D. DWIHN Outpatient Clinic – ***Deferred to April 8, 2026***
E. Integrated Health Care
F. Community Engagement

IX. Strategic Plan - *None*

X. Quality Review(s) - *None*

XI. Associate VP of Clinical Operations' Executive Summary

XII. Unfinished Business

A. **BA #26-16 (Revised) –** Children's Crisis Intervention Services, PAR FY 26
B. **BA #26-39 (Revised 2) –** Michigan Clinical Consultation and Care (MC3) FY 26

XIII. New Business (Staff Recommendations) - *None*

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 Meeting
Ryan Morgan Director Residential Services: Quarter 1 Follow Up Report
Date: 3/11/2026

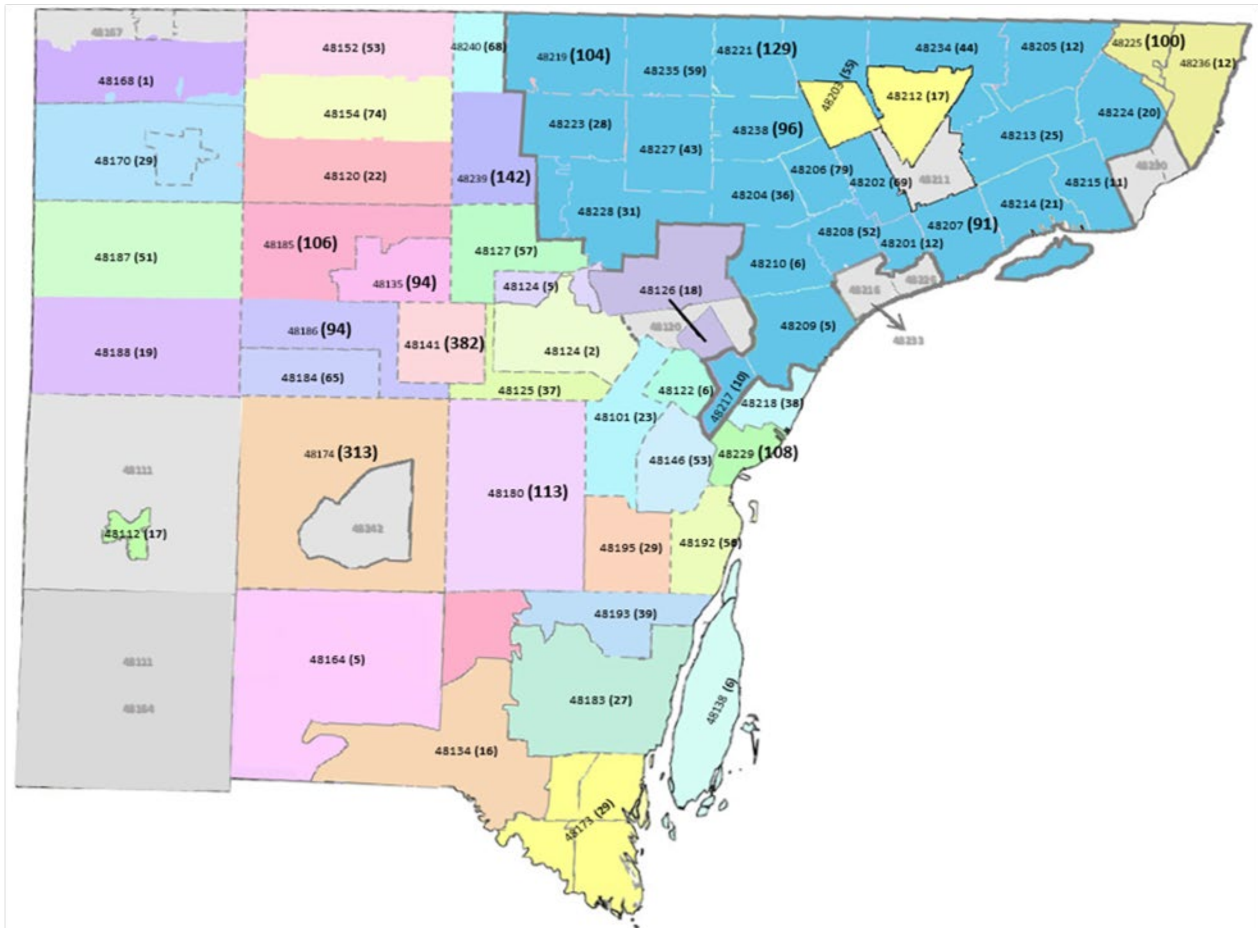
Main Activities During Reporting Period: Quarter 1 FY 2026

- **Members by Zip Code**

Progress On Major Activities:

<u>Activity 1:</u> **Residential Members by Zip Code**

- *Description:* As requested over the past month the Residential Services Department examined the number of members who are receiving residential services in contracted locations by zip code within Wayne County. It is important to monitor this information for network adequacy and to understand where the need for residential resource allocation resides geographically moving forward.
- *Current Status:*



City ZIP	# of Members	City ZIP	# of Members
City of Detroit	983	River Rouge 48218	38
Inkster 48141	382	Dearborn Heights 48125	37
Romulus 48174	313	Southgate 48195	29
Detroit/Redford/Redford Twp 48239	142	Plymouth 48170	29
Taylor 48180	113	Brownstown/Gibraltar/Rockwood 48173	29
Ecorse 48229	108	Brownstown/Trenton/Woodhaven 48183	27
Westland 48185	106	Allen Park 48101	23
Detroit/Harper Woods 48225	100	Livonia 48150	22
Westland 48186	94	Canton/Canton Twp 48188	19
Garden City 48135	94	Dearborn 48126	18
Livonia 48154	74	Detroit/Hamtramck 48212	17
Detroit/Redford/Redford Twp 48240	68	Belleville 48111	17
Wayne 48184	65	Brownstown Twp/Flat Rock 48134	16
Dearborn Heights 48127	57	Detroit/Grosse Pointe Woods 48236	12
Riverview/Wyandotte 48192	56	Melvindale 48122	6
Detroit/Highland Park 48203	55	Grosse Ile 48138	6
Livonia 48152	53	New Boston 48164	5
Lincoln Park 48146	53	Dearborn 48128	5
Canton 48187	51	Dearborn 48124	2
Brownstown/Riverview 48193	39		

- *Major Accomplishments During Period:* The Residential Services Department was able to onboard five (5) new locations in the month of February within Wayne County.
- *Needs or Current Issues:* In examining locations, it appears that it would be beneficial to add more providers in the south and southwest portion of the county.
- *Plan:* The Residential Services Department will continue to work with Managed Care Operations (MCO) to onboard quality residential providers that apply for network expansion.

**https://www.waynecountymi.gov/Government/Departments/Information-Technology/Maps-Data/Print-Maps*
**https://www.ciclt.net/sn/clt/capitolimpact/gw_ziplist.aspx?ClientCode=capitolimpact&State=mi&StName=michigan&StFIPS=&FIPS=26163*

PROGRAM COMPLIANCE COMMITTEE

MINUTES **FEBRUARY 11, 2026** **1:00 P.M.** ***IN-PERSON MEETING***

MEETING CALLED BY	I. Commissioner Jonathan Kinloch, Program Compliance Committee Chair at 1:14 p.m.
TYPE OF MEETING	Program Compliance Committee
FACILITATOR	Commissioner Kinloch, Committee Chair
NOTE TAKER	Sonya Davis
TIMEKEEPER	
ATTENDEES	**Committee Members:** Angela Bullock; Dr. Lynne Carter; Angelo Glenn; and Commissioner Jonathan Kinloch, Committee Chair **Committee Member(s) Excused:** William Phillips **Board Members:** Dr. Cynthia Taueg, Board Chair, Dora Brown, Board Treasurer, and Kenya Ruth **SUD Oversight Policy Board Members:** Tom Adams, SUD Oversight Policy Board Chair (Virtual) **Staff:** Brooke Blackwell; Jody Connally; Alison Gabridge (on behalf of Marianne Lyons); Monifa Gray; Marlena Hampton; Sheree Jackson; Ryan Morgan; Cassandra Phipps; Vicky Politowski; Stacey Sharp; Manny Singla; Andrea Smith; Yolanda Turner; Daniel West; James White; Rai Brown; and Matthew Yascolt

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.**

V. Follow-Up Items from Previous Meeting

DISCUSSION/ CONCLUSIONS	A. **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 – *Deferred to March 11, 2026 Program Compliance Committee Meeting*

VI. Approval of the Minutes

DISCUSSION/ CONCLUSIONS	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.**

VII. Reports

DISCUSSION/ CONCLUSIONS	A. **Chief Medical Officer** – *Deferred to March 11, 2026 Program Compliance Committee Meeting* B. **Corporate Compliance—** Sheree Jackson, VP of Compliance, submitted and gave highlights of the Corporate Compliance report, and sought Committee approval of the Compliance Plan Policy and Standards of Conduct Policy. It was reported that: 1. **Provider Network Investigations (October 1, 2025 through December 31, 2025)** - 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. 2. **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. 3. **Compliance Plan Policy** – Mrs. Jackson informed the committee that the Compliance Plan Policy is the plan that the department follows. It guides their investigations, what they do on a day-to-day basis as well as how the department functions within DWIHN. There are changes to the monitoring auditing section as it relates to the reporting requirements to the State of Michigan and those changes come from the contract changes between MDHHS and DWIHN. Discussion ensued. 4. **Standards of Conduct Policy** – Mrs. Jackson informed the committee that the Standards of Conduct Policy is a policy that all DWIHN staff, providers,

	and board members must adhere to. The policy outlines expectations for staff behavior regarding confidentiality, billing, and conflicts of interest. It highlights areas related to the workplace environment and the expectations staff must follow. There are key components the HR department must adhere to, such as hiring and firing based on race, religion, national origin, age, sex, and related factors, as outlined in this policy. One key change on page 14, the Governing Body Oversight and Approval section was added, **"The DWIHN governing body maintains ultimate responsibility for oversight of the Compliance program, including the Standard of Conduct."** "**These standards of conduct and any material revisions shall be reviewed and approved by the governing body to ensure continued alignment with applicable federal and state laws, regulatory requirements, and organizational compliance obligations."** Discussion ensued. The committee requested that the Compliance Policy and the Standards of Conduct Policy be referred to the May Policy/Bylaw Committee meeting for review, then returned to the PCC meeting in May for approval. Commissioner Kinloch called for a motion to refer the Compliance Policy and the Standards of Conduct Policy to the Policy/Bylaw Committee meeting in May, then return them to the PCC meeting in May for approval. **Motion:** It was moved by Dr. Taueg and supported by Mr. Glenn to refer the Compliance Policy and the Standards of Conduct Policy to the Policy/Bylaw Committee meeting in May and bring them back to the PCC meeting in May. Commissioner Kinloch opened the floor for further discussion. There was no further discussion. **Motion carried.**

VIII. Quarterly Reports

DISCUSSION/ CONCLUSIONS	A. **Access Call Center** – Yvonne Bostic, Director of the Access Call Center, submitted and gave highlights of the Access Call Center's quarterly report. It was reported that: 1. **Activity 1: Staffing and Training** – 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 calls to # 800-241-4949. The department engages 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. Staff participated in several department overviews and trainings from October 2025 through December 2025. 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. There continues to be regular reviews of applications, interviewing, hiring, and training to fill vacancies. 2. **Activity 2: Call Center Performance (Call detail report)** – For the 1st Quarter of FY 25-26, there were 44,967 calls handled by the Access Call Center. In an annual comparison of the 1st Quarter FY 24-25 (3.0%) to the 1st Quarter FY 25-26 (1.0%) abandonment rate, there was a 2% improvement. There has also been a significant improvement in service levels and response time. Even with a decrease in staffing over the last 4 months, the Access Call Center's ability to manage high call volume has improved through the use of overtime and strategic staffing.

3. **Activity 3: Appointment Availability** – 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 related 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.
4. **Upcoming Plans and Projects** - 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; and continued recruitment to fill vacancies.

Commissioner Kinloch opened the floor for discussion. Discussion ensued.

B. **Network Innovation and Community Engagement (NICE)** – *Deferred to March 11, 2026*

C. **Residential Services** – Ryan Morgan, Director of Residential Services, submitted and gave highlights of the Residential Services' quarterly report. It was reported that:

1. **Activity 1: Monitoring Residential Assessments** – 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).
2. **Activity 2: Analyzing the Population Served Within Residential Services** – 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 collaborated 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 analyze this data to inform future decisions on network adequacy and resource allocation. 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, looking at the age of the population, the data indicates a significant increase in young adults entering the department.

Commissioner Kinloch opened the floor for discussion. Discussion Ensued. The committee requested a breakdown of residential members by zip code. ***(Action)***

D. **Substance Use Disorder Initiatives** – Matthew Yascolt, Director of SUD Initiatives, submitted and gave highlights of the SUD Initiatives' quarterly report. It was reported that:

1. **Activity 1: Analysis of Withdrawal Management Utilization** – Since quarter one for FY 2024, withdrawal management utilization has hovered between 819 and 1,120 claims per month. Staff will continue to monitor the utilization of withdrawal management services. 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.

	2. **Activity 2: Analysis of Members Leaving Against Medical Advice (AMA) -** 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. The department will ensure the provider network has plans to decrease AMA rates and develop retention policies, in collaboration with service providers, to develop a strategy to reduce AMA rates. 3. **Activity 3: Analysis of Members Leaving Against Medical Advice (AMA) by Service Provider -** 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. The department will schedule one-on-one consultations with DRMM, Elmhurst, Hegira, QBH, and Sacred Heart to review their AMA trends and develop tailored improvement plans. Commissioner Kinloch opened the floor for discussion. Discussion ensued. The committee requested that staff stratify the data to determine whether certain parts of the SUD programs affect some populations more than others, and to ensure there are no disparities in future reports. ***(Action)*** Mr. White informed the committee that all presentations of reporting data and data points will be clearer, and the importance of providing information that tells us what it determines, what the data tells us, what we are learning from the data, and how it is shaping how we are moving in the organization will be included in future reports. Commissioner Kinloch noted that the Access Call Center, Residential Services, and Substance Use Disorder Initiatives' quarterly reports have been received and placed on file.

IX. Strategic Plan - None

DISCUSSION/ CONCLUSIONS	***There was no Strategic Plan to review this month.***

X. Quality Review(s) – QAPIP Executive Summary

DISCUSSION/ CONCLUSIONS	A. **Quality Assessment Performance Improvement Plan (QAPIP) 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, and 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. B. **QAPIP Annual Evaluation FY 25** – 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. C. **QAPIP Work Plan FY 26** – 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. Commissioner Kinloch called for a motion to approve the QAPIP Description FY 2026-2028, QAPIP Annual Evaluation FY 25, and the QAPIP Work Plan FY 26. **Motion:** It was moved by Mrs. Bullock and supported by Mr. Glenn to move the QAPIP Description FY 2026-2028, QAPIP Annual Evaluation FY 25, and the QAPIP Work Plan FY 26 to the Full Board for approval. Commissioner Kinloch opened the floor for discussion. Discussion ensued. **Motion carried.**

XI. Associate VP of Clinical Operations Executive Summary

DISCUSSION/ CONCLUSIONS	Stacey Sharp, Associate VP of Clinical Operations, submitted the Executive Summary and provided highlights. It was reported that: A. **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; and 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. B. **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; ensured proactive monitoring of members' service utilization; addressed barriers through collaboration with CRSPs; and provided provider training on HSW eligibility, benefits, and application processes. C. **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 and treatment interventions for individuals with behavioral and physical health challenges and co-occurring disorders. Clinical Practice Guidelines 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. 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.

XII. Unfinished Business

DISCUSSION/ CONCLUSIONS	A. **BA #24-23 (Revised 2) – Quest Analytics, Inc.** – Staff requesting board approval 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 $886,738.24. Commissioner Kinloch called for a motion on BA #24-23 (Revised 2). **Motion:** It was moved by Dr. Taueg and supported by Mr. Glenn to move BA #24-23 (Revised 2) to the Full Board for approval. Commissioner Kinloch opened the floor for discussion. There was no discussion. **Motion carried.** B. **BA #25-30 (Revised) – Community Mental Health Data Platform** – Staff requesting board approval 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, with no change to 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. Commissioner Kinloch called for a motion on BA #25-30 (Revised). **Motion:** It was moved by Mrs. Bullock and supported by Mr. Glenn to move BA #25-30 (Revised) to the Full Board for approval. Commissioner Kinloch opened the floor for discussion. Discussion ensued. **Motion carried.** C. **BA #26-03 (Revised 2) – Children's Initiatives Waiver Services FY 26** – Staff requesting board approval for the revision of SED Waiver and Children's Waiver provider listings for FY 26 contract from 10/1/25 through 9/30/26 of the estimated Medicaid funding in the amount not to exceed $4,475,852.00 (Children's Waiver, $2,389,645) and (SED Waiver, $2,086,207). Refer to the attached listings provided for the 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 FY 26. Commissioner Kinloch called for a motion on BA #26-03 (Revised 2). **Motion:** It was moved by Mrs. Bullock and supported by Dr. Taueg to move BA #26-03 (Revised 2) to the Full Board for approval. Commissioner Kinloch opened the floor for discussion. There was no discussion. **Motion carried.** 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 – Staff requesting board approval to contract for the delivery of acupuncture training services with Green Tara Holistics, LLC. The $45,000 in PA2 funds were already allocated to 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. The SUD department is requesting approval of MDHHS to redistribute unspent carry-forward 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. Commissioner Kinloch called for a motion on BA #26-12 (Revised 4). **Motion:** It was moved by Mrs. Bullock and supported by Mr. Glenn to move BA #26-12 (Revised 4) to the Full Board for approval. Commissioner Kinloch opened the floor for discussion. Discussion ensued. **Motion carried.** E. **BA #26-13 (Revised 2) – Substance Use Disorder (SUD) Prevention Provider Network System FY 26 – Opioid Settlement Healing and Recovery Carry Over Funding** – Staff requesting board 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. Commissioner Kinloch called for a motion on BA #26-13 (Revised 2). **Motion:** It was moved by Mrs. Bullock and supported by Dr. Taueg to move BA #26-13 (Revised 2) to the Full Board for approval. Commissioner Kinloch opened the floor for discussion. There was no discussion. **Motion carried.** F. **BA #26-14 (Revised 4) – DWIHN Provider Network System FY 26 –** Staff requesting board approval for the addition of the following two providers (Prentis Loft, LLC and Carevio Health LLC) to the DWIHN provider network for the fiscal year ending September 30, 2026 as outlined below. **Note:** Total amount of this board action remains the same, not to exceed the amount of $837,791,038 for FY 2026. Rai Brown, Director of Managed Care Operations, informed the committee that this board action should state that we are requesting to add two additional "residential providers" rather than "one residential provider and one outpatient provider". The errors will be corrected before the Full Board approves. Commissioner Kinloch called for a motion on BA #26-14 (Revised 4). **Motion:** It was moved by Dr. Taueg and supported by Mr. Glenn to move BA #26-14 (Revised 4) to the Full Board for approval. Commissioner Kinloch opened the floor for discussion. There was no discussion. **Motion carried.**

XIII. New Business (Staff Recommendations)

DISCUSSION/ CONCLUSIONS	A. **BA #26-46 – MI Coordinated Health Highly Integrated Dual Eligible-Special Needs Plan (MICH HIDE-SNP) FY26 -** Staff requesting board 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 HIDE-SNP members are provided by our provider network, and these costs were included in the board-approved Provider Network action. The same provider network provides Medicare benefits to the members. Commissioner Kinloch called for a motion on BA #26-46. **Motion:** It was moved by Mrs. Bullock and supported by Dr. Taueg to move BA #26-46 to the Full Board for approval. Commissioner Kinloch opened the floor for discussion. There was no discussion. **Motion carried**.

XIV. Good and Welfare/Public Comment

DISCUSSION/ CONCLUSIONS	***There was no Good and Welfare/Public Comment to review this month.***

Action Items	Responsible Person	Due Date
1. **Residential Services' Quarterly Report** – Provide a breakdown of residential members by zip code.	Ryan Morgan	***March 11, 2026***
2. **Substance Use Disorder Initiatives' Quarterly Report** – The committee requested that staff stratify the data to determine whether certain parts of the SUD programs affect some populations more than others, and to ensure there are no disparities in future reports.	Matthew Yascolt	***Ongoing in future reports***

The Chair called for a motion to adjourn the meeting. **Motion:** It was moved by Mr. Glenn and supported by Mrs. Bullock to adjourn the meeting. **Motion carried.**
ADJOURNED: 2:30 p.m.
NEXT MEETING: Wednesday, March 11, 2026, at 1:00 p.m.

CHIEF MEDICAL OFFICER'S REPORT
PROGRAM COMPLIANCE COMMITTEE

DR. SHAMA FAHEEM, MD
March 2026

1. **Education & Workforce Development**
   • Completed an organization wide CMO-led training on *Behavioral Healthcare Quality, Data Analysis & PIPs* for 48 staff on NCQA standards, HEDIS, data analysis, and PIP development. Evaluations showed consistently high marks; next steps include integrating case-based analytics and adjusting training frequency based on testing results.
   • Wayne State Psychiatry residents and Child/Adolescent Fellows continue rotations at the Crisis Center, with strong feedback from both trainees and Program Directors.
   • A standardized one-day crisis orientation for all residents/fellows began in February focusing on topics highlighted from staff survey including general overview, seclusion and restraints, substance use withdrawal management and risk assessment and management. Starting July 2026, a full residency class cohort-wide orientation will be implemented to strengthen readiness, safety, and documentation consistency.
2. **Quality Improvement**
   • QAPIP FY2026–2028 program and FY2025 evaluation were approved last month. Strengths include crisis screening timeliness, follow-up after hospitalization, 97% MDHHS compliance review score, and 100% validation review scores.
   • With MDHHS shifting to HEDIS metrics, Quality is prioritizing HEDIS-aligned PIPs with quarterly progress monitoring and performance incentives.
   • Behavior Treatment Plan (BTP) performance remained strong in reporting compliance and safety documentation. Active plans decreased as expected; FY2026 priorities include enhanced fade-planning, technical assistance and education on Home and Community Based standards. A new Behavior Treatment Satisfaction Survey is launching on March 13th and will provide direct member feedback to support targeted quality improvements.
3. **Crisis Services Trends**
   • **CFCU (Youth):** 50 admissions (up 39% from January with 30); half were self/family initiated indicating community trust. High prevalence of Oppositional Defiant Disorder consistent with crisis trends identifying common triggers of disruptive behaviors leading to crisis and underscores the need for parent/caregiver behavior management support. Referrals primarily to Partial Hospitalization Program (PHP) and outpatient services with 6-8 % psychiatric admission over last two months (2-4 cases).
   • **ACSU (Adults):** 156 admissions (+12%) with over 80% of them voluntary. Law enforcement drop-offs decreased to 13.5%, likely reflecting mobile crisis and law enforcement partnership impact. Discharges primarily to outpatient/CRSP. UDS positivity mainly marijuana and cocaine.
   • **BHUC:** Adult volume stable (21 → 21). Youth volume increased 78% (18 → 32), likely due to growing awareness and school/provider referrals. Majority discharged to PHP or outpatient care.
   • **System Actions:**
   – Implementing a revised triage workflow to reduce disposition bottlenecks while maintaining safety.
   – Developing UDS-related education/linkages at discharge with tracking of resource uptake.
   – Creating parent-management education materials to support families of youth with ODD.
4. **Detroit Outpatient Clinic (DOC)**
   • Dr. Salma Brinjikji appointed Interim PT Medical Director. Four part-time psychiatrists completed over 800 psychiatric evaluations and 350 medication reviews last year. Addressing a 20–30% cancellation rate through strengthened reminders, urgent-fill lists, and analysis of reasons for cancellations. Given rising enrollment at the clinic and Psychiatric evaluations starting to shift more than a month out, we are in process of recruiting an APP while continuing the search for a permanent Medical Director.

Program Compliance Committee Meeting
March 11, 2026
Autism Services Department
FY 26 – Quarter 1 (Oct-Dec 2025)

Main Activities during Reporting Period:

- Diagnostic Evaluations
- Timely Access to Eligibility Determination

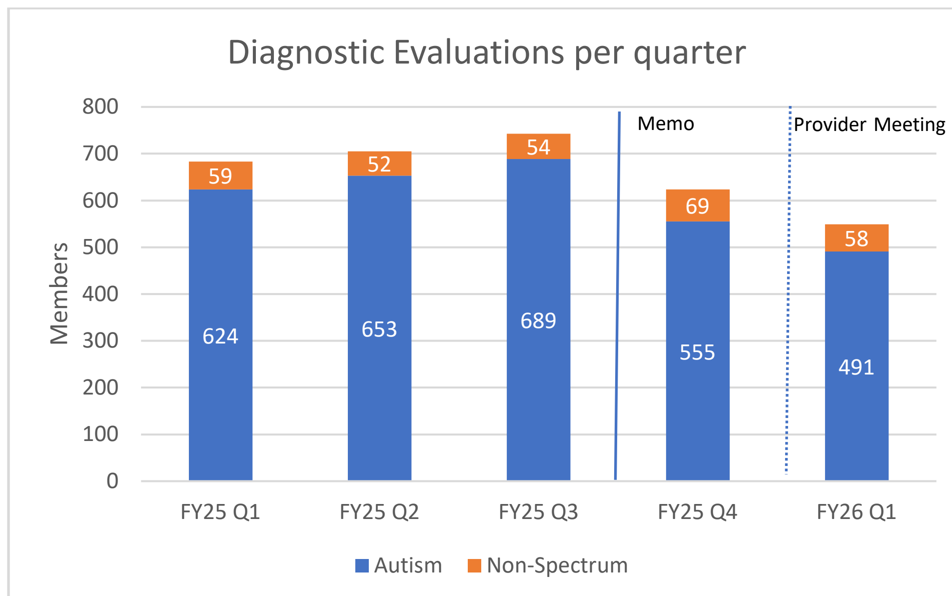
Progress On Major Activities:

Activity 1: Diagnostic Evaluations

Description: The Autism Services Department continues to prioritize timely access to Applied Behavior Analysis (ABA) services for Medicaid-enrolled children and youth (ages 0–21) in Wayne County. This includes reducing delays in obtaining comprehensive diagnostic evaluations necessary to determine an autism spectrum disorder (ASD) diagnosis. According to the Centers for Disease Control and Prevention, ASD prevalence among eight-year-olds has increased to 1 in 31, attributed to improved awareness and enhanced screening efforts. Early identification remains essential; therefore, DWIHN is committed to ensuring that children exhibiting signs or symptoms of ASD receive prompt access to diagnostic services.

Current Status:
Quarterly trends (Figure 1) indicate a decrease in total diagnostic evaluations from FY25 Q4 to FY26 Q1, declining by approximately 12% (624 to 549). Recent policy updates contributed to these shifts. Beginning in FY25 Q3, the department issued guidance allowing the required 3-year re-evaluation to be completed by either an Independent Diagnostic Evaluator or an ABA provider. Additionally, members with dual insurance are no longer required to complete a 3-year re-evaluation to maintain Medicaid eligibility for Autism Services.
These changes, along with modifications to service utilization guidelines and billing procedures communicated through provider memos, contributed to decreased evaluation volumes, approximately a 26% decline from the highest amount of evaluations completed during FY25 Q3 (743) to the least amount of evaluations completed during FY26 Q1 (549).

Figure 1:



Significant Tasks During Period:
The Independent Diagnostic Evaluator Statement of Work (SOW) was updated and separated from the ABA Provider SOW. This change enabled clearer policy alignment by distinguishing evaluator responsibilities from those of ABA providers

Major Accomplishments During Period: To improve timeliness standards across the diagnostic network, a Request for Proposal (RFP) was issued in FY25 Q3 to expand the pool of Independent Diagnostic Evaluators. Increasing evaluator capacity remains essential to reducing wait times between Access Screening and diagnostic evaluation.
Needs or Current Issues: To support the increase of youth receiving autism services and expansion of ABA providers additional Independent Diagnostic Evaluators are needed to meet the demand of autism services.
Plan: One new Independent Diagnostic Evaluator (Inspired Minds) successfully passed the RFP during Q1 and approved by the Access Committee. The next step is for this provider is for Credentialing Department to credential the agency location and staffing. Lastly, a memo issued by the Autism Services Team announced beginning January 2026 reevaluations will no longer be required unless medically necessary. Removing routine re-evaluations will allow increased capacity to schedule and complete initial diagnostic evaluations.

Activity 2: Timely Access to Eligibility Determination

Description: The Autism Services Department continues to ensure timely access to ABA services for Medicaid-eligible children and youth (ages 0–21) by minimizing delays in the completion and submission of diagnostic evaluation reports. Timely reporting is essential to determine eligibility quickly and initiate services without unnecessary delays
Current Status. Figure 2 tracks the number of completed diagnostic evaluations per quarter (denominator) and the number completed within the required timelines (numerator):

- From FY24 Q1 through FY25 Q1, timeliness standards required report completion within 7 calendar days for non-spectrum evaluations and 10 business days for ASD diagnoses with the goal of completing evaluations at 70% completion rate within the designated timeframe.
- **Performance Measure Modification:** Beginning FY25 Q2, the performance measure was modified to allow 15 business days for ASD diagnostic reports, while the 7-day requirement for non-spectrum evaluations remained the same. The goal for completing evaluations increased from 70% to 95% completion rate within the designated timeframes.

Following this modification, timely access performance improved significantly and has remained consistently strong over the past few fiscal years and achieving the timeliness goals (FY24 = 84.25%, FY25 = 94.25%, and FY26/Q1 = 96%).

Figure 2:

Fiscal Year/Quarter	Timely Access to ABA Services (Numerator)	Total Requests for ABA Services (Denominator)	Percentage of Reports On Time (Goal = 70%)
FY 24 / Q1	285	427	**67%**
FY 24 / Q2	325	384	**85%**
FY 24 / Q3	527	578	**91%**
FY 24 / Q4	479	525	**94%**
FY24 Total			**84.25%**
FY 25 / Q1	411	465	**88%**
Performance Measure Modification (New Goal = 95%)			
FY 25 / Q2	513	528	**97%**
FY 25 / Q3	558	572	**98%**
FY 25 / Q4	645	683	**94%**
FY25 Total			**94.25% (+)**
FY 26 / Q1	559	584	**96%**
FY26 Total			**96% (+)**

Significant Tasks During Period: Timeliness performance for diagnostic evaluation reports continued to be monitored through quarterly. These tools track performance before and after the FY25 performance measure modification. After extending the ASD reporting window to **15 business days** (while maintaining the **7-day** requirement for non-spectrum evaluations), on-time completion improved significantly.

Major Accomplishments During Period:
The department advanced system alignment by drafting the Comprehensive Diagnostic Evaluation (CDE) Engagement and Re-engagement Procedure and refining Autism Service Policy updates. These improvements strengthen documentation standards, streamline diagnostic workflows, and support consistent, timely submission of diagnostic reports across the network.

Needs or Current Issues:
There remains a need to standardize expectations for Independent Diagnostic Evaluators, including clearer reporting guidelines, consistent timelines, and refined medical necessity criteria. Strengthening these areas is essential to ensuring the accuracy and timely submission of diagnostic evaluation reports.

Plan: Finalize and implement the Comprehensive Diagnostic Evaluation (CDE) Engagement and Re-engagement Procedure to standardize reporting expectations and improve timeliness. Strengthen evaluator guidelines by clarifying documentation requirements, timelines, and medical necessity criteria to reduce variability in report submission. Improve tracking and communication between evaluators and the Autism Services Team by refining internal monitoring tools to quickly identify delays. Continue quarterly monitoring of timeliness metrics to ensure sustained compliance with the 7-day and 15-day reporting standards.

Quarterly Update

Strengths and Notable Department Achievements:

Provider Oversight and Governance

- Completed site reviews for Behavior Frontiers and Inspired Minds.
- Held a close-out review meeting with Illuminate ABA Therapy.
- Conducted Access Committee review of (4) ABA provider expansion requests.
- Met with Bright Behavior Therapy to review utilization trends and identify areas for support.

Cross-Department Collaboration

- Met with the Customer Service Department to discuss future training needs and updates to the due process procedure.
- Built and implemented the Provider Availability Form and a biweekly communication process to share real-time availability with CRSPs and Support Coordinators.
- Coordinated onboarding efforts with Quality, Utilization Management, and Contracting to ensure consistent expectations and timely system access for new providers.

Policies, Procedures, and System Alignment

- Drafted the Comprehensive Diagnostic Evaluation (CDE) Engagement and Re-engagement Procedure.
- Prepared to present the CDE Engagement and Re-engagement Procedure at the January IPLT meeting.
- Advanced revisions to the Autism Service Policy in PolicyStat.
- Revised the onboarding procedure to improve clarity and consistency.
- Launched a refined ABA referral procedure to reduce errors and streamline communication.
- Developed and implemented the ABA Enrollment, Discharge, and Transfer (EDT) Form to standardize member transitions and improve timeliness.
- Improved tracking of new enrollments, re-entries, discharges, and transfers.
- Began collaboration with IT to sunset the ADOS-2 Worksheet and pilot the CDE form to strengthen policy alignment and documentation consistency.

Provider Onboarding, Training, and Network Support

- Provided onboarding support for Euro Therapies and Hope Network.
- Continued enhancement of the Autism Provider Orientation Training for new providers.
- Held monthly Office Hours and Orientation sessions to support new ABA providers.
- Created updated provider contact lists and direct referral links to support CRSP access to current provider information.

Identified Opportunities for Improvement

- Continue monitoring use of the ABA Availability Log to support timely referrals and service placement.
- Finalize and disseminate the ABA Program Assignment Referral & Closing Form to streamline transitions.
- Improve the clarity of the Frequently Asked Questions resource to better support provider understanding.
- Strengthen engagement with schools and educational partners to support coordination for members.
- Increase the number of community events shared with the provider network.

Progress on Previous Improvement Plans

Due to performance improvements—specifically, 88% of autism services beginning within 14 days of the authorization date, the Improving Practices Leadership Team (IPLT) approved an increase in the departmental goal from 70% to 95%.

Additional improvements from the December Monthly Report include:

- Enhanced tracking of member transitions using the Enrollment, Discharge, and Transfer (EDT) form.
- More consistent updates to the ABA Provider Availability Log, improving referral flow.
- Continued policy alignment and process improvements to support timely access and service quality.

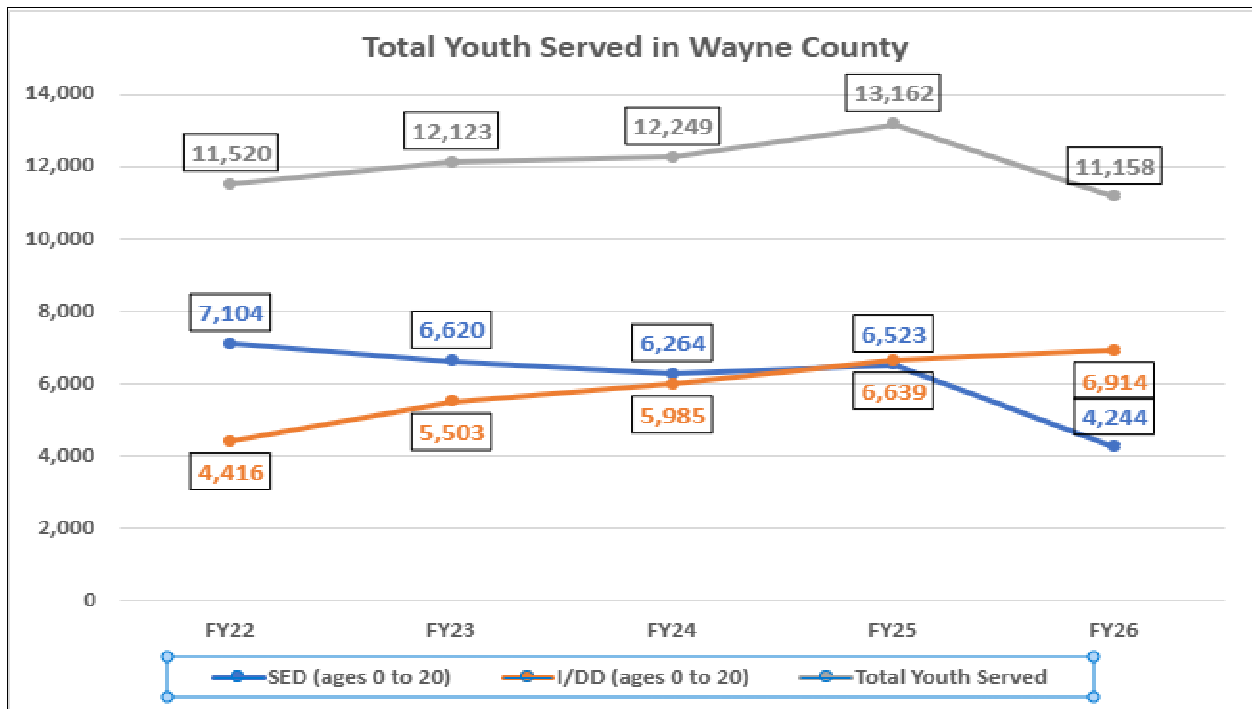
Program Compliance Committee Meeting
March 11, 2026
Children's Initiative Department
FY 2026 / Quarter 1 (October 2025 – December 2025)

Main Activities during the Reporting Period:

- Activity 1: Certified Community Behavioral Health Clinics (CCBHC) Transition
- Activity 2: Request for Proposal Update
- Activity 3: Annual Report to the Community

Activity 1: Certified Community Behavioral Health Clinics (CCBHC) Transition

Description: Effective 10/1/2025, Michigan Department of Health and Human Services (MDHHS) assumed contractual oversight of Certified Behavioral Health Clinics (CCBHC) in Michigan.
Why is this Important*?:* This new contractual oversight impacts six (6) Children Providers (ACCESS, CNS, Hegira Health, The Guidance Center, Southwest Counseling Solutions (MiSide), and Development Center (MiSide). In addition, the CCBHC Children Providers servicing children and youth with serious emotional disturbances (SED) is no longer included in DWIHN member served total count.
Current Status: During FY26/Q1 DWIHN served a total of 11,158 unduplicated children, youth, and families in Wayne County ages 0 up to the 21st birthday; including both Serious Emotional Disturbance (SED) and Intellectual/Developmental Disability (I/DD) disability designations.
Trends: The total number of youths serviced decreased from the previous fiscal years. The highest census was during FY25 (13,162 unduplicated youth) and the lowest census was FY26/Q1 (11,158 unduplicated youth). Increase of youth are classified with IDD designation compared to FY22 (4,416 IDD unduplicated youth) to FY26/Q1 (6,914 IDD unduplicated youth).
Rationale: The decrease in census was due to the expansion of Certified Behavioral Health Centers (CCBHC) and DWIHN discontinuation of contractual oversight for youth with SED significantly impacting children and youth. Increase of youth in services with IDD due to increase of youth requesting autism services and youth with IDD remaining in services until adult age.



Significant Tasks and Major Accomplishments: Engaged in CCBHC Transition Planning meetings to discuss updating procedures and processes (ex: credentialing, utilization management, recipient rights,

BH-Teds, access to services). CCBHC Providers are invited to continue to attend the System of Care meetings to address the barriers and needs of youth and families in Wayne County. Also, CCBHC continue to complete the weekly Provider Availability Form for intensive community-based services and evidenced based practices to assist with assigning members to services and transfers within the network.
***Needs or Current Issues**:* There is a need for ongoing coordination of care and collaboration with CCBHC agencies to ensure adequate services for children, youth, and families.
Plans: Update the Provider availability sheet to include Parent Support Partner (PSP) and Youth Peer Support Partner (YPS) services.

Activity 2: Request for Proposal Update

Description: The formal Request for Proposal (RFP) procurement opportunity memorandum was issued June 2025 for specific children service programs in accordance with the new Health Quality Initiative through 45 CFR 158.150. Additional Rebids were issued for the School Success Initiative Program. All RFPs were finalized for FY 2026 contracts.
***Why is this Important**?:* The new Health Quality Initiative through 45 CFR 158.150 focuses on the incorporation of integrated health objectives and outcomes with children services.
Current Status: The children's service programs included in the RFP process in preparation for FY26 are as follows:

Program Name	Description
Integrated Youth Juvenile Clinical Services (IYJCS)	Complete eligibility screenings for youth on probation Level 1 (In the community) or Level 1.5 (In the community with increased supervision). *Note: The CHOICES and Integrated Community Based Services (ICBS) programs discontinued 9/30/25.*
Juvenile Restorative Program (JRP)	Offer a day treatment program for adjudicated youth (youth on probation) and pre-adjudicated youth (at risk of probation).
School Based Health Quality Initiative *Rebid*	The School-Based Health Quality Initiative is committed to providing a spectrum of school-based mental health and preventative services with a special emphasis on integrated health. • School Success Initiative (SSI) • School Enrichment Program (SEP) – *formerly GOAL Line*
Integrated Pediatric Program	To improve the comprehensive wellness of all patients served through the implementation of an Integrated Health Care approach within the OBGYN clinic. This involves expanding perinatal care among pregnant and new mothers by addressing mental health needs, substance use, and social determinants of health.

Significant Tasks and Major Accomplishments: Worked with Children Providers and Professional Providers to complete the new FY2026 Pre-contracting electronic packet to finalize FY26 contracts.
***Needs or Current Issues**:* Due to the RFP process Providers received a 2-month contract resulting in contract amendments to account for the remaining of FY26.
Plans: Coordinate with Procurement Department 6 months prior to the expiration of RFP award date.

Activity 3: Annual Report to the Community

Description: On 12/4/25, Children Initiative Department hosted the Annual Report to the Community "Our Community, Our Story" as a deliverable for the System of Care Block Grant.
***Why is this Important**?:* Showcase Fiscal Year 2025 highlights and accomplishments for meeting the needs of children, youth, and families in Wayne County regarding 4 main goals: 1). Increasing access to services, 2). Improve quality of services, 3). Increase youth and parent voice, and 4). Improve quality of workforce.

Current Status: Children Providers, community partners, stakeholders, and Michigan Department of Health and Human Services (MDHHS) representatives were present for the event. Out of 98 registered, 89 were in attendance.
Significant Tasks and Major Accomplishments: Attendees received a copy of the System of Care Report to the Community Report program booklet which provides a summary of system of care accomplishments for Fiscal Year 2025 this available on DWIHN Children Initiative webpage. Both DWIHN CEO/President James White and Patricia Neitman from MDHHS provided remarks relating to system of care focus points and progress. In addition, Andrew Griffin was the keynote speaker who spoke on the message "Rewriting the Vision." In addition, 5 awards were given to recognize those in the community who have been influential in the advancement of children's services. The award categories included: Stakeholder, Caregiver, Fatherhood, Youth, and Advocate awards.
Needs or Current Issues*:* Continue to address barriers of community mental services for children, youth, and families in Wayne County.
Plans: Continue to complete the goals and deliverables associated with the System of Care Block Grant. Prepare for the next Report to the Community event scheduled for December 2026.

Quarterly Update

Things the Department is Doing Especially Well:

Education Policy Symposium: On 11/8/25, Director of Children Initiative, Cassandra Phipps presented at the symposium addressing the social determinants of health needs for students K-12. Discussed DWIHN services, school-based health centers, critical issues, barriers, and strategies for solutions. This event was held at Wayne County Community College – Outer Drive (Detroit).

Southeast Michigan Perinatal Quality Improvement Coalition (SEMPQIC): Successfully submitted the SEMPQIC grant application December 2025 for professionals to attend a 3-Day Virtual Training on postpartum depression through Postpartum Support International (PSI). Also, for Providers to offer the High Touch High Tech (HT2) e-screenings through Michigan State University (MSU) to pregnant mothers. Lastly, DWIHN launch Maternal Mental Health marketing campaign during May 2026.

Trainings / Events: The following occurred this quarter

- Children Mental Health Lecture Series: Creating and Sustaining Personal Systems of Care
- Children Mental Health Lecture Series: Spotting and Responding to Anxiety in Children
- Children Mental Health Lecture Series: Safehaus Eating Disorders Program
- Peer to Peer Leadership Training: A Social Work Perspective
- Peer to Peer Leadership Training: Understanding Parasocial Relationships – Clinical Implications in Digital Age
- Initial Core Competency Training
- Initial Child and Adolescent Functional Assessment Scale (CAFAS) Training

Youth United: The following occurred this quarter

- Hosted a focus group with University of Detroit Mercy college students
- Hosted resource table at the Youth Engagement Summit Central Detroit Christian
- Participated in Youth Advocacy Event: Amplifying Youth Voices – Prevention in Schools

Progress on Previous Improvement Plans:

Submitted FY25 annual Children Initiative Performance Improvement Plan report to Quality Department

- Patient Health Questionnaire for Adolescents (PHQ-A)
- Child Antipsychotic Medication Metabolic Testing
- ADHD Medication Follow Up

Program Compliance Committee
March 11, 2026
Customer Service Operations – First Quarter Reporting

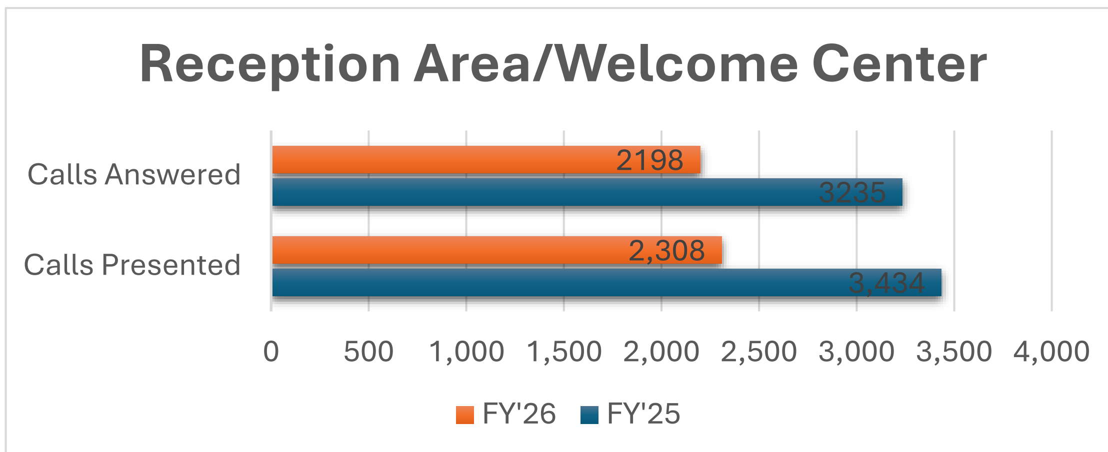
Overview

The Customer Service (CS) Division continues to provide critical support to DWIHN members, providers, and community stakeholders across several functional units. Despite significant staffing challenges during the first quarter of FY'26, the department maintained strong performance in call management, member engagement, and due process functions. The department currently is home to 26 employees with two vacancies pending occupancy: Customer Service Representative and Part-Time Peer Agent.

Welcome Center / Reception

The Welcome Center manages the organization's main phone line (operator) and visitor intake, maintaining high performance in both FY'25 and FY'26. Key metrics include a 1% abandonment rate both years, average speed of answer of 10 seconds in FY'25 and 9 seconds with 95% of calls answered in FY'26 as demonstrated in the graphs below.

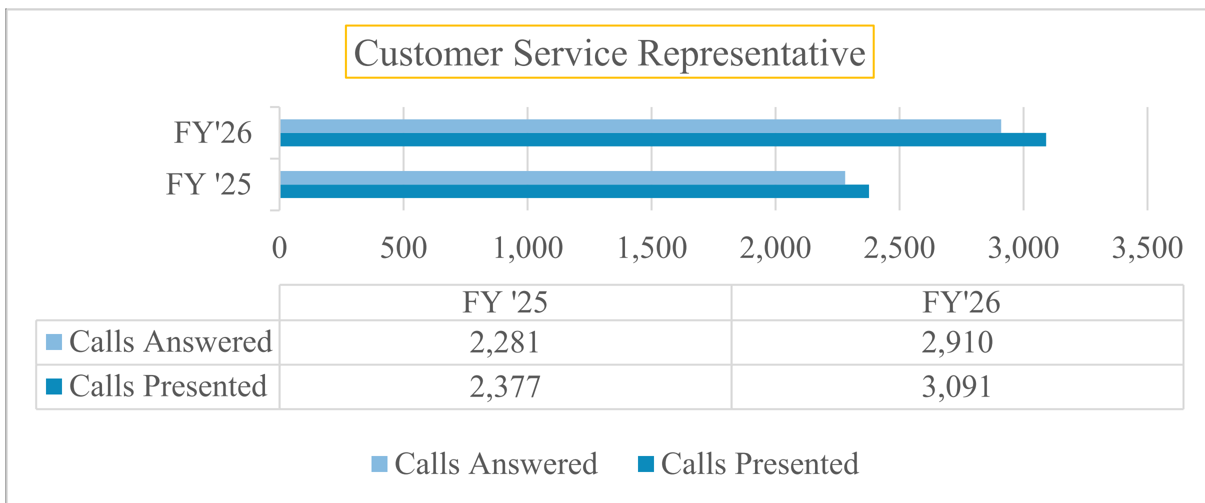
	Staff	Abandonment Rate	ASA
FY'25	2	1%	10 sec
FY'26	2*	1%	9 sec.



Customer Service Call Center

Customer Service Representatives handled growing call volume while maintaining a consistent 3% abandonment rate answering over 94% of calls in FY'26.

CSR	Staff	Abandonment Rate	ASA
FY'25	3	**3%**	**10 sec.**
FY '26	3	**3%**	**11 sec.**



Due Process Unit

Due Process activities showed increased grievance resolution, shifting appeal outcomes, and ongoing work with IT and the MCO to refine grievance categorization for better analytics.

Grievances	Received	Resolved	Top Categories
FY'25	**8**	**13**	**Delivery of Service and Access to Staff**
FY'26	**11**	**28**	**Access to Services and Delivery of Services**

Appeals	Received	Resolved	Overturned	Upheld
FY'25	3	5	5	0
FY'26	4	3	2	1

	Mediation	State Fair Hearing
FY '25	1 (agreement reached)	1 (DWIHN affirmed)
FY'26	1 (mediation terminated)	0

Member Engagement & Experience

The unit delivered a successful quarter, highlighted by peer support forums, the Person's Point of View newsletter (Winter Edition), and initiation of the National Core Indicators pre-survey. Dreams Come True Awards were provided to ten (10) members, each receiving a $500 American Express Gift card for submitting their proposal on how they will utilize the funds to enhance their efforts towards community inclusion.

Respectfully Submitted,
Dorian Johnson

Detroit Free Press

Program Compliance Committee Meeting
3/11/2026
Integrated Health Care Department
Quarter 1 FY 26 Report
Vicky Politowski Director

MAIN ACTIVITIES DURING THE YEAR REPORTING PERIOD: FY 2026

- **Omnibus Budget Reconciliation ACT (OBRA)**
- **Complex Case Management**
- **Population Health**

Progress On Major Activities:

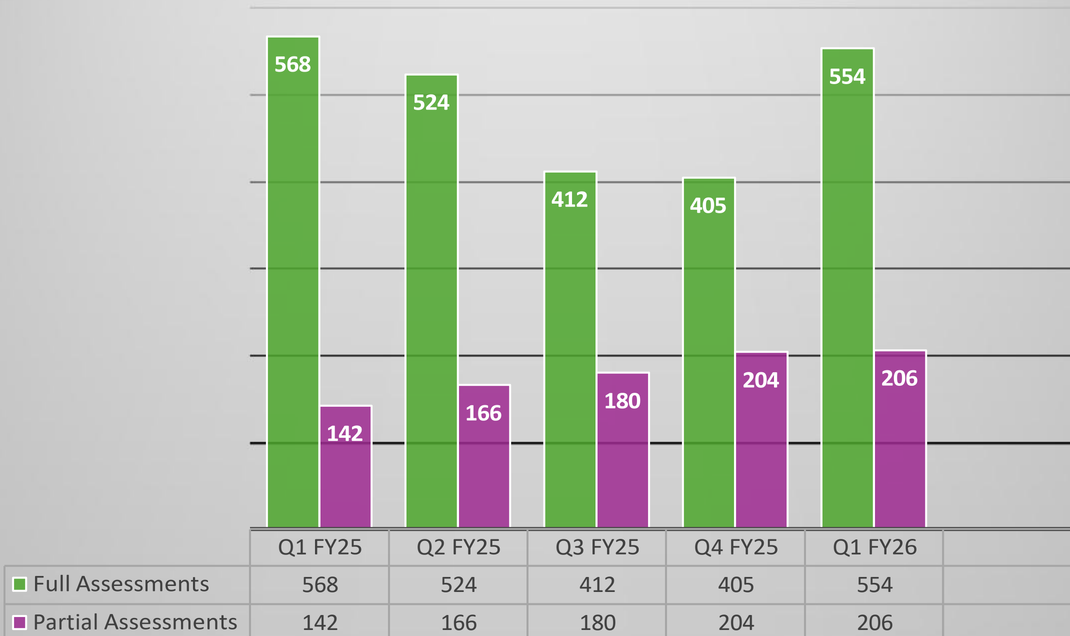
Activity 1: Omnibus Budget Reconciliation ACT Services

Description: Omnibus Budget Reconciliation ACT Services screens any individual going into a nursing home to determine if a serious behavioral health, intellectual, or developmental disability is present. Assessments determine eligibility for nursing home care, and if there is a behavioral health disability, what type of services are needed. Assessments are completed for any new individual entering a nursing home and for anyone who has been in a nursing home for over a year.

Why is this Important: The goal is to ensure individuals are not placed in a nursing home due to their disability and that their behavioral health needs are being met if placed in a nursing home.

Current Status: In quarter one, 1764 referrals were triaged, and 554 full assessments and 206 partial assessments were completed. Assessments completed in the first quarter of 2026 are in line with FY 2025.

Significant Tasks and Major Accomplishments: Cross-training and restructuring of duties for the intake staff and trainer have helped reduce the 14-day (annual assessment) cue from over 700 to 360. Assessments are completed within the same month that they are due.



	Q1 FY25	Q2 FY25	Q3 FY25	Q4 FY25	Q1 FY26
Full Assessments	568	524	412	405	554
Partial Assessments	142	166	180	204	206

Needs or Current Issues: OBRA is working with IT to develop training videos that can be part of onboarding new nursing homes, reducing the time staff spend retraining.

The OBRA team is collaborating with the Michigan Department of Health and Human Services, licensing (LARA), and ORR regarding individuals who are being sent from another state's hospital to Wayne County nursing homes without their consent, their families' consent, or their guardians' consent. These individuals have not had an OBRA assessment from the state in which they reside and are being sent without proper services in place.

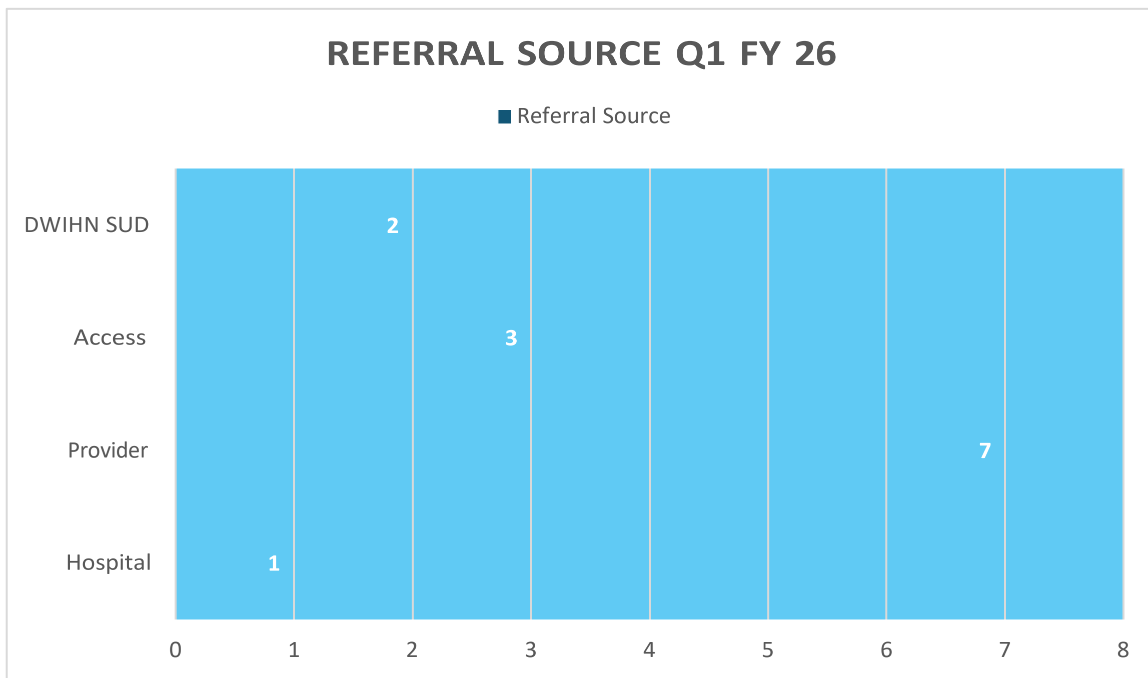
Plans: Develop training videos for the continuous onboarding of nursing home staff. Continue to advocate with MDHHS, ORR for individual rights.

Activity 2: **Complex Case Management (CCM)**

Description: Complex Case management aims to assist members in progress towards recovery, enhance wellness, and build resilience through self-care and empowerment for members with medical and behavioral health concerns. Complex Case Management assists members in connecting with community resources, primary care doctors, behavioral health providers, peer advocates, and other needed services/supports.

Why is it Important: Increasing natural and paid supports for individuals with disabilities supports their recovery and helps them remain independent in the community. Complex Case Management Services have been shown to be effective through intensive outreach; therefore, it is important to increase the number of individuals served by the program.

Current Status: In Q1 FY 2026, Complex Case Management focused on increasing the number of members opened in the program. One staff member was on leave prior to quarter one and, upon returning, has built their case load back to the standard of a minimum of 10 members per Complex Case Manager. Fourteen (14) new members were opened in quarter one.



Significant Tasks and Major Accomplishments: Complex Case Management passed all NCQA mock audits this quarter, and the Integrated Health Care Manager has completed the Complex Case Management Program Evaluation, along with the necessary documentation for each NCQA element, and sent it for review.

Needs or Current Issues: An area for improvement identified in the Complex Case Management evaluation is that members tend to leave the program around the 60-day mark. This will become a new focus for the Complex Case Management team to evaluate and determine what new interventions are needed. Data outcomes indicate that when members remain in the program, their PHQ scores, Who-Docs, and engagement in clinical services at the provider level are significantly higher when in the program for the full 90-120 days.

Plans: Complex Case Management to track and assess why members are leaving the program early.

Activity3: Population Health

Description: Population health integrates strategic planning with NCQA standards by using a comprehensive population health plan and assessments. This approach establishes a strong foundation for providing high-quality, patient-centered care that aligns with the changing demands of healthcare.

Why is it Important:

1. Quality Assurance: By adhering to established standards, organizations can ensure a higher level of care and service quality, ultimately enhancing patient safety and satisfaction.

2. Identifying Service Needs: Conducting population assessments helps organizations understand the specific health needs of their target populations. This information is essential for developing effective services and interventions that directly address those needs.

3. Tailored Interventions: With insights gained from population assessments, healthcare providers can create customized interventions that are more likely to be effective, leading to better health outcomes and more efficient use of resources.

4. Improved Care Coordination: Planning encourages integrated care approaches, which can help streamline processes and communication among different healthcare providers. This leads to a more cohesive and coordinated member experience, reducing gaps in care.

5. Enhanced Health Outcomes: By focusing on the unique needs of populations and implementing targeted strategies, healthcare organizations can significantly improve health outcomes, contributing to a healthier community overall.

6. System-wide Planning and Quality Enhancement: Ongoing strategic planning supports a comprehensive approach to healthcare that encompasses all levels of the system. It promotes continuous quality improvement and adaptation, ensuring that organizations can respond effectively to changing circumstances and patient needs**.**

Current Status: NCQA strategic plan and population assessment are almost complete. Integrated Health, Strategic Planning, and the NCQA Consultant are working to finalize the document for the new NCQA standards.

Significant Tasks and Major Accomplishments: The new Population Health NCQA standards were finalized in January; however, DWIHN began working on this project earlier due to its extensive nature. During the last NCQA assessment, the DWIHN Population Assessment was noted as the best the reviewer had encountered. To comply with the new standards, this document has been expanded to address all required sections and areas, including any important populations that may need attention.

Needs or Current Issues: SUD subpopulations need to be expanded.

Plans: Finalize documents

Things the Department is Doing Especially Well:

Omnibus Budget Reconciliation Act (OBRA) Services: OBRA is currently fully staffed and has not had any openings in the past year. This continuity helps ensure consistency in the assessments conducted and provides continuous care for our members. Additionally, this stability aids in training the CRSP staff on how to provide services effectively in nursing homes, which in turn supports the transition of members from nursing homes to lower-level care or community integration services.

Complex Case Management (CCM): Complex Case Management has increased its caseloads to 10 for each case manager and is now meeting the standard of adding 3 new members each month.

All NCQA criteria are met in the document, but we want to ensure that all populations in Wayne County are covered.

Identified Opportunities for Improvement:

Omnibus Budget Reconciliation Act Services: DWIHN is exploring innovative ways to reduce the time required to onboard nursing home staff, given the high turnover. This takes time away from processing referrals.

Complex Case Management (Complex Case Management): Complex Case Management is actively working on new ways to engage members to complete the program.

Population Health: Ensure a comprehensive assessment of Wayne County is completed and shared with all departments.

Program Compliance Committee
March 11, 2026

Community Engagement
October 1, 2025 – December 31, 2025: Quarter 1, FY 26

Department Mission: To advance the health and well-being of individuals with mental health and substance use disorders through innovative programming, community partnerships, and justice-involved initiatives. We are committed to providing effective and efficient services to support recovery, resilience, and engagement.

Main Activities during Reporting Period:

- Justice-Involved Activities
  - Co-Response Teams, 911 Embedded Behavioral Health, Mental Health Jail Navigator, Detroit Homeless Outreach Team, 36th District Mental Health Court
  - Jail Mental Health/Returning Citizens
- Reach Us Detroit

General Updates:

Department Director Appointment to Mayor Sheffield's Rise Higher Transition Committee:

The Department Director was appointed to serve as a member of Mayor Sheffield's Rise Higher Transition Committee, specifically on the Health, Human Services, Homelessness & Poverty Solutions Committee. The participation on this committee positions the Community Engagement Department to influence policy development and strategic planning related to health services, human services, homelessness reduction, and poverty solutions across the City of Detroit.

Justice-Involved Data Migration and Systems Integration

During this reporting period, the team undertook a significant data management initiative by migrating justice-involved data from various disconnected spreadsheets into a centralized location within MHWIN. This consolidation effort improves data accessibility, enhances reporting accuracy, and enables more effective tracking of outcomes across justice-involved initiatives.

Progress On Major Activities

Activity 1: Justice-Involved Activities

Description: During this quarter, DWIHN continued to expand justice-involved initiatives across Wayne County, including co-response mental health teams, embedded behavioral health services within 911, jail navigation services, and homeless outreach programming. These initiatives serve to divert individuals from the criminal justice system and connect them with appropriate mental health and substance use services.

Significant Tasks During Period:

Co-Response Teams: Behavioral health staff supported approximately 691 encounters as co-responders with law enforcement.

Mental Health Jail Navigator: 38 individuals were referred by jail classifications. They were screened to determine eligibility, met criteria, and were referred to treatment providers including Genesis House III, Team Wellness Center, and Christian Guidance Center.

911 Embedded Behavioral Health Specialist: Staff connected with 118 individuals through follow-up support and were referred to various community resources.

Detroit Homeless Outreach Team (DHOT): 909 total encounters with 127 individuals connected to housing and mental health resources. Outreach Peer Support Specialist encountered 137 individuals, with 75 connected to DWIHN's Access line.

Mobile Unit Outreach Clinic: Before the first snow of the winter season, 317 individuals connected with the mobile outreach clinic staff. They received information on behavioral health services and were supported through coordinated referrals when appropriate.

36th District Mental Health Court: The Court Assessor provided 165 individuals with preventive and supportive services by connecting them to mental health, substance use, and veteran treatment services.

Returning Citizens Providers: Professional Counseling Services (PCS), Michigan Department of Corrections (MDOC), Hegira, Team Wellness, and Central City Health continue to serve returning citizens. October saw the highest number of releases with 25 returning to Wayne County. Average is 5-10 per month.

Mental Health Court: All Well Being Services and Hegira serve as CRSPs for participants. Currently 23 participants in the program.

Veterans Court: Downriver Veterans Court held graduation with five (5) graduates who spoke about how the program helped them address their problems and live without alcohol or drugs.

Jail Releases: During the first quarter there were 456 jail releases; 15 were on AOT/Deferral order; 10 were released to treatment facility; 60 were sent to another correctional facility; 38 were not in MHWIN; and 182 had an assigned CRSP.

Post-Release Follow-up: 23 members in October and November had post-release follow-up appointments with a CRSP, supporting continuity of care.

Court Programs and Diversion Programs Summary (Q1 FY 26):

Program	Numbers/Metrics
COURT PROGRAMS	
36th District Mental Health Court	165 individuals served
Mental Health Court (All Well Being Services & Hegira)	23 active participants
Downriver Veterans Court	5 graduates this quarter
DIVERSION PROGRAMS	
Returning Citizens Program	25 releases in October (5-10 average per month)
Co-Response Teams	691 encounters
Mental Health Jail Navigator	38 individuals referred & screened
911 Embedded Behavioral Health Specialist	118 individuals served
Detroit Homeless Outreach Team (DHOT)	909 encounters / 127 individuals connected
Mobile Unit Outreach Clinic	317 individuals served
JAIL RELEASE OUTCOMES (456 Total)	
- With CRSP Assignment	182 individuals
- AOT/Deferral Order	15 individuals
- Released to Treatment Facility	10 individuals
- Sent to Another Correctional Facility	60 individuals
- Not in MHWIN	38 individuals
- Post-Release Follow-up Appointments	23 members (Oct-Nov)
TOTAL INDIVIDUALS SERVED THROUGH JUSTICE EFFORTS	**2,375+ individuals**

Major Accomplishments During Period:

- Served 2,375+ individuals through comprehensive justice-involved initiatives in Q1.
- Expanded DHOT services through partnerships with Cass Community Services, St. John, Lakeridge Village, and Detroit Rescue Mission Ministries to reach sheltered homeless populations.
- Continued collaboration and weekly communication between DWIHN and Detroit Homeless Outreach services.
- Comprehensive reach with 1,073 individuals connected to DWIHN resources and treatment services.

Needs or Current Issues:

Housing Shortage: The most significant challenge remains the lack of adequate housing resources for individuals within Detroit and Wayne County. Access points through CAMS require individuals to be placed on waiting lists regardless of housing needs, with minimal follow-up. Individuals report being on lists for 2+ years. Housing shelters are inadequately staffed with deplorable living conditions, leading many to decline shelter resources.

This challenge directly impacts the success of justice-involved initiatives, as individuals released from jail require stable housing to maintain community connections and treatment engagement.

Plan:

- Continue to build justice-involved partnerships throughout Wayne County.
- Work with community partners (CCIH, DPW, DWIHN leadership) to seek additional funding sources for housing expansion and additional outreach coverage.
- Continue regular coordination with Parole Department and provider network.
- Monitor mental health court participant outcomes and graduation rates.

Activity 2: Reach Us Detroit

Description: Staff continued to operate the Reach Us Detroit hope line which offers brief interventions and supports for community members. This line also supports clinical and community engagement development of new professionals.

Significant Tasks During Period:

- 1,802 calls/tickets managed through the Reach Us Detroit hope line.

Major Accomplishments During Period:

- Increased ongoing services provided with callers not enrolled with CMH.
- Facilitated resource connections for housing.
- Connected individuals with crisis center and mobile crisis teams.
- Provided professional development support for clinical and community engagement staff.

Things Doing Especially Well:

- Providing support and advocacy to members with high levels of need.
- Providing compassion and empathy to the families of members who call needing support and connecting them with crisis center and ongoing services at DWIHN provider networks.

Plan:

- Continue to expand reach and availability of Reach Us Detroit hope line services to serve more community members.

Summary - Things Doing Especially Well:

- The Community Engagement team continues to make a difference in how individuals are connected to the DWIHN provider network.
- Justice-involved initiatives are creating pathways for individuals to access treatment and support services, reaching 2,375+ individuals this quarter.
- Strong collaborative partnerships across DWIHN, City of Detroit, Wayne County agencies, and community organizations continue to grow.
- Data systems consolidation into MHWIN enables improved tracking and analysis of justice-involved outcomes.

Identified Opportunities for Improvement:

- Housing shortage and access remains the critical barrier to success. Continue to seek creative solutions and funding for expanded housing resources.
- Enhance follow-up tracking and outcomes measurement for individuals connected to services.
- Expand prevention and early intervention programming to reach at-risk populations before justice system involvement.
- Continue to build workforce capacity among providers to serve justice-involved populations.

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

CLINICAL NEWS & UPDATES

- **Adult Initiatives:** Skill Building services continue to play a vital role in helping members strengthen daily living skills, build greater independence, and engage meaningfully in their communities. Across the network, these programs offer supportive, hands-on opportunities in both home and community settings—including innovative environments such as working farms, to help members increase self-sufficiency and quality of life. Recent work focused on understanding who is accessing these services and ensuring the network has the capacity and accessibility needed to meet member demand.
  - Completed a full capacity review of all 27 Skill Building providers, confirming that 23 are currently accepting new members and that all locations meet ADA accessibility requirements.
  - Analyzed participation trends among the 687 members who received billable Skill Building services in February, identifying that adults ages 30–54 and men represent the largest user groups.
  - Used demographic insights to begin collaborative planning with providers aimed at increasing engagement and improving access for underrepresented groups.
- **PIHP Crisis Services:** Crisis Services continued focused work in February to better support members who return to the emergency department shortly after an inpatient stay. By partnering closely with COPE, the team is identifying these high-risk individuals in real time and working to redirect them to lower levels of care when appropriate. While diversions increased slightly this month, limited CSU availability constrained some opportunities. The department is now analyzing these cases to strengthen future diversion efforts and improve member outcomes.
  - Continued proactive identification of members who return to the ED within 30 days of an inpatient discharge and engaged COPE to support diversion planning.
  - Achieved a slight increase in diversions for this targeted population, indicating improved early-intervention efforts.
  - Initiated case-specific analysis to understand situations where diversion to CSU was possible but not achieved.
  - Developed a plan to review outcomes with COPE and jointly address barriers, with the goal of increasing diversion rates for this high-needs group.
- **Residential Services:** The Residential Services Department continued strengthening the reliability and timeliness of residential authorizations in February—an essential function for preventing service disruption and ensuring members receive supports that accurately reflect their current needs. Ongoing monitoring and process improvements have resulted in major gains in both speed and consistency of authorization approvals, demonstrating meaningful progress in operational efficiency and member-centered stewardship.
  - Processed 1,046 residential authorizations in February, with 95% approved within seven (7) days.
  - Significantly improved approval timeliness over the past year—from 69% completed within seven (7) days to over 90% currently.
  - Reduced the average turnaround time to 2.86 days, ensuring members maintain uninterrupted access to necessary residential support.

- **Substance Use Disorder Initiatives:** The SAMHSA SUPTRS Block Grant remains an essential safety-net resource, ensuring access to prevention and treatment services for individuals who are uninsured, underinsured, or whose benefits have been temporarily exhausted. Required set-asides continue to prioritize services for pregnant women, women with dependent children, and individuals who use drugs intravenously. Ongoing monitoring this period focused on understanding utilization trends and ensuring members are connected to the most appropriate and sustainable funding sources.
  - Spending trends indicate improved insurance stability. Block grant expenditures are trending down in FY26 year-to-date, even as admissions are projected to rise. This pattern suggests providers are successfully helping members transition from block grant support to longer-term insurance coverage options.
  - Continued oversight of utilization. The team is actively monitoring block grant activity to ensure resources remain available for individuals who rely on this funding as a last resort.
  - Strengthened system supports for coverage alignment. Over the past period, we issued guidance on insurance enrollment, delivered targeted technical assistance to providers, and collaborated with the Access Center to reinforce accurate funding assignment at intake. These efforts support both appropriate utilization and long-term member stability.
- **1915(i)SPA UTILIZATION, FY26 Q1**
  The 1915(i) SPA is a federal Medicaid authority that allows states to provide home-and-community-based services (HCBS) to individuals who need supportive services but do not require institutional-level care. For DWIHN, it enables eligible members to access critical clinical and community-based interventions that support stability, independent living, and long-term wellness.

  The first quarter of FY26 reflects meaningful activity across our 1915(i) State Plan Amendment (SPA) clinical programming. While total membership grew modestly, rising disenrollment reduced adjusted enrollment. These trends highlight the continued importance of strengthening provider support around reassessments and compliance. At the same time, collaborative system work—including a significant backlog-reduction effort with MDHHS—demonstrates forward momentum and shared responsibility for improving member stability and access.
  - **Key Highlights**
    - Total 1915(i)SPA membership increased slightly from 7,356 to 7,435. Despite this, high disenrollment numbers rose from 3,112 to 3,727, contributing to adjusted enrollment decreasing from 4,244 to 3,708.
    - Timely reassessment continues to be an essential driver of eligibility stability; WSA errors from late reassessments remain a leading source of avoidable eligibility lapses.
    - DWIHN is investing in stronger support for providers by adding a second dedicated 1915(i)SPA lead and launching monthly office hours for real-time technical assistance.
    - MDHHS, DWIHN, and five provider agencies partnered to close 18 exceptionally overdue cases (700+ days), signaling important progress in reducing administrative backlogs.
    - Compared to the prior quarter, this period reflects a shift toward higher disenrollment activity, prompting more proactive outreach, notification practices, and targeted cleanup efforts.

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

ACCESS CALL CENTER – Director, Yvonne Bostic
Please See Attached Report

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

AUTISM SPECTRUM DISORDER (ASD) – Director, Cassandra Phipps/Rachel Barnhart
No Monthly Report

CHILDREN'S INITIATIVES – Director, Cassandra Phipps
No Monthly Report

HEALTH HOMES – Director, Emily Patterson
Please See Attached Report

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

CUSTOMER SERVICE – Interim Director, Dorian Johnson
No Monthly Report

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

INTEGRATED HEALTH CARE (IHC) – Director, Vicky Politowski
No Monthly Report

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

RESIDENTIAL SERVICES –Director, Ryan Morgan
Please See Attached Report

SUBSTANCE USE DISORDER (SUD) – Director, Matthew Yascolt
Please See Attached Report

UTILIZATION MANAGEMENT – Director, Marlena Hampton
Please See Attached Report

DWIHN Access Call Center
Yvonne Bostic, MA, LPC (Call Center Director)
Monthly Report: January 2026 for Program Compliance Committee
Date: 3/11/2026

Main Activities during January 2026:

- **Call Center Performance – Call detail report**
- **Appointment Availability – Intake appointment and Hospital Discharge Follow up**
- **Special Projects – Monitor Walk-ins Timeliness**

Activity 1: Call Center Performance – Call Detail Report

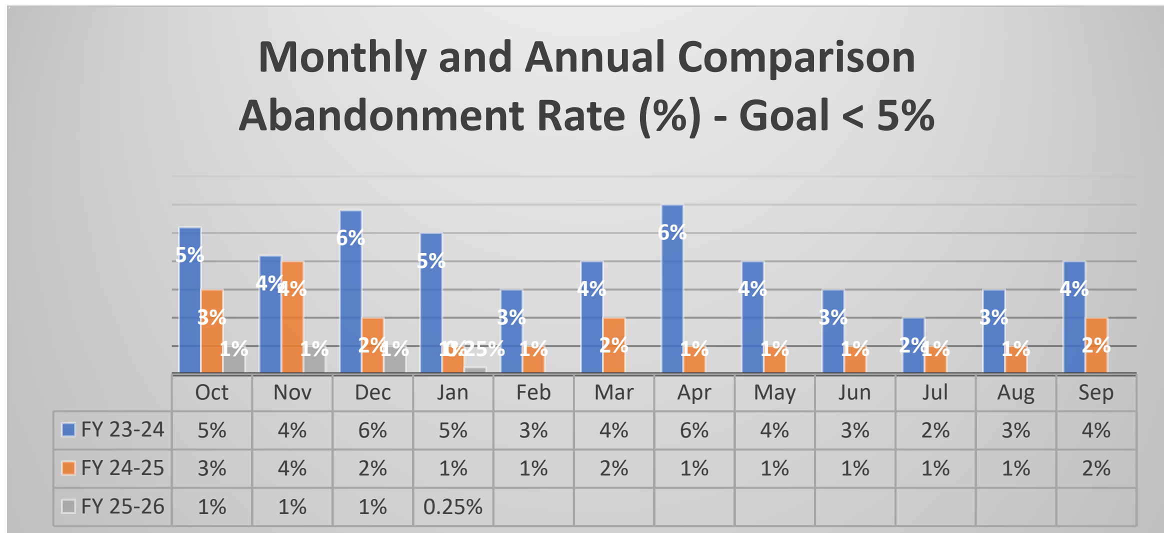
- **Description**: Majority of the calls that come into the call center are from members in the community seeking mental health and SUD services, information and referrals. The rest of the incoming calls are from in-network providers and other community agencies like local hospitals, foster care workers, 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.
- **Current Status**:
  - MDHHS Standards and Call Center Performance for January 2026:
    - % Abandoned Goal is < 5% **(0.25%)**
    - Avg. speed to answer Goal <30 sec. **(:06 sec)**
    - % of calls answered Goal > 80% **(98.0%)**
    - Service level Goal >80% **(97.0%)**

Queues	Incoming Calls	Calls Handled	Calls Abdoned. /Hang Ups	% Abdoned.	Avg. Speed to Answer	Average Call Length	% of Calls Answered	Service Level
Call Reps	15,359	15,020	75	0.25%	6s	4m 38s	98%	97%
SUD Techs	4,186	3,945	156	4%	46s	14m 57s	94%	86%
Clinical Specialist	2,070	1,737	191	9%	2m 5s	20m 53s	84%	67%
December 2025 Totals	14,841	14,535	90	1%	7s	4m 38s	98%	96%
January 2025 Totals	16,070	15,562	225	1%	10s	4m 52s	97%	92%

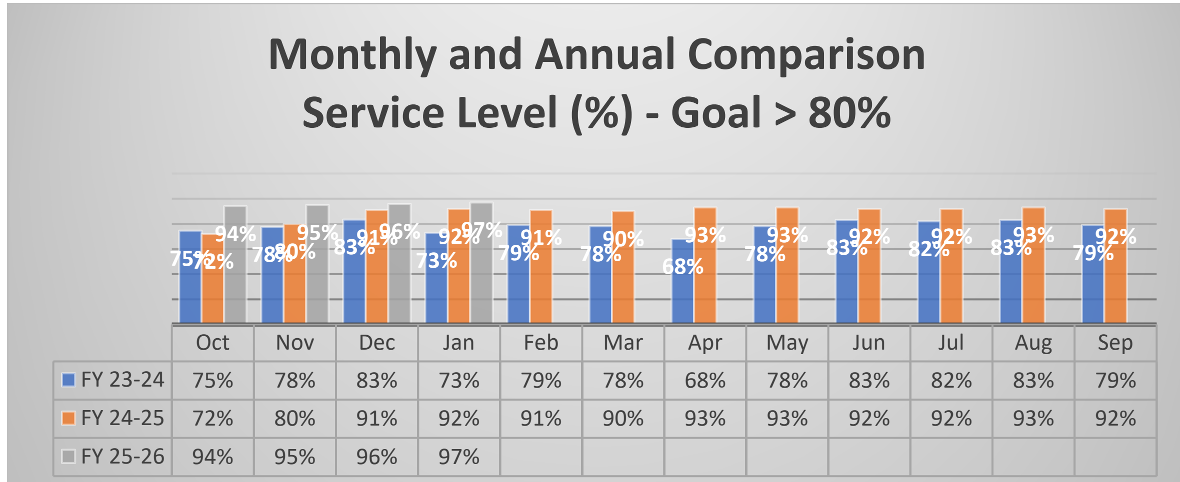
- For the month of January 2026 there were 15,020 calls handled by the Access Call Center. This is 485 more calls than the previous month (December 2025 – 14,535 handled calls).
  - Of the total number of calls handled (14,535) for the month of January 2026:
    - (26.0%) calls handled for SUD services
    - (12.0%) calls handled for MH services

- (62.0%) calls were for provider inquiries, information and referrals for community programs and services, screening follow up calls, request to release SUD cases, Hospital Discharge appointments, enrollments (Infant Mental, (IMH), Foster Care, TCW/ PCW, Hospital Inpatient, Etc.), Transfer calls (Crisis, ORR, PAR, CCBHC, Customer Service, Grievance, etc.)

- In an annual comparison of January 2025 and January 2026, there were 542 more calls handled in 2025.



	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep
FY 23-24	5%	4%	6%	5%	3%	4%	6%	4%	3%	2%	3%	4%
FY 24-25	3%	4%	2%	1%	1%	2%	1%	1%	1%	1%	1%	2%
FY 25-26	1%	1%	1%	0.25%								



	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep
FY 23-24	75%	78%	83%	73%	79%	78%	68%	78%	83%	82%	83%	79%
FY 24-25	72%	80%	91%	92%	91%	90%	93%	93%	92%	92%	93%	92%
FY 25-26	94%	95%	96%	97%								

- **Plan**:
  - Monitor call flows, smartsheets and fax queue; Make adjustment to staff schedule to ensure coverage during high volume times to maintain compliance with timeliness (ongoing)

Activity 2: Appointment Availability – Intake appointments (MH and SUD) and Hospital Discharge Follow up Appointments

Description: The Access Call Center schedules the following types of appointments:

- **Hospital discharge/ follow up appointments** (within 7-day requirement) for individuals being discharged from short stay inpatient psychiatric treatment.
- **Mental Health initial intake appointments** (within 14 days requirement) for individuals new to the system or seeking to re-engage in services if their case has been closed (SMI, SED, I/DD).
- **SUD intake appointments** for routine (within 14 days), urgent /emergent (within 24-48 hours) levels of care (Outpatient, Withdrawal Management, Residential, Recovery Support Services, MAT).

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

The appointment availability is based on the number of appointments scheduled within the allotted timeframe.

Rescheduled appointments often impact the data recorded for appointments scheduled within the standard timeframe (7 days and 14 days).

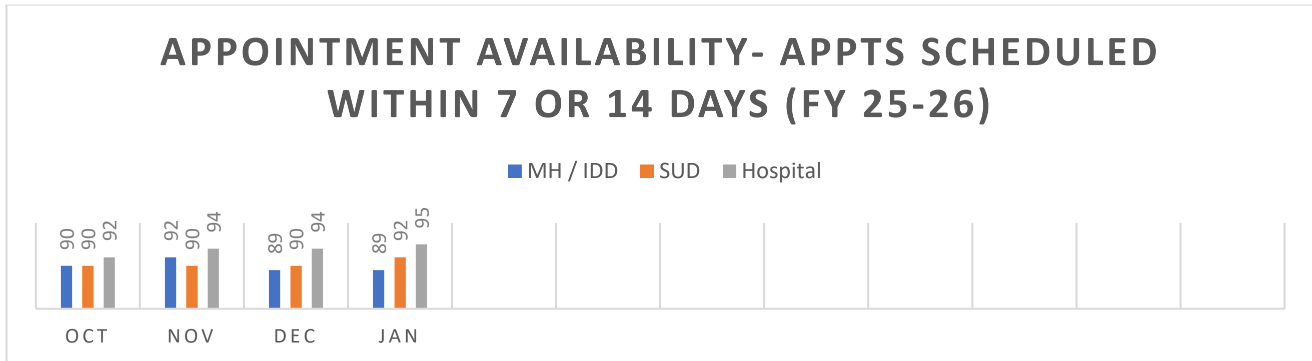
If an appointment cannot be scheduled within the prescribed timeframe, Access Call Center staff will engage in communication with CRSP providers (via phone call and/or email) to coordinate an intake appointment within 30 days or less, when possible

Summary:

This report will also include the appointment availability and timeliness of scheduling the appointments for Hospital Discharge Appointments, MH and SUD services.

- **Appointment Availability Summary**:
  - For the month of **January 2026** there were 1126 MH (SMI - 619, SED – 211, I/DD- 49 (adult) / 69 (child), ASD Eval -178) appointments scheduled. Percentage of appointment availability remained the same December to January (Sep 90.3%, Oct 90%, Nov 92%, Dec 89%**, Jan 89%).**
  - For the month of **January 2026** there were 822 Hospital Discharge follow up appointments scheduled through the DWIHN Access Call Center (Adult 767, Child 55); appointment availability was 95%, which is a 1% increase from last month (Sep 97.5%, Oct 92%, Nov 94%, Dec 94%**, Jan 95%)**
  - For the month of **January 2025** there were 1517 SUD appointments scheduled; SUD appointment availability was 92% which is a 2% increase from last month (Sep 90%, Oct 90%, Nov 90%, Dec 90%, **Jan 92%).**

Monthly Comparison Chart:



- **Significant Tasks During Period:**
  - DWIHN staff engage in regular follow up meetings with identified CRSP, every 30-45 days to discuss meetings with CRSP to discuss interventions and review data (Meeting Attendees – MCO, Quality, Adult/Child Initiatives, Integrated Care, Access Call Center)
  - DWIHN Access Committee review network service availability and make recommendations for network revisions and expansion, monthly.
  - Onboarding of new providers
- **Needs or Current Issues**:
  - There continues to be limited appointment availability for Child DD intake appointments for ABA support coordination.
- **Plan**:
  - Ask providers to monitor appointment availability more frequently and add appointments daily or weekly instead of monthly.

Activity 3: Special Projects

Description: Monitor Walk-ins timely access to services

Summary and Monthly Comparison Chart:

- This report will show the % of Walk-ins that receive access to services within the standard MDHHS guidelines (within 30 mins or less for routine services and immediate connection to Crisis Services for urgent/emergent services). 'Walk-ins are individuals that physically walk into a DWIHN CRSP provider seeking enrollment in CMH services and they are connected to the 800# to get screened for routine services. Walk-ins seeking urgent/emergent services are referred to the DWIHN Crisis Line, DWIHN Mobile Crisis, DWIHN Crisis Care Center, DWIHN Urgent Care or 9-1-1.

Month FY 25/26 % processed timely	Oct	Nov	Dec	Jan	Feb	Mar	Apr
MH Routine (access within 30 mins or less	94%	95%	96%	96%			
SUD Routine (access within 30 mins or less	81%	83%	85%	84%			
Urgent/Emergent immediate transfer to Crisis Services	98%	99%	98%	98%			

Adult Initiatives Monthly Report
Marianne Lyons, LMSW, CAADC
3/11/2026

Main Activities during quarterly reporting period:

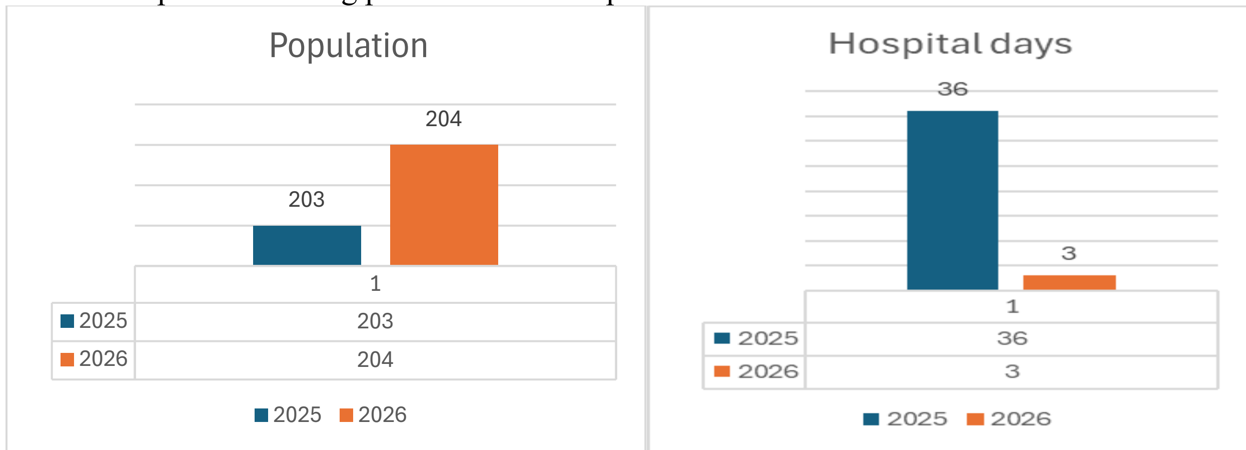
- Assertive Community Treatment (ACT)
- Supportive Employment
- Skill Building

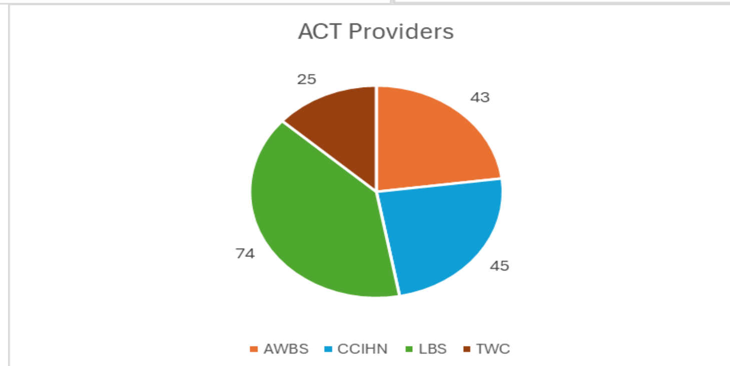
Progress on Major Activities:

Activity 1: Assertive Community Treatment (ACT)

- *Description:* Assertive Community Treatment (ACT) provides the highest level of community-based support for members with severe and persistent mental illness and co-occurring substance use disorders. The multidisciplinary teams maintain a 1:10 staffing ratio and deliver comprehensive daily supports that help members remain safely in the community and reduce reliance on higher levels of care.

- *Current Status:* In February 2026, ACT teams served 204 members and recorded only one inpatient hospitalization, totaling three days and $1,863 in costs—an improvement from February 2025, which saw five (5) hospitalizations, 36 inpatient days, and $22,356 in costs, along with one (1) case of recidivism. Currently, 178 members have active crisis plans, representing an 87% completion rate against a 90% target. Crisis plans are a core tool for preventing avoidable hospitalizations and strengthening member self-management, making this gap operationally important. Teams were given a February 27 deadline to complete remaining plans to reach compliance.





- *Significant Tasks During Period:* Adult Initiatives completed telephone verification checks with all four (4) ACT service providers—All Wellbeing Services, Central City Integrated Health Network, Lincoln Behavioral Services, and Team Wellness. All providers demonstrated 100% first-call responsiveness. This is a meaningful improvement because immediate phone contact is essential for timely crisis notification and accurate level-of-care assessment, both of which directly impact hospitalization prevention.

  Additionally, the ACT Clinical Specialist attended Team Wellness' "Matters of the Heart" member event, which focused on healthy relationships, gratitude, and peer connection. These engagements help strengthen member trust and provide visibility into member needs outside structured clinical settings.

- *Plan*: Adult Initiatives will continue monitoring PAR outreach attempts, as program barriers remain and may affect member engagement and timely follow-up. The team will also maintain focus on closing the gap in crisis plan completion to reach the 90% target, recognizing this as a core compliance and risk-mitigation measure. Ongoing review of exception requests and hospitalization trends will continue to ensure members receive appropriate levels of care and to support sustained reductions in acute-care utilization.

Activity 2: Supportive Employment

- *Description:* IPS, also known as Individual Placement and Support, is a specific type of supported employment service. DWIHN utilizes the IPS model as research shows it to be the most effective evidence-based employment program. This approach allows for individuals with severe and persistent mental illness and/or substance use disorders to obtain and maintain gainful employment, at any stage of change in outpatient treatment.

- *Current Status:* The total number of 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 February 2026 from the 9 CRSPs providing IPS, as well as the number of members who became employed during the reporting period:

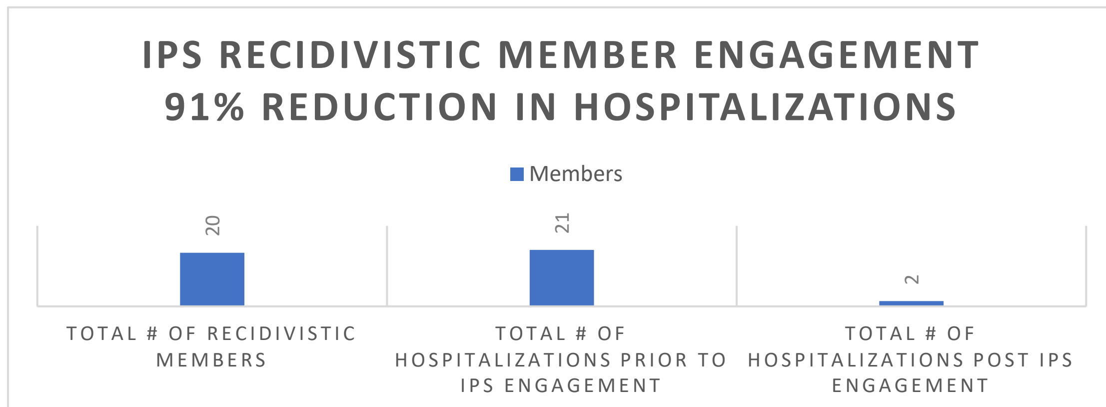
Provider	Member Count	Employed Feb 2026
ACCESS	62	4
Central City	41	1
Lincoln Behavioral	67	4
MiSide (Southwest)	14	1
Team Wellness	155	8
The Guidance Center	44	6

- *Significant Tasks During Period:* Adult Initiatives attended the CMHA Winter Conference, participating in sessions on supported employment rate restructuring, trauma-informed justice reform, and evidence-based AI. The proposed shift from unit-based to outcome-based payments for supported employment is particularly relevant, as it incentivizes member retention, increases face-to-face contact, and strengthens community

engagement and partnerships such as MRS. These changes could directly affect service delivery models, provider performance expectations, and future funding structures—making ongoing monitoring important for compliance and operational planning.

- *Major Accomplishments During Period*: Adult Initiatives began tracking the time between IPS authorization approval and the first date of service. Since FY 2025/2026, 3,274 members have been authorized, with an average service-start time of 15 days. This metric provides a critical indicator of system responsiveness and helps identify delays that could impact member engagement and employment outcomes.

  The team also continues to compare IPS engagement with hospitalization trends. Current data reinforces that members who attend at least two IPS appointments experience reduced hospitalization rates in the 90 days following engagement. This ongoing analysis supports the value of IPS as both a clinical and cost-mitigation strategy, offering clear insight into program effectiveness. The following is the current results of the report (Updated through February 2026):



- *Needs or Current Issues:* Ongoing concerns among member engagement appears to reflect limited understanding of benefits, transportation barriers, and community partners being "burned" by previous members and becoming unwilling to hire.

- *Plans:* Adult Initiatives will continue to provide and encourage the use of Adult Initiatives IPS PowerPoint to present to clinical team members at CRSP locations to improve general understanding of IPS and reduce referrals which may not be appropriate at that time.

  Adult Initiatives will explore utilizing satisfaction surveys to gauge the level of member satisfaction during/following completion of IPS services. The survey may offer further insight into member engagement in outpatient services and overall quality of life due to receiving IPS services.

Activity 3: Skill Building

- *Description:* Skill Building services, as defined by the Michigan Medicaid Manual, support members in improving daily living skills, increasing economic self-sufficiency, and engaging in meaningful activities such as school, work, or volunteering. Services may

occur in the home or community and focus on functional areas including daily living, medication management, communication, social interaction, and financial skills.

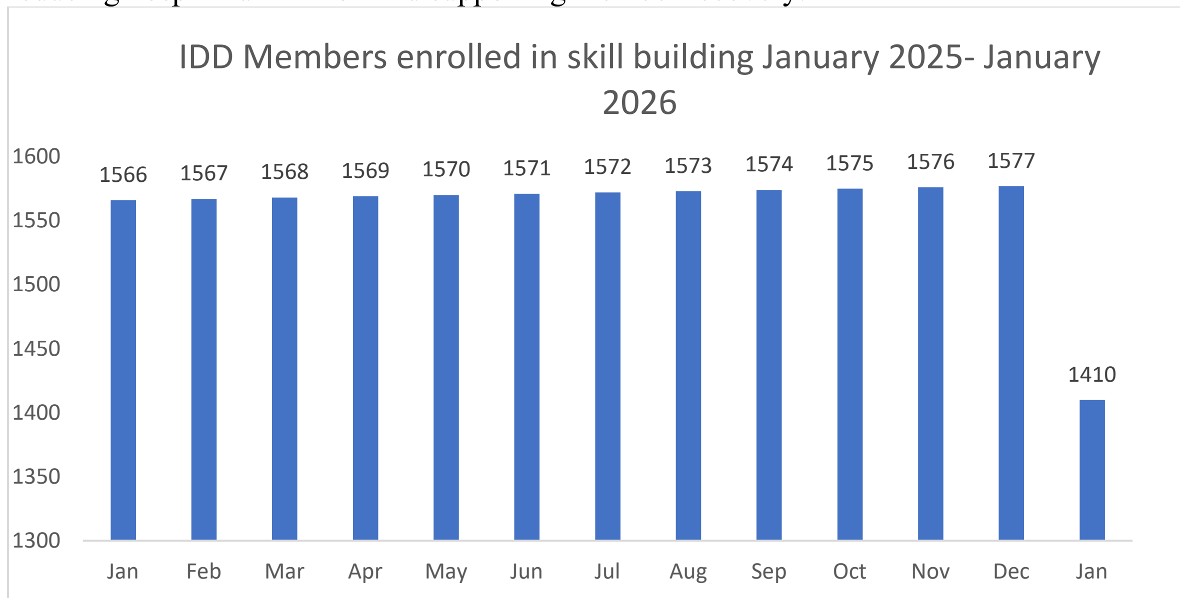
- *Current Status:* DWIHN currently has 1,410 members enrolled in Skill Building programs across 27 contracted providers, offering a variety of program settings, including specialized community sites such as working farms.

- *Significant Tasks During Period:* To better understand participation trends, Adult Initiatives analyzed demographic patterns among members who received Skill Building services in February. Of the 687 members with a billable service, the largest group was ages 30–54 (434 members), and men represented most participants (421 members). This information will guide collaboration with providers to develop targeted strategies for increasing engagement and expanding access for underrepresented groups.

- *Major Accomplishments During Period:* Adult Initiatives completed a capacity review of all 27 Skill Building providers. Twenty-three (23) providers are currently accepting new members, and all sites meet ADA accessibility requirements. This assessment helps ensure adequate network capacity and compliance with federal accessibility standards.

- *Needs or current issues:* Two primary needs were identified across programs: limited transportation options for members and fewer service options for individuals with higher acuity needs, such as toileting assistance or specialized feeding. These gaps may affect equitable access and require coordinated planning with providers.

- *Plans:* Adult Initiatives has begun analyzing trends in hospitalization and depression scores (PHQ-9) among Skill Building participants to determine whether increased program engagement correlates with improved clinical outcomes. Similar to findings in Clubhouse and Supported Employment, this analysis may help demonstrate the program's impact on reducing hospital utilization and supporting member recovery.



PIHP Crisis Services Department Report, February 2026
Daniel West, Director of PIHP Crisis Services
3/11/26

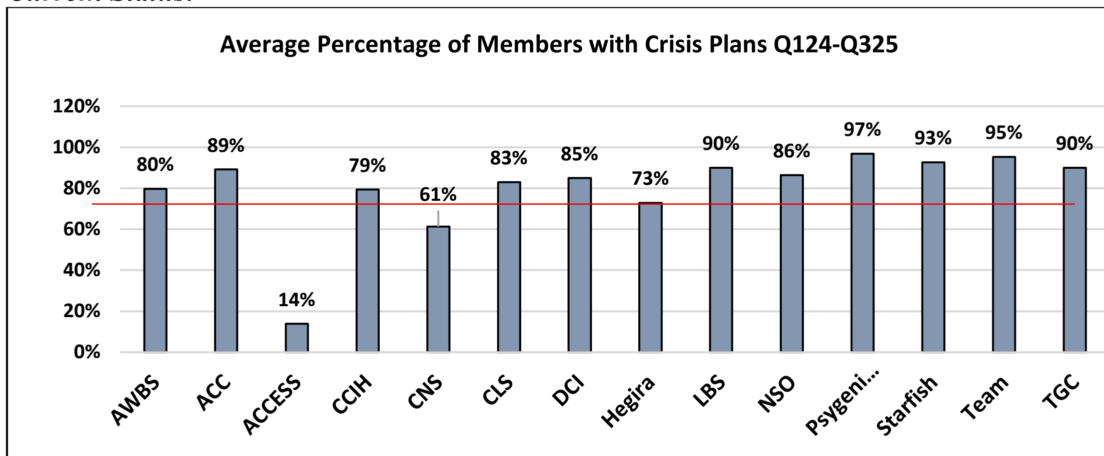
Main Activities during February 2026:

- **Crisis planning for Clinically Responsible Service Providers (CRSP).**
- **CRSP notification for crisis screenings.**
- **Targeted population diversion.**

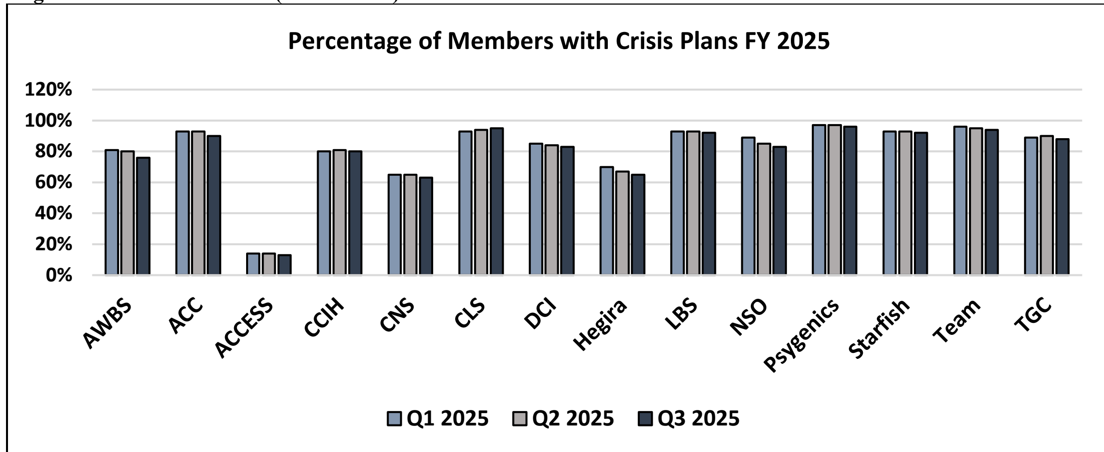
Progress On Major Activities:

Activity 1: Crisis planning for CRSPs.

- ***Description:*** On 3/25/26, the team presented during the outpatient provider meeting to discuss the importance of crisis planning. Current policy indicates that crisis planning is not mandatory, rather members have the option of declining a crisis plan. DWIHN has recognized the importance of having a crisis plan for all DWIHN members, and therefore the team has updated policy and procedure to include mandatory. Crisis plans serve as a foundation to proactive efforts in avoiding and planning for crisis.
- ***Current Status:***



Avg across the network 73% (Risk Matrix)



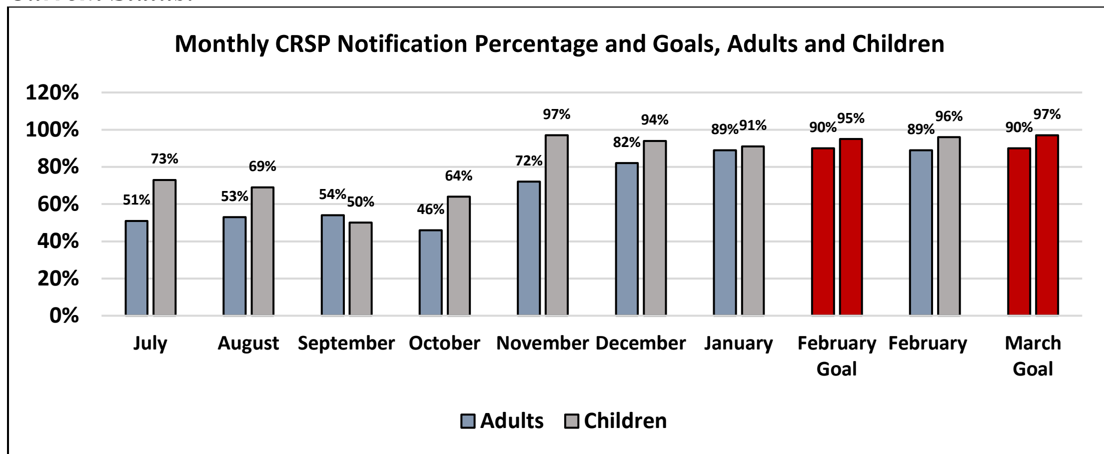
- ***Significant Tasks and Major Accomplishments During Period:*** The team has recognized the importance of all DWIHN members having a completed crisis plan. The team gathered data on

completed crisis plans. The percentage of completed crisis plans has decreased for all providers except CLS.

- ***Needs or Current Issues:*** The team has a goal to work in collaboration with Adult and Children's Initiatives to increase the percentage of members that have an active crisis plan. If a member declines a crisis plan, there will need to be techniques employed by the providers to ensure a crisis plan is on record in cooperation with the member. Based on the data, emphasis will be placed on ACCESS and CNS. The team will highlight CLS as to their best practice and incorporate into training.
- ***Plan**:* The team will work with PCE to remove the "decline" option for members charts when initiating a crisis plan and work with Adult and Children's Initiatives to continue education in this area.

<u>Activity 2:</u> CRSP notification for crisis screenings.

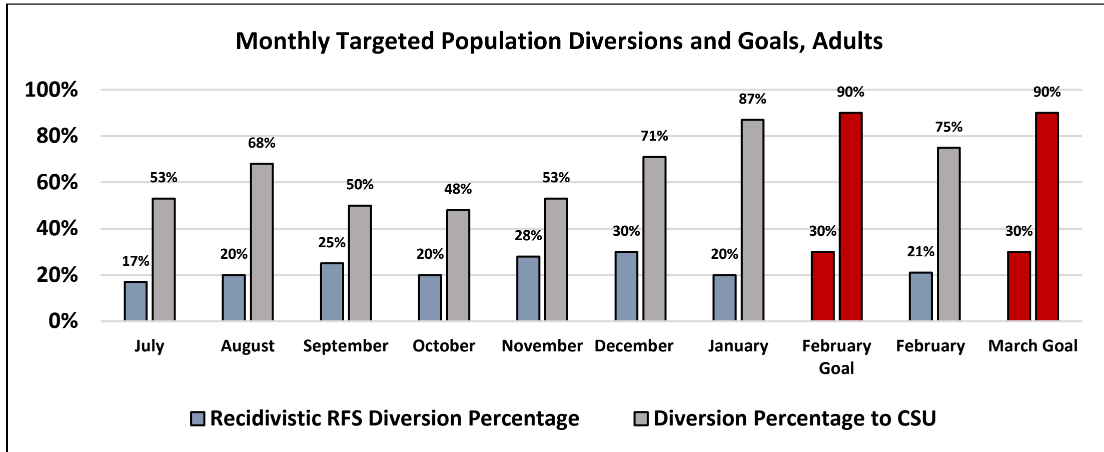
- ***Description**:* The PIHP Crisis Services Department has recognized the importance of CRSP notification for members screened in crisis. This provides an opportunity for the CRSP to engage the member whether the disposition from the crisis screening is inpatient or outpatient. The CRSP is to receive 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 notification percentage increased slightly in February for adults and remained the same for children. This indicates consistency within the percentages of members receiving a CRSP notification. CRSP notifications are near goal setting.
- ***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.

<u>Activity 3:</u> 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*****:** The team saw a slight increase in diversions for this targeted population but saw a decrease in diversions to CSU. .
- ***Needs or Current Issues:*** The team recognizes a need for an analysis of specific cases that could have transferred to CSU; however, CSU utilization is increased across the network and therefore availability of CSU could have contributed for missed opportunities for transfer.
- ***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 team is working to ensure there are timely placements for members who are waiting 23+ hours in the ED after having been provided a disposition. Communication occurs regularly with stakeholders, and Clinical Specialists are working diligently with internal and external departments in order to support appropriate transitions in care for members.

- **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 has increased slightly for adults in preliminary data, and remains below the 15% threshold for children.

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%
1st Quarter 2026**	15.22%	11.79%

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

Main Activities during August:

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

Progress On Main Activities:

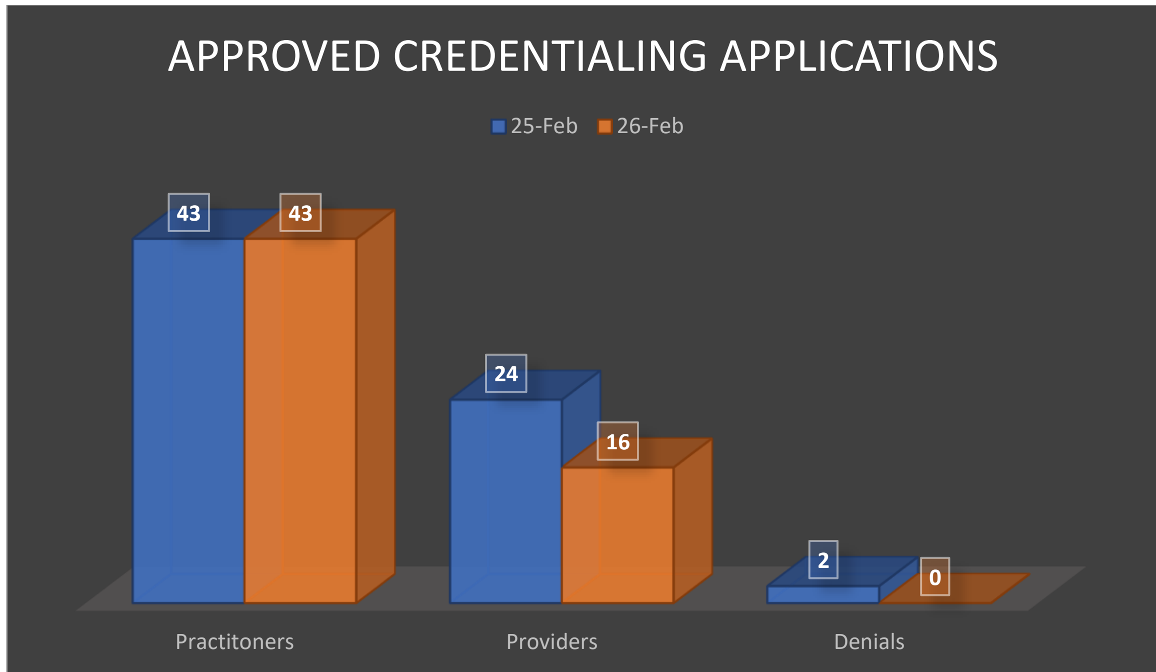
Activity 1: Credentialing

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

- *Current Status:* February 2026:

Number of Credentialing Applications Reviewed	90
Number of Expansion Requests Reviewed	0
Number of Provisional Credentialing Applications Reviewed	0
Total # of Applications Reviewed	**90**

Number of Practitioners Approved	43
Number of Providers Approved	16
Number of Expansion Requests Approved	0
Number of Provisional Credentialing Applications Approved	0
Total # of Applications Approved by Credentialing Committee	**59**



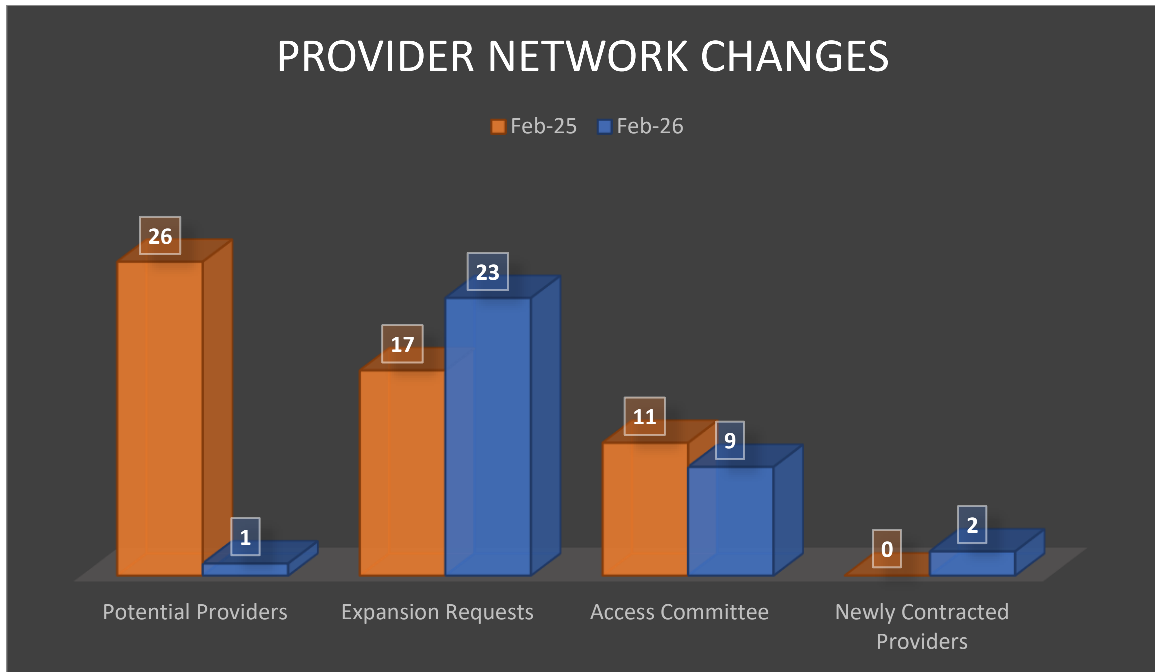
- *Significant Tasks During Period:* We submitted required documentation to support the HAP/CareSource Audit and AmeriHealth Audit.
- *Major Accomplishments During Period:* 100% of SUD Providers are credentialed.
- *Plan:* Continue to work with our CVO to implement new product. Working with providers on HIDE-SNP changes and updating credentials to support new contracts with the Health Plans.

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 February 2026:**

Number of Provider Inquiries for Potential Providers	1
Number of Contract Expansion Requests Received	23
Number of Providers Approved at Access Committee	9
Number of New Providers	2
Total # of Providers Processed	**35**



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 conducted a two-day in person PNM training refresher. Topics discussed were MCO Contracting & Credentialing processes, policies and procedures.
- *Major Accomplishments During Period:* We routed 311 Residential and Outpatient Amendments to remain compliant with our executed agreements with our Health Plan Partners.
- *Plan:* Revamping the Provider Orientation PowerPoint. Developing training for the electronic Quarterly Contract Status Reports.

Activity 3: Procedure Code Workgroup (PCWG)

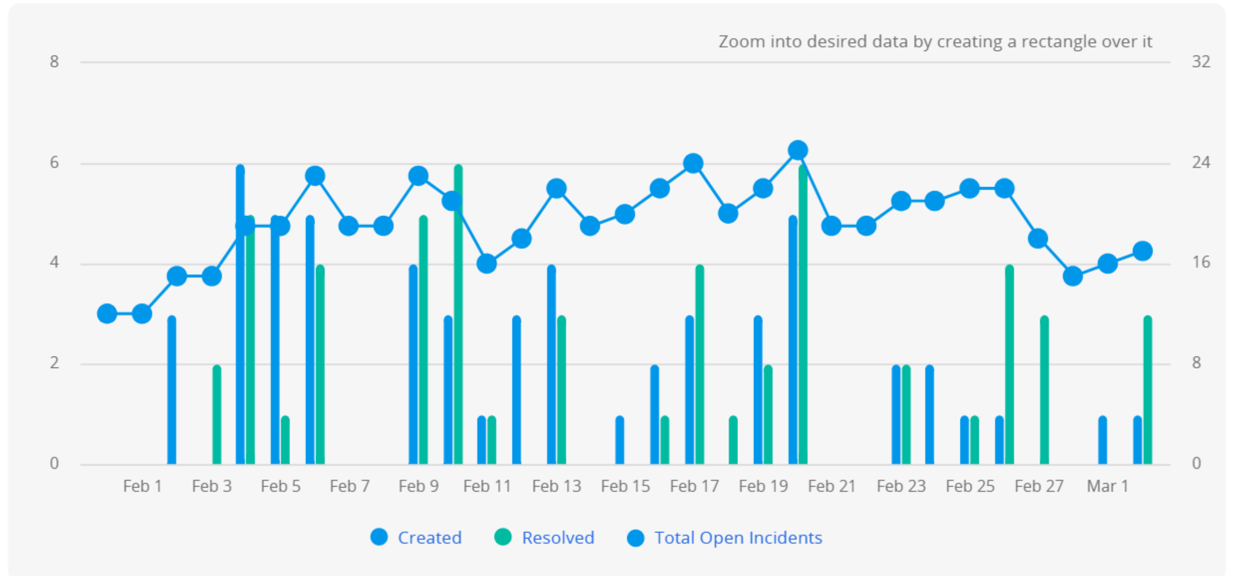
- *Description:* The Procedure Code Workgroup assists providers by troubleshooting claims and with authorization concerns.

- *Current Status:* In the month of February 2026:

Number of PCWG Resolved Tickets	52
Number of MDHHS Rate Updates	456
Number of Provider Requested Changes	97
Total # of MHWIN Updates	**605**

- *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 25 new codes/rate to existing Provider Contracts records, added 806 new codes/modifiers to the network and 2 new SCA contracts.
- *Major Accomplishments During Period:* Updated all appropriate codes and rates to support the MICH HIDE-SNP CY 26 contract.

- *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
Ryan Morgan Director of Residential Services: February 2026 Report
Date: 3/11/2026

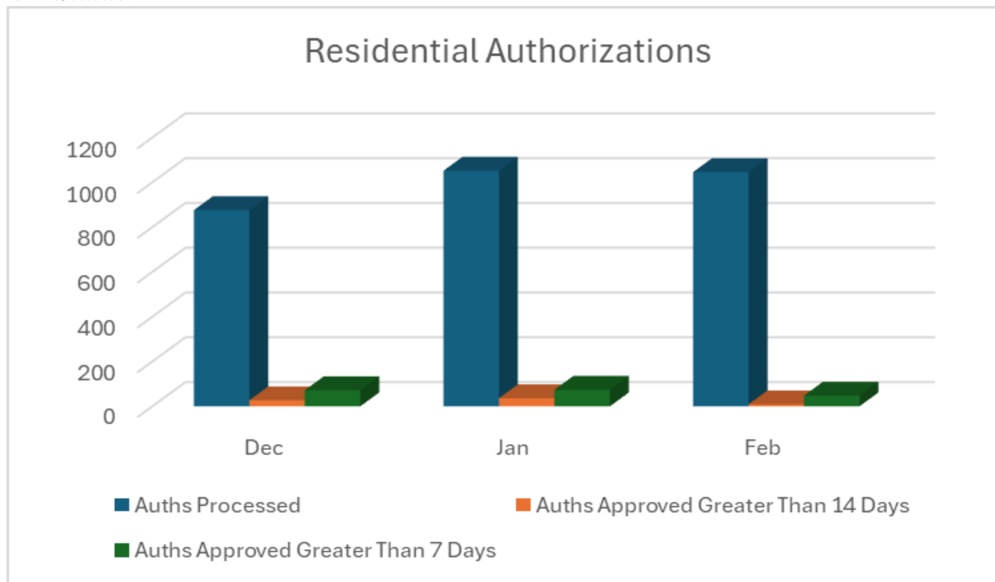
Main Activities During Reporting Period: February 2026

- **Monitoring Residential Authorization Data**
- **Monitoring Residential Assessments**
- **Tracking State Facility Discharges**

Progress On Major Activities:

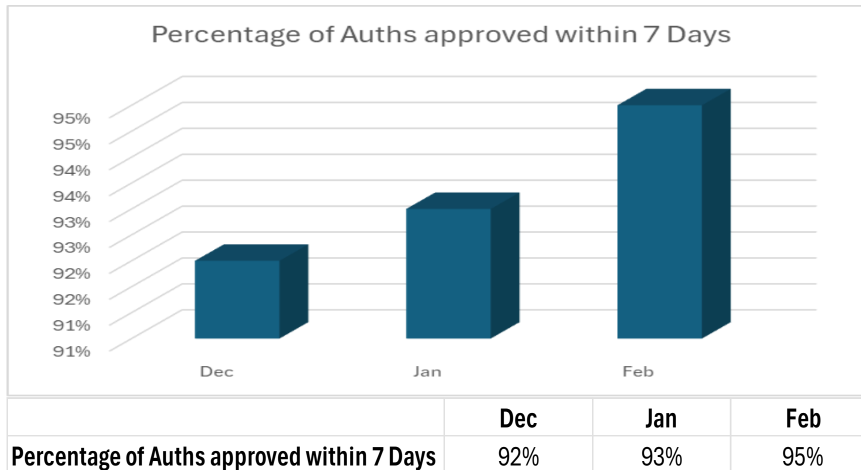
Activity 1: Monitoring Residential Authorization Data

- *Description:* Throughout the month of February, the Residential Services Department continued the process of monitoring the number of authorizations processed. Additionally, we were able to review the amount of time it took for authorizations to be approved. It is important that members maintain up to date authorizations in order to avoid a disruption in services and ensure that the services being rendered are reflective of the members' needs.
- *Current Status:*



	Dec	Jan	Feb
Auths Processed	876	1052	1046
Auths Approved Greater Than 14 Days	27	36	9
Auths Approved Greater Than 7 Days	72	74	48

- *Significant Tasks During Period:* During the month of February the Residential Services Department Processed (1,046) Residential Authorizations. Of those authorizations (95%) were approved within seven (7) days.

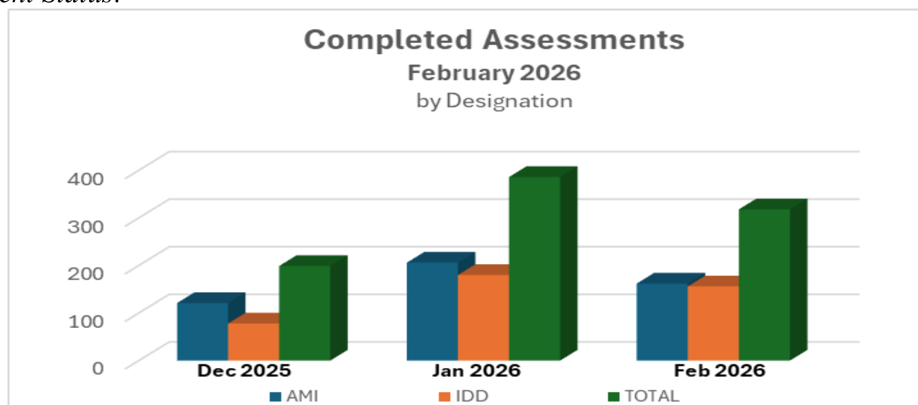


	Dec	Jan	Feb
Percentage of Auths approved within 7 Days	92%	93%	95%

- *Major Accomplishments During Period:* In May of last year the Residential Department's Authorizations unit was approving approximately (69%) of authorizations within seven (7) days. Now, over (90%) of authorizations are being approved within seven (7) days and the average amount of time it takes for an authorization to be approved is (2.86) days.
- *Needs or Current Issues:* In January of this year the expectation for the amount of time to approve an authorization changed from fourteen (14) days to seven (7) days. The department has adjusted well to this change and has shown consistent improvement.
- *Plan:* The Residential Services Department will continue to monitor Residential Authorization data moving forward and we will adjust resources within the unit as needed should performance data decline.

<u>Activity 2:</u> Monitoring Residential Assessments

- *Description:* During the month of February, the Residential Services Department continued the process of ensuring all members maintain up to date Residential Assessments. Each member should have an assessment completed annually or at any time there is a change in the member's condition. It is important that members maintain up to date assessments in order to ensure they are receiving the medically necessary services that match their needs and abilities.
- *Current Status:*

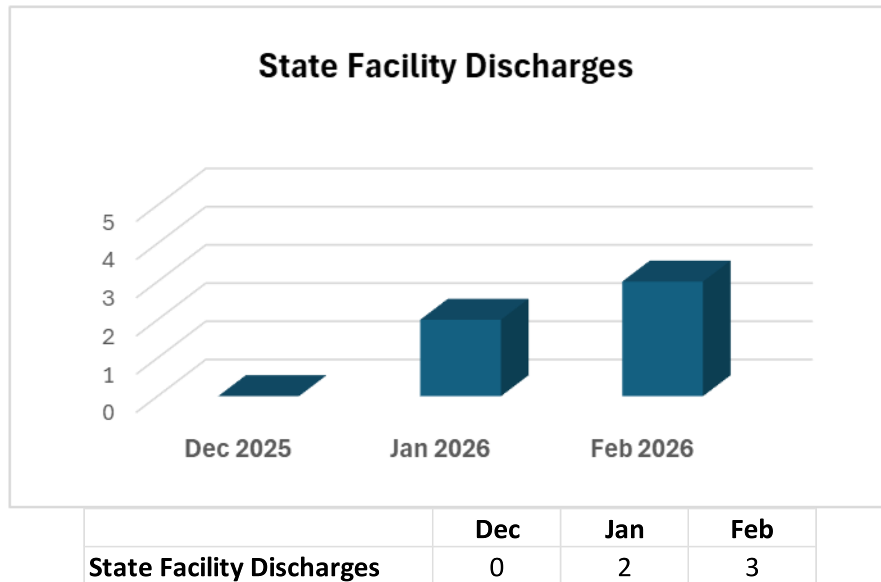


	Dec-25	Jan-26	Feb-26
AMI	121	206	162
IDD	78	180	156
TOTAL	199	386	318

- *Significant Tasks During Period:* During the month of February the department was able to complete (318) Residential assessments, (162) of those were completed with Adults with Mental Illness (AMI) and (156) were completed with individuals with Intellectual and Developmental Disabilities (I/DD).
- *Major Accomplishments During Period:* The Residential Services Department was able to coordinate with the Information Technology (IT) Department to make an addition to the Residential Assessment. It now includes a question related to the member's prior treatment history within lower levels of care. This was designed to better identify the member's prior treatment efficacy.
- *Needs or Current Issues:* The Residential Services Department has continued working with the Information Technology (IT) Department to enter the residential audit tool in MHWIN. Once completed this will allow data and outcomes to be more efficiently tracked and monitored.
- *Plan:* The intention is to first pilot the process within the MHWIN test module and once we are confident in the effectiveness fully implement the procedure in MHWIN.

Activity 3: Tracking State Facility Discharges

- *Description:* During the month of February, the Residential Services Department continued to track the number of members discharged from state hospitals and placed into the community. It is important that we track this information in order to ensure that we are efficiently discharging members and effectively transitioning them into community placements that meet their needs. There are four (4) state facilities in the state of Michigan that the DWIHN state facility liaison coordinates discharge planning with.
- *Current Status:*



	Dec	Jan	Feb
State Facility Discharges	0	2	3

- *Significant Tasks During Period:* During the month of February the state facility liaison was able to successfully coordinate the discharge of three (3) members out of state hospitals and into community placements. This was an increase over the previous two (2) months.
- *Major Accomplishments During Period:* In February the Residential Services Department was able to onboard five (5) new Residential providers. This provides an additional thirty-nine (39) community placement opportunities for the network.

- *Needs or Current Issues*: Placements in state hospitals continue to be limited. It is a challenge to get members accepted into a state facility, especially members diagnosed with a Cluster B personality disorder.
- *Plan:* The Residential Services Department will coordinate with local hospitals to ensure state facility applications are completed thoroughly and efficiently. We will continue to advocate with state and local officials for our members to receive medically necessary treatments.

Quarterly Update:

- **Things the Department is Doing Especially Well:**
  - The Residential Services Department continues to work closely with the Henry Ford network of hospitals to coordinate weekly discharge planning meetings for members with placement complexities.
  - Department managers continue to implement the residential assessment audit tool by reviewing two (2) Residential Assessments per Residential Care Specialist (RCS) each month. In February the department achieved its highest score ever with (92.9) percent compliance.
- **Identified Opportunities for Improvement:**
  - The Residential Services Department would benefit from adding more providers to the network capable of serving members with complex medical conditions and acute behaviors that lead to hospitalization. In response to this, the Residential Services Department is preparing two (2) Requests for Proposals (RFP) to serve these populations.
- **Progress on Previous Improvement Plans:**
  - In February leadership within the Residential Services Department and the Office of Recipient Rights (ORR) met to review provider data and recipient right substantiations. It was decided that the two departments will continue to meet monthly in order to monitor data and analyze trends related to provider performance and areas for improvement.

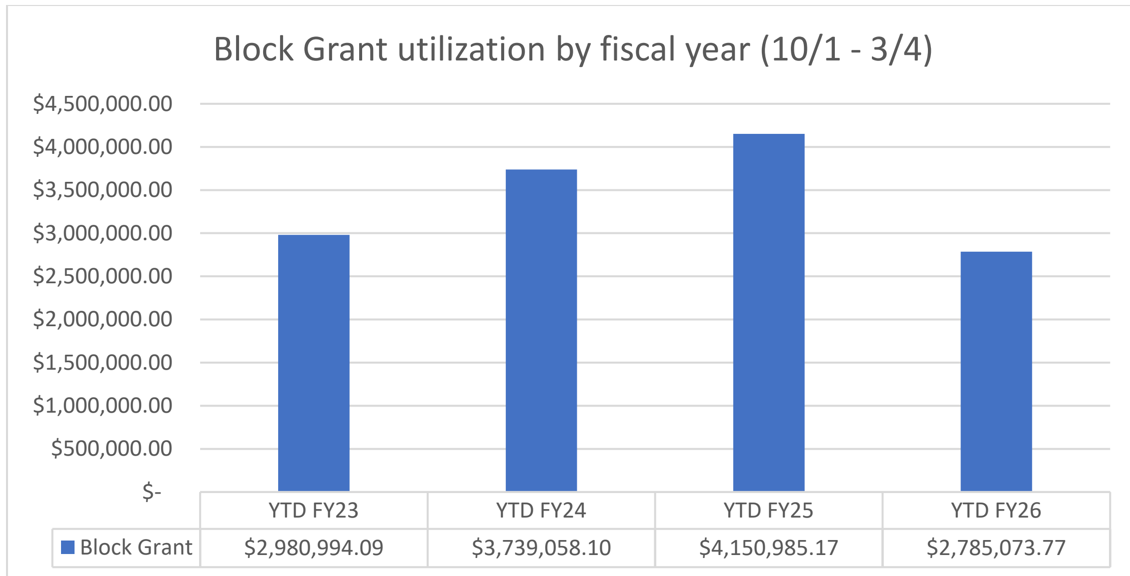
Substance Use Disorder Initiatives Report, February SFY2026
Matthew Yascolt, Director of Substance Use Disorder Initiatives

Main Activities during February 2026:
- **An analysis of block grant utilization**
- **An analysis of admissions data**
- **An analysis of claims data**

Progress On Major Activities:

<u>Activity 1:</u> **An analysis of block grant utilization**

- ***Description:*** SAMHSA SUPTRS Block Grant is a dedicated pool of federal money provided to act as a "safety net" for individuals who do not have insurance or whose needs are not covered by programs like Medicaid i.e. under-insured and un-unsured funding priority treatment and support services for individuals without insurance or whose coverage has been temporarily exhausted or terminated. Block grant supports programs in prevention and treatment. We have mandatory set asides of SAMHSA Block Grant to ensure services to pregnant women and women with dependent children and to individuals who use drugs intravenously. The analysis below is looking at block grant spending trends.
- ***Current Status:***

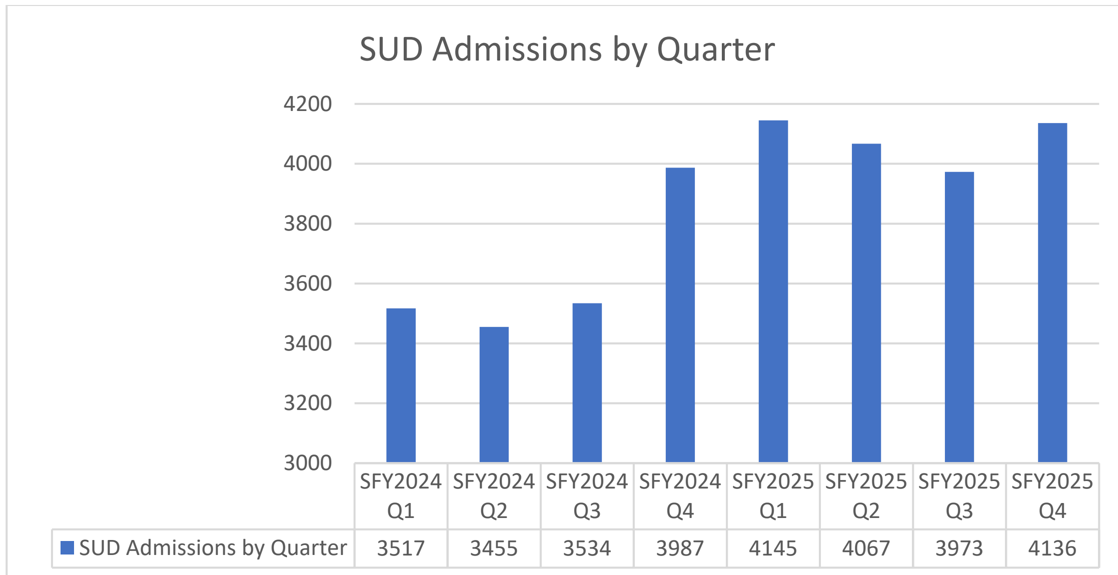


	YTD FY23	YTD FY24	YTD FY25	YTD FY26
Block Grant	$2,980,994.09	$3,739,058.10	$4,150,985.17	$2,785,073.77

- ***Significant Tasks and Major Accomplishments During Period:*** Block grant expenditures are trending down in FY26 year to date, although admissions are projected to trend upwards. This is indicative that providers are successfully getting members off block grant and on long term insurance coverage options
- ***Needs or Current Issues:*** We will continue to monitor the utilization of block grant.
- ***Plan:*** We have issued memos on insurance coverage, provided technical assistance and worked with our access center at the front door to ensure members are placed under the correct funding source.

<u>Activity 2:</u> **An analysis of admissions data**

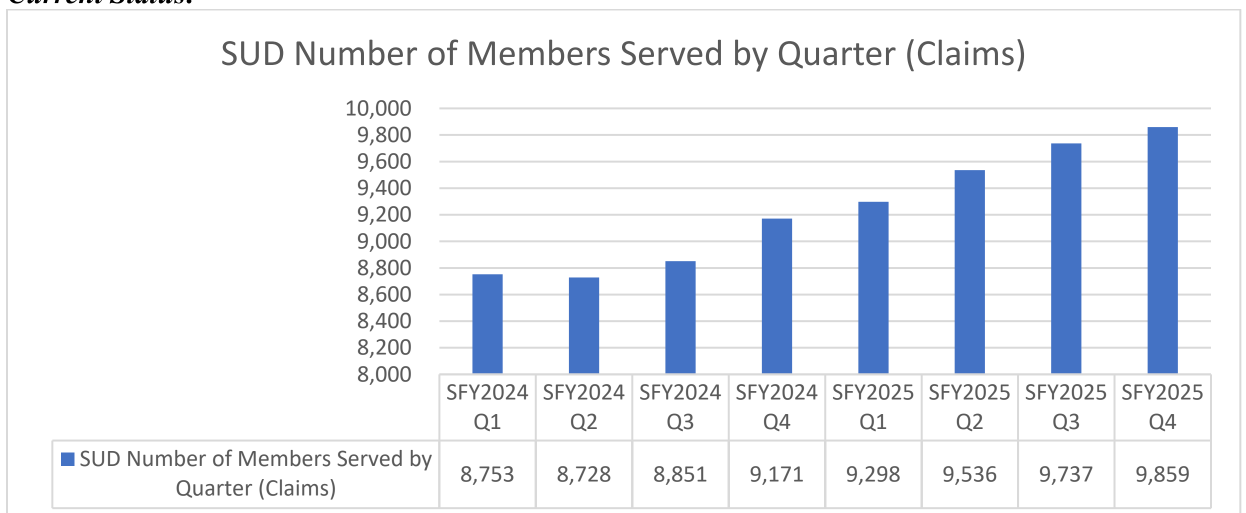
- ***Description:*** Admission trends are monitored by quarter. Admission data is sourced from our EHR admission records and may conflict with claims data.
- ***Current Status:***

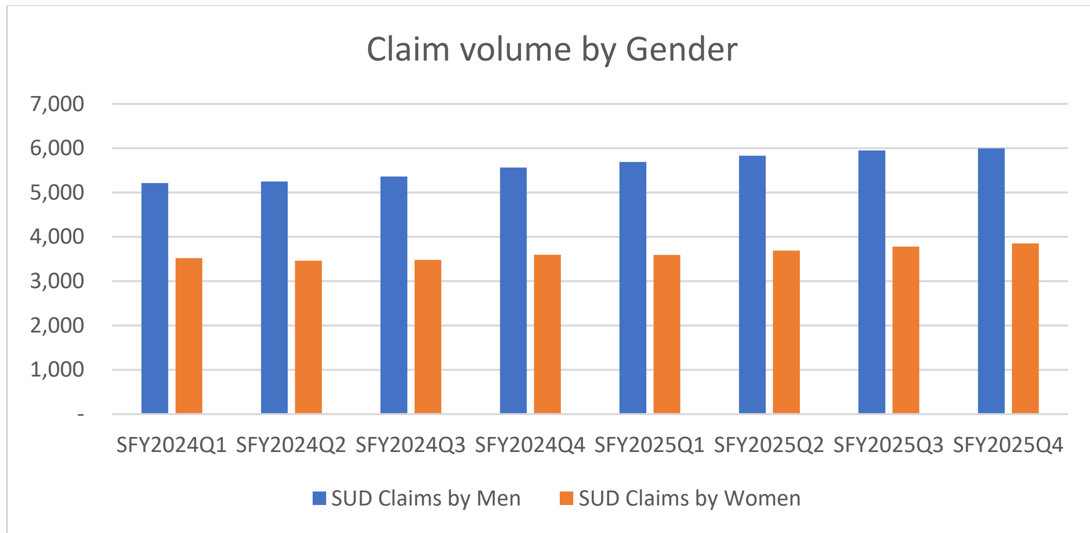


- ***Significant Tasks and Major Accomplishments During Period**:* Admissions data continues to trend up as block grant utilization is most recently trending down.
- ***Needs or Current Issues:*** We will continue to monitor admission data and the utilization of block grant. We are also issuing guidance to service providers on ensuring that members are placed in the clinically appropriate levels of care through the standard operating procedure: "SUD Intake and Level of Care Validation"
- ***Plan**:* We have issued memos on insurance coverage, provided technical assistance and worked with our access center at the front door to ensure members are placed under the correct funding source.

<u>Activity 3:</u> An analysis of claims data

- ***Description**:* Claims data for all SUD claims were analyzed across fiscal year quarters. We also analyzed claim utilization by gender
- ***Current Status:***





- ***Significant Tasks and Major Accomplishments During Period:*** Claims data has steadily increased across fiscal year quarters. We will continue to monitor claims data and work with service providers to ensure timely submission of claims.
- ***Needs or Current Issues:*** Continue to monitor claims utilization data and improve claims data aggregation by race/ethnicity.
- ***Plan****:* Monitor claims and block grant utilization.

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

Main Activities During This Period:

- MI Coordinated Health (MICH) HIDE SNP Transition
- Habilitation Supports Waiver (HSW/HAB) Program
- Utilization Management Committee (UMC)

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.

- Sig*nificant Tasks During Period:*
  - The UM team, in conjunction with Integrated Care, continues to provide technical assistance regarding contracted health plans, member eligibility, and authorization requests to providers and internal departments.
  - Participation in weekly interdepartmental meetings to discuss transition needs & plan updates.

- *Needs or Current Issues:*
  - Member notices are still being revised and/or 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. Continued review and update of policies and procedures to align with new plan requirements.
  - Some former MHL health plan partners remain unclear about the PIHP relationship following the end of the demonstration. As a result, DWIHN continues to receive and redirect errant authorization and provider appeal requests.

- *Plans:*
  - Continued monitoring of initial implementation, including close consultation with the Integrated Healthcare (IHC) team.
  - Individual meetings with health plans to review audit preparation materials and changing procedural requirements.
  - Continued collaboration with DWIHN IT and PCE Systems to place member notices into production, thus ensuring compliance with contractual requirements.

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	0							
Used	1098	1097	1093	1093	1089							
Available	27	28	32	32	36							
New Enrollments	10	2	6	10	4							
Disenrollments	1	5	6	5	2							
Utilization	97.7%	97.5%	97.2%	97.2%	96.8%							

Certification Renewal Data												
	Oct	**Nov**	**Dec**	**Jan**	**Feb**	**March**	**April**	**May**	**June**	**July**	**Aug**	**Sept**
Number of Renewals Due	109	88	40	108	68							
Number of Renewals Submitted	95	79	37	102	63							

- Si*gnificant Tasks During Period:*
    - In conjunction with overall monitoring efforts, the HSW team continues to capture certification renewal data. In February, there were 68 renewals due, and 63 renewals submitted (93%).

- *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 continues training providers on HSW eligibility, benefits, the "how" of applying to the program, and subsequent documentation.

- *Needs or Current Issues:*
  - Review of funding sources for current & future HSW participants, as well as optimizing data collection and reporting. Department learns that, unlike other programs, reimbursement for HSW members varies based on type of Medicaid funding source (e.g., Medicaid, Healthy Michigan Plan, MICH HIDE SNP).
  - Providers are identifying an appropriate number of cases for HSW. However, we are encountering issues with Individual Plans of Service (IPOS) that are not HCBS compliant, which delays MDHHS ability to complete enrollment.
  - 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:*
  - With support from the Deputy Chief Executive Officer, the HSW team will facilitate an interdepartmental effort to review program procedures, improve efficiency, and optimize data collection.
  - 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.

<u>Activity 3:</u> Utilization Management Committee (UMC)

- *Current Status:* The Utilization Management Committee (UMC) provides ongoing review and oversight of the Utilization Management program. UMC convenes monthly to evaluate utilization of services, monitor trends, and review, evaluate, revise, and approve the Program Description, Program Evaluation, and department work plan.

- *Significant Tasks During Period:*
  - The Utilization Management Director has expanded the template for a UM Committee Charter, which will be presented to the Committee for feedback.

- *Major Accomplishments During Period:*
  - The Utilization Management Director collaborates with Associate VP of Access and Strategy and Director of Strategic Operations to review the format and content of the proposed committee reporting template, including how it aligns with QAPIP and new NCQA standards.

- *Needs or Current Issues:*
  - Expansion of a new committee reporting template to include relevant data, including over- and underutilization.
  - Review of committee reporting schedule to align with template and charter. This will ensure the committee is maximizing its time and has the correct persons and departments present for each meeting.

- *Plans:*
  - The Director of Utilization Management will continue consultation with the Chief Medical Officer regarding the establishment of best practices for the UM Committee.

Additional Updates:

- **Things the Department is Doing Especially Well:**
  - Lucinda Brown, I/DD Program Administrator, provided an overview of Self-Determination/Self-Directed Services to the Executive Leadership Team; the presentation was well received.
  - 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:**
  - Expanded policies and procedures for high risk and specialty service authorization requests.
  - 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: 26-16R Revised: Y Requisition Number:

Presented to Full Board at its Meeting on: 3/18/2026

Name of Provider: Guidance Center, The, New Oakland Child Adolescent and Family Ctr, DWIHN Provider Network - see attached list

Contract Title: Children's Crisis Intervention Services, PAR FY 26

Address where services are provided: Multiple__

Presented to Program Compliance Committee at its meeting on: 3/11/2026

Proposed Contract Term: 4/1/2026 to 6/30/2026

Amount of Contract: $ 610,884.00 Previous Fiscal Year: $ 1,137,986.00

Program Type: Continuation

Projected Number Served- Year 1: 1,000 Persons Served (previous fiscal year): 700

Date Contract First Initiated: 1/1/2015

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).

This board action (BA# 26-16R) is asking for a 3 month extension of the contracts with New Oakland Family Centers (NOFC) and The Guidance Center (TGC) for $610,884 to continue with the provision of Crisis Intervention Services.

The 3 month extension for NOFC and TGC will run from April 1, 2026 through June 30, 2026. Additional estimated amounts total $344,725 for NOFC and $266,159 for TGC for a total estimated amount of $610,884 for the 3 months ended June 30, 2026.

The revised total estimated amount of PAR services is as follows:

- **Hegira (10/1/2025 - 3/31/3036) - $2,109,871**
- **NOFC (10/1/2025 - 6/30/2026) - $717,758**
- **TGC (10/1/2025 - 6/30/2026) - $453,339**

As a result of the crisis continuum of care RFP 2023-009, this board action is requesting approval for the provision of Pre-Admission Review (PAR) services for children.

NOFC and TGC will provide Pre-Admission Review (PAR) services to children in crisis with severe emotional disturbance (SED) intellectual and developmental disabilities (I/DD) and co-occurring disorders in need of a crisis screening and authorization for higher levels of care. PAR services include 24-hour availability to provide assessment and screening services for individuals to determine if members meet inpatient criteria or re-direction to lower levels of care.

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
MULTIPLE	$ 610,884.00	$ 610,884.00
	$	$
Total Revenue	$	$

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

Type of contract (Business/Clinical): Clinical

ACCOUNT NUMBER: 64931.825004.00000

In Budget (Y/N)? Y

Approved for Submittal to Board:

James White, Chief Executive Officer

Signature/Date:

James White

Signed: Wednesday, March 4, 2026

Stacie Durant, Vice President of Finance

Signature/Date:

Stacie Durant

Signed: Tuesday, February 24, 2026

DETROIT WAYNE INTEGRATED HEALTH NETWORK
BOARD ACTION

Board Action Number: 26-39R2 Revised: Y Requisition Number:

Presented to Full Board at its Meeting on: 3/18/2026

Name of Provider: DWIHN Provider Network - see attached list

Contract Title: Michigan Child Collaborative Care Program (MC3) and Behavioral Health Consultant

Address where services are provided: 707 W. Milwaukee Blvd, Detroit MI 48202

Presented to Program Compliance Committee at its meeting on: 3/11/2026

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

Amount of Contract: $ 105,596.00 Previous Fiscal Year: $ 124,755.00

Program Type: Modification

Projected Number Served- Year 1: 300 Persons Served (previous fiscal year): 365

Date Contract First Initiated: 6/1/2015

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).

This board action is requesting a second revision to the Michigan Child Collaborative Care Program (MC3). Total funding ($105,596) provided by (U of M) includes $84,612 for clinical services and $20,984 for administrative services.

U of M has requested provision of services be transferred from Starfish to DWIHN. **Requesting to extend Starfish's contract term end date from 2/28/2026 to 6/30/2026 for additional time to hire staff and finalize business agreement with Corewell Health Clinic. Requesting Board approval to alter the transfer date and funding allocation as needed, in the event services are transferred prior to 6/30/2026.**

Starfish is not to exceed a total of $71,211 ($57,834 for Clinical Services and $13,377 for Administrative Services) for the 9 month period ending 6/30/2026. Effective 7/1/2026, DWIHN Outpatient to receive a total of $21,373 ($16,764 for Clinical Services and $4,609 **for Administrative Services) for the 3 month period ending 9/30/2026.**

DWIHN to receive a total of $13,012 for indirect costs ($10,014 for Clinical and $2,998 for Administrative).

Program Description: The Michigan Child Collaborative Care Program and Behavioral Health Consultant Project provides behavioral health consultation for local primary care providers with MC3 child, adolescent and prenatal psychiatrists. Provider provides local oversight, in collaboration with MC3 program, of the Behavioral Health Consultant as they implement MC3 in Wayne County as well as work in concert with other regional Behavioral Health Consultants.

Behavioral Health Consultant will act as the liaison with the primary care physician staff and the University of Michigan psychiatric staff.

Services include:

- Regional Outreach to eligible providers to ensure utilization of the MC3 program;
- Linkage between Primary Care Providers and MC3 Psychiatrist;
- Coordination of care for children, adolescents, and perinatal women;
- Behavioral Health Consultant provides consultation services in designated primary care site; and
- Collection of required data and local utilization to facilitate the project evaluation.

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
state grant	$ 84,612.00	$ 84,612.00
federal grant	$ 20,984.00	$ 20,984.00
Total Revenue	$ 105,596.00	$ 105,596.00

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

Type of contract (Business/Clinical): Clinical

ACCOUNT NUMBER: MULTIPLE

In Budget (Y/N)? Y

Approved for Submittal to Board:

James White, Chief Executive Officer

Signature/Date:

James White

Signed: Wednesday, March 4, 2026

3/4/2026 7:59:24 AM

Stacie Durant, Vice President of Finance

Signature/Date:

Stacie Durant

Signed: Friday, February 27, 2026

2/27/2026 8:24:08 AM

Board Action #: 26-39R2