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

FAX: (313) 833-2156
TTY: 711

PROGRAM COMPLIANCE COMMITTEE MEETING
Administration Bldg.
8726 Woodward, 1st Floor Board Room
Thursday, November 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. **Adults Initiatives' Quarterly Report** – Provide information on whether the members of the Med Drop program have support with them when they are being monitored and when they are administering their meds.
   B. **DWIHN Outpatient Clinic's Quarterly Report** – Provide data on socioeconomic factors, how many members are living at or below the federal poverty level in the zip codes we provide services to, and why there are disparities in income and health.

VI. **Approval of the Minutes** – October 14, 2026

VII. **Report(s)**
   A. Chief Medical Officer – ***Deferred to January 13, 2027***
   B. Corporate Compliance

VIII. **Brief Year-End Reports**
   A. Access Call Center
   B. Customer Service
   C. Managed Care Operations
   D. Residential Services
   E. Integrated Health Care

Board of Directors

Jonathan C. Kinloch, Chairperson
Karima Bentounsi
Kevin McNamara
Bernard Parker, Vice Chairperson
Barry Blackwell
William Phillips
Dora Brown, Treasurer
Lynne F. Carter, MD
Dr. Cynthia Taueg
Angelo Glenn, Secretary
Eva Garza-Dewaelsche

James E. White, President and CEO

F. Substance Use Disorder Initiatives
G. Autism Services

IX. Strategic Plan - *None*

X. Quality Review(s) - *None*

XI. Utilization Management Program Evaluation FY26 Executive Summary

XII. VP of Clinical Operations' Executive Summary

XIII. Unfinished Business

A. **BA #24-50 (Revised 2)** – Pharmacy Services Expansion
B. **BA #25-04 (Revised)** – Food Services Expansion
C. **BA #25-41 (Revised)** – EMS Services Expansion
D. **BA #27-09 (Revised)** – Autism Services FY27
E. **BA #27-23 (Revised 2)** – DWIHN Provider Network System FY27

XIV. New Business (Staff Recommendations)

A. **BA #27-21** – Trauma/ITCOD FY27
B. **BA #27-36** – General Funded Housing Resource Programs – Southwest Counseling Solutions (SWCS) Housing Resource Center and CNS Covenant House FY27
C. **BA #27-37** – Neighborhood Service Organization (NSO) and Wayne Metro PATH Program FY27
D. **BA #27-38** – Central City PSH CoC Program and Leasing Project FY27
E. **BA #27-39** – Neighborhood Service Organization (NSO) Detroit Health Housing Center (DHHC) FY27

XV. Good and Welfare/Public Comment

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

XVI. Adjournment

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

FAX: (313) 833-2156
TTY: 711

Follow up question from Adult Initiatives Quarterly Report:

Provide information on whether the members of the Med Drop program have support with them when they are being monitored and when they are administering their meds.

Response from Genoa Pharmacy:

Services are provided by a designated Community Living Supports (CLS) staff member who meets individually with the member to assist with medication administration or observation, as outlined in the member's person-centered service plan.

Staff safety is the highest priority. If a Med Drop staff member does not feel safe approaching a residence, they must remain in a safe location and contact the member to arrange medication delivery at an alternate safe meeting location. If a staff member feels unsafe after entering a residence, they must leave the medication, exit the residence immediately, and follow agency safety and incident reporting procedures.

The safety and well-being of Med Drop staff take precedence in all service delivery situations.

Board of Directors

Jonathan C. Kinloch, Chairperson
Karima Bentounsi
Kevin McNamara

Bernard Parker, Vice Chairperson
Barry Blackwell
William Phillips

Dora Brown, Treasurer
Lynne F. Carter, MD
Dr. Cynthia Taueg

Angelo Glenn, Secretary
Eva Garza Dewaelsche

James E. White, President and CEO

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

FAX: (313) 833-2156
TTY: 711

Follow-up form from last PCC- Provide data on socioeconomic factors, how many members are living at or below the federal poverty level in the zip codes we provide services to, and why there are disparities in income and health. Integrated Health Care Director and Population Health Specialist will give a formal presentation at the next board study session. Lillian Blackshire has the full Population Assessment follow-up document that can be given to Mr. Blackwell.

Socio-Economic Status

One truth about healthcare in the United States is that it is expensive, and that many costs are borne by the individual. Higher wealth and higher income can buy better food, housing, sanitation, and insurance. Those experiencing lower socio-economic status have higher levels of food insecurity, malnutrition, allostatic load, poorer stress recovery, and a host of chronic illnesses (Curran and Mahutga, 2018). Lower Socio-Economic Status can manifest several additional barriers for accessing care, from greater transportation barriers to lack of clean potable water to food insecurity and access to higher-quality nutrition. Notably, a lack of reliable transportation can impair one's ability to make and keep medical appointments, and a lack of income can make it difficult to afford prescription medications to manage chronic conditions.

The Area Deprivation Index (ADI), developed by researchers at the University of Wisconsin School of Medicine and Public Health, provides a neighborhood-level measure of socioeconomic disadvantage. In Wayne County, the ADI is not represented by a single county-wide value but varies across neighborhoods and census block groups. Much of the City of Detroit ranks as "Very High" on the index, reflecting significant socioeconomic challenges across many of its communities (Figure 14).

The ADI measures neighborhood socioeconomic conditions across four domains: income, education, employment, and housing quality. Scores are reported at the census block group level and are typically expressed as national percentiles (1–100) or state deciles (1–10), with higher values indicating greater deprivation.

Within Wayne County, areas such as Detroit, River Rouge, Highland Park, and Hamtramck exhibit high levels of poverty and correspondingly high ADI scores. In contrast, communities like Livonia and Grosse Pointe have lower deprivation levels and lower ADI scores (Figure 14). Research shows a strong correlation between ADI rankings and health outcomes in the county. Neighborhoods with higher ADI scores tend to experience lower average life expectancy and higher incidences of rehospitalization for chronic conditions, underscoring the connection between socioeconomic disadvantages and health.

Board of Directors

Dr. Cynthia Taueg, Chairperson
Karima Bentounsi
Kevin McNamara

Jonathan C. Kinloch, Vice Chairperson
Angela Bullock
Bernard Parker

Dora Brown, Treasurer
Lynne F. Carter, MD
William Phillips

Eva Garza Dewaelsche, Secretary
Angelo Glenn
Blackwell

James E. White, President and CEO

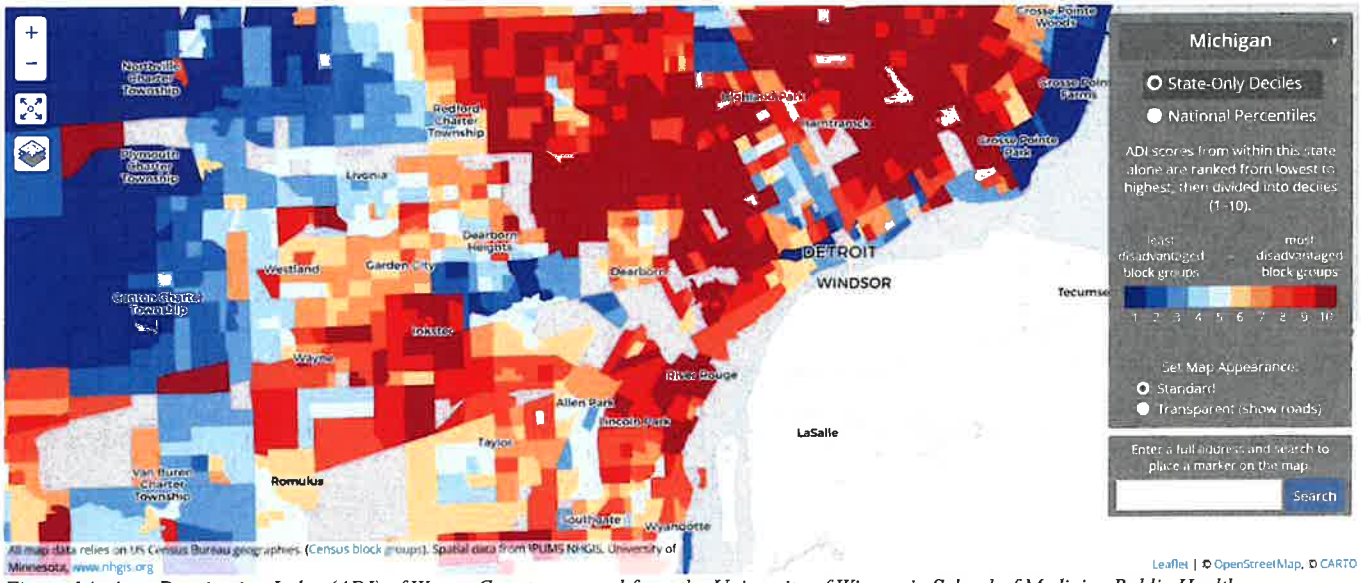


Figure 14: Area Deprivation Index (ADI) of Wayne County, sourced from the University of Wisconsin School of Medicine Public Health

Child poverty in Wayne County remains higher than the state average, with 29% of children living in poverty compared to 18% statewide. When broken down by race, these disparities increase, with black children experiencing the highest levels of poverty at 41% (Figure 14).

PROGRAM COMPLIANCE COMMITTEE

MINUTES **OCTOBER 14, 2026** **1:00 P.M.** ***IN-PERSON MEETING***

MEETING CALLED BY	I. Angelo Glenn, Program Compliance Committee Chair at 1:10 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 Dr. Cynthia Taueg **Committee Member(s) Excused:** William Phillips **Board Members:** Commissioner Jonathan Kinloch, Board Chair **Staff:** Dr. Darrin Crawford; Dr. Shama Faheem; Keith Frambro; Alison Gabridge; Monifa Gray; Marlena Hampton; Erik Hutchison; Dawn Ison (Virtual); Melissa Peters; Cassandra Phipps; Stacey Sharp; April Siebert; Manny Singla; Yolanda Turner; Daniel West; James White; Rai Williams; Megan Sandhawalia; 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 informed the committee that BA #27-33 (Vivitrol for 707 Crisis Care Center FY27) will be removed because it received exigent approval at a previous meeting. Mr. Glenn called for a motion to approve the agenda as amended. **Motion:** It was moved by Dr. Taueg and supported by Commissioner Kinloch to approve the agenda. Mr. Glenn asked if there were any more changes/modifications to the agenda. There were no more changes/modifications to the agenda. **Motion carried as amended.**

V. Follow-Up Items from Previous Meeting

DISCUSSION/ CONCLUSIONS

A. **Autism Services' Quarterly Report** – Provide information on barriers or reasons why families are declining services, even though they were eligible, and provide a comparison to the year prior in the next 90 days. Provide a report on the success stories of families that receive Autism services. Cassandra Phipps, Director of Children's Initiatives, reported that families are choosing not to initiate or continue ABA services when eligible due to family preference to decline services, scheduling conflicts, transportation barriers, life stressors, and other services. *Success stories of families that receive Autism services* - MetroEHS supported a member through a structured ABA program that culminated in a formal graduation in August. Following the completion of services, member successfully transitioned into a full-day, 1st-grade general education classroom, demonstrating age-appropriate readiness, independence, and adaptive skills required for school success. *Graduation From ABA and Transition to School with No IEP Needed* - Acorn Health in Livonia, a member recently graduated from ABA services after participating from July 2024 through August 2026. As the member entered full-time school this fall, the school team reported that the member was thriving and that an IEP was not recommended, citing the ability to adapt to classroom routines with minimal support. Throughout ABA, the child built strong communication, social, and school-readiness skills, supported by a steady but intentionally fading treatment intensity. The Clinician worked closely with the child and siblings over several years, reinforcing family-centered care and coordinating therapeutic support.

B. **Children's Initiatives' Quarterly Report** – Provide information on the State eliminating mental health services in the School Success Initiative's budget and the impact on the schools – Cassandra Phipps, Director of Children's Initiatives, reported that Michigan schools can receive funding from 2 state funded programs for the school fiscal year of July 1 – June 30 - *Section 31aa (Safety and Mental Health):* Delivers per-pupil payments to traditional public schools, charter schools, and private schools for mental health staffing and security. Public schools receive a set amount per pupil (average amount of $374 per student in public school). In order for schools to receive the funding schools agreed to participate in a state investigation in the instance of a mass casualty event such as a school shooting. Each school district decides whether to accept the funding under the new conditions; for example, Detroit Public Schools and Dearborn accepted the funding, while Woodhaven opted out; *Section 31n / Caring for Students (C4S):* The Caring 4 Students (C4S) assists school districts by providing partial reimbursement for the cost of expanding and enhancing emotional/behavioral and medical services to Medicaid-eligible general education students through the age of 21. Students must have a Plan of Care to be eligible (which includes, but is not limited to, an Individualized Health Care Plan, Behavioral Plan, Medical Management Plan, and Safety Plan, or a need for crisis intervention), along with parental consent. The funding school districts receive includes a 3-year sustainability plan; thus, school districts ensure there is a plan to sustain funding for at least an additional year if state funding ends; and *(2026) WayneRESA – 31n School District List* – A total of 23 school districts receive 31n funding out of a total of 33 Wayne County Districts.

Mr. Glenn opened the floor for discussion. Discussion ensued. Dr. Taueg thanked and complimented Mrs. Phipps and her team for an outstanding job at the Black

	Maternal Health Summit. It brought some additional information that was unknown about opioid use disorder and the work that DWIHN is doing.

VI. Approval of the Minutes

DISCUSSION/ CONCLUSIONS	Mr. Glenn called for a motion to approve the October 14, 2026, meeting minutes. **Motion:** It was moved by Commissioner Kinloch and supported by Dr. Taueg to approve the October 14, 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. **Partnerships and Community Engagement** – Tri-County Vaccine Conference (October 6, 2026) – Dr. Shama Faheem presented on DWIHN's collaborative efforts in the community vaccination strategy and future public health planning; and Southeast Michigan Psychiatric Hospital (formerly Walter Reuther) – The Medical Directors' meeting and facility tour occurred on September 29, 2026; and the ribbon-cutting ceremony was held on October 7, 2026. There are a total of 264 beds (192 adults and 72 youths). Patient transfers are reportedly scheduled for October 25, 2026. 2. **PIHP Updates** – ***Clinical Data Integrity and Disenrollment: Mild—to-Moderate Disenrollment Initiative*** - This project focuses on individuals with LOCUS/MichiCANS scores indicating mild-to-moderate needs who remained in PIHP services without appropriate transition. CRSPs completed transition reviews and ABD notifications in July; August/September focused on appeal reviews, with final disenrollments happening in October. Combined total population is 1,152, of which approximately 17% of all cases in this group have been closed in the EMR, and others are planned to be closed in October. As part of the ABD disenrollment transition, a total of 630 children and 116 adults were referred to their Medicaid Health Plans for ongoing management and coordination of care. These referrals ensure continuity of services as members shift from PIHP enrollment to MHP oversight. 3. **Health Homes** – *Behavioral Health Home (BHH)* – There are currently 4,039 members being served; 692 active as of October 1st; utilization is 81.8% (claims pending); P4P (FY25 distributed in FY26) - $106,001.87 was awarded across seven (7) providers. *SUD Health Home (SUDHH)* – There are currently 2,774 members served; 717 active as of October 1st ; utilization is 72.4% (claims pending); P4P (FY25 distributed in FY26) - $101,097.87 was awarded across nine (9) providers. Wellness Challenge – There are 383 participants across six (6) agencies; 107 completed to date (final numbers pending). Strong provider feedback; improved preventive care and whole-health engagement. 4. **CMHSP Updates (Crisis Center)** - FY26 data demonstrates sustained high volume and clinical complexity across Adult CSU, Child/Family CSU, and BHUC programs. Across FY26, all APPs and psychiatrists collectively completed 8,140 clinical notes, including psychiatric evaluations, daily

	progress notes, triage and disposition documentation, and BHUC encounter notes. This volume reflects the breadth and intensity of crisis services delivered throughout the year. Morning shifts consistently carried the highest workload, and the introduction of a midday APP shift beginning in August significantly redistributed operational pressure, reducing morning documentation volume by approximately 35–45%. Key performance indicators reflect strong timeliness with Total Psychiatric evaluations: 1,588 completed, and **88.2%** initiated within 3 hours. Mr. Glenn opened the floor for discussion. Discussion ensued. Mr. Blackwell requested that the meaning of abbreviations/acronyms be included in future reports. ***(Action)*** B. **Corporate Compliance—** *Deferred to November 12, 2026 Program Compliance Committee Meeting*

VIII. Quarterly Reports

DISCUSSION/ CONCLUSIONS	*Mr. Glenn, Committee Chair, thanked Cassandra Phipps, Director of Children's Initiatives, for the service she has provided at DWIHN. He wished her well and congratulated her on her future endeavors. Mr. White, President/CEO of DWIHN, also thanked Mrs. Phipps for her time and service to DWIHN and offered well wishes for her future endeavors.* A. **Adults Initiatives** – Alison Gabridge, Clinical Practice Improvement (CPI) Administrator, submitted and gave highlights of the Adults Initiatives' quarterly report. It was reported that: 1. **Activity 1: Med Drop** – There were a total of 57 members who participated in the Med Drop program and 4,442 scheduled drops for participating members during this quarter. AWBS has had limited engagement in the Med Drop Program since the previous point person left; follow-up is underway to identify a new representative and re-establish participation; Competing priorities are limiting referral generation, keeping enrollment well below the 20-member target. LBS is currently the only provider actively working to increase enrollment. Adult Initiatives will identify members on active AOT orders who struggle with medication adherence and may benefit from Med Drop. Each provider will receive a working list of potential referrals. 2. **Activity 2: Evidenced-Based Supported Employment (EBSE)/Individual Placement and Support (IPS)** – There are 268 unduplicated members served; 87 members employed in the program; and 44 members who obtained employment this quarter. Programs are experiencing high staff turnover/lack of staff; long delays between service authorization and service start dates (average of 18 days); and a lack of clear data collection expectations and procedures between IPS providers and DWIHN. Plans – SOPs to establish tracking expectations of IPS providers; develop KPIs based on fidelity and state/national metrics; and update policy which will establish accountability for CRSPs providing IPS services. Mr. Glenn opened the floor for discussion. Discussion ensued. The committee inquired whether the members of the Med Drop program have support with them when they are being monitored and when they are administering their meds. ***(Action)***

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

1. **Activity 1: Member Enrollment –** For FY26 (Q3), the DOC had 140 intakes completed. As anticipated for Q3, the DOC had a lower enrollment rate due to capacity management (job vacancies, enrollment of members who were not fully engaged, and shifting of some staffing and contingency planning to ensure all member services were covered during the vacancies that the department had, and the department was able to adjust some right-sizing of caseloads).
2. **Activity 2: Member Demographics** – Demographic data is trending very similar to what was presented at the beginning of the year. It was noted that the shifts, as the primary zip codes, are now more geographically located to the 6-Mile location, whereas in the previous year they were more geographically located to the 707 location. It is not necessarily an indicator that that is where the greater need is, but rather how our intake availability and access through our Access department were scheduled. On the enrollment chart, there was a significant increase in our child total numbers over Q3 compared to our adult total numbers, and we may continue to see that the department is fully staffed and has an implementation plan for growth and overall service care.
3. **Activity 3: Services Provided** – Listing of services has been condensed due to some of the billable services that we provide are supporting the main services (screening) already being given. They all contribute to care, including MichiCANS' assessment and treatment planning and annual assessments. Because of our shift of staffing and overall caseload management, some of the services plateaued some in Q3 and may anticipate that in Q4. The department was able to keep the current active, engaged members receiving services and making sure they were receiving quality care.
4. **Updates –** DOC celebrated its 2-year anniversary with staff collectively; significant improvements were made in all of our HEDIS measures except for one, and we are contributing to some effective corrective action plans and some of that staffing is used for monitoring and oversight. For FY27, the department looks forward to showcasing some additional, more detailed data points for the committee. They will be focusing on child and adult data separately now that the numbers are large enough to show that, as well as on some very specific information that will help us track trends in our population's needs.

Mr. Glenn opened the floor for discussion. Discussion ensued. Mr. Blackwell requested data on socioeconomic factors, how many members are living at or below the federal poverty level in the zip codes we provide services to, and why there are disparities in income and health. Provide the community needs assessment to Mr. Blackwell. Add this topic to the Board Study Session. ***(Action)***

C. **707 Crisis Care Center** – On behalf of Grace Wolf, VP of Crisis Services, Meagan Sandhawalia, Senior Director of Crisis Services, submitted and gave highlights of the 707 Crisis Care Center's quarterly report (June – August 2026). It was reported that:

1. **Activity 1: Adult Crisis Stabilization Data –** There were 281 presentations and 146 admissions per month. On average, 45 individuals per month were connected to community resources, 30 were sent out for medical stabilization during triage, and 59 were referred to our behavioral health urgent care. Our average AMA was one per month. The Center served African American males

between the ages of 26 and 64 and for disposition, 41% of individuals were connected to outpatient services while our inpatient referral rate remained low at 23%. For recidivism, our average same-month readmission rate for the quarter was 14%.

2. **Activity 2: Building Empowered and Supportive Transitions Unit (BEST) Data** – This Unit is 100% peer support-led. On average, we had 10 individuals transfer from the adult unit per month, with an average length of stay of four days. The largest share of individuals, 44% were connected to outpatient services at time of discharge, followed by 25% to SUD residential, and 17% to housing.
3. **Activity 3: Child and Family Crisis Unit (CFCU)** – For this quarter, there was an average of 93 presentations and 45 admissions per month. On average, 12 youth per month were connected to community resources, 15 were sent out for medical during triage, and 19 were referred to our behavioral health urgent care. Our average AMA was two per month. We primarily serve African American females between the ages of 10 and 14, and for disposition, 45% of our youths were connected to partial hospitalization, while maintaining a low inpatient referral rate of 15%.
4. **Quarterly Update** - August 2026, marked the Center's first year of 911 transfers to the Crisis Hub; year-one data to follow in "911 to Crisis Hub Transfer_Year 1 Data" Report; Continued engagement with MDHHS towards the development of the Youth Crisis Stabilization administrative rules; and there are no current plans of improvement/correction.
5. **Detroit 911 Communications Transfer to DWIHN Crisis Hub Pilot Program (August 2025 – August 2026) Follow-Up** - Starting in August 2025, the DWIHN Crisis Hub and the Detroit 911 Communications Department implemented a direct 911 transfer program. Detroit 911 Communications identified two Computer-Aided Dispatch (CAD) codes: Mental Health Non-Violent and Suicide No Threat. These call types are specific to mental health needs that do not present an immediate threat of violence. They were determined to be more appropriate for mental health response versus a police response. There were a total of 2,030 calls transferred. A large share of these calls came from what we call friendly voices, who are individuals who call 911 regularly and use it more as a support line. Because we speak to these callers quite often, they frequently end the calls themselves once they feel they've been supported, which is why discontinued by callers is our largest disposition at 33%; 11% of transferred calls resulted in a mobile crisis dispatch, and only 4% required referral back to 911 for immediate risk, meaning that 96% of these calls were handled without a police response. Looking at timing, the call volume is highest late at night between the hours of 10pm to 1am, with a second spike in the morning from 8 to 10am and the average call length was 14 minutes,

Mr. Glenn opened the floor for discussion. Discussion ensued. Dr. Taueg requested information on why is it that the majority of the clients that came to the crisis center were females between the ages of 10 and 14.

D. **Pre-Admission Review (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: Diversion Percentage Intervention** - Since inception of PAR Services in-house at DWIHN, PAR Services have been monitoring the overall diversion rate for children and adults. In July, the overall diversion percentage dropped below the DWIHN standard of 25% (22% in July). As a result, on 8/10/26 PAR Services developed and executed a Standard

Operating Procedure as an intervention. In this intervention, PAR Clinicians are to consult with their direct Managers to determine opportunities for diversion to the least restrictive environment on PAR Clinicians' first 2 inpatient dispositions per shift. PAR Leadership has consulted on 715 inpatient dispositions since 8/10/26, and of those consultations, 18% (128) have resulted in a diversion to a lower level of care. This has contributed to an increase in diversion rate from 22% in July to 28% in August and September. PAR Services has implemented Key Performance Indicators and has completed 2 months of KPI data collecting. Clinicians who fall below the standard within PAR Accuracy will have a collaborative SMART Goal developed and tracked. PAR Accuracy KPIs are directly related to MCG/Indicia criteria within the PAR Assessment.

2. **Activity 2: Member Notification/Safety Plan Intervention** - The PAR Dispatch Team has recognized the need to ensure DWIHN members are notified and informed regarding decisions made in crisis. DWIHN PAR Clinicians need to ensure members are provided informed consent where applicable, so they are aware of the next steps within the DWIHN crisis continuum. As a result, PAR Services has developed and instituted a Standard Operating Procedure for documentation of member notification as a standard and have developed a Safety Plan to physically provide to the member as a result of one-on-one collaboration upon PAR screening completion. DWIHN PAR Clinicians are currently engaging members in collaboration and completion of Safety Plans, which are one-page documents provided to the members. Discussions will include presenting concerns, identification of supports in crisis, coping skills and strategies, and recommended next steps moving forward. Safety Plan completion is required, where applicable, upon diversion to a lower level of care. The team has provided Safety plans for over 200 members since initiation of this intervention on 8/31/26. This intervention has satisfied audit requirements and provides an opportunity to reduce recidivism to emergency departments together with previous interventions of CRSP notifications. The team will review the members who have received a Safety Plan at 30-, 60-, and 90-day intervals to determine if service engagement has occurred. The team will compare similar timeframes to determine if this intervention has an effect on member engagement upon discharge from the emergency department.

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

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

1. **Activity 1: UM Determinations, Timeliness, and Quality Improvement** - 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. The UM Department has onboarded a physician consultant to support the review and processing of medical necessity denials. In Q4, we manually approved 84.3% of standard prior authorization requests within seven (7) days. While we did not achieve our internal stretch goal of 95%, we demonstrated a 57.9% relative increase (30.9 percentage points) in the manual approval rate between FY25 and FY26 year-ends.
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 Appeals Coordinator, with support from the UM Administrator and Director of Strategic Operations, has expanded their role to support NCQA readiness, including reviewing applicable standards and compiling required evidence for compliance. Regulatory compliance information is being shared more consistently with staff via department all-staff meetings and regular team huddles. Mr. Glenn opened the floor for discussion. Discussion ensued. F. **President/CEO Update** – Mr. White thanked staff for their patience with the DWIHN data migration, which started about a month ago with letting everyone know that it was upcoming. The migration started on Monday and did not go as planned and put DWIHN in a tailspin. Staff has been getting their computers updated, uploaded and re-imaged. Non-urgent meetings will be rescheduled. Mr. White thanked the I.T. Team for their hard work in getting staff updated. Mr. White informed the committee that if there were any delays hearing from staff that he was to blame. On a positive note, Mr. Glenn had an incident last Saturday where he saw someone in distress, administered Narcan and saved that person's life. Mr. White presented Mr. Glenn with the Opioid Lifesaving Award. Mr. Glenn noted that the Adult 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	A. QAPIP Work Plan Update FY26 – April Siebert, Director of Quality Improvement submitted and gave highlights of the QAPIP Work Plan Update FY26. It was reported that: 1. **Performance Indicator 2a** - Performance Indicator 2a continued to show improvement across each reporting period. In the quarter-over-quarter chart, Total IBPS 14-day completion rates increased from 53.71% in Q1 2026 to 60.22% in Q2 2026, maintaining strong performance at 59.22% in Q3 2026. The MI/Child and DD/Adult populations demonstrated the most significant gains, with MI/Child rising to 66.33% and DD/Adult reaching 72.58% in Q3, both representing the highest performance levels achieved this year. MI/Adult performance remained consistently strong, sustaining levels above 63% in the last two quarters. 2. **HEDIS Performance** – HEDIS performance remained stable overall, with 5 of 10 measures currently meeting statewide benchmarks. High-

	performing areas include: FUM 30 Adult at 64.71% (Benchmark: 54.87%); FUM 30 Total at 66.29% (Benchmark: 60.76%); ADD Initiation at 62.06% (Benchmark: 52.60%); ADD Continuation at 71.27% (Benchmark: 61.20%); and APP Total at 73.04% (Benchmark: 65.59%). Additionally, other measures are showing quarter-to-quarter improvement. Targeted provider-focused improvement plans are actively underway to maintain progress and address remaining performance gaps. 3. **Achievements** - DWIHN achieved a score of 100% on the External Quality Review Performance Measures Validation audit, with no plan of correction required. This outcome reflects strong operational performance, adherence to state standards, and consistent execution of quality monitoring practices. Mr. Glenn opened the floor for discussion. Discussion ensued.

XI. VP of Clinical Operations Executive Summary

DISCUSSION/ CONCLUSIONS	Erik Hutchison, VP of Clinical Operations, submitted and gave highlights of the VP of Clinical Operations Executive Summary. It was reported that Clinical Operations held an in-person meeting with key stakeholders, including our in-network psychiatric hospital partners. With PAR services spearheading the meeting, many other DWIHN department representatives attended to connect with our partners. We were able to provide updates, address areas for improvement, and connect with the appropriate leaders. We highlighted the adult's team, including AOT leaders, Med Drops, and ACT services, for our members. Utilization Management was also there to answer questions. Our community partners expressed their appreciation for the meeting, and we will continue to hold it once a quarter. For our EPIC Systems Electronic Medical Record (EMR) read-only view update, we supplied Corewell Health with a list of approximately 15 DWIHN leaders, and they have provided access to these leaders. This Friday we will meet as DWIHN leaders to discuss next steps to establish policies, procedures, and training for the use of EMR view access. There is training hosted by Corewell Health tomorrow that a couple of us will attend. This training will also be part of the training required for DWIHN team members. Once we establish the policies, processes, and training for EPIC, we will begin requesting access for the DWIHN frontline team members. Mr. Glenn opened the floor for discussion. Discussion ensued. Dr. Taueg requested that staff include testimonials or statements from people with lived experience that speak to the impact and quality of service in DWIHN's Annual reports and board/committee reports. ***(Action)*** 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 #26-46 (Revised 4) – MI HIDE-SNP FY26** – Staff requesting board approval to add two (2) providers under the HIDE-SNP (formerly Dual Eligibles) Program, each with a one-year contract through December 31, 2026. The new providers, Pontiac General Hospital and Trillium Behavioral Health, will receive and disburse Medicare dollars to deliver covered services to eligible beneficiaries. The amount of $7,810,615 noted for Medicare dollars is an estimate 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. Mr. Glenn called for a motion on BA #26-46 (Revised 4). **Motion:** It was moved by Dr. Taueg and supported by Commissioner Kinloch to move BA #26-46 (Revised 4) to Full Board for approval. Mr. Glenn opened the floor for discussion. There was no discussion. **Motion carried with Mr. Blackwell opposing.** B. **BA #27-23 (Revised) - DWIHN Provider Network System FY27** - Staff requesting board approval for the addition of the following five (5) providers to the DWIHN provider network for the fiscal year ending September 30, 2027 as outlined - three (3) Residential Providers (Agape Cares Extended, Inc., Good Company, and Mastrofrancesco AFC, Inc.) and two (2) outpatient providers (Metropolitan Rehabilitation Clinics, Inc. and Premier Care of Michigan, LLC). **Note:** The total amount of Board Action remains the same, not to exceed $1,040,045,141 for FY 2027. Mr. Glenn called for a motion on BA #27-23 (Revised). **Motion:** It was moved by Dr. Taueg and supported by Commissioner Kinloch to move BA #27-23 (Revised) to Full Board for approval.. Mr. Glenn opened the floor for discussion. There was no discussion. **Motion carried with Mr. Blackwell opposing.**

XIII. New Business (Staff Recommendations)

DISCUSSION/ CONCLUSIONS	A. **BA #27-05 - Multicultural Behavioral Health Services FY27** - Staff requesting approval of the memorandums of understanding between the Community Mental Health Association of Michigan (CMHAM), the Michigan Department of Health and Human Services (MDHHS), and the Pre-paid Insurance Health Plan (PIHP) for the PIHP Veteran Navigator (PIHP VN), Peer Navigator, Navigator Assistant, and the Multicultural Integration Providers, formerly known as the Multicultural Programs. The term of the contract is October 1, 2026 through September 30, 2027 with an amount not to exceed $475,997.00. Mr. Glenn called for a motion on BA #27-05. **Motion:** It was moved by Commissioner Kinloch and supported by Dr. Carter to move BA #27-05 to Full Board for approval. Mr. Glenn opened the floor for discussion. Discussion ensued. Stacie Durant, VP of Finance, informed the committee that this board action was not the final action regarding the amounts requested from the state. The state, just for disclosure, had made a cut to multicultural programs. It was not, in Mrs. Durant's opinion, an equitable cut. In one population, a group of people's cuts were much more significant and disproportionate. Mrs. Durant reached out to the state, and they approved her proportional reduction. The numbers detailed for each of the organizations are not accurate. The total amount agrees, so we can certainly modify that board action to reflect the correct amount and bring it to the Full Board meeting for final approval. **Motion carried as amended**. B. **BA #27-29 - Children's Medicaid Specialty Services FY27** - Staff requesting board approval for a one (1) year contract term of 10/1/26 - 9/30/27 for the (3) Children Specialty Services of Integrated Youth Juvenile Clinical Services (IYJCS), Home Based Services (HB), Intensive Care Coordination Services (ICCW). The total of these programs approximates $9,300,000 based on prior year activity. This amount is subject to change and can be allocated amongst the providers referenced below without Board approval. Note: The $9.3M is included in the total amount approved by the Board in Board Action 27-23: FY27 Provider Network System. Mr. Glenn called for a motion on BA #27-29.

	Motion: It was moved by Commissioner Kinloch and supported by Dr. Carter to move BA #27-29 to Full Board for approval. Mr. Glenn opened the floor for discussion. There was no discussion. **Motion carried with Mr. Blackwell voting "Nay" on BA #27-29..** C. **BA #27-30 – Random Acts of Kindness (RAKS) Foundation – Project Home for Returning Juvenile Lifers FY27** - Staff requesting board approval to contract for an amount not to exceed $250,000 with Project H.O.M.E. (Helping Opioid/Impacted Men and Everyone), a Peer-Led Reentry Support Program designed to provide evidence-based wraparound services to individuals sentenced to life or other extreme sentences as juveniles or emerging adults, who are transitioning from incarceration back into the community and who have Opioid Use Disorder (OUD), or a history of OUD, and co-occurring substance use disorder (SUD), and/or mental health conditions. The program aims to reduce recidivism, improve community reintegration, and address barriers to treatment, employment, housing, education, and recovery through peer-led navigation and comprehensive wraparound support. The program will utilize a Peer Mentor model to provide individualized support, service coordination, advocacy, and linkage to behavioral health, social, educational, and employment resources. We are requesting $250,000 in opioid settlement funds to support this initiative through a cost reimbursement model. Program outcomes will be collected monthly and TA provided by the SUD grants team. This board action was approved by the SUD Advisory Board on September 21, 2026. The total program amount shall not exceed $250,000 for the period from 10/21/2026 to 9/30/2027. Mr. Glenn called for a motion on BA #27-30. **Motion:** It was moved by Commissioner Kinloch and supported by Dr. Carter to move BA #27-30 to Full Board for approval. Mr. Glenn opened the floor for discussion. There was no discussion. **Motion carried with Mr. Blackwell voting "no".** D. **BA #27-31 – Linen Services for 707 Crisis Care Center and 7-Mile Locations FY27** – Staff requesting board approval for a three-year contract (with up to two (2) two-year renewal options) with Continental Linen Services. (selected under IFB #2026-005) to provide clean linen supply and patient laundry services to individuals served at the 707 and 7 Mile Crisis Care Centers. The contract term is from October 1, 2026 through September 30, 2029. The amount shall not exceed $427,414.33 for the duration of 3 years. Note: Linen services for the 707 W. Milwaukee location are budgeted for FY27. A budget adjustment will be submitted to cover 7 Mile expenses once the need arises. Mr. Glenn called for a motion on BA #27-31. **Motion:** It was moved by Dr. Taueg and supported by Commissioner Kinloch to move BA #27-08 to Full Board for approval. Mr. Glenn opened the floor for discussion. There was no discussion. **Motion carried with Mr. Blackwell voting "no" on BA #27-31.**

XIV. Good and Welfare/Public Comment

DISCUSSION/ CONCLUSIONS	1. Ms. Deidre King says the Adult Services report noted that turnover is directly related to the acuity of the service population. Ms. King stressed that the driving force for turnover is the lack of comprehensive support for clinicians. Driven by factors such as limited capacity for non-billable services and activities, low salaries driven by low Medicaid reimbursements, underinsured individuals, and the level of monitoring and compliance required by funders. Systemic factors are the driver, not the community.

	2. Dr. Melanie Knox, High Risk Retreat Drop-In Center, started the contract process with DWIHN in 2016 and became a part of the organization in 2019. After COVID, the Drop-in Center died. They have expanded their services outside of the four walls of the building into the community to provide stabilization services, peer support services, and wraparound services to those organizations they have collaborations with and want to collaborate with DWIHN. Dawn Ison, VP of Compliance, informed the committee virtually that this case is under compliance review and that there have been multiple exchanges with Dr. Knox. Dr. Knox is fully aware of the review, and we will continue that review until its resolution and, at that time, the board and Dr. Knox will be advised.

Action Items	Responsible Person	Due Date
1. **Chief Medical Officer's Report** – Please provide the meaning of abbreviations/acronyms to be included in future reports.	Dr. Shama Faheem	***Ongoing***
2. **Adults Initiatives' Quarterly Report** – Provide information on whether the members of the Med Drop program have support with them when they are being monitored and when they are administering their meds.	Alison Gabridge	***November 12, 2026***
3. **DWIHN Outpatient Clinic's Quarterly Report** – Provide data on socioeconomic factors, how many members are living at or below the federal poverty level in the zip codes we provide services to, and why there are disparities in income and health. Provide the community needs assessment to Mr. Blackwell. Add this topic to the Board Study Session.	Melissa Peters	***November 12, 2026*** ***TBD*** ***COMPLETED***
4. **VP of Clinical Operations' Executive Summary** – The committee requested that staff include testimonials or statements from people with lived experience that speak to the impact and quality of service in DWIHN's Annual reports and board/committee reports.	All	***Ongoing***
5. **BA #27-05 – Multicultural Behavioral Health Services FY27** – Staff is to modify this board action to reflect the correct amount and bring it to the Full Board meeting for final approval.	Shelia Young	***COMPLETED***

The Chair called for a motion to adjourn the meeting. **Motion:** It was moved by Commissioner Kinloch and supported by Dr. Taueg to adjourn the meeting. There was no further discussion. **Motion carried.**
ADJOURNED: 3:06 p.m.
NEXT MEETING: Thursday, November 12, 2026, at 1:00 p.m.

Program Compliance Committee Meeting
Corporate Compliance Report
November 12, 2026

Main Activities during July 31, 2026-Septmeber 30, 2026

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

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

	April 1, 2026-June 31, 2026	**July 1, 2026-September 30, 2026**
Compliance Referrals	**Outcomes**	**Outcomes**
Accepted Referrals	11	16
Referrals Opened for Investigation	13	9
Referrals Carried Over from The Previous Quarter	21	30
Investigations Completed	5	2
Substantiated Allegations Resulting in Recoupment	2	1
Total Recoupment Identified for the Substantiated Allegations	$29,740.34	$24,538.32

- *Current Status:* The Compliance Department completed 24 investigations in FY26, including 2 closures in Q4. This reflects a 40% reduction in quarterly closures compared to the previous quarter, which included 5 closures and a 25% decrease in total annual closures from FY25, which ended with 33 closures versus FY26's 25 closures. The decline is due, in large part, to staffing changes, as the department operated with an average of two Compliance Specialists during FY26, compared to three in the prior fiscal year. However, as of October 1, 2026, four additional investigations were in the final stages of completion.

- *Major Accomplishments During this Period:*
  Financial Impact: Financial Impact: One substantiated allegation resulted in financial recovery, totaling $24,538.32 during Q4 of FY26. One additional investigation during this period that did not involve recoupment for Medicaid, General Fund, or SUD Block Grant dollars, demonstrating stronger adherence to funding requirements and fewer incidents involving reimbursable funds.

  Substantiation Rate: Of the two investigations completed in FY26, Q4, two investigations were substantiated, resulting in financial recoupment and implementation of a corrective action plan.

Trend Highlights:

While the number of accepted referrals and total recoupments was consistent from Q1 through Q3, the Q4 assigned and pending cases suggest higher-risk violations. This increase in case complexity and severity has directly contributed to longer investigation timelines, as higher-risk matters require more extensive review, coordination, and documentation. Additionally, elevated recoupment amounts associated with these cases further extend the resolution process due to the heightened level of validation and oversight required and reflect continued improvements in provider compliance.

Additional Accomplishments:

The Compliance Department has completed a review and revision of both its internal and external initial compliance training to comport with current law, regulations and policies. The Compliance Department has also revised its case review, triage procedures, and report writing formats to ensure efficiency, thoroughness and quality in the work of the Department. The team has also worked diligently to eliminate reduced longstanding operational barriers and workflow issues across departments. These improvements have streamlined risk assessment processes, credentialing functions, and conflict-of-interest reviews, resulting in a more efficient and coordinated approach to supporting compliance efforts across DWIHN.

In addition, Compliance investigated a significant case that was referred to the Department by the Office of Inspector General (OIG). The original OIG complaint alleged a single provider filed claims for services rendered after a Medicaid beneficiary's date of death. The investigation expanded to include two additional providers that had similarly filed claims for the same Medicaid beneficiary after death. The investigation involved an individual who was in crisis and presented herself as the deceased Medicaid beneficiary during intake at the respective providers. The individual provided both personal health information (PHI), including the deceased member's Medicaid identification number and other personal identifying information ("PII"). The investigation revealed several non-compliant issues relating to the providers involved, as well as gaps and failures in several DWHIN departments. The investigation resulted in the issuance of Corrective Action Plans on all providers involved to ensure compliance with Medicaid eligibility requirements and on the relevant departments at DWIHN to ensure deaths are reported to avoid the issuance of payment following death.

Due to the seriousness of the issues identified in this investigation, Compliance notified DWIHN leadership prior to conclusion of the investigation. To fully evaluate the gaps, risk and issues identified, VP Ison used the investigation as a case study and presented it to all supervisory leadership as a training exercise, serving to underscore all DWIHN staff's obligation to prevent, detect and avoid fraud, waste and abuse. In addition, following the presentation, DWIHN conducted audits, and examined and secured workflow with regards to deaths of beneficiaries to further ensure compliance and identify any areas of gaps and risk relative to issues presented in this investigation.

The elevation of the issue in this case to executive leadership, like the matter reported during Q3, further demonstrates the Compliance Department's commitment to not only identify fraud, waste and abuse, but also prevent it by alerting executive leadership to issues that require proactive remediations to internal policies and procedures.

Compliance Academy:

The Compliance Academy transitioned from a bi-monthly schedule to a quarterly training model to support more comprehensive review, alignment, and integration of emerging compliance trends. This shift has enabled the delivery of more targeted, data-informed content that directly supports provider performance improvement. Additionally, new specialized training modules such as Corrective Action Plan (CAP) development, Individual Plan of Service (IPOS) compliance, and Member Eligibility were introduced to strengthen provider understanding of key compliance requirements and enhance overall system performance. Attendance increased by 4 percent from FY '24–'25 to FY '25–'26, and participant feedback remained highly favorable, with satisfaction ratings of 88 percent for program content and 82 percent for program value.

OIG Reporting:

Compliance's quarterly and monthly recoupment reports submitted to OIG in Q1 through Q3 resulted in no impact items cited nor any corrective action imposed. The OIG's Q4 report is due in mid-November, and we anticipate further successful compliance with DWIHN's reporting requirements.

Staff Update:

One of the two Compliance Specialist vacancies from the last quarter has been filled. A new hire is scheduled to begin October 12, 2026. Active recruitment to fill the remaining position is currently underway. Additionally, during Q4, Dawn N. Ison transitioned from Interim to Vice President of Corporate Compliance to the permanent position of the same.

Program Compliance Committee Meeting
Yvonne Bostic, MA, LPC (Director) - DWIHN Access Call Center
Annual Report (FY26)
Date: 11/12/2026

Main Activities during FY 26:

- **Call Center Performance – Call detail report (Call Quantity) and Silent Monitoring (Call Quality).**
- **Appointment Availability – MH/SUD intake and Hospital Discharge Follow up.**
- **Accomplishments and Upcoming Plans for FY 27**

Activity 1: Call Center Performance
Call Detail Report (Call Quantity)

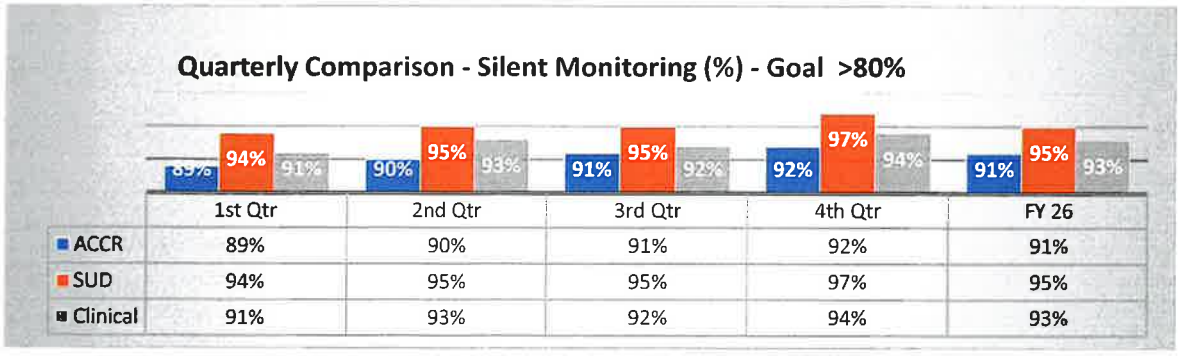
- **Description**: Majority of the calls that come into the call center are from members in the community seeking mental health and SUD services, information and referrals. The rest of the incoming calls are from in-network providers and other community agencies like local hospitals, foster care workers, etc. Incoming calls are monitored from the first point of contact with the DWIHN Access Call Center Representatives (ACCR) and then after they are transferred to a screener (MH/SUD) or other DWIHN department or community resource.
- Breakdown of **180,314** calls handled (FY26)
  - **Breakdown**
  - 45,388 (25.0%) calls handled related to SUD services with an average handle time of 14:45 minutes.
  - **21,566** (12.0%) calls handled, related to MH services, with an average handle time of 20:23 minutes.
  - **113,360** (63.0%) calls handled, related to other requests: provider inquiries, information and referrals for community programs and services, screening follow up calls, Hospital Discharge appointments, Transfer calls (Crisis, ORR, Customer Service, Grievance, UM/Claims, etc.)
- All Call Center Performance Standards were met for MDHHS and DWIHN for FY 26 (October 2025 - September 2026):
  - % Abandoned Goal is < 5% (1.0%)
  - Avg. speed to answer Goal <30 sec. (6 seconds)
  - % of calls answered Goal > 80% (98.0%)
  - Avg. Service Level > 80% (96.0%)

Annual Comparison

Fiscal Year	Queue	Incoming Calls	Calls Handled	Avg. % Calls Abandoned/ Disconnect (long)	Average Speed Answer	Avg Call Length	% Calls Answered	Service Level
FY26	ACCR	184,322	180,314	1.00%	:06sec	4:32 mins	98.00%	96.0%
FY25	ACCR	191,862	184,904	2.00%	:12sec	4:37 mins	96.00%	90.0%
FY24	ACCR	200,422	187,190	4.00%	:26 sec	5:30 mins	93.00%	78.15%

Silent Monitoring (Call Quality)

- **Description:** Silent Monitoring is an internal quality evaluation measure used to assess adherence to established best-practice, customer experience and call handling standards. A minimum of 900-1000 calls are monitored annually (80-100 calls a month). These calls are randomly pulled from recordings or during live monitoring of calls. Each call is given a percentage rating based on 21 quality review items for the Access Call Center Representative unit, 34 quality review items for the Clinical unit, and 22 quality review items for the Substance Use unit. Any review receiving a score of 80% or below will receive corrective action response to include coaching / training.
- During FY 26, the Access Call Center Quality Assurance unit engaged in ongoing work to transition to the Genesys/Pure Insights reporting system. Quarterly reports were used to summarize raw data, identify strengths and procedural gaps and supported coaching, supervision and management follow-up opportunities.
- A total of 1,942 evaluations were completed during this fiscal year, which is 742 more calls than last year (FY 25 -1,200 calls monitored)
- The Access Call Center overall average performance score for FY 26 was 93.0% (ACCR-91%, SUD-95% and Clinical-93%), this was a 7% improvement from FY 25 (86%).
    - Areas of strength included: professional call interaction, call content/interaction, adherence to greeting and closing scripts.
    - Areas of weakness included: discussions about treatment provider preferences and special accommodation, advance directives education, hold/check-in communication, one call resolution.
- During FY 26 call center staff engaged in monthly live trainings / department overviews and online / virtual trainings with the goal of improving skill and knowledge base.
    - Topics included: LOCUS Overview; ASAM Overview; Recipient Rights; Navigating the Community Mental Health System; Customer Service vs Customer Experience (Tone, Pace, Voice Volume, Active Listening and Positive Response); How to handle difficult calls; Verbal De-escalation; DWIHN Attendance Policy; DWIHN Access Call Center Program Description and Scope of Services; Review call transfer/conference call process for Genesys Cloud Phone System; How to use DWC / LMS and Improving MI Practices website for DWIHN required trainings; Health Home and CCBHC services; DWIHN Crisis Services; AOT Orders and Kevin's Law; Advance Directives; Medicare/Medicaid Fraud Waste and Abuse; DWIHN Adult / Child Initiatives department overview.
- Our FY 26 goal will be increased to stay above 90% each Quarter.



	1st Qtr	2nd Qtr	3rd Qtr	4th Qtr	FY 26
ACCR	89%	90%	91%	92%	91%
SUD	94%	95%	95%	97%	95%
Clinical	91%	93%	92%	94%	93%

Activity 2: Appointment Availability

Description: The appointment availability report gives a summary of appointments scheduled after an eligibility screening is completed by the Access Call Center for individuals seeking SMI, SED, DD, ABA and SUD services and a summary of the hospital discharge appointments scheduled through the Access Call Center.
The goal is to schedule routine intake appointments to take place within 14 days of the eligibility screening and hospital discharge follow up appointments to take place within 7 days of discharge.
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:

During FY 26, there was very little variation in the average of appointment availability from quarter to quarter. In an annual comparison, there was a decrease in appointment availability by 5% for hospital discharge follow up appointments, 4% increase in SUD appointment availability and 2% increase in MH/IDD appointment availability.

- Hospital Discharge follow-up appointments - FY 24 (85%), FY 25 (97%), FY 26 (92%).
- SUD intake appointments - FY 24 (79%), FY 25 (88%), FY 26 (92%)
- MH/IDD intake appointments – FY 24 (89%), FY 25 (87%), FY (89%).

If there is not an appointment available within the 7 day or 14-day timeframe, an appointment is scheduled using the soonest available appointment slot and the provider is asked to contact the member if another appointment becomes available.

During this fiscal year there were 4 new CRSP provider additions and many of the current providers expanded their service array. Both were efforts to increase the availability of services for the DWIHN community. Many providers (CRSP) report that they have hired additional staff and have implemented programs to support staff and defer turnover.

Activity 4 – Upcoming Plans / Projects for FY 26

- Continued implementation additional features of the Genesys Phone System (WorkForce Management, Knowledge Base and Satisfaction Surveys).
- Continue Customer Service Skills Training Series and Coaching as needed and perform more one on one coaching; work towards achieving all silent monitoring scores above 90%

Program Compliance Committee
FY 26 Year-End Report
Customer Service
November 12, 2026

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 Welcome Center/Switchboard. The MDHHS mandated Customer Service standard is to ensure that the call abandonment rate is < 5%.

Reception/Switchboard Reception/Switchboard

	Number of Offered	Number of Calls Answered	Abandoned Calls	Abandonment Rate Standard <5%	Average Speed Answer (ASA) <30sec)	Service Level Standard 80%	% of Calls Answered Standard 80%
FY-25	**12,459**	**11,823**	**163**	**1%**	**9 sec.**	**97%**	**95%**
FY-26	**9,708**	**9233**	**126**	**1%**	**10 sec.**	**96%**	**95%**

Customer Service Call Center

	Number of Offered	Number of Calls Answered	Abandoned Calls	Abandonment Rate Standard <5%	Average Speed Answer (ASA) <30sec)	Service Level Standard 80%	% of Calls Answered Standard 80%
FY-25	**10,751**	**10,202**	**320**	**3%**	**10sec.**	**95%**	**95%**
FY-26	**13,110**	**12,328**	**511**	**4%**	**11Sec.**	**92%**	**94%**

Significant Activities:

Reception/Switchboard Reception/Switchboard

Reflecting on the past year at the welcome center, we faced early staffing challenges that underscored the need for a well-equipped front desk team. As the first point of contact for visitors, the front desk must have the resources to perform effectively.

To improve our operations, we implemented a Sign-in Kiosk to streamline the check-in process for community members and employees. However, during peak meeting times, assistance is often

needed at the kiosk, leaving only one person available to handle incoming calls. This may explain the increase in call volume that has been redirected to the Customer Service call center.

We have also observed a rise in walk-ins, which the Customer Service Call Center Representative team manages. While these walk-ins are documented in the MHWIN system, there wasn't an easily accessible log of them. This issue has now been resolved. I estimate we had approximately 75-100 walk-ins this fiscal year.

Maintaining our service-level standards, we achieved 97% in FY-24/25 and 96% in FY-25/26, both exceeding the 80% target. This consistency underscores our commitment to providing high-quality service.

The differences observed between the two fiscal years can largely be attributed to the strategic enhancements we've made. In summary, the data suggests a positive trend: while we've seen a dip in total call volume, our service quality has remained strong or even improved. This streamlined approach not only promotes efficiency but also helps maintain high customer satisfaction, which is key to any successful operation...

Customer Service Call Center

In FY'25, the call center answered 10,202 of 10,751 calls, yielding an abandonment rate of 3%, well below the 5% standard. Additionally, the average speed of answer (ASA) was 10 seconds, significantly better than the 30-second target, and both the service level and the percentage of calls answered were an impressive 95%, exceeding the 80% standard.

In FY'26, the number of calls increased to 13,110, of which 12,328 were answered. This led to 511 abandoned calls and a 4% abandonment rate, still within the standard but approaching the limit. The ASA increased slightly to 11 seconds but remained well within acceptable parameters. The service level and percentage of calls answered decreased marginally to 92% and 94%, respectively.

Reflecting these statistics, it's clear the call center has experienced increased demand, which may require additional staffing to maintain performance. Furthermore, collaboration between the Customer Service call center and the welcome center is essential, as calls not answered at the front desk are redirected to the call center, increasing both volume and workload. We should also consider the walk-ins handled by the Customer Service Call Center Representatives, which contribute to a rise in the abandonment rate. Additionally, most representatives work remotely, with only one person in-house each day, which further complicates the situation.

The challenges experienced this fiscal year, particularly staff absences due to medical issues, have undoubtedly strained our operations. Nevertheless, despite these hurdles, the team has maintained a commendable level of service. Addressing staffing needs and ensuring continued support and training for our representatives will be vital as we move forward to manage the rising call volume effectively.

Activity 2: Grievances, Appeals, State Fair Hearings

Customer Service ensures that members receive Due Process. This includes complaints, Grievances, Appeals, and access to Mediation. The Due Process unit is includes Grievances, Appeals, access to Mediation, and State Fair Hearings.

Complaint and Grievance Related Communications

Correspondence	FY-25	FY-26
Complaint/Grievance Correspondence	3729	2716

Grievance Processed

Grievances	FY-25	FY 26
Grievances Received	79	41
Grievances Resolved	50	36

Grievance Issues by Category

Categories	FY-25	FY 26
Access to Staff	49	5
Access to Services*	23	17
Clinical Issues	2	1
Customer Service	18	8
Delivery of Service*	23	24
Enrollment/ Disenrollment	1	2
Environmental	1	0
Financial	4	1
Interpersonal*	10	7
Org Determination & Reconciliation Process	2	3
Program Issues	2	1
Quality of Care	11	3
Transportation	0	1
Other	3	3
Wait Time	0	0
Overall Total	132	77

Note: A grievance may contain more than one issue. The trend in terms of grievances is in the areas of Interpersonal, Delivery of Service, and Access to Service. The numbers above reflect a 41% decrease

MI Health Link (Demonstration Project) Grievances

Grievance	FY-25	FY 26
Overall Total	0	0

Appeals: Advance and Adequate Notices

The DWIHN Provider Network reported processing **23851 member Advance Adverse Benefit** Determination notices to reduce, suspend or terminate currently authorized services which was a 4.81% **increase** from the previous FY.

In the area of **Adequate Adverse** Benefit Determination notices **10353** were issued to delay, deny or limit services that were requested but not previously authorized, which was a **15.67% increase** from the previous FY. It can be assumed that there were fewer denials for community mental health services than the previous year. This data is only reflective of our Clinically Responsible Service Providers and our specialty service providers (i.e. Autism, speech/language therapy, etc.).

*Appeals Communications

	FY25	FY26
Appeals Communications Receive	**942**	**1194**

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

Appeals Filed

Appeals	FY25	FY26
Appeals Received	20	16

DWIHN State Fair Hearings

	FY25	FY26
Received	1	1

*For FY'26, Outcome: The decision made by DWIHN was upheld.

MI Health Link (Demonstration Project) State Fair Hearings

	FY-25	FY26
Received	0	0

Significant Activity:

The Customer Service Grievance Unit findings are shared with multiple facets within the organization. Such areas include the Access Committee. This committee collects, via a monthly report, grievance data with categories containing Access to Services, Access to Staff, and Delivery of Service issues. Grievance data is also provided to the Credentialing Committee to assist in determining the appropriateness of a provider during the credentialing or re-credentialing process. Lastly, grievance data is also provided to the Risk Matrix Committee in concert with other departments to establish training, plans of correction, health of the agency, etc.

Accomplishments:

Barbara Hedgepeth was hired as the Due Process Manager during this fiscal year.

- There was one Mediation conducted during this fiscal year and one State Fair hearing. DWIHN's decision was upheld for the State Fair Hearing
- Multiple Due Process Lunch and Learn sessions were conducted monthly. Sessions were intended to provide providers with a platform to ask questions, receive updates, and seek technical assistance regarding grievances, appeals, mediations, State Fair hearings, and disenrollment.
- Due Process staff successfully assisted with training and participation in the various Disenrollment Projects.
- The Due Process team worked on the upcoming NCQA audit preparation.
- Due Process began working on reorganizing units in response to new internal and external requirement.

Activity 3: Member Engagement and Experience

Customer Service Member Engagement ensures that members are provided with the opportunity for Community inclusion through various initiatives. In addition to promoting outreach, the principles of advocacy are advanced through DWIHN's Constituents' Voice Advisory Group and focus groups. Through these venues, members can share with DWIHN's President and CEO their issues, concerns, and recommendations for process improvements. The Member Engagement Unit also facilitates various survey activities. This feedback is essential to DWIHN's ability to address members', providers', and community concerns and to prioritize new initiatives.

Significant Activity:

- A live Peer Chat is hosted monthly on the second Thursday at 6 p.m. The Peer Chat is a casual forum for Peer Support Specialists and Peer Recovery Coaches. Fifty-four peers attended the Peer Chat for FY 26.
- The Constituents' Voice members and Member Engagement staff distributed 83 toiletry packages to the Arc of Detroit members at their annual Cinco de Mayo dinner dance in May. One hundred members and their families were in attendance. The toiletries were collected from DWIHN staff during the December holiday season.
- The Constituents' Voice meets monthly, every third Friday. The guest speakers for the year included various DWIHN departments including DWIHN's CEO, Chief of Staff, Integrated Health Care, Mobile Crisis, Quality Improvement; Office of Recipient Rights: and , including DWIHN's CEO, Chief of Staff, Integrated Health Care, Mobile Crisis, Quality Improvement, Office of Recipient Rights, Customer Service.
- In Observance of Developmental Disabilities Awareness Month, the Constituents' Voice Advocacy Action Committee presented a webinar, "Navigating Health Disparities & Growing Older in the Developmental Disabilities Community" on March 19, 2026. The panel included Jamie Junior, CV Co-chair; Dr. Melissa Zochowski, Ph.D., Healthcare Operations; and Eunice Marks, retired State of Michigan Social Worker.
- The Constituents' Voice Advisory Council, in observance of Mental Health Month in May, presented a program, "Caring for Our Community: Encouraging Boundaries, Emotional Wellness, Coping Skills and Mental Health Check-Ins". The speakers were Dr. Shama Faheem, DWIHN Chief Medical Officer, and Constituents' Voice members, Laurence Wilson, Tamesha Little, and Damon Robinson.
- The Constituents' Voice Annual Summer Gathering picnic was held on June 26, 2026, and seventy-five (75) Constituents' Voice members, clubhouse and drop-in members, and staff

attended on a beautiful sunny day at Warrendale Park in Dearborn Heights. A picnic luncheon was provided. The DWIHN mobile bus was on site, and the staff provided resource materials for the Members.

- The Dreams Come True Awards Luncheon took place on September 18, 2026, held at the Considine in Detroit, MI. Ten DWIHN members were awarded $500 gift cards based upon their submissions. Mr. James E. White, President and CEO, the Dreams Come True Awards Luncheon, including Constituents' Voice members, DWIHN members, and staff was the keynote speaker. One hundred people attended, including Constituents' Voice members, DWIHN members, and staff.
- The Wayne State University Center for Urban Studies has conducted the Experience of Care & Health Outcomes (ECHO) Survey for Detroit Wayne Integrated Health Network (DWIHN). During the 2026 data collection effort, the Center reached 866 adults and 1,044 parents or guardians of children identified by DWIHN. For all years of data collection, the measures of Perceived Improvement and Getting treatment have been below 50%. Measures with scores above 75% on both surveys are Privacy and Patients' rights information. Members who participated had an opportunity to win one of three gift cards for $100, $250, and $500. The ECHO Report FY 2026 was submitted to the Customer Service Engagement Manager on September 30, 2026.
- The Annual National Core Indicators (NCI) Survey is conducted by Wayne State University Developmental Disabilities Institute. DWIHN adult members, 18 years of age or older, with an intellectual/developmental disability, are randomly selected to participate. The NCI survey interviewed 600 people.
- Customer Service Peer Services sponsored three peer trainings to give Peers the opportunity to obtain necessary continuing education credits to satisfy Michigan Department of Health and Human Services mandated continuing certification requirements. Seventy-two Peer Support Specialists and Peer Recovery Coaches attended the three training sessions.
- The Persons Points of View member newsletter, Fall 2025, Winter 2026, Spring 2026, and Summer 2026 were published. The Persons Points of View newsletter is member-driven and provides DWIHN and NCQA updates. Michael Shaw is the Editor – In – Chief.
- The Customer Service Engagement staff held a member meeting at the following Clubhouses: Lincoln, The Gathering Place; CNS Motor City; Goodwill A Place of Our Own; and Hegira Turning Point.
- A Transit Training was held on August 20, 2026, at The Gathering Place Clubhouse. The presenters were two Customer Service Engagement Peer Agents and a representative from Smart. The members requested the training to gain information on becoming more independent and utilizing public transportation.
- The Annual Walk a Mile in My Shoes Rally was held on the lawn of the Michigan State Capitol in Lansing on September 23, 2026. It advocates for increased funding and awareness for mental health. DWIHN had over 248 person people attending, including Board member Bernard Parker, Dr. Darrin Crawford, Chief of Staff, Dorian Johnson, Director of Customer Service, CV members, clubhouse members, drop-in members, providers, s attending that included Board member Bernard Parker, Dr. Darrin Crawford, Chief of Staff, Dorian Johnson, Director of Customer Service, CV members, clubhouse members, drop-in members, providers and DWIHN staff.
- Participated in numerous surveys and assessment activities including: Annual Adult and Children's Satisfaction ECHO Surveys, Annual National Core Indicators (NCI) -DD Survey, 2024 Self Determination Survey, 2024 Racial Disparity Assessment, Annual Needs Assessment,

Biennial Needs Assessment Survey, Satisfaction baseline survey Non-Emergency Transportation, Review of Electronic Directory Usage, Data review of Service by zip code, Data review of the assessment of Long-Term Disabilities, MHSIP Survey Mental Health Statistical Improvement and Collaborated with the Children's Initiative department on a Linguistics study

Submitted by: Dorian Johnson, Customer Service Director

Program Compliance Committee
Rai Brown, Director of Managed Care Operations
Annual Summary (FY 2025-2026)
November 12, 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.

Highlights for the Fiscal Year 25/26:

- For contracts, MCO has processed the following:
  - over 460 contracts for signature to our provider network for FY 2027.
  - Reviewed 52 new provider inquiries.
  - Onboarded 14 new providers.
  - Processed 272 expansion requests for services or locations.
- For credentialing, MCO has processed the following:
  - Reviewed 1,666 credentialing applications
  - Approved 1,296 provider and practitioner applications

- Managed Care Operations prioritized reviewing network adequacy, screening providers, and evaluating service and geographic gaps before approving new contracts or expansions. This approach ensures that network growth is aligned with member demand, program requirements, and fiscal responsibility.
- Expansion request approvals nearly doubled year-over-year, highlighting sustained provider engagement and alignment with network adequacy priorities.
- Implemented a new Credentialing Verification Organization (CVO) system. Staff participated in implementation meetings and training to support onboarding.
- The credentialing team transitioned from a 10% delegation sample audit of CVO files (Medversant) to reviewing 100% of all files. This change was driven by identified gaps in the CVO's verification of continuing education units (CEUs) and admitting privileges. A quality checklist was implemented for all files beginning in February, and the new standard was fully operational by March.
- MCO submitted all required documentation for the Humana Pre-Delegation Audit in support of the new MICH HIDE SNP contract and received a 100 percent score on the HAP/CareSource Pre-Delegation Audit for the same program.

Program Compliance Committee
Rai Brown, Director of Managed Care Operations
Annual Summary (FY 2025-2026)
November 12, 2026

Major Accomplishments:

- The division completed the FY 26 contracting season, resulting in an increase in executed contracts from 405 in the prior fiscal year to 460 this year, demonstrating improved coordination, accountability, and provider responsiveness.
- Substance Use Disorder (SUD) contract management oversight was transitioned back to the MCO, enabling stronger alignment between contracting, network adequacy, and compliance monitoring.
- Developed a comprehensive auditing site review tool to support cross-departmental information sharing and the creation of a formal Risk Matrix for ABA and SUD providers to strengthen oversight and risk-based decision-making.
- The contracting team routed 366 Residential and Outpatient Amendments to ensure DWIHN remains compliant with its executed agreements with Health Plan partners. This accomplishment represents a high volume of contract maintenance activity completed accurately and within compliance timelines.
- Developed a Provider Hub that will house all provider-facing communications, including relevant clinical documentation, training resources and shared calendar listing all upcoming DWIHN events.

Plans for FY 2026-2027:

1. Transition from implementation to production for our new CVO.
2. Survey visibility will be expanded through targeted outreach, with intentional prompts following key provider interactions such as onboarding, contracting, and expansion requests.
3. Continue to monitor network gaps and actively adding providers based on identified access needs, with Request for Proposals (RFPs) deployed as a targeted recruitment tool in shortage areas including Autism services, Substance Use Disorder, and Behavioral Treatment Planning.
4. Continue to provide provider education, visual workflows and training resources on contracting and credentialing standards.
5. Expand the Risk Matrix dashboard to ensure clinical, quality, contractual and compliance oversight to strengthen monitoring and risk-based decision-making for other provider types.
6. Roll out the New Provider Orientation process for onboarding and enrollment with DWIHN.

Program Compliance Committee Meeting
Kate Mancani LMSW, Interim Director of Residential Services Report
Date: 11/12/2026

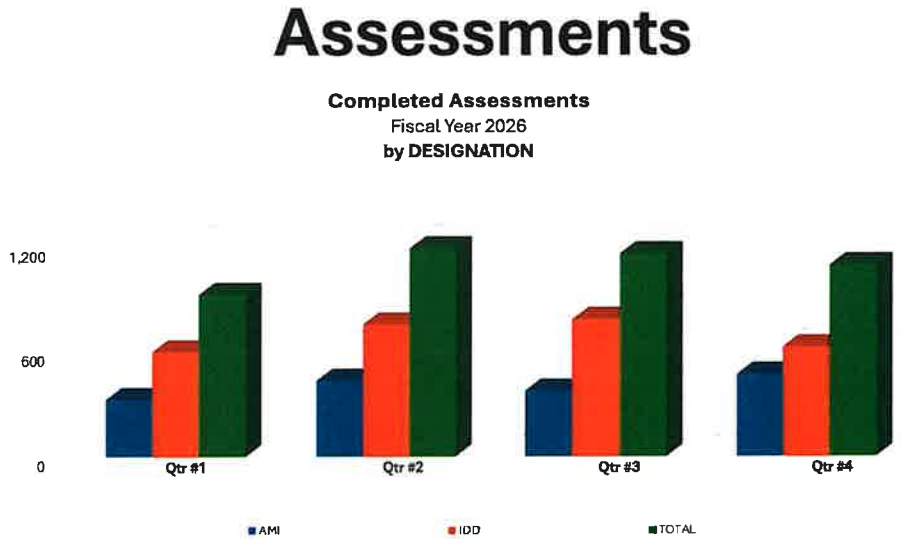
Main Activities During Reporting Period: Fiscal Year 2026 Report

- **Residential Assessments Completion**
- **Residential Authorization Data**
- **New Onboarded Providers**

Progress On Major Activities:

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

- *Description:* Throughout Fiscal Year 2026, 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 whenever there is a change in the member's condition. It is important that each member has an up-to-date Residential Assessment to ensure they receive medically necessary services that match their needs and abilities.
- *Current Status:*



	Quarter 1	Quarter 2	Quarter 3	Quarter 4
AMI	326	432	374	466
IDD	597	753	781	622
TOTAL	**923**	**1,185**	**1,155**	**1,088**

- *Significant Tasks During Period:* During Fiscal Year 2026, the Residential Services Department completed 4,351 Residential Assessments for the network. (1,598) were completed with Adults

with Mental Illness (AMI), and (2,953) assessments were completed with individuals with Intellectual and Developmental Disabilities (I/DD). It is important that each member has an up-to-date Residential Assessment to ensure they receive medically necessary services that match their needs and abilities.

- *Accomplishments During Period:* During Fiscal Year 2026, the Residential Services Department hosted the Residential AMI & IDD Clinically Responsible Service Provider Residential Assessment, Service Authorization, and Clinical Alignment Training with the CRSP Network. This training is offered bi-monthly and includes participants from multiple Clinically Responsible Service Providers. This training is designed to ensure that CRSP Case Managers and Support Coordinators receive instruction on the Residential Assessment, Authorization, and the need for clinical alignment across all documents. CRSP Case Managers and Support Coordinators can ask questions during the training.
- *Needs or Current Issues:* It is important that the case holder from the CRSP is present and involved in the Residential Assessment process. This helps improve coordination and ensures there is no disruption in the member's service authorizations.
- *Plan:* The Residential Services Department will continue to send out monthly Individual Plan of Service reports to the Clinically Responsible Service Provider, indicating which members' IPOS are coming due within the next 90 days. This helps case holders align the IPOS with the Residential Assessment. We will continue to email each case holder when an assessment is scheduled so they can be present. These emails have a positive outcome for the CRSP to complete Treatment Plans for their members served. In Fiscal Year 2027, the Residential Services Department would like to increase the number of IDD Residential Assessments completed by Residential Staff. Increase the number of Residential Care Specialists in the unit. Modify the Residential Assessment to be more evidence-based. Work with IT to combine the Pre-Residential and Residential Assessments into a single document. Staff Training to ensure everyone is assessing in the same clinically appropriate way. Develop a Progress Note within MHWIN for Home Providers to use, documenting exactly what they are working on with the members. This will assist during re-assessment time.
- In Fiscal Year 2027, the Residential Services Department has three current openings to fill: One Residential Care Specialist, One Residential Care Coordinator, and One Administrative Assistant III. The Residential Services Department will also be welcoming a new Director to the unit in Fiscal Year 2027.

Activity 2: Residential Authorization Data

- *Description:* Throughout the Fiscal Year of 2026, the Residential Services Department continued the process of monitoring the number of authorizations processed. Additionally, we were able to review the amount of time it took for authorizations to be approved. It is important that members maintain up-to-date authorizations to avoid service disruptions and ensure that the services rendered reflect members' needs.

- *Current Status:*

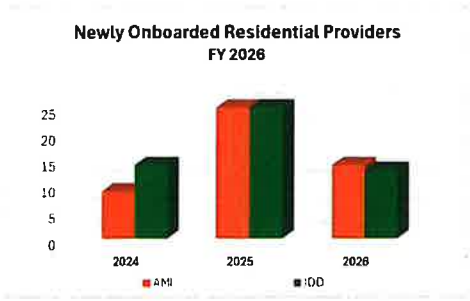
FY 25/26	Oct-25	Nov-25	Dec-25	Jan-26	Feb-26	Mar-26	Apr-26	May-26	Jun-26	Jul-26	Aug-26	Sep-26	TOTALS
Total PROCESSED	1279	867	725	1052	1046	1025	1166	908	809	1033	933	845	11688
Authorizations APPROVED	1039	692	560	830	826	775	930	720	603	761	763	795	8294
Authorizations Returned to CRSP for Review	241	175	165	222	220	250	108	8	0	0	0	0	1387
Admin Denials							128	182	206	272	169	49	1006
Medical Denials											1	1	2

- *Significant Tasks During Period:* During the 2026 Fiscal Year, the Residential Services Department Processed (11,688) Residential Authorizations. All authorizations are reviewed for clinical appropriateness before being approved.
- *Major Accomplishments During Period:* In Fiscal Year 2026, the Residential Department's Authorizations unit approved approximately 80% of authorizations for the year.
- *Needs or Current Issues:* In April, Administrative Denials were used by the Residential Unit for any authorization that was missing data required to approve the authorization for services. Authorization were denied due to no goal for residential services in the Treatment Plan, authorization were submitted under the incorrect contract designation, or home provider ID. This practice was discontinued in October, and the return to the requester is being reused.
- *Plan:* The Residential Authorization Team will continue to review authorizations for clinical appropriateness in the next Fiscal Year. We will continue to follow CMS and agency standards of approving authorization within the 7-day mandate. The Residential Authorization Team will ensure that the policies and procedures for authorization review and approval are current.

Activity 3: Newly Onboarded Providers

- *Description:* The Residential Unit added twenty-seven new facilities in 2026

- *Current Status*:



	AMI	IDD	# of Beds
2024	9	14	100
2025	39	26	174
2026	14	13	148

		# of Facilities	AMI	IDD	# of Beds
2024	Q1	4	1	3	12
	Q2	7	4	3	35
	Q3	7	2	5	27
	Q4	5	2	3	26
	2024	23	9	14	100
2025	Q1	4	1	3	13
	Q2	12	1	11	54
	Q3	10	6	4	48
	Q4	13	5	8	61
	2025	39	13	26	174
2026	Q1	4	3	1	16
	Q2	10	5	5	60
	Q3	7	3	4	44
	Q4	6	3	3	28
	2026	27	14	13	148

- *Plan*: Review the network adequacy of the current Home Provider network to make sure we have a robust network of homes that can meet the needs of our members in Wayne County.

Program Compliance Committee
Year End Report
Integrated Health Care
Fiscal Year 2026
11/12/2026

Accomplishments in FY 26

The Integrated Health Care Department aims to provide holistic care tailored to the unique needs of all members by integrating physical and behavioral health services.

Integrated Health Care Coordination Team actively partners with eight Medicaid Health Plans and three Highly Integrated Dual Eligible Service Needs Plans (HIDE-SNPs) in a concerted effort to improve health outcomes for the members of the Detroit Wayne Integrated Health Network (DWIHN). Our dedicated monthly care coordination meetings serve as a platform to thoroughly identify and address any disparities in care between behavioral health services and traditional medical care.

The team is committed to collaborating closely with our members, Clinically Responsible Service Providers (CRSPs), and health plans to ensure that any identified gaps in care are effectively bridged within 90 days. In 2026, our initiatives enabled 1,004 members to receive comprehensive care coordination, effectively linking them with vital resources such as behavioral health providers, primary care physicians, housing assistance, nutritional support, transportation services, and other essential supports for their successful recovery and overall well-being.

The Complex Case Management Team is an intensive 120-day service dedicated to providing exceptional support to individuals facing intricate medical and behavioral health challenges. We are committed to enhancing the outstanding services our skilled clinical teams provide. By collaborating effectively, we conduct comprehensive assessments, develop strategic plans, and advocate fervently for each person we serve. Our mission is to guarantee that everyone receives personalized care that meets their unique needs, delivered with both compassion and expertise.

GOAL of the Program:

- Unite families, medical professionals, and behavioral health specialists to empower our members.
- Enhance the quality of life by connecting members to vital community resources and delivering early, intensive interventions that prevent crises and foster resilience.

In 2026, 62% of members visited a primary care provider before starting complex case management. Within 90 days of joining the program, this figure increased to 88%.

Initially, 41% of members were engaged with a Clinically Responsible Service Provider; however, within 90 days, this number rose to 92%. Consequently, linking individuals to skilled medical professionals significantly boosts the likelihood of successful recovery.

Program Compliance Committee
Year End Report
Integrated Health Care
Fiscal Year 2026
11/12/2026

DWIHN has seven providers that operate as Behavioral Health Homes (BHH), serving a total of 4,039 individuals in Fiscal Year 26. Additionally, there are nine Substance Use Disorder Health Homes (SUDHH), which have served 2,774 members. In FY 26, six SUDHH participated in a Wellness Challenge designed to help members achieve preventive health goals, manage chronic diseases, and promote overall wellness. A total of 383 members took part in the challenge.

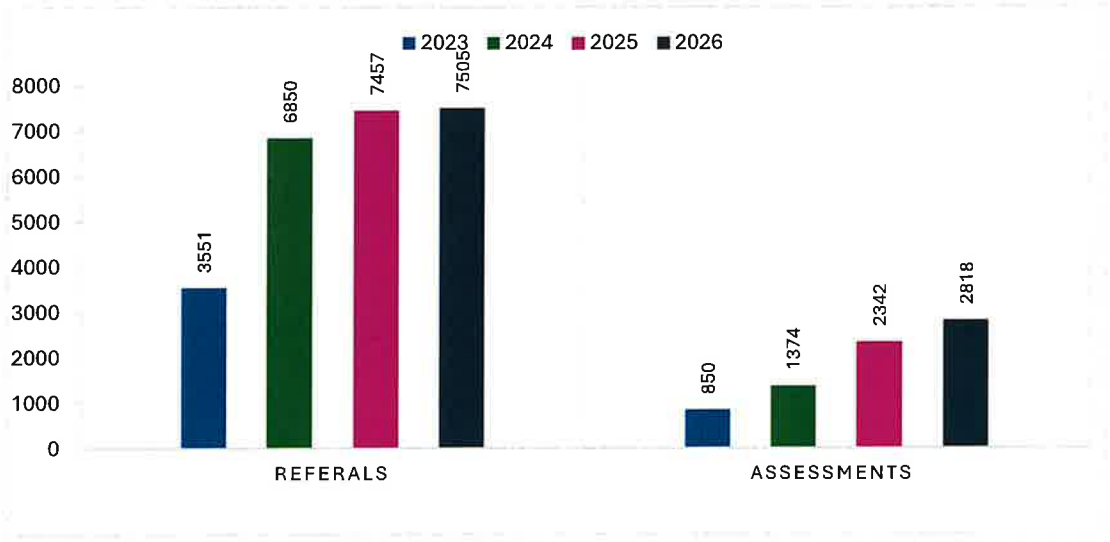
The Omnibus Budget Reconciliation Act (OBRA) program is a federally mandated initiative that assesses whether individuals with Medicaid and behavioral health needs, or intellectual and developmental disabilities, require nursing home-level care and treatment.

The OBRA assessments specifically target individuals facing behavioral health challenges or those with developmental or intellectual disabilities who may necessitate nursing home care. The primary aim of these assessments is to ensure that members are placed in the least restrictive environment feasible, thereby facilitating their independence while ensuring they receive the requisite services to maintain such independence.

OBRA played a crucial role in transforming the OBRA process in Michigan for FY 2026, with the aim of enhancing services for members in nursing homes. During FY 2026, there was a rise in the number of individuals with disabilities moving into Wayne County nursing homes who had not received assessments from outside the state of Michigan. The OBRA team collaborated closely with the Michigan Department of Health and Human Services (MDHHS) to modify Michigan's guidelines, ensuring that all individuals requiring an assessment were evaluated before placement in nursing homes.

In FY2026, OBRA conducted 476 more assessments than in FY2025. Although there hasn't been a significant increase in referrals, there has been a rise in the number of individuals requiring assessments. The most notable increase in assessments was for the IDD population, who also need an additional assessment completed by an Occupational Therapist.

Program Compliance Committee
Year End Report
Integrated Health Care
Fiscal Year 2026
11/12/2026



Integrated Health Care Initiatives for NCQA:

Population health is defined as the health outcomes of a specific group of people and the factors that influence their health over time. Rather than concentrating on the medical care of an individual, population health focuses on improving health outcomes for entire communities, regions, or specific demographic groups.

Integrate Health Care has conducted a comprehensive population assessment of Wayne County and established goals to improve health outcomes by focusing on maintaining members' health, managing members with emerging risks, ensuring patient safety, and managing multiple chronic illnesses.

The Healthcare Effectiveness Data and Information Set (HEDIS) is an essential tool utilized by the National Committee for Quality Assurance (NCQA), the Michigan Department of Health and Human Services, and health plans to assess and improve performance across various areas of care. The Detroit Wayne Integrated Health Network (DWIHN) consistently follows NCQA guidelines, ensuring high standards for behavioral health metrics. Consequently, DWIHN was well-prepared when the Michigan Department of Health and Human Services announced that the new quality metrics for 2026 and beyond would be based on HEDIS.

In fiscal year 2026, the Integrated Health Care Department collaborated with the Quality Department to educate them on HEDIS and on incorporating all 11 HEDIS metrics into quality

monitoring with Clinically Responsible Service Providers and Health Plans. This collaboration aimed to improve their performance scores. Additionally, educational sessions were conducted to enhance providers' understanding of HEDIS. These initiatives are designed to ensure that more individuals receive integrated care for both behavioral and physical health.

Integrated Health Care Goals for FY 2027

Enhance coordination of joint care with Medicaid health plans to 40% and ensure that the Certified Community Behavioral Health Clinics (CCBHC) are included in this coordination.

The goal of Complex Case Management is to reduce the number of members who visit the emergency department by 10%.

For fiscal year 2027, OBRA aims to reduce the time required to complete an annual assessment to 14 days.

Population Health will compare data from 2025 to 2026 to further identify health areas that need attention.

The goal for Health Homes in 2027 is to add three more health homes to the DWIHN provider network.

Substance Use Disorder Initiatives Report, Brief Year End SFY2026
Matthew Yascolt, Director of Substance Use Disorder Initiatives
Program Compliance Committee
November 12, 2026

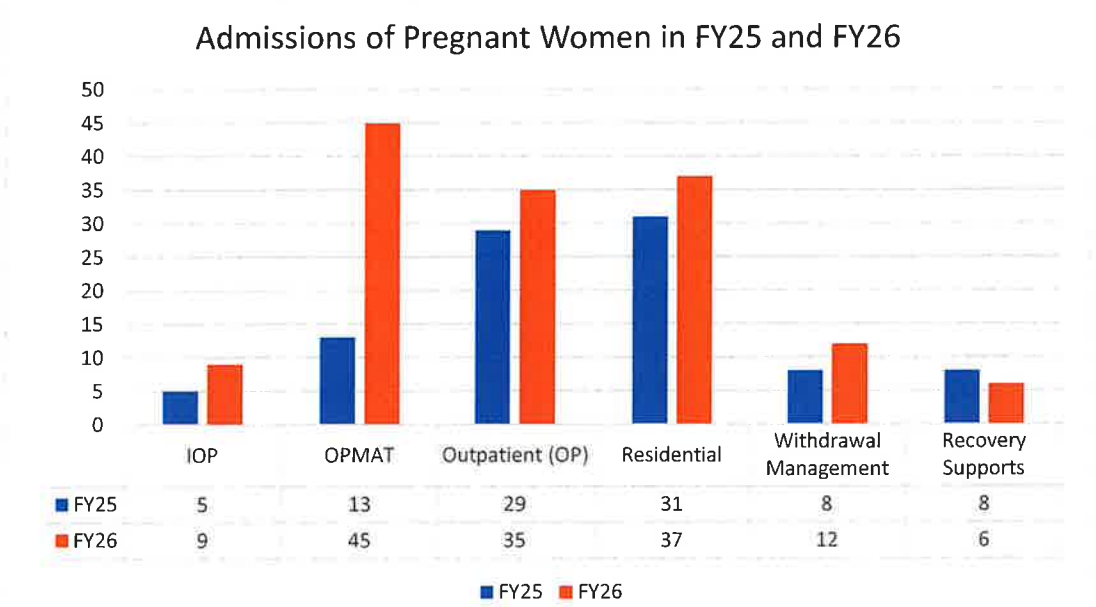
Accomplishments

- Expanding the provider network, geographically, and by services offered.
- Standardized operations with the assembly of committees, policies, and formal SOPs
    - SOPs include:
        - SUD Recipient Rights
        - Annual Audit of SUD Funded Programs
        - Care Coordination
        - Discharge Planning
        - Employment of former members
        - Change in Level of Care
        - Conference Evaluation
        - Reallocation and additional funding management
        - Incident Reporting
        - Clinical Supervision
        - Provider Sanctions
        - Subcontracting Exemption Process
        - Data Pulls
        - Escalation Criteria's
        - Eligibility Verification and Level of Care Changes
    - Policies include:
        - Charitable Choice
        - Fetal Alcohol Spectrum Disorder
    - Committees include:
        - Remediation Committees to review criteria for service providers to be placed on remediation plans
        - Remediation Implementation Committees to review service providers progress once placed on a remediation plan
- Modernized contracts and statements of work to ensure optimal outcomes for our members and communities

Priority Population Service in FY26

Serving pregnant women with substance use disorders is a critical priority due to the potential for significant long-term harm to both the mother and the developing fetus. Providing prompt and specialized care across all levels of care is essential to improving outcomes. Care must be non-judgmental and evidence-based while offering trauma-informed and comprehensive treatment and linkage to ensure improved maternal and fetal health outcomes, address co-occurring needs, and reduce long-term risks. Priority status of pregnant women ensures that they receive timely care that maximizes the chances for healthy outcomes for mother and child. In fiscal year 2026 we improved how service providers report when a member is pregnant or becomes pregnant

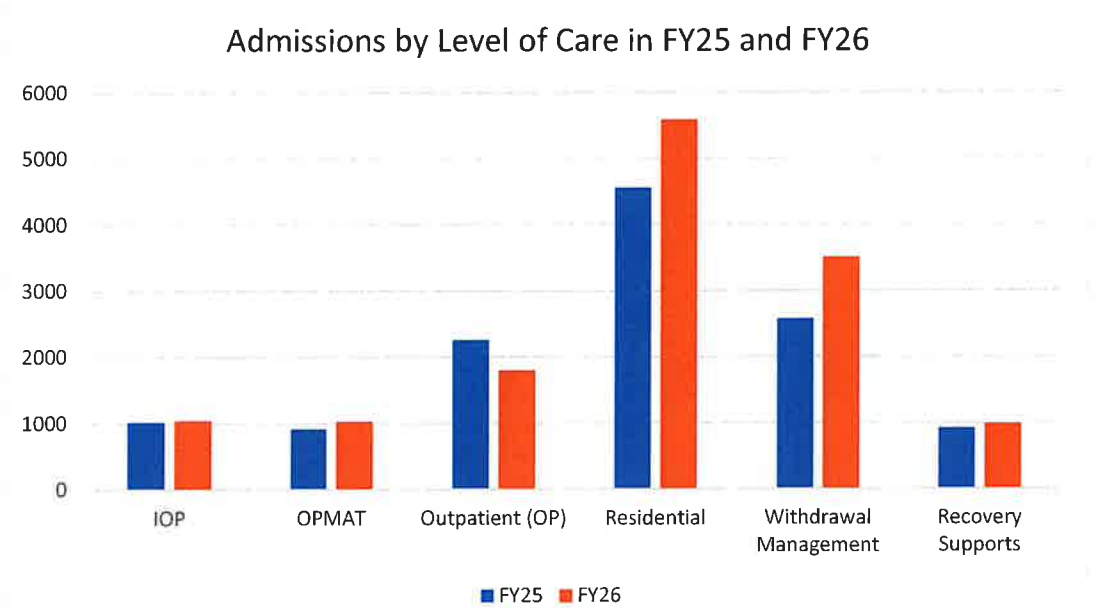
during the course of treatment through the utilization of diagnostic codes, which can attribute to the increase in reported pregnant women in outpatient and OPMAT. The chart below provides the volume of admissions for pregnant women in different levels of care during FY25 and FY26.



In FY26, 45 pregnant women were served in outpatient MAT, 35 pregnant women were served in outpatient, and 12 pregnant women were served in withdrawal management.

Level of Care Utilization in FY25

The treatment for Substance Use Disorder is not a single program but a continuum of care, designed to be flexible and matched to an individual's specific, evolving needs. The importance of having multiple levels of care is that it allows patients to "step up" to more intensive treatment when the needs are greater or "step down" to less intensive care as they stabilize and progress towards their recovery, ensuring they receive the least restrictive level of care necessary for success.



Residential treatment has the largest number of admissions, followed by withdrawal management, and outpatient.

FY27 Plans

- Improve AMA rates and recidivism to withdrawal management through in-service trainings at provider locations, implementation of policies and procedures and technical assistance with service providers.
- Formalize policies and improve workflows
- Onboard additional SUD service providers and standardize the onboarding process

Program Compliance Committee Meeting
Autism Services - Children Initiative Department
FY26 Brief End-of-Year Services Report
November 12, 2026

Overall Autism Services

During FY26, DWIHN Autism Services continued to expand access to medically necessary autism services while strengthening quality oversight, provider accountability, and family-centered care coordination. A total of 3,189 members received Applied Behavior Analysis (ABA) services during FY26, representing an 18.1% increase from 2,700 members served in FY25. Services were delivered through a network of 30 Autism Service providers and 4 Independent Diagnostic Evaluation providers located throughout Wayne County. Significant accomplishments included implementation of the Autism Review Committee, development of a comprehensive Provider Scorecard and Review System, expansion of provider capacity management initiatives, enhancement of referral and placement processes, and continued improvements in diagnostic evaluation and treatment access.

FY26 Autism Services Network

Network Growth and Capacity Expansion
The Autism Services Department continued strategic efforts to increase provider capacity and improve access to services throughout Wayne County.
During FY26:

- **3,321 members received ABA services**, compared to 2,700 in FY25.
- The provider network maintained **30 contracted autism providers** and **4 Independent Diagnostic Evaluation providers**.
- Several providers significantly expanded service capacity, helping to address increasing demand for autism services.
- New and emerging providers continued to develop services within the network, improving geographic coverage and family choice.
- Countywide placement and capacity analyses were completed to identify underserved areas and guide future provider development efforts.

Accepted Referrals by ABA Provider and Month

ABA Provider	Oct 2025	Nov 2025	Dec 2025	Jan 2026	Feb 2026	Mar 2026	Apr 2026	May 2026	Jun 2026	Jul 2026	Aug 2026	Sep 2026	Oct 2026	Total
Centria Healthcare	34	29	27	32	27	43	38	156	83	94	86	71	78	796
Brightview Care	16	12	14	14	24	33	40	34	57	72	60	63	60	489
Gateway Pediatric Therap	12	10	13	32	30	24	30	42	65	68	30	30	25	457
Behavior Frontiers	6	4	1	7	14	14	14	15	23	36	30	11	16	192
Dearborn Speech and Se	7	6	2	5	7	15	6	6	16	11	37	17	19	154
KDcare Community ABA	4	4	6	7	8	5	7	13	18	17	15	8	28	132
Positive Behavior Suppor	9	2	6	9	5	6	4	9	11	21	20	7	16	125
Akoya Behavioral Health	1	4	5	10	4	8	4	12	19	19	17	7	7	117
Autism Spectrum Therap	2	0	2	0	66	7	4	14	4	14	8	9	8	113
Acorn Health	1	6	3	11	10	8	9	14	10	7	11	5	6	101
Zelexa Center	6	1	9	5	5	16	4	8	10	11	16	1	10	96
Attendant Care	6	5	4	4	4	7	7	4	7	8	16	7	13	92
Advance ABA Care Cente	1	2	0	0	1	2	1	8	7	8	7	8	6	51
HealthCall	2	1	1	0	1	0	0	0	9	6	6	7	8	50
Peak Autism Center	0	0	1	1	0	0	0	0	0	20	8	1	9	49
Emagine Health Services	4	0	1	0	2	2	2	5	4	3	13	7	2	45
BlueMind Therapy	0	0	0	0	0	0	6	9	4	6	6	7	5	43
Bright Behavior Therapy	2	0	1	2	4	5	4	11	3	8	2	0	0	42
Patterns Behavioral Serv	2	1	1	0	4	1	3	4	4	1	1	12	3	37
Merakey	2	2	1	2	1	5	1	1	4	2	2	3	9	35
IOA	1	1	2	0	2	1	3	2	7	2	1	4	1	27
Karing Kids	0	0	1	0	0	0	2	0	3	7	2	3	1	19
Integrative Pediatric Ther	0	0	0	0	0	0	3	2	1	0	3	6	3	18
Downriver Therapy Assoc	1	1	0	1	0	0	3	1	2	0	3	0	2	14
Illuminate	2	1	0	0	1	2	0	0	0	1	4	1	1	13
ABA Golden Steps MI	0	0	0	0	0	1	0	1	0	0	0	2	1	5
Apex Therapy Services	0	0	0	0	0	0	2	0	2	1	0	0	0	5
Lumen	0	0	1	1	1	1	0	0	0	0	0	0	0	4
Early Autism Services	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Euro Therapies	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Monthly Total	120	92	102	143	196	200	210	380	373	452	411	290	352	3,321

The chart shows overall growth in accepted ABA referrals from October 2025 through October 2026. Monthly referrals increased from 120 in October 2025 to 352 in October 2026, with the highest volume of 452 recorded in July 2026. Centria has accepted the largest number of referrals during the reporting period. Lower referral volumes may reflect providers that are newly contracted or currently participating in a member intake improvement plan.

This overall growth reflects the department's continued commitment to improving access to evidence-based autism treatment while maintaining quality and oversight standards.

Independent Diagnostic Evaluation Providers (4):

- Social Care Administrators dba McCrory Center
- The Children's Center
- Sprout Evaluation Center
- Inspire Minds

Autism Service Providers (30):

The Autism Benefit network consisted of 30 contracted providers serving children and families throughout Wayne County, offering clinic-based, home-based, and community-based Applied Behavior Analysis (ABA) services. Network development efforts remained focused on increasing provider quality, addressing geographic service gaps, and improving access to care through strategic capacity management and provider engagement activities.

Access, Evaluation, and Service Utilization

The Autism Services Department maintained strong access performance throughout FY26

FY26 Highlights

- 4,106 completed autism evaluations
- 1,197 pathway updates completed following evaluation
- 1,226 ABA referrals initiated
- 1,349 ABA authorizations issued
- 1,132 members-initiated ABA treatment services
- 84% authorization-to-service-start rate

Additional placement monitoring identified:

- 248 members actively seeking ABA services.
- 255 referrals in process.
- 40 members experiencing waitlist or access barriers.
- 374 members actively engaged in services at the time of reporting.

The department also sustained strong diagnostic evaluation timeliness throughout FY26, consistently performing at or above established standards listed in the Comprehensive Diagnostic Evaluation process and maintaining timely completion of evaluation reports.

Major FY26 Accomplishments

Autism Review Committee Implementation

FY26 marked the implementation of DWIHN's Autism Review Committee; a multidisciplinary quality oversight initiative focused on ensuring treatment intensity remains aligned with medical necessity and member needs.

Between September and October 2026, the committee reviewed 14 members across two review cycles.

Key Findings

- 12 of 14 members (86%) were identified as appropriate for reduced treatment intensity or provider consultation regarding continuation of comprehensive ABA services.
- Improved consistency in application of medical necessity criteria.
- Enhanced alignment between treatment recommendations and clinical need.
- Established a structured process for peer review and clinical oversight.

Early Outcomes

- For the initial 14 reviews completed, the committee identified:

- Approximately 42-70 treatment hours potentially reduced or redirected through proactive review.
- Reduced future authorization review burden.
- Improved consistency in clinical decision-making.
- Better alignment of treatment recommendations across providers.

The committee also initiated direct collaboration with provider leadership teams to discuss findings, review treatment recommendations, monitor outcomes, and promote evidence-based treatment planning practices. Cases lacking sufficient clinical documentation to support current service levels were reviewed collaboratively, with recommendations provided to ensure alignment with medical necessity criteria, member progress, and best practice standards. This process has strengthened provider engagement, improved clinical oversight, and supported the delivery of medically necessary and effective services.

Provider Quality Oversight Enhancement

FY26 saw significant advancement in provider monitoring and quality oversight.
Major initiatives included:

- Development of Autism Provider Scorecards.
- Development and implementation of a cross-departmental Provider Review Report Card system requires internal coordination with Office of Recipient Rights, Credentialing, Contracting, Utilization Management, Quality Initiatives, Compliance, and Customer Services.
- Enhanced provider performance monitoring.
- Clinical corrective action tracking.
- Probationary monitoring processes.
- Quality improvement planning activities.

The Provider Review framework evaluates providers across multiple performance domains, creating a standardized process for identifying risks, supporting quality improvement efforts, and promoting accountability across the provider network.

Capacity Management and Access Improvement

The department completed a comprehensive countywide capacity and placement analysis to better understand service demand, provider availability, and geographic access barriers.
Activities included:

- Provider capacity mapping.
- Geographic service gap analysis.
- Referral trend analysis.
- Waitlist monitoring.
- Provider quality assessments.
- Workforce and resource evaluations.

Analysis of referral patterns supported improved provider placement strategies and informed future network development efforts. A total of 2,969 referrals were accepted across the provider network during FY26. The project also identified geographic areas requiring additional provider capacity and informed ongoing network expansion efforts.

Family-Centered Service Navigation

The Autism Services Department implemented the Autism Pathway Preference Form to improve family engagement and strengthen decision-making following autism diagnosis. The Pathway Preference process allows families to identify preferred services, supports, and treatment pathways following diagnostic evaluation.
By FY26 year-end:

- 1,197 pathway updates have been completed.

- More than 200 families were actively identified and tracked through pathway monitoring activities.
- Referral coordination and service matching processes were strengthened through improved data collection and communication.

These efforts enhanced transparency, promoted family choice, and supported more individualized service planning.

Policy and Process Improvements

Several operational enhancements were completed during FY26, including:

- Implementation of the Enrollment, Discharge, and Transfer (EDT) process.
- Development of the Comprehensive Diagnostic Evaluation Engagement and Re-Engagement Procedure.
- Autism Service Policy revisions.
- Reevaluation process modernization.
- Referral workflow improvements.
- Enhanced provider onboarding and credentialing support.

These initiatives streamlined operations, reduced administrative burden, and improved consistency across autism service pathways.

Community Engagement and Collaboration

Throughout FY26, Autism Services staff participated in a variety of outreach, education, and provider engagement activities.
Examples included:

- Autism Awareness Month activities.
- Provider office hours.
- Monthly provider collaborative meetings.
- Technical assistance sessions.
- Educational outreach events.
- School and community partnership activities.

The department continued to foster strong relationships with providers, families, and community partners to improve service coordination and access across Wayne County.

Member Outcomes and Success Stories

A central goal of Autism Services is helping children develop skills that promote independence, improve functioning, and reduce the need for intensive support.

Example Success Story
A child receiving services through Acorn Health successfully graduated from ABA treatment after meeting treatment goals developed over a two-year period.

Following completion of services, the child successfully transitioned to full-time school attendance and demonstrated the skills needed to participate independently within the classroom environment. School personnel determined that an Individualized Education Program (IEP) was not necessary due to the substantial progress achieved through treatment and skill development.

Provider-reported success stories throughout FY26 highlighted:

- Improved communication skills.
- Increased social engagement.

- Successful toilet training.
- Reduction in challenging behaviors.
- Improved school readiness.
- Increased independence within home and community settings.
- Successful transition to lower levels of support and discharge from services.

These outcomes demonstrate the positive impact of autism services on children and families throughout Wayne County.

Challenges and Opportunities

While substantial progress was made during FY26, several opportunities remain:

- Addressing regional provider capacity shortages.
- Reducing waitlists in high-demand service areas.
- Continuing provider workforce development efforts.
- Expanding data analytics for quality monitoring.
- Strengthening outcome measurement capabilities.
- Enhancing family engagement throughout the service continuum.

The department will continue collaborating with providers and stakeholders to address these areas during FY27.

FY27 Priorities

Key priorities for FY27 include:

- Expansion of Autism Review Committee activities.
- Continued provider scorecard implementation and performance monitoring.
- Further development of the Provider Review System.
- Expansion of family pathway tracking and engagement strategies.
- Improvement of placement management and referral coordination processes.
- Ongoing provider network development and capacity enhancement.
- Strengthening quality monitoring and member outcome reporting.
- Continued focus on timely access to evaluation and treatment services.

Conclusion

FY26 represented a year of significant growth and system improvement for DWIHN Autism Services. Through enhanced clinical oversight, expanded quality monitoring, improved referral management, strengthened family engagement, and continued collaboration with providers, the department advanced its commitment to ensuring children and families receive high-quality, medically necessary autism services. FY26 marked the highest number of members served by the Autism Service program to date, with **3,189 children receiving ABA services across Wayne County**, representing an increase of 489 members over FY25. Growth was supported through provider expansion efforts, enhanced referral management processes, and ongoing monitoring of provider capacity and access barriers.

EXECUTIVE SUMMARY

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

UTILIZATION MANAGEMENT ANNUAL PROGRAM EVALUATION – FY 2026

As a part of continuous quality improvement, the Utilization Management (UM) Program is evaluated annually and incorporated into the Quality Assurance Performance Improvement Plan (QAPIP). This summary serves as a high-level overview of the department's progress toward goals, highlights, key areas of focus and identified opportunities for FY 2027.

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

DEPARTMENT GOALS & OUTCOMES

A. Clinical Appropriateness & Evidence-Based Criteria

Goal: Peer clinical review for adverse determinations.

- Measure: Percentage of adverse determinations reviewed by a physician.
- Target: 100%
- Outcome: **Met** – 100% of adverse determinations are reviewed by a physician.

B. Timeliness of Decisions & Notifications

Goal: Timely UM decision-making.

- Measure: Decision timeliness for standard and expedited requests.
- Targets: Standard: ≥ 95% within 7 calendar days; Expedited/Urgent: ≥ 95% within 72 hours.
- Outcomes: **Met** – 98.2% of standard requests were approved within 7 calendar days; 99% of expedited requests were approves within 72 hours.

C. Over/Under-Utilization & Appropriate Use

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

- Measure: Concordance between authorized level and service received.
- Target: ≥ 80% concordance.
- Outcome: **Ongoing** – During FY26, target populations were established: Assertive Community Treatment (ACT) & Applied Behavior Analysis (ABA). The UM Committee will use FY26 data to establish benchmarks and determine how to accurately monitor concordance.

D. Appeals

Goal: Appeal timeliness & overturn analysis.

- Measures: Timely resolution (standard/expedited); Overturn rate analysis.
- Targets: ≥ 95% timely; the difference between initial denial and appeal denial rates should be ≤ 20% or corrective action implemented.

- Outcomes: **Partially Met/Ongoing** - ≥ 95% timeliness achieved, all appeals are audited (Met); rate between initial denial and appeal denial rates ≥ 20%: UM = 25%, Customer Service = 34% (Not Met). Corrective action expectations to be established.

E. Delegated UM Oversight

Goal: Ensure full oversight of delegated UM activities.

- Measure: Completion of semi-annual and annual oversight: reports, audits, PIPs.
- Target: 100% compliance with oversight requirements.
- Outcome: **Met** – UM has one (1) remaining delegate, iMPROve Health, which maintains 100% compliance with requirements.

HIGHLIGHTS – FY 2026

- **CMS Interoperability and Prior Authorization Final Rule (CMS-0057-F).** The department revised UM timeliness standards in 2025 to support operational readiness for compliance with the CMS Interoperability and Prior Authorization Final Rule (CMS-0057-F), with implementation requirements in Michigan deferred until October 1, 2026. The department also fulfilled public reporting requirements by making select prior authorization metrics publicly available on the DWIHN website.

- **UM Committee Charter.** The UM Committee Charter was developed and ratified to define the committee's purpose, membership, roles, and oversight responsibilities.

- **Habilitation Supports Waiver (HSW).** The HSW program effectively managed its 1,125 allotted member slots, concluded the fiscal year with 99.2% slot utilization (n=1,116), surpassing the 95% MDHHS requirement. Throughout the year, the program maintained an average slot utilization of 97.9% (n =1101 members).

PROGRAM GOALS FOR FY 2027

A. Clinical Appropriateness & Evidence-Based Criteria

Goal: Peer clinical review for adverse determinations.

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

B. Timeliness of Decisions & Notifications

Goal: Timely UM decision-making.

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

C. Over/Under-Utilization & Appropriate Use

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

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

D. Appeals

Goal: Appeal timeliness & overturn analysis.

- Measures: Timely resolution (standard/expedited); Overturn rate analysis.

- Targets: ≥ 95% timely; the difference between initial denial and appeal denial rates should be ≤ 20% or corrective action implemented.

E. Delegated UM Oversight

Goal: Ensure full oversight of delegated UM activities.

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

F. Member Engagement

Goal: Member/Family representation in the Utilization Management (UM) Committee.

- Measure: Number of quarterly UM Committee meetings attended by a member representative.
- Target: 100% attendance.

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

CLINICAL OPERATIONS UPDATES

ADULTS INITIATIVES

During FY2026, the Adult Initiatives Department expanded access to evidence-based behavioral health services while improving outcomes for adults with serious mental illness through oversight of ACT, AOT, NGRI, Med Drop, Clubhouse, and IPS programs. Key accomplishments included nearly 15,000 successful medication drops with only three participant hospitalizations, a 13.3% reduction in ACT hospitalizations, five successful NGRI completions, 121 members obtaining competitive employment with a 69% retention rate, and a 90% Clubhouse satisfaction rate. The department also onboarded five new providers, strengthened program oversight through standardized operating procedures, expanded community partnerships, and advanced initiatives that promoted recovery, employment, treatment adherence, and community stability. These efforts positioned Adult Initiatives for continued growth and enhanced performance in FY2027.

UTILIZATION MANAGEMENT

Throughout the year, the department focused on maintaining compliance with state and federal requirements, supporting timely and appropriate service authorization processes, and advancing quality improvement initiatives. Key accomplishments included the development and ratification of the Utilization Management Committee Charter, implementation of process improvements to enhance efficiency and consistency, and strengthened monitoring and reporting activities. Collectively, these efforts supported the delivery of high-quality, member-centered services and reinforced the department's commitment to continuous improvement, accountability, and regulatory compliance.

VP of CLINICAL OPERATIONS' REPORT
Program Compliance Committee Meeting
Thursday, November 12, 2026

ACCESS CALL CENTER – Director, Yvonne Bostic
No Monthly Report

ADULTS INITIATIVES (CLINICAL PRACTICE IMPROVEMENT) – Alison Gabridge, AI Adm.
Please See Attached Report

AUTISM SPECTRUM DISORDER (ASD) – Rachel Barnhart
No Monthly Report

CHILDREN'S INITIATIVES – Stacey Sharp, Assoc. VP of Clinical Operations
No Monthly Report

HEALTH HOMES – Director, Emily Patterson
No Report

PAR SERVICES – Director, Daniel West
Please See Attached Report

COMMUNITY ENGAGEMENT – Sr. Adm. Community Impact Officer, Shelia Young
No Report

CUSTOMER SERVICE – Director, Dorian Johnson
No Monthly Report

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

MANAGED CARE OPERATIONS – Director, Rai Brown
No Monthly Report

RESIDENTIAL SERVICES –Interim Director, Kate Mancani
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
Adult Initiatives FY26 Year End Report
November 12, 2026

FY2026 At-A-Glance

- Nearly 15,000 successful drops completed through the Med Drop Program
- Only three Med Drop participants required hospitalization during FY2026.
- Nine providers participated in the Med Drop Program following network expansion.
- Approximately 154 members received services through Assertive Community Treatment (ACT)
- ACT programs achieved a 13.3% reduction in hospitalizations among participating members.
- Five individuals successfully completed Not Guilty by Reason of Insanity (NGRI) supervision.
- Certified Peer Support Specialists completed 91 hospital visits and 234 follow-up contacts through AOT and NGRI programming.
- 121 members obtained competitive employment through Individual Placement and Support (IPS) services.
- IPS participants achieved a 69% job retention rate.
- Clubhouse programs reported a 90% overall member satisfaction rate.
- Five new providers were successfully onboarded across Adult Initiatives programs.

Summary

During FY2026, the Adult Initiatives Department continued to strengthen access to high-quality behavioral health services for adults served through the Detroit Wayne Integrated Health Network (DWIHN). Through provider oversight, performance monitoring, quality improvement efforts, and community partnerships, the department advanced initiatives designed to improve clinical outcomes, reduce hospital utilization, promote recovery, and increase community integration.
The department maintained oversight of multiple evidence-based and specialty programs including Assertive Community Treatment (ACT), Assisted Outpatient Treatment (AOT), Not Guilty by Reason of Insanity (NGRI), Med Drop, Clubhouse Services, and Individual Placement and Support (IPS). Throughout the fiscal year, these programs demonstrated measurable success in supporting treatment engagement, medication adherence, employment attainment, recovery, and community stability for adults with serious mental illness and other complex behavioral health needs.

Major Accomplishments

- **Quality, Compliance, and Performance Improvement**

Throughout FY2026, Adult Initiatives focused on strengthening provider accountability, operational consistency, and program performance across the provider network. The department successfully onboarded five new providers and developed comprehensive Standard Operating Procedures (SOPs) for all department positions and evidence-based programs. These efforts strengthened oversight processes, standardized operations, and supported ongoing quality improvement activities across all Adult Initiatives programs.

- **Community-Based Treatment and Hospital Diversion**

ACT services continued to provide intensive community-based behavioral health treatment for adults with serious mental illness who are at risk of psychiatric hospitalization. Approximately 154 members received ACT services during FY2026. Through intensive outreach, coordinated care, and multidisciplinary treatment interventions, ACT providers achieved a 13.3% reduction in hospitalizations, helping members remain successfully engaged in community-based treatment. The Med Drop Program remained an effective strategy for promoting medication adherence and preventing hospitalization. Through collaboration with Genoa Pharmacy and participating provider agencies, nearly 15,000 successful medication deliveries and observed administrations were completed. Only three participating members required hospitalization during the fiscal year. Additionally, two new provider agencies joined the program, increasing participation to nine providers across the network.

- **Court-Ordered Treatment**

The Adult Initiatives Department continued to strengthen treatment engagement for individuals participating in AOT and NGRI services through collaboration with the Wayne County Probate Court. Certified Peer Support Specialists completed 91 hospital visits and 234 follow-up telehealth or telephone contacts, supporting continuity of care and successful community reintegration. Five individuals successfully completed NGRI supervision during FY2026, representing significant recovery and treatment milestones. The department also participated in a webinar hosted by the Wayne State University Center for Behavioral Health and Justice, highlighting DWIHN's role and partnership within the Assisted Outpatient Treatment process and supporting broader education regarding civil commitment behavioral health services.

- **Recovery, Community Integration, and Employment Services**

Clubhouse services continued to promote recovery, social connection, skill development, and meaningful community participation for adults with serious mental illness. Attendance increased from 650 participants in FY25 Quarter 4 to 667 participants in FY26 Quarter 4. Member satisfaction surveys conducted across all five Clubhouses reported an overall satisfaction rate of 90 percent. A notable accomplishment occurred when a DWIHN member participating in NGRI services was selected to represent The Gathering Place Clubhouse at the

Clubhouse International Conference. The individual was recognized for active participation, leadership, and contributions to the Clubhouse community, demonstrating the effectiveness of recovery-oriented programming and community engagement opportunities. Employment services provided through IPS continued to produce strong outcomes; during FY2026, 121 members obtained competitive employment and 69 percent maintained employment successfully. Adult Initiatives also collaborated with Michigan Department of Health and Human Services (MDHHS) and Neighborhood Service Organization (NSO) to expand opportunities for IPS service delivery and increase employment access for members receiving behavioral health treatment.

- **Strategic Partnerships and System Development**

The department expanded partnerships focused on addressing social determinants of health and enhancing community support resources. Adult Initiatives initiated discussions with the City of Detroit regarding housing assistance opportunities and established collaboration with the Detroit Area Agency on Aging to improve access to services and supports for older adults receiving behavioral health services. These partnerships lay the foundation for broader system integration and improved member outcomes in future years.

Fiscal Year 2027 Priorities

During FY2027, the Adult Initiatives Department will focus on strengthening clinical outcomes, enhancing provider performance, expanding service capacity, and advancing data-driven quality improvement initiatives.
Key priorities include:

Assisted Outpatient Treatment (AOT) and NGRI

- Reduce repeat AOT orders by 10%.
- Increase hospital discharge appointment attendance by 10%.
- Increase hospital provider visitation rates by 50%.
- Achieve 100% submission of treatment plans to the Court.

Assertive Community Treatment (ACT)

- Ensure all ACT teams operate at full member capacity.
- Expand the network by adding two additional ACT teams.
- Develop a specialized forensic ACT team to address the needs of justice-involved individuals.

Medication Drop Program

- Continue provider expansion efforts and strengthen outcome monitoring by adding three additional providers to the program
- Develop key performance indicators and clinical outcome measures to evaluate program effectiveness.

Conclusion

The Adult Initiatives Department successfully advanced behavioral health outcomes for adults throughout FY2026 by expanding access to evidence-based services, strengthening provider accountability, reducing hospital utilization, supporting employment and recovery, and increasing community integration opportunities. Through strong partnerships, innovative programming, and a commitment to quality improvement, Adult Initiatives continued to improve outcomes for the individuals served while positioning the department for continued growth and success in FY2027.

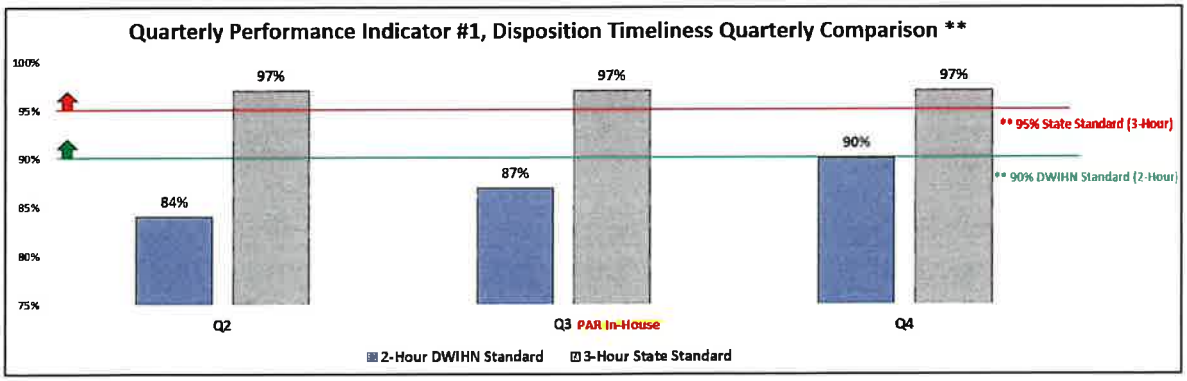
PAR Services Department, Annual Report, FY 25/26
Daniel West, Director of PAR Services
Date: 10/14/26

Pre-Admission Review (PAR) Services Department, FY 25/26 Accomplishments:

The PAR Services Department works to ensure timely access to Pre-Admission Review (PAR) services for DWIHN members in crisis and ensures support within the DWIHN array of crisis services.

PAR Services Department Development: On April 1, 2026, Adult PAR Services were brought in-house at DWIHN, and on July 1, 2026, Child PAR Services were brought in-house. Since that time, PAR Services has worked to develop clinical and operational efficiencies in Key Performance Metrics. These metrics have been identified as essential to the quality of PAR Services delivered to DWIHN members.

Performance Indicator #1 (PI#1): This indicator ensures 95% of DWIHN members receive a disposition as a result of the PAR within 3 hours of the request. DWIHN PAR Dispatch has shown effectiveness in timely dispatch and ensuring qualified PAR Clinicians determine dispositions within medical necessity and within state and federal guidelines.



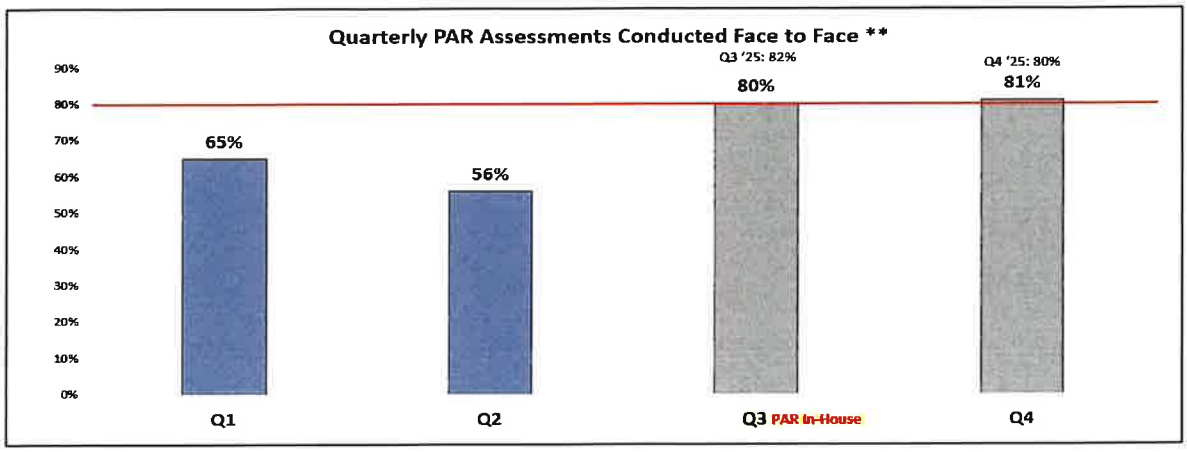
97% of dispositions were provided within 3 Hours, and PAR Services is working to improve the percentage of members who receive a disposition within 2 Hours to surpass the DWIHN standard (90%).

DWIHN PAR Dispatch: DWIHN PAR Dispatch processes requests for service submitted by requesting hospitals, and dispatches DWIHN PAR Clinicians to complete the PAR. Since inception in Q3, DWIHN PAR Dispatch has maintained above 85% service level as per DWIHN standards and has achieved a 5% abandonment rate in Q4.

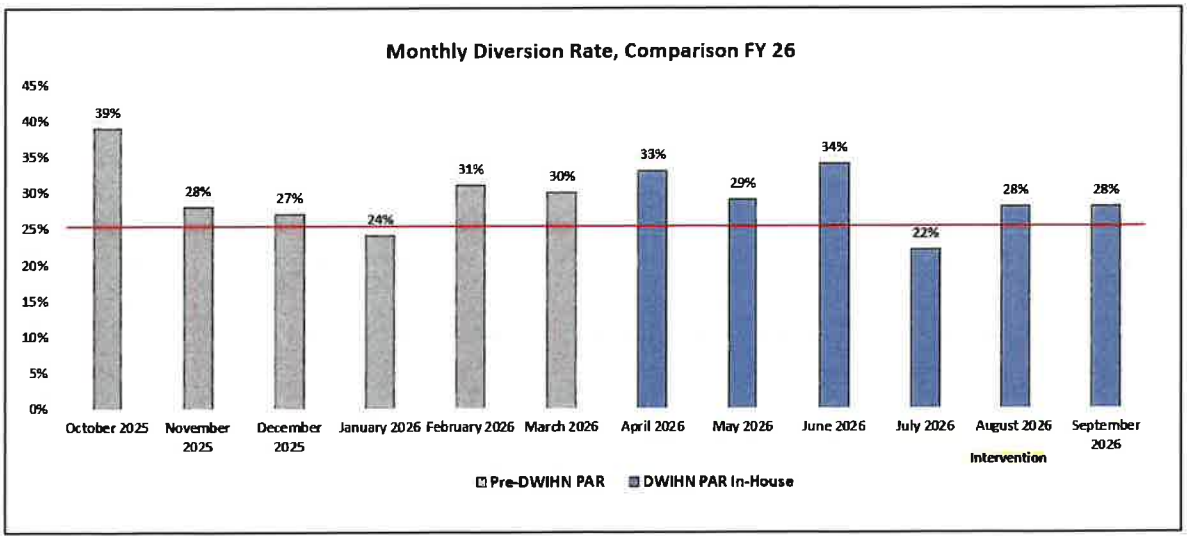
Quarterly PAR Dispatch Data	Calls Offered	Avg. Speed of Ans.	Service Level	% Calls Ans.	% Abandoned
Q1	5,306	16s	89%	95%	5%
Q2	5,721	18s	88%	96%	4%
Q3	11,976	26s	88%	92%	7%
Q4**	8,311	20s	93%	93%	5%

PAR Services Department, Annual Report, FY 25/26
Daniel West, Director of PAR Services
Date: 10/14/26

Face to Face PAR Assessments: DWIHN has found it to be best practice to evaluate DWIHN members in crisis face-to-face. As a result, the DWIHN standard is 80% of PAR assessments conducted face-to-face. PAR Services has achieved this standard since inception.



Diversion Percentage: DWIHN PAR Services has focused on the percentage of members diverted to a lower level of care per medical necessity. Best practice indicates members receiving services in the least restrictive environment promotes recovery. DWIHN PAR Services has increased the diversion percentage to 38% over the last quarter. This exceeds the DWIHN standard of 25% diversion rate.



PAR Services Department, Annual Report, FY 25/26
Daniel West, Director of PAR Services
Date: 10/14/26

Community Partnerships and Innovation: DWIHN PAR Services continues to cultivate and maintain working relationships with community partners. These relationships are essential to quality member care and will be strengthened over the upcoming year through consistently scheduled meetings to include all requesting hospital partners and inpatient psychiatric facility partners. Standing agenda items include partner communication, Admissions processes, escalation pathways, and will establish action items moving forward.

Program Compliance Committee
Utilization Management FY26 Year End Report
November 12, 2026

FY2026 At-A-Glance

- 198,853 completed authorization requests managed across Utilization Management (UM), representing individual cases that may include review of multiple services.[1]
- 98.2% of standard requests were approved within 7 calendar days; 99% of expedited requests were approved within 72 hours.[2]
- Developed and ratified the Utilization Management Committee Charter, formalizing committee oversight and governance responsibilities.
- Prioritized internal process improvement initiatives to enhance operational efficiency, consistency, and compliance.

Summary

Utilization Management (UM) provides oversight of service authorization processes to ensure members receive timely access to medically necessary services in accordance with clinical criteria, regulatory requirements, and organizational policies. Through ongoing monitoring of authorization activities, utilization trends, appeals, and quality indicators, UM supports appropriate service delivery, promotes consistency in decision-making, and identifies opportunities for improvement. The department works collaboratively with internal and delegated partners to maintain compliance, strengthen operational performance, and advance member-centered care through effective oversight and governance activities.

During the reporting year, Utilization Management continued to provide oversight of authorization activities to support timely and appropriate access to services. Key accomplishments included the development and ratification of the Utilization Management Committee Charter, ongoing monitoring of utilization and performance trends, and continued efforts to strengthen member engagement through participation on the Utilization Management Committee. These activities supported the department's commitment to quality, compliance, and continuous improvement.

Major Accomplishments

- **Timeliness of UM Decision-Making**

  The department revised UM timeliness standards in 2025 to support operational readiness for compliance with the CMS Interoperability and Prior Authorization Final Rule (CMS-0057-F), with implementation requirements in Michigan deferred until October 1, 2026. The department also fulfilled public reporting requirements by making select prior authorization metrics publicly available on the DWIHN website.

  Below is a sample of CY25 utilization management performance data:

  - Standard prior authorization approval rate: 99%

---

[1] Data Source: MHWIN Authorization Report. Reflects "Decision/Approved Date" determinations between 10/1/25-9/30/26. Excludes pending and voided requests.
[2] Data Source: Power BI. Authorizations (Non-Residential) & SSRS Reports.

- Expedited authorization approval rate: 99%
- Standard authorization average time to disposition: 3.2 days
- Expedited authorization average time to disposition: 16.5 hours

- **Habilitation Supports Waiver (HSW/HAB) Program**

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).

In FY26, the HSW program continued to exceed the state requirement of at least 95% slot utilization. The program effectively managed its 1,125 allocated member slots and concluded the fiscal year with a 99.2% slot utilization rate. Throughout the year, HSW maintained an average slot utilization of 97.9%, demonstrating sustained compliance and effective management of program capacity.

To enhance monitoring efforts, with support from IT and Finance, the Utilization Manager developed a standardized process for monitoring HSW capitation payments, with particular focus on members who have a Medicaid spenddown (deductible plan). The process helps ensure members remain in the appropriate level of care, supports program integrity, and promotes accurate reimbursement for services provided.

- **NCQA UM Standards Readiness**

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

Utilization Management encompasses several regulatory "must pass" elements that serve as key indicators of compliance and program performance. In preparation for the 2027 reaccreditation survey, the UM Department, with support from the Director of Strategic Operations, participated in weekly meetings with consultants to review department alignment with current NCQA standards. This included review of policies & procedures, chart audits, and revision of internal processes.

Fiscal Year 2027 Priorities

During FY27, the department will focus on strengthening key Utilization Management performance and oversight activities. Primary areas of emphasis include timely determinations and notifications, enhancing oversight of appropriate level of care placement for target populations, and ensuring the timely resolution of appeals while monitoring overturn rates to identify trends and opportunities for improvement. Utilization Management will also enhance

member engagement efforts via member representation and participation in UM Committee activities.

Conclusion

Utilization Management continued to support timely, appropriate, and member-centered access to services through effective oversight of authorization, appeals, and utilization review activities. The department maintained a strong focus on internal process improvement, regulatory compliance, quality improvement, and operational performance. As the department moves into FY27, Utilization Management remains committed to enhancing timeliness, promoting appropriate determinations, strengthening oversight of delegates and network service utilization, and ensuring services of the highest quality.

DETROIT WAYNE INTEGRATED HEALTH NETWORK
BOARD ACTION

Board Action Number: 24-50R2 Revised: Y Requisition Number:

Presented to Full Board at its Meeting on: 11/18/2026

Name of Provider: Warriors Pharmacy Inc

Contract Title: Pharmacy Services Expansion for 7 mile

Address where services are provided: 18510 W 7 Mile Rd.

Presented to Program Compliance Committee at its meeting on: 11/12/2026

Proposed Contract Term: 3/1/2024 to 11/30/2027

Amount of Contract: $ 1,244,000.00 Previous Fiscal Year: $ 704,000.00

Program Type: Modification

Projected Number Served- Year 1: 6,000 Persons Served (previous fiscal year): 0

Date Contract First Initiated: 3/1/2024

Provider Impaneled (Y/N)?

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

This board action is requesting the approval to expand the contract with Warrior Pharmacy expand to provide pharmacy services to accommodate the operational needs of the Seven-Mile location.

The vendor is currently providing pharmacy services at the 707 Care Center and based on their established knowledge of our operations, familiarity with our service requirements, and existing working relationships, the vendor will help maintain continuity of services as we are preparing to open the new facility.

In addition, the current contract ends February 28, 2027, and we are also requesting to extend the contract term until November 30, 2027 .

The additional services, anticipated utilization, and associated costs for the Seven-Mile location will total $540,000, bringing the contract total not to exceed $1,244,000 through November 30, 2027.

A budget adjustment to certify 7 Mile costs is forthcoming.

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

Source of Funds: Multiple

Fee for Service (Y/N): N

Revenue	FY 26/27	Annualized
Multiple	$ 1,244,000.00	$ 1,244,000.00
	$ 0.00	$ 0.00
Total Revenue	$ 1,244,000.00	$ 1,244,000.00

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

Type of contract (Business/Clinical): Clinical

ACCOUNT NUMBER: MULTIPLE

In Budget (Y/N)? N

Approved for Submittal to Board:

James White, Chief Executive Officer

Signature/Date:

James White

Stacie Durant, Vice President of Finance

Signature/Date:

Stacie Durant

DETROIT WAYNE INTEGRATED HEALTH NETWORK

BOARD ACTION

Board Action Number: 25-04R Revised: Y Requisition Number:

Presented to Full Board at its Meeting on: 11/18/2026

Name of Provider: Variety Food Services Inc

Contract Title: Food Services Expansion for 7 mile

Address where services are provided: 18510 W 7 Mile Rd.__

Presented to Program Compliance Committee at its meeting on: 11/12/2026

Proposed Contract Term: 3/1/2024 to 9/30/2027

Amount of Contract: $ 849,887.48 Previous Fiscal Year: $ 586,967.48

Program Type: Modification

Projected Number Served- Year 1:_6,000 Persons Served (previous fiscal year): 0

Date Contract First Initiated: 3/1/2024

Provider Impaneled (Y/N)?

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

Crisis Services requests that Variety Food Services expand its services to accommodate the operational needs of the Seven-Mile location.

Since this vendor is already providing services at the 707 Care Center, we are requesting an expansion of their Food services to the Seven-Mile location based on their established knowledge of our operations, familiarity with our service requirements, and existing working relationships. This approach will also help maintain continuity of services as we are preparing to open the new facility.

The additional services, anticipated utilization, and associated costs for the Seven-Mile location will total $262,920 bringing the contract total not to exceed $849,887.48 through September 30, 2027.

We will need 60 meals for Breakfast, Lunch, and Dinner

Breakfast- 3.31 x 60 meals = $198.60 per day; $ 1,390.20 per week

Lunch- 6.18 x 60 meals= $370.20 per day; $ 2,591.40 per week

Dinner- 6.18 x 60 meals= $370.20 per day; $ 2,591.40 per week

Total is $6573 per week and $26,292.00 per month

For 10 months, the total will be $262,920.00

The Seven-Mile location will be incorporated into future competitive solicitations once the existing contracts and their authorized renewal options have been exhausted.

Your consideration of this request is appreciated.

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

Source of Funds: Multiple

Fee for Service (Y/N): N

Revenue	FY 26/27	Annualized
Multiple	$ 849,887.48	$ 849,887.48
	$ 0.00	$ 0.00
Total Revenue	$ 849,887.48	$ 849,887.48

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

Type of contract (Business/Clinical): Clinical

ACCOUNT NUMBER: MULTIPLE

In Budget (Y/N)? N

Approved for Submittal to Board:

James White, Chief Executive Officer

Signature/Date:

Stacie Durant, Vice President of Finance

Signature/Date:

DETROIT WAYNE INTEGRATED HEALTH NETWORK

BOARD ACTION

Board Action Number: 25-41R Revised: Y Requisition Number:

Presented to Full Board at its Meeting on: 11/18/2026

Name of Provider: LifeLine Concord LLC

Contract Title: EMS Services Expansion for 7 mile

Address where services are provided: 18510 W 7 Mile Rd.

Presented to Program Compliance Committee at its meeting on: 11/12/2026

Proposed Contract Term: 3/1/2024 to 9/30/2027

Amount of Contract: $ 351,790.00 Previous Fiscal Year: $ 300,000.00

Program Type: Modification

Projected Number Served- Year 1: 6,000 Persons Served (previous fiscal year): 0

Date Contract First Initiated: 3/1/2024

Provider Impaneled (Y/N)?

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

Crisis Services requests that Lifeline Concord expand its services to accommodate the operational needs of the Seven-Mile location.

Since this vendor is already providing services at the 707 Care Center, we are requesting an expansion of their EMS services to the Seven-Mile location based on their established knowledge of our operations, familiarity with our service requirements, and existing working relationships. This approach will also help maintain continuity of services as we are preparing to open the new facility.

The additional services, anticipated utilization, and associated costs for the Seven-Mile location will total $51,790, bringing the contract total not to exceed $351,790 through November 30, 2027. Note: These transportation services are only provided to individuals who are uninsured and thus are not Medicaid eligible. The services must be funded using General Funds.

The Seven-Mile location will be incorporated into future competitive solicitations once the existing contracts and their authorized renewal options have been exhausted.

Your consideration of this request is appreciated.

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

Source of Funds: General Fund

Fee for Service (Y/N): N

Revenue	FY 26/27	Annualized
State GF	$ 351,790.00	$ 351,790.00
	$ 0.00	$ 0.00
Total Revenue	$ 351,790.00	$ 351,790.00

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

Type of contract (Business/Clinical): Clinical

ACCOUNT NUMBER: 64930.817202.00000

In Budget (Y/N)? N

Approved for Submittal to Board:

James White, Chief Executive Officer

Signature/Date:

Stacie Durant, Vice President of Finance

Signature/Date:

DETROIT WAYNE INTEGRATED HEALTH NETWORK
BOARD ACTION

Board Action Number: 27-09R Revised: Y Requisition Number:

Presented to Full Board at its Meeting on: 11/18/2026

Name of Provider: DWIHN Provider Network - see attached list

Contract Title: FY27 Autism Service Providers

Address where services are provided: Multiple

Presented to Program Compliance Committee at its meeting on: 11/12/2026

Proposed Contract Term: 12/1/2026 to 9/30/2027

Amount of Contract: $ 123,355,881.00 Previous Fiscal Year: $ 104,955,784.00

Program Type: Continuation

Projected Number Served- Year 1: 2,900 Persons Served (previous fiscal year): 2452

Date Contract First Initiated: 10/1/2026

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).

This board action is requesting to approve a revision for the Autism Providers for FY27 to deliver Applied Behavior Analysis (ABA) and Autism Evaluations. **The total projected budget for autism services for FY27 is estimated to be $123,355,881 and remains unchanged.**

Requesting to add **Atypical Behavior Analysis, LLC, Hopeful Horizons Behavioral Health Services, LLC, Little Steps ABA Therapy, and Terra Behavior Therapy Center for Autism, LLC,** four (4) additional providers to the network to provide Autism Services who passed the Autism Request for Qualifications (RFQ 2026-006). The contract term for the additional four (4) providers is December 1, 2026 to September 30, 2027.

Autism Services: The target group for the ABA Service includes individuals from birth through twenty (20) years of age, ending on the 21st birthday with a diagnosis of Autism Spectrum Disorder (ASD) based upon a medical diagnosis in the Diagnostic and Statistical Manual of Mental Disorders (DSM-5) of ASD, who have the developmental capacity to clinically participate in the available interventions covered by the benefit, and who have Medicaid insurance.

The revised provider listing includes the following:

Autism Providers: (34)

8th Palace, ABA Golden Steps, Acorn Health of Michigan, LLC, Advanced ABA Care, Affable Home Healthcare (DBA Avid ABA), Akoya Behavioral Health, Apex Therapy Services, **Atypical Behavior Analysis, LLC** , Autism Spectrum Therapies of Michigan (DBA Total Spectrum), Behavior Frontiers, BlueMind, Bright Behavior Therapy, Brightview Care, Centria Healthcare, Dearborn Speech and Sensory Center, Inc. (DBA Metro EHS), Downriver Therapy Associates, LLC, Early Autism Services, Emagine Health Services, LLC, Gateway Pediatric Therapy, HealthCall of Detroit, **Hopeful Horizons Behavioral Health Services, LLC, Little Steps ABA Therapy** , Illuminate ABA Services, LLC, Integrated Pediatric Therapy, IOA, LLC, Lumen, Karing Kids, Manasach Enterprises dba Euro Therapies, Patterns Behavioral Services Michigan, Inc, Peak Autism Center, Positive Behavior Supports Corp., SEB Connections (DBA Merakey Inc.), **Terra Behavior Therapy Center for Autism,** Zelexa, LLC

Autism Independent Evaluations: Independent Evaluators will provide comprehensive diagnostic evaluations to determine eligibility for Autism Benefit services for ages 0 to 21st birthday.

Independent Evaluator Providers: (4)

Social Care Administrators dba McCrory Center, The Children Center, Sprout Evaluation Center, and Inspire Minds

Refer to the attached Provider List for full list.

The amount budgeted for Autism Services is an estimate based on prior year activity and is subject to change.

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

Source of Funds: Medicaid,General Fund

Fee for Service (Y/N): Y

Revenue	FY 26/27	Annualized
Medicaid	$ 122,855,881.00	$ 122,855,881.00
General Fund	$ 500,000.00	$ 500,000.00
Total Revenue	$ 123,355,881.00	$ 123,355,881.00

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:

Stacie Durant, Vice President of Finance

Signature/Date:

DETROIT WAYNE INTEGRATED HEALTH NETWORK
BOARD ACTION

Board Action Number: 27-23R2 Revised: Y Requisition Number:

Presented to Full Board at its Meeting on: 11/18/2026

Name of Provider: Detroit Wayne Integrated Health Network

Contract Title: Provider Network System FY27

Address where services are provided: 'None'

Presented to Program Compliance Committee at its meeting on: 11/12/2026

Proposed Contract Term: 10/1/2026 to 9/30/2027

Amount of Contract: $ 1,040,045,141.00 Previous Fiscal Year: $ 837,791,038.00

Program Type: Continuation

Projected Number Served- Year 1: 77,000 Persons Served (previous fiscal year): 75943

Date Contract First Initiated: 10/1/2024

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).

The Detroit Wayne Integrated Health Network (DWIHN) is requesting approval for 3 (three) existing Providers to provide Adult and Child Psychological Services (Assured Family Services) and Drop-In Center Services (Our Place Drop In, and Perfect Place Droop In) for the fiscal year ending September 30, 2027, as outlined below. **Assured Family Services', service date will begin December 1, 2026. NOTE: Total amount of Board Action remains the same, not to exceed $1,040,045,141.00 for FY 2027.**

Outpatient Providers (3)

1. Assured Family Services (Credentialed 12/6/2024 for Assessments, Early Intervention, Home-Based Services, Medication Administration, Medication Review, Peer Directed and Operated Support Services, Specialty Waivers - Children's Waiver & Waiver for Children w/SED Only, SUD Individual Assessment, SUD Outpatient Care, Targeted Case Management, Telemedicine, Therapy (Mental Health) - Child & Adult, Individual, Family Group; SED, SUD, IDD)

2. Our Place Drop-In (Credentialed 10/16/2025 for Drop-In Center; SMI)

3. Perfect Place Drop In (Credentialed 4/17/2025 for Community Living Support, Drop-In Center, Peer Directed, and Support Services, Skill Building)

Board Approval will allow for the continued delivery of behavioral health services for the following disability designation: Adults with Serious Mental Illness, Intellectual/Development Disability, Serious Emotional Disturbance, and Co-occurring Disorders.

These services include a full array of behavioral health services as specified in the Prepaid Inpatient Health Plan (PIHP) and Community Mental Health Services Program (CMHSP) contracts. **The amount budgeted are estimates based on the prior year's activity and are subject to change. Budgeted amounts can be allocated amongst providers 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 26/27	Annualized
Multiple	$ 1,040,045,141.00	$ 1,040,045,141.00
	$ 0.00	$ 0.00
Total Revenue	$ 1,040,045,141.00	$ 1,040,045,141.00

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

Board Action #: 27-23R2

DETROIT WAYNE INTEGRATED HEALTH NETWORK

BOARD ACTION

Board Action Number: 27-36 Revised: Y Requisition Number:

Presented to Full Board at its Meeting on: 11/18/2026

Name of Provider: Southwest Counseling Solutions

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

Address where services are provided: Various Locations

Presented to Program Compliance Committee at its meeting on: 11/12/2026

Proposed Contract Term: 10/1/2026 to 9/30/2027

Amount of Contract: $ 1,222,587.00 Previous Fiscal Year: $ 1,222,587.00

Program Type: Continuation

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

Date Contract First Initiated: 10/1/2006

Provider Impaneled (Y/N)? Y

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

The Detroit Wayne Integrated Health Network (DWIHN) requests Board approval of a one-year contract renewal with the following providers in the **total amount not to exceed $1,222,587 for the fiscal year ending 9/30/2027.**

Southwest Counseling Solutions – Housing Resource Center **in the amount of $1,089,715**, to provide housing assistance, resources, intervention and collaborative community efforts to reduce homelessness of persons with mental illness and co-occurring disabilities.

CNS Covenant House Program **in the amount of $132,872,** to address gaps in service through the provision of mental health support for young adults experiencing homelessness.

These programs will be funded by Medicaid under Healthcare Quality Initiatives 45 CFR 158.150.

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

Source of Funds: Medicaid

Fee for Service (Y/N): N

Revenue	FY 26/27	Annualized
MA HCQI	$ 1,222,587.00	$ 1,222,587.00
	$ 0.00	$ 0.00
Total Revenue	$ 1,222,587.00	$ 1,222,587.00

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

Board Action #: 27-36

DETROIT WAYNE INTEGRATED HEALTH NETWORK
BOARD ACTION

Board Action Number: 27-21 Revised: N Requisition Number: 0

Presented to Full Board at its Meeting on: 11/18/2026

Name of Provider: See attached list

Contract Title: CBH-2027-Comprehensive Behavioral Health (Trauma & ITCOD)

Address where services are provided: 'None'

Presented to Program Compliance Committee at its meeting on: 11/12/2026

Proposed Contract Term: 10/1/2026 to 9/30/2027

Amount of Contract: $ 521,408.00 Previous Fiscal Year: $ 609,456.00

Program Type: Continuation

Projected Number Served- Year 1: 1,500 Persons Served (previous fiscal year): 1500

Date Contract First Initiated: 10/1/2026

Provider Impaneled (Y/N)?

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

The Detroit Wayne Integrated Health Network ("DWIHN") is requesting approval to use block grant dollars for several vendors and individuals who have been approved by the Michigan Department of Health and Human Services (MDHHS) through the Comprehensive Services for Behavioral Health - 2027 Block Grant. Notification was received from MDHHS approving **$521,408** for these particular projects referenced. The breakdown is as follows:

$20,000 (Drop-Ins),

$270,000 (Integrated Treatment with Co-occurring Disorders),

$120,000 (Trauma),

$51,408 (Clubhouse Engagement), and

$60,000 (Senior Wellness).

This grant covers the period of October 1, 2026, to September 30, 2027, for five projects. A list of vendors is enclosed. **We are requesting approval in the total amount not to exceed $521,408 for the fiscal year ending September 30, 2027. Amounts may be reallocated amongst providers within each grant without Board approval.**

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

Source of Funds: Block Grant

Fee for Service (Y/N): Y

Revenue	FY 26/27	Annualized
Block Grant	$ 521,408.00	$ 521,408.00
	$ 0.00	$ 0.00
Total Revenue	$ 521,408.00	$ 521,408.00

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:

Stacie Durant, Vice President of Finance

Signature/Date:

DETROIT WAYNE INTEGRATED HEALTH NETWORK

BOARD ACTION

Board Action Number: 27-37 Revised: N Requisition Number:

Presented to Full Board at its Meeting on: 11/18/2026

Name of Provider: Neighborhood Service Organization

Contract Title: Neighborhood Service Organization and Wayne Metro PATH

Address where services are provided: Various locations in Wayne and Out-Wayne Counties

Presented to Program Compliance Committee at its meeting on: 11/12/2026

Proposed Contract Term: 10/1/2026 to 9/30/2027

Amount of Contract: $ 254,493.00 Previous Fiscal Year: $ 254,493.00

Program Type: Continuation

Projected Number Served- Year 1: 500 Persons Served (previous fiscal year): 222 - 3rd Qtr.

Date Contract First Initiated: 10/1/2006

Provider Impaneled (Y/N)?

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

The Detroit Wayne Integrated Health Network (DWIHN) requests Board approval to **disburse Supplemental General Fund** match dollars for the Projects for Assistance in Transition from Homelessness (PATH) for two providers, Neighborhood Services Organization (NSO) and Wayne Metropolitan Community Action Agency (WMCAA), **in the amount not to exceed $254,493 for the fiscal year ending September 30, 2027**. Both providers receive grant funding directly from the Michigan Department of Health and Human Services (MDHHS) for this program.

The Supplemental General Fund match dollars will be disbursed as follows:

- **NSO in the amount not to exceed $169,493**
- **WMCAA in the amount not to exceed $85,000**

DWIHN staff have the discretion to reallocate funds among these providers without board approval based upon supported utilization data provided the total amount does not exceed approved funding for this contract.

The PATH program provides active outreach to individuals who are experiencing homelessness and who have a serious mental illness or co-occurring mental illness and substance use disorder. PATH services include outreach, assistance with accessing income supports, such as SSI/SSDI, assistance in locating affordable housing and linkage to appropriate medical and mental health services. In an effort to assist the two (2) PATH providers in maximizing outreach to 500 individuals experiencing homelessness throughout Wayne County.

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

Source of Funds: General Fund

Fee for Service (Y/N): N

Revenue	FY 26/27	Annualized
General Funds	$ 254,493.00	$ 254,493.00
	$ 0.00	$ 0.00
Total Revenue	$ 254,493.00	$ 254,493.00

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

Type of contract (Business/Clinical): Clinical

ACCOUNT NUMBER: 64933.829502.00000

In Budget (Y/N)? Y

Approved for Submittal to Board:

James White, Chief Executive Officer

Signature/Date:

James White

Stacie Durant, Vice President of Finance

Signature/Date:

Stacie Durant

Board Action #: 27-37

DETROIT WAYNE INTEGRATED HEALTH NETWORK
BOARD ACTION

Board Action Number: 27-38 Revised: N Requisition Number:

Presented to Full Board at its Meeting on: 11/18/2026

Name of Provider: Detroit Central City C.M.H., Inc.

Contract Title: Central City PSH CoC Program & Leasing Project

Address where services are provided: Various Locations - Scattered Sites

Presented to Program Compliance Committee at its meeting on: 11/12/2026

Proposed Contract Term: 10/1/2026 to 9/30/2027

Amount of Contract: $ 165,045.00 Previous Fiscal Year: $ 165,045.00

Program Type: Continuation

Projected Number Served- Year 1: 134 Persons Served (previous fiscal year): 134

Date Contract First Initiated: 10/1/2015

Provider Impaneled (Y/N)?

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

The Detroit Wayne Integrated Health Network (DWIHN) is requesting Board approval to **disburse General Fund match in the not to exceed amount of $165,045** to Central City Integrated Health (CCIH) for their approved Department of Housing and Urban Development (HUD) direct grants for the **fiscal year ending September 30, 2027.**

The Continuum of Care grant agreements between HUD and Central City Integrated Health (CCIH) are based on the continued need to provide supportive services and to have housing stock in Detroit for persons experiencing homelessness.

The General Fund match includes annual amounts for supportive services and administrative costs for the Supportive Housing Program and Leasing Project. The project will provide housing and

supportive services including, but not limited to, psychiatric and nursing care, substance use treatment, Intensive Dual Diagnosis Treatment, Assertive Community Treatment (ACT), motivational interviewing, therapy and case management services. The target population is chronically homeless single adults with severe and persistent mental illness, a co-occurring mental illness and substance use disorder, or physical health disabilities and a substance use disorder.

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

Source of Funds: General Fund

Fee for Service (Y/N): N

Revenue	FY 26/27	Annualized
State GF	$ 165,045.00	$ 165,045.00
	$ 0.00	$ 0.00
Total Revenue	$ 165,045.00	$ 165,045.00

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

Type of contract (Business/Clinical): Clinical

ACCOUNT NUMBER: 64981.829501.00000

In Budget (Y/N)? Y

Approved for Submittal to Board:

James White, Chief Executive Officer

Signature/Date:

James White

Stacie Durant, Vice President of Finance

Signature/Date:

Stacie Durant

Board Action #: 27-38

DETROIT WAYNE INTEGRATED HEALTH NETWORK
BOARD ACTION

Board Action Number: 27-39 Revised: N Requisition Number:

Presented to Full Board at its Meeting on: 11/18/2026

Name of Provider: Neighborhood Service Organization

Contract Title: NSO Detroit Healthy Housing Center

Address where services are provided: Various Locations

Presented to Program Compliance Committee at its meeting on: 11/12/2026

Proposed Contract Term: 10/1/2026 to 9/30/2027

Amount of Contract: $ 902,050.00 Previous Fiscal Year: $ 902,050.00

Program Type: Continuation

Projected Number Served- Year 1: 1,050 Persons Served (previous fiscal year): 1050

Date Contract First Initiated: 10/1/2006

Provider Impaneled (Y/N)? Y

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

The Detroit Wayne Integrated Health Network (DWIHN) requests Board approval of a one-year contract renewal with the following provider in the **total amount not to exceed $902,050 for the fiscal year ending September 30, 2027**.

Neighborhood Service Organization - Detroit Healthy Housing Center **in the amount of $902,050**, to provide intensive services to decrease homelessness and residential instability and increase individuals in supportive living arrangements. This initiative is funded by Medicaid under Healthcare Quality Initiatives 45 CFR 158.150.

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

Source of Funds: Medicaid

Fee for Service (Y/N): N

Revenue	FY 26/27	Annualized
Medica HCQI	$ 902,050.00	$ 902,050.00
	$ 0.00	$ 0.00
Total Revenue	$ 902,050.00	$ 902,050.00

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

Type of contract (Business/Clinical): Clinical

ACCOUNT NUMBER: 64941.827206.82002

In Budget (Y/N)? Y

Approved for Submittal to Board:

James White, Chief Executive Officer

Signature/Date:

James White

Stacie Durant, Vice President of Finance

Signature/Date:

Stacie Durant

Board Action #: 27-39