



Detroit Wayne Integrated Health Network

707 W. Milwaukee St.
Detroit, MI 48202-2943
Phone: (313) 833-2500
www.dwihn.org

FAX: (313) 833-2156
TTY: 711

CRSP/Outpatient Provider Meeting
Friday, February 27th, 2026
Virtual Meeting
10:00 am –11:00 am

Agenda

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

- I. Welcome/Introductions
- II. MCO – Rai Brown (2)
 - Provider Contact Information Request Memo
 - Provider Network Survey
- III. IT Services- Keith Frambro
 - Cyber Security Memo
- IV. Claims Department – Quinnetta Robinson (3-8)
 - Provider Claims Best Practices
- V. Access Call Center – Anthony Edwards (9-21)
 - Access Updates
- VI. Adult Initiatives – Dana Weideman (22)
 - Behavior Treatment Plans Memo
- VII. ORR Training and Monitoring Department – Joyce Wells (23-27)
 - ORR Updates
- VIII. Children Initiatives – Cassandra Phipps (28-34)
 - Postpartum Depression Training Request for Information
 - Autism IPOS Updates
 - Autist Services
- IX. Administrative Updates – James White, President and CEO
- X. Questions
- XI. Adjourn

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February 3, 2026

To: Provider Network
From: James White, President and CEO
cc: Manny Singla DCEO/COO, Stacie Durant CFO, Rai Brown Director of MCO and Dayna Clark, Director of Communications

Detroit Wayne Integrated Health Network (DWIHN) is committed to ensuring that all providers receive timely and essential communications needed to effectively serve our members. Over time, provider contact information may change due to staffing updates, email domain changes, or other transitions, and some of our records have become outdated.

To ensure no provider is missed from important announcements or invitations to in-person events, DWIHN is re-developing a comprehensive master list of provider contacts.

We are asking all providers to complete the form using the hyperlink below. Please use the dropdown menu to select your organization’s name. Organization names are based on the billing provider listed in our accounting system, which is used for payment purposes.

Please complete the form in its entirety **by Thursday, February 26, 2026**. If your organization’s name does not appear in the dropdown, contact Stacie Durant, Chief Financial Officer, at sdurant@dwihn.org for assistance.

Our goal is to keep you—our valued partners—informed and up to date on all network communications. We appreciate your cooperation and thank you for helping us ensure accurate and inclusive communication.

<https://app.smartsheet.com/b/form/602a97eab439474aaf24fa3db2904944>

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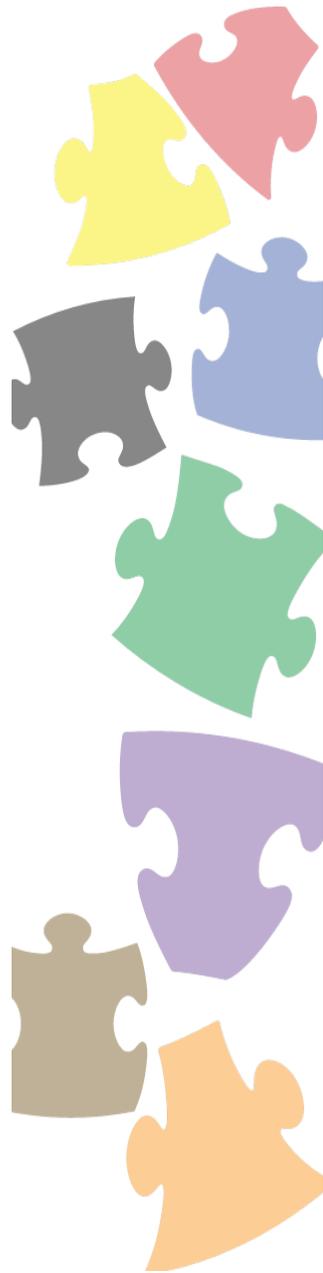
James E. White, President and CEO





Provider Claims Best Practices

Quinn Robinson
Claims Manager



➤ General Fund Edit & Exception

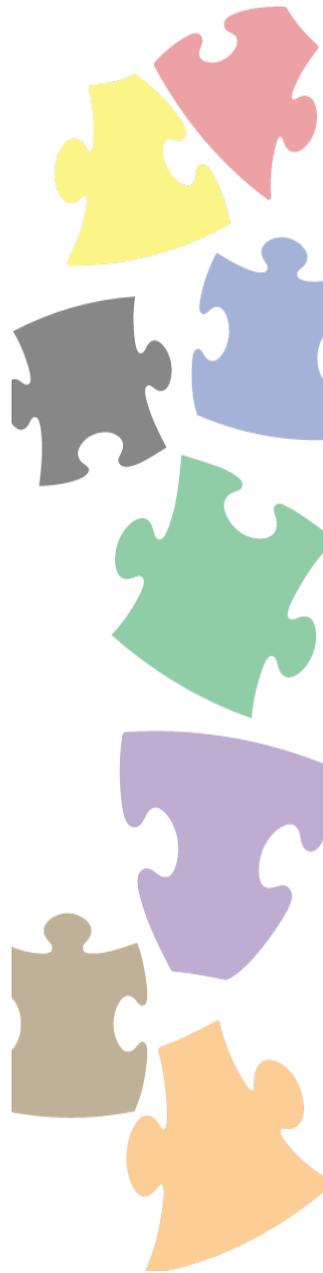
We have identified ongoing confusion regarding the claim error message:

“Service not in DWMHA benefit plan for this individual on this date of service.”

This message indicates that the member did not have active coverage on the date of service. As a result, a General Fund Exception Authorization is required for the denied dates of service to be considered for payment.

To resolve this issue promptly, please complete the following steps:

- The consumer’s Case Manager/Supports Coordinator must submit a General Fund Exception Request Form.
- This request must be completed in MH-WIN by selecting “Request for General Fund Exception” within the Authorization screen.



➤ Continued..

- Once the General Fund (GF) Authorization has been approved and entered, providers must submit claims using the newly assigned GF authorization number for services rendered within the approved GF coverage period. The GF authorization will override the benefit plan edit associated with the lapse in coverage.

*Timely submission of this request is necessary to prevent further delays in claim resolution.

Important Reminder:

General Fund (GF) authorizations are issued for a maximum of 60 days. During this timeframe, the Case Manager, Supports Coordinator, and/or Guardian is responsible for actively working with the DHS office to facilitate the consumer's Medicaid re-enrollment.

*Providers should not delay claim submission while waiting for Medicaid coverage to be reinstated. Holding claims may result in avoidable denials for exceeding contractual filing limits, including “timely filing” denials. Timely submission remains the provider's responsibility.

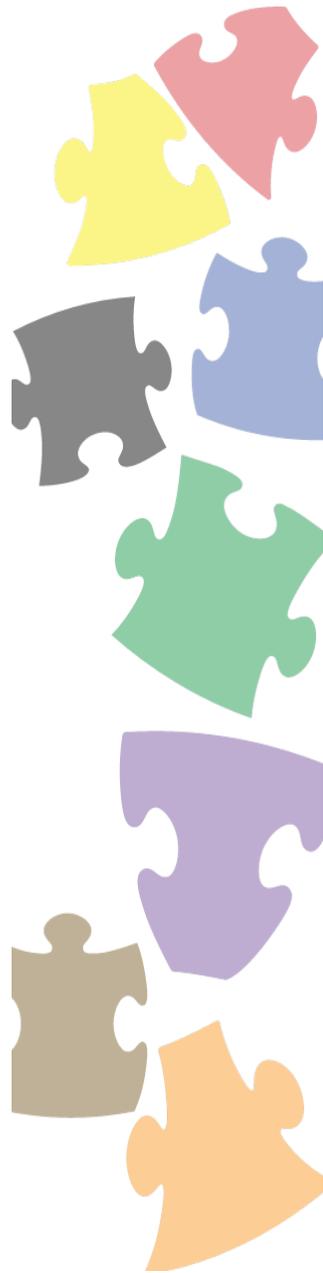


➤ Provider Claim Submission

Important Reminder: Providers are required to submit all claims for adjudication prior to escalating any issues. Our experienced adjudication team is trained to review and resolve most claim edits during the standard processing phase.

If an edit cannot be resolved, detailed comments outlining the necessary steps toward resolution will be documented directly on the claim.

Only after the adjudication process has been completed and if additional clarification or further review is still needed, should an escalation be submitted to PIHPclaims@dwihn.org for a leadership review.



➤ Key Takeaways for Providers

- ✓ Verify consumer eligibility on a regular and ongoing basis.
- ✓ Request General Fund authorizations immediately upon identifying a lapse in coverage.
- ✓ Submit all claims within contractual filing timeframes, even if the claim may result in a denial. Timely submission serves as documentation of compliance.
- ✓ Ensure all claims are submitted and allow the adjudication process to be completed before initiating any escalation.



Thank You!

We truly appreciate your partnership and cooperation in helping us improve claims processing efficiency, ensuring timely and accurate resolutions for all providers.



DWIHN CRSP Provider Meeting DWIHN Access Call Center Friday February 27, 2026

Detroit Wayne Integrated Health Network

Access Call Center

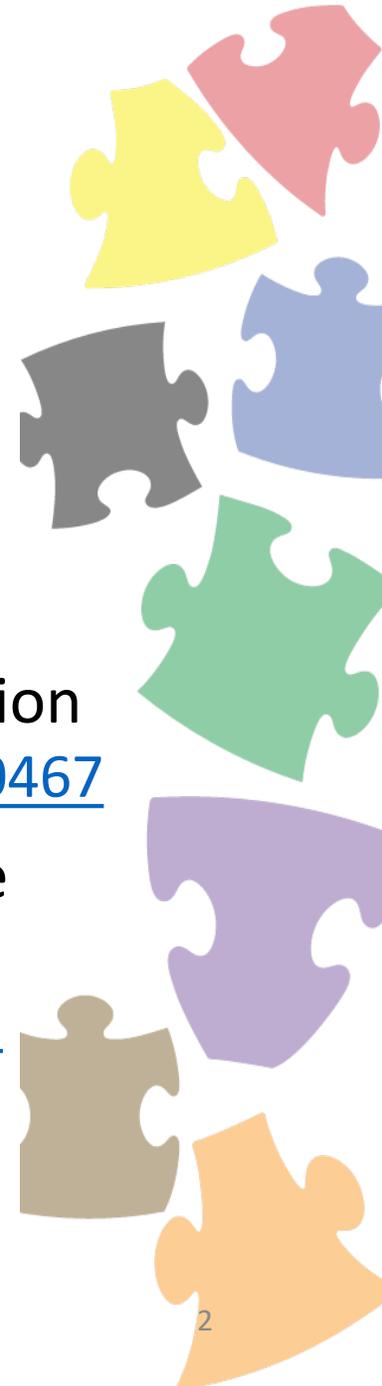
Ph: 800-241-4949

Email: AccessCenter@dwihn.org



DWIHN Access Call Center

- Ph: 800-241-4949
- Email: AccessCenter@dwihn.org
- Fax: 877-909-3950
- Send CRSP Change Request forms to: CRSPprovider@dwihn.org
- Send Disability Designation Change forms and supporting documentation to: <https://app.smartsheet.com/b/form/a713f14ee3ca4463ad67b1fb88b80467>
- Send enrollment requests for children specialty services (IMH, Juvenile Restorative, Juvenile Justice, School Success, Foster Care, Etc.) to: <https://app.smartsheet.com/b/form/336965fa2885435db00b594e4f173251>



DWIHN Access Call Center

- Enrollment for Children Services – Special Population
- The provider can submit a request for enrollment through the Smartsheet
 - Infant Mental Health and Early Childhood (age 0-5)
 - IDD services (age 0-5)
 - Youth Juvenile Justice
 - Youth involved in Foster Care
 - Juvenile Restorative Program
 - School Success Initiative
 - Children Waiver
 - SED Waiver



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DWIHN Access Call Center

- Enrollment for Children Services
 - DWIHN Access Call Center will complete eligibility screenings for youth age 6 to 21st birthday for SED and IDD populations
 - DWIHN Access Call Center will complete eligibility screenings for all request for Autism Benefit Services
 - Provider must complete the enrollment packet (submit via smartshseet)
 - SED or IDD Screening Checklist – submit via the smartsheet, include comments to give directions or explain the reason for your request
 - CRSP enrollment Form-submit via smartsheet
 - MichiCANS Screener and Comprehensive via member chart or upload to chart documents
 - Link to smartsheet
 - <https://app.smartsheet.com/b/form/336965fa2885435db00b594e4f173251>



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DWIHN Access Call Center

- CRSP Change Requests
 - CRSP change requests are for existing/active members seeking to transfer services from one CRSP to another
 - The member must be in agreement with the CRSP change request and will be contacted by DWIHN Access Call Center to verify this request
 - The new CRSP must be contracted to provide services within the member's assigned designation (SMI designation cannot transfer to a provider that only offers I/DD services)
 - The new CRSP must have capacity to accept the member
 - The member does not have to be transferred to a new CRSP or change designation if the current CRSP does not offer a particular service. **An addendum can be added to the treatment plan.** And the member can stay with their primary CRSP.
 - Example: member with I/DD designation and primary DD diagnosis needs psychiatric medication management.



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DWIHN Access Call Center

- CRSP Change Request
 - Send all requests to: CRSPprovider@dwihn.org
 - A CRSP Change Request is not the same as a Disability Designation Change Request
 - A verbal consent must include the name and phone number of the person providing the consent. The form must also include the name of the provider, staff name and phone number of the person completing the form.
 - Incomplete forms will be returned for completion.



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DWIHN Access Call Center

- Disability Designation Change Request
 - Send all requests to:
<https://app.smartsheet.com/b/form/a713f14ee3ca4463ad67b1fb88b80467>
 - Complete the request form and submit along with supporting documentation (Psychological Evaluation, Psychiatric Evaluation, Diagnostic Assessment, etc.)
 - The Disability Designation Change Request must be submitted by the CRSP.
 - The submitting CRSP will be notified of the decision and a CRSP change request will need to be submitted if the current CRSP does not provide the newly designated services.
 - The member and or guardian should be included in the conversation to change the designation.



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DWIHN Access Call Center

- Reach out to the Access Call Center via phone (800-241-4949) or Email (AccessCenter@dwihn.org) if you have any questions about enrollment requests, Designation Change Requests and CRSP Change Request.
- Include Comments on the Checklist to help give direction about your request.
 - Start of Care Date, etc.
- Make sure the individual seeking enrollment is a Wayne County Resident, has Medicaid Primary or Secondary and meets Medical Necessity for the level of care.
- Allow 24 hours for requests to be processed.



DWIHN Access Call Center

- See the attachments for Forms. They will be available on the DWIHN.org website after updates have been completed
- Type related Questions or Concerns
 - in the chat or
 - Q & A section or
 - email DWIHN Access Call Center (AccessCenter@dwihn.org)





Clinically Responsible Service Provider (CRSP) Change Form

(This form is for CRSP change only, not to be used for Program/Disability Designation Change)

Instructions: To change CRSP Provider:

(1) Complete the form. (2) Have the member or legal representative sign to ensure choice. (3) In case of disagreement with the proposed change (by the member, legal representative, current or new CRSP) contact DWIHN Customer Service: 313-833-3232. (4) Approved changes will be effective within three business days of date received by the Access Center.

STEP 1: Fill out the boxes below. If you need help, call a **DWIHN Access Center Representative at 1-800-241-4949 or (TDD) 1-866-870-2599 for the Hearing Impaired.**

First Name:	Middle Initial:	Last Name:
Street:	City:	Zip Code:
Date of Birth:	Sex: Male <input type="checkbox"/> Female <input type="checkbox"/> Other: <input type="checkbox"/>	
Home Phone Number:	Cellular Phone Number:	
Work Phone Number:	E-mail:	
Social Security Number:		
Do you have Medicaid? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, provide your Medicaid ID#: _____		
Your First Language is <input type="checkbox"/> English <input type="checkbox"/> Arabic <input type="checkbox"/> Chinese <input type="checkbox"/> Italian <input type="checkbox"/> Polish <input type="checkbox"/> Spanish <input type="checkbox"/> Other: Specify _____		

STEP 2: Complete Information below by selecting one CRSP only and document reason for change. Please consult your Provider Directory for the different locations and addresses. You can receive a Provider Directory from DWIHN Customer Service, on the Website at www.dwihn.org or at a Provider location.

Populations Served: I/DD=Intellectual/Developmental Disability, SMI=Severe Mental Illness, SED=Serious Emotional Disabilities,

PROPOSED CRSP

Population Served: Adults, Children/Adolescents/Youth with I/DD, SMI & SED

- | | |
|--|--|
| <input type="checkbox"/> All Well Being Services (AWBS) | <input type="checkbox"/> Neighborhood Services Organization (NSO) – No SED Children |
| <input type="checkbox"/> Arab Community Center for Economic and Social Services (ACCESS) | <input type="checkbox"/> Psygenics |
| <input type="checkbox"/> Community Network Services (CNS) Healthcare | <input type="checkbox"/> Team Wellness Center |
| <input type="checkbox"/> Development Centers | <input type="checkbox"/> The Guidance Center |
| <input type="checkbox"/> Hegira Health, Inc. | |

Population Served: Adults, Children/Adolescents/Youth with SMI & SED

- | | |
|---|---|
| <input type="checkbox"/> Arab American and Chaldean Council (ACC) | <input type="checkbox"/> Ruth Ellis Center |
| <input type="checkbox"/> Black Family Development, Inc. | <input type="checkbox"/> Southwest Counseling Solutions |
| <input type="checkbox"/> Lincoln Behavioral Services | |

Population Served: Adults, Children/Adolescents/Youth with I/DD

- | | |
|---|--|
| <input type="checkbox"/> Community Living Services | <input type="checkbox"/> Macomb-Oakland Regional Center, Inc. (MORC) |
| <input type="checkbox"/> Goodwill Industries of Greater Detroit | <input type="checkbox"/> Spectrum Community Services |
| | <input type="checkbox"/> Wayne Center |

Population Served: Adults Only with I/DD

- | | |
|---|---|
| <input type="checkbox"/> JVS Human Services | <input type="checkbox"/> Services to Enhance Potential (STEP) |
|---|---|

Population Served: Adults Only with SMI

- | | |
|--|--|
| <input type="checkbox"/> Central City Integrated Health (CCIH) | <input type="checkbox"/> Detroit Rescue Mission Ministries |
| <input type="checkbox"/> Detroit Recovery Project, Inc. | <input type="checkbox"/> Elmhurst Home Inc. |

Population Served: Children/Adolescents/Youth with I/DD & SED

- | | |
|---|--|
| <input type="checkbox"/> Starfish Family Services, Inc. | <input type="checkbox"/> The Children's Center |
|---|--|

Population Served: Children/Adolescents/Youth with SED

- | |
|--|
| <input type="checkbox"/> Assured Family Services |
|--|



Clinically Responsible Service Provider (CRSP) Change Form

(This form is for CRSP change only, not to be used for Program/Disability Designation Change)

Please list reason for proposed CRSP reassignment (check that which applies):

- Change in disability designation
- Current CRSP does not have capacity for services needed
- Individual/Legal Representative requested – Reason: (i.e., moved, dissatisfied with staff/agency/services, etc)
- Other: _____

STEP 3: Member Signature. My signature below confirms I have requested to change my CRSP as indicated above. My options have been fully explained to me as well as my right to dispute and appeal as needed.

Signature:	Date:
Print Name:	
Signature of the person helping you fill out the form (as applicable):	

STEP 4: Fill out the box below if you are the legal guardian or an appointed power of attorney for the member. If you need help, call a DWIHN Access Center Representative at: 1-800-241-4949 or (TDD) 1-866-870-2599 for the Hearing Impaired.

Signature:	Date:
Print Name:	
Address:	
Phone Number:	E-mail:
Relationship: <input type="checkbox"/> Parent <input type="checkbox"/> Family Member <input type="checkbox"/> Spouse <input type="checkbox"/> Other <input type="checkbox"/> Legal Representative	

STEP 5: Mail your application back to the address below (currently no walk-ins are being accepted). This form can be mailed, emailed or faxed to the Access Center

DWIHN Access Center
707 W. Milwaukee
Detroit, MI 48202
 Email: crspprovider@dwihn.org
 Fax: 877-909-3950

You will receive a confirmation letter of your enrollment in the mail within 14 days of the effective date.

*****This section to be completed by the Access Center only**

The CRSP change has been discussed with the individual receiving services and will be effective on: _____	
_____ Access Center Authorized Representative	_____ Date



Disability Designation/Program Change Form

Instructions: To change Disability Designation/Program:

- (1) Program changes must be completed by a Mental Health Clinically Responsible Service Provider (CRSP) only.
- (2) Provide Clinical documentation to support change request, i.e., psychological/psychiatric evaluations, biopsychosocial assessments, etc.
- (3) Requests will be reviewed within seven (7) business days.
- (4) Form **MUST** be signed by consumer or legal guardian.

SED Definition: A diagnosable mental, behavioral, or emotional disorder affecting a minor that exists or has existed during the past year and has resulted in functional impairment that substantially interferes or limits the minors role in functioning in the family, school, or community.

I/DD Definition: A severe chronic condition that is attributable to a mental or physical impairment or both, and is manifested before the age of 22 years; is likely to continue indefinitely; and results in substantial functional limitations in three or more areas of the following major life activities: **self-care, receptive and expressive language, learning, mobility, self-direction, capacity for independent living, and economic self-sufficiency; and reflects the need for a combination and sequence of special, interdisciplinary, or generic care, treatment or other services that are of lifelong or extended duration.**

SMI Definition: A diagnosable mental, behavioral, or emotional disorder that exists or has existed during the past year and has resulted in functional impairment that substantially interferes or limits one or more major life activities.

STEP 1: Please Print

CRSP: _____ **Staff Completing Form:** _____

Email: _____ **Phone #:** _____ **Fax#** _____

Member Name: _____ **Birthdate:** _____ **MHWIN ID#:** _____

Member Address: _____ **Phone:** _____

STEP 2: Complete section below to request changes to Disability Designation

Current Disability Designation	New Disability Designation
<input type="checkbox"/> Intellectual/Developmental Disabilities (I/DD)	<input type="checkbox"/> Intellectual/Developmental Disabilities (I/DD)
<input type="checkbox"/> Severe Emotional Disturbances (SED)	<input type="checkbox"/> Severe Emotional Disturbances (SED)
<input type="checkbox"/> Serious Mental Illness (SMI)	<input type="checkbox"/> Serious Mental Illness (SMI)
List clinical documentation supporting this change request and upload in MH-WIN:	

STEP 3: A brief rationale for proposed change (this does not substitute the clinical documentation requirements):

STEP 4: Member/Guardian Signature to acknowledge agreement of requested program change

My signature below, acknowledges I agree with the program change request.

Signature of Member/Guardian: _____

Step 5: Attach form to SmartSheet at:

<https://app.smartsheet.com/b/form/a713f14ee3ca4463ad67b1fb88b80467>



Disability Designation/Program Change Form

*****DWIHN PROCESSING ONLY*****

The Disability Designation/Program change request and supporting clinical documentation has been reviewed. Please Check box below:

The Designation Disability change has been approved and will be effective on: _____

The Designation Disability change has been denied due to:

Access Center Authorized Representative

Date



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MEMORANDUM

Date: February 20, 2026
To: Clinically Responsible Service Providers
From: Dana Weideman, Rachel Barnhart, Fareeha Nadeem
CC: Marianne Lyons, Director of Adult Initiatives; Cassandra Phipps,
Children’s Initiatives; April Siebert, Director of Quality
Improvement
Subject: Behavior Treatment Plan Needs

There has recently been an increase in requests for assistance from providers in developing Functional Behavioral Assessments (FBAs) and Behavior Treatment Plans (BTPs). Additionally, there is a growing need for Behavior Treatment Review Committees.

To address these needs and explore opportunities to expand our provider network, DWIHN seeks to quantify the number of members requiring these services. Please complete the form available at the link below.

Distribute this request to all relevant departments and ensure that one staff member per department completes the form no later than **March 10, 2026**.

[DWIHN BTP Capacity Survey](#)

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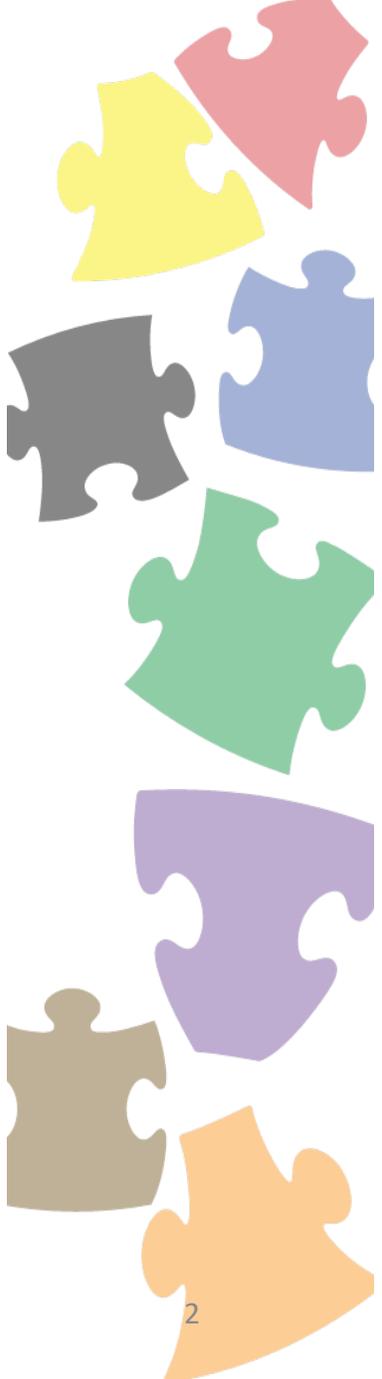
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ORR Training & Monitoring Agenda For Provider Meetings

(02/27/26)



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HEALTHCARE
INDUSTRY

Updates: ORR Training (February 27, 2026)

1. **DWIHN website:** (DWIHN.ORG) The DWIHN website has undergone restructuring. Providers can access the “**Office of Recipient Rights**” information re: services, resources, how to contact ORR, etc. via the following:

[dwihn.org/customer-services/office of recipient rights](http://dwihn.org/customer-services/office-of-recipient-rights), (left of the screen), then click on the tab that you require.

2. **ORR NHRRT & Schedule:** All new staff are required to complete NHRRT w/i 30 days of hire-NHRRT classes are held on Tuesday, Wednesday and Thursday each week, from 10am-12pm. Every 2nd & 4th Tuesday, NHRRT is held from 4pm-6pm. Access trg. calendar on DWIHN website or in MHWIN.

3. **ORR NHRRT Sanction Fee:** Please note, new employees that complete NHRRT beyond 30 days of their hire date, a sanction fee (of no less than \$50) will be issued to Provider. ORR continues to work on the details of this process but anticipates the sanctions to take effect w/in the next couple of months.

ORR NHRRT Information for Review:

NHRRT is held via the Zoom App-participants need a strong Wi-Fi signal & be familiar w/the Chat feature.

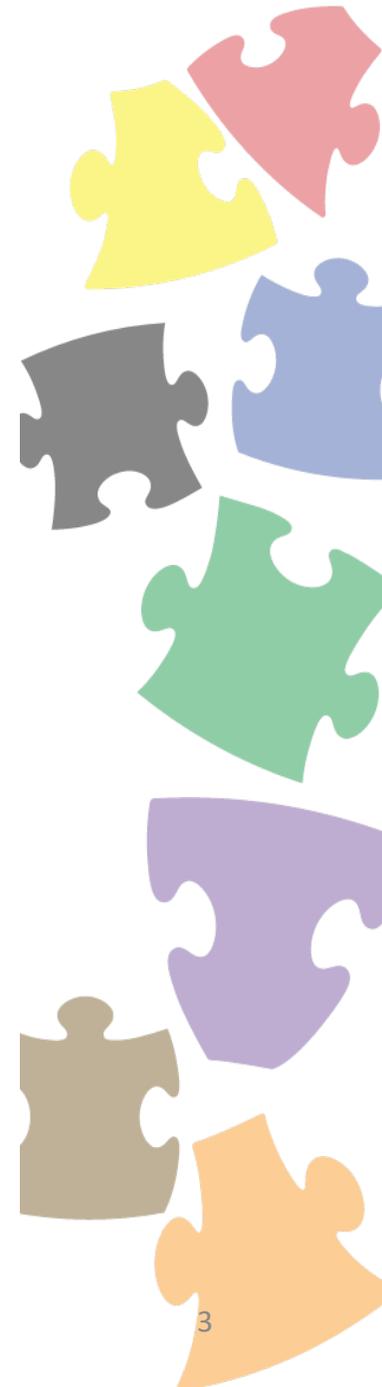
Participants must be present online, with working cameras, and remain visible and available to communicate throughout the course. Training participants are not allowed into training 5 minutes after the start time.

Providers, if your staff aren't familiar with the chat feature and Q & A, please provide assistance, if possible.

An email is sent on morning/evening of trg, to the training participant's email address listed in MHWIN. If staff experiences any issues with receiving the NHRRT class email, they can contact ORR trainers at: orr.training@dwihn.org

ORR Trg. info is located on DWIHN website on the MHWIN Newsflash, & on the FAQ's form @ dwihn.org.

ORR Trainers: orr.training@dwihn.org-LaShanda Neely,
Michael Olver, Joyce Wells
ORR Manager: Schakerra Pride



Updates: ORR Monitoring February 27, 2026

1. **New Staff-ORR Monitoring**-Welcome, Avery Barnett, ORR RRI to the monitoring team, as of 02/09/26. Avery transferred to the monitoring dept from one of the ORR investigative depts, where he investigated ORR complaints. He has knowledge and experience in monitoring, as well. (See monit. contact info below).
2. **ORR Reviewer & completion of NHRRT**-The ORR Reviewer will check for staff compliance with NHRRT & ARRT, if applicable, during the site review visit. Evidence of staff training will be requested and reviewed for each staff.
3. **ORR Staff Training Record Form**-Providers, or their designee, are required to complete the STRF *prior* to the ORR site visit: staff name, date of hire, date of NHRRT, if over 1 year old, date of current Annual RR training should be documented on the form.

Questions? Please place in the Q & A.

ORR Monitoring Information for Review:

ORR Site Visit conducted onsite (in person).



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Covid 19 Questionnaire-If +exposure, an alternative site review will be arranged.

DWIHN ORR accepts NHRRT certificates obtained from *different* counties w/evidence provided & verification of validity, in most cases. (Oakland, Macomb, Washtenaw CMH NHRRT accepted)

During site review, ORR Reviewer will check:

Required postings, RR booklets, confidential items stored, health/safety violations, interior/exterior of facility, interview staff & members re: rights knowledge and complaint filing.

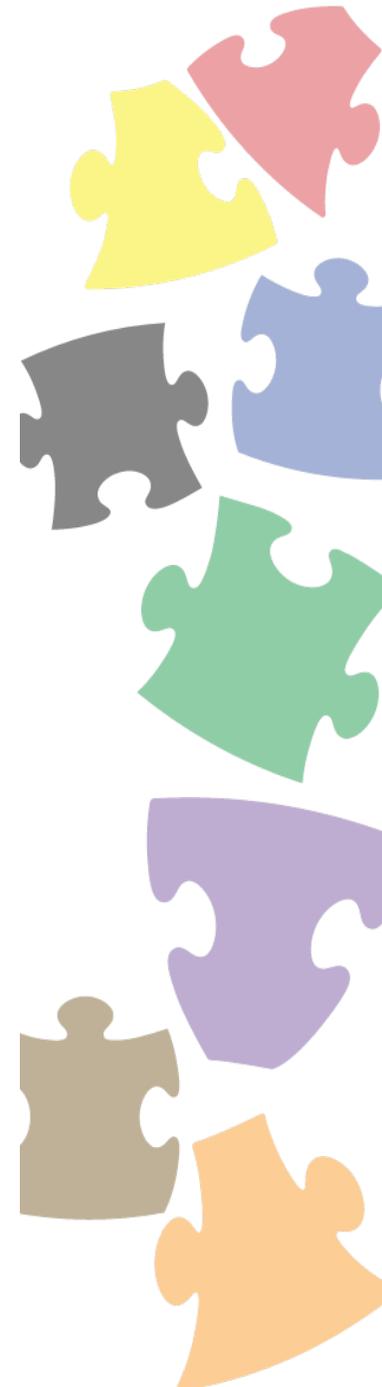
Any violation(s) found requires a Corrective Action Plan. The Provider has 10-business days from the date of the site visit to remedy violation.

End of site review visit, Site Rep is required to sign & date of site review tool.

Important Reminder/Contact Info:

Provider contact info and staff records should be kept current, as required in MHWIN.

Questions re: ORR Monitoring: esims1@dwihn.org,
lhudson@dwihn.org ahardrick@dwihn.org
abarnett@dwihn.org or spride@dwihn.org



THANK YOU FOR ATTENDING!



QUESTIONS??



THANK YOU!!!



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To: SED/IDD Children Providers (Ages 0 to 3) and SUD Providers (Women’s Specialty)
From: Cassandra Phipps (Director of Children’s Initiative) and Matthew Yascolt (SUD Director)
CC: Stacey Sharp (Associate VP of Clinical Operations)
Re: FY26 - Postpartum Depression Screening Request for Information (RFI)
Date: February 11, 2026

Southeast Michigan Perinatal Quality Improvement Coalition (SEMPQIC) represents Oakland and Wayne County to support activities in the community to reduce maternal and infant mortality. SEMPQIC is offering a 1-year grant opportunity in partnership with DWIHN, Perinatal Mental Training Support (PSI), and Michigan State University (MSU) for professionals servicing pregnant mothers to be trained in postpartum depression screenings and provide perinatal screenings through High Touch HighTech (HT2) electronic screening platform. <https://www.ht-2.org/>

2026 Postpartum Training Request for Information

Instructions: For SED/IDD Children Providers servicing children ages 0 to 3 and Women’s Specialty Substance Use Providers interested in participating in the grant opportunity complete Goal 1 and or Goal 2 sections and submit via the submission link by

Monday March 2nd, 2026.

<https://app.smartsheet.com/b/form/50e7103958cb430695c5ebbf98d055>

- Special consideration given to Providers applying for both Goal 1 and Goal 2
- Reminder to sign the Attestation Section at the end of the RFI form.
- A final decision of selected Providers to be rendered upon receiving confirmation from SEMPQIC.

Any questions contact:

- Children Providers contact Christine Tounsel-Dowdell @ TeamChildrens@dwihn.org
- Women’s Specialty Providers contact Matthew Yascolt @ myascolt@dwihn.org

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2026 Postpartum Depression Screening - Request for Information Form

Is your agency applying for Goal 1? Yes or No _____

Is your agency applying for Goal 2? Yes or No _____

Goal 1

Identify staff to be trained in a 3-day virtual training on postpartum depression screenings through Postpartum Support International (PSI).

PSI offers an evidenced-based curriculum designed for anyone interested in learning skills and knowledge for assessment and treatment of perinatal mood disorders.

Current Date: _____

What type of Provider is your agency apply for?

_____ SED Children Provider (age 0 to 3)

_____ IDD Children Provider (age 0 to 3)

_____ Women's Specialty Provider (SUD)

Provider Name: _____

Children Provider Supervisor Name and Contact Information:

Name	
Email	
Phone Number	

List Staff Name(s), Email(s), and place a (X) for the date(s) requesting to attend the virtual 3-day training.

****Please note the time zones for the training dates*

Staff Name	Staff Email	Pacific Time Zone	Eastern Standard Time Zone
		3/11/26 – 3/13/26 8:30am – 5:00pm	7/29/26 – 7/31/26 8:30am - 5:00pm



Detroit Wayne Integrated Health Network

707 W. Milwaukee St.
 Detroit, MI 48202-2943
 Phone: (313) 833-2500
www.dwihn.org

FAX: (313) 833-2156
 TTY: 711

Goal 1: Criteria Questions	Yes	No
Does your agency currently provide Children Services and or Women's Specialty Services for ages 0 to 3?		
Does the staff your agency recommend participating in the postpartum depression screening training and services have at least 1 of the appropriate certifications: Child Mental Health Professional (CMHP), Infant Mental Health Waiver, Certified Alcohol and Drug Certification (CADC), or Certified Advanced Alcohol & Drug Certification (CAADC).		
If selected, will the staff participate in the training opportunity to attend the full 3-day virtual training?		
If selected, will the staff attending the 3-day virtual training complete the post training feedback survey?		
If selected, will the staff who attend the 3-day virtual training participate in 2 reflective supervision sessions if offered.		
If selected, will your agency provide data reports for members receiving children services (age 0 to 3) or Women's Specialty services to fulfill SEMPQIC grant requirements? <i>(No protected health information to be shared outside of DWIHN)</i>		

Goal 2

Identify Infant Mental Health Providers to pilot High Touch High Tech (HT2) electronic screening platform with pregnant mothers.

HT2 is an e-screening, brief intervention, and connection to care for behavioral health in pregnancy. Michigan State University is offering gift cards to cover the cost for diapers for pregnant mothers who participate in the pilot screening program. View the website and video for additional information. <https://www.ht-2.org/>

Current Date: _____

What type of Provider is your agency apply for?

- _____ SED Children Provider (age 0 to 3)
 _____ IDD Children Provider (age 0 to 3)
 _____ Women's Specialty Provider (SUD)

Provider Name: _____

Children Provider Supervisor Name and Contact Information:

Name	
Email	
Phone Number	

Goal 2: Criteria Questions	Yes	No
Does your agency currently provide Children Services and or Women's Specialty Services for ages 0 to 3?		



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Does the staff your agency recommend participating in the postpartum depression screening training and services have at least 1 of the appropriate certifications: Child Mental Health Professional (CMHP), Infant Mental Health Waiver, Certified Alcohol and Drug Certification (CADC), or Certified Advanced Alcohol & Drug Certification (CAADC).		
Did your agency review the HT2 website and video?		
If selected, does your agency agree to meet with Michigan State University, SEMPQIC, and DWIHN representatives to discuss implementation of HT2 e-screening platform?		
If selected, does your agency agree to provide status updates, data, and marketing materials of completed e-screenings to fulfil grant requirements? <i>(No protected health information to be shared outside of DWIHN)</i>		

Attestation Requirement

I understand completing this RFI does not guarantee my organization will be selected for this grant opportunity. I also acknowledge that DWIHN will require documentation to verify that my organization meet(s) the criteria outlined in the application. This organization will cooperate with a DWIHN documentation audit, if requested, to verify that my organization meet(s) the required criteria. I hereby attest that all the information above is true and accurate to the best of my knowledge. I understand that if awarded this training opportunity, this organization will comply with all the requirements outlined in this document. I understand that if I do not provide all the required documentation, the training opportunity will be redirected to another applicant.

 Printed Name of Applicant/Provider Organization Signatory Designee

 Signature of Applicant/ Provider Organization Designee
(Signature stamps are not accepted)

Sincerely,

Cassandra Phipps LPC, LLP, CAADC
 Cassandra Phipps, LPC, LLP, CAADC
 Director of Children’s Initiatives
 Detroit Wayne Integrated Health Network



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To: ABA Providers, and Children Providers (SED/IDD)
From: Rachel Barnhart (Autism Service Administrator)
CC: Stacey Sharp (Associate VP of Clinical Operations), Cassandra Phipps (Director of Children’s Initiative), April Seibert (Director of Quality)
Re: Autism Services Individual Plan of Services (IPOS) Updates
Date: January 29, 2026

The Detroit Wayne Integrated Health Network (DWIHN) Children’s Initiative Department issues this memorandum to inform the provider network of updates to behavioral health treatment (BHT) services for individuals with autism spectrum disorder (ASD) for documentation requirements for individual plan of services (IPOS) documentation requirements. **Effective 02/01/2026**, support coordinators and case managers have the option to accept the Applied Behavior Analysis (ABA) goals directly attached to the IPOS in MHWIN.

Children Clinically Responsible Service Provider (CRSP) IPOS Requirements:

When completing the IPOS include the following:

- The goal statement must address what the member wants to achieve
- Each goal statement must be written in first person such as "I want" or Per the guardian who speaks on behalf of the member.
- The goal statement must be clearly defined so that it is clear to determine what the person is aiming to accomplish.
- Refer to the IPOS Policy for additional reference.

<https://dwmha.policystat.com/?lt=BruL4kkjgLB0gDIXxoLM-q>

IPOS Procedure:

The IPOS must first be attached to the behavior assessment in the behavior assessment worksheet tab in MHWIN. Additionally, the IPOS goals must also be attached to the IPOS section in MHWIN. Lastly, in the same IPOS section, there will also be a section to attach the Behavior Assessment and Authorizations associated with the member.

Please contact Rachel Barnhart (rbarnhart@dwihn.org) regarding any questions or concerns.

Sincerely,

Rachel Barnhart MS, LLP, LBA, BCBA

Rachel Barnhart
Autism Administrator
Detroit Wayne Integrated Health Network

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To: Autism Independent Evaluator Providers, ABA Providers, and Children Providers (SED/IDD)
From: Rachel Barnhart (Autism Administrator)
CC: Stacey Sharp (Associate VP of Clinical Operations), Jacquelyn Davis, (Associate VP of Access and Strategy), Cassandra Phipps (Director of Children Initiative)
Re: Updates to Autism Re-Evaluation & Eligibility Determination Requirements
Date: January 29, 2026

The Detroit Wayne Integrated Health Network (DWIHN) Children’s Initiative Department issues this memorandum to inform the provider network of updates to autism re-evaluation and eligibility determination requirements.

Pursuant to *Michigan Compiled Laws, Act 280 of 1939 (MCL 400.109–400.109n)*, behavioral health treatment (BHT) services for individuals with autism spectrum disorder (ASD) including evaluations, re-evaluation, and eligibility requirements, are governed as follows:

Autism Re-Evaluation Policy Update

Effective January 1, 2026, members with a prior confirmed diagnosis of Autism Spectrum Disorder made by a Qualified Licensed Practitioner (QLP) will no longer be required to undergo further eligibility determinations or re-evaluations to initiate, resume, or continue behavioral health treatment services, including Applied Behavior Analysis (ABA), regardless of the length of time since the last evaluation or prior access to services.

Clarification of Eligibility vs. Medical Necessity

For clarity, this policy update eliminates re-evaluations required solely for eligibility determination purposes. Re-evaluations requested or required based on medical necessity, clinical planning, or treatment decision-making remain permissible when clinically indicated and appropriately documented.

Autism Evaluation and Re-evaluation Requirements

Medical Necessity Determinations

- A physician or other appropriately licensed practitioner acting within their scope of practice may determine whether it is medically necessary for a member to receive more than one comprehensive diagnostic evaluation.
- Medical necessity determinations must be based on the child’s age and developmental level; the presence of co-occurring disorders or complex medical conditions; and the severity of ASD symptoms and adaptive behavior deficits. Determinations must occur through a person-centered, family-driven, and youth-guided process involving the child, family, and treating behavioral health care providers, in accordance with the *Michigan Medicaid Provider Manual (MPM)*, Section 18.7. Providers should refer to DWIHN’s Autism Eligibility Policy for additional guidance regarding submission requirements.

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Members with Prior Non-Spectrum (Rule-Out) Determinations

- Members who previously received a non-spectrum (rule-out) determination may be re-evaluated no sooner than three (3) years from the date of the most recent evaluation, unless medical necessity is documented.
- Requests for re-evaluation submitted prior to the three-year timeframe must include supporting documentation of medical necessity from a physician or other appropriately licensed practitioner acting within their scope of practice.
- Re-evaluations based on medical necessity may occur no sooner than one (1) year from the prior evaluation.
- Families are not required to return for re-evaluation when a child was not diagnosed with autism spectrum disorder. Disagreement with a prior diagnostic outcome, in the absence of documented medical necessity, does not constitute grounds for re-evaluation.

Re-Evaluation Authorizations:

- The ASD Prior Authorization Request Form will be modified to remove eligibility determination option for re-evaluations.
- Members with previously authorized re-evaluations that have expired may resume or continue services without completion of a re-evaluation, unless medical necessity is identified.
- DWIHN will continue to honor all active re-evaluation authorizations currently in place.
- Existing authorizations may reflect expiration dates tied to either a previously scheduled re-evaluation due date or the Individual Plan of Service (IPOS) end date. To support continuity of care, DWIHN Utilization Management may administratively modify authorization end dates to align with the IPOS. Providers are not required to submit authorization requests for the purpose of aligning authorization dates.

Please contact Rachel Barnhart (rbarnhart@dwihn.org) regarding autism services questions and Jennifer Ardley (jardley@dwihn.org) for utilization management questions.

Sincerely,

Rachel Barnhart MS, LLP, LBA, BCBA

Rachel Barnhart
Autism Administrator
Detroit Wayne Integrated Health Network