

**HEALTHWEST**

**PROGRAM/PERSONNEL MEETING MINUTES**

**June 16, 2024  
8:00 a.m.**

**376 E. Apple Ave.  
Muskegon, MI 49442**

**CALL TO ORDER**

The regular meeting of the Program/Personnel Committee was called to order by Chair Natte at 8:00 a.m.

**ROLL CALL**

Members Present: Cheryl Natte, Janet Thomas, Janice Hilleary, Tamara Madison, Thomas Hardy

Staff Present: Holly Brink, Gina Post, Amber Berndt, Rich Francisco, Brandy Carlson, Susan Plotts, Linda Wagner, Gary Ridley, Kristi Chittenden, Tasha Kuklewski, Jennifer Hoeker, Justine Belvitch, Gordon Peterman, Gina Kim, Lakshmee Persuad, Charlie Chea, Shannon Morgan, Sheila Hurtubise, Brittani Duff, Matt Plaska, Christy LaDronka, Urbaine Ndoye

Guests Present: Kristen Wade, John Weerstra

**MINUTES**

It was moved by Ms. Hilleary, seconded by Mr. Hardy, to approve the minutes of the April 12<sup>th</sup> meeting as written.

**MOTION CARRIED.**

**PUBLIC COMMENT (ON AN AGENDA ITEM)**

There was no public comment.

**ITEMS FOR CONSIDERATION**

It was moved by Mr. Hardy, seconded by Ms. Hilleary, to approve the HealthWest Policy and Procedure for Criminal History Record Information Security, effective June 28, 2024.

**MOTION CARRIED.**

It was moved by Ms. Thomas, seconded by Ms. Hilleary, to approve the appointment of Ms. Chritine LaDronka to serve as the authorized licensure designee for HealthWest's Crisis Residential Unit, effective June 28, 2024.

**MOTION CARRIED.**

It was moved by Mr. Hardy, seconded by Ms. Thomas, to approve the policy and procedural changes as described above and attached for 06-026 Person Centered Planning, effective June 28, 2024.

**MOTION CARRIED.**

It was moved by Mr. Hardy, seconded by Ms. Hilleary, to approve the HealthWest Policy and Procedure for Application of the Sliding Fee Scale, effective June 28, 2024.

**MOTION CARRIED.**

### **OLD BUSINESS**

There was no old business.

### **NEW BUSINESS**

There was no new business.

### **COMMUNICATION**

Communication was shared regarding the motions HealthWest brought to the County Commissioners for approval during the month of June.

### **DIRECTOR'S COMMENTS**

Executive Director, Rich Francisco, provided an update:

Mr. Francisco shared an Update from CARF audit: We have completed our CARF survey and just based on the summary of findings we had 34 recommendations from the audit. This was the least number of recommendations ever according to the Quality improvement team. The summary is as follows from Matt Plaska, our audit performance improvement manager.

<b>Standard Section</b>	<b># of Recommendations</b>
Leadership	3
Governance	5
Legal	1
Finance	1
Risk Management	1
Health & Safety	7
Workforce Development	2
Technology	2
Rights	1
Accessibility	1
Performance Measurement	1
General Program Structure	4
Med Management	1

Treatment Program Standards	4
<b>Total</b>	<b>34</b>

In addition, this is the first year that we included the Governance standard in our CARF audit. We had a total of 5 recommendations in this area, and considering that it is new for us, we did very well. I am also pleased to hear that our auditors found more recommendations from the administrative standards than the clinical practice standards which we did very well on. It is much easier to address administrative standards than clinical practice standards. Our quality improvement team has already started working on this recommendation and will resolve them quickly. I will be sharing a more detailed report once we receive the final report from CARF. I want to thank Pam and Matt and the entire quality improvement team for doing a great job coordinating the audit.

Our next audit is with the LRE and staff are already preparing for this as well. The LRE site review will be July 30 to August 2<sup>nd</sup>. Staff are on track and have already been submitting proofs for this audit. Once again, thanks to the quality improvement team for coordinating and preparing for this audit

The quarterly meeting for the Quality Improvement Council at the state level was on 6/5/2024. One of the topics discussed was Conflict Free Access and Planning, there will be stakeholder meetings on June 20<sup>th</sup> and June 24<sup>th</sup> and the latter one will be for beneficiaries. Resources will be sent out for implementation to PIHP/CMHSP who will need to complete a plan and report back to MDHHS. We are eager to see what the details are of the implementation plan to guide in our efforts to develop our response plan. The other topic of discussion was from the Federal Compliance team who talked about the 1915 iSPA amendment status – public comment is currently ongoing and will end on June 19<sup>th</sup>. The links are provided below:

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

Lastly, we are also hearing there will be some changes to the MMBPIS reporting which the Michigan Mission Based Performance Indicator System. There will be a significant change to the measures and the switch will be leaning more towards national metrics such as HEDIS measures. The plan will span a transition over a 3-year period.

### **AUDIENCE PARTICIPATION**

There was no audience participation.

### **ADJOURNMENT**

There being no further business to come before the board, the meeting adjourned at 8:21 a.m.

Respectfully,

Cheryl Natte  
Program/Personnel Committee Chair

CN/hb

### **PRELIMINARY MINUTES**

***To be approved at the Program/Personnel Committee Meeting on August 9, 2024***



## PROGRAM AND PERSONNEL COMMITTEE

**Friday, June 14, 2024  
8:00 a.m.**

376 E. Apple Ave., Muskegon, MI 49442

**Program and Personnel Committee Chair: Cheryl Natte  
Program and Personnel Committee Vice-Chair: Janice Hilleary**

### AGENDA

- |    |  |             |
|----|--|-------------|
| 1) | Call to Order  | Action      |
| 2) | Approval of Agenda   | Action      |
| 3) | Approval of the Minutes of April 12, 2024<br>(Attachment #1 – pg. 1-3)   | Action      |
| 4) | Public Comment (on an agenda item)   |             |
| 5) | Items for Consideration  |             |
|    | A) Authorization to Approve the HealthWest Policy and Procedure for<br>Criminal History Record Information (CHRI) Security<br>(Attachment #2 – pg. 4 – 15)   | Action      |
|    | B) Authorization to Approve the Appointing Authorized Licensure Designee<br>For HealthWest's Crisis Residential Unit<br>(Attachment #3– pg. 16 –17)          | Action      |
|    | C) Authorization to Approve the HealthWest Policy and Procedure<br>Changes to Policy 06-026 Person Centered Planning Policy<br>(Attachment #4 – pg. 18 – 24) | Action      |
|    | D) Authorization to Approve the HealthWest Policy and Procedure for<br>Sliding Fee Scale<br>(Attachment #5 – pg. 25-30)                                      | Action      |
| 6) | Old Business   |             |
| 7) | New Business   |             |
| 8) | Communication  |             |
|    | A) Program Update<br>(Attachment #6 – pg. 31-32)   | Information |
|    | B) HealthWest Staff Demographics – Susan Plotts<br>(Attachment #7 – pg. 33-34)   | Information |

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- |     |   |             |
|-----|---|-------------|
|     | C) Director's Update – Rich Francisco   | Information |
| 9)  | Audience Participation / Public Comment |             |
| 10) | Adjournment                             | Action      |

/hb

**HEALTHWEST**  
**PROGRAM/PERSONNEL MEETING MINUTES**

**April 12, 2024**  
**8:00 a.m.**

**376 E. Apple Ave.**  
**Muskegon, MI 49442**

**CALL TO ORDER**

The regular meeting of the Program/Personnel Committee was called to order by Chair Natte at 8:00 a.m.

**ROLL CALL**

Members Present: Cheryl Natte, Janet Thomas, Tamara Madison, Thomas Hardy, John Weerstra

Members Absent: Janice Hilleary

Staff Present: Holly Brink, Gina Post, Amber Berndt, Rich Francisco, Brandy Carlson, Susan Plotts, Linda Wagner, Gary Ridley, Kristi Chittenden, Tasha Kuklewski, Jennifer Hoeker, Justine Belvitch, Mickey Wallace, Gary Ridley, Gordon Peterman, Anissa Goodno, Jackie Farrar, Melina Barrett, Gina Kim, Lakshmee Persuad

Guests Present: Kristen Wade

**MINUTES**

It was moved by Mr. Hardy, seconded by Ms. Thomas, to approve the minutes of the February 12<sup>th</sup> meeting as written.

**MOTION CARRIED.**

**PUBLIC COMMENT (ON AN AGENDA ITEM)**

There was no public comment.

**ITEMS FOR CONSIDERATION**

It was moved by Ms. Thomas, seconded by Mr. Hardy, to approve the HealthWest Policy and Procedure for Background Checks effective April 26, 2024.

**MOTION CARRIED.**

It was moved by Mr. Hardy, seconded by Ms. Thomas, to approve the policy and procedural changes as described above and attached, effective April 29, 2024.

**MOTION CARRIED.**

It was moved by Mr. Hardy, seconded by Ms. Thomas, to approve the policy and procedural changes as described above and attached for 05-025 Information System Use, effective April 29, 2024.

**MOTION CARRIED.**

**OLD BUSINESS**

There was no old business.

**NEW BUSINESS**

There was no new business.

**COMMUNICATION**

There was no communication.

**DIRECTOR'S COMMENTS**

Executive Director, Rich Francisco, provided an update:

Mr. Francisco share that that him and Cyndi met with MDHHS director, Donata Kidd, to touch base on projects that overlapped with them. One is an update on the MichiCANS soft launch, MDHHS is now doing their soft launch and pilot and are not doing the MichiCANS prescreen. They are completing MichiCANS for kids entering the foster care system, and if a referral is made to HW it will be routed to us via CC360. Upon the completion of their assessment, we will be keeping our eye on the prescreens referred to our CMH. The other discussion we had was surrounding the Medicaid enrollment process, and Donata was going to look more into the various cases where we have individuals that are dropping off from DAB to other fund sources. She is going to look for systemic issues on their end. In the meantime, she wants HW to escalate cases to her to investigate further.

Staff are busy preparing for CARF now that we have a date set for May 15 to 17<sup>th</sup>. Policies are being reviewed and sent out for updates and as you saw we are taking new and significantly changed policies to the board for approval as well.

I have been working with the County and Foster Swift (corporate counsel) on developing a countywide HIPAA policy and that is now completed. I have sent it to Mark Eisenbarth and other county directors for review. This would allow the different departments to be on the same page for various requests that we receive for PHI. This should define some of the parameters about what we can and cannot share and should make the sharing of information more efficient as we coordinate care with these departments.

Lastly, I am currently working with staff and the communications team on updating the Annual Plan and the Strategic Plan. I will be taking that to the full board at the end of the month for updates.

**AUDIENCE PARTICIPATION**

There was no audience participation.

**ADJOURNMENT**

There being no further business to come before the board, the meeting adjourned at 8:10 a.m.

Respectfully,

Cheryl Natte  
Program/Personnel Committee Chair

CN/hb

***PRELIMINARY MINUTES  
To be approved at the Program/Personnel Committee Meeting on  
June 14<sup>th</sup>, 2024***



## REQUEST FOR HEALTHWEST BOARD CONSIDERATION AND AUTHORIZATION

<b>COMMITTEE</b> Program/Personnel Committee	<b>BUDGETED</b> X	<b>NON-BUDGETED</b>	<b>PARTIALLY BUDGETED</b>
<b>REQUESTING DIVISION</b> Administration	<b>REQUEST DATE</b> June 28, 2024	<b>REQUESTOR SIGNATURE</b> Susan Plotts, HR Manager	
<b><u>SUMMARY OF REQUEST (GENERAL DESCRIPTION, FINANCING, OTHER OPERATIONAL IMPACT, POSSIBLE ALTERNATIVES)</u></b>			
<p>HealthWest Board authorization is requested to approve the HealthWest Policy and Procedure for Criminal History Record Information (CHRI) Security.</p> <p><u>Policy</u> It is the policy of HealthWest to protect Criminal History Record Information pursuant to the Federal Bureau of Investigation (FBI) Criminal Justice Information Services (CJIS) Security Policy.</p> <p>HealthWest recently underwent a security audit conducted by the Criminal Justice Information Services (CJIS) Division of the Federal Bureau of Investigation. This audit focused on the handling, storing, and security of Criminal History Record Information received as a result of fingerprinting new hires who lived outside the state of Michigan in order to obtain Nationwide FBI Clearance. This policy is a requirement of CJIS and has been approved by CJIS as a complaint policy. HealthWest has implemented the requirements of this policy and received a rating of full compliance in CJIS the audit report.</p>			
<b><u>SUGGESTED MOTION (STATE EXACTLY AS IT SHOULD APPEAR IN THE MINUTES)</u></b>			
I move to authorize and approve the HealthWest Policy and Procedure for Criminal History Record Information Security, effective June 28, 2024.			
<b>COMMITTEE DATE</b> June 14, 2024	<b>COMMITTEE APPROVAL</b> _____ Yes    _____ No    _____ Other		
<b>BOARD DATE</b> June 28, 2024	<b>BOARD APPROVAL</b> _____ Yes    _____ No    _____ Other		

HWB 91-P

HealthWest  
Policy and Procedure  
No. 02-\_\_\_\_\_

Prepared by:

Effective:  
Revised:

Susan Plotts  
Human Resource Manager

Approved By:

Subject: Criminal History Record  
Information (CHRI) Security Policy

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Rich Francisco  
Executive Director

I. Policy

It is the policy of HealthWest to protect Criminal History Record Information pursuant to the Federal Bureau of Investigation (FBI) Criminal Justice Information Services (CJIS) Security Policy.

II. PURPOSE:

Pursuant to [indicate state or federal authorizing law], HealthWest is considered a Noncriminal Justice Agency (NCJA) and is an Authorized Recipient (AR), wherein certain Authorized Personnel are able to request and receive fingerprint-based Criminal History Record Information (CHRI) checks. Authorization for ARs to receive CHRI is for the purpose of Employment, Internship, Contracting and Volunteerism determinations. Therefore, HealthWest is to ensure compliance with applicable state and federal laws, applicable rules and regulations, the most current version of the Federal Bureau of Investigation (FBI) Criminal Justice Information Services (CJIS) Security Policy, in addition to HealthWest policies, procedures, and processes. This Information Security Policy provides the appropriate access, maintenance, security, confidentiality, dissemination, integrity, and audit requirements of CHRI in all its forms, whether at rest or in transit.

The most stringent requirement shall prevail if conflict(s) is/are found between agency policies, state or federal laws, with the most current version of the FBI CJIS Security Policy, and corresponding rules, or regulations.

III. APPLICATION:

Employees who have access to Criminal History Record Information and systems used to obtain such records. Information Systems staff who are responsible for maintaining the security of HealthWest information systems.

III. DEFINITIONS:

- A. CHRI: Criminal History Record Information
- B. NCJA: Noncriminal Justice Agency
- C. Authorized Recipients - (1) A criminal justice agency or federal agency authorized to receive CHRI pursuant to federal statute or executive order; (2) A nongovernmental entity authorized by federal statute or executive order to receive CHRI for noncriminal justice purposes; or (3) A government agency authorized by federal statute or executive order, or state statute which has been approved by the United States Attorney General to receive CHRI for noncriminal justice purposes.
- D. Authorized User/Personnel - An individual, or group of individuals, who have been appropriately vetted through a national fingerprint-based background check, where required, and have been granted access to CJI data, wherein access is only for the purpose of evaluating an individual's qualifications for employment or assignment.

IV. PROCEDURE:

- A. User Agreement  
HealthWest shall complete and maintain a Noncriminal Justice Agency User Agreement for Release of Criminal History Record Information (RI-087) provided by the Michigan State Police (MSP). Agreements are in place to provide for data ownership, individual roles, responsibilities, etc. When changes in contact information (address, e-mail address, contact name, etc.) occur, HealthWest shall complete and return a new user agreement. The most current copy of this user agreement will be maintained on file at the agency indefinitely.
- B. Local Agency Security Officer (LASO)  
The HealthWest Executive Director or Designee will designate a LASO by means of completing and returning to the MSP, Security & Access Section (SAS), a Noncriminal Justice Agency Local Agency Security Officer Appointment (CJIS-015). An individual designated as LASO is:
  - An "authorized user/personnel."
  - An individual that has completed a fingerprint-based background check, where required, and found appropriate to have access to CHRI.

A LASO is responsible for the following:

  - Identifying who is using or accessing CHRI and/or systems with access to CHRI.
  - Identifying and documenting any equipment connected to the state system.
  - Ensuring personnel security screening procedures are being followed as stated in this policy.
  - Confirming the approved and appropriate security measures are in place and working as expected.
  - Supporting policy compliance and ensuring the MSP Information Security Officer (ISO) is promptly informed of security incidents.

When changes in the LASO appointment occur, HealthWest shall complete and return a new LASO appointment form. The most current copy of the LASO appointment form will be kept on file indefinitely by the agency (CJIS-015).

All MSP fingerprint account changes are to be made by the LASO.

C. Personnel Security

All personnel requiring access to CHRI must first be deemed "Authorized Personnel." Prior to accessing CHRI, such individuals shall complete a fingerprint based CHRI background check. The LASO or authorized designee will review and determine if access is appropriate. Access is denied if:

1. The law prohibits the individual from working in or with HealthWest.
2. The individual has ever had a felony, of any kind, no matter when it occurred.

If a record of any other kind is found, the LASO or authorized designee will review if access is appropriate. Persons believed to be a fugitive, or having an arrest history without conviction must be reviewed to determine if access to CHRI is appropriate. The LASO or authorized designee may ask for a review by the CJIS Systems Officer (CSO) of the MSP in extenuating circumstances where the severity of the offense and the time that has passed would support a possible variance.

Access will be granted upon determination by the LASO or authorized designee, so long as providing such access would not be detrimental to the agency or the individual for which the record pertains.

Persons with access to CHRI and are subsequently arrested and/or convicted of a crime will:

1. Have their access to CHRI suspended until the outcome of an arrest is determined and reviewed by the LASO or authorized designee in order to determine if continued access is appropriate.
2. Have their access suspended indefinitely if a conviction results in a felony of any kind.
3. Have their access denied by the LASO or authorized designee where she/he determines that access to CHRI by the person would not be in the public's best interest.

Whenever possible, access to CHRI by support personnel, contractors, and custodial workers will be denied. If a need should arise for such individuals to be in an area(s) where CHRI is maintained or processed (at rest or in transit); persons will be escorted by or under the supervision of authorized personnel at all times while in these area(s).

Contracted Information Technology (IT) contractors or vendors will be physically or virtually escorted by authorized personnel anytime said individuals have access to facilities, areas, rooms, or an agency's CHRI information system.

Virtual escorting of privileged functions is permitted only when all the following conditions are met:

1. The session shall be monitored at all times by an authorized escort.
2. The escort shall be familiar with the system/area in which the work is being performed.
3. The escort shall have the ability to end the session at any time.
4. The remote administrative personnel connection shall be via an encrypted (FIPS 140-2 certified) path.
5. The remote administrative personnel shall be identified prior to access and authenticated prior to or during the session. This authentication may be accomplished prior to the session via an Advanced Authentication (AA) solution or during the session via active teleconference with the escort throughout the session.

NCJAs that do not have passed and federally approved legislation authorizing or requiring the civil fingerprint-based background checks are exempt from this requirement until such a time as appropriate legislation has been written into law.

D. Personnel termination

The LASO or authorized designee shall terminate access to CHRI immediately, which is within 24 hours of a notification that an individual's termination of employment has occurred.

1. Human Resources receives notification of a resignation or dismissal of employment and processes the Separation Checklist.
2. Human Resources sends a notice to the New Hire and Staff Updates email group with the separation effective date.
3. Upon receiving notice, System owners disable access as described in the following list. For Dismissals, this happens immediately, and for resignations, this happens at the end of the day on the staff member's last day of employment.
  - a. Human Resources - ID badge (building Access), any background screening and employee information systems in which the employee has access, including CHRIS.
  - b. Information Systems - Network access (email, desktop, HW operated systems, etc.), and HealthWest issued cell phone.

E. Personnel Transfer

Individuals with access to CHRI, and where the individual has been reassigned or transferred, shall have his or her access reviewed by the LASO or authorized designee to ensure access is still appropriate. If access is determined to be suspended, the individual shall be restricted from access to CHRI within the immediate 24 hours of transfer or reassignment and the following steps shall be taken by HealthWest immediately:

1. The Human Resources Manager, who is also the systems administrator and LASO, will review access to CHRI immediately upon notification of transfer. Since only Human Resources staff have access to CHRI, the Human Resources Manager will

know when an internal transfer is planned. The Internal Transfer Checklist will prompt this review.

2. If access to the CHRI is no longer needed, the Human Resources Manager will disable access to CHRIS.

F. Sanctions

Persons found noncompliant with state or federal laws, current FBI CJIS Security Policy, rules or regulations, including HealthWest Information Security Policy, will be formally disciplined. Discipline can be, but not limited to, counseling, the reassignment of CHRI responsibilities, dismissal, or prosecution. Discipline will be based on the severity of the infraction and at the discretion of HealthWest, according to Muskegon County Personnel Rule 10.

G. Media Protection

CHRI media is to be protected and secured at all times. The following is established and is to be implemented to ensure the appropriate security, handling, transporting, and storing of CHRI media in all its forms.

1. Media Storage & Access

Digital and physical CHRI media shall be securely stored within physically secured locations or controlled areas, and within the agency's facility unless otherwise permitted. Access to such media is restricted to authorized personnel only and secured at all times when not in use or under the supervision of an authorized individual.

Physical CHRI media:

- a. Is to be stored within individual records when feasible or by itself when necessary.
- b. Is to be maintained within a lockable filing cabinet, drawer, closet, office, safe, or vault, etc.

Digital CHRI Media:

- a. Is to be secured through encryption as specified in the most current FBI CJIS Security Policy.
- b. Unless encrypted, digital storage media devices (such as discs, CDs, SDs, thumb drives, DVDs, etc.) are to be maintained within a lockable filing cabinet, drawer, closet, office, safe, or vault, etc.

2. Media Transport (Digital and/or physical)

Should the need arise to move CHRI media outside of the secured location or controlled area, HealthWest shall establish and implement appropriate security controls to prevent compromise of the data while transporting. The transport of CHRI media will be conducted by authorized personnel. CHRI media includes:

- Physical CHRI media such as paper/hard copies.
- Digital CHRI media such as laptops and computer hard drives and any removable, transportable digital memory media, such as magnetic tape or disk, optical disk, flash drives, external hard drives, or digital memory card(s).

HealthWest does not transport CHRI outside of the secured location or controlled area. CHRI is not printed, saved, emailed, or stored outside of the CHRIS System. Fingerprint results are viewed using the CHRIS System only.

3. Digital Media Sanitization and Disposal

Without ensuring the proper disposal of installed and removable digital storage, information security risks can be created by reassigning, surplussing, transferring, trading-in, disposing of computers, or replacing digital storage media and computer software. Therefore, once digital CHRI media devices are determined no longer needed by the agency, devices shall be sanitized and disposed of according to the most current FBI CJIS Security Policy. Due to the presence of temporary files (data remanence), devices where digital media was once stored, processed, and/or used for dissemination (fax, scanners, computers, laptops, etc) shall be sanitized in a manner that gives assurance that the information cannot be recovered prior to disposal of or upon the reassigning or recycling of such devices. An "erase" feature (e.g., putting a document in a "trash can" icon) or deleting a file is not sufficient for sensitive information, because the information is still recoverable. The agency will provide steps for the sanitization and disposal of devices where CHRI media was once stored, processed, and/or used.

Digital Sanitation will occur as follows:

- a. The HealthWest IT department will determine the appropriate redistribution or recycle of used HealthWest equipment. The status and transfer of ownership within the inventory asset database will designate authorization to reimage for internal reuse, or authorization for hard drive destruction for external reuse or recycle purposes. A status of "retired" within the inventory asset database will be considered authorization to destroy the hard drive and start the chain of events with which that work will occur. A transfer of ownership from the current HealthWest user to IT inventory or to another HealthWest user will be considered authorization to reimage the hard drive of that computing device and will start the chain of events with which that work will occur.
- b. Where equipment will have the hard drive removed and destroyed, that work may be contracted by HealthWest. In those contract cases, a HealthWest staff will be present to witness the destruction process. Where this work will be performed internally to HealthWest, an Information Technology team member or authorized HealthWest designee may perform that work individually without supervision.

Where equipment will be prepared for redistribution internally, utilizing the current HealthWest equipment imaging process, that work will be performed on an individual basis by an Information Technology team member or authorized HealthWest designee.

- c. Sanitization will occur utilizing the following guidelines:

- 1) To prepare for HealthWest internal reuse:

- a) where the equipment has an HDD drive, data will be cleared (wiped) with a disk wiping utility using the DoD 5220.22-M (E) method described below:
  - 1) Writes zero bytes (0x00)
  - 2) Writes high bytes (0xFF)
  - 3) Writes pseudo-random bytes

- b) where the equipment has a SDD drive, data will be cleared (wiped) using block erase and crypto erase functions.
  - 2) For HealthWest owned equipment, to prepare for recycle or transfer of ownership to reuse externally, the hard drive of the computing device will be removed. The hard drive will undergo physical destruction by shredding, disintegrating, cutting, drilling, or grinding.
  - 3) For equipment that was used in HealthWest business activities and is owned by a contracted vendor, removal of any HealthWest-related data will be done utilizing that vendor's processes under that vendor's responsibility according to contract.
  - 4) For any portable media device (CD, DVD, USB drive, etc.) storing HealthWest data, when that device, or the data on it, is no longer needed, is outdated, and/or has become inoperable, the device will be destroyed by shredding, disintegrating, cutting, drilling, or grinding.
4. Disposal of Physical Media  
HealthWest does not print or store physical (paper copies) of CHRI data.

#### H. PHYSICAL PROTECTION

HealthWest shall document and implement a physical protection policy and procedures to ensure CHRI and information system hardware, software, and media are physically protected through access control measures.

##### 1. Physically Secure Location

HealthWest will ensure both sufficient physical and personnel security controls exist for the protection of CHRI and associated information systems. A physically secure location is a facility, an area, a room, or a group of rooms within a facility. HealthWest will:

- a. Prominently post the perimeter of the physically secured location and keep separate from non-secure locations by physical controls.
- b. Keep a current list of personnel with authorized access to the physically secure location or use a method of credentials to keep track of authorized personnel.
- c. Ensure all physical areas where CHRI or information systems are stored and/or used for processing shall be controlled. Individuals requiring access to such locations will be verified before granting access. Physical access to information system distribution and transmission lines within the physically secure location will be controlled and safeguarded.
- d. Position information system devices that display CHRI in such a way as to prevent unauthorized individuals from accessing and viewing CHRI.
- e. Ensure methods are in place to monitor, detect and respond to information system incidents for individuals attaining physical access to secured areas.



- f. Validate all visitors before admittance to the physically secure locations, and visitors will be escorted and monitored at all times.
- g. Authorize and control information system-related items entering and exiting the physically secure location.

I. Incident Response

HealthWest shall establish operational incident handling procedures for instances of an information security breach. Information security incidents are major incidents that significantly endanger the security or integrity of CHRI. The agency will identify responsibilities for information security incidents and include how and who to report such incidents to. The agency will ensure appropriate security incident capabilities exist and should incorporate the lessons learned from ongoing incident handling activities. The agency will ensure procedures exist and are implemented for a follow-up action of a security breach and for the collection of evidence in cases of legal action. All individuals with direct or indirect access to CHRI shall be trained on how to handle an information security incident, and such training is to be included within the agency's Security Awareness Training. (See section on Security Awareness Training at the end of this document.) Procedures shall be in place to track and document information security incidents, whether physical or digital, on an ongoing basis. When an incident has been determined a breach having to do with CHRI, the agency will report the security breach to the MSP ISO through the use of a "Information Security Officer (ISO) Computer Security Incident Response Capability Reporting," form (CJIS-016).

The specific steps for how incident response will occur:

1. Security breaches having to do with CHRI will be reported to the Human Resources Manager, who is also the Agency's LASO, by the Information Systems Department and, if applicable, the Human Resources Staff.
2. Specific steps for handling capabilities, for the digital and physical CHRI media, utilized by the agency. Along with measures and steps listed below, please see the HealthWest Incident Response and Disaster Recovery Plans for additional details.
  - a. Preparation – is any necessary hardware and/or software implemented to prevent unauthorized access or the intrusion of agency information systems (firewalls, virus detection, malware/spyware detection) or locked doors and cabinets to prevent unauthorized physical access.
    - 1) HealthWest utilizes a firewall using VLANs for network security and packet segregation to prevent unauthorized remote access to systems and for real time event logging.
    - 2) Access to data is controlled by the HealthWest Information Technology team and access levels are monitored and adjusted based on user roles and duties. Access restrictions and authentication requirements can be refined by security policies as needed.
    - 3) VPN is used in conjunction with multifactor authentication for remote access to HealthWest network infrastructure and HealthWest controlled systems.

- 4) Multifactor authentication is used in conjunction with HealthWest assigned credentials for Windows logon.
  - 5) Antivirus software is installed as endpoint security on all end user computing devices.
  - 6) HealthWest uses WPA2/AES authentication/encryption to encrypt wireless network traffic.
  - 7) A mobile device management system is used to enforce security, access control, compliance, and encryption rules.
  - 8) All HealthWest laptops use local device encryption.
  - 9) HealthWest contracts for penetration testing on a bi-annual basis. Different vendors are used to ensure variation in testing and, therefore, the widest possible scan.
  - 10) HealthWest enforces password requirements set via group policy. Password specific requirements include 16 characters, complexity requirements (mixed case, character, symbol), cannot be same as past 24 passwords, cannot contain characters which match 3 or more consecutive characters of your username, cannot be changed more often than once in a 24-hour period, and 180 days refresh.
  - 11) HealthWest utilizes a security awareness training platform across the agency. Training is assigned at orientation for new staff as well as on a continuous basis throughout the year to all staff.
  - 12) Data is backed up to a secondary physical location. Data is also backed up to a cloud-hosted site via contract with vendor.
  - 13) The HealthWest datacenter is locked and authorized keycard access is required. Human Resources staff manages building and specific area access through a keycard access system. Staff are assigned individual keycards/badges.
  - 14) As mentioned above, HealthWest does not currently print or maintain physical (paper copies) of CHRI data. All CHRI data is accessed through the CHRIS System. Fingerprint results are not printed, stored on or emailed outside of the CHRIS System.
- b. Detection – is a method of preparation and the detailed use of mechanisms (monitoring intrusions such as spyware, worms, or unusual or unauthorized activities or physical intrusions with building alarms or video surveillance). HealthWest contracts with a vendor to provide Managed Detection Response (MDR) services. This includes work such as monitoring unexpected and/or suspicious activities, identifying security incidents, mitigating potential/current security incidents, working with the HealthWest IT team to investigate security incidents, collect and triage artifacts, create and assist with the implementation of containment and eradication plans, and provide reports that contain investigative and discovery methods used as well as the background, findings,

and artifacts, and remediation recommendations. The HealthWest Information Technology team follows through with remediation recommendations that are not completed at the conclusion of work completed by the contracted vendor. HealthWest utilizes a security camera system to monitor for unauthorized access to physical locations. HealthWest also contracts with a vendor for security alarm system and monitoring services of HealthWest physical sites.

- c. Recovery – is the steps taken to restore the agency information system and media to a safe environment (the ability to restore missing files/documents). Data is backed up to a secondary location. Restoration of systems is regularly tested. Data is also backed up to a cloud-hosted site via contract with vendor. As described above, HealthWest contracts with a vendor for MDR services, of which analysis, eradication, and remediation are all a part. Once affected systems have been safely restored and it has been determined that backup data is safe, HealthWest Information Technology staff will recover data from backup most appropriate to the specific data.
3. Provide specific steps for the appropriate collection of evidence of an information security breach that meets relevant jurisdiction(s). Should the agency choose to take legal action, whether criminal or civil, what steps are taken in terms of evidence collection (calling law enforcement to take a report or contacting legal counsel).
    - a. As described above, HealthWest contracts with a vendor for MDR services. In the case of a security breach, collection of evidence is part of the services included in that contract. Access/authentication logs from appropriate systems and/or equipment will be collected in the case of electronic events. If appropriate for the event in question, a search of communications will be done and those pertinent to the situation will be preserved. If appropriate to the event in question, a search of staff internet history will be done and information found pertinent to the event will be maintained. In the case of physical events, security camera footage will be reviewed and video pertinent to the event will be preserved.
  4. Reporting Incidents - The Human Resources Manager, with assistance from Information Technology, will complete an "Information Security Officer (ISO) Computer Security Incident Response Capability Reporting," form (CJIS-016) to report security incidents to the MSP. The CJIS-016 can be located at the SAS website: [www.michigan.gov/cjicats](http://www.michigan.gov/cjicats) (Forms).
  5. CJIS-016 Forms will be maintained by the Human Resources Manager, who is also HealthWest's LASO. As the CJIS-016 is the required method used for the reporting of security incidents, including mobile devices, the agency will use and retain completed forms on an ongoing basis in order to meet policy requirements for tracking.

J. Secondary Dissemination

When permitted by law, and HealthWest releases a CHRI response to another authorized recipient pursuant to authorized sharing provisions, a log of such release(s) shall be established, implemented, and kept current. The log will be maintained indefinitely and be made available upon request to a MSP representative for audit purposes. Fields required for the log are:

- The date the record was shared.
- Record disseminated.
- Requesting agency (whom the response was shared with) / Recipient Name.
- Method of sharing; either by U.S. Mail or landline fax. (No emailing).
- Agency personnel that shared the CHRI.

K. Security AWARENESS Training

HealthWest will establish, implement, and administer basic Security Awareness Training (SAT) that meets the minimum standards provided within the most current version of the FBI CJIS Security Policy. The LASO will, every two years and starting from date of adopting agency SAT, review the FBI CJIS Security Policy to ensure agency implemented SAT meets the most current requirement(s). All individuals having access to CHRI, whether digital or physical, shall complete SAT provided by the agency within six (6) months of assignment and every two (2) years thereafter. The agency will also include any or all Information Technology (IT) personnel having access to digital systems used to process CHRI. The agency will document and keep current completed SAT records, past and current.

V. References:

- A. CJIS Security Policy
- B. Policy 05-026 Information System Use
- C. Policy 05-023 HIPAA Privacy and Security Policy
- D. Policy 05-001 Appropriate Use of Information
- E. HealthWest HR Onboarding Checklists
- F. HealthWest HR Internal Transfer Checklist
- G. HealthWest HR Separation Checklist
- H. HR SOP 10 – CHRIS and CHRI Access

SP/hb

## REQUEST FOR HEALTHWEST BOARD CONSIDERATION AND AUTHORIZATION

<b>COMMITTEE</b> Program Committee	<b>BUDGETED</b>	<b>NON-BUDGETED</b>	<b>PARTIALLY BUDGETED</b>
<b>REQUESTING DIVISION</b> Executive Leadership	<b>REQUEST DATE</b> June 14, 2024		<b>REQUESTOR SIGNATURE</b> Rich Francisco, Executive Director
<b>SUMMARY OF REQUEST (GENERAL DESCRIPTION, FINANCING, OTHER OPERATIONAL IMPACT, POSSIBLE ALTERNATIVES)</b>			
<p>Authorization is requested for the HealthWest Board of Directors to appoint Ms. Christine LaDronka to act as the authorized representative on behalf of HealthWest, in matters pertaining to licensing for the HealthWest Crisis Residential Unit (CRU).</p> <p>Michigan Administrative Code R.400.14103 requires the candidate be appointed by this Board of Directors. Ms. LaDronka has years of experience and expertise working in the clinical realm of the behavioral health field. She is a fully licensed Master's Level Social Worker through the State of Michigan, has 10+ years of experience at HealthWest, and spent the 10 years prior to coming to HealthWest serving in various clinical and supervisory roles with Easter Seals of Michigan. This makes her more than qualified to replace Ms. Blair as the authorized licensing representative for CRU.</p>			
<b>SUGGESTED MOTION (STATE EXACTLY AS IT SHOULD APPEAR IN THE MINUTES)</b>			
<p>I move to authorize the appointment of Ms. Christine LaDronka to serve as the authorized licensure designee for HealthWest's Crisis Residential Unit, effective June 28, 2024.</p>			
<b>COMMITTEE DATE</b> June 14, 2024	<b>COMMITTEE APPROVAL</b> _____ Yes    _____ No    _____ Other		
<b>BOARD DATE</b> June 28, 2024	<b>BOARD APPROVAL</b> _____ Yes    _____ No    _____ Other		

HWB 92-P



June 28, 2024

State of Michigan  
Department of Licensing and Regulatory Affairs  
Ms. Liz Elliott  
350 Ottawa Ave. NW  
Grand Rapids, MI 49503

Re: HealthWest Crisis Residential Center/License # AS610404686

Dear Ms. Elliott,

This letter is being sent at your request with regard to the transfer of the licensee designee and administrator from the current appointee, Cynthia Blair, to Christine LaDronka. On June 28<sup>th</sup>, 2024, at a regular meeting of the HealthWest Board of Directors, the Board elected to appoint Ms. Christine LaDronka to serve as the licensee designee and administrator for HealthWest's Crisis Residential Unit currently operating under license # AS610404686 and per Michigan Administrative Code R.400.14103 (1)(g). Ms. LaDronka is a fully licensed master's level social worker with the State of Michigan, having completed her bachelor's degree in psychology from Michigan State University, her master's degree in Social Work from the University of Michigan, and was recently promoted to Chief Clinical Officer at HealthWest. Her years of experience with HealthWest, along with her clinical and supervisory work prior to working with HealthWest, give her the expertise necessary to serve as a qualified replacement for Ms. Blair. Please feel free to contact me with any questions.

Sincerely,

Janet Thomas  
Chair - HealthWest Board of Directors

Enclosures:

- MSW License
- Transcripts
- TB Test Results
- BCHS AFC 100
- BCAL 3704-AFC
- Copy of Board Motion Appointing CL

**Main Office**

376 E. Apple Ave. | Muskegon, MI 49442-7 | P (231) 724-1111 | F (231) 724-3659

[HealthWest.net](http://HealthWest.net)

## REQUEST FOR HEALTHWEST BOARD CONSIDERATION AND AUTHORIZATION

<b>COMMITTEE</b> Program/Personnel Committee	<b>BUDGETED</b> X	<b>NON-BUDGETED</b>	<b>PARTIALLY BUDGETED</b>
<b>REQUESTING DIVISION</b> Administration	<b>REQUEST DATE</b> June 14, 2024	<b>REQUESTOR SIGNATURE</b> Matt Plaska, Accreditation & Performance Improvement Manager	
<b><u>SUMMARY OF REQUEST (GENERAL DESCRIPTION, FINANCING, OTHER OPERATIONAL IMPACT, POSSIBLE ALTERNATIVES)</u></b>			
<p>HealthWest Board authorization is requested to approve the revisions of Policy and Procedure 06-026 (Person Centered Planning). The revised sections are listed below and redlined in the attached Policy.</p> <p>Revisions Include:</p> <ol style="list-style-type: none"> <li>1. Section II Purpose: Expanded on the purpose of the policy.</li> <li>2. Section III Application: Expand on those the policy pertains to.</li> <li>3. Section IV Definitions: Expand the definitions regarding Individual Plan of Service and Person-Centered Planning,</li> <li>4. Section V Procedures: Under A- <b>added</b> Youth-Driven / Family Focused, Under B – <b>added</b> as required, Under D – <b>added</b> All staff responsible for implementing an individual's IPOS must be able to perform interventions as prescribed in the IPOS. All direct support professionals (also referred to as direct care service workers (DCW), direct service providers (DSP), Community Living Supports (CLS) staff, or aide-level staff) must receive documented, beneficiary-specific training on an individual's IPOS before providing services to the individual. Training must be provided by an appropriate professional staff (case managers / supports coordinator, other qualified member of the treatment team, or specialized professionals working within their scope of practice) or other qualified trainer, Note: this requirement applies to all (<b>removed</b>) are required to provide training on the Individual Plan of Service to all. <b>Added</b> (SEDW), and 1915 (j)SPA waiver, and DSPs providing services to individuals who are not enrolled in an y waiver programs. Under E, <b>added</b> Consumer name, IPOS date, Date of training, Name / credentials / and signature of trainer, names and signatures of the training participants, subject of training (the part of the plan or protocol being trained). <b>Removed</b> who was trained, when was the training, who provided the training, and on what part of the plan or protocol were they trained. Under F, <b>added</b> Inform the provided of the identified areas of noncompliance. <b>Added</b> Subsequent occurrences of noncompliance may result in additional consequences, including plans of correction, withholding of payments and/or termination of the between HealthWest and the provider agency. <b>Removed</b> may withhold payment or terminate the contract for noncompliance.</li> <li>5. Section VI References: Expanded the references</li> </ol>			
<b><u>SUGGESTED MOTION (STATE EXACTLY AS IT SHOULD APPEAR IN THE MINUTES)</u></b>			
I move the HealthWest Board of Directors to authorize the policy and procedural changes as described above and attached, effective April 29, 2024.			
<b>COMMITTEE DATE</b> June 14, 2024	<b>COMMITTEE APPROVAL</b> _____ Yes    _____ No    _____ Other		
<b>BOARD DATE</b> June 28, 2024	<b>BOARD APPROVAL</b> _____ Yes    _____ No    _____ Other		

HealthWest  
Policy and Procedure  
No. 06-026

Prepared by:  
[Clinical Operations Team](#)~~Quality Improvement~~

Effective: May 23, 2003

Revised: April 4~~03~~,  
~~2018~~2024

~~Julia Rupp~~[Rich Francisco](#), Executive Director

Subject: Person-Centered Planning

I. POLICY

It is the policy of HealthWest and its contract providers to adopt the Michigan Department of Health and Human Services (MDHHS) Policy and Practice Guideline on Person-Centered Planning when providing behavioral health or substance abuse services to individuals.

II. PURPOSE

To establish and maintain consistent procedures for the ~~offer and execution~~use of Person-Centered Planning ~~throughout by~~ HealthWest and its contracted provider staff.

III. APPLICATION

This policy applies to all individuals served by HealthWest and its network of and its contracted provider agencies and licensed independent practitioners, ~~and other contracted providers that serve them.~~

IV. DEFINITIONS

Individual Plan of Service: A written plan developed using a person-centered planning process ~~Individualized Plan of Service that documents the needs, goals, and objectives of a person receiving services and supports, and which contains the medical necessity, amount, scope, duration, and frequency of all services and supports to be provided.~~ directed by the individual as required by the Michigan Mental Health Code. An individualized plan of service may include a treatment plan, a support plan, or both. ~~This may be referred to as a treatment plan or support plan.~~

Person-Centered Planning: An ongoing process for "planning and supporting the individual receiving services that builds upon the individual's capacity to engage in activities that promote community life and that honors the individual's preferences, choices, and abilities. The person-centered planning process involves families, friends, and professionals as the individual desires or requires" (MCL 330.1700 (g)). In the case of minor children, practice approaches for person-centered planning and service delivery must also be Family-Driven and Youth-Guided.



Family-Driven and Youth Guided: An approach to the person-centered planning and service delivery needs of children and youth that "recognizes that services and supports impact the entire family, not just the identified child or youth receiving services" (MDHHS Family-Driven and Youth-Guided Policy and Practice Guidelines). Family-driven approaches acknowledge "families have a primary decision-making role in the care of their own children," and youth-guided each individual has gifts and contributions to offer to the community, the ability to choose supports, services and/or treatment which utilizes his/her gifts and contributes to his/her life. The process encourages strengthening and developing natural supports by inviting family, friends and allies to participate in the planning meetings and to assist the individuals with his/her dreams, goals and desires. approaches reflect that "children and youth have the right to be empowered, educated, and given a decision-making role in their own care" (MDHHS Family-Driven and Youth-Guided Policy and Practice Guidelines). Children, youth, and families should all be involved in the person-centered planning unless their participation is clinically contraindicated or creates a risk of physical or emotional harm.

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V. PROCEDURE

- A. HealthWest and its contract providers adopt and adhere to the MDHHS Person-Centered Planning and Youth-Driven/Family Focused Practice Guidelines.
- B. HealthWest will ensure that its staff and contract providers receive person-centered planning training as required.
- C. HealthWest will ensure that its Provider Network Staff develop contract language/provider manuals that include requirements for compliance with the MDHHS Person-Centered Planning Practice Guidelines.
- D. All staff responsible for implementing an individual's IPOS must be able to perform interventions as prescribed in the IPOS. All direct support professionals (also referred to as direct care workers (DCW), direct service providers (DSP), Community Living Supports (CLS) staff, or aide-level staff) must receive documented, beneficiary-specific training on an individual's IPOS before providing services to the individual. Training must be provided by an appropriate professional staff (case manager/supports coordinator, other qualified member of the treatment team, or specialized professionals working within their scope of practice) or other qualified trainer. Note: this requirement applies to all ~~are~~ required to provide training on the Individual Plan of Service to all staff who work with an individual ~~who~~ receive services through the Habilitation Supports Waiver (HSW), Children's Waiver Program (CWP), ~~or~~ Serious Emotional Disturbance Waiver Program (SEDW), and 1915 (i)SPA waiver, and DSPs providing services to individuals who are not enrolled in any waiver programs.
- E. The documentation of staff training must contain the following elements:
  - 1. Consumer name;
  - 2. IPOS date;
  - 3. Date of training;
  - 4. Name, credentials, and signature of trainer;

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5. Names and signatures of training participants;
6. Subject of training (the part of the plan or protocol being trained).
1. Who was trained;
2. When was the training;
3. Who provided the training; and
4. On what part of the plan or protocol were they trained.

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F. Network or other administrative staff will follow the standard contract language requirements for failure to follow the person-centered planning policy:

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1. Inform the provider of the identified areas of noncompliance.
2. Notify the provider of the plan of correction requirements and timeframes to address noncompliance.
3. Network staff/designee will monitor until full compliance is achieved.
4. Subsequent occurrences of noncompliance may result in additional consequences, including plans of correction, withholding of payments and/or termination of the between HealthWest and the provider agency. may withhold payment or terminate the contract for noncompliance.

## VI. REFERENCES

[MCL 330.1700 \(g\); 330.1712](#)

[MDHHS Person-Centered Planning Policy and Practice Guidelines \(3/31/2024\)03/15/2014](#)

[MDHHS Family-Driven and Youth-Guided Policy and Practice Guidelines \(5/20/2021\)](#)

[MDHHS Medicaid Provider Manual, Behavioral Health and Intellectual and Developmental Disability Supports and Services chapter, §1.6, 1.7, 2.1, 2.4, 3.4, 15.1; Home and Community-Based Services chapter, §1.1, 2\)](#)

/ab

HealthWest

Policy and Procedure

No. 06-026

Prepared by:  
Clinical Operations Team

Effective: May 23, 2003  
Revised: April 3, 2024

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Rich Francisco, Executive Director

Subject: Person-Centered Planning

I. POLICY

It is the policy of HealthWest and its contract providers to adopt the Michigan Department of Health and Human Services (MDHHS) Policy and Practice Guideline on Person-Centered Planning when providing behavioral health or substance abuse services to individuals.

II. PURPOSE

To establish and maintain consistent procedures for the use of Person-Centered Planning by HealthWest and its contracted provider staff.

III. APPLICATION

This policy applies to all individuals served by HealthWest and its network of contracted provider agencies and licensed independent practitioners.

IV. DEFINITIONS

Individual Plan of Service: A written plan developed using a person-centered planning process that documents the needs, goals, and objectives of a person receiving services and supports, and which contains the medical necessity, amount, scope, duration, and frequency of all services and supports to be provided. An individualized plan of service may include a treatment plan, a support plan, or both.

Person-Centered Planning: An ongoing process for “planning and supporting the individual receiving services that builds upon the individual’s capacity to engage in activities that promote community life and that honors the individual’s preferences, choices, and abilities. The person-centered planning process involves families, friends, and professionals as the individual desires or requires” (MCL 330.1700 (g)). In the case of minor children, practice approaches for person-centered planning and service delivery must also be Family-Driven and Youth-Guided.

Family-Driven and Youth Guided: An approach to the person-centered planning and service delivery needs of children and youth that “recognizes that services and supports impact the entire family, not just the identified child or youth receiving services” (MDHHS Family-Driven and Youth-Guided Policy and Practice Guidelines). Family-driven approaches acknowledge “families

have a primary decision-making role in the care of their own children,” and youth-guided approaches reflect that “children and youth have the right to be empowered, educated, and given a decision-making role in their own care” (MDHHS Family-Driven and Youth-Guided Policy and Practice Guidelines). Children, youth, and families should all be involved in the person-centered planning unless their participation is clinically contraindicated or creates a risk of physical or emotional harm.

## V. PROCEDURE

- A. HealthWest and its contract providers adopt and adhere to the MDHHS Person-Centered Planning and Youth-Driven/Family Focused Practice Guidelines.
- B. HealthWest will ensure that its staff and contract providers receive person-centered planning training as required.
- C. HealthWest will ensure that its Provider Network Staff develop contract language/provider manuals that include requirements for compliance with the MDHHS Person-Centered Planning Practice Guidelines.
- D. All staff responsible for implementing an individual’s IPOS must be able to perform interventions as prescribed in the IPOS. All direct support professionals (also referred to as direct care workers (DCW), direct service providers (DSP), Community Living Supports (CLS) staff, or aide-level staff) must receive documented, beneficiary-specific training on an individual’s IPOS before providing services to the individual. Training must be provided by an appropriate professional staff (case manager/supports coordinator, other qualified member of the treatment team, or specialized professionals working within their scope of practice) or other qualified trainer. Note: this requirement applies to all staff who work with individuals receiving services through the Habilitation Supports Waiver (HSW), Children’s Waiver Program (CWP), Serious Emotional Disturbance Waiver Program (SEDW), and 1915 (i)SPA waiver, and DSPs providing services to individuals who are not enrolled in any waiver programs.
- E. The documentation of staff training must contain the following elements:
  - 1. Consumer name;
  - 2. IPOS date;
  - 3. Date of training;
  - 4. Name, credentials, and signature of trainer;
  - 5. Names and signatures of training participants;
  - 6. Subject of training (the part of the plan or protocol being trained).
- F. Network or other administrative staff will follow the standard contract language requirements for failure to follow the person-centered planning policy:
  - 1. Inform the provider of the identified areas of noncompliance.
  - 2. Notify the provider of the plan of correction requirements and timeframes to address noncompliance.
  - 3. Network staff/designee will monitor until full compliance is achieved.
  - 4. Subsequent occurrences of noncompliance may result in additional

consequences, including plans of correction, withholding of payments and/or termination of the between HealthWest and the provider agency.

VI. REFERENCES

MCL 330.1700 (g); 330.1712

MDHHS Person-Centered Planning Practice Guideline (3/31/2024)

MDHHS Family-Driven and Youth-Guided Policy and Practice Guidelines (5/20/2021)

MDHHS Medicaid Provider Manual, Behavioral Health and Intellectual and Developmental Disability Supports and Services chapter, §1.6, 1.7, 2.1, 2.4, 3.4, 15.1; Home and Community-Based Services chapter, §1.1, 2)

## REQUEST FOR HEALTHWEST BOARD CONSIDERATION AND AUTHORIZATION

<b>COMMITTEE</b> Program/Personnel Committee	<b>BUDGETED</b> X	<b>NON-BUDGETED</b>	<b>PARTIALLY BUDGETED</b>
<b>REQUESTING DIVISION</b> Administration	<b>REQUEST DATE</b> June 14, 2024	<b>REQUESTOR SIGNATURE</b> Brandy Carlson, CFO	
<b><u>SUMMARY OF REQUEST (GENERAL DESCRIPTION, FINANCING, OTHER OPERATIONAL IMPACT, POSSIBLE ALTERNATIVES)</u></b>			
<p>HealthWest Board authorization is requested to approve the HealthWest Policy and Procedure for Application of the Sliding Fee Scale.</p> <p><u>Policy</u> The Sliding Fee Scale policy will apply to those individuals that fall in to the Mild to Moderate population category, along with Medicare or no insurance coverage category, and meet the requirements for the sliding fee scale based on the Federal Poverty Guidelines (FPG).</p>			
<b><u>SUGGESTED MOTION (STATE EXACTLY AS IT SHOULD APPEAR IN THE MINUTES)</u></b>			
I move to authorize and approve the HealthWest Policy and Procedure for Application of the Sliding Fee Scale, effective June 28, 2024.			
<b>COMMITTEE DATE</b> June 14, 2024	<b>COMMITTEE APPROVAL</b> _____ Yes    _____ No    _____ Other		
<b>BOARD DATE</b> June 28, 2024	<b>BOARD APPROVAL</b> _____ Yes    _____ No    _____ Other		

HWB 96-P

HEALTHWEST

Policy and Procedure

No. 3-xxx

Prepared by:

Effective: June 28, 2024

Brandy Carlson, Chief Financial Officer

Approved by:

Subject: Application of the Sliding Fee Scale

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Rich Francisco, Executive Director

I. POLICY

The Sliding Fee Scale policy will apply to those individuals that fall in to the Mild to Moderate population category, along with Medicare or no insurance coverage category, and meet the requirements for the sliding fee scale based on the Federal Poverty Guidelines (FPG).

II. PURPOSE

This policy outlines the Sliding Fee Discount program that is available at HealthWest. This program is designed to provide free or discounted care to those who have no means or limited means to pay for their medical services.

III. APPLICATION

A. This policy does not discriminate in the provision of services to an individual:

1. Because the individual is unable to pay.
2. Because payment for those services would be made under Medicare, Medicaid, CHIP, or other payer.
3. Based on the individual's race, color, sex, national origin, disability, religion, age, sexual orientation, or gender identity.

B. HealthWest will maintain notification of the Sliding Fee Discount Program (SFDP) in the following manner:

1. Display poster in the lobby
2. Display poster in the meeting offices of the HealthWest finance representative
3. On the HealthWest website along with an explanation and application
4. Application for the SFDP will be included with collection notices.

C. Financial Liability for individuals will be determined based on HealthWest's Financial Liability policy. Please reference that policy for more details on determining Income, Family size etc. In general Family is definition is the same as the Census bureau and IRS definitions. Income includes earnings, unemployment compensation, workers compensation, social security, SSI public assistance, veteran's payments, survivor's benefits, pension, retirement income, investment income, noncash benefits such as food stamps and housing subsidies do not count.

- D. Income verification is provided via a prior year W-2, two most recent pay stubs, letter from employer, or three months of income and expenses if self-employed business owner. Self-declaration may be used in special circumstances along with a signed statement of incomes and why they may be unable to provide independent verification of income. This statement will be present to HealthWest CEO or designee to review and determine Sliding Fee percentage. Clients are responsible for 100% of charges until determination is made.
- E. The SFDP will be offered for those with incomes below 200% of FPG as outlined in attached schedule, where one or two of the other following conditions is not met:
  - 1. Consumer already has no ability to pay based on Michigan Mental Health Code
  - 2. Consumer has some insurance coverage which would prohibit the application of the SFDP based on contractual obligations.
- F. Determination of financial liability will not impose an undue financial burden on an individual, spouse, or parent.
- G. Insurance coverage is considered available to cover financial liabilities for individuals and HealthWest is subrogated to recover the insurance benefits for the cost of services. If an individual fails to provide insurance information or fails to apply to have insurance benefits the financial liability may be determined to be the full cost of services.
- H. For those consumers meeting the criteria for application of this policy they will need to complete the Sliding Fee Discount Program application in its entirety. By signing the application persons authorize HealthWest access in confirming incomes as disclosed in the application form. Providing false information on the application will result in discounts being revoked and the account being fully payable.
- I. Those with incomes at or below 100% of poverty will receive a full 100% discount but will be assessed a nominal charge per visit. However, patients will not be denied services due to inability to pay. Those consumers meeting the 100% to 200% category of the FPG will be charged according to attached sliding fee scale.
- J. The SFDP determination will be provided to the applicants in writing and will include the percentage of SLFDP write off or, if applicable, the reason for denial. If the approval is less than 100% then immediate payment arrangements must be made.
- K. SFDP may be applied to any outstanding balances in the previous six months and should be reevaluated at least annually or anytime there is a significant change in household income status.
- L. At certain times, the nominal fee or discount fee may be waived but only in special circumstances and must be approved by the CFO or designee of HealthWest.
- M. Information related to the SFDP decisions will be found in the financial document section of the electronic health record.
- N. The application of this policy as well at the FPG and associated tables will be reviewed annually.



## 2024 Poverty Guidelines: 48 Contiguous States (all states except Alaska and Hawaii)

### Dollars Per Year

Household/ Family Size	50%	75%	100%	125%	130%	133%	135%	138%	150%	175%	180%	185%
1	7,530.00	11,295.00	15,060.00	18,825.00	19,578.00	20,029.80	20,331.00	20,782.80	22,590.00	26,355.00	27,108.00	27,861.00
2	10,220.00	15,330.00	20,440.00	25,550.00	26,572.00	27,185.20	27,594.00	28,207.20	30,660.00	35,770.00	36,792.00	37,814.00
3	12,910.00	19,365.00	25,820.00	32,275.00	33,566.00	34,340.60	34,857.00	35,631.60	38,730.00	45,185.00	46,476.00	47,767.00
4	15,600.00	23,400.00	31,200.00	39,000.00	40,560.00	41,496.00	42,120.00	43,056.00	46,800.00	54,600.00	56,160.00	57,720.00
5	18,290.00	27,435.00	36,580.00	45,725.00	47,554.00	48,651.40	49,383.00	50,480.40	54,870.00	64,015.00	65,844.00	67,673.00
6	20,980.00	31,470.00	41,960.00	52,450.00	54,548.00	55,806.80	56,646.00	57,904.80	62,940.00	73,430.00	75,528.00	77,626.00
7	23,670.00	35,505.00	47,340.00	59,175.00	61,542.00	62,962.20	63,909.00	65,329.20	71,010.00	82,845.00	85,212.00	87,579.00
8	26,360.00	39,540.00	52,720.00	65,900.00	68,536.00	70,117.60	71,172.00	72,753.60	79,080.00	92,260.00	94,896.00	97,532.00
9	29,050.00	43,575.00	58,100.00	72,625.00	75,530.00	77,273.00	78,435.00	80,178.00	87,150.00	101,675.00	104,580.00	107,485.00
10	31,740.00	47,610.00	63,480.00	79,350.00	82,524.00	84,428.40	85,698.00	87,602.40	95,220.00	111,090.00	114,264.00	117,438.00
11	34,430.00	51,645.00	68,860.00	86,075.00	89,518.00	91,583.80	92,961.00	95,026.80	103,290.00	120,505.00	123,948.00	127,391.00
12	37,120.00	55,680.00	74,240.00	92,800.00	96,512.00	98,739.20	100,224.00	102,451.20	111,360.00	129,920.00	133,632.00	137,344.00
13	39,810.00	59,715.00	79,620.00	99,525.00	103,506.00	105,894.60	107,487.00	109,875.60	119,430.00	139,335.00	143,316.00	147,297.00
14	42,500.00	63,750.00	85,000.00	106,250.00	110,500.00	113,050.00	114,750.00	117,300.00	127,500.00	148,750.00	153,000.00	157,250.00

Household/ Family Size	200%	225%	250%	275%	300%	325%	350%	375%	400%	500%	600%	700%
1	30,120.00	33,885.00	37,650.00	41,415.00	45,180.00	48,945.00	52,710.00	56,475.00	60,240.00	75,300.00	90,360.00	105,420.00
2	40,880.00	45,990.00	51,100.00	56,210.00	61,320.00	66,430.00	71,540.00	76,650.00	81,760.00	102,200.00	122,640.00	143,080.00
3	51,640.00	58,095.00	64,550.00	71,005.00	77,460.00	83,915.00	90,370.00	96,825.00	103,280.00	129,100.00	154,920.00	180,740.00
4	62,400.00	70,200.00	78,000.00	85,800.00	93,600.00	101,400.00	109,200.00	117,000.00	124,800.00	156,000.00	187,200.00	218,400.00
5	73,160.00	82,305.00	91,450.00	100,595.00	109,740.00	118,885.00	128,030.00	137,175.00	146,320.00	182,900.00	219,480.00	256,060.00
6	83,920.00	94,410.00	104,900.00	115,390.00	125,880.00	136,370.00	146,860.00	157,350.00	167,840.00	209,800.00	251,760.00	293,720.00
7	94,680.00	106,515.00	118,350.00	130,185.00	142,020.00	153,855.00	165,690.00	177,525.00	189,360.00	236,700.00	284,040.00	331,380.00
8	105,440.00	118,620.00	131,800.00	144,980.00	158,160.00	171,340.00	184,520.00	197,700.00	210,880.00	263,600.00	316,320.00	369,040.00
9	116,200.00	130,725.00	145,250.00	159,775.00	174,300.00	188,825.00	203,350.00	217,875.00	232,400.00	290,500.00	348,600.00	406,700.00
10	126,960.00	142,830.00	158,700.00	174,570.00	190,440.00	206,310.00	222,180.00	238,050.00	253,920.00	317,400.00	380,880.00	444,360.00
11	137,720.00	154,935.00	172,150.00	189,365.00	206,580.00	223,795.00	241,010.00	258,225.00	275,440.00	344,300.00	413,160.00	482,020.00
12	148,480.00	167,040.00	185,600.00	204,160.00	222,720.00	241,280.00	259,840.00	278,400.00	296,960.00	371,200.00	445,440.00	519,680.00
13	159,240.00	179,145.00	199,050.00	218,955.00	238,860.00	258,765.00	278,670.00	298,575.00	318,480.00	398,100.00	477,720.00	557,340.00
14	170,000.00	191,250.00	212,500.00	233,750.00	255,000.00	276,250.00	297,500.00	318,750.00	340,000.00	425,000.00	510,000.00	595,000.00

Note: Each individual program--e.g., SNAP, Medicaid--determines how to round various multiples of the poverty guidelines, what income is to be included, and how the eligibility unit is defined. For more information about the poverty guidelines visit: <http://aspe.hhs.gov/poverty>.

Source: U.S. Department of Health and Human Services, Office of the Assistant Secretary for Planning and Evaluation.



## Dollars Per Month

Household/ Family Size	50%	75%	100%	125%	130%	133%	135%	138%	150%	175%	180%	185%
1	627.50	941.25	1,255.00	1,568.75	1,631.50	1,669.15	1,694.25	1,731.90	1,882.50	2,196.25	2,259.00	2,321.75
2	851.67	1,277.50	1,703.33	2,129.17	2,214.33	2,265.43	2,299.50	2,350.60	2,555.00	2,980.83	3,066.00	3,151.17
3	1,075.83	1,613.75	2,151.67	2,689.58	2,797.17	2,861.72	2,904.75	2,969.30	3,227.50	3,765.42	3,873.00	3,980.58
4	1,300.00	1,950.00	2,600.00	3,250.00	3,380.00	3,458.00	3,510.00	3,588.00	3,900.00	4,550.00	4,680.00	4,810.00
5	1,524.17	2,286.25	3,048.33	3,810.42	3,962.83	4,054.28	4,115.25	4,206.70	4,572.50	5,334.58	5,487.00	5,639.42
6	1,748.33	2,622.50	3,496.67	4,370.83	4,545.67	4,650.57	4,720.50	4,825.40	5,245.00	6,119.17	6,294.00	6,468.83
7	1,972.50	2,958.75	3,945.00	4,931.25	5,128.50	5,246.85	5,325.75	5,444.10	5,917.50	6,903.75	7,101.00	7,298.25
8	2,196.67	3,295.00	4,393.33	5,491.67	5,711.33	5,843.13	5,931.00	6,062.80	6,590.00	7,688.33	7,908.00	8,127.67
9	2,420.83	3,631.25	4,841.67	6,052.08	6,294.17	6,439.42	6,536.25	6,681.50	7,262.50	8,472.92	8,715.00	8,957.08
10	2,645.00	3,967.50	5,290.00	6,612.50	6,877.00	7,035.70	7,141.50	7,300.20	7,935.00	9,257.50	9,522.00	9,786.50
11	2,869.17	4,303.75	5,738.33	7,172.92	7,459.83	7,631.98	7,746.75	7,918.90	8,607.50	10,042.08	10,329.00	10,615.92
12	3,093.33	4,640.00	6,186.67	7,733.33	8,042.67	8,228.27	8,352.00	8,537.60	9,280.00	10,826.67	11,136.00	11,445.33
13	3,317.50	4,976.25	6,635.00	8,293.75	8,625.50	8,824.55	8,957.25	9,156.30	9,952.50	11,611.25	11,943.00	12,274.75
14	3,541.67	5,312.50	7,083.33	8,854.17	9,208.33	9,420.83	9,562.50	9,775.00	10,625.00	12,395.83	12,750.00	13,104.17

Household/ Family Size	200%	225%	250%	275%	300%	325%	350%	375%	400%	500%	600%	700%
1	2,510.00	2,823.75	3,137.50	3,451.25	3,765.00	4,078.75	4,392.50	4,706.25	5,020.00	6,275.00	7,530.00	8,785.00
2	3,406.67	3,832.50	4,258.33	4,684.17	5,110.00	5,535.83	5,961.67	6,387.50	6,813.33	8,516.67	10,220.00	11,923.33
3	4,303.33	4,841.25	5,379.17	5,917.08	6,455.00	6,992.92	7,530.83	8,068.75	8,606.67	10,758.33	12,910.00	15,061.67
4	5,200.00	5,850.00	6,500.00	7,150.00	7,800.00	8,450.00	9,100.00	9,750.00	10,400.00	13,000.00	15,600.00	18,200.00
5	6,096.67	6,858.75	7,620.83	8,382.92	9,145.00	9,907.08	10,669.17	11,431.25	12,193.33	15,241.67	18,290.00	21,338.33
6	6,993.33	7,867.50	8,741.67	9,615.83	10,490.00	11,364.17	12,238.33	13,112.50	13,986.67	17,483.33	20,980.00	24,476.67
7	7,890.00	8,876.25	9,862.50	10,848.75	11,835.00	12,821.25	13,807.50	14,793.75	15,780.00	19,725.00	23,670.00	27,615.00
8	8,786.67	9,885.00	10,983.33	12,081.67	13,180.00	14,278.33	15,376.67	16,475.00	17,573.33	21,966.67	26,360.00	30,753.33
9	9,683.33	10,893.75	12,104.17	13,314.58	14,525.00	15,735.42	16,945.83	18,156.25	19,366.67	24,208.33	29,050.00	33,891.67
10	10,580.00	11,902.50	13,225.00	14,547.50	15,870.00	17,192.50	18,515.00	19,837.50	21,160.00	26,450.00	31,740.00	37,030.00
11	11,476.67	12,911.25	14,345.83	15,780.42	17,215.00	18,649.58	20,084.17	21,518.75	22,953.33	28,691.67	34,430.00	40,168.33
12	12,373.33	13,920.00	15,466.67	17,013.33	18,560.00	20,106.67	21,653.33	23,200.00	24,746.67	30,933.33	37,120.00	43,306.67
13	13,270.00	14,928.75	16,587.50	18,246.25	19,905.00	21,563.75	23,222.50	24,881.25	26,540.00	33,175.00	39,810.00	46,445.00
14	14,166.67	15,937.50	17,708.33	19,479.17	21,250.00	23,020.83	24,791.67	26,562.50	28,333.33	35,416.67	42,500.00	49,583.33

Note: Each individual program--e.g., SNAP, Medicaid--determines how to round various multiples of the poverty guidelines, what income is to be included, and how the eligibility unit is defined. For more information about the poverty guidelines visit: <http://aspe.hhs.gov/poverty>.

Source: U.S. Department of Health and Human Services, Office of the Assistant Secretary for Planning and Evaluation.





**NOTICE TO PATIENTS:**

HealthWest serves all patients regardless of inability to pay.

Discounts for essential services are offered based on family size and income.

For more information, ask at the front desk or visit our website.

**AVISO PARA PACIENTES:**

HealthWest sirve a todos los pacientes, independientemente de la incapacidad de pago.

Descuentos para los servicios esenciales son ofrecidos dependiendo de tamaño de la familia y de los ingresos.

Usted puede solicitar un descuento en la recepción o visita nuestro sitio web.



## MEMORANDUM

Date: June 14, 2024

To: HealthWest Board of Directors  
Rich Francisco, Executive Director

CC: Mark Eisenbarth, Muskegon County Administrator  
Matt Farrar, Muskegon County Deputy Administrator  
Angie Gasiewski, Muskegon County Accounting Manager

From: Brandy Carlson, Chief Financial Officer

Subject: **Program Update**

During the month of June, HealthWest will bring the following motions to the County Commissioners for approval.

- Reclassify the Master's Level Behavior Specialist, Position X54108 (Wage Grade HX 00300) to Board Certified Behavior Analyst (Wage Grade HX 00360).  
The Master's Level Behavior Analyst position (Wage Grade HX 00300, \$29.615 - \$37.439) was created as a stepping stone position for new hires who are working on their Board Certified Behavior Analyst (BCBA) credential. It was intended that employees in this position would earn certification and be reclassified to a BCBA position (Wage Grade HX 00360, \$37.537 - \$47.729) when completed. We are required to have all Master's Level Behavior Analyst achieve BCBA credentials by the end of 2025. This will increase costs by \$13,017.
- Reclassify the Accounting Specialist/HW, Position N02903 (Wage Grade HO 00240) to Mental Health Certified Biller/Coder (Wage Grade HX 00210).  
HealthWest does not need an Accounting Specialist (Wage Grade HO 00240, \$21.456 - \$27.015) in the Billing Department. Instead, we are in need of a certified biller/coder (Wage Grade HX 00210, \$23.528 - \$29.615). The employee in the position has achieved certification to perform these functions. This will increase costs by \$6,552, which is funded by Medicaid. The HealthWest Finance Team is under budget for the fiscal year in salaries and fringes because of vacancies, which will cover this increase in costs.
- Reclassify the Administrative Assistant, Position N03604 (Wage Grade HO-00240) to Data Analytics Technician (Wage Grade HX-00210), reclassify the Senior Data Analyst, Position X89401 (Wage Grade HX-00320) to Manager of Data Analytics (Wage Grade

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HX-00390), and eliminate Data Analyst, Position X79803 (Wage Grade HX-00300) and Data Analyst Specialist, Position X80105 (Wage Grade HX-00300).

We are requesting you to re-structure the Data Analytics team with a similar structure as our Information Systems department and to align more closely with actual job duties. This has the added benefits of saving money by eliminating two vacant positions, creating easier recruiting in the future with an entry-level data position, and setting the team up for continued staff retention. This will save HealthWest \$118,849 per fiscal year.

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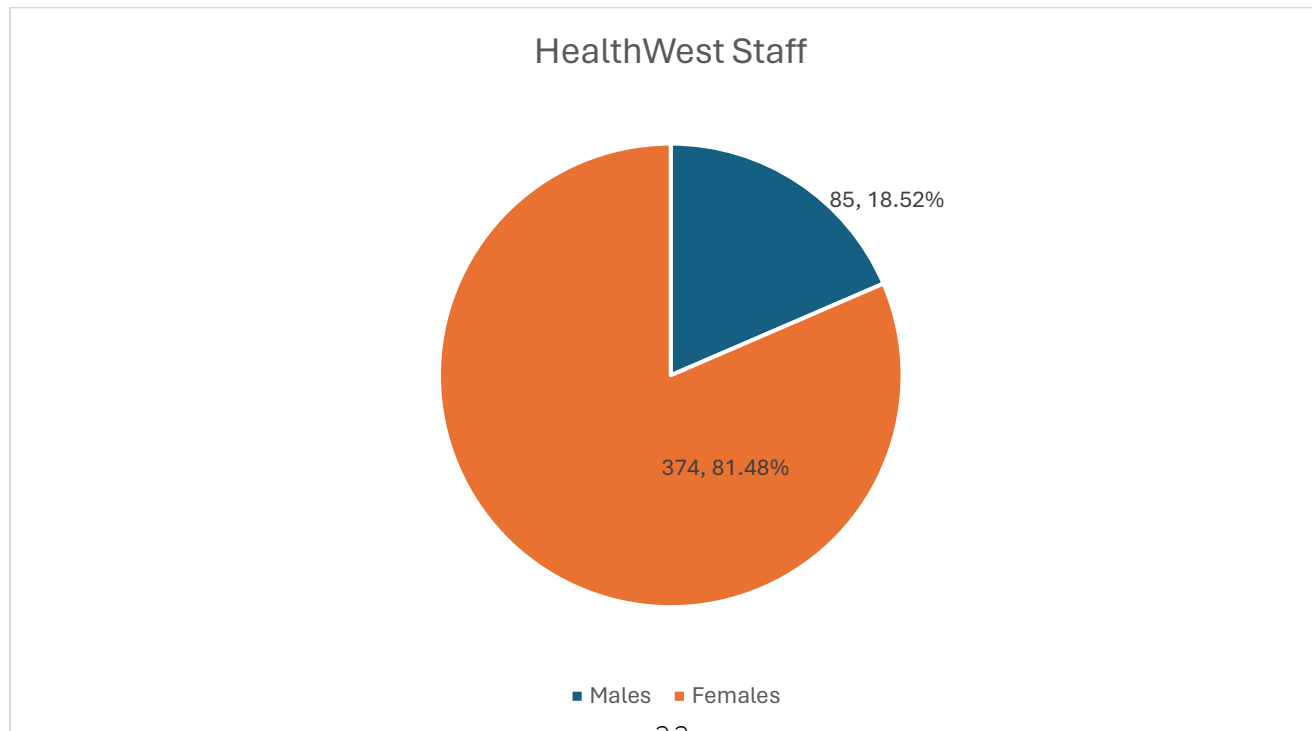
## HealthWest Staff Demographics

Males: 85 = 18.5%

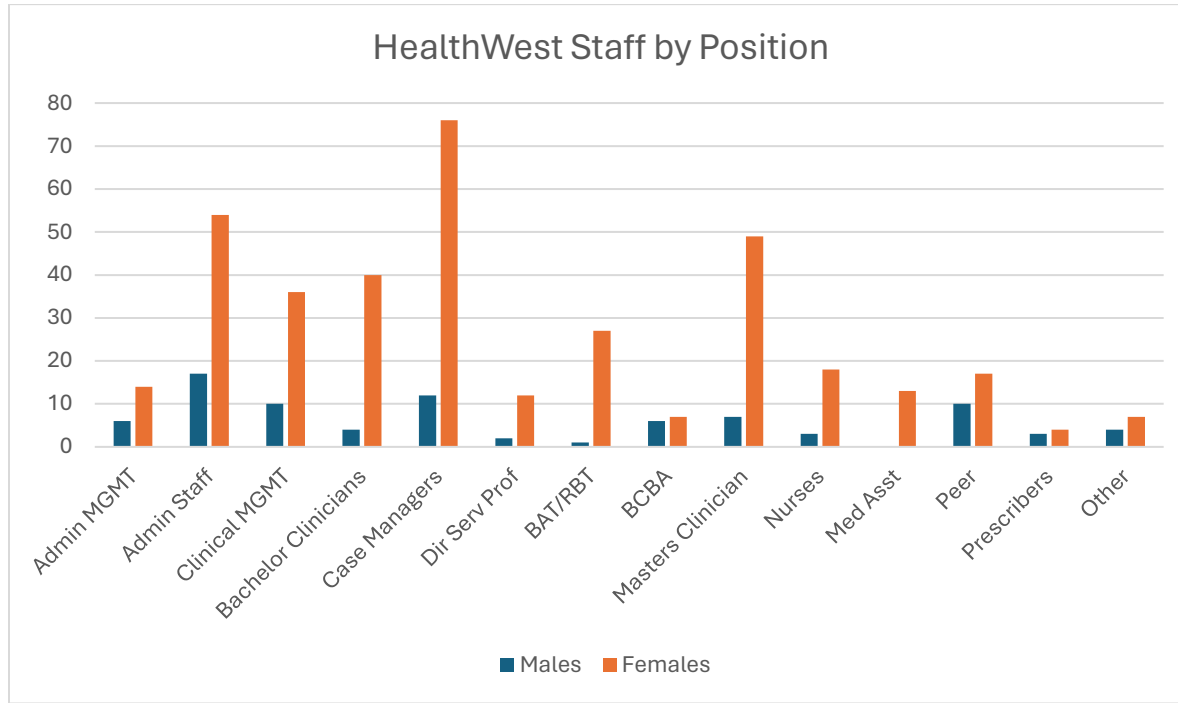
Females: 374 = 81.3%

	Admin MGMT	Admin Staff	Clinical MGMT	Bachelor Clinicians	Case Managers	DIR Serv Prof	BAT/RBT	BCBA	Masters Clinicians	Nurses	Med Asst	Peer	Prescribers	Other	Totals:
Males	6	17	10	4	12	2	1	6	7	3	0	10	3	4	<b>85</b>
Females	14	54	36	40	76	12	27	7	49	18	13	17	4	7	<b>374</b>

### HealthWest Staff by Gender:



## HealthWest Staff by Job & Gender:



<b>Positions in Active Recruitment as of 4/30/2024:</b>	<b>115</b>
<b>New Hires YTD in Fiscal Year:</b>	<b>77</b>
<b>Separations YTD in Fiscal Year:</b>	<b>49</b>
<b>Turnover Rate as of 4/30/2024:</b>	<b>19.46% (Rolling 12-month)</b>
<b>Remote Work Agreements:</b>	<b>115</b>

***Most remote work agreements are hybrid, meaning the staff work some days from home and some days in the office. We do not track how many days of work from home at this time, however, remote work agreements must be approved by supervisors and a copy is placed in the personnel file.***

***We have some administrative staff who work 100% remote, such as: Utilization Management staff, some HR staff, Quality Assurance, and some Finance staff.***

**HEALTHWEST**

**RECIPIENT RIGHTS ADVISORY COMMITTEE MEETING MINUTES**

**Friday, April 12, 2024  
8:00 a.m.  
376 E. Apple Ave., Muskegon, MI 49442**

**CALL TO ORDER**

The regular meeting of the Recipient Rights Advisory Committee was called to order by Chair Hardy at 8:22 a.m.

**ROLL CALL**

Members Present: Janet Thomas, Janice Hilleary, Tamara Madison, Cheryl Natte, Thomas Hardy

HealthWest Staff Present: Rich Francisco, Holly Brink, Gina Post, Brandy Carlson, Kristi Chittenden, Susan Plotts, Linda Wagner, Tasha Kuklewski, Lakshmee Persaud, Gordon Peterman, Amber Berndt, Justine Belvitch, Gina Kim, Gary Ridley, Jennifer Hoeker, Charlie Chea, Shannon Morgon, Sheila Hurtubise, Brittani Duff, Matt Plaska, Christy LaDronka, Urbaine Ndoeye

Guest Present: Kristen Wade, John Weerstra

**APPROVAL OF MINUTES**

It was moved by Ms. Thomas, seconded by Ms. Hilleary, to approve the minutes of the April 12, 2024 meeting as written.

**MOTION CARRIED.**

**ITEMS FOR CONSIDERATION**

***A. Motion to Accept Recipient Rights Reports for April 2024 / May 2024***

It was moved by Ms. Thomas, seconded by Ms. Hilleary, to approve the Recipient Rights Reports for April 2024 / May 2024.

**MOTION CARRIED.**

For the months of April 2024 / May 2024, there were 71 HealthWest and 21 provider employees trained:

Rights Updates HealthWest	48
Rights Updates Provider	2
New Employee Training HealthWest/Contracted	17
New Employee Training Provider	14
SUD Recipient Rights Orientation Employee	0
SUD Recipient Rights Orientation Provider	5

For the months of April 2024 / May 2024 there were 654 incident reports and 25 rights allegations.

Statistical data showing type and code was provided in the enclosed report.



There were a total of 10 deaths reported in April 2024 / May 2024.

**OLD BUSINESS**

There was no old business.

**NEW BUSINESS**

There was no new business.

**COMMUNICATIONS**

Recipient Rights Officer, Linda Wagner, provided training on The Mental Health Code.

**DIRECTOR'S COMMENTS**

There was no Director's Comments.

**AUDIENCE PARTICIPATION / PUBLIC COMMENT**

There was no audience participation.

**ADJOURNMENT**

There being no further business to come before the committee, the meeting adjourned at 8:47 a.m.

Respectfully,

Thomas Hardy  
HealthWest Rights Advisory Committee Chair

TH/hb

***PRELIMINARY MINUTES  
To be approved at the Rights Advisory Committee Meeting of  
August 9, 2024***



## RECIPIENT RIGHTS ADVISORY COMMITTEE

June 14, 2024 – 8:00 a.m.

376 E. Apple Ave. Muskegon, MI 49442

Zoom: <https://healthwest.zoom.us/j/92247046543?pwd=ZXY0QnFPVGc5UVZENIRwcExTTmdvdz09>

Join by Phone: (312) 626-6799, 92718779426#

**Recipient Rights Committee Chair: Thomas Hardy**  
**Recipient Rights Committee Vice-Chair: Tamara Madison**

### AGENDA

- |     |   |             |
|-----|---|-------------|
| 1)  | Call to Order   | Quorum      |
| 2)  | Approval of Agenda  | Action      |
| 3)  | Approval of the Minutes of April 12, 2024<br>(Attachment #1 – pg. 1-2)  | Action      |
| 4)  | Public Comment (on an agenda item)  |             |
| 5)  | Items for Consideration   |             |
|     | A) Motion to Accept Recipient Rights Bi-Monthly Report for<br>April 2024 / May 2024<br>(Attachment #2 – pg. 3-12)         | Action      |
| 6)  | Old Business  |             |
| 7)  | New Business  |             |
| 8)  | Communication   |             |
|     | A) Training Recipient Rights: Mental Health Code<br>Linda Wagner, Recipient Rights Officer<br>(Attachment #3 – pg. 13-23) | Information |
| 9)  | Audience Participation / Public Comment   |             |
| 10) | Adjournment   | Action      |

/hb

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[HealthWest.net](https://www.healthwest.net)

**HEALTHWEST****RECIPIENT RIGHTS ADVISORY COMMITTEE MEETING MINUTES**

**Friday, April 12, 2024**  
**8:00 a.m.**  
**376 E. Apple Ave., Muskegon, MI 49442**

**CALL TO ORDER**

The regular meeting of the Recipient Rights Advisory Committee was called to order by Chair Hardy at 8:11 a.m.

**ROLL CALL**

Members Present: Janet Thomas, Tamara Madison, Cheryl Natte, Thomas Hardy, John Weerstra

Members Absent: Janice Hilleary

HealthWest Staff Present: Rich Francisco, Holly Brink, Gina Post, Brandy Carlson, Kristi Chittenden, Susan Plotts, Anissa Goodno, Linda Wagner, Tasha Kuklewski, Lakshmee Persaud, Mickey Wallace, Melina Barrett, Gordon Peterman, Amber Berndt, Jackie Farrar, Justin Belvitch, Gina Kim, Gary Ridley, Jennifer Hoeker

Guest Present: Kristen Wade

**APPROVAL OF MINUTES**

It was moved by Ms. Natte, seconded by Ms. Thomas, to approve the minutes of the February 9, 2024 meeting as written.

**MOTION CARRIED.**

**ITEMS FOR CONSIDERATION*****A. Motion to Accept Recipient Rights Reports for February 2024 / March 2024***

It was moved by Ms. Natte, seconded by Ms. Thomas, to approve the Recipient Rights Reports for February 2024 / March 2024.

**MOTION CARRIED.**

For the months of February 2024 / March 2024, there were 61 HealthWest and 44 provider employees trained:

Rights Updates HealthWest	44
Rights Updates Provider	1
New Employee Training HealthWest/Contracted	16
New Employee Training Provider	23
SUD Recipient Rights Orientation Employee	0
SUD Recipient Rights Orientation Provider	20

For the months of February 2024 / March 2024 there were 685 incident reports and 23 rights allegations.

Statistical data showing type and code was provided in the enclosed report.

There were a total of 5 deaths reported in February 2024 / March 2024.

**OLD BUSINESS**

There was no old business.

**NEW BUSINESS**

There was no new business.

**COMMUNICATIONS**

Recipient Rights Advisor, Tasha Kuklewski, provided training on Confidentiality.

**DIRECTOR'S COMMENTS**

There was no Director's Comments.

**AUDIENCE PARTICIPATION / PUBLIC COMMENT**

There was no audience participation.

**ADJOURNMENT**

There being no further business to come before the committee, the meeting adjourned at 8:27 a.m.

Respectfully,

Thomas Hardy  
HealthWest Rights Advisory Committee Chair

TH/hb

***PRELIMINARY MINUTES  
To be approved at the Rights Advisory Committee Meeting of  
June 14, 2024***

## REQUEST FOR HEALTHWEST BOARD CONSIDERATION AND AUTHORIZATION

<b>COMMITTEE</b> Recipient Rights Advisory Committee	<b>BUDGETED</b> X	<b>NON-BUDGETED</b>	<b>PARTIALLY BUDGETED</b>
<b>REQUESTING DIVISION</b> Administration	<b>REQUEST DATE</b> June 14, 2024	<b>REQUESTOR SIGNATURE</b> Linda Wagner, Recipient Rights Officer	
<b><u>SUMMARY OF REQUEST (GENERAL DESCRIPTION, FINANCING, OTHER OPERATIONAL IMPACT, POSSIBLE ALTERNATIVES)</u></b>			
<p>Approval is requested to accept the Recipient Rights Reports of April 2024 and May 2024. The report includes:</p> <ul style="list-style-type: none"> <li>• Training sessions conducted by the Rights Office from April 2, 2024 through May 28, 2024.</li> <li>• Site Reviews from April 1, 2024 through May 31, 2024.</li> <li>• Incident Reports and Rights Allegations for April 1, 2024 through May 31, 2024.</li> <li>• Formal Complaints and Interventions for April 1, 2024 through May 31, 2024.</li> <li>• Deaths reported for April 1, 2024 through May 31, 2024.</li> </ul>			
<b><u>SUGGESTED MOTION (STATE EXACTLY AS IT SHOULD APPEAR IN THE MINUTES)</u></b>			
I move to approve the Recipient Rights Reports for the months of April 1, 2024 through May 31, 2024.			
<b>COMMITTEE DATE</b> June 14, 2024	<b>COMMITTEE APPROVAL</b> _____ Yes    _____ No    _____ Other		
<b>BOARD DATE</b> June 28, 2024	<b>BOARD APPROVAL</b> _____ Yes    _____ No    _____ Other		



## **BI-MONTHLY RECIPIENT RIGHTS REPORT**

**Date:** June 14, 2024  
**To:** Recipient Rights Advisory Committee  
**From:** The Office of Recipient Rights  
**Subject:** Recipient Rights Report for April 2024 and May 2024

### **I. TRAINING**

April 2-4, 2024, Lakshmee Persaud, Recipient Rights Advisor completed Basic I Training with the MDHHS-ORR.

April 11, 2024, New Employee Recipient Rights Training for 7 HealthWest and 1 Provider Employees.

April 12, 2024, Linda Wagner, Recipient Rights Officer participated in the MDHHS-ORR CMH Directors Quarterly Meeting and earned 1.25 CEU's in Category 1 (Operations)

April 12, 2024, Annual Recipient Rights Update Training for 23 HealthWest and 2 Provider Employees.

April 16-18, 2024, Lakshmee Persaud, Recipient Rights Advisor completed Basic II Training with MDHHS-ORR.

April 25, 2024, New Employee Recipient Rights Training for 2 HealthWest and 1 Provider Employees.

May 2 & 3, 2024, Tasha Kuklewski, Lakshmee Persaud, Recipient Rights Advisors and Linda Wagner, Recipient Rights Officer attended the MDCMH-ORR Round Table (5.0 RR CEU's-Category I) and the RROAM Quarterly Meeting (3.0 RR CEU's) in Mt. Pleasant, MI.

May 8, 2024, SUD Rights Orientation for 5 Provider Employees.

May 9, 2024, New Employee Rights Training for 4 HealthWest and 6 Provider Employees.

May 10, 2024, Annual Recipient Rights Update Training provided for 25 HealthWest Employees.

May 23, 2024, New Employee Rights Training for 4 HealthWest and 6 Provider Employees.

71 HealthWest and 21 Provider employees were trained for the months of **April and May**.

## II. SITE REVIEWS

May 7, 2024, Anikare's Home, residential I/DD. Anikare AFC, Otsego, MI.

May 8, 2024, Pioneer RESOURCES Community Living Supports (CLS) Program. Muskegon, MI.

May 8, 2024, Beacon Home at Blue Lake mixed residential. Beacon Specialized Living, Twin Lake, MI.

## III. STATISTICAL INFORMATION

The Office of Recipient Rights received **654** incident reports and **25** rights allegations for the months of **April and May**. Provided for your review is the statistical data showing type and location.

## IV. FORMAL INVESTIGATIONS

### Old Business:

- A. January 29, 2024, Morton Terrace, mixed residential. Beacon Specialized. The Home Manager reported that while completing a random check in on the home, a staff member was observed sitting in a kitchen chair and was asleep. **The investigation into SAFE, SANITARY, AND HUMANE TREATMENT ENVIROMENT is substantiated. The Staff involved was terminated.**
- B. February 01, 2024, Forest Trail Home, residential I/DD, MOKA. Home Manager returned from vacation and was told by several staff about an incident where a staff member had an altercation with a Recipient, during which the Recipient was slightly injured. **The investigation into DIGNITY AND RESPECT is substantiated. The Staff involved will be required to retake Recipient Rights, complete some additional trainings and was given an official final written reprimand.**
- C. February 08, 2024, Lilac Home, residential I/DD HGA. A Guardian contacted the Recipient Rights Office to express her deep concern about the conditions she observed during her last visit. She found the residence to be extremely dirty, with a pervasive smell of urine and garbage scattered in the yard. The Guardian also had concerns about the personal care of her two wards and if their diabetic diets were being followed. **The investigation into MENTAL HEALTH SERVICES SUITED TO CONDITON is not substantiated.** During the investigation new information was discovered. **The investigation into INDIVIDUAL WRITTEN PLAN OF SERVICE is substantiated. The Staff involved received additional training.**

- D. February 12, 2024, Mararebecah Home, residential I/DD, Samaritas. The Recipient was sitting in the AFC van outside of Family Dollar without a caregiver. The caregiver was in the store shopping while the Resident was outside in the van with another Recipient. During the investigation, the identity of the other Recipient left in the van without a caregiver was discovered and they were added to the complaint. **The investigation into NEGLECT-CLASS III is substantiated. The Staff involved was terminated.**
- E. February 15, 2024, Mararebecah Home, residential I/DD, Samaritas. A friend of a Recipient said that cash and checks have been sent to the home and no one knows where the money is. The friend said that the sister of the recipient has sent her money, and it has not been accounted for. The friend would like an accounting of the funds. **The investigation into ABUSE-CLASS II EXPLOYTATION is not substantiated.**
- F. February 20, 2024, Eastwood II, mixed residential, Turning Leaf. A HealthWest staff was told by the Recipient that he had a recent conflict with an employee at his home. The Recipient showed the HealthWest Staff a dime size bruise on the top of his hand that appeared to be healing. The Recipient said that he received the bruise when the Home Staff slammed his hand in his bedroom door. **The investigation into SAFE, SANITARY AND HUMANE TREATMENT ENVIORMENT is substantiated.** It was also determined during the investigation that several staff had failed to report incidents that had occurred in the home. **The investigation into NEGLECT-CLASS II-FAILURE TO REPORT is substantiated. The Staff involved was required to review policies, retake Recipient Rights Training and was given written disciplinary action according to policy.**
- G. February 26, 2024, Beacon Home at Luddington, mixed residential, Beacon Specialized. A Staff of the home was in a bad mood and was very snappy and rude all day. **The investigation into DIGNITY AND RESPECT is substantiated. The Staff involved received training and issued a letter of apology to the Recipient.**
- H. March 4, 2024, Recipient receiving services from Pioneer CLS Group, The Recipient was in the community when a staff person was pushing the Recipients wheelchair while pulling another Recipient in a wheelchair. The Recipient's tire caught the curb tipping over and the Recipient received an injury to the forehead that required stitches. The complaint goes on to state that the details of the incident were not accurate in the Incident Report and that there is a video of the incident which shows the staff was negligent. **The investigation into NEGLECT-CLASS III is substantiated. The Staff involved received verbal/written discipline and all Staff were re-trained on mobility assistance training.**
- I. March 8, 2024, Sheridan Home, residential I/DD, Pioneer Resources. Case Manager was made aware that the Recipient had been referred to a specialist, but the home had not followed up on the referral. **The investigation into MENTAL HEALTH**



**SERVICES SUITED TO CONDITION is substantiated. The Home Manager received a written reprimand, and new procedures were put into place.**

- J. March 25, 2024, Brooks Home, residential I/DD, Samaritas. HealthWest Staff stated that the AFC home is not getting the Recipient to her appointments as required by what is written in the IPOS intervention. Medication review scheduled with the psychiatrist on 3/20/2024. Recipient was not seen at the office; the case manager contacted the home manager who stated she would look into it. Not much later, an email was sent stating the home just called to cancel the appointment and reschedule due to "construction in the facility". Her appointment was rescheduled to 4/3/2024. She will be out of medication due to this rescheduling as a medication bridge was already sent in once to cover the late scheduling. The Integrated Health Clinic report the home called and cancelled a scheduled appointment on 10/20/2023 then no-showed. **The investigation into MENTAL HEALTH SERVICES SUITED TO CONDITION is substantiated. Samaritas has added new guidelines and documentation for Resident healthcare appointments. Staff were inserviced on the changes to ensure clear expectations.**
- K. March 25, 2024, Forest Trail Home, residential I/DD, MOKA. A Recipient attached a staff person and then fell and his face which caused bleeding and a laceration on his top lip which was about half an inch and swollen, his left eye was very swollen and was starting to bruise. When asked by another staff, what happened, the recipient said that he hit the guy (the other staff). The Recipient was taken to urgent care for medical treatment. **The investigation into ABUSE CLASS II-UNREASONABLE FORCE is not substantiated.**
- L. March 26, 2024, Turning Leaf SIL, mixed residential. Team RN was informed by injection clinic staff that client has received their medication injection on 3/16 by staff at Turning Leaf SIL where client resides. Staff at the SIL are not trained on administering injection. **The investigation into MENTAL HEALTH SERVICES SUITED TO CONDITION is substantiated. The Staff involved received a written policy violation along with a five-day suspension. The Staff was also retrained on medication administration and policies were reviewed to prevent reoccurrence.**
- M. March 26, 2024, Ducey Home, residential I/DD, Samaritas. HealthWest Team has received many incident reports regarding recipient eating dirt while outside or falling while trying to come back inside. Behavioral support plan states that client must be watched 24/7 when he is outside. **The investigation into MENTAL HEALTH SERVICES SUITED TO CONDITION is substantiated. The corrective action plan included: A meeting was scheduled with the Clinical Team to discuss concerns, and revision of documents. Implementation of these changes have been completed. Discussion of needs of the home and ability to provide the level of care requested were reviewed. Going forward all incident reports will identify the reason that staff were unable to keep person served in line of sight when he is outside. HealthWest staff agreed to discuss concerns and schedule additional training with**

**management when needs are identified instead of training individual staff in the home. Management from Samaritas will discuss any concerns or needed changes at monthly clinical meetings or as needed prior to monthly meetings.**

- N. March 27, 2024, Virginia's House, residential I/DD, HGA. HealthWest Case Manager stated that HGA management is not allowing home staff to spend Recipients personal funds above \$40.00 without consulting with them first. HGA is not allowing for personal choice as they are not allowing the Recipient to purchase a specific type of shoe that he has voiced he want to purchase as well as his right to celebrate his birthday. The Recipient has also stated that he wants a haircut and to go out to eat at Bob Evans. **The investigation into CIVIL RIGHTS is not substantiated.**
- O. March 27, 2024, Lilac Home, residential I/DD, HGA. HeathWest Case Manager stated that HGA management is not allowing home staff to assist Recipient in spending their funds for personal needs/wants. The Recipient needs new clothes, belt, shoes, underwear, socks, recliner, new DVD player, etc. HGA does not allow personal choice as they are not allowing the Recipient to buy personal necessities. **The investigation into CIVIL RIGHTS is not substantiated.**
- P. March 27, 2024, Forest Trail Home, residential I/DD, MOKA. The Home Manager at Forest Trail asked a Recipients Guardian to speak with the Recipient about taking his PM medications and not spitting them out. The Guardian said that she had the Recipient stay overnight on March 15, 2024, and when giving him his PM meds the Guardian talked about him taking them. The Recipient told his Guardian he did not want to take the medication no more. The Guardian said that is when the Recipient told her that a staff person at Forest Trail crushed the meds put them on a spoon and shoved it into his mouth. The Guardian notified Forest Trail staff what Recipient told her. **The investigation into DIGNITY AND RESPECT is not substantiated.**

**New Business:**

- A. April 1, 2024, Breakwater East, Bangor, MI., mixed residential, Beacon Specialized. While doing another rights investigation an advisor from VanBuren County was told by a housemate that they had witnessed a staff member put their hands on the neck of a Muskegon County Recipient and also bend their fingers back on several occasions. **The investigation into ABUSE CLASS II-UNREASONABLE FORCE was not substantiated.**
- B. April 10, 2024, Flatrock Manor-Burton East, Burton MI., mixed residential. The Parent of a Recipient who passed away at the AFC said that her daughter had been sick and prescribed a medication that requires vital checks regularly. She also stated that they were supposed to be doing visual checks on her every 15 minutes. The Parent does not believe that the staff were providing appropriate care or following appropriate procedures when her daughter died on their watch. **The investigation into INDIVIDUAL WRITTEN PLAN OF SERVICE is not substantiated.**

- C. April 17, 2024, Lilac Home, residential I/DD, HGA. The Case Manager of a Recipient was reviewing transaction of funds and noted an ongoing subscription for Netflix. The Case Manager said that the Recipient is not able to provide consent for purchase. The Case Manager stated that they contacted the Recipient's Guardian and was informed that she had not authorize subscription and did not believe that the Recipient watched TV. **The investigation into ABUSE CLASS II-EXPLOITATION is substantiated. The Staff involved is no longer employed with HGA. All Managers received training on proper purchasing procedures.**
- D. April 17, 2024, Lilac Home, residential I/DD, HGA. The Case Manager of a Recipient said that the new Home Supervisor told her that the Recipient has a Netflix subscription watches Wheel of Fortune or Price is Right on YouTube. Due to limited cognitive ability, he is unable to provide consent for a Netflix purchase. The Case Manager contacted the Recipient's Guardian to inquire if she had authorized the subscription. The Guardian stated she did not. **The investigation into ABUSE CLASS II-EXPLOITATION is not substantiated.**
- E. April 22, 2024, Pioneer Resources Transportation. A Pioneer Resources Staff Member reported that they observed the bus driver yelling and cursing about a Recipient. The Staff Member approached the bus by the doorway and asked if everything was okay. The Bus Driver continued to yell about the Recipient and then stated, "No this is bullshit I will be okay when you get him the fuck off my bus." **The investigation into DIGNITY AND RESPECT is substantiated. The Staff involved was given a written discipline and provided ongoing training for managing challenging situations with riders on the vehicle. Pioneer is also working through procedures to provide a more fluent communication process to better support the individuals served.**
- F. April 23, 2024, HealthWest Adult MI Case Management Services. A Recipient stated that her staff has her personal information on her computer, work phone, and personal phone. The Recipient said that the staff took pictures of her license, bank card, PINs for her accounts, and bank account number with both her personal phone and her work phone. The Recipient is concerned about the staff's honesty with her job and some of the personal information that she has disclosed. The Recipient said she has concerns that her staff might be responsible for missing items and charges to her accounts. **The investigation into ABUSE CLASS-II EXPLOITATION is not substantiated.**
- G. April 24, 2024, Virgin's House, residential I/DD, HGA. A Staff Member from HGA stated that on the evening of 04-12-2024 one of the scheduled staff left the house without proper coverage, leaving five Recipients with only one Staff. **The investigation into MENTAL HEALTH SERVICES SUITED TO CONDITION is substantiated. The Staff involved resigned her position.**
- H. April 25, 2024, HealthWest MI Adult Case Management Services. A Recipient stated that at a recent Medical Evaluation appointment she felt that the HealthWest staff

- targeted and harassed her about being hospitalized. **The investigation into DIGNITY AND RESPECT is not substantiated.**
- I. May 7, 2024, Lilac Home, residential I/DD, HGA, a Recipient of the home informed a Home Staff that another Home Staff had been sleeping on third shift. **The investigation into NEGLECT III is substantiated. The Staff involved was given a written progressive action. All home staff were re-inserviced on related policies and procedures.**
- J. May 13, 2024, Beacon Home at Blue Lake, mixed residential, Beacon Specialized Services. A Staff Member said that she was a new worker at the home and that she heard another staff use profanity while working with recipients. **The Investigation into DIGNITY AND RESPECT is not substantiated.**
- K. May 14, 2024, Riverwood Home, , residential I/DD, Pioneer Resources. The Home Manager arrived at work and found the staff on shift to be asleep. One Recipient was up at the time and the others were still sleeping. **The Investigation into MENTAL HEALTH SERVICES SUITED TO CONDITION is substantiated. The Staff involved was given a three day suspension without pay.**
- L. May 20, 2024, HealthWest Youth Transition Age Team. A HealthWest staff person was inappropriate with a recipient. The recipient stated that she was hungry and a short time later the staff person got a plate of food and ate it in front of the recipient. When the recipient asked if she could have a plate of food, the staff person told her it was for staff only. The recipient then disclosed that she might be pregnant, and the staff person commented that she was, “getting sick of her having to take pregnancy tests.” The recipient then asked the staff person if they were mad at her, and the staff person did not respond. **The investigation into DIGNITY AND RESPECT is substantiated. The Staff involved will receive additional training and increased supervision.**
- M. May 22, 2024, HealthWest MI Adult Case Management. A recipient filed a complaint that her chart had been breached and her personal information was shared by a HealthWest Staff. **The investigation into DISCLOSURE OF CONFIDENTIAL INFORMATION is not substantiated.**
- N. May 22, 2024, Westshore Medical-Community Living Support (CLS) Services. A recipient filed a complaint because his CLS worker has been using her phone while driving and he feels unsafe in the vehicle with her. The recipient also stated that the CLS staff picked up her boyfriend while she was providing his CLS services and often stops by her house to change clothes making him wait in the car. Lastly he stated that the CLS Staff has him purchase food at restaurants while she is providing services for him. **The investigation into SAFE, SANITARY AND HUMANE TREATMENT ENVIROMENT is substantiated. The corrective action plan is pending.**
- O. May 22, 2024, Mararebecah Home, residential I/DD, Samaritas. A recently dismissed home staff reported that over the past 6 months they have observed the Home Manager

neglecting the care of a recipient. The complaint is that the Home Manager does not change the Recipients, “diapers” promptly, often leaving her in soiled diapers with urine and feces for hours. No showers, no teeth brushing. The complainant said that she has also seen bruises on the recipient as well. The complainant said that she and other staff (who were fired) no longer working there have photo’s to support the allegations. **The investigation into NEGLECT CLASS-III is not complete.**

- P. May 28, 2024, Beacon Home at Blue Lake mixed residential. Beacon Specialized Living. While at the MHC Med Pod a HealthWest staff observed the Home Staff become frustrated with the Recipients behavior and referred to them as, “annoying and dangerous.” The Home Staff also said that they believe that she is “faking” her recent health issues for attention. The HealthWest staff stated that the Home Staff made multiple statements regarding their frustrations on how inconvenient the Recipients behaviors have become. They also commented on a recent fall that led to an inpatient stay due to medical issues, but Home Staff said that she fell because she wanted attention and that is her baseline. They said that Recipient is always playing games when she as an appointment and she does not want to go. **The investigation into DIGNITY AND RESPECT is not complete.**

## V. INTERVENTIONS

### Old Business:

- A. February 24, 2024, Beechwood Crisis-Pine Rest, Grand Rapids. A Recipient receiving inpatient services was given the wrong medication. The recipient was monitored for the next eight hours. **This is out of our Jurisdiction and referred to the Office of Recipient Rights at Pine Rest.**

### New Business:

- A. May 20, 2024, Lilac Home, residential I/DD, HGA. Staff tried to reach supervisory staff to provide coverage as they were frustrated by the staffing shortage and having to stay over. The assistant home supervisor came in and finished the shift. **This is out of our Jurisdiction and was referred to HGA’s Residential Program Manager.**
- B. May 20, 2024, Lilac Home, residential I/DD, HGA. Staff had an emergency and had another staff contact the on-call staff for replacement. The staff later returned to complete the shift. **This is out of our Jurisdiction and was referred to HGA’s Residential Program Manager.**

## VI. SUBSTANCE USE DISORDER

### Old Business: n/a

### New Business: n/a

## **VII. DEATHS**

April 1, 2024, HealthWest Staff was notified that a 47 year old Female, who lived independently in the community, and received HealthWest services, had died two weeks prior of a suspected overdose.

April 2, 2024, a 35 year old female, receiving HealthWest Adult I/DD Medically Complex Case Management services, had died of natural causes after being placed on hospice.

April 6, 2024, a 31 year old female who lived in an out of county AFC Home, died of unknown causes at the home. An autopsy and investigation are being completed.

April 18, 2024, a 65 year old female, receiving HealthWest MI Adult Community Based Services and lived independently in the community, died after experiencing a stroke and placed on hospice where she passed away.

April 21, 2024, a 48 year old female, receiving Law Enforcement Assisted Diversion services from HealthWest, who lived independently in the community, died from a suspected overdose according to police.

April 23, 2024, a 41 year old male, receiving HealthWest MI Adult Community Based Services and lived independently in the community, died from an accidental overdose according to the Medical Examiner.


May 07, 2024, a 71 year old female who lived in a local AFC home and received HealthWest IDD case management services, died from Atrial Fibrillation, Cystitis and Sepsis.

May 10, 2024, a 29 year old male, receiving HealthWest ACT services and lived independently in the community, died after being struck by a vehicle.

May 10, 2024, a 33 year old female who lives independently in the community and receives HealthWest LEAD services died after what appeared to be her jumping/falling off a bridge.

May 13, 2024, a 22 year old male, receiving HealthWest I/DD Youth Services and lived with his family, died from an unknown cause while at home. He had been in the Emergency Room the day prior for treatment and had been discharged home.

# **Mental Health Code June 2024**



In 1974,  
Michigan  
enacted Public  
Act 258 (The  
Michigan  
Mental Health  
Code)



**“We serve Human  
Beings”**





# Civil Rights:

**Dignity-** To be treated with respect and politeness not in a patronizing, or demeaning, but to receive equal treatment.

**Respect-** To be treated with esteem, concern, consideration. To protect privacy to be sensitive to cultural differences and allow choices.

# **Communication and Visitation Rights**

## **Telephone Usage**

## **Visitors**



# **Environmental Rights**

MENTAL HEALTH SERVICES SHALL  
BE PROVIDED IN A SAFE, SANITARY,  
AND HUMANE TREATMENT  
ENVIRONMENT

# Money Rights

Payees

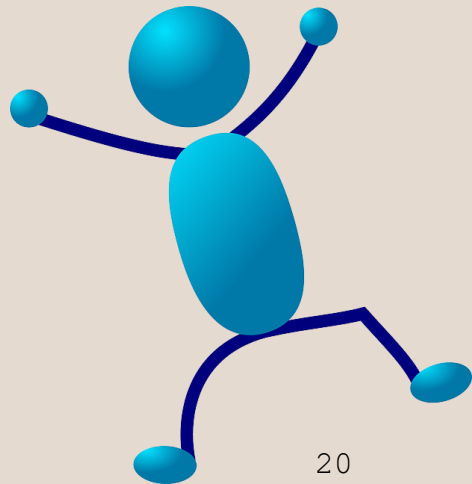


Guardians



# Personal Property Rights

I get to own  
stuff!



# Freedom of Movement

Least Restrictive Setting

Least Amount of Medication

Restraints & Seclusion

Physical Management or  
Physical Intervention

**Treatment Rights**

**Family Rights**







**QUESTIONS?**

**Thank you!**