



Detroit Wayne Integrated Health Network

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

FAX: (313) 833-2156
TTY: 711

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

Agenda

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

- I. Welcome/Introductions
- II. Clinical Operations- Erik Hutchison (2-3)
 - Clinical Operations Updates
- III. Managed Care Operations – Rai Brown (4-16)
 - MCO Updates
- IV. Compliance- Andrew Ling (17-18)
 - Compliance Updates
- V. Claims Department – Debra Schuchert (19-24)
 - Provider Claims Best Practices
- VI. Residential Services- Ryan Morgan (25-29)
 - Residential Updates
- VII. ORR Training and Monitoring Department – Lashanda Neely (30-39)
 - ORR Updates
- VIII. Children Initiatives – Cassandra Phipps (40-51)
 - Children Initiative Updates
- IX. Administrative Updates – Manny Singla, Deputy CEO
- X. Questions
- XI. Adjourn

Board of Directors

Jonathan C. Kinloch, Chairperson
Karima Bentounsi
William Phillips

Bernard Parker, Vice Chairperson
Lynne F. Carter, M.D.
Kenya Ruth

Dora Brown, Treasurer
Eva Garza Dewaelsche
Dr. Cynthia Tauog

Angelo Glenn, Secretary
Kevin McNamara

James E. White, President and CEO





Erik Hutchison
Vice President of Clinical Operations



Goals:

Strengthening Partnership
Learn from each other
Education with Expectations



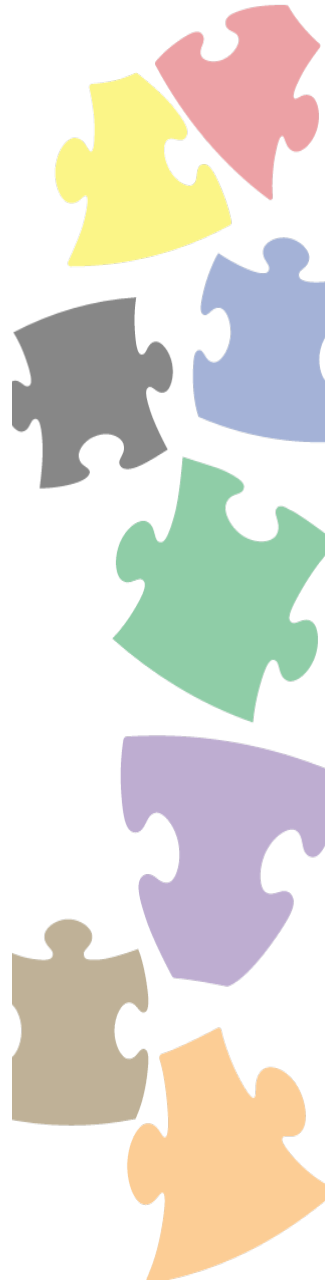


DWIHN
Your Link to Holistic Healthcare



Managed Care Operations

Rai Brown



Electronic Quarterly Contact Status Report:



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MEMORANDUM

TO: DWIHN Provider Network
FROM: Brown, Director of Contract Management
CC: James White, President/CEO, Manny Singla, Deputy CEO
RE: Urgent: Quarterly Contract Status Report Extension Date for Quarter 2
DATE: April 6, 2026

Dear DWIHN Providers:

As promised, the Quarterly Contract Status Reports are now electronic and are scheduled for rollout in the second quarter. Due to short notice, you will be given an extension to complete this report two weeks after the original due date, April 30, 2026, by the close of business.

Detroit Wayne Integrated Health Network (DWIHN) would like to offer you the opportunity to come in person for step-by-step training and same-day submission of your Quarterly Contract Status Report. Your document will be forwarded to your Provider Network Manager (PNM) in real time for review and approval. Prior to the training, you will receive the Standard Operating Procedure (SOP) and a training video. You will see reminders at the beginning and end of the SOP to save the link you submit to your PNM, so you don't have to complete the document again if revisions are needed.

The dates and times are as follows for the in-person training:

Tuesday, April 14, 2026 – 9:00 AM – 11:00 AM; 1:00 PM – 3:00 PM
Thursday, April 16, 2026 – 9:00 AM – 11:00 AM; 1:00 PM – 3:00 PM
Friday, April 17, 2026 – 2:00 PM – 4:00 PM



Electronic Quarterly Contract Status

Report Training

You're Invited!

- In-Person Sessions for the Provider Network
- The Managed Care Operations team is hosting a series of in-person training sessions at Woodward to support our provider network with the new Therefore forms and the FY26 Quarterly Contract Status Report.
- Team representatives will be on-site to walk you through the updates, answer questions, and ensure you're fully prepared.

What to Bring:

To ensure a smooth and efficient session, please bring:

- Your laptop or tablet

Please Note:

- Do not bring food or uncovered drinks.
- You may bring water or coffee in spill-proof cups with lids.

Location:

8726 Woodward, Detroit, MI 48202 Training Room

Training Dates & Times:

Tuesday, April 14, 2026 | 9:00 AM – 11:00 AM; 1:00 PM – 3:00 PM

Thursday, April 16, 2026 | 9:00 AM – 11:00 AM; 1:00 PM – 3:00 PM

Friday, April 17, 2026 | 2:00 PM – 4:00 PM

Don't miss this opportunity to get familiar with the new tools and ensure a successful QCSR submission.

We look forward to working with you!


Questions? Please contact the Managed Care Operations team at
pihprovidernetwork@dwhn.org

HIDE SNP Credentialing Requirements:

- For all eligible MICH HIDE SNP participants, when completing the Provider Source application, please ensure that AmeriHealth, HAP, and Humana are selected under the “Health Plan” tab in the “Authorization and Release” section and Re-Attest.
- Selecting these health plan affiliations authorizes these healthcare entities to access your Provider Source™ application data for credentialing purposes.
- Also, please include you Medicare ID and Medicaid ID in your application.



HIDE SNP Credentialing Requirements:

 VIEW SUMMARY  RE-ATTEST  MANAGE DOCUMENTS

RAI M WILLIAMS

- ▶ GENERAL INFORMATION
- ▼ PROFESSIONAL IDS
 - REGISTRATION IDS
 - LICENSURE
 - **OTHER IDS AND CERTIFICATIONS**
- ▶ HEALTH PLANS
- ▶ SPECIALTIES
- ▶ EDUCATION AND TRAINING
- ▶ HEALTHCARE FACILITY AFFILIATIONS
- ▶ PROFESSIONAL LIABILITY
- ▶ WORK HISTORY
- ▶ PRACTICE INFORMATION
- ▶ DISCLOSURE
- ▶ AUDIT
- ▶ ATTESTATION

Other IDs and Certifications

* - Required Fields

Medicare

*Have you ever voluntarily opted out of Medicare?

Yes No

*Are you a participating Medicare provider?


Yes No

*State Medicare Number 

Medicare Number: 123456789

Medicare State: MI


Edit Delete

 Add New

Medicaid

*Are you a participating Medicaid provider?

Yes No

Medicaid Number: 987654321 


Medicaid State: MI

Edit Delete

 Add New



HIDE SNP Credentialing Requirements:

HOME MY ACCOUNT HELP LOGOUT

VIEW SUMMARY RE-ATTEST MANAGE DOCUMENTS RAI M WILLIAMS

- ▶ GENERAL INFORMATION
- ▶ PROFESSIONAL IDS
- ▼ HEALTH PLANS
- ▶ AUTHORIZATION AND RELEASE
- ▶ SPECIALTIES
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- ▶ PROFESSIONAL LIABILITY
- ▶ WORK HISTORY
- ▶ PRACTICE INFORMATION
- ▶ DISCLOSURE
- ▶ AUDIT
- ▶ ATTESTATION

Authorization and Release

In order to protect the confidentiality of your provider information, please use the section below to designate which healthcare entities you allow to access your ProviderSource™ application data for use in credentialing.

Please note that we do not notify selected Health Plans or Hospitals that you have allowed them to access your ProviderSource application data.

Please note that we do not notify selected Health Plans that you have allowed them to access your ProviderSource application data.

Please choose which health plans you have a relationship with:

Health Plan Affiliation	Active	Provisional	Expiration Date
8th Place LLC	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
CoreCaring Group LLC d/b/a RBC Support Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
Hispanic Autism Services of Michigan	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
MANSACH ENTERPRISES LLC	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
HAP	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
ASD Latinos Unlimited LLC	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
Detroit Wayne Integrated Health Network	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
A&C Behavioral Solutions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
Akoya Behavioral Health	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
ABA Golden Steps	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
Abundance Community Recovery Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>



HIDE SNP Credentialing Requirements:

Accreditation

Please check all that apply. Or, if not applicable, please check N/A

- JCAHO - The Joint Commission
- CARF - Commission on Accreditation of Rehabilitation Facilities
- COA - Council on Accreditation
- AOA - American Osteopathic Association
- NCQA - National Committee for Quality Assurance
- AAAHC - Accreditation Association for Ambulatory Health Care
- N/A
- Other

Please provide Accreditation name if "Other" is selected

Has facility been approved or certified for Medicaid? *

Yes No N/A

Has the facility been approved or certified for Medicare? *

Yes No

Is your organization registered with System for Award Management? *

Yes No

if no, your organization must register to complete the impaneling process. To register, please visit www.sam.gov, it's free.



HIDE SNP Credentialing Requirements:

Facility Profile

*Do you operate the physical location where you provide services?

Please provide information on all the 6 tabs, from Practice Location to Service Type, before entering data for another Facility. Please do not proceed to the next page with incomplete Facility information.

Yes No

	Practice Name	Address	
VIEW/EDIT	DWIHN Home #1	09876 Outer Drive , Detroit, MI 48202	X Delete
VIEW/EDIT	DWIHN Home #2	54321 Outer Drive , Detroit, MI 48202	X Delete
VIEW/EDIT	DWIHN Home #1	123 W. McNichols , Detroit, MI 48219	X Delete

Practice Location Program Staff Facility Profile 1 Facility Profile 2 Provider Type Service Type

Facility Profile 2

*Please indicate if you have any training and experience with the following. Check all that apply.

Hearing Impaired Visually Impaired Speech Impaired None

*What gender do you serve?

Male Female Non-Binary

Do you have MICH HIDE SNP?

Yes

No



HIDE SNP Credentialing Requirements:

Manage Documents

Instructions:

- Download forms and documentations, if available
- Limit file size to less than 10MB
- File format supported is only .pdf
- Choose file/s you want to upload and click "Upload documents"

#	Download forms and documentations (if available)	Action	Count
1.	CHAMPS document	<input type="button" value="Choose File"/> No file chosen	1
2.	Copy of all State and/or local licenses required to operate	<input type="button" value="Choose File"/> No file chosen	0
3.	*Copy of Commercial General liability insurance certificate	<input type="button" value="Choose File"/> No file chosen	1
4.	*Copy of Professional liability insurance certificate covering all agency employees	<input type="button" value="Choose File"/> No file chosen	1
5.	*Copy of Workers Compensation Insurance	<input type="button" value="Choose File"/> No file chosen	1
6.	Copy of Accreditation certificate or letter	<input type="button" value="Choose File"/> No file chosen	0
7.	*W9 Form	<input type="button" value="Choose File"/> No file chosen	1
8.	Fire/Safety Inspection Certificate for each facility you are requesting to be impaneled	<input type="button" value="Choose File"/> No file chosen	0
9.	*SAM.gov registration	<input type="button" value="Choose File"/> No file chosen	1
10.	Board of Directors/or Organization Owners	<input type="button" value="Choose File"/> No file chosen	0
11.	Other	<input type="button" value="Choose File"/> No file chosen	0
12.	*Please download this form, read, and attest	<input type="button" value="Choose File"/> No file chosen	2

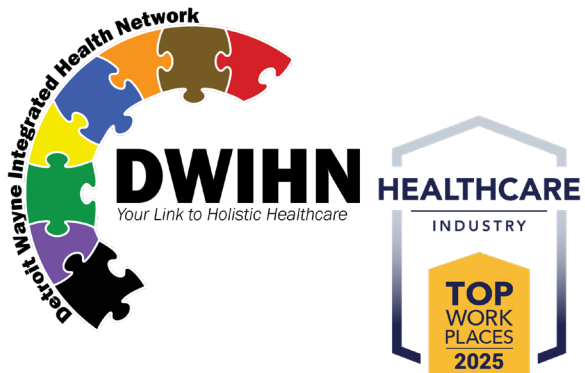


Service Provider Change Procedure:

Service Providers are required to notify DWIHN of any changes at least sixty (60) calendar days prior to the effective date. Providers and Practitioners are to notify their assigned Provider Network Manager. These changes are inclusive but not limited to the following:

1. Name
2. Hours of Operation (EQR: Standard I, Provider Directory Checklist, Element #1)
3. Telephone Number(s) (EQR: Standard I, Provider Directory Checklist, Element #3)
4. No longer accepting new patients (EQR: Standard I, Provider Directory, Element #6)
5. Affiliation Change (i.e. Merger) (EQR: Standard I, Provider Directory, Element #1)
6. Addition or deletion of service(s)
7. Addition or change in program location (new or existing) (EQR: Standard I: Provider Checklist, Element #1)
8. Sanctions, suspensions or termination of Chief staff (i.e. CEO, COO, CIO, CFO, etc)
9. Provider locations and/or program closure (temporarily or permanently) (EQR): Standard I: Provider Directory Checklist, Element #2)
10. Other

- <https://dwmha.policystat.com/policy/17673456/latest>





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MEMORANDUM

TO: DWHIH Provider Network
FROM: Brown, Director of Contract Management
CC: James White, President/CEO, Manny Singla, Deputy CEO
RE: Urgent: Quarterly Contract Status Report Extension Date for Quarter 2
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Friday, April 17, 2026 – 2:00 PM – 4:00 PM

Please bring your laptop. You are allowed to bring water or coffee in a spill-proof cup with a lid. You will not be able to bring in liquids that could potentially stain the carpet in the training room. If you have any questions, please do not hesitate to contact your PNM at your earliest convenience.

Sincerely,

Board of Directors

Jonathan C. Kinloch, Chairperson
Karima Bentounsi
William Phillips

Bernard Parker, Vice Chairperson
Lynne F. Carter, M.D.
Kenya Ruth

Dora Brown, Treasurer
Eva Garza Dewaelsche
Dr. Cynthia Tauger

Angelo Glenn, Secretary
Kevin McNamara

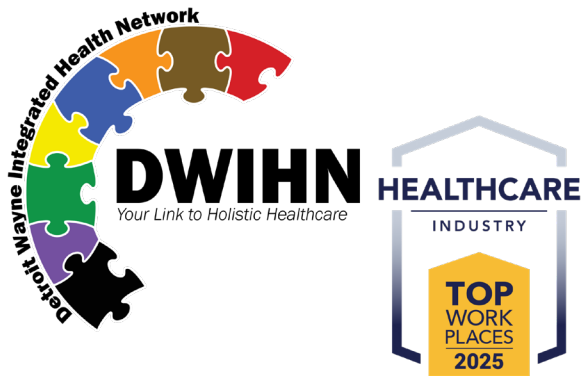
James E. White, President and CEO



Rai Williams, MHA

Rai Williams, MHA
Director of Contract Management
Detroit Wayne Integrated Health Network

Thank you !



Who and When to Contact?

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

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



FY '25-'26 Compliance Academy

QRT 1:

Jan: 6th and 8th - CRSP
Jan: 13th and 15th - Outpatient
Jan: 20th and 22nd - Residential
Jan: 27th and 29th - ABA

QRT 2:

March 31st and April 2nd- CRSP
April: 7th and 9th- Outpatient
April: 14th and 16th- Residential
April: 21st and 23rd- ABA

QRT 3 data:

July: 7th and 10th- CRSP
July: 14th and 17th- Outpatient
July: 21st and 23rd- Residential
July: 28th and 30th- ABA

QRT 4:

October: 6th and 8th- CRSP
October: 13th and 15th- Outpatient
October: 20th and 23rd- Residential
October: 27th and 29th- ABA

End of the FY review:

November: 3rd and 6th-CRSP
November: 10th and 12th- Outpatient
November: 17th and 20th-Residential
December: 1st and 3rd-ABA





Provider Claims Best Practices

Quinn Robinson
Claims Manager



➤ Claim Reconsideration – Required Review Steps

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

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

Important Reminder:

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



➤ Why This Is Important

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



➤ Return Batch / Claim Requests – Required Review Steps

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

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

Important Reminder:

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



➤ Key Takeaways for Providers

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



Thank You!

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



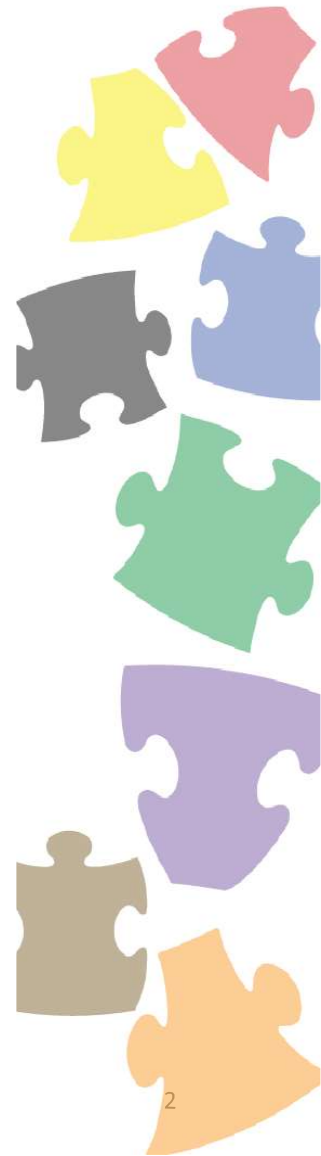
Residential Services Director: Ryan Morgan

Outpatient Provider Meeting 4/10/26



Residential Updates

- Residential Referrals
 - Ensuring members are linked to the appropriate levels of care
 - Locus score
 - Less restrictive treatment modalities have been tried
 - Hospital discharge planning
- Administrative Denials for Residential Authorizations



Specialized Residential Referrals per Referring Agent Type

	CRSP	CSU	DHHS AGE-OUT	ED	HOSPITAL	NURSING HOME/SNF	WAYNE COUNTY JAIL	TOTALs
October 2025	121	5	1	15	77	7	2	228
November 2025	85	6	2	7	58	7	1	166
December 2025	99	7	1	17	64	7	0	195
January 2026	135	8	1	27	76	7	2	256
February 2026	140	7	4	16	72	6	1	246
March 2026*	78	5	2	9	52	8	2	187



Thank you for all you do!

Please put questions in the Q & A

Ryan Morgan Director Residential Services rmorgan@dwhn.org





DETROIT WAYNE INTEGRATED HEALTH NETWORK

800-241-4949

www.dwihn.org



ORR Training & Monitoring Agenda Provider Meeting (04/10/26)



Updates: ORR Training (April 10, 2026)

1. Provider Staff “Re-registration” for NHRRT process:

After Provider staff have initially been registered for NHRRT but **missed the class**, they will require “re-registration.” The following steps should be taken when re-registering Provider staff:

Step 1: Go to the MHWIN home page & click on the “Training Management tab” to the left of the screen, then click the “Staff Training History” tab, to go to the “Staff List” page.

Mental Health Wellness INFORMATION NETWORK

Detroit Wayne Integrated Health Network
Mental Health Wellness Information Network

Home Logout Help

MI Health Link

My Page

ORR

ORR Reports

Peer Support Specialist

Performance Indicators

Provider Management

Provider Reports

Reports and Downloads

Site Reviews and Monitoring

Staff To-Do List

System Setup

TEDS Submission

Training Management

Training Management Reports

may be specified by job type/position code, Employee or Department.

→ View Training Class Activity
View the status of upcoming class sessions, such as current enrollment, number currently on waitlist, etc.

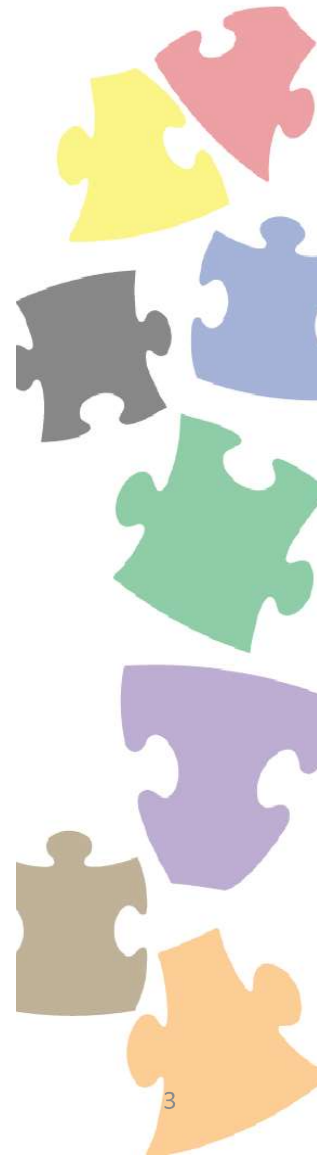
→ Training Class Participant Status
Log individual participant completion or "No Show" status for a selected class session. Add "Walk-In" participants for a selected class session.

→ Staff Training History
View a training history for a selected staff person. Add, change and view Course Completion Verification. Generate Completion Certificates.

→ View Staff Training Requirements
View required training for a selected staff person.

→ Work With Staff Course Alerts
Add, view, renew and delete Course Alerts for a selected staff person.

→ Upload Training Records for a specific course/class
Upload training completion records for a selected course/class.



Updates: ORR Training (April 10, 2026)

Re-registration for NHRRT for Provider staff cont'd:

Step 2: “Staff List” screen-Enter the staff’s first and last name in the “staff name” box, & click the “search” tab. The staff’s name will appear to the left of the screen. To the right of the screen click the “select” option, to go to the “Training history” page.

Mental Health Wellness INFORMATION NETWORK
Detroit Wayne Integrated Health Network
Mental Health Wellness Information Network

Back Home Logout Help

Staff List

Affiliate / PIHP:
Staff Name:
Staff ID:
Staff Type:
Assigned Location:
User Group:
Supervisor:
 Show Active Staff Only Exclude Contract Provider Staff
Staff DOB:
Staff Email:
Staff State ID / Driver's License #:
User ID:

Showing 1 - 20 of 48803 Staff 1 2 3 4 5 6 7 8 9 ... Next

Staff	User ID	Type	Affiliate / PIHP	Primary Location	Select
Demetrius, Daniel (190004)	demetriusda	Psychiatrist / PA / MD			<input type="button" value="Select"/>



Updates cont'd: ORR Training (April 10, 2026)

Re-registration for NHRRT for Provider staff cont'd:

Step 3: "Training History" page, documents the Course Name, Date Registered, Class Date, & Status. To **Re-register** the provider staff, to the right of the screen click the "Re-Register staff name" option, to go the "Class Activity" List page.

Course(s)

Course Name	Date Registered	Class ID Class Date Class Time Class Location	Status	Comments	Add External Transcript Re-Register
New Hire Recipient Rights Training - DWIHN	10/14/2025	2036 11/04/2025 10:00 AM 12:00 PM	No Show 11/04/2025		Add Course Completion Verification Change Delete View Print Registration Confirmation

[Back](#) [Home](#)



DWIHN
Your Link to Holistic Healthcare



Updates cont'd: ORR Training (April 10, 2026)

Re-registration for NHRRT for Provider staff cont'd:

Step 4: "Class Activity List" page, documents the various NHRRT classes available for the re-registered staff to choose from.

Class Start Date: From 4/1/2026 thru 05/30/2026

Course Name/Information:

Additional Class Search Criteria: *Select Additional Search Criteria

Exclude Cancelled Classes

15 class(es)

[PREVIOUS](#) Page 1 of 2 [NEXT](#)

Course Name/Location	Start/End Date	Begin/End Time	Status	Status Date													
New Hire Recipient Rights Training - DWIHN Location: Course ID: 1	04/01/2026 04/01/2026	10:00 AM 12:00 PM	Closed to Registration	03/27/2026	Change Delete View												
<table border="1"> <thead> <tr> <th>Seats</th> <th>Min</th> <th>Max</th> <th>Used</th> <th>Available</th> <th>Attended</th> </tr> </thead> <tbody> <tr> <td></td> <td>1</td> <td>64</td> <td>64</td> <td>0</td> <td>39</td> </tr> </tbody> </table>					Seats	Min	Max	Used	Available	Attended		1	64	64	0	39	Participants Wait List Print Class Roster Enter Class Completion Send Email Print Certificates Cancel Class
Seats	Min	Max	Used	Available	Attended												
	1	64	64	0	39												
Re-Register Keyera Butler																	
New Hire Recipient Rights Training - DWIHN Location: Course ID: 1	04/02/2026 04/02/2026	10:00 AM 12:00 PM	Closed to Registration	04/01/2026	Change Delete View												
<table border="1"> <thead> <tr> <th>Seats</th> <th>Min</th> <th>Max</th> <th>Used</th> <th>Available</th> <th>Attended</th> </tr> </thead> <tbody> <tr> <td></td> <td>1</td> <td>64</td> <td>64</td> <td>0</td> <td>37</td> </tr> </tbody> </table>					Seats	Min	Max	Used	Available	Attended		1	64	64	0	37	Participants Wait List Print Class Roster Enter Class Completion Send Email
Seats	Min	Max	Used	Available	Attended												
	1	64	64	0	37												



Updates cont'd: ORR Training (April 10, 2026)

Re-registration for NHRRT for Provider staff cont'd:

Step 5: “Class Activity” List page, choose the NHRRT class date you want the staff to attend and click on the “Participants” selection to the right of the screen, to go to the “Participant” List page.

3 class(es) ◀ PREVIOUS Page 1 of 2 NEXT ▶

Course Name/Location	Start/End Date	Begin/End Time	Status Status Date													
New Hire Recipient Rights Training - DWIHN Location: Course ID: 1	04/01/2026 04/01/2026	10:00 AM 12:00 PM	Closed to Registration 03/27/2026	Change Delete View Participants Wait List Print Class Roster Enter Class Completion Send Email Print Certificates Cancel Class												
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Seats	Min	Max	Used	Available	Attended											
	1	64	64	0	39											



ORR Training (April 10, 2026)

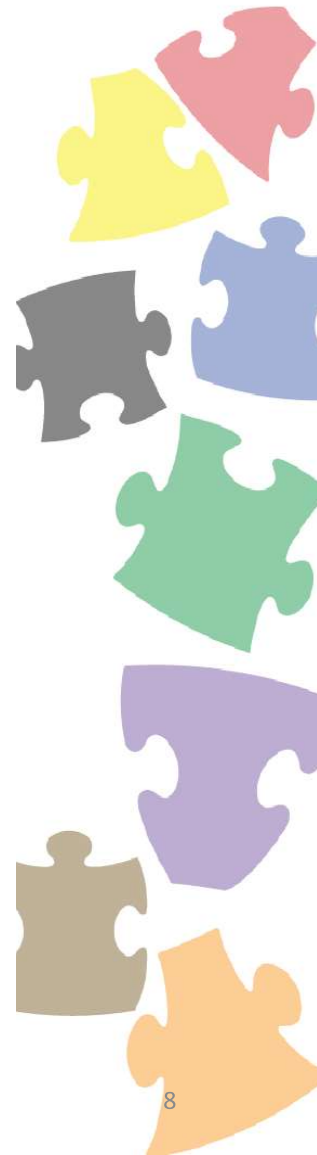
Re-registration for NHRRT for Provider staff cont'd:

Step 6: "Participant List" page, click on the "Add Participant" selection to the right of the screen.

4 Participant(s) [◀PREVIOUS](#) Page 1 of 7 [NEXT▶](#)

Participant Name Department/Organization	Date Wait Listed	Date Registered	Status	Comment	Add Participant
		03/18/2026	Attended 04/01/2026		Change Delete View Print Registration Confirmation Print Certificate

The staff has been successfully re-registered to attend the NHRRT class.



ORR Training (April 10, 2026)

Questions? Please place in the Q & A.

ORR NHRRT Information for Review:

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

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

NHRRT is held via the Zoom App-Tues, Wed, & Thur, **10am-12pm**, and every **2nd & 4th Tuesday**, from **4pm-6pm**.

Participants need a strong Wi-Fi signal & be familiar w/the Chat feature.

Participants must be present online, with working cameras, and remain visible and available to communicate throughout the course.

Training participants are not allowed into training 5 minutes after the start time.

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

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

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

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



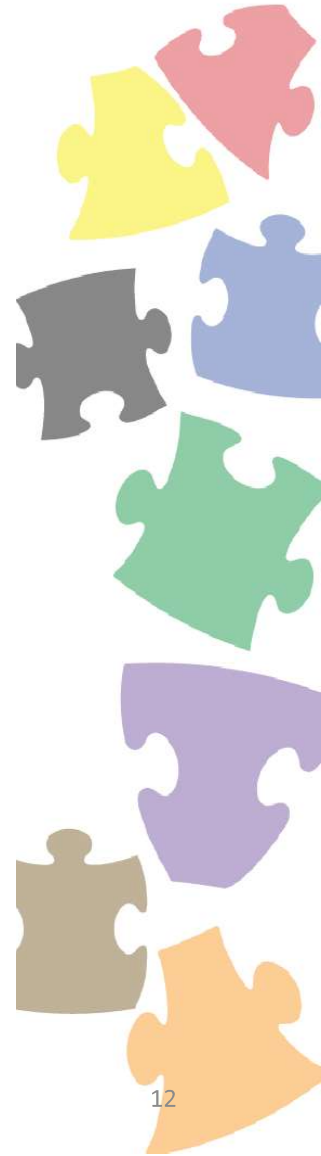
THANK YOU FOR ATTENDING!



QUESTIONS??



THANK YOU!!!





Detroit Wayne Integrated Health Network

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

FAX: (313) 833-2156
TTY: 711

To: ABA Providers and Children Providers (SED and I/DD Services)
From: Rachel Barnhart (Autism Service Administrator)
CC: Erik Hutchison (VP of Clinical Operations), Stacey Sharp (Associate VP of Clinical Operations), Cassandra Phipps (Director of Children’s Initiatives), Jacquelyn Davis, (Associate VP of Access and Strategy), Larry Lee Jr. (Procurement Manager)
Re: Updates to Behavioral Health Treatment (BHT) Requirements for Autism Services
Date: April 07, 2026

MDHHS UPDATE

The Detroit Wayne Integrated Health Network (DWHIH) Autism Services Department is notifying all children and autism service providers delivering Behavioral Health Treatment (BHT) to youth ages 0 - 21st birthday of the proposed updates included in the Michigan Department of Health and Human Services (MDHHS) draft policy - *Updates to Behavioral Health Treatment (BHT) Requirements for Autism Services*.

These changes are tentatively expected to take effect **June 1, 2026**, pending final approval of the Michigan Medicaid Provider Manual. *Refer to the enclosed draft MDHHS policy for additional information.*

Key proposed updates include:

- Removal of the requirement for a physical exam prior to accessing BHT services
- Updates to diagnostic requirements
- Revisions to Applied Behavior Analysis (ABA) standards
- Updated staff credentialing requirements

DWHIH UPDATE

Autism Request for Qualifications (RFQ) 2023-005 REBID: Any Provider or Vendor who wants to participate in an evaluation for RFQ 2023-005 REBID, Outpatient Mental Health Providers to Provide Applied Behavior Analysis (ABA) Services, must have their completed response fully uploaded on www.BidNetDiect.com, RFQ 2023-005 REBID and DWHIH Purchasing contacts must notified one business day (24 hours) prior to the evaluation committee kickoff meeting. *Please include RFQ 2023-005 REBID number in notification.*

- The next Special Needs Based meeting to review RFQ 2023-005 REBID applications is scheduled for **Monday, April 27, 2026.**
****Please note: This will be the last and final meeting scheduled to review applications unless DWHIH determines otherwise.*
- Providers/Vendors who already submitted applications do not need to reapply.
- Providers/Vendors who already submitted applications and placed on the qualified list do not need to reapply.
- The Qualified List for 2023-005 and RFQ 2023-005 REBID will be valid until the end of September 30, 2028.

Board of Directors

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ABA Provider Meeting: Provider meetings are held the 4th Mondays @ 1:00pm. The next ABA Network Provider Meeting is scheduled for **Monday, April 27, 2026 @ 1:00 PM to 2:30 PM** via zoom.

https://dwihn-org.zoom.us/meeting/register/dv6O-ufxSHq5q3sC_sjBlw

ABA Referral Coordination: To support timely and streamlined access to medically necessary BHT services, DWIHN will begin coordinating all referrals for ABA services. Additional guidance will be shared prior to the policy update. Until this change goes into effect providers to continue coordinating referrals directly with ABA providers.

Autism Service Delivery: To further improve access to ABA services within the required 90-day timeframe, the following CPT codes will be available for service delivery.

CPT Code	Description
97153	ABA Adaptive Behavior treatment by protocol, administered face to face with one technician
97154	ABA Group adaptive behavior treatment by protocol, administered by technician
97156	ABA Family adaptive behavior treatment guidance administered by physician or other qualified health professional

When providing these services Providers are to follow the staffing credentialing requirements and service utilization guidelines. *Refer to the resource links for additional information.*

DWUHN Rate Charts

[Document Search | DWUHN](#)

DWUHN Coding Manual Bulletins

[Document Search | DWUHN](#)

DWUHN Service Utilization Guidelines

[Document Search | DWUHN](#)

Policy Stat:

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

MDHHS Code Chart:

<https://www.michigan.gov/mdhhs/keep-mi-healthy/mentalhealth/reporting>

Any procurement related questions can be directed to the Procurement Department (Procurement@dwihn.org). Any autism services related questions can be directed to Rachel Barnhart (rbarnhart@dwihn.org).

Sincerely,

Rachel Barnhart MS, LLP, LBA, BCBA

Rachel Barnhart

Autism Administrator

Detroit Wayne Integrated Health Network

MICHIGAN DEPARTMENT OF HEALTH AND HUMAN SERVICES

NOTICE OF PROPOSED POLICY

Public Act 280 of 1939, as amended, and consultation guidelines for Medicaid policy provide an opportunity to review proposed changes in Medicaid policies and procedures.

Please review the policy summary and the attached materials that describe the specific changes being proposed. Let us know why you support the change or oppose the change.

Submit your comments to the analyst by the due date specified. Your comments must be received by the due date to be considered for the final policy bulletin.

Thank you for participating in the consultation process.



Director, Bureau of Policy and Strategic Engagement
Health Services Administration

Project Number: 2613-BCCHPS **Comments Due:** April 23, 2026 **Proposed Effective Date:** June 1, 2026

Mail Comments to: Mary Luchies

Telephone Number: 517-516-0561 **Fax Number:**
E-mail Address: luchiesm@michigan.gov

Policy Subject: Updates to Behavioral Health Treatment (BHT) Requirements for Autism Services

Affected Programs: Medicaid

Distribution: Community Mental Health Services Programs (CMHSP); Prepaid Inpatient Health Plans (PIHP)

Policy Summary: The purpose of this bulletin is to update Behavioral Health Treatment (BHT) Autism Services policy with the following provisions: aligning policy language with generally accepted standards of care for best practice in Applied Behavior Analysis (ABA); removing the requirement that children complete a physical examination by a primary care provider (PCP) prior to receiving BHT services; adding language to increase access to qualified licensed diagnosticians as approved by MDHHS; and updating BHT service provider qualification language to align with requirements per the Department of Licensing and Regulatory Affairs (LARA).

Purpose: These updates and clarifications are intended to remove barriers causing waitlists for beneficiaries to gain access to quality and timely BHT interventions.

Proposed Policy Draft

Michigan Department of Health and Human Services
Health Services

Distribution: Community Mental Health Services Programs (CMHSP), Prepaid Inpatient Health Plans (PIHP)

Issued: May 1, 2026 (Proposed)

Subject: Updates to Behavioral Health Treatment (BHT) Requirements for Autism Services

Effective: June 1, 2026 (Proposed)

Programs Affected: Medicaid

The purpose of this policy is to update Behavioral Health Treatment (BHT) requirements for Autism services that are currently outlined in the Behavioral Health Treatment Services/Applied Behavior Analysis section of the Behavioral Health and Intellectual and Developmental Disability Supports and Services chapter within the [Michigan Department of Health and Human Services \(MDHHS\) Medicaid Provider Manual](#). Updates include removing the requirement that a child has to receive a physical examination prior to accessing BHT services, updating diagnostic re-evaluation language, and clarifying applied behavior analysis (ABA) standards to align with generally accepted standards of care.

Language in this policy update is consistent with recommendations from the Behavior Analyst Certification Board (BACB), Association of Professional Behavior Analysts (APBA), Autism Speaks, and Council of Autism Service Providers (CASP) for policy language and best practice standards in the provision of ABA for autism spectrum disorder (ASD).

Lastly, this policy updates BHT providers to include licensure requirements as approved by the Michigan Legislature in 2018 (Public Act 403 of 2016, MCL - Section 333-18251) and diagnostic re-evaluation requirements as approved by the Michigan Legislature in 2021 (Public Act 111 of 2021, MCL - Section 400.109n).

I. Behavioral Health Treatment Services/Applied Behavior Analysis

The Centers for Medicare & Medicaid Services (CMS) defines medical necessity as healthcare services or supplies that are needed to diagnose or treat an illness or injury, condition, disease or its symptoms. The Medicaid Early and Periodic Screening, Diagnosis, and Treatment (EPSDT) program provides a comprehensive array of prevention, diagnostic, and treatment services for eligible infants, children, and adolescents under age 21, as specified in Section 1905(a) and 1905(r) [42 USC 1396d] of the Social Security Act (1967) to correct or ameliorate defects and physical and mental illnesses and conditions discovered whether or not such services are covered under the State Plan. The EPSDT

benefit is more robust than the Medicaid benefit for adults and is designed to ensure early detection and care so that a child's health problems are averted or diagnosed and treated as early as possible.

A. Screening

Screening for potential ASD is a critical component and first step in the treatment of ASD.

The primary care provider (PCP) performs initial screening in EPSDT visits, or any time concerns are raised in any type of visit. If screening indicates that the beneficiary needs further specialized evaluation, the PCP will either perform the diagnostic evaluation, refer to a diagnosing provider, or refer to the beneficiary's Prepaid Inpatient Health Plan (PIHP). Screening can also occur at the PIHP or Community Mental Health Services Program (CMHSP) or when concerns are noted by a parent/legal guardian, caregiver or teacher.

No prior authorization is required for screening.

B. Referral

If a child's screen is abnormal, the PCP or parent/legal guardian may contact the beneficiary's PIHP in coordinating a referral to:

- a qualified practitioner for a comprehensive diagnostic evaluation; and/or
- an initial behavior assessment and treatment plan development by a qualified licensed practitioner.

The PIHP is responsible for the comprehensive diagnostic evaluation (if ASD is not already diagnosed), behavioral assessment, BHT services (including ABA), and for the related EPSDT medically necessary Mental Health Specialty services. Beneficiaries deemed ineligible for PIHP enrollment can be referred to the Medicaid Health Plan (MHP) or Medicaid Fee-For-Service (FFS).

C. Comprehensive Diagnostic Evaluations

Diagnostic evaluations are performed by a qualified licensed practitioner working within their scope of practice and who is qualified and experienced in diagnosing ASD. A qualified practitioner includes:

- A physician with a specialty in psychiatry or neurology;
- A physician with a subspecialty in developmental pediatrics, developmental-behavioral pediatrics, or a related discipline;
- A physician with a specialty in pediatrics or other appropriate specialty with training, experience, or expertise in ASD and/or behavioral health;

- A psychologist with training, experience, or expertise in ASD and/or behavioral health;
- An advanced practice registered nurse with training, experience, or expertise in ASD and/or behavioral health;
- A physician assistant with training, experience, or expertise in ASD and/or behavioral health; or
- A master's level, fully licensed clinical social worker working within their scope of practice, and qualified and experienced in diagnosing ASD.

Qualified and experienced in diagnosing ASD is defined by:

- A minimum of two years diagnosing developmental disorders, such as ASD; and
- A minimum of one year didactic learning under the supervision of a practitioner specializing in diagnosing and treatment of children with complex neurological conditions.

The diagnosing provider will perform a diagnostic evaluation of the beneficiary's behavior and development. Diverse presentations of ASD require that each evaluation be individualized and address the variations from one beneficiary to another. Practitioners are expected to use evidence-based assessments to evaluate the beneficiary's specific needs.

If behavioral supports are recommended, the diagnosing provider will refer beneficiaries diagnosed with ASD to the PIHP for a referral to a licensed behavior analyst for behavioral assessment and treatment plan development.

If the beneficiary does not meet any of the current diagnostic criteria for ASD and does not qualify for PIHP enrollment, the diagnosing provider shall refer the beneficiary to the MHP to assist with medically necessary treatment as needed.

D. Medical Necessity Criteria

CMS defines medical necessity as healthcare services or supplies that are needed to diagnose or treat an illness or injury, condition, disease, or its symptoms. Medical necessity and recommendation for BHT services are determined by a physician or other qualified licensed practitioner working within their scope of practice under state law and based on individual need.

Diagnostic re-evaluations for ASD are not required unless determined medically necessary by a physician, other qualified licensed practitioner or when requested by the beneficiary's family or legal guardian (Public Act 111 of 2021, MCL - Section 400.109n).

E. Determination of Eligibility for BHT

To be eligible for BHT services, the following criteria must be met:

- Medicaid beneficiary;
- Under 21 years of age;
- Diagnosis of ASD (i.e., all levels of severity) by a qualified licensed practitioner;
- Symptoms cause clinically significant impairment in social, occupational, and/or other important areas of current functioning;
- BHT services are recommended by a qualified licensed practitioner;
- Services are medically necessary to ameliorate symptoms, build adaptive behaviors, and/or reduce maladaptive behaviors to enhance the beneficiary's health, safety, and overall functioning and/or to prevent deterioration or regression;
- Collaboration between school and community providers is needed to coordinate treatment and to prevent duplication of services; and
- Services can be provided in the beneficiary's home, community (i.e., centers or clinics), or school.

II. BHT Services

A. BHT Services Provider Qualifications

Licensed behavioral health practitioners are available within PIHP provider networks and include:

- Board-certified and licensed behavior analyst (BCBA/LBA or BCBA-D/LBA)
- Board-certified and licensed assistant behavior analyst (BCaBA/LABA) under the supervision of a LBA
- Licensed psychologist (LP/LLP) with extensive knowledge, experience and training in applied behavior analysis. Extensive knowledge, experience and training is defined as:
 - A minimum of two years working directly with individuals diagnosed with ASD;
 - Completion of a minimum of three of the Behavior Analyst Certification Board (BACB) required academic courses; and
 - One year experience developing behavior treatment plans (BTPs) based on ABA.
- Registered behavior technician (RBT) or behavior technician (BT) under the supervision of an LBA or LABA

BHT services must be provided under the direction of an LBA. These services must be provided directly to, or on behalf of, the beneficiary by training their parents/legal guardians, BTs, and LABAs to deliver the behavioral interventions. The LBA is also responsible for communicating progress on goals to parents/legal guardians minimally

every three to six months; clinical skill development and supervision of LABAs and BTs; and collaborating with support coordinators/case managers and the parents/legal guardians on goals and objectives with participating in development of the individual plan of service (IPOS) that includes the behavioral plan of care.

B. Behavioral Assessment

The initial behavioral assessment and development of the behavioral plan of care shall be performed by any one of the following licensed behavioral health providers:

- Board-certified and licensed behavior analyst (BCBA/LBA or BCBA-D/LBA)
- Board-certified and licensed assistant behavior analyst (BCaBA/LABA) under the supervision of an LBA
- Licensed psychologist (LP/LLP) with extensive knowledge, experience and training in ABA working in conjunction with an LBA

Assessment and formulation of behavior treatment goals will be consistent with current, evidence-based, generally accepted standards of ABA. The assessment will include, but not be limited to, gathering information from the following sources:

- Record review
- Interviews with multiple family members, including siblings, and other community caregivers;
- Rating scales (adaptive-behavior assessments, functional assessments, etc.);
- Direct assessment and observation in different settings and situations; and
- Assessment from other professionals, as needed.

The behavioral health provider will submit the assessment and behavioral plan of care to the PIHP for prior authorization before treatment begins. All behavior plans will:

- a. Follow current, evidence-based, generally accepted standards for ABA;
- b. Measure each plan goal using a standardized measurement system that may include Verbal Behavior Milestones Assessment and Placement Program (VB-MAPP) or Assessment of Basic Language and Learning Skills, Revised (ABLLS-R);
- c. Provide an anticipated timeline and treatment hours needed to achieve each goal based on both the initial assessment and subsequent re-evaluations over the duration of the intervention; and
- d. Document that services will be delivered by a behavioral health provider who is licensed to provide ABA services in Michigan.

C. Behavioral Intervention

The PIHP will issue a prior authorization for ABA when it determines ABA is medically necessary and recommended by a licensed behavioral health provider. All behavior plans shall include the goals and associated settings/locations where services will be

delivered. Beneficiaries may receive ABA services in settings/locations that address areas of need and maximize treatment outcomes. Locations include, but are not limited to, a clinic, beneficiary's home, school, residential or other community settings. Behavioral health providers and their treatment team can include:

- BCBA/LBA;
- LABA (supervised by an LBA);
- LP/LLP; or
- RBT/BT (supervised by a LABA or LBA).

Individual-specific behavioral plan of care and interim progress assessments follow current, evidence-based, generally accepted standards for ABA. The PIHP shall require documented progress as follows:

- a. Interim progress assessment is submitted at least every six months based on clinical progress toward treatment plan goals;
- b. Measure progress towards each BTP goal using a standardized measurement system that may include VB-MAPP or ABLLS-R;
- c. Provide an anticipated timeline and treatment hours needed for achievement of the goal based on both the initial assessment and subsequent re-evaluations over the duration of the intervention; and
- d. Document that services are delivered by a qualified behavioral health provider who is licensed to practice ABA in Michigan.

Note: Interim progress assessments may be required by the PIHP more often than every six months when warranted by individual circumstances.

III. BHT Service Level

1. Focused ABA treatment. This refers to treatment provided directly to the beneficiary for a limited number of behavioral targets. It is not restricted by age, cognitive level, diagnosis, or co-occurring conditions. Focused ABA treatment may aim primarily to increase adaptive behaviors (e.g., communication, social initiations), reduce problem behaviors (e.g., elopement, aggression), or both. When reduction of problem behaviors is the primary goal, it is critical to also target increases in alternative adaptive behavior because the absence of adaptive behavior is often the precursor to serious behavior disorders. Therefore, focused ABA treatments are also appropriate for beneficiaries who need to acquire adaptive skills (e.g., communication, tolerating change in environments and activities, self-help, social). Focused ABA treatment plans are appropriate for beneficiaries who (a) need treatment only to develop a limited number of key functional skills, or (b) have such risky problem behavior that its treatment should be the priority. In prioritizing treatment targets, the following should be considered:

- Behavior that threatens the health or safety of the beneficiary or others or that constitutes a barrier to quality of life (e.g., severe aggression, self-injury, property destruction, or elopement).

- Absence of adaptive, social, or functional skills that are fundamental to health, safety, social inclusion, and independence (e.g., toileting, dressing, feeding, and compliance with medical procedures).

- 2. Comprehensive ABA treatment.** In this model, behaviors in multiple affected domains (cognitive, communicative, social, self-care, leisure, etc.) are targeted for treatment, often along with maladaptive behaviors such as tantrums, elopement, pica, self-injury, and stereotypy. Comprehensive treatment may also be appropriate for beneficiaries who engage in harmful and risky behaviors and/or have substantial deficits in adaptive skills that jeopardize their health and safety. Comprehensive ABA programs often involve 30-40 hours of treatment per week (plus direct and indirect case supervision and caregiver training). Treatment may be 1:1 initially, with gradual transitions to small group formats as appropriate. Initially, treatment may be provided primarily in structured sessions, but more naturalistic methods are also used as appropriate. As the beneficiary progresses and meets criteria, treatments may be provided in multiple different settings.
- 3. Variations in treatment models.** ABA treatment programs vary along several dimensions, including intensity and duration. Other variations include the extent to which peers or caregivers are involved in the delivery of treatment. Decisions about how those and other dimensions are incorporated within individual treatment plans must reflect many variables, including the research evidence, beneficiary age and functional levels, characteristics of target behaviors, the beneficiary's rate of progress, caregiver circumstances and skills, and resources required to implement the treatment plan across settings.

IV. BHT Service Evaluation

As part of the IPOS, there is a comprehensive, individualized behavioral plan of care that includes specific targeted behaviors, along with measurable, achievable, and realistic goals for improvement. BCBAs/LBAs and other qualified providers develop, monitor, and implement the behavioral plan of care. These providers are responsible for effectively evaluating the beneficiary's response to treatment and skill acquisition.

V. Transition and Discharge Criteria

The desired BHT goals and outcomes and criteria for discharge should be specified at the initiation of services, monitored throughout the duration of service implementation, and refined when appropriate. Discharge and transition planning should involve family members, other caregivers, and other professionals who serve the beneficiary in development of a behavioral plan of care that specifies monitoring and follow-up procedures as appropriate for the beneficiary and their caregivers. The behavior plan should also include clear descriptions of the roles and responsibilities of all providers and caregivers, as well as criteria and target dates for treatment goals that must be achieved prior to the next phase. Discharge should generally involve a gradual step-down in services and cannot be based on a set timeline (e.g., one year, three years, etc.).

Treatment might occur in multiple settings (e.g., home, community, and school) on the same day. Treatment should not be denied or withheld based on caregiver availability. To ensure continuity of care and maintenance of gains after discharge from formal treatment, ABA services should not be delivered in subsequent settings (e.g., residence to school, clinic to home).

Discharge from BHT services should be reviewed and evaluated by the LBA, in consultation with the treatment team, for beneficiaries who meet any of the following criteria:

- The beneficiary is either no longer eligible for Medicaid or a state of Michigan resident;
- The beneficiary, parent/legal guardian is interested in discontinuing services;
- The beneficiary has not demonstrated measurable improvement and progress toward goals as documented by the LBA;
- The parent/legal guardian and provider are unable to reconcile differences regarding treatment planning and delivery; or
- Treatment goals have been achieved, and less intensive modes of services are appropriate (i.e., peer-delivered or –operated support services, wraparound services, parent education, home-based services, targeted case management/support and service coordination, Community Living Supports, BHT, home and community-based services, family support and training, skill building assistance, supported/integrated employment services, dental).

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A MOSAIC MADE STRONG
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