WCCMH Quarterly Provider Meeting Minutes
October 19, 2021
10:00 AM- 12:00 PM, Via Zoom

Meeting Minutes: Delissa Weston

AGENDA ITEM	Presenter	Discussion Points
I. State and Local Updates	• Trish Cortes	• MDHHS has allocated funding towards a staffing plan to help with psychiatric units across the state and crisis stabilization. • Senator Shirky's proposed bill for restructuring behavioral health is still on the table for voting. • Direct care staffing shortages still presents challenges across the state. • Advocacy efforts are still being made to try to increase DSP's wages. • WCCMH is faced with severe hiring challenges • WCCMH was awarded as a Certified Community Behavioral Health Clinic (CCBHC). The funds from the CCBHC will help expand services.
II. Medication Administration Training Update	• Brandie Hagaman	• Please see the attached document called "Medication Administration Process" • Please contact Brandie Hagaman if you have any questions: hagamanb@washtenaw.org
III. Code and Modifier Changes	• Sara Hungerford	• Please see the attachment called "CLS Transition Documentation" • Please contact Sara Hungerford if you have any questions: hungerfords@washtenaw.org.

IV.	**Vaccination Mandate**	• **Sally O'Neal**	• **We are working closely with our PIHP and the County in regards to the COVID-19 Vaccine Mandate.** • **Please contact Sally Amos O'Neal if you have any questions: amoss@washtenaw.org.**
V.	**Say Something Positive**	• **Everyone**	• **Maureen from Full Life Independence has not lost any staff!** • **Valerie from Home Sweet Home successfully closed the Fiscal Year and continues to push forward.**
VI.	**Next Meeting**	**January 18, 2022, Via Zoom, 10:00am–12:00pm**	**Future agenda items:** • **None suggested.**

WCCMH Provider Medication training process- Updated October 18, 2021

New testing process starts November 1, 2021

For Providers :

1. The dates of the medication Zoom classes will be sent out to the provider network as well as posted on the website.
    a. **New Staff Medication Training**: There will be 2 dates per month (1st Monday of the month from 9am-11am and 3rd Wednesday of the month from 1pm-3pm) for new staff Zoom classes. Testing will be in-person, see below for more information.
    b. **Refreshers** will not have Zoom links or material reviews. Providers can send name of staff, email address, and provider name on the 1st and 3rd Tuesdays of the month and testing will be in-person, see below for more information.
2. If providers have staff that are planning to take **new staff medication training** they need to email Brandie Hagaman- hagamanb@washtenaw.org or Lindsay Gibson at gisbonl@washtenaw.org with the staff name, provider name, and staff email address (work or personal email) at least 2 business days prior to the training. If names are received after this, they will be added to the next available training.
3. Lindsay will then email the provider staff the Zoom link for the next meeting. The materials below are available on the website (Training Resources | cmhpsm) for staff to review prior to Zoom class.
    a. WCCMH Medication Administration Manual*
    b. Day 1 PowerPoint Med Training*
    c. Day 1 Practice MAR*
4. Following the medication class or the refresher dates staff must take the in-person tests during the next two times offered. A schedule will be provided.

Prior to trainings:

- Staff need to review the Manual, PowerPoint, MAR documents and Controlled Med Count Sheet prior to the Zoom link meeting. Staff need to print the documents and follow along with the instructor as the material is reviewed.

Part 1: Zoom presentation for new staff medication training:

1. Provider staff join the Zoom link for that training and the WCCMH staff monitoring the Zoom waiting room will let the registered staff in the class.
2. When provider staff join Zoom- they need to put their name, email address, and provider name in chat area when they sign on.
3. WCCMH staff needs make sure (if not listed) to get name, provider agency, and email from provider staff and add it to the WCCMH spreadsheet located on the M drive.
4. The participant video will not need to be turned on, if they have a question, use the Q and A function of Zoom.
5. Once class completed the provider staff will get a class code through email.
6. Must take test within 3 days of class and before in-person testing can take place:

a. ClassMarker.com- enter code
b. Test can only be taken one time, if taken more than once the 1st attempt will be the score
c. Test- multiple choice test is done online.

Part 2: New staff medication training in-person testing for both new medication training and refreshers will include the following tests:

a. MAR transcription exam
b. WCCMH Comprehension exam

*******Staff must take the online test portion prior to the in-person testing

*******Staff must attend one of the next two testing session after the zoom class date

Testing dates:

1st Thursday of the month 9-11am
2nd Monday of the month 1-3pm
4th Monday of the month 1-3pm
4th Thursday of the month 9-11am

Testing Location:
CHS group : 211 E. Michigan Ave, Ypsilanti, MI 48197
Testing will be staffed by WCCMH Staff

1. Staff tests will be graded at the in-person testing. Certificates will be generated there and handed out to staff if they pass.
2. If staff fail the provider will be emailed and made aware.
3. If they do not pass staff can take the new staff medication class (Zoom and the multiple tests) and will have 2 more attempts (3 attempts total).
4. Staff names, providers and testing dates will be tracked through WCCMH spreadsheet.

Part 1 for Refresher:

1. On the 1st and 3rd Tuesdays of the month the provider medication coordinator sends staff name, provider agency, staff email address and date of last med class to Brandie Hagaman- hagamanb@washtenaw.org or Lindsay Gibson gibsonl@washtenaw.org at least 2 business days prior to the training dates. If names are received after this, they will be added to the next available date.
2. WCCMH staff will add staff name, date, email, provider to spreadsheet on M-Drive
3. Staff will receive a link/code for them to take the tests at Classmaker.com two days prior to the 1st or 3rd Tuesdays. These refreshers have no actual class time so staff can take the online test when they receive the testing link
4. Go to ClassMarker.com and enter code
5. Test- multiple choice test is done online and must be done prior to the in-person testing.

Part 2: In-person Testing for Refresher will include the following tests:

a. MAR transcription exam

b. WCCMH Comprehension exam

*******Staff must take the online test portion prior to the in-person testing

*******<u>Staff must attend one of the next two testing session after the refresher date</u>

<u>Testing Dates:</u>

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2. If staff fail the provider will be emailed and made aware.
3. Staff will then be required to take the new staff medication class (zoom and multiple tests) and will have 2 more attempts (3 attempts total).
4. Staff names, providers and testing dates will be tracked through WCCMH spreadsheet.

Internal Process:

1. Lindsay will set up the Zoom links and designate WCCMH Staff to host, the other WCCMH Staff will monitor the waiting room, chat box and Q and A.
2. WCCMH staff will add to the M-Drive excel sheet for each class that lists participant names, provider, participant email and class date plus the header for the columns. This is already set up and can be cut and pasted. Once the excel sheet is updated, they will email Brandie.
3. Brandie adds test scores from Class maker to the spreadsheet
4. Nursing staff will add the MAR transcribing and comprehension score to the spreadsheet
5. Nursing staff will indicate if staff passed or failed on the excel sheet
6. Certificates will be handed out at the in-person testing if they passed
7. Lindsay/Brandie will check the spreadsheet after testing to see who did not pass and will reach out to provider staff.

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
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.
  - UN - 2 patients served
  - UP - 3 patients served
  - UQ - 4 patients served
  - UR - 5 patients served
  - 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 IPOS Eff: 04/24/2020 Exp: 4/23/2021		**Site/Provider** Test site (9781)/Test Provider (6365)
Effective Date 08/01/2020	**Expiration Date** 12/01/2020	**Affiliate** 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 EXCLUDING DEDUCTIONS / INCLUDING HOME HELP	.00	
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 INCLUDING HOME HELP	53.00	
Hours of Provider Support that are IPOS ordered One-On-One INCLUDING HOME HELP	.00	
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

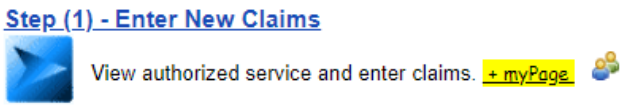
The CLS site plan module will continue to be utilized to house CLS worksheets and to indicate shared staffing situations. The CLS site plan will no longer impacts service reimbursement and will no longer indicate total shared staffing at service sites. Individual service authorizations will now drive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

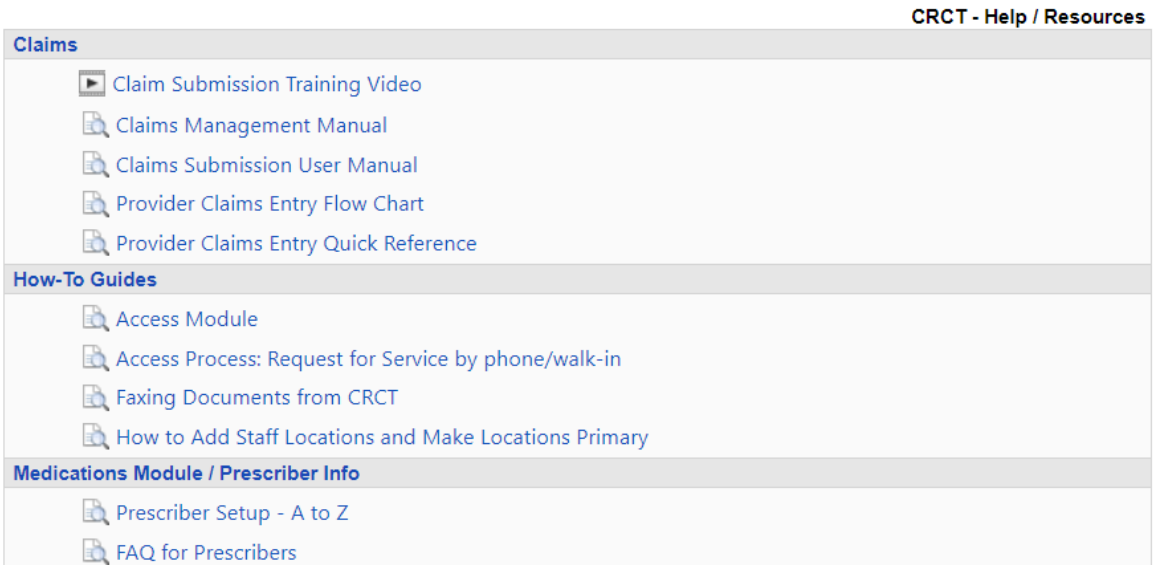


CRCT Help Guides

Please see PCE's instructions on how to enter a claim under the " 

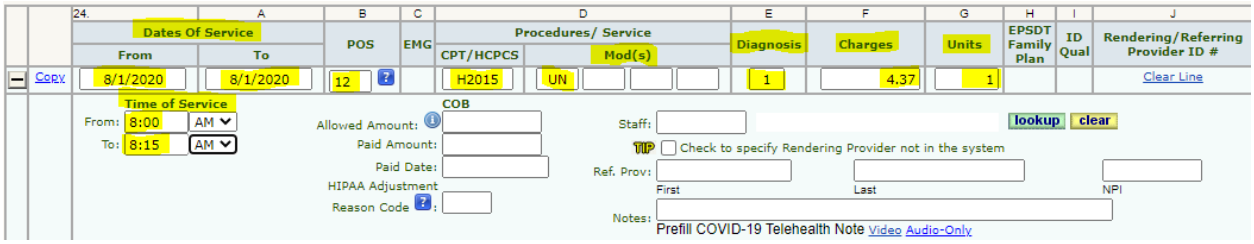
"button that is located in the upper right-hand corner of the EHR.

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



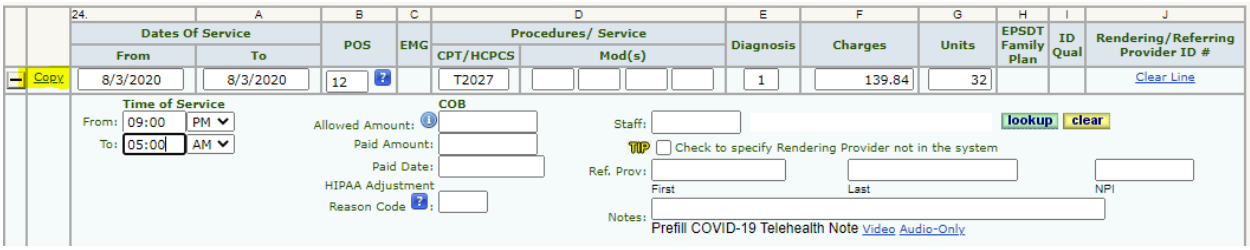
Claim Submission Tips/Scenarios

- 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

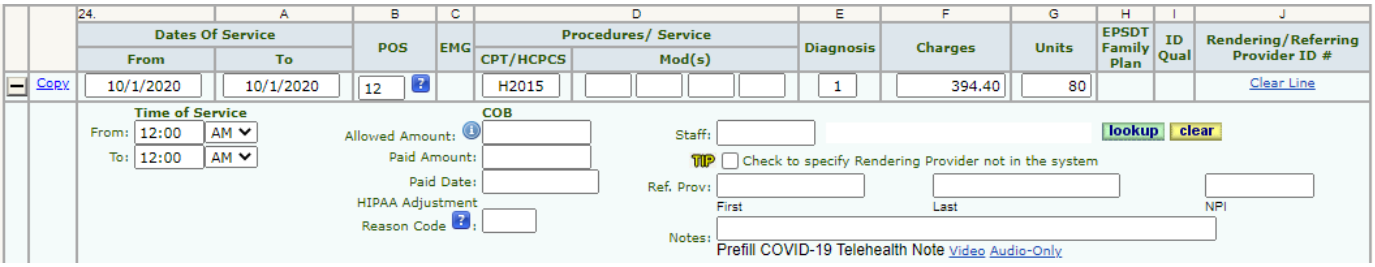
1 staff providing the service but 1 consumer is on a waiver who receives OHSS and the other 2 do not 9pm-5am

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

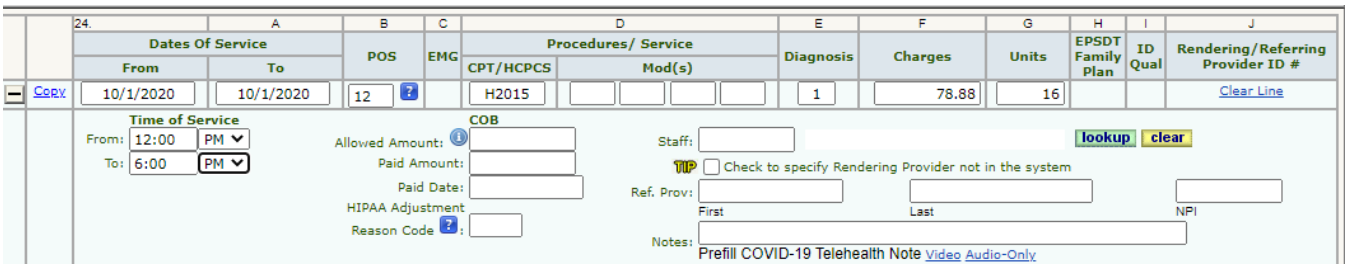
A consumer receives 24 hours of total need, which includes Home Help services from the same provider. Your biller will need to bill for the full shift 12am-12am but only submit the claim for the units that the CMH is responsible for.

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.



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.

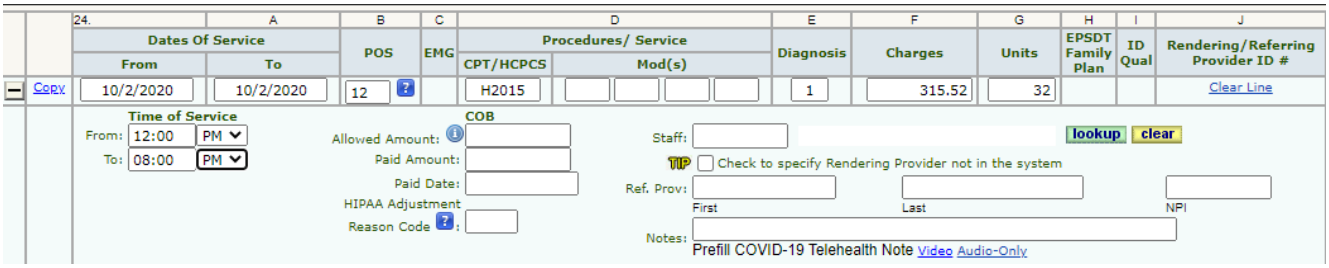
Authorization example:

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:



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

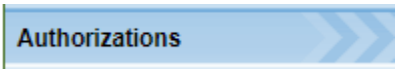
Sample Provider Service and Progress Note Template

Sample Provider Service Time Billing Template

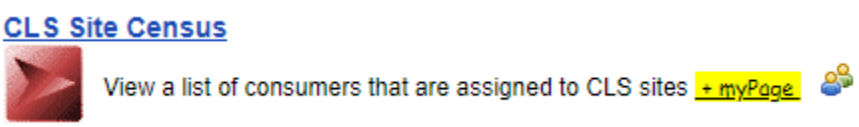
Provider Reports

Provider Census Report

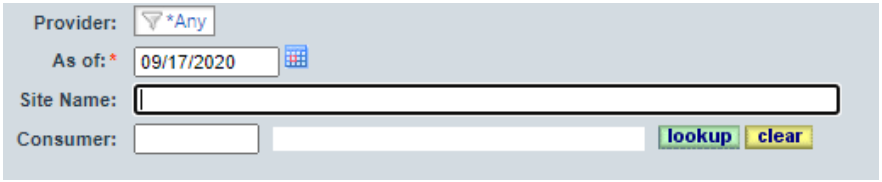
This is accessible for CMH staff as well as CMH Providers. This is a view list of consumers that are assigned to a CLS site. This will show you what consumers are in a specific site, what provider they are utilizing, and a link to their CLS Worksheet. This can be found by clicking the “Authorizations”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

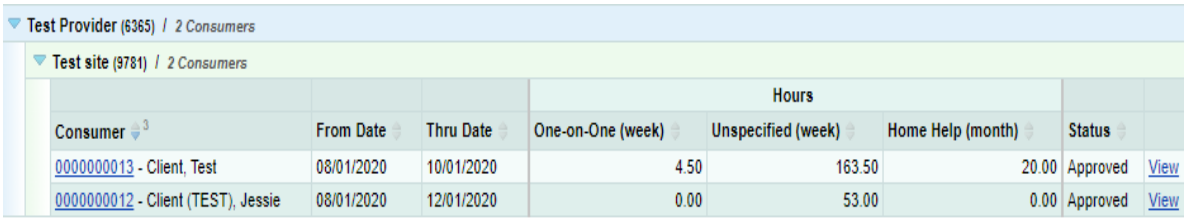


Then select:



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



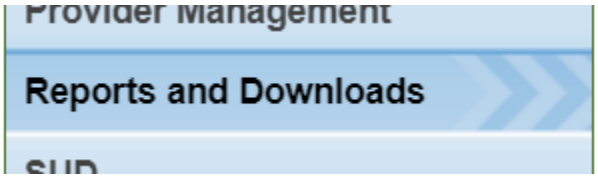


*Note: this data can also be exported to an excel file

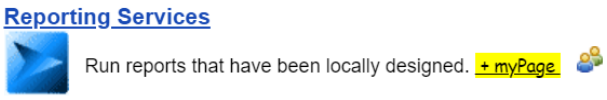
Currently Available CRCT Reporting Services Reports

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 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 SHEET 2: Data Dictionary	

SQL Server Report Name
1020c_PROVauths

Report Parameters

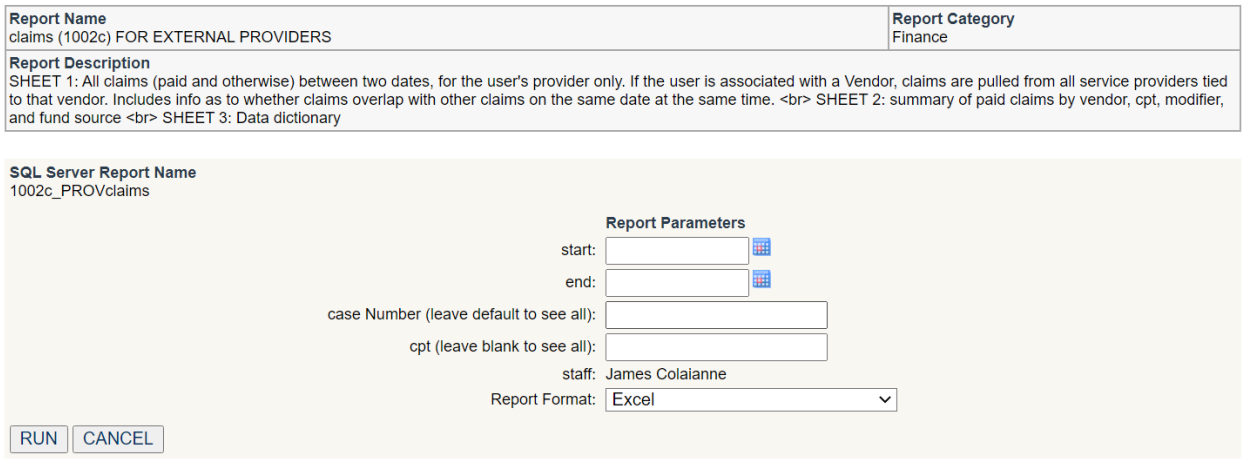
start:
end:
case (leave blank to see all):
cpt (leave blank to see all):
staff: James Colaianne
Report Format: Excel

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. SHEET 2: summary of paid claims by vendor, cpt, modifier, and fund source 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.
 SHEET 2: summary of paid claims by vendor, cpt, modifier, and fund source
 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

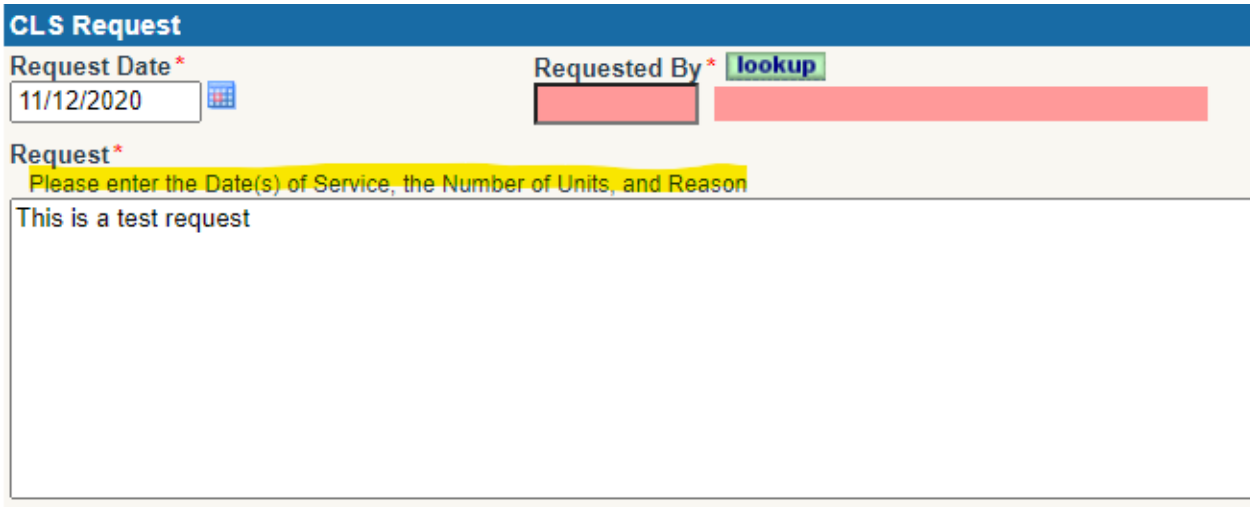
24-hour notice *is requested after emergencies*

- Unexpected School/Day Program Closures or Discharges
- Hospitalizations

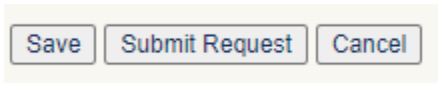
Please see below the instructions on how to use the CLS Request Module:

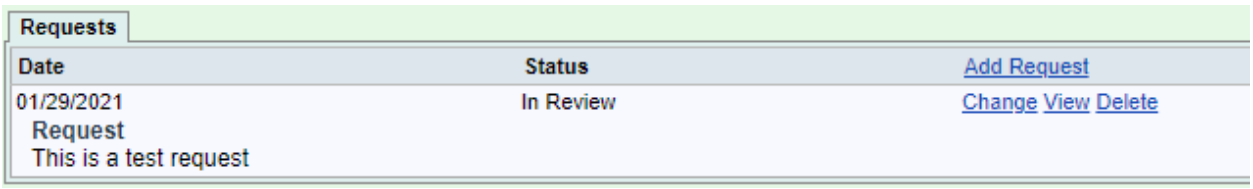
Requests are associated with CLS Worksheets:

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):



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”:





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