

HEALTHWEST
PROGRAM/PERSONNEL MEETING MINUTES

February 9, 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, Janice Hilleary, John Weerstra

Staff Present: Holly Brink, Shannon Morgan, Amber Berndt, Rich Francisco, Gary Ridley, Kristi Chittenden, Tasha Kuklewski, Jennifer Hoeker, Kim Davis, Gina Kim, Cyndi Blair

Guests Present: Kristen Wade

MINUTES

It was moved by Mr. Hardy, seconded by Ms. Hilleary, to approve the minutes of the December 1, 2023 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 Network Procurement Plan that was created on September 29, 2023.

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:

The MichiCANS soft launch is progressing well and will place HealthWest in a good position for the hard launch. The soft launch site has completed over 150 assessments, utilizing MichiCANS and our staff currently participating in the soft launch has completed the training. HealthWest has also submitted a total number of staff to be trained prior to Hard Launch of MichiCANS for Oct. 1, 2024:

- Combined with Adult (depending on how the 18-21 old population is defined):
 - Clinical-92
 - Supervisor-20
 - Leadership-9

The submission of the CCBHC renewal grant has been submitted thanks to the finance team grants division and CCBHC leads in getting this submitted. This is the 3rd year continuation of this CCBHC grant. On top of the CCBHC demonstration status HealthWest has, we still get additional grant funding from SAMHSA for the CCBHC expansion grant for about 1M to help support and continue our efforts with CCBHC.

AUDIENCE PARTICIPATION

There was no audience participation.

ADJOURNMENT

There being no further business to come before the board, the meeting adjourned at 8:06 a.m.

Respectfully,

Cheryl Natte
Program/Personnel Committee Chair

CN/hb

PRELIMINARY MINUTES
To be approved at the Program/Personnel Committee Meeting on
April 12, 2024



PROGRAM AND PERSONNEL COMMITTEE

**Friday, February 9, 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 December 1, 2023
(Attachment #1 – pg. 1-2) | Action |
| 4) | Public Comment (on an agenda item) | |
| 5) | Items for Consideration | |
| | A) Authorization to Approve the HealthWest Provider Procurement Plan
(Attachment #2 – pg. 3 – 125) | Action |
| 6) | Old Business | |
| 7) | New Business | |
| 8) | Communication | |
| | A) Director's Update – Rich Francisco | Information |
| 9) | Audience Participation / Public Comment | |
| 10) | Adjournment | Action |

/hb

Main Office

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HealthWest.net

HEALTHWEST
PROGRAM/PERSONNEL MEETING MINUTES

December 1, 2023
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, Janice Hilleary

Staff Present: Holly Brink, Gina Post, Shannon Morgan, Amber Berndt, Rich Francisco, Linda Wagner, Gary Ridley, Melina Barrett, Kristi Chittenden, Nate Kennert, Brandy Carlson, Tasha Percy, Jennifer Hoeker

Guests Present: Kristen Wade

MINUTES

It was moved by Ms. Thomas, seconded by Mr. Hardy, to approve the minutes of the October 13, 2023 meeting as written.

MOTION CARRIED.

PUBLIC COMMENT (ON AN AGENDA ITEM)

There was no public comment.

ITEMS FOR CONSIDERATION

There was no items for consideration.

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:

Compliance Committee – There has been an increase in cases this year by a significant amount. Our compliance officer, Linda Closz, reports that we have had 32 cases so far this year compared to 3 last year. Cases all vary, mostly stemming from contractual services and contract compliance. Some were discovered from the LRE audit, and some were internal staff filing rights and compliance complaints. Linda is tracking and ensuring that these issues are addressed and resolved.

Assessment Team and MI Team 3 updates - MI Team 3 anticipates being up and running on Dec. 11th and the assessment team is conducting interviews to fill 5 open assessor positions. There are internal and external applicants.

UM Steering Committee - Had our UM Steering Committee yesterday (chaired by Carrie Crummett). The work has begun to better structure this committee. The group decided more could be done to identify areas for improvement in HW overall by looking at certain types of data. The UM committee is now defining a matrix of reports and looking at a variety of data, such as Crisis Residential Unit data, Spend down data, High Utilizers to ED data, Local Psychiatric and State psychiatric utilization data to start.

Would like to introduce Kristi Chittenden our new CIO. Kristi started this past Wednesday, 11/29. She is starting to be involved in some meetings, has been meeting staff, and is beginning to complete some on-boarding trainings. Kristi will be completing her full orientation this coming Monday.

AUDIENCE PARTICIPATION

There was no audience participation.

ADJOURNMENT

There being no further business to come before the board, the meeting adjourned at 8:05 a.m.

Respectfully,

Cheryl Natte
Program/Personnel Committee Chair

CN/hb

***PRELIMINARY MINUTES
To be approved at the Program/Personnel Committee Meeting on
February 9, 2023***

REQUEST FOR HEALTHWEST BOARD CONSIDERATION AND AUTHORIZATION

COMMITTEE Program/Personal Committee	BUDGETED X	NON BUDGETED	PARTIALLY BUDGETED
REQUESTING DIVISION Provider Network Management	REQUEST DATE February 9, 2024	REQUESTOR SIGNATURE Jackie Farrar, Manager of Provider Network	
<p><u>SUMMARY OF REQUEST (GENERAL DESCRIPTION, FINANCING, OTHER OPERATIONAL IMPACT, POSSIBLE ALTERNATIVES)</u></p> <p>HealthWest Board authorization is requested to approve the HealthWest Network Procurement Plan created on September 29, 2023 and revised on January 28, 2024. HealthWest Departments reviewed contracted providers in four services areas:</p> <ol style="list-style-type: none"> 1. Finances 2. Quality 3. Access and Capacity 4. Additional considerations <p>HealthWest is an Open Panel and will accept new contract providers as needed/requested by HealthWest consumers and/or internal HealthWest staff as an agency of choice. Providers may contract with HealthWest at any time, if they meet the requirements of the Standard Common Contract for the Lakeshore Regional Entity (LRE) of Region 3 in the State of Michigan.</p> <p>A panel may be closed to new providers if accessibility to the requested service(s) is less than eighty-five percent (85%) capacity. When capacity for a service has been reached, a Request For Proposal (RFP) or a Request For Information (RFI) for any qualified new providers may be posted through the County of Muskegon Procurement Department, to expand the capacity of the specific service(s) needed.</p> <p>The Network Procurement plan provides an outline for renewing contracts, adding vendors, and ensures that HealthWest meets Federal regulations concerning procurement of services.</p>			
<p><u>SUGGESTED MOTION (STATE EXACTLY AS IT SHOULD APPEAR IN THE MINUTES)</u></p> <p>I move the HealthWest Board of Directors to approve the HealthWest Network Procurement Plan that was created on September 29, 2023.</p>			
COMMITTEE DATE February 9, 2024	COMMITTEE APPROVAL <div style="display: flex; justify-content: space-around; width: 100%;"> _____ Yes _____ No _____ Other </div>		
BOARD DATE February 23, 2024	BOARD APPROVAL <div style="display: flex; justify-content: space-around; width: 100%;"> _____ Yes _____ No _____ Other </div>		

HEALTHWEST NETWORK PROCUREMENT PLAN FY 2023

SERVICE/ PROVIDER	Service Available in Network ?	Service Provided or Contracted? 2023		Review Status Financial Review Program and Quality Access & Capacity	Plans to Enhance Service Capacity?	Procurement Recommendation	Purchase Recommendation 2024	
	Yes / No	HealthWest	Contract		Yes / No		Health West	Contract
APPLIED BEHAVIORAL ANALYSIS (AUTISM) HealthWest Ivy Rehab Michigan Pioneer Resources Positive Behavior Supports Corporation Professional Rehabilitation Services aka Rebound Home and Community Therapy/AdvisaCare West Michigan Counseling and Psychology, PLLC	Yes	Yes	Yes	HealthWest has 9 fully licensed Board-Certified Behavior Analysts (BCBA/LBA), one (1) licensed Board Certified Assistant Behavior Analyst (BCaBA/LABA) and two (2) Masters Level Behavior Specialists (Qualified Behavior Health Providers) who are not yet fully certified. Youth assigned per agency at this time: Pioneer 17, Rebound 17, PBS 12, Ivy 14 and HealthWest 78. 164 youth are open to benefit and qualify but not yet assigned. On the wait list are 40 youth under age 5 and 41 age 6 and over. It is unknown whether they qualify for ABA services, but they are being served in other programs. HW has a 3-4 month wait which is good compared with an up to 12-month wait across the State. Contracted Providers Review: 1. <u>Financial Issues</u> a. Rates for these services are set by the State of Michigan. b. No issues. c. All agencies are within their contract funding allocations for spending for FY23 Quarters (Q) 1-3. Ivy Rehab was significantly lower at 7% spending. Pioneer Resources has spent 66%,	Yes	Applied Behavior Analysis, including services by Licensed Behavior Analysts, have been extended within the agency to serve youth with autism who do not require or cannot commit to the intensity of the autism benefit and to other I/DD youth without Autism, who can benefit from ABA services for behavior reduction and skill development needs. All agencies continuously recruit and hire Behavior Technicians to meet the individual ABA therapy needs. Most of that need is for part time or hourly staff, which are not easy to come by for	X	X

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				<p>Rebound Home and Community Therapy has spent 72%, and Positive Behavior Supports (PBS) has spent 67% of their FY23 Q1-3. West Michigan Counseling and Psychology has spent 52% of their contract allocation.</p> <p>d. No changes to payment mechanism.</p> <p>2. <u>Program and Quality Review</u></p> <p>a. Two changes to service delivery. Rebound recently added a parent training group to their services offered. This training is curriculum driven (ABA Visualized/PFI) .and led by a BCBA (virtually) to discuss the basics of what is autism, ABA, what is ABA, and how parents can work to modify a child's behavior. Dr. Apple at West Michigan has requested some new billable codes.</p> <p>b. No concerns with quality of care four of the five agencies. There were no Grievances and Appeals filed. Jeannie, the contracted provider at West Michigan Counseling and Psychology does excellent work. She has excellent clinical skills and builds rapport easily with consumers. HealthWest staff wants to hire Jeannie full time at HealthWest.</p> <p>Ivy Rehab staff is not timely with updated 6-month assessments for several children, and so authorization for continued services cannot be completed which leads to a hold in ABA therapy for some children. They also did not account for "going back to school" in that they had school aged children receiving in-center</p>		<p>any agency. This is because those who are waiting for service are those with after school availability and HealthWest really has no capacity concerns for individuals who are available during the daytime hours.</p> <p>If HealthWest hired for the Behavioral Health position, this contract with West Michigan would no longer be needed. So far, no applicants have applied for the role we have open.</p> <p>HealthWest should look at other levels of care for autism; some do not need the intensity of 20-30 hours a week. Parent/family support would be enough.</p>		

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				<p>therapy during the day at their center. When children went back to school, they did not have enough center space for children, and so are putting ABA for children on hold leading to a Notice of Adverse Benefits Determination (NABD) for pause in service to be sent.</p> <p>c. For West Michigan, timeliness and decision-making is excellent. Differential diagnosis is good. Jeannie likes to take several weeks of vacation per year, which is the only reason she does not apply for a full-time job at HealthWest,</p> <p>d. No satisfaction surveys returned. No reports of any concerns except for how long it takes for Ivy Rehab to have an opening for those who want Ivy as a provider. There were several that waited months for Ivy to have an opening and finally chose another provider because the wait was too long.</p> <p>3. <u>Access and Capacity Review</u></p> <p>a. Ivy Rehab and Rebound Home and Community are agencies added within the past 2 years. The Youth Support Team was also created at that time. Rebound continues to recruit both BCBA and Behavior Technician staff. They currently have 3 fully licensed BCBA/LBA and 2 QBHP staff. PBS continues to recruit both BCBA and Behavior Technician staff. They currently have 3 fully licensed BCBA/LBA staff. Pioneer continues to recruit Behavior Technician staff but are not recruiting</p>		<p>HW needs to work on issues such as Ivy Rehab's out of compliance with timeliness with their every 6-months assessments. They demonstrate poor planning when they move kids around for summer, and now they have no room after school when the kids go back to school. Communication is poor as emails go unanswered. Case Managers have been unable to establish a coordinated relationship with their staff.</p> <p>Rebound is now having problems as well. HW needs to do an internal</p>		

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				<p>BCBA staff. They currently have 2 fully licensed BCBA/LBA staff and one licensed BCaBA/LABA.</p> <p>b. Rebound has been willing and able to accept more children in the evening hours than our other contracted providers. PBS steadily accepts referrals. Like all providers, they do not have as much capacity for those with availability after school hours. Due to staffing concerns, Ivy Rehab did not accept referrals from February through April of 2023. They accepted one (1) referral in May 2023, one (1) in June 2023, and no other referrals since then. Pioneer Resources steadily accepts referrals. Like all providers, they do not have as much capacity for those with availability after school hours.</p> <p>c. N/A</p> <p>d. Demand for after-school hour services is high. Rebound has daytime available hours, but many families decline Rebound due to wanting ABA provided in-center. Rebound does not have after-school openings. West Michigan completes ABA assessments for HealthWest. There are no issues with this provider.</p>		<p>review of their records.</p> <p>HealthWest needs to create a two-person team to do the audit of both agencies. Both Ivy and Rebound are newer agencies.</p>		
NURSING HOME MONITORING Reliance Community Care Partners	Yes		X	Reliance CCP is contracted by HealthWest to complete requested and approved OBRA Assessments for Muskegon County. This was a direct service by HealthWest until the contract with Reliance was initiated. The	No	Nursing homes may contact HealthWest through the Access Department if there		X

HealthWest
Network Procurement Plan
FY 2023 Completed 9-29-23
Updated 1-28-24

HEALTHWEST NETWORK PROCUREMENT PLAN FY 2023

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	Yes / No	HealthWest	Contract				Health West	Contract
				<p>current contact person for the OBRA screenings is Greg Lunt. Mr. Lunt reports that an average of 18 OBRA assessments are completed per quarter for Muskegon. By comparison he reports an average of 66 for Kent County and 34 for Ottawa. Reliance has State-mandated timeliness standards, which include a preadmission screening within 4 days of receiving a 3877 Form. Then Reliance has 14 calendar days to complete their full assessment and submit it to the State. The State must then approve the plan for addressing any mental health issues for someone entering nursing home care. Their assessments can take place in hospitals or if a in a nursing facility if the consumer is already placed there (in which case they would be doing either an annual assessment, changes to the assessment, or a new assessment if the 30 day exception is expiring.)</p> <p>1. <u>Financial Review</u> a. No issues. b. No issues. c. Reliance is within their contract allocation for FY23 Q1-3 and has spent 79% of their contracted amount. d. No changes to payment mechanism.</p> <p>2. <u>Program and Quality Review</u> a. No changes.</p>		<p>are serious mental health issues.</p> <p>Although we are an open panel, this service is very limited and specialized, so HealthWest needed to sole source this contract. This agency performs these assessments for several of the CMHSPs in the area. They are based in Grand Rapids.</p>		

HealthWest
Network Procurement Plan
FY 2023 Completed 9-29-23
Updated 1-28-24

HEALTHWEST NETWORK PROCUREMENT PLAN FY 2023

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				b. No Grievances or Appeals filed. c. None noted. d. No satisfaction surveys returned. <u>3. Access and Capacity Review</u> a. Not needed at this time. b. None noted. c. None noted. d. No issues with accessing this service. Reliance's contact for HealthWest, Greg Lunt, is very responsive whenever he is contacted by HealthWest staff.				
DD/MI SUPPORTS COORDINATION HealthWest Case Management of Michigan, Inc.	Yes	X	X	HealthWest staff. Contract with Case Management of Michigan to monitor many Muskegon residents who are placed in an out of county placement. Other County CMH Boards are being requested to utilize COFR agreements to provide clinical services for those out of county Muskegon residents. The CMHSPs are beginning to decline HealthWest requests for case management services due to the tremendous caseloads of their own staff. Case Management of Michigan Review: <u>1. Financial Review</u> a. No issues. b. No concerns.	No	HealthWest will continue to utilize COFR agreements and contracts with contracted case management agencies as needed to monitor and track progress/lack of progress in out of county placements through the individuals' Person-Centered Plans. HealthWest is an open panel, however, no other case management	X	X

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				<p>c. Case Management of MI has spent 69% of their contract allocation in FY23 Q1-3. d. No changes to payment mechanism.</p> <p>2. <u>Program and Quality Review</u> a. No changes. b. No Grievances or Appeals filed. Case manager monitors and completes the IPOS. The case manager links the consumer to outside providers if needed. c. There are times when consumers in service with Case Management of Michigan are not seen for their weekly contact by their case manager. This causes the consumer to receive minimal services from COFR Coordinator and special services such as day programs, or therapy as needed by the consumer does not happen d. No satisfaction surveys returned. The consumers enjoy meeting with their case manager weekly, which is the expectation. They also link the consumers to other services such as therapy and day programs.</p> <p>3. <u>Access and Capacity Review</u> a. No other providers are known. b. Not enough case managers in other CMHSPs to serve some HW out of county consumers. c. None known.</p>		agencies have requested to provide these services for HealthWest.		

HealthWest
Network Procurement Plan
FY 2023 Completed 9-29-23
Updated 1-28-24

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				d. There are issues with many of the CMHSPs having fewer case managers to assist other CMHSPs with their out of county placements. Caseloads are extremely high. Case Management of Michigan has at least a 90-day wait list before services start.				
SKILL-BUILDING	Yes	X	X	HealthWest staff provide Skill Building services as well as the named contracted Providers. HealthWest Case Managers provide some of the Skill Building services to their consumers.	Yes	Any willing and qualified provider.	X	X
HealthWest						The local providers have expanded their integrated and community-based skill-building services, including programs for those individuals who have higher personal care needs.		
The Arc/Calhoun						HealthWest staff are working hard to ensure their individuals' Person-Centered Plans adequately address their skill-building needs.		
Goodwill Industries of West Michigan, Inc.				The named agencies in this section also provide skill-building programs for HealthWest consumers.				
MOKA Corporation, Inc.				Contracted Providers Review:				
No More Sidelines				1. <u>Financial Review</u>				
Overcoming Barriers, Inc.				a. The Arc/Calhoun rates are average; Goodwill rates are below average; MOKA rates are below average; No More Sidelines has no issues with rates; Overcoming Barriers rates are below average; Pioneer Resources rates are below average; Preferred Employment rates are average; and Turning Leaf rates are above average.				
Pioneer Resources, Inc.				b. Goodwill needs a financial review and MOKA, Preferred Employment, and Turning Leaf need a current audit.				
Preferred Employment and Living Supports, LLC						HW staff want to decrease the amount of time in		
Turning Leaf Residential Rehabilitation Services								

Commented [JF1]: Contract ended 9/30/2023

HEALTHWEST NETWORK PROCUREMENT PLAN FY 2023

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				<p>c. All providers are within their annual contract allocations as of FY23 Q1-3. The Arc/Calhoun has spent 43%; Goodwill has spent 24%; MOKA has spent 66%; No More Sidelines has spent 82%; Overcoming Barriers has spent 55%; Pioneer Resources has spent 66%; Preferred Employment has spent 70%; Turning Leaf has spent 50%.</p> <p>d. No changes to payment mechanism.</p> <p>2. <u>Program and Quality Review</u></p> <p>a. Any changes in service delivery are incorporated into an amendment. Goodwill eliminated their sheltered workshop.</p> <p>b. All except Preferred Employment had no Grievances or Appeals. Preferred had one (1) Grievance and no Appeals.</p> <p>c. No performance issues known.</p> <p>d. No satisfaction surveys were returned from any of these providers.</p> <p>3. <u>Access and Capacity Review</u></p> <p>a. No other providers are known.</p> <p>b. Pioneer Resources has created a hybrid skill building /CLS group, which was not</p>		<p>Skill Building and work towards moving consumers into jobs.</p> <p>There is no Individual Placement and Support worker assigned to the I/DD program. (Need to hire or transfer a HW staff person into this position.)</p>		

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				<p>requested by HealthWest. They are not moving consumers out of skill building fast enough, are focusing too much on skills they think are lacking rather than training on the job, and there is very little in terms of updates from coaches. They may not have the staffing they need to be effective in this supported employment endeavor.</p> <p>MOKA's services decreased during COVID as they downsized and have not come back yet. They now have limited skill building services that lead to employment.</p> <p>Goodwill has eliminated the sheltered workshop. Communication is not as effective as it could be. There is very little collaboration with case managers and documentation from Goodwill Industries is lacking. They need to have more job placements in the community and less reliance on enclaves. Transportation problems for our consumers is evident and Goodwill does not consider this when attempting to place our individual in jobs.</p> <p>c. None that are known.</p> <p>d. See 3.b.above.</p>				

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TRANSPORTATION HealthWest Pioneer Resources, Inc.	Yes	X	X	HealthWest has a fleet of cars and vans to transport consumers to and from appointments, meet with them in the community, etc. Staff also train consumers in the use of the Muskegon area public transportation system. Pioneer Resources provides transportation for several programs. Transportation is an issue for our consumers placed at Goodwill Industries and Preferred Employment for job placements.	Yes	Any willing and qualified provider. Issues including long rides for some consumers. Looking into expanding transportation services with Pioneer Resources.	X	X
SUPPORTED EMPLOYMENT LONG-TERM FOLLOW-UP Goodwill Industries of West Michigan, Inc. MOKA Corporation, Inc. Pioneer Resources, Inc. Preferred Employment and Living Supports, LLC The Arc of Calhoun	Yes	X	X	For persons with I/DD, external providers include MOKA, Pioneer Resources, Preferred Employment and Living Supports, and Goodwill along with programs funded by Michigan Rehabilitation Services. 1. <u>Financial Review</u> a. Goodwill's rates are below average; Pioneer Resources' rates are below average; MOKA's rates are below average; no issues; and Preferred Employment's rates are average. b. Goodwill needs a financial review; Pioneer Resources needs a current audit by a CPA; MOKA has no fiscal viability issues; The Arc	Yes	Any willing and qualified provider. We need to discuss changes to home and community-based services and the need to increase Supported Employment opportunities, particularly for persons with I/DD.	X	X

Commented [JF2]: Pioneer added Transportation to the agreement on 11/1/2023

Commented [JF3]: Contract ended 9/30/2023

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	Yes / No	HealthWest	Contract				Health West	Contract
				<p>of Calhoun has no issues; and Preferred Employment needs a current audit by a CPA.</p> <p>c. All of these agencies are within their annual contracted allocations. Goodwill has spent 24% as of FY23 Q1-3; Pioneer Resources have spent 66% as of FY23 Q1-3; MOKA has spent 66% as of FY23 Q1-3; The Arc of Calhoun has spent 43% as of FY23 Q1-3, and Preferred Employment has spent 70% as of FY23 Q1-3.</p> <p>d. No changes to the payment mechanism.</p> <p><u>2. Program and Quality Review</u></p> <p>a. See Skill Building Section. The Arc of Calhoun is being used for a COFR agreement. It is a volunteer program, supported employment, and an educational advocacy program, to enrich the lives of people with intellectual and developmental disabilities.</p> <p>b. See Skill Building Section. HealthWest has one consumer receiving services from The Arc. The Arc is willing to have the consumer attend more often but the client is choosing not to attend more often. The Arc provides experiences at a variety of locations to help with job training/skills.</p>				

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				<p>c. See Skill Building Section. For Preferred Employment, there are concerns that they are not reporting wages earned. The Arc of Calhoun has staffing shortages inhibiting programs and client enrollment. High staff turnover.</p> <p>d. See Skill Building Section. No issues reported for The Arc of Calhoun. It is meeting expectations.</p> <p>3. <u>Access and Capacity Review</u></p> <p>a. No other providers are known.</p> <p>b. See Skill Building Section regarding MOKA, Pioneer Resources, and Goodwill Industries. Preferred Employment appears to fall in the "enclave trap." HW staff wonder if this is due to the lack of job development. Preferred Employment staff are not assessing fully during the long-term follow up to give support to HW consumers and feedback to their case managers. Transportation is also an issue for this agency when they are placing individuals (e.g., it is challenging for a HealthWest consumer to get to Herman Miller at the edge of the county if the consumer lives in the city of Muskegon.) For the Arc, staffing issues caused a wait before our COFR consumer could start. Also, staff turnover has also created a situation whereby the consumer can attend a limited amount of time.</p>				

HealthWest
Network Procurement Plan
FY 2023 Completed 9-29-23
Updated 1-28-24

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	Yes / No	HealthWest	Contract		Yes / No		Health West	Contract
				c. None that are known. d. See Skill Building Section.				
TARGETED CASE MANAGEMENT Beacon Specialized Living Supports Case Management of Michigan, Inc. Flatrock Manor, Inc. Turning Leaf Residential Rehabilitation Services	Yes		X	1. <u>Financial Review</u> a. Case Management has no rate issues; Flatrock Manor rates are above average; and Turning Leaf rates are above average. b. Case Management has no issues with fiscal viability; Flatrock Manor has no issues with fiscal viability; and Turning Leaf has a current audit due. c. Case Management of MI has spent 69% of their annual contract allocation for FY23 Q1-3; Flatrock Manor has spent 58% of their annual contract allocation for FY23 Q1-3; and Turning Leaf has spent 50% of their contract allocation for FY23 Q 1-3. d. No changes to payment mechanisms for all three agencies. 2. <u>Program and Quality Review</u> a. No changes to service delivery.	Yes	Provision of Targeted Case Management services are necessary for those Muskegon residents placed in out-of-home placements in outlying counties. Given the inability of providing timely Case Management services to HealthWest consumers placed out-of-county, it would appear that HealthWest would need to extend coverage by the HW COFR Coordinator for these unserved	X	X

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				<p>b. Beacon, Flatrock, and Turning Leaf provide Targeted Case Management to their own consumers living in their homes. It is listed as a separate service because they charge extra beyond the specialized daily rate. Case Management of MI provides the Targeted Case Management services to HealthWest consumers placed out-of-county when the local CMHSP is unable to provide the service.</p> <p>c. Turning Leaf and Beacon are not very timely with their paperwork. Case Management of MI does a good job. It advocates for its consumers, suggests moves for them, and helps facilitate the moves. Their paperwork is good and always on time. They do have a waitlist.</p> <p>d. No HW surveys were returned.</p> <p>3. <u>Access and Capacity Review</u></p> <p>a. No other choice of providers has been identified.</p> <p>b. Beacon and Case Management of MI have access and capacity issues.</p> <p>c. No known additional providers of this service.</p>		<p>consumers. Given her caseload, it would make sense to hire or re-assign another HW case manager to be a second COFR Coordinator to manage the caseload of out-of-county placements.</p> <p>It is noted that Beacon, FlatRock and Turning Leaf are case managing their own consumers. HW needs to look at the issue of them not being "conflict-free".</p>		

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	Yes / No	HealthWest	Contract				Health West	Contract
				d. Many of the CMHSPs are unable to provide case management services to their COFR consumers, and Case Management of Michigan has a wait list of approximately 90 days.				
JOB PLACEMENT HealthWest with Michigan Rehabilitation Services Pioneer Resources, Inc. MOKA Preferred Employment Goodwill	Yes	X	X	HealthWest and services funded by Michigan Rehabilitation Services need to increase job placement activity for persons with I/DD. (Internal IPS team) This service is also incorporated within the Supported Employment Section for Pioneer Resources, MOKA, Goodwill, and Preferred Employment and in the Skill Building Section above.	Yes	There has been an I/DD Consortium meeting for planning since 2017, and one of the three goals is working towards Work Force Employment.	X	X
CLUBHOUSE (MI) HealthWest- Club Interactions	Yes	X		Housed and managed by HealthWest. It is located at 1470 Peck Street in Muskegon. Club Interactions has received and maintained International accreditation as required by the State to provide standards-based clubhouse services to people with mental illness. It is also a member of the Michigan Coalition of Clubhouses and are Medicaid enrolled through the State of	No	Low volume service. Plan to increase use of Club Interactions and maximize attendance.	X	

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				<p>Michigan. HealthWest is their primary referral source and there is no limit or restriction on the number of members they can serve. Although they have over 275 members, 43 are Active members with an average daily attendance in August 2023 of 28 members. They have 4 Clubhouse Rehabilitation Specialists, 1 Individual Placement Support worker, and 1 Clubhouse Supervisor.</p> <p>1. <u>Financial Review</u></p> <p>N/A</p> <p>2. <u>Program and Quality Review</u></p> <p>a. Outside of closure due to the COVID 19 pandemic, the program has continuously provided clubhouse services since 1999. There are no planned changes to Clubhouse service delivery.</p> <p>b. Club Interactions, as it has been named, has been an accredited Clubhouse since 2017 and has passed all CARF and Medicaid site reviews thus far.</p> <p>c. None noted, although staff continuously strive to increase and improve services to their members.</p> <p>d. Information regarding satisfaction with Clubhouse membership is collected monthly during the completion of the Clubhouse</p>				

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	Yes / No	HealthWest	Contract		Yes / No		Health West	Contract
				<p>Monthly Progress Review (CMPR) with each active member. Member-identified issues are discussed and addressed weekly during their "All Member House Meeting", or during the completion of the CMPR. Member ideas, input and feedback are obtained throughout the Clubhouse Work-Ordered Day through member participation in unit meetings, unit work, and various committees.</p> <p>3. <u>Access and Capacity Review</u></p> <p>a. None are known. This is an in-house program.</p> <p>b. Currently there are no capacity issues. The building capacity limit per the Muskegon Fire Department is 68 people. Should our daily attendance numbers rise above 62, HealthWest would need to find a larger facility to accommodate the Clubhouse program.</p> <p>c. N/A</p> <p>d. Clubhouse accepts all referrals from HealthWest providing the individual meets Medicaid/Clubhouse international "target population" requirements. The Clubhouse assists members to access our service by means of the HealthWest van route which provides transportation to and from the Clubhouse to an average of 20 members daily. Following Clubhouse International</p>				

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	Yes / No	HealthWest	Contract				Health West	Contract
				<p>standards, all members are allowed equal access to all Clubhouse services. The building is handicapped accessible.</p> <p>4. N/A</p> <p>5. Club Interactions is an established psycho-social rehabilitation Clubhouse that has been providing Clubhouse services to people living with mental illness in Muskegon County for 24 years. They have maintained Clubhouse International Accreditation status since 2017. Within the next year, HealthWest will have 2 additional staff certified by Clubhouse International to provide clubhouse model services. Their 6 staff have over 36 years of combined experience in providing Clubhouse services. Club Interactions is located in a comfortable, spacious, handicapped accessible facility which allows them to provide all required program components to their members.</p>				

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OCCUPATIONAL THERAPY HealthWest		X		HealthWest employs two (2) Licensed Occupational Therapists and one (1) Certified Occupational Therapy Assistant and a supervisor.	No	Service interwoven in a package around a core of staff. Substantial benefit to individuals receiving services by maintaining existing service arrangements. Coordination and integration of services is required for quality outcomes.	X	
SPEECH THERAPY Comprehensive Therapy Center	Yes		X	Contract for one (1) Speech Pathologist to provide Speech Evaluations and Therapy. 1. <u>Financial Review</u> a. No issues. b. Financial Review is due. c. Comprehensive Therapy has spent 40% of their contract allocation in FY23 Q1-3. d. No change to payment mechanism. 2. <u>Program and Quality Review</u>	Yes	Very limited providers to serve HealthWest I/DD population. This company is based in Grand Rapids. Longer term stability of the therapists and more days per week would be very helpful. HealthWest may want to release an RFP for an		X

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	Yes / No	HealthWest	Contract	Financial Review Program and Quality Access & Capacity	Yes / No		Health West	Contract
				<p>a. The current Speech and Language Therapist is currently leaving after approximately 16 months; this will be the 4th or 5th SLP in about 5 years.</p> <p>b. The work is very good but limited. Most of the SLPs have only been able to work with HealthWest 1-2 days per week. We could use more than that and some assistant support, so the SLP doesn't have to be making copies, booking appointments, etc. We need this person to do assessments and treatment follow-ups.</p> <p>c. None noted.</p> <p>d. No satisfaction surveys returned.</p> <p>3. <u>Access and Capacity Review</u></p> <p>a. N/A</p> <p>b. HealthWest could use more SLP support for our consumers.</p> <p>c. The drive from Grand Rapids where CTC is located appears to be an issue.</p> <p>d. HealthWest has liked all of the SLPs sent to work with our consumers. HealthWest is looking for more longer term stability and adding more time (days per week) to the contract.</p>		<p>additional Speech and Language Therapist based on the number of requests that cannot be accommodated by CTC.</p> <p>Another option might be to consider a part-time HW position for a Speech and Language Therapist.</p>		

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PHYSICAL THERAPY	No	X	X	HealthWest staff Physical Therapy Assistant left the agency in September 2022, and the position was not refilled. The agency has been without a Physical Therapist contract for evaluations since August 2022.	Yes	Sole source or panel due to limited resources/options. Likely will need to release an RFP for a Physical Therapist contract position to complete evaluations, and also hire a Physical Therapy Assistant (PTA) to work the treatment goals and objectives with the consumers requiring Physical Therapy. The contracted PT will need to provide supervision for the PTA.	X	X
RECREATION THERAPY Life Therapeutic Solutions, Inc.	Yes		X	1. <u>Financial Review</u> a. Rates are average for this service. b. No issues with fiscal viability.	X	After a search in the area a year ago, HealthWest had to sole source this contract due to the severely limited		X

Commented [JF4]: Contract ended 10/31/2023

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	Yes / No	HealthWest	Contract		Yes / No		Health West	Contract
				<p>c. Life Therapeutic Solutions has spent 51% of their annual contract allocation through FY23 Q1-3.</p> <p>d. No change to payment mechanism.</p> <p><u>2. Program and Quality Review</u></p> <p>a. Unfortunately they have gone through several providers during their contract with HealthWest so far. Although this is not something they can control, it was not something HealthWest was expecting. They recently had a male therapist leave, and there was no communication with the HW Director of I/DD Services or other Wraparound Coordinators regarding his separation.</p> <p>b. No Grievances or Appeals. Overall, the contract is going well. It is great to have communication with the Recreation Therapist and the owner to request information.</p> <p>c. The hours for services are limited based on the therapist's availability due to other duties outside of Muskegon County. It appears that the current Recreation Therapist, Lauren is working hard to be as flexible as possible, and she has great communication with the HW Director of I/DD. The HW I/DD Director has asked for more frequent documentation updates, however those are sent only at the</p>		<p>services in the area for Recreation Therapy.</p> <p>There has been an issue with therapist turnover which is disruptive to a consumer's progress in therapy.</p> <p>HW needs to emphasize the importance of the Recreation Therapist participating in the consumers Wraparound meetings as Lauren is a very significant member of the team and works closely with the consumers.</p> <p>Perhaps HealthWest might release an RFP if the service requests are too numerous for service by Life Therapy Solutions only.</p>		

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	Yes / No	HealthWest	Contract		Yes / No		Health West	Contract
				<p>end of each month. When HealthWest first met with Kristine Schwab, the President, she agreed their staff would be able to attend wraparound meetings, but that is not happening. The HW Director of I/DD thinks it would make a big difference if they could join those meetings at least via Zoom to provide updates and be part of the HealthWest team for brainstorming.</p> <p>d. No satisfaction surveys returned.</p> <p>3. <u>Access and Capacity Review</u></p> <p>a. It was nearly impossible to find a Recreation Therapist who would work for HealthWest. There were very few options for choice over a year ago when HealthWest was searching for a Recreation Therapist.</p> <p>b. With the changes in therapists, there might also be an issue with adding more consumers to Lauren's schedule as she is the only therapist assigned presently to HealthWest consumers.</p> <p>c. None known at this time.</p> <p>d. No access issues identified.</p>		Depending on the total number of youths waiting for Recreation Therapy, HW may want to consider a part-time position for an in-house Recreation Therapist.		

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	Yes / No	HealthWest	Contract				Health West	Contract
NUTRITION SERVICES	No			Hackley Hospital had contracted with CMH many years ago for a dietitian for our Brinks Residential program. When they stopped contracting with CMH, another dietitian was not found.		Need to determine if a dietitian is necessary for our crisis residential program and for our consumers who need those services. May need to release an RFP for this service perhaps to work with the Integrated Health Clinic for diabetic consumers or consumers with other nutritional needs.		X
MUSIC THERAPY	No			After an exhaustive search of the surrounding counties including Muskegon, staff were unable to find a Music Therapist willing to provide services to HealthWest consumers. Life Therapeutic Solutions, Inc. does incorporate some musical concepts in with their Recreation Therapy. The closest Music Therapists are in Grand Rapids and parents would need to take their children to that agency. This solution did not seem feasible at the time (a little over a year ago).	Yes	Need to release an RFP for this service.		X

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	Yes / No	HealthWest	Contract		Yes / No		Health West	Contract
MASSAGE THERAPY Toni Keglovitz (Hab. Waiver Only)	Yes		X	1. <u>Financial Review</u> a. Rates for this service are average. b. No issues with fiscal viability. c. Toni has spent 25% of her annual contract allocation through FY23 Q1-3. d. No changes to the payment mechanism. 2. <u>Program and Quality Review</u> a. No changes to service delivery. b. There are three Child Waiver children receiving massage therapy. HealthWest has received positive feedback about the service and provider. The children look forward to their appointments with Toni. Muscle tightness has improved as a result of this work. c. Parents are noting they have observed a difference in their children's movement as a result of this service. d. No satisfaction surveys have been returned.	No	Continue with this service provider. Numbers are low, so capacity is not a problem. The children she serves are very happy with Toni and not only look forward to their therapy sessions with her, but their mobility skills are improving.		X
ART THERAPY Amy Hamman	Yes		X	1. <u>Financial Review</u> a. Average rate.	No	Continue this contract as it has been very helpful for		X

Commented [JF5]: Contract 9/30/2023 - Looking for a Provider

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	Yes / No	HealthWest	Contract		Yes / No		Health West	Contract
(Hab Waiver Only)				<p>b. No issues with fiscal viability. c. Amy has spent 29% of her contract allocation for FY23 Q1-3. d. There are no changes to payment mechanism.</p> <p>2. <u>Program and Quality Review</u> a. No changes noted. b. The program is going wonderfully according to Bethany Sebree, Wraparound Coordinator. This Art Therapist is very involved in Wraparound, and she attends almost every meeting. Paperwork and communication are GREAT! c. No recommendations for improvement. Staff want to keep this program going!! d. No satisfaction surveys were returned.</p> <p>3. <u>Access and Capacity Review</u> a. After an exhaustive search over a year ago, HealthWest was very fortunate to find Amy Hamman who was willing to take on our consumers in her private practice. Amy comes to HealthWest from Holland to meet with our consumers. b. No capacity issues have been identified. c. No other known Art Therapists have been identified. d. No access issues identified.</p>		the children involved, the staff are very pleased with the work being done with the children and the goals of the service demonstrating success.		

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	Yes / No	HealthWest	Contract		Yes / No		Health West	Contract
INTENSIVE MOBILE CRISIS STABILIZATION AND AFTERHOURS EMERGENCY PHONE LINE HealthWest ProtoCall Services, Inc.	Yes	X	X	HealthWest contracts with ProtoCall Services, Inc. for after-hours, weekends, and holidays answering the Emergency Line. Should a person require a face-to-face emergency screening for inpatient admission, a HealthWest Emergency worker is called in to the Emergency Department to complete a screening. HealthWest is moving towards employing staff for all three (3) shifts to cover this service for Muskegon residents including HealthWest consumers. Contracted Provider: 1. <u>Financial Review</u> a. Requested 11% increase for FY22 and FY23. b. No issues with their fiscal viability. c. ProtoCall Services spent 77% of their contract allocation in the first three quarters of FY23. d. No changes in payment mechanism. 2. <u>Program and Quality Review</u> a. Services are being delivered in accordance with our contract. They are essentially HealthWest's back-up for when our 24/7	Yes	HealthWest will continue to contract with ProtoCall Services until HealthWest can fully staff the third shift for the Emergency Line on a 24/7 basis all year. HealthWest provides Crisis Stabilization Services for all populations.	X	X

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				<p>warm/helpline is not staffed or able to answer the line.</p> <p>b. There have been no concerns regarding the quality of care that our clients receive from them. There were no Grievances or Appeals YTD.</p> <p>c. The performance and “average speed of answer” has been steady for the past year and has improved from the previous fiscal year. Their percentage of calls answered within 30 seconds has been consistently around 90% for the past year.</p> <p>d. No concerns with customer satisfaction although there were no satisfaction surveys returned.</p> <p>3. <u>Access and Capacity Review</u></p> <p>a. There are few resources for after-hours on-call. Historically ProtoCall Services has provided services to several CMHSPs in our Region.</p> <p>b. No capacity issues.</p> <p>c. N/A</p> <p>d. No access issues.</p>				

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				<p>Summary: Overall HealthWest has been very happy with this contract and the services they provide. There have been no case issues or concerns that the manager has been aware of in the past year.</p> <p><u>Intensive Mobile Crisis Team</u></p> <p>We are currently providing crisis stabilization for children and adults with Serious Mental Illness and persons with Developmental Disabilities. In addition to ProtoCall Services and providing Crisis Intervention phone support, HealthWest's Intensive Crisis Stabilization Team also takes the calls. Mobile crisis services are only provided by HealthWest and are not contracted out.</p> <p>HealthWest currently has a 24/7 mobile response team that serves all residents in Muskegon County, whether or not they have insurance coverage. Mobile response is provided by a two (2)-person lead team and response time is within one (1) hour of the phone request.</p>				
CRISIS RESIDENTIAL SERVICES-ADULT AND YOUTH HealthWest- Adults only	Yes	X	X	<u>HealthWest Crisis Residential Unit</u> 6 Adult beds for both genders.	X	There is a need to re-evaluate the time necessary for providing	X	X

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Hope Network Behavioral Health Services: Robert Brown-Adult Samuel's House- Youth Ages 10-17 Beacon Specialized Living Services: Coster Home -Youth Ages 5-17 Sandhurst Home-Youth Ages 5-17				Contracted Providers: <u>Hope Network Behavioral Health Services</u> Robert Brown-Adults 6 beds both genders Samuel's House-Youth 6 beds both genders <u>Beacon Specialized Living Services</u> Coster 6 beds both genders Sandhurst-6 beds both genders Health West Crisis Residential Unit (CRU) 1. <u>Financial Review</u> N/A 2. <u>Program and Quality Review</u> a. No recent changes to service delivery. HealthWest CRU was reduced to a 6-bed capacity when it opened at its current location. b. No issues with quality of care. c. Performance issues include an intake process that is a bit cumbersome as staff are required to provide information that is readily available in the electronic health record. Also noted are issues of availability of psychiatric care. There are times when psychiatry will not be available to visit HW CRU for several days.		psychiatric services to those consumers being admitted and treated by a psychiatrist at the HW CRU. Perhaps a scheduled amount of time can be assigned to the CRU as well as emergency coverage on weekends and holidays. It is recommended that HealthWest release an RFP for Youth Crisis Residential Services closer to Muskegon. The only two are in Fife Lake and Lansing. Note: Christy LaDronka noted that the LRE has a lead on a youth crisis home in Kalamazoo.		

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				<p>at which point staff must evaluate if inpatient psychiatric care is warranted to assure immediate access to a prescriber.</p> <p>d. No satisfaction surveys were returned. Beacon staff say they have a 92% satisfaction rate from the CMHSPs.</p> <p>3. <u>Access and Capacity Review</u></p> <p>a. There is limited choice of providers in this region for crisis residential care. We contract with all of the providers who are accessible for crisis residential care.</p> <p>b. The HW CRU is oftentimes full. With the limitations of the other contracted providers noted, there are times when a decision is made to authorize inpatient care due to the lack of availability of CRU beds.</p> <p>c. See 3. a.</p> <p>HealthWest CRU is contracted with a few other CMHSPs in our region, who may at times be utilizing our available beds for their consumers.</p> <p>d. See 2. c. and 3. b.</p> <p>Contracted Crisis Residential Providers</p> <p>Hope Network Behavioral Health</p> <p>1. <u>Financial Issues</u></p>				

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				<p>See Section in Specialized Residential Services.</p> <p>2. <u>Program and Quality Review</u></p> <p>a. No changes to service delivery.</p> <p>b. Hope Network's Robert Brown's 6 adult beds are located in Holland, MI. Two adult consumers were placed there so far in FY23, and none were placed there in FY22. Samuel's House's 6 youth beds (ages 10-17) are located in Grand Rapids, MI. HealthWest has used Samuel's House 5 times so far in FY23. This is HealthWest's most costly CRU at over \$700.00 per day.</p> <p>c. There are no reported performance issues or consumer concerns for either of these agencies' Crisis Residential Homes.</p> <p>d. No HW satisfaction surveys were returned. It is unclear to HW staff how consumer satisfaction is evaluated at the program level.</p> <p>3. <u>Access and Capacity Review</u></p> <p>a. N/A</p> <p>b. No reported capacity issues.</p> <p>c. Unknown if additional providers are interested in providing this service.</p> <p>d. For Hope Network's Crisis Residential homes, there is an issue with Robert Brown</p>				

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	Yes / No	HealthWest	Contract				Health West	Contract
				<p>due to the relationship they have with Network 180 in Grand Rapids, whereas no other CMHSPs can access beds there until they are released by Network 180. For this reason, HealthWest is rarely able to use those beds. Hope Network did have the Pivot Crisis Units until earlier this year when they decided to close down those programs. HealthWest had used that program up to 34 times before closure in April, FY23.</p> <p>Samuel's House will not take youth with an IQ under 70. Any youth with elopement risks are also not often accepted at these programs as they are not locked. Response to referrals is usually by the next business day (which is reasonable).</p> <p>Beacon Specialized Living Services Review:</p> <p>1. <u>Financial Review</u> See Outpatient Services Including Initial Assessment, Treatment, Group, IPOS/PCP, DBT Section <u>below this section</u>.</p> <p>2. <u>Program and Quality Review</u></p> <p>a. Not known.</p> <p>b. HealthWest has placed 4 consumers into Beacon's Sandhurst Crisis Residential facility so far during FY23. Sandhurst is located in</p>				

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				<p>Lansing, MI. HealthWest does not often place youth in this facility due to transportation issues from Muskegon. More often we place here if a MDHHS/foster care youth might already be in the area in foster care or residential placement.</p> <p>Beacon's Coster Crisis Residential facility has been used 11 times so far during FY23. Coster is located in Fife Lake, MI, which is near Traverse City, MI. Transportation would be provided by family or at times, and HW may provide a gas card on occasion. The distance to the facility makes use of it a challenge.</p> <p>There are no known complaints about the quality of care provided in these two facilities.</p> <p>c. None known.</p> <p>d. No satisfaction surveys were returned.</p> <p>3. Access and Capacity Review</p> <p>a. None known.</p> <p>b. We have used these two crisis residential facilities for youth 15 times so far, this fiscal year. Preference is to have more youth crisis beds closer to Muskegon.</p> <p>c. None known.</p>				

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	Yes / No	HealthWest	Contract				Health West	Contract
				d. Not aware of any access issues with these two-youth crisis residential facilities.				
OUTPATIENT SERVICES INCLUDING INITIAL ASSESSMENT TREATMENT GROUP IPOS/PCP DBT HealthWest Beacon Specialized Living Services Case Management of Michigan, Inc. Servicios de Esperanza, LLC	Yes	X	X	HealthWest staff provide these services in-house for our consumers. Contract with two (2) out-of-county Outpatient providers (Beacon and Case Management of MI) due to out of home placements which bill separately for these services. We also have Servicios de Esperanza LLC contracted to provide these services in Muskegon as a Designated Collaborating Organization. Beacon Specialized Living Services Review: 1. <u>Financial Review</u> a. Rates are below average. b. Financial audit is due. c. Beacon Specialized has spent 72% of their contract allocation for FY23 Q1-3. d. No change to payment mechanism. 2. <u>Program and Quality Review</u> a. Beacon Specialized provides treatment for individuals with intellectual disabilities and mental health needs. The agency provides	Yes	Outpatient services are adequately serving the needs of Muskegon County residents who access through HealthWest or Servicios de Esperanza, LLC.	X	X

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	Yes / No	HealthWest	Contract				Health West	Contract
				<p>medical and psychiatric services, clinical services, case management, behavior treatment plans, and therapy. HealthWest utilizes COFR agreements and contracts with case management agencies as needed to monitor and track progress/lack of progress in out-of-county placements through the Individuals' Person Centered Plans.</p> <p>b. Beacon has multiple homes across the State. There are no known complaints about the quality of services they provide.</p> <p>c. Performance issues include wait lists for their beds, staffing shortages/high staff turnover causing interference to the continuum of care for the individuals served.</p> <p>d. No satisfaction surveys were returned.</p> <p>3. <u>Access and Capacity Review</u></p> <p>a. N/A</p> <p>b. Sometimes there is a waitlist to get into Beacon Specialized homes.</p> <p>c. N/A</p> <p>d. Staffing issues at some of the homes also staffed with some of the services such as therapy and case management. There have been times when COFR consumers did not</p>				

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	Yes / No	HealthWest	Contract				Health West	Contract
				<p>meet with a therapist or case manager for periods of time due to no staff.</p> <p>Case Management of Michigan Review:</p> <p>1. <u>Financial Review</u></p> <p>a. No issues.</p> <p>b. No concerns with fiscal viability.</p> <p>c. Case Management of MI has spent 69% of their contract allocation in FY23 Q1-3.</p> <p>d. No changes to payment mechanism.</p> <p>2. <u>Program and Quality Review</u></p> <p>a. No changes.</p> <p>b. No Grievances or Appeals filed. Case manager monitors and completes the IPOS. The case manager links the consumer to outside providers if needed.</p> <p>c. There are times when consumers in service with Case Management of Michigan are not seen for their weekly contact by their case manager. This causes the consumer to receive minimal services from COFR Coordinator and special services such as day programs, or therapy as needed by the consumer does not happen.</p> <p>d. No satisfaction surveys returned. The consumers enjoy meeting with their case manager weekly, which is the expectation. They also link the consumers to other services such as therapy and day programs.</p>				

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	Yes / No	HealthWest	Contract				Health West	Contract
				<p>3. <u>Access and Capacity Review</u></p> <p>a. No other providers are known.</p> <p>b. Not enough case managers in other CMHSPs to serve some HW out of county consumers.</p> <p>c. None known.</p> <p>d. There are issues with many of the CMHSPs having fewer case managers and therapists to assist other CMHSPs with their out of county placements. Caseloads are extremely high. Case Management of Michigan has at least a 90-day waitlist before services start.</p> <p>Servicios de Esperanza Review:</p> <p>Servicios de Esperanza (aka Services of Hope) is a Designated Collaborating Organization (DCO) for HealthWest.</p> <p>1. <u>Financial Review</u></p> <p>a. Claims issues were resolved as this is a new program for both HealthWest and Servicios de Esperanza. HealthWest staff are currently reviewing the recently released CCBHC definition for mild to moderate and will be making any necessary changes to the youth population served by this DCO.</p> <p>b. Current financial review is needed.</p>				

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	Yes / No	HealthWest	Contract				Health West	Contract
				<p>c. Servicios de Esperanza has spent 65% of their contract allocation in FY23 Q1-3. d. No satisfaction surveys were returned.</p> <p>2. <u>Program and Quality Review</u> a. HealthWest does the billing for Servicios de Esperanza as a condition of their being a Designated Collaborating Organization for HealthWest. They also have added ADHD testing to the services they provide. HealthWest staff are currently reviewing the recently released CCBHC definition for mild to moderate services and will be making any necessary changes to the youth population served by this DCO. b. HealthWest staff have recently integrated the DCO into our internal peer chart review process for increased monitoring of clinical care. There are not any currently identified concerns. c. HealthWest and Servicios de Esperanza meet on a frequent basis to troubleshoot any issues as they arise. Since a DCO is a new contractual process for both HealthWest and the provider, we are learning as we go. They have been responsive to any performance issues that we have brought to their attention including MMBPIS data measures, and most recently, CCBHC QPB measures related to Adult and Youth Suicide Risk Assessments.</p>				

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	Yes / No	HealthWest	Contract				Health West	Contract
				<p>d. No customer satisfaction surveys have been returned.</p> <p>3. <u>Access and Capacity Review</u></p> <p>a. Contracting with this DCO has allowed HealthWest to expand its selection of mild to moderate Outpatient service providers.</p> <p>b. This provider currently has 256 open cases and has continued to hire additional staff and increase capacity. No concerns at this time.</p> <p>c. N/A</p> <p>d. Ensuring adequate intake appointments was initially a concern and has been worked on throughout the past year to ensure ongoing availability.</p>				

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BEHAVIOR SUPPORT: BEHAVIOR HEALTH ASSESSMENT, BEHAVIOR PLAN, AND BEHAVIOR TREATMENT PLAN MONITORING HealthWest (BHA, BP, and BTPM) Case Management of Michigan, Inc. (BHA, BP, and BTPM) Beacon Specialized Living Services (BHA, BP, and BTPM)	Yes	X	X	Provided by HealthWest and contracted Providers listed. 1. <u>Financial Review</u> 2. <u>Program and Quality Review</u> 3. <u>Access and Capacity Review</u> See the Section above titled OUTPATIENT SERVICES INCLUDING INITIAL ASSESSMENT TREATMENT GROUP IPOS/PCP DBT The information is virtually the same for both sections. Beacon Specialized Living Services and Case Management of Michigan complete behavior health assessments, write behavior plans and monitor the plans.	No	Current capacity is adequate to meet the needs of our consumers.	X	X
MEDICAL DIRECTOR	Yes	X		The Medical Director is a full time HealthWest employee.	No	No change needed.	X	

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PSYCHIATRY SERVICES	Yes	X	X	<p>HealthWest has 2 full time psychiatrists, Gregory Green, MD, and Karen Dobias, DO. Andreas Sidiropoulos, MD is working 32 hours.</p> <p>HW has 2 contracted psychiatrists, Sue Huffstutter, MD, and Katherine Jawor, DO who work up to 24 hours per week. We also have 4 Mid-Level Medical Practitioners who work full time and they are Kate Jackson, PA-C, Andrea MacIntosh, PA-C, Benjamin Newberry, PA-C, and Tatiana Michura, DPN.</p> <p>HealthWest continues to have open positions for both psychiatrists and Mid-Level Medical Practitioners.</p>	Yes	Open positions remain to be filled for both psychiatrists and Mid-Level Medical Practitioners.	X	X
ASSERTIVE COMMUNITY TREATMENT (Includes Psychiatric) HealthWest	Yes	X		<p>HealthWest staff provide these services.</p> <ol style="list-style-type: none"> <u>Financial Review</u> N/A <u>Program and Quality Review</u> <ol style="list-style-type: none"> More services are being provided in the community again as the COVID pandemic has decreased in severity. More staff means quality time can be spent with consumers when it is needed. This is very helpful for our population and further proves the ACT model. <p>The requirement of ACT consumers to come into the office for medication</p>	No	<p>High cost. Continue to provide services through HealthWest. Staff need to coordinate very closely with other agencies that are typically serving our consumers.</p> <p>Start-up costs for a new agency would be very high.</p>	X	

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				<p>reviews is not working for several of our consumers who are too dysregulated, or too symptomatic to want to come into the office when they see the psychiatrist over Zoom anyway.</p> <p>b. ACT has hired and retained additional staff. There is a total of 8 team members, the newest of which has been here for three full months. This is the largest ACT team at HealthWest in several years. As such, the burnout of team members has decreased as the load is shared much more and better care is provided.</p> <p>Motivational Interviewing skills are being openly discussed amongst the team in an attempt to educate and reduce burnout and not personally take on a consumer's lack of movement on a goal.</p> <p>c. There have been some issues with Client Funds which are getting in the way with staff being able to provide the care by staff in a timely manner with certain consumers.</p> <p>d. No satisfaction surveys returned. Staff ask quarterly on their IPOS reviews if consumers are satisfied with services and supports.</p> <p>3. <u>Access and Capacity Review</u></p> <p>a. N/A</p>				

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				b. According to the ACT model HealthWest's program is under their available capacity at this time. c. N/A d. Receiving referrals that do not meet criteria for the ACT model of care has been an issue. Other agencies have a secondary review process before going to ACT; secondary review is currently not part of HW's process. The ACT Psychiatrist is the "perfect" doctor for an ACT Team per staff. He understands the consumers and is often available on an emergency basis to address crisis situations.				
HOME-BASED SERVICES (Includes Psychiatric) HealthWest	Yes	X		HealthWest staff. HBS includes a team which targets Infant Mental Health Services serving Birth through 5 years old and Home Based Services serving 6 through 21 years old. 1. <u>Finance Review</u> N/A 2. <u>Program and Quality Review</u> a. No changes to service delivery for Infant Mental Health or Home-Based Services. HBS must follow their Evidence-Based practices in order to meet fidelity. For example, HBS staff	Yes	High cost/high risk services. Continue to provide services through HealthWest.	X	

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				<p>must see their consumers a minimum of 4 face-to-face hours in the home per month. The assigned therapist does all of the therapy/treatment and case management. Master's level clinicians are required across the board to provide these services for HBS. There is a limit of 12 cases per clinician and 15 cases if up to 3 consumers are transitioning out of the HBS and IMH programs with 90-days more of treatment (active transition).</p> <p>b. The quality of care in both programs is very good. The IMH team helps with concrete assistance, resources, case management, supportive counseling, infant/parent therapy, and looking at past experiences of the parenting of the child. The relationship between the parent and child is the client in IMH. Staff work to create a clear attachment and healthy development between parent and child. They also have an adjunct consultant who monitors the social/emotional development of all care providers of the child. That staff is an LMSW and IMH endorsed staff who monitors this for 80% of their job. There is a 2-year process for staff to become a Level 2 endorsed IMH Specialist. The staff need a training plan, cases, and a specified number of hours of Reflective Supervision by a Level 3 IMH Specialist.</p>				

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				<p>The HBS team needs no endorsement or waiver process. They work to improve the entire family's functioning.</p> <p>c. There are no identified performance issues in either program. The door into the home is working with the child. The program is designed to provide more intensive work with children and their families who require a host of services. They want to support families in their homes to meet their children's developmental needs and provide treatment and supports to prevent the child(ren) from being removed from the home. There must always be a family goal in the treatment plan. Once certified, the program must be certified every 3 years. Staff must be properly credentialed and must meet the 4 hours face-to-face contacts in the home per month.</p> <p>All the Medicaid regulations in the Michigan Medicaid Provider Manual for IMH and HBS certified programs must be followed.</p> <p>d. No HW satisfaction surveys were returned.</p> <p>3. <u>Access and Capacity Review</u></p> <p>a. N/A</p> <p>b. IMH—There are capacity issues with this program. They have only 4 Master's level clinicians, and this level of competency is</p>				

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				<p>required across the board for provision of IMH services. This program could use another clinician.</p> <p>HBS—There is an entire second team that is not in force due to the lack of staff. The one team has a supervisor, and 4 Master's level clinicians. The second team has 4 vacancies for Master's level clinicians and a vacant supervisor position. Master's level clinicians have not applied for jobs at HW for reasons such as more money or they can do virtual work from home. Clinicians are either not staying at HW or are just not applying for the jobs.</p> <p>c. None known.</p> <p>d. IMH—There are no access issues. Referrals are streamlined from Child Welfare service agencies or are self-referrals. There is a high coordination of care for this very vulnerable population. There is much multidisciplinary and community coordination with MDHHS, Family Court, and contracted foster care agencies.</p> <p>HBS—There are no access issues. The program is well known internally at HW and there are plenty of referrals.</p>				

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HEALTH SERVICES INDIVIDUAL HEALTH SERVICES BY NURSE HealthWest includes the Integrated Health Clinic Case Management of Michigan, Inc. Preferred Employment and Living Supports, LLC St. Johns Health Care West Shore Medical Personnel Services, Inc,	Yes	X	X	HealthWest Nursing Services 1. <u>Financial Review</u> N/A 2. <u>Program and Quality Review</u> a. RNs continue to be imbedded on all case management teams. HW also has one RN working in the Medication only clinic, and one clinician and one RN working in the Med Pod (seeing individuals coming for provider appointments). HW has added Medical Assistants (MAs) to some of the treatment teams to assist RNs with administrative duties. This allows the RN more time to provide direct care. b. No reported concerns regarding quality of care. c. No reported performance issues. The Health Care Team meets monthly to address any gaps in care or concerns. d. No reported concerns about consumer satisfaction. No HW surveys returned. 3. <u>Access and Capacity Review</u> a. There is only one RN per treatment team. This can limit the consumer from being able to choose which RN with whom they work. b. No concern with capacity issues.	No	Integrated service within clinic services. There will be minimally one RN per team. Perhaps HCCC can share their customer satisfaction information regarding the Integrated Health Clinic with HealthWest staff.	X	X

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	Yes / No	HealthWest	Contract				Health West	Contract
				c. N/A d. No concerns with access. Dental Services Hackley Community Care Center (HCCC) 1. <u>Financial Services</u> N/A 2. <u>Program and Quality Review</u> a. In addition to routine dental exams, treatment, and cleaning, the on-site dental clinic has started to provide denture care. b. There have been no concerns expressed regarding quality of care. c. Staff are not aware of any performance issues. d. HCCC completes their own customer satisfaction surveys. HW staff have not been made aware of any concerns. 3. <u>Access and Capacity Review</u> a. HW has one dentist and one hygienist at the on-site clinic. Clients could choose to go to a different HCCC location if they want a different provider. b. Length of time between appointments is a concern. To address this, HCCC is increasing the number of days the clinic to be open from 3 days to 4 days. This change will be happening very soon.				

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				<p>c. There are no additional providers interested in providing this service. HealthWest has a long-established relationship with HCCC providing services on-site at HealthWest. This is not applicable to our current operating agreement.</p> <p>d. No concerns with access.</p> <p>Primary Care, Behavioral Health, SUD Hackley Community Care Center (HCCC)</p> <p>1. <u>Financial Review</u> N/A</p> <p>2. <u>Program and Quality Review</u> a. The on-site Integrated Health Clinic (IHC) operated with HCCC provides primary care, behavioral health, and substance use disorder services to individuals ages 15 and over. There have been no changes to service delivery. b. HCCC uses data to address performance issues. Staff have not been notified of any concerns. c. N/A HW has a long-standing relationship with HCCC. This does not pertain to our current operating agreement. d. The IHC only treats individuals ages 15 and older. We are exploring seeing younger individuals and hope to make the change to serve under age 15 after January 1, 2024.</p>				

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				<p>Contracted Providers Review:</p> <p>Contracted providers are for in-home Health Services for our consumers. Only issues will be addressed below for individual providers.</p> <p>1. <u>Financial Review</u></p> <p>a. All providers had average rates for services.</p> <p>b. Preferred Employment needs an audit by a CPA and St. John's needs a financial review.</p> <p>c. All four providers have spent within their contract allocation through FY23 Q1-3. Case Management of MI spent 69%; Preferred Employment spent 70%; St. Johns spent 53%; and West Shore Medical spent 36%.</p> <p>d. No change in payment mechanism for all four agencies.</p> <p>2. <u>Program and Quality Review</u></p> <p>a. No changes to service delivery by any of the four contracted agencies.</p> <p>b. Only Preferred Employment had one (1) Grievance and no Appeals. The other three contracted agencies had no Grievances or Appeals.</p> <p>For West Shore Medical Personnel there have been no complaints about quality of care from staff. Janet Hunter, the owner, has been</p>				

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				<p>responsive to referrals. This staff tends to be more trained (CNA or similar experiences prior to this hire). She is willing to allow staff to be dually employed. She will take cases that require personal care for high medical needs or disabilities.</p> <p>c. West Shore Medical Personnel has no performance issues.</p> <p>d. West Shore Medical Personnel had no HW satisfaction surveys returned.</p> <p>3. <u>Access and Capacity Review</u></p> <p>a. N/A</p> <p>b. West Shore Medical Personnel had no reported capacity issues.</p> <p>c. N/A</p> <p>d. West Shore Medical Personnel had no reported access issues.</p>				
ENVIRONMENTAL MODIFICATIONS	Yes	X		HealthWest Property Specialist and various Vendors.	No	Procurement through a competitive process and purchase order. Must be approved by Administration.	X	
ADAPTIVE EQUIPMENT	Yes			HealthWest and Vendors' Purchase Orders.	No	Procurement through vendors at the Medicaid rates. Must be approved by Administration.	X	

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	Yes / No	HealthWest	Contract		Yes / No		Health West	Contract
APPROVED PHARMACY/ LABORATORY HealthWest Trinity Health	Yes	-----	X	All Medicaid is billed fee-for-service. Laboratory vendor is selected by the consumer's Primary Care Physician; however, HealthWest currently provides laboratory services on-site in conjunction with the Integrated Health Clinic. Trinity Health manages the pharmacy services package including an on-site pharmacy at the Mental Health Center. They were awarded the contract based on the outcome of the RFP process in 2013. An area for the pharmacy was built in the HealthWest Mental Health Center and is run by Trinity Health Pharmacists and Pharmacy Technicians. There was a huge investment to create this pharmacy space. They service HealthWest consumers in-house, participate in the Pharmacy Work Group, and manage the medications for HW's Crisis Residential Unit. 2. <u>Program and Quality Review</u> a. There have been no changes to the service delivery. b. No concerns related to quality of care. c. No performance issues.	No	Current capacity is adequate to meet the needs.	X	X

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				<p>d. Not aware of any consumer complaints regarding the pharmacy.</p> <p>3. <u>Access and Capacity Review</u></p> <p>a. Individuals receiving services can use the pharmacy of their choice unless they are receiving Clozaril or on a Med Box. Only certain pharmacies are approved to fill prescriptions of Clozaril. The pharmacy staff communicate well with the treatment teams to provide improved coordination of care.</p> <p>b. No capacity issues. The pharmacy is adequately staffed to meet the needs of individuals utilizing the on-site pharmacy.</p> <p>c. N/A</p> <p>d. HealthWest has a long-standing contract with Trinity Health to provide on-site pharmacy services.</p> <p>d. No access concerns. The on-site pharmacy is open Monday through Friday from 8:30 am to 5:00 pm. The pharmacy is closed on holidays as is HealthWest.</p> <p>AFC Providers and Pharmacy Services</p> <p>2. <u>Program and Quality Review</u></p>				

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	Yes / No	HealthWest	Contract				Health West	Contract
				<p>a. The AFC providers have the right to partner with an LTC pharmacy of their choice. There is no way to provide information regarding service delivery since HealthWest is not involved with the LTC pharmacies.</p> <p>b. Quality is unknown. The AFC providers chose which LTC pharmacies they will use. HW is not involved.</p> <p>c. Performance issues are unknown.</p> <p>d. Unknown customer satisfaction.</p> <p>3. <u>Access and Capacity Review</u></p> <p>a. The AFC providers chose which LTC pharmacy they use. HW is not involved.</p> <p>b. No capacity issues. There are multiple LTC pharmacies.</p> <p>c. N/A</p> <p>d. No access concerns.</p>				
OTHER HEALTH SERVICES ENHANCED	Yes	-----	-----	<p>No contracts.</p> <p>Use of Purchase Orders due to insignificant volume. <u>Charges are at the Medicaid fee-for-service rates.</u></p>	No	Procurement process is through any willing and qualified provider.	-----	-----

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AMBULANCE TRANSPORT	Yes	X	-----	No contracts. Use of Purchase Orders due to very low volume. <u>Charges are at the Medicaid rates.</u>	No	No change is recommended.	-----	-----
COMMUNITY LIVING SUPPORTS Daybreak Adult Services, Inc. Heart and Hands, In Home Care LLC Help at Home of Michigan, LLC Kelly's Kare Community Life Skills Martell & Company Home Care and Assistance, LLC MOKA Corporation, Inc. Overcoming Barriers, Inc. Pioneer Resources, Inc. Preferred Employment and Living Supports, LLC ProCare Unlimited, Inc.	Yes	X	X	There are ten (10) providers of CLS enrolled in the network. 1. <u>Financial Review</u> a. All of the rates are below average with the exception of Preferred Employment, ProCare, and West Shore Medical which are in the average range. b. Regarding the fiscal viability of these providers, most of them have no issues except Daybreak Adult Services needs a current financial review Pioneer Resources, Preferred Employment, and ProCare Unlimited require a current audit by a CPA. c. All provider spending for these agencies is within their contract allocation for FY23 Q1-3 with the exception of the two newest providers which have not been calculated yet (Help at Home of Michigan and ProCare Unlimited). The highest allocation spending agencies for this time period have been Kelly's Kare CLS at 80%, and Preferred Employment at 70%. All others are 66% and below.	No	Any willing and qualified provider.	X	X

Commented [JF6]: New Contract - November 1, 2023

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West Shore Medical Personnel Services, Inc.				<p>d. There have been no changes to payment mechanism.</p> <p><u>2. Program and Quality Review</u></p> <p>a. Daybreak is an adult group CLS program located in a community setting. Consumers attend 1-5 days per week and lunch and snacks are provided. Activities are facilitated by staff and volunteers including community integration. Daybreak Staff follow IPOS interventions based on the needs of each participant. Goals and objectives are monitored by the HealthWest primary case management team. CLS notes are sent to HealthWest on a quarterly basis and entered into the consumer record.</p> <p>Kelly's Kare Community Life Skills provides programming to individuals Monday through Friday from 9am to 3pm. They also provide transportation to and from the program if consumers are within a certain radius. Staff also provide Personal Health Care as well as Community Living Supports to each person. Staff follow the IPOS as it is written while the consumer is at the program.</p> <p>Martell & Co. had no changes.</p> <p>Overcoming Barriers, Inc. has accepted people into their SIL home(s) and then tried to</p>				

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				<p>establish services with HealthWest, demanding what the services should be.</p> <p>....West Shore Medical Personnel had no changes.</p> <p>b. None of the agencies had Grievances or Appeals for the first three quarters of FY23 with the exception of Preferred Employment which had 1 Grievance and no Appeals.</p> <p>Daybreak Adult Services Staff are trained and in-serviced on the Individual Plan of Service for each participant, and the goals and objectives are met through the activities. Program Manager attends the IPOS meeting and contributes recommendations for identified needs.</p> <p>Kelly's Kare-HealthWest staff have noted they appreciate that Kelly's Kare offers services to a variety of consumers and their abilities. Some consumers require full hands-on care and support to other consumers who are very independent. They take the time to get to know their consumers and celebrate birthdays and holidays with everyone who attends the program. Staff inspire each person to feel accepted, heard, and cared for at the program.</p> <p>Heart and Hand in Home Care- HW only has one consumer using this agency's services through MI Choice Waiver.</p>				

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				<p>Help at Home of Michigan is a new CLS provider, however, they do not have any consumers using them yet.</p> <p>Martell & Company provide individual CLS to consumers. The quality of staff varies; usually the poor-quality staff are not around long. They are timely and responsive to referrals. They try to be flexible with hours and changes that are requested. They will accept high personal care consumers.</p> <p>ProCare Unlimited, Inc. is another individual service provider. There are no services provided by them in the HW EHR from 1/3/23 to 8/30/23.</p> <p>West Shore Medical Personnel--The owner is responsive to referrals. This staff tends to be more trained (CNA or similar experiences prior to this hire). The owner is willing for her staff to be dually employed. They will take cases for which the individual will require personal care for high medical or physical disabilities.</p> <p>c. Daybreak Adult Services had no performance issues.</p> <p>Heart and Hand in Home Care- HW staff reached out for home help services, and they did not have staff willing to drive the 7 miles to the individual in need.</p>				

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				<p>Kelly's Kare CLS-- Staff are also knowledgeable about each person, their abilities, and are able to provide good feedback to HealthWest staff. No concerns.</p> <p>Overcoming Barriers has had performance issues.</p> <p>.... West Shore Medical Personnel had no reported performance issues.</p> <p>d. Kelly's Kare CLS-Family and guardians have not expressed any concerns. Consumers who participate in the program all seem happy, and those who can voice their concerns report being happy and like attending.</p> <p>3. <u>Access and Capacity Review</u></p> <p>a. N/A</p> <p>b. Martell & Co.--Same staffing issues that other CLS providers experience. They are open to hiring staff that a consumer wants to work with, thus allowing staff dual employment with other agencies.</p> <p>c. No other known providers are interested in providing CLS services.</p>				

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				<p>d. ProCare Unlimited—HealthWest Staff will re-visit this provider's availability with case management teams.</p> <p>4. Martell & Co.--Chris and Carla are easy to work with and problem-solve issues.</p> <p>Help at Home of Michigan--HW Staff are setting up a "meet and greet" with this organization to promote their services.</p>				

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	Yes / No	HealthWest	Contract		Yes / No		Health West	Contract
SPECIALIZED RESIDENTIAL- ADULT Alval by the Lake Amanda Family, Inc., Anikare's Home Beacon Specialized Living Services Bracey AFC Brightside Living, LLC Beverly Enterprises, LLC Cameo House Cornerstone AFC, LC Cornerstone I, Inc. Cornerstone II, Inc. Cornerstone Management Group Covenant Enabling Residences Cretsinger Care Homes Fa-Ho-Lo Family, Inc Falco-Allegan Enrichment Center FlatRock Manor, Inc. Hernandez Home, LLC HGA Support Services Hope Network Behavioral Health Services Hope Network West Michigan JBC Homes, LLC	Yes		X	HealthWest uses multiple providers including out-of-county providers. 1. <u>Financial Review</u> a. Of the homes/corporations HW has used during the first three quarters of FY23, all had rates that were below average, average, or had no issues with the exception of 7 agencies/homes with <u>above average</u> rates. Those were Anikare, FlatRock Manor, Heartland Center for Autism, Hope Network Behavioral Health, Hope Network West MI, Turning Leaf, and You're Always at Home. b. Review of fiscal viability of providers resulted in most having no issues. However, the list of those requiring a financial review include Amanda Family, Anikare, Cameo House, Cornerstone AFC, LC, Cornerstone I, Inc, Cornerstone II, Inc., Cornerstone Management Group, Covenant Enabling Residences, Cretsinger Care Homes, Fa-Ho-La Family, Falco Corporation, JBC Home, and You're Always at Home. The list of those requiring an audit by a CPA include HGA Support Services, Pioneer Resources, ProCare Unlimited, Samaritas, and Turning Leaf Residential Rehabilitation Services. c. . All provider spending for these agencies is within their contract allocation for FY23 Q1-3 with the exception of the 4 newest	Yes	Any willing and qualified provider. There has been a need for residential homes or other living arrangements for high behavioral needs and also for consumers who are aging with high medical needs. Of the thirty-one (31) companies with homes serving HealthWest Consumers, twenty-three (23) provide beds for our individuals out of county. There have been fewer available beds in Muskegon with the ability to serve these individuals. HW might consider releasing an RFP for these highly specific homes.		X

Commented [JF7]: New Contract - November 1, 2024

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Kelly's Kare AFC Lydia's AFC MOKA Corporation, Inc. Organic Care, LLC Pioneer Resources, Inc. Residential Opportunities, Inc. Rocking Horse Ranch AFC Samaritas Shel-Mar AFC Slm Haven, LLC Stephens Home, LLC				providers not yet calculated. The highest allocation spending agencies for this time period have been Heartland Center for Autism at 96%, Kelly's Kare AFC at 80%, Hernandez Home at 78%, Fa-Ho-Lo Family at 78%, and Amanda Family at 76%. All others were below 75%. d. There have been no changes to payment mechanism.		HealthWest continues to see a decreasing need for traditional specialized residential group home beds and will continue seeking innovative and creative alternatives to supervised living.		
Turning Leaf Residential Rehabilitation Services Wrzesinski AFC You're Always at Home AFC				2. <u>Program and Quality Review</u> a. No changes to service delivery in most of the homes. Here are the changes noted. Cornerstone II, Inc. is a semi Independent Living Program. HGA Support Services made changes to homes that were not communicated to HW staff. They took away residents' choice of doctors (brought in Visiting Nurses) and took away cable TV without communicating. They eliminated the LINKS program which resulted in no activities occurring in the home. Homes in need of significant repair are Shaffer, Lilac, and Walker. Hope Network West MI has barrier-free homes for men and women who are cognitively impaired or diagnosed with a				

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				<p>severe persistent mental illness, and who possess a need for a secured environment.</p> <p>JBC Home is now a 24-hour awake staffed specialized AFC home supporting 5 individuals at this time. Personal care and community living supports is provided daily.</p> <p>Rocking Horse AFC: Unfortunately Moonyeen Lincoln has had to step down and her daughter has technically taken over the home.</p> <p>Samaritas has had supervisor turnover which has impacted staff. Consistency is an issue.</p> <p>Superior Care/Great Lakes Regional is a specialized AFC working with mental illness, Developmental Disabilities, addictions, and dementia. They have Secured and Non-secured locations in rural and urban settings in Battle Creek, MI.</p> <p>b. No quality of care issues or comments for most of the homes with the exception of the following.</p> <p>Amanda Family, Inc. is a great home. Staff are open to learning new skills and techniques; they keep consumers engaged in the home and community; they focus on relationship building; they cater to each individual and adapt their environment to appropriately support those living in the home.</p>				

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				<p>Bracey AFC treats their consumer as a family member and keeps him engaged in the community for socialization. There are consistent activities for the individual. All aspects of his health and general care are coordinated by Bracey.</p> <p>Covenant Enabling Residences: There is good structure within this home. Consumers are engaged in a lot of community engagement activities.</p> <p>Cretsinger Care Homes: There is good consistent care. Staff are patient with individual behaviors. There is amazing communication between case management and home supervisors and incident reports are timely.</p> <p>Fa-Ho-Lo Family, Inc. engages individuals in meaningful activities, has lots of community integration, includes families and natural supports in home events and celebrations, and maintains amazing communication with HealthWest.</p> <p>Falco Corporation has 3 AFC homes located in Southwest MI with a home-like setting. They provide daily living skills with an emphasis on social skills, budgeting/spending through in-house custom training classes. They also encourage participation in multiple</p>				

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				<p>community activities such as festivals, flea markets, and museum outings.</p> <p>HGA: There is poor communication between the HGA Program Manager and HealthWest in certain homes (Black Creek and Lilac) and community engagement is limited.</p> <p>JBC Home: There are three individuals who have lived in this home for 20 years and it is considered their family home. The staff involved the men in many family-oriented activities, picnics, holidays, church events, etc. The other 2 men have lived in this home 5 years or less. When the team visits, the men appear to be happy in this environment.</p> <p>Kelly's Kare staff are provided with an in-service on the IPOS at least once a year or more often if changes are needed during the year. At each IPOS meeting, Kelly Grant, the Home Manager, and an advocates staff assigned to the consumer are present at each meeting with family/guardians and the treatment team. Kelly and staff are comfortable voicing issues or concerns as well as reporting and praising progress made throughout the year.</p> <p>Lydia's AFC staff are provided with an in-service on the IPOS at least once a year or more often if changes are needed during the year. At each IPOS meeting, Lydia Hodges or</p>				

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				<p>Jessica Conan attend to support the consumer as well as the family/guardians and treatment team. Lydia's AFC staff are comfortable voicing issues or concerns as well as reporting and praising progress made throughout the year.</p> <p>Rocking Horse: Only three staff are employed, and one is on maternity leave. There have been several medication issues reported to licensing with some substantiated. They take consumers on NO outings, and do not have a vehicle that can transport wheelchairs. This has been discussed with the owner at length on numerous occasions. They require residents to use Visiting Physicians and only offer a vegetarian diet with numerous supplements which are paid for by the consumers. Guardians have approved of this. However, many have limited involvement and a longstanding relationship with Moonyeen. Moonyeen's daughter, Cyndy Lake is currently running the AFC but doesn't present as really interested in doing so.</p> <p>Samaritas: On the positive side, there is a feeling of family (connectiveness) between staff and residents. Of concern is the lack of, or limited, community outings.</p> <p>Shel-Mar AFC has 2 consumers who have substantially reduced their behaviors since moving to this home. Staff provide input into</p>				

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				<p>the treatment process and give suggestions. Staff understand behavior is communication and are skilled at addressing a wide array of consumer needs.</p> <p>Superior Care's home does not integrate consumers into the community. There is a lack of outings.</p> <p>Wrzeskinski Family Home: Care provided in a home-like setting. They treat the residents like family and the residents all seem happy.</p> <p>You're Always at Home AFC: This home has enough staff to provide 1:1 care. Staff provides several choices to the residents regarding things like what they want to eat, where they want to go, and what they would like to do.</p> <p>A few LRE site reviews were checked for this provider service review.</p> <p>Rocking Horse Ranch AFC received an audit score of 99.27%. The only issue what that there were no keyed locks for the bedrooms due to the special needs of the residents. This needs to be documented in</p>				

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				<p>the IPOS regarding health and safety rationale. It was also cited on the site review in 2022.</p> <p>Lydia's AFC Home and Fa-Ho-Lo Family Home both received 100% on their site reviews!</p> <p>Bracey AFC Home had a corrective workplan to be completed by 11/28/22, but there is no record of it in the LRE folder. Bracey was cited for Stairs and handrails needing replacement, clean, functional bathroom as it was being remodeled, no record of vehicle maintenance, freezer temperature too high, have MSDS guidelines available in the home, need a complete spill kit, complete emergency bag, documentation of fire extinguisher checks, post a list of items not allowed in the house, documentation of all emergency plans and procedures, and HCBS rule mandates that all residents have locking bedroom doors unless there is a documented reason in the IPOS, which was not there. The response to the findings was not found on SharePoint. Total audit score was 72.35%.</p> <p>Samaritas: Site Reviews in 12/2022</p> <p>Brooks CLF-100% score on their audit.</p> <p>Ducey Home-100% score on their audit.</p> <p>Hansen Safe Home-100% score on their audit.</p>				

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				<p>Mararebecah Lane Home-100% score on their audit.</p> <p>Scottville Home-100% score on their audit.</p> <p>Beacon Specialized Living Supports-Site Review, 6/2022</p> <p>Hart Home- A site review was completed on 6/8/23 and their Corrective Action Plan was due on 7/30/23. The home was cited for having an alarm on a resident's bedroom window. The restriction was not documented in the IPOS for the resident with the restriction or the roommate's IPOS The home was to request an updated/amended IPOS. Have not seen the completed action plan in SharePoint.</p> <p>c. There are several performance issues in several of the homes.</p> <p>Aval by the Lake provides outstanding care for all of its residents.</p> <p>Anikare, Inc. does not have a wheelchair van and is not able to transport our consumer. The home rents a van when that consumer has appointments. The home struggles to keep up with proper paperwork and</p>				Does the home take care of the cost of the rental car?

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				<p>documentation regarding client care and incident reports.</p> <p>Bracey Family may need help fixing up their home and making necessary repairs.</p> <p>Cornerstone AFC LLC has staffing shortages which interfere with outings for consumers. Thus there is a lack of community integration.</p> <p>Cornerstone I Inc. Same as above.</p> <p>Cornerstone II Inc. Staff are still learning what is required and recommended as this is a new program for them.</p> <p>Covenant Enabling has been involved with licensing and the Attorney General for medication errors, missing funds and medications, and incomplete documentation. Communication needs improvement for psychiatry, medical issues, and behavioral concerns. Programming is not differentiated between general and specialized care, despite in-depth conversations with the Administrator.</p> <p>Cretsinger Home-No concerns noted.</p> <p>Fa-Ho-Lo Family- No concerns noted.</p> <p>FlatRock Manor-Waitlists, staffing shortages and high staff turnover causing disruption to the continuum of care for the individuals served. It is challenging to communicate with this agency. The staff</p>		<p>Covenant Enabling- If services are not changed for our specialized population, we may want to either move the consumer ,or if the consumer is doing well with what is being provided, then lower the intensity and cost of the placement or consider it a general AFC placement and not fund it.</p>		

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				<p>turnover is causing consumers to not meet with a case manager or receive services such as therapy.</p> <p>Hernandez Homes-Staffing shortage is interfering with outings for individuals.</p> <p>HGA Support Services-Home Managers are not supporting staff to follow consumer's behavior plans; limited documentation of data; continues to harbor an "us" \versus "them" attitude in relationship with HealthWest; in-services of newly hired staff are not occurring by the Home Manager.</p> <p>JBC Home-There have been recent concerns about medication documentation, daily documentation, and behavioral support plan documentation. The team is working on this and State licensing is aware. Working with Home Manager to ensure goals and objectives of the IPOS are being addressed. The consumers seem satisfied with living in the home. The team would like to see more community integration.</p> <p>Hope Network Behavioral-Staffing shortages interrupting care for consumers served and waitlists are over 1 year wait for placement, with a lack of communication with placement team.</p> <p>Hope Network West Michigan-Same as Hope Network Behavioral above.</p>				

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				<p>Kelly's Kare-No performance issues noted. Guardians are very happy with the living arrangement, and how each person becomes a family member at the Grants. Guardians express great appreciation and gratitude for the care Kelly and her staff provided.</p> <p>Lydia' AFC-No performance issues noted. HW staff is very pleased with how the home staff adjusts their schedule to take one consumer for ECT in Grand Rapids every 10 days and then stays up all night to ensure their safety. Guardians are very happy with the care given in the home and with the living arrangements.</p> <p>Rocking Horse-No performance issues noted.</p> <p>Samaritas- Lack of follow-through on IPOS, Behavior Plans, OT Plans; inconsistency with documentation and only briefly improved when brought to the Home Manager's attention; Issues with no shows for doctor appts. and medication reviews.</p> <p>Shel Mar Home-No performance issues noted. Guardians and consumers report satisfaction with their services and care given in the home.</p> <p>Turning Leaf-Due to staffing issues, the homes lack community integration with the consumers.</p>				

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				<p>Wrzeskinski Family Home-Not easy to work with, however they are meeting expectations.</p> <p>You're Always at Home AFC- No performance issues noted. This is a new provider since 7-20-2023.</p> <p>d. No HW surveys were returned. There are satisfaction statements throughout the review of the homes above.</p> <p>3. <u>Access and Capacity Review</u></p> <p>a. For those consumers living out of county in specialized homes, some have a choice of receiving case management services, psychiatry services, and/or therapy services from the local CMHSP or Case Management of Michigan. For example, FlatRock Manor provides case management and behavior support, however, there are times when they do not have the staff, and the clients go without these services. Hope Network Behavioral Health Services has a high turnover rate and is at times short-staffed, making providers not available for the consumer. Turning Leaf Residential Rehab. also provides case management services to their residents or residents can attend the local CMHSP.</p> <p>b. As one can see from the above information, many of our providers have capacity issues based on a lack of staffing.</p>				

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				Therefore, many of the consumers have fewer outings and community integration activities than they should have based on their needs and their IPOS. There are also capacity issues for finding a specialized home for the more difficult consumers, mainly due to acting out behavioral issues or even serious medical needs. There are 30 specialized residential beds in Muskegon County that are currently filled with out-of-county consumers. One could hypothesize that the consumers filling these beds are less difficult to manage, as a number of our consumers have been denied admission to those homes. For example, there is a strong demand for Amanda Family to open another facility since there are never openings in that home unless a death occurs, which speaks to the amazing care they provide. HGA Support Services is an agency that has unfilled beds due to their declining to accept individuals with behavioral or medical needs. Samaritas has a lack of openings, however, they are willing to work with high medical needs and most behavioral needs. HW would really like for Shel-Mar AFC to take more consumers, but they are currently full. Cretsinger Care is open and interested in taking more challenging consumers and they have several homes. They are quickly getting new residents connected with a primary care doctor and getting other needs taken care of.				

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	Yes / No	HealthWest	Contract				Health West	Contract
Specialized Residential for Autism (Youth) Heartland Center for Autism	Yes		X	c. None known at this time. d. Access issues are included in 3.b. as there are less homes in Muskegon County taking the consumers with the more difficult issues and many of the agencies do not want to take these consumers. As previously stated, lack of staff and high staff turnover make it challenging for providers to communicate with HealthWest and for services to be provided to their consumers. For example, Hope Network West Michigan has extended waitlists. 1. Financial Review N/A 2. <u>Program and Quality Review</u> a. HealthWest has only utilized Heartland Center for Autism with a Single Case Agreement. They are licensed as a CCI (Child Caring Institution) rather than a CRU and is a fairly new program that accepted their first consumer from HealthWest in February 2023. They are willing to accept youth from Emergency Departments and in crisis situations, and they receive many referrals for autistic youth in crisis. Their services include		A contract has been established with Heartland Center for Autism for FY24. It has previously been used with a Single Case Agreement.		

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				<p>psychiatric care and individualized ABA therapy to assist youth with managing strong emotions, stressful situations, etc. They also actively engage parents/families in the program to ensure parents have the skills/knowledge to assist their youth upon return home.</p> <p>b. HealthWest has decided to conduct weekly reviews (Continue Stay Reviews) for determining medical necessity for youth admitted to Heartland. In addition, we are engaging HealthWest treatment teams in the reviews so that they too are aware of the challenges and progress towards goals while in the program, can offer any suggestions, and also assure continuity of care back to home upon discharge. Heartland has been very agreeable and cooperative with our desire to review the cases at this frequency.</p> <p>c. There were some issues with paperwork in the beginning that were discussed within the Region and worked out with Heartland.</p> <p>d. No LRE satisfaction survey was returned. Heartland staff also report they do conduct satisfaction surveys, but as of this writing they have not yet come up with statistical data to reflect consumer satisfaction. They are willing to use HealthWest or regional satisfaction surveys if requested.</p>				

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				<p>3. <u>Access and Capacity Review</u></p> <p>a. N/A</p> <p>b. No capacity issues have been reported. Heartland is a 6-bed home, non-secured. Most often they report that a 3-4 consumer capacity is the most they can take and maintain clinical integrity.</p> <p>c. N/A</p> <p>d. Thus far, any time HealthWest has referred a consumer to Heartland, and they have been accepted, we have had immediate openings. There have been a few occasions where they declined a consumer as they felt they could not meet the needs of the youth. Heartland offers two levels of care: one "regular admission" and also an "enhanced admission" for youth requiring one-to-one staffing. They currently have about a 4-person wait list, but this has not impacted HealthWest consumers yet. We have always been able to admit our consumers immediately. Heartland has plans for expansion, and are currently looking for appropriate physical space, hoping to be able to expand within a year. Their plans for expansion would include a secured unit and longer-term care as well.</p>				

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Specialized Residential for Autism (Adult) Beacon Specialized Living Services-Trolley Home	Yes			Trolley Home is owned by Beacon and is an Adult placement for individuals with autism and I/DD in Coopersville, MI. HealthWest has not used this home yet, although it is listed in HealthWest's contract with Beacon Specialized Living Services.		More information should be sought about the home and its treatment protocol.		

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SUPPORTED INDEPENDENT LIVING PROGRAM Cornerstone Management Group Pioneer Resources, Inc./ Marcoux Home Turning Leaf Residential Rehabilitation Services	X		X	Both Turning Leaf and Pioneer Resources have apartments and/or homes set up for persons in Supported Independent Living Programs. <u>1. Financial Review</u> See Skill Building Section for three agencies. <u>2. Program and Quality Review</u> a. No changes to service delivery. We have not had a consumer in the Cornerstone SIL. b. The Pioneer Program SIL, Marcoux, provides high quality CLS. They have 4 beds and are located in Muskegon. Marcoux accepted out of county consumers and that is the reason they are always full. There is good communication, and they help with medication management, have skill building groups, and their CLS includes cooking and cleaning as needed. They also keep an eye on their consumers. Turning Leaf's SIL does not accept I/DD consumers. There are no other concerns with their program and they are local as well. HealthWest staff need to better define criteria with Turning Leaf so the program can be better used. Currently it is being used for people coming in and out of Muskegon as a	Y	May want to release an RFP for this service if there is a capacity or performance issue with the current providers.		X

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				<p>COFR. CLS hours are less than Marcoux. It is an unlicensed independent living if Turning Leaf provides under 8 hours of CLS. This is a regional issue.</p> <p>c. See 3.b.</p> <p>d. No HW satisfaction surveys were returned.</p> <p>3. <u>Access and Capacity Review</u></p> <p>a. Cornerstone Management Group is a new provider of SIL services.</p> <p>b. There are capacity issues for the Marcoux home.</p> <p>c. Cornerstone Management Group now provides a SIL program. They provide person-centered care for males and females 18 and over and set them up in a Semi-Independent Living setting. Residents have their own apartments and staff are on-site to provide support with medication, appointment reminders, assistance with appointments, support with meal preparation, grocery shopping, and budgeting. The SIL Program staff are still learning what is required and recommended as this is a new program for Cornerstone this past summer 2023. So far there have been no complaints from either of</p>				

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				<p>the other SIL program consumers and the agency is meeting expectations.</p> <p>d. Access issues only because there are capacity issues at two of the programs. HW has not yet used the new program at Cornerstone Management Group.</p>				

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SPECIALIZED RESIDENTIAL MI CHILD	No			HealthWest has no contracts with specialized residential services for children with the exception of the two programs specializing in Autism. HealthWest continues collaboration with Juvenile Court and MDHHS regarding juvenile offenders and abuse/neglect children.	No	Maintain readiness to implement credential and site review of other providers as needed; specifically address seclusion and restraint issues.		
FOSTER CARE RESPITE TRAINED SITTER FAMILY FRIEND Heart and Hand of Michigan Help at Home of Michigan, LLC Martell & Company Home Care and Assistance, LLC Pathfinders Preferred Employment and Living Supports, LLC ProCare Unlimited, Inc.	Yes		X	Respite services are coordinated by HealthWest staff and the two identified Fiscal Intermediaries. All Respite Providers must participate in required trainings prior to their working with a consumer. Foster Care is not provided by HealthWest. <u>1. Financial Review</u> Respite money is provided to families with a need for the respite care and meet the Medicaid qualifications. The respite service is written into the consumer's IPOS and there is a budget for the service. <u>2. Program and Quality Review</u> a. N/A b. Heart and Hand: Not accepting new consumers. They do not have enough staff hired.	Yes	Any willing and qualified provider. Need to find more respite providers in Muskegon County. There is a Sub-Committee looking into this issue which is working with Gary Ridley.		X

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				<p>Help at Home of MI: No one has used this service yet.</p> <p>Martell & Company: The quality of staff varies, and the poor quality staff are not around long. Will take high personal care consumers.</p> <p>Pathfinders: Provides group respite to youth in Muskegon County. They operate out of rented space in the Board of Education Building on Sherman. During the summer they provide activities and lunches. During the school year, they operate after school hours. They engage with HealthWest in the treatment planning process so they understand the needs of the individual and the purpose of respite.</p> <p>Preferred Employment: Not accepting new clients Do not have enough staff hired.</p> <p>ProCare: No services have been found in Latitude 43 from 1/3/23 to 8/30/23.</p> <p>c. No issues noted.</p> <p>d. No HW satisfaction surveys were returned.</p> <p>3. <u>Access and Capacity Review</u></p> <p>a. Need to have more respite providers.</p>				

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				<p>b. There are not enough respite providers. Pathfinders has no capacity issues at this time. Some Pathfinders program staff may be interested in providing one-on-one respite in consumers' homes. This is being explored.</p> <p>c. None known.</p> <p>d. Same as 3. b. Access to the Pathfinders program can be a barrier for youth not within walking distance or without access to transportation.</p>				
CENTER-BASED RESPITE Camps Only (Ages 18-60) Pioneer Camp Camp Sunshine Blodget in West Olive Camp Sunshine-Henry in Newaygo Eagle Village IKUS	Yes		X	<p>These services are accessed by the consumer's case manager for overnight respite. We do not contract per say with the camps but rather the consumer, guardian, and/or case manager make the arrangements for the respite time, and it is paid for with the consumer's assigned respite funding through their IPOS.</p> <p>Pathfinder's program is successful except they have no ability to take kids overnight. Fa Ho-Lo Family specialized residential home has one respite bed for adults for short term stays. Camps are being reduced due to lack of staffing. Pioneer Resources had only 1 week of camp for the whole summer.</p>	No	No changes recommended. Case Managers try to keep up with what respite services are available in the community and surrounding area. Check out Daybreak Adult Services for respite through the Respite Sub-Committee.		X

Commented [JF13]: Due to increased use - Contract effective January 1, 2024

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MEDICAL RESPITE St. Johns Health Care Westshore Medical Personnel Services, Inc.	Yes	X	X	<p>These two providers serve our most medically fragile consumers in their homes or in their residential placement. They require many hours of nursing care.</p> <p>1. <u>Financial Review</u></p> <p>For St. John's Health Care, see CLS Services.</p> <p>a. Westshore Medical have average rates.</p> <p>b. Westshore Medical have no issues with fiscal viability.</p> <p>c. Westshore Medical have spent 38% of their contract allocation as of FY23 Q1-3.</p> <p>d. No changes to payment mechanism.</p> <p>2. <u>Program and Quality Review</u></p> <p>a. No changes to service delivery.</p> <p>b. St. Johns has only one HW consumer only receiving medical respite. They are located in Ludington. Westshore Medical has approximately 4-5 clients. They accept very high medical need consumers of all ages.</p> <p>c. No performance issues.</p> <p>d. No HW satisfaction surveys were returned.</p>	No	Low volume and demand. Meets capacity.		X

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				3. <u>Access and Capacity Review</u> a. N/A b. No known capacity issues with Westshore Medical. c. None are known. d. No known access issues with Westshore Medical. St. Johns is not accepting any other consumers from Muskegon due to distance.				
HOUSING SERVICES	Yes	X	X	Coordination is provided by HealthWest staff. PATH Grant (emergency assistance). Homeless Coalition. Rental Assistance Program from HUD. Many HUD vendors. Use HUD money to pay for housing; no contracts.	Yes	HealthWest will continue to work with Muskegon County Homeless Continuum of Care Network to implement permanent, supported housing. General Fund issues make expansion difficult. Need additional low-income housing options for our clients.	X	X

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PREVENTION	Yes		X	Anti-Stigma Campaign Suicide Prevention Mental Health First Aid Training for Adults and Youth Psychological First Aid QPR Overdose Prevention Education Naloxone purchase and distribution Recovery Coaching Community Outreach and Training	Yes	Continue prevention programs. Continue offering more training in Adult and Youth Mental Health First Aid. HealthWest contracts with The Red Project for the Overdose Prevention education and Naloxone kits. Zero suicide approach in Muskegon is still in the implementation.	X	X

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INTERPRETATION SERVICES Voices For Health AMN Health Care Barbara Johnson	Yes	X	X	They consist of Voices For Health (Interpretation and Translation), AMN Health Care (Interpretation only), and Barbara Johnson (an independent hard of hearing/deaf interpreter in Muskegon). <u>1. Financial Review</u> a. No issues. Barbara Johnson is below the standard State fee; Voices For Health and AMN are average. b. No issues with fiscal viability. c. All within their contract allocation. AMN has spent 12%, Barbara Johnson has spent 63% and Voices For Health has spent 61% during FY23 Quarters 1-3. d. No changes to payment mechanism and no issues, <u>2. Program and Quality Review</u> a. AMN Health Care was rolled out to HW staff effective 5/10/23. HW staff began using this agency exclusively due to issues with Voices For Health. AMN is video/audio – not in person. We switched to AMN due to a lengthy translation turnaround and some no-shows with in-person interpretation from Voices for Health. There was another issue with Voices For Health, with the crisis team, but it has been dealt with already. We are	Yes	Any willing and qualified providers. A contract will be completed with Deaf and Hard of Hearing for Fiscal Years 2024/2025. Staff may want to re-evaluate their contract with Voices For Health based on the issues of the past year. A new contract is being established with Language Interpretation effective FY24.		X

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				<p>asking that they be only used in person as necessary. We are not using them for translation anymore.</p> <p>It has also been discovered that staff have been using Deaf and Hard of Hearing for interpretation, although they refused to contract with HealthWest in December 2019. Services have been paid. HealthWest will need to complete a contract with them for FY24/25.</p> <p>b. No Grievances or Appeals for any of these providers.</p> <p>c. For AMN, there are no issues with translation requests, and no problems with the video or voice interpretations. They are currently struggling to get the Zoom integration portion of the contract to be integrated. HW IT department, Zoom, and AMN have all been working on this issue. There are no concerns with Barb Johnson. She has certain consumers with whom she works. Barb is used for in-person ASL interpretation.</p> <p>d. There were no surveys returned for any of the providers.</p>				

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				3. <u>Access and Capacity Review</u> a. N/A b. No capacity issues noted. c. Deaf and Hard of Hearing may be interested in providing services again. They canceled their contract with HW several years ago. d. With Voices For Health, requests for translation materials took up to 6 weeks which created barriers for treatment. There were also many missed appointments by their staff, difficulties with scheduling, and a staff issue related to a crisis situation. Barb Johnson and AMN have not had access issues.				
INDEPENDENT PCP FACILITATION The Arc Muskegon	Yes			This service is part of HealthWest's contract with The Arc Muskegon since the FY 20/21 contract. A HealthWest contract is in process with an additional individual to provide this service based on a consumer request.	Yes	Low volume usage. Intend to increase Independent PCP Facilitation.	X	X

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FISCAL INTERMEDIARIES GT Independence (GuardianTrac) Stuart Wilson, CPA	Yes		X	Currently two (2) providers are contracted with HealthWest. <u>1. Financial Review</u> a. GT Independence and Stuart Wilson have no issues with their rates. b. GT Independence and Stuart Wilson have no issues with their fiscal viability. c. GT Independence and Stuart Wilson have both spent 59% of their contract allocation for FY23 Q1-3. d. There are no changes to their payment mechanism. <u>2. Program and Quality Review</u> a. GT Independence is a fiscal intermediary agency overseeing self-directed employment agreements for individuals in Muskegon County. The FI and this agency work together to ensure that Medicaid requirements are met for each individual employee. The FI and HealthWest Self-Determination Coordinator work together to establish better efficiencies with the process of assisting individuals who are choosing to self-direct their services.	No	Any willing and qualified providers.		X

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				<p>Stuart Wilson is a fiscal intermediary assisting individuals who are self-directing respite services. Stuart Wilson assists with ensuring that service providers meet Medicaid requirements. They assist with payroll and ensure all employment laws are followed. HealthWest has been working to expand the services that Stuart Wilson assists with to include budgeting for self-directed services. Additionally, to assist with FI responsibilities for individuals self-directing other services.</p> <p>b. GT Independence had one Grievance and no appeals. Stuart Wilson had no Grievances or Appeals.</p> <p>GT Independence does not provide direct services. They do meet with the participants to establish a budget for self-directed services. They assist with ensuring that self-directed employment arrangements follow Medicaid guidelines. They process time submissions for self-directed employees and monitor training requirements.</p> <p>Stuart Wilson does not provide direct care to individuals served.</p> <p>c. The Self-Determination Coordinator and GT Independence communicate on a regular basis to ensure that established processes are followed. Communication occurs via email and telephone weekly. Additionally, the</p>				

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				<p>Coordinator and the GT Independence Team meet via Teams quarterly to discuss the needs and concerns of the individual.</p> <p>There were no performance issues noted for Stuart Wilson.</p> <p>3. <u>Access and Capacity Review</u></p> <p>a. There has not been a choice of providers for many years beyond the two fiscal intermediaries that are contracted with HealthWest. An RFP was done several years ago and only these two providers were interested in working with HealthWest.</p> <p>b. No capacity issues were raised for either provider.</p> <p>c. N/A</p> <p>d. No access issues were raised for either provider.</p>				
CONSUMER-RUN PROGRAMS Lemonade Stand of Muskegon Recovery Cooperative of Muskegon	Yes	X	X	1. <u>Financial Review</u> a. No issues. b. No issues. c. Lemonade Stand spent 80% of their contract allocation in FY23 Q1-3. Recovery Cooperative spent 72% of their contract allocation in FY23 Q1-3. d. There are no changes in the payment mechanism for either agency.	No	Existing vendors incurred heavy start-up costs. Providers have integral relationships with the culture of the group receiving the services. Services are well integrated into the community.		X

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				<p>2. <u>Program and Quality Review</u></p> <p>a. Lemonade Stand is a consumer-run organization that provides supportive services to consumers with mental illness. They operate from a house at 1192 Jefferson Street in Muskegon. Previous owner of the house and President of the organization was Judy Pratt who started the program with her husband. Following Judy's death in 2020, her daughter, Ms. Maribeth Clarke took over the organization and intends to continue running it. Lemonade Stand is open Monday through Friday from 8am to 5pm and provides 3 meals a day for attendees. They also provide social activities, including group outings, group holiday gatherings, birthday recognition, etc.</p> <p>Recovery Cooperative is a consumer-run organization that also provides supportive services to consumers with mental illness. They operate at 1122 Getty Street in Muskegon. Staff are Certified Peer Support Specialists. They provide guidance, support and mentoring for members coming to the Recovery Cooperative. Staff are very knowledgeable of community and recovery resources. The agency offers free lunch for attendees and a variety of activities including access to computers.</p> <p>b. No Grievance or Appeals for either agency.</p>		Continuing to actively train WRAP facilitators and Peer Support Specialists. Recovery Cooperative provides Drop-In Center services.		

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				<p>c. No performance issues for either agency. The Lemonade Stand did note that the amount of money they receive from HealthWest is inadequate for their needs. They do receive some food from Feeding America for meal support. Their social activities (recent trip to Michigan's Adventure for example) are largely funded by donations or personal money from Ms. Clarke. The money from HealthWest assists with rent, utilities, and taxes.</p> <p>d. Recovery Cooperative's FY22 FY23 Q-3 satisfaction surveys were very positive. Since the death of Judy Pratt, the Lemonade Stand has not evaluated their program for customer satisfaction. Ms. Clarke is interested in doing this and is willing to utilize an existing instrument if suitable. They do hold an annual meeting in June and a group meeting is held every Wednesday for input, but there is no anonymous survey at this time.</p> <p>3. <u>Access and Capacity Review</u></p> <p>a. There does not appear to be a need for additional providers for this service. Lemonade Stand is open for more consumers to attend as desired.</p> <p>b. There are no capacity issues for either agency. Both are voluntary attendance</p>				

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				<p>programs. For May and June 2023, Recovery Cooperative had unduplicated counts of 39 and 34 individuals respectively. They also had attendance numbers of 230 and 268 individuals respectively for those months.</p> <p>Lemonade Stand currently reports about 20-25 regular attendees. They do have a list of members who are approved admission by the group.</p> <p>c. N/A</p> <p>d. There are no access issues with the Recovery Cooperative. The Lemonade Stand only accepts members and they have a process for becoming a member. The only issue with access would be transportation to the location.</p>				
EVIDENCE BASED PRACTICES – SUPPORTED EMPLOYMENT HealthWest	Yes	X		<p>For persons with SMI we provide internally as Individual Placement and Support (IPS). This is a program that is reviewed every one, two or three years depending on the score of each visit to assure fidelity is maintained. HealthWest was just reviewed in April 2023 and received a score of 105 which is in the Good range. That means the next review should occur in 2025. The services are provided by Individual Placement Coordinators. The HealthWest program serves persons with a primary diagnosis for Mental Illness, and it is an EBP model for Michigan.</p>	Yes	When appropriate, individuals are referred to Michigan Rehabilitation Services when identifying needs or barriers to employment that require additional resources to address.	X	

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EVIDENCE BASED PRACTICES YOUTH EVIDENCED-BASED PROGRAMS HealthWest	Yes	X	X	<u>Youth Evidence-Based Programs</u> <i>Trauma Focused Cognitive Behavioral Therapy (TF-CBT).</i> There are five (5) therapists trained and certified and three (3) therapists currently in training. <i>Trauma Focused Cognitive Behavioral Therapy (TF-CBT) Caregiver Education Certified.</i> There are eight (8) clinical staff paired with parent support individuals who are currently trained and certified. <i>Parenting Through Change (PTC) in Training.</i> There are three (3) therapists in training. None are certified yet. There is one therapist in training for <i>Parent Management Training Oregon (PMTO)</i> . <i>Infant Mental Health (IMH).</i> One (1) therapist is testing for Level III this fall. There are two (2) therapists who are Level II. There are three (3) therapists who have waivers, one (1) with an application for Level II pending. HealthWest is contracting for the required two (2) hours a month supervision for these staff from a Level IV IMH therapist. <i>Families Moving Forward (FMF)</i> certified. There are two therapists certified in FMF. <i>Parent Child Interaction Therapy (PCIT)</i> Certified. There is one (1) therapist certified in PCIT and one therapist in PCIT training.			X	X

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ADULT EVIDENCE-BASED PROGRAMS HealthWest				Adult Evidence-Based Programs <u>Dialectical Behavior Therapy (DBT):</u> Three (3) Master's level therapists are trained and certified. <u>Healthy Relationships:</u> Trained by Elvatus for three (3) days and staff must complete certifications. There are four (4) trained staff with two (2) already certified. The other two (2) have submitted their paperwork for certification.				
SUBSTANCE ABUSE SERVICES Medicaid Substance Abuse Services	Yes		X	HealthWest continues to contract with twenty-two (22) Substance Use Disorder (SUD) treatment agencies and 1 (one) SUD Prevention agency since the CMHSPs took over the contracting for SUD services.	Yes		X	X
ASAM Level 1.0- Outpatient Services and Recovery Coaching HealthWest ACAC, Inc.	Yes	X	X		Yes	Closed panel at this time. Have sufficient capacity.	X	X

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Addiction Treatment Services Arbor Circle* Catholic Charities West Michigan Family Outreach Harbor Hall Reach For Recovery Trinity Health Life Counseling* Wedgwood Christian Counseling* *Agency provides Women's Specialty Services. Arbor Circle is certified for FY24.				Contracted Providers 1. <u>Financial Information</u> a. Rates are set regionally and there are no known issues. b. There were no fiscal viability issues with nine (9) of the providers. Trinity Health was the only one missing a current audit for review. c. All agencies spent within their contract allocations for the first three quarters of FY2023. They include: ACAC spent 65% Addiction Treatment Services spent 36% Arbor Circle spent 79% Catholic Charities spent 45% Family Outreach spent 54% Harbor Hall spent 43% Reach For Recovery spent 45% Trinity Health spent 64% Wedgwood spent 43% d. No issues with claims submission. Errors were corrected promptly. 2. <u>Program and Quality Review</u>				

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	Yes / No	HealthWest	Contract				Health West	Contract
				<p>a. Any changes to service delivery were incorporated into an amendment to the contracts.</p> <p>b. No Grievance and Appeals were filed at any of these agencies.</p> <p>A few LRE site reviews were checked for this provider service review.</p> <p>Site reviews are only completed for agencies within our Region 3 by the LRE Provider Network staff. Site Reviews were completed for seven (7) regional agencies with two (2) reviews (ACAC and Reach For Recovery) completed but the LRE reports are incomplete and not sent out. Trinity Health Life Counseling's Plan of Correction was due on 5/1/23, and the LRE has been following up. CCWM and Wedgwood site reviews are scheduled at the end of August. No other site reviews are known to be scheduled at this time.</p> <p>The LRE site review of Family Outreach had 3 citations (two with credentialing and one with a clinical chart); the Correction Action Plan was completed.</p> <p>Arbor Circle responded to their POC which included required standards not in policies and procedures and will be remediated by</p>				

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				<p>October 23, 2023, when the specifics of the standards will be documented in their new EHR. There were a few issues with their clinical charts including evidence that consumers had received required information such as Notice of Privacy, Advanced Directives, Member Handbook, RR, etc.; Treatment planning was missing intervention strategies and goals were not expressed in consumer's words, so training is needed in writing goals/objectives, and assure progress notes reflect them, especially for individual therapy. Periodic reviews were not completed and there were no EBPs listed for trauma or interventions regarding trauma. These are to be completed by November 2023. Staff also need to document coordination of care with external entities such as the legal system, child welfare, behavioral healthcare system, etc.</p> <p>c. No performance issues were reported.</p> <p>d. Consumer Satisfaction surveys were sent out but only three (3) agencies returned the surveys. Of those agencies, there were very few responses under 3.0 (out of 4.0). Of significance, ACAC Consumers cited dissatisfaction with their Psychiatrist and Supports Coordinator.</p>				

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				<p>3. <u>Access and Capacity Review</u></p> <p>a. N/A</p> <p>b. For HW's in-county Contracted Outpatient provider network where HW is really the only CMH using them, these providers are required to stay below a 1:65 therapist to client ratio. This assists with determination of HW capacity for Outpatient providers in county and whether there is a need to seek out more providers.</p> <p>There may be capacity issues with smaller agencies such as ACAC, who has 1-1.5 FTE therapists and whose caseload may be close to or at 90%. They only offer 54 slots for MAT and are routinely close to full.</p> <p>Arbor Circle has low caseloads, so they have been at very low capacity (40% or lower). They need to increase their visibility in the community.</p> <p>Catholic Charities had 13 admissions for OP this year. They are usually around 5% capacity based on current therapist to client ratio.</p> <p>Family Outreach Recovery Management Team is usually at or around 70% capacity. They have 2 teams with one therapist open position and are not filling it due to low admissions. The Jail team is in place and is funded by SOR.</p> <p>Harbor Hall was not used during FY23.</p>				

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				<p>Reach For Recovery had 6 admissions for this level. Trinity Health will be closing on 9/30/2023. Effective August 27, 2023, they have 5 Outpatient clients. Wedgwood's most recent report shows a 60% capacity with their client/therapist ratio.</p> <p>c. None are needed currently.</p> <p>d. ACAC had an average timeliness to treatment (TTT) of 5.2 days for FY23 Quarters (Q) 1-3. Addiction Treatment Services' TTT has not been calculated correctly as they are showing same day admissions which is not accurate. These will need to be reviewed and corrected. Additional training will need to occur if HW is going to continue contracting with them. Arbor Circle's TTT is 11 days for Q1-3 for Recovery Management and 8 days for OP. Catholic Charities' TTT for Q1-3 was 3.6 days for OP. It is a small program with only 2 staff and 1 Recovery Coach. Family Outreach has an average TTT for Q1-3 of 9 days for their Recovery Management Team. Harbor Hall was not used during FY23. Reach for Recovery had an average TTT for Q1-3 of 8 days. Sacred Heart is a new provider. N/A</p>				

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	Yes / No	HealthWest	Contract				Health West	Contract
				Trinity Health had a TTT for Q1-3 of 16 days. They had multiple data entry errors in request for service date tracking. Wedgwood's average TTT for Q1-3 was 9 days.				
ASAM Level 1.0 OTP (Opioid Treatment Program) Cherry Street Services (including Jail) CRC Recovery (WMTS) Eastside Outpatient Services (including Jail) Sacred Heart Rehabilitation Services (New Program)	Yes		X	1. <u>Financial Review</u> a. Rates are set regionally and there are no known issues. b. No fiscal viability concerns. c. All agencies spent within their contract allocations for the first three quarters of FY2023. They include: Cherry Street spent 55% CRC Recovery spent 76% Eastside Outpatient spent 29% Sacred Heart is too new for a calculation. d. No issues with claims submission. Errors were corrected promptly. 2. <u>Program and Quality Review</u> a. Any changes to service delivery were incorporated into an amendment to the contracts. b. Cherry Street had their site review the first week in August. Most of the issues revolved around standard required language not being		Currently contracting with Cherry Street Services, Eastside Outpatient Services, and CRC Recovery in Grandville. HW has just added Sacred Heart Rehabilitation Services as a new provider.		X

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				<p>in their policies and procedures. Training was cited for not having Advance Directives or Recipient Rights training completed as required. There were also issues with credentialing rules not being completed appropriately and not within the correct time frames. As to the Clinical Chart review, there were issues pertaining to not completing an ASAM as required, missing the required amount, scope, and duration as identified in the treatment plan and appropriate for the goals and objectives, goals not expressed in the client's words, no intervention strategies, and goals were not measurable or time bound. (All dates were the same.) The progress notes did not address the goals/obj., the periodic review was not signed by the client, and there was little documentation as to progress or rationale for continuing services. The LRE will be monitoring this Corrective Action Plan to its completion.</p> <p>Cherry Street had 4 appeals and no grievances. CRC Recovery's Plan of Correction from their site review was due 5/15/23. They had no grievances or appeals. Eastside had no grievances or appeals, and it does not appear to have had a site review this year.</p> <p>c. No performance issues noted.</p>				

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				<p>d. Cherry Street had 185 satisfaction surveys returned and there were no scores below 3.0 (top score is 4.0). 80% of the respondents know how to file a grievance/appeal and there were none for the last three quarters. CRC Recovery had no surveys returned. Eastside had only one survey returned with no scores below 3.0.</p> <p>3. <u>Access and Capacity Review</u></p> <p>a. N/A</p> <p>b. Cherry Street's in-house OTP just hired 2 new therapists as of 8/1/23. They are at 75% capacity and slowly filling the open slots. This service is also utilized at the jail for persons who are already on Methadone but are incarcerated. In FY24 they are discussing the addition of Methadone induction. CRC Recovery is used very infrequently since Kent County is its primary location. Capacity is not monitored for CRC Recovery. As of 8/1/23, Eastside had 211 consumers with 65% current capacity. At the jail program, Eastside is also discussing the addition of Methadone Induction for FY24. It is also noted that Eastside has been willing to cover guest dosing for persons incarcerated from out of Muskegon County.</p>				

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				<p>c. None needed currently.</p> <p>d. Cherry Health and Eastside's OTP average TTT based on Q1-3 for FY23 is based on all requests for Methadone with the scheduling being controlled by HealthWest's Utilization Mgt. Dept. The average time to first appt. is 5 days, however, YTD numbers are much higher with the depletion of their waiting lists. HealthWest is requesting they maintain 2 intake appts. per week which will be written in their FY24 contract. CRC Recovery has not been calculating their TTT correctly due to data entry errors. The provider will be notified and retrained.</p>				
ASAM 2.1 and ASAM 2.5 Intensive Outpatient Services and Day Treatment ACAC, Inc. Addiction Treatment Services Catholic Charities West Michigan Harbor Hall	Yes			<p>1. <u>Financial Information</u></p> <p>a. Rates are set regionally and there are no known issues.</p> <p>b. No fiscal viability concerns</p> <p>c. Same as reported in Level 1.0 Outpatient Services.</p> <p>d. No issues with claims submission. Errors were corrected promptly.</p>	No	Closed panel for ASAM Level 2.1. Capacity is full for Level 2.1 services.		X

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	Yes / No	HealthWest	Contract				Health West	Contract
Reach For Recovery Trinity Health				<p>2. <u>Program and Quality Review</u></p> <p>a. Any changes to service delivery were incorporated into an amendment to the contracts.</p> <p>b. None of these agencies received any grievances or appeals.</p> <p>Site reviews for ACAC and Reach For Recovery were completed but no report has been sent from the LRE. Addiction Treatment Services and Harbor Hall did not have a site review, although Harbor Hall had no HW consumers in this category for this fiscal year and Addiction Treatment Services is out of Region 3. Catholic Charities was scheduled for 8/22/23.</p> <p>Trinity Health had a site review with a plan of correction due on 5/1/23 and it still has not been received by the LRE.</p> <p>c. No performance issues noted.</p> <p>d. Consumer Satisfaction surveys were sent out but only three (3) agencies returned the surveys. Of those agencies, there were very few responses under 3.0. ACAC scores were lowest for satisfaction with their Supports Coordinator and Psychiatrist, and only 50%</p>				

Commented [JF14]: Contract ended 9/30/2023

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				<p>said they knew how to file a grievance and appeal.</p> <p>3. <u>Access and Capacity Review</u></p> <p>a. N/A</p> <p>b. ACAC-Level 2.5 is a new pilot program with a capacity of 8 to 10 people at one time. Addiction Treatment Services is rarely used, and it is usually someone transitioning from their residential program and remaining out of county for OP and Recovery Housing. One Muskegon County client was served this year. Catholic Charities -25 admissions so far this fiscal year. They are usually around 50% capacity based on their therapist/client ratio. Harbor Hall-Not used during FY23 in this level.</p> <p>Reach For Recovery-6 admissions for FY23.</p> <p>Trinity Health-Their requests for service are directed to their IOP program, but consumers are moved to OP as they decrease their level of intensity of services needed. Currently they are serving 10 individuals in their IOP program and will be closing their programs effective 9/30/2023.</p> <p>c. None needed currently.</p> <p>d. ACAC had a TTT for FY23 Q1-3 of 5.85 days. They may be calculating requests from in jail or residential treatment incorrectly which</p>				

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				will be reviewed with their team, so this number of days may actually be lower. Addiction Treatment Services had a TTT for FY23 Q1-3 of 1 day. Catholic Charities had a TTT average of 5.6 days for FY23 Q1-3 for IOP. Harbor Hall was not used in FY23. Reach For Recovery had a TTT average of 8 days for FY23 Q1-3. Trinity Health had a TTT average of 16 days for FY23 Q1-3, however there were multiple data entry errors in request for data service tracking.				
ASAM Levels 3.1, 3.3, 3.5, 3.7, 3.2 WM, and 3.7 WM Residential Treatment Services and Withdrawal Management Addiction Treatment Services, Levels 3.5, 3.2 WM (Clinically Managed Residential Withdrawal Management), and 3.7 WM (Medically Monitored Inpatient Withdrawal Management)	Yes		Q1-3 is	1. <u>Financial Review</u> a. Rates are set regionally and there are no known issues. b. No fiscal viability concerns. c. All agencies spent within their contract allocations for the first three quarters of FY2023. They include: Addiction Treatment Services spent 36% Community Healing Centers spent 56% Harbor Hall spent 43% Our Hope Association spent 66% Reach For Recovery spent 45% Sacred Heart is too new for a calculation. Salvation Army spent 45%		HW will continue to have an open panel (any qualified and willing provider) for these ASAM Level services. HealthWest contracts with three (3) agencies providing Sub-Acute Detoxification services. HealthWest contracts with six (6) agencies providing Residential		X

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<p>Community Healing Centers, Levels 3.1, 3.3, 3.5, 3.7 Residential Treatment), 3.2 WM (Clinically Managed Residential Withdrawal Management), and 3.7 WM (Medically Monitored Inpatient Withdrawal Management)</p> <p>Harbor Hall, Levels 3.1, 3.5, (Residential Treatment) and 3.2 WM (Clinically Managed Residential Withdrawal Management)</p> <p>Our Hope Association, Level 3.5 (Residential Treatment)</p> <p>Reach For Recovery, Levels 3.1 and 3.5 (Residential Treatment)</p> <p>Sacred Heart Rehabilitation Services ASAM Levels 3.5 and 3.7 (Residential Treatment Services</p>				<p>d. No issues with claims submission. Errors were corrected promptly.</p> <p>2. <u>Program and Quality Review</u></p> <p>a. Any changes to service delivery were incorporated into an amendment to the contracts.</p> <p>b. Our Hope Association had a site review of their SUD Residential Services in January and February 2023. Their Correction Action Plan was completed on time. SUD standard requirements had to be written into their policies by June 2023. Their new HR Manager was to complete the monthly checks for OIG and MI sanctioned providers. Numerous trainings needed to be completed, and the HR Manager developed a training schedule for all staff to be completed prior to new employees' job shadowing and on the job training. All of the unmet credentialing requirements were reviewed with the new HR Manager and a standard document was to be signed off following the completion of all credentialing requirements and oversight for new credentialed employees. This was to be in place by April 2023. Clinical Charts were missing Releases, assessments with required elements, treatment plans individualized for consumers with stated intervention strategies, amount, scope, and duration appropriate for the consumer's identified goals and objectives</p>		<p>Substance Abuse Treatment.</p> <p>There is not a detox facility locally which would make this treatment more accessible for Muskegon residents and surrounding communities. Catholic Charities West Michigan built a wonderful facility for a Detox Center in Muskegon several years ago. Unfortunately, COVID 19 spread and staff became impossible to find much less keep. The building has been empty. Perhaps another SUD agency could be found to re-open this much needed facility.</p>		

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Salvation Army Turning Point ASAM Levels 3.7 (Residential Treatment) and 3.7WM ((Medically Monitored Inpatient Withdrawal Management)				<p>and required signatures. Consumer input was not present in the plan review, and progress notes did not reflect the goals and objectives. Additional training and spot checking will occur. A new Clinical Director was hired for implementation of a training schedule and program for their therapists. Staff will also receive training on their new EHR system. Documentation of all care coordination with collateral contacts needs to be completed. This was to all be accomplished between April-May 2023. The LRE is responsible for follow-up regarding this Corrective Action Plan.</p> <p>Salvation Army Turning Point had a site review, and the Plan of Correction was due on 7/3/23. There is no letter posted on the LRE site.</p> <p>c. Performance issues: Trends from the SUD MMPBIS data: There are 3 Indicators being tracked for service provision on a State level. Data is collected quarterly and reviewed by Performance Improvement staff and sent on to the State. Indicator 2b (time to treatment within 14 days). Overall compliance with the 14-day standard for time-to-treatment has had a slow, downward trend for five of the past six quarters (FY22 and 23). This measure was</p>				

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				<p>complicated by the waiting list for methadone treatment which was resolved as individuals came off of the waiting list and were able to enter services, but their time to treatment reflected the weeks spent waiting for an opening. Thus, the number of days to enter treatment has steadily increased, which was not in compliance.</p> <p>Indicator 2e (expired requests, no service within 60 days following initial request). The number of expired requests each quarter is usually small. FY23 Q2 had the most at 6, but all other quarters had one or two. Preliminary data from FY23 Q3 reflects zero expired requests. To date, all expired requests have been with Salvation Army Turning Point, split between their Grand Rapids and Muskegon locations. It could just be that the other agencies have not reported requests that have gone unmet.</p> <p>Indicator 4b (follow-up to discharge from detox). The number of detox admissions has dropped steadily. However, this likely represents a drop in capacity (due to closure of facilities/staffing issues at existing agencies) rather than a drop in demand. The data does not include those individuals who left AMA from the detox unit as they are considered exceptions and not counted. Thus, it is difficult to know how many individuals in the data actually leave detox with a plan for aftercare.</p>				

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				<p>Therefore, it appears that many providers only report those individuals who enter treatment services, but the ones who never get in for services are not included in the data. There is also an issue with the frequency that providers enter the date the individual comes in for their screening as the request date instead of the earlier phone call or contact request. Because of this, the time to treatment appears to be same day access.</p> <p>d. Addiction Treatment Services had no reported grievances or appeals, and no satisfaction surveys were returned. Community Healing Centers had no reported grievances or appeals, and no satisfaction surveys were returned. Harbor Hall had no reported grievances or appeals, and no satisfaction surveys were returned. Our Hope Association had no grievances or appeals. Two satisfaction surveys were returned and only one of the surveys completed noted one knew how to file a grievance and appeal and one knew their rights. Of the two satisfaction surveys, two areas under 3.0 were "I know the number to call" and "connected to community resources." Reach For Recovery had their site review completed between 7/11/23 to 7/13/23, however the report was not ready. They had no reported grievances or appeals.</p>				

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				<p>Sacred Heart had no reported grievances or appeals, and no satisfaction surveys were returned.</p> <p>The Salvation Army program had no Appeals and one (1) Grievance YTD.</p> <p>3. <u>Access and Capacity Review</u></p> <p>a. None are needed currently.</p> <p>b. Addiction Treatment Services has admitted 6 individuals YTD. They are currently not accepting referrals from HealthWest due to differences in clinical operation. HealthWest has requested multiple meetings to resolve these differences, but no meeting has been set.</p> <p>Community Healing Centers has admitted 23 for Detox YTD, and 21 for Short Term Residential YTD.</p> <p>Harbor Hall has admitted 6 individuals from HealthWest YTD.</p> <p>Our Hope Association has admitted 17 individuals from HealthWest YTD.</p> <p>Reach For Recovery has admitted 2 male individuals to Chester Ray and 2 female individuals to Harbor House YTD.</p> <p>Sacred Heart admitted 2 individuals in July 2023.</p> <p>Salvation Army Turning Point: There was a meeting on 8/22/23 with their management staff to discuss their capacity status. They</p>				

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				<p>have closed for a short period on multiple occasions over the past 2 years due to COVID and or staffing related issues.</p> <p>c. None are needed currently.</p> <p>d. Addiction Treatment Services' TTT has not been calculated correctly as they are showing same day admissions, which is not accurate. These will need to be reviewed and corrected. Additional training will need to occur if HW is going to continue contracting with them.</p> <p>Community Healing Centers' TTT for Detox and Residential was 10 days for FY23 Q1-3.</p> <p>Harbor Hall's TTT for FY23 Q1-3 was 5 days. Their staff will need retraining on TTT in BHTEDS.</p> <p>Our Hope Association's TTT for FY23 Q1-3 was 4 days.</p> <p>Reach For Recovery's TTT for FY23 Q1-3 was 8 days for Chester Ray and 10 days for Harbor House.</p> <p>Salvation Army Turning Point's TTT for FY23 Q1-3 was 1.6 days for their Detox program which does not match the information relayed by HW clinical teams and UM. Their information needs to be reviewed in detail with the provider regarding how they are capturing and entering their data to assure accuracy.</p>				

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SERVICE/ PROVIDER	Service Available in Network ?	Service Provided or Contracted? 2023		Review Status Financial Review Program and Quality Access & Capacity	Plans to Enhance Service Capacity?	Procurement Recommendation	Purchase Recommendation 2024	
	Yes / No	HealthWest	Contract		Yes / No		Health West	Contract
Recovery Housing (No ASAM Level) Addiction Treatment Services Building Men for Life Every Woman's Place Fresh Coast Alliance Harbor Hall Randy's House of Greenville Recovery Road RLC Property Management (The Comfort Home)	Yes		X	1. <u>Financial Review</u> a. Rates are set regionally and there are no known issues. b. No fiscal viability concerns. c. All agencies spent within their contract allocations for the first three (3) quarters of FY2023. They include: Addiction Treatment Services spent 36% Building Men for Life spent 9% Every Woman's Place spent 76% Fresh Coast Alliance spent 16% Harbor Hall spent 43% Randy's House of Greenville spent 0% Recovery Road spent 32% RLC Property Management spent 14% d. No issues with claims submission. Errors were corrected promptly. 2. <u>Program and Quality Review</u> a. No changes to service delivery. b. None of the agencies had any grievances or appeals. c. No known performance issues. d. There were no customer satisfaction surveys submitted by any of the agencies.	No	HW will continue to have an open panel (any qualified and willing provider) for these services. Every Woman's Place: This is a blended program for high-risk women in need of safe, sober housing that incorporates a recovery coach. Their encounters have been sufficient to justify the staffing grant, and we plan to move them to a Fee For Service (FFS) model effective FY24. HealthWest is an open panel for any qualified Recovery Housing programs that are MARR certified.		X

HealthWest
Network Procurement Plan
FY 2023 Completed 9-29-23
Updated 1-28-24

HEALTHWEST NETWORK PROCUREMENT PLAN FY 2023

SERVICE/ PROVIDER	Service Available in Network ?	Service Provided or Contracted? 2023		Review Status Financial Review Program and Quality Access & Capacity	Plans to Enhance Service Capacity? Yes / No	Procurement Recommendation	Purchase Recommendation 2024	
	Yes / No	HealthWest	Contract				Health West	Contract
				<p>3. <u>Access and Capacity Review</u></p> <p>a. Added a new Recovery Home in Muskegon.</p> <p>b. None reported.</p> <p>c. Recovery Housing Agencies: Fresh Coast Alliance: HealthWest currently funds a recovery coach position with PA2 money. This needs to be reviewed and evaluated for continuation.</p> <p>RLC Property Management: They opened new Recovery Housing in Muskegon this year.</p> <p>d. Timeliness to Treatment is not applicable for Recovery Housing.</p>				

HEALTHWEST NETWORK PROCUREMENT PLAN FY 2023

SERVICE/ PROVIDER	Service Available in Network ?	Service Provided or Contracted? 2023		Review Status Financial Review Program and Quality Access & Capacity	Plans to Enhance Service Capacity?	Procurement Recommendation	Purchase Recommendation 2024	
	Yes / No	HealthWest	Contract		Yes / No		Health West	Contract
Prevention The Grand Rapids Red Project	Yes		X	1. <u>Financial Review</u> a. SOR funding is used for this prevention program. b. No concerns. c. They have spent 55% of their contract allocation for FY23 Q1-3. d. No changes to payment mechanism. 2. <u>Program and Quality Review</u> a. No changes to service delivery. b. No issues with quality of care. c. No performance issues. d. No customer satisfaction issues. 3. <u>Access and Capacity Review</u> a. No identified need for increased choice of providers. b. No capacity issues. c. None known.	No	This Prevention Program is working extremely well. No changes needed at this time.		X

HealthWest
Network Procurement Plan
FY 2023 Completed 9-29-23
Updated 1-28-24

HEALTHWEST NETWORK PROCUREMENT PLAN FY 2023

SERVICE/ PROVIDER	Service Available in Network ?	Service Provided or Contracted? 2023		Review Status Financial Review Program and Quality Access & Capacity	Plans to Enhance Service Capacity?	Procurement Recommendation	Purchase Recommendation 2024	
	Yes / No	HealthWest	Contract		Yes / No		Health West	Contract
Recovery Community Organization (RCO) Life Align Inc.	Yes		X	d. No access issues. Red Project staff meets with consumers and staff as requested at HealthWest on a schedule.	No	New Program as of October 1, 2023		X

Commented [JF15]: New Provider 10/1/2023

HEALTHWEST

RECIPIENT RIGHTS ADVISORY COMMITTEE MEETING MINUTES

Friday, February 9, 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 8:07 a.m.

ROLL CALL

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

HealthWest Staff Present: Holly Brink, Shannon Morgan, Amber Berndt, Rich Francisco, Gary Ridley, Kristi Chittenden, Tasha Kuklewski, Jennifer Hoeker, Gina Kim, Cyndi Blair, Kim Davis

Guest Present: Kristen Wade

APPROVAL OF MINUTES

It was moved by Ms. Natte, seconded by Ms. Hilleary, to approve the minutes of the December 1, 2023 meeting as written.

MOTION CARRIED.

ITEMS FOR CONSIDERATION

A. Motion to Accept Recipient Rights Reports for December 2023 / January 2024

It was moved by Ms. Hilleary, seconded by Ms. Natte, to approve the Recipient Rights Reports for December 2023 / January 2024.

MOTION CARRIED.

For the months of December 2023 / January 2024, there were 108 HealthWest and 26 provider employees trained:

Rights Updates HealthWest	90
Rights Updates Provider	2
New Employee Training HealthWest/Contracted	15
New Employee Training Provider	25
SUD Recipient Rights Orientation Employee	0
SUD Recipient Rights Orientation Provider	0

For the months of December 2023 / January 2024 there were 593 incident reports and 12 rights allegations.

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

There were a total of 7 deaths reported in December 2023 / January 2024.

OLD BUSINESS

There was no old business.

NEW BUSINESS

There was no new business.

COMMUNICATIONS

Recipient Rights Advisor, Tasha Kuklewski, provided training on Abuse & Neglect.

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 8:23 a.m.

Respectfully,

Thomas Hardy
HealthWest Rights Advisory Committee Chair

TH/hb

***PRELIMINARY MINUTES
To be approved at the Rights Advisory Committee Meeting of
April 12, 2024***



RECIPIENT RIGHTS ADVISORY COMMITTEE

February 9, 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 December 1, 2023
(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
December 2023 / January 2024
(Attachment #2 – pg. 3-11) | Action |
| 6) | Old Business | |
| 7) | New Business | |
| 8) | Communication | |
| | A) Training Recipient Rights: Abuse & Neglect
Tasha Kuklewski, Recipient Rights Advisor
(Attachment #3 – pg. 12-24) | Information |
| 9) | Audience Participation / Public Comment | |
| 10) | Adjournment | Action |
- /hb

Main Office

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

HealthWest.net

HEALTHWEST**RECIPIENT RIGHTS ADVISORY COMMITTEE MEETING MINUTES**

Friday, December 1, 2023
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 8:06 a.m.

ROLL CALL

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

HealthWest Staff Present: Holly Brink, Gina Post, Shannon Morgan, Amber Berndt, Rich Francisco, Linda Wagner, Gary Ridley, Melina Barrett, Kristi Chittenden, Nate Kennert, Tasha Percy, Brandy Carlson, Jennifer Hoeker

Guest Present: Kristen Wade,

APPROVAL OF MINUTES

It was moved by Ms. Natte, seconded by Ms. Hilleary, to approve the minutes of the October 13, 2023 meeting as written.

MOTION CARRIED.

ITEMS FOR CONSIDERATION***A. Motion to Accept Recipient Rights Reports for October 2023 / November 2023***

It was moved by Ms. Thomas, seconded by Ms. Hilleary, to approve the Recipient Rights Reports for October 2023 / November 2023.

MOTION CARRIED.

For the months of October 2023 / November 2023, there were 108 HealthWest and 26 provider employees trained:

Rights Updates HealthWest	92
Rights Updates Provider	1
New Employee Training HealthWest/Contracted	14
New Employee Training Provider	25
SUD Recipient Rights Orientation Employee	1
SUD Recipient Rights Orientation Provider	0

For the months of October 2023 / November 2023 there were 614 incident reports and 28 rights allegations.

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

There were a total of 3 deaths reported in October 2023 / November 2023.

OLD BUSINESS

There was no old business.

NEW BUSINESS

There was no new business.

COMMUNICATIONS

Recipient Rights Officer, Linda Wagner, provided training on Dignity & Respect, and Mental Health Services Suited to Condition.

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 8:25 a.m.

Respectfully,

Thomas Hardy
HealthWest Rights Advisory Committee Chair

TH/hb

***PRELIMINARY MINUTES
To be approved at the Rights Advisory Committee Meeting of
February 9, 2023***

REQUEST FOR HEALTHWEST BOARD CONSIDERATION AND AUTHORIZATION

COMMITTEE Recipient Rights Advisory Committee	BUDGETED X	NON-BUDGETED	PARTIALLY BUDGETED
REQUESTING DIVISION Administration	REQUEST DATE February 9, 2024	REQUESTOR SIGNATURE Linda Wagner, Recipient Rights Officer	
<u>SUMMARY OF REQUEST (GENERAL DESCRIPTION, FINANCING, OTHER OPERATIONAL IMPACT, POSSIBLE ALTERNATIVES)</u>			
<p>Approval is requested to accept the Recipient Rights Reports of December 2023 and January 2024. The report includes:</p> <ul style="list-style-type: none"> • Training sessions conducted by the Rights Office from November 30, 2023 through January 25, 2024. • Site Reviews from December 1, 2023 through January 31, 2024. • Incident Reports and Rights Allegations for December 1, 2023 through January 31, 2024. • Formal Complaints and Interventions for December 1, 2023 through January 31, 2024. • Deaths reported for November 8, 2023 through January 12, 2024. 			
<u>SUGGESTED MOTION (STATE EXACTLY AS IT SHOULD APPEAR IN THE MINUTES)</u>			
<p>I move to approve the Recipient Rights Reports for the months of December 1, 2023 through January 31, 2024.</p>			
COMMITTEE DATE February 9, 2024	COMMITTEE APPROVAL _____ Yes _____ No _____ Other		
BOARD DATE February 23, 2024	BOARD APPROVAL _____ Yes _____ No _____ Other		



BI-MONTHLY RECIPIENT RIGHTS REPORT

Date: February 9, 2024
To: Recipient Rights Advisory Committee
From: The Office of Recipient Rights
Subject: Recipient Rights Report for December 2023 and January 2024

I. TRAINING

November 03, 2023, RROAM Quarterly Meeting. Linda Wagner, 4 Category IV, Amanda Absher, 4 Category IV.

November 30, 2023, New Employee Training for 2 HealthWest and 3 Provider employees.

December 1, 2023, Rights Update Training for 30 Goodwill employees.

December 8, 2023, Rights Update Training for 32 HealthWest employees.

December 13, 2023, New Employee Training for 4 HealthWest and 4 Provider employees.

December 27, 2023, New Employee Training for 3 HealthWest and 4 Provider employees.

January 11, 2024, New Employee Training for 6 HealthWest and 4 Provider employees.

January 12, 2024, Rights Update Training for 28 HealthWest and 2 Provider employees

January 25, 2024, New Employee Training for 10 Provider employees.

75 HealthWest and **57** Provider employees were trained for the months of December and January.

II. SITE REVIEW

Stephens Home, Family AFC, Shannon Stephens & Teziah Manumbu, Battle Creek, Michigan.

Trinity Behavioral Health, LPH, Trinity Health Corp., Muskegon, Michigan.

III. STATISTICAL INFORMATION

The Office of Recipient Rights received **593** incident reports and **12** rights allegations for the months of December and January. Provided below for your review is the statistical data showing type and location for all rights allegations for the past review period.

IV. FORMAL INVESTIGATIONS

Old Business:

- A. September 29, 2023, Out of County, West Lake, Cottage 2, residential mixed, Hope Network. Recipient missed his pre-op appointment and staff was unsure of why he had missed it, they stated they just did not take him. Recipient cannot have eye surgery without this appointment, and he has missed several and has received warning that he might be dropped from this physician. **The investigation into MENTAL HEALTH SERVICES SUITED TO CONDITION is substantiated. The staff involved was given a written warning and a protocol was created to try to decrease missed appointments.**
- B. September 29, 2023, JBC Home, residential mixed, a HealthWest staff arrived at the JBC Home and found the recipients in the home and in the yard, but no staff were present. The recipients informed her that the staff were next door at the family home. **The investigation of ABUSE III is substantiated. This was referred to HealthWest Corporate Compliance and Contracts for follow up. HealthWest Chief Financial Officer sent the Acting CEO for JBC, notifying her that documentation stating that they were out of compliance with their contract and further violations could lead to termination of their contract.**
- C. October 5, 2023, Recipient receiving Adult MI Case Management Services from HealthWest complained because she felt her case manager had not treated her with Dignity and Respect and has shared information with outside people that she should not have. **The investigation of CONFIDENTIALITY is not substantiated, but the investigation of DIGNITY AND RESPECT and CIVIL RIGHTS is substantiated. The staff involved was given a written reprimand, was removed from the case and will have no further contact with the consumer. They will also have increased coaching and support from their supervisor.**
- D. October 9, 2023, Recipient receiving I/DD Case Management Services from HealthWest and attends the MOKA-Community Supports Program was dropped off by a substitute driver at 3:10 p.m. and his family member did not arrive home until 3:34 p.m. The recipient was not able to enter the house and was left outside, unsupervised for 24 minutes. This recipient requires 24-hour supervision, and they have an agreement that MOKA staff must see the family before they leave the recipient. **The investigation of MENTAL HEALTH SERVICES SUITED TO CONDITION is substantiated.**

The staff involved received a written reprimand and retraining on the applicable policies and procedures.

- E. October 14, 2023, Recipient who resides at Sophia AFC, residential I/DD, MOKA, had a possible medical or behavioral episode and staff did not see additional care of support for a potentially emergent situation. **The investigation into Mental Health Services Suited to Condition is not substantiated.**
- F. October 18, 2023, Recipient who resides at Eastwood Cottage II, residential mixed, Turning Leaf told her home provider that she trades her food stamps with her case manager for money. The home provider did not know that the recipient was receiving food stamps. **The investigation of DIGNITY AND RESPECT is substantiated. The Staff involved received disciplinary action and additional training.**
- G. October 18, 2023, Staff at the Walker AFC residential I/DD, HGA, left the home prior to the relief staff arriving leaving the home out of ratio. **The investigation into NEGLECT CLASS III is not substantiated.**
- H. October 23, 2023, a staff at Brookmere home, residential I/DD, MOKA, was found in her car by two other staff while she was working alone on the 3rd shift. This left five residents without adequate supervision. **The investigation into NEGLECT CLASS III is substantiated. The Staff involved has left employment with MOKA.**
- I. October 25, 2023, the parent of a child receiving services, ABA Services, Pioneer Resources, stated that when her daughter was picked up after a session, she found scratches and marks on her back. **The investigation into, SAFE, SANITARY AND HUMANE TREATMENT ENVIRONMENT is not substantiated.**
- J. October 31, 2023, a staff member from West Lake Cottage 3, residential mixed, Hope Network, reported to their manager that they observed another staff member throwing a yoga ball near and at a recipient. **The investigation into DIGNITY AND RESPECT is substantiated. The Staff involved received a written warning and is scheduled to retake Recipient Rights and Working with People training.**
- K. November 9, 2023, Recipient receiving Adult MI Case Management Services from HealthWest complained because she had filed a previous complaint against her case manager that was substantiated and feels that the Case Manager has continued to not treat her with Dignity and Respect. **The investigation into DIGNITY AND RESPECT is substantiated. The Staff involved is no longer employed by HealthWest.**

L. November 9, 2023, Ducey Home, residential I/DD, Samaritas, a Recipient's value card was reported as expired, but HealthWest Client Funds said it was still showing active. HealthWest staff noted that there are multiple charges for videos and movies at odd hours such as 3 a.m. and 1:30 a.m. when the recipient would have been sleeping. Home staff have not been able to clarify the charges or provide receipts. **The investigation into ABUSE-CLASS II-EXPLOITATION is substantiated. The Staff involved is no longer employed by Samaritas. Samaritas quality team will create a tracking form for all credit and debit cards and utilize it within a Teams channel for access by Director and Program Manager to assure all purchases are being tracked and audited. This form will be referenced during audits that are completed quarterly by Director and/or Program Manager. It will be accessed as needed for those audits. Director reached out to CFO at HealthWest on 12/19/23 by email requesting notification to the administrative office for any new cards that are issued for residents in a Samaritas program. This information will be tracked within the Teams channel and compared during audits in programs. Amazon accounts were set up for all programs through Samaritas on 12/6/23 and all resident purchases will be done through the company account. All managers have been notified of the expectation and it was communicated that they are not to use any personal accounts for resident purchases. The licensing form resident fund's part 2 will be tracked for all credit card purchases. Samaritas will reimburse all resident accounts for Amazon purchases that do not have a receipt or any other receipt that cannot be verified through outing logs, progress notes or communication logs.**

M. November 9, Ducey Home, residential I/DD, Samaritas, another Recipient's value card was reported as expired and disposed of, but HealthWest Client Funds said it was still showing active. HealthWest staff reviewed the transactions, the most recent one being on 10/08 for an Amazon Charge. Additional charges were made for movies at odd hours such as 2:15 a.m. and 1:30 a.m. when the recipient would have been sleeping. Home staff have not been able to clarify the charges or provide receipts. **The investigation into ABUSE-CLASS II-EXPLOITATION is substantiated. The Staff involved is no longer employed by Samaritas. The Samaritas quality team will create a tracking form for all credit and debit cards and utilize it within a Teams channel for access by the Director and Program Manager to ensure all purchases are being tracked and audited. This form will be referenced during audits that are completed quarterly by the Director and/or Program Manager. It will be accessed as needed for those audits. The director reached out to the CFO at HealthWest on 12/19/23 by email requesting notification to the administrative office for any new cards that are issued for residents in a Samaritas program. This information will be tracked within the Teams channel and compared during audits in programs. Amazon accounts were set up for all programs through Samaritas on 12/6/23 and all resident purchases will be done through the company account. All managers have been notified of the expectation and it was communicated that they are not to use any personal accounts for resident purchases. The licensing form resident fund's part 2 will be tracked for all credit card purchases. Samaritas will reimburse all resident accounts for Amazon purchases that do not have a receipt or other receipts that cannot be verified through outing logs, progress notes or communication logs.**

- N. November 16, 2023, Ducey Home, residential I/DD, Samaritas, during a fund audit for two other Recipient's value cards it was discovered there were questionable transactions made on another Recipient's card. They were only able to produce 3 receipts out of 33 charges. **The investigation into ABUSE-CLASS II-EXPLOITATION is substantiated. The Staff involved is no longer employed by Samaritas. Samaritas quality team will create a tracking form for all credit and debit cards and utilize it within a Teams channel for access by the Director and Program Manager to assure all purchases are being tracked and audited. This form will be referenced during audits that are completed quarterly by the Director and/or Program Manager. It will be accessed as needed for those audits. Director reached out to CFO at HealthWest on 12/19/23 by email requesting notification to the administrative office for any new cards that are issued for residents in a Samaritas program. This information will be tracked within the Teams channel and compared during audits in programs. Amazon accounts were set up for all programs through Samaritas on 12/6/23 and all resident purchases will be done through the company account. All managers have been notified of the expectation and it was communicated that they are not to use any personal accounts for resident purchases. The licensing form resident fund's part 2 will be tracked for all credit card purchases. Samaritas will reimburse all resident accounts for Amazon purchases that do not have a receipt or any other receipt that cannot be verified through outing logs, progress notes, or communication logs.**
- O. November 17, 2023, Black Creek Cove, residential DD, HGA. The Home Supervisor stated there was an altercation between two staff that was videotaped by a third staff. The verbal altercation included foul and aggressive language while the home's residents were in the area. **The investigation into DIGNITY AND RESPECT is substantiated. The Staff involved was given written coaching and counseled on providing a positive/good working environment. HGA's HR and COO reviewed the anti-harassment policy and staff will be scheduled to retake Recipient Rights training.**

New Business:

- A. November 20, 2023, a Recipient served by HealthWest, MI Adult Case Management, said that staff at HealthWest did not treat her with Dignity and Respect by accusing her that she was "gaming the system." **The investigation into DIGNITY AND RESPECT is not substantiated. During the investigation, it was found that the Recipient was given a Notice of Adverse Benefit Determination (NABD) without proper documented support. The investigation into MENTAL HEALTH SERVICES SUITED TO CONDITION is substantiated. The Staff involved is no longer employed by HealthWest.**
- B. November 20, 2023, Walker Home, residential I/DD, HGA. A HealthWest Case Manager visited the home and found that they had an active door alarm on the front door. The Case Manager is not aware of anyone in the home who has a behavior plan in the home with this restriction. **The investigation into MENTAL HEALTH SERVICES SUITED TO CONDITION is not substantiated.**

- C. November 20, 2023, Crescent Home, *residential I/DD*, MOKA. A Recipient had fallen out of bed and sustained a laceration above his eye for which he needed medical attention. A family member does not believe that the Recipient did not accidentally fall out of bed but was injured by a staff member. **The investigation into ABUSE CLASS II-NON ACCIDENTAL ACT is not substantiated. During the investigation it was found that the Staff involved did not follow proper procedures, the investigation into MENTAL HEALTH SERVICES SUITED TO CONDITION is substantiated. The Staff involved transferred to a different home within MOKA.**
- D. November 27, 2023, West Lake Cottage 3, *residential mixed*, Hope Network. A staff member did not agree with how his coworkers were handling situations with a Recipient and felt they needed additional physical management training. **The investigation into MENTAL HEALTH SERVICES SUITED TO CONDITION is substantiated. The Staff involved were provided additional training.**
- E. December 04, 2023, a Recipient served by HealthWest, MI Adult Case Management, said that he believes that a HealthWest staff that works with his ex-girlfriend told her confidential information about his treatment. **The investigation into DISCLOSURE OF CONFIDENTIAL INFORMATION is not substantiated.**
- F. December 14, 2023, a Recipient served by HealthWest, MI Adult Case Management, said that she would like to attend Clubhouse Interactions but is unable to due to accessibility issues. She uses a wheelchair and needs transportation. She was told that the Clubhouse is not able to provide her transportation but that she could use GO2 Transportation and pay a fee. She states she can not afford this every month. She states that others in her building are provided transportation without having to pay for it. The Recipient feels that this is unfair. The recipient also states that the Clubhouse is not accessible, which prevents her from being able to participate as well. **The investigation into MENTAL HEALTH SERVICES SUITED TO CONDITION is not substantiated.**
- G. January 09, 2024, Mararebecah Home, *residential I/DD*, Samaritas. A recipient said that she was sent to the MOKA program without being given breakfast or having her wet brief changed. **The investigation into Dignity and Respect is not substantiated.**
- H. January 10, 2024, Black Creek Cove, *residential I/DD* HGA. Staff was overheard to say, “Stop Betty or I’ll knock you out” while assisting the Recipient in the restroom. **The investigation into Dignity and Respect is not substantiated.**
- I. January 11, 2024, a Recipient served by HealthWest *I/DD* Adult Case Management med box was not filled with the appropriate medications. She was not provided one of her prescribed medications for three months. **The investigation into Mental Health Services Suited to Condition is substantiated. The Recipient was assigned to a new Case Manager, The Staff involved received Disciplinary Action and is scheduled to retake medication training.**

- J. January 17, 2024, Forest Trail Home, residential I/DD, MOKA. Staff say that a recipient was found absolutely drenched in urine from head to toe when they came in for their shift. Staff reported that the bed was also completely soaked. The responsible staff said that the Recipient had refused to use the bathroom or be changed. **The investigation into Safe, Sanitary, Humane Treatment Environment is not complete.**
- K. January 22, 2024, a Recipient served by HealthWest, MI Adult Case Management. A Recipient said that her Primary Care Doctor was contacted without her permission by her med team at HealthWest. **The investigation into Disclosure of Confidential Information is not complete. NOTE: On January 23, 2024, the Recipient/Complainant asked to withdraw her complaint as she no longer wishes to have it investigated. The investigation was closed as of January 24, 2024.**
- L. January 22, 2024, Walker Home, residential I/DD HGA. A Guardian filed a complaint that for the past year and a half, HGA Services has not provided a Recipient with good care including not ensuring that the Recipient's wheelchair was working appropriately. The Guardian feels that this is because of staff turnover. **The investigation into Safe, Sanitary, Humane Treatment Environment is not complete.**

V. INTERVENTIONS

Old Business:

- A. November 8, 2023, a Recipient who receives ACT Services from HealthWest was placed in the Lakewood Nursing Facility. HealthWest Staff observed the nursing home staff mocking him and being mean to him. **This was not within our jurisdiction and the staff was directed to file complaints with Adult Protective Services and Licensing.**

New Business: n/a

VI. SUBSTANCE USE DISORDER

Old Business: n/a

New Business: n/a

VII. DEATHS

- A. November 08, 2023, a 24-year-old male recipient receiving MI Adult Community Based Services, died from a suspected suicide.
- B. December 04, 2023, a 24-year-old female recipient receiving I/DD Case Management who lived with her family, died of natural causes. It was noted that she had a substantial list of medical diagnosis, but that her death was unexpected.

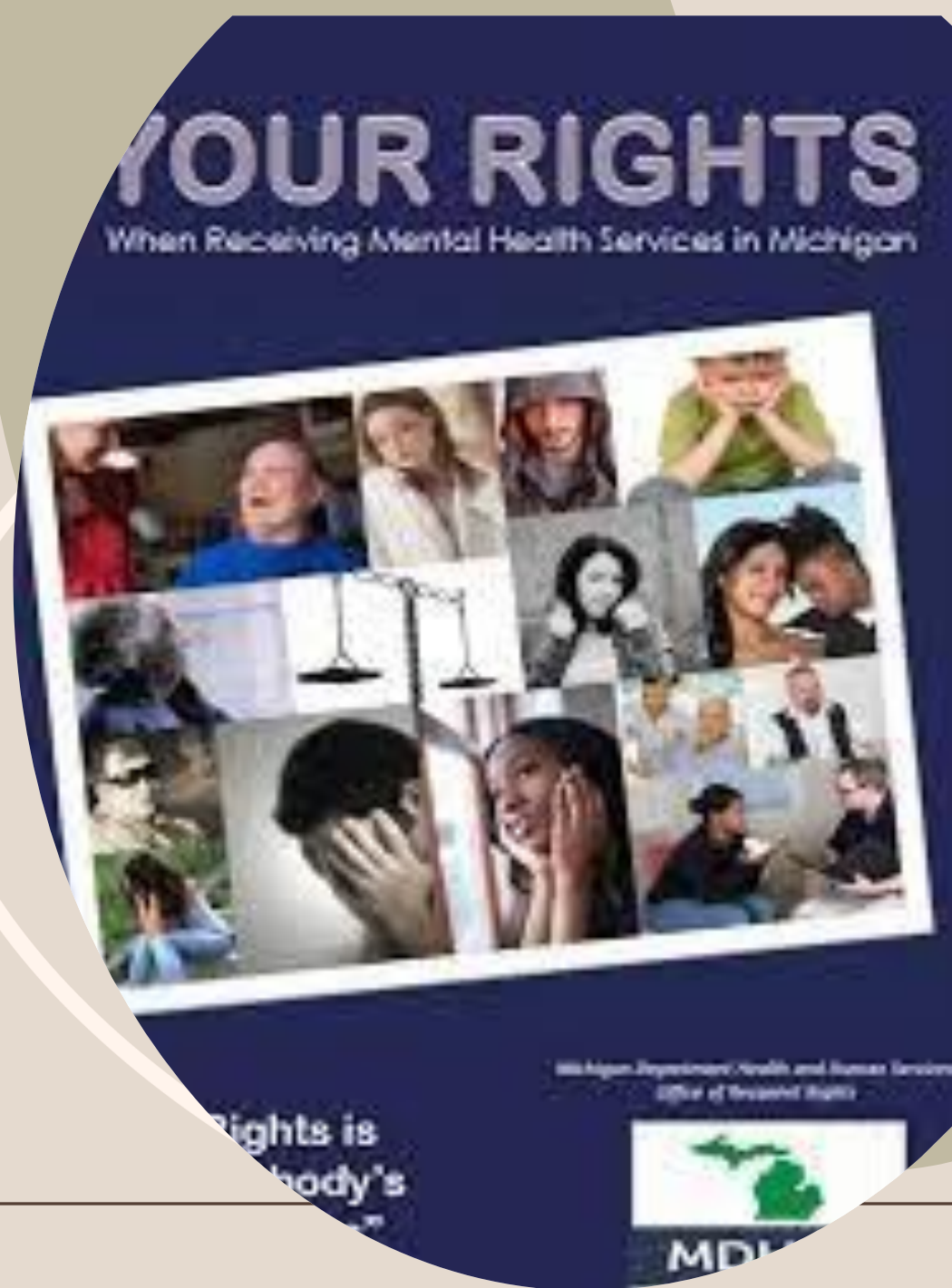
- C. December 05, 2023, a 67-year-old male recipient residing at the Pioneer Resources-Lawrence AFC. Residential I/DD, who received I/DD Community Based Services died after being taken to the hospital when found unresponsive. The cause of Death is unknown, but he was known to have ongoing health issues over the past few years.
- D. December 11, 2023, a 49-year-old male recipient, living in his family home, receiving DD Medically Complex Services died after having a heart attack on 12-09-2023. He was placed on comfort measures until his death.
- E. December 15, 2023, a 48-year-old female recipient, living at the Samaritas-Brooks home, Residential I/DD, receiving DD Medically Complex Services died of Hypoxic Respiratory Failure after being hospitalized for ten days.
- F. December 26, 2023, a 40-year-old female recipient receiving ACT services, living in independent housing in the community died of a suspected overdose.
- G. January 09, 2024, a 30-year-old male receiving Adult MI Case Management services, living in the community died from unknown causes. Staff found out via a posted obituary.
- H. January 12, 2024, a 55-year-old male living at Covenant Ability Services-Josephs House, Residential I/DD, receiving I/DD Case Management, died from Cancer while visiting his family. HealthWest and Home Staff were unaware of the Cancer until the time of death.

Recipient Rights Abuse & Neglect

Recipient Rights Abuse & Neglect

Everyone who receives services from HealthWest is provided a book at admission.

All new employees receive this book at their Recipient Rights Training.



Abuse-

Is when you do something to another person that you **SHOULD NOT** have done.

Neglect-

Is when you **SHOULD HAVE** done something, but you didn't.





Abuse, Class I- Non-accidental action that results in sexual abuse, serious physical harm, or death.

Abuse, Class II- Non-accidental act that caused or contributed to non-serious physical harm.

Abuse, Class III- The use of language or other means of communication to degrade, threaten, or sexually harass.

Abuse 2023

Category	Received	Investigations	Investigations Substantiated	2022
Abuse class I	0	0	0	
Abuse Class I - Sexual Abuse	1	1	1	
Abuse Class II – Non-accidental act	6	6	3	
Abuse Class II - Unreasonable force	9	9	6	
Abuse Class II - Emotional harm	0	0	0	
Abuse Class II - Treating as incompetent	2	2	2	
Abuse Class II - Exploitation	7	7	5	
Abuse Class III - Use of language to degrade...	0	0	0	
Total	25	25	17	12

Abuse, Class II – Exploitation

In a Complaint received by HealthWest's Office of Recipient Rights on 03-14-23, Complainant stated that late in March of 2021, he received a call from PNC saying they canceled my debit card. Complainant said that the card had arrived at HealthWest after he had been incarcerated. Complainant reported that he was told by Staff 1, that his stimulus money never arrived and that they threw out his debit card because she "Staff 1", did not want it lying around the office during his incarceration. Complainant stated that when he was released from jail, the debit card was given to him in an already opened envelope. Complainant said that PNC confirmed that it had already been activated and that over \$4,602 dollars in charges had been fraudulently made while he was incarcerated.

Neglect, Class I- Noncompliance with a standard of care that causes or contributes to serious physical harm.

Neglect, Class II- Noncompliance with a standard of care that causes or contributes to non-serious physical harm or emotional harm.

The failure to report apparent or suspected Abuse Class II or Neglect Class II of a recipient.

Neglect, Class III- The use of language or other means of communication to degrade, threaten, or sexually harass.

Neglect 2023

Category	Received	Investigations	Investigations Substantiated	2022: 53 Total
Neglect Class I	0	0	0	
Neglect Class I - Failure to Report	0	0	0	
Neglect Class II	0	0	0	
Neglect Class II - Failure to Report	0	0	0	
Neglect Class III	23	23	21	
Neglect Class III - Failure to Report	0	0	0	

Neglect, Class III

In the complaint received on 1/29/23, the Home Manager stated that Employee 1 was asleep on shift.

2023 Totals

2022 Totals

Total Complaints Received	193	137
Allegations	174	129
Investigations	174	129
Investigations Substantiated	125 (72%)	84 (65%)

RECOMMENDATIONS

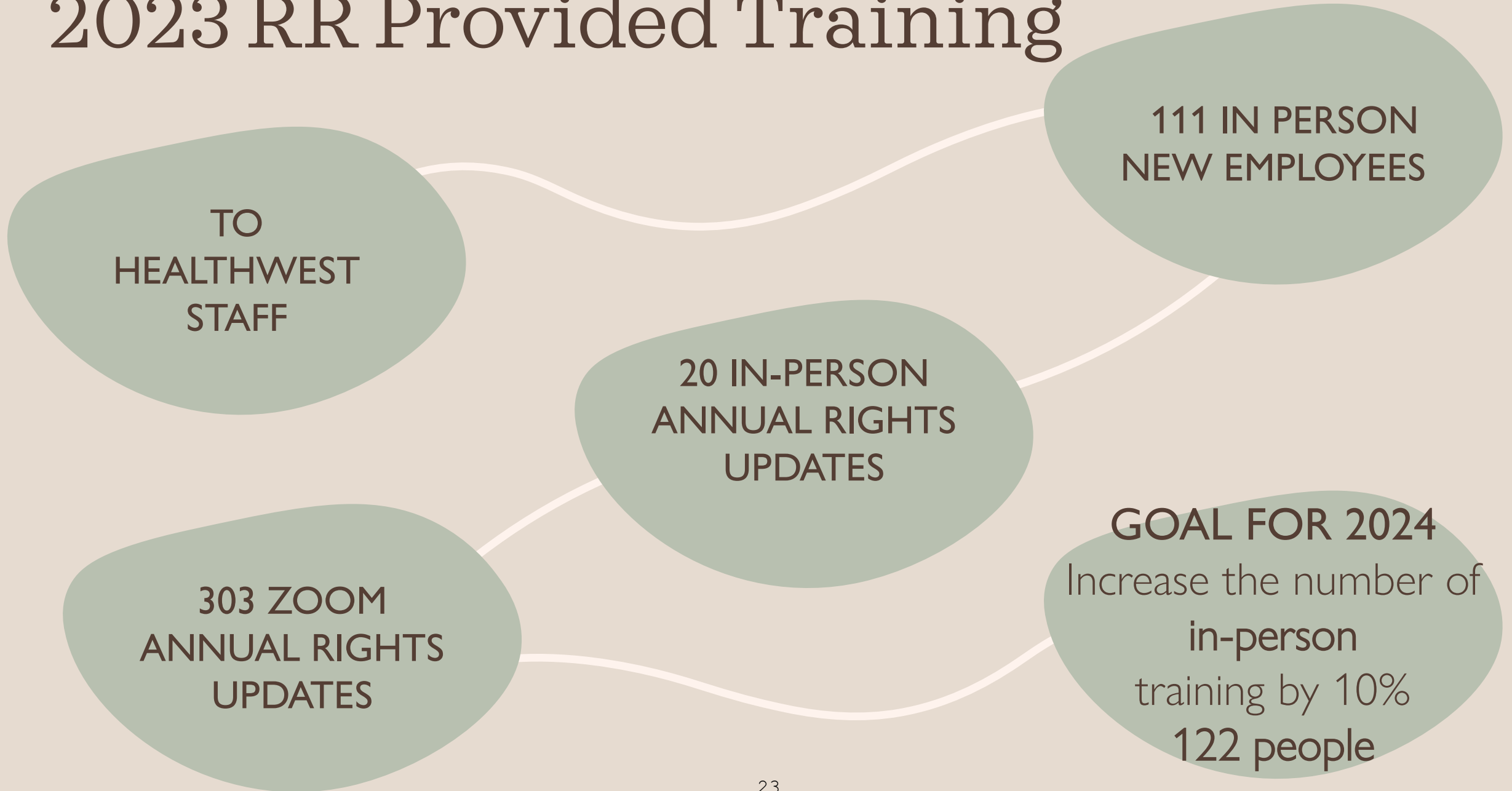
MCL 330.1722(2) “The department, each community mental health services program, each licensed hospital, and each service provider under contract with the department, community mental health services program, or licensed hospital shall ensure that appropriate disciplinary action is taken against those who have engaged in abuse or neglect.”

MCL 330.1780(1) “If it has been determined through investigation that a right has been violated, the respondent shall take appropriate remedial action that meets all the following requirements:

- (a) Corrects or provides a remedy for the rights violations.
- (b) Is implemented in a timely manner.
- (c) Attempts to prevent a recurrence of the rights violation.”

R 330.7035(1) “Abuse or neglect of a recipient by an employee, volunteer or agent of a provider shall subject the employee, volunteer or agent of a provider, upon substantiated reports, to an appropriate penalty, including official reprimand, demotion, suspension, reassignment or dismissal.”

2023 RR Provided Training





Questions, Comments,
Concerns?

thank you