



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

PROGRAM COMPLIANCE COMMITTEE MEETING
Administration Bldg.
8726 Woodward, 1st Floor Board Room
Wednesday, February 11, 2026
1:00 p.m. – 3:00 p.m.

AGENDA

- I. Call to Order**
- II. Moment of Silence**
- III. Roll Call**
- IV. Approval of the Agenda**
- V. Follow-Up Items from Previous Meeting**
 - A. Customer Services' Year-End Report** – Provide a legend on what defines a standard for the calls and what triggered the data to increase. Provide a chart that shows fewer people are calling back and how that correlates to a 16% reduction – ***Deferred to March 11, 2026***
- VI. Approval of the Minutes** – January 14, 2025
- VII. Report(s)**
 - A. Chief Medical Officer** – ***Deferred to March 11, 2026***
 - B. Corporate Compliance**
 1. Compliance Plan Policy
 2. Standards of Conduct Policy
- VIII. Quarterly Report**
 - A. Access Call Center**
 - B. Network Innovation and Community Engagement (NICE)** – ***Deferred to March 11, 2026***
 - C. Residential Services**
 - D. Substance Use Disorder Initiatives**

Board of Directors

Dr. Cynthia Taueg, Chairperson
Karima Bentounsi
Kevin McNamara

Jonathan C. Kinloch, Vice Chairperson
Angela Bullock
Bernard Parker

Dora Brown, Treasurer
Lynne F. Carter, MD
William Phillips

Eva Garza Dewaelsche, Secretary
Angelo Glenn
Kenya Ruth

James E. White, President and CEO



IX. Strategic Plan - None

X. Quality Review(s)

- A. Quality Assessment Performance Improvement Plan (QAPIP) Executive Summary
- B. QAPIP Description FY 2026-2028
- C. QAPIP Annual Evaluation FY25 and QAPIP Work Plan FY26

XI. Associate VP of Clinical Operations' Executive Summary

XII. Unfinished Business

- A. **BA #24-23 (Revised 2)** – Quest Analytics, Inc.
- B. **BA #25-30 (Revised)** – Community Mental Health Data Platform
- C. **BA #26-03 (Revised 2)** – Children's Initiatives Waiver Services FY 26
- D. **BA #26-12 (Revised 4)** – Substance Use Disorder (SUD) Treatment Provider Network System FY 26 – Acupuncture Trainings and Opioid Settlement Healing and Recovery Carry Over Funding
- E. **BA #26-13 (Revised 4)** – Substance Use Disorder (SUD) Prevention Provider Network System FY 26 – Opioid Settlement Healing and Recovery Carry Over Funding
- F. **BA #26-14 (Revised 4)** – DWIHN Provider Network System FY 26

XIII. New Business (Staff Recommendations)

- A. **BA #26-46** – MI Coordinated Health Highly Integrated Dual Eligible-Special Needs Plan (MICH HIDE-SNP) FY 26

XIV. Good and Welfare/Public Comment

Members of the public are welcome to address the Board during this time up to two (2) minutes (***The Board Liaison will notify the Chair when the time limit has been met***). Individuals are encouraged to identify themselves and fill out a comment card to leave with the Board Liaison; however, those individuals who do not want to identify themselves may still address the Board. Issues raised during Good and Welfare/Public Comment that are of concern to them and may initiate an inquiry and follow-up will be responded to and may be posted to the website. Feedback will be posted within a reasonable timeframe (information that is HIPAA-related or of a confidential nature will not be posted but instead responded to on an individual basis).

XV. Adjournment

PROGRAM COMPLIANCE COMMITTEE

MINUTES

JANUARY 14, 2026

1:00 P.M.

IN-PERSON MEETING

MEETING CALLED BY	I. Commissioner Jonathan Kinloch, Program Compliance Committee Chair at 1:11 p.m.
TYPE OF MEETING	Program Compliance Committee
FACILITATOR	Commissioner Kinloch, Committee Chair
NOTE TAKER	Sonya Davis
TIMEKEEPER	
ATTENDEES	<p>Committee Members: Angela Bullock; Dr. Lynne Carter; Angelo Glenn; Commissioner Jonathan Kinloch, Committee Chair; and William Phillips</p> <p>Committee Member(s) Excused:</p> <p>Board Members: Dr. Cynthia Taueg, Board Chair, and Kenya Ruth</p> <p>SUD Oversight Policy Board Members: Tom Adams, SUD Oversight Policy Board Chair (Virtual)</p> <p>Staff: Brooke Blackwell; Jody Connally; Alison Gabridge; Monifa Gray; Marlena Hampton; Rahiem Hampton; Sheree Jackson; Cassandra Phipps; Vicky Politowski; Ebony Reynolds; Stacey Sharp; Manny Singla; Andrea Smith; Yolanda Turner; Daniel West; James White; Rai Brown; and Matthew Yascolt</p>

AGENDA TOPICS

II. Moment of Silence

DISCUSSION	Commissioner Kinloch called for a moment of silence.
CONCLUSIONS	A moment of silence was taken.

III. Roll Call

DISCUSSION	Commissioner Kinloch called for a roll call.
CONCLUSIONS	Roll call was taken by Lillian Blackshire, Board Liaison, and a quorum was present.

IV. Approval of the Agenda

DISCUSSION/ CONCLUSIONS	Commissioner Kinloch called for a motion to approve the agenda. Motion: It was moved by Mrs. Bullock and supported by Mr. Glenn to approve the agenda. Commissioner Kinloch asked if there were any changes/modifications to the agenda. There were no changes/modifications to the agenda. Motion carried.
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V. Follow-Up Items from Previous Meeting

DISCUSSION/ CONCLUSIONS	<p>A. Chief Medical Officer’s Report – Provide an assessment of having a first-year resident on board – <i>This follow-up item will be addressed in the Chief Medical Officer’s report.</i></p> <p>B. Customer Service’s Year-End Report – Provide a legend on what defines a standard for the calls and what triggered the data to increase. Provide a chart that shows fewer people are calling back and how that correlates to a 16% reduction – <i>Deferred to February 11, 2026 Program Compliance Committee Meeting</i></p>
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VI. Approval of the Minutes

DISCUSSION/ CONCLUSIONS	<p>Commissioner Kinloch called for a motion to approve the January 14, 2026, meeting minutes. Motion: It was moved by Mr. Glenn and supported by Dr. Taueg to approve the January 14, 2026, meeting minutes. Commissioner Kinloch asked if there were any changes/modifications to the meeting minutes. There were no changes/modifications to the meeting minutes. Motion carried.</p>
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VII. Reports

DISCUSSION/ CONCLUSIONS	<p>A. Chief Medical Officer – Dr. Shama Faheem, Chief Medical Officer submitted and gave highlights of the Chief Medical Officer’s report.</p> <p>1. Follow-up Item: Psychiatry Resident Rotation PGY 1 – To evaluate the readiness of first-year psychiatry residents during their one-month Crisis/Emergency Psychiatry rotation, a structured survey was sent to site supervisors and leadership who directly observed and worked with them. The feedback will guide discussions with the Residency Director on whether the crisis rotation is appropriate for PGY-1 residents, should be moved to PGY-2, or if additional prerequisite training and core competencies are needed before placement. There was a total of eight (8) responses collected from the Crisis Center staff, including Attending Psychiatrist, Medical Director, Advanced Practice Provider, and clinical administrative leadership. Key findings of clinical readiness, supervision and workflow, and rotation placement were reviewed and discussed. There was a strong performance in initial evaluation and risk assessment, no safety concerns were reported, and operational impact was present but manageable. The gaps were agitation management, legal process mastery, and consistency in high-acuity diagnosis. The action steps for the Crisis/Emergency Rotation Enhancement will include discussing prerequisite rotations before start of rotation; request augmentation of agitation management teaching in core didactics and simulation labs; and emphasize verbal de-escalation, medication algorithms, and restraint protocols. The residents and fellows are now required to be trained by DWIHN before they start (requirement went into effect, November 2025); and implement short, high-yield sessions every week during rotation orientation covering topics such as acute agitation management, legal/involuntary commitment criteria, and suicide/homicide risk assessment. Recommendation – We can safely retain crisis rotation in PGY-</p>
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	<p>1 but will be open to opportunities of moving it to PGY-2 after meeting with the Residency Director at the end of January 2026 and will request some core prerequisite rotations, enhance orientation and agitation training.</p> <p>2. News and Updates – Standardized Referrals (FY 26 Launch) – MDHHS will launch a Standardized Mental Health Referrals Policy, which will be phased in during FY 26, aiming to ensure timely and consistent referrals across Medicaid Health Plans (MHPs) and Prepaid Inpatient Health Plans (PIHPs). Utilization Management – The 7-day/72-hour prior authorization timelines take effect for most impacted payers January 1, 2026.</p> <p>3. Quality Updates (Recidivism) – Adults decreased to 14.87% in Q4 FY 25 from 17.4% in Q3. Children decreased to 14.17% in Q4, FY 25 from 14.67% in Q3.</p> <p>Commissioner Kinloch opened the floor for discussion. Discussion ensued. The committee requested that a copy of the Recidivism Policy be shared with the committee. (Action)</p> <p>B. Corporate Compliance— <i>Deferred to February 11, 2026 Program Compliance Committee Meeting</i></p>
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VIII. Year-End Report

<p>DISCUSSION/ CONCLUSIONS</p>	<p>A. DWIHN Outpatient Clinic (DOC) Services – Ebony Reynolds, Executive Director of DWIHN Outpatient Clinic submitted and gave highlights of the DWIHN Outpatient Clinic’s Year-End report. It was reported that the Clinic provides outpatient mental health services for families, children and adults, ages 0 through older adult. It is a Clinically Responsible Service Provider (CRSP) that provides outpatient services for pregnant families, infants and early childhood, children with severe emotional disturbance (SED) and adults with severe mental illness (SMI). The DOC provides services at two locations: 707 W Milwaukee, Detroit and 15400 W. McNichols, also in Detroit. The DOC provides intake, therapy, case management, peer support, parent support partner, home-based, MichiCANS, psychiatric, treatment planning, School Success Initiatives, and IECMH services. It was also reported that:</p> <p>1. CCBHC Update – DWIHN continues to move forward with CMHSP services while awaiting an outcome regarding CCBHC. The outpatient team is trained in Cognitive Behavioral Therapy, Motivational Interviewing, Zero Suicide, Screening Brief Intervention and Referral to Treatment (SBIRT). Also, the DOC is currently enrolled in the State lead cohort, Trauma Focused Cognitive Behavioral Therapy and scheduled for completion March 2026, with; another cohort expected begin Spring, 2026 Lastly Infant and Early Childhood Mental Health (I-ECMH) is a required evidence-based practice for CCBHC providers in which the DOC has received approval to deliver as a direct services provider.</p> <p>2. Total Number Served Fiscal and Calendar Year – Since opening in July 2024, the total number of people enrolled was 957. The number that was served by the DOC was 720 and provided a total of 6,367 services. For FY 25 (Oct 1, 2024-Sept 30, 2025), the total number of people that were served by the DOC was 500 and provided a total of 3,997 services to members.</p> <p>3. Quarter 4 Performance Indicator Data – As a directly operated service provider, the DWIHN Outpatient Clinic (DOC) is required to meet State Performance Indicators (PI). The PI data for the outpatient clinic is as follows: Indicator #2a (Access/1st Request Timeliness-Benchmark 57%) - FY 25, Q4 (Oct-Dec 2025) the DOC exceeded the benchmark at 86.67% for children and</p>
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	<p>73.68% for adults; Indicator #3 (Access/1st Service Timeliness-Benchmark 83.8%) - DOC did not meet the standard for Q4, the clinic came very close with adults at 82.50% and children 80.00% This is a significant increase from Q3 thus showing that the interventions are going in the right direction. Progress on this plan of correction will be reported during the next update; Indicator #4(a)(Follow-Up care within seven (7) days of discharge from inpatient-Benchmark 95%) - DOC did not meet the standard for Q4 due to Case managers and other practitioners included in this indicator are primarily responsible at this time; Indicator 10 (Inpatient Recidivism-Benchmark 15%) - The DOC met this benchmark for Q4 for both children and adults.</p> <p>4. Demographic Data - DOC's 2025 demographic data shows that 82% African American; 11% Caucasian; and 7% other; 72% female; 28% male; and the top three cities were Detroit, Hamtramck and Highland Park were serviced at the DOC.</p> <p>5. Accomplishments over the last year - DOC obtained full three-year Joint Commission Accreditation; received approval to begin Infant and Early Childhood Mental Health (I-ECMH) services; expanded Evidence-Based Practices to align with the State of Michigan recommended practices plus many more accomplishments listed in the report.</p> <p>Commissioner Kinloch opened the floor for discussion. Discussion ensued. The committee congratulated Ms. Reynolds and her team on a job well-done.</p>
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IX. Quarterly Reports

<p>DISCUSSION/ CONCLUSIONS</p>	<p>A. Adults Initiatives - On behalf of Marianne Lyons, Director of Adults Initiatives, Alison Gabridge, Clinical Practice Improvement Administrator, submitted and gave highlights of the Adults Initiatives' quarterly report. It was reported that:</p> <p>1. Activity 1: Assisted Outpatient Treatment (AOT) Monitoring and Engagement - Adult Initiatives receives notification of every mental health petitioned for individuals living in Wayne County including those who are not DWIHN members. In Q1, 890 petitions were submitted to WCPC. Of those 890 petitions, 241 (27.08%) were for individuals who were open with DWIHN but not assigned to a provider or never enrolled with DWIHN. Within this group, 69 (28.63%) were new to DWIHN services and 56 (23.24%) were not enrolled with DWIHN. This information demonstrates that a significant number of psychiatric hospitalizations are for people who were likely not receiving mental health services in the community at the time of admission. The information also suggests that there is an increased need for awareness of mental health services in the community that may allow individuals to avoid hospitalization or treatment orders. Adult Initiatives provided AOT Overview Training to a new DWIHN Outpatient Services Supervisor. The AOT Care Manager provided enhanced support to CRSP providers for individuals on combined treatment and AOT orders who were identified as recidivistic or disengaged from services, providing support to 60 members over the quarter period, addressing treatment concerns, clarifying requirements of the order and compliance. During Q1 of FY26, AOT Peer Support Specialists received a total of 114 new referrals; of these 114 new referrals, 35 individuals were members who stated clear interest in receiving Peer Support Services. Through remote channels like virtual meetings and hospital visits, the Peers engaged with 39 members while hospitalized and another 24 members were reached through follow-up calls after discharge from the hospital. Also, significant this quarter were the 3 members seen in their respected</p>
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communities. Seventy-Three (73) members were engaged with overall this quarter, contributing to a 65% successful engagement rate. Adult Initiatives will inform DWIHN outpatient providers of the monthly office hours on January 23, 2026's NGRI/AOT Workgroup meeting. The providers will have the option of two standing dates from which to choose. Adult Initiatives will request discharge documents from each hospital on the first Monday of each month.

2. **Activity 2: Evidenced-Based Supportive Employment (EBSE)** - The total number of unduplicated individuals served is updated on a monthly and quarterly basis, as provided by the quarterly IPS report from MDHHS, monthly data obtained from CRSPs providing IPS services, and data gathered internally on MHWIN to ensure for the most accurate information. The following data is based on the total number of members receiving IPS services during the 1st quarter of the 25/26 FY from the 9 CRSPs providing IPS: Access (50); Central City (41); The Guidance Center (45); Hegira (170); Lincoln Behavioral Services (110); and Team Wellness (215). Adult Initiatives attended the Benefit to Work conference during the month of October. This provided insight and engagement with various IPS programs throughout the State of Michigan and how their agencies utilize this service differently. This insight has encouraged the idea of having an individual trained in Benefit to Work Counseling which encourages continued engagement with CRSPs. The opportunity exists where the state is interested in sending staff to be trained and explore if it offers a positive experience within our provider network. Adult Initiatives continues to track the impact of IPS engagement on hospitalization rates. Data from January-December 2025 shows a significant reduction in hospitalizations among members engaged in IPS services (defined as attending more than two appointments): 14 total members reviewed for the report; 15 total hospitalizations prior to IPS engagement; and 2 total hospitalizations post IPS engagement. This represents an 87% decrease in hospitalizations, highlighting the positive correlation between IPS participation and improved stability.

Commissioner Kinloch opened the floor for discussion. Discussion ensued.

- B. **Crisis Care Services** – On behalf of Grace Wolf, VP of Crisis Care Services, Rahiem Hampton, Director of Crisis Quality and Compliance Crisis Services submitted and gave highlights of the Crisis Care Services' quarterly report. It was reported that:
 1. **Activity 1: Adult Crisis Stabilization Data** – For reporting period September – November 2025, there was an average of 185 adults present per month with 66% of those presentations being admitted to the Unit. The Behavioral Health Urgent Care opened in October 2025. The Unit primarily serve African American males between the ages of 26 and 64 years of age. Most of our adults are referred out to outpatient treatment at 45%. We continue to maintain a low inpatient referral rate at 22% this quarter and on average, our 30-day recidivism rate was at 8%.
 2. **Activity 2: Building Empowered and Supportive Transitions (BEST) Unit Data** – For this quarter, we averaged 10 admissions from the BEST. The average length of stay was 4.6 days and the majority of those were referred to outpatient services at 47%.
 3. **Activity 3: Child and Family Crisis Unit (CFCU)** – There was an average of 87 child presentations per month with 51% being admitted to the Unit. We primarily serve African American males between the ages of 10 to 14 years of age. The majority of our children are referred to outpatient treatment at 48% and we continue to maintain a low inpatient referral of 14%.

4. **Quarterly Update** – Behavioral Health Urgent Care (BHUC) opened October 1, 2025. This is DWIHN’s 6th 24/7/365 program opened and operating in the last two years. In the first two months, 76 individuals were served at the urgent care located at the 707 Crisis Care Center. The Center continues to engage with MDHHS towards the development of the Youth Crisis Stabilization Administrative Rules. There are no current plans for improvement or corrections at this time.

Commissioner Kinloch opened the floor for discussion. Discussion Ensued.

C. **PIHP Crisis Services** – Daniel West, Director of PIHP Crisis Services submitted and gave highlights of the PIHP Crisis Services’ quarterly report. It was reported that:

1. **Activity 1: CRSP Crisis Screening Notifications** – There was an increase in CRSP’s notifications from FY25, Q4 (46%-adults and 53%children) to FY 26, Q1 (72%-adults and 94%-children). The team has worked to increase the percentage of CRSP notifications across the quarters. Upon discussion of progress with the delegated screening entities, previous entries of “no” for CRSP notification were dependent on a variety of factors including member choice upon discharge, and member preferences. Therefore, the team added N/A for an option and this option was excluded in the data set, leaving a more accurate representation of CRSP notification in the 1st quarter. Upon analysis of the claims data following the PAR, the team found the likelihood of members receiving at least 2 outpatient claims increased with CRSP notification.

2. **Activity 2: CSU Transfers, Recidivistic Requests for Service (RFS)** – Beginning in December 2024, staff developed a targeted intervention for members who repeat a RFS (crisis screening) within 30 days of discharge from an inpatient facility. Members who present to the emergency department for a crisis screening within this parameter will be identified, and efforts will be made to transfer these members to Crisis Stabilization Units (CSU) to avoid unnecessary inpatient hospitalizations and promote service connection where medically appropriate. The team has started tracking diversions to lower levels of care as well for this targeted population. The team has worked to increase the percentage of diversions for the targeted population and have seen a noteworthy increase in CSU referrals.

3. **Discharge Planning, No CRSP at Admission** - Clinical Specialists connected 60% of members to their chosen provider in the 1st quarter. A decreased percentage is directly associated with a decrease in Clinical Specialists performing this function as the team promoted a Clinical Specialist to Manager. Across the quarters, the team has consistently shown an increase in the percentage of members service connected as opposed to the percentage of service connection without their involvement.

4. **Quarterly Update** - The PAR Manager held training for all ACT team staff that will be completing the Pre-Admission Reviews (PARs). This training was comprehensive, including a pre- and post-test, and the training was well attended. The team will gather data to show effectiveness in PAR diversions in the months following that training that took place on 11/13/25. Recidivism for adults and children has decreased in the 4th quarter after an increase in the 3rd quarter.

Commissioner Kinloch opened the floor for discussion. Discussion ensued.

D. **Managed Care Operations** – Rai Brown, Director of Managed Care Operations submitted and gave highlights of the Managed Care Operations’ quarterly report. It was reported that:

1. **Activity 1: Credentialing** – For FY 26, Q1, there was a total of 187 applications reviewed, and 188 applications approved by the Credentialing Committee. Major accomplishments during the quarter included continued support for the implementation of the new CVO system. The team actively participated in weekly implementation meetings and successfully completed all required training sessions to support the onboarding and operational readiness of the new vendor. In addition, Managed Care Operations submitted all required documentation for the Humana Pre-Delegation Audit in support of the new MICH HIDE SNP contract and received a 100 percent score on the HAP/CareSource Pré-Delegation Audit for the same program. To further strengthen operational consistency and staff readiness, the team conducted multiple training refreshers and developed job aids to reinforce key workflows and support ongoing system adoption. The division will continue advancing the implementation of the new CVO and begin piloting provider and practitioner applications to assess functionality, usability, and workflow alignment. In parallel, the team will implement updated credentialing application standards to support MICHHIDE SNP requirements and incorporate new provider qualification guidance issued by MDHHS ensuring ongoing compliance and operational readiness.
2. **Activity New Provider Changes to the Network/Provider Challenges** – Contracting and provider network activity reflected a maturing and increasingly stable network. The division processed 109 provider-related actions during the quarter, including 30 provider inquiries, 48 contract expansion requests, 27 Access Committee approvals, and the addition of 4 new providers to the DWIHN network. Compared to Quarter 1 of FY2024/2025, inquiry and expansion volumes moderated, signaling reduced reliance on broad recruitment efforts and a shift toward intentional, need-driven growth. Major accomplishments this quarter reflect continued progress in strengthening operational capacity, contract oversight, and system maturity. Managed Care Operations successfully backfilled open Provider Network Manager positions and concluded recruitment for two additional PNM roles, with offers extended to support increased capacity and continuity across the provider network. The division also completed the FY 25 contracting season, resulting in an increase in executed contracts from 367 in the prior fiscal year to 411 this year, demonstrating improved coordination, accountability, and provider responsiveness. Additionally, Substance Use Disorder contract management oversight will be transitioned back to the MCO, enabling stronger alignment between contracting, network adequacy, and compliance monitoring. Several goals established in the prior fiscal year were fully accomplished, including the development of a comprehensive auditing site review tool to support cross-departmental information sharing and the creation of a formal Risk Matrix for ABA and SUD providers to strengthen oversight and risk-based decision-making.
3. **MCO Provider Satisfaction Survey** - For Q1 Fiscal Year 2025/2026, the ongoing provider satisfaction survey embedded in MCO staff email signatures has received 18 responses — total survey responses 114 since February 2025. Survey results remain consistently positive, with continued improvement across all four key performance domains. The average ratings for professionalism were 4.86, and courtesy reached 4.93, responsiveness improved to 4.86, and knowledge rose to 4.83. These upward trends indicate that providers view MCO staff as professional, courteous, knowledgeable, and accessible. In addition, 100 percent of respondents reported receiving a

	<p>response within five business days, reflecting a measurable improvement from the 92 percent reported earlier in the fiscal year.</p> <p>Commissioner Kinloch opened the floor for discussion. There was no discussion.</p> <p>E. Utilization Management - Marlena Hampton, Director of Utilization Management submitted and gave highlights of the Utilization Management's quarterly report. It was reported that:</p> <ol style="list-style-type: none"> Activity 1: Timeliness of UM Decision-Making - Beginning on January 1, 2026, payers are required to make decisions for all standard, non-urgent requests within seven (7) calendar days. As noted in previous reports, we were previously allotted fourteen (14) days to render dispositions on these requests. Significant tasks during this quarter were consultation with DWIHN's directors to discuss ongoing transitions in CCBHC oversight and sunsetting the MI Health Link Demonstration; and completion of pre-delegation audits for Integrated Care Organizations (ICOs) participating in the Highly Integrated Dual Eligible Special Needs Plan (MICH HIDE SNP) program, which includes monitoring of timeliness standards. The department's prior authorization review teams continue to focus on their overall decision-making timeliness. In Q1, the department's prior authorization review teams manually approved 97% of authorization requests within 14 calendar days. Staff continue to track the percentage of authorizations manually approved within 17 calendar days in anticipation of the January 1, 2026 transition. In Q1, 12,273 authorizations (80.5%) were manually approved. Activity 2: MI Coordinated Health (MICH HIDE SNP) Transition - The department has completed several audits and system updates to ensure the department meets requirements for current delegation responsibilities (MHL), as well as the implementation of MICH HIDE SNP contracts. All activities are aligned with contractual, accreditation, and compliance requirements. Significant tasks during this quarter were completion of pre-delegation audits for participating health plans prior to contract execution; review and update of policies and procedures to align with new plan requirements; and participation in weekly interdepartmental meetings to discuss transition needs and plan updates. The department completed all scheduled pre-delegation (MICH HIDE SNP) and delegation (MHL) audits for the current cycle. <p>Commissioner Kinloch opened the floor for discussion. There was no discussion.</p> <p>Commissioner Kinloch noted that the Adults Initiatives, Crisis Care Services, PIHP Crisis Services, Managed Care Operations and Utilization Management quarterly reports have been received and placed on file.</p>
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X. Strategic Plan - None

DISCUSSION/ CONCLUSIONS	<i>There was no Strategic Plan to review this month.</i>
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XI. Quality Review(s) - None

DISCUSSION/ CONCLUSIONS	<i>There were no Quality Review(s) to report this month.</i>
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XII. Associate VP of Clinical Operations Executive Summary

<p>DISCUSSION/ CONCLUSIONS</p>	<p>Stacey Sharp, Associate VP of Clinical Operations, submitted and gave highlights of her report. It was reported that:</p> <p>A. Integrated Healthcare (IHC) Services – OBRA processed 613 referrals, with 285 assigned for assessment and 198 completed. Additionally, 313 cases were triaged, and exemption letters were issued, indicating no assessment was needed. This represents an increase of 42 assessments compared to the same month last year. Notably, hospital referrals continue to rise, yet staff consistently meet the four-day turnaround requirement while reducing the 14-day annual review queue by 100 cases—a significant operational improvement. The team’s productivity remains a highlight, with most staff completing more than five (5) assessments weekly and the OBRA Occupational Therapist averaging seven (7). Looking ahead, the focus is on leveraging full staffing resources and cross-training initiatives to accelerate annual review completions. These efforts position OBRA to sustain compliance, manage growing referral volumes, and maintain timely, member-centered care.</p> <p>B. Children’s Initiatives - On December 4, 2025, the Children’s Initiative Department hosted its Annual Report to the Community event, “Our Community, Our Story,” fulfilling a key deliverable for the System of Care Block Grant. This gathering served as an opportunity to reflect on Fiscal Year 2025 achievements in meeting the needs of children, youth, and families across Wayne County. The report highlighted progress toward four (4) core goals: increasing access to services, improving service quality, amplifying youth and parent voice, and strengthening the workforce. The event drew strong engagement, with 89 of 98 registered attendees—including providers, community partners, stakeholders, and representatives from the Michigan Department of Health and Human Services—coming together to celebrate shared accomplishments. Participants received the System of Care Report booklet, now available on the DWIHN Children’s Initiative webpage, which summarizes key milestones from the past year. The program featured keynote speaker Andrew Griffin, who delivered an inspiring message titled “Rewriting the Vision,” and honored five (5) individuals with awards recognizing their contributions to advancing children’s services. Planning is already underway for the next Report to the Community event in December 2026, ensuring that the momentum and collaboration fostered this year carry forward into future efforts.</p> <p>Commissioner Kinloch opened the floor for discussion. There was no discussion. Commissioner Kinloch noted that the Associate VP of Clinical Operations’ Executive Summary has been received and placed on file.</p>
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XIII. Unfinished Business

<p>DISCUSSION/ CONCLUSIONS</p>	<p><i>Commissioner Kinloch, Committee Chair, informed the committee that Unfinished Business board actions A-F will be bundled and a motion would be made after discussion.</i></p> <p>A. BA #26-04 (Revised) – Michigan Department of Health and Human Services (MDHHS) Children’s Initiatives Grants FY 26 – Staff requesting board approval for an additional \$24,081 allocated to the Infant Toddler Court Grant Program for</p>
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fiscal year contract 10/1/25 through 9/30/26 due to notice of supplemental funds from MDHHS. The FY 26 amended budget totals \$138,479.00, representing an increase of \$24,081.00 from the original allocation of \$114,398.00. Commissioner Kinloch opened the floor for discussion. There was no discussion.

- B. **BA #26-12 (Revised 3) - Substance Use Disorder Treatment Providers Network FY 26, Screening, Brief Intervention and Referral to Treatment (SBIRT) and Narcan** – Staff requesting board approval for \$75,000.00 in PA2 funds to support the SBIRT program at Hegira Health in partnership with Garden City Hospital. The program is crucial in helping with SUD issues when partnered with hospitals, especially emergency departments, who provide an ideal opportunity for early intervention before substance use escalates. In addition, the SUD Department is reallocating \$35,000.00 in PA2 funds from the Narcan Vendor line item on BA#26-12 to Novaceuticals to support Narcan, Fentanyl and Xyalzene test strip procurement. Historically, we have contracted with Novaceuticals for the procurement of overdose prevention supplies. Novaceuticals has products available to us at a discount rate, in line with the market value of overdose prevention kits. Following the 5-month extension and additional funds to support procuring additional Narcan in the short term. We will be bidding out our contract for overdose prevention supplies through the Invitation for Bid process. The revised not to exceed amount of SUD prevention totals \$5,449,114 for the fiscal year ending September 30, 2026. Commissioner Kinloch opened the floor for discussion. There was no discussion.
- C. **BA #26-14 (Revised 3) - DWIHN Provider Network System FY 26** – Staff requesting board approval for the addition of four (4) providers listed in the board action (one residential and three (3) outpatient) to the DWIHN Provider Network for the fiscal year ending September 30, 2026. The total amount of this board action remains the same and not to exceed the amount of \$837,791,038.00 for FY 26. Commissioner Kinloch opened the floor for discussion. Discussion ensued.
- D. **BA #26-21 (Revised 2) - Autism Services FY 26** – Staff requesting board approval to Requesting DWIHN Board to approve revision for the Autism Independent Evaluator Provider, Sprout Evaluation Center LLC, to receive a contract for FY26 (February 1, 2026 - September 30, 2026) as a result of the Autism Evaluator Request for Proposal (RFP) to complete Autism Evaluations for \$491,237.00. Sprout was approved for an extension from FY25 contract until 1/31/26 (BA25-24R6). The total projected budget for autism services for FY26 is estimated at \$104,955,784. Commissioner Kinloch opened the floor for discussion. There was no discussion.
- E. **BA #26-36 (Revised) - Children Services Healthcare Quality Initiatives Program FY 26** – Staff requesting board approval for the revision of the Children's Services Healthcare Quality School Success Initiatives (SSI) Program, to add a new provider, Core Caring Group (dba RBC Support Services), as a result of the 2026-020 School Based Health Quality Initiative Request for Proposal (RFP). Funding for the new Health Quality Initiative is in accordance with 45 CFR 158.150 to improve healthcare quality of services. Core Caring Group (dba RBC Support Services) will be allocated an amount not to exceed \$120,810 for the 9-month period of 01/01/2026 - 09/30/2026. There are no changes to the remaining SSI providers or other programs. The total Children Services Healthcare Quality Initiatives budget remains the same in an amount not to exceed \$3,150,003 for the 10 months ending 09/30/2026. The remaining 2 months of services for the period 10/1/2025 - 11/30/2025, totaling \$629,997, were approved with BA #25-18R. BA #25-18R (\$629,997) and BA #26-36R (\$3,150,003) together total the FY26 Children's Services Healthcare Quality

	<p>Initiatives Programs in an amount not to exceed \$3,780,000.00. Commissioner Kinloch opened the floor for discussion. Discussion ensued.</p> <p>F. BA #26-39 (Revised) – Michigan Child Collaborative Care (MC3) Program FY 26 – Staff requesting board approval for a revision to the initial board action wherein funds provided by the University of Michigan (U of M) were allocated to Starfish Family Services to provide services under the Michigan Child Collaborative Care Program (MC3). Total funding (\$105,596) provided by (U of M) included \$84,612 for clinical services and \$20,984 for administrative services; \$95,359 was allocated to Starfish with the remaining amount retained by DWIHN for indirect costs. U of M has requested provision of services be transferred from Starfish to DWIHN as early as possible. DWIHN requests a revision to Starfish's contract term end date from 9/30/2026 to 2/28/2026 and contract amount change to \$36,196 (\$28,593 for clinical services; \$7,603 for administrative). The remaining funds will be allocated to DWIHN as follows: Indirect costs totaling \$13,774, New Behavioral Health Consultant - \$44,982 Clinical; \$10,644 administrative; This position will report to DWIHN Outpatient Clinic. The total amount allocated to Starfish is not to exceed \$36,196 for the 5-month period ending 2/28/2026. The remaining funds (\$69,400) will be allocated to DWIHN. Commissioner Kinloch opened the floor for discussion. Discussion ensued.</p> <p>Commissioner Kinloch called for a motion on BA #26-04 (Revised), BA #26-12 (Revised 3), BA #26-14 (Revised 3), BA #26-21 (Revised 2), BA #26-36 (Revised), and BA #26-39 (Revised). Motion: It was moved by Mr. Glenn and supported by Mrs. Bullock to move BA #26-04 (Revised), BA #26-12 (Revised 3), BA #26-14 (Revised 3), BA #26-21 (Revised 2), BA #26-36 (Revised), and BA #26-39 (Revised) to Full Board for approval. There was no further discussion. Motion carried with Mr. Phillips abstaining on BA #26-04 (Revised).</p>
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XIV. New Business (Staff Recommendations)

<p>DISCUSSION/ CONCLUSIONS</p>	<p>A. BA #26-37 – Credentialing Verification Organization FY 26 – Medversant Technologies, LLC - Staff requesting board approval to enter a one-year contract, effective November 1, 2025, through October 31, 2026, for an amount not to exceed \$298,600.00 with Medversant Technologies LLC, a National Committee for Quality Assurance (NCQA) accredited Credentialing Verification Organization. The contract ensures that DWIHN is compliant with the credentialing requirements delineated in 42 Code of Federal Regulations 422.204, their executed agreements with MDHHS and the five Integrated Care Organizations. Commissioner Kinloch called for a motion on BA #26-37. Motion: It was moved by Dr. Tauog and supported by Mr. Glenn to move BA #26-37 to Full Board for approval. Commissioner Kinloch opened the floor for discussion. There was no discussion. Motion carried.</p> <p>B. BA #26-42 – Wayne County Jail Mental Health Services FY 26 – Staff requesting board approval for a continuing contract with Wayne County for the provision of mental health services for Wayne County residents who have been detained at the jail. Upon booking into the jail, inmates are screened, assessed, and determined to meet criteria for an intellectual/developmental disability; serious mental illness; co-occurring disorder; substance use disorder; or is at risk for developing behavioral health issues that will negatively impact their activities of daily living. Behavioral health services are delivered either on the mental health unit or in general population by credentialed and qualified mental health professionals. Services include evaluation, diagnosis, crisis intervention, individual and group therapy, case management, medication management,</p>
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	<p>referral, and discharge planning. Provision of services for this population supports DWIHN's mission to assure that mental health services are accessible for those in need. Treatment and services occur in the jail and discharge planning provides for post-release aftercare with the community mental health system. The contract amount is not to exceed \$5,000,000.00 for the fiscal year ending September 30, 2026. Commissioner Kinloch called for a motion on BA #26-42. Motion: It was moved by Mr. Glenn and supported by Dr. Taueg to move BA #26-42 to Full Board for approval. Commissioner Kinloch opened the floor for discussion. There was no discussion. Motion carried.</p> <p>C. BA #26-43 – Mobile Crisis Safety Monitoring/Panic Button FY 26 – Alert Media, Inc. – Staff requesting board approval for a Modification in the amount of \$27,000.00 to the previously approved Competitive Best Value Purchase for the Mobile Crisis – Panic Button Platform, B022590027 with Alert Media. This request builds upon the original competitive source justification and vendor selection process previously approved. This is a three-year contract to provide safety monitoring to Mobile Crisis staff. The contract term is from January 27, 2026 through January 26, 2029. The contract amount shall not exceed \$116,592.00 for the duration of three years. Commissioner Kinloch called for a motion on BA #26-43. Motion: It was moved by Mrs. Bullock and supported by Mr. Glenn to move BA #26-43 to Full Board for approval. Commissioner Kinloch opened the floor for discussion. Discussion ensued. Motion carried.</p>
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XV. Good and Welfare/Public Comment

DISCUSSION/ CONCLUSIONS	<p><i>There was no Good and Welfare/Public Comment to review this month.</i></p>
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Action Items	Responsible Person	Due Date
1. Chief Medical Officer's Report – Provide a copy of the Recidivism Policy to the committee.	Dr. Shama Faheem	COMPLETED

The Chair called for a motion to adjourn the meeting. **Motion:** It was moved by Mr. Glenn and supported by Mr. Phillips to adjourn the meeting. **Motion carried.**

ADJOURNED: 2:47 p.m.

NEXT MEETING: Wednesday, February 11, 2026, at 1:00 p.m.

**Program Compliance Committee Meeting
Corporate Compliance Report
February 11, 2026**



Main Activities during October 1, 2025 – December 31, 2025

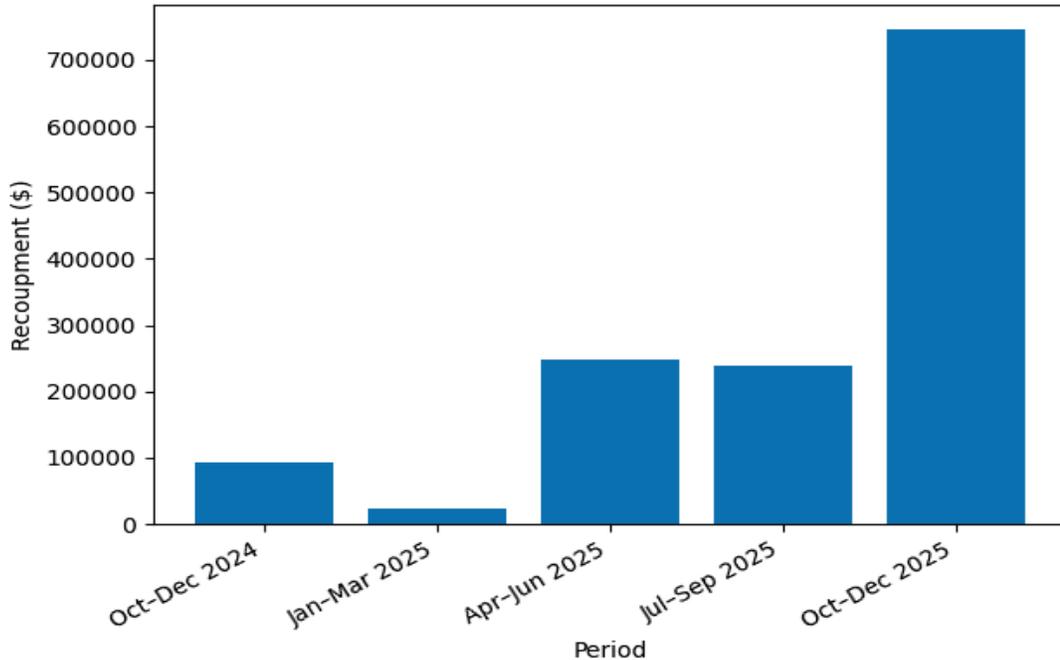
Major Activities:

Activity 1: Provider Network Investigations

Description: Compliance referrals that lead to investigations support efforts to detect, prevent, and resolve instances of fraud, waste, and abuse impacting the Medicaid program.

	October 1, 2025 – Dec. 31, 2025
Compliance Referrals	Outcomes
Accepted Referrals	25
Referrals Opened for Investigation	15
Referrals Carried Over from The Previous Quarter	10
Investigations Completed	15
Substantiated Allegations Resulting in Recoupment	6
Total Recoupment Identified for the Substantiated Allegations	\$744,980.32

Compliance Recoupment by Quarter



A shift occurred beginning FY 2026 period. While case volume remained consistent with the prior two quarters (15 cases opened and 15 cases closed), total recoupment increased to **\$744,980.32**, compared to a combined **\$603,575.45** recovered across the preceding FY 2025 period. This reflects a substantial increase in financial recoveries despite stable investigative volume, indicating improved yield per case rather than an increase in case activity.

This variation indicates that investigative outcomes are no longer primarily driven by case count, but by case value. The data reflects improved targeting of higher-exposure matters, attributed by case triage and data-driven selection. If this pattern continues, the Compliance Department is positioned to increase financial impact while maintaining consistent operational throughput, signaling a more efficient and effective program integrity model.

- *Significant Tasks During Period:* During this reporting period, the Corporate Compliance team continued its efforts to detect, investigate, and remediate fraud, waste, and abuse within the Medicaid system. A total of 25 referrals were received, of which 15 cases (60%) advanced to formal investigation. In addition to newly accepted matters, the team managed 31 allegations carried forward from the prior quarter, reflecting the ongoing and cumulative nature of its investigative workload.
- *Current Status:* During the October–December 2025 reporting period, the team successfully completed 15 investigations, representing a modest decrease of one closure compared to the prior quarter (16 to 15). Of the 59 active cases under review during the quarter (28 new matters and 31 carried forward), 15 cases were closed, resulting in a closure rate of approximately 25.4%. Despite the slight reduction in closures, investigative throughput remained stable while the team continued to manage a sustained and active caseload.
- *Major Accomplishments During this Period:*
Financial Impact: A total of substantiated allegations during the October–December 2025 reporting period resulted in financial recoveries of \$744,980.32. This amount reflects an increase of approximately 211% compared to the prior quarter (July–September 2025: \$239,709.95) and represents the highest quarterly recoupment achieved during the review period. Despite stable investigative volume, the magnitude of recovery underscores a shift toward higher-impact investigations with greater financial exposure.

Substantiation Rate: Of the 15 investigations completed during the October–December 2025 reporting period, 6 cases (40%) were substantiated, resulting in either financial recoupment or the implementation of a corrective action plan.

Update

A member of the Compliance team departed DWIHN in January 2026, and as a result, we are actively recruiting to fill the vacant Compliance Special Investigation Unit Administrator position.

Program Compliance Committee Meeting
Yvonne Bostic, MA, LPC (Director) – DWIHN Access Call Center
First Quarter (FY 25/26)
Date: 2/11/2026



Main Activities during 1st Quarter FY 25-26:

- **Staffing and Training**
- **Call Center Performance – Call detail report.**
- **Appointment Availability**
- **Upcoming Plans and Projects**

Activity 1: Staffing and Training:

Description: The Access Call Center is made up of 3 units, Access Call Center Representatives (ACCR), Access Call Center Clinicians and Access Call Center SUD Techs. These 3 units work together to handle the calls that come through ph# 800-241-4949. The ACCR answers and logs each call and identifies if the call needs to be transferred to another unit or department or if the inquiry can be addressed directly. This staff also processes referrals and inquiries via fax, email and smartsheets

The Access Call Center staff engage in monthly department meetings and monthly unit meetings where they learn more about the departments, providers and services offered through DWIHN and engage in trainings to improve skills.

- **October 2025 – December 2025 Department Overviews and Trainings** – Advance Directives (Joi Meeks); DWIHN Childrens’ Services (Lucas Gogliotti); City of Detroit Housing and Innovation Program (Michele Robinson & Steve Knutson); DWIHN PAR Services (Dan West); Transition -MI HEALTH LINK to HDE SNP (Nakia Young); DWIHN Access Call Center Program Description and Scope of services (Policy Stat);
- **Staffing 1st Qtr FY 25/26** - The Access Call Center experienced periods of turnover due to resignation (2) and termination (1); however the use of overtime and contingent staff has contributed to the achievement of call standards and goals.
 - 25 Access Call Center Reps (21 FT, 1 PT, 3 Cont)
 - 24 filled and 1 open (1 contingent filled in January 2025)
 - 20 Call Center Clinicians (11 FT, 6 PT, 3 Cont)
 - 18 filled and 2 open (PT)
 - 20 SUD Technicians (15 FT, 2 PT, 3 Cont)
 - 18 filled and 2 open (1PT and 1contingent)

There continues to be a regular review of applications, interviewing, hiring and training so that vacancies can be filled.

Activity 2: Call Center Performance – Call Detail Report

- **Description:** Majority of the calls that come into the call center are from members in the community seeking mental health and SUD services, information, and referrals. The rest of the incoming calls are from in-network providers and other community agencies like local hospitals, foster care workers, etc. Incoming calls are monitored from the first

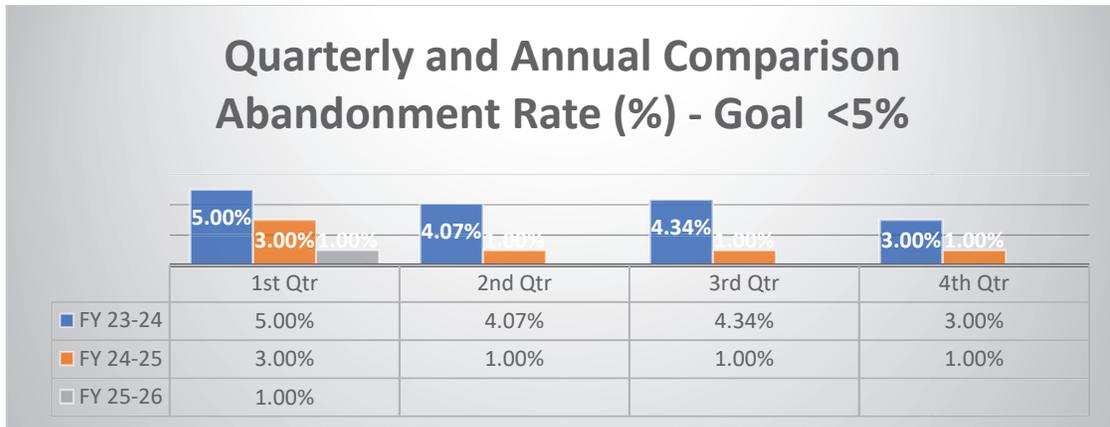
point of contact with the DWIHN Access Call Center Representatives and then after they are transferred to a screener (MH/SUD) or other resource.

- MDHHS Standards and Call Center Performance for 1st Quarter FY 25-26 (October - December 2025):
 - % Abandoned Goal is < 5% (1.0%)
 - Avg. speed to answer Goal <30 sec. (7 sec)
 - % of calls answered Goal > 80% (98.0%)
 - Service Level Goal >80% (95.0%)

	Incoming Calls	Calls Handled	Calls Aband.	% Aband	Average Speed Answer	Avg Call Length	% of Calls Answered	Avg Service Level
FY 25-26 1 st QTR	45,996	44,967	338	1.0%	7 sec	4:44 mins	98.0%	95.0%
FY 24-25 1st QTR	47,674	42,327	1,379	3.0%	20 sec	5:33 mins	95.0%	84.0%
FY 23-24 1st QTR	52,564	49,850	2,714	5.0%	34 sec	5:30 mins	95.0%	76.0%

- **Current Status:** For the 1st Quarter of FY 25-26 there were 44,967 calls handled by the access call center.
 - **Breakdown**
 - 11,431 (25%) calls handled related to SUD services with an average handle time of 15:01 minutes (5,240 screenings completed and 6,191 follow up calls, change level of care, reschedule or change appointment, etc.)
 - 5,327 (12%) calls handled, related to MH services, with an average handle time of 21:07 minutes (3645 screenings completed and 1,682 follow up calls, change or reschedule appointment, etc.)
 - 28,209 (63%) calls handled, related to other requests: provider inquiries, information and referrals for community programs and services, screening follow up calls, Hospital Discharge appointments, enrollments (Infant Mental Health (IMH), Foster Care, TCW/ PCW, Hospital Inpatient, Etc.), Transfer calls (Crisis, ORR, Customer Service, Grievance, etc.)

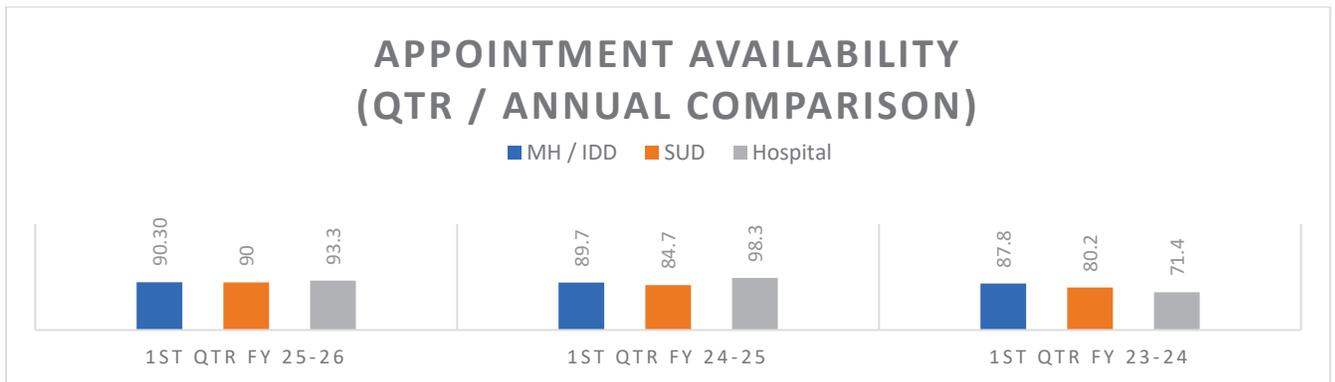
In an annual comparison of 1st Quarter FY 24-25 (3.0%) to 1st Quarter FY 25-26 (1.0%) abandonment rate, there was a 2% improvement. There has also been a significant improvement in the service level and speed to answer. Even with a decrease in staffing during the last 4 months, there continues to be an improvement in the Access Call Centers ability to manage high call volume times with the use of over-time and strategic staffing.



Activity 3: Appointment Availability

Description: The Access Call Center schedules routine MH intake appointments within 14 days, SUD routine, urgent and emergent intake appointment and hospital discharge / follow up appointments (within 7-day requirement) for individuals being discharged from short stay inpatient psychiatric treatment.

The Access Call Center schedules these types of appointments based on the Clinical Responsible Service Providers (CRSP) availability and ability to provide services, timely.



Summary:

In comparison to FY 24/25 to FY 25/26 there was an increase in appointment availability for MH and SUD services, which may be in relationship to the increase in providers to the network. Representatives from the quality department, Children / Adult Initiatives, Integrated Care and Access Call Center have 30-45 day meetings with the MH CRSP providers to identify barriers and discuss interventions. There are plans to utilize this same process with the SUD providers with the goal of identifying strengths and weaknesses and developing interventions as needed.

UPCOMING PLANS / PROJECTS for FY 25-26

- ❖ Update training curriculum to increase clinical screening skills around LOCUS, ASAM, Differential Diagnosis, Developmental/Intellectual Symptomology, De-escalation, Problem Solving and Suicide Risk Assessment.
- ❖ Utilize new features of DWIHN's Genesys phone system (Workforce, Knowledge Base, Satisfaction Surveys) to: Improve Data collection, analyze call trends & staff performance and perform caller satisfaction surveys
- ❖ Continued recruitment to fill vacancies

Program Compliance Committee Meeting
Ryan Morgan Director of Residential Services: Quarter 1 Report
Date: 2/11/2026



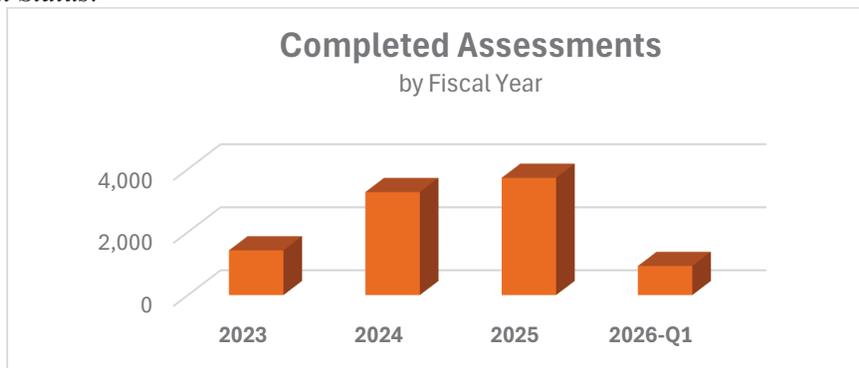
Main Activities during Reporting Period: Quarter 1 FY2026

- **Monitoring Residential Assessments**
- **Analyzing the Population Served Within Residential Services**
- **Implementing the Residential Assessment Audit Tool**

Progress On Major Activities:

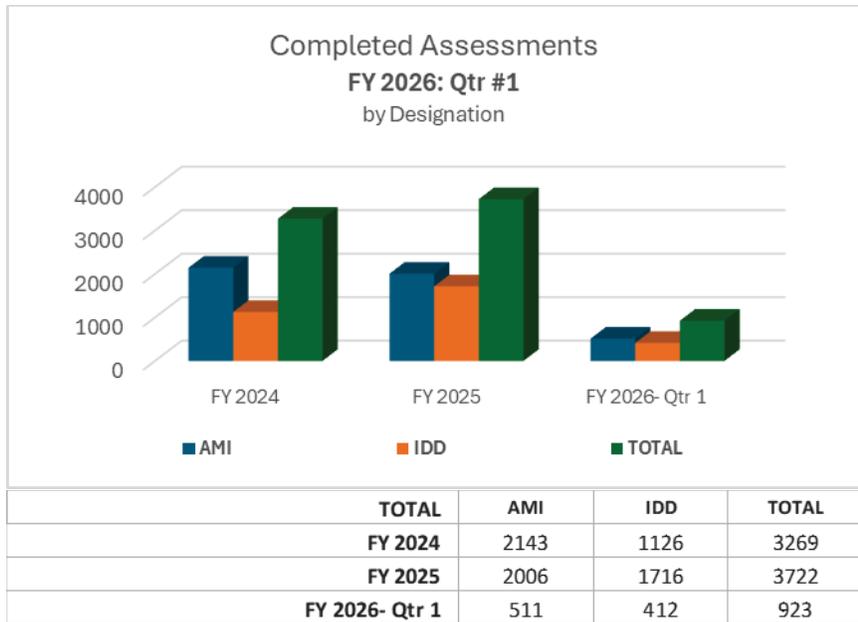
Activity 1: Monitoring Residential Assessments

- *Description:* Throughout the first quarter of the fiscal year the Residential Services Department continued the process of ensuring each member had an up-to-date Residential Assessment. Residential Assessments should be completed annually or at any time there is a change in the members' condition. It is important to maintain up to date assessments to ensure resident safety, individualized service plans, medical necessity, and proper authorization.
- *Current Status:*



Fiscal Year	2023	2024	2025	2026-Q1
Completed Assessments	1,419	3,269	3,722	923

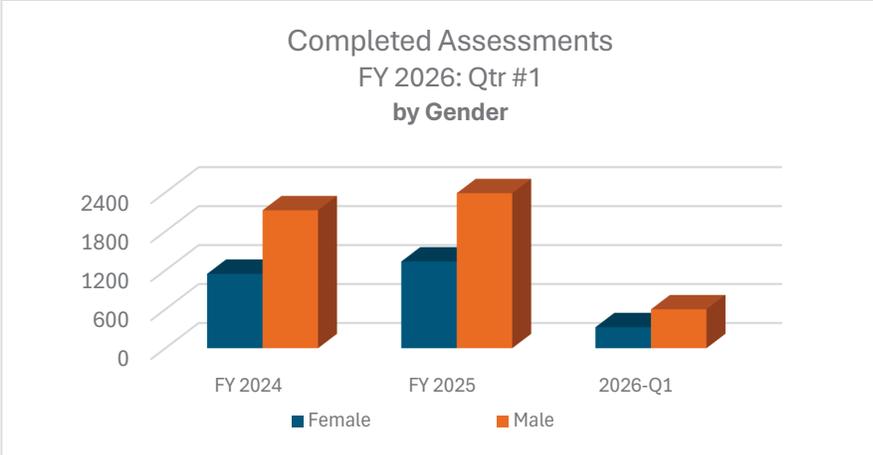
- *Significant Tasks During Period:* During the first quarter the Residential Services Department completed (923) Residential Assessments, (511) were completed with Adults with Mental Illness (AMI) and (412) were completed with individuals with Intellectual and Developmental Disabilities (I/DD).



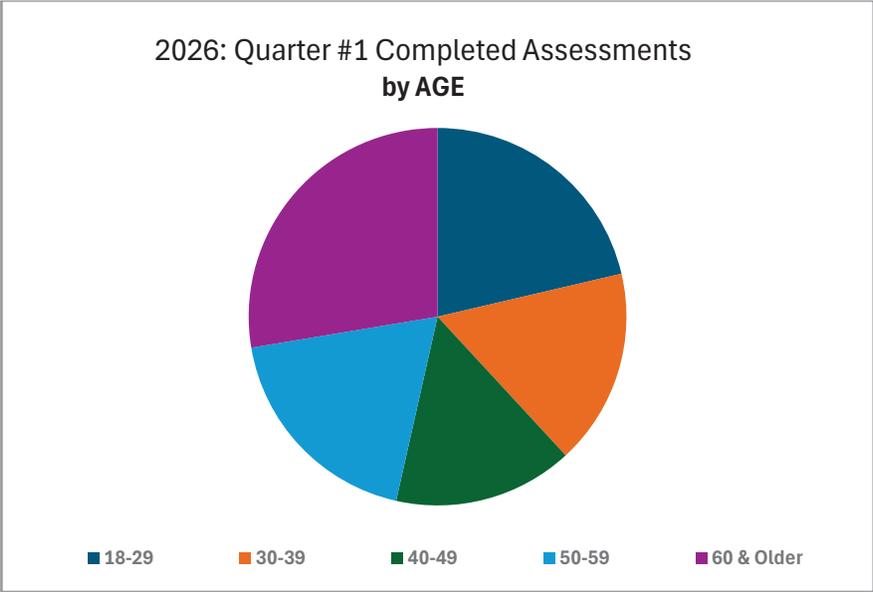
- *Major Accomplishments During Period:* The Residential Services Department saw an increase of (279) completed assessments in the first quarter of FY 2026 compared to the first quarter of FY 2025. This was accomplished by being fully staffed within the I/DD unit with the addition of Residential Care Specialist (RCS) Joshua Strode.
- *Needs or Current Issues:* It is important for the department to ensure that the Clinically Responsible Service Provider (CRSP) case holder is present when the Residential Assessment is being completed. This helps ensure that the member’s clinical documentation, individual plan of service (IPOS), and crisis plan is in alignment with the needs identified in the member’s assessment.
- *Plan:* The department continues to provide monthly reports to Clinically Responsible Service Providers (CRSP) for members whose individual plan of service (IPOS) is expiring in the next three (3) months. This allows staff to align the completion of the Residential Assessment with the members’ IPOS. We ensure the case holder is aware of the scheduled assessment date by emailing them prior to the fifteenth of the previous month.

Activity 2: Analyzing the Population Served within Residential Services

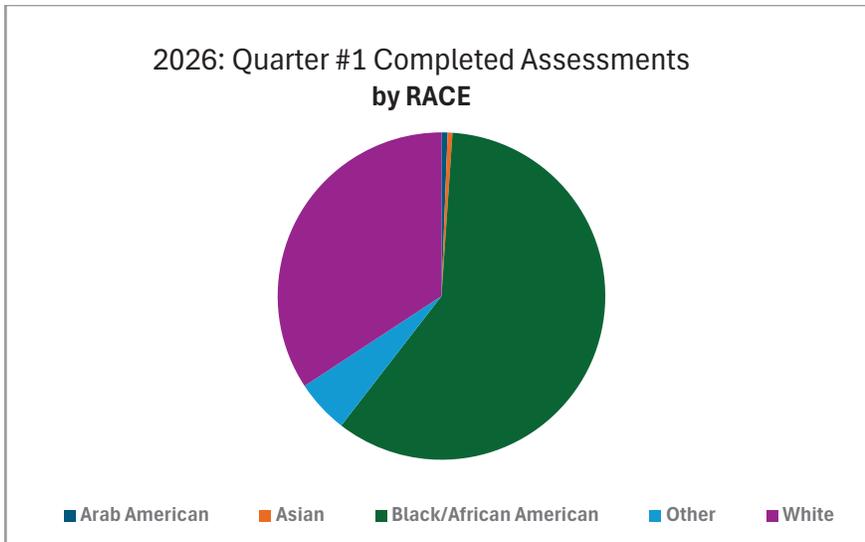
- *Description:* Throughout the first quarter of the fiscal year the Residential Services Department took a more detailed look into the population served within Residential Services. We were able to work in collaboration with the Information Technology Department to develop a report that allows us to pull demographic indicators from completed Residential Assessments. It is important that we can analyze this data to assist with making future decisions regarding network adequacy and the allocation of resources.
- *Current Status:*



Completed Assessments: by Gender		FY 2024	FY 2025	2026-Q1
	Female	1145	1335	324
	Male	2124	2387	599



Completed Assessments: by AGE			
	2024	2025	2026 - Q1
18-29	465	707	197
30-39	602	716	155
40-49	514	557	142
50-59	705	667	174
60 & Older	1,028	1,075	255

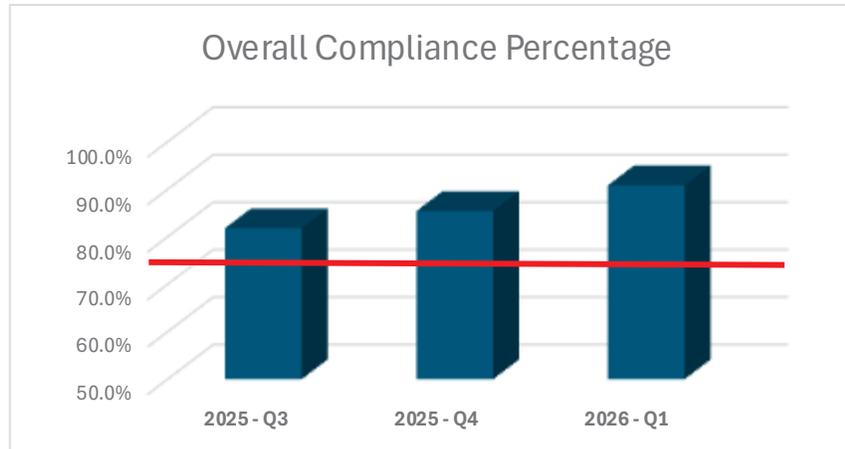


Completed Assessments: by RACE			
	2024	2025	2026 - Q1
Arab American	6	8	5
Asian	14	19	4
Black/African American	2,000	2,216	496
Other	161	221	44
White	1,133	1,258	286

- *Significant Tasks During Period:* Data analysis indicates specific trends within the department. For instance, there were (2,387) assessments completed with males compared to (1,335) assessments completed with females in FY 2025. This trend continued during the first quarter of FY 2026. Additionally, when looking at the age of the population the data indicates that there has been a significant increase in young adults coming into the department.
- *Major Accomplishments During Period:* During the first quarter the Residential Services Department began meeting with individual providers in order to discuss the specific needs of the network and encourage expansion in those areas.
- *Needs or Current Issues:* It would be beneficial to add providers focused on young adults with significant behavioral health needs and the elderly population with significant co-morbid medical concerns in order to meet the network needs.
- *Plan:* The Residential Services Department will work in conjunction with Managed Care Operations (MCO) to help onboard providers capable of serving these populations. We will also work with existing providers to allocate more resources in these areas.

Activity 3: Implementing the Residential Assessment Audit Tool

- *Description:* Over the first quarter of the fiscal year the Residential Services Department continued to utilize the recently developed Residential audit tool. It was important to develop and implement an audit tool because it helps ensure that the information and decisions tied to the Residential Assessment are acute, consistent, and defensible. The audit tool serves in the capacity of a quality control system and establishes clear expectations for the Residential Care Specialists (RCS) who are completing the Residential Assessments.
- *Current Status:*



	2025 - Q3	2025 - Q4	2026 - Q1
Compliance Percentage	81.8%	85.4%	90.9%

- *Significant Tasks During Period:* Each month managers serving Adults with Mental Illness (AMI) and individuals with Intellectual and Developmental Disabilities (I/DD) completed two (2) Residential audits per Residential Care Specialist.
- *Major Accomplishments During Period:* The department has seen a steady increase in audit outcomes since being implemented. In fact, average audit scores increased by approximately five (5) percent over the previous quarter to (90.9%).
- *Needs or Current Issues:* The department would benefit from having the Residential audit tool housed in MHWIN. This would allow easy access for staff to complete the assessments, making data collection more convenient. Additionally, it would eliminate the utilization of Smartsheet.
- *Plan:* The Residential Services Department has met with the Information Technology (IT) Department to discuss the possibility of adding the assessment to MHWIN. We believe the system has the capability and are in the process of implementation.

Quarterly Update:

- **Things the Department is Doing Especially Well:**
 - The Residential Services authorizations unit processed (2,871) Residential Authorizations during the first quarter of the fiscal year. Residential Authorizations were approved within an average of (3.29) days.
 - The Residential Services Department was able to discharge six (6) members out of state facilities and into community placements during the first quarter.
 - The Residential Services Department was able to onboard four (4) providers, accounting for sixteen (16) additional placement opportunities, to the network in the first quarter.
- **Identified Opportunities for Improvement:**
 - The Residential Services Department plans to work closely with the DWIHN Outpatient Clinic (DOC) as there is an opportunity for the DOC to provide clinical services to members

receiving Residential Services. This will provide another option for members to choose from when selecting an outpatient services provider.

- **Progress on Previous Improvement Plans:**

- The Residential Services Department worked with the Information Technology (IT) Department to ensure that the Residential Assessment transfers from MHWIN and into the Clinically Responsible Service Provider's (CRSP) electronic medical record. This process was first piloted with Community Living Services (CLS) and the Guidance Center and was then rolled out to the entire network during the first quarter.

Substance Use Disorder Initiatives Report, Feb SFY2026
Matthew Yascolt, Director of Substance Use Disorder Initiatives



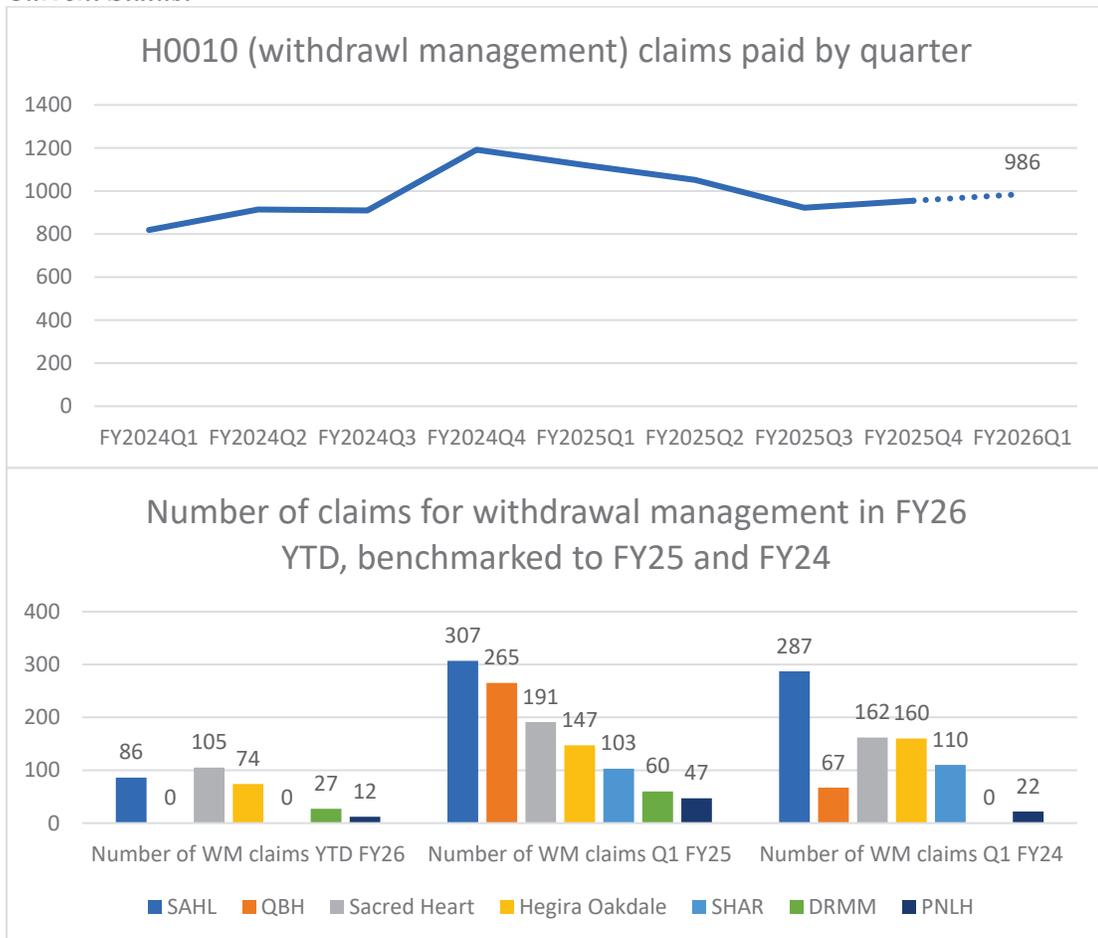
Main Activities during Feb 2026:

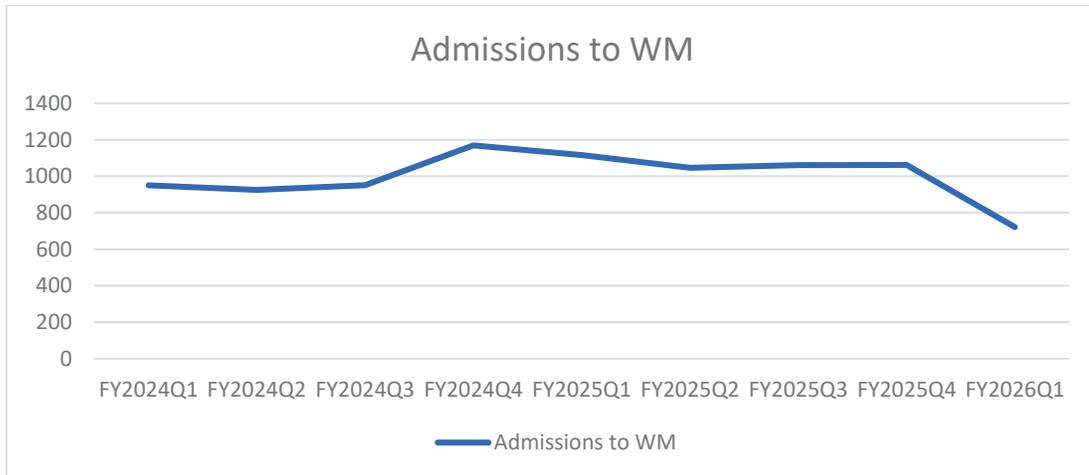
- **An analysis of withdrawal management utilization**
- **An analysis of members leaving against medical advice**
- **An analysis of members leaving against medical advice by service provider**

Progress On Major Activities:

Activity 1: An analysis of withdrawal management utilization (H0010)

- **Description:** Withdrawal management is the first step in treating a substance use disorder and is designed to make the process of becoming substance-free as safe and comfortable as possible. The goals of a withdrawal management program are to help the person safely clear substances from their body, manage withdrawal symptoms, and prepare them for long-term treatment and recovery. It involves medical supervision, medication-assisted treatment, and takes place in a residential treatment center. Trends in utilization for withdrawal management were reviewed. Please note that a 60-day claims lag applies to the claims data presented below and admission records were used to forecast FY26 Quarter 1 data.
- **Current Status:**

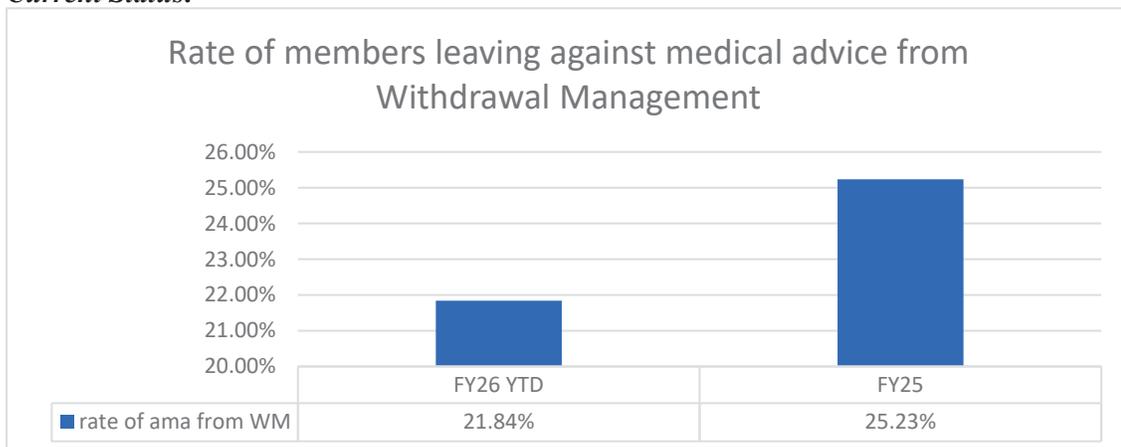




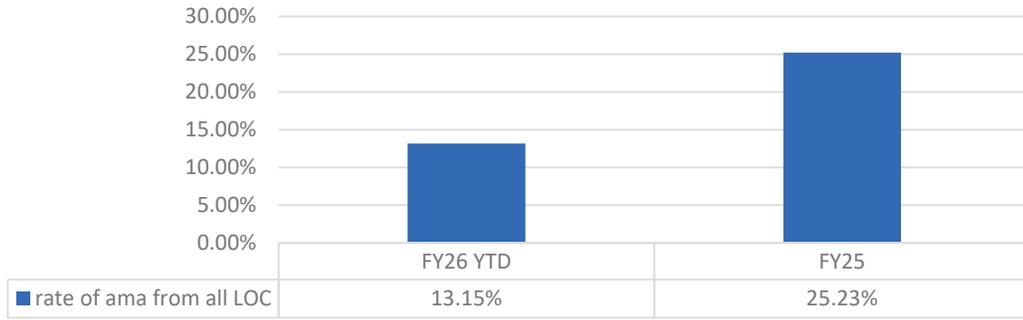
- **Significant Tasks and Major Accomplishments During Period:** Since quarter one for fiscal year 2024 withdrawal management utilization hovers between 819 and 1,120 claims per month.
- **Needs or Current Issues:** We will continue to monitor the utilization of withdrawal management services.
- **Plan:** We have an open bid out for agencies to apply to become service providers in our network, including withdrawal management level services providers. We will continue to investigate innovative and new ways to guarantee access to care that meets the needs of the individuals we serve.

Activity 2: An analysis of members leaving against medical advice from all levels of care

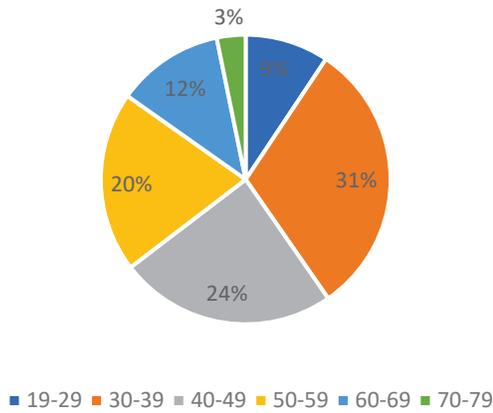
- **Description:** Leaving a substance use disorder program against medical advice refers to when a patient voluntarily leaves a treatment or clinical program before the service provider believes that they have completed the necessary care. This means the patient’s departure is not recommended by the provider team.
- **Current Status:**



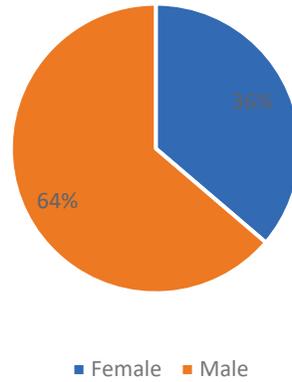
Rate of members leaving against medical advice from from all LOC



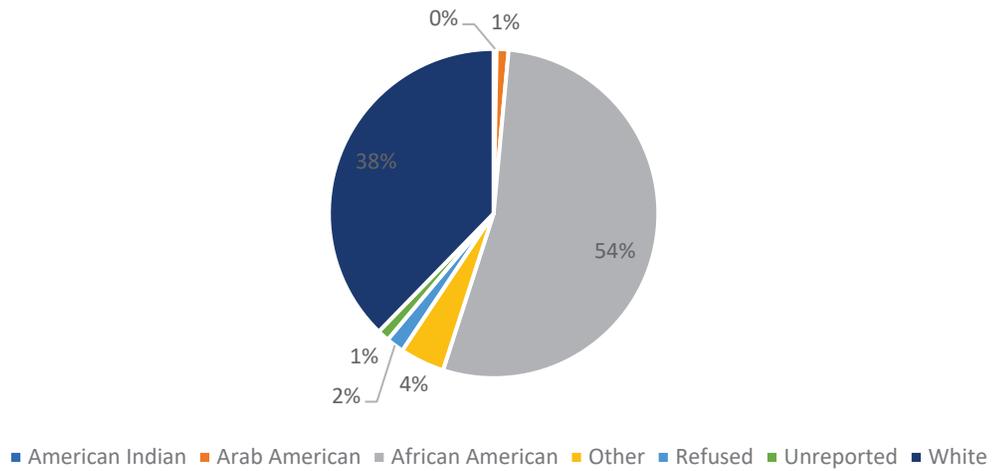
Ages of members leaving AMA



Gender of members leaving AMA



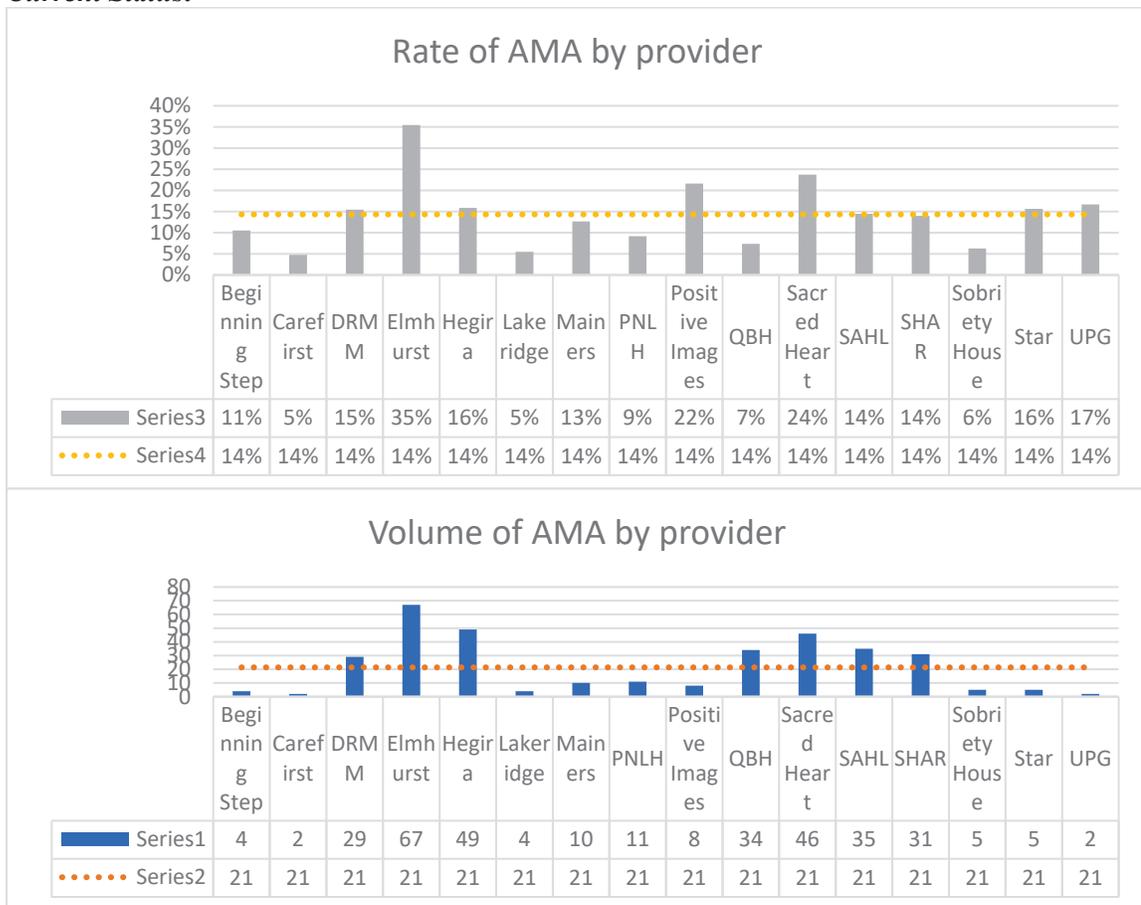
Race/Ethnicity of members leaving AMA



- **Significant Tasks and Major Accomplishments During Period:** The AMA rate for fiscal year 2026 is currently 1,208 basis points less than the AMA rate for FY25. A lower AMA rate compared to withdrawal management and a larger margin of improvement. This can be attributed to lower AMA during the winter months.
- **Needs or Current Issues:** Ensure the provider network has plans to decrease AMA rates.
- **Plan:** Develop retention policies in collaboration with services providers that aim to develop strategy to reduce AMA rates.

Activity 3: An analysis of members leaving against medical advice by provider

- **Description:** Leaving a substance use disorder program against medical advice refers to when a patient voluntarily leaves a treatment or clinical program before the service provider believes that they have completed the necessary care. This means the patient’s departure is not recommended by the provider team and leaves the member at high risk for relapse.
- **Current Status:**



- **Significant Tasks and Major Accomplishments During Period:** On average in FY26YTD AMA rates by provider are at 13.15%. Providers deviating above the average in both volume and rate are DRMM, Elmhurst, Hegira, QBH, and Sacred Heart.
- **Needs or Current Issues:** Ensure the provider network has plans to decrease AMA rates.
- **Plan:** Schedule one-on-one consultations with DRMM, Elmhurst, Hegira, QBH, and Sacred Heart to review their AMA trends and develop tailored improvement plans.

QAPIP Plan Description (FY 2026-2028)

The Quality Assessment Performance Improvement Plan (QAPIP) is a two-year strategy that details our quality assessment and performance initiatives for the fiscal years 2026 through 2028. The plan focuses on the following key areas:

- Data-Driven Decision Making
- Performance Monitoring
- Continuous Improvement
- Accountability and Engagement

The plan serves as our foundation for achieving ongoing excellence, enhancing service delivery, and satisfying all regulatory requirements governing our operations and the expectations of the community we serve.

QAPIP Annual Evaluation (FY2025)

The FY2025 evaluation of the QAPIP demonstrated notable progress toward achieving our organizational quality objectives, while highlighting opportunities for continued improvement. Of the 36 goals established, 32 were successfully assessed, and 4 could not be evaluated due to data limitations, resulting in an overall completion rate of 88.9%.

The evaluation also identified areas for further improvement, particularly regarding the effectiveness of Performance Improvement Projects (PIPs). These projects will remain a priority for FY2026. Plans include applying root-cause analysis, improving monitoring and feedback loops, and ensuring that interventions are measurable and aligned with our organizational priorities. By focusing on these enhancements, we are well-positioned to build on our successes and drive sustainable improvements in quality and member experience.

FY 2026 Work Plan

FY 2026 Work Plan

The FY2026 Work Plan builds on FY2025 progress and focuses on enhancing organizational quality through strategic improvements. It aims to strengthen accountability, improve data-driven decision-making, and meet previously unmet objectives.

A key part of the FY2026 Work Plan is improving outcomes for our identified Performance Improvement Projects (PIPs). To achieve this, we will strengthen accountability, enhance data integrity, and apply root cause analysis to guide targeted interventions. Additionally, we will implement structured monitoring and feedback loops to ensure progress is measurable and sustainable.

The plan also integrates 11 HEDIS measures into its quality improvement strategy, enabling active tracking and sharing of performance data to foster engagement and accountability. This approach will help identify trends, address gaps, and implement evidence-based solutions to enhance member experience and service delivery.

Overall, the FY2026 Work Plan positions the organization for ongoing success in improving quality, compliance, and outcomes in line with regulatory and community expectations.

Program Compliance Committee
Associate Vice President of Clinical Operations' Report
February 11, 2026



CLINICAL NEWS & UPDATES

- **Adult Initiatives:** The AOT program continues to provide court-ordered care coordination for individuals with serious mental illness, aiming to reduce hospitalizations through consistent engagement and compliance support. Currently, the AOT Monitor is actively supporting 55 members, ensuring medication adherence and collaboration with CRSP providers and Wayne County Probate Court. A major accomplishment includes:
 - Member AR – six (6) contacts since August 2025
 - PHQ-9 scores improved from 15 and 19 earlier to 9 in January 2026
 - No hospitalizations since July 2025.
 - Successfully completed AOT, continues outpatient treatment, and maintains proactive engagement with the care monitor, even receiving assistance for basic needs such as a winter coat in December

- **Autism:** The Autism Services Department successfully hosted the ABA Provider Network Meeting on January 26, 2026, bringing together ABA providers, independent diagnostic evaluators, and Clinically Responsible Service Providers to review FY25 achievements and outline FY26 priorities. Key updates include:
 - Improvements to diagnostic quality, intake and referral processes, and new system tools for performance monitoring.
 - Critical policy updates such as the Autism Services IPOS Update Memo, the Autism Re-Evaluation and Eligibility Update Memo, and the ABA Behavior Assessment Intake Code Bulletin.
 - New Enrollment Growth Plan form introduced to enhance provider capacity tracking and support data-driven planning.

- **Children's Initiatives:** The Michigan Collaborative Care Program (MC3) provides mental health support to primary care providers across Michigan through no-cost phone and video consultations with psychiatrists and behavioral health consultants, as well as educational resources for managing mental and behavioral health needs of children, adolescents, young adults (up to age 26), and perinatal women.
 - In FY25, MC3 exceeded its goal of serving 300 children, reaching 380 children and 48 perinatal women.
 - 205 children and 11 perinatal women were referred for additional services.
 - Key accomplishments include collaboration with the University of Michigan, Starfish, and Corewell Health, as well as transition planning with DWIHN Outpatient Clinic.

- **Integrated Health:** DWIHN has fully executed contracts with HAP CareSource, Humana, and AmeriHealth for the new Highly Integrated Dual Eligible Special Needs Plans (HIDE-SNP) and initiated care coordination with all Medicaid Health Plans, except United Health Care HIDE-SNP. During this period, the Integrated Health Care (IHC) team collaborated across departments to update policies, procedures, and member communication letters with Medicare-compliant language and submitted them for HIDE-SNP audits.
 - DWIHN successfully completed the final Mi Health Link audits and began closing that line of business. The organization is now focused on transitioning to HIDE-SNP, with plans to process claims and maintain collaboration with Mi Health Link programs over the next 11 months to ensure a smooth transition.

- **PIHP Crisis Services:** During this period, CRSP notifications for crisis screenings continued to rise for both adults and children, reflecting improved reporting accuracy after resolving discrepancies between the listed CRSP at the time of crisis and the CRSP to be notified. This adjustment ensures that data from November to January provides a more reliable representation of engagement trends.
 - The department emphasized the critical role of CRSPs in acting on these notifications by engaging members and updating treatment and crisis plans.
 - Department will monitor CRSP engagement following notifications and analyze its correlation with inpatient admission rates and recidivism, supporting a proactive approach to crisis prevention and member stability.

- **Utilization Management:** The Habilitation Supports Waiver (HSW) program continues to perform strongly, maintaining an average slot utilization of 97.4% (1,095 slots) for the fiscal year to date, exceeding the state requirement of 95%.
 - The department successfully managed certification renewals, achieving a 94% submission rate in January.
 - The department ensures proactive monitoring of members' service utilization, addressing barriers through collaboration with CRSPs, and provider training on HSW eligibility, benefits, and application processes.

IMPROVING PRACTICE LEADERSHIP TEAM (IPLT) UPDATES

The Clinical Practice Improvement (CPI) department facilitates the Improving Practice Leadership Team (IPLT) which consists of a multi-disciplinary team, chaired by the DWIHN Chief Medical Officer and Associate Vice President of Clinical Services. IPLT is responsible for overseeing the implementation of evidence-based practices, treatment interventions of individuals with behavioral and physical health challenges and co-occurring disorders. Members of the IPLT are actively invited to take part in the adoption of the Clinical Practice Guidelines (CPGs) – guidelines grounded in the latest research and reflective of best practices identified by DWIHN subject matter experts, as well as leaders in the field.

- **Key Highlights**
 - CPGs are reviewed annually and updated every two (2) years; 2026 is an update year.
 - Updates are being developed in collaboration with our National Committee for Quality Assurance (NCQA) consultant to define Healthcare Effectiveness Data and Information Set (HEDIS) measures linking evidence-based standards to measurable outcomes for monitoring adherence.
 - Provider education and integration of CPGs into Utilization Management decisions remain priorities.
 - Revised CPGs will be presented to the IPLT committee in March 2026.



AVP of CLINICAL OPERATIONS' REPORT
Program Compliance Committee Meeting
Wednesday, February 11, 2026

ACCESS CALL CENTER – Director, Yvonne Bostic
No Monthly Report

ADULTS INITIATIVES (CLINICAL PRACTICE IMPROVEMENT) – Director, Marianne Lyons
Please See Attached Report

AUTISM SPECTRUM DISORDER (ASD) – Director, Cassandra Phipps/Rachel Barnhart
Please See Attached Report

CHILDREN'S INITIATIVES – Director, Cassandra Phipps
Please See Attached Report

HEALTH HOMES – Director, Emily Patterson
Please See Attached Report

PIHP CRISIS SERVICES – Director, Daniel West
Please See Attached Report

CUSTOMER SERVICE – Customer Service, Adm., Bonnie Herndon
Please See Attached Report

NETWORK INNOVATION AND COMMUNITY ENGAGEMENT (NICE) – Assoc. VP, Andrea Smith
No Monthly Report

INTEGRATED HEALTH CARE (IHC) – Director, Vicky Politowski
Please See Attached Report

MANAGED CARE OPERATIONS – Director, Rai Williams
Please See Attached Report

RESIDENTIAL SERVICES – Director, Ryan Morgan
No Monthly Report

SUBSTANCE USE DISORDER (SUD) – Director, Matthew Yascolt
No Monthly Report

UTILIZATION MANAGEMENT – Director, Marlena Hampton
Please See Attached Report

Adult Initiatives Monthly Report
Marianne Lyons, LMSW, CAADC
2/11/2026



Main Activities during quarterly reporting period:

- Assisted Outpatient Treatment (AOT)
- Intellectual/Developmental Disabilities (IDD) and Older Adults
- Clubhouse

Progress on Major Activities:

Activity 1: Assisted Outpatient Treatment (AOT) Monitoring and Engagement

- *Description:* Assisted Outpatient Treatment (AOT) is a court-ordered program within the Detroit Wayne Integrated Health Network designed for individuals with serious mental illness who require ongoing support but may struggle with voluntary treatment participation or compliance. This community-based intervention aims to reduce hospitalization by ensuring access to essential mental health services.
- *Current Status:* The DWIHN AOT Monitor provides care coordination for individuals with AOT orders. The role includes close collaboration with CRSP providers, Wayne County Probate Court, and other community partners to support compliance and continued engagement following psychiatric hospitalization.
- *Significant Tasks During Period:* The AOT Monitor provided enhanced support to 55 members on AOT orders, contributing to increased engagement, improved medication adherence, and coordinated outpatient treatment with their assigned CRSP providers. During this reporting period, 115 orders were scheduled to expire, and thirty-six members remained compliant with their AOT orders.
- *Major Accomplishments During Period:*
Member SW: first contact in October of 2025 with three contact's total. Prior to AOT and monitor engagement, three hospitalizations from 9/24-7/25. No hospitalizations since. Decreased PHQ 9 score (October 25=15, January 26=13) which drops from moderate severe to moderate depression. Increased scope and frequency of encounters by adding therapy to IPOS; updated crisis plan and identified in plan and therapy sessions how being non-compliant with treatment led to psychosis and the negative impacts on life. Successfully completed AOT January 12 2026.

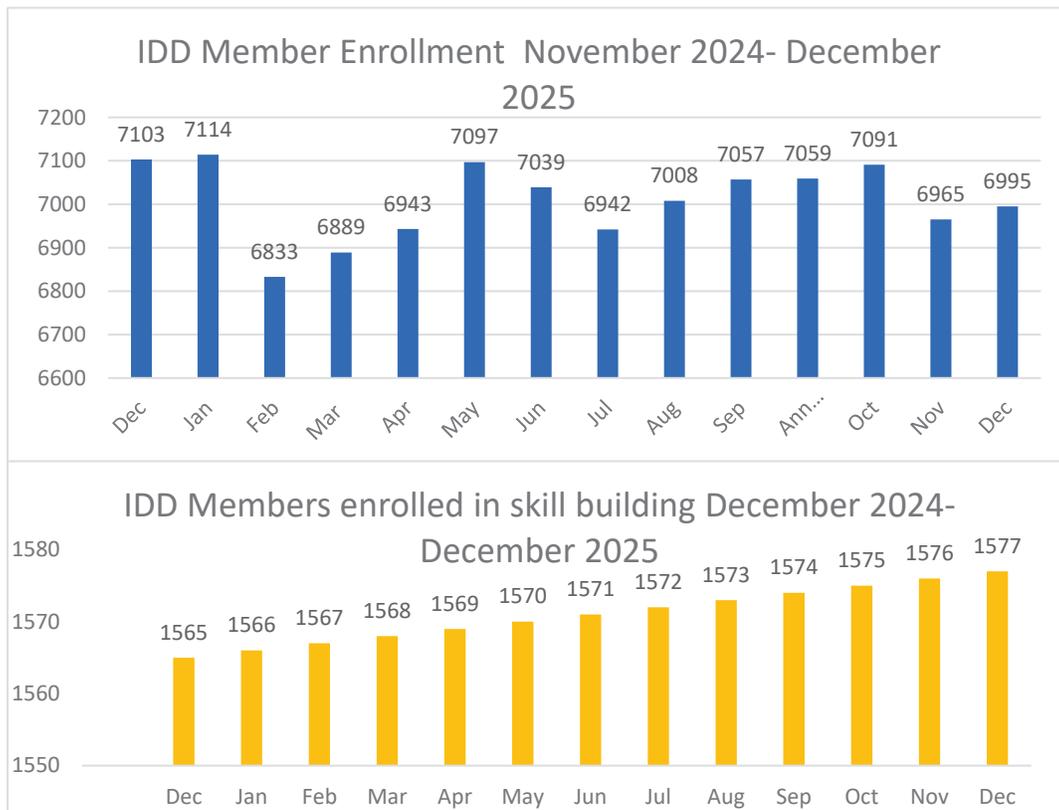
Member AR: first contact in August of 2025 with 6 contacts' total. Member has had 4 PHQ 9 screenings performed since July with the scores being 15, 12, 19 and the most recent (January 2026) is 9. No hospitalizations since July of 2025 and member has successfully completed his AOT; he continues to attend outpatient treatment and has continued to reach out to care monitor for support. In December of 2025 the care monitor assisted member in receiving a winter coat.
- *Needs or current issues:* Based upon chart reviews, Adult Initiative noted a significant number of recidivistic members do not attend their *initial* intake appointment. The CRSP does not have a clinical history or general information aside from contact numbers to pursue engagement as a result.

We will utilize our care monitor with these members as well to increase engagement attempts and member support.

- *Plan:* Adult Initiatives will review the Assisted Outpatient Treatment policy with the goal to add language to address how outpatient providers must engage members with an AOT or deferral agreement who do not attend their first intake appointment.

Activity 2: Intellectual/Developmental Disabilities (IDD) and Older Adults:

- *Description:* The Adult Initiatives team facilitates the provision of services to adult members with Intellectual and/or Developmental Disabilities. The IDD service array aims to assist members in remaining active in their community based upon their needs, preferences and dreams.
- *Current Status:* As of December 31, 2025, there are 6995 adult members enrolled in DWIHN with an IDD designation. Members participating in Skill Building programs continue to increase, with current participation at 1577.



- *Significant Tasks During Period:* Adult Initiatives collaborated with Quality Improvement to retrain some providers on the requirements for Behavior Treatment Plan Review Committee (BTPRC). Adult Initiatives continue to collaborate with Children’s Initiative to expand ABA provider contracts to write assessments and behavior plans for members with challenging behaviors who are not receiving ABA. Adult Initiatives established a relationship with The Senior Alliance and will visit their office in February, as well as with

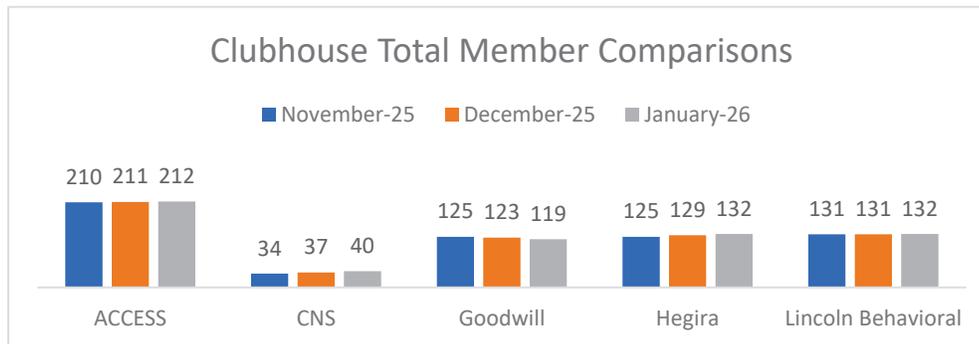
the Michigan Developmental Disabilities Council to discuss further endeavors to educate the network on Supported Decision Making as an alternative to guardianship.

Major Accomplishments During Period: Adult Initiatives held a virtual meet and greet for CRSPs to learn about various vocational providers for adults with IDD in the network. Adult Initiatives attended the Behavior Treatment Advisory Committee (BTAC) to share expertise on severe and challenging behavioral issues. Adult Initiatives established a relationship with The Arc and will participate in upcoming meetings for supported decision making. Adult Initiatives collected the following success stories from Gesher Human Services which was also featured in a recent press release: *Gesher supports coordinator Roxie Armstrong worked with a member who is in her early 20s, helping her complete paperwork and find a psychologist to complete a psychological evaluation, and assisting her mother in securing guardianship. The Supports Coordination department also connected her with resources for low vision, including a support group, art classes at Disability Network, and a literacy program. This member's goals of becoming more independent have been encouraged and supported. She has made improvements with cleaning and has been learning new kitchen skills, such as using a potato peeler. She is also a patient advocate at Henry Ford Hospital and was recently in a commercial for them.*

- *Needs or Current Issues:* There continues to be a shortage of psychologists/behavior analysts who can provide behavioral support to our members. Transportation continues to be an issue within the network. More CRSPs need information regarding programs for older adults.
- *Plans:* Adult Initiatives will continue to collaborate with Children's and Quality to find new providers to assist with the need for behavioral services. Adult Initiatives will continue to offer virtual meetings to showcase providers and what services they offer to assist with increasing referrals.

Activity 3: Clubhouse

- *Description:* Clubhouse is an accredited service, reviewed every 3 years by Clubhouse International, and provides daily activities to members with persistent mental illness. Clubhouse is voluntary and without membership term lengths. Members choose how to utilize their clubhouse, including participation in varying activities, roles, and responsibilities within the clubhouse, and who they wish to interact with.
- *Current Status:* All the Clubhouses within DWIHN's provider network are accredited. DWIHN oversees six clubhouses, provided by the following CRSPs: (DCI/MiSide- did not submit information, as they are a CCBHC and no longer required to do so).



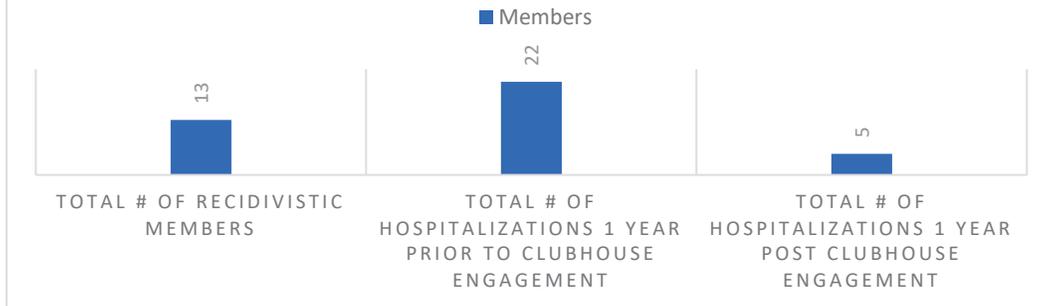
- Significant Tasks During Period:* Adult Initiatives submitted the first quarter of FSRs and submitted the quarterly review for “The Clubhouse Engagement Grant” into Egrams. Adult Initiatives scheduled with the Children’s department to present the clubhouse presentation to the Home-Based Task Force to promote and encourage engagement of adult aged SED primary members within Clubhouse. The presentation will go over Clubhouse expectations, member benefit to engage, and referral process.
- Major Accomplishments During Period:* Adult Initiatives oversees SED engagement at Lincoln Behavioral’s Clubhouse (The Gathering Place). At this time, they have begun accepting SED designated members, 18 and over and are actively researching best practice through Clubhouse International to establish new activities and groups which better fit a younger adult population within the clubhouse. Currently, the average member age in Clubhouse is approximately 45 years old. The introduction of SED designated members can encourage increased clubhouse engagement and offer new services.

Needs or current issues: Adult Initiatives will continue to attend Clubhouse activities and events to maintain engagement now in the new year. There is a need to maintain presence and continued partnership. In addition, Adult Initiatives will be encouraging Clubhouse directors to reduce time between authorization approval and beginning services. Adult Initiatives will continue to promote clubhouse and encourage more referrals.

- Plans:* Adult Initiatives will continue to present to CRSPs that are unassociated with clubhouses to encourage more referrals, outside of just the associated CRSP.

Adult Initiatives will create a cleaner process for the spend down grant data, ensuring that the financial status reports are turned in and reported on monthly. Clubhouse directors have previously reported difficulty and inconsistency with spend down grant reporting and are requesting consistency.

CLUBHOUSE JANUARY 2025 - PRESENT 1-YEAR RECIDIVISTIC MEMBER ENGAGEMENT (82% REDUCTION)



Program Compliance Committee Meeting

February 11, 2026

Autism Services Department January 2026 Monthly Report



Main Activities during Reporting Period:

- Activity 1: Network Capacity: Eligibility verses Enrollment
- Activity 2: Enrollment Growth & Capacity Plan
- Activity 3: Monthly Network Meeting

Progress On Major Activities:

Activity 1: Network Capacity – Eligibility verses Enrollment

Description: DWIHN Autism Service Department’s goal is to focus on improving access to ABA services, supporting enrollment growth, and addressing provider capacity challenges.

Why is this important?: To ensure children and youth are connected to an ABA Provider timely to receive services as medically necessary.

Current Status: The chart below quantifies the January placement gap for ABA services from 2024 – 2026 by comparing members eligible for autism services with the number of members accepted and enrolled with an ABA Provider. Over the past three years the percentage of connecting youth to autism services has decreased (2024 = 73.8%, 2025 = 62%, and 2026 = 66.5%).

Month: January	2024	2025	2026
Eligibility	145	216	215
Enrollment	107	134	143
Net Not Enrolled (Period)	38	82	72
Placement Rate	73.8%	62.0%	66.5%

Significant Tasks During Period: In January 2026 the department collected and reviewed each provider’s total enrollments for both FY 24 & FY25 to determine to improve intake process and procedures.

Needs or Current Issues: Although DWIHN expanded the network additional interventions need to be implemented to address the increase of youth eligible for autism services. Also, further data analysis is needed to ensure enrollment availability does not remain concentrated in select geographic areas, which will limit consistent access across the network and can negatively impact referral timing and placement options for families in other communities.

Plan: To address these challenges in February two interventions will be initiated. First, providers will be required to submit enrollment availability on a weekly basis rather than on a bi-weekly basis for each credentialed location. The first intervention will also require providers with in-home autism services to submit enrollment availability to reduce effects of transportation barriers. The second intervention for February is to track the total number of eligible members per month.

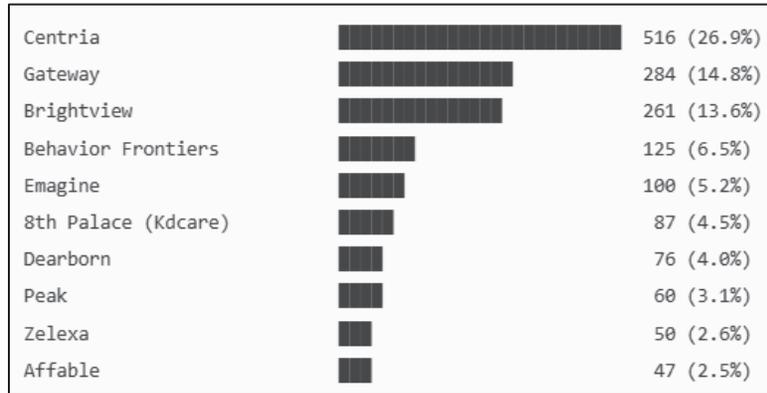
Activity 2: Enrollment Growth & Capacity Plan

Description: Applied Behavior Analysis (ABA) is a structured, evidence-based approach that uses a variety of strategies to support meaningful and positive growth in areas such as communication, social interaction, and repetitive or restrictive behaviors often associated with Autism Spectrum Disorder (ASD).

Why is this important?: To ensure there are adequate ABA providers within the network to provide autism services according to medical necessity.

Current Status: Autism services experienced significant member enrollment growth in FY2025, increasing from 1,247 to 1,918 individuals. The 10 listed providers in the network supported the majority of enrollments among all of the ABA Providers.

Figure 1: Top 10 Providers – FY25 Bar Chart



Significant Tasks During Period: In January the department collected and reviewed each provider’s total enrollments for both FY 24 & FY25. This data analysis included evaluating providers with significant low enrollment numbers with other key indicators of concerns such as compliance with billing, maintaining quality clinical documentation, corrective action plans, and authorization delays.

Needs or Current Issues: To address barriers with ABA Providers inability to accept referrals to provide autism services. There is limited provider capacity in high-demand regions, Providers inability to hire and onboard staff due to timeframe to complete credentialing requirements, and the lack of availability for Providers to offer evening appointments at ABA centers. MDHHS updates to staffing licensure qualifications require provider compliance and there is a need for consistent reporting across all credentialed locations.

Plan: Complete a geographic assessment of the need of ABA providers within the county. Update the Request for Qualifications (RFQ) to require new Providers to have adequate staffing and funding available until the credentialing application process is concluded.

Activity 2: Monthly ABA Provider Meeting

Description: DWIHN Autism Department facilitates a monthly meeting with ABA Providers to ensure ABA Providers receive current updates regarding ABA policies, procedures, and system requirements.

Current Status: The ABA Provider Network Meeting was held on January 26, 2026, with independent diagnostic evaluators, ABA providers, and Clinically Responsible Service Providers (CRSPs) who oversee members enrolled in autism services.

Significant Tasks During Period: During the meeting, the Autism Services Department reviewed FY25 accomplishments and shared FY26 priorities, including improvements to diagnostic quality, updates to intake and referral processes, and new system tools to support quality and performance monitoring. Key policy memos and bulletins were also reviewed and explained to providers, including updates to autism re-evaluation and eligibility requirements, IPOS documentation and attachment of ABA goals, and new behavior assessment intake and reporting codes. The Compliance Department shared upcoming FY26 Compliance Academy schedules and reviewed expectations for billing accuracy, documentation, and audit readiness. Utilization Management provided guidance on re-evaluations, authorization extensions, and new seven-day timelines for authorization decisions. Quality Improvement reviewed updates to clinical, staff, and protocol tools, including changes to passing scores, supervision requirements, documentation standards, and expectations for IPOS integration.

Major Accomplishments During Period: DWIHN released several important updates to improve how autism services are coordinated and delivered across the provider network. These included the Autism Services IPOS Update Memo which allows ABA goals from the Behavioral Assessment to be attached and accepted within the IPOS in MHWIN to better connect treatment planning with care coordination. Issued the Autism Re-Evaluation and Eligibility Update Memo removing the three-year re-evaluation requirement that were previously being completed solely for eligibility purposes when a member already has a confirmed autism diagnosis. Lastly, developed the ABA Behavior Assessment Intake Code Bulletin which provides clearer guidance on when different types of behavior assessments should be used. Together, these updates help reduce unnecessary steps, streamline provider workflows, support more accurate utilization and budgeting, and promote more consistent expectations across the system.

In addition, the Autism Services Department developed a new provider-facing Enrollment Growth Plan form to support more structured and consistent data collection related to provider capacity and enrollment barriers. This tool allows providers to report current enrollment, staffing plans, credentialing timelines and capacity.

Needs or Current Issues: The Autism Service Provider network requires a more reliable, measurable, data-driven system to monitor, track, and optimize the available capacity within the provider network. To address this, a simple, provider-facing form has been developed to gather real-time capacity information and support more effective referral, enrollment, and planning efforts across the system.

Plan: To address these challenges, the Autism Services Department will develop and launch a provider-facing monthly capacity form to collect consistent updates on availability, openings, and enrollment status across the ABA network. This information will be used to support referral decisions, improve visibility into access gaps, and strengthen provider-driven enrollment efforts. Over time, the data will also be used to inform system planning, performance monitoring, and budgeting for autism services.

Monthly Update

Things the Department is Doing Especially Well:

- Currently redesigning intake and referral workflows to reduce delays, improving communication protocols among providers, families, and CRSPs, developing centralized systems to track treatment plans and service progress, and analyzing treatment goal achievement to inform provider training and quality oversight.
- Completed site reviews for KDCare at the Dearborn Heights location to complete expansion request for Access Committee.
- Completed a clinical, quality, and contractual review of several ABA providers to determine. Held a close-out plan meeting with Strident HealthCare.
- Gathered staffing and referral information from 1 ABA provider and 1 diagnostic evaluator to add to Access Committee agenda.
- Reviewed Karing Kids behavioral assessment data and provided technical assistance on proper data entry into MHWIN system.
- Collaboration meeting with Patterns Behavioral Health to discuss high priority member case to include other departments for support and referral.
- Met with Autism of America and Early Autism to discuss DWIHN expansion pause and the new SOW FY26 expectations of 50 minimum DWIHN members.
- Collaboration with Brightview Care regarding ABA in schools to support priority population member.
- In-person meeting internally with other DWIHN departments to discuss Access flow for new and existing members to discuss the proper steps for families from screening to services to help encourage an efficient process.
- Continued monitoring ABA provider availability and capacity through existing reporting tools.

Progress on Previous Improvement Plans:

ABA Service Delivery Performance Improvement Plan (PIP): The department continued efforts to enhance ABA service coordination, provider communication, and network capacity. The ASD Enrollment, Transfer, and Discharge (EDT) Form remained a core tool for tracking member transitions, and the ABA Provider Availability Log was regularly updated and shared to support timely referrals.

Program Compliance Committee Meeting

February 11, 2026

Children's Initiative Department

January 2026



Main Activities during the Reporting Period:

- Activity 1: Youth Mental Health Council – Narcan Training
- Activity 2: MC3 Grant
- Activity 3: Baby Court Grant

Progress On Major Activities:

Activity 1: Youth Mental Health Council – Narcan Training

Description: The Youth Mental Health Council was established for high school students grades K-12 attending school in Wayne County to participate in a council meeting held monthly to identify mental health needs for youth and young adults.

Why is this Important?: Supports youth advocacy regarding mental health needs.

Current Status: Currently seven youth participate in the council.

Significant Tasks and Major Accomplishments: Students in the council requested Narcan training; in which Youth United collaborated with the SUD Department to host a Narcan training 1/20/2026.

Needs or Current Issues: Youth participating in the council identified various mental health needs such as trauma bonding, coping skills for test taking, peer pressure, toxic relationships, and substance use.

Plans: Recruit additional students to participate in the council. Plan how students to advocate in other settings such as through social media, in community clubs, and at school.

Activity 2: MC3 Grant

Description: Michigan Collaborative Care Program (MC3) is a program that provides mental health support to primary care providers (PCPs) in Michigan. It offers no-cost "just-in-time" phone and video consultations with psychiatrists, behavioral health consultants, and educational resources for managing the mental and behavioral health of children, adolescents, young adults (up to age 26), and perinatal women.

Why is this Important?: MC3 aims to increase access to mental health treatment by integrating care within primary care settings.

Census: The goal was to service 300 children with the MC3 program. During FY25 there were a total of 380 children served in 48 were perinatal women. Out of 380 children, 205 children were referred for additional services and 11 perinatal women were referred for additional services.

Significant Tasks and Major Accomplishments During Period: Collaboration with University of Michigan (U of M), Starfish, and Corewell Health. Viewed the clinic location in Westland and discussed transition planning with DWIHN Outpatient clinic.

Needs or Current Issues: Corewell Health requested to attend the quarterly coordination meetings with U of M.

Plans: Quarterly meetings with the University of Michigan, DWIHN Outpatient clinic recruit behavioral consultant, and DWIHN Outpatient clinic develop a business agreement with Corewell Health for the program.

Activity 3: Baby Court Grant

Description: Baby Court aims to prioritize the needs of infants and toddlers in the child welfare system. Helping babies now will lead to a longer, healthier life later. All members of the baby court team are trained in the importance of attachment relationships for infants and toddlers. They all actively collaborate to help the infant return safely to their biological parents.

Why is this Important?: Children 0-3 years old are overrepresented in foster care and tend to spend more time in care compared to older children. Babies are also less likely to be reunified with their biological families. Baby Court strives to reduce these disparities.

Current Status: During FY25 received 8 new referrals for the Baby Court Program in which 5 were accepted. There were a total of 18 active cases resulting in 8 reunifications.

Significant Tasks and Major Accomplishments During Period: With the additional funding provided from Michigan Department of Health and Human Services (MDHHS) planned to use the funds to purchase parent kits including the following items:

- Total Funding allocated for Parent Kits: \$2,500.00
- Funding per Parent Kit: \$125.00 (based on projected quantity of 20 kits)

Parent Kit Items:

- o Basket/Hamper
- o Baby Chair
- o Diapers (starter pack)
- o Wipes
- o Infant formula or baby food (age-appropriate)
- o Baby blanket
- o Onesies (2–3)
- o Parenting resource guide
- o Safety items (outlet covers, cabinet locks)
- o Developmental toy or book

Also, Baby Court Coordinator (Stephanie Poe) presented the program to the DWIHN Executive Leadership Team including a brief overview of the program, how the program aligns with DWIHN vision and mission, success, roadblocks, and upcoming plans.

Needs or Current Issues: Collaborate with Finance Department to purchase the items for the parent kits and develop a Parent Involvement Guidance to process invoice payments. Due to staffing changes with attorneys and referees at the courthouse additional training is needed on the baby court model as well.

Plans: Coordinate training requirements with new professionals, submit purchase requests to obtain the items for the parent kits, finalize the parent involvement guidance, and plan to host the upcoming Active Community Team Meeting in February 2026.

Monthly Update

Conferences/Trainings: Children Initiative Department hosted the following trainings this month.

- Initial CAFAS and PECFAS Trainings for new clinicians servicing youth ages 0 to 20 with serious emotional disturbances (SED)

Outreach: Engaged in outreach with various community agencies servicing youth to enhance partnership opportunities (Caught Up Mentoring, Child Methodist, Child’s Hope)

DWIHN Outpatient Provider Meeting: Children Initiative Department presented the following agenda items during 1/16/26 meeting for Outpatient Providers:

- **Evidenced Based Practices (EBP)** – Referenced memo sent to Providers 12/29/25 regarding instructions for Providers to submit applications, extension, and verification forms. Two Providers were selected to participate in the upcoming Trauma Focused Cognitive Behavioral Therapy (TF-CBT) Cohort 40. Requesting Providers to complete the monthly EBP availability sheet to assist with youth connecting with Providers to receive EBP services. Lastly, informed Providers are required to use the appropriate billing modifiers when providing EBP services.

- **Juvenile Justice Services** – Informed Providers to use the Integrated Youth Juvenile Clinical Services (IYJCS) Program Assignment within the electronic health record for youth actively on probation for tracking purposes.
- **Youth Narcan Training** – Informed of the upcoming Narcan Training for youth and young adults scheduled for 1/20/2026 at the DWIHN administration building.

This information was also shared during the IPOS/Authorization Workgroup and SUD Prevention Meeting

Performance Improvement Plans: Participated in interdepartmental meeting to discuss the status of the children’s performance improvement plans. An in-person performance improvement plan training is scheduled for 2/19/26. Scheduled to present recommended interventions for the performance improvement plans during the upcoming Improving Practices Leadership Team (IPLT) meetings in February and March 2026.

Board Actions: Submitted the following board actions for February 2026 Program Compliance Board Meeting.

- Children Waiver Services (*Revision to add an additional Provider for the SED Waiver and Children Waiver programs*)

Program Compliance Committee Meeting
Emily Patterson/Health Home Director Report
2/11/2026



Main Activities during Quarter/Month Reporting Period:

- On-site visits with Behavioral Health Home providers
- SUD Health Home onboarding activities
- CCBHC Administrative transition to MDHHS

Progress On Major Activities:

Activity 1: On-site visits with Behavioral Health Home providers

- *Description:* The Health Home Director and Coordinator are in the process of visiting the eight BHH providers to get an in-person view of their BHH programs. This activity focuses on one-on-one human connection with existing providers, and offers an opportunity to share successes, pain points, and exchange of ideas between BHH programs to problem-solve and spread creative solutions. The BHH team is taking particular note of processes that work well within program operations, pain points, and common threads between providers to inform changes/improvements.
- *Current Status:*
 - Site visits completed:
 - PsyGenics, Inc. 1/8/2026
 - NSO 1/27/26
 - The Guidance Center 1/27/26
 - Site visits scheduled:
 - ACCESS: 2/11/26
 - Team Wellness: 2/11/26
 - Hegira: 2/11/26
 - CLS: 3/31/26 (to accommodate for a key staff on leave)
 - CNS: TBD
- *Significant Tasks During Period:* Sharing of effective operational methods and emerging best practices in Health Home programs has emerged as an opportunity during these visits. The HH team hosted a brainstorming/peer-to-peer session for BHH partners to share ideas.
- *Needs or Current Issues:* HIDE-SNP is a challenge for current Health Home partners, as people appear to have enrolled unintentionally or without understanding that their BHH services would be impacted. People cannot benefit from HIDE-SNP and a Health Home at the same time; it is a disqualifying benefit plan.
- *Plan:* The Health Home team will identify all people affected by HIDE-SNP enrollment, and work with providers to determine if the enrollment is intentional or if they wish for Health Home services to continue. The HH team is in contact with MDHHS about this HIDE-SNP challenge; the department did not anticipate passive enrollment to occur. With the assistance of MDHHS, the Health Home team will guide Health Home partners through disenrolling people from HIDE-SNP when that is the person's choice.

Activity 2: CCBHC Administrative transition to MDHHS

- *Description:* As of October 1, 2025, DWIHN is no longer the payor of CCBHC demonstration services and has no active role in administration of the demonstration. MDHHS has taken over both payment and administration functions. This transition has been a significant logistical lift as the DWIHN team supports providers to ensure continuity of services and a smooth transition to MDHHS.

- *Current Status:* Separation of payment functions has been the key activity in the past month, including supporting the provider network through claims adjudication logic which took effect January 5, 2026. DWIHN is participating in workgroups with CCBHCs, MDHHS, and PCE Systems to work through challenges and problem solve.
- *Significant Tasks During Period:* The Health Home team has provided many hours of personalized assistance to providers who are adjusting to the claims adjudication logic. The team noted issues of particular concern and collaborated between DWIHN leadership and PCE Systems to alleviate issues encountered by the provider network.
- *Needs or Current Issues:* It has come to DWIHN's attention that an exception process is necessary to facilitate PIHP payment when people in the care of CCBHCs choose to receive CCBHC-covered services at a provider outside of the CCBHC Demonstration providers or their Designated Collaborating Organizations (DCOs). The DWIHN team is working closely with PCE Systems to deploy this process solution as soon as possible.
- *Plan:* A memo is forthcoming to update the provider network on the new CCBHC *person choice exception* process.

PIHP Crisis Services Department Report, January 2026
Daniel West, Director of PIHP Crisis Services
Program Compliance Committee Meeting
February 11, 2026



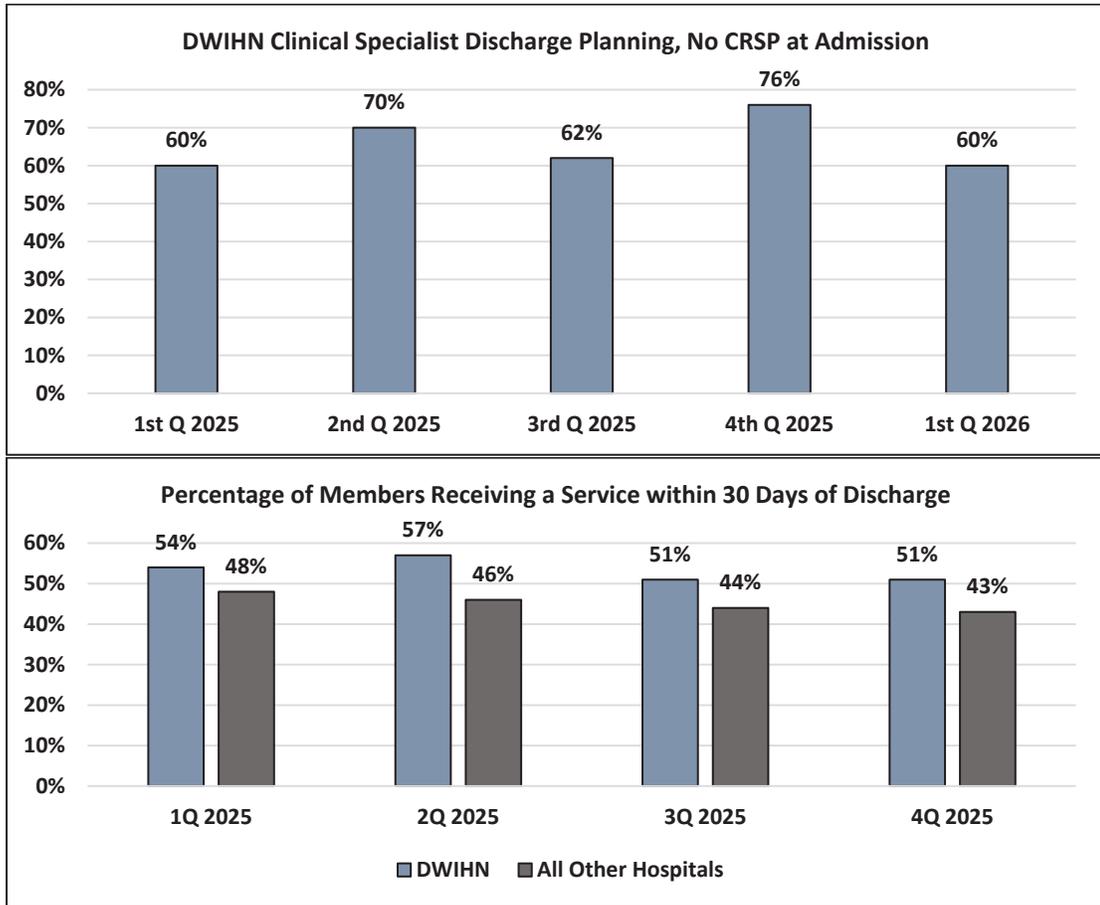
Main Activities during January 2026:

- **Discharge planning for members in inpatient hospitals.**
- **Clinically Responsible Service Provider (CRSP) notification for crisis screenings.**
- **Targeted Population Diversion.**

Progress On Major Activities:

Activity 1: Discharge planning for members in inpatient hospitals.

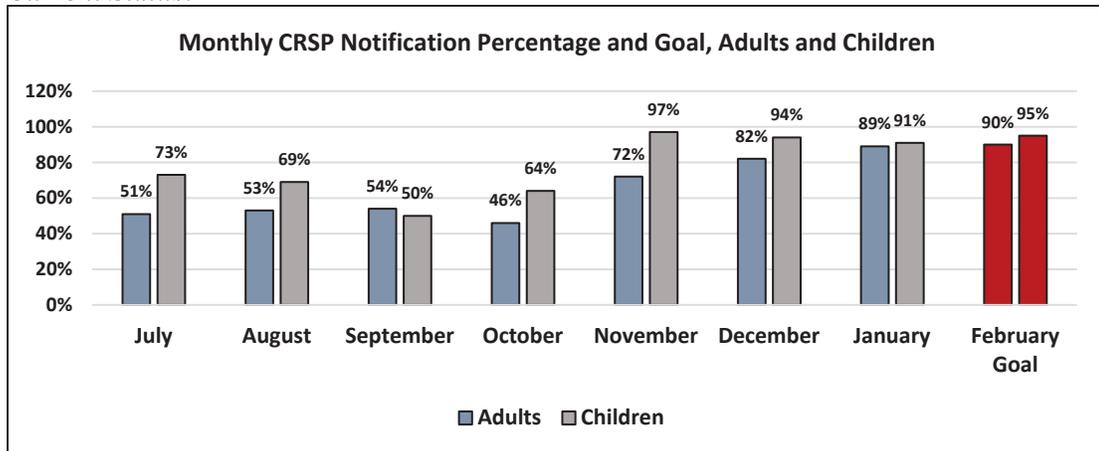
- **Description:** DWIHN Clinical Specialists continue to meet with members at selected inpatient hospitals (BCA, Henry Ford Behavioral, and Metropolitan) to engage members in discharge planning when members are admitted *without an assigned CRSP*. Clinical Specialists meet with members to discuss barriers to ongoing service connection and support selection of a preferred provider prior to discharge. Clinical Specialists complete a discharge planning worksheet, coordinate with inpatient treatment teams, and work to ensure the member attends their hospital discharge appointment with their CRSP of choice.
- **Current Status:**



- **Significant Tasks and Major Accomplishments During Period:** Clinical Specialists within the PIHP Crisis Services Department were able to connect 60% of members to their aftercare appointments with their CRSP of choice in the first quarter. The team continues to show that their involvement in member care is increasing the percentage of members who receive a service (within claims data) within 30 days of discharge compared to the hospitals that do not have access to this intervention.
- **Needs or Current Issues:** The team has recognized the need for CRSPs within the provider network to engage their members admitted within 72 hours of admission. Since the team has shown success in this area, expanding the information to CRSPs in the network will be essential.
- **Plan:** The team will continue to provide this information and data to the CRSPs and support their work in obtaining staff whose responsibility involves discharge planning for their assigned members.

Activity 2: CRSP notification for crisis screenings.

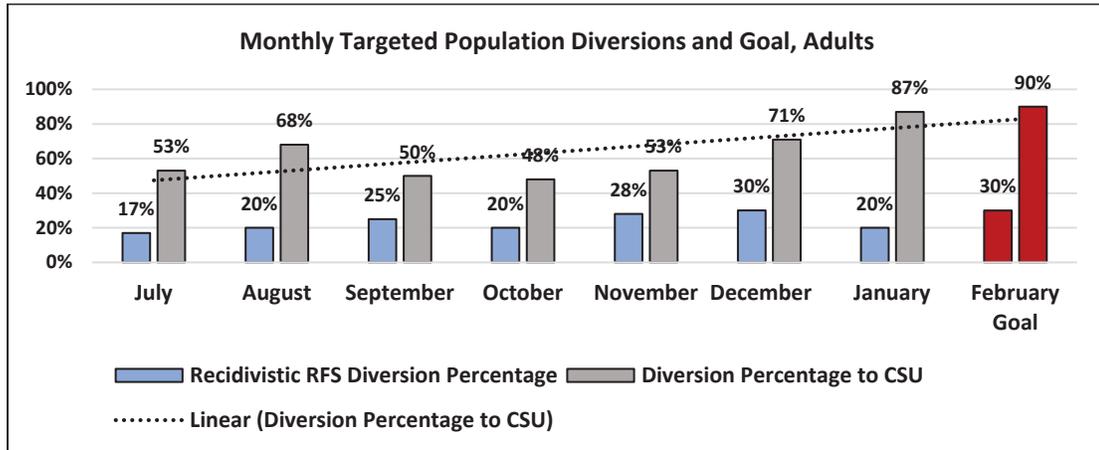
- **Description:** The PIHP Crisis Services Department has recognized the importance of CRSP notification for members screened in crisis. This provides an opportunity for the CRSP to engage the member whether the disposition from the crisis screening is inpatient or outpatient. The CRSP is to receive this notification and utilize the DWIHN CRSP re-engagement policy to address and plan for future crises.
- **Current Status:**



- **Significant Tasks and Major Accomplishments During Period:** CRSP notifications continue to increase for both adults and children. Upon discussion with the screening agencies, there were discrepancies between the listed CRSP at the time of crisis and the CRSP to be notified. Therefore, the data represented from November to January is a more accurate representation of these percentages.
- **Needs or Current Issues:** The team has recognized the importance of CRSPs acting on the notifications, engaging members and supporting them with updated treatment and crisis planning.
- **Plan:** The team will continue to monitor data of CRSP engagement following CRSP notification, and compare to inpatient admission percentages and recidivism rates.

Activity 3: Targeted Population Diversion.

- **Description:** The PIHP Crisis Services Department is identifying members who present to the ED in need of a crisis screening after having been discharged from an inpatient facility within the 30 days prior to the request. The team is working with COPE to identify these members and work to divert these members to a lower level of care.
- **Current Status:**



- **Significant Tasks and Major Accomplishments During Period:** COPE continues to show an increase in diversions to CSU, and although the percentage of overall diversions for this targeted population has varied, the percentage of these members transferred to CSU is increasing.
- **Needs or Current Issues:** The team recognizes a need for an increase in diversions overall for this targeted population.
- **Plan:** The team will share these outcomes with COPE and discuss barriers to diversion within these specific cases to aid in increasing the percentage of diversions for this targeted population.

Monthly Update:

- **Things the Department is Doing Especially Well:**
 - The PAR Dispatch Department continues to work on ensuring timely and thorough dispatch to crisis screeners through case vetting for eligibility and accuracy of symptom presentation for DWIHN members in crisis. The team completed 1,039 requests in January (down 28 requests from December) maintaining a 87% service level despite a decrease in staffing. The team has since hired 4 additional FT staff to rectify any identified decreases in staffing.
- **Identified Opportunities for Improvement:**
 - The team has found that CRSP engagement following CRSP notifications is essential in the prevention of unnecessary inpatient hospitalization and recidivism.

- **Progress on Previous Improvement Plans:**

- Recidivism is below the 15% benchmark for both adults and children in the 4th quarter.

Recidivism	Adults	Children
1st Quarter 2024	17.58%	8.62%
2nd Quarter 2024	16.65%	8.82%
3rd Quarter 2024	17.62%	15.69%
4th Quarter 2024	16.52%	12.14%
1st Quarter 2025	16.94%	10.57%
2nd Quarter 2025	15.57%	11.11%
3rd Quarter 2025	17.43%	14.67%
4th Quarter 2025	14.98%	13.99%



**Program Compliance Committee
February 11, 2026
Customer Service Department
January 2026**

Unit Activities

- 1.) Customer Service Calls
- 2.) Grievances and Appeals
- 3.) Member Engagement

Activity 1: Customer Service Calls

The Customer Service Call Activity is inclusive of the Call Center and Reception/Switchboard. MDHHS mandated Standard is to ensure that the call abandonment rate is to be < 5%.

Reception/Switchboard Reception/Switchboard

	Number of Offered	Number of Calls Answered	Abandonment Calls	Abandonment Rate Standard <5%	Average Speed Answered (ASA) <30sec	Service Level Standard 80%	% of Calls Answered Standard 80%
January FY 25/26	122	109	0	0%	9 sec.	96%	89%
January FY 24/25	1205	1151	12	1%	10sec	98%	96%

Customer Service Call Center

	Number of Offered	Number of Calls Answered	Abandonment Calls	Abandonment Rate Standard <5%	Average Speed Answered (ASA) <30sec	Service Level Standard 80%	% of Calls Answered Standard 80%
January FY 25/26	1618	1524	45	3%	10sec	95%	94%
January FY 24/25	915	868	28	3%	9sec	96%	95%



Significant Activities:

Reception/Switchboard Reception/Switchboard

- In January 2026, call volume decreased by 1,083, falling to 122 calls from 1,205 in January 2025. This decline was primarily due to staff shortages at the front desk, stemming from one resignation and the termination of another employee. As a result, many calls were rerouted to representatives at the Customer Service Call Center.

Despite these challenges, the Reception/Switchboard service demonstrated impressive efficiency, achieving an average speed of answer of 9 seconds and a call answering rate of 96%. The abandonment rate remained at 0%, significantly below the 5% standard. Overall, despite staffing issues, the service level remained commendable, reflecting strong responsiveness in managing the reduced call volume.

We hired a new receptionist who started on February 2, 2026, and we are currently interviewing for another receptionist to complete the team.

Customer Service Call Center

- In January of FY 25/26, our call center delivered outstanding performance, handling a robust 1,618 calls and answering 1,524 of them. The abandonment rate was an impressive 3%, well below the acceptable standard of 5%. Our average speed of answer (ASA) was just 10 seconds, far exceeding the target of under 30 seconds. Additionally, we achieved a service level of 95%, with 94% of calls handled efficiently.

This surge in call volume stemmed from staffing shortages at the front desk, which rerouted incoming calls to our customer service representatives. Despite these challenges, our team demonstrated remarkable resilience and commitment, maintaining exceptional performance and meeting all service targets. We are proud of our achievements and remain dedicated to delivering excellent service to our customers.

We are currently hiring a Customer Service Call Center Representative to fill the position of a representative who advanced to another department as of February 2, 2026.

Activity 2: Grievances, Appeals, and State Fair Hearings

Customer Service ensures that members are provided with the means to due process. Due process includes Complaints, Grievances, Appeals, Access to Mediation, and State Fair Hearings.

Complaint and Grievance Related Communications

	January FY 25/26	January FY 24/25
Complaint/Grievance Correspondence	157	275



Grievance Processed

Grievances	January FY 25/26	January FY 24/25
Grievances Received	2	1
Grievances Resolved	1	9

Grievance Issues by Category

Category	January FY 25/26	January FY 24/25
Access to Staff	0	0
Access to Services*	0	0
Clinical Issues	0	0
Customer Service	0	0
Delivery of Service*	1	1
Enrollment/ Disenrollment	0	0
Environmental	0	0
Financial	0	0
Interpersonal*	0	1
Org Determination & Reconciliation Process	0	0
Program Issues	0	0
Quality of Care	1	0
Transportation	0	0
Other	0	0
Wait Time	0	0
Overall Total	2	2

Grievance Trends

Grievance may contain more than one issue. For January 2026, the trend of the only categories for grievances was in the areas of Delivery of Service and Quality of Care. For January 2025, the trend of the top 2 categories for grievances were in the areas of Interpersonal and Delivery of Services

Definitions

Interpersonal: Any personality issue between the enrollee/member and staff member (Therapist, Doctor, Program Director, etc.)

Delivery of Service: Any issue that reflects how services are being delivered to the enrollee/member (i.e., how long did the enrollee/member have to wait before he/she was seen for scheduled appointments? How long did the consumer have to wait before he/she was able to receive a specified or requested service? The consistency of case management or therapy.

Access to Services: Services that the enrollee/member requests which is not available or any difficulty the enrollee/member experiences in trying to arrange for services at any given facility (i.e., reasonable accommodation, difficulty scheduling initial appointments or subsequent ones).



Access to Staff: Problems that the enrollee /member experiences in relation to staff's accessibility [return of phone calls, staff's availability].

HIDE SNP Grievances

Grievance	January FY 25/26	January FY 24/25
Overall Total	0	0

Appeals: Advance and Adequate Notices

Notice Group	December FY 25/26		January FY 24/25	
	Adequate	Advance	Adequate	Advance
MI	967	164	912	226
ABA	50	14	86	23
SUD	118	101	129	20
I/DD	368	53	26	166
Overall Total	1503	332	1153	435

***Appeals Communications**

	January FY 25/26	January FY 24/25
Appeals Communications Received	118	72

**Communications include emails and phone calls to resolve appeals.*

Appeals Filed

Appeals	January FY 25/26	January FY24/25
Appeals Received	3	4
Appeals Resolved	3	3

**Although the appeals numbers are lower, the Appeals department has reconnected many members with services through coordination of care efforts. **

DWIIHN State Fair Hearings

SFH	January FY 25/26	January FY 24/25
Received	0	0

HIDE SNP State Fair Hearings

SFH	January FY 25/26	January FY 24/25
Received	0	0



Significant Activity/Accomplishments:

Grievance:

- Collaborated with Managed Care Operations to address a non-compliant service provider. Team worked collectively to elicit the needed response.
- Team began project to define subcategories to add to system to enhance data tracking and collection.
- Interdepartmental assistance with completing MDHHS MCPAR report requirement.

Appeals:

- Increase in home modification appeal requests.
- Interdepartmental assistance with completing MDHHS MCPAR report requirement.

Activity 3: Member Engagement and Experience

Customer Service ensures that members are provided with the opportunity for DWIHN and Community inclusion through various initiatives. In addition to promoting outreach, principles of advocacy are promoted via DWIHN's Constituents' Voice Committee and focus groups. Through these venues members have the opportunity to share with DWIHN's key Administration i.e. President & CEO, issues, concerns and recommendations for process improvements. The Unit also facilitates various activities during the 1st Quarter, which included the following significant activities.

Significant Activity:

- Member Engagement staff facilitated recruitment efforts for increasing engagement activity with Constituents' Voice Advisory Group (CV) and Action Committees; Advice/Advocacy, Engagement, and Empower. The Constituents' Voice met on January 16, 2026. The CV is currently reviewing the Bylaws and Operating Protocol.
- A live Peer Chat was hosted on Thursday, January 8, 2026 for the opportunity for socialization, encouragement, and human interaction for those seeking support for depression, feeling lonely especially during the holidays. The Peer Chat continues to be an active Zoom event, which allows for casual, relevant conversation for those who may otherwise feel isolated. A total of 4 peers attended the Live Peer Chat in January.
- The quarterly member-driven Person Point of View member newsletter provides DWIHN updates and member articles on various topics of interest and support. The Spring Edition will be published in the First Quarter of 2026.
- The DeMaria Foundation provided new funding in the amount of \$20,000 for the 2026 FY. The funding supports Dreams Come True and other projects in Member Engagement and Experience.
- Customer Service Engagement Unit welcome two new staff members, Amanda Levitt, Member Experience Coordinator and Belinda Warrick, Engagement Specialist. They have extensive work experience. Amanda is a Ph.D. candidate at Wayne State University Department of Sociology. Belinda is a graduate student at Wayne State University School of Social Work Master of Social Work Program. Dwight Harris, Peer Agent, transferred to Mobil Crisis Operations for a full-time Peer Support Specialist position. Dwight was a very value Team Member of the Member Experience and Engagement Unit. He is an excellent speaker and trainer for the Peer Support Specialist Trainings.



- Nia Anderson, Linda Burton and Clarence Ruff completed calls to Providers to obtain the current Medical Director contact information for Dr. Faheem, Chief Medical Officer. The Peer Agents completed the information in an Excel spread sheet and it was submitted to Dr. Faheem.
- The Customer Service Engagement Manager and Member Experience Coordinator attended the National Core Indicators Quarterly Council Meeting on January 22, 2026. Amanda Levitt is the Liaison for the Michigan Development Disabilities Institute at Wayne State University National Core Indicators Survey.
- Engagement Manager and Administrator met with Quality and Integrated Health staff to develop a protocol and script for follow-up calls to remind members of their upcoming 7-day appointment with a CRSP/Provider. Clarence Ruff, Peer Agent, will be the lead staff in Customer Service Member Engagement Unit making weekly calls beginning February 4, 2026.
- Engagement Manager and Administrator met with Quality staff regarding the MDHHS Waiver & ISPA review. Michael Shaw, Project Liaison, did an outstanding job coordinating and submitting the demographic Excel Spreadsheet for twenty-three Providers to MDHHS on January 30, 2026. A total of 160 Members will be interviewed by the ARC of Michigan.
- Engagement Manager and Administrator met with Quality staff regarding a Satisfaction Survey for Behavioral Treatment Services. Engagement Manager and Member Experience Coordinator consulted with Quality on the survey and made recommendations for changes to the survey. Engagement Manager approved the Quality Department Satisfaction Survey for Behavioral Treatment Services.
- The Rapid Response Report for January 2026 reported 55 e-mails were received and average of 2 e-mails a day.

Submitted by: B. Herndon /D. Johnson, Customer Service 2/4/2026



Integrated Healthcare Monthly Report

Vicky Politowski, Integrated Healthcare Director

January 2026

Main Activities during January 2026 Reporting Period:

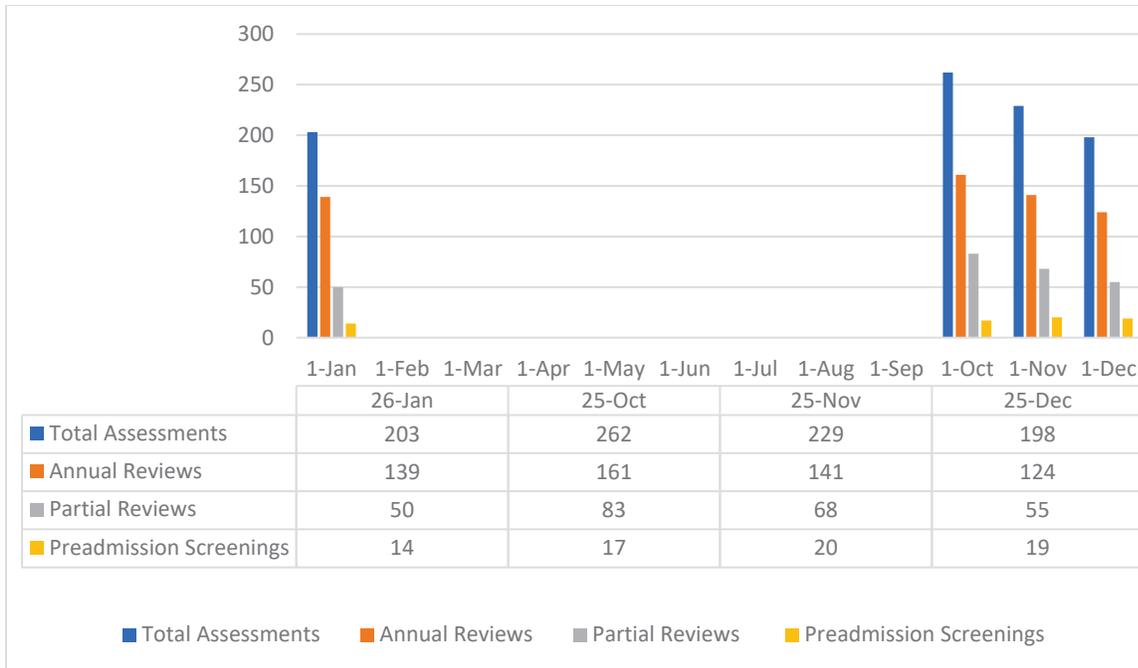
- **Complex Case Management (CCM)**
- **Omnibus Budget Reconciliation ACT (OBRA)**
- **Highly Integrate Dual Eligible Service Needs Plan (HIDE-SNP) and Care Coordination with Medicaid Health Plans**
- **Health Effectiveness Data and Information Set (HEDIS)**

Activity 1: Complex Case Management

- **Description:** Complex Case Management (CCM) is an intensive 120-day program that aims to improve individuals' quality of life by connecting them to appropriate community resources and developing support teams that include family, medical, and behavioral health professionals.
- **Current Status:** Complex Case Management is actively expanding the caseload of our staff, which currently includes **21** individuals. In January, Complex Case Management successfully added **6** new cases: two from a provider, and one from the Substance Use Disorder department, one from hospital and two from the Care Center. Complex Case Management is dedicated to effectively managing these cases and enhancing outcomes for the individuals we serve.
- **Significant Tasks During Period: Major Accomplishments During Period:**
 - Complex Case Management worked with customer service and quality to assist in training peer supports specialists in customer services in calling individuals with follow up after hospitalization appointments.
 - The Complex Case Management Evaluation for NCQA was completed and presented to QISC.
- **Needs or Current Issues:** CCM Evaluation to be presented at IPLT and incorporated into goals if the population assessment.
- **Plan:** Present the CCM Evaluation to IPLT for approval.

Activity 2: Omnibus Budget Reconciliation ACT (OBRA)

- **Description:** OBRA Assessments are completed for members who have behavioral health or I/DD diagnoses who may need nursing home services. Preadmission reviews are to be completed within 4 days of referral, and annual reviews within 14 days of referral. These referrals come from hospitals, community referrals, or nursing homes.
- **Current Status:** In January, OBRA processed **599** referrals, **263** were assigned to be completed, with **203** fully completed, and **334** were triaged and provided with exemption letters stating they did not need an OBRA Assessment.
- **Significant Tasks During Period:** There continues to be an increase in referrals from the hospital, and staff have completed these within the 4-day time frame. Staff have decreased the 14-day queue by 75.



- **Major Accomplishments During Period:** Staff continue to meet the state’s congruency of at least 95% or higher. DWIHN was at 97% for January. Out of 203 assessment the state had 5 determination that were different than DWIHN.
- **Needs or Current Issues:** The intake specialist and OBRA Trainer spend a significant amount of time training nursing home staff on how to complete a referral. This decreases the time needed to process referrals.
- **Plan:** Collaborate with IT to create training vignettes accessible to nursing home staff for common questions. This will reduce the time staff spend on the phone, thereby increasing time available for referrals.

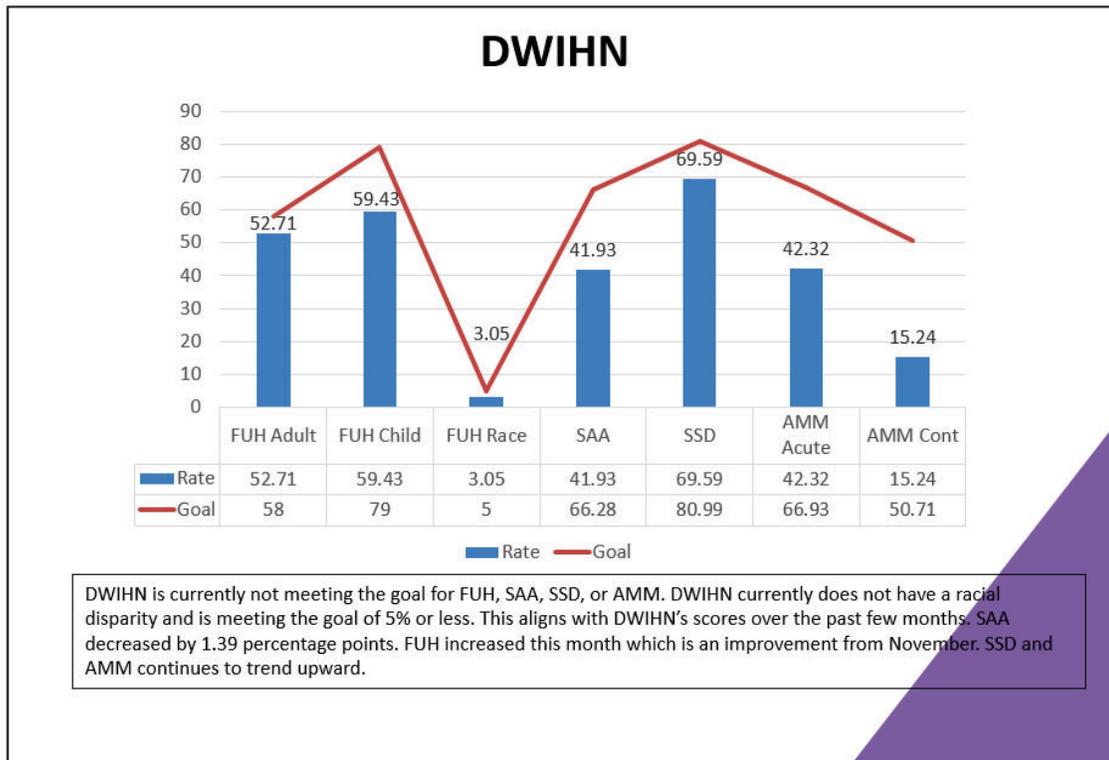
Activity 3: Highly Integrate Dual Eligible Service Needs Plan (HIDE-SNP) and Care Coordination with Medicaid Health Plans

- **Description:** DWIHN has fully executed contracts with HAP CareSource, Humana and AmeriHealth for the new HIDE-SNP Plans. Care Coordination with all Medicaid Health Plans and Hide-SNP have started (except United Health Care HIDE-SNP).
- **Current Status:** DWIHN has onboarded the new HIDE-SNPs for Care Coordination.
- **Significant Tasks During Period:** The IHC Team has worked with all departments on ensuring all policies and procedures and letters that needed Medicare language updates were completed and sent to the appropriate HIDE-SNP audit.
- **Major Accomplishments During Period:** DWIHN has completed the final Mi Health Link audits and is now closing this line of business. Over the next 11 months, DWIHN will continue to process claims and collaborate with the Mi Health Link programs to ensure a successful transition to HIDE-SNP.
- **Needs or Current Issues:** New HIDE-SNP plans were presented at the Outpatient and Residential meetings and a memo was sent out. IHC is meeting with service providers to aid in the transition.

- **Plan:** DWIHN internal departments continue to meet weekly to ensure a smooth transition.

Activity 4: HEDIS

- **Description:** HEDIS stands for Healthcare Effectiveness Data and Information Set. It is a national system used in the United States to measure the quality of healthcare. HEDIS is created and maintained by the National Committee for Quality Assurance (NCQA). The goal of HEDIS is to improve healthcare quality, encourage preventive care, and promote better health outcomes. The IHC department has four quality improvement plans: Follow-up After Hospitalization (FUH), Medication Monitoring for Antidepressants (AMM), Diabetes Testing for Individuals with Bipolar or Schizophrenia (SSD), and Medication Monitoring for Individuals on Antipsychotics (SAA).
- **Current Status:** *Data as of October 2025 due to claims lag*



- **Significant Tasks During Period:** Every 45 days, QI and IHC collaborate with Clinically Responsible Service Provider (CRSP) to review HEDIS scores, interventions, and identify any barriers to improvement. IHC has two special projects with two CRSPs that have the highest number of members to improve the scores of SSD.
- **Needs or Current Issues:** HEDIS Goals are not met.
- **Plan:** IHC will work with Quality Department on how to increase scores with providers.

Things the Department is Doing Especially Well:

- *Omnibus Budget Reconciliation Act (OBRA)*- All evaluators are highly experienced and strive to improve services for members.
- *Complex Case Management*: All NCQA documents are complete, and mock audits are being performed monthly.
- Medicaid Health Plans and HIDE-SNP: Care Coordination is being completed with all Medicaid Health Plans and HIDE-SNP monthly.
- HEDIS: The HEDIS specialist has created different metrics to track interventions with each provider. This will be rolled out in new presentations at IPLT and QISC.

Identified Opportunities for Improvement:

- *Omnibus Budget Reconciliation ACT (OBRA)*- Continue to improve time for annual reviews assignment and completion.
- Complex Case Management- Continue to use the Vital Data predictive lists to find high risk members who may need CCM.
- Medicaid Health Plans and HIDE-SNP- Providers lack the knowledge of how to bill for services now that MI Health Link has ended.
- HEDIS: IHC will collaborate with CRSP and internal DWIHN on four quality improvement plans to enhance understanding of HEDIS.

Program Compliance Committee Meeting
Rai Brown/Director of Managed Care Operations Monthly Report
February 2026



Main Activities during August:

- **Credentialing**
- **New Provider Changes to the Network/Provider Challenges**
- **Procedure Code Work Group**

Progress On Main Activities:

Activity 1: Credentialing

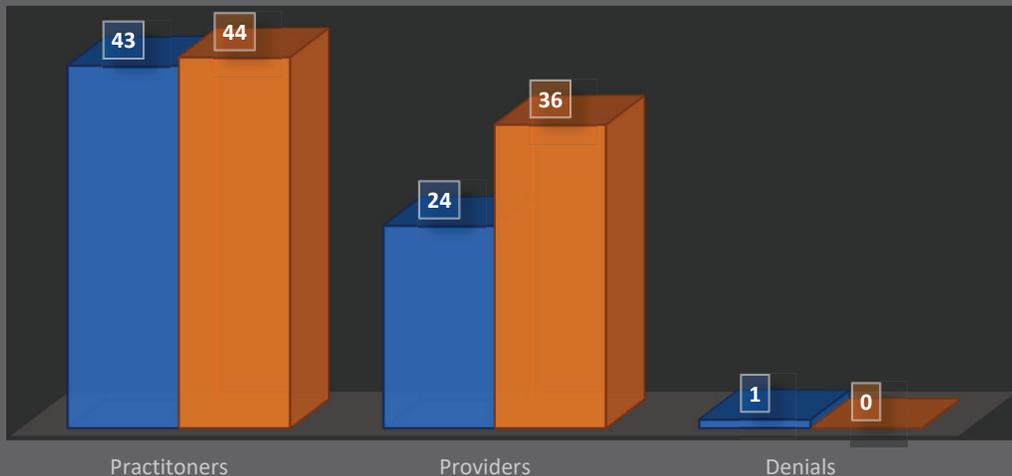
- *Description:* The vetting and approval process for both current and new provider(s) into the DWIHN provider network.
- *Current Status:* January 2026:

Number of Credentialing Applications Reviewed	65
Number of Expansion Requests Reviewed	7
Number of Provisional Credentialing Applications Reviewed	6
Total # of Applications Reviewed	78

Number of Practitioners Approved	44
Number of Providers Approved	36
Number of Expansion Requests Approved	7
Number of Provisional Credentialing Applications Approved	6
Total # of Applications Approved by Credentialing Committee	93

APPROVED CREDENTIALING APPLICATIONS

■ 25-Jan ■ 26-Jan

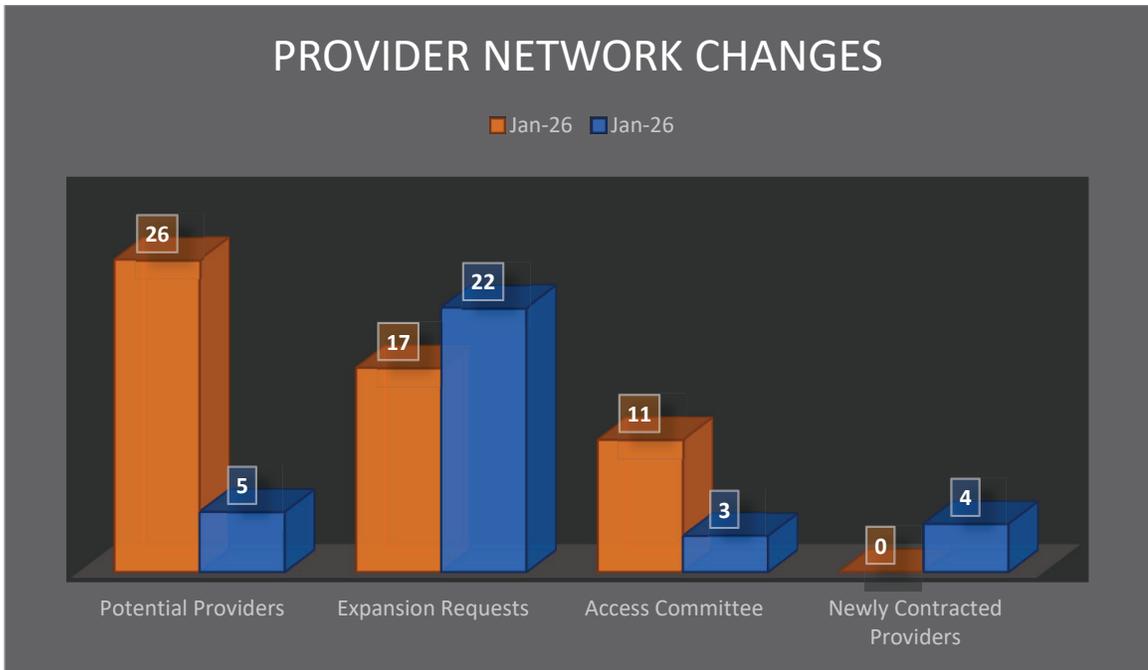


- *Significant Tasks During Period:* We received 99.08% score on the 2025 Molina Annual Delegation Audit. We received 100% score on the HAP CareSource Pre-delegation Audit for MICH HIDE SNP and 100% for the Amerihealth Annual Delegation Audit. We are reviewing results to determine opportunities for improvement and rebuttals for perceived deficiencies identified by the health plan.
- *Major Accomplishments During Period:* The Credentialing team has officially exceeded the total number of providers credentialed in FY24. We have credentialed 208 providers this fiscal year. This marks the third consecutive year of record-breaking performance for the unit.
- *Plan:* Continue to work with our CVO to implement new product.

Activity 2: New Provider Changes to the Network/Provider Challenges

- *Description:* Providers continue to be challenged with staffing shortages. DWIHN’s CRSP provider Meetings and Access Committee closely monitors the impact of staffing shortages and works with providers to develop strategies to address network shortages. DWIHN has an Onboarding Process to facilitate the evaluation and vetting of new providers. RFPs are used as a strategy to recruit providers/programs in significant shortage.
- *Current Status: In January 2026:*

Number of Provider Inquiries for Potential Providers	5
Number of Contract Expansion Requests Received	22
Number of Providers Approved at Access Committee	3
Number of New Providers	4
Total # of Providers Processed	34



DWIHN continues to monitor and notice changes in the network. We are adding additional providers to our network based on need. Request for Proposals (RFP) are also utilized as a means of recruiting new providers, particularly in areas of shortages (e.g. Autism, SUD, Behavioral Treatment Planning, etc.).

- *Significant Tasks During Period:* We are proud to report a 99.65% score on the 2025 Molina Annual Delegation Audit, reflecting our commitment to compliance and operational excellence.
- *Major Accomplishments During Period:* The DWIHN website has been published and the provider resources have a revamped look. In addition, we have been meeting with the SUD Dept and SUD Providers to transition the workload to the Managed Care Operations Team.
- *Plan:* Revamping the Provider Orientation PowerPoint. Developing training for the electronic Quarterly Contract Status Reports.

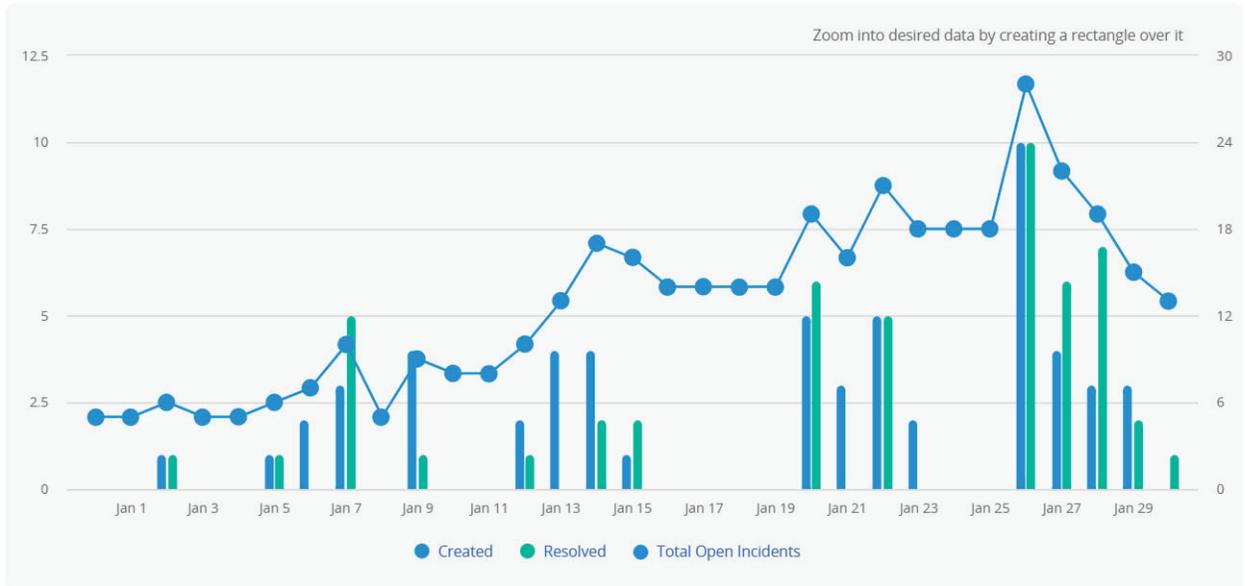
Activity 3: Procedure Code Workgroup (PCWG)

- *Description:* The Procedure Code Workgroup assists providers by troubleshooting claims and with authorization concerns.
- *Current Status:* In the month of January 2026:

Number of PCWG Resolved Tickets	40
Number of MDHHS Rate Updates	0
Number of Provider Requested Changes	66
Total # of MHWIN Updates	106

- *Significant Tasks During Period:* Added new DWIHN and provider locations, contract programs, codes and modifiers timely to ensure authorizations, encounters and billing were timely. In addition, the addition and deactivation of provider locations ensure our provider directory is accurate and accessible for public viewing. Added 332 codes/rate to existing Provider Contracts records, added 86 new fee schedules and 15 new COFR contracts.

- *Major Accomplishments During Period:* Developed an internal process to streamline Provider Updates including Names/Addresses as reflected in the MHWIN. Completed the updates for MDHHS Code Chart effective 1/1/2026.
- *Plan:* Ensure new programs and services are added and available for use. Continue to run cube reports to monitor and verify services credentialed/contracted are in alignment with contract fee schedules deployed.



**Program Compliance Committee Meeting
Utilization Management – Monthly Report
Marlena J. Hampton, MA, LPC – Director of Utilization Management
February 11, 2026**



Main Activities During This Period:

- MI Coordinated Health (MICH) HIDE SNP Transition
- Habilitation Supports Waiver (HSW/HAB) Program
- Milliman Care Guidelines (MCG) Indicia Updates

Progress On Major Activities:

Activity 1: MI Coordinated Health (MICH HIDE SNP) Transition

- *Description:* MI Coordinated Health (MICH) is a Highly Integrated Dual Eligible Special Needs Plan (HIDE SNP) for Michigan adults, aged 21 or older, that are enrolled in both Medicare and Medicaid. This program replaced the MI Health Link (MHL) demonstration, which ended on December 31, 2025.
- *Current Status:* Utilization Management has completed several audits and system updates to ensure the department meets requirements for implementing MICH HIDE SNP contracts, as well as remaining contractual obligations for the MI Health Link (MHL) program. All activities are aligned with contractual, accreditation, and compliance requirements.
- *Significant Tasks During Period:*
 - Providing technical assistance regarding contracted health plans, member eligibility, and authorization requests to providers and internal departments.
 - Continued review and update of policies and procedures to align with new plan requirements.
 - Participation in weekly interdepartmental meetings to discuss transition needs & plan updates.
- *Needs or Current Issues:*
 - Our contracted MICH HIDE SNP health plan partners have limited demographic information, including the projected number of member/enrollees that DWIHN will serve. This missing data makes it challenging to plan for staffing needs, procedural updates, etc.
 - Not all required documentation, including member notices, has been finalized by our contracted health plans. This creates difficulty with making updates to the electronic health record, as well as maintaining compliance with the plans' contractual obligations.
- *Plans:*
 - Continued monitoring of initial implementation, including close consultation with the Integrated Healthcare (IHC) team.

Activity 2: Habilitation Supports Waiver (HSW/HAB) Program

- *Description:* The Habilitation Supports Waiver (HSW) program provides home and community-based services to Medicaid beneficiaries with intellectual or developmental disabilities. HSW’s goal is to assist people with developing skills to live independently in community settings (vs. institutions or more restrictive settings).
- *Current Status:* The HSW program continues to exceed the state program requirement of 95% slot utilization. DWIHN’s HSW program has an average of 97.4% utilization per month (1,095 slots) for the fiscal year to date.

Utilization Fiscal Year to Date												
	Oct	Nov	Dec	Jan	Feb	March	April	May	June	July	Aug	Sept
Total Slots Owned	1125	1125	1125	1125	1125	1125	1125	1125	1125	1125	1125	1125
Waitlist	0	0	0	0								
Used	1098	1097	1093	1093								
Available	27	28	32	32								
New Enrollments	10	2	6	10								
Disenrollments	1	5	6	5								
Utilization	97.7%	97.5%	97.2%	97.2%								

Certification Renewal Data												
	Oct	Nov	Dec	Jan	Feb	March	April	May	June	July	Aug	Sept
Number of Renewals Due	109	88	40	108								
Number of Renewals Submitted	95	79	37	102								

- *Significant Tasks During Period:*
 - In conjunction with overall monitoring efforts, the HSW team continues to capture certification renewal data. In January, there were 108 renewals due, and 102 renewals submitted (94%).

- *Major Accomplishments During Period:*
 - The HSW team continues the identification, monitoring, and follow-up of members who have not utilized the required one (1) HSW service per month. The Utilization Manager continues to work with CRSPs regarding barriers and remedies to appropriate service utilization.
 - Utilization Manager is training providers on HSW eligibility, benefits, the “how” of applying to the program, and subsequent documentation.

- *Needs or Current Issues:*
 - HSW members usually remain enrolled for their entire lives. They are only disenrolled when a member passes away or, in rare instances, when a member consistently fails to meet their Medicaid spenddown requirements or loses their Medicaid eligibility. In situations involving Medicaid issues, all efforts are made to resolve the problem, and transition planning occurs before any disenrollment takes place.

- *Plans:*
 - The HSW team recognizes that it does not yet serve all DWIHN members eligible for the HSW program. It plans to renew its efforts to offer targeted education to the CRSPs on program requirements, member benefits, and provider incentives.
 - Update policy to require recertification documents be submitted to DWIHN eight (8) weeks prior to expiration. Currently, it reflects six (6) weeks, which is when DWIHN is required to submit to MDHHS.
 - Reintroduce the addition of DWIHN executive leadership to reports and communications to inform and support follow-up with CRSP leadership.

Activity 3: Milliman Care Guidelines (MCG) Indicia Updates

- *Description:* MCG Health and its Indicia platform provide integrated solutions that support evidence-based clinical decision-making and streamline areas of utilization management. MCG Health offers clinical guidelines and decision-support tools to standardize care, ensure medical necessity, and improve patient outcomes, while Indicia enhances these capabilities with analytics, workflow automation, and interoperability with electronic health records. Together, they enable DWIHN UM and its delegates to optimize resources, reduce administrative burden, maintain regulatory compliance, and data-driven outcomes.

- *Current Status:* The UM Clinical Specialist/MCG Lead, with support from the UM Director and Administrators, collaborates with the MCG Analyst to develop training for screening agencies and other staff making UM decisions, including the UM Higher Levels of Care team, who uses Indicia’s Optimal Recovery Course to complete concurrent reviews.

The Utilization Management team received training directly from MCG in 2019, at the time of Indicia’s integration into the MHWIN electronic health record. Since that time, UM has utilized a train-the-trainer model, in conjunction with interrater reliability testing, to communicate relevant updates.

- *Significant Tasks During Period:*
 - The UM Clinical Specialist/MCG Lead works with the MCG Analyst to schedule and complete eight (8) network training sessions.
 - UM Director and Administrator meet with MCG Analyst to update areas of the Optimal Recovery Course to expand available data points related to extended length of stay.
- *Major Accomplishments During Period:*
 - Training sessions are well attended by UM Clinical Specialists, crisis screening agencies, crisis stabilization units, and Assertive Community Treatment (ACT) teams. These sessions mark the first time most users have learned directly from MCG Health.
- *Needs or Current Issues:*
 - Director continues exploring expanded use of MCG behavioral health module for outpatient and specialty services to more clearly demonstrate application of medical necessity criteria, collect relevant data, and increase audit readiness.
- *Plans:*
 - UM Director will collaborate with UM Administrator and UM Clinical Specialist/MCG Lead to update corresponding policies and procedures for MCG training and use, including review of job aids and opportunities for more efficient use of tools.

Additional Updates:

- **Things the Department is Doing Especially Well:**
 - Utilization Management frequently collaborates with other DWIHN departments on standard reporting, projects, and training opportunities, including Integrated Healthcare, Managed Care Operations, Customer Service, and PIHP Crisis Services.
 - In conjunction with Integrated Healthcare, UM is piloting predictive analytics software to improve outcomes for high risk, recidivistic members.
- **Identified Opportunities for Improvement:**
 - Internal performance improvement plans will be developed for Substance Use Disorder (SUD) and Environmental Modification lines of business to address timeliness and efficiency, respectively.
- **Progress on Previous Improvement Plans:**
 - Director of Utilization Management continues intensive review of UM policies and procedures.

DETROIT WAYNE INTEGRATED HEALTH NETWORK BOARD ACTION

Board Action Number: 24-23R2 Revised: Y Requisition Number:

Presented to Full Board at its Meeting on: 2/18/2026

Name of Provider: Quest Analytics Inc

Contract Title: Quest Analytics, Inc.

Address where services are provided: 9225 Indian Creek Parkway Suite 200 Overland Park, KS 66210

Presented to Program Compliance Committee at its meeting on: 2/11/2026

Proposed Contract Term: 10/1/2023 to 9/30/2026

Amount of Contract: \$ 886,738.42 Previous Fiscal Year: \$ 850,000.00

Program Type: Modification

Projected Number Served- Year 1: 75,000 Persons Served (previous fiscal year): 0

Date Contract First Initiated: 10/1/2023

Provider Impaneled (Y/N)?

Program Description Summary: Provide brief description of services provided and target population. If propose contract is a modification, state reason and impact of change (positive and/or negative).

This board action is requesting to add \$36,738.42 to the existing contract with Quest Analytics to cover the final invoice for services performed in FY 2025. The additional amount is necessary to cover an annual price increase of 10%, which was not accounted for in the contract. Contract terms remain unchanged from **October 1, 2023 through September 30, 2026 for a revised total amount not to exceed \$886,738.42.**

The purpose of the sole source contract is for Quest Analytics MSA is to develop DWIHN provider network access, accuracy, and adequacy analyses based on the DWIHN population providers and practitioners related accreditation organizations such as NCQA, HSAG and other accrediting bodies. Quest Analytics software will supply DWIHN with provider accuracy data of providers in the DWIHN network for access to address cultural competency in the areas of race and ethnicity. The software will provide predictive modeling to network expansion and filling gaps in specialty types to meet criteria. The software will serve as an augmentation to the DWIHN IT Department to provide data, reports and evidence of standard compliance. The Quest Analytics MSA is for unlimited licenses to DWIHN users for the software application.

Quest Enterprise Services solves some of the DWIHN business challenges by establishing best practices for measuring, managing, and monitoring network performance, improving the quality of provider data to ensure a current and accurate provider directory, complying with network adequacy and network accuracy requirements across various markets and different lines of business, pinpointing high-risk data anomalies to reduce your regulatory risk, accelerating speed to market, prioritizing provider data remediation efforts, prioritizing service area expansion opportunity by network build efforts and return on investment, trending network adequacy and

provider directory accuracy to monitor the impact of initiatives over time, identifying gaps in network adequacy by county and specialty and understanding exactly who to contract with to quickly and efficiently fill specialty gaps.

Outstanding Quality Issues (Y/N)? N If yes, please describe:

Source of Funds: Multiple

Fee for Service (Y/N): Y

Revenue	FY 25/26	Annualized
Multiple	\$ 886,738.42	\$ 886,738.42
	\$	\$
Total Revenue	\$	\$

Recommendation for contract (Continue/Modify/Discontinue): Modify

Type of contract (Business/Clinical): Clinical

ACCOUNT NUMBER: 00000.137003.00000

In Budget (Y/N)? N

Approved for Submittal to Board:

James White, Chief Executive Officer

Stacie Durant, Vice President of Finance

Signature/Date:

Signature/Date:

James White

Stacie Durant

Signed: Tuesday, January 27, 2026

Signed: Tuesday, January 27, 2026

**DETROIT WAYNE INTEGRATED HEALTH NETWORK
BOARD ACTION**

Board Action Number: 25-30R Revised: Y Requisition Number:

Presented to Full Board at its Meeting on: 2/18/2026

Name of Provider: Vital DataTechnology LLC

Contract Title: Community Mental Health Data Platform

Address where services are provided: 'None'

Presented to Program Compliance Committee at its meeting on: 2/11/2026

Proposed Contract Term: 10/1/2024 to 12/31/2025

Amount of Contract: \$ 1,000,000.00 Previous Fiscal Year: \$ 875,000.00

Program Type: Continuation

Projected Number Served- Year 1: 80,000 Persons Served (previous fiscal year): 0

Date Contract First Initiated: 10/1/2024

Provider Impaneled (Y/N)?

Program Description Summary: Provide brief description of services provided and target population. If propose contract is a modification, state reason and impact of change (positive and/or negative).

The Detroit Wayne Integrated Health Network is seeking approval from the board for a three-month extension of the one-year project, which is funded by a \$500,000 grant from the Michigan Health Endowment Fund and a \$500,000 match from DWIHN for a total spend of \$1,000,000. This is a time-only extension and there is no change in the total dollar amount. Michigan Department of Health and Human Services extended the grant award period to allow for completion. The extension is for 3 months through December 31, 2025 to allow time to spend down the entire grant amount.

Note: Through September 30, 2025, \$875,000 was spent. The remaining \$125,000 will be spent in FY2026 by December 31, 2025. A budget adjustment will be forthcoming to certify the revenue and expenses in the FY26 budget.

Outstanding Quality Issues (Y/N)? N If yes, please describe:

Source of Funds: Multiple

Fee for Service (Y/N): N

Revenue	FY 25/26	Annualized
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Medicaid	\$ 500,000.00	\$ 500,000.00
Block Grant	\$ 500,000.00	\$ 500,000.00
Total Revenue	\$ 1,000,000.00	\$ 1,000,000.00

Recommendation for contract (Continue/Modify/Discontinue): Continue

Type of contract (Business/Clinical): Clinical

ACCOUNT NUMBER: 64941.827206.07108

In Budget (Y/N)? N

Approved for Submittal to Board:

James White, Chief Executive Officer

Stacie Durant, Vice President of Finance

Signature/Date:

Signature/Date:

James White

Stacie Durant

Signed: Wednesday, January 28, 2026

Signed: Monday, January 26, 2026

**DETROIT WAYNE INTEGRATED HEALTH NETWORK
BOARD ACTION**

Board Action Number: 26-03R2 Revised: N Requisition Number:

Presented to Full Board at its Meeting on: 2/18/2026

Name of Provider: DWIHN Provider Network - see attached list

Contract Title: FY26 Children's Initiatives - Waiver Services

Address where services are provided: None__

Presented to Program Compliance Committee at its meeting on: 2/11/2026

Proposed Contract Term: 10/1/2025 to 9/30/2026

Amount of Contract: \$ 4,475,852.00 Previous Fiscal Year: \$ 4,319,610.00

Program Type: Continuation

Projected Number Served- Year 1: 130 Persons Served (previous fiscal year): 120

Date Contract First Initiated: 10/1/2025

Provider Impaneled (Y/N)?

Program Description Summary: Provide brief description of services provided and target population. If propose contract is a modification, state reason and impact of change (positive and/or negative).

Requesting DWIHN Board Approval for the revision of SED Waiver and Children's Waiver provider listings for FY26 contract from 10/1/25 - 9/30/26 of the estimated Medicaid funding in the amount **not to exceed \$4,475,852. Refer to the attached Provider Listings for estimated cost breakdown by provider.**

Adding the new Provider Wynning Foundation to deliver Art Therapy, Music Therapy, and Recreational Therapy for children and youth on the SED Waiver and Children Waiver. **No change in estimated funding for FY26.**

Children's Waiver (\$2,389,645): The main goal of the Children Waiver Program is provision of medically necessary services to eligible children and their families which promote integration, optimum

independence, and family resiliency. The Children’s Home and Community Based Waiver Program (CWP) is a federal program authorized under section 1015c of the Social Security Act that provides Medicaid services for eligible children up to age 18 with developmental disabilities, who without such services would require or be at risk of being placed in an inpatient facility.

SED Waiver (\$2,086,207): Providers deliver Wrap Around / SED Waiver (SEDW) services to children, youth, and families ages 0 to 21st birthday. The goal is for children and youth to reside in the community without hospitalization or removal from the home and are offered an array of Community Mental Health services to support both youth and the caregiver. All Wrap Around Providers to also deliver SEDW services.

The amounts listed for each provider are estimated based on prior year activity and are subject to change. Amounts may be reallocated amongst providers without board approval.

Outstanding Quality Issues (Y/N)? N If yes, please describe:

Source of Funds: Medicaid

Fee for Service (Y/N): Y

Revenue	FY 25/26	Annualized
Medicaid	\$ 4,475,852.00	\$ 4,475,852.00
	\$	\$
Total Revenue	\$	\$

Recommendation for contract (Continue/Modify/Discontinue): Continue

Type of contract (Business/Clinical): Clinical

ACCOUNT NUMBER: MULTIPLE

In Budget (Y/N)? Y

Approved for Submittal to Board:

James White, Chief Executive Officer

Stacie Durant, Vice President of Finance

Signature/Date:

Signature/Date:

James White

Stacie Durant

Signed: Tuesday, January 27, 2026

Signed: Tuesday, January 27, 2026

1/27/2026 2:27:36 PM

1/27/2026 2:21:41 PM

DETROIT WAYNE INTEGRATED HEALTH NETWORK BOARD ACTION

Board Action Number: 26-12R4 Revised: Y Requisition Number:

Presented to Full Board at its Meeting on: 2/18/2026

Name of Provider: DWIHN Provider Network - see attached list

Contract Title: FY26 Substance Use Disorder Treatment: SUD Acupuncture (Acudetox) Trainings and Opioid Settlement Healing and Recovery Carry Over Funding

Address where services are provided: 'None'

Presented to Program Compliance Committee at its meeting on: 2/11/2026

Proposed Contract Term: 2/18/2026 to 9/30/2026

Amount of Contract: \$ 5,686,723.00 Previous Fiscal Year: \$ 6,468,023.00

Program Type: Continuation

Projected Number Served- Year 1: 15,500 Persons Served (previous fiscal year): 15,000

Date Contract First Initiated: 10/1/2025

Provider Impaneled (Y/N)? Y

Program Description Summary: Provide brief description of services provided and target population. If propose contract is a modification, state reason and impact of change (positive and/or negative).

Acupuncture Training Services:

The SUD Department is requesting approval to contract for the delivery of acupuncture training services with Green Tara Holistics, LLC. The funds totaling in \$45,000 of PA2 were already allocated on BA#26-12 we are requesting the reallocation of \$45,000 from the Yoga Vendor (TBD) line item to be allocated to the vendor. The vendor will certify and credential 30 provider staff members across our network of treatment providers in the standardized, clinically acknowledged, and MDHHS supported service of acupuncture and acudetox protocol, enabling our service provider network to utilize the CPT code and offer their own acudetox program as an ancillary service to substance use disorder treatment programming.

Acudetox is a specialized form of ear acupuncture used specifically as a supportive therapy in SUD treatment. Acudetox has been shown to reduce cravings, ease withdrawal, improve retention in programming, and to enhance talk therapy. The vendor will also deliver trauma-informed yoga classes for participants at each of the partner organizations.

Opioid Settlement Healing & Recovery Initiatives:

The SUD department is requesting approval of MDHHS redistributed unspent carryforward funds from FY2025 totaling \$597,281 bringing the total allocated amount to \$747,281 with \$427,500 to support treatment programming for immediate access to medication for opioid use disorder. The funds are allocated to DRMM, and QBH.

The Detroit Wayne Integrated Health Network has the discretion to distribute these funds amongst service providers based on utilization without further board approval, provided the total does not exceed the approved budget of \$5,686,723. The revised not to exceed contract for SUD Treatment totals \$5,686,723 for the fiscal year ending September 30, 2026.

Outstanding Quality Issues (Y/N)? N If yes, please describe:

Source of Funds: Block Grant,PA2

Fee for Service (Y/N): Y

Revenue	FY 25/26	Annualized
Block Grant	\$ 3,059,773.00	\$ 3,059,773.00
PA2	\$ 2,626,950.00	\$ 2,626,950.00
Total Revenue	\$ 5,686,723.00	\$ 5,686,723.00

Recommendation for contract (Continue/Modify/Discontinue): Continue

Type of contract (Business/Clinical): Clinical

ACCOUNT NUMBER: MULTIPLE

In Budget (Y/N)? Y

Approved for Submittal to Board:

James White, Chief Executive Officer

Stacie Durant, Vice President of Finance

Signature/Date:

Signature/Date:

James White

Stacie Durant

Signed: Wednesday, February 4, 2026

Signed: Monday, February 2, 2026

Board Action #: 26-12R4

**DETROIT WAYNE INTEGRATED HEALTH NETWORK
BOARD ACTION**

Board Action Number: 26-13R2 Revised: Y Requisition Number:

Presented to Full Board at its Meeting on: 2/18/2026

Name of Provider: DWIHN Provider Network - see attached list

Contract Title: FY26 Substance Use Disorder Prevention: Opioid Settlement Healing and Recovery Carry Over Funding

Address where services are provided: 'None'

Presented to Program Compliance Committee at its meeting on: 2/11/2026

Proposed Contract Term: 2/18/2026 to 9/30/2026

Amount of Contract: \$ 6,625,484.00 Previous Fiscal Year: \$ 6,491,183.00

Program Type: Continuation

Projected Number Served- Year 1: 35,000 Persons Served (previous fiscal year): 35000

Date Contract First Initiated: 10/1/2025

Provider Impaneled (Y/N)? Y

Program Description Summary: Provide brief description of services provided and target population. If propose contract is a modification, state reason and impact of change (positive and/or negative).

The SUD Department is requesting approval of MDHHS redistributed unspent carryforward funds from FY2025 totaling \$597,281 bringing the total allocated amount to \$747,281 with \$278,071 allocated to support prevention programming for harm reduction supplies, syringe service programs, and children's programming. The funds are allocated to SOOAR, DRP, CHAG, Oakwood Taylor Teen, and DRMM.

The Detroit Wayne Integrated Health Network has the discretion to distribute these funds amongst service providers based on utilization without further board approval, provided the total does not exceed the approved budget of \$6,625,484. The revised not to exceed contract for SUD prevention totals \$6,625,484 for the fiscal year ending September 30,2026.

Outstanding Quality Issues (Y/N)? N If yes, please describe:

Source of Funds: Block Grant,PA2

Fee for Service (Y/N): N

Revenue	FY 25/26	Annualized
Block Grant	\$ 3,583,486.00	\$ 3,583,486.00
PA2	\$ 3,041,998.00	\$ 3,041,998.00
Total Revenue	\$ 6,625,484.00	\$ 6,625,484.00

Recommendation for contract (Continue/Modify/Discontinue): Continue

Type of contract (Business/Clinical): Clinical

ACCOUNT NUMBER: MULTIPLE

In Budget (Y/N)? Y

Approved for Submittal to Board:

James White, Chief Executive Officer

Stacie Durant, Vice President of Finance

Signature/Date:

Signature/Date:

James White

Stacie Durant

Signed: Wednesday, February 4, 2026

Signed: Monday, February 2, 2026

DETROIT WAYNE INTEGRATED HEALTH NETWORK BOARD ACTION

Board Action Number: 26-14R4 Revised: Y Requisition Number:

Presented to Full Board at its Meeting on: 2/18/2026

Name of Provider: DWIHN Provider Network - see attached list

Contract Title: Provider Network System FY26

Address where services are provided: Service Provider List Attached

Presented to Program Compliance Committee at its meeting on: 2/11/2026

Proposed Contract Term: 1/1/2026 to 9/30/2026

Amount of Contract: \$ 837,791,038.00 Previous Fiscal Year: \$ 934,583,332.00

Program Type: Continuation

Projected Number Served- Year 1: 77,000 Persons Served (previous fiscal year): 75,943

Date Contract First Initiated: 10/1/2025

Provider Impaneled (Y/N)? Y

Program Description Summary: Provide brief description of services provided and target population. If propose contract is a modification, state reason and impact of change (positive and/or negative).

Detroit Wayne Integrated Health Network (DWIHN) is requesting approval for the addition of the following 2 providers to the DWIHN provider network for the fiscal year ending September 30, 2026 as outlined below. **Note: Total amount of Board Action remains the same not to exceed amount of \$837,791,038 for FY 2026.**

Residential Provider:

1. Prentis Loft LLC: (Credentialed 1/15/2026 for Personal Care in Licensed Residential Setting; Community Living Support)

Outpatient Providers:

1. Carevio Health LLC: (Credentialed 1/15/2026 for Respite; Community Living Support)

Board approval will allow for the continued delivery of behavioral health services for individuals with: Adults with Serious Mental Illness, Intellectual/Developmental Disability, Serious Emotional Disturbance and Co-Occurring Disorders.

The services include the full array behavioral health services per the PIHP and CMHSP contracts. **The amounts listed for each provider are estimated based on prior year activity and are subject to change.**

Outstanding Quality Issues (Y/N)? N If yes, please describe:

Source of Funds: Multiple

Fee for Service (Y/N): Y

Revenue	FY 25/26	Annualized
Multiple	\$ 837,791,038.00	\$ 837,791,038.00
	\$	\$
Total Revenue	\$	\$

Recommendation for contract (Continue/Modify/Discontinue): Continue

Type of contract (Business/Clinical): Clinical

ACCOUNT NUMBER: MULTIPLE

In Budget (Y/N)? Y

Approved for Submittal to Board:

James White, Chief Executive Officer

Stacie Durant, Vice President of Finance

Signature/Date:

Signature/Date:

James White

Stacie Durant

Signed: Friday, January 30, 2026

Signed: Friday, January 30, 2026

DETROIT WAYNE INTEGRATED HEALTH NETWORK BOARD ACTION

Board Action Number: 26-46 Revised: N Requisition Number:

Presented to Full Board at its Meeting on: 2/18/2026

Name of Provider: DWIHN Provider Network - see attached list

Contract Title: FY26 MI HIDE-SNP

Address where services are provided: See Attachment (Multiple Providers)

Presented to Program Compliance Committee at its meeting on: 2/11/2026

Proposed Contract Term: 1/1/2026 to 12/31/2026

Amount of Contract: \$ 7,810,615.00 Previous Fiscal Year: \$ 8,593,679.00

Program Type: New

Projected Number Served- Year 1: 2,600 Persons Served (previous fiscal year): 5000

Date Contract First Initiated: 1/1/2026

Provider Impaneled (Y/N)? Y

Program Description Summary: Provide brief description of services provided and target population. If propose contract is a modification, state reason and impact of change (positive and/or negative).

Detroit Wayne Integrated Health Network (DWIHN) is requesting approval for a **one-year contract through December 31, 2026** with Amerihealth, HAP Care Source and Humana, three (3) Integrated Care Organizations (ICO) to receive and **disburse Medicare dollars to reimburse the Affiliated Providers for an estimated amount of \$7,810,615**. MDHHS ended the MHL Pilot project on 12/31/25 at which time they implemented and launched the Highly Integrated Dual Eligibles Special Needs Plan (HIDE-SNP) model on January 1, 2026. This board action will ensure the greatest degree of continuity in the infrastructure and successful transition to the new model, once finalized.

The services performed by the Affiliated Providers are those behavioral health benefits available to the Dual Eligible (Medicare/Medicaid) beneficiaries being managed by the DWIHN through its contract with the Michigan Department of Health and Human Services MDHHS) and its contracts with the three ICOs. The Affiliated Providers consist of inpatient, outpatient and substance use disorder providers. HIDE-SNP is designed to ensure that coordinated behavioral and physical health services are provided to this population.

Medicaid eligible services for the HIDE-SNP members are provided by our provider network, and such costs were included in the board approved Provider Network board action. The same provider network provides Medicare benefits to the members.

Note: The amount of \$7,810,615 noted for Medicare dollars are estimates based on FY25 claims incurred by dual eligible members and may be higher than the estimated amount. Amounts may be reallocated amongst providers based on actual claims adjudication without board approval.

Outstanding Quality Issues (Y/N)? N If yes, please describe:

Source of Funds: Multiple

Fee for Service (Y/N): N

Revenue	FY 25/26	Annualized
Medicare	\$ 7,810,615.00	\$ 7,810,615.00
	\$	\$
Total Revenue	\$	\$

Recommendation for contract (Continue/Modify/Discontinue): Continue

Type of contract (Business/Clinical): Clinical

ACCOUNT NUMBER: 64936.827020.00000

In Budget (Y/N)? N

Approved for Submittal to Board:

James White, Chief Executive Officer

Stacie Durant, Vice President of Finance

Signature/Date:

Signature/Date:

James White

Stacie Durant

Signed: Wednesday, February 4, 2026

Signed: Monday, February 2, 2026