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PROGRAM COMPLIANCE COMMITTEE MEETING
Administration Bldg.
8726 Woodward, 1st Floor Board Room
Wednesday, August 12, 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. **BA #24-67 (Revised 2) – Substance Use Disorder (SUD) Opioid Settlement Leg Up Carry Forward Extension** – Provide the projection for the next two years.

VI. Approval of the Minutes – July 8, 2026

VII. Report(s)
A. Chief Medical Officer
B. Corporate Compliance – ***Deferred to September 9, 2026***

VIII. Quarterly Reports
A. Access Call Center
B. Managed Care Operations
C. Health Homes
D. Residential Services
E. Substance Use Disorder Initiatives

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 #26-03 (Revised 3) –** Children's Initiatives FY26 Waiver Services
B. **BA #26-13 (Revised 3)** – Substance Use Disorder Prevention Provider Network FY26 – LAHC PA2
C. **BA #26-46 (Revised 3)** – MI Coordinated Health Highly Integrated Dual Eligible-Special Needs Plan (MI HIDE-SNP) FY26

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

XIV. Good and Welfare/Public Comment

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

XV. Adjournment

Chance For Life Organization

Leg Up Budget for 2026-2027

The proposed two-year project budget totals $1,280,000, with annual expenditures of $640,000. Budgeted funds are allocated as follows:

Budget Category	Annual Amount	Two-Year Total
Salaries	$305,625.57	$611,251.14
Benefits	$27,114.00	$54,228.00
Other Expenses / Client Services	$307,260.43	$614,520.86
Total Budget	**$640,000.00**	**$1,280,000.00**

Leg Up Client Services Include:

- Mentorship
- Treatment Assistance
  - Mental Health
  - Substance Treatment
- Housing Assistance
  - Security Deposit
  - Emergency Housing
- Clothing Assistance
  - Personal
  - Work/ Professional
- Legal Services for Traffic Related Issues
- Vital Documentation
  - Birth Certificates
  - Driver's License Reinstatement
  - Transportation Assistance
- Transportation Assistance,
  - 30 days of transportation for obtaining vital documents
  - 30 days of transportation for job search activities
  - 30 days of transportation to and from work

OR up to $1,000 toward the purchase of permanent transportation

- 40 Scholarship Participants

Additional Organizational Investment

Chance For Life also provides numerous supportive services using organizational funds and other funding sources that are not included in this budget. These services are funded separately by Chance for Life and are not reflected in the $1,280,000 project budget. These resources allow the organization to provide comprehensive, individualized support to participants by addressing additional barriers and needs beyond the scope of this funding request. Services may include:

- Subsiquent counseling services
    - Grief counseling services
    - Trauma-informed counseling and behavioral health referrals
- Family support and reunification services (in addition to contractual services)
- Furniture and household essentials for participants transitioning into permanent housing
- Emergency food assistance
- Senior (elderly) support services
- Employment readiness and job placement assistance
- Personal Profile Assessments (DISC)
- Additional educational scholarships (in addition to contractual services)
- Workshop Meals and graduation meal
- Other supportive services that address participants' unique barriers to long-term stability and self-sufficiency
- Purchase of appropriate interview attire not available through donations
- Cultural/Social Events: Participation in cultural outings, networking dinners, and conferences with partner organizations to encourage community engagement, education, and personal development.

PROGRAM COMPLIANCE COMMITTEE

MINUTES **JULY 8, 2026** **1:00 P.M.** ***IN-PERSON MEETING***

MEETING CALLED BY	I. Angelo Glenn, Program Compliance Committee Chair at 1:07 p.m.
TYPE OF MEETING	Program Compliance Committee
FACILITATOR	Angelo Glenn, Committee Chair
NOTE TAKER	Sonya Davis
TIMEKEEPER	
ATTENDEES	**Committee Members:** Barry Blackwell, Dr. Lynne Carter, Angelo Glenn, and William Phillips **Committee Members Excused:** Dr. Cynthia Taueg **Board Members:** Commissioner Jonathan Kinloch **Staff:** Dhannetta Brown, Dr. Darrin Crawford; Dr. Shama Faheem; Keith Frambro; Monifa Gray; Marlena Hampton; Erik Hutchison; Dawn Ison; Marianne Lyons; Melissa Peters; Cassandra Phipps; Stacey Sharp; April Siebert; Manny Singla; Yolanda Turner; Daniel West; James White; Rai Williams; Wolf; 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 the 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 Commissioner Kinloch and supported by Mr. Blackwell 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. **Quality Review(s) – QAPIP Work Plan FY26 Update** – Provide more information on Quality Improvement's oversight of inpatient psychiatric hospitals. April Siebert, Director of Quality Improvement, submitted and provided more information on Quality Improvement's oversight of inpatient psychiatric hospitals. It was reported that DWIHN is responsible for monitoring inpatient psychiatric hospitals within our contracted network. Oversight is conducted using standardized tools developed through the statewide Reciprocity Workgroup, established in response to PIHP contract requirements outlined in Attachment P7.3.1.1. These monitoring tools ensure consistency, transparency, and compliance across all PIHPs in Michigan. DWIHN currently monitors nine (9) contracted hospitals in Wayne County. Our oversight is conducted through policy reviews that examine their licensure and accreditation. We also look at their staffing, conduct on-site walkthroughs of the unit, and an overall clinical and operational assessment of their practices in the hospital. 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 June 10, 2026, meeting minutes. **Motion:** It was moved by Commissioner Kinloch and supported by Mr. Blackwell to approve the June 10, 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 Officer, submitted and gave highlights of the Chief Medical Officer's report. It was reported that…. 1. **Updates and Highlights –** In the month of June, psychiatry residents and fellows are going through their annual assessment because they're progressing through the new class. Dr. Faheem was involved in one of the annual clinical evaluations for the child psychiatry fellows, conducted with the whole team at Wayne State University, with extensive discussion of career pathways. After the assessment, there was a 30-minute discussion about their career pathway. They had questions about CMH. Information was provided to them about our internal opportunities and the pros and cons of working for CMH. Dr. Faheem started working on the quality committee for Humana, which would be a good opportunity for us to observe how quality is led on the managed care side. 2. **Crisis Services –** ***Board Follow-Up: Discharge Planning and Outpatient Appointment Completion: Reporting period: October 1-March 30, 2026 (to allow for outpatient claim lag)*** **-** There was a total of 729 discharges from the Crisis Center. The total number of unique members that were discharged was 531, indicating some repeat admissions. 22 members were discharged to our BEST Unit during this time. Out of those members that were discharged to outpatient, there were 30% who actually attended, so the unit

	scheduled their outpatient appointment within seven days. There were 30% (222) who actually made it to their seven-day appointment. That number continued to grow within 60 days (55.7%) and 90 days (59.4%). The follow-up rates appear significantly higher when calculated using unique members; however, when re-calculated using all discharges (which include repeat utilizers), follow-up engagement declines sharply. Unique individuals are 531, and if repeat admissions are excluded, the percentage drops when including recidivists – 7days (41.8% to 30.5%); 60-day (76.5% to 55.7%); and 90-day (81.5% to 59.4%). Addressing barriers for high-utilizing members is essential to reducing recidivism, improving quality, and supporting stabilization. ***Age range analysis*** - Of the 729, crisis discharges show that adults (ages 19–55) represent the overwhelming majority of crisis utilization (619 discharges) and also have the lowest early follow-up engagement, with only 29.4% completing outpatient visits within 7 days, rising to 53.8% at 60 days and 57.8% at 90 days. Older adults (55+) demonstrate stronger follow-up continuity across all timeframes, while youth (0–18) represent a very small subset (n=2) and do not meaningfully influence system trends. These findings reinforce the conclusion that the follow-up performance gap is primarily driven by adults aged 19–55. 3. **Quality – *HEDIS Performance-Based Measures (P4P)* –** FUM (Adult: 65% (exceeds 62% target; up from 60.15% last year); FUH (Child: Improved from 76.97% to 79%, but still below benchmark; PI2a (Access Timeliness: 61.04%, exceeding state benchmark for the first time). The strategic focus areas were FUH 30-day (total) and ADHD Medication Adherence. The Systemwide HEDIS Trends were 12 measures improving, 2 declining; FUH and FUM improving across all populations; Medication monitoring improving but still affected by lab result reporting gaps; and SAA remains below target and requires ongoing monitoring. ***Mild-to-Moderate Disenrollment Project*** – The disenrollment project remains on track toward final completion by September 30, 2026, with all major planning and regulatory requirements completed and operational processes functioning reliably. Mr. Glenn opened the floor for discussion. Discussion ensued. B. **Corporate Compliance— *The Corporate Compliance report has been deferred.*** Mr. Glenn noted that the Chief Medical Officer's report has been received and placed on file.

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: Assisted Outpatient Treatment (AOT) -** AOT orders increased in FY26 Q3, averaging 874 orders compared with 780 orders in FY25 Q3. This increase is driven by several factors: an increase in new DWIHN members; current DWIHN members receiving their first AOT orders; and greater hospital reliance on petitions for combined orders when members are not fully compliant while hospitalized. Hospitalization days increased slightly, from an average of 20 days in FY25 Q3 to 21 days in FY26 Q3. However, total hospitalization costs decreased from $1,806,922 to $913,318. This reduction is related to the decrease in the number of hospitalizations during an AOT order, which declined from 149 to 69. Comparatively, looking at the total number of adult members served from April 1, 2026, to June 23, 2026, there

were 24,178. Total number of adult members hospitalized during this same time frame was 3,320, equaling a baseline hospitalization rate of 13.73%. By comparison, both our Assisted Outpatient Treatment (AOT) and Assertive Community Treatment (ACT) frameworks successfully demonstrated lower rates of hospitalization than this general baseline. For the 874 members on an AOT order during this same period, there were 101 hospitalizations, reducing the rate to 11.55%. Meanwhile, our most intensive community-based intervention, ACT, showed the most significant impact on stabilization: of the 170 members on ACT teams, only 15 were hospitalized, equaling a rate of 8.82%. Review of hospitalizations that occurred during the time of order; the first 60 days post-hospitalization have shown to be the most critical, as 44% of new hospitalizations occurred during this timeframe. Two significant contributing factors were homelessness and medication refusals, even when in group homes. Adult Initiatives continues to work with utilization management and the procedure code group to provide clear instructions on case management billing for members in the hospital without an active IPOS. Medication Administration Records will be reviewed at the upcoming NGRI/AOT Workgroup meeting in July to discuss a more proactive approach and possibly look at Peer involvement from our AOT team.

2. **Activity 2: Evidence-Based Supported Employment (EBSE) /Individual Placement and Support (IPS) -** The total number of unduplicated individuals served is updated on a monthly and quarterly basis, as provided by the quarterly IPS report from MDHHS, monthly data obtained from IPS providers, and data gathered internally on MHWIN. To reflect appropriately, this data takes the number of members served in the first month of the quarter, adds the new admissions over each month of quarter, and then subtracts discharges from each month of the quarter. The following data is based on the total number of members receiving IPS services during the 3rd quarter of the 25/26 FY from the 9 CRSPs providing IPS - Growth of 33.8%. The growth of obtained employment is 43.3%. Adult Initiatives met with Central City following significant management and supervisory changes related to IPS services. Central City has added new oversight at both the manager and director levels; however, these leaders do not have prior IPS experience. Adult Initiatives attended the fidelity review for MiSide and provided valuable information on the success of the previous quarter's presentation regarding appropriate referrals and communication between IPS and clinical teams. IPS 90-day Recidivistic Member Engagement (85% reduction) from April 2025-present.
3. **Highlight: Cass Community Social Services (CCSS) -** Cass began creating jobs for people with significant barriers to employment during the recession of 2007. When you shop with Green Industries, you are helping to provide work for adults who have developmental disabilities, mental illnesses, physical restrictions, or who have formerly experienced homelessness, war, or prison. Detroit non-profit Cass Community Social Services unveils its newest enterprise, One Cup Car Wash and Detailing, and on Monday, June 8, 2026, Ms. Lyons attended a ribbon-cutting and press conference. Starting on Friday, July 10, 2026, the car wash will be open to the public weekly on Fridays and Saturdays with reservations taken online. No money will be exchanged at the business. CCSS anticipates the cost of a wash and detailing will be $40.
4. **Follow-Up (Mr. Phillips) – 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 - On June 25, two of my team members, (Alison Gabridge & Tanya Woodards) and I met with Mr. Taylor and two of his team members to discuss services for older adults. We had a very robust conversation that resulted in a request from Mr. Taylor to form a partnership between Detroit Area Agency on Aging and DWIHN with the goals of increasing awareness regarding the needs of the aging population, training for front-line staff as well as caregivers of suicide prevention and signs as well as resources for our aging population and their caregivers. We have scheduled a follow-up meeting on 7/22/26 to discuss next steps in reaching stated goals. Thank you, Mr. Phillips!

Mr. Glenn opened the floor for discussion. Discussion ensued. The committee requested the percentage of those individuals who got into the IPS program, but did not maintain their jobs, and to provide a strategy on how to close the gap on job retention. ***(Action)***

B. **DWIHN Outpatient Clinic –** Melissa Peters, Interim Director of DWIHN Outpatient Clinic (DOC) submitted and gave highlights of the DOC's quarterly report. It was reported that:

1. **Activity 1: Member Enrollment and Services - The** department's total enrollment for FY26 through quarter 2 continues to increase. As of March 31, 2026, we have over 1,000 members, of whom 920 are adults. Leading into quarter 3, we had 145 additional intakes. The DOC anticipates a lower enrollment rate due to capacity management. The demographic data for FY26 has been static in terms of who our demographic is, who we currently serve, and the enrollment we are seeing. For Q2, we had 2,949 services, which translates to billable encounters, and we also provide a lot of non-billable support and services to our members. Case management and home-based programs have had a significant increase in concentrated supervisors who are aligned with both programs and have been putting in a very intentional effort for that increase, and staff continue to expect that to grow. For Q3, the preliminary numbers are landing about 2,600 services provided. We are staying consistent with this current fiscal year and anticipate full capacity moving into this quarter.
2. **Activity 2: FY26, Q1 Performance Indicator #2a (Access/1st Request Timeliness-Benchmark 57%) –** The benchmark measures if the provider completes the initial intake assessment within 14 days of a non-emergent request for service. For FY26 (Q2), DOC made significant improvement from Q1 and exceeded the benchmark for the adult population. Efforts to ensure members have timely access to services are a top priority. The DOC has been monitoring this internally and has created improvement plans to address it in the future, including a contingency staff coverage plan and weekly calendar monitoring. The department is on a process improvement plan for four (4) HEDIS measures for FY25. The preliminary data for FY26 is trending in the right direction for all four of those members. An update will be provided once the department has enough time for the data to solidify.
3. **Activity 3: Infant and Early Childhood Mental Health (I-ECMH) –** The current enrollment is 11 open cases, with six (6) active, and six (6) scheduled screenings. As of 6/26/26, there were 38 home visits provided, 3,615 minutes or 69.25 hours spent in person with families; two (2) out of active cases are expectant mothers. The program is currently at capacity, with seven (7) screenings already scheduled for July; five of these have been completed and are moving to intake.

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

C. **707 Crisis Care Center** – Grace Wolf, VP of Crisis Care Services, submitted and gave highlights of the 707 Crisis Care Center's quarterly report (March 2026 – May 2026). It was reported that:

1. **Activity 1:** Adult Crisis Stabilization Data - that unit serves individuals that are 18 years or older that are seeking either mental health or substance use services. That unit is open 24/7, 365, and we serve folks on a voluntary or involuntary basis.

   The occupancy for the ACSU is 12 and the average length of stay is 72 hours. For this quarter, 228 presentations, 140 were admitted, 39 received community resources, 16 needed further medical assistance at triage, three (3) left against medical advice during triage, and 30 individuals went to our behavioral health urgent care (BHUC) service, a 24/7 outpatient level behavioral health urgent care. The Center primarily serves African American males between the ages of 26 and 64. The highest disposition was outpatient and 44% of individuals were referred to outpatient level services with only 16% being referred to inpatient level services. For recidivism, 17% of admissions had seen a previous admission that month, which is based on a 30-day rolling calendar for the adult unit.
2. **Activity 2: Building Empowered and Supportive Transitions Unit (BEST) Data** - This is a post-crisis unit that is 100% peer support-led. It has an occupancy of 6, and the average length of stay is up to 7 days. There was a decline this past quarter in the transfers over to the unit. The biggest challenge at the unit is that it is 100% peer support-led, individuals have to be able to self-administer medication on that unit, and a lot of our individuals that are waiting for specialized residential placement that would be a good candidate are not able to pass the self-administered medication assessment. Mrs. Wolf, Dr. Mammo and some leadership met to discuss doing direct admissions to be able to serve more individuals since they are not seeing the volume they would like to see from transfers to the adult unit. The pilot will be done in three phases. One of those phases includes moving admissions from our behavioral health urgent care, since that's already a lower level of care, to our best unit to increase admissions there. For the individuals who were transferred, we saw that they stayed an additional 3.5 days. This is a post-ACSU, so they would have already stayed three days over on our other unit. Primarily, individuals from that unit are referred to outpatient or CRISP-level care, but we also saw 21% of those individuals go to SUD residential care.
3. **Activity 3: Child and Family Crisis Unit (CFCU) –** The unit serves ages 5 to 17 for an occupancy of 14 and the length of stay is 72 hours. Over the last quarter, we saw 126 presentations to our CFCU unit; 59 individuals were admitted; 10 needed community-level resources; 11 needed further medical attention at triage; and 46 went to our behavioral health urgent care. We are seeing a significant need for our youth population for the behavioral health urgent care over our overnight stay program. Notably, for the children's unit, unlike the adult unit, we primarily serve African American females ages 10 to 14, and lastly, we typically send 40% of individuals from our CFCU unit to outpatient and only 12% to inpatient. So both our adult unit and our CFCU unit have a really great diversion away from our inpatient units.
4. **Quarterly Update** – The Center celebrated its 2nd year anniversary in June 2026, completing 3,399 requests for services in its second year. An additional 1,019 service requests than in the first year of operation.

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

D. **PAR Services** – Daniel West, Director of PAR Services, submitted and gave highlights of the PAR Services' quarterly report. It was reported that:

1. **Activity 1: PAR Clinician Data Baseline Determinations -** 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. In the first 90 days, the team increased the percentage of members who were provided a disposition within 3 hours/2 hours, the percentage of members seen face to face, and the CRSP notification percentage, and the percentage of members diverted to CSU. The team has found there to be a need to increase the percentage of members whose case was provided with a disposition within 2 hours (DWIHN standard of 95% within 3 hours). 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 are now established to ensure accuracy of medical necessity documentation and decision-making to increase diversion percentages. The team also recognizes that this data is a result of being understaffed for PT PAR Clinicians. The team is now fully staffed with PAR Managers who developed and will 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. Finally, the team is working to become fully staffed in all areas. This plan aims to increase diversion percentages with a goal of 30% diversion by end of FY.
2. **Activity 2: PAR Dispatch Data Baseline Determinations -** The PAR Dispatch Team is in place to answer all calls from stakeholders in the emergency department, and to process the requests for crisis screenings. Within Genesys, the "Service Level" is measured by the number of calls answered within 30 seconds. As a team, since inception on April 1, 2026, it is important to monitor this indicator and others to ensure our stakeholders have an immediate response when requesting services for DWIHN members in crisis. The team has absorbed a substantial increase in calls coming in for requests since taking on all adult PARs. The service level has been maintained above the DWIHN standard of 85% even after an increased volume of calls. The team has recognized the need to decrease the abandonment percentage to be below the DWIHN standard of 5%, as maintained prior to PAR coming in-house. PAR leadership monitors staffing schedules during peak hours and staggers breaks to ensure adequate coverage is in place. The goal is to decrease the abandonment percentage to below 5% by August 1, 2026. The team will hire 2 additional PT PAR Dispatch Coordinators to fill vacancies and improve staff availability.

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

E. **Managed Care Operations** – *Deferred to August 12, 2026*

F. **Utilization Management –** Marlena Hampton, Director of Utilization Management, submitted and gave highlights of the Utilization Management's quarterly report. It was reported that:

1. **Activity 1: Timeliness of UM Decision-Making -** As of January 1, 2026, payers are required to make decisions for all standard, non-urgent requests within seven (7) calendar days. While MDHHS has received a waiver extending this mandate to October 1, 2026, DWIHN standards are in alignment with health plan contractual requirements for consistency and benchmarking. The department participated in the Humana Initial and Annual UM Delegation Audit on June 17, 2026 and the exit interview is tentatively scheduled for July 9, 2026. A new Clinical Specialist (Self-

	Determination) was successfully hired and onboarded during this quarter. The department is actively recruiting for a new UM Clinical Specialist after a long-time staff member retired. Standard Operating Procedures (SOPs) for all UM lines of business to optimize performance were reviewed and updated during this quarter. The UM Committee approved a revised Post-Service/Retrospective Review Procedure, and this will reduce administrative burden and improve overall staff efficiency. In Q3, staff manually approved 90.3% of standard prior authorization requests within seven (7) days. 2. **Activity 2: NCQA UM Standards Readiness -** 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. The UM Department, with support from the Director of Strategic Operations, continues to hold weekly meetings with consultants to review the department's alignment with current standards. Staff conducted a comprehensive review of the annual UM information integrity and delegation standards, and accompanying policies, to identify alignment gaps with the new standards. The department initiated a request to use or develop a web-based solution to safely access proprietary medical-necessity criteria, in alignment with NCQA and CMS requirements for medical-necessity transparency under the 2026 standards. The department plans to implement a phased approach to evaluate, select, and adopt an improved reporting solution that supports consistent monitoring. Revisit department work plan with UM leadership, Strategic Operations, and consultants to ensure the most efficient preparation for reaccreditation. Mr. Glenn opened the floor for discussion. There was no discussion. Mr. Glenn noted that the Adults Initiatives, DWIHN Outpatient Clinic, 707 Crisis Care Center, PAR Services, and Utilization Management's quarterly reports have been received and placed on file.

IX. Strategic Plan - None

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

X. Quality Review(s)

DISCUSSION/ CONCLUSIONS	***There was 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 VP of Clinical Operations' Executive Summary and provided highlights. It was reported that: 1. **Autism Services** – Overall, June activities improved procurement clarity, enhanced pathway tracking, and reinforced provider oversight, supporting timely access to ABA services. 2. **Children's Initiatives** – During June 2026, the Children's Initiative Department focused on two key priorities: improving service eligibility compliance through

	the MichiCANS Disenrollment Project and expanding youth engagement and leadership opportunities through Youth United programming. 3. **Health Homes Initiatives** – DWIHN's BHH program earned $111,580.92 in FY25 pay-for-performance dollars. The Special Projects team is in the July Advance Notice stage of the Mild-to-Moderate evaluation and care transfer project. 4. **Integrated Health Care** – For the calendar year 2025, HEDIS measure follow-up after hospitalization (FUH), 23 of the 28 CRSP providers met the 62% goal for adults, and 13 of the 26 CRSP providers met the 79% goal for children. DWIHN was able to meet the pay-for-performance with MDHHS for FUH adults and made a 5% increase for children. 5. **Residential Services -** Residential services continued to complete Residential Assessments with members on an annual basis to assess members' clinical needs. Authorizations continue to be reviewed within the seven-day mandate and are approved only after clinical appropriateness is assessed. 6. **Substance Use Disorder Initiatives** - In FY26, based on claims data, SUD has serviced 1,199 members in withdrawal management and 2,519 members in residential treatment. 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	A. **BA #24-67 (Revised 2) – Substance Use Disorder (SUD) Opioid Settlement Leg Up Carry Forward Extension** – Staff requesting board approval for the extension of contract and addition of funds to the Opioid Settlement Leg Up program for Chance for Life. The initial contract amount for the two-year period, July 1, 2024, through June 30, 2026, totaled $1,080,000; an estimated $400,000 remains unspent. This board action is requesting to carry over the unspent funds and increase the contract for an additional $200,000 for the two-year period, July 1, 2026 through June 30, 2028, which brings the total amount not to exceed $1,280,000. Chance for Life will continue to provide oversight and fiduciary responsibility for the leg up program developed by Detroit Wayne Integrated Health Network (DWIHN) that utilizes Opioid settlement funds. Mr. Glenn called for a motion on BA #24-67 (Revised 2). **Motion:** It was moved by Commissioner Kinloch and supported by Mr. Blackwell to move BA #24-67 (Revised 2) to the Full Board for approval. Mr. Glenn opened the floor for discussion. Discussion ensued. The committee requested a projection for the next two years. ***(Action)*** **Motion carried.** B. **BA #26-14 (Revised 6) – DWIHN Providers Network System FY26** – Staff requesting board approval for the addition of an outpatient provider, Lunexa Health LLC (credentialed 5/11/26 for Supports Coordination and Case Management). The services include the full array of behavioral health services per the PIHP and CMHSP contracts. The amounts listed for each provider are estimated based on prior year's activity and are subject to change. Mr. Glenn called for a motion on BA #26-14 (Revised 6). **Motion:** It was moved by Dr. Carter and supported by Mr. Blackwell to move BA #26-14 (Revised 6) to Full Board for approval. Mr. Phillips recused himself. Mr. Glenn opened the floor for discussion. Discussion ensued. **Motion carried.** C. **BA #26-21 (Revised 3) – Autism Providers FY26 –** Staff requesting board to approve revision for the Autism Providers to receive a (1) one-year contract for FY26 (October 1, 2025 - September 30, 2026) to deliver Applied Behavior Analysis (ABA) and Autism Evaluations. The total projected budget for autism

	services for FY26 is $104,955,784. Staff is also requesting to add Early Autism Services, LLC , as an additional provider to the network to provide autism services, which passed the autism Request for Qualifications (RFQ). In addition, Strident Healthcare's contract ended in April 2026 due to nonrenewal and to allow for transition planning. Mr. Glenn called for a motion on BA #26021 (Revised 3). **Motion:** It was moved by Mr. Phillips and supported by Dr. Carter to move BA #26-21 (Revised 3) to Full Board for approval. Mr. Glenn opened the floor for discussion. Discussion ensued. **Motion carried.**

XIII. New Business (Staff Recommendations)

DISCUSSION/ CONCLUSIONS	A. **BA #26-54 – HUD Permanent Supportive Housing (PSH)** – Staff requesting board approval of the renewal, acceptance, and disbursement of the U.S. Department of Housing and Urban Development (HUD) Continuum of Care (CoC) grant funds in the amount of $2,733,549.00, along with the required general fund/ local match of $113,390.50 for a total amount not to exceed $2,846,939.50. The providers listed in the board action submitted renewal applications and have been awarded funding for the HUD 2025 grant cycle. Program dates and details are listed in the board action. Mr. Glenn called for a motion on BA #26-54. **Motion:** It was moved by Mr. Phillips and supported by Dr. Carter to move BA #26-54 to Full Board for approval. Mr. Glenn opened the floor for discussion. There was no discussion. **Motion carried.**

XIV. Good and Welfare/Public Comment

DISCUSSION/ CONCLUSIONS	There was one online submission written by Ms. Versi Williams. She wanted to thank DWIHN for opening the meeting to the public. She will join through Zoom to learn more about the network and mission.

Action Items	Responsible Person	Due Date
1. **Adults Initiatives (Activity 2: Evidenced-Based Supported Employment (EBSE)/Individual Placement and Support (IPS) –** Provide the percentage of those individuals who got into the IPS program, but did not maintain their jobs, and to provide a strategy on how to close the gap on job retention.	Marianne Lyons	
2. **BA #24-67 (Revised 2) – Substance Use Disorder (SUD) Opioid Settlement Leg Up Carry Forward Extension –** Provide the projection for the next two years.	Matthew Yascolt	

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: 2:49 p.m.
NEXT MEETING: Wednesday, August 12, 2026, at 1:00 p.m.

CHIEF MEDICAL OFFICER'S REPORT
PROGRAM COMPLIANCE COMMITTEE

Shama Faheem, MD
August 2026

Educational & Clinical Leadership

In August, I completed a four-part lecture series for Wayne State University's second-year psychiatry residents. The sessions covered Community Mental Health Services, the Crisis Continuum, Treatment Non-Compliance vs. Medication Non-Adherence, and Administrative Psychiatry with an emphasis on quality from a physician's perspective. The series was well received, with residents actively engaged in real-world case discussions and systems-based problem solving.

We also reconvened the combined Inpatient and Outpatient Medical Director Meeting for the first time in several months. Attendance was robust, and the meeting included a tour of the Crisis Center. Medical Directors shared achievements and discussed cross-cutting challenges such as gaps in care coordination between inpatient and outpatient providers and the downstream impact of post-discharge disengagement on inpatient capacity.

Partnerships & Community Engagement

Oakland County has requested collaboration with DWIHN on a Vaccine Advocacy and Education event scheduled for October. The anticipated keynote participant is MDHHS Chief Medical Executive Dr. Bagdasarian. Planning for this event is underway and will enhance regional public health engagement and cross-system collaboration.

Special Projects: Data Integrity and Disenrollment Efforts

Two major record-review initiatives are in progress to strengthen data accuracy and ensure alignment with DWIHN's priority population requirements. The first involves individuals assessed as having mild-to-moderate needs based on LOCUS or MichiCANS. This work was prompted by findings that some individuals with lower levels of need remained in DWIHN services without appropriate step-down transitions to Medicaid Health Plans. The second initiative focuses on individuals who appear inactive but still have an open episode in MH-WIN, as MDHHS has directed PIHPs to close "dangling admissions" in preparation for the phase-out of BH-TEDS.

For mild-to-moderate individuals, 191 cases have been closed, 731 adverse benefit determination notices are in process, and 662 individuals remain open following provider consultations confirming medical necessity. Work began in May with identification of the issue, development of a project plan, and internal clinical review. In June, CRSPs received member lists and completed transition planning and discharge reviews, followed by ABD notifications issued throughout July. The project is now in the appeal-review stage for August, with final disenrollments and system updates expected in September.

The "Open Consumers/No Service" initiative launched in July with a 26-member Task Force conducting manual reviews. Since July 14, 752 records have been closed, contributing to a total of 1,241 BHTEDS discharges completed as part of this data-integrity effort. Ongoing work includes additional training, continued MH-WIN cleanup, and coordination with MDHHS to verify closure targets. Both projects include evaluations to prevent recurrence of data issues and ensure appropriate step-down pathways remain functional.

Utilization Management

We have developed a comprehensive approach to reviewing and monitoring service trends, focusing on areas experiencing sustained growth, higher-intensity utilization, or rising complexity. ABA services

continue to show steady expansion over multiple years, reflecting ongoing demand and increasing clinical complexity within the population. While growth in membership has contributed to this trend, patterns also suggest that service intensity and care needs are evolving, underscoring the importance of continued oversight and structured clinical monitoring.

To ensure service intensity aligns with clinical need, several targeted strategies are underway. A deeper clinical review process has been launched for ABA cases in which individuals have participated in intensive services for extended periods without demonstrating meaningful functional progress. Cases that have remained in comprehensive ABA services for more than three years will be flagged for enhanced review. To support consistency and clinical rigor, an interdisciplinary Autism Review Committee is being established to evaluate these cases, review treatment efficacy, assess barriers to progress, and recommend care adjustments or transitions as appropriate.

Hospitalization trends indicate that a small subset of individuals with prolonged inpatient stays continues to drive a significant portion of overall utilization and system strain. Extended lengths of stay have remained relatively consistent over the last several years, with both averages and medians showing gradual upward movement. These patterns highlight the need to examine clinical factors, system barriers, and social determinants that contribute to prolonged hospital days and delayed transitions to lower levels of care. Focus areas include strengthening care coordination, improving access to post-acute placement options, and proactively managing individuals whose medical or social complexities create challenges to timely discharge.

To further support this work, DWIHN is launching a structured Length of Stay (LOS) Committee that will begin reviewing hospital cases once they reach the 12-day mark. This committee will evaluate the drivers of extended stays, identify obstacles to discharge, and work with providers to accelerate transitions when clinically appropriate. The intent is to reduce avoidable hospital days while improving the continuity and quality of care for individuals with complex needs.

Collectively, these initiatives enhance oversight, reinforce clinical appropriateness across high-utilizing services, and create systematic pathways for early intervention. They will help ensure that services are both responsive to member needs and aligned with sound clinical and operational practices across the continuum.

Program Compliance Committee Meeting
Yvonne Bostic, MA, LPC (Director) – DWIHN Access Call Center
3rd Quarter (FY 2026)
Date: 8/12/2026

Main Activities during 3rd Quarter FY 2026:

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

<u>Activity 1</u>: Staffing and Training:

Description: The Access Call Center is made up of 3 units, Access Call Center Representatives (ACCR), Access Call Center Clinicians and Access Call Center SUD Techs. These 3 units work together to handle the calls that come through # 800-241-4949. The ACCR answers and logs each call and identifies if the call needs to be transferred to another unit or department or if the inquiry can be addressed directly. This staff also processes referrals and inquiries via fax, email and Smartsheet's.
The Access Call Center staff engage in monthly department meetings and monthly unit meetings where they learn more about the other DWIHN internal departments, in-network providers and services offered through DWIHN and engage in trainings to improve screening, diagnostic and customer experience skills.

- **April 2026 – June 2026** Internal Department Overviews**, <u>Trainings</u>, <u>Community Partner</u>,** Policy & Procedure Review –
  - Zero Suicide Framework (DWC virtual)
  - Prescription Drug Abuse and Opioid Epidemic (MDHHS- Improving Mi Practices virtual)
  - The Columbia Suicide Severity Rating Scale-CSSRS (DWC Virtual)
  - Adolescent Suicide Prevention, Assessment and Intervention (DWC Virtual)
  - QPR-Question, Persuade, Refer- Suicide Prevention Training (Zoom Webinar)
  - The Importance of Self Care (Live, Joi Meeks, Access Call Center Quality Manager)
  - Kevin's Law and Assisted Outpatient Treatment: Help for those who cannot help themselves (YouTube- MI Healthy Mind S05E04)
  - Pam's Place Counseling Center Detroit, MI (Mr. J. Edgar- Director)
  - Monthly Review of LOCUS Vignettes and Clinical Cases (Live- Anthony Edwards, Access Call Center Administrator)
  - Monthly Review of ASAM Vignettes and SUD Cases (Live-Keena Arrington, Access Call Center SUD Manager)

- **Staffing 3rd Qtr FY 2026** - The Access Call Center experienced periods of turnover due to transfer (1), resignation (1) and termination (1); filled 5 vacancies and currently have 3 vacancies. During this quarter the call center maintained a 95% staffing level, scaling up to 97% in July.

- Overtime and contingent staff are used to fill in vacancies and achieve set goals and goals.
    - 2 Administrators
    - 4 Managers (ACCR, Clinical, SUD and Quality Assurance)
    - 27 Access Call Center Reps (21 FT, 6 Contingent)
        - 27 filled
    - 21 Call Center Clinicians (12 FT, 6 PT, 3 Contingent)
        - 20 filled and 1 open (FT)
    - 22 SUD Technicians (14 FT, 4 PT, 4 Contingent)
        - 20 filled and 2 open (2 Contingent)

  There is an ongoing process to review applications, conduct interviews and hire / train new staff as needed, so that vacancies can be filled as soon as possible.

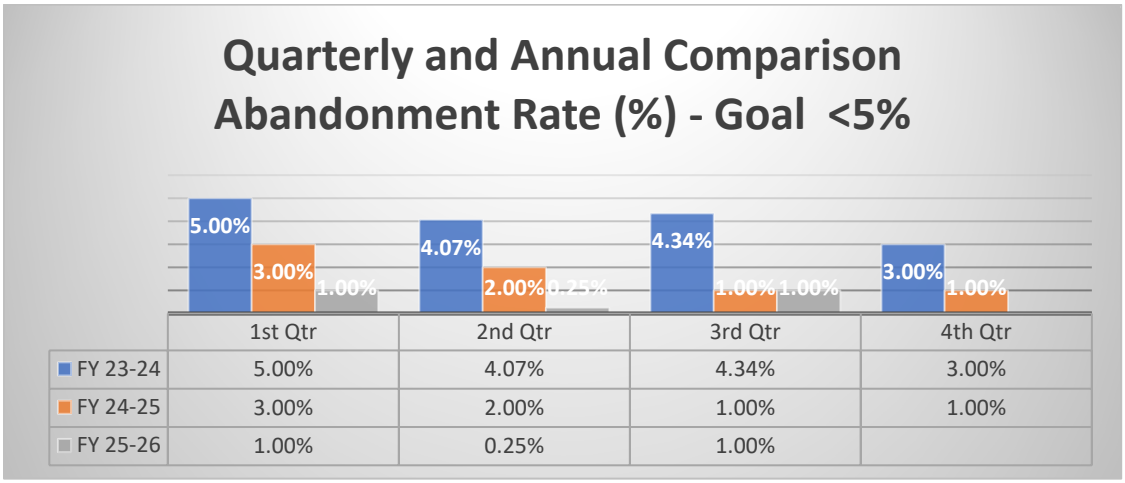
Activity 2: Call Center Performance – Call Detail Report

- **Description**: Many of the calls that come into the call center are from individuals in the community seeking mental health and SUD services. The majority of our incoming calls are for information & referrals, from in-network providers and other community agencies like local hospitals and foster care workers and transfers to Crisis services.
    - **Incoming Handled** calls are first addressed by DWIHN Access Call Center Representatives, who inquire about the reason for the call and collect demographic information.
    - Then the call is transferred to a screener (MH/SUD), another DWIHN department, Crisis Line, DWIHN in-network provider or other community resource, based on their need.
- MDHHS Standards and Call Center Performance for 3rd Quarter FY 2026 (April - June 2026):
    - % Abandoned Goal is < 5% (1.0%)
    - Avg. speed to answer Goal <30 sec. (5 sec)
    - % of calls answered Goal > 80% (98.0%)
    - Service Level Goal >80% (97.0%)

	Incoming Calls	Calls Handled	Calls Aband.	% Aband.	Average Speed Answer	Avg Call Length	% of Calls Answered	Avg Service Level
FY 26 3rd QTR	44,848	44,001	262	1.0%	5 sec	4:45 mins	98.0%	97.0%
FY 25 3rd QTR	49,413	47,941	584	1.0%	9 sec	5:00 mins	95.0%	93.0%
FY 24 3rd QTR	48,400	44,570	2,256	4.0%	27 sec	5:58 mins	92.0%	76.0%

- **Current Status:** For the 3rd Quarter of FY 2026 there were 44,001 calls handled by the access call center.
    - **Breakdown**
    - 10,601 (24%) calls handled related to SUD services with an average handle time of 15:15 minutes (4,829 screenings completed and 5,772 follow up calls, change level of care, reschedule or change appointment, chart release, etc.)
    - 5,234 (12%) calls handled, related to MH services, with an average handle time of 20:24 minutes (3,852 screenings completed and 1,382 follow-up calls, change or reschedule appointment, provider questions, etc.)
    - 28,166 (64%) calls handled related to other requests: provider inquiries, information and referrals for community programs and services, screening follow up calls, Hospital Discharge appointments, enrollments (Infant Mental Health (IMH), Foster Care, TCW/ PCW, Hospital Inpatient, Etc.), Transfer calls (Crisis Hotline, ORR, Customer Service, Grievance, etc.)

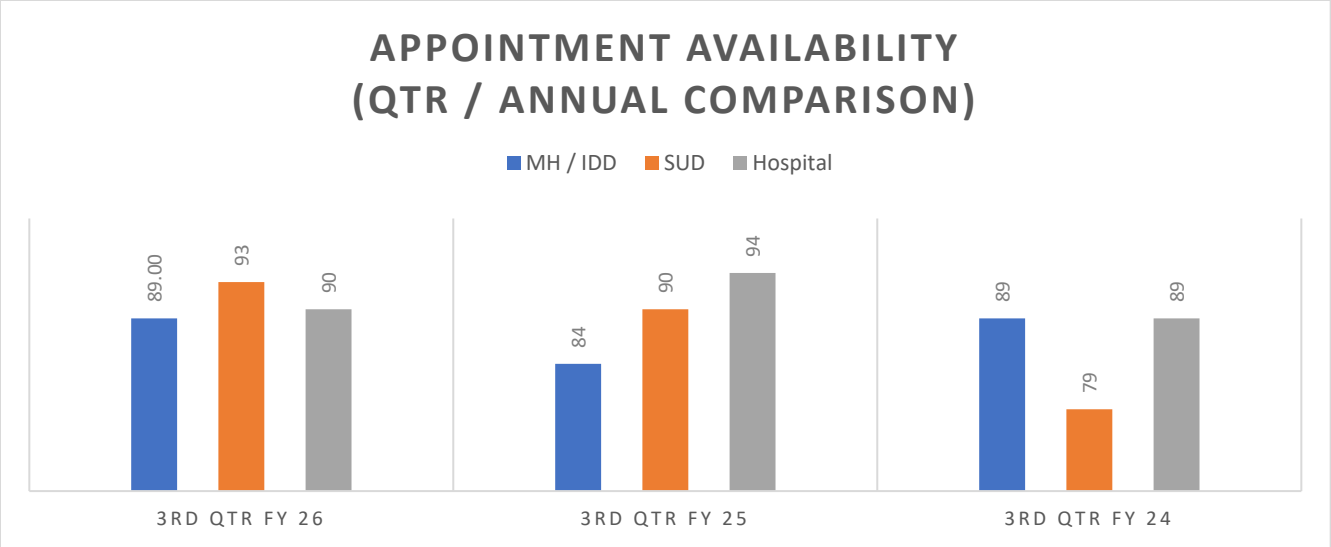
    In an annual comparison of 3rd Quarter FY 2025 (1.0%) to 3rd Quarter FY 2026 (1.0%) abandonment rate, there was no change. There was an improvement in the service level by 4% and the average speed to answer improved by 4 seconds.



	1st Qtr	2nd Qtr	3rd Qtr	4th Qtr
FY 23-24	5.00%	4.07%	4.34%	3.00%
FY 24-25	3.00%	2.00%	1.00%	1.00%
FY 25-26	1.00%	0.25%	1.00%	

<u>Activity 3:</u> Appointment Availability

Description: The Access Call Center schedules routine MH intake appointments within 14 days, SUD routine, urgent and emergent intake appointment and hospital discharge / follow up appointments (within 7-day requirement) for individuals being discharged from short stay inpatient psychiatric treatment.
The Access Call Center schedules these types of appointments based on the Clinical Responsible Service Providers (CRSP) availability and ability to provide services, timely.



Summary:

In comparison to FY 2025 to FY 2026 there was an increase in appointment availability for MH services scheduled within 14 days (approx. 5% and an increase for routine SUD intake appointments (approx. 3%). In the same 2nd quarter annual comparison was decrease in appointment availability for hospital discharge follow-up appointments scheduled within 7 days of discharge (approx. 4%).

- Access Call Center staff call/email providers to request additional appointment slots to help meet the 7or 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 utilized with the SUD providers with the goal of identifying strengths and weaknesses and developing interventions as needed.

PLANS / PROJECTS for FY 2026

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

Program Compliance Committee Meeting
Rai Brown/Director of Managed Care Operations Quarterly Report
April 2026 – June 2026

MANAGED CARE OPERATIONS PROGRAM DESCRIPTION-FY 2025-2026

The Managed Care Operations (MCO) Division at the Detroit Wayne Integrated Health Network (DWIHN) provides strategic oversight and operational execution of the core system functions that safeguard network integrity, service access, and regulatory compliance. The division coordinates activities across provider contracting, credentialing and recredentialing, network adequacy and expansion, operational readiness, data tracking and reporting, and stakeholder engagement to ensure timely, equitable, and high quality care for the members of Wayne County. Every MCO process is anchored in federal and state standards established by MDHHS, CMS, NCQA, and HSAG, ensuring that provider services are accessible and delivered in a manner that supports individual health outcomes and system wide efficiency.

MCO oversees the full lifecycle of provider agreements from initiation through renewal or non-renewal, ensures all network providers meet standards for licensure, training, and professional qualifications through oversight of DWIHN's Credentialing Verification Organization, and monitors provider capacity and geographic access through regular gap analyses. The division supports implementation of new programs through structured onboarding, technical assistance, and tools such as the Readiness Review, Provider Capacity logs, the onboarding Provider Dashboard, and Risk Matrix, while leveraging internal systems and analytics to track credentialing timelines, monitor provider performance, and assess compliance with contract deliverables. As the primary liaison between DWIHN and its provider network, MCO delivers consistent communication, training, technical support, and issue resolution across the network.

In addition to its provider network functions, MCO oversees DWIHN's housing portfolio, including HUD Permanent Supportive Housing, PATH and street outreach, and case management services delivered through community partners. These programs assist members with disabling conditions and lived experience of homelessness in securing safe, affordable housing with ongoing supportive services. The division currently manages over $2.7 million in HUD Continuum of Care grant funding operating five Permanent Supportive Housing programs serving at least 167 households, allocates over $1 million in General Fund dollars supporting case management and housing assistance for more than 500 members annually through shelter partners such as NSO and Covenant House Michigan, and directs over $250,000 in street outreach funding to engage at least 500 hard to reach individuals living in places not meant for habitation. As an administrative body, DWIHN ensures contract compliance with federal, state, and local standards, monitors provider performance through HMIS and data reporting, reviews financial and operational reports, and enforces corrective actions as needed, while maintaining active leadership in the Detroit and Out-Wayne County Continuums of Care.

Operational leadership is provided by the Deputy Chief Executive Officer and the Director of Contract Management, ensuring that Managed Care Operations remains aligned with DWIHN's mission, vision, and strategic goals, with the Board of Directors maintaining ultimate accountability for quality, transparency, and compliance. Looking ahead, the division will continue strengthening its administrative oversight role while expanding housing resources, with priorities that include securing additional funding, identifying new subrecipients, enhancing compliance monitoring, improving operational efficiency, and increasing capacity to advance access, quality, and housing stability for all members.

Main Activities during FY 25/26 Quarter 3:

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

Progress On Main Activities:

<u>Activity 1:</u> Credentialing

- *Description:* The vetting and approval process for both current and new provider(s) into the DWIHN provider network.
- *Current Status:* For Q3 Fiscal Year 2025/2026:

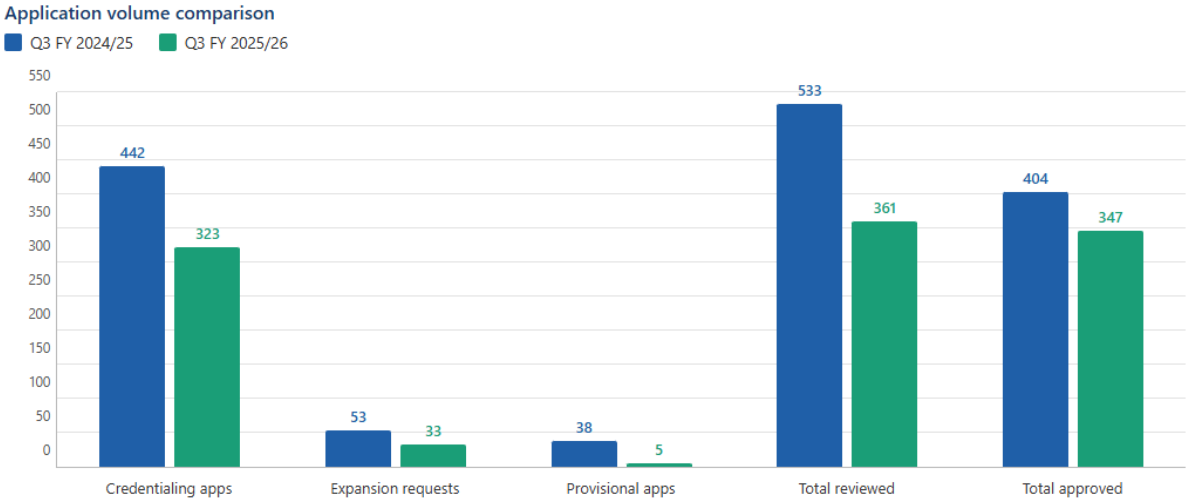
Number of Credentialing Applications Reviewed	323
Number of Expansion Requests Reviewed	33
Number of Provisional Credentialing Applications Reviewed	5
Total # of Applications Reviewed	**361**

Number of Practitioners Approved	266
Number of Providers Approved	40
Number of Expansion Requests Approved	36
Number of Provisional Credentialing Applications Approved	5
Total # of Applications Approved by Credentialing Committee	**347**

Credentialing Committee Dashboard

Q3 FY 2025/26 vs Q3 FY 2024/25

Total reviewed	Total approved	Approval rate	Practitioner approvals
361	347	96.1%	266
▼ 32.3% vs Q3 of last year	▼ 14.1% vs Q3 of last year	▲ +20.3 pts vs Q3 of last year	▲ +6.4% vs Q3 of last year



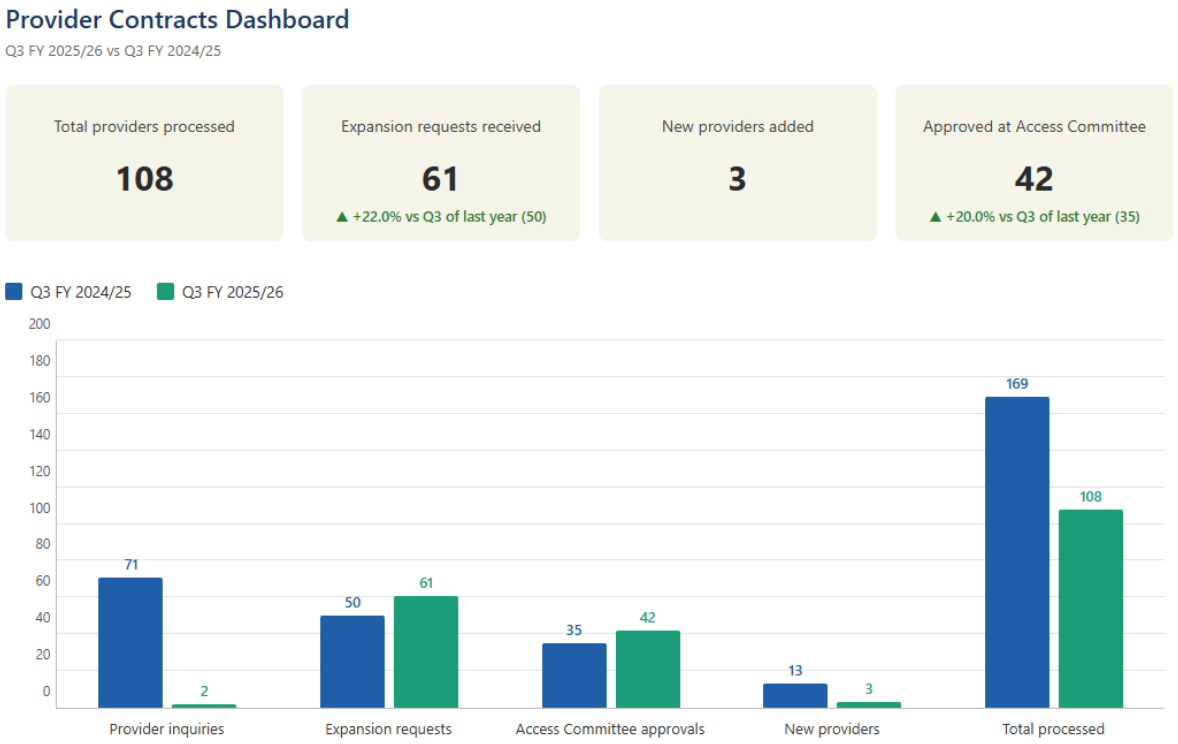
- *Significant Tasks During Period:* Throughout the third quarter, the credentialing team sustained a high level of productivity and quality across all core functions. Staff collectively reviewed and processed hundreds of initial, recredentialing, provisional, and expansion files each month while maintaining a near zero denial rate, and completed monthly NCQA audit activities on schedule in April, May, and June. Significant accomplishments included consistent completion of expansion requests, timely preparation of credentialing files for committee review, completion of scheduled provider site visits, and delegation oversight.
- *Major Accomplishments During Period:* Credentialing volume has remained consistently high across FY 24 and FY 25, with 1,301 and 1,274 files approved, respectively. FY 26 has now reached 787 approved files throughout FY 26, consistent with expansion requests, onboarding of new providers' staff, and ongoing staff qualification monitoring. Decision timeliness continues to exceed regulatory expectations. The average time from complete and accurate application to committee decision was approximately 29 days in Q1 and 34 days in Q2, well within the MDHHS guideline of 90 days from application submission. All 36 practitioner recredentialing applications and all 42 organizational recredentialing in Q1 and Q2 were completed within the required 3 year cycle. The team also hosted more than 60 credentialing meetings and technical assistance calls each month.
- *Plan:* The division will continue advancing the implementation of the new CVO. We have begun piloting provider and practitioner applications to assess functionality, usability, and workflow alignment. The team will continue working directly with providers on credential updates required to support new Health Plan contracts, incorporating the most current provider qualification guidance issued by MDHHS to ensure ongoing compliance and operational readiness. Backfill the Credentialing Specialist position, who received a promotion and is now working with our HR department to credential DWIHN staff.

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

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

- *Current Status* For Q3 Fiscal Year 2025/2026**:**

Number of Provider Inquiries for Potential Providers	2
Number of Contract Expansion Requests Received	61
Number of Providers Approved at Access Committee	42
Number of New Providers	3
Total # of Providers Processed	**108**



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

- *Significant Tasks During Period:* Significant efforts included a MHWIN data cleanup project, which updated hospital records and Medicaid provider types, and continued execution of the targeted, RFP driven recruitment model with close monitoring of network adequacy to identify genuine provider needs. Leadership also advanced key infrastructure initiatives, including development of KPIs for Provider Network Managers, implementation of Clinical Vetting

Recommendation forms to strengthen the provider vetting process, and ongoing migration of departmental files to SharePoint and SOPs to PolicyStat. We hosted three In-person training sessions for Providers on the Electronic Quarterly Contract Status Reports. 104 participants showed up to the Woodward building for assistance. Additionally, we updated the New Provider Orientation Powerpoint presentation as well to support providers entering the DWIHN system.

- *Major Accomplishments During Period:* The MDHHS Network Adequacy Report was completed and submitted on time on April 30, 2026, through a cross departmental effort involving ELT, IT, Clinical, and Quest Analytics, and the HSAG Network Adequacy Validation audit tool was submitted with the audit underway. Additionally, the team launched the Provider Network Dashboard pilot, a centralized tool that tracks new provider inquiries and expansion requests, mirrors the onboarding workflow, and incorporates service level agreements. The dashboard is currently piloting with the most recent expansion requests, with trend analysis to follow after several months of data collection. Provider inquiry tracking is in development to build a single applicant pool for monitoring network needs and forecasting growth, and supporting SOPs have been drafted; once approved, the dashboard will be shared with other departments seeking real time status updates on their providers.
- *Plan:* The team is in the process of updating the training video and resources to prepare for FY 27 pre-contracting documents. We will be meeting with the Clinical departments on a quarterly basis to address network adequacy and targeted procurement recruitment in identified shortage areas. This will ensure the network remains adequate to meet member access standards across all covered service lines. Backfill the Provider Network Manager position, due to staff retiring in June.

<u>Activity 3:</u> MCO Provider Satisfaction Survey

- *Description:* In alignment with DWIHN's Strategic Operations Goal, the Managed Care Operations (MCO) department implemented a continuous Provider Satisfaction Survey embedded in staff email signatures. This approach enables real-time feedback collection, trend monitoring throughout the year, and proactive identification of service gaps — supplementing the formal annual survey process. The survey measures four performance domains on a 1–5 scale: professionalism, courtesy, responsiveness, and knowledge. It also captures response time and solicits open-ended provider feedback.
- *Current Status:* For Q3 Fiscal Year 2025/2026, the ongoing provider satisfaction survey embedded in MCO staff email signatures has received 29 responses

Q3 Responses	Cumulative Total	Within 2–3 Days	Overall Avg Score
29	**191**	**93.1%**	**4.50 / 5.0**
▲ vs 24 in Q3 FY 24/25	Since Feb 2025 launch	▼ vs 100% in Q3 FY 24/25	▼ vs 4.70 in Q3 FY 24/25

Domain	Q3 FY 24/25	Q3 FY 25/26	Change	Observation
Professionalism	4.71	**4.55**	▼	*−0.16 against a strong prior year baseline; remains solidly above 4.5*
Courtesy	4.71	**4.58**	▼	*−0.13; smallest decline of the four domains*
Responsiveness	4.75	**4.55**	▼	*−0.20; aligns with 2 of 29 respondents reporting contact beyond 3 business days*
Knowledge	4.63	**4.30**	▼	*−0.33; largest decline, identified as a training focus area for Q4*

Contact timeliness detail, Q3 FY 25/26

Response window	Respondents	Share
Within 2–3 business days	27	93.1%
3–5 business days	1	3.4%
5–10 business days	1	3.4%

Significant Tasks During Period: The Managed Care Operations provider satisfaction survey continued to show strong engagement in the third quarter, with 29 responses received, an increase of 20.8% over the 24 responses collected in Q3 of the prior fiscal year, bringing cumulative participation to 191 responses since the survey launched in February 2025. Providers rated the team 4.55 in professionalism, 4.58 in courtesy, 4.55 in responsiveness, and 4.30 in knowledge on a 5 point scale, with 93.1% of respondents reporting contact within 2 to 3 business days. While these results reflect a modest decline from an exceptionally strong prior year baseline, the decrease is concentrated in a small number of individual responses; the substantial majority of respondents rated the team at or above 4.5 across all domains, and written feedback remained overwhelmingly positive, with providers highlighting timely communication, cross departmental coordination, and effective problem resolution. It is also important to note that this quarter included major

network announcements regarding rates and process changes, and communications of this magnitude naturally influence provider sentiment during the survey period, which is reflected in the quarter's scores.

The third quarter was also a period of meaningful staffing transition for the division. One of our Provider Network Managers retired in June after dedicated service to DWIHN and its provider network, and her provider assignments were redistributed among the remaining Provider Network Managers. As with any transition of this nature, a brief adjustment period occurred as providers established relationships with their newly assigned managers, which is reflected in a small number of responses regarding response times during the transition window. Provider assignments have been fully reassigned, and the team is focused on ensuring continuity of service and consistent communication across the network.

Plan: Survey feedback identified new provider onboarding and training as the clearest opportunity for improvement, with several respondents requesting more structured orientation, clearer guidance on forms and policies, and additional training on credentialing processes and MHWIN. These themes align directly with work already in motion. Mr. White has committed to the development of a training department, and MCO is currently developing Provider SOPs covering onboarding, expansion requests, and credentialing requirements, accompanied by visual workflows that clearly outline next steps and expectations for providers at each stage of the process. This investment builds on demonstrated success: the division has received excellent feedback on its trainings covering Pre-Contracting documents and the Quarterly Contract Status Reports, confirming that structured provider education directly strengthens network satisfaction and compliance. Moving forward, MCO will collaborate with other departments by sharing feedback on trainings requested through the survey and identifying opportunities to further support the provider network. Knowledge and onboarding support remain the division's priority focus areas for Q4, and results will continue to be evaluated against cumulative trend data as survey participation grows.

- Provider Recognition:
    - *[PNM] always makes herself available to answer questions or get us to the person or resource that can help. Here years of experience is beneficial to us in that she understands from a DCW/management level of what goes on in a group home*
    - *Yes, I would like to give special recognition to [Credentialing Specialist]. Whenever I call and need information she is very helpful. She assisted [Provider Name] with the Provider Meeting and with our Credentialing Process. I truly appreciate her efforrts.*
    - *Thank You [PNM] for always being available when I have concerns or questions. And for all of your positive energy you are appreciated.*

Program Compliance Committee Meeting
Emily Patterson/Director of Health Homes and Special Projects
8/12/2026

Main Activities during Quarter/Month Reporting Period:

- Behavioral Health Home Pay for Performance: FUH-7 Improvement Plan
- Special Projects Update: Two MH-WIN Record Review Projects

Progress On Major Activities:

Activity 1: BHH P4P: FUH-7 Improvement Plan Update

- *Description:* As previously reported, the BHH program did not meet the Follow Up After Psychiatric Hospitalization (FUH-7) Pay for Performance measure last fiscal year, FY2025. The Health Home team performed a deep dive on all people who counted toward this measure to determine a root cause. The critical factor in not meeting the measure was that follow-up was occurring, but 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). The Health Home team created an action plan focused on re-educating the BHH providers and measure monitoring to ensure this measure is met in the future.
- *Current Status:* **FY2026 FUH-7 Status by Provider**
    - The DWIHN BHH providers are currently on track to meet this measure (benchmark 50%), however we are monitoring closely. The following table represents counts of people who apply to this measure in FY2026 thus far, and whether they are meeting or not meeting the measure:

Provider	Meeting	Not Meeting	Total	%
CLS	6	2	8	75%
NSO	3	2	5	60%
PsyGenics	5	4	9	56%
Team Wellness	1	1	2	50%
ACCESS	1	0	1	100%
The Guidance Center	0	0	n/a	n/a
Hegira	4	9	13	31%
CURRENT STATUS:				53%

- *Significant Tasks During Period:* The following action plan steps have been completed:
    - A resource toolkit on HEDIS measures, and specifically FUH-7 specifications, was shared with the BHH providers.
    - Individualized FY2025 reports for each provider, listing individuals in their Health Home program who did and did not meet the FUH-7 measure, and why, were supplied to each BHH provider.
    - The Health Home team hosted a training June 23rd on this measure to debrief on FY2025 results and educate provider partners on how to meet this measure in the future.
    - The Health Home team is attending existing 45-day provider meetings with DWIHN Quality and MCO to focus BHH providers on their FUH-7 performance.

- *Needs or Current Issues:* The Health Home team plans to advocate with MDHHS that this measure is not a good fit for the Health Home programs, as the Health Home service code (S0280) does not itself meet the FUH-7 HEDIS measure.
- *Plan:* A change to the Health Home Policy is in process to give the Health Home team the option of progressive discipline for BHH Providers who are not meeting Pay for Performance measures.

<u>Activity 2:</u> Special Projects Update: Two MH-WIN Record Review Projects

- *Description:* Two separate but related MH-WIN Record review projects are currently underway in Special Projects.
    - **Mild to Moderate Individuals:** Evaluation and Transfer of Care when appropriate for people with a mild to moderate level of assessed need (based on LOCUS or MichiCANS score). DWIHN Finance identified individuals with a mild/moderate assessed need were receiving DWIHN services, which prompted this project to investigate further. Mild to moderate individuals remaining in DWIHN services indicated a breakdown in step-down transfer of services to the Medicaid Health Plans (MHPs) and raises a concern regarding funding.
    - **Open Consumers/No Service:** People who are inactive but have an open care episode in MH-WIN. In addition, MDHHS contacted the PIHPs instructing us to close out "dangling admissions" tied to the Behavioral Health Treatment Episode Data Set (BH-TEDS) admissions. BH-TEDS is being phased out in FY2027 for the more streamlined Mental Health Client Level Data (MHCLD).
        - These initiatives are focused on data integrity and ensuring the people open in MH-WIN:
            1) Are people in DWIHN's priority population
            2) Accurately reflects people receiving services
- *Current Status:*
    - **Mild to Moderate Individuals**: 191 people fully closed, 731 ABD letters in process, 662 people confirmed need to remain open after provider consultation.
    - **Open Records of Inactive People*:*** Task force membership have closed 752 records since launch on July 14th, 2026.
- *Significant Tasks During Period:*
    - **Mild to Moderate Individuals, Project Priorities:** 1) Appropriate care for people, 2) Due process, 3) Proper transfer of care when appropriate

MONTH	ACTIVITIES
MAY	**5/4/2026:** Problem identified, project introduced **5/5/2026 - 5/8/2026:** Project Plan creation, project team formed, initial report created of people with potential Mild to Moderate level of care need **5/8/2026 - 5/31/2026:** DWIHN Clinical (Adults & Children teams) internal review of data (people with potential Mild to Moderate level of care need) **5/26/2026:** DWIHN Recipient Rights reviewed project plan to ensure rights protected

JUNE	**6/2/2026:** Memo informing CRSPs about this project and evaluation **6/8/2026 - 6/30/2026:** Lists of people with potential Mild to Moderate level of care need sent to CRSPs for review, discharge planning/completion, consideration of if transfer to MHP is appropriate. Bi-directional communication with providers.
JULY	**7/1/2026 - 7/31/2026:** Compilation of provider responses, issuing ABD Letters in partnership with PCE, Accuform.

- **Open Consumers/No Service:**
  - A Task Force of 26 people has been formed to perform a human review of people who appear to be open and inactive, to ensure that

MONTH	ACTIVITIES
JUNE	**6/12/2026:** MDHHS notified DWIHN of directive to resolve dangling admissions • DWIHN Task Force Formation
JULY	**7/14/2026:** Closure Task Force Training #1, Launch **7/30/2026:** Closure Task Force Training #2

- *Plan:*
  - **AUGUST:** Waiting for appeals, resolving appeals which come to DWIHN Customer Services.
  - **SEPTEMBER:** Final disenrollment closure and BH-TEDS closure.
  - **Ongoing, July-September:** Referrals to MHPs, *process evaluation and change to prevent problem recurrence.*

Quarterly Update:

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

The Health Homes team is nimble and responds readily to changing priorities and discoveries about processes that need change or improvement. The team takes pride in being a responsive, evolving department which improves workflows in response to provider feedback, internal observations, and outcomes. For example, when a gap was identified in FUH-7 outcomes, the team formulated an action plan quickly, informed BHH providers about the gap, and provided each provider partner with individualized detailed data related to the gap.

A high level of service support to provider partners remains a point of pride for the Health Home team. The team holds itself to a high standard of responsiveness and customer service to provider partners.

A special congratulations to Asia Rivett, Health Home Coordinator, who is earning her Master of Social Work degree from the University of Michigan and her Limited Licensed Master Social Worker credential this month.

- **Identified Opportunities for Improvement:** Recruitment for Behavioral and SUD Health Homes remains a challenge for the Health Homes team. The team is currently exploring adding

Health Home participation to the Quality evaluation for providers, and exploring adding Health Homes to recommended interventions in the Lumenore AI platform.

- **Progress on Previous Improvement Plans:** The DWIHN Behavioral Health Home providers are on track to meet the Follow Up After Psychiatric Hospitalization (FUH-7) Pay for Performance measure for FY2026. The program missed out on this measure in FY2025 and has been concentrating on these outcomes in partnership with the provider partners. The Health Homes team has attended 45-day meetings with DWIHN Quality and MCO to review provider-specific performance this fiscal year, and review areas of improvement.

  Consistency of HH utilization over time has been an area of focus for the team, as Health Homes are a comprehensive care coordination service and require consistent, ongoing touch points to achieve good outcomes. MDHHS has no minimum standard for rate of utilization for HH, so the DWIHN HH team set the baseline at 60%: on average, 60% of people enrolled at a provider should receive a service each month. Partners quickly reached this standard since implementation in FY2024. The DWIHN HH team is increasing the expectation to 70% average utilization at the start of FY2027, October 1, 2026.

Program Compliance Committee Meeting

Kate Mancani Interim Director
Residential Services Quarter 3 FY 2026 Report
Date: 8/12/26

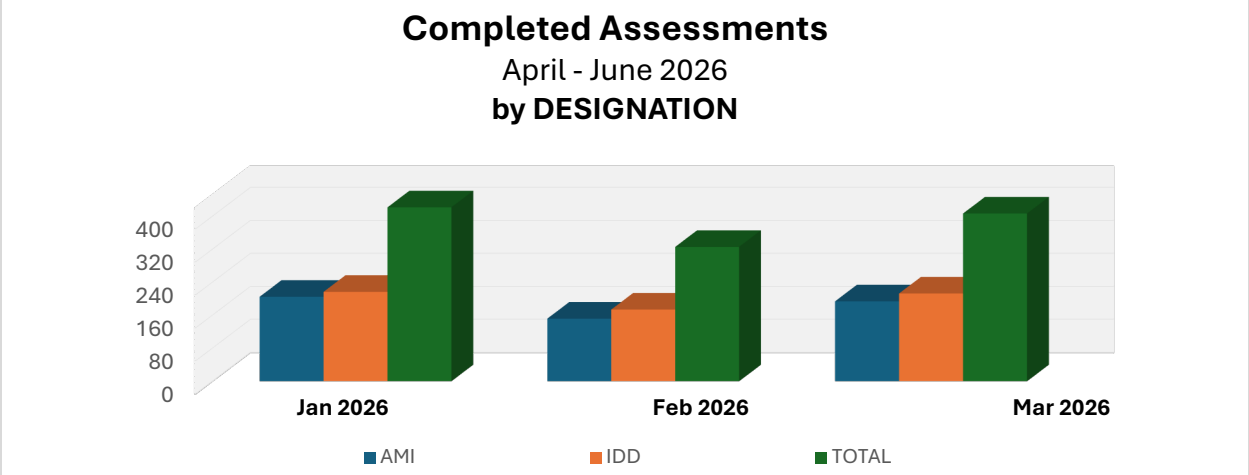
Main Activities During Reporting Period: Quarter 3 FY 2026

- **Maintaining Updated Residential Assessments**
- **Monitoring Residential Assessment Trends and Updating the Evaluation Tool**

Progress On Major Activities:

<u>Activity 1:</u> Maintaining Updated Residential Assessments

- *Description:* Throughout the third 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 in order to ensure that the clinical outcomes for the members are that they are receiving medically necessary services that match their needs and abilities.
- *Current Status:*



	April 2026	May 2026	June 2026
AMI	205	152	194
IDD	217	174	213
TOTAL	**422**	**326**	**407**

- *Significant Tasks During Period:* Throughout the third quarter the Residential services department completed 1,155 Residential Assessments; 551 were completed with Adults with

Mental Illness (AMI) and 604 assessments were completed with Individuals with Intellectual and Developmental Disabilities (I/DD).

- *Major Accomplishments During Period:* In the month of June the Residential Services Department met with Clinically Responsible Service Providers (CRSP) to conduct a clinical alignment of documentation training. This training ensured that the needs identified in a member's Residential Assessment are carried over into the member's Individual Plan of Service (IPOS) and other clinical documents.
- *Needs or Current Issues:* For the best clinical outcomes, it is important that the case holder from the Clinically Responsible Service Provider (CRSP) is present and involved in the Residential Assessment process. This helps improve coordination and ensures there is not a disruption in the member's service authorizations.
- *Plan:* The Residential Services Department sends out monthly Individual Plan of Service (IPOS) reports to Clinically Responsible Service Providers (CRSP) indicating which member's IPOS is coming due within the next ninety (90) days. This ensures case holders align the IPOS with the Residential Assessment. An email is also provided to each case holder to inform them when an assessment is scheduled so they can be present.

<u>Activity 2:</u> Monitoring Residential Assessment Trends

- *Description:* The Residential Services Department was able to work in conjunction with the Information Technology Department to develop a report that reviewed the Residential Assessments completed by DWIHN staff in licensed group homes over the last three fiscal years (FY24-26) This report looked at the number of first assessments completed and the number of assessments increased, decreased or those assessments with no change. To ensure the best clinical outcomes, it is important for the department to review this information to better determine next steps to improving the Residential Assessment to better meet the needs of the members.
- *Current Status*: After reviewing the data presented, the Residential Service Department is working to make modifications to the current Residential Assessment to make it more of an evidence-based Assessment. Some best practices under consideration are to ensure appropriate LOCUS with incorporated structure for risk assessment and behavioral needs. This will ensure the best clinical outcomes in improving the Residential Assessment to better meet the clinical needs of the members such as environment accessibility, independence, member's specific person-centered treatment needs.
- *Significant Tasks During Period:* The Residential Services Department is reviewing other evidence-based assessments within the network to use as case samples to make modifications to current Residential Assessment. Create updated evaluation that is a standardized questionnaire with automated rating scale to match best practices identified.
- *Major Accomplishments During Period:* The data shows that a small percentage (20%) of residential assessments were increased by DWIHN staff the course of the last three FY 24-26. Each increase was due to increased medically necessary and clinically appropriate needs of the members.
- *Needs or Current Issues:* The Residential Services Department is working with the Information Technology (IT) Department to update the current Residential Assessment in MWHIN to include modifications for a more evidence-based Assessment.
- *Plan:* The Residential Services Department will work on training DWIHN staff to make sure everyone is assessing the same way that is clinically appropriate to ensure accuracy of utilization of the updated standardized questionnaire and rating.

Quarterly Update:

- **Identified Opportunities for Improvement:**

  - The Residential Services Department continues to work in coordination with the Information Technology (IT) Department to make the Residential Progress Note electronic for Home Provider use. IT is working to incorporate the functionality within MHWIN, and it is anticipated this will occur in the near future. This will ensure the best clinical outcome by ensuring Home Provider compliance in completing daily progress notes and it will allow the Residential Services Department to audit the notes to ensure the clinical needs are being addressed with the member.

Substance Use Disorder Initiatives Report, July SFY2026
Matthew Yascolt, Director of Substance Use Disorder Initiatives
Program Compliance Committee August 12, 2026

Main Activities during August 2026:

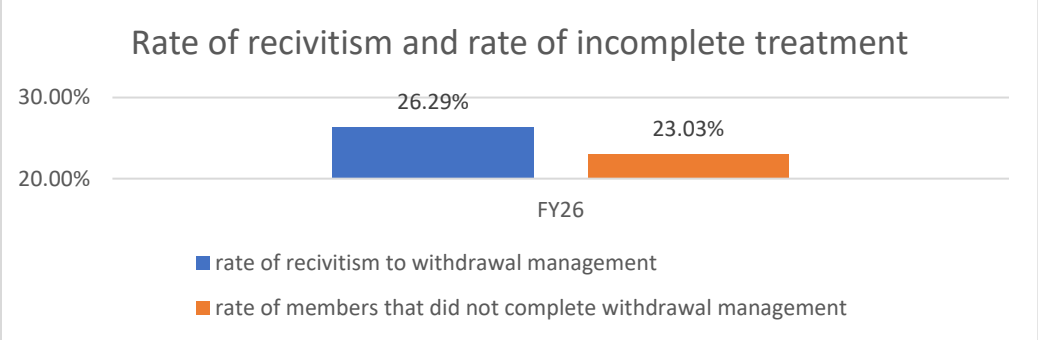
- **An analysis of withdrawal management recidivism**
- **An analysis of level of care progression from withdrawal management**

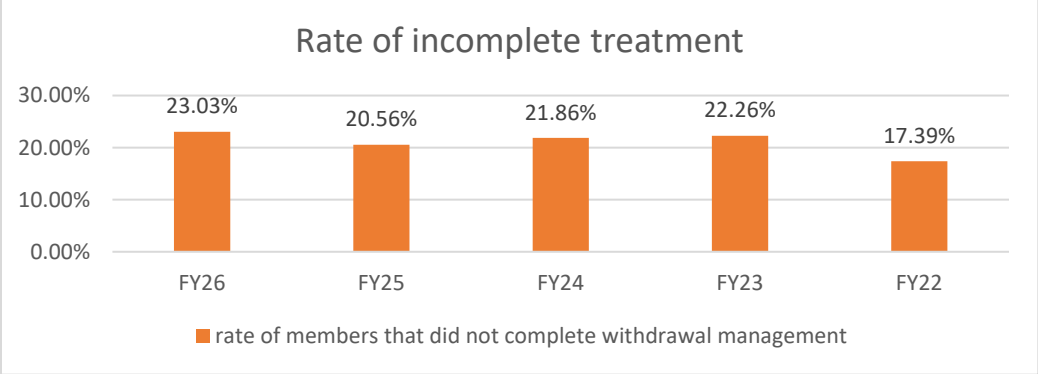
Progress On Major Activities:

<u>Activity 1:</u> An analysis of withdrawal management recidivism

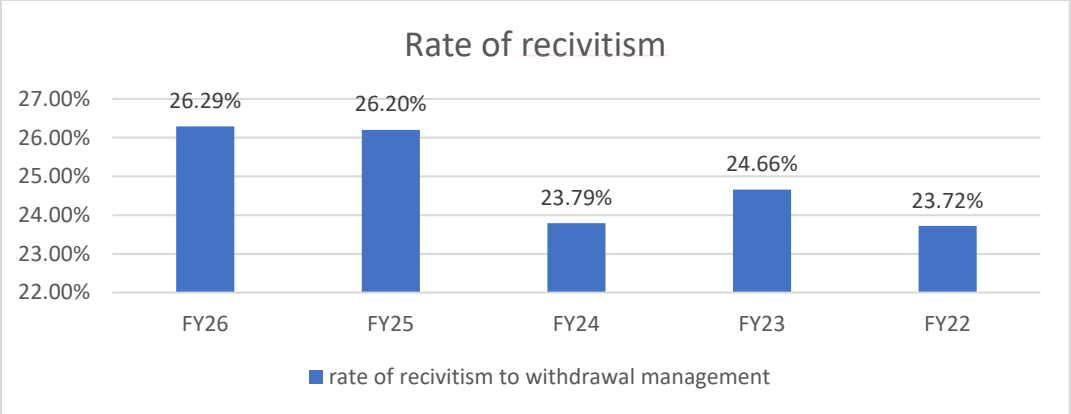
- ***Description:*** Withdrawal management refers to the medical and clinical stabilization of members experiencing the acute physical and psychological symptoms of ceasing substance use. It serves as a critical step for the best clinical outcome to safely clear substances from the members body and prepare the member for ongoing treatment. This analysis measures the rate at which members return to withdrawal management within a one-year timeframe. High recidivism (readmission rates) signal fragmentation in care coordination, where a member is not transitioned from acute stabilization into lower, sustainable levels of care.

- ***Current Status:***

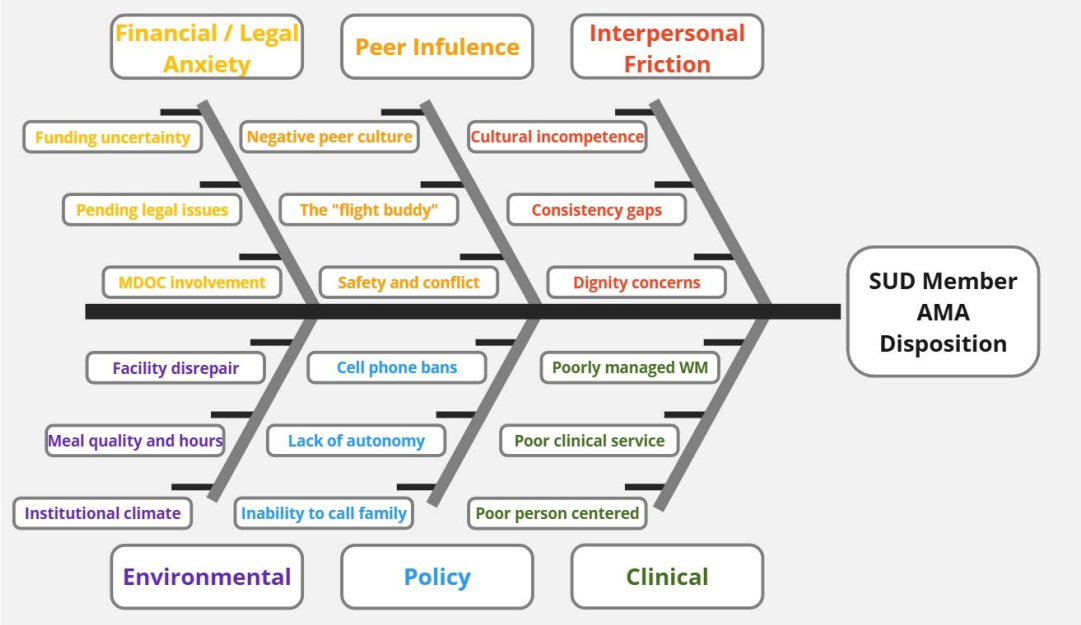




This analysis is a trend analysis of the rate of incomplete withdrawal management treatment episodes that were for less than three days – indicating that the member was either terminated from care, left care against medical advice or were medically discharged. The best rate on record was from FY2022 at 17%. The rate has steadily increased – our root cause analysis later in this presentation has interventions that the team has already implemented as well as planning to include to further strive for lower recidivism/the best clinical outcome for these members.



This trend analysis measures the rate at which members return to withdrawal management within a one-year timeframe. Indicating that the member needed another care episode of withdrawal management and subsequently had a relapse that triggered it. The lowest recidivism rate was in 2022 and 2024 at 23% - currently at 26% planning to or already implementing interventions from the forthcoming root cause analysis.



Interventions supporting barriers identified in the root cause analysis include:

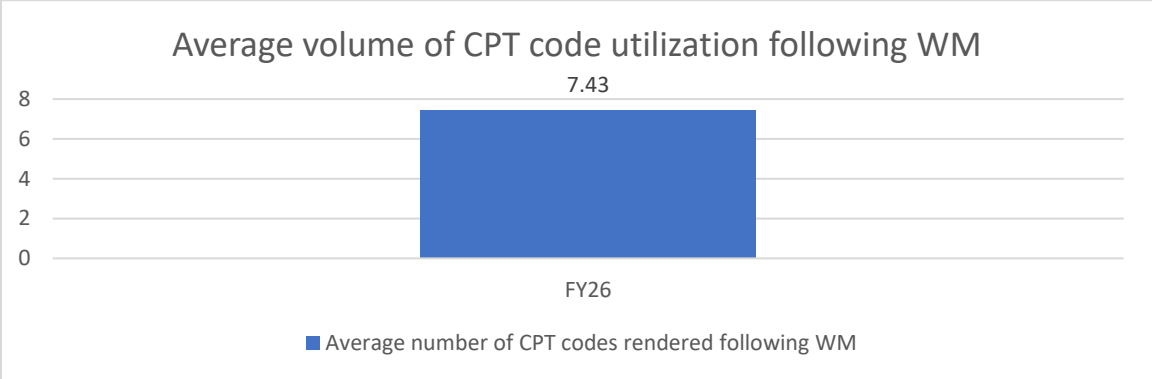
- Educate the SUD service provider network on population risk factors associated with leaving AMA/incomplete treatment episodes. All treatment providers were presented with population risk factors during the July Treatment Provider meeting. Discussion and reviews will continue throughout Treatment Provider Workgroup meetings.
- Notify service providers with high rates of members leaving AMA and provide direct specific training and education about the impact of recidivism and provide direction of best practices for better clinical outcomes
- Investigate aftercare planning process, identify providers with higher utilization of services following withdrawal management episodes, and seek to replicate aftercare services offered and identify best practices.
- Environmental reviews have been implemented, where we are scoring the service provider based on their facilities cleanliness, meals, living arrangements and accommodations for members.

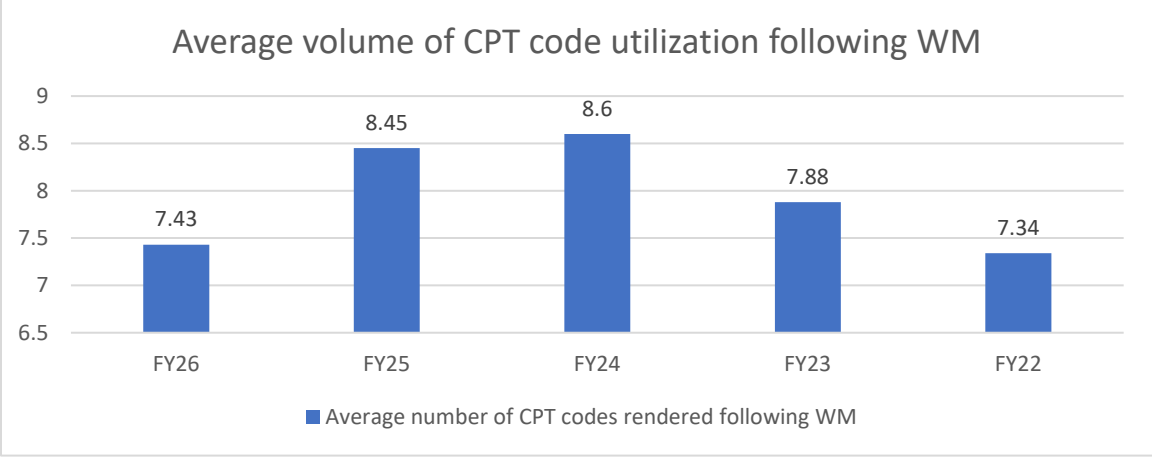
- Charitable choice compliance (menu, cultural appropriate care) Allowing members of different faiths and spiritualities to feel welcome and comfortable in the residential program
- Member retention policies and procedures for all staff to follow when a member expresses that they want to leave treatment against medical advice.

- ***Significant Tasks and Major Accomplishments During Period****:* The SUD department has begun to implement the root cause analysis interventions, listed above to positively impact the trends of withdrawal management recidivism and AMA rates (treatment discontinuation).
- ***Needs or Current Issues:*** Continue to monitor trends and impact of interventions on withdrawal management recidivism and AMA through analysis of member withdrawal management utilization and readmission within a one year timeframe.
- ***Plan****:* Continue to implement interventions listed in the root cause analysis to pinpoint system bottlenecks, and shift operational focus from expensive, revolving-door crisis intervention to long-term, sustainable recovery outcomes.

<u>Activity 2:</u> An analysis of level of care progression from withdrawal management

- ***Description****:* To break the cycle of recurring crises and support long-term recovery, a member's journey must extend far beyond initial stabilization. Withdrawal management crisis clears the immediate physical crisis, but it does not address the underlying behavioral, psychological, or social drivers of addiction. For recovery to take root, the care network must actively facilitate seamless transitions into subsequent, lower levels of care based on clinical appropriateness. The below analysis looks at care utilization following withdrawal management based on CPT code.
- ***Current Status:***





- ***Significant Tasks and Major Accomplishments During Period****:* To ensure better clinical outcomes for members, the SUD department has begun to implement the root cause analysis interventions, listed above, to positively impact the trends of withdrawal management recidivism and AMA rates (treatment discontinuation) and subsequently increase utilization of lower levels of care.
- ***Needs or Current Issues:*** Continue to monitor trends and impact of interventions on withdrawal management recidivism and AMA and subsequent utilization of lower levels of care.
- ***Plan****:* Continue to implement interventions listed in the root cause analysis to pinpoint system bottlenecks, and shift operational focus from expensive, revolving-door crisis intervention to long-term, sustainable recovery outcomes. We have provider capacity for comprehensive multi-step transition plans for members following withdrawal management, so we need to ensure that the clinical care is person centered and meets the unique needs to each member as they transition through treatment and maintain engagement in the recovery process.

Monthly Update:

- ***Things the Department is Doing Especially Well:***
  Work collaboratively with SUD 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. We have also initiated a treatment provider workgroup alongside our prevention provider workgroup to address system changes and solicit provider feedback to operational efficiencies and administrative burden.
- ***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.

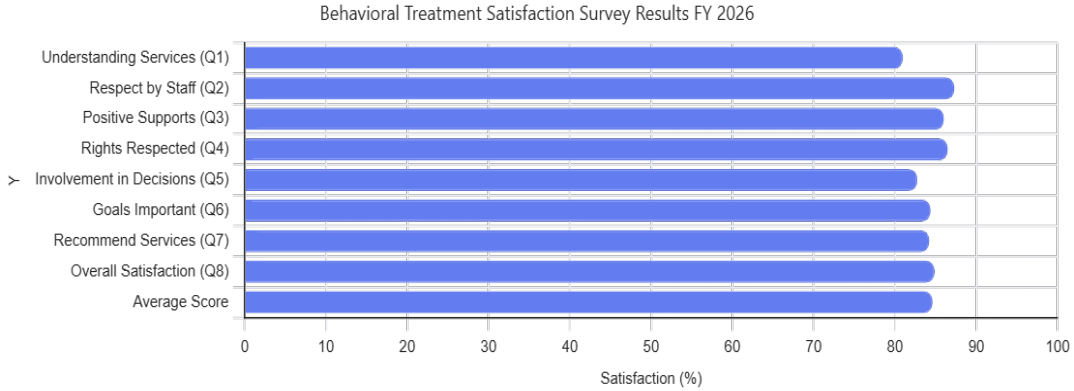
Program Compliance Committee Meeting
Director of Quality Improvement
QAPIP Update FY26
August 12, 2026

Main Activities during Quarter 3 Reporting Period FY26:

- **Behavioral Treatment Survey Results**
- **HEDIS Performance**
- **Quality Activities**

Description: On March 31, 2026, DWIHN launched its first Behavioral Treatment Satisfaction Survey initiative, led by our Senior Psychologist. We distributed 682 surveys to gather valuable feedback from members regarding their experiences with behavioral treatment planning. By the submission deadline of May 31, 2026, we received 126 complete surveys. The results will be used to identify targeted improvements in our behavioral treatment planning services.

Activity 1: Behavioral Treatment Survey Results



Biggest Takeaways from the Survey:

- Overall member satisfaction was high, with an average score of approximately 85%. The strongest areas of performance included feeling positively supported (86%), being treated with dignity and respect (87%), and members reporting that their goals were viewed as important (86%).
- Members' understanding of the purpose of behavioral treatment services (80.98%) and their involvement in decisions about their services (82%).

Action Steps

- Develop clear, plain-language materials explaining treatment purpose and shared decision-making.
- Improve provider documentation of member involvement in treatment decisions.
- Train providers on consistent communication, goal alignment, and member engagement techniques.
- Implement new member-facing materials and shared-decision practices across the network.
- Monitor progress through member feedback, documentation audits, and future survey results.

HEDIS Performance

HEDIS performance is continuing to improve, with eight measures showing upward trends. These include the 30-day follow-up for both adults and children, the 7-day follow-up for adults and children, ADD continuation, APM, and SSD, all of which demonstrate significant progress in follow-up coordination and in metabolic and diabetes monitoring. However, there are still six measures that need attention for further improvement. These include the 30-day follow-up for adults and children, ADD initiation, APP, and SAA. To support performance in these areas, targeted interventions have been implemented, including provider-specific Corrective Action Plans (CAPs), technical assistance to strengthen documentation workflows, improved discharge notification processes, dedicated scheduling support for timely follow-up appointments, expansion of ADT matching accuracy, and enhanced pharmacy outreach and care manager coordination to address missed medication refills and adherence challenges. These strategies aim to reduce scheduling barriers, improve timely post-discharge engagement, and strengthen medication continuity across the network.

Quality Activities

DWIHN successfully completed its HSAG Performance Measure Validation (PMV) and Network Adequacy Validation (NAV) review on July 21, 2026. The assessment proceeded exceptionally well across all reportable domains, demonstrating strong organizational readiness and sustained quality performance. Preliminary results are anticipated on or before September 1, 2026.

Program Compliance Committee
Vice President of Clinical Operations' Executive Summary
August 12, 2026

CLINICAL OPERATIONS UPDATES

ADULTS INITIATIVES

AOT- As of July 22, 2026, there were 866 total members on an AOT order with order dates ranging from July 7, 2025, through July 13, 2026. During this period, 50 new orders were issued, including 42 initial orders, 5 second orders, and 3 continuing orders. Adult Initiatives will distribute a memo to the CRSPs with guidelines for the T1017 CPT code and require a read receipt to ensure written acknowledgment by 8/20/2026. Adult Initiatives will also update DWIHN's AOT policy to require a visit with the member within 72 hours of notification of a pre-admission review (PAR) and/or admittance to a crisis stabilization unit (CSU) or psychiatric hospital to ensure compliance. This was also discussed and shared at the AOT Forum and Adult Provider Forum. IDD- From July 1, 2025, to June 30, 2026, enrollment has steadily increased. Over the last year, enrollment increased from 6628 to 7110, an increase of 482 members. Adult Initiatives collaborated with MDHHS on some high-need cases regarding transition of care needs, when a member is aging out of children's services. Adult Initiatives attended several transition forums and school transition planning meetings.

AUTISM SERVICES

July 2026 focused on two main areas in improving autism services (Provider Capacity Analysis and Access and Referral Oversight. This month conducted an analysis of ABA provider capacity, quality scores, and geographic coverage in relation to member ABA referral needs across Wayne County. The goal is to identify where provider availability aligns with members' local addresses. As a result, the highest demand for autism services was in zip codes 48235 and 48219, both of which include the northwest Detroit area. Since developing the new Autism Pathway Preference Form, 228 members identified requesting to pursue autism services and have completed the diagnostic evaluation. This census reflects active demand and informs ongoing placement and provider capacity planning. Additionally, referral pattern analysis from October 2025–July 2026 shows 2,056 ABA referrals accepted across 29 providers, with significant concentration among the top three providers (Centria Healthcare, Gateway Pediatric Therapy, Brightview Care).

CHILDREN'S INITIATIVES

There are times youth require additional stabilization support at the inpatient hospital setting. The goal is to ensure these youth receive appropriate care coordination and hospital discharge planning to prevent recidivism. Throughout FY26, Children Providers achieved the goal of the hospital recidivism rate remaining below 15% each quarter and averaging 10.97% for FY26 thus far. In addition, home-based services are an intensive

community-based intervention provided in the home, school, or community. This service is also beneficial as an intervention to support youth in remaining in the home setting and to avoid out-of-home placements. The goal for FY26 is for members receiving this service to remain at home 85% of the time; this goal has been met by all active home-based Providers. Lastly, in its efforts to continue improving and providing oversight of clinical services, Children Initiative developed the new Provider Scorecard, which showcases how Providers are performing for children programs and services, to be communicated to Providers by 8/31/26.

INTEGRATED HEALTH CARE

The Complex Case Management (CCM) and Omnibus Budget Reconciliation Act (OBRA) programs. CCM, aimed at enhancing the quality of life for individuals by connecting them to community resources, has seen a significant rise in CRSP engagement from 33% to 94% post-discharge as it expands its caseload to 20 individuals. OBRA processed 666 referrals in July, completing 234 assessments, with a remarkable 100% agreement rate from MDHHS on clinical determinations. However, challenges remain with coordinating care for complex cases and maintaining member engagement in CCM. To address these issues, strategic improvements will focus on improved tracking of OBRA participants and expanded support for CCM members.

PAR SERVICES

After having brought PAR Services in-house, the team has chosen to focus on key performance metrics in order to summarize progress within specific data points. PAR Services has shown improvement on the internal standard of 2-hour disposition timeframes (from reception of request to completed disposition provision) and has maintained the state standard of 95% or above for a 3-hour timeframe in this area. PAR Services has also shown improvement in CRSP notification percentage (PAR Clinicians informing the CRSP of a crisis screening and disposition), and the percentage of members diverted going to CSU. PAR Services will be gathering data in the month of July in the form of Key Performance Indicators (KPIs) to serve as benchmarks in important tracking measures, including PAR assessment accuracy. PAR Services Managers will be auditing charts monthly to include a set of essential elements listed in the case documentation (ex. Risk factors, protective factors, strengths) and assigning weight to these elements as applicable to gain an overall percentage monthly. This will ensure accuracy within the authorizations provided as a result of PAR completion.

UTILIZATION MANAGEMENT

This month, the Utilization Management Department continued strengthening network service utilization oversight through collaboration with SUD Initiatives and Autism Services on clinical practice guidelines, medical necessity criteria, and technology solutions that support access and monitoring. The team also worked with staff and partners to align HIDE SNP workflows with CMS requirements. The Habilitation Supports Waiver program maintained strong performance with 99.2% monthly slot utilization, expanded capitation monitoring, and continued provider training while responding to the MDHHS enrollment

freeze by prioritizing eligible high-need applicants and strengthening efforts to identify potential enrollees and improve provider HCBS compliance.

VP of CLINICAL OPERATIONS' REPORT
Program Compliance Committee Meeting
Wednesday, August 12, 2026

ACCESS CALL CENTER – Director, Yvonne Bostic
No Monthly Report

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

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

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

HEALTH HOMES – Director, Emily Patterson
No Monthly Report

PAR SERVICES – Director, Daniel West
Please See Attached Report

COMMUNITY ENGAGEMENT – Interim Coordinator, Shelia Young
No Report

CUSTOMER SERVICE – Director, Dorian Johnson
Please See Attached Report

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

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

RESIDENTIAL SERVICES –Director, Ryan Morgan
No Monthly Report

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

UTILIZATION MANAGEMENT – Director, Marlena Hampton
Please See Attached Report

Program Compliance Committee Meeting
Adult Initiatives July 2026 Monthly Report
Marianne Lyons
8/12/2026

Main Activities during Quarter/Month Reporting Period:

- **Assisted Outpatient Treatment (AOT)**
- **Intellectual Developmental Disabilities, (I/DD)**

Progress On Major Activities:

<u>Activity 1:</u> Assisted Outpatient Treatment, (AOT)

- ***Description:*** Assisted Outpatient Treatment (AOT) also known as "court-ordered outpatient treatment," or "outpatient commitment," is a civil commitment that places individuals diagnosed with a severe mental illness, and a history of nonadherence to voluntary treatment under court order to follow a prescribed treatment plan while living in the community. Wayne County Probate Court (WCPC) has created a Behavioral Health Unit (BHU) to provide oversight and ensure AOT compliance.

- ***Current Status:*** As of July 22, 2026, there were 866 total members on an AOT order with order dates ranging from July 7, 2025, through July 13, 2026. During this period, 50 new orders were issued, including 42 initial orders, 5 second orders, and 3 continuing orders.

  In July 2026, 92 members were no longer on an order, while 56 members continued to be actively engaged in services. The remaining 36 ended orders ended as follows: 1 member in a secure facility, 6 members were unengaged and the CRSP submitted notification to the court, 6 members did not attend initial intake, 18 members began engagement and the CRSPs were unable to connect to services, and 2 members did not have the necessary second treatment orders completed due to an inability to connect with the member. All CRSPs followed CRSP monitoring criteria, as we have updated the policy and CRSPs are responsible for documenting engagement efforts.

  A further review of the hospitalization found the following: 10 were the second hospitalization, two were the third hospitalization, one was the fourth hospitalization and two were the fifth hospitalization.

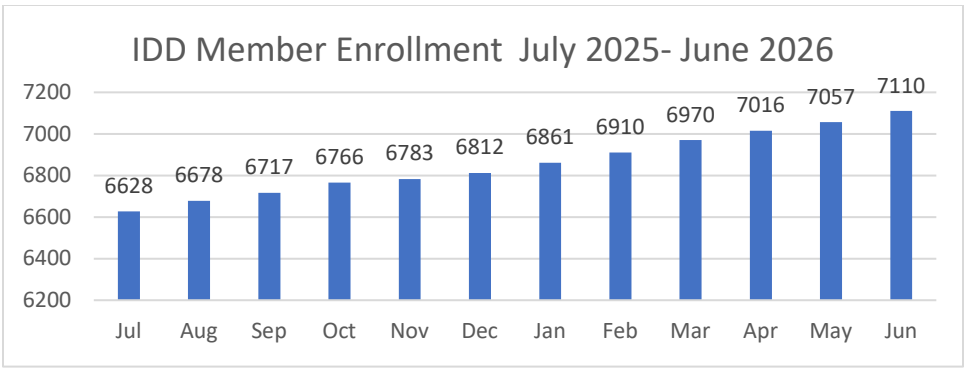
- ***Significant Tasks During Period:*** Adult Initiatives reviewed July 2026 hospitalizations for members who were already on an AOT order at the time of discharge. Fifteen members met these conditions. None received a visit from their CRSP in person or via telehealth. Four of these members did not attend their previously scheduled intake and later had repeat hospitalizations prior to the current hospitalization. One of these members is part of an ACT team. The CRSPs were aware of the members' statuses and each hospital called the CRSP for discharge planning purposes.
- ***Major Accomplishments During Period:*** In addition, Adult Initiatives attended a meeting facilitated by Wayne State University's Center for Behavioral Health and Justice along with Oakland County Health Network, Stonecrest and Henry Ford. The group discussed

the possibility of a statewide electronic health record that would allow for improved dissemination of information for individuals with orders.

- ***Needs or Current Issues:*** **The AOT Expiring Orders report demonstrated that 44% of unengaged members did not have one single outpatient service during their order**. The CRSPs struggle to locate members for engagement or transport orders but also do not visit members when they are aware of their hospitalization status. CRSPs report confusion regarding their ability to bill T1017 during a hospitalization despite multiple clarifying discussions. Additionally, DWIHN's Assisted Outpatient Treatment Orders or Psychiatric Inpatient Hospitalization policies do not mandate the CRSPs to visit their members in the hospital.
- ***Plan:*** Adult Initiatives will distribute a memo to the CRSPs with guidelines for the T1017 CPT code and require a read receipt to ensure written acknowledgement by 8/20/2026. Adult Initiatives will also update DWIHN's AOT policy to require a visit with the member within 72 hours of notification of a pre-admission review (PAR) and/or admittance to a crisis stabilization unit (CSU) or psychiatric hospital to ensure compliance. This was also discussed and shared at the AOT Forum and Adult Provider Forum.

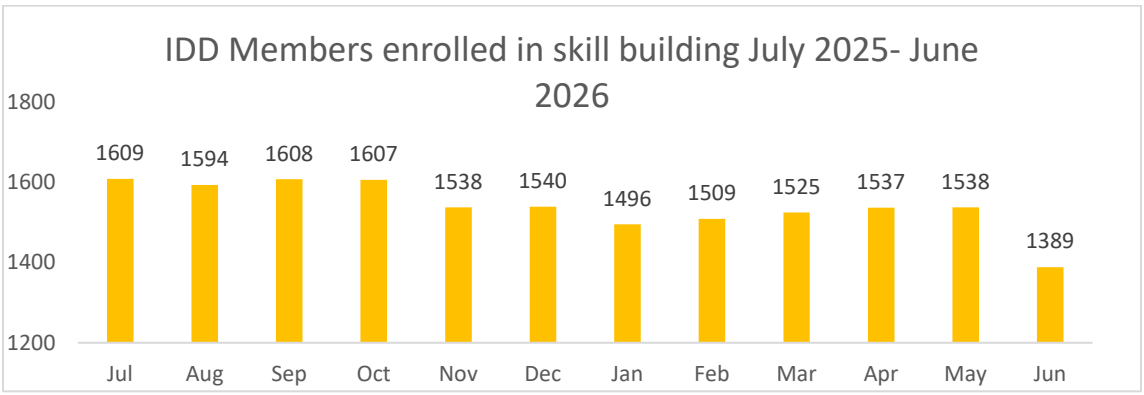
Activity 2: Intellectual Developmental Disability, (I/DD)

- ***Description:*** The Adult Initiatives team facilitates the provision of services to adult members with Intellectual and/or Developmental Disabilities, (I/DD). The IDD service array aims to assist members in remaining active in their community based upon their needs, preferences and goals. Community living supports, respite, psychiatry, psychology, behavioral support, skill-building, speech/physical/occupational therapies, and vocational services are available to members
- ***Current Status:*** Adult Initiatives is focused on enhancing community engagement opportunities for members transitioning out of school, typically at age 26. Eligible members may choose to participate in skill building programs or supported employment services. Many of these programs have available openings and would benefit from increased enrollment. To support this effort, Adult Initiatives is working to increase members' awareness of the services offered. The team continues to actively engage with providers and strengthen collaborative partnerships to ensure members have access to high quality, well-coordinated supports. Adult Initiatives also attended several school transition meetings where students and parents are informed of CMH services for adults with IDD.
- From July 1, 2025- June 30, 2026, enrollment has steadily increased. Over the last year enrollment went from **6628 to 7110,** which is an increase of **482 members**.



From July 1, 2025- June 30, 2026, members enrolled in Supported Employment services have decreased a bit at the end of the year. **The highest enrollment was 488 (September 2025) and the lowest was 445 (June 2026).** This is a decrease of **43 members.**

From July 1, 2025- June 30, 2026, **IDD members enrolled in skill building programs have decreased.** There were **1609 members in July and 1538 in May**, this is a **decrease of 71**. There were **1389 members in June**, but this lower number could be due to a lag in billing time, which can be up to 90 days.



- ***Significant Tasks During Period:*** Adult Initiatives collaborated with MDHHS on some high need's cases regarding transition of care needs. Adult Initiatives met with a behavioral health provider to go over writing proper goals and objectives as well as behavior plan

requirements for the Behavior Treatment Plan Review Committee, (BTPRC). This committee's purpose is to review and approve or disapprove any plans that propose to use restrictive or intrusive interventions and ensure that all Behavior Treatment Plans of members with intellectual developmental Disabilities or a mental illness are as least restrictive and intrusive as possible and protect the rights of the individuals we serve.

- ***Major Accomplishments During Period:*** Adult Initiatives recently visited the LAHC skill building program, which has newly been contracted with DWIHN. The team also completed a visit to the Arc of Dearborn, which operates a small skill building program serving approximately twenty DWIHN adult members with I/DD. The Arc of Dearborn offers daily community outings, allowing members to choose whether they would like to participate or remain onsite. On average, about half of the members attend the outings, where they practice community engagement skills, money management, and interact with sales staff. For members who choose to stay onsite, a variety of activities are available to support the development of social skills and effective communication. The executive director shared a success story of one of their members. This person had attended a large skill building program that had many members attending. This became overwhelming and the member had severe behavioral outbursts. This person then changed programs and started attending the Arc of Dearborn. This program offered a smaller, more personalized environment where she was not overwhelmed by large groups. She was given choices to participate in activities that interested her, whether it was spending time in the community, engaging in recreational activities, or taking part in meaningful experiences with her peers. With increased engagement and opportunities to make choices, the member flourished and she became more involved in activities she genuinely enjoyed. Her confidence grew, she formed positive relationships, and the behaviors that had once defined her experience disappeared. Her severe outbursts have been eliminated. She didn't require more restrictions, she needed meaningful engagement, individualized support, and the opportunity to make choices about her own life in an environment that suited her.

- ***Needs or Current Issues:*** Transportation continues to be an issue within the network. Supports coordinators report difficulty finding skill building programs that provide 1:1 staffing for members with severe challenging behaviors.

- ***Plan:*** Adult Initiatives will continue to educate providers of an enhanced rate for providing 1:1 staffing support for members with IDD.

Children's Initiative Department – Autism Services

Program Compliance Committee
Monthly Report - July 2026

8.12.2026

Main Activities during the Reporting Period:

- Activity 1: Provider Capacity Analysis
- Activity 2: Access & Referral Oversight

Activity 1: Provider Capacity Analysis

Description:

This analysis evaluates current ABA provider capacity, quality scores, and geographic coverage in relation to member ABA referral needs across Wayne County. The goal is to identify where provider availability aligns—or fails to align—with members pending services according to addresses. The aim is to highlight system gaps requiring operational action. Data Analysis includes capacity overview of qualified list (QL) providers, quality scores for contracted providers, providers with low enrollment (below 50), and member placement need by zip code.

Why is this Important:

Matching members to the appropriate ABA provider requires visibility into:

- **Provider readiness** (BCBA/BT staffing levels, physical sites, and max capacity).
- **Provider quality** (scorecard performance; multiple providers scoring under 75%).
- **Geographical alignment** between member waiting-list zip codes and provider zip codes.
- **Network adequacy**, especially in high-demand areas like Detroit northwest, Detroit west, Canton, Dearborn Heights, and Belleville.

This ensures improved placement success, reduced wait times, and better strategic planning for capacity expansion and provider support.

Current Status/Census:

Capacity Overview of QL Providers: After reviewing the new ABA Provider Qualified List, several providers operate with very limited capacity, including Gorbold Behavioral Consulting (12 max), A Sense of Autism (30 max), Empathy Pediatrics (22 max), and others with small clinical footprints. Some organizations lack physical buildings or operate fully in-home (e.g., Autism of America, Advanza). Although, high-capacity clinics are rare; one of the strongest is Little Steps ABA Therapy reporting a max capacity of 99 members. Several providers are out of Wayne County, limiting placement options and creating geographical gaps:

- Brookside Pediatric Therapy (Novi)
- BrightMinds ABA (Farmington Hills)
- ROI (Ann Arbor)
- Gorbold (Grosse Pointe Woods — borderline but low capacity)

Member demand significantly **exceeds provider capacity** in the Detroit northwest, west, and east corridors.

Quality Score for Contracted Providers: There are a total of 5 providers with scorecards under 75% performance. The providers are Illuminate ABA Therapy scored at 55%, Lumen Pediatric Therapy, LLC scored at 62%, Peak Autism Center scored at 62%, and Merakey Inc. scored at 71%, and Apex Therapy Services scored at 74%. These scorecard trends indicate performance and compliance concerns.

Providers with low enrollment (below 50 Members):

A total of 10 contracted providers have maintained below 50 members for the past 3 months: Advance ABA Care with 30 members, Apex Therapy Services with 5 members, Downriver Therapy Associates with 11 members, Emagine Health Services with 40 members, Illuminate ABA Therapy with 9 members, IOA with 29 members, Lumen Pediatric Therapy with 1 member, Merakey with 23 members, Patterns Behavioral Services with 28 members, and Peak Autism Center with 36 members.

A total of 6 newly contracted providers below 50 members for the past 3 months: ABA Goldensteps with 1, BlueMind Therapy with 12 members, Bright Behavior Therapy with 34 members, Euro Therapies with 0 members, Integrative Pediatric Therapy with 6 members, and Karing Kids with 9 members.

Member Placement Need by Zip Code:
High-demand zip codes for members pending services:

- 48235 – 10 members (Detroit NW)
- 48219 – 9 members (Detroit NW)
- 48228 – 9 members (Detroit West)
- 48188 – 9 members (Canton)
- 48224 – 8 members (Detroit East)
- 48127 – 8 members (Dearborn Heights)
- Multiple additional Detroit, Dearborn Heights, Taylor, Belleville, Redford, Southgate, Riverview, Wyandotte zip codes as well.

Significant Tasks and Major Accomplishments:

- **Provider capacity mapping** was conducted, documenting BCBA/BT staffing levels, clinic square footage, and max member capacity for each provider.
- **Quality scorecard analysis** identified providers below performance thresholds, highlighting quality risks impacting member referral decisions.
- **Geographical gap identification** enabled mapping of member zip-code demand against provider zip codes, revealing critical shortages in Detroit NW, Detroit West, Canton, and Dearborn Heights.
- **Cross-referencing member need with clinical CAP providers** surfaced that only two providers (Peak Therapy Services and Illuminate ABA Therapy) are currently on clinical CAP, both of which also have low scorecard performance.
- **Summary:** This analysis strengthens placement decision-making and guides network-expansion priorities.

Needs or Current Issues:

The data reveals several urgent challenges:

1. **Provider Capacity Shortfalls:** High-demand zip codes 48235 and 48219 lack adequate local providers as evidenced by 19 members pending services. Also, nearby providers either have low capacity or low-performance scores.
2. **Quality Concerns:** Five providers fall below the 75% scorecard threshold, directly affecting member referral safety and placement confidence.
3. **Limited Physical Sites:** Multiple providers listed have: no physical clinic, operate out-of-county, or provide in-home services only (e.g., Autism of America). This reduces reliable placement options for families preferring clinic-based ABA.
4. **Incomplete Zip Code Matching System:** Providers submit incorrect zip code information preventing completing adequate capacity data analysis.

Plans: To address gaps:

1. **Build a Zip-Matching Placement Tool** Automate zip-code matching between member demand and provider locations using Copilot and Excel to improve the speed and accuracy of placement decisions.
2. **Prioritize Network Expansion** Focus on Detroit NW, Detroit West, Canton, and Dearborn Heights, where member density is highest and provider options are sparse.
3. **Strengthen Provider Quality Supports** Develop improvement plans for providers scoring under 75% (Illuminate, Lumen, Peak, Merakey, Apex). Quality improvements will directly stabilize referral pathways.
4. **Increase Capacity Monitoring** Use the compiled capacity notes to regularly evaluate BCBA/BT staffing fluctuations, clinic capacity, and in-home service flexibility.
5. **Integrate This Analysis into Monthly Placement Rounds** Ensure Support Coordinators and leadership use this data to prioritize follow-up and redirect members to capacity-ready, geographically appropriate providers.

Activity 2: Access & Referral Oversight

Description:

The Autism Pathway Preference Form was created to improve how member and family preferences are documented following an approved diagnostic evaluation and throughout autism services within DWIHN. It provides a single centralized method for collecting status updates from Independent Evaluators and Support Coordinators so member progress can be tracked consistently and accurately.

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Why is this Important?

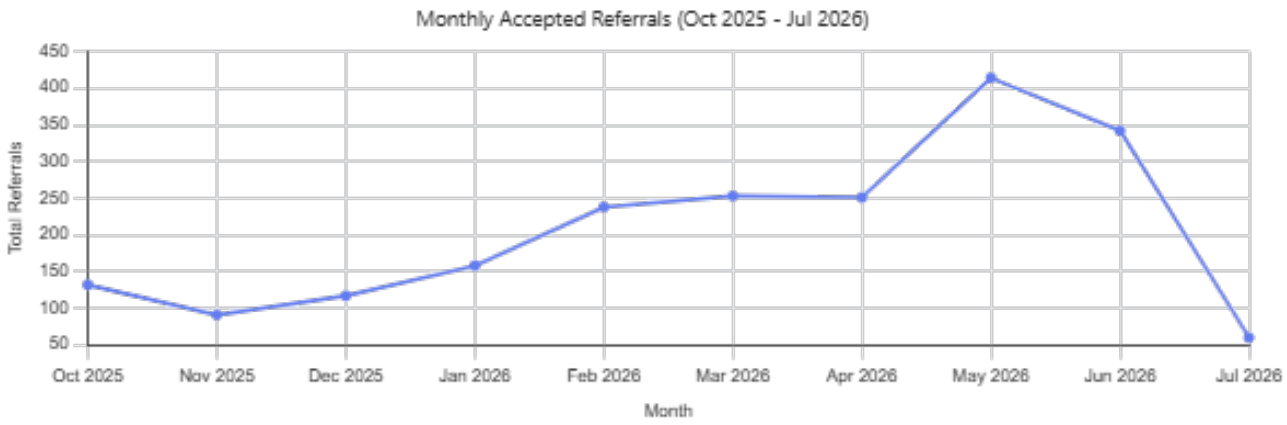
The form captures critical information needed for coordinated care, including:

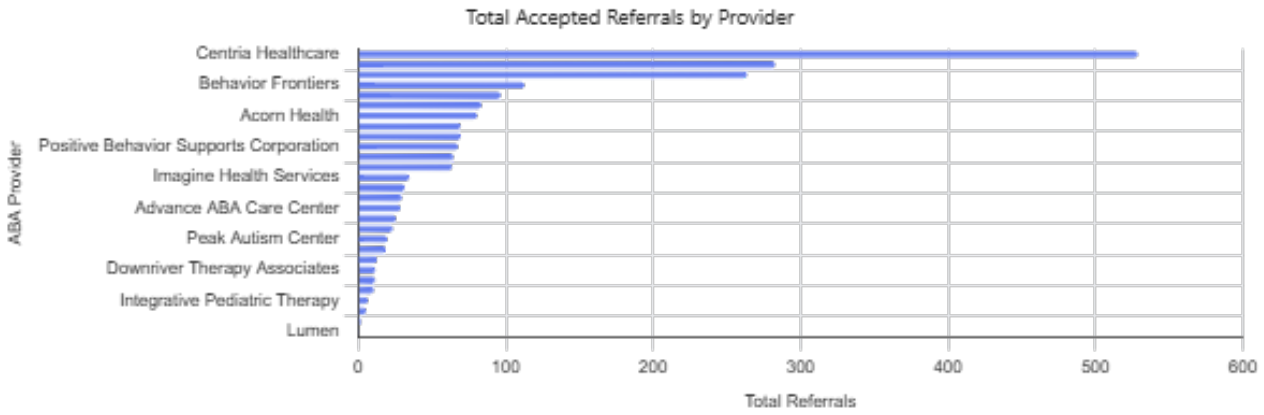
- Member and family service preferences
- Referral status
- Selected ABA providers
- Barriers preventing service initiation
- Follow-up needs requiring Support Coordinator action

This standardized process strengthens transparency across the provider network and ensures timely movement along the autism service pathway.

Current Status/Census:

As of July 2026, pathway tracking identifies 228 members who wish to pursue autism services and have completed their diagnostic evaluation. This census reflects active demand and informs ongoing placement and provider capacity planning. Additionally, referral pattern analysis from October 2025–July 2026 shows 2,056 ABA referrals accepted across 29 providers, with significant concentration among the top three providers (Centria Healthcare, Gateway Pediatric Therapy, Brightview Care). This trend reinforces the need for accurate preference tracking, coordinated placement efforts, and support for families navigating provider selection.





Significant Tasks and Major Accomplishments:

During July, the Autism Services team accomplished the following:

- **Used Pathway Preference Form data during placement rounds** to match members seeking services with providers demonstrating current capacity.
- **Identified members requiring coordination support**, particularly those who expressed interest in ABA services but had not yet secured a provider connection.
- **Developed an Excel-based tracking system** to consolidate form submissions, compare member statuses with existing system records, and pinpoint cases needing additional follow-up.
- **Improved placement accuracy** by incorporating referral trend analysis, provider performance, and member preferences into coordination workflows.

These actions enhance overall member movement through the autism service pathway and support effective capacity management within the ABA provider network.

Needs or Current Issues:

Concentration Risk: Heavy dependency on Centria, Gateway, and Brightview increases vulnerability if any of these providers face capacity issues, staffing shortages, or operational changes.
Seasonal Variability: The dramatic rise in May followed by drop-off suggests scheduling cycles, school transitions, or provider capacity resets influencing referral flow.
Network Optimization Opportunity: Middle-tier and low-volume providers may have untapped capacity that could help rebalance referral distribution and reduce operational risk.
Coordination Need: Receiving Support Coordinator updates for members who have completed diagnostic evaluations but are not yet connected to autism services is crucial to managing access, referral, and capacity flows. Accurate and timely updates are essential for resolving barriers, preventing stagnation in the pathway, and ensuring families receive prompt service linkage.

Plans:

The Autism Services team will:

- Continue collecting, reviewing, and integrating Pathway Preference Form updates.
- Strengthen collaboration with Support Coordinators to ensure timely follow-ups.
- Use data insights (referral trends, provider capacity, member preferences) to guide placement efforts.
- Expand monitoring dashboards for more proactive identification of members needing assistance.

Additional Updates

What is Going Especially Well:

- The Pathway Preference Form information is helping the Autism Services team better identify members who are interested in autism services and may need support connecting to an available provider. Through placement rounds and review of member preferences, the team has been able to send member information to 7 providers with potential availability.
- More than seven CRSP agencies have submitted Member Pathway Preference updates, helping DWIHN gain a clearer understanding of member status after diagnostic completion.
    - The cohort data Excel tracker is also being updated to align submitted responses with system information and support ongoing review, leadership reporting, and workgroup planning.

Clinical & Quality Provider Oversight

Meetings and Trainings: Various meetings were held this month with Autism Providers to discuss:

Meetings:

- Status of referrals to autism services email follow ups: Centria, Zelexa, Brightview Care, Gateway, Behavior Frontiers, MetroEHS and IOA
- 7.22.2026: Autism Review Committee
- 7.1.2026: Meeting with Zelexa to discuss provider growth, different programs they offer and solutions to barriers to share with other providers in the network on what makes them successful.
- 7.8.2026: Meeting with Illuminate to discuss Clinical Correction Action Plan (Probationary letter).
- 7.20.2026: ABA Assessment Guidelines with Provider Network meeting to discuss 97151.
- 7.27.2026: Autism Monthly Provider Network meeting.
- 7.30.2026: Meeting with Peak Autism Center to discuss Root Cause Analysis.

Trainings:

- 7.9.2026 DWIHN Autism Training - Autism Transformation
- 7.31.26 - Lifewater New CRSP Agency – Autism Department and ABA

Progress on Previous Improvement Plan:

Description: The DWIHN Autism Department is focused on improving timely access to ABA services for eligible individuals diagnosed with autism from birth to 20 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.

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
8/12/2026

Children's Initiative Department
July 2026 Report

Main Activities during the Reporting Period:

- Activity 1: Children Services Hospital Discharge Follow Up Improvement Plan
- Activity 2: Home Based Services

Progress On Major Activities:

Activity 1: Children Services Hospital Discharge Follow Up Improvement Plan

Description: When children and youth are hospitalized, the goal is to ensure Children Providers coordinate with the members, complete a face-to-face service while member is in the hospital, and complete a post hospital discharge appointment within 7 days and 30 days of the discharge date by a master level professional.
Why is this Important?: Coordination of care and hospital discharge planning are important interventions to prevent hospital recidivism.
Current Status: Below are two data charts reporting on hospital recidivism and post hospital discharges. According to FY26 quarterly data continue to meet the goal for hospital recidivism remaining below 15%. On the other hand, began adhering to the HEDIS Follow Up After Hospitalization standard effective 10/1/26; in which, Providers struggle to meet the 79% goal requirement. However, there is noted progress from Q1 compared to Q3 by an increase of 11.95% for the 7-day standard and 7.36% increase for the 30 day standard.

Hospital Recidivism Data: The goal is to prevent members from experiencing re hospitalization more than once within the quarter; thus, to remain below 15% hospital recidivism. Below is the data of the total members hospitalized divided by the total number of members re hospitalized within 30 days of discharge from the hospital. Overall, achieved a 10.97% hospital recidivism rate for FY26.

FY26 10/1/2025 – 9/30/26	Q1	Q2	Q3	Q4
Total Encounters	31 out of 264 Encounters	26 out of 236 Encounters	32 out of 319 Encounters	7 out of 63 Encounters
Total Percentage	11.74%	11.02%	10.03%	11.11%
Outcome	*Met Goal*	*Met Goal*	*Met Goal*	*Met Goal*

Note: Q3 and Q4 data is preliminary

HEDIS Follow Up After Hospitalization: The goal is for Providers to complete a post hospital discharge appointment within 7 days and 30 days of the discharge date by a master level professional 79% of the time.

FY26 10/1/2025 – 9/30/26	Q1	Q2	Q3
7 Day Post Hospital Discharge	45.56%	60.12%	57.51%
30 Day Post Hospital Discharge	32.78%	40.18%	40.14%

Significant Tasks and Major Accomplishments:

1. Children Providers performed well with meeting the hospital recidivism goal of 15%. This is a result of effective interventions such as:
    a. Providers complete the Crisis Clinical Review Form when member experiences a crisis event.
    b. Children Initiative Department facilitates an interdepartmental meeting to review members with high risk and complex needs.
    c. Children Initiative Department participates in various case consultation meetings facilitated by MDHHS Children Bureau to assist in connecting members to medically necessary services.
    d. Children Initiative Department participates in the multidisciplinary Outcomes Improvement Committee; in which, Providers present high risk and complex cases for clinical recommendations and support.
2. Children Initiative Department presented the updated Children Services Hospital Discharge Bulletin to Procedure Code Workgroup this month as an intervention to improve the HEDIS Follow Up After Discharge standard. The update includes a new cpt code and modifier (H2011 FU) Providers can bill that does not require an authorization. The bulletin has been approved and to be published on DWIHN website by 8/14/26.

Needs or Current Issues*:*

Barrier 1: According to the HEDIS Follow Up After Discharge standard, Providers are unable to use Targeted Case Management/Supports Coordination (T1017) to meet the standard requirement. This poses as a barrier because youth with intellectual developmental disabilities have this service included in the plan of service. Providers would need to amend the plan of service to add a clinical service for the post hospital discharge appointment.

- Solution: Identified the H2011 FU code that does not require an authorization.

Barrier 2: During the July 2026 Provider meeting Providers verbalized challenges with billing the hospital discharge LI modifier.

- Solution: Children Initiative Department held a meeting with Utilization Management Department to clarify the authorization procedure. UM Department to attend an upcoming Provider meeting to provide additional guidance and support.

Plans: 1). Present the updated Children Services Hospital Discharge Bulletin during the August 2026 Outpatient Provider Meeting, 2). UM Department provide additional education and guidance during the August 2026 Children Provider meeting.

Activity 2: Home Based Services

Description: Home Based services are designed to provide intensive services to children and their families with multiple service needs who require access to an array of mental health services. This service is available for ages 0 to 21st birthday with Serious Emotional Disturbance (SED) and/or Intellectual/Developmental Disabilities (IDD). Home Based services are provided in the home and or community setting by a clinician with a caseload of up to 15 members per clinician.

Why is this Important?: The primary goal of this program is to support and preserve families, to reunite families who have been separated, and to provide effective treatment and community supports to address risks that may increase the likelihood of a child being placed outside of the home.

Census: DWIHN contracts with 11 Providers to deliver home-based services for children and youth ages 6 to 20 years old. There is a reduction in the total members who received home based services during FY26 compared to FY25. During Q1-Q2 of FY26, currently averaging at 34% utilization of total members and 25% utilization of total units completed to Q1-Q2 of FY25. The reduction is due to six Children Providers are CCBHC (Certified Community Behavioral Health Clinics) and are no longer under DWIHN contract for home-based services. Also, Providers are not consistently meeting the 4 hour per month minimum requirement according to fidelity.

Home Based (H0036)	FY 2025	FY 2026 (Q1-Q2)	Comparison
Total Distinct Members	1,603	549	34% utilization compared to FY25/Q1-Q2
Total Units	194,474	50,239	25% utilization compared to FY25/Q1-Q2

Home Based Services Expectations (Age 6-20):

1. Providers offer daily availability to accept referrals for home-based services
    - *Did Not Meet Expectation*
2. Members receive a minimum of 4 hours per month of home-based services
    - *Did Not Meet Expectation*
3. Members receiving home-based services remain in the community and avoid out-of-home placement at 85%
    - *Met Expectation*

Significant Tasks and Major Accomplishments During Period:

1. Effective July 2026 developed Provider Scorecards to identify Provider performance in delivering home-based services. Providers met the expectation of members receiving home-based services remain in the community and avoid out of home placements at 85%.
2. Children Initiative participated in the MDHHS Mi Kids Now Home-Based Project work group meeting to discuss the new upcoming changes to home-based services for FY27. The goal is to improve access to care for home-based services.
3. 4 Hour per Month Incentive: Providers receive incentive funds of $50 for each member who received a minimum of 4 home-based hours per month
    - Q1- 8 out of 10 Providers received incentive funds
    - Q2 – 8 out of 10 Providers received incentive funds

Needs or Current Issues:

Barrier 1: Providers performed below expectations for providing daily availability to receive referrals and ensure members receive a minimum of 4 home-based hours per month.

Barrier 2: Lack of adequate home-based therapists available within the network to service members needing the service. As of July 2026, there were 21 therapists with the capacity to carry a maximum of 15 cases per therapist (Total of 315).

Plans: Use the quarterly Provider Scorecard as a reference to monitor compliance with program expectations and send written communication to Providers regarding low performance challenges. Request

Providers to submit an improvement plan by 8/31/26. Also, identify home-based deliverables for FY27 Statement of Work.

Monthly Update

Disability Pride Month: During the month of July celebrate *Disability Pride Month,* the anniversary of the Americans with Disabilities Act (ADA), which promotes inclusion and equality and reduce discrimination toward people with disabilities. Children Initiative Clinical Specialist, Lucas Gogliotti contributed to the development of the article, "Awareness Creates Action" by expressing the benefit of educating the community on practical ways of supporting inclusion and equality through communication, policy, and services.

Policies/Procedures: Presented the following policies and procedures at the Improving Practices Leadership Team (IPLT) this month:

- Children Services Transition Procedure – Updated procedure to include the requirement of Providers submitting examples of transition and discharge planning documentation annually.
    - Next Steps: Present during August 2026 IPLT meeting to include expectations when members transition to a lower level of care.
- Patient Health Questionnaire Adolescents (PHQ-A) – Sought approval for Children Providers to complete the PHQ-A for members with intellectual developmental disabilities ages 11 to 17 years old.
    - Next Steps: Present during August 2026 IPLT meeting to decide on Providers using the PHQ 2 as the initial screening and if meet criteria complete the PHQ-A.

Children Grant Updates: Children Initiative Department participated in the following activities this month to contribute to achieving deliverables for the grant work plans.

- Provided "Accessing Community Mental Health Services in Wayne County" training to Children Provider clinical professionals. The objective was to train and educate Children Providers on service and the various level of care and resources. There has been high staff turnover among Providers and many new clinicians are not aware of the full Medicaid service array options (95 attendees).
- Peer to Peer Training: Understanding Parent Support Partner: What It Is, What It Isn't, and How It Supports Clinical Care
  This training offers an in-depth review of the Parent Support Partner (PSP) role and services designed to empower parents and caregivers of youth with serious emotional disturbances and/or intellectual and developmental disabilities, including autism. Participants will explore how PSPs utilize lived experience to support families navigating complex mental health systems, promoting family voice and engagement, and improving outcomes for youth involved with public mental health services. The course highlights distinct functions that PSPs fulfill within multidisciplinary treatment teams.
- Leadership Training Series: The Psychology of Rest in Community Mental Health Leadership
  In this session, we will examine the vital role of rest and recuperation for community mental health leaders. Participants will explore how rest impacts mental clarity, decision-making, and long-term resilience.
- Detroit Chempreneurist – Caught Up Mentoring (Detroit)

Partnered with Detroit Chempreneurist to host workshop for youth at the Detroit Chempreneurist Mentoring Program on entrepreneurship skills and demonstrated how to make self-care products. Also shared mental health services and substance use prevention resources. Next Steps: Host one more Detroit Chempreneurist event by 9/30/26 according to System of Care Work Plan.

- Youth Mental Health Council Monthly Meeting
  During this meeting youth received a presentation about coping with stress and anxiety led by Jamie Eathorne from Wayne RESA. This is important because youth advocating for mental health need to be aware of how they can help themselves and others with coping mechanisms for stress and anxiety (9 attendees). Next Steps: Continue monthly meetings
- Youth United Leadership Academy – Wayne Community College District (East Campus – Detroit) Facilitated a 2-week leadership academy with 15 youth participants. Youth learned topics such as voting 101, dealing with emotions as a leader, dressing for success, art therapy, etc. Youth prepared and presented group presentations on leadership at the Transitional Age Youth Forum on 7/31/26. There were a total of 28 attendees at the TAY Forum. Next Steps: Review and analyze surveys from the event to prepare for next year Leadership Academy and Transitional Age Youth Forum.
- Postpartum Depression Initiative Grant – A three-day virtual training was held this month; in which, ten professionals were registered to attend. The objective of the training is to be informed on postpartum depression screenings, diagnosis, and parent testimonials. Also collaborated with DWIHN IT Department to update the MHWIN electronic health record to add data indicators to improve tracking postpartum depression, perinatal health concerns, and additional parental figures such fathers and caregivers. Next Steps: Send memo to Infant Mental Health Providers informing of the MHWIN updates. Host orientation training for Providers on the HT2 E-Screening tool in August 2026.
- Quarterly Grant Progress Report Submission – Submitted the FY26/Q2 grant progress reports by the deadline informing of completed deliverables for each grant: System of Care, Infant and Early Childhood Consultation, Infant and Early Childhood – Home Visiting, Infant Toddler Court, and Postpartum Depression.

Performance Improvement Plans

Children Initiative Department oversees various Performance Improvement Plans quarterly.

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.

Child Population	FY25	FY26/Q1	FY26/Q2	FY26/Q3	FY26 Goal
IDD	35.34%	39.45%	55.11%	48.09%	57%
SED	58.46% *Met Goal*	51.29%	56.41%	66.32% *Met Goal*	57%

Note: Q3 data is preliminary

- **Progress:** For the first time during FY26 met the timely access to services goal for SED population. Progress is due to current implemented interventions.
- **Current Interventions:** Individualized Provider data results are discussed during the bi-monthly individual interdepartmental Provider meetings. 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's services. Effective FY26 began incorporating the timely access to services standard in the Core Competency Trainings SED Providers are required to attend within six months of the new hire date and every two years thereafter.
- **New Intervention:** Effective June 2026, Children Initiative Department provides a monthly overview Performance Improvement Plan report to Children Providers during the monthly Children System Transformation Meeting and bi-monthly Cross System Management Meetings.

PAR Services Department Report, July 2026
Daniel West, Director of PAR Services
8/12/26

Main Activities during July 2026:

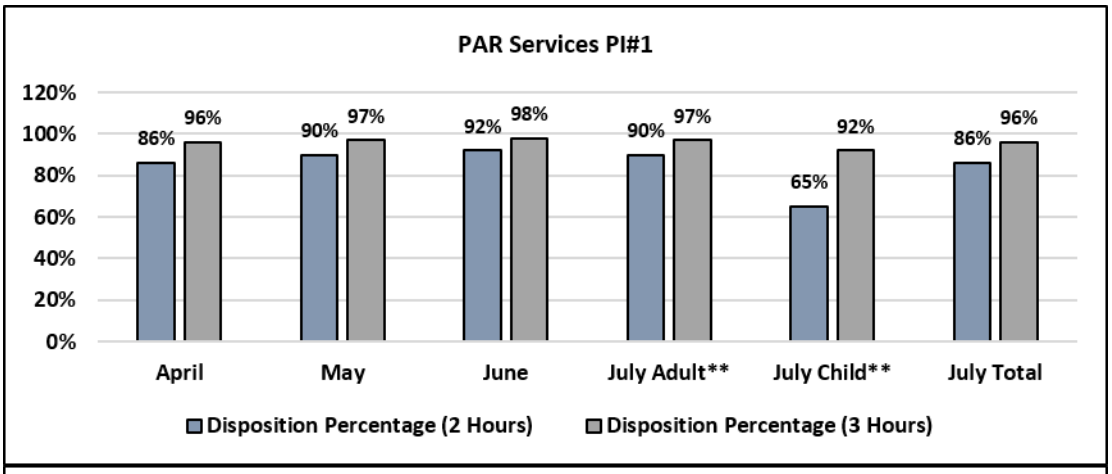
- **Data Metric Monitoring.**
- **PAR Assessment, Clinical Accuracy Auditing.**

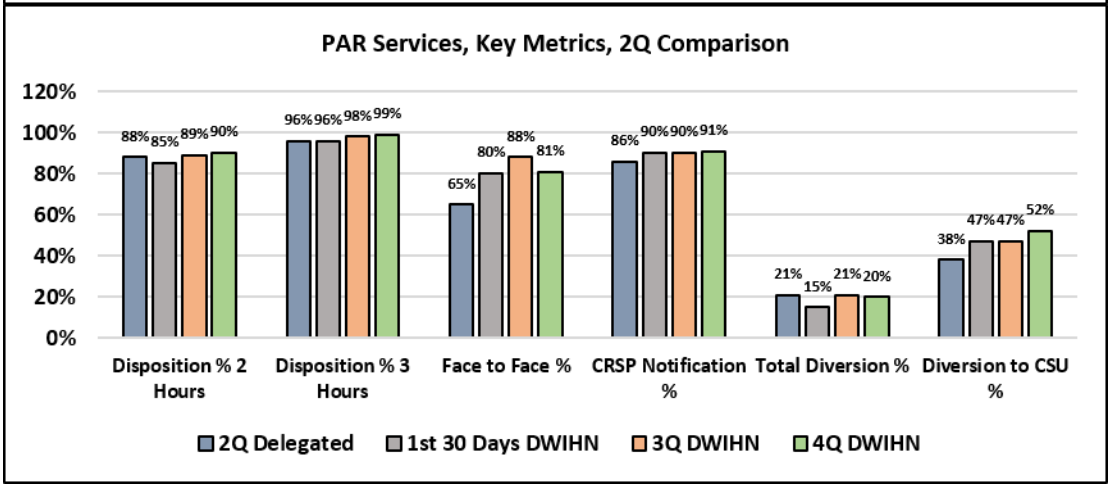
Progress On Major Activities:

<u>Activity 1:</u> Data Metric Monitoring.

- ***Description:*** On April 1, 2026, the PAR Services Department went live with Adult Pre-Admission Review (PAR) screenings in-house. The team is continuing to monitor key metrics to ensure continuous quality improvement. The key metrics are PI#1/Disposition in under 3 hours (with DWIHN standard under 2 hours), Face to Face, CRSP notification, Diversion, and Diversion to CSU.

- ***Current Status:***





- ***Significant Tasks and Major Accomplishments During Period****:* The team has maintained a consistent benchmark of 95% or higher regarding 3-hour disposition times. The team has increased the percentage of CRSP notifications and has maintained a 21% diversion rate.
- ***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 2 hours (DWIHN standard of 95%). The team is nearly fully staffed, and this will impact clinician availability and decrease individual clinician workload, subsequently affecting disposition times.
- ***Plan****:* The team will execute key performance indicators specifically related to diversion percentage, PI#1, accuracy within PAR assessment (now being audited monthly via managers), and communication standards. The team will monitor data regarding effectiveness of diversions via recidivism for crisis diversion events.

<u>Activity 2:</u> PAR Assessment, Clinical Accuracy Auditing.

- ***Description:*** The PAR Services Department PAR Clinicians conduct Pre-Admission Review assessments for DWIHN members in crisis. A substantial portion of this is related to medical necessity criteria and accuracy of evaluation. PAR Services will be conducting audits to ensure essential clinical elements are present within the PAR assessment and match the level of care authorized. Accuracy of PAR assessments will influence clinical outcomes, providing support for the least restrictive environment for DWIHN members in crisis.
- ***Current Status:*** Key Performance Indicators have been developed, and reporting methods will be executed and analyzed in August 2026. 5 individual chart audits will be completed by PAR Managers for their direct reports monthly. Essential clinical elements to accurate assessment are gathered as a means to base PAR Clinician percentages. Each individual and applicable elements will be assigned a weight in the overall percentage. Overall percentages will be tracked as well as overall team percentages in PAR accuracy.
- ***Significant Tasks and Major Accomplishments During Period*****:** The team has established Key Performance Indicators for PAR Clinicians directly related to the assessment completed to ensure monitoring and accuracy of clinical outcomes. Essential elements will be monitored within the audits such as evidence of potential harm to self/others, risk factors and protective factors, and strengths. A percentage will be given according to the elements necessary to support the authorized level of care.
- ***Needs or Current Issues:*** The team recognizes that direct supervision and individual PAR Clinician clinical accountability is essential when monitoring clinical outcomes. The KPIs will be tracked, and identification of individual PAR Clinician needs will contribute to an increased, trackable percentage of PAR accuracy.
- ***Plan:*** PAR Management will report individual percentages within PAR accuracy beginning in August (for July tracking). These numbers will be tracked and provided as a means to ensure accountability within the individual PAR Clinician performance.

Monthly Update:

- **Things the Department is Doing Especially Well:**
    - The PAR Dispatch team received double the number of calls during the 3rd quarter, (5,721 in 2Q, 11,976 in 3Q) and maintains a service level about 80% (88%) as to the state standards. The PAR Dispatch team has effectively received communication requests to enter authorizations and update bed placement activity without showing decreased percentages of calls answered.

- **Identified Opportunities for Improvement:**
    - The team has found the need to decrease the abandonment percentage within the PAR Dispatch team (currently 7%, standard below 5%). The team will consult with DWIHN Access about initiatives they have found successful in decreasing their abandonment rate to 1%.

- **Progress on Previous Improvement Plans:**
    - The team has spearheaded and scheduled quarterly inpatient and requesting facility (ED's/Medical Hospitals) quarterly stakeholder meeting to provide a forum to share information and to receive feedback on continuous quality improvement. PAR is leading this initiative for Clinical Operations Department. The inpatient quarterly is scheduled for 9/23/26, and the Requesting quarterly is on 10/16/26.

Customer Service Department
Dorian Johnson, Director
Monthly Report: July 2026
Program Compliance Committee: August 12, 2026

Unit Activities

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

Activity 1: Customer Service Calls

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

Reception/Switchboard Reception/Switchboard

	Number of Offered	Number of Calls Answered	Abandonment Calls	Abandonment Rate Standard <5%	Average Speed Answered (ASA) <30sec	Service Level Standard 80%	% of Calls Answered Standard 80%
July FY 26	928	893	10	1%	11 sec.	.97%	96%
July FY 25	921	870	13	1%	8 sec.	98%	94%

Customer Service Call Center

	Number of Offered	Number Of Calls Answered	Abandonment Calls	Abandonment Rate Standard <5%	Average Speed Answered (ASA) <30sec	Service Level Standard 80% 11sec.	% of Calls Answered Standard 80%
July FY 26	1079	1040	26	2%	12 sec	92%	96%
July FY 25	957	905	24	3%	11 sec.	94%	95%

Significant Activities:

Reception/Switchboard Reception/Switchboard

In July of Fiscal Year 2026, the reception/switchboard experienced a robust performance, receiving a total of 928 calls and successfully answering 893 of them. This led to an impressive abandonment rate of just 1%, and an average speed of answer (ASA) of only 11 seconds, showcasing the team's efficiency. The service level standard was exceeded significantly, with an outstanding 96% of calls being handled effectively, far surpassing the benchmark of 80%.
In comparison, July of Fiscal Year 2025 also demonstrated strong results, with 921 calls received and 870 answered. Maintaining an identical abandonment rate of 1%, this period boasted an even quicker ASA of 8 seconds and achieved an exceptional service level of 98%, with 94% of calls answered.

Overall, Fiscal Year 2026 exhibited a solid increase in both call volume and operational effectiveness, solidifying the team's capability to manage calls efficiently while still maintaining high service standards. The continued focus on quality service in both years highlights the unwavering commitment to excellence in customer support.

Customer Service Call Center

Data Analysis/Summary
Overall, the data indicates a positive trend in the call center's performance from FY 25 to FY 26, despite the increased volume of calls. The increase in both the number of calls offered and answered suggests that the center is effectively managing rising demand. The abandonment rate improved, indicating enhanced caller satisfaction with response times.
While there was a slight decline in the average speed of answer and service level percentage, these metrics remained well within acceptable standards. Continuous monitoring of these metrics and responses to changes in call volume will be essential for maintaining high levels of service. Overall, the call center appears to be functioning efficiently and effectively, adapting well to increased demand while maintaining a high percentage of answered calls.

Activity 2: Grievances, Appeals, and State Fair Hearings

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

Complaint and Grievance Related Communications

	July FY 26	July FY 25
Complaint/Grievance Correspondence	250	821

*Grievance data for July 2026 is incomplete due to reporting requirements.

Grievance Processed

Grievances	July FY 26	July FY 25
Grievances Received	3	5
Grievances Resolved	3	9

Grievance Issues by Category

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

Grievance Trends

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

Definitions

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

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

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

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

HIDE SNP Grievances

Grievance	July FY26	July FY25
Overall Total	0	0

Appeals: Advance and Adequate Notices

	June FY 26		July FY25	
Notice Group	**Adequate**	**Advance**	**Adequate**	**Advance**
MI	**389**	**1454**	**218**	**1195**
ABA	**13**	**22**	**9**	**63**
SUD	**83**	**132**	**80**	**108**
I/DD	**94**	**269**	**43**	**234**
Overall Total	**579**	**1877**	**350**	**1600**

*The numbers for FY'26 are delayed a month due to provider reporting not being complete.

Appeals Communications

	July FY26	July FY25
Appeals Communications Received	79	92

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

** Appeals data for July 2026 is not the full picture to ensure reporting timeliness.

Appeals Filed

Appeals	July FY26	July FY25
Appeals Received	0	1
Appeals Resolved	0	0

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

DWIHN State Fair Hearings

SFH	July FY26	July FY25
Received	0	0

- For the month of **July** '26, there were **0** State Fair Hearing. The scheduled hearing was postponed by request of the petitioner. There were **0** Mediations in **July 2026**.

HIDE SNP State Fair Hearings

SFH	July FY26	July FY25
Received	0	0

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

Significant Activity/Accomplishments:

- Barbara Hedgepeth was promoted to Due Process Manager
- Conducted disenrollment training in conjunction with Alison Gabridge
- Appeals Adverse Benefit Determination Training
- Lunch & Learn with Grievances
- Disenrollment Project

Activity 3: Member Engagement and Experience

Member Engagement is a sub-unit of the Customer Service Department. The unit has three primary operations: Member Experience, Member Engagement, and Peer Services. The goals are to assist in facilitating member activities, promote advocacy and member rights, and collect feedback and data essential to better understanding members' experiences throughout our system. The Office of Peer Services also facilitates essential training, initiatives, and interactions within Peer development, focusing primarily on the Certified Peer Support Specialists, Certified Recovery Coaches, and Peer Mentors in the internal and system-wide workforces.

Significant Activity:

The Member Engagement Unit facilitated activities during July 2026, which included the following:

- A live Peer Chat is hosted on the second Thursday of every month to provide opportunities for socialization, encouragement, and human interaction. Peer Chat is a casual forum for Peer Support Specialists, Peer Recovery Coaches, and Peer Mentors. The Peer Chat provides opportunities to discuss self-care, self-development, and services for those in care. The Peer Chat remains an active Zoom event that allows for casual, relevant conversation for those who may otherwise feel isolated. The Live Peer Chat was attended by six (6) Peers on July 16, 2026.

- Wayne State University Center for Urban Studies continues to conduct interviews for the Experience of Care & Health Outcomes (ECHO) Surveys for children and adults. Members who participate in the survey have an opportunity to win one of three gift cards for $100, $250, or $500. The Interviewers will complete online and phone interviews in August. The drawing for the three gift cards will be at the end of August.

- The Constituents' Voice (CV) met on July 17, 2026. The CV is currently recruiting new members. The CV Actions Committees: Advice/Advocacy, Engagement, and Empower met during the month. DeLora Williams, MMgt, CPSS, CHW, Customer Service Peer Service and Engagement Coordinator, was the DWIHN Guest Speaker. DeLora presented on Peer Services.

- The Dreams Come True Fund Application closed on June 30, 2026. Members were invited to apply, and ten (10) will be awarded a $500 gift card at the Dreams Come True Luncheon on September 18, 2026. The applications are currently being reviewed by a Constituents' Voice review committee.

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

- The Rapid Response Report for July 2026 reported 103 e-mails received, with an average of 3 e-mails a day as of July 28, 2026.

- The Arc Detroit, in collaboration with The Arc Michigan and Detroit Wayne Integrated Health Network, hosted a Legislative Candidate Forum that focus on the future of care in Michigan. It was held on Saturday, July 18, 2026, from 2 p.m. to 6 p.m. at Sacred Heart Church Hall, 3154 Rivard, Detroit, Michigan 48207. The church is located in Eastern Market. The Legislative Candidate Forum had fifteen candidates, thirty-seven community members, and three organizations, including DWIHN, that had resource tables. Congresswoman Rashid Tlaib, State Representative Tonya Myers Phillips, and former State Representative Abraham Aiyash, who is running for State Senate, were among those who attended.

- DWIHN had a resource table at the Detroit Zoo Annual View Fest. The Customer Service Engagement Manager participated with staff members of the Communication Department at the Annual View Fest held on Sunday, July 16, 2026. There were a vast number of vendors, and 8,000 participants were invited to attend. This is the largest Mental Health Resource Fair in the United States and largest event held at the Detroit Zoo.

Submitted by: Dorian Johnson, Customer Service Director

Program Compliance Meeting
Integrated Healthcare Monthly Report
Vicky Politowski, Integrated Healthcare Director
August 12, 2026

Main Activities during July 2026 Reporting Period:

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

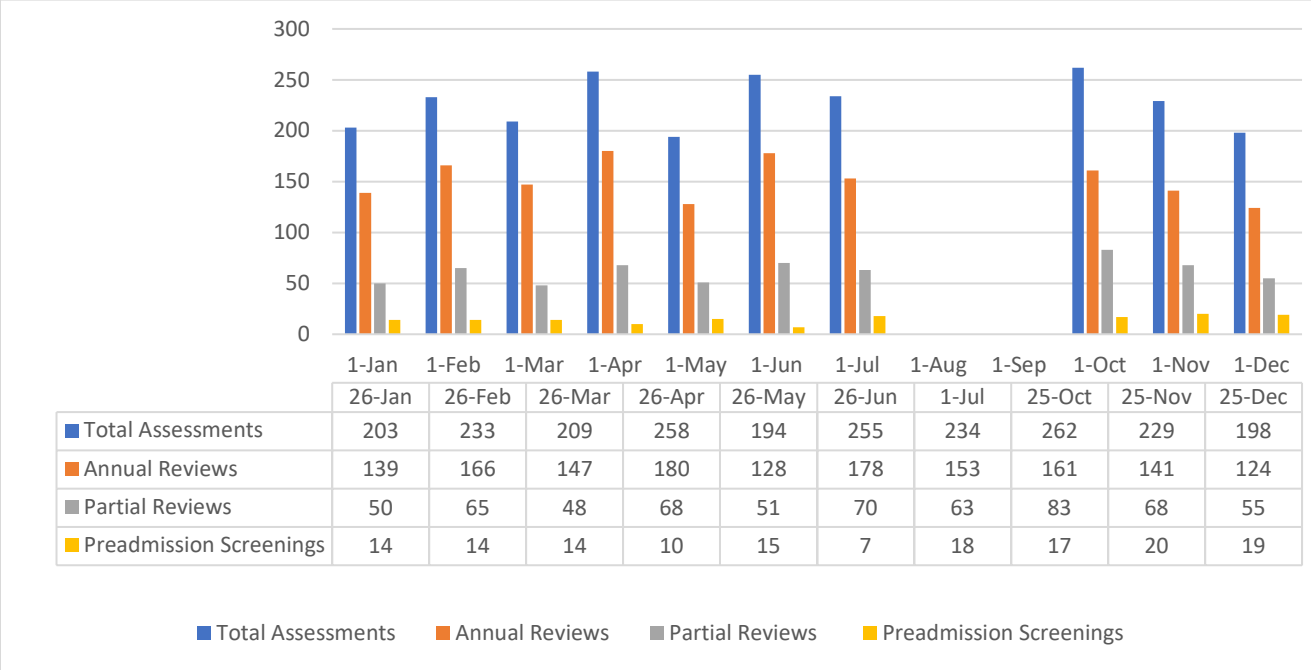
Activity 1: Complex Case Management

- ***Description****:* Complex Case Management (CCM) is an intensive 120-day program that aims to improve individuals' quality of life by connecting them to appropriate community resources and developing support teams that include family, medical, and behavioral health professionals.
- ***Current Status****:* Complex Case Management is actively expanding the caseload of our staff, which currently includes **20** individuals. In July, Complex Case Management successfully added **3** new cases: **2** from Provider referral, **1** from the SUD Program. Complex Case Management is dedicated to effectively managing these cases and enhancing outcomes by connecting them to CRSP, Primary care and community resources for the individuals we serve.
- ***Significant Tasks During Period***: ***Major Accomplishments During Period****:*
  At the beginning of the program, 33% of members were connected to a CRSP. After discharge (within 120 days of the program), 94% are engaged with their CRSP. This significantly increases the members' recovery rate. Members who are engaged in services with a CRSP receive more case management/supports coordination, therapy and psychiatric care than members who are not engaged and may use emergency services in its place.
- ***Currentnt Issues****:* CCM is collaborating with the Population Health Specialist on how DWIHN can better stratify members, enabling high-risk members to be easily identified, monitored, and ensure proper care. By doing this high risk members can be easily identified and CCM can initiate services quicker.
- ***Plan***: CCM Manager will validate data from the Risk Matrix to ensure key measurement areas are valid to aid in appropriate risk stratification to identify high risk members to ensure timely connection to appropriate clinical services.

Activity 2: Omnibus Budget Reconciliation ACT (OBRA)

- ***Description:*** OBRA Assessments are completed for members who have behavioral health or I/DD diagnoses who may need nursing home services. Preadmission reviews are to be completed within 4 days of referral, and annual reviews within 14 days of referral. These referrals come from hospitals, community referrals, or nursing homes.
- ***Current Status:*** In July, OBRA processed **666** referrals, **313** were assigned to be completed, with **234** completed, and **353** were triaged and provided with exemption letters stating they did not need an OBRA Assessment.
- ***Significant Tasks During Period****:* OBRA Trainer, in conjunction with MDHHS, provided in-person training to 43 nursing home and hospital staff. The OBRA Trainer also provided 23 separate trainings to nursing homes and hospitals. DWIHN turnaround time for a

Preadmission review is 3 days; time for a Preadmission review is at 3 days, the standard set by the state is 4 days.



	26-Jan	26-Feb	26-Mar	26-Apr	26-May	26-Jun	1-Jul	25-Oct	25-Nov	25-Dec
Total Assessments	203	233	209	258	194	255	234	262	229	198
Annual Reviews	139	166	147	180	128	178	153	161	141	124
Partial Reviews	50	65	48	68	51	70	63	83	68	55
Preadmission Screenings	14	14	14	10	15	7	18	17	20	19

- ***Major Accomplishments During Period****:* MDHHS agreed with 100% of the OBRA staff determinations and only had 2% pends where they wanted more information. Pends standard is less than 25% a quarter.
- ***Needs or Current Issues***: There is a need for coordinated care for individuals who no longer require nursing home services, as well as for those with complex behavioral health needs who have been approved under the Omnibus Budget Reconciliation Act (OBRA). Unfortunately, nursing homes are often unwilling to accept these individuals due to their high needs.
- ***Plan:*** IHC Director to create a standard operating procedure and OBRA Administrator to complete SBIRT. The standard operating procedure will give DWIHN a guideline on how to monitor complex members who are approved for OBRA but may be difficult to place.

Things the Department is Doing Especially Well:

- *Omnibus Budget Reconciliation Act (OBRA*)- OBRA quality of assessments continues to be at a high level, as all clinical recommendations were accepted by MDHHS.
- *Complex Case* Management: CCM assisted individuals with housing, transportation, and food resources. CCM assisted a member in obtaining the wheelchair they needed and another member in obtaining employment.

Identified Opportunities for Improvement:

- *Omnibus Budget Reconciliation ACT (OBRA)*- OBRA to work with Access and IT on an effective way to track members who are new to services to ensure that they receive the appropriate treatment from the CRSP being assigned.

- Complex Case Management- CCM to keep members engaged longer in the program by using motivational interview skills and meeting the member where they are in stanges of change.

Program Compliance Committee Meeting
Rai Brown/Director of Managed Care Operations Quarterly Report
April 2026 – June 2026

MANAGED CARE OPERATIONS PROGRAM DESCRIPTION-FY 2025-2026

The Managed Care Operations (MCO) Division at the Detroit Wayne Integrated Health Network (DWIHN) provides strategic oversight and operational execution of the core system functions that safeguard network integrity, service access, and regulatory compliance. The division coordinates activities across provider contracting, credentialing and recredentialing, network adequacy and expansion, operational readiness, data tracking and reporting, and stakeholder engagement to ensure timely, equitable, and high quality care for the members of Wayne County. Every MCO process is anchored in federal and state standards established by MDHHS, CMS, NCQA, and HSAG, ensuring that provider services are accessible and delivered in a manner that supports individual health outcomes and system wide efficiency.

MCO oversees the full lifecycle of provider agreements from initiation through renewal or non-renewal, ensures all network providers meet standards for licensure, training, and professional qualifications through oversight of DWIHN's Credentialing Verification Organization, and monitors provider capacity and geographic access through regular gap analyses. The division supports implementation of new programs through structured onboarding, technical assistance, and tools such as the Readiness Review, Provider Capacity logs, the onboarding Provider Dashboard, and Risk Matrix, while leveraging internal systems and analytics to track credentialing timelines, monitor provider performance, and assess compliance with contract deliverables. As the primary liaison between DWIHN and its provider network, MCO delivers consistent communication, training, technical support, and issue resolution across the network.

In addition to its provider network functions, MCO oversees DWIHN's housing portfolio, including HUD Permanent Supportive Housing, PATH and street outreach, and case management services delivered through community partners. These programs assist members with disabling conditions and lived experience of homelessness in securing safe, affordable housing with ongoing supportive services. The division currently manages over $2.7 million in HUD Continuum of Care grant funding operating five Permanent Supportive Housing programs serving at least 167 households, allocates over $1 million in General Fund dollars supporting case management and housing assistance for more than 500 members annually through shelter partners such as NSO and Covenant House Michigan, and directs over $250,000 in street outreach funding to engage at least 500 hard to reach individuals living in places not meant for habitation. As an administrative body, DWIHN ensures contract compliance with federal, state, and local standards, monitors provider performance through HMIS and data reporting, reviews financial and operational reports, and enforces corrective actions as needed, while maintaining active leadership in the Detroit and Out-Wayne County Continuums of Care.

Operational leadership is provided by the Deputy Chief Executive Officer and the Director of Contract Management, ensuring that Managed Care Operations remains aligned with DWIHN's mission, vision, and strategic goals, with the Board of Directors maintaining ultimate accountability for quality, transparency, and compliance. Looking ahead, the division will continue strengthening its administrative oversight role while expanding housing resources, with priorities that include securing additional funding, identifying new subrecipients, enhancing compliance monitoring, improving operational efficiency, and increasing capacity to advance access, quality, and housing stability for all members.

Main Activities during FY 25/26 Quarter 3:

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

Progress On Main Activities:

<u>Activity 1:</u> Credentialing

- *Description:* The vetting and approval process for both current and new provider(s) into the DWIHN provider network.
- *Current Status:* For Q3 Fiscal Year 2025/2026:

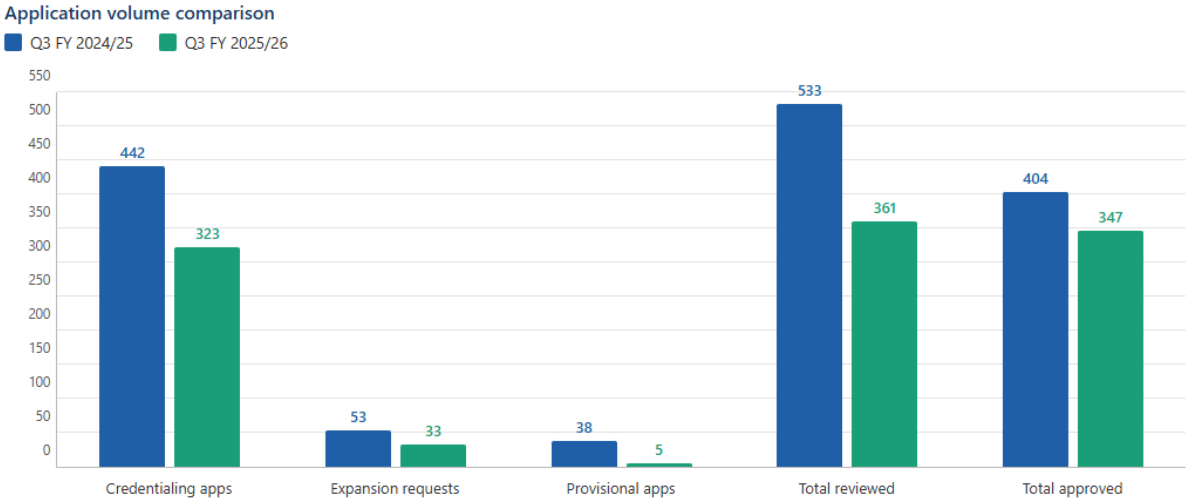
Number of Credentialing Applications Reviewed	323
Number of Expansion Requests Reviewed	33
Number of Provisional Credentialing Applications Reviewed	5
Total # of Applications Reviewed	**361**

Number of Practitioners Approved	266
Number of Providers Approved	40
Number of Expansion Requests Approved	36
Number of Provisional Credentialing Applications Approved	5
Total # of Applications Approved by Credentialing Committee	**347**

Credentialing Committee Dashboard

Q3 FY 2025/26 vs Q3 FY 2024/25

Total reviewed	Total approved	Approval rate	Practitioner approvals
361	347	96.1%	266
▼ 32.3% vs Q3 of last year	▼ 14.1% vs Q3 of last year	▲ +20.3 pts vs Q3 of last year	▲ +6.4% vs Q3 of last year



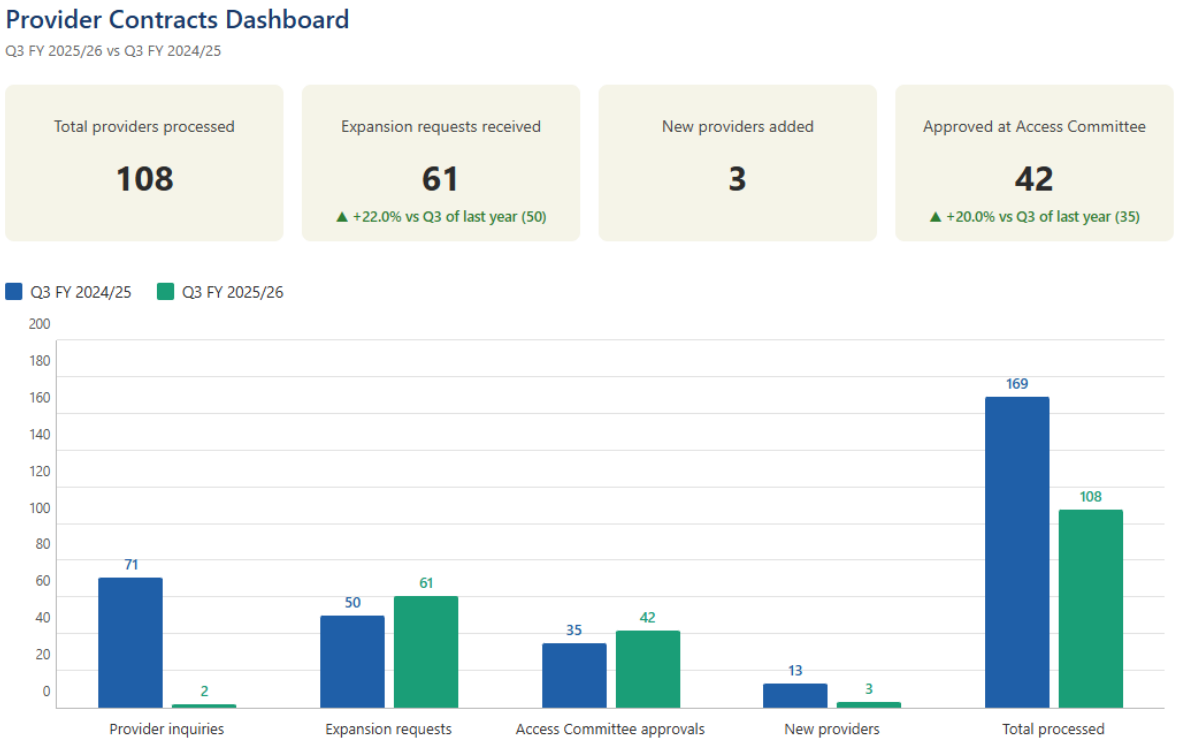
- *Significant Tasks During Period:* Throughout the third quarter, the credentialing team sustained a high level of productivity and quality across all core functions. Staff collectively reviewed and processed hundreds of initial, recredentialing, provisional, and expansion files each month while maintaining a near zero denial rate, and completed monthly NCQA audit activities on schedule in April, May, and June. Significant accomplishments included consistent completion of expansion requests, timely preparation of credentialing files for committee review, completion of scheduled provider site visits, and delegation oversight.
- *Major Accomplishments During Period:* Credentialing volume has remained consistently high across FY 24 and FY 25, with 1,301 and 1,274 files approved, respectively. FY 26 has now reached 787 approved files throughout FY 26, consistent with expansion requests, onboarding of new providers' staff, and ongoing staff qualification monitoring. Decision timeliness continues to exceed regulatory expectations. The average time from complete and accurate application to committee decision was approximately 29 days in Q1 and 34 days in Q2, well within the MDHHS guideline of 90 days from application submission. All 36 practitioner recredentialing applications and all 42 organizational recredentialing in Q1 and Q2 were completed within the required 3 year cycle. The team also hosted more than 60 credentialing meetings and technical assistance calls each month.
- *Plan:* The division will continue advancing the implementation of the new CVO. We have begun piloting provider and practitioner applications to assess functionality, usability, and workflow alignment. The team will continue working directly with providers on credential updates required to support new Health Plan contracts, incorporating the most current provider qualification guidance issued by MDHHS to ensure ongoing compliance and operational readiness. Backfill the Credentialing Specialist position, who received a promotion and is now working with our HR department to credential DWIHN staff.

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

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

- *Current Status* For Q3 Fiscal Year 2025/2026**:**

Number of Provider Inquiries for Potential Providers	2
Number of Contract Expansion Requests Received	61
Number of Providers Approved at Access Committee	42
Number of New Providers	3
Total # of Providers Processed	**108**



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

- *Significant Tasks During Period:* Significant efforts included a MHWIN data cleanup project, which updated hospital records and Medicaid provider types, and continued execution of the targeted, RFP driven recruitment model with close monitoring of network adequacy to identify genuine provider needs. Leadership also advanced key infrastructure initiatives, including development of KPIs for Provider Network Managers, implementation of Clinical Vetting

Recommendation forms to strengthen the provider vetting process, and ongoing migration of departmental files to SharePoint and SOPs to PolicyStat. We hosted three In-person training sessions for Providers on the Electronic Quarterly Contract Status Reports. 104 participants showed up to the Woodward building for assistance. Additionally, we updated the New Provider Orientation Powerpoint presentation as well to support providers entering the DWIHN system.

- *Major Accomplishments During Period:* The MDHHS Network Adequacy Report was completed and submitted on time on April 30, 2026, through a cross departmental effort involving ELT, IT, Clinical, and Quest Analytics, and the HSAG Network Adequacy Validation audit tool was submitted with the audit underway. Additionally, the team launched the Provider Network Dashboard pilot, a centralized tool that tracks new provider inquiries and expansion requests, mirrors the onboarding workflow, and incorporates service level agreements. The dashboard is currently piloting with the most recent expansion requests, with trend analysis to follow after several months of data collection. Provider inquiry tracking is in development to build a single applicant pool for monitoring network needs and forecasting growth, and supporting SOPs have been drafted; once approved, the dashboard will be shared with other departments seeking real time status updates on their providers.
- *Plan:* The team is in the process of updating the training video and resources to prepare for FY 27 pre-contracting documents. We will be meeting with the Clinical departments on a quarterly basis to address network adequacy and targeted procurement recruitment in identified shortage areas. This will ensure the network remains adequate to meet member access standards across all covered service lines. Backfill the Provider Network Manager position, due to staff retiring in June.

<u>Activity 3:</u> MCO Provider Satisfaction Survey

- *Description:* In alignment with DWIHN's Strategic Operations Goal, the Managed Care Operations (MCO) department implemented a continuous Provider Satisfaction Survey embedded in staff email signatures. This approach enables real-time feedback collection, trend monitoring throughout the year, and proactive identification of service gaps — supplementing the formal annual survey process. The survey measures four performance domains on a 1–5 scale: professionalism, courtesy, responsiveness, and knowledge. It also captures response time and solicits open-ended provider feedback.
- *Current Status:* For Q3 Fiscal Year 2025/2026, the ongoing provider satisfaction survey embedded in MCO staff email signatures has received 29 responses

Q3 Responses	Cumulative Total	Within 2–3 Days	Overall Avg Score
29	**191**	**93.1%**	**4.50 / 5.0**
▲ vs 24 in Q3 FY 24/25	Since Feb 2025 launch	▼ vs 100% in Q3 FY 24/25	▼ vs 4.70 in Q3 FY 24/25

Domain	Q3 FY 24/25	Q3 FY 25/26	Change	Observation
Professionalism	4.71	**4.55**	▼	*−0.16 against a strong prior year baseline; remains solidly above 4.5*
Courtesy	4.71	**4.58**	▼	*−0.13; smallest decline of the four domains*
Responsiveness	4.75	**4.55**	▼	*−0.20; aligns with 2 of 29 respondents reporting contact beyond 3 business days*
Knowledge	4.63	**4.30**	▼	*−0.33; largest decline, identified as a training focus area for Q4*

Contact timeliness detail, Q3 FY 25/26

Response window	Respondents	Share
Within 2–3 business days	27	93.1%
3–5 business days	1	3.4%
5–10 business days	1	3.4%

Significant Tasks During Period: The Managed Care Operations provider satisfaction survey continued to show strong engagement in the third quarter, with 29 responses received, an increase of 20.8% over the 24 responses collected in Q3 of the prior fiscal year, bringing cumulative participation to 191 responses since the survey launched in February 2025. Providers rated the team 4.55 in professionalism, 4.58 in courtesy, 4.55 in responsiveness, and 4.30 in knowledge on a 5 point scale, with 93.1% of respondents reporting contact within 2 to 3 business days. While these results reflect a modest decline from an exceptionally strong prior year baseline, the decrease is concentrated in a small number of individual responses; the substantial majority of respondents rated the team at or above 4.5 across all domains, and written feedback remained overwhelmingly positive, with providers highlighting timely communication, cross departmental coordination, and effective problem resolution. It is also important to note that this quarter included major

network announcements regarding rates and process changes, and communications of this magnitude naturally influence provider sentiment during the survey period, which is reflected in the quarter's scores.

The third quarter was also a period of meaningful staffing transition for the division. One of our Provider Network Managers retired in June after dedicated service to DWIHN and its provider network, and her provider assignments were redistributed among the remaining Provider Network Managers. As with any transition of this nature, a brief adjustment period occurred as providers established relationships with their newly assigned managers, which is reflected in a small number of responses regarding response times during the transition window. Provider assignments have been fully reassigned, and the team is focused on ensuring continuity of service and consistent communication across the network.

Plan: Survey feedback identified new provider onboarding and training as the clearest opportunity for improvement, with several respondents requesting more structured orientation, clearer guidance on forms and policies, and additional training on credentialing processes and MHWIN. These themes align directly with work already in motion. Mr. White has committed to the development of a training department, and MCO is currently developing Provider SOPs covering onboarding, expansion requests, and credentialing requirements, accompanied by visual workflows that clearly outline next steps and expectations for providers at each stage of the process. This investment builds on demonstrated success: the division has received excellent feedback on its trainings covering Pre-Contracting documents and the Quarterly Contract Status Reports, confirming that structured provider education directly strengthens network satisfaction and compliance. Moving forward, MCO will collaborate with other departments by sharing feedback on trainings requested through the survey and identifying opportunities to further support the provider network. Knowledge and onboarding support remain the division's priority focus areas for Q4, and results will continue to be evaluated against cumulative trend data as survey participation grows.

- Provider Recognition:
    - *[PNM] always makes herself available to answer questions or get us to the person or resource that can help. Here years of experience is beneficial to us in that she understands from a DCW/management level of what goes on in a group home*
    - *Yes, I would like to give special recognition to [Credentialing Specialist]. Whenever I call and need information she is very helpful. She assisted [Provider Name] with the Provider Meeting and with our Credentialing Process. I truly appreciate her efforrts.*
    - *Thank You [PNM] for always being available when I have concerns or questions. And for all of your positive energy you are appreciated.*

Program Compliance Committee Meeting
Utilization Management – Monthly Report
Marlena J. Hampton, MA, LPC – Director of Utilization Management
August 12, 2026

Main Activities During This Period:

- UM Process Improvement – Network Service Utilization
- Habilitation Supports Waiver (HSW/HAB) Program

Progress On Major Activities:

<u>Activity 1:</u> UM Process Improvement – Network Service Utilization

- *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. This also extends to the department's monitoring of network service utilization.

- Si*gnificant Tasks During Period:*
  - UM continues to collaborate closely with SUD Initiatives through active participation in the SUD Clinical Practice Guidelines workgroup, where we also contribute to the development of related policies and procedures that support the clinical practice guidelines.
  - UM participates in several workgroups with Autism Services, focusing on reviewing medical necessity criteria for Applied Behavior Analysis (ABA) admission and discharge, leveraging technology to enhance member access and monitor service utilization, and reviewing policies, procedures, and clinical practice guidelines to improve outcomes.
  - Continued troubleshooting of staff use of the MHWIN Enhanced Staffing module, which tracks members approved for 1:1 or 2:1 staffing through their Behavior Treatment Plan (BTP).

- *Needs or Current Issues:*
  - UM Director and Program Administrator work closely with Senior Psychologist to review staffing guidelines for 2:1 approval and ensure a shared understanding of existing guidelines. This includes meetings with other DWIHN departments and CRSPs, as appropriate.
  - UM Administrator, with support from the Director and Integrated Care, continues work with contracted health plans to amend workflows to maintain compliance with CMS standards for timeliness and member notification.

- *Plans:*
  - UM will review and update its standard operating procedures, as needed, to align with changes in other clinical departments.

- 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.

<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 97.6% utilization per month (1,098 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	0	0		
Used	1098	1097	1093	1093	1089	1090	1093	1098	1109	1116		
Available	27	28	32	32	36	35	32	27	16	9		
New Enrollments	10	2	6	10	4	7	6	9	14	11		
Disenrollments	1	5	6	5	2	3	6	5	4	0		
Utilization	97.7%	97.5%	97.2%	97.2%	97.2%	97%	97.2%	97.6%	98.6%	99.2%		

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	105	84		
Number of Renewals Submitted	95	79	37	102	63	79	82	78	90	75		

- Si*gnificant Tasks During Period:*
    - The Utilization Manager, with support from IT and Finance, developed a standardized process for monitoring HSW capitation payments, with particular focus on members who have a Medicaid spenddown.
    - In conjunction with overall monitoring efforts, the HSW team continues to capture certification renewal data. In July, there were 84 renewals due, and 75 renewals submitted (89%).

- *Major Accomplishments During Period:*
    - Utilization Manager is updating the HSW standard operating procedures to include path to corrective action plans for overdue recertifications, as well as processes for internal monitoring of capitation payments.
    - Utilization Manager continues training providers on HSW eligibility, benefits, the "how" of applying to the program, and subsequent documentation.

- *Needs or Current Issues:*
    - On July 20, 2026, MDHHS announced a freeze on enrolling new, non-priority cases due to the department reaching its limit of unduplicated slots for the fiscal year. Enrollment is currently limited to members who are aging out of the Children's Waiver Program (CWP), aging out of a state plan with Private Duty Nursing (PDN), or individuals at imminent risk of placement in an Intermediate Care Facility for Individuals with Intellectual Disabilities (ICF-IID) with 5 or more hours of HSW services 5 days per week.
    - HSW members usually remain enrolled for their entire lives. They are only disenrolled when a member passes away or, in rare instances, when a member consistently fails to meet their Medicaid spenddown requirements or loses their Medicaid eligibility. In situations involving Medicaid issues, all efforts are made to resolve the problem, and transition planning occurs before any disenrollment takes place.

- *Plans:*
    - With the recent Waskul settlement affecting members enrolled in HSW who self-direct their services, more individuals are seeking to apply for the program. The HSW team has used this opportunity to highlight and reinforce the benefits of HSW participation.
    - 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.

Additional Updates:

- **Things the Department is Doing Especially Well:**
    - Utilization Management frequently collaborates with other DWIHN departments on standard reporting, projects, and training opportunities, including Integrated Care, SUD Initiatives, Children's Initiatives, Quality Improvement, Strategic Operations, Residential Services, and Managed Care Operations.

- **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:**
  - Utilization Management continues to obtain routine feedback from Humana, following their inaugural verification audit in June 2026. We are awaiting receipt of official corrective action documentation.

DETROIT WAYNE INTEGRATED HEALTH NETWORK
BOARD ACTION

Board Action Number: 26-03R3 Revised: N Requisition Number:

Presented to Full Board at its Meeting on: 8/19/2026

Name of Provider: DWIHN Provider Network - see attached list

Contract Title: FY26 Children's Initiatives - Waiver Services

Address where services are provided: Wayne County Locations

Presented to Program Compliance Committee at its meeting on: 8/12/2026

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

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

Program Type: Continuation

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

Date Contract First Initiated: 10/1/2025

Provider Impaneled (Y/N)? 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).

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

Adding the new Provider:

1. Leaders Advancing and Helping Communities (LAHC) - Dearborn to deliver Recreational Therapy for children and youth on the Children Waiver.

2. MidSouth Development -Dearborn to deliver CLS/Respite for children and youth on the Children Waiver and SED Waiver.

The member(s) were recently approved for the waiver programs and are currently receiving services from the aforementioned providers. In an effort to ensure continuity of care, the providers were credentialed for the waiver programs and will continue to serve the member(s).

No change in estimated funding for FY26.

Children's Waiver ($2,389,645): The main goal of the Children Waiver Program is provision of medically necessary services to eligible children and their families which promote integration, optimum independence, and family resiliency. The Children's Home and Community Based Waiver Program (CWP) is a federal program authorized under section 1015c of the Social Security Act that provides Medicaid services for eligible children up to age 18 with developmental disabilities, who without such services would require or be at risk of being placed in an inpatient facility.

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

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

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

Source of Funds: Medicaid

Fee for Service (Y/N): Y

Revenue	FY 25/26	Annualized
Medicaid	$ 4,475,852.00	$ 4,475,852.00
	$ 0.00	$ 0.00
Total Revenue	$ 4,475,852.00	$ 4,475,852.00

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

Type of contract (Business/Clinical): Clinical

ACCOUNT NUMBER: MULTIPLE

In Budget (Y/N)? Y

Approved for Submittal to Board:

James White, Chief Executive Officer

Signature/Date:

James White

7/30/2026 7:22:36 PM

Stacie Durant, Vice President of Finance

Signature/Date:

Stacie Durant

7/30/2026 11:23:30 AM

DETROIT WAYNE INTEGRATED HEALTH NETWORK
BOARD ACTION

Board Action Number: 26-13R3 Revised: N Requisition Number:

Presented to Full Board at its Meeting on: 8/19/2026

Name of Provider: LAHC Leaders Advancing and Helping Communities

Contract Title: FY26 Substance Use Disorder Prevention: LAHC PA2

Address where services are provided: 'None'

Presented to Program Compliance Committee at its meeting on: 8/12/2026

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

Amount of Contract: $ 6,925,484.00 Previous Fiscal Year: $ 6,491,183.00

Program Type: New

Projected Number Served- Year 1: 3,000 Persons Served (previous fiscal year): 0

Date Contract First Initiated: 10/1/2025

Provider Impaneled (Y/N)? Y

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

Board approval is requested to add $300,000 of PA2 funds to Leaders Advancing and Helping Communities (LAHC) SUD Prevention Program.

The revised SUD PA2 prevention allocation is not to exceed $3,341,998 and the revised total SUD Prevention Program is not to exceed $6,925,484 for the fiscal year ended 9/30/2026. Contract terms remain the same.

The LAHC SUD Prevention Program provides critical protective factors that promote healthy decision-making, prevent substance misuse, improve mental and behavioral health outcomes, and strengthen resilience among youth. Prevention services are delivered in partnership with numerous school districts and community organizations, including 30 schools and other community-based sites. These participants also receive bilingual workshops, family strengthening programs, substance misuse prevention education, overdose prevention training, safe medication disposal awareness, recovery support referrals, coalition engagement activities, and behavioral health awareness campaigns. Services are delivered through schools, faith-based organizations, healthcare providers, community centers, senior housing communities, and public events, creating a comprehensive network of prevention support throughout the region. The Healthy Living Program has become a cornerstone of LAHC's efforts to address obesity and chronic disease disparities among vulnerable populations. Through nutrition education, healthy cooking demonstrations, physical fitness programming, wellness coaching, youth engagement activities, and community outreach, the program empowers participants to adopt healthier lifestyles and reduce risk factors associated with diabetes, heart disease, hypertension, and other chronic conditions that disproportionately affect low-income and minority communities. nutrition education, healthy cooking classes, physical activity opportunities, wellness programming, and community outreach services that support healthy aging and chronic disease prevention. Older adults will be served through senior centers, senior living communities, faith-based institutions, and community-based organizations, and more than 800 adults and seniors reached through community events, health fairs, and outreach activities. These programs provide critical opportunities for residents to learn healthy lifestyle behaviors, access health information and resources, build social connections, and engage in preventive health practices that contribute to improved long-term health outcomes.

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

no quality issues with LAHC

Source of Funds: PA2

Fee for Service (Y/N): N

Revenue	FY FY26	Annualized
Block Grant	$ 3,583,486.00	$ 3,583,486.00
PA2	$ 3,341,998.00	$ 3,341,998.00
Total Revenue	$ 6,925,484.00	$ 6,925,484.00

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

Type of contract (Business/Clinical): Clinical

ACCOUNT NUMBER: MULTIPLE

In Budget (Y/N)? Y

Approved for Submittal to Board:

James White, Chief Executive Officer

Signature/Date:

James White

Stacie Durant, Vice President of Finance

Signature/Date:

Stacie Durant

DETROIT WAYNE INTEGRATED HEALTH NETWORK
BOARD ACTION

Board Action Number: 26-46R3 Revised: Y Requisition Number:

Presented to Full Board at its Meeting on: 8/19/2026

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: 8/12/2026

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 eight (8) providers under the HIDE-SNP (formerly Dual Eligibles) Program, each with a one-year contract through December 31, 2026. The new providers, **Ascension St. John Hospital & Medical Centert; BCA of Detroit; Detroit Receiving Hospital; Harbor Oaks Hospital; Havenwyck Hospital; Madison Community Hospital; Prime Healthcare Services Garden City; and Sinai-Grace Hospital.** 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

8/4/2026 12:55:17 PM

Stacie Durant, Vice President of Finance

Signature/Date:

Stacie Durant

8/3/2026 2:18:08 PM

Board Action #: 26-46R3