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PROGRAM COMPLIANCE COMMITTEE MEETING
Administration Bldg.
8726 Woodward, 1st Floor Board Room
Wednesday, June 10, 2026
1:00 p.m. – 3:00 p.m.

AGENDA

I. Call to Order

II. Moment of Silence

III. Roll Call

IV. Approval of the Agenda

V. Follow-Up Items from Previous Meeting
A. Provide an update on where DWIHN is in this community as it relates to the increased deaths that are a result of the usage of the drug "Tranq" in Wayne County.

VI. Approval of the Minutes – May 13, 2026

VII. Report(s)
A. Chief Medical Officer – ***Deferred to July 8, 2026***
B. Corporate Compliance

VIII. Quarterly Reports
A. Autism Services
B. Children's Initiatives
C. Customer Service
D. Integrated Health Care

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

X. Quality Review(s)

A. QAPIP Work Plan FY26 Update

XI. VP of Clinical Operations' Executive Summary

XII. Unfinished Business

A. **BA #26-46 (Revised 2)** – Michigan Highly Integrated Dual Eligible Special Needs Plan (MI HIDE-SNP)
B. **BA #26-50 (Revised) –** Summer Youth Employment Program (SYEP) FY26

XIII. New Business (Staff Recommendations)

XIV. Good and Welfare/Public Comment

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

XV. Adjournment

Xylazine in Michigan: Emerging Trends, Risks, and Response Efforts

What is Xylazine ('Tranq')

- Non-opioid veterinary sedative/tranquilizer
- Not approved for human use
- Commonly called 'Tranq'
- Increasingly found mixed with illicit drugs
- Can increase overdose risks

Why It Matters

- Can produce slowed breathing and decreased heart rate
- Severe skin wounds and infections that often lead to amputation
- Increased overdose severity
- Lack of knowledge within communities surrounding substance
- Currently trending in Michigan's drug supply

Drug Supply Trends

- Frequently mixed with fentanyl
- Also found in heroin, cocaine, methamphetamine, and counterfeit pills
- Used to prolong drug effects
- Users often unknowingly consume it

DWIHN SUD Department Response

- Expanded education and awareness efforts
- Community/provider partnerships
- Harm reduction initiatives
- During Fiscal Year 2025 DWIHN SUD Department has distributed 1933 xylazine test strips distributed through SOOAR
- During Fiscal Year 2026 DWIHN SUD Department has distributed 717 Xylazine Test Strips as of April 2026

DWIHNs Plans Moving Forwards

- Continue monitoring trends in Wayne County
- Although federal funds can no longer support the purchase of xylazine test strips we will continue to utilize PA2 funds to support the initiative.

PROGRAM COMPLIANCE COMMITTEE

MINUTES **MAY 13, 2026** **1:00 P.M.** ***IN-PERSON MEETING***

MEETING CALLED BY	I. Angelo Glenn, Program Compliance Committee Chair at 1:09 p.m.
TYPE OF MEETING	Program Compliance Committee
FACILITATOR	Angelo Glenn, Committee Chair
NOTE TAKER	Sonya Davis
TIMEKEEPER	
ATTENDEES	**Committee Members:** Dr. Lynne Carter, Angelo Glenn, Bernard Parker, and William Phillips **Board Members:** Commissioner Jonathan Kinloch, Board Chair and Dr. Cynthia Taueg **Staff:** Brooke Blackwell; Yvonne Bostic; Jody Connally; Erik Hutchison; Dr. Shama Faheem; Monifa Gray; Marianne Lyons; Ryan Morgan; Emily Patterson; Manny Singla; Andrea Smith; Yolanda Turner; James White; and Matthew Yascolt

AGENDA TOPICS

II. Moment of Silence

DISCUSSION	Mr. Glenn called for a moment of silence.
CONCLUSIONS	A moment of silence was taken.

III. Roll Call

DISCUSSION	Mr. Glenn 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	Mr. Glenn called for a motion to approve the agenda. **Motion:** It was moved by Mr. Phillips and supported by Commissioner Kinloch to approve the agenda. Mr. Glenn 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.

	James White, President/CEO, reported that this was put on the agenda during a meeting, where Mr. White raised the question of what was driving the call number fluctuations. There have been several meetings, including last week, in preparation for this presentation. He has learned a bit about the gap we have and how we are counting dropped calls, which is being remedied. Manny Singla, Deputy CEO, has identified a solution to capture drop call data and the drop call rate, as well as to build a dashboard around the calls. Mr. White informed the committee that an update could be provided at the next meeting or that the committee could wait until Customer Service presents its next quarterly report. ***(Action)*** B. **Provide an update on the amount that has been recouped from Blue Cross Blue Shield** – Jody Connally, VP of Human Resources, reported that DWIHN was not able to recoup any of those funds from Blue Cross Blue Shield because it fell outside of the recoupment period. C. **Provide an update on the Med Drop program** – Marianne Lyons, Director of Adults Initiatives, submitted and gave an update on the Med Drop program. It was reported that for April's participation, there were 55 members, 1,198 drops, two new enrollments, and four new referrals. Detroit Wayne Outpatient Clinic (DOC) and Neighborhood Service Organization (NSO) are the agencies enrolling this month. There were 54% fewer psychiatric hospital admissions for Med Drop clients during the program versus the 12 months pre-enrollment. There was a 44% reduction in psychiatric hospital days for clients participating in the Med Drop program compared with the 12 months prior to enrollment. Using an inpatient psychiatric hospital rate of $700 per day, 12-month pre-program cost ($497,700.00); Med Drop cost ($121,800.00), and the estimated cost savings is $375,200.00. Mr. Glenn opened the floor for discussion. Discussion ensued.

VI. Approval of the Minutes

DISCUSSION/ CONCLUSIONS	Mr. Glenn called for a motion to approve the April 8, 2026, meeting minutes. **Motion:** It was moved by Commissioner Kinloch and supported by Mr. Phillips to approve the April 8, 2026, meeting minutes. Mr. Glenn 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 Director, submitted and gave highlights of the Chief Medical Officer's report. It was reported that: 1. **Education and Outreach –** Ongoing collaboration with Wayne State University training programs (General Psychiatry, Child & Adolescent Psychiatry Fellowship, PMHNP, and PA Programs). Trainees continue to report high satisfaction with clinical experience and supervisory support. Implementation of standardized exit surveys and trainee interviews to evaluate educational impact and identify curriculum enhancements. Continued development of caregiver education materials across youth crisis programs, including diagnostic overviews, symptom guides, in-home behavioral tools, and resource maps.

	Ongoing support to internal departments and Quality Improvement teams on emerging HEDIS, incident management, and documentation requirements. 2. **Crisis Center Operations** – Every month, our Crisis Center continues to see an increase in presentations. ACSU served 184 adults in April 2026. Diagnostic trends remain consistent, with a high prevalence of schizophrenia spectrum disorders, depressive disorders, and substance use disorders – Schizophrenia Spectrum Disorders (38.98%); SUD (19.21%); and Depressive Disorders (18.64%). Alcohol remained the most prevalent substance (47.06%), followed by cocaine (29.41%) and cannabis (8.82%). UDS continues to show high rates of THC (52.63%) and cocaine (22.81%), with polysubstance use remaining a consistent pattern. The Children and Family Crisis Unit (CFCU) served 52 youths in April 2026. Youth presentations continued to show high rates of externalizing behaviors, mood disorders, and neurodevelopmental disorders – Disruptive/Behavioral Disorders (25.49%); Depressive Disorders (23.53%), etc. 3. **Quality Improvement -** This month reflects the strongest system performance since the MDHHS overhaul began. Most notably, the system exceeded the intake (biopsychosocial) 14-day benchmark for the first time (60% vs. 57% target). DD/Children access improved from 39.45% (Q1) to 55% (Q2), demonstrating the significant impact of targeted PIPs. The HEDIS/State Performance reflects mixed but improving trends. Upward trending measures - FUH (Adult & Total), FUM (Adult, Child & Total), APM, SSD; Downward trending measures - FUH Child, ADD (Initiation & Continuation), SAA- new interventions initiated; and Measures with active PIPs - FUH Adult, FUH Child, SAA, SSD, PI #2a. FUM Adult exceeded the target of 61.05% (61.11% to 65.21%); and PI #2a exceeded the State benchmark for the first time (60.04%). Mr. Glenn opened the floor for discussion. Discussion ensued. The committee requested an update on how many members are receiving outpatient services after being discharged. ***(Action)*** B. **Corporate Compliance— *Deferred to June 10, 2026 Program Compliance***

VIII. Quarterly Reports

DISCUSSION/ CONCLUSIONS	A. **Adults Initiatives** – Marianne Lyons, Director of Adults Initiatives, submitted and gave highlights of the Adults Initiatives' quarterly report. It was reported that: 1. **Activity 1: Assertive Outpatient Treatment (ACT) -** Between January and April 2026, 16 out of 157 (10.2%) of ACT members had 19 inpatient hospitalizations totaling 196 days and $128,411.36. Four (4) of these members were hospitalized twice, accounting for 80 days and $52,412.80. ACT members exceeded the 90% crisis plan completion goal, reaching 93%. The Adult Initiatives team will review these plans to ensure updates after crises and address safety risks and member involvement in treatment. ACT Team A had two of four members readmitted without any documented hospital visits, crisis plan updates, follow-up within seven days, or care coordination. ACT Team B had one readmission with the same gaps, and the chart also showed unaddressed concerns related to homelessness, which is extremely concerning. Of the four readmissions reviewed, the ACT Team C RN communicated with the hospital during both applicable stays to monitor progress and coordinate discharge planning. After discharge, team members supported the individual's admission into substance use treatment. Following completion of the program, the team made continued engagement efforts, as

reflected in the chart. The crisis plan was updated to include additional risks and triggers, and the member was referred to the DWIHN Outcomes Improvement Committee (OIC). The case was presented and reviewed on April 9, 2026. Hospital readmissions reveal treatment gaps that require more training on the ACT model and DWIHN policies for crisis services and CRSP responsibilities. Adult Initiatives will conduct a full chart review of the ACT Team member roster to identify gaps and develop a performance improvement project with defined goals and objectives.

2. **Activity 2: Assisted Outpatient Treatment (AOT) -** There are currently 839 AOT orders, including 44 new orders in April. 104 orders expired in April 2026. The CRSPs provided responses on 103/104 orders. Of the responses, 53 (51.5%) of members were actively engaged in services, and 5 (4.9%) orders had a second/continuing order petition submitted to the court. The remaining 45 (43.7%) expiring orders ended as follows: 30 (29.1%) were unengaged in services, 12 (11.7%) never attended their initial intake, one (1) relocated, and two (2) did not file necessary second treatment orders. Adult Initiatives conducted a review of new AOT petitions. It was found that of the 44 new orders in April 2026, eleven (11) orders were for individuals who endorsed suicidal ideation (25%). The charts of these members were reviewed. Upon review, it was observed that the post-hospitalization crisis plan, integrated biopsychosocial assessment, and IPOS documents did not address the hospitalization for suicidal ideation. In March 2026, all hospitals were directed to send members' discharge documents by email to the Adult Initiatives team. Notably, Behavioral Center of Michigan, Garden City Hospital, and Trinity Hospital have fulfilled this requirement, which has enabled Adult Initiatives to more effectively track non-DWIHN AOTs
3. **Activity 3: Older Adult Population -** Between January 1, 2025, and December 31, 2025, there were 9,298 members aged 60 years or above. Most members were aged 60 to 69 (73.41%). The PHQ-9 is a tool used to screen for depression, support diagnosis, and track symptom severity. Scores range from 0–4 (none), 5–9 (mild), 10–14 (moderate), 15–19 (moderately severe), and 20–27 (severe). In this population, **3,736** members scored 10 or higher, meaning roughly 40% are experiencing moderate to severe depressive symptoms. In 2025, 1,580 of the 3,736 members had a documented crisis plan (42.3%). Among those members, 94 reported a previous suicide attempt and 83 reported thoughts of self-harm. Additionally, eleven (11) members had reported access to weapons, and nine (9) had access to medications. Between 2019 and 2023, the highest rates of suicide death by age were consistently among adults 85 years and older. Adult Initiatives will implement a focused quality-improvement plan to strengthen depression monitoring, suicide-risk management, and crisis-planning practices for members aged 60 and older.

Mr. Glenn opened the floor for discussion. Discussion ensued. The committee requested an update on the plans that are being implemented and how will success be defined to confront the issue of the highest rate of suicides amongst adults aged 85 years and older, and to include R. Taylor, SUD board member and an employee of the Detroit Area Agency on Aging, in the plan. ***(Action)***

B. **Access Call Center –** Yvonne Bostic, Director of the Access Call Center submitted and gave highlights of the Access Call Center's quarterly report. It was reported that:

1. **Activity 1: Staffing and Training -** The Access Call Center is made up of three units: Access Call Center Representatives (ACCR), Access Call Center Clinicians, and Access Call Center SUD Techs. These units work together to handle calls to phone# 800-241-4949. The ACCR answers and logs each call,

and identifies whether the call needs to be transferred to another unit or department, or whether the inquiry can be addressed directly. This staff also processes referrals and inquiries via fax, email, and Smartsheet. **January 2026 – March 2026 Department Overviews and Trainings –** HIDE D-SNP Enrollments– procedure updates; Agency Overviews: Area on Aging, Youth United and Reach Us Detroit; Call Center Silent Monitoring- Using Genesys and Procedure Updates; The Importance of Self-Care; Customer Experience Skills: Using Empathy; DWIHN Policy Stat: Employee Time and Attendance; MHWIN Updates: using the new call log categories; SUD Women's Specialty Programs; Intellectual Disability in Children (American Academy of Child and Adolescent Psychiatry). **Staffing 2nd Qtr. FY 2026** - The Access Call Center experienced periods of turnover due to resignation (3) and termination (2); during this quarter, the call center's staffing was at 93%; the use of overtime and contingent staff contributed to the achievement of call standards and goals.

2. **Activity 2: Call Center Performance (Call detail report) –** MDHHS Standards and Call Center Performance for 2nd Quarter FY26 (January – March 2026) - % Abandoned Goal is <5% (0.25%); Avg. speed to answer goal <30 sec (6 sec); % of calls answered goal >80% (98.0%); and Service Level Goal >80% (97.0%). For the 2nd Quarter of FY26, there were 45,467 calls handled by the Access Call Center. In an annual comparison of 2nd Quarter FY 2025 (2.0%) to 2nd Quarter FY 2026 (0.25%) abandonment rate, there was a 1.75% improvement. There has also been a significant improvement in the service level and speed to answer. Even with a decrease in staffing during the last 3 months, there continues to be an improvement in the Access Call Centers ability to manage high call volume times with the use of over-time and strategic staffing.
3. **Activity 3: Appointment Availability –** In comparison to FY 2025 to FY 2026 there was an increase in appointment availability for MH services scheduled within 14 days (approx. 1.5%) and an increase for routine SUD intake appointments (approx. 7%). In the same 2nd quarter annual comparison was a decrease in appointment availability for hospital discharge follow-up appointments scheduled within 7 days of discharge (approx. 5%). The Access Call Center staff call/email providers to request additional appointment slots to help meet the 7- or 14-day requirements. Representatives from the quality department, Children / Adult Initiatives, Integrated Care and Access Call Center have 30–45-day meetings with the MH CRSP providers to identify barriers and discuss interventions. This same process will be used with SUD providers to identify strengths and weaknesses and develop interventions as needed.
4. **Plans and Projects –** Update training curriculum to increase clinical screening skills around LOCUS, ASAM, Differential Diagnosis, Developmental/Intellectual Symptomology, De-escalation, Problem Solving and Suicide Risk Assessment; Utilize new features of DWIHN's Genesys phone system (Workforce, Knowledge Base, Satisfaction Surveys) to: Improve Data collection, analyze call trends & staff performance and perform caller satisfaction surveys; and continued recruitment to fill vacancies.

Mr. Glenn opened the floor for discussion. Discussion ensued. Kudos were given to Ms. Bostic and her team for a job well done.

C. **Community Engagement** – Andrea Smith, Director of Community Engagement, submitted and gave highlights of the Community Engagement's quarterly report. It was reported that:

1. **Activity 1: Justice-Involved Initiatives** - Justice-involved outreach produced **1,809 total encounters** across seven areas. Key programs included DPD Co-Response (647 encounters), Detroit Homeless Outreach Team (617 encounters), and Behavioral Health Specialist at the Detroit 911 Communications Center (117 individuals). The Wayne County Jail saw 589 releases, with 244 assigned to community re-entry support.
2. **Activity 2**: **Community Engagement** - Staff delivered mental health workshops to Detroit Public School Community District (DPSCD) high school students, participated in a suicide prevention seminar hosted by the Center for Urban Youth and Family Development, attended by 110 guests, and represented DWIHN at a Day at the Capitol with materials distributed. An Adult Foster Care Navigator Pilot Project was also launched in partnership with the Detroit Public Safety Foundation, funded by the Flinn Foundation.
3. **Activity 3**: **Workforce Development** - The 12th Annual Trauma Focused Care Conference drew **316 attendees** over two days. The DWC Training Portal hosted **28 events** (19 virtual, 9 in-person) with **1,537 participants** and a 10% no-show rate. DWIHN also hosted 401 Zoom meetings and 51 webinars, reaching nearly 9,000 participants in total. Technical assistance was provided to 38 staff for loan repayment applications, and 13 clinical students received supervision.
4. **Activity 4: Reach Us Detroit (RUD) -** Processed **1,511 tickets** during the period, with strong performance in connecting callers, including non-CMH enrollees, to crisis and mobile support services.

Mr. Glenn opened the floor for discussion. Discussion Ensued. The committee requested an update on where DWIHN is in this community as it relates to the increased deaths that are a result of the usage of the drug "Tranq" in Wayne County. ***(Action)***

D. **Health Homes** – Emily Patterson, Director of Health Homes, submitted and gave highlights of the Health Homes' quarterly report. It was reported that:

1. **Activity 1: Program Status and Growth -** Medicaid Health Homes are a supplementary care coordination service available to individuals with Wayne County Medicaid and specific diagnoses. Health Homes (HH) launched at DWIHN in FY2022 (Opioid/SUD HH October 2021, Behavioral HH May 2022). Currently, DWIHN has 15 HH partners, 7 BHH, and 8 SUDHH. The team is working with Sacred Heart to launch as our 16th partner and 9th SUDHH partner this month. The DWIHN Health Home team is always looking for additional partners to provide this valuable enhanced care coordination to the people we serve. Providers can email healthhomes@dwihn.org for more information. There are currently 689 members in the Behavioral Health Homes (BHH) and 698 members in the SUD Health Homes that are being serviced. In January 2026, the MI Health Link pilot transitioned to HIDE D SNP, and over 200 people in DWIHN's HH programs were at risk of losing benefit because of HIDE D SNP enrollment. Most of these individuals are older adults or individuals with I/DD, who have a lot of medically complex needs and benefit significantly from enhanced coordination provided by HH participation. Thanks to advocacy, MDHHS policy was changed, allowing HIDE D SNP and Health Home enrollment to coexist, and people were able to keep the HH benefit and enhanced care coordination. The DWIHN HH team is especially good at process improvement and advocacy in the Michigan Medicaid Health Home space. We have been at the table with MDHHS since Health Homes launched and have grown over the last five years. We have been consulted on and invited every year to present at MDHHS' Virtual Health Home summit, held in the fall, for several years running to share our

experience and lessons learned. Targeted outreach at both the provider and person-level: Outreach to potential provider partners to discuss becoming Health Homes and the potential benefits to people served and the provider. The DWIHN Risk Matrix provides a starting point of individuals with complex needs at the existing HH provider partners. Qualifying individuals are shared with HH partners. The HH team is also working with DWIHN's Integrated Care Team to add HHs as a recommended intervention in the Lumenore AI tool. The HH team is also using the Risk Matrix to identify providers who are not currently a Health Home with many eligible individuals at their agency and using this information to inform the provider about the benefits of becoming an HH partner for people served and their agency.

2. **Activity 2: Analysis of Health Home Outcomes –** Data on 1,364 individuals in the 90-day "before and after" period was analyzed. The grand total service costs for the 90 days prior were $11,560,348.02, and for the 90 days after were $8,431,216.70. The count of hospital stays 90 days prior was 46, and 90 days after was 13. The count of hospital days 90 days prior was 653, and 90 days after was 178. This data warrants more exploration, but the initial results are promising.
3. **Activity 3: SUDHH Wellness Challenge -** In March 2025, the DWIHN HH team piloted a "Wellness Challenge" in partnership with SUDHH providers, utilizing contingency management to incentivize achievement of integrated care goals/objectives established by enrollees in a tiered wellness challenge initiative. October 2025 – Present, 8-week challenges:116 people are currently participating across seven SUDHH providers. The Wellness Challenge is voluntary for providers and people served, offering flexible goals and a timeline depending on population needs. SUDHH providers and DWIHN are experiencing exciting outcomes among a population that can be difficult to engage in integrated care. During the first Wellness Challenge cycle, March-September 2025, 120 individuals with SUD and a secondary chronic condition participated in custom Wellness Challenge goals designed in partnership with their provider (50% attended an appointment with a primary care provider and 58% completed full metabolic labs). Ongoing funding for the Wellness Challenge is a top priority. In partnership with DWIHN's Grants Coordinator, the Health Home team submitted a concept paper to the Michigan Health Endowment fund to potentially be invited to apply for a grant to continue funding the Wellness Challenge. The HH team will continue to request PA2 funds to support the Wellness Challenge but continues to look for additional funding to support bringing the Wellness Challenge to the Behavioral Health Home program.

Mr. Glenn opened the floor for discussion. Discussion ensued. The record reflects that Dr. Cynthia Taueg joined the meeting.

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

1. **Activity 1: Monitoring Residential Members by Zip Code –** A map and a list of cities were provided to show how many members are served in each city in Wayne County, with the City of Detroit having the highest number of members (990). During the second quarter, the Residential Services Department worked in conjunction with Managed Care Operations (MCO) to onboard ten (10) new provider locations for the network. The Residential Services Department has been working to develop a new expansion-review tool that will prioritize providers seeking to expand into areas of need.

2. **Activity 2**: **Maintaining Updated Residential Assessments -** Throughout the second quarter, the Residential Services Department continued the process of ensuring that all new and existing members have 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 Residential Assessment to ensure that members are receiving medically necessary services that match their needs and abilities.
3. **Activity 3: Analyzing the Population Served within Residential Services** – Over the past year, the Residential Services Department was able to work in conjunction with the Information Technology Department to develop a report that examines the demographic composition of those being served within Residential Services. This report analyzes the population served using data from completed Residential Assessments. Completed assessments by gender for Q2 (409 females and 725 males). Completed assessments by age for Q2 (319 for 60 years and older, 196 for 50-59, 185 for 40-49, 229 for 30-39, and 205 for 18-29 years old). Completed assessments by race for Q2 (Black/African American (728), White (317), Asian (6), Arab American (2), and other (81). The Residential Services Department continues to explore resources available in the community to better meet the needs of the members served. Over the past month, we have met with providers like Carevio Health who are looking to open technology-based smart homes within the next 90 days.
4. **Quarterly Update**: The Residential Services Authorizations Unit processed 3,123 authorizations during Q2 of the fiscal year. Residential authorizations were approved within an average of 2.72 days. Staff were able to discharge seven adult members from state facilities and into community placements.

Mr. Glenn opened the floor for discussion. Discussion ensued.

F. **Substance Use Disorder (SUD) Initiatives –** Matthew Yascolt, Director of SUD Initiatives, submitted and gave highlights of the SUD Initiatives' quarterly report. It was reported that:
1. **Activity 1: A longitudinal analysis of early intervention -** The goals of early intervention are to reduce the harms associated with substance misuse, to reduce risky behaviors before they lead to injury, to improve health and social function, and to prevent progression to a disorder and subsequent need for SUD services. The same population was assessed 6 months after the closure of an Early Intervention Program, and again a year and a half later, following the early intervention programming. The goals of early intervention are to reduce the harms associated with substance misuse, to reduce risky behaviors before they lead to injury, to improve health and social function, and to prevent progression to a disorder and subsequent need for SUD services. The same population was assessed 6 months after the closure of an Early Intervention Program, and again a year and a half later, following the early intervention programming. Staff will monitor CPT code utilization and the volume of BG savings as the code becomes Medicaid-eligible.
2. **Activity 2: An analysis of SBIRT outcomes -** We looked at members who had SBIRT screenings completed and had a MH-WIN member ID number so we could track claims and looked at claims submitted following the SBIRT 3 months and 1 year. This data indicates that members are getting connected to services – especially as time progresses, but not necessarily as a result of the SBIRT screening – the SOR grant allows for follow-up engagements after an SBIRT is completed; however, since this is currently an FSR reimbursed service, we cannot say whether or not the follow-ups are influencing the delay

	to a treatment claim. Also, now worth noting – any PA2-funded SBIRT through Hegira may not capture subsequent claims in our system due to their CCBHC status and billing, or any SBIRTs that result in a referral to a CCBHC. There is currently no CPT code for SUD SBIRT - SBIRT is available on the health side of the code. Michigan Department of Health and Human Services told us that many of the health centers that they are working with on their SBIRT grants aren't using the code because the reimbursement rate is so low. It makes more sense for them to use a **nursing** or physician code. We are bringing our case to the MDHHS EDIT group for consideration of a CPT code. 32% of members screened with SBIRT had a claim for treatment services paid for 3 months following the SBIRT. 56% of members screened with SBIRT had a claim for treatment services paid 1 year after the SBIRT. Staff will work with providers to ensure follow-up encounters occur to help members reach their first encounter after the SBIRT. 3. **Activity 3: An analysis of SUD Medicaid enrollment trends -** To account for daily enrollment fluctuations, member counts were captured on the first day of each quarter, aligning with state and federal reporting standards. Trends were evaluated based on the percentage change in enrollment volume per quarter. DWIHN demonstrates significantly lower enrollment volatility than both state and national Medicaid averages. While all three benchmarks trend in the same direction, DWIHN exhibits a more stable enrollment trajectory. (While Medicaid enrollment has been trending down, SUD enrollment has trended down at lower rates when compared to overall Medicaid enrollment.) 4. **Monthly Update -** As we work collaboratively with prevention providers to address system needs, barriers, and operational challenges, helping to alleviate administrative burden, we also hear about improved member care. The following is an excerpt from a letter sent to us by "Eventually, something clicked." If these people believed in me this much, people who didn't owe me anything, who weren't getting anything out of it, then maybe I could start believing in myself. And once I did, everything changed. I started taking it seriously. I turned myself in. I got clean. And now, I'm part of the same team that helped save my life – A product of Taylor Teen Health Center. Mr. Glenn opened the floor for discussion. Discussion ensued. Kudos were given to Mr. Yascolt on the way he operationalizes his data findings. Mr. Glenn noted that the Adults Initiatives, Access Call Center, Community Engagement, Health Homes, Residential Services and SUD Initiatives' quarterly reports have been received and placed on file.

IX. Strategic Plan - None

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

X. Quality Review(s)

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

XI. VP of Clinical Operations Executive Summary

DISCUSSION/ CONCLUSIONS	Erik Hutchison, VP of Clinical Operations, submitted the Executive Summary and provided highlights. It was reported that the Clinical Operations department is working on accountability through our standardization with the clinical departments, with Quality, Compliance, and contracting to ensure that our best practices are being taken care of, and those outcomes, and ensuring that we do look at this clinically and also fiscally as we do this work. We are going through each department to ensure we have a single standardization process and that we follow our policies, which are part of our evaluations. It becomes a more major undertaking every day as he learns more within each department and policy. Mr. Glenn opened the floor for discussion. There was no discussion. Mr. Glenn noted that the VP of Clinical Operations' Executive Summary has been received and placed on file.

XII. Unfinished Business

DISCUSSION/ CONCLUSIONS	***There was no Unfinished Business to review this month.***

XIII. New Business (Staff Recommendations)

DISCUSSION/ CONCLUSIONS	A. **BA #26-50 – Summer Youth Employment Program (SYEP) FY26 –** Staff requesting board approval for $1.9M to fund the continuation of the DWIHN Summer Youth Employment Program (SYEP) from June 1, 2026, through September 30, 2026. The program has been funded for the last six (6) fiscal years and involves collaboration with organizations that thrive on community outreach to adolescents, focusing heavily on youth recruitment plans and educational and mentoring goals to be accomplished over the summer months. The program provides subsidized part-time/temporary employment or training opportunities for individuals between the ages of 14 to 24 years old living in Wayne County. The proposed partner cities and organizations are included in this board action. The total allocation is not to exceed $1,900,000.00. Mr. Glenn called for a motion on BA #26-50. **Motion:** It was moved by Commissioner Kinloch and supported by Dr. Taueg to move BA #26-50 to Full Board for approval. Mr. Phillips abstained. Mr. Glenn opened the floor for discussion. Discussion ensued. **Motion carried.**

XIV. Good and Welfare/Public Comment

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

Action Items	Responsible Person	Due Date
1. **Chief Medical Officer's Report –** Provide an update on how many members are receiving outpatient services after being discharged.	Dr. Shama Faheem	***July 8, 2026***

Action Items	Responsible Person	Due Date
2. **Adults Initiatives' Quarterly Report** – Provide an update on the plans that are being implemented and how success will be defined to confront the issue of the highest rate of suicides amongst adults aged 85 years and older, and to include R. Taylor, SUD board member and an employee of the Detroit Area Agency on Aging, in the plan.	Marianne Lyons	***July 8, 2026***
3. **Community Engagement** – Provide an update on where DWIHN is in this community as it relates to the increased deaths that are a result of the usage of the drug "Tranq" in Wayne County.	Matthew Yascolt	***June 10, 2026***

The Chair called for a motion to adjourn the meeting. **Motion:** It was moved by Mr. Phillips and supported by Dr. Carter to adjourn the meeting. **Motion carried.**
ADJOURNED: 2:59 p.m.
NEXT MEETING: Wednesday, June 10, 2026, at 1:00 p.m.

Program Compliance Committee Meeting
Corporate Compliance Report
June 10, 2026

Main Activities during October 2025-March 2026

Major Activities:

<u>Activity 1:</u> Provider Network Investigations

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

	October-December 2025	**January-March 2026**
Compliance Referrals	**Outcomes**	**Outcomes**
Accepted Referrals	17	12
Referrals Opened for Investigation	11	9
Referrals Carried Over from The Previous Quarter	7	15
Investigations Completed	6	12
Substantiated Allegations Resulting in Recoupment	3	1
Total Recoupment Identified for the Substantiated Allegations	$193,027.36	$26,430.92

- *Current Status:* The Compliance team successfully completed 18 investigations this fiscal year, closing 12 in Q2. This reflects a 50% increase in closures compared to the prior quarter.

- *Major Accomplishments During this Period:*
  Financial Impact: Financial Impact: Four substantiated allegations resulted in financial recoveries totaling $219,458.28 during Q1 and Q2 of the current fiscal year. Additionally, five investigations during this period did not involve Medicaid, general fund, or block grant dollars, demonstrating stronger adherence to funding requirements and fewer incidents involving reimbursable funds.

  Substantiation Rate: Of the 18 investigations completed in Q1 and Q2 of FY26, 7 investigations (63.8%) were substantiated, resulting in either financial recoupment or the implementation of a corrective action plan.

  Trend Highlights: While the number of accepted referrals and total recoupments decreased in Q1 and Q2, the results suggest fewer high-risk violations and reflect continued improvements in provider compliance. The lower recovery amounts are consistent with the shift toward cases that do not involve Medicaid, general funds, or

block grant dollars, demonstrating stronger adherence to funding requirements across the network.

Compliance Academy:
The Compliance Academy transitioned from bi-monthly sessions to a quarterly training model to allow for more comprehensive review, alignment, and integration of quarterly compliance trends. This shift has enabled the team to deliver more targeted, data-informed content that directly supports ongoing provider improvement efforts. In addition, new specialized compliance training, such as Corrective Action Plan (CAP) development and Individual Plan of Service (IPOS) compliance sessions were introduced to strengthen provider understanding of key requirements and enhance overall system compliance. Attendance remained stable during Q2 with an average of 22 providers per session.

OIG Reporting:
Corporate Compliance's quarterly reports submitted to OIG in Q1 and Q2 resulted in no impact items cited nor any corrective action imposed.

Update
A total of three members of the Compliance team separated from DWIHN during Q1 and Q2, the Special Investigations Unit (SIU) Administrator in December of 2025, and both the VP of Compliance and a Compliance Specialist in April of 2026. A new SIU Administrator joined the team in April of 2026, Attorney Dawn N. Ison is currently serving as Interim VP of Compliance, and active recruitment to fill the Compliance Specialist vacancy is underway.

Program Compliance Committee Meeting
June 10, 2026
Autism Services Department
FY 26 – Quarter 2 (Jan-March 2026)

Main Activities during Reporting Period:

- Diagnostic Evaluations
- Autism Provider Score Cards

Progress On Major Activities:

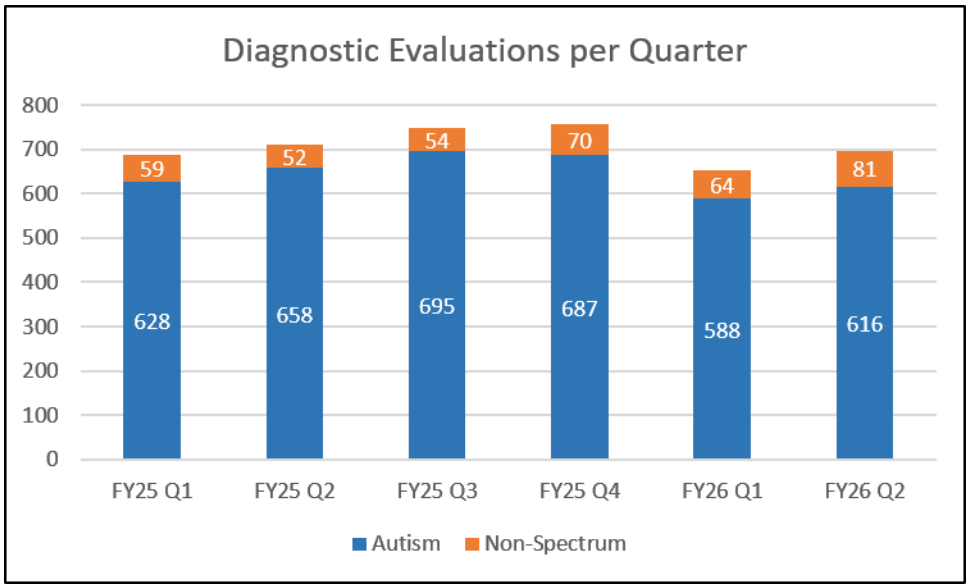
Activity 1: Diagnostic Evaluations

Description: DWIHN Autism Services Department oversees the diagnostic evaluations to determine eligibility for Applied Behavior Analysis (ABA) services among Medicaid-enrolled children and youth (ages 0–21) in Wayne County.

Why Important? Early identification remains essential; therefore, DWIHN is committed to ensuring that children exhibiting signs or symptoms of ASD receive prompt access to diagnostic services.

Current Status: Quarterly trends show a decrease of 13.9% in total diagnostic evaluations from FY25 Q4 to FY26 Q1 (757 to 652 total evaluations). The explanation for the reduction in completed evaluations was due to the following reasons:

- Beginning in FY25 Q3, the updated eligibility guidance allowing the required 3-year re-evaluation to be completed by either an Independent Diagnostic Evaluator or an ABA Provider.
- During FY26 Q2, updated the eligibility guidance to remove the required 3-year re-evaluation to maintain Medicaid eligibility. Moving forward, 3-year re-evaluations would only be requested according to medical necessity.
- Provided clarification explaining that members with dual insurance of Medicaid and commercial insurance are not required to complete a 3-year re-evaluation to maintain Medicaid eligibility.



Significant Tasks During Period: The Autism Team launched a FY26 Autism Services Action Plan to review the overall continuum of autism services. During Q2, primarily focused on updating the screening process for the Independent Evaluators to complete the autism screenings prior to completing the autism evaluations: Modified Checklist for Autism in Toddlers (MCHAT) and Social Communication Questionnaire (SCQ).

Major Accomplishments During Period: During the month of March, the Autism Service Team met with the Independent Evaluators and the Access Call Center to review the current workflow of completing autism screenings and evaluations and developed an action plan to update the workflow to improve continuity and timeliness.

Needs or Current Issues*:* Independent Evaluators will need training prior to implementing the new procedure of completing the autism screenings. Also, present to Procedure Code Workgroup for approval for Independent Evaluators to use the screening cpt code when completing autism screenings. Lastly, coordinate with the publisher to request licensing agreement to use the SCQ screening tool within the electronic health record system (MHWIN).

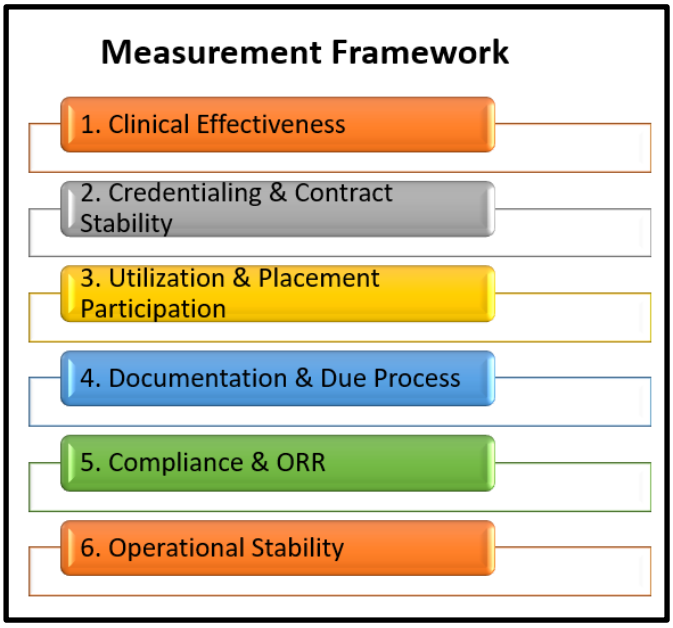
Plan:

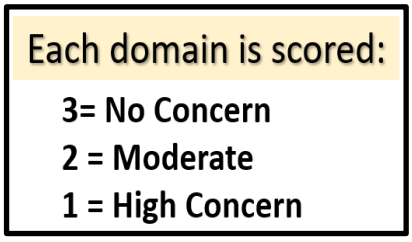
1. As a result of the FY25 Request for Proposal (RFP), the new Independent Evaluator successfully passed the Access Committee (Inspired Minds) and is currently in the credentialing process. *Timeline: By 9/1/26*
2. Train the Independent Evaluators on the Autism Pathway Preference Form and begin using this form with families to indicate which families are interested in ABA services following their evaluation to increase timely services to treatment. *Timeline: By 7/1/26*

Activity 2: Autism Provider Score Cards

Description: The DWIHN Autism Department provides clinical oversight of Autism Providers delivering ABA therapy to children and youth ages 0 to 21 years of age with active Medicaid in Wayne County. During FY 2026 implemented the new score card criteria for scoring how ABA Providers are performing overall.

Why Important? The scorecard criteria involve a cross departmental participation consisting of the following measurement domains and scoring criteria





Current Status: As of FY26/Q2 there were 29 ABA Providers within the network. See chart below for scorecard rankings.

Scorecard Grade and Description		Total ABA Providers
A (75–100%) 75–100%	Stable placement partner Maintain referral priority	**4 Providers**
B (60–74%) 60–74%	Monitoring recommended Targeted oversight	**5 Providers**
C (40–59%) 40–59%	Access-impact concern Utilization recovery plan	**8 Providers**
F (0–39%) 0–39%	Network risk provider Probation pathway consideration	**2 Providers**
Not Applicable (NA)	New Providers	**10 Providers**

Significant Tasks During Period: Implementation of the new scorecard criteria among ABA Providers. This new initiative was explained during the monthly ABA Provider meetings.

Major Accomplishments During Period: This quarter nine (9) of the ABA Providers scored in the A and B categories on scorecards.

Needs or Current Issues*:* Since FY2025 three (3) ABA Providers discontinued contracts due to not meeting contractual requirements for providing adequate ABA services. There is a need to complete a quarterly comprehensive review of autism providers to identify any clinical or contractual challenges and provide technical assistance.

Plan:

1. Administer Provider Scorecards. *Timeline: Quarterly*
2. Cross departmental meetings to discuss Provider status of utilization of services, quality audits, recipient rights, and contractual/credentialing. *Timeline: Quarterly*
3. Provider meetings to offer training and technical assistance for Providers scoring a C and below. *Timeline: Monthly*

Quarterly Update

Provider Oversight and Governance

- Completed six (6) site visits of ABA Providers requesting to expand autism services to new and or additional locations.
- Facilitated close out plans for two (2) ABA Providers: Strident HealthCare and Open Door Living Association.
- Facilitated monthly ABA Provider Network Meetings with providers to reinforce operational expectations and improve provider communication.
- Partnered with Brightview Care regarding ABA services in school settings to support priority population members.
- Participated in the Autism Lead PIHP State Meeting regarding the Qualified Behavioral Health Professional (QBHP) audit to ensure staff bill services under the correct National Provider Identifier (NPI) number.
- Coordination with Department of Health and Human Services regarding a youth involved in child welfare system to connect to autism services.
- Developed a provider survey focused on scheduling practices and electronic medical record (EMR) systems to support future planning and operational standardization.

- Conducted onboarding sessions with Bluemind Therapy and Euro Therapies regarding MHWIN access, BCBA credentialing, referral workflows, and provider expectations.
- Hold open office hours and provider support meetings to assist with referrals, member transfers, and operational questions.
- Participated in a reading event at Cook's Elementary School to support community outreach efforts.

Progress on Previous Improvement Plans

Description: The DWIHN Autism Department is focused on improving timely access to ABA services for eligible individuals diagnosed with autism from birth to 21 years of age with active Medicaid in Wayne County. A key area of improvement is reducing delays in receiving diagnostic evaluation reports, which are required to determine eligibility for the Autism Services. Historically, delays of up to three months were common, significantly impacting how quickly members could begin services.

Update: In January 2025, DWIHN updated the reporting timeline based on feedback from providers and diagnostic evaluators. Evaluations resulting in an ASD diagnosis now allow up to 15 business days for report completion, instead of 10 business days, to support more thorough diagnostic evaluations. The 7-calendar day requirement for non-spectrum evaluations remains unchanged. The performance goal was also increased from 70% to 95%. Since this update, DWIHN has continued to demonstrate strong access to eligible diagnostic reports. In FY26/Q2, 593 out of 624 reports were completed on time, resulting in a 95% on time rate.

Fiscal Year/Quarter	Total Completed Evaluations met Eligibility (Numerator)	Total Requests for ABA Services (Denominator)	Percentage of Reports On Time (Goal = 70%)
FY 24 / Q1	285	427	**67%**
FY 24 / Q2	325	384	**85%**
FY 24 / Q3	527	578	**91%**
FY 24 / Q4	479	525	**94%**
FY24 Total			**84.25%**
FY 25 / Q1	411	465	**88%**
Performance Measure Modification (New Goal = 95%)			
FY 25 / Q2	513	528	**97%**
FY 25 / Q3	558	572	**98%**
FY 25 / Q4	645	683	**94%**
FY25 Total			**94.25% (+)**
FY 26 / Q1	619	652	**94%**
FY 26 / Q2	593	624	**95%**
FY26 Total			**94.5% (+)**

Program Compliance Committee Meeting
June 10, 2026
Children's Initiative Department
FY 2026 / Quarter 2 (January 2026 – March 2026)

Main Activities during the Reporting Period:

- Activity 1: HEDIS – ADHD Medication Follow Up
- Activity 2: MichiCANS Screenings - Timely Access to Services
- Activity 3: Youth Mental Health Council

Activity 1: HEDIS – ADHD Medication Follow Up

Description: Healthcare Effectiveness Data and Information Set (HEDIS) is a widely used set of standardized performance measures developed by the National Committee for Quality Assurance (NCQA). The purpose is to assess and compare the quality of care and service across health plans, helping employers, members, and providers understand effectiveness in areas like preventive care, chronic disease management, and behavioral health. Overall, the goal is to improve integrated health for children and youth. In particular, DWIHN oversees the ADHD Medication Follow Up HEDIS Measure of ensuring there is an initial and follow up doctor visit after being prescribed ADHD medication.

Why is this Important*?:* According to DWIHN Population Assessment completed in 2024, ADHD was the 2nd most prevalent behavioral health diagnosis among children and youth ages 0 to 17.
Out of the total count of 17,470 children/youth, 4,791 presented with an ADHD diagnosis (27%). In addition, when managed appropriately, medication for ADHD can control symptoms of hyperactivity, impulsiveness, and the inability to sustain concentration. Lastly, consistency of taking ADHD medication assists with improvement of behavior at school preventing school suspensions and the prevention of crisis events.

Current Status:
Regarding the ADHD Medication Follow Up there are Key Factors to be informed of:

- The reporting period is from March – February
- Information is pulled from the Vital Data platform via billed claims
- As of 10/1/2025 the NEW baseline changed to 2023
- The goal for this measure increased over the years due to the ongoing progress with this PIP
- Objective for NCQA measure is to make *"Meaningful Improvement"*

Goal 1: Percentage of children between 6-12 years of age who were diagnosed with ADHD and had one follow-up visit with a practitioner with prescribing authority within 30 days of their first prescription of ADHD medication.

Historically: As of March 2020 the rate was 12.98% (Goal = 50%)

Measurement Period	Numerator	Denominator	Rate	Comparison Goal
3/1/22 – 2/28/23 New Baseline	681	1154	59.01%	46.1%
3/1/23 – 2/28/24	706	1152	61.28%	58.95%

3/1/24 – 2/28/25	811	1294	62.67%	64%
3/1/25 – 2/28/26	728	1237	58.9%	64%

Goal 2: Percentage of children between 6-12 years of age who had a prescription for ADHD medication and remained on the medication for at least 210 days and had at least 2 follow-up visits with a practitioner in the 9 months after the initiation phase.

Historically: As of March 2020 the rate was 13% (Goal = 50%)

Measurement Period	Numerator	Denominator	Rate	Comparison Goal
3/1/22 – 2/28/23 ***New Baseline***	188	264	71.21%	62.04%
3/1/23 – 2/28/24	227	328	69.21%	70.25%
3/1/24 – 2/28/25	254	358	70.95%	76%
3/1/25 – 2/28/26	146	213	68.54%	76%

Significant Tasks and Major Accomplishments: Meeting held with the Advantage Health Federal Qualified Health Center (FQHC) – 1500 W. McNichols location to discuss connecting children and youth to DWIHN for screening for behavioral health services. Provided education to the FQHC on the MichiCANS Screener. Updated the Core Competency Training held for new and existing clinical professionals to include the HEDIS standards. Also updated the HEDIS policies for Providers to submit quarterly feedback indicating progress, barriers, and interventions to improve the HEDIS standard.

Needs or Current Issues*:* Continue to monitor this measure to meet state and accreditation goals.

Plans:

1. Discuss HEDIS standard during bi-monthly Provider meetings
2. Providers submit quarterly feedback for members not meeting the standard
3. Facilitate HEDIS Trainings for new and existing clinical and medical professionals twice per year

Activity 2: MichiCANS Screenings - Timely Access to Services

Description: Michigan Department of Health and Human Services (MDHHS) implemented **Performance Indicator 2a: Timely access to services**. It is the expectation for children ages 0 to 21st birthday to receive an intake assessment within 14 days of the screening date.

Why is this Important*?:* Effective 10/1/2024 the new goal for timely access for services was identified at 57% according to MDHHS requirements.

Current Status: During FY26/Q2 54.89% of intakes occurred within 14 days of screening date for children with intellectual developmental disabilities (IDD) and 56.33% of intakes occurred within 14 days of screening date for children with serious emotional disturbances (SED).

Intakes Completed within 14 Days of Screening Date

Child Population	FY25	FY26/Q1	FY26/Q2	Goal
IDD	35.34%	39.45%	54.89% (+)	57%
SED	58.46%	51.29%	56.33% (+)	57%

Significant Tasks and Major Accomplishments: Children Initiative Department launched a performance improvement project for the children requesting IDD services specifically. Expanded IDD services providers among the network to increase capacity. For the FY26 Statement of Work required Providers to offer daily availability to accept new intake referrals for children services.

Needs or Current Issues*:* There are a few Providers falling below the daily intake referral requirement; in which, scheduling with Providers to discuss plan to increase availability. Also identified Providers were not billing the screening code and as a result, those screenings were not being incorporated into the overall data. As a result, provided additional guidance to Providers to bill the screening code when completing MichiCANS screenings for specialty programs and services.

Plans:

1. Provide quarterly review of Performance Indicator 2a among providers.
2. Discuss status of Performance Indicator 2a during bi-monthly Provider meetings
3. Request Providers submit an improvement plan if falling below the 57% goal

Activity 3: Youth Mental Health Council

Description: The Mental Health Youth Council Meeting is a monthly collaborative gathering consisting of council members, youth advocates, and the Youth United coordinators. The purpose of the council is to create a safe and supportive space where young people can share lived experiences, identify gaps in services, discuss mental health challenges impacting their communities, and contribute to solution-building efforts.

Why is this Important*?:* The council also serves as a platform for youth voice, leadership development, and cross-sector collaboration.

Census: Youth Council Meetings were held during January, February, and March during the second quarter.

Significant Tasks and Major Accomplishments During Period: In January hosted Narcan Training for students in the council per student request. Students identified the areas interested in promoting and advocating: bullying, toxic relationships, trauma, coping skills, and substance use. Processed vendor request forms for students participating on the council and successfully worked with Communications and Finance Departments for students to receive $50 stipends.

Needs or Current Issues*:* Need to expand the council to attract additional students to participate.

Plans:

1. Continue monthly youth council meetings

Quarterly Update

Things the Department is Doing Especially Well:

Reading Month: In celebrating reading month and 313 day, DWIHN volunteers from various departments participated in reading day at Cooke Elementary.

Trainings / Events: The following trainings and events occurred this quarter

- Children Mental Health Lecture Series: Interrupting the Cycle: Community-Based Prevention and Mentoring Strategies in to Keep Youth Out of the Juvenile Justice System
- Children Mental Health Lecture Series: Art Therapy
- Peer to Peer Training
- Core Competency Booster Training
- DHHS Training; Resources, Processes, Programs and Family Support

Youth United:

- Youth United: Youth Adult Self Sufficiency (YASS) - Financial Literacy
- Youth United: Good Health Wins Resource Fair
- Stigma Busting Assembly Presentation – Job Corps (Detroit, MI)

Progress on Previous Improvement Plans:

Crisis Plans: The chart below is an overview of the Crisis Plans completed by Children Providers The goal is to obtain 85% completion of Crisis Plans.

Disability Designation	FY 26 – Q1	FY 26 – Q2
Serious Emotional Disturbance (SED)	64%	55%
Intellectual Developmental Disability (IDD)	69%	70%

Barriers:

- Members are selecting to decline completing Crisis Plans
- CCBHC Providers are no longer included in the data as of FY26 (10/1/25)

Interventions:

- Requested for MHWIN to be updated to remove the option for members to decline completing the Crisis Plans. Also, including option to select the type of Crisis Plan (Initial, Update, Annual)
- Ongoing training to Providers of importance of completing Crisis Plans and how relevant to the member.

Program Compliance Committee

Customer Service Quarterly Report

6/10/2026

Reporting Activities during this quarter:

- **Customer Service Call Center**
- **Due Process**
- **Member Engagement/Experience**

Activity 1: Customer Service Call Center (Welcome Center/Customer Service Representatives):

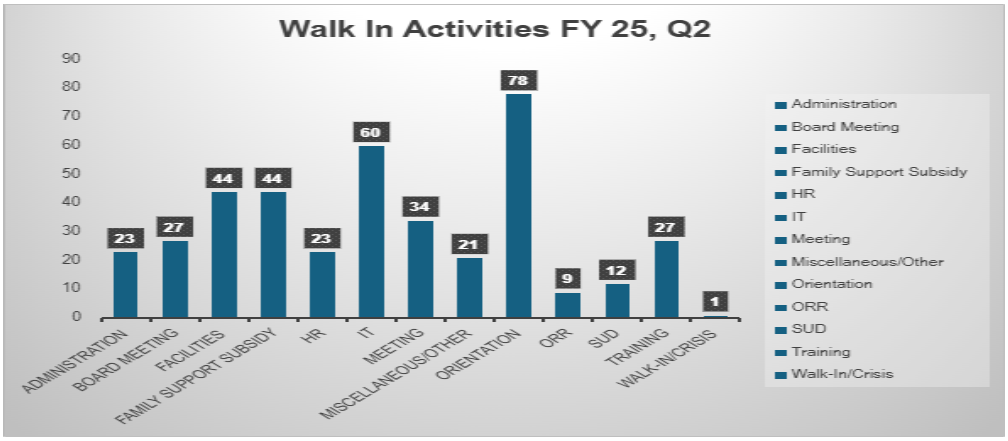
The Customer Service Call Center is composed of two Welcome Center Receptionists and three Customer Service Representatives (CSRs). The Receptionists and Customer Service Representatives work the day shift from 8:00 am to 4:30 pm, Monday through Friday, utilizing the Genesys phone system. The Welcome Center Receptionists answer calls from the (313) 833-2500 phone line, also known as the Operator line. The Customer Service Representatives answer calls directed to the (888) 490-9698 and (313) 833-3232 phone lines. The standards both units are held to include: an average speed of answer (ASA) of 30 seconds or less, abandonment rates of 5% or less, and a service level of 80% or higher.

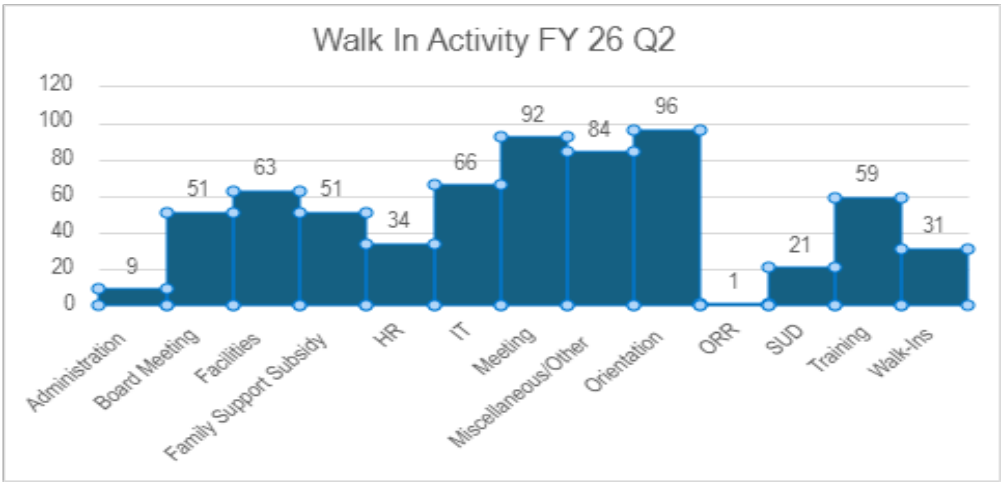
The statistics for both the Welcome Center and Customer Service Call center for Q2 of 2026 remained strong. In January 2026, CS Supervisor Trudy Marcum spearheaded efforts to keep the front desk running smoothly following the departure of the two receptionists. The Customer Service Call Center also experienced a reduction in force after a representative was promoted out of the unit. In February of 2026, CS hired two new receptionists to continue to maintain operations throughout the remainder of the quarter and beyond. Compared to Q2 in FY'25, there was a significant decrease in the number of calls received and answered for the Welcome Center, while the CSRs had an increase in calls received and answered. Despite the transition in positions, both our front desk receptionists and CSRs have maintained strong performance, including prompt response times and a low abandonment rate. The chart below depicts the stats of both quarters. The asterisk for Q2 2026 represents the staffing change.

Fiscal Year	Staff	Calls Offered	Calls Answered	Abandonment Rate	ASA	Service Level	Avg Talk Time
26	2*	1605	1519	1%	10s	97%	2 min, 13s
25	2	3172	3018	1%	10s	97%	1 min , 51s

Fiscal Year	Staff	Calls Offered	Calls Answered	Abandonment Rate	ASA	Service Level	Avg Talk Time
26	2*	3539	3365	3%	10s	95%	3 min, 3s
25	3	2723	2592	3%	10s	95%	3 min, 42s

The Welcome Center Receptionists also track the walk-in activity for the Administrative building. For FY 25 Q2, the main reasons for walk-in in order of frequency: Orientation, IT matters, and a third-place tie between Facilities and Family Support Subsidy assistance. In FY '26 Q2, the top reasons for walk-ins in order of frequency were orientation, meetings, and IT concerns. The charts below illustrate the data collected.





Future activities for the Customer Service Call Center include: partnering with IT and the Access Center to develop after-call surveys, and continuing to work with Executive Leadership and IT to more accurately pinpoint the specific reasoning for increases/decreases.

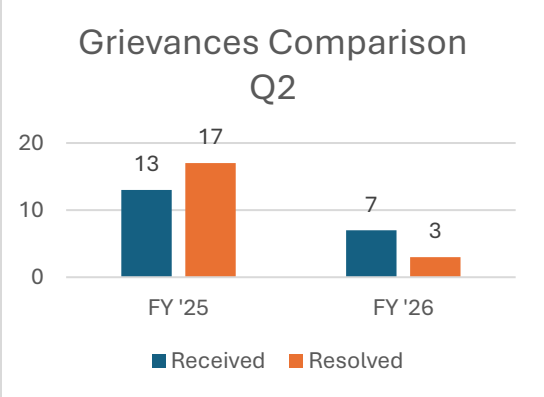
Activity 2: Due Process

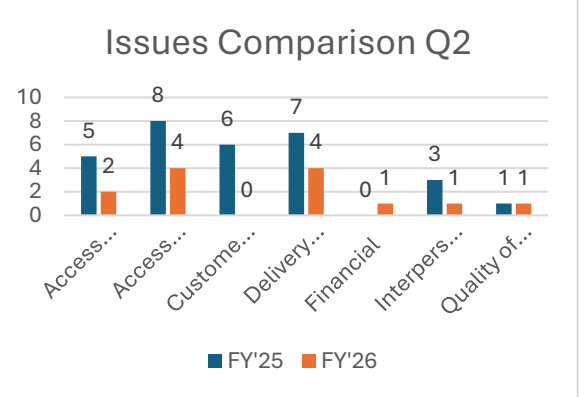
The Due Process Department for DWIHN consists of Member Grievances, Appeals, State Fair Hearings, and Mediation. This unit is tasked to process and resolve Medicaid grievances within 90 calendar days, standard Medicaid appeals within 30 calendar days, defend DWIHN's appeal decision in a state fair hearing facilitated by the Michigan Office of Administrative Hearing and Rules (MOAHR), and participate in all member-requested mediation conferences that are facilitated through the Behavioral Health Mediation grant overseen by Oakland Mediation Center. Members are asked when In FY'26, Due Process has seen a drop in cases received due to

the transition of certain services to the Certified Community Behavioral Health Clinic(CCBHC) providers. The responsibility of resolving grievances and appeals related to CCBHC services is now the responsibility of those providers. DWIHN is only responsible for the non-CCBHC-covered grievances and appeals. There was a drop in grievances received in FY'26 (13 in FY'25 vs 7 in FY '26), and appeals also experienced a decline in cases received (8 in FY'25 vs 4 in FY'26). There were no mediation cases in Quarter 2 of FY'25; however, there were 2 cases in Quarter 2 of FY'26 (1 case successfully resolved, 1 case unsuccessfully resolved). There were no state fair hearings in either quarter for FY'25 or FY'26.

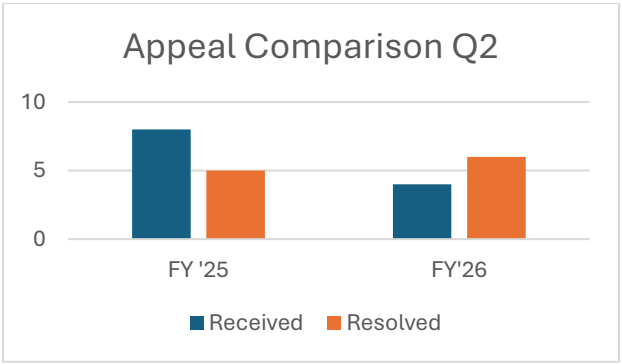
Future activities for the Due Process unit include: adapting the state reporting model to the current due process operations. In times past, it was feasible to continue reporting using the 1 grievance, multiple issues model and/or the 1 appeal per multiple services model. Based upon the MDHHS quarterly reporting ask, it is reasonable to adopt the 1 grievance, 1 issue model. While this will increase the Grievance and Appeal Specialists' responsibility, it will better align with MDHHS and make reporting more efficient and less labor-intensive. Due Process will assist in the disenrollment efforts for the mild to moderate population, ensuring proper due process is afforded to all affected.

GRIEVANCE DATA





APPEAL DATA



Activity 3: Member Engagement/Experience

The Member Engagement/Experience unit continues to work collaboratively with our provider partners and community to find innovative ways to empower, encourage, and energize our membership. During Quarter 2 of FY '26, there was a flurry of activity that included:

- The DeMaria Foundation generously provided 20k for the fiscal year. These monies are used to support the Dreams Come True grants and other projects sponsored by Member Engagement and Experience.
- Member Engagement/Experience welcomed two new team members, Amanda Levitt and Belinda Warwick. These individuals filled the vacancies for the Member Experience Coordinator and Member Engagement Specialist positions.
- The Engagement Manager collaborated with members of the Quality team for coordination and submission of data required for the MDHHS Waiver and ISPA review. Project Liaison Michael Shaw coordinated the efforts to provide the needed demographic information. Information was provided in January 2026 for May 2026 interviews. The Engagement team is involved in another Quality initiative to post aftercare attendance post-hospital discharge. Peer Agent Clarence Ruff is the lead staff making weekly calls to members to remind them of their appointments.
- The March is Michigan Disabilities Awareness Month program was amazing. The Constituents Voice (CV) Advocacy Action Committee hosted an event on March 19th via Zoom. The panelists, including Eunice Marks, a retired Social Worker with Cerebral Palsy, Dr. Melissa Zochowski, University of Michigan's Disabilities Institute, and Jamie Junior, Co-Chair of the Constituent's Voice, addressed the topic, "Navigating Health and Disparities and Growing Older in the Developmental Disabilities Community". This forum was well attended with over 60 participants.
- Member Engagement continues to monitor the Contact Us option via the website using the Rapid Response program. For the second Quarter of FY'26, there were 203 emails received.
- The Member Experience Coordinator continues to host a live Peer Chat is every second Thursday from 6 p.m. – 7 p.m. The Peer Chat is a forum for Peer Support Specialists, Peer Recovery Coaches, and Peer Mentors to discuss services and resources for self-care and self-development.
- The Customer Service Engagement Unit hosted a Peer Training on February 19, 2026, at Considine Family Life Center. Dr. Kevin Scott presented on Peer Support Specialist and Police Training, and Stacey Foster presented on Breaking the Stigma: The Power of Open Conversation. The next Peer Training will be held on August 20, 2026.
- The Persons' Points of View Spring Edition 2026 Newsletter was released on February 12, 2026. Michael Shaw, Engagement Specialist, is the Editor-In Chief.

Respectfully Submitted,

Dorian Johnson, Director of Customer Service

Program Compliance Committee Meeting
6/10/2026
Integrated Health Care Quarter 2 FY26 Report
Vicky Politowski, Director

MAIN ACTIVITIES DURING THE REPORTING PERIOD: FY 2026

- **Omnibus Budget Reconciliation Act (OBRA)**
- **Complex Case Management**
- **Joint Care Coordination with Medicaid Health Plans and HIDE-SNP**

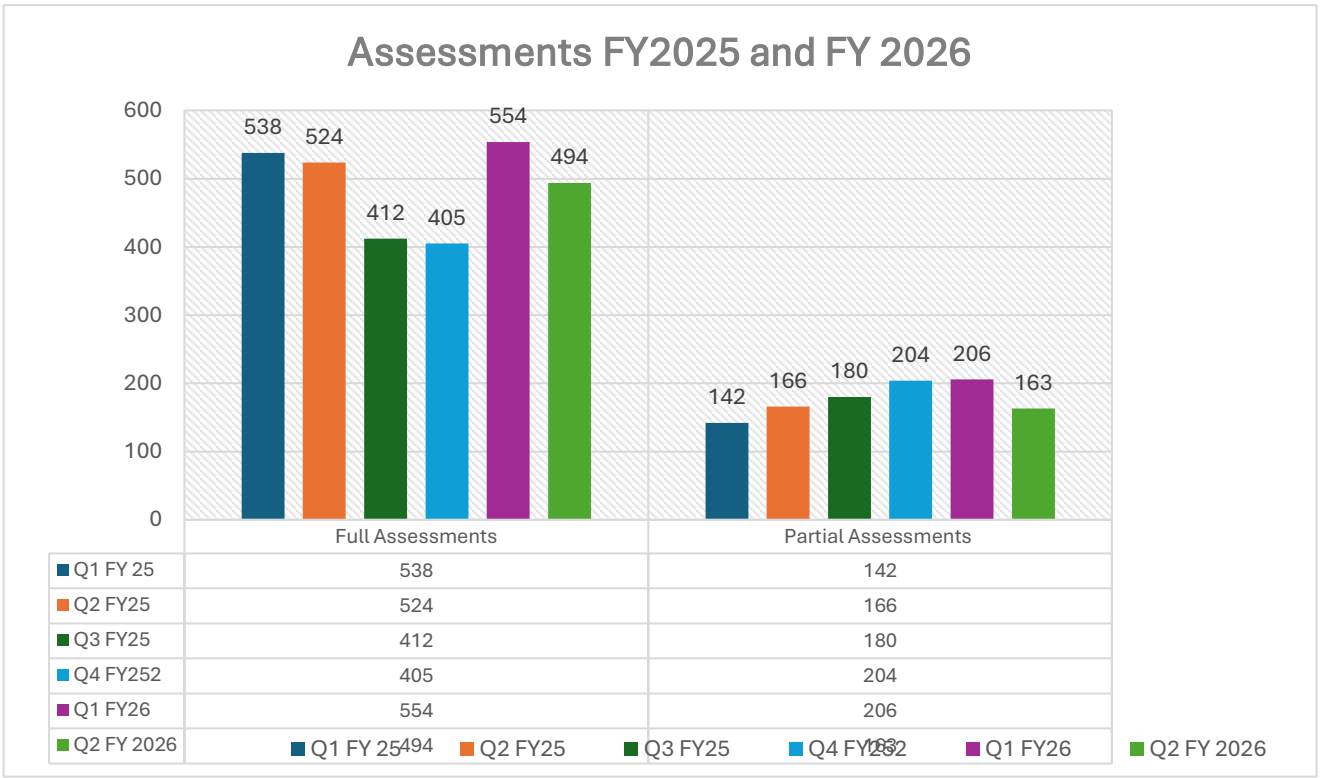
Progress On Major Activities:

<u>Activity 1:</u> Omnibus Budget Reconciliation Act Services

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

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

Current Status: In quarter two, 1,919 referrals were triaged, and 494 full assessments and 163 partial assessments were completed. Assessments completed in the second quarter of 2026 are in line with FY 2025.



Significant Tasks and Major Accomplishments: The cross-training of intake and OBRA trainers has improved turnaround times for processing referrals, enabling clinical staff to receive referrals more quickly. Clinical staff have increased the number of assessments completed weekly from five (5) to six (6) (KPI is five [5] assessments per week).

Needs or Current Issues: An OBRA trainer will deliver continuous training and onboarding for new nursing homes to ensure compliance with the federal law.

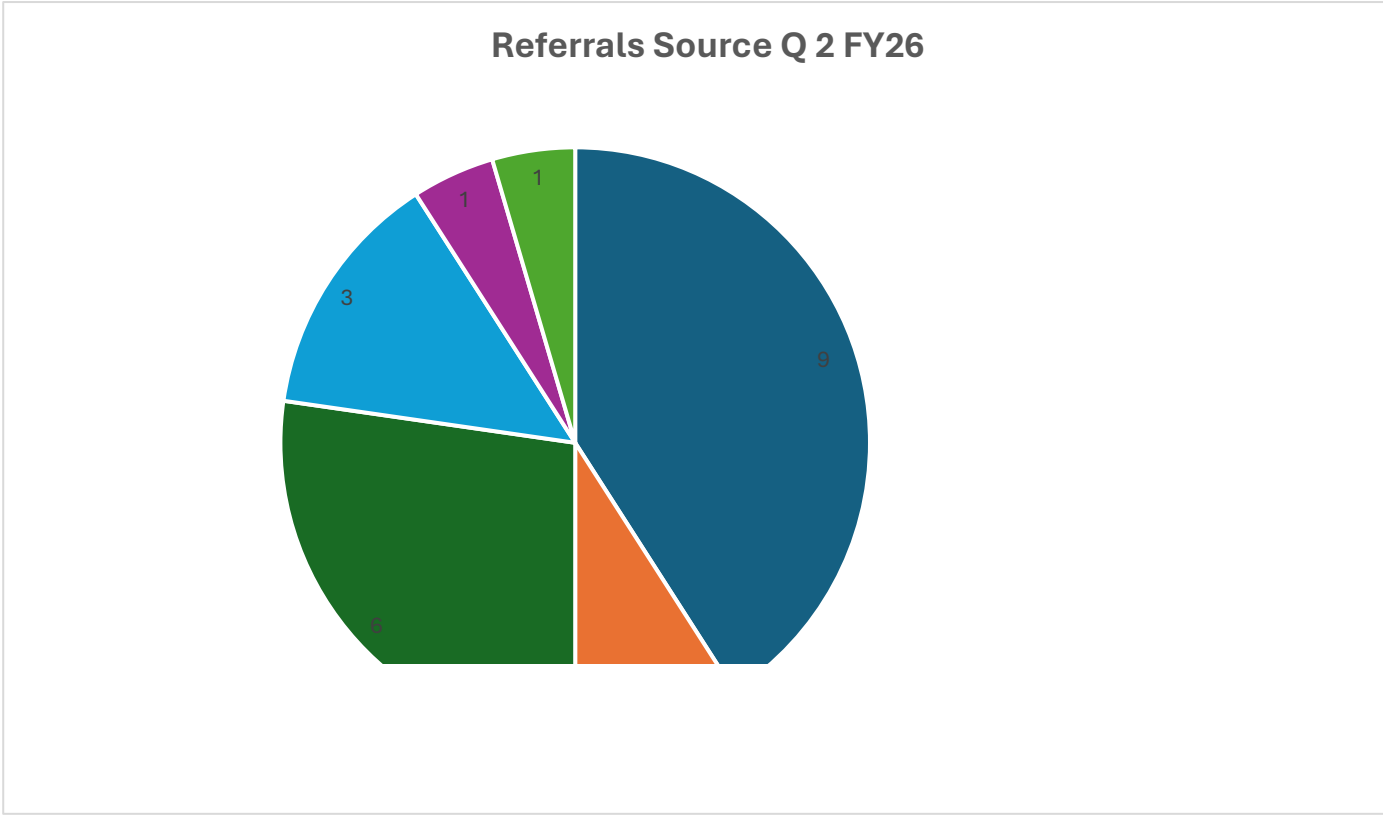
Plans: OBRA trainers will retrain nursing homes not following the OBRA process. They will collaborate with MDHHS to provide in-person training for nursing homes, hospitals, and CRSP agencies in June.

<u>Activity 2:</u> Complex Case Management (CCM)

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

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

Current Status: In Q2 FY 2026, Complex Case Management focused on increasing the number of members opened in the program. In quarter 2, CCM staff met the KPI of opening at least three (3) new members per month, achieving 21 new members.



Significant Tasks and Major Accomplishments: Complex Case Management (CCM) is initiating a new project focused on ensuring that members receive the appropriate metabolic testing and are connected with primary care physicians. As part of this effort, CCM has created a new letter for primary care doctors, highlighting the need for metabolic testing. This letter will be distributed to all primary care doctors, and CCM staff will follow up to confirm that the testing has been completed. To verify whether metabolic testing has been performed, CCM staff will utilize the HEDIS platform and CC360 to check for any related claims.

Needs or Current Issues: At the beginning of the second quarter, 60% of new members entering the program had a primary care physician. By the end of the quarter, that percentage had decreased to only 33%. This decline in the number of new members with primary care physicians is part of a downward trend observed in Wayne County, according to the population assessment.

Plans: Complex Case Management to ensure members have and are engaged with primary care physicians.

<u>Activity 3:</u> Joint Care Coordination with Medicaid Health Plans and HIDE-SNP

Description: Care coordination is the organized management of a person's healthcare across different providers, services, and settings so that treatment is connected, efficient, and easier to navigate. DWIHN is required to coordinate care with all eight (8) Medicaid Health Plans. The Michigan Department of Health and Human Services (MDHHS) has established a benchmark stating that 25% of adults in need of care coordination, as identified by the MDHHS risk pull in Care Connect 360 (CC360), should have an active care plan. DWIHN aims to achieve 40% to ensure this standard is consistently met throughout the year, as members may drop out of the denominator.

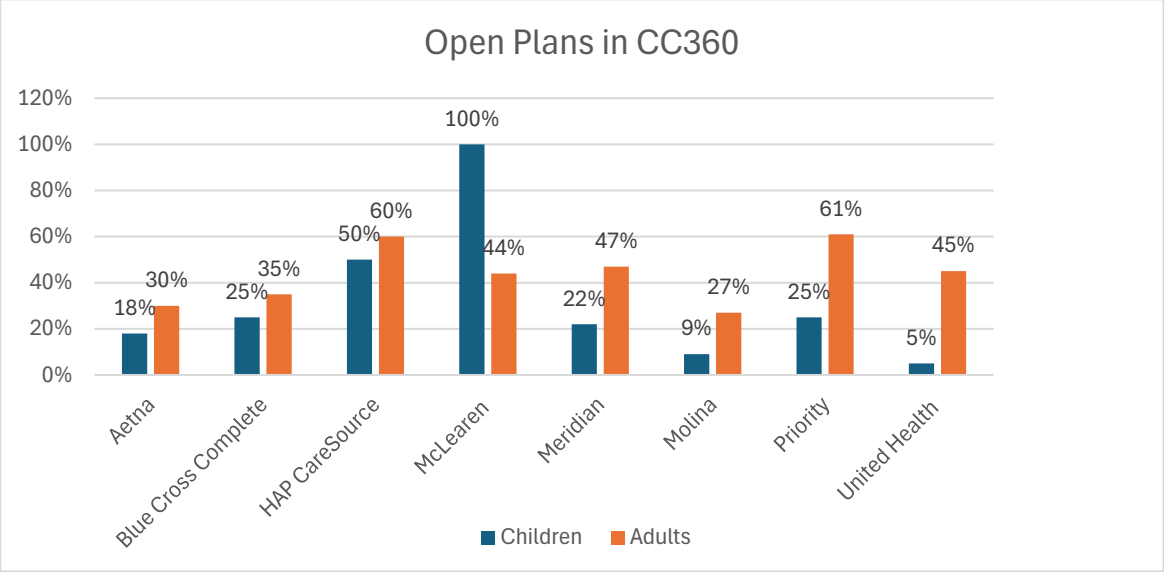
Why is this Important: Care Coordination is a contractual agreement with MDHHS, and a pay-for-performance measure evaluated yearly. In fiscal year 2025, DWIHN was awarded $676,241.08 under the pay-for-performance program and exceeded the 25% threshold.

Current Status: DWIHN is currently at 39.4% for care coordination plans in CC360 with the eight (8) Medicaid Health Plans.

Significant Tasks and Major Accomplishments: While the new HIDE-SNP plans are not included in CC360 for care plans, MDHHS expects care coordination to be completed. DWIHN worked with Humana in quarter 2 to help them start care coordination.

Needs or Current Issues: Although MDHHS has not set a specific standard for children, DWIHN is closely monitoring progress to ensure the 25% benchmark is met by the end of the fiscal year.

Plans: The Care Coordination team has started tracking the percentage of children with care plans; currently, DWIHN is at 18% with a goal of 25% by October 1, 2026.



Things the Department is Doing Especially Well:
Omnibus Budget Reconciliation Act (OBRA) Services: OBRA is dedicated to improving behavioral health services for members in nursing homes and is working with CRSP providers to enhance referrals to CRSP and ensure follow-up.
Complex Case Management (CCM): CCM is working with Customer Services Peer Support Staff to call members who need follow-up after hospitalization and appointment reminders.
Care Coordination: Care Coordinators with the Medicaid Health Plans continue to increase with the addition of youth.

Identified Opportunities for Improvement:
Omnibus Budget Reconciliation Act Services: OBRA will attend the Michigan on Aging Conference in May to ensure staff are up to date on evidence-based treatment and any updates to the OBRA requirements.
Complex Case Management (CCM): Complex Case Management is focused on ensuring that members complete the necessary labs each year to enhance their health.
Care Coordination: Medicaid Health Plan Care Coordinators have high caseloads, making it difficult to add new members. DWIHN Care Coordinators will specify in Care Plans who provides the service and confirm if DWIHN is the primary responsible agency.

Program Compliance Committee Meeting
Director of Quality Improvement
QAPIP Update FY26
June 10, 2026

Main Activities during Quarter 2 Reporting Period FY26:

- **MDHHS Waiver Review**
- **Performance Indicator 2a**
- **HEDIS Performance Overview**
- **Additional Achievements**

Description: The MDHHS Annual Waiver Review is a regulatory assessment that evaluates compliance, quality of care, and administrative standards. The review examines member records, staff files, and administrative processes against state and federal health mandates, and includes member interviews to validate service quality and adherence to standards.

Activity 1: MDHHS Waiver Review (March -May 2026)
MDHHS conducted a virtual review of the region's waiver programs from March 13 to May 22, 2026. The review covered the Habilitation Supports Waiver (HSW), the Waiver for Children with Serious Emotional Disturbance (SEDW), and the Children's Waiver Program (CWP), along with an assessment of DWIHN's administrative processes and policy implementation. In total, the review encompassed 160 waiver cases and 741 staff files.

Overall, the preliminary results were positive, with strong compliance across all programs. Key findings included:

- CWP: 9 of 9 cases in full compliance
- SEDW: 12 of 13 cases in compliance
- HSW: 30 of 33 cases in compliance
- iSPA: 96 of 105 cases in compliance, with 147 of 160 cases meeting requirements (92%).

Additional highlights
Among the 741 staff files reviewed, professional files met all compliance requirements. Gaps were noted only among non-professional staff lacking documentation of IPOS training.

Next steps
DWIHN is required to submit a Corrective Action Plan (CAP) to MDHHS. Following submission, MDHHS will conduct a follow-up review within 90 days to assess the plan's effectiveness.

Action Steps & Timeline
June – September 2026

- Systemic remediation efforts are already underway, including updating the standardized IPOS template to improve documentation accuracy and implementing targeted IPOS training across the network
- Issue provider communication summarizing MDHHS findings and DWIHN expectations
- Update Quality Improvement Work Plan based on audit findings

Description: Performance Indicator 2a measures the percentage of individuals who receive a completed biopsychosocial assessment within 14 days of a non-emergency request for services.

Activity 2: Performance Indicators #2a — Quarterly Comparison

Indicator	Q1 2025	Q2 2025	Q3 2025	Q4 2025	Q1 2026	Q2 2026 Preliminary	Standard
Intake IBPS 14-Day (MI/Child)	52.86%	62.10%	60.13%	55.59%	51.29%	56.55%	**≥ 57%**
Intake IBPS 14-Day (MI/Adult)	57.30%	56.97%	62.82%	58.75%	56.75%	63.70%	—
Intake IBPS 14-Day (DD/Child)	35.84%	34.14%	36.57%	34.79%	39.45%	55.04%	—
Intake IBPS 14-Day (DD/Adult)	58.82%	57.30%	58.97%	74.60%	61.36%	60.39%	—
TOTAL	**51.81%**	**53.37%**	**56.14%**	**53.71%**	**51.41%**	**60.22%**	—

Key Highlights:

- The total IBPS 14-day completion rate increased to 60.22% in Q2 2026, the highest level in the six-quarter trend.
- MI/Child rose to 39.45% (Q1 2026) to 55.04% (Q2 2026), a substantial quarter-over-quarter increase.
- MI/Adult, which continues to increase each quarter from 57.30% (Q1 2025) to 63.70% in Q2 2026)
- DD Adult has consistently exceeded the 57% standard in every quarter.

Description: The state has identified 14 required HEDIS measures to monitor care. These measures assess preventive care, chronic disease management, and behavioral health access across the state.

Activity 3: HEDIS Performance Overview

Category	Summary
Up-Trending Measures	**12 measures improving** (FUH 30-AD, FUH 30-CH, FUH 30-Total, FUH 7-CH, FUH 7-AD, FUM 30-CH, FUM 30-AD, FUM 30-Total, ADD Initiation, APP, APM, SSD)
Down-Trending Measures	ADD Continuation, SAA)
Measures with active PIPs	FUH Adult, FUH Child, SAA, SSD,
Key Barriers	Barriers remain related to scheduling delays, claims lag, provider capacity limitations, and documentation inconsistencies.

DWIHN's current HEDIS review indicates strong progress, with 12 measures showing an upward trend. However, two measures, ADD Continuation and SAA, are trending downward, highlighting ongoing challenges related to treatment adherence and medication refills. Active Performance Improvement Plans are in place for FUH Adult, FUH Child, SAA, and SSD, which ensure targeted oversight and corrective actions. The remaining performance barriers are mainly linked to scheduling delays, claims processing lags, provider capacity issues, and inconsistencies in documentation, all of which continue to affect several measures.

Additional Achievements:

- Quarter 2 reflects solid performance and strong compliance in Critical Event and Sentinel Event reporting. All events were submitted to MDHHS in a timely manner, maintaining 100% compliance with state reporting requirements.
- Year to date, 858 staff members in our network have completed training in Behavioral Treatment Technical Requirements.
- The Behavior Treatment Survey has been completed, with 123 responses received. The data is currently being analyzed and will be shared.

Program Compliance Committee
Vice President of Clinical Operations' Executive Summary
June 10, 2026

CLINICAL OPERATIONS UPDATES

HEALTH HOME INITIATIVES

DWIHN has received pay-for-performance results for SUD Health Home and is distributing payments to Health Home Provider Partners this month. We have preliminary results for BHH from MDHHS, but no award amounts yet. A total award of **$ 101,136.14** was earned for meeting all three P4P metrics. DWIHN expects to achieve 2/3 of the BHH metrics for FY2025 and has conducted a deep dive into these results, identifying the cause of not meeting the Follow-Up after Psychiatric Hospitalization (7 Day) measure. Providers have received individual-level breakdowns on their FUH-7 performance and are being re-trained and provided with resources to ensure this measure is met in the future.

PAR SERVICES

PAR Services began to provide Pre-Admission Reviews (PARs) to the adult population on April 1, 2026. Since that time, the team has conducted approximately 1,500 PARs and has maintained above 80% face-to-face which is the state standard. PAR Services has been able to provide a disposition within 3 hours to 98% of members seen in crisis, has provided notifications to the Clinically Responsible Service Provider (CRSP) on 90% of crisis screenings, and is working to increase the percentage of members seen who can be diverted to a lower level of care per medical necessity criteria. The team is close to being fully staffed and has since established Key Performance Indicators to ensure continuous quality improvement. The team has already reduced the number of members waiting for more than 23 hours in the emergency department and decreased the overall time spent in the emergency department through collaborative relationships within the provider network. The team has diverted 22% of members since inception while maintaining a high percentage of those diversions to our Crisis Stabilization Units (CSU). The team is also working to increase the percentage of members across the provider network who have an active crisis plan, ensuring that policy and procedures are reflected within the electronic health record.

ADULTS INITIATIVES

Adult Initiatives made meaningful progress in May 2026 across three priority areas—IPS-supported employment, Assisted Outpatient Treatment (AOT), and I/DD/Guardianship—by emphasizing service engagement, collaboration across systems, and data-informed improvement. IPS participation remained strong, with evidence suggesting that greater engagement may reduce hospitalization, though follow-up after job placement remains an area for improvement. In AOT, a high volume of active orders (897) highlighted the importance of early service engagement, while chart reviews, grant collaboration, and better court-related data collection supported program development. In the I/DD and Guardianship area, efforts focused on increasing awareness of Supported Decision-Making alternatives, improving coordination with Probate Court, and strengthening service systems through ABA provider rebidding and cross-system communication.

SUBSTANCE USE DISORDER INITIATIVES

The SUD Department has been working to standardize and formalize operations, improving workflows and increasing process visibility and monitoring. Specific initiatives aligned with these overarching goals include implementing new CPT codes - such as early intervention and childcare for women's specialty service providers that were formally billed on FSR - standardizing residential service delivery and reimbursement rates, and integrating assessments into MH-WIN for fetal alcohol spectrum disorder, communicable disease, and the Edinburgh postnatal depression scale. Additionally, the department released its SUD Intake, Eligibility Verification, Level of Care Validation, and Level of Care Change SOP, and finalized the SUD Prevention Policy. Finally, SUD launched a treatment provider workgroup designed to solicit feedback from the service provider network as the department continues to refine workflows and roll out new SOPs and policies.

VP of CLINICAL OPERATIONS' REPORT
Program Compliance Committee Meeting
Wednesday, June 10, 2026

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

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

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

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

HEALTH HOMES – Director, Emily Patterson
Please See Attached Report

PAR SERVICES – Director, Daniel West
Please See Attached Report

COMMUNITY ENGAGEMENT – Director, Andrea Smith
Deferred

CUSTOMER SERVICE – Director, Dorian Johnson
No Monthly Report

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

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

RESIDENTIAL SERVICES –Director, Ryan Morgan
Deferred

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

UTILIZATION MANAGEMENT – Director, Marlena Hampton
Please See Attached Report

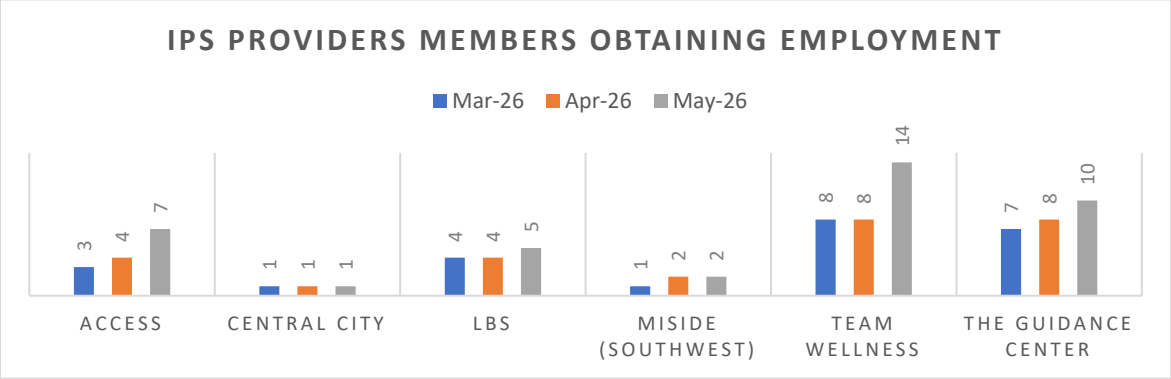
Adult Initiatives Monthly Report
Marianne Lyons, LMSW, CAADC
Program Compliance Committee 6/10/2026

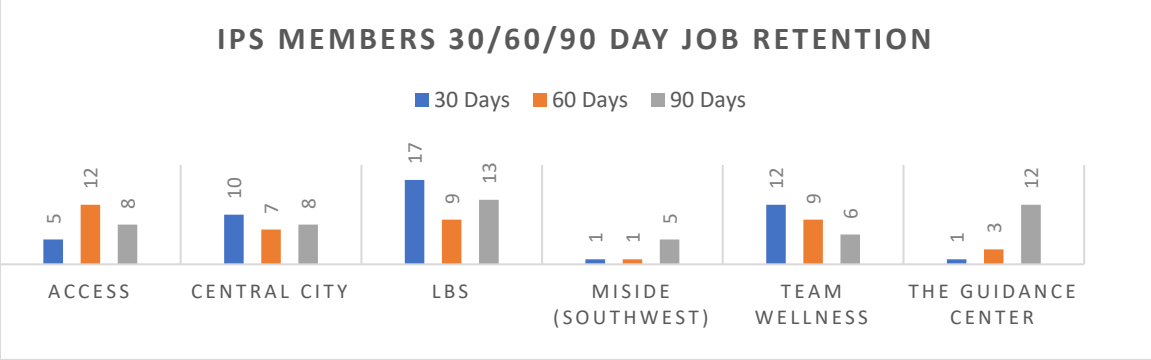
Key Activities During the Monthly Reporting Period

- Evidence-Based Supported Employment (EBSE) / Individual Placement and Support (IPS)
- Assisted Outpatient Treatment (AOT)
- Intellectual and Developmental Disabilities (I/DD) and Guardianship

Activity 1: Evidence-Based Supported Employment (EBSE) / Individual Placement and Support (IPS)

- ***Description****:* IPS is a specialized supported employment service model. It helps individuals with severe and persistent mental illness and/or substance use disorders obtain and maintain competitive employment at any stage of outpatient treatment.
- ***Current Status:*** The following data reflects the total number of members receiving IPS services during May 2026 across the CRSPs providing IPS services: ACCESS: 55, Central City: 30, Lincoln Behavioral: 78, MiSide (Southwest): 18, Team Wellness: 170, and The Guidance Center: 58.





- ***Significant Tasks During Period:*** Adult Initiatives presented at the ACT forum alongside the employment specialist from LBS, which consistently has the highest number of ACT members engaged in its IPS program compared with other IPS programs across DWIHN. LBS attributed this success to assigning a dedicated employment specialist to maintain ongoing coordination with the ACT program. IPS benefits ACT members in several ways.

It has been shown to help reduce hospitalization among members with high rates of recidivism, promotes routine and structure, and supports overall stability and independence. These benefits may contribute to lower LOCUS scores and reduced levels of care over time. IPS also encourages engagement with case management and psychiatric services and supports after-hours contact with ACT teams, since IPS services are typically available only during standard business hours.

- ***Major Accomplishments During Period:*** Adult Initiatives continues to track data, as reflected in previous monthly and quarterly reports, comparing IPS engagement with hospitalization rates. The data continues to indicate that IPS engagement is associated with reduced hospitalization rates.

  Needs or Current Issues: Adult Initiatives have identified follow-up as an increasing barrier for IPS programs. When members disengage and do not maintain follow-up after obtaining employment, the outcome is recorded as an unsuccessful completion, which can negatively affect fidelity scores for the associated programs. MDHHS has reported a decline over the previous three quarters of the fiscal year.
- ***Plan:*** Adult Initiatives will begin tracking follow-up data to better monitor the decline in successful IPS completions, with the goal of increasing the number of follow-up encounters.

Activity 2: Assisted Outpatient Treatment (AOT)

- ***Description:*** Assisted Outpatient Treatment (AOT) is a civil commitment process that places individuals diagnosed with a severe mental illness, and with a history of nonadherence to voluntary treatment, under a court order to follow a prescribed treatment plan while living in the community.
- ***Current Status:*** There are currently 897 AOT orders, including 105 new orders. In May 2026, 78 orders expired. Of these, 43 members were actively engaged in services and five (5) had a second or continuing order petition submitted to the court. The remaining expiring orders concluded as follows: 16 members were not engaged in services, 10 never attended their initial intake, three (3) were in a secure facility, and four (4) did not have the necessary second treatment orders filed.
- ***Significant Tasks During Period:*** Adult Initiatives reviewed AOT orders that expired in May 2026 for members assigned to community providers. Thirty-four (34) members had an expiring AOT order. Four (4) of these members received services in the Wayne County Jail and therefore did not receive services from a community provider. Among the remaining 30 members, 18 were actively engaged in services, as indicated by multiple service dates during each month of the AOT order. Of these 18 members:
  - Six (6) had been engaged with the provider prior to the order.
  - Two (2) were new to DWIHN services.
  - Two (2) had been previously disenrolled.

  All actively engaged members had three (3) or fewer prior initial AOT orders (eight [8] had never had an order, four [4] had one previous order, and six [6] had two previous orders). This may suggest that AOT is most effective when a member engages in services during the first order and may be less effective with subsequent petitions. Several members with previous orders had received one within the prior 12 months; however, none had a second or continuing order, and it remains unclear whether such an order might have improved outcomes.

- ***Major Accomplishments During Period**:* Adult Initiatives partnered with the Grants and Community Engagement Department to submit a grant application to the Michigan Health Endowment Fund. If awarded, the grant would support increased staffing, expanded data collection, and further evaluation of AOT effectiveness. Adult Initiatives also collaborated with the IT department to add fields to the Court Services tab to improve the collection of more targeted data.
- ***Needs or Current Issues:*** Chart reviews for expiring reports also highlighted the need for stronger coordination among behavioral health (BH), substance use disorder (SUD) CRSPs, and the Wayne County Jail (WCJ). Seven (7) members were marked noncompliant by the BH CRSP; however, two (2) were actively engaged in recovery and four (4) were housed at the Wayne County Jail. It is not clear from the medical records whether coordination of care was implemented. Among the remaining members marked noncompliant, six (6) had at least one service with a mental health provider; however, the provider did not initiate a second treatment order despite a prior treatment history with four (4) of those members.
- ***Plans:*** Adult Initiatives will continue completing in-depth chart reviews for members with expiring AOT orders to assess engagement and provide recommendations for second treatment orders 60 days prior to expiration. This topic has been added to the June AOT workgroup agenda for a full policy and procedure review, including the addition of the AOT Extension Determination Tool to support decisions regarding the need for continued orders. Adult Initiatives will also coordinate with SUD services to strengthen care coordination between BH and SUD CRSPs.

Activity 3: Intellectual and Developmental Disabilities (I/DD) and Guardianship

- ***Description:*** The Adult Initiatives team facilitates the provision of services to adult members with intellectual and/or developmental disabilities. The I/DD service array is designed to help members remain active in their communities based on their needs, preferences, and personal goals.
- ***Current Status:*** Adult Initiatives obtained data from the Michigan Developmental Disabilities Council (MiDDC) related to a 10-year guardianship study conducted in partnership with Wayne State University. For Wayne County-specific statistics, the study incorporated data from the Detroit Wayne Integrated Health Network (DWIHN), the Wayne County Probate Court, Michigan's Caseload Reporting System, and the National Core Indicators (NCI). According to 2022–2023 NCI data, Michigan ranks among the states with the highest use of guardianship for individuals with intellectual and developmental disabilities (I/DD), with only four (4) states reporting higher rates. The analysis also found that states with lower guardianship rates had enacted Supported Decision-Making (SDM) laws, a framework Michigan has not yet adopted but is now beginning to address. In May 2026, Senate Bill 1007 was introduced to require consideration of Supported Decision-Making alternatives before pursuing guardianship. The study further found that individuals with I/DD who have guardians are typically less likely to live independently, more likely to have restrictive behavior support plans, and more likely to be prescribed a greater number of medications.
- ***Significant Tasks During Period**:* Adult Initiatives met with a liaison from the Wayne County Probate Court (WCPC) to discuss the study findings and explore opportunities for collaboration. During the meeting, Adult Initiatives emphasized the importance of the court

and the network jointly promoting alternatives to guardianship when appropriate. The WCPC liaison also identified several barriers contributing to guardianship petitions, including challenges obtaining testing referrals and difficulty reaching Clinically Responsible Service Providers (CRSPs).

- ***Major Accomplishments During Period:*** Adult Initiatives participated in the rebid process for outpatient providers applying for contracts to deliver Applied Behavior Analysis (ABA) services. Several ABA proposals were reviewed for approval to provide services within the network.
- ***Needs or Current Issues:*** Expanded training in Supported Decision-Making (SDM) is needed across the provider network to strengthen understanding and implementation of SDM practices.
- ***Plans:*** Adult Initiatives will work to address communication and process gaps between the Wayne County Probate Court and the provider network to improve the overall guardianship process, while continuing to promote education and resources related to supported decision-making alternatives.

Program Compliance Committee Meeting
June 10, 2026
Health Homes and Special Projects Monthly Report
Emily Patterson, Director

Main Activities during Quarter/Month Reporting Period:

- Health Homes FY2025 Pay for Performance Update
- Special Projects: Mild to Moderate Evaluation & Transfer of Care

Progress On Major Activities:

<u>Activity 1:</u> Health Homes FY2025 Pay for Performance Update

- *Description:* DWIHN's Behavioral Health Home (BHH) and SUD Health Home (SUDHH) programs each can earn a 5% performance incentive on top of the monthly per member, per month rate paid for the Health Home service. Each Health Home type has three performance measures:
  - BHH:
    - **Follow Up After Psychiatric Hospitalization (FUH-7):** 50% of pay for performance budget
    - **Access to Preventive/Ambulatory Health Services (AAP):** 30% of pay for performance budget
    - **Increase in Controlling High Blood Pressure (CBP-HH):** 20% of pay for performance budget
  - SUDHH:
    - **Follow-up after Emergency Department Visit for Alcohol or Other Drug Dependence (FUA-AD) within 7 days after discharge:** 50% of pay for performance budget
    - **Access to Preventive/Ambulatory Health Services (AAP):** 30% of pay for performance budget
    - **Emergency Department Utilization for SUD per 1,000 Medicaid Beneficiaries:** 20% of pay for performance budget
- *Current Status:*
  - DWIHN has received pay for performance results for SUDHH and is distributing payments to Health Home Provider Partners this month. We have preliminary results for BHH from MDHHS, but no award amounts yet:
    - DWIHN's SUD Health Homes were awarded 3/3 pay for performance measures for a total award of **$ 101,136.14** in pay for performance incentive dollars, distributed as follows:

Provider	SUDHH Services Count	Total SUDHH Services	%	Award Amount
NEW LIGHT RECOVERY	3363	10432	32.24%	$31,150.41
HEGIRA HEALTH INC.	2877	10432	27.58%	$26,676.02
STAR CENTER	787	10432	7.54%	$7,434.30
SOBRIETY HOUSE	764	10432	7.32%	$7,222.55
NARDIN PARK RECOVERY CENTER	704	10432	6.75%	$6,670.16
THE GUIDANCE CENTER	573	10432	5.49%	$5,464.10
ELMHURST HOME	252	10432	2.42%	$2,508.79

    - DWIHN's Behavioral Health Homes are on track to fully meet 2 of 3 pay for performance measures, with the award amount currently unknown.

- *Needs or Current Issues:* The measure the BHH program is not slated to meet is Follow Up After Psychiatric Hospitalization (FUH-7). This result came as a surprise to the Health Home team, so a deep dive on all people who counted toward this measure was performed to determine a root cause of the shortfall. Upon examination of all 41 people who met the parameters to be counted toward this measure in FY2025, 31 of them (75.6%) were seen by their Health Home provider within 7 days of discharge. The critical factor in not meeting the measure is that in 13 of the 31 follow-up visits were performed with service codes which do not count to meeting the HEDIS standard which the state follows for FUH-7 (for example, targeted case management does not meet this measure). This represents a learning curve for providers, as in the past FY2025 and previous), MDHHS followed Michigan's Mission-Based Performance Indicator System (MMBPI) standards for FUH-7, which was more generous with which service codes met the measure (for example, targeted case management *did* meet the MMBPI standard).
- *Plan:* The Health Home team is in the process of re-educating the BHH providers to ensure this measure is met in the future. The team has shared a resource toolkit on HEDIS measures, and shared individualized FY2025 reports with providers of individuals in their Health Home program who did and did not meet the FUH-7 measure, and why, so all can learn from this P4P cycle. The Health Home team is also hosting a training on this measure to debrief on FY2025 results and educate provider partners on how to meet this measure in the future.

<u>Activity 2:</u> Special Projects: Mild to Moderate Evaluation & Transfer of Care

- *Description*: DWIHN is in the process of identifying individuals that no longer meet criteria for PIHP services. These individuals will be disenrolled from DWIHN and transitioned to appropriate services. DWIHN Finance identified services provided to individuals with apparent mild to moderate needs delivered over the last year. Individuals with a LOCUS level of 3 or higher, or a MichiCANS of 2 or higher, define the priority population for specialty behavioral healthcare at DWIHN. Individuals with a LOCUS level of 0, 1, or 2 and children with MichiCANS of 0 or 1 are defined as mild to moderate in their level of care and are provided services through their Medicaid Health Plan. The project team has identified 2,006 individuals (1,060 adults and 946 children/youth) with mild to moderate needs to be disenrolled from DWIHN's services and transitioned to the care of their Medicaid Health Plans.
- *Current Status:* The June phase of this project involves notifying and preparing providers of this transition, provider completion of discharge summaries, transition planning for individuals, informing the Medicaid Health Plans of this project, and preparing for advance notices to be sent to individuals in July. DWIHN's Integrated Care Team will continue to work with the Medicaid Health Plans and providers on care coordination and transitions.
- *Plan:* Advance notices will be issued to people in July, and August will be the 30-day waiting period to receive and resolve appeals sent to DWIHN Customer Services. Final closures will occur in September.

PAR Services Department Report, May 2026
Daniel West, Director of PAR Services
Program Compliance Committee 6/10/26

Main Activities during May 2026:

- **Data Gathering, Baseline Determination.**
- **Reduce ED Wait Time.**
- **Diversion Effectiveness.**

Progress On Major Activities:

<u>Activity 1:</u> Data Gathering, Baseline Determination.

- ***Description:*** On April 1, 2026, the PAR Services Department went live with Adult Pre-Admission Review (PAR) screenings in-house. The initial priority is to gain a set of data to establish a baseline of indications to intervene toward continuous quality improvement.

- ***Current Status:***

Total PARs	Total PARs Face to Face	Face to Face Percentage (Standard 80%)
1,462	1,210	83%
Disposition Percentage Within 2 Hours (PI#1) (95%)	Disposition Percentage Within 3 Hours	CRSP Notification Percentage
87%	98%	90%
Total Diversion Percentage		
22%		

- ***Data Comparison of previously delegated activities:***

COPE (2nd Q 2026)	DWIHN (First 60 Days)
Disposition Percentage Within 2 Hours	Disposition Percentage Within 2 Hours
89%	87%
Disposition Percentage Within 3 Hours	Disposition Percentage Within 3 Hours
96%	96%
Face to Face Percentage	Face to Face Percentage
65%	83%
CRSP Notification Percentage	CRSP Notification Percentage
86%	90%
Total Diversion Percentage	Total Diversion Percentage
30%	22%
Diversion to CSU	Diversion to CSU
42%	47%

- ***Significant Tasks and Major Accomplishments During Period****:* In the first 60 days, the team has increased the percentage of members seen face-to-face, CRSP notification percentage, and the overall percentage of members diverted to CSU while maintaining 96% of members whose disposition was provided within three (3) hours.

- ***Needs or Current Issues:*** The team has found there to be a need to increase the percentage of members whose case was provided with a disposition within two (2) hours (DWIHN standard is 95%). This will entail strategic and targeted shift modifications to ensure coverage during high volume periods. With the addition of a midnight PAR Manager, key performance indicators will

be established to ensure accuracy of medical necessity documentation and decision making to increase diversion percentages. The team also recognizes training continues for PAR Clinicians that are new to PAR Completion.

- ***Plan**:* The team is now fully staffed with PAR Managers who will develop and execute Key Performance Indicators for PAR Clinicians. The team is also analyzing data for high volume call timeframes to ensure accurate and sufficient coverage is available.

Activity 2: Reduce ED Wait Time.

- ***Description**:* The PAR Services team is looking to reduce the number of members who are waiting for more than 23 hours in the emergency departments after a disposition is decided. Since inception 4/1/26, the PAR Services team has assumed all inpatient placement and bed search activities.

- ***Current Status:***

23-Hour Report	COPE (March 2026)	DWIHN (April 2026)
Members on 23-Hour Report	172	88
Average Members Waiting per Day on 23-Hour Report	6	3

Time in EDs	COPE (FY 2025)	DWIHN (First 60 Days)
Average Time from Disposition to Authorization ("Head in Bed")	9 Hours, 36 Minutes	5 Hours, 6 Minutes

- ***Significant Tasks and Major Accomplishments During Period:*** The team was able to reduce the number of members on the 23-Hour Report by 64% upon inception of PAR Services in-hours at DWIHN. The average number of members on the report daily was reduced by 50%. Daily, PAR Managers are assigned to the member cases on the 23-Hour Report and work to leverage relationships with inpatient hospitals to place members should inpatient hospitalization be the disposition. Members are also re-evaluated every 72 hours to ensure medical necessity continues to be met for inpatient hospitalization. If medical necessity is not met upon re-evaluation, members are provided with a disposition in the least restrictive environment.

- ***Needs or Current Issues**:* The team has recognized the need to increase efficiencies within bed searches to ensure members are provided appropriate dispositions per medical necessity in the least amount of time. The team will be working with all emergency departments to re-evaluate effectiveness of bed searches by EDs or by DWIHN.

Activity 3: Diversion Effectiveness

- ***Description:*** The PAR Services Department PAR Clinicians conduct Pre-Admission Review assessments for DWIHN members in crisis. The goal is to ensure the PAR Clinicians are working to provide members with the care they need within the least restrictive environment. The team is looking to analyze the effectiveness of these diversions within claims data.

- ***Current Status:***

Inpatient	Diversion to CSU	Diversion to Outpatient
1,144	150	130
Diversion to PHP	Diversion to SUD	
36	2	

- ***Significant Tasks and Major Accomplishments During Period*:** The team has maintained a focus on providing DWIHN members in crisis support in the least restrictive environment. With an emphasis on Crisis Stabilization Unit (CSU) diversions, the team has maintained a high level of these diversions based on previous studies within this department.
- ***Needs or Current Issues:*** The team recognizes a need for analysis of these diversions, following a crisis event and PAR screening.
- ***Plan:*** The team will conduct a 30-, 60-, and 90-day study to see, within claims data, the percentage of members diverted who receive a follow up crisis event or PAR screening after having been diverted to a lower level of care at the previous screening. Then the team will develop interventions in this area to improve care coordination.

Monthly Update:

- **Things the Department is Doing Especially Well:**
    - The team has increased the percentage of members that are diverted to CSU, as previous studies have indicated members are less likely to have a repeat request for service, less likely to go inpatient following a crisis event, and more likely to be connected to ongoing services via CSU. The team has also decreased the number of members who are waiting 23+ hours in the emergency departments.

- **Identified Opportunities for Improvement:**
    - The team has found the need to ensure each individual PAR Clinician is supported, with key performance indicators reflecting accuracy of PAR completion within medical necessity with emphasis on opportunities for diversion of DWIHN members to the least restrictive environment.

- **Progress on Previous Improvement Plans:**
    - The team presented changes within MHWIN for outpatient providers on 5/22/26. Changes were made to ensure each member receiving services within the DWIHN network has a mandatory crisis plan. The goal is to increase the network percentage of members with a crisis plan above 73% toward 100%.

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

Main Activities during August:

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

Progress On Main Activities:

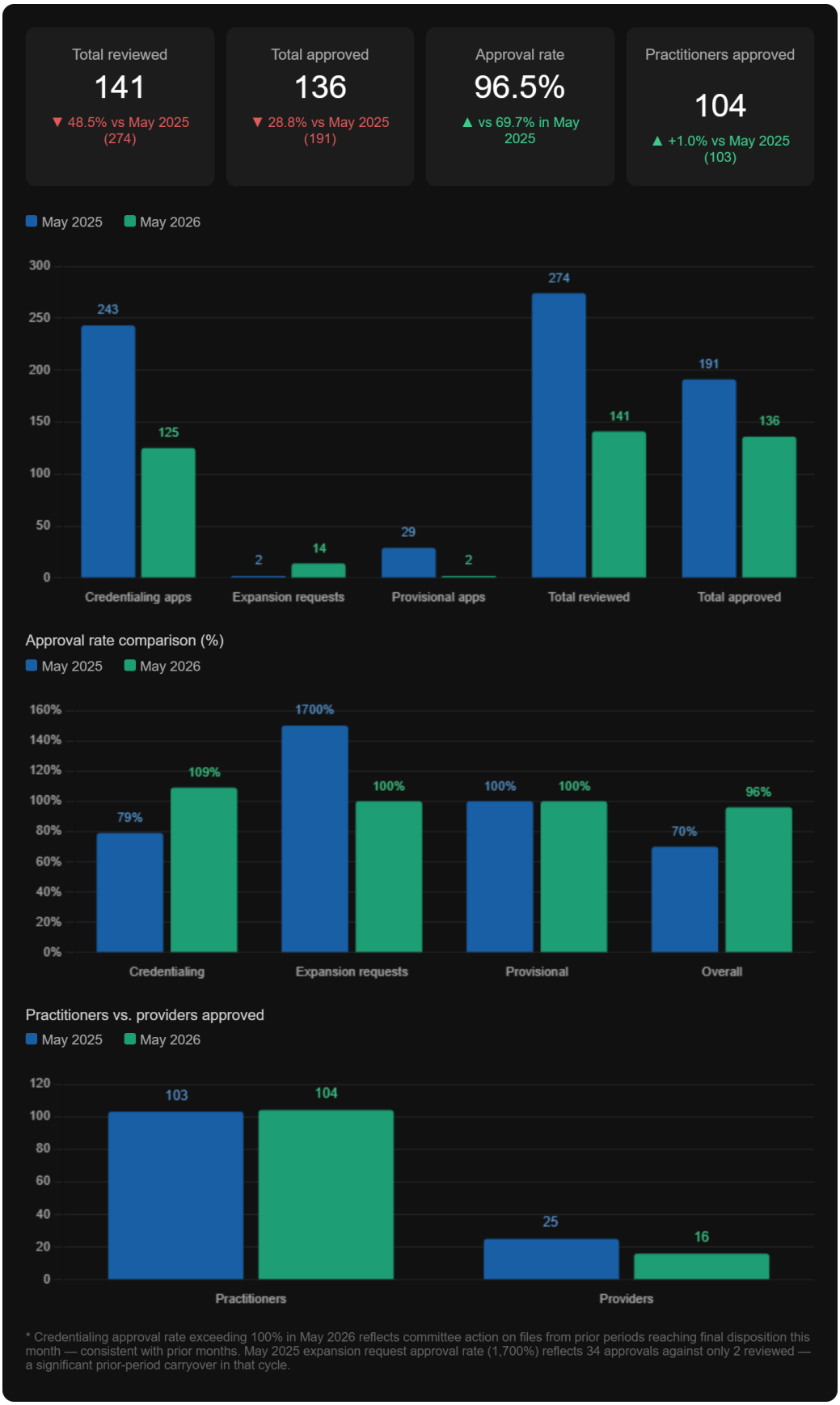
Activity 1: Credentialing

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

- *Current Status:* May 2026:

Number of Credentialing Applications Reviewed	125
Number of Expansion Requests Reviewed	14
Number of Provisional Credentialing Applications Reviewed	2
Total # of Applications Reviewed	**141**

Number of Practitioners Approved	104
Number of Providers Approved	16
Number of Expansion Requests Approved	14
Number of Provisional Credentialing Applications Approved	2
Total # of Applications Approved by Credentialing Committee	**136**


Total reviewed
141
▼ 48.5% vs May 2025 (274)
Total approved
136
▼ 28.8% vs May 2025 (191)
Approval rate
96.5%
▲ vs 69.7% in May 2025
Practitioners approved
104
▲ +1.0% vs May 2025 (103)
May 2025
May 2026
300
250
200
150
100
50
0
243
125
2
14
29
2
274
141
191
136
Credentialing apps
Expansion requests
Provisional apps
Total reviewed
Total approved
Approval rate comparison (%)
May 2025
May 2026
160%
140%
120%
100%
80%
60%
40%
20%
0%
79%
109%
1700%
100%
100%
100%
70%
96%
Credentialing
Expansion requests
Provisional
Overall
Practitioners vs. providers approved
May 2025
May 2026
120
100
80
60
40
20
0
103
104
25
16
Practitioners
Providers
* Credentialing approval rate exceeding 100% in May 2026 reflects committee action on files from prior periods reaching final disposition this month — consistent with prior months. May 2025 expansion request approval rate (1,700%) reflects 34 approvals against only 2 reviewed — a significant prior-period carryover in that cycle.

- *Significant Tasks During Period:* April was largely driven by NCQA prep. The team reviewed 141 total applications encompassing 125 credentialing, 14 expansion requests, and 2 provisional and the committee approved 136. There were 2 denials this month. The 100% CVO file review standard continued.
- *Major Accomplishments During Period:* Every site visit that was scheduled has been completed. The May 6th NCQA file was submitted on time. Credentialing also hosted 64 meetings this month, including Technical assistance calls with providers, meeting with staff and vendors.
- *Plan:* Training the team on CredentialStream is the immediate priority.

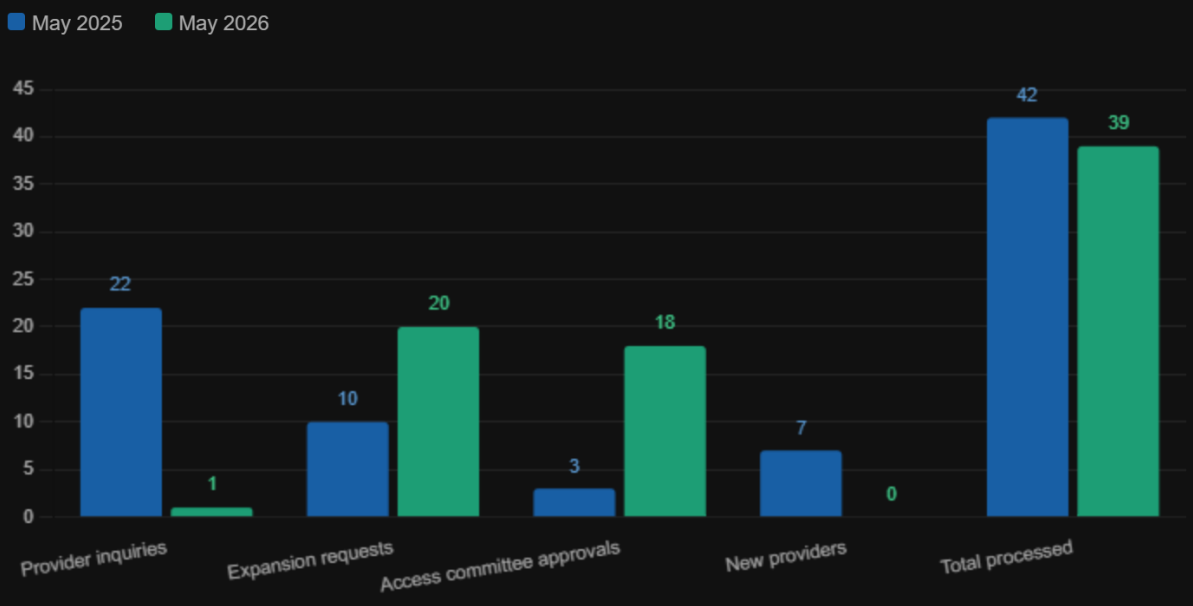
Activity 2: New Provider Changes to the Network/Provider Challenges

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

- *Current Status:* **In May 2026:**

Number of Provider Inquiries for Potential Providers	1
Number of Contract Expansion Requests Received	20
Number of Providers Approved at Access Committee	18
Number of New Providers	0
Total # of Providers Processed	**39**

Total processed	Provider inquiries	Expansion requests	Access committee approvals
39	1	20	18
▼ 7.1% vs May 2025 (42)	▼ 95.5% vs May 2025 (22)	▲ +100% vs May 2025 (10)	▲ +500% vs May 2025 (3)



New providers added to network

* Provider inquiry decline reflects the deliberate shift to RFP-driven targeted recruitment. Access committee approval increase (+500%) reflects the stronger, need-aligned pipeline produced by that approach. New provider additions will follow access committee approvals through the onboarding process in subsequent months.

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.). The most notable shift is in provider inquiries, which dropped from 30 to zero. This is not a gap it reflects a deliberate move away from open inbound recruitment toward a more targeted, RFP-driven model where DWIHN identifies specific network needs and recruits to fill them directly. Expansion requests from existing providers ticked up slightly (10 to 20), which is consistent with what we've been seeing all year the network is growing from within. Access committee approvals also improved from 3 to 18, in line with the tighter review standard tied to network adequacy.

- *Significant Tasks During Period:* The MCO leadership staff worked on developing KPIs and a Provider Dashboard to track SLAs for onboarding process.
- *Major Accomplishments During Period:* The MDHHS Network Adequacy Report was finalized and sent on time. We are awaiting results for the review. We also implemented a new SOP tool to assist developing SOPs and Training Resources for staff and providers. Lastly, we submitted our HSAG Network Adequacy Validation audit tool for review. The audit will happen in late June to July, and results are pending.
- *Plan:* As an opportunity of improvement, we are going to move to a quarterly review of Network Adequacy standards to validate data throughout the year in collaboration with the Clinical Departments The department is also in the middle of several longer-term infrastructure projects that will carry into Q3 and beyond: updating MCO departmental goals and developing staff KPIs and competencies to give the team clear performance expectations; migrating files from the S-drive and R-drive to SharePoint to modernize document management and improve accessibility; and moving all SOPs into PolicyStat to centralize policy documentation.

Activity 3: Procedure Code Workgroup (PCWG)

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

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

Number of PCWG Resolved Tickets	42
Number of MDHHS Rate Updates	2
Number of Provider Requested Changes	47
Total # of MHWIN Updates	**91**

- *Significant Tasks During Period:* Added new DWIHN and provider locations, contract programs, codes and modifiers timely to ensure authorizations, encounters and billing were timely. In addition, the addition and deactivation of provider locations ensure our provider directory is accurate and accessible for public viewing. Added 653 codes to existing provider contracts, a new fee schedule for H2021 TS, 1 Requisition for Purchase Order, and oversaw the completion of the H2015 & T2027 updates in MHWIN
- *Plan:* Ensure new programs and services are added and available for use. Continue to run cube reports to monitor and verify services credentialed/contracted are in alignment with contract fee schedules deployed.


INCIDENTS MANAGEMENT
Created/Resolved Trend
Show Description
Save as New
Time Frame: Last 30 days
Resolution: Day
Add Filter
Zoom into desired data by creating a rectangle over it
Number of opened/resolved
12.5
10
7.5
5
2.5
0
40
32
24
16
8
0
May 3
May 5
May 7
May 9
May 11
May 13
May 15
May 17
May 19
May 21
May 23
May 25
May 27
May 29
May 31
Created
Resolved
Total Open Incidents

Substance Use Disorder Initiatives Report, May SFY2026
Matthew Yascolt, Director of Substance Use Disorder Initiatives
Program Compliance Committee June 10, 2026

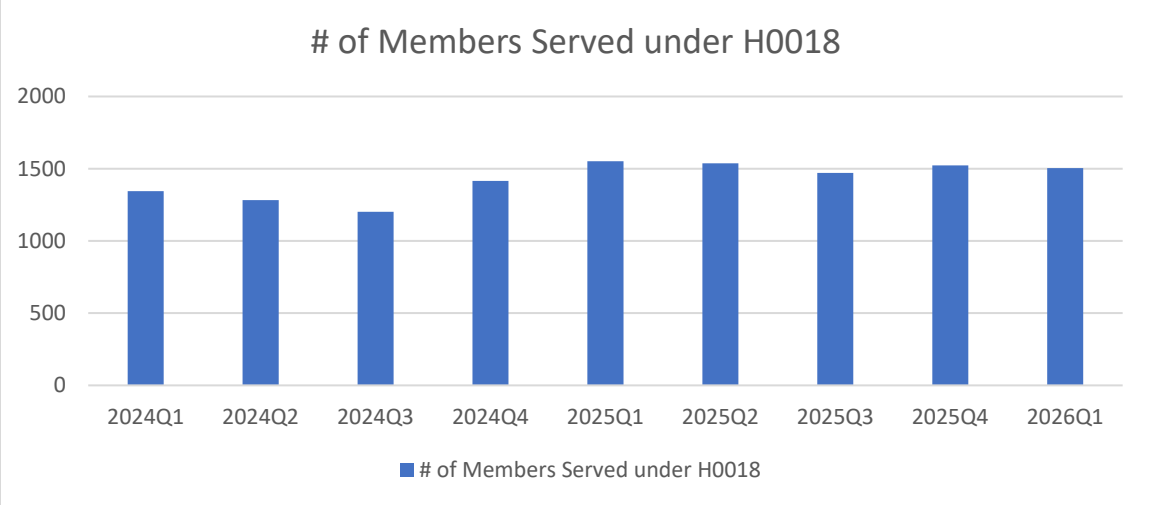
Main Activities during May 2026:

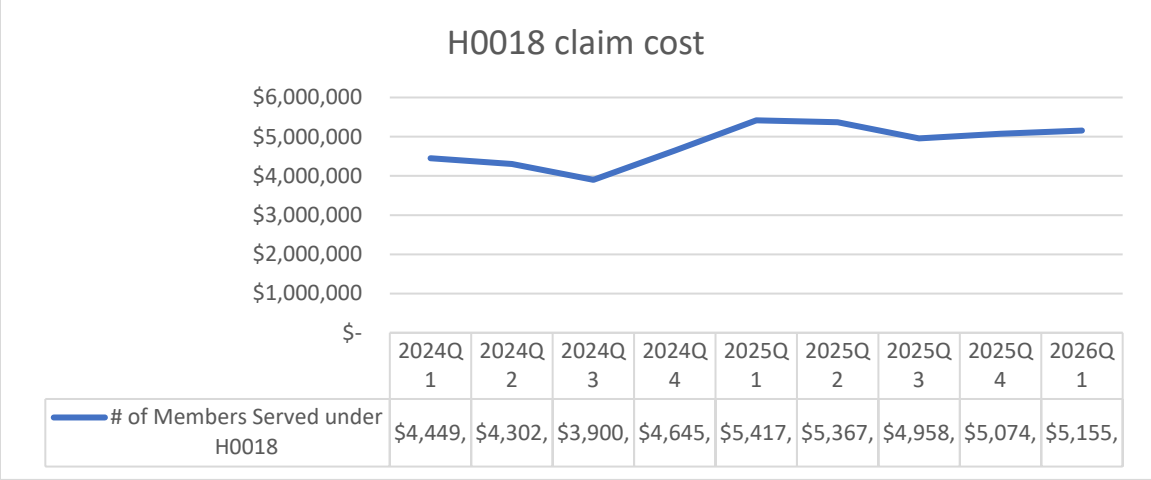
- **An analysis of residential service utilization**
- **An analysis of methadone service utilization – opioid treatment providers**
- **An analysis of SAMHSA SUD Block Grant utilization**

<u>Activity 1:</u> An analysis of residential service utilization (H0018)

- ***Description:*** SUD residential treatment programming is typically the second step in the process for our members coming out of withdrawal management. The members are in a highly structured, 24-hour clinical environment designed to stabilize the members in a controlled setting. The core services for residential programming include *basic care* such as room, board, and supervision *treatment basics* such as assessments, episode of care planning, and care coordination, and therapeutic interventions, interactive education and counseling, life skills and medical services. Residential treatment programming is billed using the CPT code H0018 and that CPT code is the basis for this analysis.

- ***Current Status:***



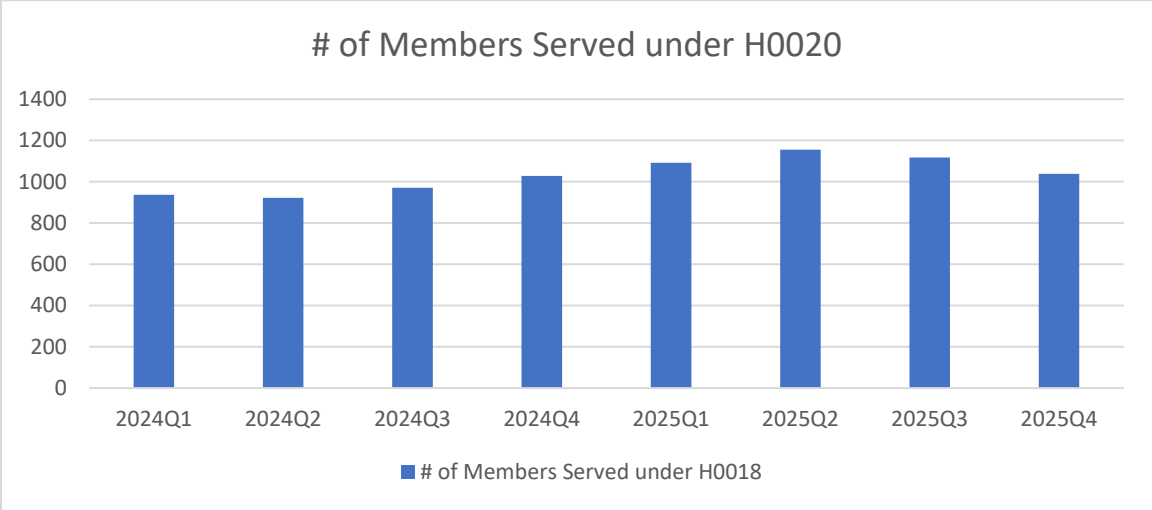


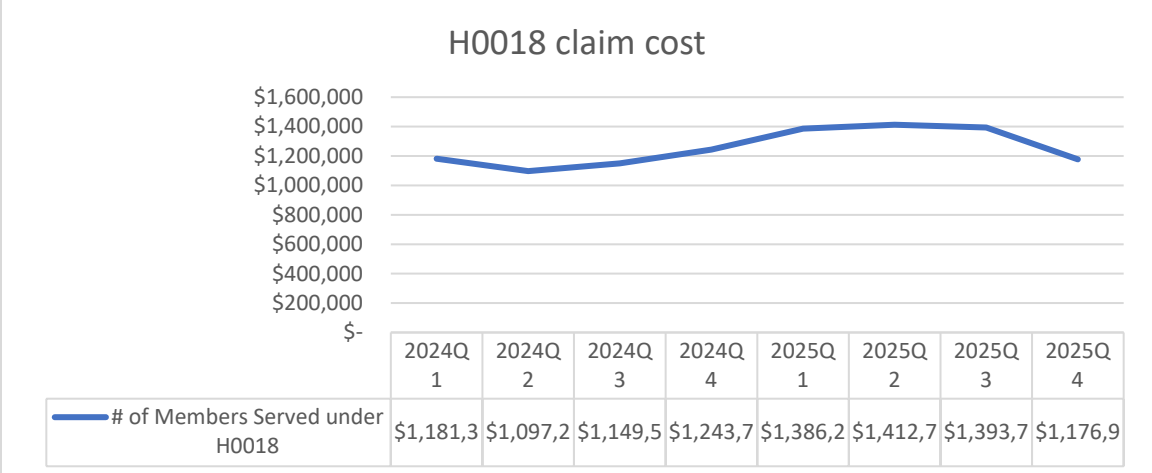
	2024Q1	2024Q2	2024Q3	2024Q4	2025Q1	2025Q2	2025Q3	2025Q4	2026Q1
# of Members Served under H0018	$4,449,	$4,302,	$3,900,	$4,645,	$5,417,	$5,367,	$4,958,	$5,074,	$5,155,

- ***Significant Tasks and Major Accomplishments During Period****:* H0018 service array and reimbursement rates were standardized across the network of service providers, no longer allowing for an a' la carte selection of CPT codes during the residential stay and rather standardizing the process across the network.
- ***Needs or Current Issues:*** Continue to monitor utilization and claim cost, and provide TA to service providers as needed.
- ***Plan****:* Ensure that the service array remains standardized.

<u>Activity 2:</u> An analysis of methadone service utilization – opioid treatment providers

- ***Description****:* Methadone treatment provided by an outpatient provider is a highly structured, evidence-based intervention for opioid use disorder. It is strictly regulated at both the state and federal levels and in an outpatient format is delivered through specialized facilities formally known as opioid treatment programs. Unlike other medications for opioid use disorder like buprenorphine, which can be prescribed by a physician and picked up at a standard retail pharmacy, methadone for addiction treatment must be dispensed directly through an opioid treatment program. Methadone administration is billed using H0020 and that CPT code is the basis for this analysis.
- ***Current Status:***



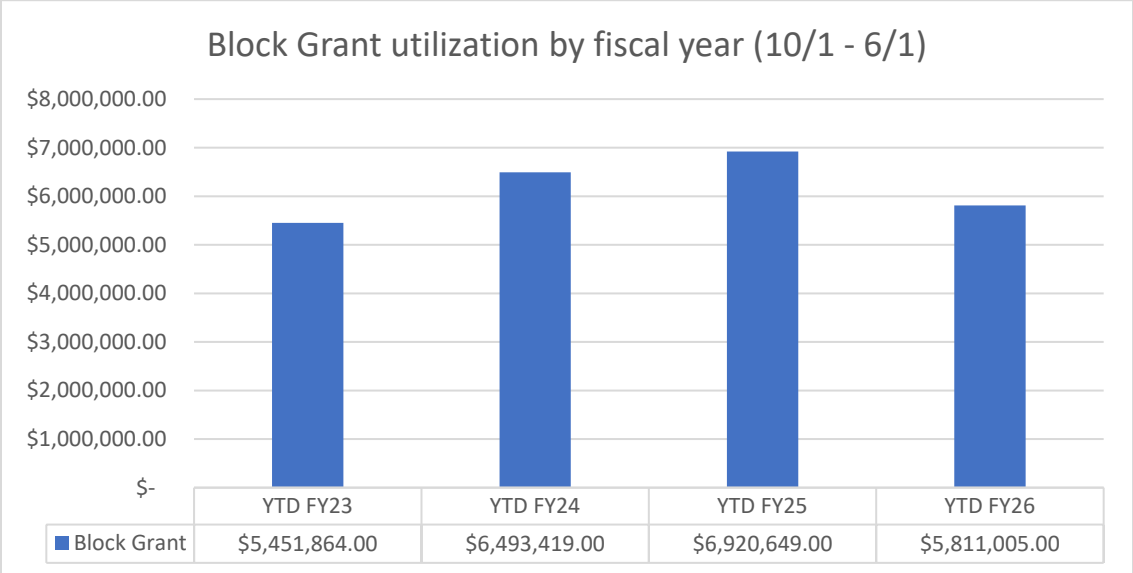


	2024Q1	2024Q2	2024Q3	2024Q4	2025Q1	2025Q2	2025Q3	2025Q4
# of Members Served under H0018	$1,181,3	$1,097,2	$1,149,5	$1,243,7	$1,386,2	$1,412,7	$1,393,7	$1,176,9

- ***Significant Tasks and Major Accomplishments During Period****:* We recently brought on an additional opioid treatment provider to service members on the east side of Detroit. Many Methadone members are highly integrated dual eligible special needs plan members, and the beneficiaries are having their care coordinated at that level as we progress through the transition from the MI Health Link demonstration.
- ***Needs or Current Issues:*** Continue to monitor OTP enrollment trends.
- ***Plan****:* Continue to provide TA to service providers to assist with the MI Health Link demonstration transition to HIDE SNP.

<u>Activity 3:</u> An analysis of SUD Block Grant utilization

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



- ***Significant Tasks and Major Accomplishments During Period:*** We rolled out the H0006 with a CM modifier to allow providers to bill block grant for the engagements that it takes to get a member off block grant and onto Medicaid to reduce the volume of members receiving block grant funding.
- ***Needs or Current Issues:*** Run an analysis after substantial data is collected on the utilization and success of the H0006CM modifier.
- ***Plan:*** Continue to provide TA to service providers.

Monthly Update:

- ***Things the Department is Doing Especially Well:***
  As we work collaboratively with prevention providers to address system needs, barriers and operational challenges helping to alleviate administrative burden we have been touring service

provider locations with our SUD OPB chairman, getting feedback from our providers and members on our services and programs.

- ***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.

Program Compliance Committee Meeting
Utilization Management – Monthly Report
Marlena J. Hampton, MA, LPC – Director of Utilization Management
June 10, 2026

Main Activities During This Period:

- UM Process Improvement
- Habilitation Supports Waiver (HSW/HAB) Program
- NCQA UM Standards Readiness

Progress On Major Activities:

<u>Activity 1:</u> UM Process Improvement

- *Description:* Utilization Management is focused on the development, evaluation, and enhancement of workflows to optimize authorization processes, improve decision accuracy, strengthen regulatory compliance, and enhance the provider & member experience through data-driven changes and operational efficiencies.

- *Current Status:* 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.

- Si*gnificant Tasks During Period:*
  - Residential authorizations moved under Utilization Management to ensure alignment with department processes and regulatory requirements.
  - UM Committee approves updated Post-Service Review Procedure which reduces timeframe for provider submission and improves UM Appeals Coordinator efficiency.
  - Review of data from provider survey with Strategic Operations Administrator. Full results will be used to influence process improvement across the department.

- *Needs or Current Issues:*
  - Overhaul of Service Utilization Guidelines (SUG) module in MHWIN. SUGs have the potential to change at regular intervals based on network utilization, policy changes, and MDHHS coding updates. Updates continue to be a wholly manual process, and providers rely on this information to assist with submitting accurate authorization requests.
  - UM Administrators, with support from the Director, continue the review and update of standard operating procedures, followed by entry into PolicyStat.
  - UM Administrator continues work with contracted health plans to embed prescribed member notices into MHWIN, as well as amend workflows to maintain compliance with timeliness standards.

- *Plans:*
  - Review of Key Performance Indicators (KPI) for each line of business with update as needed.
  - Continue collaboration with Integrated Care and select Clinically Responsible Service Providers (CRSP) on use of the Lumenore platform to identify high-risk, recidivistic members, and recommend appropriate clinical interventions to support community engagement.

- Identify the department's specific technology needs to assist with utilization review, data-driven decision-making, and monitoring of network service utilization.
- Implement internal checklists to correspond with standard operating procedures to improve consistency and monitor reviewer variation.

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

- *Description:* The Habilitation Supports Waiver (HSW) program provides home and community-based services to Medicaid beneficiaries with intellectual or developmental disabilities. HSW's goal is to assist people with developing skills to live independently in community settings (vs. institutions or more restrictive settings).

- *Current Status:* The HSW program continues to exceed the state program requirement of 95% slot utilization. DWIHN's HSW program has an average of 97.4% utilization per month (1,095 slots) for the fiscal year to date.

Utilization Fiscal Year to Date												
	Oct	**Nov**	**Dec**	**Jan**	**Feb**	**March**	**April**	**May**	**June**	**July**	**Aug**	**Sept**
Total Slots Owned	1125	1125	1125	1125	1125	1125	1125	1125	1125	1125	1125	1125
Waitlist	0	0	0	0	0	0	0	0				
Used	1098	1097	1093	1093	1089	1090	1093	1098				
Available	27	28	32	32	36	35	32	27				
New Enrollments	10	2	6	10	4	7	6	9				
Disenrollments	1	5	6	5	2	3	6	5				
Utilization	97.7%	97.5%	97.2%	97.2%	97.2%	97%	97.2%	97.6%				

Certification Renewal Data												
	Oct	**Nov**	**Dec**	**Jan**	**Feb**	**March**	**April**	**May**	**June**	**July**	**Aug**	**Sept**
Number of Renewals Due	109	88	40	108	68	81	88	88				
Number of Renewals Submitted	95	79	37	102	63	79	82	78				

- Si*gnificant Tasks During Period:*
  - In conjunction with overall monitoring efforts, the HSW team continues to capture certification renewal data. In May, there were 88 renewals due, and 78 renewals submitted (89%).

- With support from Executive Leadership and the Director of Fiscal Informatics and Analytics, the department is educated on monitoring the capitation rates for members enrolled in the program.

- *Major Accomplishments During Period:*
  - The HSW team holds its quarterly meeting with the provider network. Presenters include our team members, the I/DD Clinical Specialist from Children's Initiatives/Children's Waiver Program Lead, and the Quality Administrator – Performance Monitoring.
  - Utilization Manager continues training providers on HSW eligibility, benefits, the "how" of applying to the program, and subsequent documentation.

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

- *Plans:*
  - The HSW team recognizes that it does not yet serve all DWIHN members eligible for the HSW program. The team has refocused its efforts to identify potential enrollees, improve HCBS IPOS compliance, and require specific clinical rationale from providers for members who qualify but are not enrolled in the program.

<u>Activity 3:</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:*
  - Continued intensive review of select UM standards and accompanying policies to identify alignment gaps with the new standards.
  - Review of timeliness, denials, and delegation oversight, to support future NCQA measurement and reporting.
  - The Associate Vice President of Clinical Operations develops and distributes an audit tool to our remaining UM delegates for pre-admission reviews.

- *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.
    - Historically, DWIHN was able to post a statement indicating our medical necessity criteria were available upon request. For the 2026 NCQA Standards and current health plan contracts, this is no longer sufficient.

- *Plan:*
    - Utilize IT feedback from collaboration on prior authorization metrics to request and develop public dashboard, encompassing both NCQA and CMS required data.
    - Review ways to achieve compliance with the NCQA transparency standard for medical necessity criteria, with support from IT and Communications.

Additional Updates:

- **Things the Department is Doing Especially Well:**
    - The UM Department welcomed a new Clinical Specialist to the Self-Directed Services team on 5/11/26.
    - Utilization Management frequently collaborates with other DWIHN departments on standard reporting, projects, and training opportunities, including Integrated Care, Managed Care Operations, Customer Service, and PAR Services.

- **Identified Opportunities for Improvement:**
    - Expanded policies and procedures for high risk and specialty service authorization requests.
    - Targeted review of Service Utilization Guidelines functionality and its impact on authorization requests from DWIHN and provider standpoints.

- **Progress on Previous Improvement Plans:**
    - Director of Utilization Management continues intensive review of UM policies and procedures.

DETROIT WAYNE INTEGRATED HEALTH NETWORK
BOARD ACTION

Board Action Number: 26-46R2 Revised: Y Requisition Number:

Presented to Full Board at its Meeting on: 6/17/2026

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 **6/10/2026**

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

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

Program Type: New

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

Date Contract First Initiated: 1/1/2026

Provider Impaneled (Y/N)? Y

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

Detroit Wayne Integrated Health Network (DWIHN) is requesting approval to add two (2) providers under the HIDE-SNP (formerly Dual Eligibles) Program, each with a one-year contract through December 31, 2026. The new providers, **Vital Health Management LLC and EasterSeals MORC Health Care, Inc.** will 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): Y

Revenue	FY 25/26	Annualized
Medicare	$ 7,810,615.00	$ 7,810,615.00
	$ 0.00	$ 0.00
Total Revenue	$ 7,810,615.00	$ 7,810,615.00

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

Type of contract (Business/Clinical): Clinical

ACCOUNT NUMBER: 64936.827020.00000

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:

Stacie Durant

Board Action #: 26-46R2

DETROIT WAYNE INTEGRATED HEALTH NETWORK
BOARD ACTION

Board Action Number: 26-50R Revised: Y Requisition Number:

Presented to Full Board at its Meeting on: 6/10/2026

Name of Provider: City Connect Detroit

Contract Title: FY26 City Connect Detroit Summer Youth Employment Program

Address where services are provided: 'None'

Presented to Program Compliance Committee at its meeting on: 6/17/2026

Proposed Contract Term: 6/1/2026 to 9/30/2026

Amount of Contract: $ 700,000.00 Previous Fiscal Year: $ 700,000.00

Program Type: Continuation

Projected Number Served- Year 1: 347 Persons Served (previous fiscal year): 400

Date Contract First Initiated: 6/1/2026

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).

Board approval is requested for 700,000 to fund the continuation of the DWIHN Summer Youth Employment Program ("SYEP") Partner City Connect Detroit **from June 1-September 30, 2026.**

City Connect has been funded for the last six (6) fiscal years and involves collaboration with organizations that thrive on community outreach to adolescents -- focusing heavily on youth recruitment plans and educational and mentoring goals to be accomplished over the summer months.

The program provides subsidized part-time/temporary employment or training opportunities for individuals between the ages of 14-24 living in the city of Detroit. In addition to work experience, this funding will ensure that the employed youth receive educational information on prevention, treatment, and access to care. The program is expected to be both beneficial and preventative for youth otherwise unoccupied during the summer months, who may be at greater risk for developing behavioral health issues.

The engagement is beneficial to DWIHN as it promotes workforce development and continued growth in Detroit. Research has shown that healthy youth foster into healthy adults when given appropriate coping mechanisms and protective factors.

The total allocation is not to exceed $700,000 for the 4-months ended 9/30/2026.

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

Source of Funds: General Fund

Fee for Service (Y/N): N

Revenue	FY 25/26	Annualized
General Funds	$ 700,000.00	$ 700,000.00
	$	$
Total Revenue	$	$

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

Type of contract (Business/Clinical): Business

ACCOUNT NUMBER: 64931.827206.06300

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:

Stacie Durant