



# Detroit Wayne Integrated Health Network

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**CRSP/Outpatient Provider Meeting**  
**Friday, January 16, 2026**  
**Virtual Meeting**  
**10:00 am –11:00 am**  
**Agenda**

**Zoom Link: <https://dwihn-org.zoom.us/j/93220807823>**

- I. Welcome/Introductions
- II. Managed Care Operations – Rai Brown
  - Quarterly Contract Status Reports
- III. Strategic Operations – Allison Smith
  - Policy Notifications
- IV. Clinical Operations – Stacey Sharpe
  - 1915 (i)SPA
- V. Office of Recipient Rights – Edward Sims
  - ORR Updates
- VI. Crisis Services – Daniel West (3-11)
  - Crisis Plans
- VII. Claims Department- Deabra Hardrick – Crump (12-19)
  - Coordination of Benefits
- VIII. Claims Department - Deb Schuchert (20-25)
  - Claims Updates

## Board of Directors

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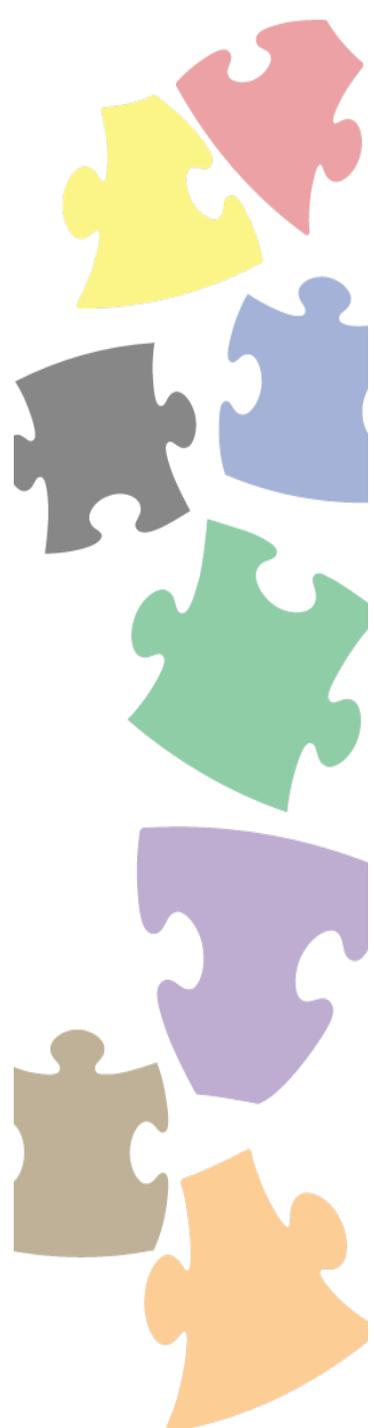


- IX. Compliance – Andrew Ling (26-30)
  - Compliance Updates
- X. Residential – Ryan Morgan (31-36)
  - Residential Services Updates
- XI. Children Initiative- Cassandra Phipps (37-44)
  - Children Initiative Updates
- XII. IT Services - Keith Fambro
  - Cyber Security
- XIII. Administrative Updates – James White, President and CEO
- XIV. Questions
- XV. Adjourn



# Crisis Plan Presentation

CRSP Provider Meeting 1/16/2026





# Crisis Planning: Benefits

"Many benefits reported by both patients and professionals highlight that interest in the JCP goes beyond a desire to avoid hospitalizations, as also found in previous studies. The following benefits were reported: the improvement of the therapeutic relationship, the honoring of patients' choices and wishes by professionals and a greater sense of control of illness"

Lequin P, Ferrari P, Suter C, Milovan M, Besse C, Silva B, Golay P,

Bonsack C and Favrod J (2021) The Joint Crisis Plan: A Powerful Tool to Promote Mental Health.

*Frontiers in Psychiatry* <https://www.frontiersin.org/journals/psychiatry#articles>





# Crisis Planning: Benefits

"For the service user, several outcomes have been identified. The most frequent outcome is the increased service users' sense of empowerment. According to the literature reviewed, the completion of the crisis plan, as well as its application, could promote the service user's power to act on the decisions concerning their care and treatment in a situation of crisis."

"The completion of a crisis plan is associated with a decrease in at-risk behaviors, including violent behaviors towards others (Henderson et al., 2008) as well as self-harm (Borschmann et al., 2013) and suicidal attempts (Ferguson et al., 2021; McGhee, 2021; Melvin et al., 2019; Nuij et al., 2021; Pauwels et al., 2017). Decreased coercion, including the use of physical and chemical restraint as well as seclusion, involuntary treatment order and involuntary hospitalization, represents the second most frequently identified outcome."

Cassivi, C., Sergerie-Richard, S., Saint-Pierre, B. & Goulet, M.-H. (2023)

Crisis plans in mental health: A scoping review.

International Journal of Mental Health Nursing, 32,

1259–1273. Available from: <https://doi.org/10.1111/>





# Crisis Planning: What is It?



- ▶ A **"crisis"** is defined as a psychiatric, medical or natural disaster emergency that an individual and/or their caregiver may experience
- ▶ **Crisis Planning** is the process that engages the individual/family in the development of a document (Crisis Plan) to prevent/prepare for worst-case mental health scenarios specific to the individual/family in care
  - ▶ Typically involves exploring triggers that may cause the crisis, helpful and hurtful strategies in addressing the crisis as it relates to the individual
  - ▶ This process is conducted using the person-centered planning model which ensures that the individual/family is involved in the plan at all stages
  - ▶ The Crisis Plan is considered a "living document", meaning that it should be continually reviewed, edited and updated as the needs of the individual/family change





# Crisis Planning: What is It?

"Ensure all individuals/families receiving services within DWHN system are presented with crisis/safety planning to develop individual crisis plans to assist in preventing crisis situations and/or managing crisis situations that may occur."

Crisis Plans are mandatory.





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# Crisis Planning: Policy

- ▶ Individuals/families served through the DWIHN Provider Network are provided with educational tools on the importance of crisis planning and given the necessary support to develop meaningful, effective, and individualized crisis plans.
- ▶ DWIHN providers are responsible for ensuring reliable training curriculum while also maintaining records of completion. Staff should be trained on the philosophy, development and implementation of crisis plans
- ▶ The Crisis Planning must be driven by the individual/family during the Person-Centered Planning (PCP) Process and completed within 30 days of the start of treatment services





# Crisis Planning: Policy

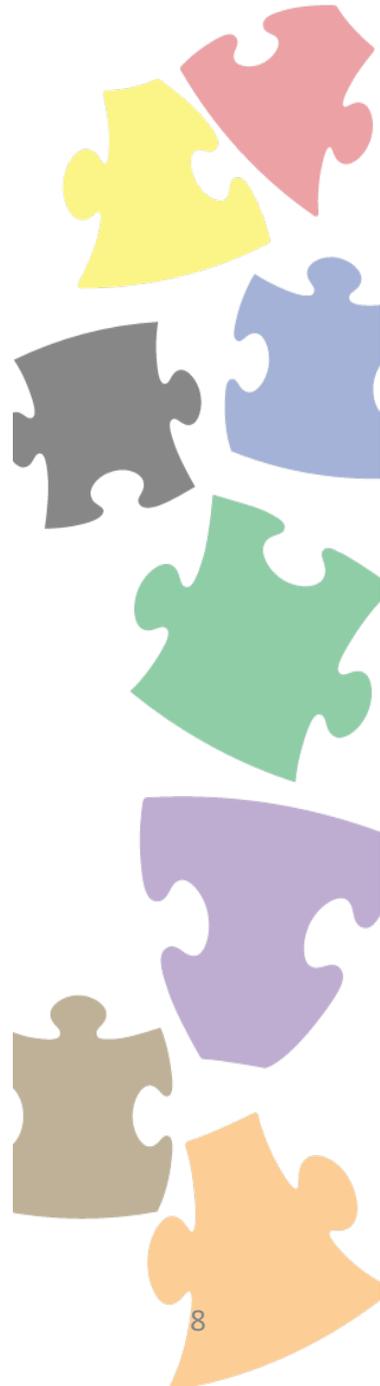
- ▶ Plans are modified when clinically indicated, within 14 days of a crisis occurring, or at a minimum annually to ensure reliability
- ▶ The Crisis Plan is a separate document from the Individual Plan of Service (IPOS) or Master Treatment Plan. The Crisis Plan must HIE over to MH-WIN (PCE systems) or be completed directly in MH-WIN (non-PCE systems)
- ▶ Plans that are rehearsed are more likely to be followed and/or implemented effectively.
- ▶ Should a member have a crisis event, the crisis plan must be revised or reviewed depending on the circumstances of the crisis.
- ▶ The provider shall document feedback from individuals/families served regarding whether or not the crisis plan was implemented, and to what degree it was effective.





# Crisis Planning: Policy

- ▶ **Purpose:** To provide guidance for procedural and operational guidelines to members and contracted service providers for the development and implementation of an individual's crisis plan
- ▶ **Procedure:** At the time of the individual's crisis or initial assessment or pre- planning meeting or as requested by the individual, legal guardian or parent, provide informational materials (brochure) on what crisis planning entails, template of the crisis plan for completion, and an explanation of the process.
  - ▶ Crisis Plan Section Overview





# Crisis Planning: Encouraging Crisis Plan



## ▶ If a Crisis Plan is declined...

- ▶ If individuals/families served through DWIHN decline to participate in the development of crisis plans, network provider staff should complete it based on their knowledge and assessment of the individual.
- ▶ A plan should be created that includes but is not limited to their risk factors, protective factors, and supports.
- ▶ If the individual is refusing to sign it, staff should clearly document attempts to engage individuals/families in the plan development process.
- ▶ Provide choices.
- ▶ Review Pros and Cons to developing the plan with the individual.
- ▶ Express your thoughts for the reasons to develop the plan while being respectful to the individual.
- ▶ Collaborate and compromise.

# DETROIT WAYNE INTEGRATED HEALTH NETWORK

Deabra Hardrick-Crump, BS, MBA, MIS

Claims Department, Coordination of Benefits



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# Coordination of Benefits Overview

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- Each type of health insurance coverage is called a “payer.”
- When there’s more than one payer, the coordination of benefits rules decide which pays first.
- There may be primary and secondary payers, and in some cases, there may also be a third payer



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# Key Steps & Considerations:

**1. Identify the Primary Payer:** Use COB rules (like the birthday rule) to determine who pays first; it's often the non-government plan.

**2. Bill Primary First:** Submit the claim to the commercial insurer within their timely filing limit (e.g., 90-180 days).

**3. Submit to Secondary (Medicaid):** After primary payment, send the remaining balance (the “adjustment”) to Medicaid, observing their unique state deadlines (e.g., 120-365 days).



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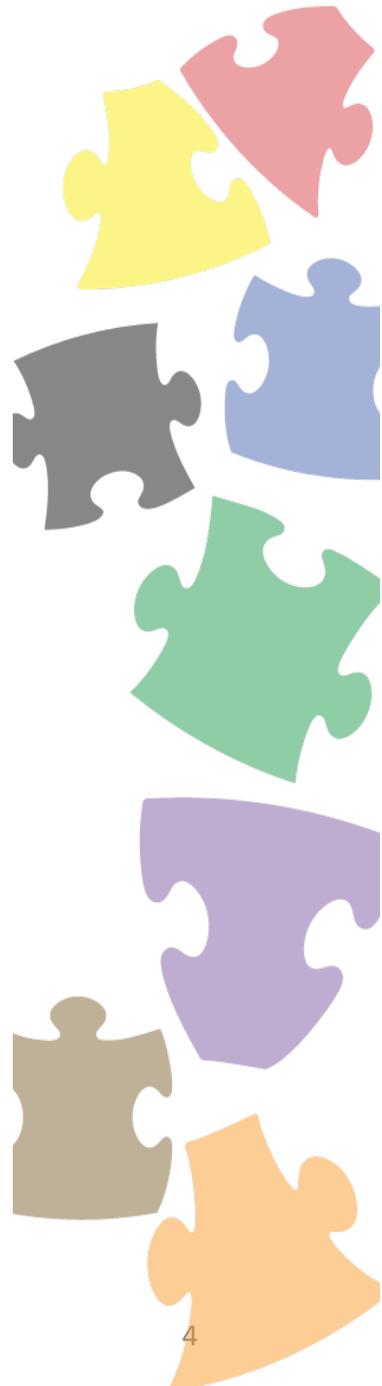
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# Key Steps & Considerations Continue:

**4. Watch for Medicare:** If Medicare is involved, it has specific rules, and you must know if it's primary or secondary to other plans.

**5. Update Coverage Info:** Keep member insurance details current to avoid sending claims to the wrong payer or missing deadlines.

**6. Avoid Duplicate Payments:** COB ensures total payments don't exceed 100% of the allowed costs.



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# COB and Medicaid

- **Primary Payer:** Providers must bill the commercial or individual plan first. Timely filing limits for private insurance typically range from **90 to 180 days**.
- **Medicaid (Secondary/Last Payer):** After receiving an Explanation of Benefits (EOB) from the primary payer, the remaining balance is submitted to Medicaid.
  - **Filing Limits:** These vary widely by state. For example, as of 2026, **New York** maintains a strict **90-day** limit, **Texas** uses **95 days**, and **California, Colorado, and Michigan** allow up to **12 months**.
- **Medicare Inclusion:** If a member is dual-eligible (Medicare and Medicaid), Medicare is generally primary to Medicaid. Medicare's standard timely filing limit remains **12 months** from the date of service.



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# DWIHN's COB Billing Requirements

- All COB claims must be billed by the COB deadline identified DWIHN.
- All COB claims must have the primary payer's EOB attached
- All payments indicated on the claim must be supported by the EOB, or the claim will be denied.
- If billing electronically, Coordination of Benefits (COB) information must be included in the electronic submission.
- If DWIHN reimburses a provider and then discovers other coverage is primary, DWIHN will recover the amount paid.
- DWIHN enrollees/members cannot be billed for any outstanding balance after DWIHN makes payment.



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# Important Links

## Medicare's Coordination of Benefits

<https://www.medicare.gov/publications/11546-Medicare-Coordination-of-Benefits-Getting-Started.pdf>

## Medicaid Coordination of Benefits & Third Party Liability

<https://www.medicaid.gov/medicaid/eligibility-policy/coordination-of-benefits-third-party-liability>

## Medicaid Training Handbook

<https://www.medicaid.gov/medicaid/eligibility/downloads/cob-tpl-handbook.pdf>



Question and Comments Welcomed ????



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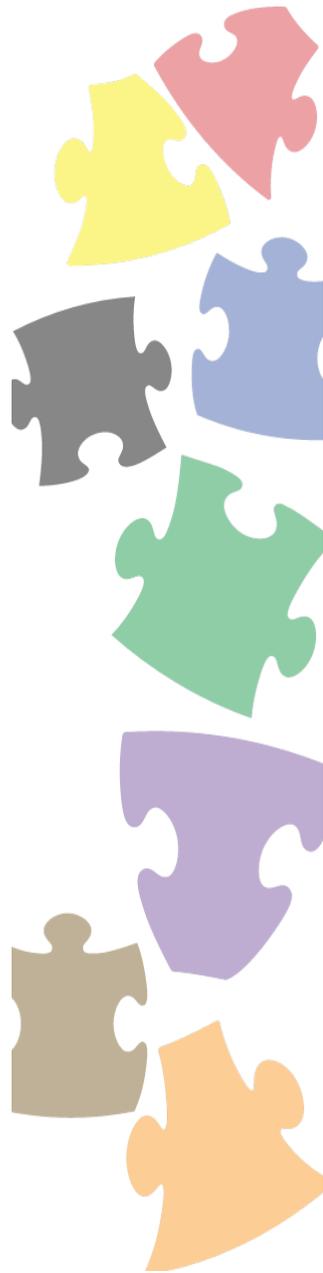


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# Provider Claims Best Practices

Quinn Robinson  
Claims Manager



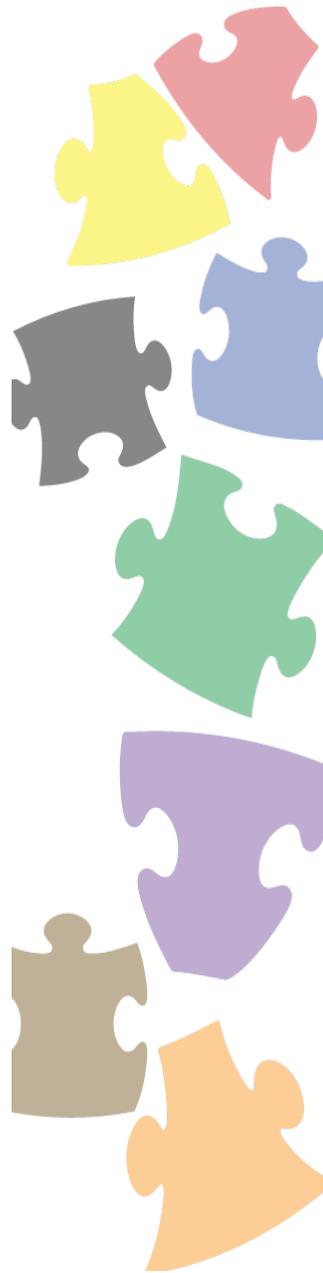
## ➤ Claim Reconsideration – Required Review Steps

Before submitting a claim reconsideration request to PIHP Claims, please confirm the following:

- ✓ Review the claim under **View All Batches**
- ✓ Confirm the claim has **completed the payment process**
- ✓ Verify the claim is **eligible for reconsideration**

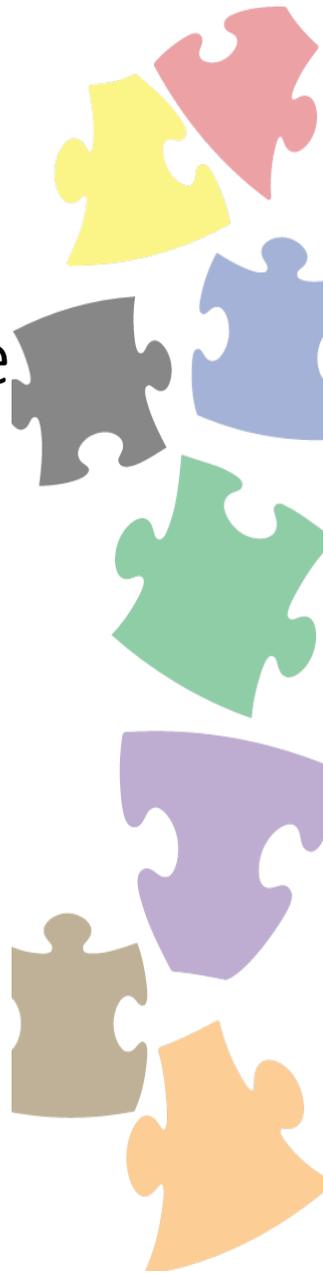
### **Important Reminder:**

⊘ *Do not submit reconsideration requests for claims that are still in processing.*



## ➤ Why This Is Important

- ❖ Reconsideration requests submitted too early cannot be processed
- ❖ Increases response time for all providers
- ❖ Creates duplicate work and delays resolution
- ✓ System verification ensures accurate and timely reviews



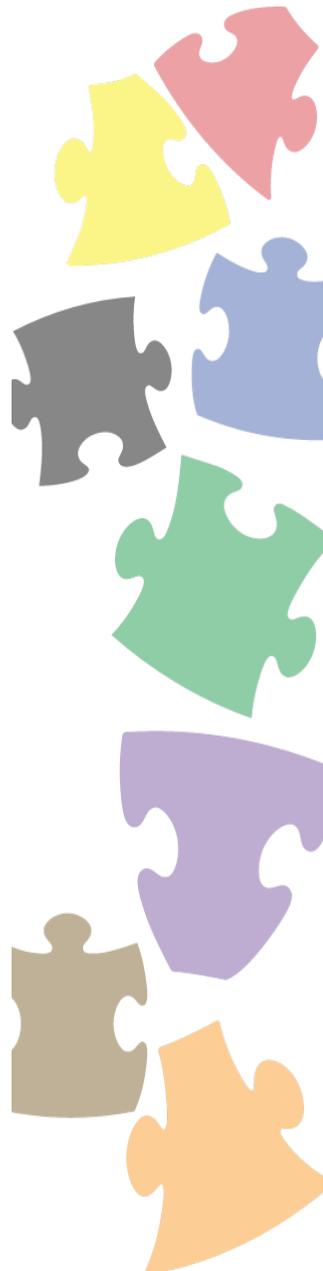
## ➤ Return Batch / Claim Requests – Required Review Steps

Before submitting a return, batch or claim request to PIHP Claims, please confirm the following:

- ✓ Verify the claim is **not still in Claims Data Entry**
- ✓ Review **View All Batches** to confirm the current claim status
- ✓ Confirm the claim is **not in the payment process**
- ✓ Verify the claim has **not already been paid**

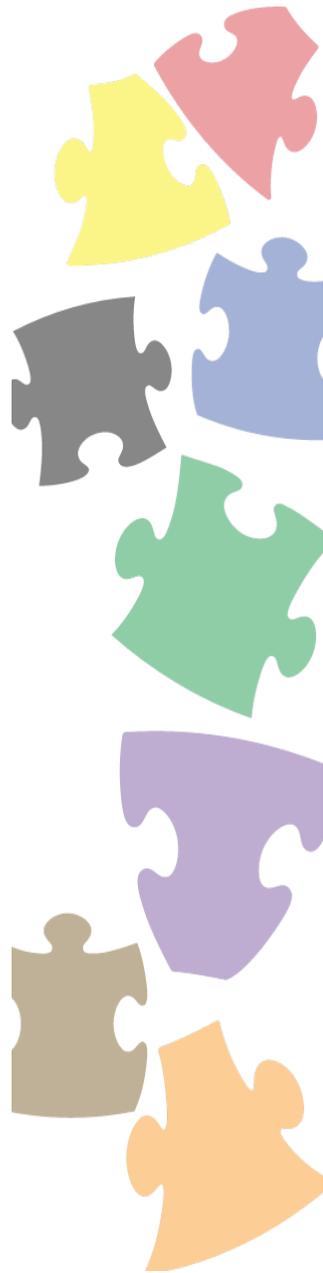
### **Important Reminder:**

 *Claims may only be returned if they have been submitted for adjudication and have not entered the payment process.*



## ➤ Key Takeaways for Providers

- ❖ Always verify claim status before emailing PIHP Claims
- ❖ Use **View All Batches** and view **Claims Data Entry** consistently
- ❖ Submit requests only after confirming eligibility
- ✓ These steps reduce delays, rework, and processing time



# Thank You!

*We appreciate your cooperation in improving claims processing efficiency, which supports timely resolutions for all providers.*





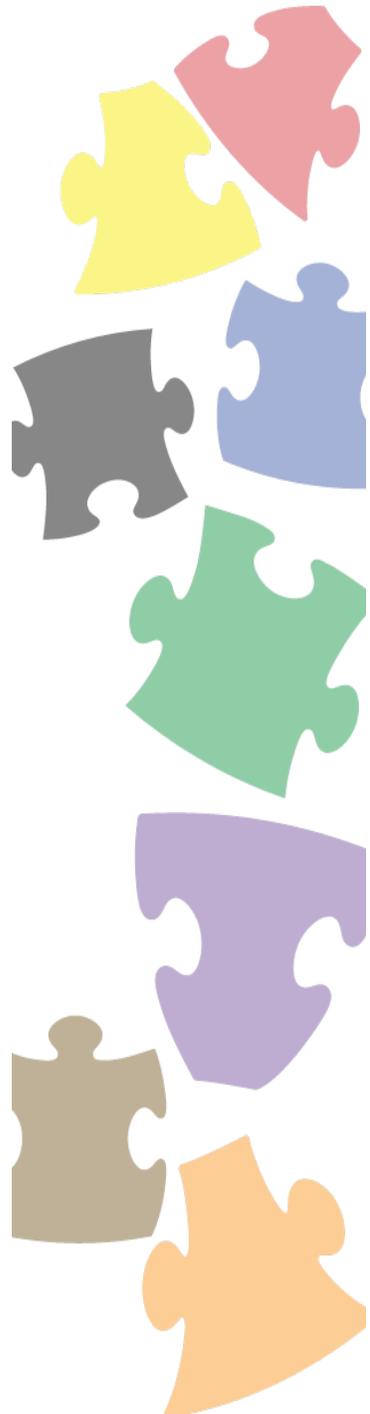
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# Corporate Compliance Updates:

- Compliance Academy
- Who to report to
- How to report
- Resources



# Who and When to Contact?

- **If you have any questions or suggestions regarding the Compliance Academy.** Please contact Andrew Ling, Senior Compliance Auditing Specialist, [Aling@dwihn.org](mailto:Aling@dwihn.org)

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- **If you have a question pertaining to an active compliance review?** Your designated reviewer is listed in the notification letter sent to your agency, along with their name and contact details.
- **If you have a question pertaining to a closed case. This means you have submitted your CAP and satisfied all CAP or other requirements, and no further action is required from your agency?** Please contact, Sheree Jackson, Vice President of Compliance, [Sjackson@dwihn.org](mailto:Sjackson@dwihn.org)
- **If you have concerns about sanctions or actions being taken against your agency.** Please contact Sheree Jackson, Vice President of Compliance, [Sjackson@dwihn.org](mailto:Sjackson@dwihn.org)



# Who to Report to?

- If you have a suspicion of fraud, waste or abuse:
  - Directly to their supervisor or the Corporate Compliance Officer.
  - To the DWIHN Compliance Hotline (313-833-3502), for anonymous and confidential reporting to the extent provided by law.
- In writing to the Corporate Compliance Officer:

Attn: Corporate Compliance Officer  
Detroit Wayne Integrated Health Network  
707 W. Milwaukee, Detroit MI, 48202

- VIA EMAIL: [compliance@dwhin.org](mailto:compliance@dwhin.org)  
OR
- Office of Inspector General:  
Michigan Department of Health and Human Services  
Office of Inspector General  
PO Box 30062  
Lansing, MI 48909  
Ph: 855-MI-Fraud (643-7283).



# FY '25-'26 Compliance Academy

## QRT 1:

Jan: 6th and 8th - CRSP-Completed

Jan: 13th and 15th - Outpatient - Completed

Jan: 20th and 22nd - Residential

Jan: 27th and 29th - ABA

## QRT 2 :

March 31st and April 2nd- CRSP

April: 7th and 9th- Outpatient

April: 14th and 16th- Residential

April: 21st and 23rd- ABA

## QRT 3 data:

July: 7th and 10th- CRSP

July: 14th and 17th- Outpatient

July: 21st and 23rd- Residential

July: 28th and 30th- ABA

## QRT 4 :

October: 6th and 8th- CRSP

October: 13th and 15th- Outpatient

October: 20th and 23rd- Residential

October: 27th and 29th- ABA

## End of the FY review:

November: 3rd and 6th-CRSP

November: 10th and 12- Outpatient

November: 17th and 20th-Residential

December: 1st and 3rd-ABA



# Resources Available

- DWIHN Policies-<https://dwmha.policystat.com/>
- CPT code chart-<https://www.michigan.gov/mdhhs/keep-mi-healthy/mentalhealth/reporting>
- Michigan Medicaid Provider Manual: <https://www.michigan.gov/mdhhs/doing-business/providers/providers/medicaid/policyforms/medicaid-provider-manual>
- Code of Federal Regulations: <https://www.ecfr.gov>
- The Council For Autism Providers: [Resources - Council of Autism Service Providers](#)
- DWC Training Events
- DWIHN Provider Meetings





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DETROIT HEALTHCARE NETWORK

# CRSP Providers Meeting

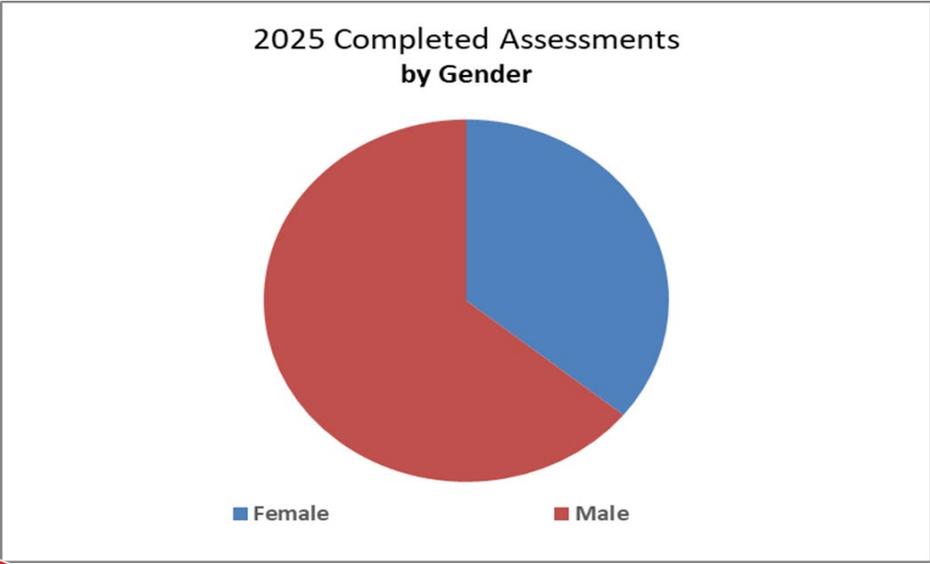
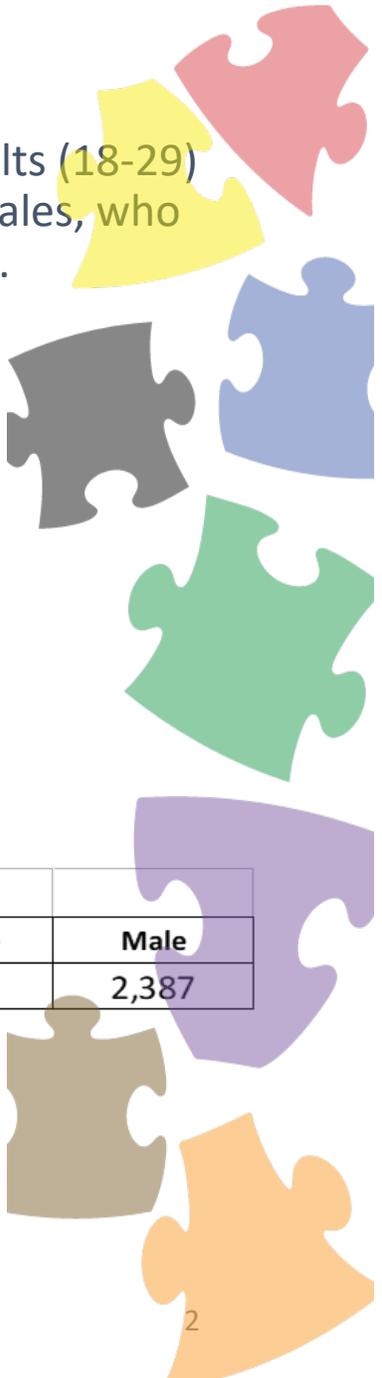
## Residential Services Department

Ryan Morgan LMSW- Director of Residential Services



# Assessing Dept. Needs and Trends

- Providers capable of serving young adults (18-29) with significant behaviors, especially males, who may require a Behavior Treatment Plan.



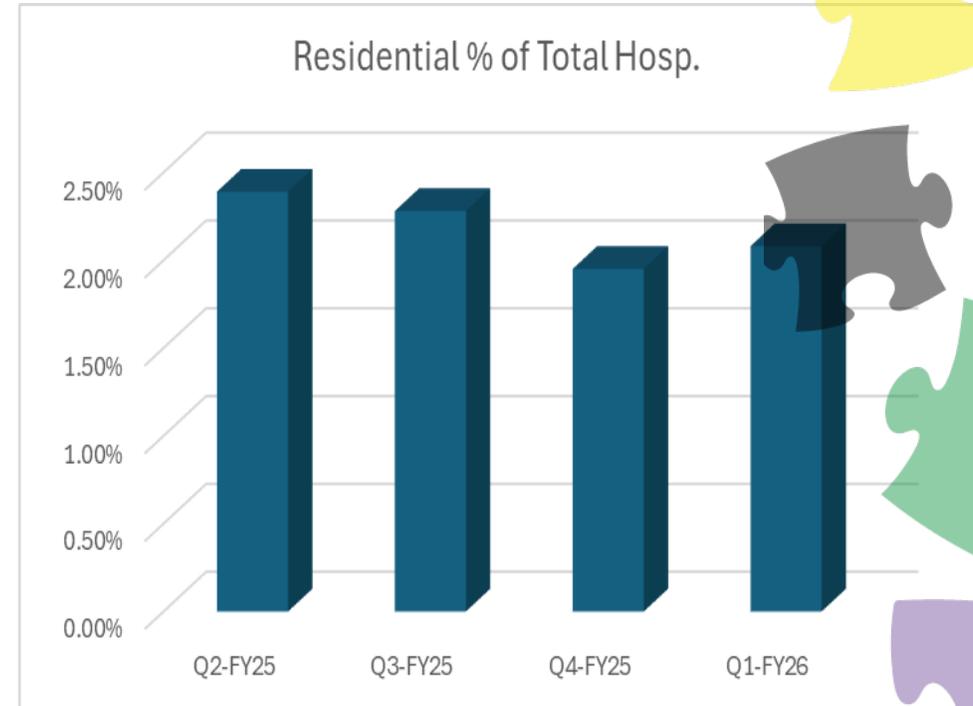
Completed Assessments: by GENDER	Female	Male
<b>TOTAL FY25</b>	1,335	2,387



# Assessing Dept. Trends cont.

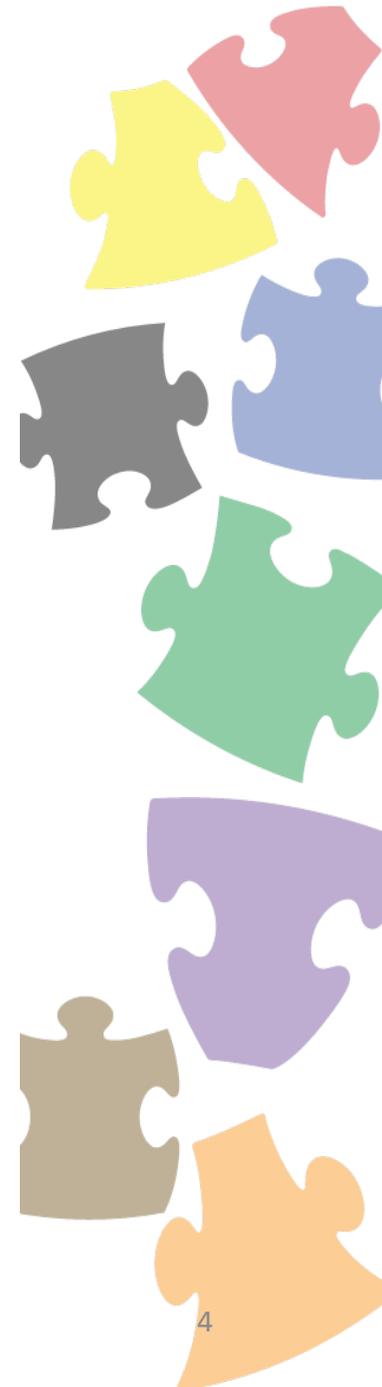
- Examining Residential Dept. Hospitalization Trends.

Residential Hospitalizations by Quarter				
	Q2-FY25	Q3-FY25	Q4-FY25	Q1-FY26
Residential % of Total Hosp.	2.39%	2.28%	1.95%	2.08%



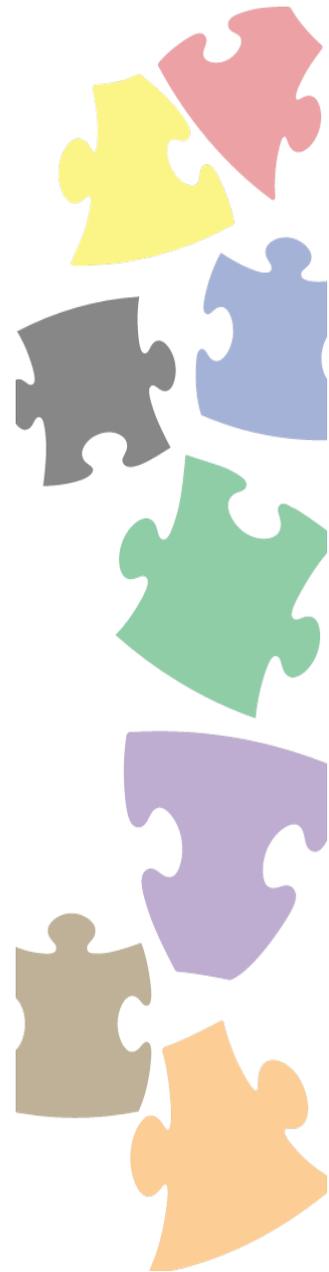
# Reminders

- Level of care reminders
- Locus assessments updated
- Less restrictive programs have been explored (IE. Med drop, ACT, intensive CM)
- Recent notification from State of Michigan that CMS is requiring placement options be entered in the members IPOS. Once a member selects their residential placement the Residential Dept. will include all placement options that the member had to chose from. We will provide those options in our placement notification emails to notify the case holder prior to completing the IPOS addendum.



# Please Remember To:

- Ensure that you are submitting residential referrals to the [residentialreferral@dwhn.org](mailto:residentialreferral@dwhn.org) email address, or by fax to 313-989-9525.



Thank You, for everything  
you do to serve our  
members!





# Children Services Outpatient Provider Meeting

January 16, 2026

*Director of Children Initiative - Cassandra Phipps*



WAYNE COUNTY SYSTEM OF CARE  
SYSTEMS IN ACTION FOR CHILDREN, YOUTH AND FAMILIES



# Agenda

Children Evidenced Based Practices

Juvenile Justice Services

Youth Narcan Training



# Evidenced Based Practices

**Memo Sent: 12/29/25**

**Evidenced Based Practices Submission Smartsheet:** SED Children Providers submit EBP application, extension, and verification forms.

*\*\*\*Please note this does not apply to CCBHC Providers.*

<https://app.smartsheet.com/b/form/8eb8e54583d043d3bdcab09eb5fda fd7>

Trauma Focused CBT Cohort 40: Submission deadline was January 7, 2026 in which 2 Providers submitted applications.

**FY26 Evidenced Based Practice Availability Sheet:** SED Children Providers complete by the 5<sup>th</sup> business of each month for DWIHN, Children Providers, CCBHC, and Community agencies to be informed of Providers offering EBP services.

*\*\*\*Please note this does apply to CCBHC Providers.*

[https://docs.google.com/spreadsheets/d/1bfuplu7ABXgstKexa2WKGxXJK BLxiQliDE-VxDp6L\\_4/edit?usp=sharing](https://docs.google.com/spreadsheets/d/1bfuplu7ABXgstKexa2WKGxXJK BLxiQliDE-VxDp6L_4/edit?usp=sharing)



# Evidenced Based Practices

## Billing of Evidence Based Practices (EBPs) in Wayne County:

SED Children Providers are to use the appropriate billing codes and modifiers in accordance to Bulletin 24-001 v2.

*\*\*\*Please note this does not apply to CCBHC Providers.*

[https://www.dwihn.org/translations/translate\\_pdf\\_wait?t=1767040702000&file\\_path=/resources/upload/6285/Bulletin%2024-001%20v2%20-%20Childrens%20Evidenced%20Based%20Services%20October%202024%20\(2\).pdf](https://www.dwihn.org/translations/translate_pdf_wait?t=1767040702000&file_path=/resources/upload/6285/Bulletin%2024-001%20v2%20-%20Childrens%20Evidenced%20Based%20Services%20October%202024%20(2).pdf)

- Caregiver Education Initiative (CEI)
- Child Parent Psychotherapy (CPP)
- Dialectical Behavioral Therapy for Adolescents
- Motivational Interviewing for Adolescents
- Parent Management Training Oregon Model (PMTO)
- Parenting Through Change (PTC)
- Trauma-Focused Behavioral Therapy (TF-CBT)
- Multisystemic Therapy (MST)
- Strengthening Families Program (SFP)
- Supported Employment
- Therapeutic Foster Care Oregon Model (TFCO)
- Transition Age Youth Services (TIP)
- Youth Suicide Prevention



# Juvenile Justice (JJ) Services



The NEW Juvenile Justice Redesign went into effect 11/1/2025. A training was provided to Children Providers and Care Management Organizations October 2025.

## What changed?

- Wayne County discontinued the Intergovernmental Agreement (IGA) and no longer contracting with DWIHN and Assured Family Services for JJ services (CHOICES and Integrated Community Based Services) as of 9/30/2025.
- DWIHN issued a Request for Proposal (RFP) to identify a new Provider to receive referrals from Care Management Organizations and conduct screenings for connecting youth involved in the JJ system with community mental health services.
- Team Wellness to manage and triage the referrals received from the Care Management Organizations (CMOs) and connect to a Children Provider for behavioral health services.
- The assigned Children Provider is responsible for providing behavioral health services and care coordination with the CMO agencies.
- Any youth (*new and current*) actively on probation the assigned Children Provider is responsible for adding the **Integrated Youth Juvenile Clinical Services (IYJCS) Program Assignment** smartsheet form for when youth start and end probation. Children Initiative Dept will update MHWIN to reflect the appropriate program assignment.

<https://app.smartsheet.com/b/form/ff2727ef7f5645a580fafc74595e7730>



# Juvenile Justice (JJ) Services



## **Juvenile Justice Partnership Committee Meeting:**

Juvenile Justice and Community Mental Health (CMH) workgroup that seeks to solve the unique issues related to Serious Emotionally Disturbed (SED) children in the Juvenile Justice system:

Meetings are held quarterly the 2nd Wednesday @ 10am – 11:30am via TEAMS

- Wednesday, 4/15/2026
- Wednesday, 5/15/2026
- Wednesday, 10/14/2026

*We invite additional participation to join the committee*



# Youth Narcan Training

**Youth United & Youth Mental Health Council & Substance Use Department Collaboration:**

Effective January 2026 the DWIHN Youth Mental Health Council transferred to Children Initiative Department.

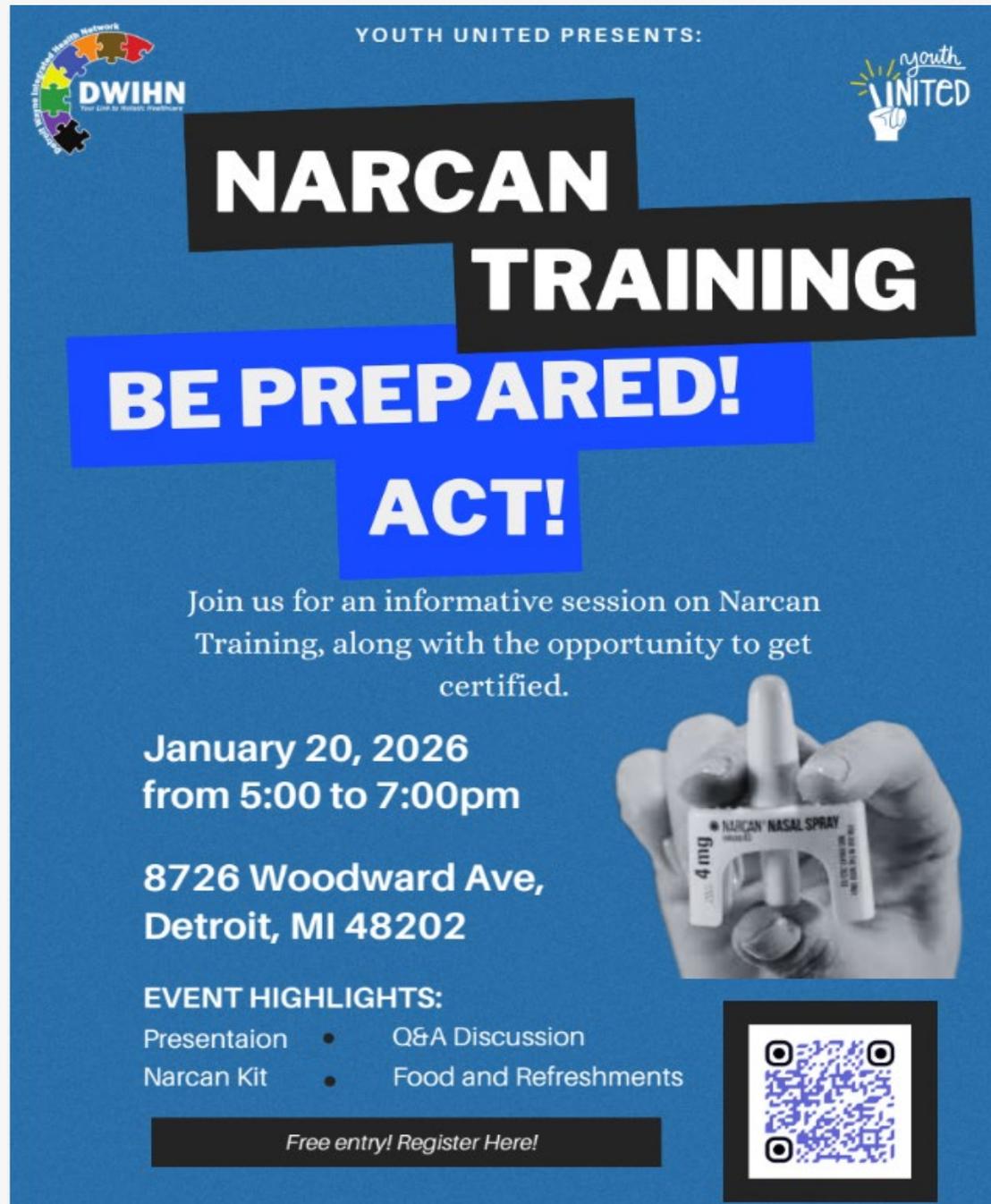
- According to youth feedback Narcan Training was requested.
- Youth United is hosting the Narcan Training during the upcoming Youth Mental Health Council meeting. Youth can RSVP via QR Code for ages 14 to 26.

## **What is Naloxone Or Narcan?**

Naloxone or Narcan blocks or reverses the effects of opioid medication. An opioid is sometimes called a narcotic.

## **PURPOSE**

Naloxone or Narcan is used to treat a narcotic overdose in an emergency. This medicine should not be used in place of emergency medical care for an overdose..



The poster features a blue background with white and yellow text. At the top left is the DWIHN logo (Your Link to Mental Healthcare) and at the top right is the Youth United logo (a hand holding a lightbulb). The main title 'NARCAN TRAINING' is in large white letters on a black background. Below it, 'BE PREPARED!' and 'ACT!' are in white letters on a blue background. The event details are listed in white text: 'Join us for an informative session on Narcan Training, along with the opportunity to get certified.', 'January 20, 2026 from 5:00 to 7:00pm', and '8726 Woodward Ave, Detroit, MI 48202'. An image of a hand holding a Narcan nasal spray device is shown. The event highlights are listed in white text: 'Presentaion' (sic), 'Narcan Kit', 'Q&A Discussion', and 'Food and Refreshments'. A QR code is in the bottom right corner. A black banner at the bottom says 'Free entry! Register Here!'.

YOUTH UNITED PRESENTS:

**NARCAN TRAINING**

**BE PREPARED!**

**ACT!**

Join us for an informative session on Narcan Training, along with the opportunity to get certified.

**January 20, 2026  
from 5:00 to 7:00pm**

**8726 Woodward Ave,  
Detroit, MI 48202**

**EVENT HIGHLIGHTS:**

- Presentaion
- Narcan Kit
- Q&A Discussion
- Food and Refreshments

*Free entry! Register Here!*



# Contact Us

Children Initiative Department  
[TeamChildrens@dwihn.org](mailto:TeamChildrens@dwihn.org)

