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PROGRAM COMPLIANCE COMMITTEE MEETING
Administration Bldg.
8726 Woodward, 1st Floor Board Room
Wednesday, April 8, 2026
1:00 p.m. – 3:00 p.m.

AGENDA

I. **Call to Order**

II. **Moment of Silence**

III. **Roll Call**

IV. **Approval of the Agenda**

V. **Follow-Up Items from Previous Meeting - *None***

VI. **Approval of the Minutes –** March 11, 2026

VII. **Report(s)**
- A. Chief Medical Officer
- B. Corporate Compliance

VIII. **Quarterly Reports**
- A. Adults Initiatives – ***Deferred to May 13, 2026***
- B. DWIHN Outpatient Clinics
- C. 707 Crisis Care Center
- D. PAR Services
- E. Managed Care Operations
- F. Utilization Management

IX. **Strategic Plan - *None***

X. Quality Review(s)
A. QAPIP Work Plan FY26

XI. Utilization Management Program Evaluation FY25 Executive Summary

XII. Associate VP of Clinical Operations' Executive Summary

XIII. Unfinished Business
A. **BA #25-53 (Revised 1) –** AI Models Development and Implementation – Netlink Software Group America, Inc.
B. **BA #26-10 (Revised 3) –** Substance Use Disorder Health Homes (SUDHH) FY26 – Sacred Heart
C. **BA #26-14 (Revised 5) -** DWIHN Provider Network System FY26
D. **BA #26-31 (Revised)** – Southwest Counseling Solutions Housing Resource Center and CNS Covenant House
E. **BA #26-46 (Revised) -** MI Coordinated Health Highly Integrated Dual Eligible Special Needs Plan (MICH HIDE-SNP) Program FY26

XIV. New Business (Staff Recommendations)
A. **BA #26-49 –** Claims Audit and Utilization Review Systems (CAURS) and Information Technology - BizAnalytix, LLC

XV. 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).

XVI. Adjournment

PROGRAM COMPLIANCE COMMITTEE

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

MEETING CALLED BY	I. Commissioner Jonathan Kinloch, Program Compliance Committee Chair at 1:12 p.m.
TYPE OF MEETING	Program Compliance Committee
FACILITATOR	Commissioner Kinloch, Committee Chair
NOTE TAKER	Sonya Davis
TIMEKEEPER	
ATTENDEES	**Committee Members:** Dr. Lynne Carter, Vice Chairperson; 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; Dr. Shama Faheem; Monifa Gray; Sheree Jackson; Dorian Johnson; Ryan Morgan; Cassandra Phipps; Vicky Politowski; Stacey Sharp; Manny Singla; Andrea Smith; Yolanda Turner; and James White

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 Mr. Glenn and supported by Dr. Carter 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 May 13, 2026 Program Compliance Committee Meeting* B. **Residential Services' Quarterly Report –** Provide a breakdown of residential members by zip code – Ryan Morgan, Director of Residential Services, submitted a map of Wayne County and a table to the committee of contracted locations of residential members receiving residential services by zip code. The department onboarded five (5) new locations in Wayne County in February. Staff will monitor this information to assess network adequacy and to understand where the need for residential resource allocation lies, potentially geographically, moving forward.

VI. Approval of the Minutes

DISCUSSION/ CONCLUSIONS	Commissioner Kinloch called for a motion to approve the February 11, 2026, meeting minutes. **Motion:** It was moved by Mr. Glenn and supported by Dr. Taueg to approve the February 11, 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** – Dr. Shama Faheem, Chief Medical Officer, submitted and gave highlights of the Chief Medical Officer's report. It was reported that: 1. **Education and 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. 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 admissions over the 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 the mobile crisis and law enforcement partnership impact. Discharges primarily to outpatient/CRSP. UDS positivity is mainly due to 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 a PHP or outpatient care. *System Actions* - 4. **DWIHN Outpatient Clinic** - Dr. Salma Brinjikji was 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 the process of recruiting an APP while continuing the search for a permanent Medical Director. Commissioner Kinloch opened the floor for discussion. Discussion ensued. The committee requested a copy of the staff survey for residents/fellows. ***(Action)*** B. **Corporate Compliance—** *There was no Corporate Compliance report to review this month.* Commissioner Kinloch noted that the Chief Medical Officer's report has been received and placed on file.

VIII. Quarterly Reports

DISCUSSION/ CONCLUSIONS	A. **Autism Services** – Cassandra Phipps, Director of Autism Services, submitted and gave highlights of the Autism Services' quarterly report. It was reported that: 1. **Activity 1: Diagnostic Evaluations** – 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 a 26% decline in evaluation volumes, from the highest number of evaluations completed during FY25 Q3 (743) to the lowest during FY26 Q1 (549). 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. One new Independent Diagnostic Evaluator (Inspired Minds) successfully passed the RFP during Q1 and was approved by the Access Committee. The next step for this provider is for the Credentialing Department to credential the agency's location and staffing. Lastly, a memo issued by the Autism Services Team announced that, 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.

2. **Activity 2: Timely Access to Eligibility Determination** – 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. 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%). Timeliness performance for diagnostic evaluation reports continued to be monitored 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. 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. 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.
3. **Quarterly Update -** 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%.

Commissioner Kinloch opened the floor for discussion. Discussion ensued.

B. **Children's Initiatives –** Cassandra Phipps, Director of Children's Initiatives, submitted and gave highlights of the Children's Initiatives' quarterly report. It was reported that:

1. **Activity 1: Certified Community Behavioral Health Clinics (CCBHC) Transition** – Effective 10/1/2025, Michigan Department of Health and Human Services (MDHHS) assumed contractual oversight of Certified Behavioral Health Clinics (CCBHC) in Michigan. 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) are no longer included in the DWIHN member served total count. The total number of youths serviced decreased from the previous fiscal years. The highest census was in FY25 (13,162 unduplicated youth), and the lowest was in FY26/Q1 (11,158 unduplicated youth). An increase in the number of youth is classified with the IDD designation compared to FY22 (4,416 IDD unduplicated youth) to FY26/Q1 (6,914 IDD unduplicated youth). 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 in youth in services with IDD due to an increase in youth requesting autism services and youth with IDD remaining in services until adulthood.

2. **Activity 2: Request for Proposal Update** – 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. The children's service programs included in the RFP process in preparation for FY26 are as follows: Integrated Youth Juvenile Clinical Services (IYJCS); Juvenile Restorative Program (JRP); School-Based Health Quality Initiative (rebid); and Integrated Pediatric Program. Staff worked with Children Providers and Professional Providers to complete the new FY26 pre-contracting electronic packet to finalize the FY26 contracts.
3. **Activity 3: Annual Report to the Community** – On 12/4/25, the Children Initiative Department hosted the Annual Report to the Community, "Our Community, Our Story," as a deliverable for the System of Care Block Grant. Out of 98 registered, 89 were in attendance. Attendees received a copy of the System of Care Report to the Community Report program booklet, which summarizes accomplishments in the system of care for FY25. Mr. James White, DWIHN CEO/President, and Patricia Neitman, MDHHS, provided remarks relating to the system of care focus points and progress. In addition, five (5) awards were presented to recognize community members who have been influential in advancing children's services. The committee received a copy of the Annual Report to the Community.

Commissioner Kinloch opened the floor for discussion. Discussion ensued.

C. **Customer Service** – Dorian Johnson, Director of Customer Service, submitted and gave highlights of the Customer Service's quarterly report. It was reported that:

1. **Activity 1: Welcome Center/Reception/Customer Service Call Center** – 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. Customer Service Representatives handled growing call volume while maintaining a consistent 3% abandonment rate, answering over 94% of calls in FY'26.
2. **Activity 3**: **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.
3. **Activity 3**: **Member Engagement and 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 presented to ten (10) members, each receiving a $500 American Express Gift Card for submitting a proposal on how they will utilize the funds to enhance their efforts toward community inclusion.

Commissioner Kinloch opened the floor for discussion. Discussion ensued. Mr. White informed the committee that he realigned the Customer Service department under Dr. Darrin Crawford, Chief of Staff, and that Dorian Johnson has been appointed as the new Director of Customer Service.

D. **DWIHN Outpatient Clinic** – *Deferred to the April 8, 2026 meeting*

E. **Integrated Health Care** – Vicky Politowski, Director of Integrated Health Care, submitted and gave highlights of the Integrated Health Care's quarterly report. It was reported that:

1. **Activity 1: Omnibus Budget Reconciliation ACT (OBRA)** – 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. Cross-training and restructuring of duties for the intake staff and trainers 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. 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. The department will develop training videos to support continuous onboarding for nursing home staff. Continue to advocate with MDHHS, ORR for individual rights.
2. **Activity 2: Complex Case Management -** Develop training videos for the continuous onboarding of nursing home staff. Continue to advocate with MDHHS, ORR for individual rights. 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. 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. Complex Case Management will track and assess why members are leaving the program early.
3. **Activity 3: Population Health –** The 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. 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.

4. **Things the Department is Doing Especially Well** - 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.

Commissioner Kinloch opened the floor for discussion. Discussion ensued.

F. **Community Engagement** – Andrea Smith, Director of Community Engagement, submitted and gave highlights of the Community Engagement's quarterly report. It was reported that Mrs. Smith 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. Participation in 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.

1. **Activity 1: 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. The Co-Response Teams supported approximately 691 encounters between DWIHN mental health professionals and law enforcement. The Detroit Homeless Outreach Team (DHOT) had 909 encounters with 127 individuals connected to housing and mental health resources. The Outreach Peer Support Specialist encountered 137 individuals, of whom 75 were connected to DWIHN's Access Line. Before the first snow of the winter season, 317 individuals connected with the mobile outreach clinic staff received information on behavioral health services and were supported through coordinated referrals when appropriate. The 36th District Mental Health Court Assessor provided 165 individuals with preventive and supportive services by connecting them to mental health, substance use, and veteran treatment services. Staff in the 911 Call Center referred over 118 individuals to DWIHN for follow-up support. The Mental Health Jail Navigator referred 38 individuals based on jail classification. They were screened to determine eligibility, met criteria, and were referred to treatment providers. During the first quarter, there were 456 jail releases; 15 were on AOT/Deferral order, 10 were released to a treatment facility, 60 were sent to another correctional facility, 38 were not in MHWIN, and 182 had an assigned CRSP. Staff continues to increase the numbers as it relates to the unsheltered population and are attempting to get access to data that can show how many of these individuals are actually DWIHN members. Mrs. Smith has a meeting on Monday, which will be reported on in the next quarter's report. The State will provide DWIHN with access to data specific to our members. A meeting of stakeholders, County, City, and DWIHN staff will convene to look at the unsheltered population and how we can work more collaboratively as it relates to that. DWIHN's Homeless Outreach Team also continues to go into shelters and assist individuals with obtaining IDs so they can help with housing and jobs. Staff is also exploring various funding opportunities to support these efforts. The plan is to seek funding to sustain some of these efforts to increase collaboration with stakeholders and to use our data to guide us toward more strategic pathways. Commissioner Kinloch thanked the Mobile Unit for going out and meeting with some of the residents of the Leland Apartments who were forced to leave their building immediately. Kudos were given to Mrs. Smith and her team for a job well done.

	2. **Activity 2**: **Reach Us Detroit** – Staff managed 1,802 calls, tickets, and text messages through the Reach Us Detroit Hope Line this quarter. Commissioner Kinloch opened the floor for discussion. Discussion ensued. Commissioner Kinloch noted that the Autism Services, Children's Initiatives, Customer Service, Integrated Health Care, and Community Engagement's 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) – None

DISCUSSION/ CONCLUSIONS	***There were no Quality Review(s) to report this month.***

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. **Residential Services** – The Residential Services Department continued strengthening the reliability and timeliness of residential authorizations in February. 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. The department has 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; and reduced the average turnaround time to 2.86 days, ensuring members maintain uninterrupted access to necessary residential support. B. **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 focuses 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 year to date in FY26, even as admissions are projected to rise. This pattern suggests that 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 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. C. **1915(i) SPA Utilization, FY26, Q1** – 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. Total 1915(i)SPA membership increased slightly from 7,356 to 7,435. Despite this, disenrollment rose from 3,112 to 3,727, contributing to a decrease in adjusted enrollment from 4,244 to 3,708. MDHHS, DWIHN, and five provider agencies partnered to close 18 cases that were exceptionally overdue (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. 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 #26-16 (Revised) – Children's Crisis Intervention Services, PAR FY26** – Staff requesting board approval 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; and TGC (10/1/2025 - 6/30/2026) - $453,339. As a result of the crisis continuum of care RFP 2023-009, this board action requests approval to provide Pre-Admission Review (PAR) services for children. Commissioner Kinloch called for a motion on BA #26-16 (Revised). **Motion:** It was moved by Dr. Taueg and supported by Mr. Glenn to move BA #26-16 (Revised) to the Full Board for approval. Commissioner Kinloch opened the floor for discussion. There was no discussion. **Motion carried.** B. **BA #26-39 (Revised 2) – Michigan Clinical Consultation and Care (MC3) FY26** – Staff requesting board approval for a second revision to the Michigan Child Collaborative Care Program (MC3). Total funding ($105,596) provided by the 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 the 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). Commissioner Kinloch called for a motion on BA #26-39 (Revised 2). **Motion:** It was moved by Mr. Glenn and supported by Dr. Taueg to move BA #26-39 (Revised 2) to the Full Board for approval. Commissioner Kinloch opened the floor for discussion. Discussion ensued. **Motion carried.**

XIII. New Business (Staff Recommendations) - None

DISCUSSION/ CONCLUSIONS	***There were no New Business (Staff Recommendations) to review this month.***

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. Chief Medical Officer's Report – Provide a copy of the staff survey for the residents/fellows to the committee.	Dr. Shama Faheem	***April 8, 2026***

The Chair called for a motion to adjourn the meeting. **Motion:** It was moved by Dr. Carter and supported by Mr. Glenn to adjourn the meeting. **Motion carried.**
ADJOURNED: 2:15 p.m.
NEXT MEETING: Wednesday, April 8, 2026, at 1:00 p.m.

Program Compliance Committee Meeting
Corporate Compliance Report
April 8, 2026

Main Activities during December 1, 2025 – February 28, 2026

Major Activities: Non-Compliance

Activity 1: Internal Investigation

- An internal review was conducted to evaluate concerns related to the continuation of employer-paid healthcare benefits for separated employees, which may have resulted in unnecessary financial expenditure. The review focused on Human Resources employee separation approvals, benefits administration processes, and internal controls over a three-year period.

  The investigation found that while employee discharge letters were reviewed and approved by Human Resources leadership, internal controls related to benefits termination oversight were insufficiently defined and documented. Specifically, responsibility for confirming benefits termination was not clearly assigned, written standard operating procedures were absent, and routine reconciliation and monitoring practices were not consistently performed. These gaps contributed to delayed identification of continued benefits coverage for separated employees.

  Based on available information and assuming COBRA payments were received from the external fiduciary, the maximum estimated financial exposure associated with continued employer-paid premiums is $15,200 over a three-year period.

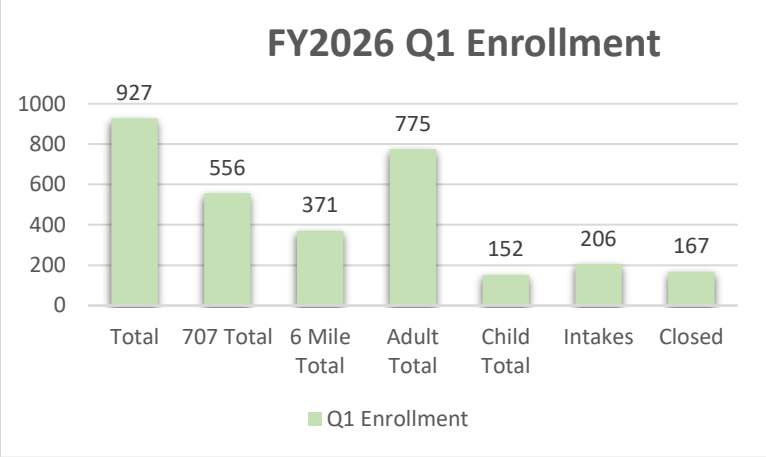
DWIHN Outpatient Clinic (DOC) PCC Update
April 8, 2026
Melissa Peters – Director of Outpatient Services

Main Activities For Fiscal Year 2026 Q1 Reporting Period:

- Total Enrollment
- Demographic Data
- Services Provided
- Performance Indicator #2a
- Updates

Total Number Served FY 2026 Q1:

For FY26 Q1, the DOC had 206 intakes completed, which contributed to increased enrollment. See chart below for specific information.



FY2025 Flashback	FY26 Q1	FY26 Q2 Trending
Total Enrollment: 754	Unique # Served: 506	New Members: 216
Total Closed: 117	Notices Sent: 154	Total Closed: 149
Unique # Served: 512	Unique Member Unkept appt: 178	Notices Sent: 183
		Unique # Served: 561

As listed above, the DOC is trending positively for Q2 as well. The continued increase is due to efforts made to ensure engagement with members is consistent and processes to adhere to engagement and/or closing meet the requirements.

Demographic Data FY2026 (through Q2):

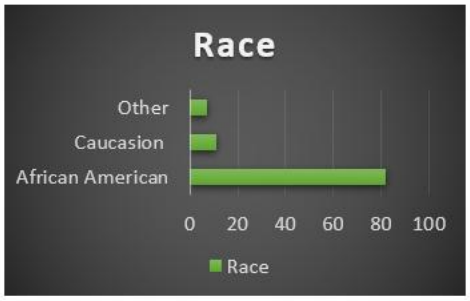
Member demographics remain consistent from FY2025 thus far, except for male enrollees. In FY205, males represented about 28% of the member population and that number has increased to 38%. Note: Approximately 11 members identify as something other than their gender identified at birth.

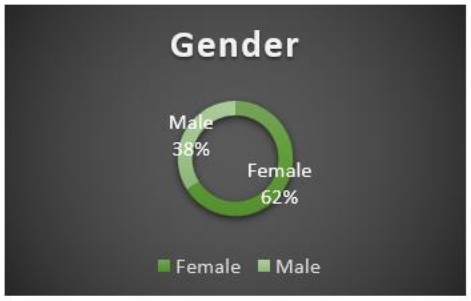
The DOC team is continuously assessing member demographics and clinical needs. With this information, specific initiatives are developed. For example, the DOC has completed 2 Women's Trauma groups, has an ongoing Women's Trauma group facilitated by peers and is planning to begin a Men's Empowerment Group next quarter. In addition, the

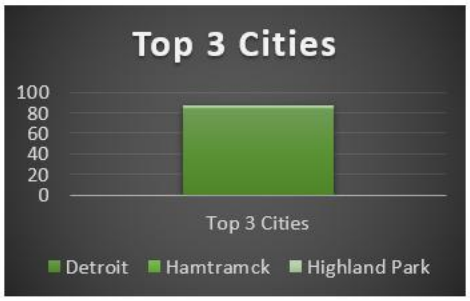
children's team has three clinicians that are participating in the Trauma Focused Cognitive Behavioral Therapy (TF-CBT) evidence-based practice cohort this year.

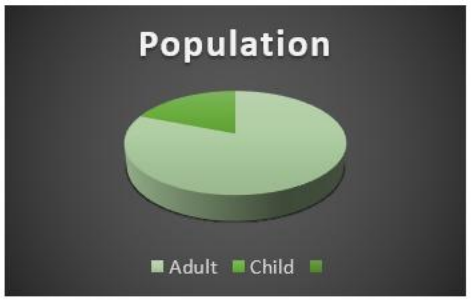
The zip codes that are the most prevalent for our population served are in Detroit and are 48235, 48219, and 48202. These three zip codes represent the catchment areas of the locations of our two DOC sites – 707 W Milwaukee and 15400 W McNichols.

See charts below for more details:



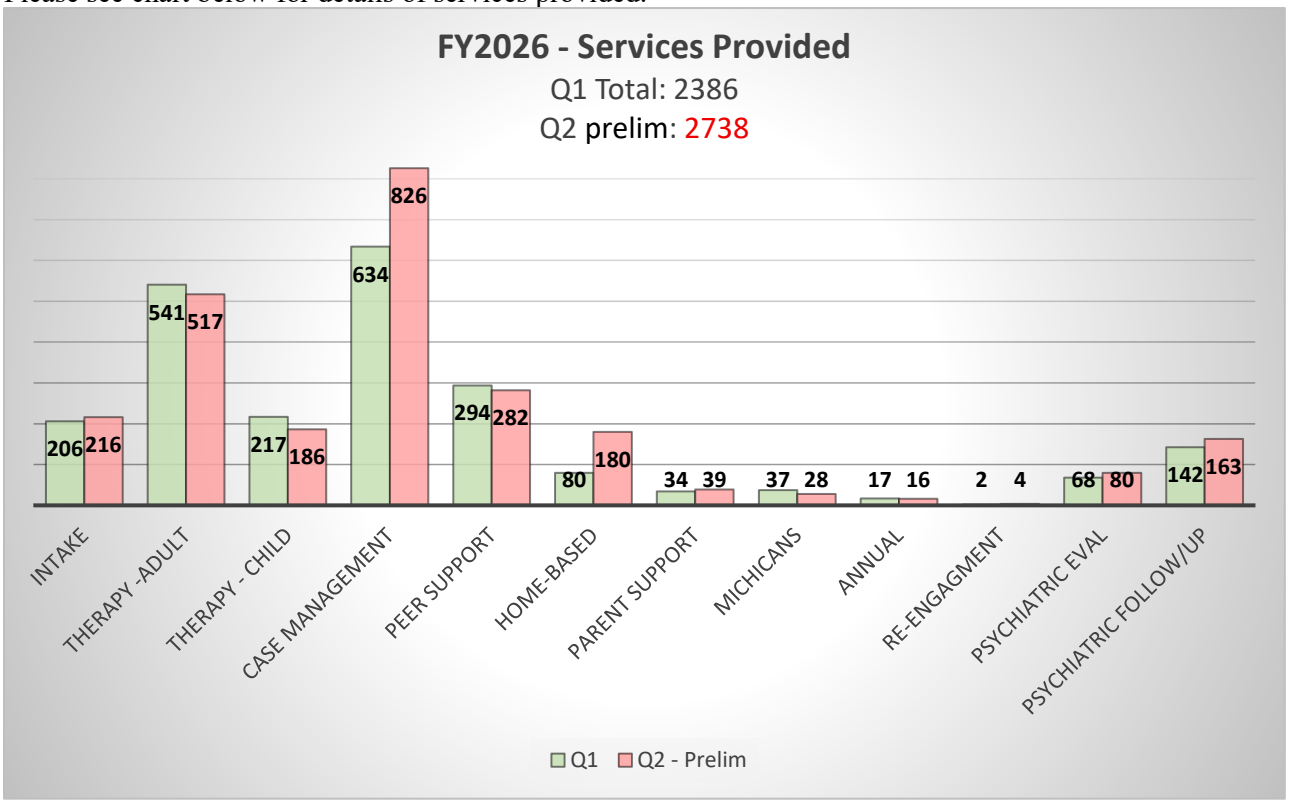






Services Provided:

Please see chart below for details of services provided:



Please note the most significant increase is for the Case Management and Home-Based services. This is attributed to the hiring of a supervisor for each team that can directly support, monitor, and coach their team to be successful.

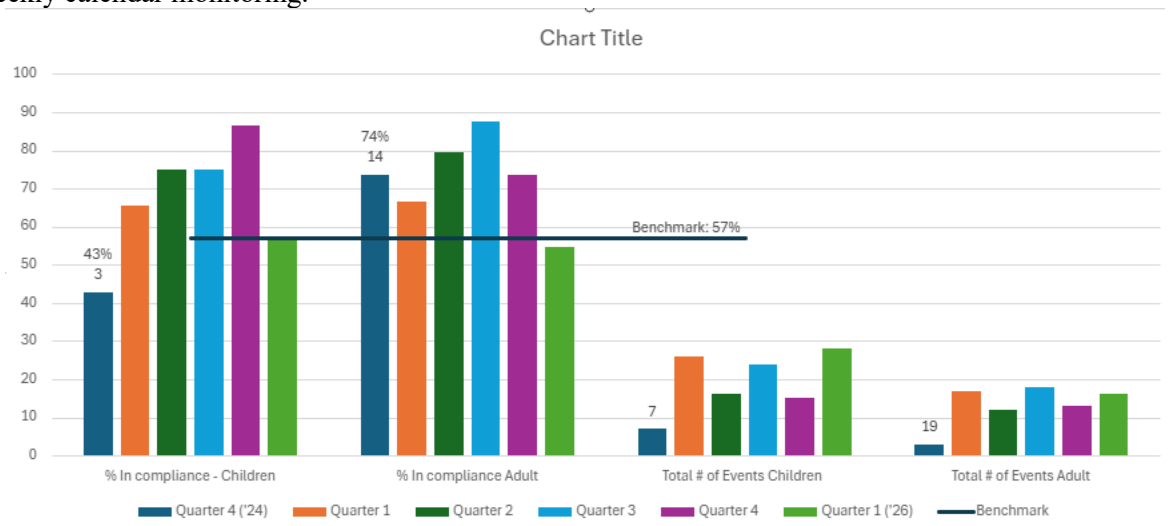
FY26 Q1 - Performance Indicator #2a

As a directly operated service provider, the DWIHN Outpatient Clinic (DOC) is required to meet State Performance Indicators (PI). The PI data for the outpatient clinic is as follows:

- Indicator #2a - Access/1st Request Timeliness-Benchmark 57%

Indicator #2a: This benchmark measures if the provider completes the initial intake assessment within 14 days of a non-emergent request for service. For FY26Q1, the DOC fell below the benchmark at 57% for children and 56% for adults. This can be attributed to staff time off and # of workdays available for this quarter. For Q2, DOC is trending upwards for the adult population and is at 75%.

Efforts to ensure members have access to services in a timely manner is a top priority. The DOC has internally been monitoring this and has created improvement plans to address this in the future, including a contingency staff coverage plan and weekly calendar monitoring.



Updates - FY2026:

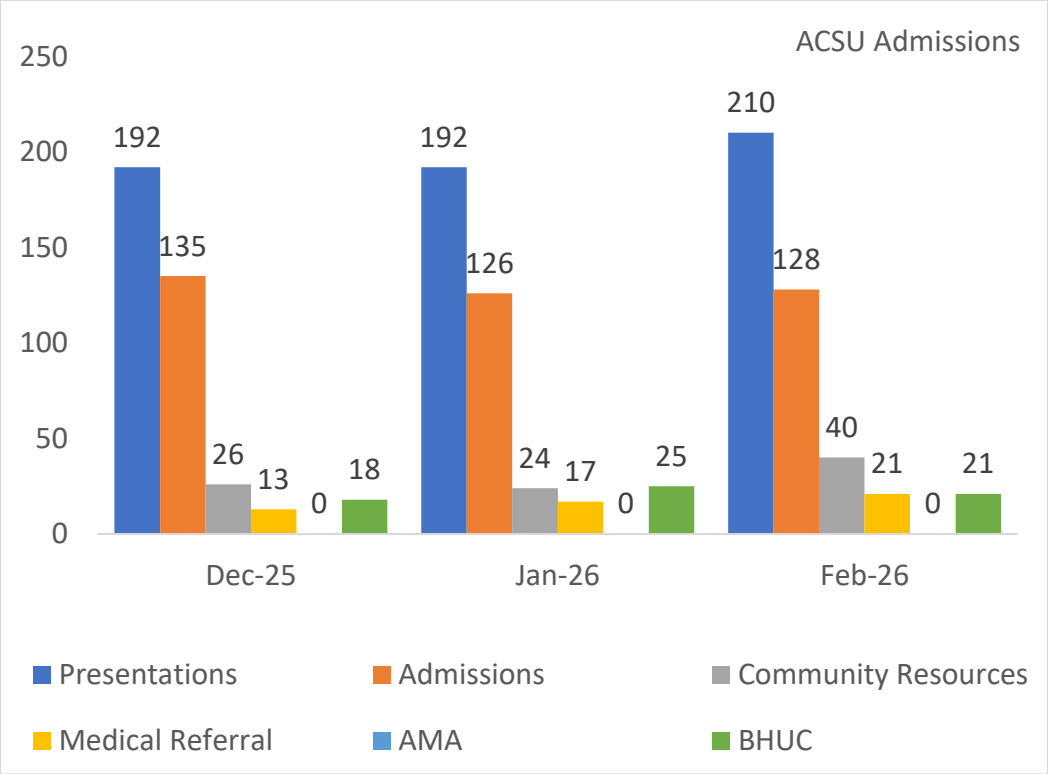
- Services initiated for Infant and Early Childhood Mental Health (I-ECMH)
- Participation in a new Trauma Focused Cognitive Behavioral Therapy (TF-CBT) cohort for certification
- Growing Group Therapy services
- Michigan Collaborative Care Program (MC3) – expected to begin April, 2026
- Continue monitoring and improving quality service delivery
- Continue to explore expansion opportunities, as relevant and appropriate to current service array

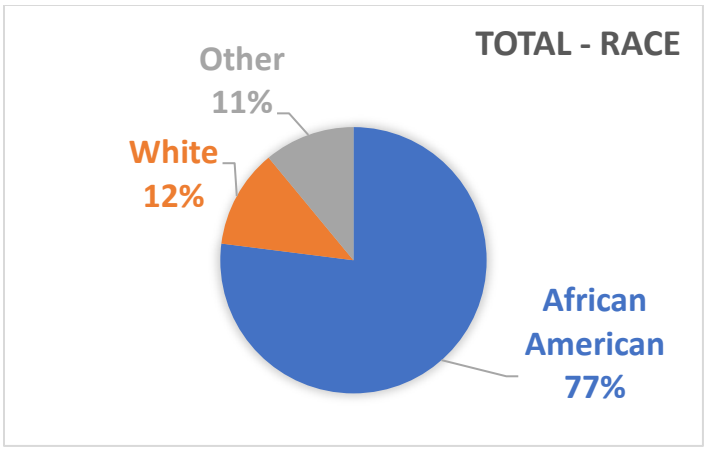
Program Compliance Committee Meeting
Grace Wolf, VP of Crisis Services / 707 Crisis Care Center Report
April 8, 2026

Main Activities during December 2025 – February 2026, Reporting Period:

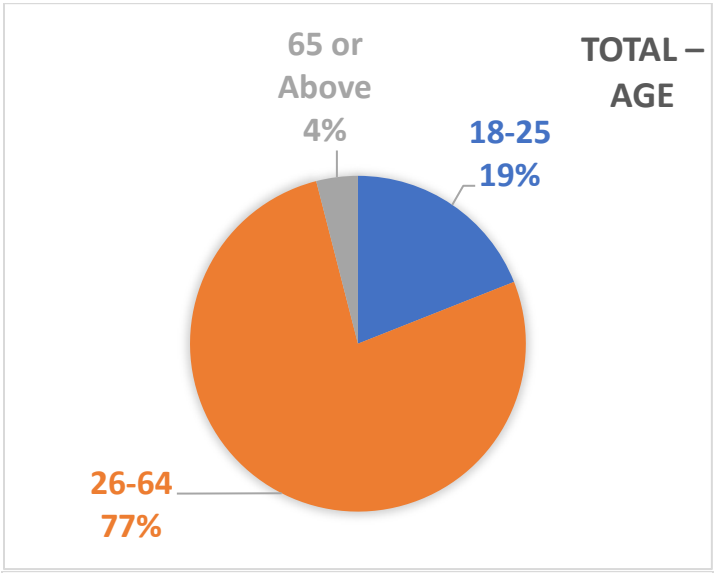
<u>Activity 1:</u> Adult Crisis Stabilization Data

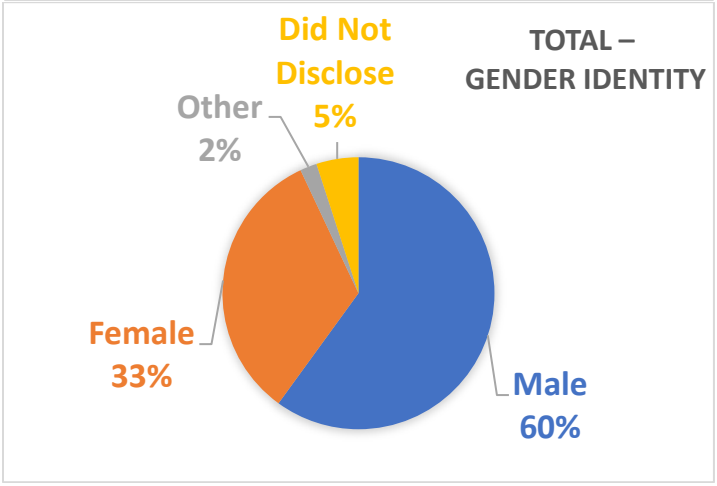
- *Description:* The ACSU serves individuals 18 years or older, regardless of their insurance status, who are seeking mental health or substance use services. Individuals can receive services on an involuntary or voluntary basis. The unit is open 24/7/365 and accepts referrals, walk-ins and police drop-offs. The occupancy of the ACSU is 12 individuals at one time, and the length of stay on the ACSU is 72 hours.
- *Current Status:*



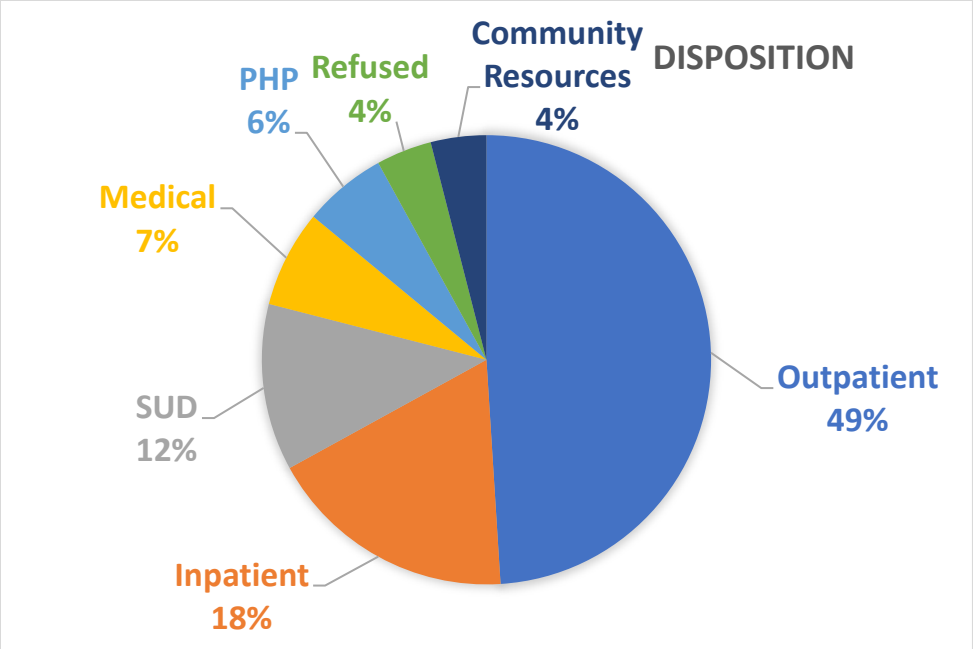


*Other includes: two or more races, American Indian, Arab American, Asian, or Native Hawaiian/other Pacific

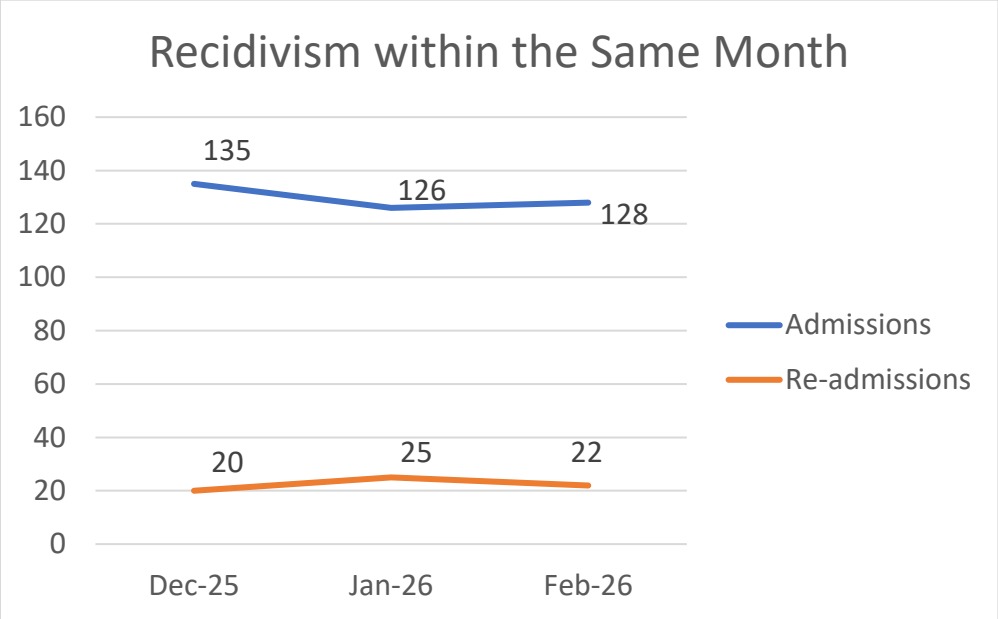




*Other includes: transgender man, transgender woman, and non-binary



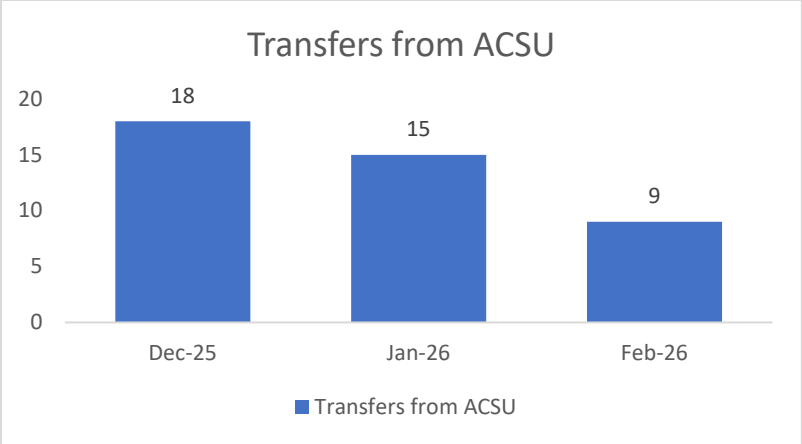
**Outpatient includes transfers to BEST Unit*

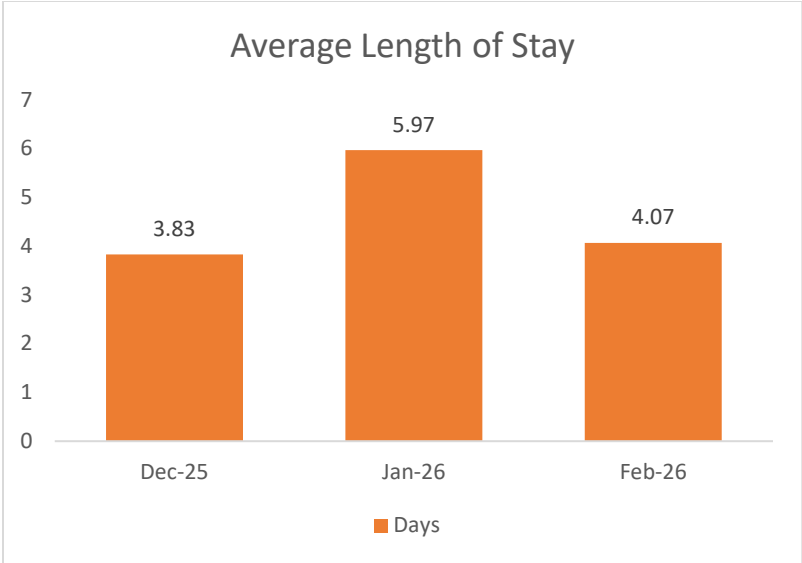


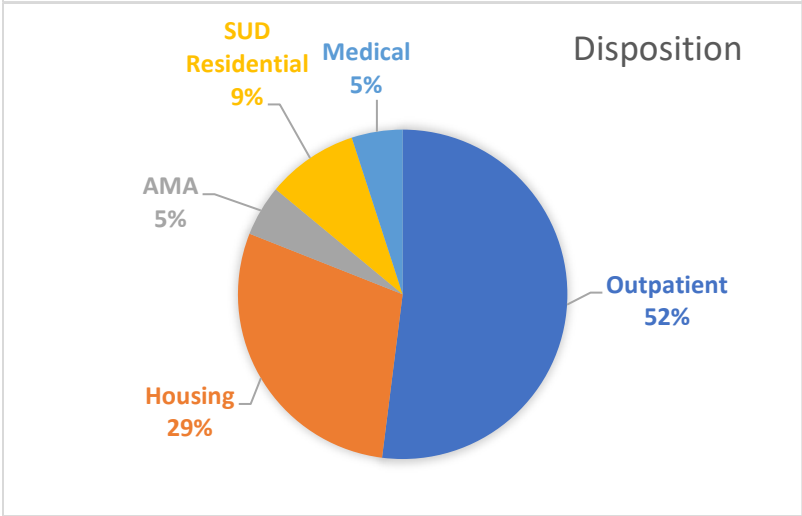
**Note: starting this quarter, MDHHS changed the way recidivism is tracked from calendar month to rolling 31-day period.*

<u>Activity 2:</u> Building Empowered and Supportive Transitions Unit (BEST) Data

- *Description:* The BEST Unit is a post-crisis transitional unit. The BEST unit is run by our Peer Support Specialists and focuses on continued support and services post crisis intervention. The goal of the BEST unit is to reduce recidivism and provide continued support to vulnerable individuals. The occupancy of the BEST unit is 6 individuals at a time and the length of stay is 7 days.
- *Current Status:*





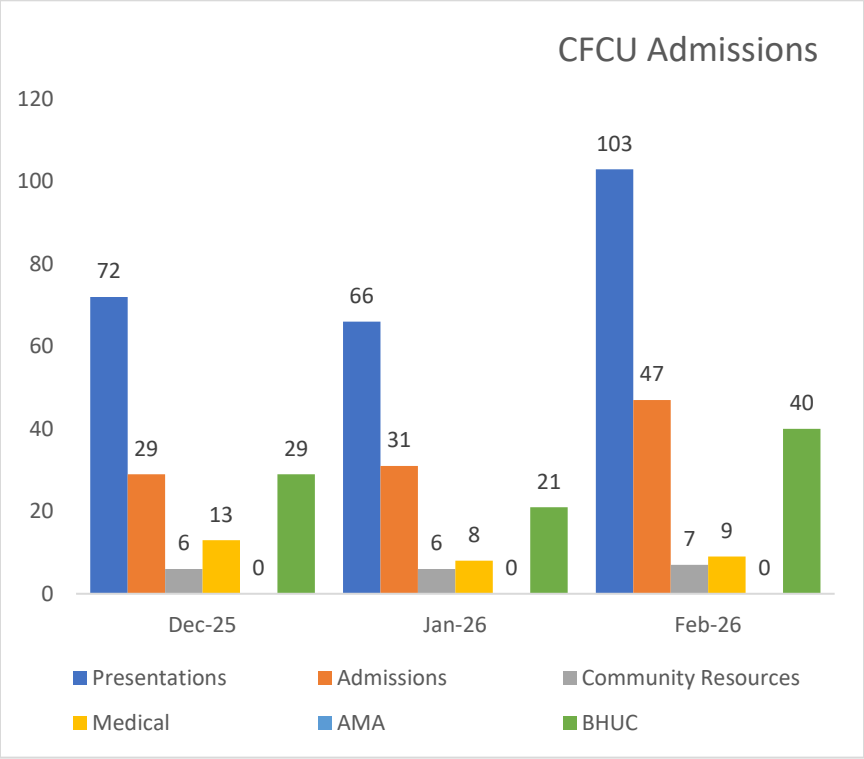


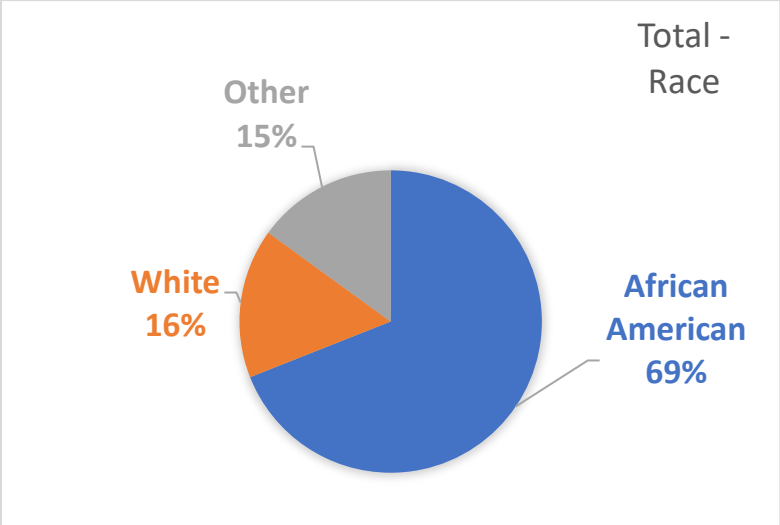
<u>Activity 3:</u> Child and Family Crisis Unit (CFCU)

- *Description:* The CFCU serves individuals 5-17 years old, regardless of their insurance status, who are seeking mental health or substance use services. The unit is open 24/7/365 and accepts

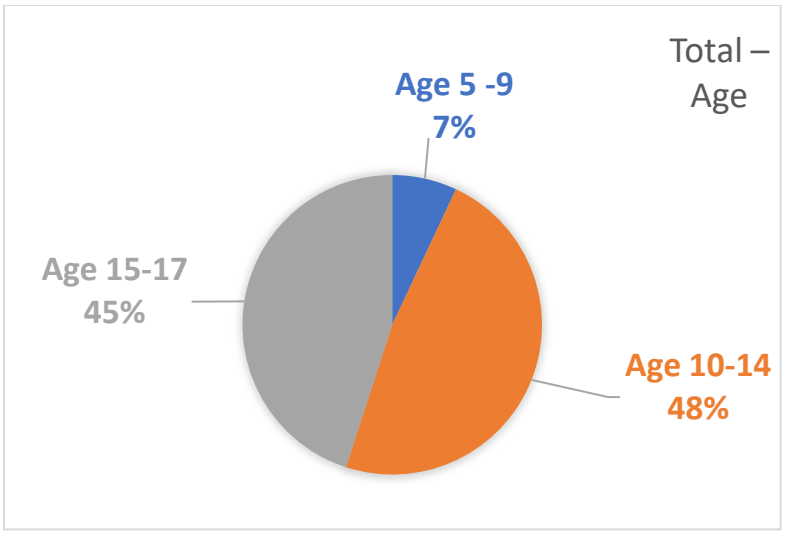
referrals, walk-ins and police drop-offs. The occupancy of the CFCU is 14 individuals at one time, and the length of stay on the CFCU is 72 hours.

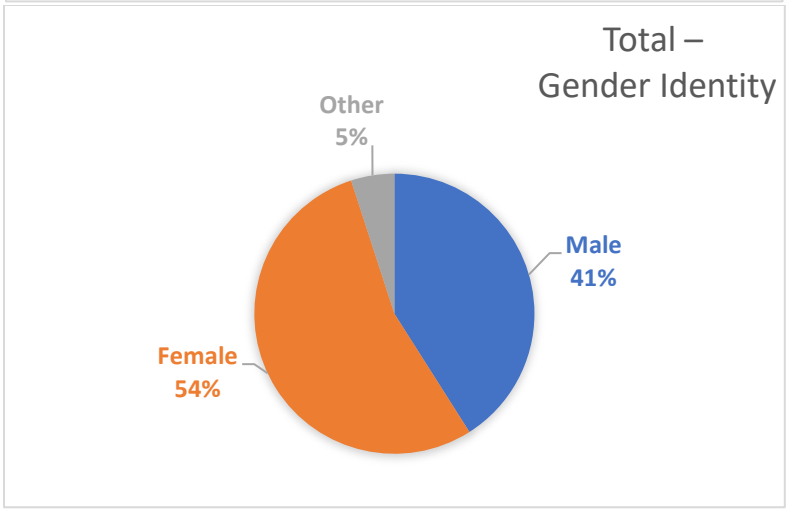
- *Current Status:*



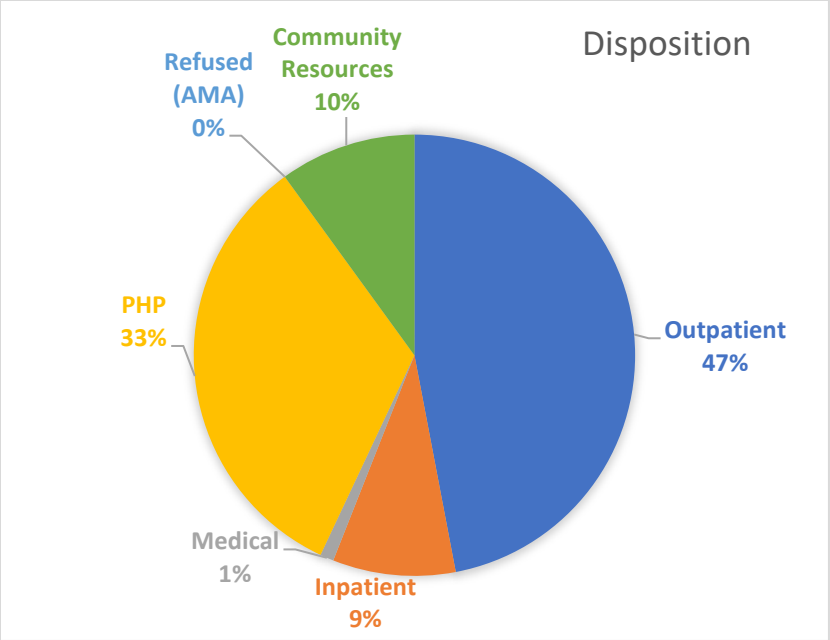


**Other includes: two or more races, American Indian, Arab American, or Asian*





**Other includes: transgender man, transgender woman, and non-binary*



Quarterly Update:

- **Things the Department is Doing Especially Well:**
  The Intensive Crisis Stabilization Services (ICSS) leadership team submitted for the new MDHHS certification on February 11th, 2026.

- **Identified Opportunities for Improvement:**
  Continued engagement with MDHHS towards the development of the Youth Crisis Stabilization administrative rules.

- **Progress on Previous Improvement Plans:**
  No current plans of improvement/correction.

Program Compliance Committee Meeting
PIHP Crisis Services Department, Quarterly Report, 2nd Quarter FY26
Daniel West, Director of PIHP Crisis Services
Date: 4/8/26

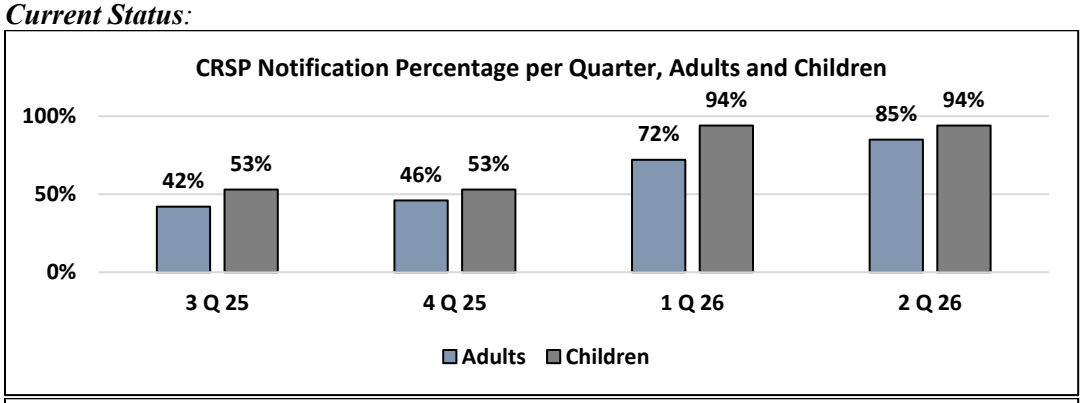
Main Activities during 2nd Quarter Reporting Period: FY26

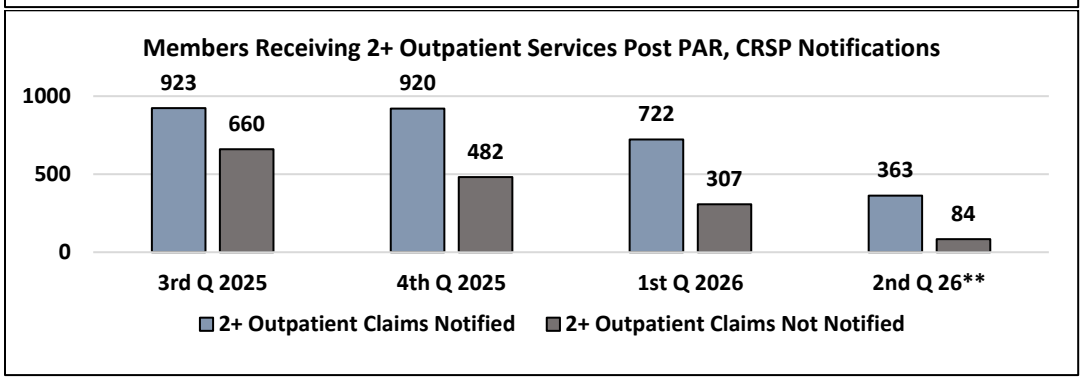
- **CRSP Crisis Screening Notifications.**
- **CSU Transfers, Recidivistic Requests for Service (RFS).**
- **Crisis Plan Completion.**

Progress On Major Activities:

<u>Activity 1:</u> CRSP Crisis Screening Notifications.

- ***Description***: The PIHP Crisis Services Department has worked with screening agencies and clinically responsible service providers (CRSPs) to increase the percentage of notifications for members screened in crisis to support early identification and intervention.
- ***Current Status****:*





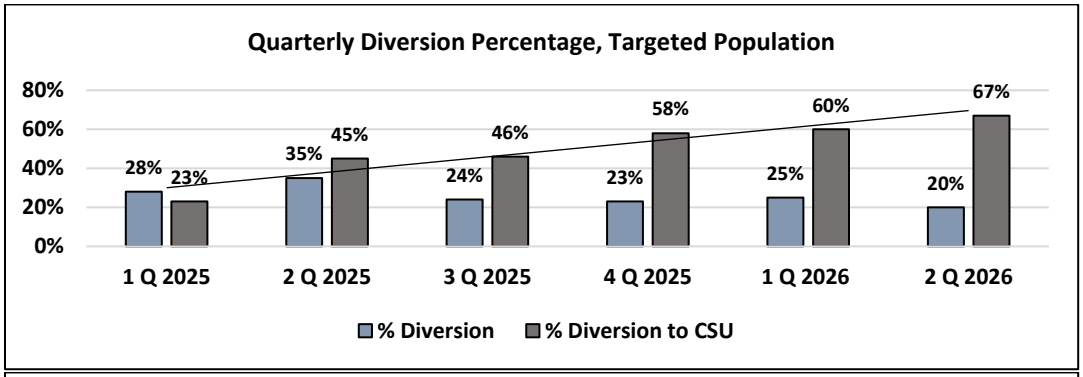
****Data preliminary**

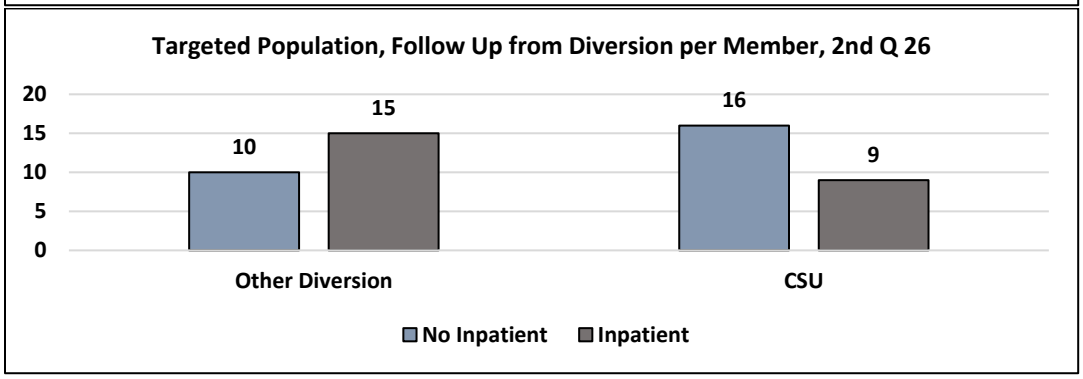
- ***Major Tasks and Accomplishments During Period****:* The team has worked to increase the percentage of CRSP notifications across the quarters. As the percentages of CRSP notifications increase, more members receive 2+ outpatient claims than members whose CRSP was not notified.
- ***Needs or Current Issues:*** The team has recognized the need to identify and quantify the actions taken by the CRSP providers upon receiving these notifications.
- ***Plan****:* The team will work with Integrated Healthcare Initiatives to utilize AI software to identify services provided after a CRSP notification and analyze trends. Operationally, we will work with Adult and Childrens Initiatives to reinforce warm handoffs, pre-schedule the second visit at the

first, expand access windows, and deploy reminders/transport supports to yield higher engagement rates.

<u>Activity 2:</u> CSU Transfers, Recidivistic Requests for Service (RFS).

- ***Description***: Beginning in December 2024, the team has developed a targeted intervention for members who repeat a RFS (crisis screening) within 30 days of discharge from an inpatient facility. Members who present to the emergency department for a crisis screening within this parameter will be identified, and efforts will be made to transfer these members to Crisis Stabilization Units (CSU) to avoid unnecessary inpatient hospitalizations and promote service connection where medically appropriate. The team has started tracking diversions to lower levels of care as well for this targeted population.
- ***Current Status:***

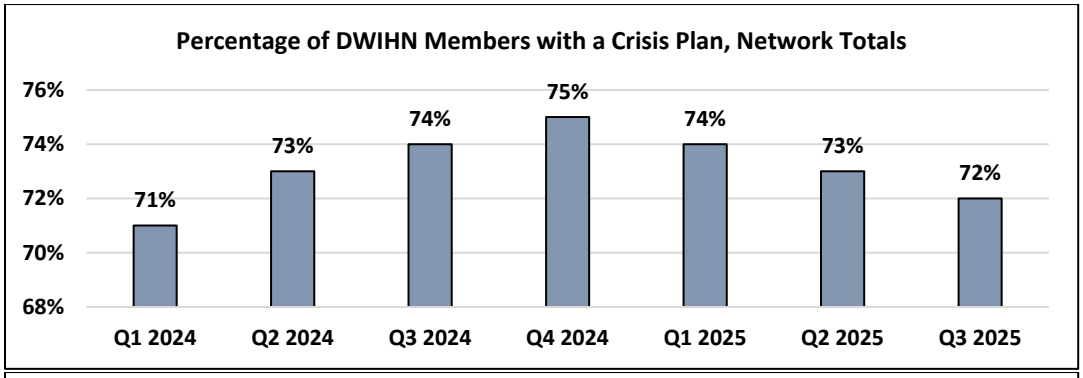


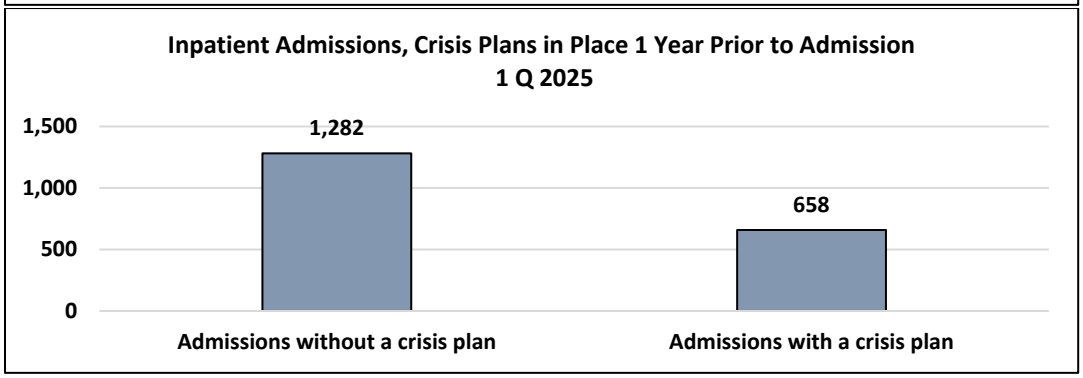


- ***Major Tasks and Accomplishments During Period:*** The team has worked to increase the percentage of diversions for the targeted population, and have seen a noteworthy increase of CSU referrals. The team found that of a sample study of 25 members who are within the targeted population, those that were diverted to CSU had less inpatient hospitalizations than those that were diverted to another lower level of care.
- ***Needs or Current Issues***: Diversion rates have remained mostly stable in the low- to mid-20% range, with one outlier peak at 35% that was not sustained. Because diversions have not shown a consistent upward trend, there is an ongoing need to reinforce diversion practices and identify barriers that prevent members from being routed to CSU when clinically appropriate.
- ***Plan:*** The team will strengthen diversion pathways by providing refresher training to screening agencies on CSU eligibility and diversion criteria and improving real-time communication with CSU regarding bed availability into crisis workflows. Review of diversion data monthly will occur to identify barriers, and collaborate with screening agencies to address operational issues that limit appropriate CSU placement.

<u>Activity 3:</u> Crisis Plan Completion.

- ***Description:*** On 3/25/26, the team presented during the outpatient provider meeting to highlight the importance of comprehensive crisis planning. Historically, members were allowed to decline a crisis plan; however, DWIHN has updated policy and procedure to require a crisis plan for all members. Crisis plans serve as a critical tool in supporting proactive identification of risks and planning for crisis prevention and response.
- ***Current Status:***





- ***Major Tasks and Accomplishments During Period:*** The team worked with Children's Initiatives to gain feedback from the providers as to what modifications are necessary in MHWIN to ensure all DWIHN members have a crisis plan. The team analyzed effectiveness of crisis plan completion on services received. The team has presented at the outpatient provider meetings about the policy change and the expectations. During the review of admissions for 1st Q 2025, the team identified that only 34% of members admitted during that period had a crisis plan documented in the year prior to admission. This contrasts with the systemwide rate of crisis-plan completion, which has remained consistent (approximately 71–75% since 2024). This suggests that members who ultimately experience a crisis requiring admission may be less likely to have an active crisis plan in place, highlighting an opportunity to strengthen crisis-prevention planning for high-risk individuals.
- ***Needs or Current Issues:*** The team has recognized the need to update MHWIN to exclude the option for DWIHN members to decline a crisis plan. The team will need to identify providers who report high percentages of crisis plans and share best practice.
- ***Plan****:* The team will coordinate with Adult and Childrens Initiatives to strengthen crisis-planning workflows by requiring CRSPs to complete or update crisis plans during key points of care, including post-crisis follow-up, post-hospital discharge, and when significant clinical changes occur. Increase provider education on risk indicators associated with crisis admission and the importance of early crisis-plan development. Monitor crisis-plan completion among at-risk populations and address barriers identified in the data.

Quarterly Update:

- ***Things the Department is Doing Especially Well:*** The team is contributing to training of new employees ahead of the PAR Services live date. Each team member is adding to the support needed for new team members as they acclimate to the developed processes and procedures.

- ***Identified Opportunities for Improvement:*** The team has recognized the need to centralize and create efficiencies within the Pre-Admission Review (PAR) process. Previously, this function has been delegated to Hegira Health, Inc COPE for adults, and New Oakland Family Centers/The Guidance Center for children. PIHP Crisis Services has the opportunity to bring this functionality in-house at DWIHN. The team is in the process of planning and hiring for a phased approach to rollout. For phase 1 (adult PAR functionality), live date will be April 1, 2026. For phase 2 (children PAR functionality), the live date will be July 1, 2026. This will require the recruitment and onboarding 34 positions for phase 1, and an additional 17 for phase 2 totaling 67 positions for the department.

- ***Progress on Previous Improvement Plans:***
  - Recidivism for adults has increased over the 1st and 2nd quarters increased slightly and recidivism for children has decreased consistently.

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**	15.20%	11.79%
2nd Quarter 2026**	15.90%	7.18%

****Results Preliminary**

Program Compliance Committee Meeting
Rai Williams/Director of Managed Care Operations Quarterly Report
January 2026 – March 2026

Main Activities during FY 25/26 Quarter 2:

- **Credentialing**
- **New Provider Changes to the Network/Provider Challenges**
- **MCO Provider Satisfaction Survey**

Progress On Main Activities:

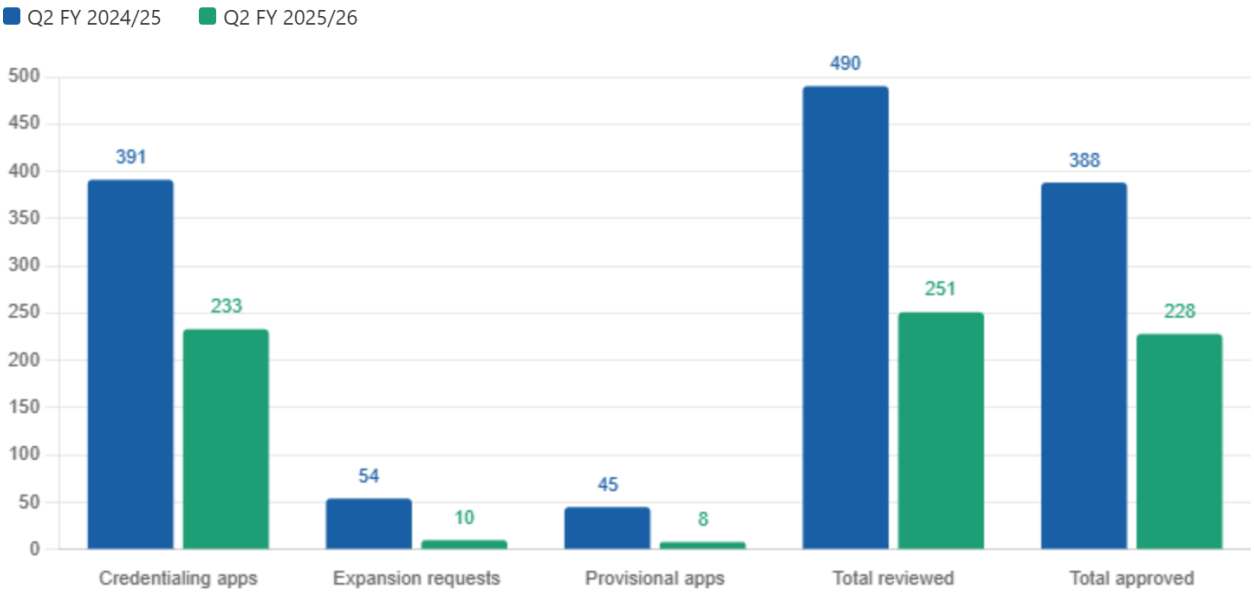
<u>Activity 1:</u> Credentialing

- *Description:* The vetting and approval process for both current and new provider(s) into the DWIHN provider network.
- *Current Status:* For Q2 Fiscal Year 2025/2026:

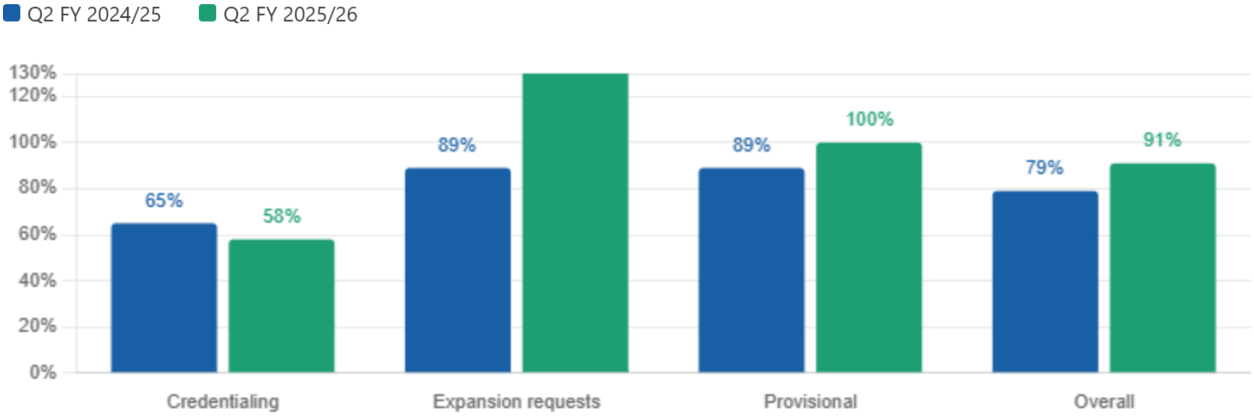
Number of Credentialing Applications Reviewed	233
Number of Expansion Requests Reviewed	10
Number of Provisional Credentialing Applications Reviewed	8
Total # of Applications Reviewed	**251**

Number of Practitioners Approved	135
Number of Providers Approved	69
Number of Expansion Requests Approved	16
Number of Provisional Credentialing Applications Approved	8
Total # of Applications Approved by Credentialing Committee	**228**

Total reviewed	Total approved	Approval rate	Provider approvals
251	228	90.8%	69
▼ 48.8% vs prior year	▼ 41.2% vs prior year	▲ +11.6 pts vs prior year	▲ +53.3% vs prior year



Approval rate comparison (%)



- *Significant Tasks During Period:* The credentialing team managed an intensive audit schedule across Q2, successfully completing submissions for four major health plan delegated credentialing audits:
    - AmeriHealth Annual Delegation Audit — Completed; received a 100% score
    - Molina Annual Delegation Audit — Completed; received a 99.08% score
    - Aetna Delegation Audit — Completed in February, awaiting results
    - HAP/CareSource Pre-Delegation Audit (MICH HIDE SNP) – Completed received a 100% score

    - HAP/CareSource Annual Audit – Completed in March, awaiting results.
    - NCQA File Review — In progress; files due April 2, 2026
- A significant operational change was implemented this quarter: the credentialing team transitioned from a 10% delegation sample audit of CVO files (Medversant) to reviewing 100% of all files. This change was driven by identified gaps in the CVO's verification of continuing education units (CEUs) and admitting privileges. A quality checklist was implemented for all files beginning in February, and the new standard was fully operational by March. To address the gaps, the Credentialing Administrator conducted structured team development throughout Q2:
    - January: Delivered a CEU requirements training presentation; provisional credentialing job aides completed
    - February: Completed site visit job aides and email templates for CEU requests; hosted a CEU training session described by staff as highly informative
    - March: Covered recredentialing file notes, site visits, universal credentialing, audit files, NCQA, and CredentialStream
- *Major Accomplishments During Period:*
    - As of February 2026, the credentialing team officially surpassed the total number of providers credentialed in all of FY 2024, with 208 providers credentialed within this fiscal year alone. This marks the third consecutive fiscal year of record-breaking credentialing performance — a sustained trend that reflects both the team's operational capacity and the growing scope of DWIHN's contracted network.
    - As of March 2026, 100% of Substance Use Disorder (SUD) providers in the DWIHN network are fully credentialed. This achievement reflects direct outreach and coordination with SUD providers to ensure credential currency and represents full compliance with contractual and regulatory requirements for this critical provider category.
    - The entire network is now at 91% compliance with Credentialing Standards. That is the highest compliance rate since FY 2024.

- *Plan:* The division will continue advancing the implementation of the new CVO and begin piloting provider and practitioner applications to assess functionality, usability, and workflow alignment. In parallel, NCQA file preparation is the top operational priority for Q3.
- The NCQA file is due April 2, 2026. The team will complete all required file reviews, apply updated 2026 NCQA credentialing policy standards, and ensure all documentation is current and complete. CRSP provider audits will also commence in Q3, with the policy review having been completed in March.
- Updated credentialing application standards will be implemented to support MICH HIDE SNP requirements. The team will continue working directly with providers on credential updates required to support new Health Plan contracts, incorporating the most current provider qualification guidance issued by MDHHS to ensure ongoing compliance and operational readiness.
- Weekly team huddles will continue as the primary vehicle for training, policy review, and quality assurance. The team will sustain the 100% CVO file review standard and continue monitoring for CEU compliance, admitting privilege verification, and Medversant delegation quality. The Administrator has identified a need for collaboration with the Quality Department — this cross-departmental engagement should be scheduled and prioritized in Q3.

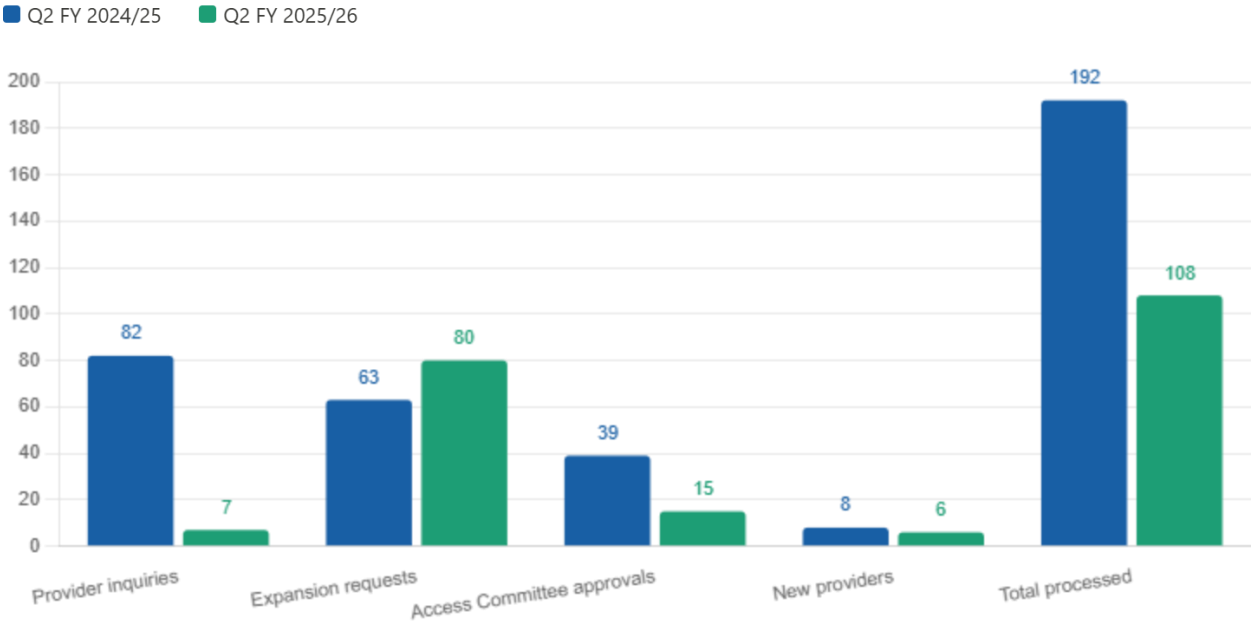
<u>Activity 2:</u> New Provider Changes to the Network/Provider Challenges

- *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.

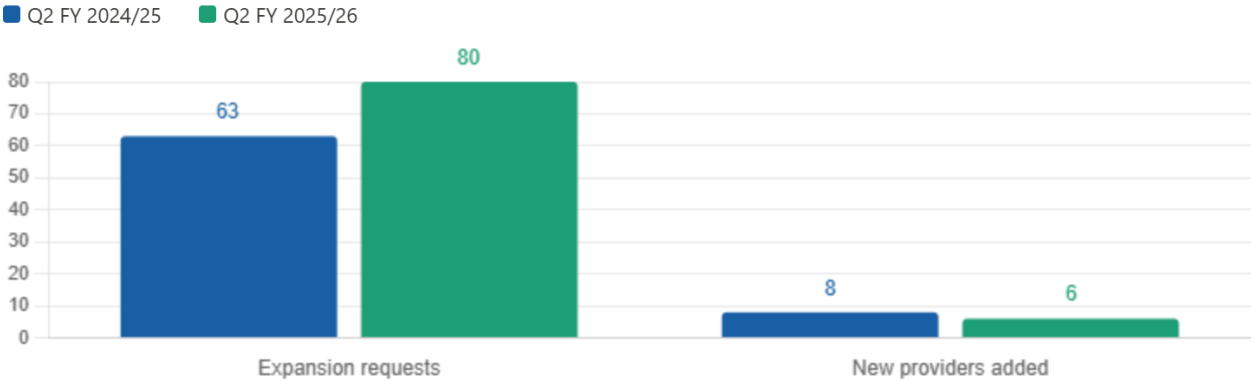
- *Current Status* For Q2 Fiscal Year 2025/2026**:**

Number of Provider Inquiries for Potential Providers	7
Number of Contract Expansion Requests Received	80
Number of Providers Approved at Access Committee	15
Number of New Providers	6
Total # of Providers Processed	**108**

Total providers processed	Expansion requests received	New providers added	Approved at Access Committee
108	80	6	15
▼ 43.8% vs prior year (192)	▲ +27.0% vs prior year (63)	▼ 25.0% vs prior year (8)	▼ 61.5% vs prior year (39)



Expansion requests vs. new providers — trend spotlight



Expansion requests rose 27% while new provider additions remained stable — indicating network deepening through existing providers rather than broad new recruitment.

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:* Total providers processed fell from 192 in Q2 FY 2024/2025 to 108 in Q2 FY 2025/2026. Consistent with trends seen in the credentialing function, this overall volume reduction reflects a more deliberate, need-driven approach to network growth rather than broad pipeline activity. DWIHN continues to monitor network gaps and is actively adding providers based on identified access needs, with Request for Proposals (RFPs) deployed as a targeted recruitment tool in shortage areas including Autism services, Substance Use Disorder, and Behavioral Treatment Planning.
- Rather than expanding for volume alone, Managed Care Operations prioritized reviewing network adequacy, screening providers, and evaluating service and geographic gaps before approving new contracts or expansions. This approach ensures that network growth is aligned with member demand, program requirements, and fiscal responsibility. By being deliberate in expansion decisions, DWIHN continues to balance access, quality, and cost-effectiveness while strengthening long-term network sustainability. Provider inquiries from potential new providers dropped significantly from 82 to 7 — a 91.5% reduction. This decline is the most pronounced metric shift in the contracting data and should be interpreted in the context of DWIHN's deliberate move away from open, inbound inquiry-driven network growth toward targeted, RFP-driven recruitment in areas of identified shortage. Contract expansion requests rose from 63 to 80 — a 27.0% increase year-over-year. This is the only contracting metric to show growth in Q2 and represents a positive indicator of network deepening: existing contracted providers are seeking to expand the scope, geography, or service lines covered under their agreements. This aligns with DWIHN's network adequacy goals and signals that current providers are engaged and seeking to serve a broader member population. Providers approved at the Access Committee declined from 39 to 15, a 61.5% reduction. This metric reflects the committee's more targeted approach to network expansion — approving providers that address specific access gaps rather than approving all applicants. New providers added to the network (6 vs. 8 in the prior year) remained relatively stable, indicating that while fewer providers entered the pipeline, the conversion rate of approved providers to fully onboarded participants remains consistent.
- *Major Accomplishments During Period:* The contracting team routed 311 Residential and Outpatient Amendments to ensure DWIHN remains compliant with its executed agreements with Health Plan partners. This is a significant operational accomplishment representing a high volume of contract maintenance activity completed accurately and within compliance timelines. Ensuring executed agreement alignment with Health Plan partners is essential to DWIHN's delegated credentialing and contracting standing.
- The contracting team achieved a 99.65% score on the 2025 Molina Annual Delegation Audit, reflecting excellence in documentation, process compliance, and contract management standards. This result complements the credentialing team's audit performance and demonstrates organization-wide readiness across both contracting and credentialing functions.
- The DWIHN website's provider resources section has been fully revamped and published. In addition, we have started developing a Provider Hub that will house all provider-facing communications, including relevant clinical documentation, training resources and shared calendar listing all upcoming DWIHN events. This represents a meaningful improvement in provider relations by reducing friction for providers seeking necessary documentation to stay compliant with DWIHN contractual requirements.
- The team conducted a two-day in-person training refresher for Provider Network Management (PNM) staff in February 2026. Topics covered included MCO Contracting and Credentialing processes, policies, and procedures. This investment in staff competency supports consistent, compliant contract administration and positions the team for increased capacity as network development activities scale in Q3.

- *Plan:* Complete the revamp of the Provider Orientation PowerPoint to modernize onboarding communications and align content with current MCO contracting and credentialing standards.
- Develop and deploy training for the electronic Quarterly Contract Status Reports, ensuring all relevant staff are proficient in the new reporting format and submission process.
- Continue targeted RFP-driven provider recruitment in identified shortage areas, including Autism, SUD, and Behavioral Treatment Planning, using network adequacy data to prioritize outreach.
- Advance the SUD provider workload transition to the Managed Care Operations Team to full completion, with clear accountability handoff and documentation of process changes.
- Continue monitoring network composition and Access Committee pipeline to ensure the network remains adequate to meet member access standards across all covered service lines.

Activity 3: MCO Provider Satisfaction Survey

- *Description:* In alignment with DWIHN's Strategic Operations Goal, the Managed Care Operations (MCO) department implemented a continuous Provider Satisfaction Survey embedded in staff email signatures. This approach enables real-time feedback collection, trend monitoring throughout the year, and proactive identification of service gaps — supplementing the formal annual survey process. The survey measures four performance domains on a 1–5 scale: professionalism, courtesy, responsiveness, and knowledge. It also captures response time and solicits open-ended provider feedback.
- *Current Status:* For Q2 Fiscal Year 2025/2026, the ongoing provider satisfaction survey embedded in MCO staff email signatures has received 41 responses — total survey responses 156 since February 2025.

Q2 Responses	Cumulative Total	Within 2–3 Days	Overall Avg Score
41	**156**	**95.1%**	**4.90 / 5.0**
vs 40 in Feb–Mar 2025	Since Feb 2025 launch	▲ vs 85.0% in Feb–Mar 2025	▲ vs 4.56 in Feb–Mar 2025

The table below compares domain scores from the survey's launch period (February 1 – March 31, 2025) against Q2 FY 2025/2026 (January 1 – March 31, 2026). All four domains show meaningful improvement year-over-year, with overall average scores rising from 4.56 to 4.90.

Domain	Feb–Mar 2025	Jan–Mar 2026	Change	Observation
Professionalism	4.58	**4.90**	▲	*+0.32 — substantial year-over-year gain*
Courtesy	4.55	**4.93**	▲	*+0.38 — strongest absolute improvement*
Responsiveness	4.58	**4.93**	▲	*+0.35 — reflects sustained response time focus*
Knowledge	4.55	**4.83**	▲	*+0.28 — training and policy work contributing*

Response time improved significantly between the two periods. The share of providers receiving a response within 2–3 business days rose from 85.0% to 95.1%, and the proportion receiving a response within 5 business days improved from 90.0% to 97.6%.

Response Timeframe	Feb–Mar 2025 n	Feb–Mar 2025 %	Jan–Mar 2026 n	Jan–Mar 2026 %	Direction
2–3 Business Days	34	85.0%	**39**	**95.1%**	▲
3–5 Business Days	2	5.0%	**1**	**2.4%**	▼
5–10 Business Days	3	7.5%	**0**	**0%**	▼
Over 10 Business Days	1	2.5%	**1**	**2.4%**	→

Significant Insights: The year-over-year comparison between the survey's launch period (February–March 2025) and Q2 FY 2025/2026 (January–March 2026) shows meaningful, consistent improvement across every measured dimension:

- All four domain scores improved by at least +0.28 points year-over-year, with overall average scores rising from 4.56 to 4.90 out of 5.0 — a +0.34 gain across the team as a whole
- Response time performance improved substantially: providers receiving a response within 2–3 business days increased from 85.0% to 95.1%, and responses taking 5–10 business days dropped to zero
- Response volume held essentially flat (40 vs. 41), providing a directly comparable sample size between periods and strengthening confidence in the score comparisons
- Because the survey launched in February 2025, this represents the first meaningful year-over-year comparison available. The results are directionally strong, but multi-year trend analysis will require additional quarters of data before firm conclusions can be drawn

- *Plan:* Explore increasing MCO appointment availability for providers, particularly those new to the network, who may benefit from more frequent scheduled touchpoints.
- Review training requests and request for meeting topics with ELT and DWIHN Departments to formalize a schedule moving forward.
- Continue to develop provider resources to publish in the Provider Portal, going over contract expectations, audit readiness and documentation best practices.

- Provider Recognition:
    - *I would like to recognize the Managed Care Operations team as a whole for their ongoing support and efforts to assist providers. Their responsiveness and commitment to maintaining standards contribute positively to provider operations.*
    - *Yes [PNM] even though she is new she was well prepared and have passion for the work that DWIHN has to offer.. she was very professional on time and eager to learn and teach . She provided great support when she came out. I really look forward to working with her together as a team !*
    - *YES I APPRECIATE [PNM] SHE ALWAYS GET A 10/10 FROM OUR ORGANIZATION. SHE ALWAYS HELP EVEN IF IT IS NOT HER DEPARTMENT. I THANK YOU A MILLION.*
    - *[Credentialing Specialist] got back with me and provided an explanation immediately.*

Program Compliance Committee Meeting
Utilization Management – Quarterly Report
Marlena J. Hampton, MA, LPC – Director of Utilization Management
April 8, 2026

Main Activities during Quarterly Reporting Period:

- Timeliness of UM Decision-Making
- NCQA UM Standards Readiness

Progress On Major Activities:

<u>Activity 1:</u> Timeliness of UM Decision-Making

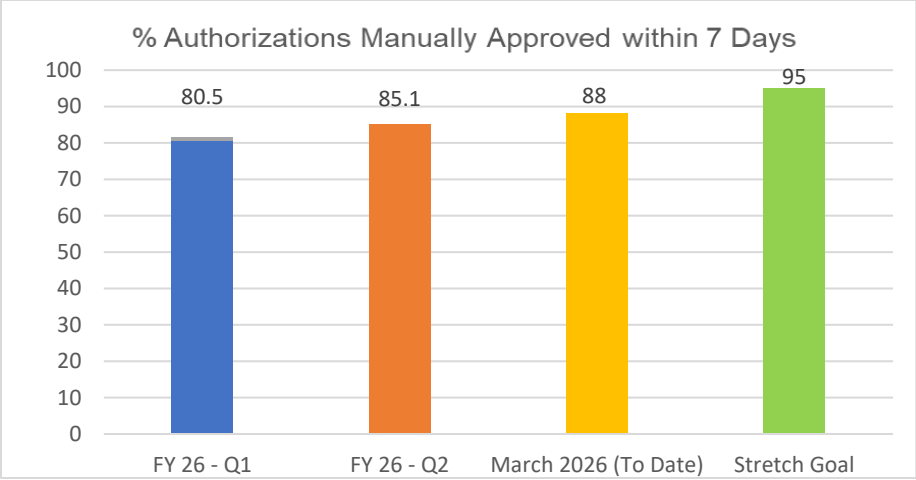
- *Description:* DWIHN Utilization Management reviews standard and expedited authorization requests for several lines of business, including (but not limited to) outpatient services, substance use disorder (SUD) services, General Fund, Autism services, and Waiver programs.

  Services should be of the highest quality and timely, cost-effective, clinically appropriate, and medically necessary. We accomplish this through consistent review and update of our processes, procedures, and documentation. Our goal is to improve the efficiency of utilization review and decrease/eliminate delays in service delivery or authorization.

- *Current Status:* As of January 1, 2026, payers are required to make decisions for all standard, non-urgent requests within seven (7) calendar days. While MDHHS has received a waiver extending this mandate to October 1, 2026, DWIHN standards are in alignment with health plan contractual requirements for consistency and benchmarking.

- *Significant Tasks During Period:*
  - With support from the IT Department, reviewed Centers for Medicare and Medicaid Services (CMS) and NCQA authorization metrics, including definitions and data sources, to satisfy regulatory requirements.
  - Collaborated with Integrated Care Organizations (ICOs) to support their oversight role, providing requested data, clarifying expectations, and establishing consistent processes for their monitoring of DWIHN UM's performance.

- *Major Accomplishments During Period:*
  - Successfully aggregated CY25 prior authorization metrics for publication on the DWIHN website, per the Centers for Medicare and Medicaid Services (CMS) Interoperability and Prior Authorization Final Rule (CMS-0057-F).
  - In Q2, we manually approved 85.1% of standard prior authorization requests within seven (7) days.



***Data does not include Residential Services authorizations*

- *Plans:*
  - The integration of Residential Services authorization data into the Utilization Management approvals dashboard.
  - Explore the use of technology, along with the intensive review of authorization procedures and service utilization guidelines, to assist with improved efficiency and further improve disposition time and service delivery.
  - Creation of a public dashboard displaying UM prior authorization timeliness.
  - Continue monitoring individual staff progress with coaching as appropriate.

<u>Activity 2:</u> NCQA UM Standards Readiness

- *Description:* The NCQA Behavioral Health Accreditation standards ensure that UM activities are clinically sound, timely, transparent, and member-focused. They require the use of evidence-based criteria, clear communication of decisions, qualified clinical oversight, and fair appeal processes. The standards also emphasize consistent application of criteria, monitoring of UM decisions for accuracy and equity, and ensuring that UM practices do not create unnecessary barriers to care. These expectations guide our department's approach to maintaining quality, compliance, and accountability in all UM functions.

- *Current Status:* The Behavioral Health Accreditation 2026 standards, applicable to surveys effective July 1, 2026, through June 30, 2027, include new standards and updated requirements for Utilization Management, along with additional updates for clarification. DWIHN's survey will take place in February 2027.

- *Significant Tasks During Period:*
  - The UM Department, with support from the Director of Strategic Operations, continues weekly meetings with consultants to review department alignment with current standards.

- *Major Accomplishments During Period:*
  - Conducted a comprehensive review of the annual UM Program Evaluation and accompanying policies to identify alignment gaps with the new standards.
  - Implemented preliminary monitoring activities, including review of timeliness, denials, and delegation oversight, to support future NCQA measurement and reporting.

- *Needs or Current Issues:* Existing reporting workflows do not fully capture the components of UM activity, underscoring the need for a dashboard or other unified, validated source of truth that consolidates data for consistent monitoring and audit readiness.

- *Plan:*
    - Utilize IT feedback from collaboration on prior authorization metrics to request and develop public dashboard, encompassing both NCQA and CMS required data.
    - With support from the Vice President of Clinical Operations, review existing workflows and develop a centralized Utilization Management dashboard.

Quarterly Update:

- **Things the Department is Doing Especially Well:**
    - Continued interdepartmental collaboration to assist with improving UM program efficiencies with particular emphasis on Integrated Care, Substance Use Disorders, Strategic Operations, and Customer Service.
    - The Director presents a draft charter to the Utilization Management Committee for review and feedback. The final product will be included in the UM Program Description and NCQA survey documents, as applicable.

- **Identified Opportunities for Improvement:**
    - Targeted review of Service Utilization Guidelines functionality and its impact on authorization requests from DWIHN and provider standpoints.

- **Progress on Previous Improvement Plans:**
    - The performance improvement plan for the Habilitation Supports Waiver (HSW) program was closed following a significant period of program growth, resulting in consistent compliance with MDHHS and internal performance standards.

Program Compliance Committee Meeting
Director of Quality Improvement
QAPIP Update FY26
April 8, 2026

Main Activities during Quarter 1 Reporting Period:

Performance Indicator 2a (Access Timeliness/First Request)

Performance Indicator 2a remains a required reporting measure. Quarter 1 data was finalized and submitted to MDHHS on March 31, 2026. A review of the data across reporting periods shows consistent, solid performance, with several notable upward trends, particularly in the preliminary Quarter 2 results.

Performance Indicators #2a Intake IBPS within 14 days	Quarter 3	Quarter 4	Quarter 1	Quarter 2 Preliminary Data	Standard
(MI/Children)	60.13%	55.59%	51.37%	52.52%	57% or higher
(MI/Adult)	62.82%	58.75%	54.18%	58.76%	
(DD/Children)	36.57%	34.79%	39.51%	47.18%	
(DD/Adult)	58.97%	74.60%	61.36%	60.69%	
Total	56.14%	53.71%	51.48%	54.53%	

Key Improvements:

- **DD/Adult** continues to be the strongest-performing area, with performance consistently meeting or exceeding the 57% standard. Quarter 4 reached an impressive 74.60%, and Quarter 1 maintained strong results at 61.36%.
- **DD/Children** show meaningful progress, increasing steadily from 34.79% in Quarter 4 to 39.51% in Quarter 1 and reaching 47.18% in the preliminary Quarter 2 data—indicating a positive trajectory.
- **MI/Adult** performance remains stable in the mid-50% range, with preliminary Quarter 2 data (58.76%) approaching the state benchmark from Quarter 1.
- **Overall performance** demonstrates stability, with the total percentage increasing from 51.48% in Quarter 1 to 54.53% in preliminary Quarter 2 data.

These upward shifts, particularly in Quarter 2 preliminary results, indicate improving timeliness in completing Intake IBPS within 14 days and reflect continued progress toward meeting and sustaining the required state standard.

MDHHS Annual Waiver Review Update

MDHHS has initiated its Annual Waiver Review of DWIHN, which began on March 11 and will continue through May 22, 2026. This comprehensive review encompasses multiple waiver programs, including the Children's Waiver Program (CWP), the Habilitation Supports Waiver (HSW), the Serious Emotional Disturbance Waiver (SEDW), and the iSPA program. The assessment will include an evaluation of case files, provider qualifications, and administrative processes related to health and welfare to ensure compliance with federal and state requirements. Findings from the review will be shared with the Board as soon as they are made available.

Quality Improvement Initiatives

On March 30, 2026, the Senior Psychologist launched its first session of the BTPRC Training Network Series, focused on the MDHHS 1:1 Staffing Requirements. This informative session attracted an impressive audience of 308 participants, eager to enhance their understanding of vital staffing protocols.

On March 31, 682 Behavior Treatment Satisfaction Surveys were distributed to gather valuable feedback from members. The deadline for submitting these surveys is set for April 10, and we are actively encouraging responses from all attendees. Once the survey collection period concludes, we will carefully analyze the feedback and compile the results for distribution, ensuring that all insights are shared with the community.

EXECUTIVE SUMMARY

Marlena J. Hampton, MA, LPC - Director of Utilization Management

UTILIZATION MANAGEMENT ANNUAL PROGRAM EVALUATION – FY 2025

As a part of continuous quality improvement, the Utilization Management (UM) Program is evaluated annually and incorporated into the Quality Assurance Performance Improvement Plan (QAPIP). This summary serves as a high-level overview of the department's progress toward goals, highlights, key areas of focus and identified opportunities for FY 2026.

The UM Program Evaluation offers a comprehensive assessment of our goals and outcomes. It analyzes the effectiveness of various initiatives and strategies implemented during the previous year, highlights our successes, and identifies areas for improvement, ensuring transparency and continued accountability to the UM Committee, Quality Improvement Steering Committee (QISC), and members of this esteemed Board.

STRATEGIC REALIGNMENT OF THE UM PROGRAM EVALUATION

Historically, the UM Program Evaluation was structured to directly align with the DWIHN Strategic Plan. While important, this did not adequately capture the UM department's work and progress. The program itself is designed to align with the Plan; this is reflected in the Program Description.

In FY25, the UM Committee, with support from the VP of Clinical Operations and Chief Medical Officer, agreed that future goals would be simplified and directly tied to department needs. This allows for more meaningful and measurable outcomes.

DEPARTMENT GOALS & OUTCOMES

1. Complete 95% of standard (non-urgent) prior authorization requests within 14 days. **(Partially Met)**
    - Manual approvals: 86.1% (FY-End); 94% (Q4)
2. Review utilization reports and finalize a FY25 schedule with at least 3 priority metrics and defined reporting intervals by Q3 FY25. **(Met)**
3. Identify and evaluate 3 tools that could reduce barriers to member access to self-directed services by Q4 FY25. **(Met)**

HIGHLIGHTS – FY 2025

- **Timeliness of Authorization Requests.** The department was placed on an internal performance improvement plan to both meet the current standard and prepare to meet CY 2026 requirement for UM decisions within seven (7) calendar days. The prior authorization teams demonstrated significant improvement over the course of FY25.
    - In October 2024, the team approved 76% of requests within 14 days, with 47% of those requests approved within seven (7) days.
    - In September 2025, the team approved 97% of requests within 14 days, with 85% approved within 7 days.
- **UM Department & UM Committee Priority Metrics.** Establishment of reporting requirements for each line of business with the following primary information:
    - Approvals/Denials

- Over- and Underutilization of Authorized Services
- Enrollments/Discharges

- **Partners Advancing Self-Determination (PAS).** DWIHN invited to participate in Partners Advancing Self-Determination (PAS), a collaboration with MDHHS to offer free state-level technical assistance, training, and support to advance self-directed services in our community. Cohort includes the Self-Directed Services team, participating providers, and supported individuals.

  Tasks/Goals include:
  - Review and update of the Self-Directed Services Referral Form
  - Renewed Self-Determination/Self-Directed Services "roadmap" for use with interested families and coordinating agencies.
  - Review the process for developing and monitoring an individual's spending plan.

PROGRAM GOALS FOR FY 2026

A. Clinical Appropriateness & Evidence-Based Criteria

Goal: Peer clinical review for adverse determinations.

- Measure: Percentage of adverse determinations reviewed by a physician.
- Target: 100%

B. Timeliness of Decisions & Notifications

Goal: Timely UM decision-making.

- Measure: Decision timeliness for standard and expedited requests.
- Targets: Standard: ≥ 95% within 7 calendar days; Expedited/Urgent: ≥ 95% within 72 hours.

C. Over/Under-Utilization & Appropriate Use

Goal: Appropriate level-of-care placement for Specialized Services (ACT, ABA, etc.).

- Measure: Concordance between authorized level and service received.
- Target: ≥ 80% concordance.

D. Appeals

Goal: Appeal timeliness & overturn analysis.

- Measures: Timely resolution (standard/expedited); Overturn rate analysis.
- Targets: ≥ 95% timely; Overturns ≤ 20% or corrective action implemented.

E. Delegated UM Oversight

Goal: Ensure full oversight of delegated UM activities.

- Measure: Completion of semi-annual and annual oversight: reports, audits, PIPs.
- Target: 100% compliance with oversight requirements.

Program Compliance Committee
Associate Vice President of Clinical Operations' Report
April 8, 2026

CLINICAL NEWS & UPDATES

- **Adult Initiatives:** The Oversight Intervention Committee (OIC) continues to serve as a critical mechanism for addressing the needs of high-risk adults with complex behavioral health and medical profiles. Since 2022, the OIC has reviewed 72 referrals and supported 59 members in achieving improved outcomes, including reductions in PHQ-9 scores and decreased utilization of emergency and crisis resources.
  - Case example: High utilizer stabilized through co-occurring disorder treatment; PHQ-9 improved from 14 to 3, with sustained outpatient and SIL engagement.
  - Case example: Severe, treatment-resistant OCD stabilized through collaboration with the University of Michigan and community providers; rereview requested after new medical issues emerged.
  - New accountability tools implemented, including revised agenda/minutes format and a 90-day follow-up survey launching May 2026.

- **Autism Services:** The Autism Services Department continued its focused efforts to strengthen access to Applied Behavior Analysis (ABA) services by monitoring network capacity, supporting enrollment growth, and addressing provider staffing and reporting challenges. These activities are essential to ensuring children and youth are connected to an ABA provider quickly and receive medically necessary treatment without avoidable delays.
  - Weekly network capacity monitoring revealed mixed participation and inconsistent reporting, signaling the need for continued oversight and provider follow-up.
  - Providers are now required to submit weekly openings and staffing pipeline updates for all credentialed locations, including in-home services.
  - Updated expectations were communicated through email and reinforced during the monthly provider meeting to promote accountability and consistency.
  - Development of the Family Service Pathway Preference form will help identify family preferences and support more individualized connections to services.

- **Children's Initiatives:** The Children's Initiatives team advanced its grant-funded efforts to strengthen cross-system coordination and community engagement through the Active Community Team (ACT) initiative. On March 20, 2026, the department facilitated an in-person ACT meeting at The Children's Center in Detroit, focusing on Personal Protection Orders (PPOs) and ways families can be better supported when navigating safety-related court processes. These ACT meetings, funded through the Baby Court Grant, are designed to deepen community partnerships, improve awareness of available resources, and enhance collaborative problem-solving among agencies serving young children and their caregivers.
  - Attendance increased significantly to 44 participants, up from the typical 15–20.
  - Secured guest speaker: Erin Lincoln, Deputy Court Administrator, Friend of the Court.
  - Facilitated group discussions and networking enhanced cross-system communication and problem-solving.

- Plans include enhanced survey strategies, continued topic planning, and ongoing partner outreach to maintain strong participation.

- **Integrated Healthcare:** The Complex Case Management (CCM) program continued to expand and strengthen its role in supporting individuals with significant medical, behavioral health, and social needs by creating cohesive support teams that include family, primary care, behavioral health professionals, and community partners. The team is currently managing 28 active cases and added seven new members in March—referrals originating from network providers, internal departments, and family members. These additions demonstrate growing awareness of and reliance on CCM as a resource for high-risk individuals who benefit from coordinated care planning.
  - Program focus remains on intensive, coordinated care planning to improve member outcomes across medical, behavioral, and social domains.
  - Health integration remains a priority: Only four (4) members currently have A1C lab results in CC360, highlighting the need for enhanced primary care engagement.
  - CCM developed new communication tools for both physicians and members to promote A1C testing and reinforce preventive care practices.

- **Residential Services:** The Residential Services Department advanced its ongoing work to strengthen the quality and consistency of residential assessments completed by Residential Care Specialists (RCS). Using the audit tool developed earlier this year, managers systematically reviewed two assessments per specialist across both the Adults with Mental Illness (AMI) and Individuals with Intellectual and Developmental Disabilities (I/DD) units. Establishing a standardized monitoring process ensures assessments reflect accurate member information, clear recommendations, and alignment with DWIHN's expectations for clinically sound documentation. March audits demonstrated strong performance as well as opportunities for improvement.
  - 100% of assessments reviewed documented income/Medicaid status; 98% included thorough treatment recommendation summaries
  - 61% showed documented communication of recommendations to the CRSP
  - 70% clearly recorded member placement preferences
  - Residential Department is implementing targeted training—both one-on-one and team-wide to address these trends and reinforce documentation best practices.

- **Substance Use Disorder Initiatives:** The Substance Use Disorder (SUD) Initiatives team continued close monitoring of system utilization trends, with admissions steadily increasing while block grant utilization has recently begun to trend downward. This shift highlights the importance of ensuring that members are placed in clinically appropriate levels of care and that funding aligns accurately with actual system demand.
  - The department is reinforcing level-of-care expectations through the "SUD Intake and Level of Care Validation" SOP to ensure clinically appropriate placement.
  - Ongoing monitoring of admissions, capacity, and funding utilization remains a priority.
  - Capacity assessment results will be reviewed with providers to identify and address operational limitations.

Substance Use Disorder Community-Partnered Pilot

DWIHN has launched a new community-partnered pilot designed to strengthen support for children who reside with their parents in residential substance use disorder (SUD) treatment. This population—children age 0–12 accompanying a mother into treatment—has historically been underserved within residential settings, where environments are often highly clinical and dependent on inconsistent donated supplies. Research and program feedback indicate that unmet comfort and developmental needs can contribute to heightened child stress, increased caregiver strain, and higher rates of women leaving treatment against medical advice (AMA).

To address this gap, DWIHN has partnered with Positive Images and a local church to develop trauma-informed "Comfort Kits" to be provided to children upon admission. Each kit is designed to promote emotional regulation, safety, and a sense of belonging. Importantly, this resource belongs to the child and travels with them after discharge, reducing the sense of disruption that often accompanies residential care. Kit assembly is scheduled for April 25, and distribution to the program will occur no later than May 1, 2026.

- **Key Highlights**
  - Trauma-informed "Comfort Kits" were co-developed with DWIHN and a local church.
  - Kits provide consistent, developmentally appropriate comfort items to reduce child distress and support caregiver stability during treatment.
  - Evaluation of the "Comfort Kit" intervention includes PHQ-A (as appropriate), treatment retention, and AMA trends among members at Positive Images.
  - Pilot strengthens community partnerships and demonstrates a scalable, low-cost model that enhances trauma-informed care in residential SUD settings.
  - Initiative supports DWIHN's broader goal of improving family-centered outcomes and reducing treatment disruptions linked to caregiver stress.

AVP of CLINICAL OPERATIONS' REPORT
Program Compliance Committee Meeting
Wednesday, April 8, 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
Please See Attached Report

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

HEALTH HOMES – Director, Emily Patterson
Please See Attached Report

PIHP CRISIS SERVICES – Director, Daniel West
No Monthly Report

COMMUNITY ENGAGEMENT – Director, Andrea Smith
Deferred

CUSTOMER SERVICE – Director, Dorian Johnson
Please See Attached Report

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

MANAGED CARE OPERATIONS – Director, Rai Brown
No Monthly 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
No Monthly Report

DWIHN Access Call Center
Yvonne Bostic, MA, LPC (Call Center Director)
Monthly Report: February 2026
Date: 4/8/2026

Main Activities during February 2026:

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

<u>Activity 1:</u> Call Center Performance – Call Detail Report

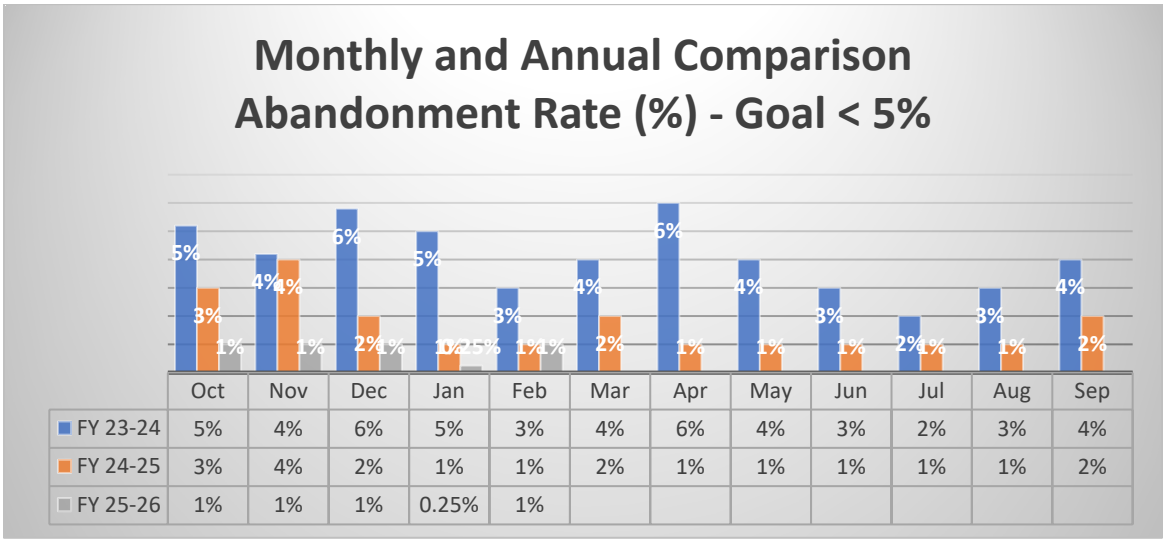
- **Description**: Majority of the calls that come into the call center are from members in the community seeking mental health and SUD services, information and referrals. The rest of the incoming calls are from in-network providers and other community agencies like local hospitals, foster care workers, 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 February 2026:
    - % Abandoned Goal is < 5% **(1%)**
    - Avg. speed to answer Goal <30 sec. **(6 sec)**
    - % of calls answered Goal > 80% **(98.0%)**
    - Service level Goal >80% **(96.0%)**

Queues	Incoming Calls	Calls Handled	Calls Abdoned. /Hang Ups	% Abdoned.	Avg. Speed to Answer	Average Call Length	% of Calls Answered	Service Level
Call Reps	14,906	14,593	76	1%	6s	4m 38s	98%	96%
SUD Techs	3,910	3,699	112	3%	45s	14m42s	95%	87%
Clinical Specialist	2,063	1,662	243	12%	2m33s	22m3s	81%	61%
January 2026 Totals	15,359	15,020	75	0.25%	6s	4m 38s	98%	97%
February 2025 Totals	14,211	13,762	212	1%	12s	4m 46s	97%	91%

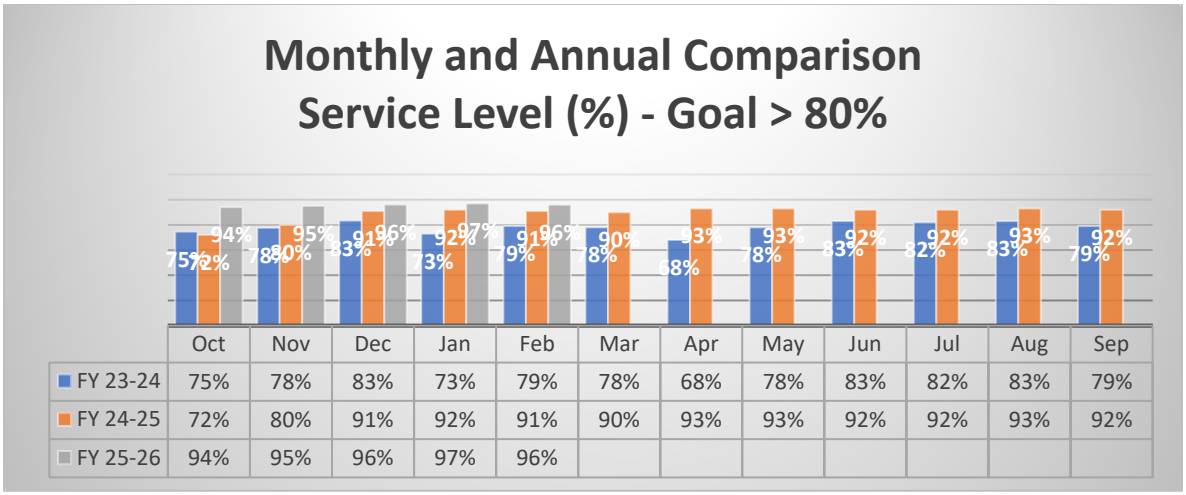
- For the month of February 2026 there were 14,593 calls handled by the Access Call Center. This is 427 less calls than the previous month (January 2026 – 15,020 handled calls).
  - Of the total number of calls handled (14,593) for the month of February 2026:
    - (25.0%) calls handled for SUD services
    - (11.0%) calls handled for MH services

- (64.0%) 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 February 2025 and February 2026, there were 831 more calls handled in 2026.



	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%	1%							



	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%	96%							

- **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)

<u>Activity 2:</u> 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).

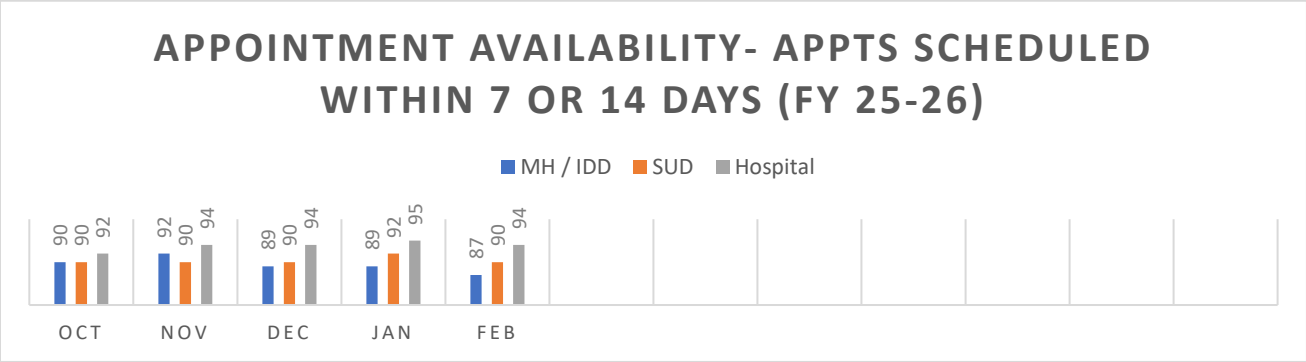
If an appointment cannot be scheduled within the prescribed timeframe, Access Call Center staff will engage in communication with CRSP providers (via phone call and/or email) to coordinate an intake appointment within 30 days or less, when possible

<u>Summary:</u>

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 **February 2026** there were 1185 MH (SMI - 654, SED – 250, I/DD- 49 (adult) / 80 (child), ASD Eval -152) appointments scheduled. Percentage of appointment availability decreased by 2% from January to February (Sep 90.3%, Oct 90%, Nov 92%, Dec 89%**,** Jan 89%**, Feb 87%).**
  - For the month of **February 2026** there were 829 Hospital Discharge follow up appointments scheduled through the DWIHN Access Call Center (Adult 760, Child 69); appointment availability was 94%, which is a 1% decrease from last month (Sep 97.5%, Oct 92%, Nov 94%, Dec 94%, Jan 95%, **Feb 94%)**
  - For the month of **February 2026** there were 1553 SUD appointments scheduled; SUD appointment availability was 90% which is a 2% decrease from last month (Sep 90%, Oct 90%, Nov 90%, Dec 90%, Jan 92%, **Feb 90%).**

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 % Walk-ins processed timely	Oct	Nov	Dec	Jan	Feb	Mar	Apr
MH Routine (access within 30 mins or less)	94%	95%	96%	96%	93%		
SUD Routine (access within 30 mins or less)	81%	83%	85%	84%	85%		
Urgent/Emergent immediate transfer to Crisis Srvcs	98%	99%	98%	98%	97%		

- **Significant Tasks During this Period:**
  - Review the procedure on how to address ‘Walk-ins’ with ACCR, SUD and Clinical staff to ensure an understanding of the difference in timeline standards.
  - Remind staff to use the escalations queue when a screener is not available
- **Needs or Current issues:**
  - None
- **Plan:**
  - Improve the timeliness for processing ‘Walk-ins’ during the 3rd quarter for all ‘Walk-in’ types

Adult Initiatives April 2026 Report
Marianne Lyons, LMSW, CAADC
4/8/2026

Main Activities during quarterly reporting period:

- Outcome Improvement Committee (OIC)
- Clubhouse
- Intellectual and/or Developmental Disabilities (IDD)

Progress on Major Activities:

Activity 1: Outcome Improvement Committee

- *Description:* The OIC remains a core mechanism for addressing the needs of high-risk members with complex behavioral health and medical profiles. Seven (7) members were reviewed this quarter, with continued evidence that coordinated intervention reduces symptom severity and lowers utilization of crisis services. Since 2022, the committee has reviewed 72 referrals, supporting 59 members in achieving greater stability, including reductions in PHQ-9 scores and emergency service use.

- *Current Status:* Case reviews this period highlighted successful stabilization through coordinated cross-system interventions, including co-occurring disorder treatment and collaboration with external hospital partners.

  Case 1

  The member was a high utilizer of crisis services. The committee recommended various clinical and engagement strategies and explored coordination of substance use disorder (SUD) services. Once the member was treated using a co-occurring diagnosis approach, her condition improved. Her last hospitalization occurred in April 2024, and her PHQ-9 score decreased from 14 to 3. She is now actively engaged in Clubhouse services, residing in a supported independent living (SIL) program, and continues to participate in outpatient treatment.

  Case 2

  The member experienced severe, treatment-resistant OCD that created significant safety and functional concerns at home. Despite multiple intervention attempts, he declined outpatient treatment and his condition escalated to the point of requiring hospitalization. Through coordinated collaboration between the OIC, his community treatment team, and the University of Michigan, he received effective treatment and stabilized enough to return home with continued supports. After six months of stability, new medical issues led to renewed behavioral challenges, and his treatment team requested rereview by the OIC to reestablish coordinated planning and prevent further deterioration.

- *Significant Tasks/Major Accomplishments:* To strengthen accountability and outcome tracking, the team implemented a revised agenda and minutes format and created a 90-day follow-up survey set to launch in May 2026.

- *Needs or current issues:* Within the last six months, we have noticed a decrease in referrals, which occurred during CCBHC transition to direct state reporting. We are exploring opportunities to educate CRSP agencies about this resource.

- *Plan*: The Adult Initiatives team plan will continue to use various outreach and internal platforms to help educate the CRSP about OIC including presentations at the all-provider meetings and our Adult Provider Forum.

Activity 2: Clubhouse

- *Description:* Clubhouse is an accredited service, reviewed every 3 years by Clubhouse International, and provides daily activities to members with persistent mental illness. Clubhouse is voluntary and without membership term lengths. Clubhouse membership remained stable across the network, with average quarterly participation ranging from 40 to 212 members per site.

- *Current Status:* The 2nd quarter average membership at each location is as follows:

ACCESS (Hope House)	CNS (Motor City)	Goodwill (A Place of Our Own)	Hegira (Turning Point)	Lincoln Behavioral Services (The Gathering Place)
212	40	120	136	131

The following case demonstrates several system-level strengths including outcomes, long-term value, and program impact.

Case 1

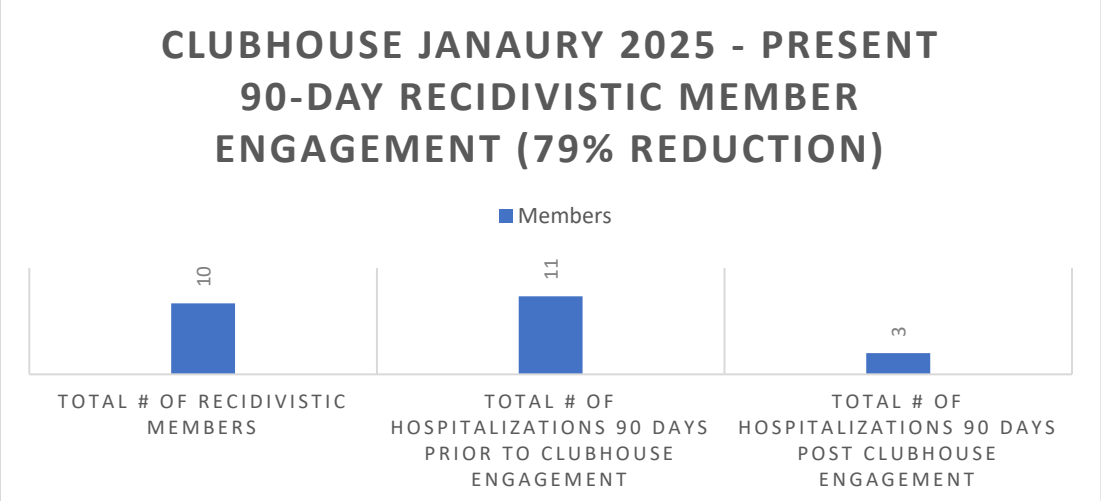
At Turning Point Clubhouse (Hegira), a long-term Clubhouse member with a history of mood instability and substance use achieved significant recovery progress through sustained engagement. With Clubhouse support, she earned her GED, successfully participated in transitional employment, and secured community-based work. Her experience highlights the program's impact on promoting stability, skill development, and meaningful community integration.

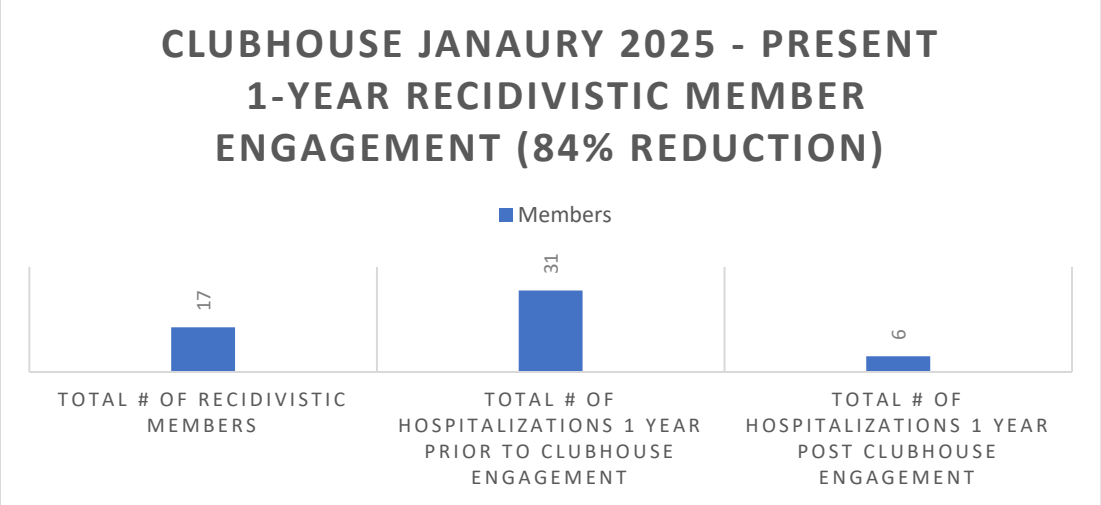
- *Significant Tasks/Major Accomplishments During Period:* Since the start of FY 25/26, 3,235 members have been authorized for Clubhouse services, with an average 15-day window between authorization and first service—now actively tracked to improve access timeliness.

  Adult Initiatives assumed oversight of the Clubhouse Engagement Grant and Drop-In Center Grants, strengthening fiscal accountability and clarifying the complementary role of drop-in centers for individuals not yet ready for a structured Clubhouse environment. Engagement with providers such as Gesher indicated strong progress toward opening a new accredited Clubhouse in winter 2026.

- *Needs or Current Issues:* Clubhouses continue to report on the need for increased enrollment and engagement. Adult Initiatives will continue to offer a PowerPoint to all clubhouses for building an improved understanding of appropriate members to refer to clubhouse.

- *Plans:* Given ongoing concerns regarding enrollment and sustained engagement, Adult Initiatives will expand training on appropriate referrals and, in partnership with Wayne State University, begin tracking PHQ-9 and GAD-7 scores at entry and six-months to quantify program impact.





Activity 3: Intellectual and/or Developmental Disabilities (IDD)- Hospitalizations

- *Description:* The Adult Initiatives team facilitates the provision of services to adult members with Intellectual and/or Developmental Disabilities. The IDD service array aims to assist members in remaining active in their community based upon their needs, preferences and dreams. CLS, respite, psychiatry, psychology, behavioral support, skill-

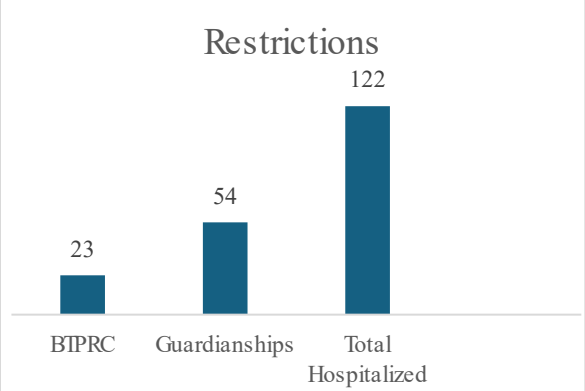
building, speech/physical/occupational therapies, and vocational services are available to members.

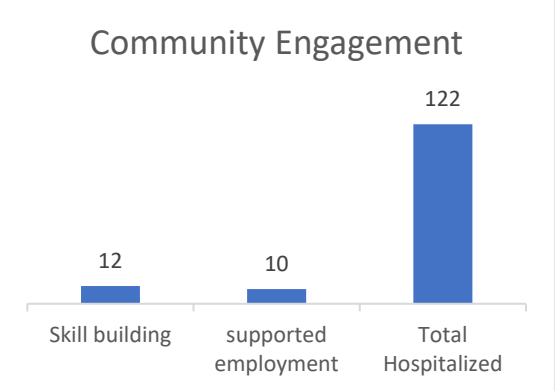
- *Current Status:* A review of 2025 hospitalization data showed 122 psychiatric hospitalizations among approximately 7,000 IDD members, with most members hospitalized for one to two (1-2) weeks. A significant subset had stays exceeding four (4) weeks, typically accompanied by behavioral complexity, guardianship involvement, or approved restrictions. Only seven (7) hospitalized members were engaged in both skill building and supported employment, suggesting a potential protective effect of community engagement.

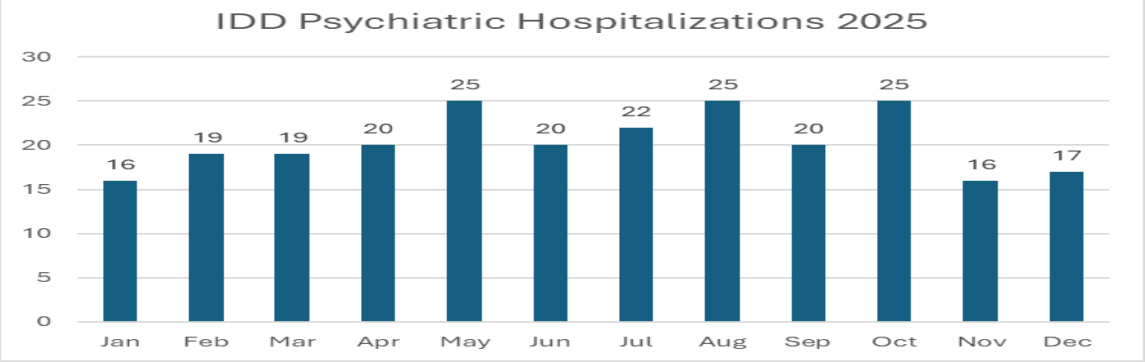
- *Significant Tasks/Major Accomplishments During Period:* Site visits this quarter expanded Adult Initiatives' understanding of available senior and community resources, including robust programming at Cass Community Social Services and The Senior Alliance. Adult Initiatives also collaborated with Children's Initiatives, the Evaluation Committee, and Quality Improvement on network activities, including evaluating new ABA provider applicants and surveying CRSP agencies to assess the need for additional behavioral and psychological providers. The team also joined the Supported Decision-Making Coalition to advance alternatives to guardianship.

- *Needs or current issues:* Need additional information on supported decision-making options and how to educate providers.

- *Plans:* Upcoming work includes attending an IDD conference to deepen expertise on guardianship and behavior treatment, as well as continued distribution of resources to strengthen provider education and system alignment.







Program Compliance Committee Meeting
April 8, 2026
Autism Services Department
March 2026 Monthly Report

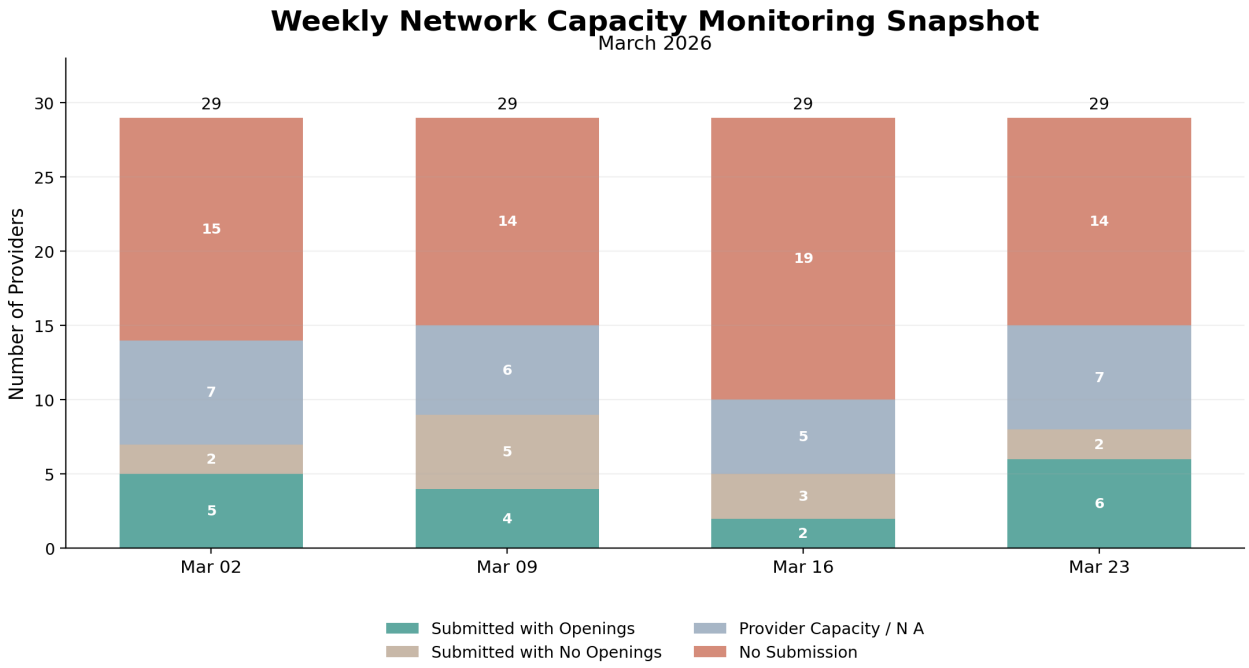
Main Activities during Reporting Period:

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

Progress On Major Activities:

Activity 1: Network Capacity Monitoring

***Description**:* DWIHN Autism Service Department's goal is to focus on improving access to ABA services, supporting enrollment growth, and addressing provider capacity challenges.
Why is this important? To ensure children and youth are connected to an ABA provider in a timely manner to receive medically necessary services.
Current Status: The chart below reflects DWIHN's weekly network capacity monitoring efforts for March 2026 and highlights provider participation in required weekly availability reporting, including whether submissions reflected active openings across the network. This process strengthens oversight of provider capacity, improves visibility into current access, and reinforces accountability for timely and accurate reporting. March findings show that while some providers reported active openings, a portion of the network reported no openings or did not submit updates, underscoring the need for continued monitoring, provider follow up, and strong data quality to support timely access to ABA services.

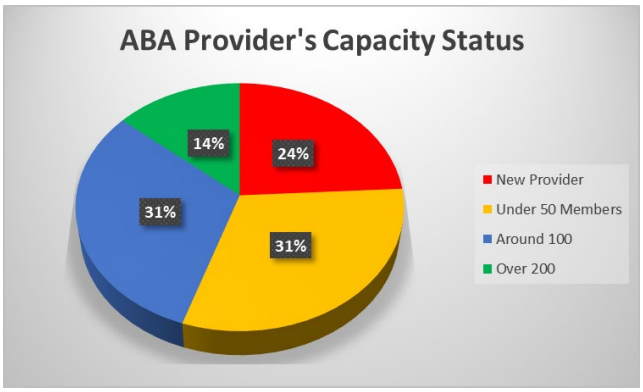


***Significant Tasks During Period**:* In March 2026, the department advanced network capacity monitoring by requiring providers to submit weekly openings and staffing pipeline updates through the Weekly Availability Form, while tracking participation and reporting trends through the Weekly Availability Tracker. These expectations were sent via email and were also reviewed during the monthly provider meeting to support consistent network communication.

***Needs or Current Issues**:* Although DWIHN has expanded the ABA provider network, additional interventions are still needed to address the growing number of youth eligible for autism services. Capacity remains inconsistent across locations, and incomplete weekly reporting can limit visibility into current placement opportunities.
Plan: To address these challenges, the department will continue weekly network capacity monitoring and monthly review of provider reporting trends. Providers will continue submitting weekly openings and staffing pipeline updates for each credentialed location, including in-home services, through the Weekly Availability Form. The department will also continue development of the Family Service Pathway Preference form to better understand family interest in ABA and other service options.

Activity 2: Enrollment Growth & Capacity Plan

***Description**:* Applied Behavior Analysis services must be supported by the provider network with adequate capacity to meet member needs. This activity focuses on monitoring enrollment growth and working with providers to strengthen service capacity across the network.
Why is this important? To ensure there are adequate ABA providers within the network to deliver autism services according to medical necessity.
***Current Status*:** The pie chart indicates 7 of the new providers make up 24% of the network, 9 of the providers have 50 or less members enrolled in ABA which makes up 31% of the network, 9 providers (Kdcare, Avid ABA, HealthCall, Zelexa, AST, Positive, MetroEHS, Akoya, Acorn) are around 100 (+/- 15) members enrolled, and 14% of the network are made up of providers above 200 members (Centria, Brightview Care, Behavior Frontiers, and Gateway). Collectively, the green section/14% of the network supports most enrollments across the network.



***Significant Tasks During Period*:** In March, the department collected and reviewed each provider's total current Wayne County Medicaid members. Following this data analysis, an Enrollment Growth and Capacity Form was sent out to the providers who were reported to have low enrollment numbers under the 50 minimum Statement of Work (SOW) contractual agreement requirement. The providers who were reflected in this data include ABA Goldensteps, Merakey Inc., Patterns Behavioral Services, Lumen Pediatric Therapy, Apex, Downriver Therapy Associates, Illuminate ABA Therapy, and Akoya Behavioral Health. The Enrollment Growth and Capacity Form is intended for organizations to provide a projected plan of enrollment growth to meet the contractual capacity by outlining a 6- or 9-month plan. This information will be used along with other provider data to determine DWIHN's capacity status and identify next steps to increase member capacity within these organizations.
Needs or Current Issues: To address barriers related to ABA providers' inability to accept referrals for autism services, the department reviewed information from the Enrollment Growth and Capacity Form and met with providers to better understand ongoing challenges. These barriers indicate difficulty hiring and onboarding staff due to credentialing timeframes and the limited availability of BCBAs. There is a continued need for increased oversight of these providers to support planning for capacity growth and to ensure they remain aligned with their FY 2026 contractual requirements.
Plan: To address these challenges, the department has begun a cross departmental analysis to identify high priority providers with low member enrollment and better understanding barriers affecting growth. This work will help inform next steps related to Statement of Work expectations and overall member service quality.

Activity 3: Monthly ABA Provider Meeting

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

Current Status: The ABA Provider Network Meeting was held on March 23, 2026, with independent diagnostic evaluators, ABA providers, and Clinically Responsible Service Providers (CRSPs) who oversee members enrolled in autism services.
***Significant Tasks During Period**:* During the meeting, the Autism Services Department reviewed key provider reminders related to no waitlist expectations, continuity of services, transfer documentation, credentialing, IPOS and ABA goals, and payment schedules. The Autism Services Department also reviewed updates related to the Family Pathway Preference Form, CPT code 0362T, CPT code 97151, BCaBA guidance, billing and finance, and ongoing performance improvement expectations related to 97153, 97156, and 97154. The Compliance Department shared Compliance Academy information and related compliance reminders for providers. Utilization Management provided guidance on current system requirements and utilization related expectations discussed during the meeting.
Major Accomplishments During Period: The Autism Services Department reviewed several updates intended to strengthen provider communication, reinforce operational consistency, and support coordination across the autism service network. The meeting reinforced expectations related to referral response timeframes, continuity of services, and transfer documentation. The Autism Services Department also highlighted the Family Pathway Preference Form as a new tool to support clearer communication following diagnostic outcomes and to strengthen follow up, referral planning, and monthly cohort tracking. Together, these efforts supported continued provider education and greater consistency in provider practices across the network.
***Needs or Current Issues**:* The Autism Service Provider network requires an Autism Coordinator to assist in a more reliable, measurable, data-driven system to monitor, track, and optimize the available capacity within the provider network. The Coordinator will serve as a facilitator between the clinically responsible service provider (CRSP) and the ABA provider to ensure timely access to ABA services. This individual will serve as a guide for provider's inquiries, referral options, engaging intake and clinical staff, ensuring providers complete referrals for placement along with authorizations, and ensure appropriate transition or discharge. This position will also assist with documentation of admissions, discharges, and network availability. To address this, a simple, provider-facing form has been developed to gather real-time capacity information and support more effective referral, enrollment, and planning efforts across the system. In addition, a Clinical Specialist is required to assist in reviewing medical necessities of the ABA treatment planning to ensure all components are included such as the scope, duration and intensity and continued monitoring of these treatment plans are in place before authorizing ABA therapy.
Plan: To address these challenges, the Autism Services Department will develop and launch a provider-facing ABA Centralized Access & Placement Protocol form to collect consistent updates on availability, openings, and enrollment status across the ABA network. This information will be used to support referral decisions, improve visibility into access gaps, and strengthen provider-driven enrollment efforts. Over time, the data will also be used to inform system planning, performance monitoring, and budgeting for autism services.

Monthly Update

Things the Department is Doing Especially Well:

Provider Coordination and Oversight

- Held open office hours with ABA providers to support member transfers.
- Continued oversight of the Open Door Living Association closure and supported ongoing member transfers.
- Sent compliance follow-up emails to providers who had not responded.
- Met with providers to discuss referral intake processes, capacity barriers, credentialing issues, and service planning needs.
- Collaborated with providers on high-needs cases and explored additional service options for members.

Network Monitoring and Planning

- Continued reviewing Weekly Availability Form submissions and updated the Weekly Availability Tracker.
- Continued developing monthly cohort tracking for members eligible for ABA services.
- Continued planning efforts for the Family Service Pathway Preference Form.
- Advanced the Enrollment Growth and Capacity Plan for providers with fewer than 50 members.
- Developed a survey focusing on scheduling practices and EMR systems across providers.

Provider Training and Support

- Facilitated the Monthly ABA Provider Network Meeting.

• Conducted referral training with ABA Golden Steps and Centria.
• Held onboarding sessions with Bluemind Therapy and Euro Therapies regarding MHWIN, BCBA credentialing, and referral processes.
• Provided training to Euro Therapies and Bluemind Therapy on how to enter staff into MHWIN.
• Updated the feedback session note to incorporate the Family Pathway Preference.

Meetings, Site Visits, and System Work

• Conducted site visits with Centria, Health Call, and Social Care Administrator (SCA).
• Held a meeting with an Independent Evaluator.
• Presented 97151 Service Utilization Guideline changes to the procedural code workgroup.
• Drafted a standard operating procedure.
• Participated in interviews related to Autism Acceptance Awareness Month.
• Participated in filming for a Support Saturday video.
• Participated in the Autism Lead PIHP State Meeting, the QBHP MDHHS audit, MCO training, and other cross-departmental planning efforts.
• Held an internal meeting to address outstanding CCBHC billing issues and clarify DWIHN's role as payor for Autism Services.
• Participated in a reading event at Cook's Elementary School.

Progress on Previous Improvement Plans:

ABA Service Delivery Performance Improvement Plan (PIP): The department continued efforts to enhance ABA service coordination, provider communication, and network capacity. The ASD Enrollment, Transfer, and Discharge Form remained a core tool for tracking member transitions, while the ABA Provider Availability Log continued to support timely referrals and improved visibility into provider openings across the network. In addition, ongoing development of the Family Pathway Preference Form has strengthened follow up planning by helping the department better understand family interest in ABA and other service options, which supports more informed coordination and capacity planning.

Program Compliance Committee Meeting
April 8, 2026

Children's Initiative Department
March 2026

Main Activities during the Reporting Period:

- Activity 1: MichiCANS Screening Eligibility
- Activity 2: Youth United – Stigma Busting Presentation
- Activity 3: Baby Court Grant – Active Community Team Meeting

Progress On Major Activities:

Activity 1: MichiCANS Screening Eligibility

Description: The MichiCANS Screener is completed for members age 0 to 21st birthday to determine eligibility for services. The goal is for the intake appointments to occur within 14 days of the screening date at 57%.

Why is this Important?: The MichiCANS Screener is a universal tool with the following disposition options:

- No behavioral health referral needed
- Referral to mild to moderate services
- Referral to behavioral health services
- Referral to crisis services

Current Status: Indicator 2a data of intakes occurring within 14 days of the screening date decreased from 60% during FY25/Q4 to 51% during FY26/Q2 (below the goal of 57%). During the month of March 2026 reviewed MichiCANS Screenings completed during FY26/Q1 (Oct – Dec 2025); in which, a total of 1,804 screenings were completed. Out of the total, 266 screenings were delivered by Children Providers for the specialty programs. Findings indicate 99 of the screenings were not billed with the correct H0002 screening eligibility code and modifier.

Significant Tasks and Major Accomplishments: During the month interdepartmental meetings with Quality, IT, and Claims departments held to identify the barriers and develop a plan to address the decrease in compliance of intake sessions occurring within 14 days of the screening date. It was identified Children Providers were not consistently billing the H0002 code and as a result, these services were not included in the data set. Each Children Provider received Q1 data regarding H0002 services and requested to submit any overdue claims by 3/26/26. Also re-educated Children Providers on the correct procedure of completing the screeners which was also reinforced during the Children System Transformation (CST) meeting that was held 3/27/26.

Needs or Current Issues: Continuous improvement to continue to monitor and evaluate performance of indicator 2a as well as Children Providers billing the H0002 code and modifiers correctly according to the screening eligibility bulletin.

Plans: By April 2026 review the feedback submitted by Children Providers of progress and barriers of completing and billing screenings. Work with Quality and IT departments to update the logic for the screenings to be counted by the screener date rather than by the claims date to improve indicator 2a outcomes. Provide quarterly reports to Children Providers on H0002 data.

Activity 2: Youth United – Stigma Busting Presentation

Description: Youth United (YU) is an initiative within Children's Initiative system of care that promotes advocacy and action among young people ages 14 to 26 years old by using positive values and philosophy.

Why is this Important?: Youth United is staff by Lead Youth Advocates who are charged with engaging other youth, promoting youth involvement at the community level, participating in system of care activities and educating stakeholders through their work.

Census: During the month hosted a Stigma Busting Presentation at JobCorps in Detroit, MI in which 157 youth and young adults were present for the assembly presentation.
Significant Tasks and Major Accomplishments During Period: Youth were engaged to participate in the Stigma Busting presentation to learn more about the stigma of seeking mental health services. Attendees completed a pre/post survey, asked questions about stigma, and received additional information about crisis and mental health services.
Needs or Current Issues*:* Identify ways to increase pre/post survey participation.
Plans: Ongoing participation with JobCorps to offer additional workshop presentations.

Activity 3: Baby Court Grant – Active Community Team Meeting

Description: Facilitated Active Community Team (ACT) meeting on 3/20/26 held at The Children Center location in Detroit. Focused on Personal Protection Orders (PPOs) featuring a guest speaker and cross-system collaboration.
Why is this Important?: The ACT meetings are sponsored by the Baby Court Grant to strengthen community partnerships, increase knowledge of resources, and improve coordination across systems to better support families.
Current Status: 44 attendees attended the event including community partners and stakeholders.
Significant Tasks and Major Accomplishments During Period: Secured the guest speaker Erin Lincoln from the Friend of the Court and Deputy Court Administrator. There was a noticeable increase in attendance and engagement compared to previous ACT meetings of normally 15 to 20 attendees. Also, facilitated group discussion and networking.
Needs or Current Issues*:* Ensuring survey completion for reporting purposes. Continued engagement strategies for participation
Plans: Implement improved survey completion strategies. Continue planning engaging and relevant ACT topics. Strengthen partner participation and collaboration.

Monthly Update

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

- Leadership Series: Next-Level Leadership - Advancing Community Mental Health Practice
- Children Mental Health Lecture Series: Interrupting the Cycle - Community-Based Prevention and Mentoring Strategies to Keep Youth Out of the Juvenile Justice System
- Self-Care Series: Self Care While We Care for Others
- Peer to Peer Training: Art Therapy

Community Engagement and Outreach: Children Initiative Department participated in the following outreach events this month.

- Cooke STEM Academy – Women from DWIHN attended the reading event at the school to read to elementary students for March reading month.
- Representatives from DWIHN attended the initial Domestic Violence Coalition meeting held at First Step in Westland. Discussed the need to address housing, domestic violence, human trafficking, and community violence in Wayne County. 9,523 cases were referred to the police departments in Wayne County specifically regarding domestic violence during 2025. The coalition new name to be called, "43rd Bridges to Safety."

<u>Youth United:</u>

- Hosted Courageous Conversation workshop "Life After High School" at Mumford High School.
- Held the monthly Youth Mental Health Council meeting with high school students and addressed the topic of "Setting Boundaries."
- Facilitated the Stigma Busting Presentation at JobCorps in Detroit, MI with 157 youth and young adults during assembly presentation.

CLS/Respite Committee: Meeting held with CLS/Respite Providers to discuss preparation for FY27 Statement of Work requirements. Plan to develop objectives for these two ancillary services for FY27, review utilization of services, and conduct a needs assessment.

System of Care Unique Persons Taskforce: Presented data on racial disparity for members discharging from the inpatient hospitalization. Members of African American ethnicity performed lower of completing post hospital discharge appointment. Discussed barriers including social determinants of health (lack of communication, poor housing, and lack of transportation). Providers mentioned offering members Lyft rides covered by grant funds. Also discussed the cultural competency feedback from 2024 Member Engagement Echo Survey in which Parents rated the clinical care provided as responsive to cultural needs at 77%. Plan to continue to improve member satisfaction with receiving culturally sensitive services.

Performance Improvement Plans: Presented at the Improving Practices Leadership Team (IPLT) meeting 3/3/26 on the following performance improvement plans:

- 30 Day Follow Up after Hospitalization (FUH)
- Follow Up Care for Children Prescribed ADHD Medications (ADD-E)
- Metabolic Monitoring for Children and Adolescents On Antipsychotics (APM-E)
- Patient Healthcare Questionnaire (PHQ-A)

Proposed new interventions to aide in improving performance and outcomes including:

- Updating the policy requiring the Quarterly Report to be completed quarterly for Providers falling below the goal.
- Updating the Quarterly Report from the Feedback Survey via Microsoft Forms to Excel Sheet
- Providers self-audit 100% of the cases not meeting the goal requirements and document findings on the Quarterly Report
- Quarterly Reports are submitted to the Performance Improvement Plan smartsheet
- Implementing a competency quiz for staff to complete within 90 days of hire and annually.

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

- MC3 – Michigan Clinical Consultation & Care

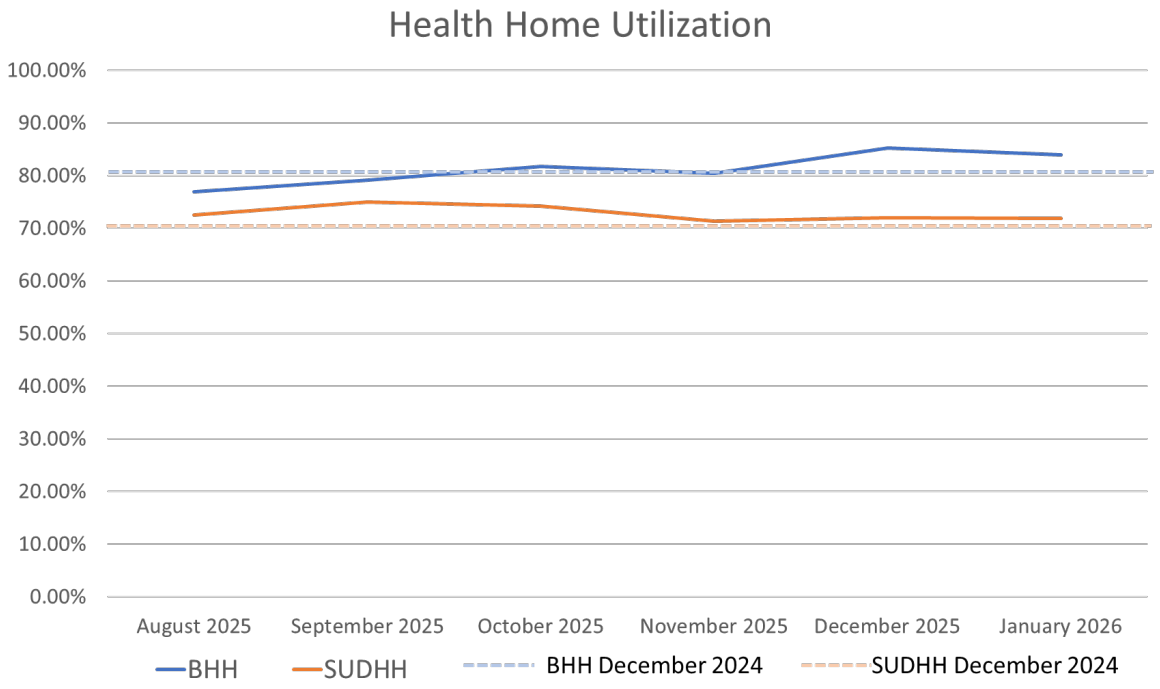
Program Compliance Committee Meeting
Emily Patterson/Health Home Director Report
4/8/2026

Main Activities during Quarter/Month Reporting Period:

- Health Home Utilization Monitoring
- Health Home Enrollment Monitoring
- Health Home Outcome/Impact Data Investigation

Progress On Major Activities:

Activity 1: Health Home Utilization Monitoring



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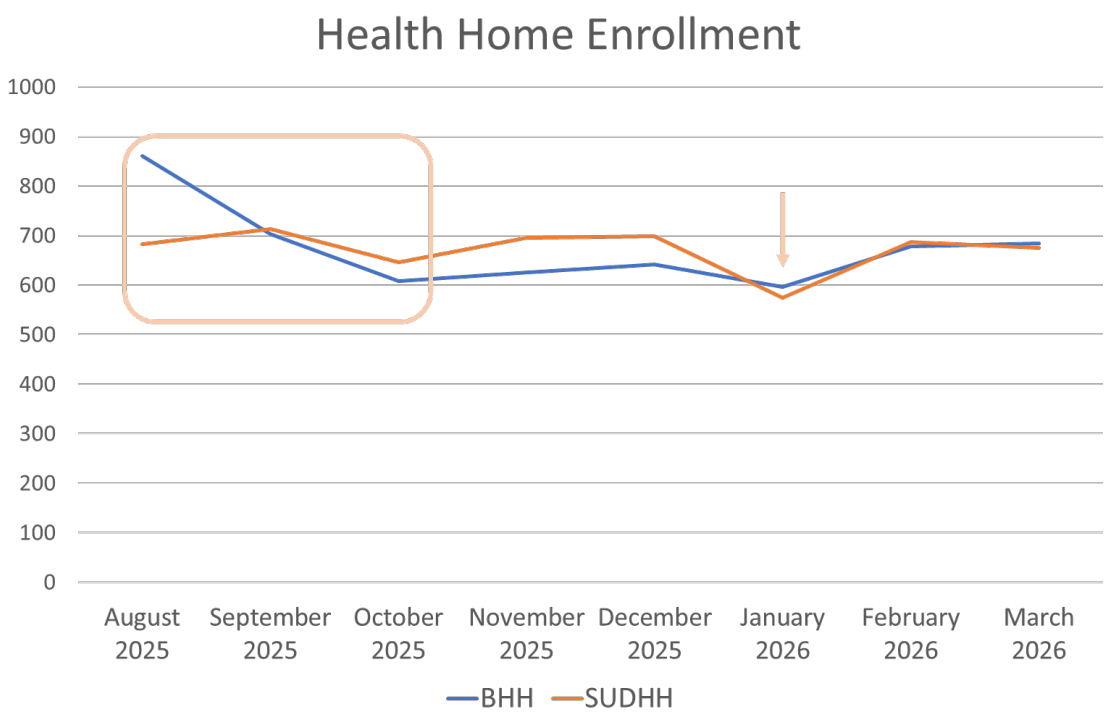
- *Description:* Health Home services are reimbursed on a per member, per month basis, and intended to be a comprehensive care coordination service. Consistent provider care coordination contacts over time with people served in Health Homes are important to achieve good outcomes and fidelity to the model. MDHHS does not have a specific utilization minimum, however the department does monitor utilization. DWIHN has set a minimum utilization rate of 60% for participating Health Home providers- which means people enrolled receive an eligible Health Home service at least 60% of months they are enrolled. Health Home partners not meeting the 60% utilization standard are placed on a performance improvement plan.
- *Current Status:* BHH and SUDHH providers are consistently achieving over 60% utilization: SUDHH is closer to 70% utilization overall and BHH sits at about 80%.
- *Plan:* The DWIHN Health Homes team is increasing the utilization standard to a minimum of 70% incrementally over the next two quarters. The standard will be increased to 65% effective Q4 (July 1, 2026) and 70% effective FY2027 (October 1, 2026).

Activity 2: Health Home Enrollment Monitoring



- *Description:* The DWIHN Health Home team manages all of the enrollments and disenrollments from the Behavioral and SUD Health Home programs in Wayne County, and monitors enrollment trends over time with the aim of increasing enrollment to 1,000 people per program and beyond.
- *Current Status:* Enrollment: BHH - 688, SUDHH - 679

Explanation of two downward trending periods in the graph above:

- BHH August – September 2025:
  - A CCBHC provider partner chose to pursue care coordination via CCBHC billable codes and was offboarded from the MDHHS Medicaid funded BHH program.
  - Staff turnover at a different provider resulted in loss of the BHH program's champion at that agency. Through routine monitoring, the DWIHN Health Home team identified that many people at this agency were enrolled and not actively receiving services, so they were disenrolled in partnership with the provider.
- Both Health Homes January 2026
  - This dip is during the transition from MiHealthLink to HIDE D SNP. This transition was chaotic for providers and the DWIHN team at first. The DWIHN team and providers advocated for Health Homes and HIDE D SNP to be made coexisting benefit programs (MiHealthLink was previously not able to coexist with HH). MDHHS changed policy to allow HH and HIDE D SNP to coexist, which we are very pleased about. Health Home providers must collaborate with the HIDE D SNPs. The enrollment dip due to HIDE D SNP evened out in February once policy had been settled.

- *Plan:* The Health Home team is doing targeted outreach to network providers to invite them to explore joining the Health Home programs. The DWIHN Power BI Risk matrix and Lumenore AI tools are being used to identify people who could most benefit from Health Home enrollment.

<u>Activity 3:</u> Health Home Outcome/Impact Data Investigation

- *Description:* The Health Home team is using statistical analysis to identify and quantify the impact of Health Home participation on outcomes for people served and cost efficiency for the network. We are seeking to answer the question: "Are people doing better when they participate in a Health Home?"
- *Current Status:* The data table below is based off of 1,364 lines of data. Each observation represents one person's enrollment in a Behavioral or SUD Health Home. This dataset excluded people who had not been in a Health Home for at least 90 days. This table compares metrics in the 90 days before a person joined a HH program, and the most recent past 90 days from when the data was pulled (in this case, mid-March 2026). Initial data suggest that there is something exciting happening when people have the comprehensive care coordination offered by Health Homes. Additional analysis is needed to ensure reliability.
- *Needs or Current Issues:* To ensure reliability, the Health Home team needs to repeat these results and investigate effect size and confounding variables.
- *Plan:* Future statistical analyses will try to control for other variables, such as total time in services. Future planned analyses will compare people who are in Health Homes with those who are in other services, but not a Health Home.

Data Point	**Result**	**Δ**
Mean Total Service Costs per person, 90 Days Prior	$8,475.33	
Mean Total Service Costs per person, Last 90 Days	$7,218.51	-$1,256.82
Grand Total Service Costs 90 Days Prior	$11,560,348.02	
Grand Total Service Costs Last 90 Days	$8,431,216.70	-$3,129,131.32
Hospital Stays Count 90 Days Prior	46	
Hospital Stays Count Last 90 Days	13	33 fewer stays 28 fewer people with a stay
Hospital Days Count 90 Days Prior ALOS = Average Length of Stay	653 ALOS: 14.2 days	
Hospital Days Count Last 90 Days	178 ALOS: 13.7 days	475 fewer days -0.5 days ALOS

Program Compliance Committee
April 8, 2026
Customer Service Department
Dorian Johnson, Customer Service
March 2026

Unit Activities

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

Activity 1: Customer Service Calls

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

Reception/Switchboard Reception/Switchboard

	Number of Offered	Number of Calls Answered	Abandonment Calls	Abandonment Rate Standard <5%	Average Speed Answered (ASA) <30sec	Service Level Standard 80%	% of Calls Answered Standard 80%
March FY 25/26	806	775	9	1%	11 sec.	98%	96%
March FY 24/25	1002	949	19	2%	10 sec.	97%	95%

***Please note the numbers for this month are not complete due to the requested due date. Customer Service Call Center**

	Number of Offered	Number Of Calls Answered	Abandonment Calls	Abandonment Rate Standard <5%	Average Speed Answered (ASA) <30sec	Service Level Standard 80%	% of Calls Answered Standard 80%
March FY 25/26	842	808	22	3%	911sec.	94%	96%
March FY 24/25	952	899	29	3%	10 sec.	94%	94%

Significant Activities:

Reception/Switchboard Reception/Switchboard

- In summary, the data shows some positive trends in our call management performance, especially regarding how quickly calls are answered and how few calls are abandoned. Even though there was a drop in both the total number of calls offered and those answered, the improvement in important efficiency metrics indicates that the team is handling the calls they do receive effectively.

  It's important to remember that this analysis is based on data collected before the month ended, so there might be slight changes as we finalize the numbers. As we look ahead, it will be crucial to keep an eye on these metrics in the coming months, especially if call volumes stabilize or increase. This will help us maintain high service quality and make sure we allocate our resources wisely to meet any changes in demand.

Customer Service Call Center

- In conclusion, despite the lower volume of calls in FY 25/26, the improvement in performance metrics suggests a positive trend in call handling efficiency. Continuous monitoring and enhancement of processes is something to consider for further improvement in service delivery and customer satisfaction in future months.

  Please Note: It's important to note that the report was requested prior to the end of the month, which will affect the final numbers for the month.

Activity 2: Grievances, Appeals, and State Fair Hearings

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

Complaint and Grievance Related Communications

	March FY 25/26	March FY 24/25	YTD FY 2026
Complaint/Grievance Correspondence	206	287	1542

Grievance Processed

Grievances	March FY 25/26	March FY 24/25	YTD FY 2026
Grievances Received	**2**	**6**	**24**
Grievances Resolved	**1**	**5**	**25**

Grievance Issues by Category

Category	March FY 25/26	March FY24/25	YTD FY 2026
Access to Staff	2	2	4
Access to Services*	1	2	11
Clinical Issues	0	0	1
Customer Service	0	4	3
Delivery of Service*	1	3	14
Enrollment/ Disenrollment	0	0	0
Environmental	0	0	0
Financial	0	0	1
Interpersonal*	1	1	5
Org Determination & Reconciliation Process	0	0	2
Program Issues	0	0	0
Quality of Care	0	0	1
Transportation	0	0	1
Other	0	0	0
Wait Time	0	0	0
Overall Total	5	13	44

Grievance Trends

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

Definitions

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

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

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

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

HIDE SNP Grievances

Grievance	March FY 25/26	March FY 24/25	YTD FY 2026
Overall Total	0	0	0

Appeals: Advance and Adequate Notices

	March FY 25/26		March FY 24/25	
Notice Group	**Adequate**	**Advance**	**Adequate**	**Advance**
MI	1395	332	912	226
ABA	44	16	86	23
SUD	103	81	129	20
I/DD	231	71	26	166
Overall Total	1773	500	1153	435

Appeals Communications

	March FY 25/26	March FY 24/25	YTD FY 2026
Appeals Communications Received	83	38	650

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

Appeals Filed

Appeals	March FY 25/26	March FY 24/25	YTD FY 2026
Appeals Received	1	3	8
Appeals Resolved	1	1	8

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

DWIHN State Fair Hearings

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

- For the month of **March** '26, there was no State Fair Hearing. There was one Mediation for the month of **March**.

HIDE SNP State Fair Hearings

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

MI Health Link (Demonstration Project) Appeals and State Fair Hearings
both fiscal years for the month of March there were **0** MI Health Link Appeals and State Fair Hearings filed by MI Health Link members.

Significant Activity/Accomplishments:

Grievance:

- GS Barb Hedgepeth has been placed on the NCQA task group
- GS Barb Hedgepeth has been assigned to work on NSQA QIP
- GS Myneisha Calhoun attended the ABA Provider Network Monthly Meeting

Trends:

- There were two Family Support Subsidy appeal inquiries.
- There has been a decrease in grievances over the last few months.

Appeals:

- AS Brandi Marable has been placed on the NCQA task group
- AS Brandi Marable has been assigned to work on NSQA QIP

Activity 3: Member Engagement and Experience

Member Engagement is a sub-unit of the Customer Service Department. The unit functions with three primary operations: Member Experience, Member Engagement, and Peer Coordination. The goals are to assist in the facilitation of member activities, while promoting advocacy, member rights, and collecting feedback and data essential to better understand the members' experience throughout our system. The Office of Peer Services also assists in the facilitation of essential training, initiatives and interaction with Peer development, focusing primarily on the Certified Peer Support Specialists, Certified Recovery Coaches and Peer Mentors, in the internal and system-wide workforces.

Significant Activity:

Member Engagement and Experience Unit facilitated activities during March 2026 which included the following:

- A live Peer Chat is hosted every second Thursday of the month for the opportunity for socialization, encouragement, and human interaction. Peer Chat is a casual forum for Peer Support Specialists, Peer Recovery Coaches and Peer Mentors. The Peer Chat provides opportunities to discuss services and resources for self-care, self-development and services for those in care. The Peer Chat continues to be an active Zoom event, which allows for casual, relevant conversation for those who may otherwise feel isolated. A new Peer Chat flyer was created by Communications Department and posted on the DWIHN Friday Roundup. The Live Peer Chat was attended by two (2) Peers on March 12, 2026.

- The Constituents' Voice (CV) met on March 20, 2026. The CV is currently recruiting new members. The CV Actions Committees: Advice/Advocacy, Engagement, and Empower met during the month.
- March is Developmental Disabilities Awareness Month. The Constituents' Voice Advocacy Action Committee hosted an event on March 19, 2026, from 10:30 a.m. - 12 noon via Zoom. The panel discussed "Navigating Health Disparities & Growing Older in the Developmental Disabilities Community" with Eunice Marks, a retired Social Worker with cerebral palsy, Dr. Melissa Zochowski, University of Michigan Developmental Disabilities Institute and Jamie Junior, Co-Chair of the Constituents' Voice. Sixty-four participants attended the very informative program.
- Customer Service Engagement staff did a site visit to Motor City Clubhouse and presented a program on the Constituent's Voice Committees, Administrative Updates; and Misinformation and Voting Education.

- Customer Service Engagement Manager, Quality Improvement staff and Integrated Health staff developed a protocol for follow-up calls following post discharge from inpatient hospitalization to remind members of their upcoming 7-day appointment with a CRSP/Provider. A Peer Agent in Customer Service Member Engagement Unit continue to make the weekly calls in March.

- The Rapid Response Report for March 1-30, 2026, reported 83 e-mails received an average of 3 e-mails a day.

Submitted by: Dorian Johnson, Customer Service Director

Integrated Healthcare Monthly Report
Vicky Politowski, Integrated Healthcare Director
Program Compliance Committee
April 8, 2026

Main Activities During Reporting Period:

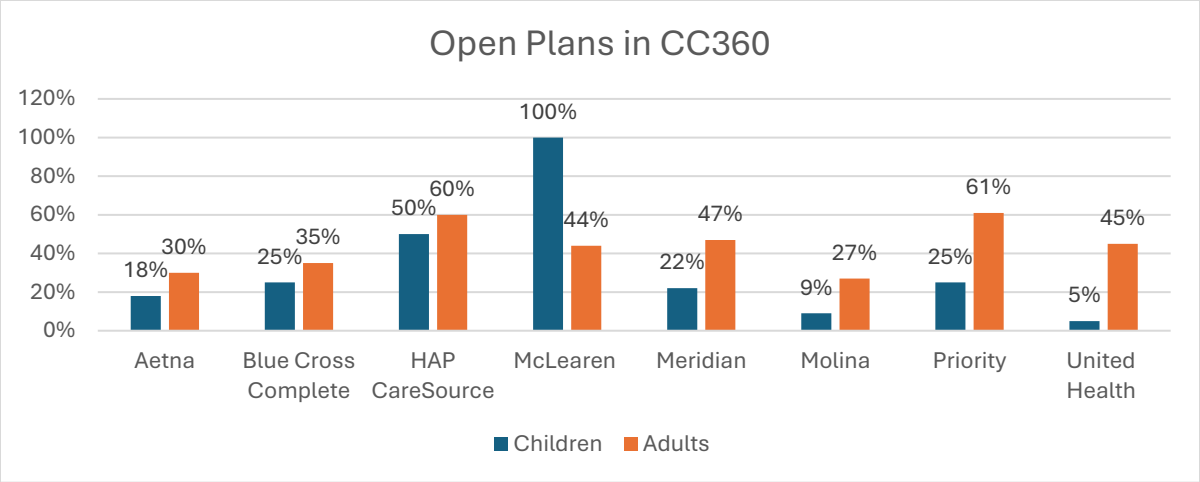
- **Complex Case Management (CCM)**
- **Highly Integrate Duel Eligible Service Needs Plan (HIDE-SNP) and Care Coordination with Medicaid Health Plans**
- **Health Effectiveness Data and Information Set (HEDIS)**

Activity 1: Complex Case Management

- ***Description****:* Complex Case Management (CCM) is an intensive 120-day program that aims to improve individuals' quality of life by connecting them to appropriate community resources and developing support teams that include family, medical, and behavioral health professionals.
- ***Current Status****:* Complex Case Management is actively expanding the caseload of our staff, which currently includes **28** individuals. In March, Complex Case Management successfully added **7** new cases: **5** from a provider, **1** from the Substance Use Disorder department, and **1** from a family member. Complex Case Management is dedicated to effectively managing these cases and enhancing outcomes for the individuals served.
- ***Significant Tasks/Major Accomplishments During Period****:* In-services on Complex Case Management were held with Wayne Center, CLS, the Ruth Ellis Housing Program, CUYFD Detroit, and Brightview Care. Additionally, information about Complex Case Management was shared with Great Lakes Guardianship, Beginning Step, Oakridge Manor, MiSide Development Center, Cashmere AFC, Gesher Human Services, In Good Hands AFC, Sobriety House, and Emagine Health Services.
- ***Needs or Current Issues****:* CCM is working on increasing the number of members who have a primary care doctor and get an A1C lab completed. Of the 28 members open, only four (4) had claims in CC360 for A1C labs.
- ***Plan***: CCM has created a letter to go with the release of information that is sent to primary care doctors on the importance of A1C testing of members and an educational letter to members on why it is important to get A1C testing.

Activity 2: Highly Integrate Dual Eligible Service Needs Plan (HIDE-SNP) and Care Coordination with Medicaid Health Plans

- ***Description:*** DWIHN has fully executed contracts with HAP CareSource, Humana, and AmeriHealth for the new HIDE-SNP Plans. Care Coordination with all Medicaid Health Plans and Hide-SNP has started.
- ***Current Status:*** DWIHN is actively working on Care Coordination with all eight (8) Medicaid Health Plans. The Michigan Department of Health and Human Services (MDHHS) has established a benchmark requiring that 25% of adults needing Care Coordination have an active plan in Care Connect 360 (CC360). DWIHN aims to achieve 40% each month to ensure that this standard is consistently met throughout the year. Although MDHHS has not set a specific standard for children, DWIHN is closely monitoring progress to ensure that the 25% benchmark is reached by the end of the fiscal year.



- ***Significant Tasks During* Period**: The IHC team has worked with all departments on ensuring all procedures for claims reporting for the HIDE-SNP are correct.
- ***Major Accomplishments During Period***: DWIHN has successfully onboarded Humana for Care Coordination.
- ***Needs or Current Issues:*** SUD providers are unable to bill any other HIDE-SNP plan outside the three (3) contracted with DWIHN.
- ***Plan:*** The IHC team is meeting with SUD providers to aid in questions about HIDE-SNP billing.

Activity 3: HEDIS

- ***Description*:** HEDIS stands for Healthcare Effectiveness Data and Information Set. It is a national system in the United States that measures the quality of healthcare. HEDIS was created and maintained by the National Committee for Quality Assurance (NCQA). The goal of HEDIS is to improve healthcare quality, encourage preventive care, and promote better health outcomes. The IHC department has four (4) quality improvement plans: 1) Follow-up After Hospitalization (FUH), 2) Medication Monitoring for Antidepressants (AMM), 3) Diabetes Testing for Individuals with Bipolar or Schizophrenia (SSD), 4) Medication Monitoring for Individuals on Antipsychotics (SAA).
- ***Current Status:*** The IHC HEDIS Specialist has worked with IT to develop dashboards so data can be tracked more easily, and quarters can be monitored as a whole or by provider.
- ***Significant Tasks During* Period**: IHC has been educating the Quality Department to aid them in tracking and monitoring, as MDHHS has made 11 different HEDIS measures a quality metric.
- ***Needs or Current Issues:*** IHC will continue to educate the Quality Department on HEDIS, as CRSP providers who do not meet specified goals will be placed on improvement plans.
- ***Plan:*** IHC and Quality are meeting weekly for this transition.

Things the Department is Doing Especially Well:

- *Omnibus Budget Reconciliation Act (OBRA):* OBRA staff continue to support members/guardians who were placed from out-of-state facilities. Due to DWIHN advocacy, Michigan Department of Health and Human Services has changed the procedure for Interstate transfers.
- *Complex Case Management:* CCMs are meeting KPI's opening a minimum of three (3) members per month.
- *Medicaid Health Plans and HIDE-SNP*: DWIHN is meeting the 25% for Care Coordination for adults and is tracking children to be prepared for any changes in the benchmarks for FY27.
- *HEDIS:* The HEDIS Specialist has worked on a Power BI dashboard that can be used by all departments involved in HEDIS.

Identified Opportunities for Improvement:

- *Omnibus Budget Reconciliation ACT (OBRA):* Reduce the 14-day queue turnaround time by 10% by June 2026.
- *Complex Case Management:* CCM to work with members and primary care doctors on A1C testing.
- *Medicaid Health Plans and HIDE-SNP:* Providers continue to struggle with the HIDE-SNP changes despite support from IHC and other DWIHN departments.
- *HEDIS:* Clinically Responsible Service Providers (CRSPs) are falling below the benchmarks. IHC will assist Quality with data interpretation.

Program Compliance Committee Meeting
Ryan Morgan Director of Residential Services: March 2026 Report
Date: April 8, 2026

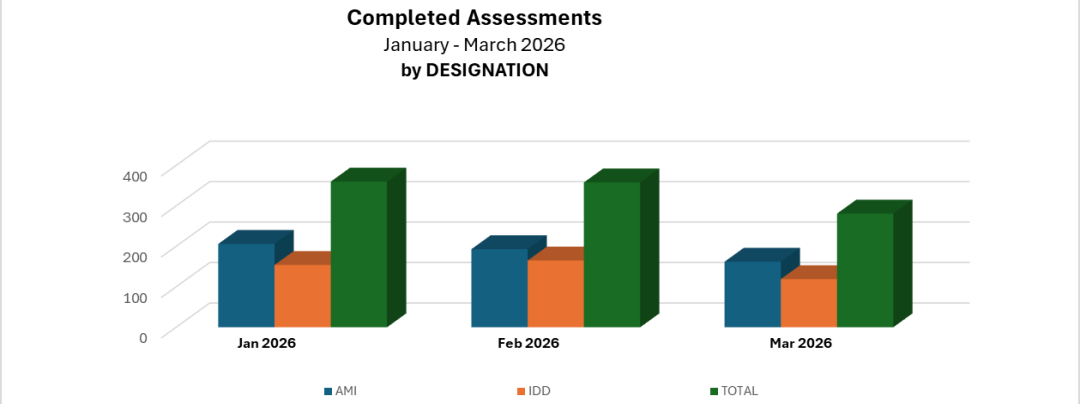
Main Activities During Reporting Period: March 2026

- **Updating Residential Assessments**
- **Monitoring New Members Referred for Residential Services**
- **Residential Assessment Audit Tool Review**

Progress On Major Activities:

<u>Activity 1:</u> Updating Residential Assessments

- *Description:* During the month of March, the Residential Services Department continued the process of ensuring members receiving residential services maintain up to date residential assessments. Each member receiving residential services should have an assessment completed annually or at any time there is a change in the member's condition. It is important that each member has an up-to-date assessment to ensure the member receives the correct level of care that is medically necessary and person-centered.
- *Current Status:*



	January 2026	February 2026	March 2026
AMI	206	193	162
IDD	154	165	119
TOTAL	360	358	281

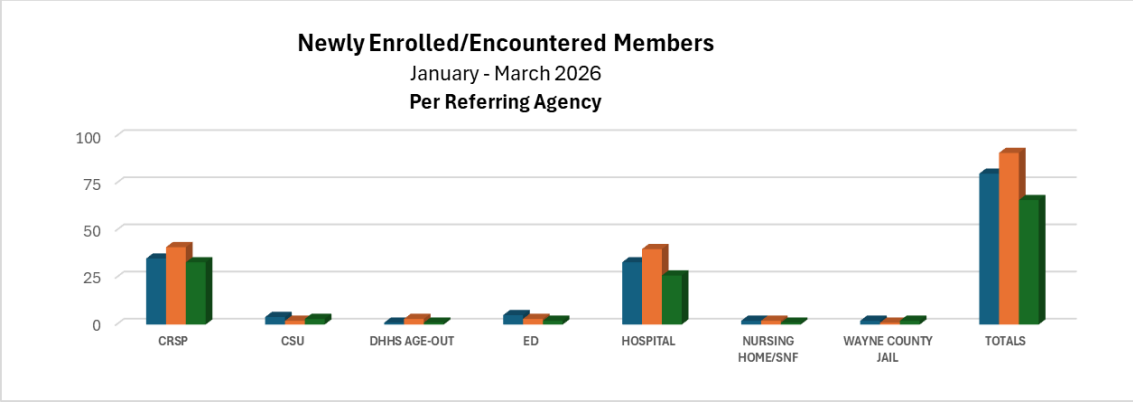
- *Significant Tasks During Period:* During the month of March, at the time of submission, the Residential Services Department completed (281) residential assessments, of those (162) were completed with Adults with Mental Illness (AMI) and (119) were completed with individuals with Intellectual and Developmental Disabilities (I/DD).
- *Major Accomplishments During Period:* The Residential Services Department continues to conduct bi-monthly training with Clinically Responsible Services Provider (CRSP) case holders. These training courses are designed to help clinical staff learn how to align clinical documentation, like the crisis plan and Individual Plan of Service (IPOS) with the needs identified in the residential assessment.
- *Needs or Current Issues:* It would benefit the Residential Services Department to develop an electronic monitoring tool that tracks the residential assessment recommendations. This will

indicate whether services are increasing or decreasing and track department trends from year to year.

- *Plan:* The Residential Services Department is planning to implement a process to manually track assessment recommendations, specifically related to staffing hours, via the staff's case assignment tracking log. Further discussions will be conducted in the future with leadership from the Residential and Information Technology (IT) Departments in efforts to develop an electronic tracking tool.

<u>Activity 2:</u> Monitoring New Members Referred to Residential Services

- *Description:* During the month of March, the Residential Services Department was able to track new members referred to residential services along with the referring entities. It is important for the department to track this data so that we can see the primary referral sources and allocate future resources as needed in those areas.
- *Current Status:*



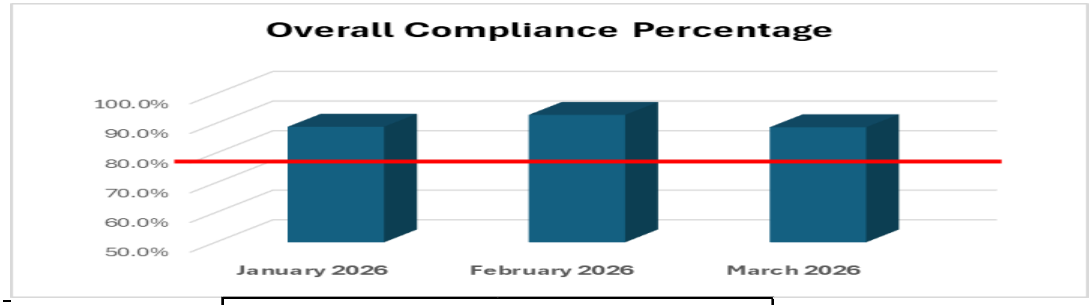
	January 2026	February 2026	March 2026
CRSP	35	41	33
CSU	4	2	3
DHHS AGE-OUT	1	3	1
ED	5	3	2
HOSPITAL	33	40	26
NURSING HOME/SNF	2	2	1
WAYNE COUNTY JAIL	2	1	2
TOTALS	82	92	68

- *Significant Tasks During Period:* During the month of March the department received 66 new referrals to the Residential Services Department, who were not receiving residential services previously.
- *Major Accomplishments During Period:* Earlier in the year the Residential Services Department's leadership implemented weekly meetings with Residential Care Coordinators (RCC) to brainstorm solutions for members who are difficult to place. This collaboration ensures that staff are supported and aware of all placement options.
- *Needs or Current Issues:* The Residential Services Department continues to see an influx of cases referred by hospitals and emergency departments. Many of these cases are high acuity and have multiple needs that can be challenging to place.

- *Plan:* The Residential Services Department began coordinating weekly meetings in January with the Henry Ford Network of hospitals to assist with coordination and placement efforts. These meetings are ongoing and will continue every Wednesday.

<u>Activity 3:</u> Residential Assessment Audit Tool Review

- *Description:* During the month of March, the Residential Services Department continued the process of monitoring the quality, thoroughness, and accuracy of residential assessments completed by Residential Care Specialists (RCS) via the residential assessment audit tool developed earlier in the year. It is important to have an established process for monitoring completed assessments to ensure there is a quality standard and expectation for staff completing assessments.
- *Current Status:*



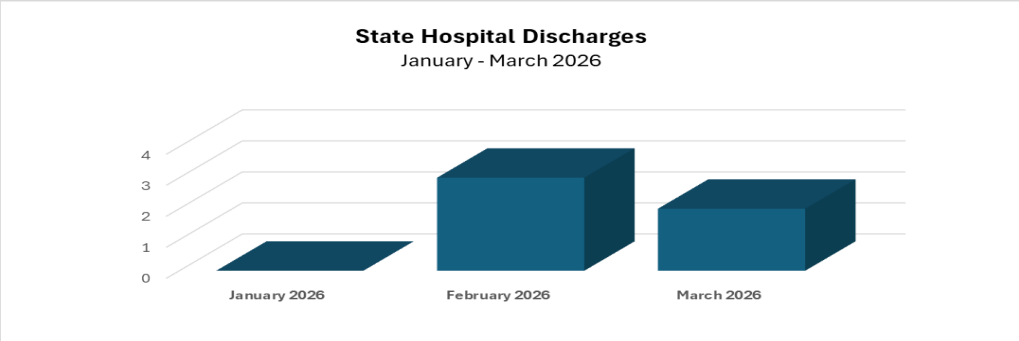
Complaince Percentage	
January 2026	88.9%
February 2026	92.9%
March 2026	88.8%

- *Significant Tasks During Period:* During the month of March managers within the Residential Services Department reviewed two (2) residential assessments per Residential Care Specialist (RCS) within the Adults with Mental Illness (AMI) and Individuals with Intellectual and Developmental Disabilities (I/DD) units. The department set a benchmark expectation of (80%) compliance for each assessment.
- *Major Accomplishments During Period:* During March the audit tool showed that (100%) of completed audits provided the member's income and Medicaid status. Additionally, (98%) of reviews contained a thorough summary of treatment recommendations. These were two of the highest scoring areas within the department.
- *Needs or Current Issues:* The audit tool indicated two (2) specific areas for improvement. Overall, (61%) of audits showed that the case holder from the Clinically Responsible Service Provider (CRSP) was informed of the assessment recommendations. Additionally, (70%) of reviews clearly documented the member placement preferences were considered.
- *Plan:* The Residential Services Department will provide departmental training for staff completing residential assessments based on the trends indicated from completed audits. Training will be conducted in individual supervision for staff producing lower audit scores and during departmental meetings as needed.

Quarterly Update:

- **Things the Department is Doing Especially Well:**

- The State Facility Liaison within the Residential Services Department was able to discharge two (2) members from state facilities into the community during the month of March.



State Hospital Dicharges	
January 2026	0
February 2026	3
March 2026	2

- The Residential Services Department Authorizations unit is currently approving authorizations within an average of (2.73) days. This is an improvement of approximately three (3) days from the previous quarter.

- During the month of March, the Residential Services Department was able to onboard five (5) new provider locations, accounting for additional (21) placement opportunities for members in the community.

- **Identified Opportunities for Improvement:**

  - The Residential Services Department is currently working with the Information Technology (IT) Department to establish the capability for providers to complete the residential progress note electronically in MHWIN. This functionality has the potential to improve efficiency and save resources.

- **Progress on Previous Improvement Plans:**

  - During the month of March leadership within the Residential Services Department worked to develop an AFC expansion review tool. The intention will be for residential staff to utilize this tool upon receipt of an expansion request to help provide rationale and scoring when deciding whether to proceed with the expansion request.

Substance Use Disorder Initiatives Report, April SFY2026
Matthew Yascolt, Director of Substance Use Disorder Initiatives
April 8, 2026

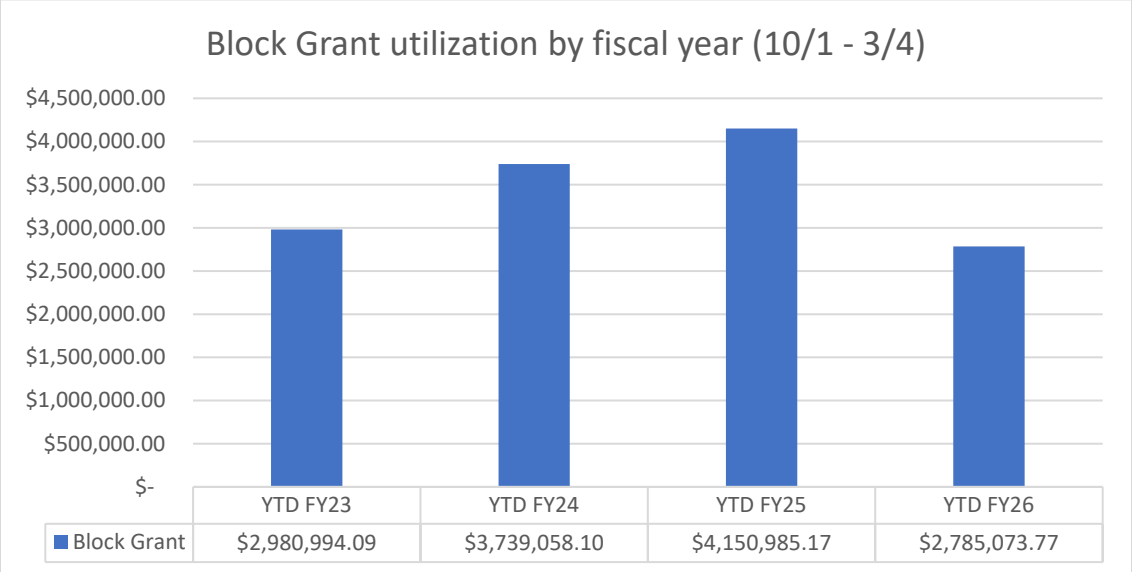
Main Activities during April 2026:

- **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

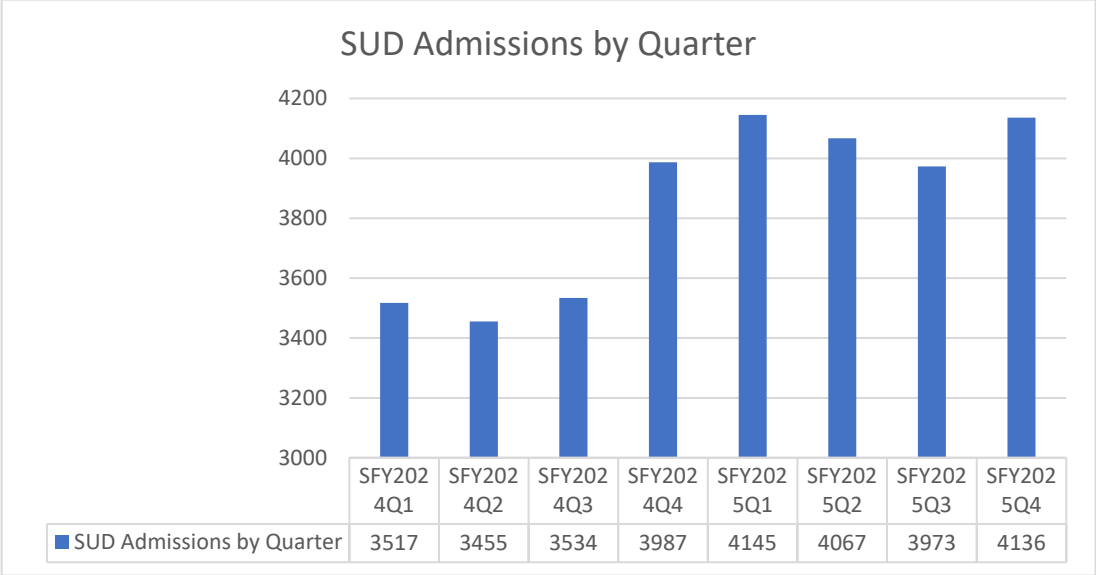
- ***Description:*** SAMHSA SUPTRS Block Grant is a dedicated pool of federal money provided to act as a "safety net" for individuals who do not have insurance or whose needs are not covered by programs like Medicaid (i.e. under-insured and un-unsured) funding priority treatment and support services 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, women with dependent children, and to individuals who use drugs intravenously. The analysis below is looking at block grant spending trends.
- ***Current Status:***



- ***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:*** DWIHN SUD will continue to monitor the utilization of block grant. Current observations suggest the need to explore provider capacity to ensure lower block grant spending is reflective of reduced need rather than capacity limitations.
- ***Plan****:* DWIHN SUD will complete a structured provider capacity assessment, including review of staffing levels, service availability, and funding-source distribution across residential, outpatient, and MAT programs. Findings will be used to validate whether lower block grant utilization is driven by reduced need or service constraints, and corrective steps—such as technical assistance or adjustments to allocation strategies—will be taken as appropriate.

<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:***

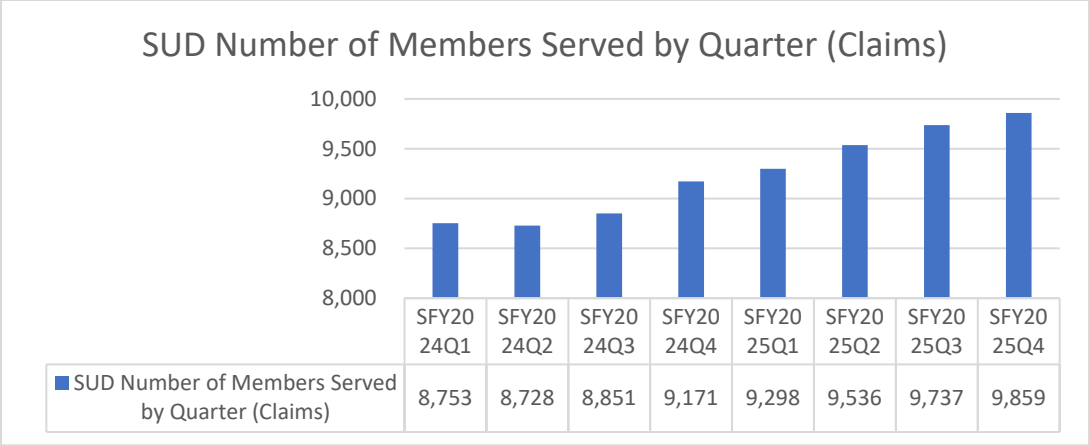


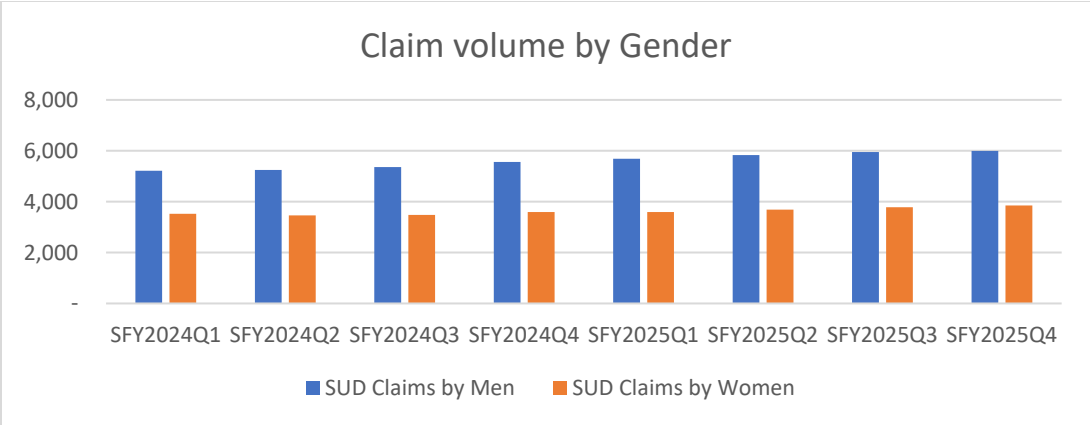
	SFY2024Q1	SFY2024Q2	SFY2024Q3	SFY2024Q4	SFY2025Q1	SFY2025Q2	SFY2025Q3	SFY2025Q4
SUD Admissions by Quarter	3517	3455	3534	3987	4145	4067	3973	4136

- ***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:*** The SUD Department will continue to monitor admission data and the utilization of block grant. The team is also issuing guidance to service providers on ensuring that members are placed in clinically appropriate levels of care through the standard operating procedure: "SUD Intake and Level of Care Validation."
- ***Plan**:* DWIHN SUD will review capacity assessment results, work with providers to address identified limitations, and adjust funding or operational expectations as needed to ensure block grant utilization reflects true system demand.

<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:*** Claims analysis indicates that men are accessing and being billed for SUD treatment at significantly higher rates than women. This gender gap suggests potential barriers to treatment access, engagement, or retention for women, requiring further exploration to ensure equitable service delivery.
- ***Plan****:* DWIHN SUD will conduct a targeted review of gender-based access and engagement trends and work with providers to identify barriers affecting women's treatment participation. Based on the findings, DWIHN will implement gender-responsive clinical interventions—such as enhanced outreach, trauma-informed engagement strategies, and tailored care coordination—while monitoring changes in gender utilization over subsequent quarters.

Monthly Update:

- ***Things the Department is Doing Especially Well:*** The recent addition of Kelly Myricks as the SUD Administrator has strengthened departmental operations. Kelly brings prior experience as a Clinical Specialist supporting our SUD provider network and has already begun leading updates to key Standard Operating Procedures and policies. She is also collaborating with providers on a pilot initiative aimed at improving the quality and consistency of Recovery Plan/IPOS documentation across the network.

- ***Identified Opportunities for Improvement:*** SUD is actively implementing NCQA Quality Improvement Projects (QIPs) related to members leaving treatment against medical advice (AMA) and the Initiation and Engagement of Substance Use Disorder Treatment (IET) measure. Current analysis shows variation in performance across ASAM levels of care, and additional review is needed to understand provider-specific IET scores and identify opportunities to improve discharge processes and follow-up appointments.

- ***Progress on Previous Improvement Plans:*** In summer 2025, the SUD Department established a Prevention Workgroup composed of DWIHN staff and Prevention Providers to collaboratively address system needs, barriers, and operational challenges. One significant accomplishment has been the elimination of redundant quarterly and monthly reporting requirements, which has improved the efficiency, clarity, and timeliness of reporting across the prevention network.

DETROIT WAYNE INTEGRATED HEALTH NETWORK
BOARD ACTION

Board Action Number: 25-53R1 Revised: N Requisition Number: 15,390

Presented to Full Board at its Meeting on: 4/15/2026

Name of Provider: Netlink Software Group America Inc

Contract Title: AI Models Development and Implementation - Netlink Contract Modification for Additional Services

Address where services are provided: None

Presented to Program Compliance Committee at its meeting on: 4/8/2026

Proposed Contract Term: 2/1/2026 to 2/29/2028

Amount of Contract: $ 1,597,464.00 Previous Fiscal Year: $ 1,497,464.00

Program Type: Modification

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

Date Contract First Initiated: 3/1/2025

Provider Impaneled (Y/N)?

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

This board action is requesting to add funds to the Netlink contract to cover the addition of a clinical feature, Data Lab Module as well as a security feature, MFA Module. Netlink is the vendor that provides our AI-powered predictive analytics platform to assist in the reduction of hospital readmission and improving patient outcomes.

We are **requesting an additional amount not to exceed $100,000 for the period of 2/1/2026 - 2/29/2028**. This amount will cover all the implementation and licenses for both modules through the end of the contract. The cost breakdown for the new modules would be as follows:

- MFA Implementation $10,000 (capitalized)
- Data Labs Implementations $35,000 (capitalized)
- Data Labs License Costs $55,000

A budget adjustment will be forthcoming to certify additional funds to cover $27,500 for license year 1.

The total contract amount is not to exceed $1,597,464 for the 36 month period ending 2/29/2028.

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

Source of Funds: Multiple

Fee for Service (Y/N): Y

Revenue	FY 25/26	Annualized
Multiple	$ 1,597,464.00	$ 1,597,464.00
	$	$
Total Revenue	$	$

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

Type of contract (Business/Clinical): Business

ACCOUNT NUMBER: various

In Budget (Y/N)? N

Approved for Submittal to Board:

James White, Chief Executive Officer

Signature/Date:

James White

Stacie Durant, Vice President of Finance

Signature/Date:

Dhannetta Brown on behalf of Stacie Durant

DETROIT WAYNE INTEGRATED HEALTH NETWORK
BOARD ACTION

Board Action Number: 26-10R3 Revised: Y Requisition Number:

Presented to Full Board at its Meeting on: 4/15/2026

Name of Provider: DWIHN Provider Network - see attached list

Contract Title: SUD Health Home FY26

Address where services are provided: Multiple

Presented to Program Compliance Committee at its meeting on: 4/8/2026

Proposed Contract Term: 5/1/2026 to 9/30/2026

Amount of Contract: $ 1,924,883.00 Previous Fiscal Year: $ 1,721,216.00

Program Type: Continuation

Projected Number Served- Year 1: 1,400 Persons Served (previous fiscal year): 1277

Date Contract First Initiated: 5/1/2021

Provider Impaneled (Y/N)?

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

The DWIHN Health Homes team is requesting approval to add Sacred Heart Rehabilitation Center as an SUD Health Home Partner effective May 1, 2026. Sacred Heart has completed the SUDHH onboarding certification process with the DWIHN SUDHH Administrator.

The amounts listed for each provider are estimates based on prior year activity and are subject to change. Amounts may be reallocated amongst providers without board approval. **This revision will increase the SUDHH program budget amount by an estimated $203,667, bringing the total FY2026 program budget estimate to $1,924,883.**

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

Source of Funds: Medicaid

Fee for Service (Y/N): N

Revenue	FY 25/26	Annualized
Medicaid	$ 1,924,883.00	$ 1,924,883.00
	$	$
Total Revenue	$	$

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

Type of contract (Business/Clinical): Clinical

ACCOUNT NUMBER: 64938.827040.00000

In Budget (Y/N)? Y

Approved for Submittal to Board:

James White, Chief Executive Officer

Signature/Date:

James White

Signed: Saturday, March 28, 2026

Stacie Durant, Vice President of Finance

Signature/Date:

Stacie Durant

Signed: Tuesday, March 17, 2026

DETROIT WAYNE INTEGRATED HEALTH NETWORK
BOARD ACTION

Board Action Number: 26-14R5 Revised: Y Requisition Number:

Presented to Full Board at its Meeting on: 4/15/2026

Name of Provider: DWIHN Provider Network - see attached list

Contract Title: Provider Network System FY26

Address where services are provided: Service Provider List Attached

Presented to Program Compliance Committee at its meeting on: 4/8/2026

Proposed Contract Term: 3/1/2026 to 9/30/2026

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

Program Type: Continuation

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

Date Contract First Initiated: 10/1/2025

Provider Impaneled (Y/N)? Y

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

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

Residential Provider:

1. Phillips Manor Room and Board: (Credentialed 1/29/2026 for Personal Care in Licensed Residential Setting; Community Living Support)

Outpatient Providers:

1. Life Water Support Services LLC: (Credentialed 1/30/2026 for Outpatient Therapy; Supports Coordination; Supports Brokering; Psychiatric Services; Occupational Therapy; Speech Therapy; Nursing)

2. LAHC - Leaders Advancing and Helping Communities: (Credentialed 12/4/2025 for Skill Building)

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

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

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

Source of Funds: Multiple

Fee for Service (Y/N): Y

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

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

Type of contract (Business/Clinical): Clinical

ACCOUNT NUMBER: MULTIPLE

In Budget (Y/N)? Y

Approved for Submittal to Board:

James White, Chief Executive Officer

Signature/Date:

James White

Stacie Durant, Vice President of Finance

Signature/Date:

Dhannetta Brown on behalf of Stacie Durant

DETROIT WAYNE INTEGRATED HEALTH NETWORK
BOARD ACTION

Board Action Number: 26-31R Revised: Y Requisition Number:

Presented to Full Board at its Meeting on: 4/15/2026

Name of Provider: Southwest Counseling Solutions

Contract Title: Southwest Counseling Solutions Housing Resource Center and CNS Covenant House

Address where services are provided: Various Locations

Presented to Program Compliance Committee at its meeting on: 4/8/2026

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

Amount of Contract: $ 611,293.50 Previous Fiscal Year: $ 2,124,637.00

Program Type: Continuation

Projected Number Served- Year 1: 550 Persons Served (previous fiscal year): 550

Date Contract First Initiated: 10/1/2006

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).

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The Detroit Wayne Integrated Health Network (DWIHN) requests Board approval of a six month extension with the following providers in the total amount not to exceed $611,293.50 for the 12 month period ending 9/30/2026.

Southwest Counseling Solutions – Housing Resource Center in the amount of $544,857.50, to provide housing assistance, resources, intervention and collaborative community efforts to reduce homelessness of persons with mental illness and co-occurring disabilities.

CNS Covenant House Program in the amount of $66,436.00, to address gaps in service through the provision of mental health support for young adults experiencing homelessness.

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	$ 611,293.50	$ 611,293.50
	$ 0.00	$ 0.00
Total Revenue	$ 611,293.50	$ 611,293.50

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

Type of contract (Business/Clinical): Clinical

ACCOUNT NUMBER: Multiple

In Budget (Y/N)? Y

Approved for Submittal to Board:

James White, Chief Executive Officer

Signature/Date:

James White

Stacie Durant, Vice President of Finance

Signature/Date:

Dhannetta Brown on behalf of Stacie Durant

DETROIT WAYNE INTEGRATED HEALTH NETWORK
BOARD ACTION

Board Action Number: 26-46R Revised: Y Requisition Number:

Presented to Full Board at its Meeting on: 4/15/2026

Name of Provider: DWIHN Provider Network - see attached list

Contract Title: FY26 MI HIDE-SNP

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

Presented to Program Compliance Committee at its meeting on: 4/8/2026

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

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

Program Type: New

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

Date Contract First Initiated: 4/1/2026

Provider Impaneled (Y/N)? Y

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

Detroit Wayne Integrated Health Network (DWIHN) is requesting approval for a one-year contract through December 31, 2026 with **Lansing Senior Partners LLC DBA Brightwell Behavioral Health** to receive and disburse Medicare dollars to deliver covered services to eligible beneficiaries. MDHHS ended the MHL Pilot project on 12/31/25 at which time they implemented and launched the Highly Integrated Dual Eligibles Special Needs Plan (HIDE-SNP) model on January 1, 2026. This board action will ensure the greatest degree of continuity in the infrastructure and successful transition to the new model, once finalized.

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

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

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

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

Source of Funds: Multiple

Fee for Service (Y/N): N

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

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

Type of contract (Business/Clinical): Clinical

ACCOUNT NUMBER: 64936.827020.00000

In Budget (Y/N)? N

Approved for Submittal to Board:

James White, Chief Executive Officer

Signature/Date:

James White

Stacie Durant, Vice President of Finance

Signature/Date:

Dhannetta Brown on behalf of Stacie Durant

Board Action #: 26-46R

DETROIT WAYNE INTEGRATED HEALTH NETWORK
BOARD ACTION

Board Action Number: 26-49 Revised: Y Requisition Number:

Presented to Full Board at its Meeting on: 4/15/2026

Name of Provider: Bizanalytix Technologies LLC

Contract Title: Claims Audit and Utilization Review Systems (CAURS) and Information Technology

Address where services are provided: 6837 Dulles Dr. Powell, OH 43065

Presented to Program Compliance Committee at its meeting on: 4/8/2026

Proposed Contract Term: 3/1/2026 to 2/28/2027

Amount of Contract: $ 180,000.00 Previous Fiscal Year: $ 245,000.00

Program Type: Continuation

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

Date Contract First Initiated: 3/1/2023

Provider Impaneled (Y/N)? N

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

DWIHN is requesting Board approval to procure services under a comparable source contract with BizAnalytix LLC in an amount not to exceed $180,000 with contract terms of 3/1/2026 - 2/28/2027.

Included in the total is $84,000.00 for the Claims Audit Utilization System (CAURS) and $96,000.00 for professional services around database management as well as restructuring and calibration of the enterprise architecture including reports platform development, Power BI dashboards, Indexing and optimizing database and Datawarehouse for the existing and new systems pertaining to claims audits and development of support structures.

Services with BizAnalytix LLC were originally procured in March 2023 under RFP 2022-005, with a 1-year contract and two 1-year renewal options, expiring February 28, 2026. **Continued services are requested under a comparable source procurement.** Total contracted over the 3 years ended 2/28/2026 = $597,600, with $42,600 unspent.

The Claims Audit and Utilization Review System (CAURS) unlike claim processing subsystems that process one claim at a time, CAURS can be used to analyze post payment data for multiple claims at a time to identify suspicious provider billing patterns along with conducting audit both internally as well as externally working with providers. DWIHN is able to identify adjudication and billing errors, and overpayments.

The reports generated by the system will be used to assist in the detection of program fraud and abuse, monitor quality of services, and provide a function for the development of program policy.

A budget adjustment will be forthcoming to certify additional funds to support this procurement.

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	$ 180,000.00	$ 180,000.00
	$	$
Total Revenue	$	$

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

Type of contract (Business/Clinical): Business

ACCOUNT NUMBER: 64915.981000.00000

In Budget (Y/N)? N

Approved for Submittal to Board:

James White, Chief Executive Officer

Signature/Date:

James White

Signed: Sunday, March 15, 2026

Stacie Durant, Vice President of Finance

Signature/Date:

Stacie Durant

Signed: Wednesday, March 11, 2026