

## **EBL NCM Reimbursement Process**

### **Submit the Case Management Spreadsheets**

Home Visits completed by a Nurse: Name the case management spreadsheet with **LHD Name\_Quarter #\_FY ##\_CMHV\_Nurse**.

Home Visits completed by a Community Health Worker: Name the case management spreadsheet with **LHD Name\_Quarter #\_FY ##\_CMHV\_CHW**.

Upload the case management spreadsheets to MILOGIN MIBLOODLEAD. You will want to upload both spreadsheets regardless of if you have conducted any home visits for the quarter. If you have not conducted any home visits, make a note on the spreadsheet indicating so before you upload.

If you do not have UPLOAD as an option or you need access to the MILOGIN MIBLOODLEAD area, please contact Jessica Cooper at [cooperj3@michigan.gov](mailto:cooperj3@michigan.gov).

### **Submit the FSRs and FSR Supplemental Forms**

CSHCS Medicaid: Submit/Upload the FSR and Medicaid FSR Supplemental Form to EGrAMS.

Statewide Lead Case Management: Submit/Upload the FSR and Non-Medicaid FSR Supplemental Form and CHW FSR Supplemental Form to EGrAMS.

If there are questions about how to do this in EGrAMS, contact MI E-Grants Helpdesk at 517-335-3359 or [MDHHS-EGrAMS-HELP@michigan.gov](mailto:MDHHS-EGrAMS-HELP@michigan.gov).

### **Email MDHHS CLPPP**

Send an e-mail to Veronica Hosner at [HosnerV@michigan.gov](mailto:HosnerV@michigan.gov) to let her know that the case management spreadsheets have been submitted. She will be notified through EGrAMS automatically when the FSRs and FSR supplemental forms are submitted.

### **Timeline**

Quarterly submission of the case management spreadsheets, FSRs, and FSR supplemental forms must be reported to MDHHS CLPPP using the following timeline:

<b><u>Quarter</u></b>	<b><u>Reporting Time Period</u></b>	<b><u>Due Date</u></b>
1st	October 1 – December 31	January 30
2 <sup>nd</sup>	January 1 – March 31	April 30
3 <sup>rd</sup>	April – June 30	July 30
4 <sup>th</sup>	July 1 – September 30	October 30