a link to the recording and any reference materials

Agenda

- Outcomes Report Overview
- Risk Review Highlights
- Compliance Updates
- Recipient Rights
- Medicaid Changes
- Contracts/Annual Docs



Provider Quality Outcome Reporting

Reports are due by the **15th calendar day of the month following the end of each reporting quarter.**

In most cases data requested is specific to Summit Pointe Customers (Non-Summit Example - Licensed Bed Count).

One Tab per contracted service type.

Specialized Residential Providers do not need to fill out a CLS Tab additionally (Unless contracted separately).

We encourage the use of the provided text boxes to provide additional information.

Submit to #providernetwork@summitpointe.org and use that e-mail for any questions.

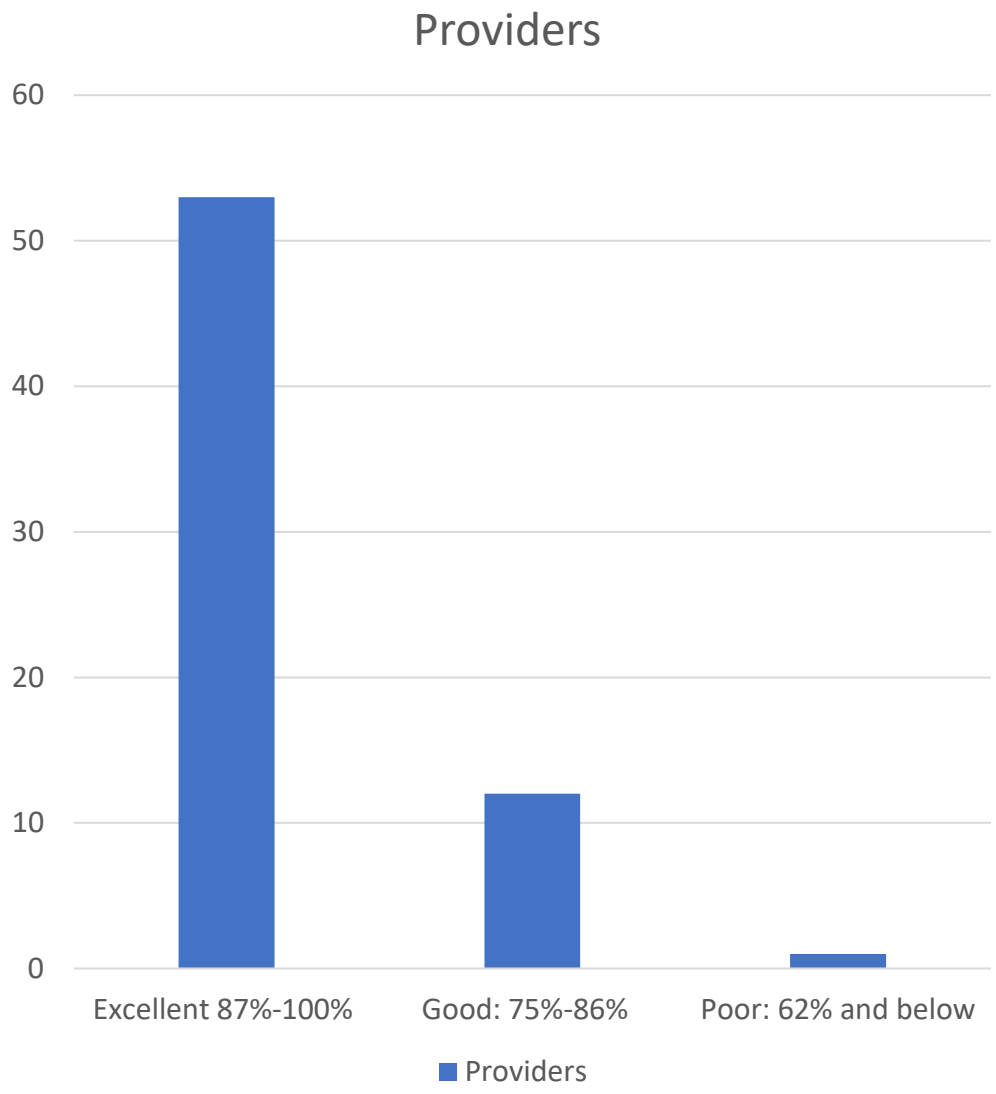
Quarterly Reporting Timeline

Reporting Period	Report Due
January – March	**April 15**
April – June	**July 15**
July – September	**October 15**
October – December	**January 15**

Risk Review Highlights

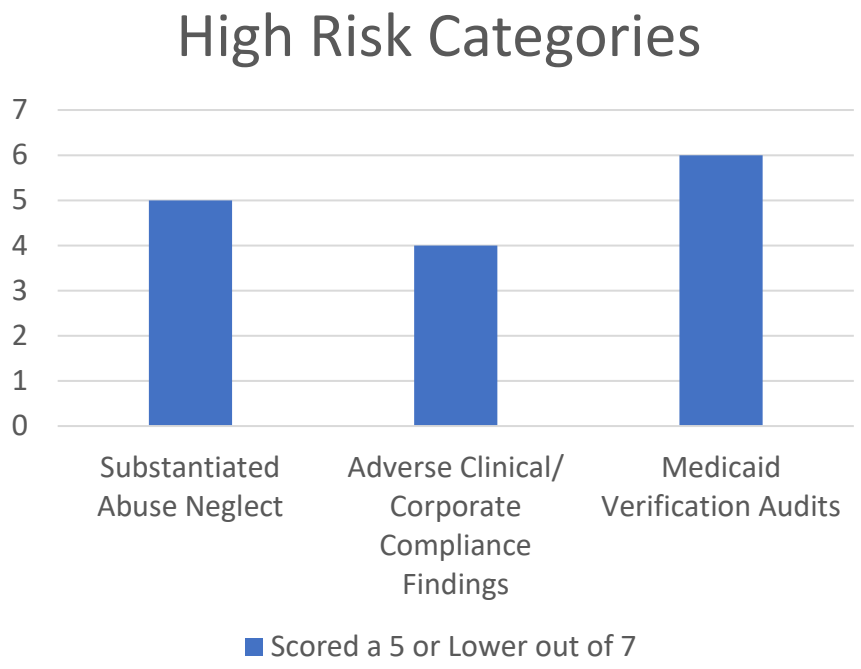
- 66 Total Providers Reviewed in FY26*
- Average score 91.10%

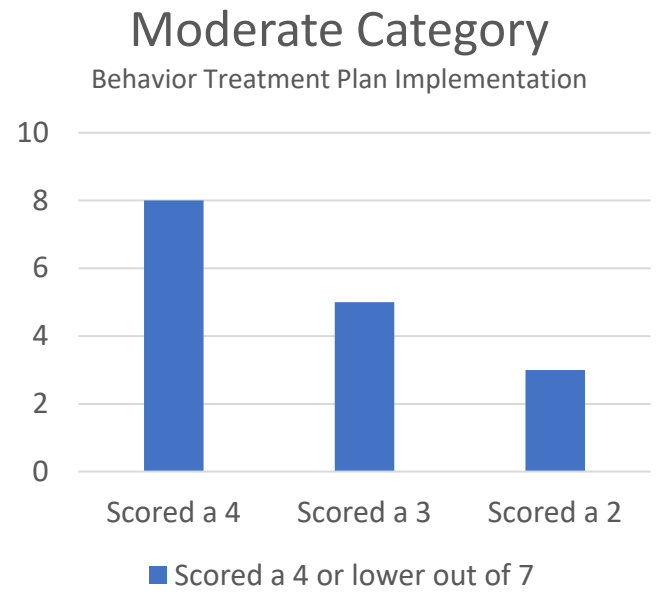
- *Some providers have more than one location



Risk Review Highlights

- The majority of providers are meeting established requirements.
- Any risk that was identified was addressed with teams for improvement.





Medicaid Supports Verification 3rd Qtr Results

- 99.22% **Highest Score Ever!!!!**

Two dates of service the staff signed the note prior to the end of the shift (SWMBH Signature Date-Time Stamp Expectations)

One date of service, monthly data sheet, was not signed by the the manager (SWMBH Signature Date Memo June 2020)

One date of service had start and stop times on the documentation that did not match the claim. (Medicaid Manual)

Incident Reporting

- Write Legibly: Signature and print
- Complete all areas (boxes)--
    - Where the incident happened
    - When did you discover the incident? (date and time) LARA form
- There should be two different signatures on the IR, the person reporting the incident and the supervisor who is reviewing the incident.
    - Supervisor reviewing the incident should be ensuring the incident report is completed, legible and using descriptive language to describe what happened

Corrective Measure/Prevent Recurrence (LARA "Indicate program or admin action taken) State "Corrective Measure take to remedy and/or prevent reoccurrence)

- N/A is not allowed
- Monitor for health and safety, use sparingly
- Does not have to be a formal "corrective action", simply how can the incident be prevented in the future.

Actual submission.....

Resident was entering the van when her foot slipped and injured her shine on the stepping edge of the van.

Monitored person for health and safety

Does this address the incident specifically?

Staff will stand by the resident and offer support and assistance when entering the van.

Another one.....

Summary of IR:

Fell out of recliner in bedroom

N/A

Following an investigation....

Will install a safety bar, or put a table near the recliner, so that the resident can hold onto it when getting up from recliner

Last one.....

Staff took residents to the movie; Resident became overstimulated by the loud noises from the movie and had an anxiety attack.

Staff informed home manager and will continue to monitor the situation and report any changes.

Staff will not take this resident to the movie theater due to anxiety concerns, staff will offer opportunities to see movies at home or in smaller settings where the volume and environment can be better controlled.

IMPORTANT CONTACT UPDATE

Compliance/Customer Service
Please submit all incident reports (IRs) and additional or supporting documentation to:
#CCS@summitpointe.org
Or
Fax: 269-425-3015

New CLS and Overnight Health and Safety Codes
January 30, 2027

- CLS & Overnight Health & Safety:
  - H2015 – No changes, CLS per 15 minutes
  - H0043 – CLS Per Diem 10-15 hours/day (available to (i)SPA & HSW)
  - H0043TJ – CLS Per Diem 16+ hours/day (available to (i)SPA & HSW)
  - T2026 – Overnight Health & Safety Per Diem 6-12 hours/day (available to (i)SPA & HSW)
  - T2027 – Overnight Health & Safety Per 15 minutes (less than 6 hours/day) (available to (i)SPA & HSW)

New ABA Codes
January 1, 2027

Coding conversion crosswalk, 2 pages

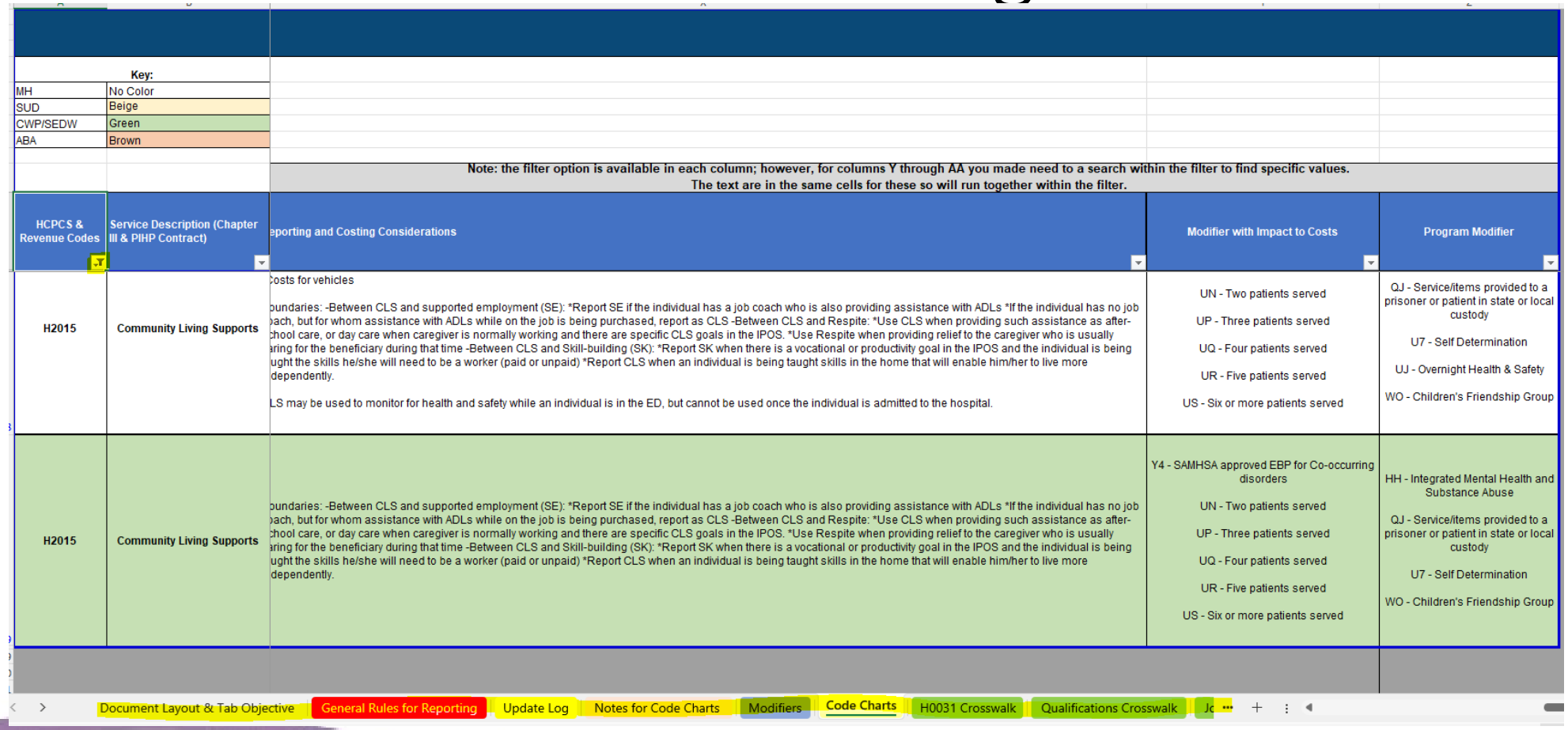
Crosswalk is organized in three sections:

- Assessment Codes
- Non-Face to Face Services
- Treatment Codes
  - Family Treatment Codes
  - Group Treatment Codes

Behavioral Health Code Charts and Provider Qualifications



Code Chart Navigation



Key:	
MH	No Color
SUD	Beige
CWP/SEDW	Green
ABA	Brown

Note: the filter option is available in each column; however, for columns Y through AA you made need to a search within the filter to find specific values. The text are in the same cells for these so will run together within the filter.

HCPCS & Revenue Codes	Service Description (Chapter III & PIHP Contract)	eporting and Costing Considerations	Modifier with Impact to Costs	Program Modifier
H2015	Community Living Supports	Costs for vehicles oundaries: -Between CLS and supported employment (SE): *Report SE if the individual has a job coach who is also providing assistance with ADLs *If the individual has no job oach, but for whom assistance with ADLs while on the job is being purchased, report as CLS -Between CLS and Respite: *Use CLS when providing such assistance as after-chool care, or day care when caregiver is normally working and there are specific CLS goals in the IPOS. *Use Respite when providing relief to the caregiver who is usually aring for the beneficiary during that time -Between CLS and Skill-building (SK): *Report SK when there is a vocational or productivity goal in the IPOS and the individual is being ught the skills he/she will need to be a worker (paid or unpaid) *Report CLS when an individual is being taught skills in the home that will enable him/her to live more dependently. LS may be used to monitor for health and safety while an individual is in the ED, but cannot be used once the individual is admitted to the hospital.	UN - Two patients served UP - Three patients served UQ - Four patients served UR - Five patients served US - Six or more patients served	QJ - Service/items provided to a prisoner or patient in state or local custody U7 - Self Determination UJ - Overnight Health & Safety WO - Children's Friendship Group
H2015	Community Living Supports	oundaries: -Between CLS and supported employment (SE): *Report SE if the individual has a job coach who is also providing assistance with ADLs *If the individual has no job oach, but for whom assistance with ADLs while on the job is being purchased, report as CLS -Between CLS and Respite: *Use CLS when providing such assistance as after-chool care, or day care when caregiver is normally working and there are specific CLS goals in the IPOS. *Use Respite when providing relief to the caregiver who is usually aring for the beneficiary during that time -Between CLS and Skill-building (SK): *Report SK when there is a vocational or productivity goal in the IPOS and the individual is being ught the skills he/she will need to be a worker (paid or unpaid) *Report CLS when an individual is being taught skills in the home that will enable him/her to live more dependently.	Y4 - SAMHSA approved EBP for Co-occurring disorders UN - Two patients served UP - Three patients served UQ - Four patients served UR - Five patients served US - Six or more patients served	HH - Integrated Mental Health and Substance Abuse QJ - Service/items provided to a prisoner or patient in state or local custody U7 - Self Determination WO - Children's Friendship Group

Document Layout & Tab Objective | General Rules for Reporting | Update Log | Notes for Code Charts | Modifiers | Code Charts | H0031 Crosswalk | Qualifications Crosswalk | Jc

Recipient Rights Updates

- **Moved:** As of August 2026, we moved to the Clinic at 175 College St. The poster at your locations should have that address. Please contact us, at the same emails, phones or fax and we will supply you with the updated poster.
- **Site Visits:** Things will be slightly different in 2027. Provider Network will be conducting most ORR site visits, starting in January. New Providers will still see the ORR within 2 weeks from join the Network. Some providers, who are being reviewed by other CMH's, may still be seeing our faces. More to come.
- **Training:** will continue to be on Tuesday's e/o week, from 10-noon. There is no registration, and please do not sign in earlier that 15mins before hand as that could affect the length of the training. We encourage any provider who wants the certs sent to them to register with us. Our time frame is to have the training done on Tuesday, assignments turned in by Thursday and certs out by Friday. If we are deviating from that you will hear from us. We will no issue a cert for anyone not sending in their assignment, with exit code. We also are not responsible for technical difficulties, including disconnection.
- **New Hire Training Logs:** were sent out Oct 2 & Oct 12th. They will be due back in October of 2027.Please due them in the excel sheet.
- **ORR Background Check:** As of signing your 2017 contract ORR checks are now voluntary. Recommend you do one if you are located in county or one of or sounding areas. If you are located outside of those catchments, you can still submit one.
- **Incident Reports:** are sent to #CCS@summitpointe.org and Rights Complaints to the ORR at #recipientrights@summitpointe.org, or via phone or fax.

Recipient Rights Updates (cont.)

Summit Pointe's Recipient Rights Office

175 College St.

Battle Creek, MI 49037

#recipientrights@summitpointe.org

Krehmann@summitpointe.org

Jfedor@summitpointe.org

HR.1/Big Beautiful Bill – Impacts to Medicaid

- Healthy Michigan Plan (HMP) – Medicaid Expansion enrollees
  - New Work Requirements (ages 19-64)
    - Must work, train or volunteer at least 80 hours per month
    - Non-compliance will lead to loss of coverage
  - Six-Month Redeterminations
    - Eligibility checks for HMP now ever six months (instead of annually)
    - Increased risk of coverage interruptions due to paperwork gaps.
  - Retroactive Eligibility Limited
    - No More 90 day retroactive coverage
    - HMP – one month prior to application.
    - Other Medicaid plans – two months prior to application.



Helping Customers to keep coverage

- Know renewal dates, Know the type of Medicaid
- Keep information current
  - Encourage customers to keep contact details up to date in MI Bridges
- Watch the mail
  - Respond quickly to renewal packets and letters from your health plan or local county Medicaid office.
- Stay informed
  - Revisit State of Michigan Medicaid Changes for future updates

Provider Reminders and Strategies



- **Check Medicaid Monthly**
  - Medicaid is one of our primary funding sources
  - Medicaid is the payment of last resort.
  - Lack of Medicaid could result in a claim denial.
- Ensure that your customer is on the correct Medicaid Plan.
  - If they are on Healthy Michigan and they are disabled and received SSI/SSDI they are most likely on the wrong plan.
    - Reach out to your case manager and/or the benefits team to assist in triaging the work to get them on the correct plan.
- Engage Customers – ask them about their mail/redetermination date.

Resources for HR.1

- State of Michigan Medicaid Changes
- Work Requirements Partner Toolkit
- Michigan Digital Interactive Guide (DIG) for Medicaid Work Requirements

Questions

