

HEALTHWEST
PROGRAM/PERSONNEL MEETING MINUTES

December 5, 2025
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 8:01 a.m.

ROLL CALL

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

Staff Present: Rich Francisco, Holly Brink, Gina Maniaci, Brandy Carlson, Christy LaDronka, Kristi Chittenden, Linda Wagner, Melina Barrett, Tasha Kuklewski, Kim Davis, Jennifer Hoeker, Casey Olson, Helen Dobb, Ann Gatt

Guests Present: Sara Hough

MINUTES

It was moved by Mr. Hardy, seconded by Mr. Weerstra, to approve the minutes of the October 10, 2025 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 policy and procedural changes for Policy 04-001 described above and attached, effective December 22, 2025.

MOTION CARRIED.

It was moved by Mr. Hardy, seconded by Ms. Hilleary, to approve the policy and procedural changes for Policy 04-003 described above and attached, effective December 22, 2025.

MOTION CARRIED.

It was moved by Mr. Hardy, seconded by Ms. Hilleary, to approve the policy and procedural changes for Policy 04-004 described above and attached, effective December 22, 2025.

MOTION CARRIED.

It was moved by Mr. Hardy, seconded by Ms. Hilleary, to approve the policy and procedural changes for Policy 04-006 described above and attached, effective December 22, 2025.

MOTION CARRIED.

It was moved by Mr. Hardy, seconded by Ms. Hilleary, to approve the policy and procedural changes for Policy 04-007 described above and attached, effective December 22, 2025.

MOTION CARRIED.

It was moved by Mr. Hardy, seconded by Ms. Hilleary, to approve the policy and procedural changes for Policy 04-009 described above and attached, effective December 22, 2025.

MOTION CARRIED.

It was moved by Mr. Hardy, seconded by Ms. Hilleary, to approve the policy and procedural changes for Policy 04-010 described above and attached, effective December 22, 2025.

MOTION CARRIED.

It was moved by Mr. Hardy, seconded by Ms. Hilleary, to approve the policy and procedural changes for Policy 04-013 described above and attached, effective December 22, 2025.

MOTION CARRIED.

It was moved by Mr. Hardy, seconded by Ms. Hilleary, to approve the policy and procedural changes for Policy 04-015 described above and attached, effective December 22, 2025.

MOTION CARRIED.

It was moved by Mr. Hardy, seconded by Ms. Hilleary, to approve the policy and procedural changes for Policy 04-016 described above and attached, effective December 22, 2025.

MOTION CARRIED.

It was moved by Mr. Hardy, seconded by Ms. Hilleary, to approve the policy and procedural changes for Policy 04-017 described above and attached, effective December 22, 2025.

MOTION CARRIED.

It was moved by Mr. Hardy, seconded by Ms. Hilleary, to approve the policy and procedural changes for Policy 04-018 described above and attached, effective December 22, 2025.

MOTION CARRIED.

It was moved by Mr. Hardy, seconded by Ms. Hilleary, to approve the policy and procedural changes for Policy 04-020 described above and attached, effective December 22, 2025.

MOTION CARRIED.

It was moved by Mr. Hardy, seconded by Ms. Hilleary, to approve the policy and procedural changes for Policy 04-022 described above and attached, effective December 22, 2025.

MOTION CARRIED.

It was moved by Mr. Hardy, seconded by Ms. Hilleary, to approve the HealthWest Policy for Financial Management, effective December 22, 2025.

MOTION CARRIED.

OLD BUSINESS

There was no old business.

NEW BUSINESS

There was no new business.

COMMUNICATION

Ms. Chittenden, Chief Information Officer, provided an update on Project Management.

Ms. LaDronka, Chief Clinical Officer, provided and update on programs.

DIRECTOR'S COMMENTS

Rich Francisco, Executive Director, provided his Director's Report:

- **Attended QIC on Dec. 03, 2025– Quality Improvement Council with MDHHS, some updates below.**

Belinda Hawks at the State Level oversees this Council and updates are provided in various areas of Behavioral Health state programs.

- Biggest update surrounding MDHHS external review is that HSAG will not be coming back in FY2026 to review CAPs (Corrective Action Plans) from the various PIHPs. MDHHS will handle the CAP resolutions directly with PIHPs/CMHSPs.
 - Mental Health Framework (MHF) updates from Audra Parsons regarding training on assessments for MHF. Medicaid Health Plans will now also be doing the LOCUS (Level of Care Utilization System) training and MichiCANS so that they can assess for eligibility. The MHF essentially gives back the Medicaid Health Plans the ability to serve the mild-to-moderate population again.
 - There was also an update for the National Core Indicator data survey (NCI) which HealthWest participates in for MI-DD and IDD population and that data for the last survey (2024-25) is being processed by HRSI (Human Services Research Institute). They are also already working on the survey that is coming 2025-26. The most recent complete data available from the survey is 2023-2024.
 - Lastly, MDHHS along with TBD solutions presented the dashboard for youth services. This was a requirement as part of the KB lawsuit vs. MDHHS. MDHHS now must publish data related to youth services. The dashboard is called MICAS and presents information on services kids and children are receiving from MDHHS. It includes data on Respite, Parent Support Partner, Youth Peer Services, Intensive Crisis Stabilization Services, Home-Based, and Intensive Care Coordination with Wrap Around.
- **HealthWest Customer Services Training:**
HW continues to implement and reinforce the "HealthWest Way" training and

framework for great customer services. In the last couple of weeks, HW leadership team conducted a meeting (a Braintrust) exploring how we can continue to implement the training, discuss barriers, discuss the changes we are seeing in staff through the lens of our customer services value statement and code of conduct as it pertains to customer service.

- **CSU Update:**

I provided an update last time on CSU and since that time on 12/3/2025, we have met with MDHHS to discuss the status of CSU roll outs at different parts of the state. There are 10 pilot participants in the group. HW is a member and continuing to seek out technical assistance with MDHHS. MDHHS staff acknowledge the barriers to starting a CSU at this time for a variety of reasons: funding, Code chart not updated to define how the service is going to be reimbursed, administrative rules are not finalized legislatively has not been approved, MDHH is still working on a lot of barriers at this point. Only 2 CMHSPs have provisional certification based on a draft version of the administrative rules. CEI is potentially next to getting a provisional license. All the other CMHSPs and counties are hesitant to start CSUs when funding is not resolved.

- **Urgent Care: Service Updates**

Brandy Carlson has provided an initial analysis of the Urgent Care services since we opened. Here are some numbers she published: For 9 weeks of data – open Thursday and Friday, 4 hours per day.

- HW has provided 268 units and 68,572 minutes costing \$118,163 in revenue and \$67,166 in expenses
- 65% of clients have CCBHC primary
- 19% have insurance primary
- 12% with Medicaid or HMP primary
- 4% with Self-Pay

- **Leadership Training:** The leadership team is committed and will continue to provide leadership training, not only for our leadership team, but also for our managers and supervisors. The second cohort from leadership team completed their High-Performance Leadership training and the next Cohort should be starting in January with another group of staff.

- **KATA Update:**

We have expanded KATA training to County staff and the various departments in the County. This afternoon, there will be another KATA training session mostly for County staff. For most county staff, they would like to see how this framework can help them with process improvement and continuous improvement.

AUDIENCE PARTICIPATION

There was no audience participation.

ADJOURNMENT

There being no further business to come before the board, the meeting adjourned at 8:48 a.m.

Respectfully,

Cheryl Natte
Program/Personnel Committee Chair

CN/hb

PRELIMINARY MINUTES

To be approved at the Program/Personnel Committee Meeting on February 13, 2026.



PROGRAM AND PERSONNEL COMMITTEE

**Friday, December 5, 2025
8:00 a.m.**

376 E. Apple Ave., Muskegon, MI 49442

<https://healthwest.zoom.us/j/92330401570?pwd=TFNHMWhnQmF5NVAYbWRQVG54Tk1GZz09>

Meeting ID: 92330401570 Passcode: 428623

**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 Friday, October 10, 2025
(Attachment #1 – pg. 1-3) | Action |
| 4) | Public Comment (on an agenda item) | |
| 5) | Items for Consideration | |
| | A) Authorization to Approve revisions to HealthWest Policy and
Procedure 04-001: Confidentiality / Disclosure, and Privileged
Communication
(Attachment #2 – pg. 4-10) | Action |
| | B) Authorization to Approve revisions to HealthWest Policy and
Procedure 04-003: Consent
(Attachment #3 – pg. 11-15) | Action |
| | C) Authorization to Approve revisions to HealthWest Policy and
Procedure 04-004: Duty to Warn
(Attachment #4 – pg. 16-18) | Action |
| | D) Authorization to Approve revisions to HealthWest Policy and
Procedure 04-006: Safeguarding the Rights of Recipients
(Attachment #5 – pg. 19-23) | Action |

Main Office

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

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

E) Authorization to Approve revisions to HealthWest Policy and Procedure 04-007: Fingerprints, Photographs, Audio Recording Or Use of One-Way Glass (Attachment #6 – pg. 24-30)	Action
F) Authorization to Approve revisions to HealthWest Policy and Procedure 04-009: Restraint, Seclusion, and Physical Management (Attachment #7 – pg. 31-36)	Action
G) Authorization to Approve revisions to HealthWest Policy and Procedure 04-010: Services Suited to Condition, Dignity, and Respect (Attachment #8 – pg. 37-42)	Action
H) Authorization to Approve revisions to HealthWest Policy and Procedure 04-013: Treatment by Spiritual Means (Attachment #9 – pg. 43-47)	Action
I) Authorization to Approve revisions to HealthWest Policy and Procedure 04-015: Communication by Mail, Telephone and Visits – Residential Facilities (Attachment #10 – pg. 48-55)	Action
J) Authorization to Approve revisions to HealthWest Policy and Procedure 04-016: Personal Property and Funds (Attachment #11 – pg. 56-61)	Action
K) Authorization to Approve revisions to HealthWest Policy and Procedure 04-017: Freedom of Movement (Attachment #12 – pg. 62-65)	Action
L) Authorization to Approve revisions to HealthWest Policy and Procedure 04-018: Recipient Labor-Residential Facilities and Other Locations (Attachment #13 – pg. 66-69)	Action
M) Authorization to Approve revisions to HealthWest Policy and Procedure 04-020: Reporting Abuse and Neglect (Attachment #14 – pg. 70-78)	Action
N) Authorization to Approve revisions to HealthWest Policy and Procedure 04-022: Recipient Rights Complaint Process and Appeals (Attachment #15 – pg. 79-88)	Action
O) Authorization to Approve the HealthWest Policy and Procedure Financial Management (Attachment #16 – pg. 89-95)	Action

6) Old Business

- 7) New Business
- 8) Communication
 - A) Project Management Update: Information
Kristi Chittenden, Chief Information Officer
(Attachment #17 – pg. 96-99)
 - B) Program's Update: Information
Christy LaDronka, Chief Clinical Officer
(Attachment #18 – pg. 100)
 - C) Director's Report Information
- 9) Audience Participation / Public Comment
- 10) Adjournment Action

/hb

HEALTHWEST
PROGRAM/PERSONNEL MEETING MINUTES

October 10, 2025
8:00 a.m.

376 E. Apple Ave.
Muskegon, MI 49442

CALL TO ORDER

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

ROLL CALL

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

Members Absent: Mary Vazquez

Staff Present: Rich Francisco, Holly Brink, Gina Maniaci, Christy LaDronka, Kristi Chittenden, Linda Wagner, Carly Hysell, Melina Barrett, Tasha Kuklewski, Amber Berndt, Suzanne Beckeman, Kim Davis, Kara Zielinski, Gordon Peterman, Devan Peterson, Shannon Morgan, Jennifer Hoeker

Guests Present: Sara Hough

MINUTES

It was moved by Mr. Hardy, seconded by Ms. Thomas, to approve the minutes of the August 8, 2025 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

Rich Francisco, Executive Director, provided his Director's Report:

- **PIHP Procurement:**

On 10/9/2025, Judge Yates with the Court of Claims in Grand Rapids presided over the hearing with MDHHS vs. the PIHPs and CMHSPs who filed a lawsuit against the RFP released by MDHHS in February of this year. After presenting their cases and cross-examining witnesses, Judge Yates will offer an opinion by next Tuesday. I will keep the board informed of the results at the upcoming full board meeting. The link to the hearing is found here: <https://www.youtube.com/watch?v=XFNYkDDY2Bc>

- **HealthWest Training:**

HealthWest has completed the HealthWest Way training, with over 400 staff trained over a two-month period to implement a customer-centric framework for service. The Leadership Team assisted with various components of the training, including participating themselves. The primary goal of the customer service training is to revisit the foundational reason for HealthWest's existence. The pandemic caused a drift away from our purpose, and HW needs to reset by defining the "why." This training aims to craft the HealthWest Story, clarify what it means to be customer-centric, develop codes of conduct for excellent service, and create an implementation plan to ensure that a customer-centric philosophy (rooted in the Golden Rule) guides how we treat both clients and each other. Staff provided input through the storyboard process, identifying barriers to customer-centric service that leadership will prioritize and address. Key barriers identified include:

- Effective communication across the board, including from leadership, supervisors, and between teams (e.g., changes are not communicated well before implementation).
- Clear expectations of roles and responsibilities.
- Accountability, not just for leadership but for everyone at the agency.
- More supervisor and management training.

The Leadership Team's next steps include conducting ongoing "Brain Trust" sessions with supervisors to gather input on agency issues. A Customer Experience Team (CET) will be created to address issues identified during the HealthWest Way training. Additionally, the executive team will continue regular "Hot Seat" Q&A sessions with staff.

- **CCBHC Direct Payment:**

HW continues to work on administrative processes to address all issues related to CCBHC direct payment, including reporting data, encounter reporting for CCBHC services, and other processes that shift responsibility to the CMH, as the LRE will no longer be as involved in CCBHC oversight.

- **CSU Update:**

HealthWest will resume discussions with Trinity Health regarding the CSU. HW has

been working to secure legislative appropriations for capital improvement funds. Given the budget and cuts to MDHHS, there is a possibility this will not go through. A meeting is scheduled for Monday, 10/20/2025, to discuss potential alternative funding.

- **Urgent Care:**

HW has been running the pilot program for about three weeks and has served approximately 20 to 25 clients/patients. The Urgent Care is open Thursday & Friday from 8 a.m. to noon. We are still recruiting and have posted for additional staff to support UC.

- **Leadership Training:**

Leadership team members continue to participate in High Performance Leadership training through the Professional Development Academy. The executive team completed this training to improve leadership skills, including effective and positive communication and outcome reporting. The goal is to eventually extend this training to all supervisory staff and above, as the budget allows.

- **Board Membership:**

Mike Weesies has expressed interest in serving on the LRE board, replacing Linda Dunmore, who is retiring. I have met with him to review requirements, and he is willing to learn more.

- **KATA Projects:**

KATA is the tool we use to improve processes and outcomes, utilizing the Plan, Do, Check, Act steps. There are currently about 11 KATA projects running, and 11 have been completed. I want to highlight the CCBHC KATA project that started on 11/24 of last year. It was identified that we were heading into deficit territory for CCBHC services. The project aimed to reduce the deficit by 75%. The total deficit forecasted was about \$5.5M for CCBHC. With Linda Anthony as the KATA lead, the challenge and goal were achieved, bringing the total deficit down to about \$477K. This is a significant improvement in service delivery. Factors addressed included documentation practices and increasing daily visits to ensure steady service delivery. Kudos to HealthWest for achieving this goal!

AUDIENCE PARTICIPATION

There was no audience participation.

ADJOURNMENT

There being no further business to come before the board, the meeting adjourned at 8:19 a.m.

Respectfully,

Cheryl Natte
Program/Personnel Committee Chair

CN/hb

PRELIMINARY MINUTES

To be approved at the Program/Personnel Committee Meeting on December 5, 2025

REQUEST FOR HEALTHWEST BOARD CONSIDERATION AND AUTHORIZATION

COMMITTEE Program/Personnel Committee	BUDGETED X	NON-BUDGETED	PARTIALLY BUDGETED
REQUESTING DIVISION Administration	REQUEST DATE December 5, 2025	REQUESTOR SIGNATURE Linda Wagner, Recipient Rights Officer	
<u>SUMMARY OF REQUEST (GENERAL DESCRIPTION, FINANCING, OTHER OPERATIONAL IMPACT, POSSIBLE ALTERNATIVES)</u>			
<p>HealthWest Board authorization is requested to approve the revisions of Policy and Procedure 04-001 (Confidentiality / Disclosure, and Privileged Communication). The revised sections are shown on the redlined attached Policy. These revisions are recommendations based on the Recipient Rights State Audit and the requirements per our Corrective Action Plan.</p> <p>Policy:</p> <p>Information in the record of a recipient, and other information acquired in the course of providing mental health and substance use services, shall be kept confidential and is not open to public inspection. Access is limited to HealthWest employees, contract providers, volunteers, student interns, and persons under contract with a need to know the information to perform job duties.</p>			
<u>SUGGESTED MOTION (STATE EXACTLY AS IT SHOULD APPEAR IN THE MINUTES)</u>			
I move the HealthWest Board of Directors to authorize the policy and procedural changes for Policy 04-001 described above and attached, effective December 22, 2025.			
COMMITTEE DATE December 5, 2025	COMMITTEE APPROVAL _____ Yes _____ No _____ Other		
BOARD DATE December 19, 2025	BOARD APPROVAL _____ Yes _____ No _____ Other		



Policy Title: Confidentiality/Disclosure, and Privileged Communications	Policy #: 04-001	<u>Review Dates</u>	
Category: Recipient Rights Subject: To establish limits and procedures for maintaining confidentiality, managing disclosures, and protecting privileged communications for recipients of mental health and substance use services, consistent with applicable Michigan law and federal regulations.	Prepared by: The Office of Recipient Rights Approved by: _____ Rich Francisco, Executive Director		
	Effective Date: April 22, 1983	Last Revised Date: 9/September-10/ 2025	

I. POLICY

Information in the record of a recipient, and other information acquired in the course of providing mental health and substance use services, shall be kept confidential and is not open to public inspection. Access is limited to HealthWest employees, contract providers, volunteers, student interns, and persons under contract with a need to know the information to perform job duties.

II. PURPOSE

To ensure confidentiality, privileged communications, and recipient access to records according to applicable State and Federal laws.

III. APPLICATION

All HealthWest employees, volunteers, student interns, and persons under contract with HealthWest.

IV. DEFINITIONS

A. Confidential Information: Any information in a recipient's record or otherwise obtained in providing services, including demographic, clinical, billing, and coordination of care information.

B. Privileged Communication: Communication made to a psychiatrist or psychologist in connection with examination, diagnosis, or treatment of a recipient, or to another person participating in such services; and independent privileges that protect communications with licensed social work professionals. (See MCL 330.1750; MCL 339.1610.)

C. Holder of the Record: The HealthWest program/unit responsible for maintaining the recipient's designated record set.

D. ~~DRM~~: Disability Rights Michigan, Michigan's protection and advocacy system.

Commented [LW1]: Remove the l

E. 42 CFR Part 2 Records: Substance use disorder treatment records subject to additional federal protections.

V. PROCEDURE

A. Confidentiality Standard. All information in a recipient's record and information acquired in providing services shall be kept confidential and is not open to public inspection.

B. Notice in Record. A summary of Section 1748 of the Michigan Mental Health Code shall be included in each recipient file.

C. Accounting of Disclosures. For each disclosure, document: (1) information released; (2) to whom; (3) the purpose requested; (4) how the disclosure is germane to the stated purpose and protection of identity when practicable; (5) the subsection of law permitting disclosure (e.g., MCL 330.1748); and (6) notice to the recipient of the information that further disclosure must be consistent with the authorized purpose.

D. Disclosures as Required/Permitted by Law (without consent unless privileged). Disclose confidential information only when requested under one or more of the following:

1. Court orders, search warrants, or subpoenas of a court of record, or subpoenas of the legislature, unless the information is made privileged by law.
2. Prosecuting attorney participation in Mental Health Code proceedings.
3. Recipient's attorney with consent of the recipient/guardian or parent of a minor who has legal and physical custody, (as applicable). Absent valid consent, non-representing attorneys must present a certified court order.
4. Auditor General as necessary to discharge constitutional responsibilities.
5. Michigan Department of Health and Human Services (MDHHS) where necessary to discharge legal responsibilities.
6. Compliance with other law requiring disclosure.
7. Benefits for surviving spouse/closest relative, only when designated personal representative or with court order.

~~7.~~ **E. The Holder of a record may disclose information as necessary for treatment, coordinator of care, or payment for the delivery of mental health services, in accordance with the health Insurance Portability and Accountability Act of 1996, Public Law 104-191.**

~~**FE. Child Abuse/Neglect Requests (CPS).**~~ Upon written notice of a child abuse or neglect investigation and a written request from Child Protective Services (CPS), the mental health professional will review all mental health records and information in the professional's possession to determine what is pertinent to the investigation. Within 14 days after receipt of the request, the mental health professional will release those pertinent mental health records and information to the CPS caseworker or administrator directly involved in the investigation.

~~**GF. Consent-Based Disclosures.**~~ Except as noted otherwise, confidential information may be disclosed with written consent from: (1) the recipient; (2) the recipient's guardian with authority to consent; (3) the parent of a minor who has legal and physical custody; or (4) the court-appointed

personal representative or executor of the estate of a deceased recipient, unless, in the written judgment of the holder of the record, the disclosure would be detrimental to the recipient or others.

HG. Recipient Direct Access (Post-3/28/1996 Entries). For case entries made after March 28, 1996, disclose information made confidential by the Code to an adult recipient upon request if they have no guardian and have not been adjudicated incompetent. Comply expeditiously and no later than the earlier of 30 days after receipt of the request or, if the recipient is in treatment, before discharge.

IH. Determination of Detriment. Unless MCL 330.1748(4) applies, the Executive Director may determine disclosure would be detrimental to the recipient or others. If the record is onsite, decide within ~~three~~3 business days; if offsite, within 10 business days. Provide written notice of the decision and justification to the requester.

~~I. Appeal~~**J. Appeal of Detriment.** A person who disagrees may file a recipient rights complaint with ORR (Department, CMHSP, or licensed hospital responsible for the original determination).

K. J-Partial Disclosure. If detriment is found, determine whether part of the information may be released without detriment. Do not withhold if the benefit to the recipient outweighs the detriment.

LK. Private Physicians/Psychologists (Legal Proceedings).

1. A physician/psychologist who presents identification and a certified court order appointing them to examine a recipient shall be permitted to review, on provider premises, records concerning the recipient. Notify them before review when records contain privileged communications that cannot be disclosed in court absent waiver or lawful exception.
2. If subpoenaed, inform the court/issuing entity and the Attorney General (when involved) if the requested information is privileged. **Privileged information shall not be disclosed unless permitted by waiver or other conditions that permit/require disclosure by law.**

ML. Search Warrants. Staff shall immediately notify their Supervisor when presented with a search warrant. The Supervisor will present warrant documents to the Privacy Officer for review and direction before compliance.

MN. Prosecutor—Non-Privileged and Certain Privileged Information. A prosecutor may receive non-privileged information or privileged information permitted under MCL 330.1750(3) that relates to participation in proceedings under the Code (e.g., witnesses to acts supporting involuntary admission criteria; information relevant to alternatives to admission; other information designated in provider policy).

NO. Discretionary Disclosures by Holder of the Record.

1. **Benefits.** As necessary for a recipient to apply for or receive benefits, limited to situations where benefits accrue to the provider or are subject to collection for liability for services.
2. **Research/Evaluation/Accreditation/Statistics.** Permitted when identification is essential or impractical to prevent and not harmful; otherwise, de-identify.
3. **Compelling Need/Substantial Probability of Harm.** Disclose to providers/public agencies based on a substantial probability of harm to the recipient or others.

OP. DD **Disability Rights Michigan (DRM).** ~~If required by federal law,~~ HealthWest shall grant a representative of Disability Rights Michigan access to the records of all of the following:

1. A recipient, if the recipient, the recipient's guardian with authority to consent, or a minor's parent(s) with legal and physical custody of the recipient, have consented to the access.
2. A recipient, including a recipient who has died or whose whereabouts are unknown, if all of the following apply:
 - a. Because of mental or physical condition, the recipient is unable to consent to access.
 - b. The recipient does not have a guardian or other legal representative, or the recipient's guardian is the State.
 - c. Disability Rights Michigan has received a complaint on behalf of the recipient or has probable cause to believe, based on monitoring or other evidence, that the recipient has been subject to abuse or neglect.
3. A recipient who has a guardian or other legal representative if all of the following apply:
 - a. A complaint has been received by Disability Rights Michigan or there is probable cause to believe the health or safety of the recipient is in serious and immediate jeopardy.
 - b. Upon receipt of the name and address of the recipient's legal representative, Disability Rights Michigan has contacted the representative and offered assistance in resolving the situation.
 - c. The representative has failed or refused to act on behalf of the recipient.

QP. Peer Review Confidentiality. Records/data/knowledge collected for peer review (including MCL 330.1143a(1)) are confidential, used only for peer review, are not public records, and are not subject to subpoena.

RQ. Clinical Purpose Releases. When authorized by the individual/legal representative for clinical purposes, release a copy of the entire medical and clinical record to a provider of mental health services.

SR. Record Amendment/Correction. After gaining access to treatment records, a recipient, guardian or parent of a minor ~~recipient/guardian/parent of a minor~~ may challenge accuracy, completeness, timeliness, or relevance of factual information. Allow insertion of a statement of correction/amendment, which becomes part of the record.

SI. Serious Communicable Diseases (Public Act 488 and related laws). Maintain strict confidentiality of all reports/records/data related to testing, care, treatment, reporting, and research associated with serious communicable diseases (e.g., HIV/AIDS, TB, VD). Use HealthWest Form No. 001 for disclosures; disclose to another provider when urgent care is required; follow PA 89/490 requirements (e.g., partner notification via contracted physicians; disclosures regarding known health threats).

UI. 42 CFR Part 2 – Substance Use Disorder Records.

1. **Covered Programs.** Programs that provide SUD diagnosis, treatment, or referral and are federally assisted.
2. **Protected Information.** Any recipient-identifying SUD information obtained for diagnosis, treatment, or referral; may not be used to initiate/substantiate criminal investigations.
3. **Not Restricted.** Disclosure that an identified individual is not and never has been a recipient.

4. **Permitted Internal Communications.** Among program staff and with entities having direct administrative control; with qualified service organizations under written agreement.
5. **Mandatory Reports/Exceptions.** Crime on program premises/against staff; suspected child abuse/neglect.
6. **With Consent.** Competent adult; court-appointed guardian; minor self-consent rules; deceased recipients—priority order of personal representative/spouse/parent/sibling/children.
7. **Medical Emergency Disclosures.** To medical personnel where immediate intervention is required; immediately document (recipient; recipient's/medical personnel's affiliation; disclosing staff; date/time; nature of emergency).
8. **Research/On-Site Reviews/Court Orders.** Disclose under tightly controlled conditions and court orders only when good cause is found and narrowly tailored; note that a court order lifts federal prohibition but may require a separate subpoena/mandate to compel release.

UV. Ownership of the Record. The record is the property of the Board of HealthWest; the information belongs to the recipient. The recipient generally has the right to examine/obtain a copy and direct HealthWest to permit a third party to examine/obtain a copy, subject to applicable laws and reasonable fees.

VV. Privileged Communications (Non-Disclosure). Do not disclose privileged communications in civil, criminal, legislative, or administrative proceedings or preliminary proceedings unless the recipient has waived the privilege or a statutory exception applies. Exceptions include, for example: condition introduced by recipient as element of a claim/defense; mental health code proceeding with prior notice; competence/guardianship proceedings with prior notice; malpractice actions against the professional; court-ordered examinations (limited purpose); competence-to-stand-trial contexts (limited issues). When disclosure of privileged communication is prohibited, do not disclose the fact of examination/diagnosis/treatment except as allowed (e.g., certain health insurer determinations). Unless disclosure is permitted because of an express waiver of privilege or because of other conditions that, by law, permit or require disclosure, privileged communications shall not be disclosed.

XW. Breach/Penalties & Discipline. Recipients may bring civil suits for damages for breaches. Courts may impose penalties for unauthorized SUD disclosures (federal criminal penalties) and for breaches of serious communicable disease confidentiality (misdemeanor penalties). Staff who violate confidentiality may also be subject to disciplinary action.

YX. Duty to Warn (MCL 330.1946). When a credible threat to an identifiable victim exists and serious intent with foreseeable peril is present, act in a timely manner as required by law (e.g., hospitalize/initiate proceedings; and/or warn the threatened individual and notify law enforcement; with additional notifications when the threatened person is a minor or legally incompetent). Document all actions taken.

VI. REFERENCES

- Michigan Mental Health Code: MCL 330.1748, 330.1749, 330.1750, 330.1752, 330.1946
- Administrative Rule: R 330.7051
- 42 CFR Part 2 (Confidentiality of SUD records)
- Public Act 488 (serious communicable diseases), related PA 89/490
- Applicable court rules and federal/state privacy laws (including HIPAA)

GK//tk—tk

REQUEST FOR HEALTHWEST BOARD CONSIDERATION AND AUTHORIZATION

COMMITTEE Program/Personnel Committee	BUDGETED X	NON-BUDGETED	PARTIALLY BUDGETED
REQUESTING DIVISION Administration	REQUEST DATE December 5, 2025	REQUESTOR SIGNATURE Linda Wagner, Recipient Rights Officer	
<u>SUMMARY OF REQUEST (GENERAL DESCRIPTION, FINANCING, OTHER OPERATIONAL IMPACT, POSSIBLE ALTERNATIVES)</u>			
<p>HealthWest Board authorization is requested to approve the revisions of Policy and Procedure 04-003 (Consent). The revised sections are shown on the redlined attached Policy. These revisions are recommendations based on the Recipient Rights State Audit and the requirements per our Corrective Action Plan.</p> <p>Policy:</p> <p>HealthWest will provide mental health services only after the recipient, or his/her legal representative, has provided a written consent for treatment. Exceptions may occur where agency services will be provided to persons who meet criteria for involuntary evaluation or treatment.</p>			
<u>SUGGESTED MOTION (STATE EXACTLY AS IT SHOULD APPEAR IN THE MINUTES)</u>			
I move the HealthWest Board of Directors to authorize the policy and procedural changes for Policy 04-003 described above and attached, effective December 22, 2025.			
COMMITTEE DATE December 5, 2025	COMMITTEE APPROVAL _____ Yes _____ No _____ Other		
BOARD DATE December 19, 2025	BOARD APPROVAL _____ Yes _____ No _____ Other		

HWB 20-P

Policy and Procedure Title: Consent	Policy and Procedure #: 04-003	<u>Review Dates</u>	
Category: Recipient Rights Subject: Consent	Prepared by: The Office of Recipient Rights Approved by: _____ Rich Francisco, Executive Director		
	Effective Date: 04/22/1983	Last Revised 09/23/2025	

I. POLICY

HealthWest will provide mental health services only after the recipient, or his/her legal representative, has provided a written consent for treatment. Exceptions may occur where agency services will be provided to persons who meet criteria for involuntary evaluation or treatment.

II. APPLICATION

All HealthWest programs.

III. DEFINITIONS

A. Consent ~~is written informed consent on the part of a recipient, or his/her legal representative.~~ means a written agreement executed by a consumer, a minor consumer's parent or consumer's legal representative with authority to execute consent, or a verbal agreement of a consumer that is witnessed and documented by an individual other than the individual providing treatment.

A.B. Informed consent requires:

1. Legal competency. An individual shall be presumed to be legally competent. ~~—~~ This presumption may be rebutted only by a court appointment of a guardian or exercise by a court of guardianship powers and only to the extent of the scope and duration of the guardianship. An individual shall be presumed legally competent regarding matters that are not within the scope and authority of the guardianship.
2. Knowledge. ~~When gaining To consent the person requesting must be sure that the, a recipient and/or legal guardian representative must have~~ has the basic information about the procedure, risks, other related consequences, and other relevant information. The standard governing required disclosure by a doctor is what a reasonable patient needs to know in order to make an informed decision. ~~—~~ Other relevant information includes all of the following:

a. The purpose of the procedures.

- b. A description of the attendant discomforts, risks, and benefits that can reasonably be expected.
 - c. A disclosure of appropriate alternatives advantageous to the recipient.
 - d. An offer to answer further inquiries.
3. Comprehension. An individual must be able to understand what the personal implications of providing consent will be based upon the information provided under subdivision (2) of this definition.
 4. Voluntariness. There shall be free power of choice without the intervention of an element of force, fraud, deceit, duress, overreaching, or other ulterior form of constraint or coercion, including promises or assurances of privileges or freedom. There shall be an instruction that an individual is free to withdraw consent and to discontinue participation or activity at any time without prejudice to the recipient.

B.C. Involuntary Recipient: An individual who is in police custody under provisions of the Mental Health Code or is held in a psychiatric inpatient unit or state facility by medical certification or Probate Court petition or is otherwise under Probate Court order to receive mental health services.

G.D. Informed consent will be reobtained, if changes in circumstances substantially change the risks, other consequences or benefits that were previously expected.

IV. PROCEDURE

- A. The responsible staff person is required to provide full information to the recipient regarding treatment procedures' risks and other consequences and relevant information to the degree that a recipient can benefit from such information, even when a guardian has been appointed.
- B. The responsible staff person will inform the recipient or legal representative that consent for mental health services may be withdrawn at any time without prejudice.
- C. The responsible staff person must make a determination regarding the ability of a recipient, or legal representative, to give informed consent, as described in HealthWest Policy 06-010 Medication Administration ~~§V.F.~~
- D. Before any guardianship proceedings are initiated, the responsible staff person shall evaluate the recipients, or legal representative's ability to give consent.
- E. The rights of a minor to give consent shall be governed by the following:
 1. A minor 14 years of age or older may request and receive mental health services and a mental health professional may provide mental health services on an outpatient basis, excluding pregnancy termination referral services and the use of psychotropic drugs, without the consent or knowledge of the minor's parent, guardian or person in loco parentis.
 2. Except as otherwise provided in this section, the minor's parent, guardian or person in loco parentis shall not be informed of the services without the consent of the minor unless the mental health professional treating the minor determines that there is a

compelling need for disclosure based on a substantial probability of harm to the minor or to another individual, and if the minor is notified of the mental health professional's intent to inform the minor's parent, guardian or person in loco parentis.

3. Services provided to a minor under this section shall be limited to not more than 12 sessions or four months per request for services. After the twelfth session or fourth month of services, the mental health professional shall terminate the services or, with the consent of the minor, notify the parent, guardian, or person in loco parentis to obtain consent to provide further outpatient services.

4. Services provided to a minor will, to the extent possible, promote the minor's relationship to the parent, guardian, or person in loco parentis, and will not undermine the values that the parent, guardian, or person in loco parentis has sought to instill in the minor.

—The minor's parent, guardian, or person in loco parentis is not liable for the costs of services that are received by a minor.

5.

4.6. This section does not relieve a mental health professional from his or her duty to report suspected child abuse or neglect under Section 3 of the Child Protection Law, Act no. 238 of the Public Acts of 1975.

V. REFERENCES

M.C.L. 330.1707

Administrative Rules R 330.7003

Authors Initials LS/lk-2mwhb

REQUEST FOR HEALTHWEST BOARD CONSIDERATION AND AUTHORIZATION

COMMITTEE Program/Personnel Committee	BUDGETED X	NON-BUDGETED	PARTIALLY BUDGETED
REQUESTING DIVISION Administration	REQUEST DATE December 5, 2025	REQUESTOR SIGNATURE Linda Wagner, Recipient Rights Officer	
<u>SUMMARY OF REQUEST (GENERAL DESCRIPTION, FINANCING, OTHER OPERATIONAL IMPACT, POSSIBLE ALTERNATIVES)</u>			
<p>HealthWest Board authorization is requested to approve the revisions of Policy and Procedure 04-004 (Duty to Warn). The revised sections are shown on the redlined attached Policy. These revisions are recommendations based on the Recipient Rights State Audit and the requirements per our Corrective Action Plan.</p> <p>Policy:</p> <p>It is the policy of HealthWest to warn potential victims if an individual has communicated an actual and foreseeable threat of violence by specific means. It is also the policy of HealthWest to take reasonable precautions to provide protection from such violent behavior.</p>			
<u>SUGGESTED MOTION (STATE EXACTLY AS IT SHOULD APPEAR IN THE MINUTES)</u>			
I move the HealthWest Board of Directors to authorize the policy and procedural changes for Policy 04-004 described above and attached, effective December 22, 2025.			
COMMITTEE DATE December 5, 2025	COMMITTEE APPROVAL _____ Yes _____ No _____ Other		
BOARD DATE December 19, 2025	BOARD APPROVAL _____ Yes _____ No _____ Other		



Policy Title: Duty to Warn	Policy or Procedure #: 04-004	Review Dates
Category: Recipient Rights	Prepared by: The Office of Recipient Rights	
Subject: To ensure the safety of individuals receiving services and the general public.	Approved by: _____ Rich Francisco, Executive Director	
	Effective Date: 03/14/1988	Last Revised Date: 11-25-2025

I. PURPOSE (OR POLICY if applicable)

It is the policy of HealthWest to warn potential victims if an individual has communicated an actual and foreseeable threat of violence by specific means. It is also the policy of HealthWest to take reasonable precautions to provide protection from such violent behavior.

II. APPLICATION

All employees, volunteers, student interns, and persons under contract with HealthWest.

III. DEFINITIONS

Duty to Warn: Duty to warn takes effect when there is a threat against a clearly identified or reasonably identified victim or specific class of people (family, bosses, etc.) and serious intent with foreseeable peril is present as assessed by: (1) the specificity of the plan – clarity, severity, imminence; (2) capability of the recipient; (3) opportunity and availability of the means; and (4) the recipient's history of known violent behavior (if history is available).

IV. PROCEDURE

A. If a threat of physical violence against a third person occurs, the Mental Health Code (Section 946) requires one or more of the following occur in a timely manner:

1. Hospitalize the recipient or initiate proceedings to hospitalize.
2. Make a reasonable attempt to communicate the threat to a third person and communicate the threat to the local police or sheriff's departments or the state police.

B. The law further states that if the person threatened is a minor or is incompetent by other than age, you must do all of the following:

1. Contact the local police, sheriff, or state police (as above).
2. Communicate the threat to the Department of Human Services (DHS), Protective Services, in the county where the minor resides.
3. Communicate the threat to the minor's custodial or non-custodial parent or legal guardian.

C. Once evidence of a clear threat to specific person(s) is identified, the following will occur:

1. If possible, contact the recipient (by phone or in person) and get more information and express your duty to warn and intention to warn others. If direct contact is not possible in a short time, proceed with further steps.
2. Notify and consult with your Program Supervisor. If he/she is unavailable, contact the Executive Director, Chief Clinical Officer, Chief Administrative Officer, or an available staff psychiatrist. Do not attempt to deal with the crisis alone.
3. If after consultation, the decision is made that the duty to warn is required, the Recipient Rights Officer will be notified and apprised of the situation.
4. Evaluate for involuntary (or voluntary) hospitalization and implement this if appropriate as a first choice.
5. If hospitalization does not occur or the threat to a third person still exists, directly notify the potential victim(s) of the threat to harm. Be as specific as possible about the details of the threat and indicate the appraisal of the degree of dangerousness. Do not otherwise divulge the mental status of the recipient or therapeutic content of the case.
6. Notify appropriate police or sheriff authorities and parents/guardians if applicable.
7. If the recipient is not hospitalized, continue treatment and consider the following:
 - a. Psychiatric consultation, reassess medication, diagnosis, mental status.
 - b. Psychological testing.
 - c. Evaluating relationship with therapist/supports coordinator and/or team.
 - d. Increase recipient level of observation and supervision.
 - e. Enrolling recipient in more structured programs.
 - f. Contracting with recipient to notify therapist before acting.
8. Finally, **document everything**. This includes specific findings regarding the threat and its elements (see above); who was contacted inside and outside the agency and what was discussed with them; interventions considered and which ones were implemented and their outcomes.
9. An Incident Report ~~(C260)~~ (found on Latitude 43) will be filed every time the Duty to Warn is discharged.

V. REFERENCES

MCL330.1946,330.748

~~C260~~-Incident Report Form-Latitude 43.

Authors Initials hb/—/lkw

Formatted: Strikethrough, Highlight

Formatted: Strikethrough, Highlight

Formatted: Strikethrough, Highlight

Formatted: Strikethrough

Formatted: Strikethrough

Formatted: Font color: Red

REQUEST FOR HEALTHWEST BOARD CONSIDERATION AND AUTHORIZATION

COMMITTEE Program/Personnel Committee	BUDGETED X	NON-BUDGETED	PARTIALLY BUDGETED
REQUESTING DIVISION Administration	REQUEST DATE December 5, 2025	REQUESTOR SIGNATURE Linda Wagner, Recipient Rights Officer	
<u>SUMMARY OF REQUEST (GENERAL DESCRIPTION, FINANCING, OTHER OPERATIONAL IMPACT, POSSIBLE ALTERNATIVES)</u>			
<p>HealthWest Board authorization is requested to approve the revisions of Policy and Procedure 04-006 (Safeguarding the Rights of Recipients). The revised sections are shown on the redlined attached Policy. These revisions are recommendations based on the Recipient Rights State Audit and the requirements per our Corrective Action Plan.</p> <p>Policy:</p> <p>The Board and staff of HealthWest will safeguard the rights of recipients receiving mental health services in accordance with applicable state and federal law, rules and guidelines.</p>			
<u>SUGGESTED MOTION (STATE EXACTLY AS IT SHOULD APPEAR IN THE MINUTES)</u>			
I move the HealthWest Board of Directors to authorize the policy and procedural changes for Policy 04-006 described above and attached, effective December 22, 2025.			
COMMITTEE DATE December 5, 2025	COMMITTEE APPROVAL _____ Yes _____ No _____ Other		
BOARD DATE December 19, 2025	BOARD APPROVAL _____ Yes _____ No _____ Other		

HWB 22-P



Policy and Procedure Title: Safeguarding the Rights of Recipients	Policy and Procedure #: 04-006	<u>Review Dates</u>	
Category: Recipient Rights Subject: To establish a Recipient Rights Advisory Committee and provide for an Office of Recipient Rights to include a Recipient Rights Officer and a Recipient Rights Advisor.	Prepared by: The Office of Recipient Rights		
	Approved by:		
	_____ Rich Francisco, Executive Director		
	Effective Date: 04/22/1983	Last Revised Date: 10-16-2025 09/10/2025 04/06/2019	

Formatted: Font: Not Bold

I. POLICY

The Board and staff of HealthWest will safeguard the rights of recipients receiving mental health services in accordance with applicable state and federal law, rules and guidelines.

II. APPLICATION:

All mental health programs, services and facilities operated by HealthWest.

III. DEFINITIONS:

- A. **Office of Recipient Rights:** Consists of Recipient Rights Officer and Recipient ~~Rights Advisor,~~ and Rights Advisor(s) and is subordinate only to the Executive Director.
- B. **Recipient:** An individual who receives mental health services from the department, a community mental health services program or a facility, or from a provider that is under contract with the department or a community mental health services program.
- C. **Recipient Rights Advisory Committee:** A committee of a community mental health services program board appointed under Section 757 of PA258 as amended.
- D. **Recipient Rights Officer:** The director of the Office of Recipient Rights appointed by the Executive Director with the consultation of the Recipient Rights Advisory Committee and subordinate only to the Executive Director.
- E. **Recipient Rights Advisor(s):** The employee designated by the Executive Director with the consultation of the Recipient Rights Advisory Committee, to work in conjunction with the Recipient Rights Officer.

Formatted: Font color: Red

IV. PROCEDURES:

- A. The Board shall:

1. Appoint a Recipient Rights Advisory Committee.
 2. Approve and adopt policies and procedures that safeguard the rights of recipients of mental health services, but in a manner that does not violate employee rights.
 3. Approve an annual budget that assures adequate provision of recipient rights service to recipients.
 4. Require as a condition of licensing, placement, payment or reimbursement that a contract agency afford recipients protection of their rights and that a Rights Protection System be implemented, and that the provider and his/her employees receive recipient rights training within 30 days of hire.
 5. Assure the Director follows Personnel Rules of the County of Muskegon and/or Union Contract and abides by the Whistleblowers Act to protect recipient rights staff and other staff who act as rights complainants from any type of retaliation and/or harassment and assure appropriate disciplinary action will be taken if there is evidence of harassment or retaliation.
 6. Ensure adequate recipient rights coverage. In the absence of both the Recipient Rights Officer and Advisor, the Director shall appoint a designee with non-clinical responsibilities to receive and initiate investigating of alleged recipient rights violations.
- B. The Recipient Rights Advisory Committee shall:
1. Consist of at least six members. The membership of the committee shall be broadly based so as best to represent the varied perspectives of HealthWest's geographic area. At least one-third of the membership shall be primary consumers or family members, and of that one-third, at least one-half shall be primary consumers.
 2. Meet at least semi-annually or as necessary to carry out its responsibilities.
 3. Maintain a current list of member's names to be made available to individuals upon request.
 4. Maintain a current list of categories represented to be made available to individuals upon request.
 5. Protect the Office of Recipient Rights from pressures that could interfere with the impartial, even-handed and thorough performance of its functions.
 6. Recommend candidates for Recipient Rights Officer to the Director and consult with the Director regarding any proposed dismissal of the Recipient Rights Officer.
 7. Serve in an advisory capacity to the Director and the Recipient Rights Officer.
 8. Review and provide comments on the annual report and semi-annual reports submitted by the Director to the Board.
 9. Review the funding of the Office of Recipient Rights annually.
 10. Serve as the Appeals Committee for a recipient's appeal.
 11. Meetings of the Recipient Rights Advisory Committee are subject to the open meetings act.
- C. The Director shall:
1. Adopt and implement applicable MDHHS and HealthWest recipient rights policies and procedures.
 2. Appoint one employee of the Board to be the Recipient Rights Officer for the Board who has the education, training and experience to fulfill the responsibilities of the office. The Director shall not select, replace or dismiss the Recipient Rights Officer without first consulting the Recipient Rights Advisory Committee. See Attachment A Muskegon County Recipient Rights Officer classification.
 3. Assure the Office of Recipient Rights has unimpeded access to:
 - a. All programs and services operated by or under contract with HealthWest
 - b. All staff employed by or under contract with HealthWest
 - c. All evidence necessary to conduct a thorough investigation or to fulfill its monitoring function
 4. Designate an individual to be the Rights Advisor for the Board; see Attachment B; Muskegon County Recipient Rights Advisor classification.

5. Meet with the Recipient Rights Officer of the Board to discuss substantiated allegations, recommended remedial actions, prevention of rights violations and other systems issues.
6. Take appropriate firm and fair disciplinary action when a violation has been substantiated.
7. Cooperate in the pursuit of appropriate criminal charges against those who have engaged in abuse.
8. Support the Recipient Rights Officer in planning and carrying out in-service training for all appropriate staff on recipient rights issues.
9. Ensure that the rights protection procedure is explained to each recipient. Rights summaries may be mailed to parents or guardians who reside outside the county. The rights explanation includes the name and location of the person designated to receive and investigate recipient rights complaints, a brief description of this function, and directions on how to contact the person. When first accepted for service, each recipient (parent or guardian) shall sign a document indicating that the rights summary was received and the rights protection procedure was understood. This document will be placed in each recipient's case record.
10. Assure that copies of the appropriate rights summaries are posted in appropriate places on the premises of all service locations.
11. Assure that all recipients of service, parents, guardians, friends and others have ready access to Recipient Rights Complaint forms, as well as information on who Recipient Rights staff are and how to locate them, including names, phone numbers and addresses of Recipient Rights staff.

D. The Recipient Rights Officer and the Recipient Rights Advisor(s) shall:

1. Not be involved in direct service responsibilities or treatment.
2. Have a personal commitment to safeguarding recipient rights.
3. Be regularly accessible to recipients and staff of the HealthWest.
4. Maintain an impartial attitude and credibility with recipients, concerned relatives and staff.
5. Have no other responsibilities in conflict with Recipient Rights activities.
6. Become knowledgeable of the Mental Health Code (especially Chapter 7 and 7A) and the Administrative Rules (especially Part 7), and related HealthWest policies and procedures.
7. Develop and provide in-service training about recipient rights.
8. Investigate all allegations of rights violation, with assistance from other staff, when necessary.
9. Use the preponderance of evidence standard to make an independent determination of whether each allegation is substantiated, not substantiated.
10. Ensure that the remedial action for a specific complaint includes action, when applicable, for all recipients in a similar situation.
11. Assist the recipient who has been physically, sexually or otherwise abused in finding legal assistance to pursue injunctive and other appropriate civil relief. If an assault is believed to have taken place, the police must be notified.
12. Inform the complainant when an allegation refers to a right for which remedial action is available only outside the jurisdiction of ~~HealthWest, and HealthWest and~~ assist complainant in contacting the appropriate agency.
13. Ensure complaints are processed in accordance with Chapter 7 and 7A of the Mental Health Code and HealthWest Policy No. 4-020.
14. Compile and maintain records of all alleged rights violations and actions taken and keep a log of interventions and investigations.
15. Review all contracts with contract agencies to ensure compliance with Board Recipient Rights policies. Recommend changes needed in such contracts to the Director.
16. Assist the complainant in filing an appeal if the complainant is dissatisfied with action taken by the Director, or with the findings of the investigations.
17. Communicate, coordinate joint activities with, and provide liaison to MDHHS Office of Recipient Rights to ensure that local interpretations of the Mental Health Code, Administrative Rules, and MDHHS policies, procedures and standards (as these relate to

recipient rights) are compatible with MDHHS efforts to develop a unified statewide system of the provision of mental health care.

18. Provide public information on matters concerning the recipient rights program.
19. Receive and investigate complaints concerning Sec. 504, Rehabilitation Act of 1973, and the Americans with Disabilities Act, making appropriate referrals to the Equal Employment Opportunity Commission (EEOC) Office of Muskegon County.
20. Ensure that all HealthWest sites and contracted service sites where HealthWest has the responsibility to provide recipient rights services are visited by Recipient Rights staff on a minimum of an annual basis.
21. Participate in development of policy and procedures pertinent to recipient ~~rights, and rights~~ and review HealthWest policies pertinent to recipient rights.
22. Participate in training each year in recipient rights protection sponsored by MDHHS and Recipient Rights Officers Association of Michigan (RROAM).
23. Ensure that the Rights Officer, Advisor and alternate of those service providers allowed/required by contract to establish their own Rights protection system attend the Michigan Department of Health and Human Services ORR Basic Skills I & II, Developing Effective Training, and other trainings they may require within three months of hire.
24. Ensure that the Rights Officer, Advisor and alternate of those service providers allowed/required by contract to establish their own Rights protection system every three years during their employment complete a Recipient Rights Update Training as specified by Michigan Department of Health and Human Services ORR.
 - a. ~~A minimum of 12-12 of the required 36 hours were approved as either Category I or II. All staff employed to provide recipient rights services must complete a minimum of 8 hours of training annually. Training topics must be relevant to directly providing rights protection, in topics that assist in the effective operation of the rights office, or in areas that enhance the rights staff's knowledge of the delivery of behavioral health services.~~
 - b. ~~Rights Staff acquire at least 3 continuing education credits each calendar year.~~

E. Records compiled in the course of investigating an alleged rights violation shall be retained by recipient rights staff, maintained independent of the client's case record, or an employee's personnel record, and shall be subject to confidentiality safeguards of Public Act 258, Section 748.

F. Recipients shall be informed in writing that information and consultation may be obtained from MDHHS Office of Recipient Rights regarding their rights, including appeal rights.

IV. REFERENCES:

Act 258, Public Acts of 1974, as amended, being MCL 330.1001 through 330.2106.
Administrative Rule 330.7001 through 330.7254

Author Initials: ~~GK~~~~GK~~/lkwhb

Commented [LW1]: Remove. No longer required as of 10-1-2025 add the new a.

Formatted: Strikethrough, Highlight

Formatted: Strikethrough, Highlight

Formatted: Strikethrough

Formatted: Font: (Default) Arial, Font color: Red

Formatted: Indent: Left: 1"

Formatted: Font color: Red

REQUEST FOR HEALTHWEST BOARD CONSIDERATION AND AUTHORIZATION

COMMITTEE Program/Personnel Committee	BUDGETED X	NON-BUDGETED	PARTIALLY BUDGETED
REQUESTING DIVISION Administration	REQUEST DATE December 5, 2025	REQUESTOR SIGNATURE Linda Wagner, Recipient Rights Officer	
<u>SUMMARY OF REQUEST (GENERAL DESCRIPTION, FINANCING, OTHER OPERATIONAL IMPACT, POSSIBLE ALTERNATIVES)</u>			
<p>HealthWest Board authorization is requested to approve the revisions of Policy and Procedure 04-007 (Fingerprints, Photographs, Audio Recording or Use of One-Way Glass). The revised sections are shown on the redlined attached Policy. These revisions are recommendations based on the Recipient Rights State Audit and the requirements per our Corrective Action Plan.</p> <p>Policy:</p> <p>A. Consent-Based Rule. Fingerprints, photographs, or audio recordings may be taken and used, and one-way glass may be used to provide services (including research) or to determine identity only when prior written consent is obtained from one of the following: (1) the recipient if 18 years of age or over and competent to consent; (2) the guardian of the recipient if legally empowered; or (3) the parent with legal and physical custody of a minor recipient (collectively, "Covered Imaging/Recording").</p> <p>B. Prohibition on Routine Surveillance in Treatment/Living Areas. HealthWest prohibits video surveillance of recipients in treatment rooms, bedrooms, bathrooms, and residential living/dining spaces. Video surveillance may not be used for treatment. In any mixed-use space (e.g., a living room sometimes used for therapy), when a clinical encounter is occurring the room is deemed a treatment room and any surveillance must be disabled or physically covered for the duration of the session.</p> <p>C. Third-Party Surveillance (e.g., County Jail/JDC). HealthWest will not provide routine services in rooms subject to third-party audio/video surveillance (monitoring operated and controlled by a non-HealthWest entity) unless the recipient (or legal representative) signs a HIPAA Authorization (45 C.F.R. §164.508) before services occur. Crisis/emergency services are excluded from this limitation; staff will seek a non-recorded room when feasible.</p> <p>D. Right to Object/Withdraw. A recipient may object at any time; verbal or gestural objections must be honored even if prior written consent exists.</p> <p>E. Personal/Social Photography. Photographs taken solely for personal or social purposes are the recipient's personal property and may not be taken or used if the recipient objects. Staff may not use personal devices to create images for treatment/operational purposes.</p> <p>F. Chapter 10/Corrections Carve-Out. This policy does not alter statutory provisions applicable to prisoners served under the Corrections Mental Health Program (CMHP). Where Chapter 10 applies (e.g., MDOC facilities), rights enumerated in MCL 330.2004a(4) apply and MDOC security policies control in case of conflict. Section IV.H.1 below (psychiatric hospital common-area surveillance) applies only to licensed psychiatric hospital units. HealthWest's Crisis Residential Unit (CRU) is not a licensed psychiatric hospital.</p> <p>G. Recipient Identification Photograph in the Electronic Health Record (HER). In accordance with MCL 330.1724, HealthWest will offer each individual (and/or guardian, as applicable) the opportunity to embed a current identification photograph in the electronic health record (EHR) to reduce chart errors, enhance patient safety, and improve patient-provider communication. Photographing for this purpose requires prior written consent using HealthWest's Photo/Audio/Video Release. Refusals are honored and documented; services are not conditioned on agreeing to the photo.</p>			
<u>SUGGESTED MOTION (STATE EXACTLY AS IT SHOULD APPEAR IN THE MINUTES)</u>			
I move the HealthWest Board of Directors to authorize the policy and procedural changes for Policy 04-007 described above and attached, effective December 22, 2025.			
COMMITTEE DATE December 5, 2025	COMMITTEE APPROVAL _____ Yes _____ No _____ Other		
BOARD DATE December 19, 2025	BOARD APPROVAL _____ Yes _____ No _____ Other		



Policy and Procedure Title: Fingerprints, Photographs, Audio Recording or Use of One-Way Glass	Policy and Procedure #: 04-007	<u>Review Dates</u>	
Category: Recipient Rights Subject: To provide for the fingerprinting, photographing, audio recording, or viewing through one-way glass of recipients of mental health services; and to define procedures by which consumers may be fingerprinted, photographed, videotaped, audio recorded, or observed through one-way glass in compliance with the Michigan Mental Health Code and HIPAA.	Prepared by: The Office of Recipient Rights Approved by: _____ Rich Francisco, Executive Director		
	Effective Date: 04/22/1983	Last Revised Date: 09/23/25 Supersedes: Prior versions, including 12/17/2021.	

I. POLICY

A. **Consent-Based Rule.** Fingerprints, photographs, or audio recordings may be taken and used, and one-way glass may be used to provide services (including research) or to determine identity only when prior written consent is obtained from one of the following: (1) the recipient if 18 years of age or over and competent to consent; (2) the guardian of the recipient if legally empowered; or (3) the parent with legal and physical custody of a minor recipient (collectively, "Covered Imaging/Recording").

B. **Prohibition on Routine Surveillance in Treatment/Living Areas.** HealthWest prohibits video surveillance of recipients in treatment rooms, bedrooms, bathrooms, and residential living/dining spaces. Video surveillance may not be used for treatment. In any *mixed-use space* (e.g., a living room sometimes used for therapy), when a clinical encounter is occurring the room is deemed a *treatment room* and any surveillance must be disabled or physically covered for the duration of the session.

C. **Third-Party Surveillance (e.g., County Jail/JDC).** HealthWest will not provide routine services in rooms subject to third-party audio/video surveillance (monitoring operated and controlled by a non-HealthWest entity) unless the recipient (or legal representative) signs a HIPAA Authorization (45 C.F.R. §164.508) before services occur. Crisis/emergency services are excluded from this limitation; staff will seek a non-recorded room when feasible.

D. **Right to Object/Withdraw.** A recipient may object at any time; verbal or gestural objections must be honored even if prior written consent exists.

E. **Personal/Social Photography.** Photographs taken solely for personal or social purposes are the recipient's personal property and may not be taken or used if the recipient objects. Staff may not use personal devices to create images for treatment/operational purposes.

F. Chapter 10/Corrections Carve-Out. This policy does not alter statutory provisions applicable to prisoners served under the Corrections Mental Health Program (CMHP). Where Chapter 10 applies (e.g., MDOC facilities), rights enumerated in MCL 330.2004a(4) apply and MDOC security policies control in case of conflict. Section IV.H.1 below (psychiatric hospital common-area surveillance) applies only to licensed psychiatric hospital units. HealthWest's Crisis Residential Unit (CRU) is not a licensed psychiatric hospital.

G. Recipient Identification Photograph in the Electronic Health Record (HER). In accordance with MCL 330.1724, HealthWest will offer each individual (and/or guardian, as applicable) the opportunity to embed a current identification photograph in the electronic health record (EHR) to reduce chart errors, enhance patient safety, and improve patient-provider communication. Photographing for this purpose requires prior written consent using HealthWest's Photo/Audio/Video Release. Refusals are honored and documented; services are not conditioned on agreeing to the photo.

II. APPLICATION

All programs, services, and facilities operated by HealthWest, and contracted facilities where adherence to this policy is specified in the contract, including HealthWest staff delivering services at third-party facilities (e.g., County Jail/Juvenile Detention Center).

III. DEFINITIONS

A. Fingerprints: The personal identifiable markings on a person's fingers or feet.

B. Photographs: Includes still pictures, motion pictures, video and digital records.

C. Audio Recording: Any sound recording.

D. One-Way Glass: Any means of unobtrusive observation.

E. Video Surveillance: A system of monitoring activities in an area or building using a television system in which signals are transmitted from a camera to a receiver.

F. Third-Party Surveillance: Audio and/or video monitoring operated and controlled by a non-HealthWest entity (e.g., Jail/JDC) and **not** for HealthWest treatment purposes.

G. HIPAA Authorization: A written authorization meeting 45 C.F.R. §164.508 requirements that permit disclosure/recording of protected health information (PHI) to specified parties for specified purposes.

H. Education and Training: Use of photographs/recordings/one-way glass for staff education, training, or demonstration (not treatment).

I. Public News Media: Publications including but not limited to newspapers, magazines, books and other printed or electronic materials produced by the public press, business or industrial firms, non-profit associations or public agencies; communications systems capable of transmitting photographs or sound via air or cable, e.g., television, radio, internet.

J. Video Recording (Consented): A discrete audio/video capture used to provide services

(including research), education/training, or to determine identity. Not routine surveillance. Treated under MCL 330.1724 as a form of “photograph/recording” and requires prior written consent and statutory handling/retention.

K. **Mixed-Use Space:** A room used for general living or other purposes that is also used at times for clinical encounters. During a clinical encounter, the space is deemed a treatment room for purposes of this policy.

L. **Identification Photograph (ID Photo):** A current still image captured with consent and embedded in the EHR to aid accurate patient identification and safety; part of the clinical record.

M. **Organization-Owned Capture Device:** A HealthWest-owned iPhone/iPad/camera designated for capturing ID Photos; **personal devices may not be used.**

N. **DCO Site:** A Designated Contracted Organization (DCO) or other partner location identified by HealthWest where intake/identification activities may occur.

O. **Secure Upload Mailbox (if approved):** A dedicated, approved mailbox used solely for secure transfer of intake photos when direct upload is not available. General email use for photos is prohibited.

IV. PROCEDURES

A. **Identity Determination.** Fingerprints, photographs, or audio recordings taken to determine the name of a recipient shall be kept as part of the recipient’s record. When necessary, such materials may be delivered to others for assistance in determining identity. Items so delivered shall be returned together with any copies that were made; recipients of the materials shall be informed of the return requirement. Upon return, the materials and copies shall be kept as part of the recipient’s record.

B. **Fingerprints, photographs, or audio recordings taken in order to provide services to a recipient, and any copies of them, will be kept as part of the record of the recipient.**

C. **Education/Training and Public Media.** Fingerprinting, photographing, audio recording, or viewing through one-way glass for training, educational, or public news/agency media purposes is permitted only when informed consent has been obtained in writing and signed by the recipient (18+/competent), legally empowered guardian, or custodial parent of a minor. Education/training materials are not part of the clinical record and must be stored with strict access controls and a use log.

D. **Right to Object/Withdraw.** Individuals are free to withdraw consent and discontinue participation at any time without prejudice. The recipient must be advised immediately prior to the fingerprinting, photographing, audio recording or viewing through a one-way glass, and must be afforded an opportunity to object. If the recipient expresses verbal or gestural objection, such objections shall be honored whether or not a consent has previously been signed.

E. **Personal or Social Photography.** Photographs of a recipient may be taken for purely personal or social purposes and shall be maintained as the recipient’s personal property. A

photograph shall not be taken or used if the recipient has indicated objection. Staff personal devices may not be used for treatment/operational imaging.

F. Retention/Disposition (Clinical Record). Fingerprints, photographs, or audio recordings in the recipient's record—and any copies—shall be given to the recipient or destroyed when no longer essential to provide services (including research) or to determine identity, or upon discharge, whichever occurs first.

G. Annual Review. There will be an annual review by the recipient's primary worker (or designee) to determine if fingerprints, photographs, or audio recordings remain essential, document the review in the record.

H. Storage & Security. Any photographs or audio recordings of recipients used for education or training will be stored in a space that ensures confidentiality. Clinical-record materials must follow HealthWest confidentiality policies; education/training materials must have access controls, a use log, and limited retention.

I. Video Surveillance.

General Rule. Video surveillance is prohibited in treatment rooms, bedrooms, bathrooms, and residential living/dining spaces and may not be used for treatment.

1.

—4 Limited Exception — Licensed Psychiatric Hospital Common Areas (if applicable). Only in licensed psychiatric hospital units, video surveillance may be used solely in designated common areas (e.g., hallways, nursing stations, day rooms) for safety, security, or quality improvement, with posted notice, strict access controls, viewing/duplication logs, and routine retention not to exceed **30 days** unless preserved for investigations. Surveillance recordings are **not** part of the clinical record and should not substitute for clinical documentation. *(Note: HealthWest CRU is not a licensed psychiatric hospital; this exception does not apply to CRU.)*

2.

—2 Mixed-Use Spaces (e.g., CRU living room used for therapy). When a clinical encounter is occurring in a mixed-use space, the room is deemed a treatment room; any surveillance cameras must be disabled or physically covered for the duration of the session. If video of the encounter is clinically indicated, staff must use consented Video Recording under Section IV.B (education/training) or Section I.A (services/identity) with proper consent and handling under MCL 330.1724.

J. Public News Media. The public news media may be permitted to take and use pictures of mental health facilities that do not include photographs of recipients of services or in which recipients are not identifiable. Any identifiable image/recording requires express written consent. No filming in treatment areas while services are being delivered.

K. HealthWest consumers lodged in secure correctional facilities are subjected to audio and/or video recording at all times; HealthWest utilizes a separate consent process when working with consumers in those situations.

Commented [LW1]: Added by Christi and Ann

~~K. **Third-Party Surveillance (e.g., Jail/JDC).** HealthWest staff will not deliver routine services in rooms with active third-party audio/video monitoring unless the recipient (or legal representative) signs the HIPAA Authorization described in Section I(C) before service. Crisis/emergency services may be delivered without authorization; staff should seek non-recorded rooms when feasible and limit PHI exposure. Programs must coordinate with facilities to identify non-recorded rooms where possible, post surveillance signage, and ensure facility access to recordings is restricted and logged.~~

LL. **Recipient Rights Investigations.** At the direction of ORR or the Executive Director/designee, photographs or limited recordings necessary to document an alleged rights violation may be obtained without consent. Such materials are retained in ORR confidential records (not the clinical record) and handled per ORR retention and chain-of-custody procedures.

MM. **Fingerprinting Practice.** HealthWest does not currently fingerprint recipients as part of any program. When identity determination is necessary, use alternative methods consistent with this policy (e.g., photograph with consent under Section IV.A).

NN. **Contracts with Third-Party Facilities.** Contracts with third-party facilities (e.g., Jail/JDC) must include requirements consistent with this policy, including availability of non-recorded spaces for clinical encounters, signage, access controls, logging, retention parameters, authorization workflows, and prohibitions on the use of surveillance for treatment purposes.

OO. **Compliance, Training & Auditing.** Compliance will incorporate this policy into staff onboarding and annual training. Programs shall audit adherence (consents/authorizations on file, storage controls, annual reviews, facility contract terms) at least annually and remediate findings.

PP. **Recipient Identification Photograph (EHR) — Workflow.**

~~4. **Consent & Purpose.** Before any ID Photo is taken, obtain written consent using HealthWest's Photo/Audio/Video Release. Inform the individual/guardian that the photo is used to aid identification, reduce chart errors, and support safety/communication. Refusal is permitted and will be honored without prejudice to services.~~

~~1.~~

- ~~• Refusal Documentation. Document refusal via a chart memo stating the reason (if offered). Apply the EHR's "photo refusal" visual indicator to alert staff. You may re-offer an ID Photo at appropriate future encounters.~~

2. **Intake Check.** Upon entry to a HealthWest facility, including DCO sites, admitting staff check the EHR to determine whether an ID Photo already exists and remains current.

3. **Capture Standards.** If no ID Photo exists (or it is outdated), identified staff escort the individual to a private setting, obtain the signed release, and use an organization-owned capture device to take the photo.

- Do not use personal phones; do not text photos.

• **Transfer.** Prefer direct, wired upload (cord/dock) to a HealthWest computer/EHR. If a Secure Upload Mailbox is approved for the site, use only that mailbox; delete the message after confirming successful upload.

4. **Community-Based Services.** For individuals who do not enter HealthWest buildings, a pre-identified organization-owned device may be checked out to capture the photo. Upon return, designated staff will upload the photo to the EHR on the program's behalf.

5. **Deletion After Upload.** After confirming the photo is visible in the EHR, delete the image from the device and, if used, from any approved Secure Upload Mailbox.

6. **Record Status & Retention.** The ID Photo is part of the clinical record and is subject to Section IV.E (return/destruction at discharge or when no longer essential) and Section IV.F (annual review).

V. REFERENCES

Michigan Mental Health Code: MCL 330.1724; MCL 330.2004a (Chapter 10).
HIPAA Privacy Rule: 45 C.F.R. §164.508 (Authorizations).
HealthWest Policies: 04-003 (Informed Consent); Confidentiality/Privacy policies.
MDHHS ORR: Recipient Rights materials and guidance.

GK/tk

Supersedes: Prior versions, including 12/17/2021.

GK/tk

REQUEST FOR HEALTHWEST BOARD CONSIDERATION AND AUTHORIZATION

COMMITTEE Program/Personnel Committee	BUDGETED X	NON-BUDGETED	PARTIALLY BUDGETED
REQUESTING DIVISION Administration	REQUEST DATE December 5, 2025	REQUESTOR SIGNATURE Linda Wagner, Recipient Rights Officer	
<u>SUMMARY OF REQUEST (GENERAL DESCRIPTION, FINANCING, OTHER OPERATIONAL IMPACT, POSSIBLE ALTERNATIVES)</u>			
<p>HealthWest Board authorization is requested to approve the revisions of Policy and Procedure 04-009 (Restraint, Seclusion, and Physical Management) The revised sections are shown on the redlined attached Policy. These revisions are recommendations based on the Recipient Rights State Audit and the requirements per our Corrective Action Plan.</p> <p>Policy:</p> <p>A. The Office of Recipient Rights shall provide or coordinate the protection of recipient rights for all directly operated or contracted services and review the recipient rights policies and the rights system of each provider of mental health services under contract with the community mental health services program or licensed hospital to ensure that the rights protection system of each provider is in compliance with the Mental Health Code and is of a uniformly high standard.</p> <p>B. HealthWest does not allow the use of seclusion or restraint.</p> <p>C. Physical management may only be used in situations when a recipient is presenting an imminent risk of serious or non-serious physical harm to self, or others and lesser restrictive interventions have been unsuccessful in reducing or eliminating the imminent risk of serious or non-serious physical harm. Both of the following shall apply:</p> <ol style="list-style-type: none"> 1. Physical management shall not be included as a component in a behavior treatment plan. 2. Prone immobilization of a recipient for the purpose of behavior control is prohibited unless implementation of physical management techniques other than prone immobilization is medically contraindicated and documented in the recipient's record. 			
<u>SUGGESTED MOTION (STATE EXACTLY AS IT SHOULD APPEAR IN THE MINUTES)</u>			
I move the HealthWest Board of Directors to authorize the policy and procedural changes for Policy 04-009 described above and attached, effective December 22, 2025.			
COMMITTEE DATE December 5, 2025	COMMITTEE APPROVAL _____ Yes _____ No _____ Other		
BOARD DATE December 19, 2025	BOARD APPROVAL _____ Yes _____ No _____ Other		

Policy and Procedure Title: Restraint, Seclusion, and Physical Management	Policy and Procedure #: 04-009	<u>Review Dates</u>	
Category: Recipient Rights Subject: To establish a guideline for staff interventions involving the use of physical management techniques and to promote the use of practices that protect the rights, dignity, and safety of recipients, effectively respond to behaviors and de-escalate crises, uphold the principles of trauma-informed care, and comply with all applicable standards and requirements.	Prepared by: The Office of Recipient Rights Approved by: _____ Rich Francisco, Executive Director		
	Effective Date: 04/22/1983	Last Revised Date: 09/24/2025	

I. POLICY

- A. The Office of Recipient Rights shall provide or coordinate the protection of recipient rights for all directly operated or contracted services and review the recipient rights policies and the rights system of each provider of mental health services under contract with the community mental health services program or licensed hospital to ensure that the rights protection system of each provider is in compliance with the Mental Health Code and is of a uniformly high standard.
- B. HealthWest does not allow the use of seclusion or restraint.
- C. Physical management may only be used in situations when a recipient is presenting an imminent risk of serious or non-serious physical harm to self, or others and lesser restrictive interventions have been unsuccessful in reducing or eliminating the imminent risk of serious or non-serious physical harm. Both of the following shall apply:
 1. Physical management shall not be included as a component in a behavior treatment plan.
 2. Prone immobilization of a recipient for the purpose of behavior control is prohibited unless implementation of physical management techniques other than prone immobilization is medically contraindicated and documented in the recipient's record.

II. APPLICATION

All HealthWest employees and contracted providers

III. DEFINITIONS

- A. Mandt System: A comprehensive, integrated approach to preventing, de-escalating, and, if necessary, intervening when the behavior of an individual poses a threat of harm to

themselves and/or others. The focus of The Mandt System is on building healthy relationships among recipients, staff, and other stakeholders to facilitate the development of an organizational culture and treatment settings that provide the emotional, psychological, and physical safety necessary to teach new behaviors.

- B. Physical Management: A technique used by staff as an emergency intervention to restrict the movement of a recipient by direct physical contact to prevent the recipient from harming self or others.
- C. Physician: May include psychiatrist, dentist, physician's assistant, and nurse practitioner.
- D. Protective Device: A device or physical barrier to prevent the recipient from causing serious self-injury associated with documented and frequent incidents of the behavior. A protective device as defined in this subdivision and incorporated in the written individual plan of service shall not be considered a restraint as defined in Paragraph E, below.

~~E.~~ Restraint: The use of a physical device to restrict an individual's movement. Restraint, which does not include the use of a device primarily intended to provide anatomical support, is prohibited in all agency programs and at all agency and contractual service sites.

~~E.~~

~~F.~~ Seclusion: ~~The temporary placement of a recipient in a room, room alone, where egress is prevented by any means. Seclusion for any reason, including to control behavior of recipients, is prohibited in all agency programs and at all agency and contractual service sites.~~

1. The temporary placement of a recipient alone in a room where egress is prevented by any means (MHC 700).

2. The separation of an individual from normal program participation in an involuntary manner. The person served is in seclusion if freedom to leave the segregated room or area is denied. Voluntary time-out is not considered seclusion (CARF).

~~Therapeutic De-escalation: An intervention, the implementation of which is incorporated in the individualized written plan of service, wherein the recipient is placed in an area or room, accompanied by staff who shall therapeutically engage the recipient in behavioral de-escalation techniques and debriefing as to the cause and future prevention of the target behavior.~~

~~4.G.~~ Time Out: A voluntary response to the therapeutic suggestion to a recipient to remove himself or herself from a stressful situation in order to prevent a potentially hazardous outcome.

IV. PROCEDURES:

- A. Staff shall perform physical management only under the following conditions:
 - 1. Staff must be trained and hold current certification in Mandt techniques.

- a. Staff required to obtain and maintain certification in Mandt techniques will be determined in accordance with the requirements established by the Mental Health Code, Medicaid Provider Manual, and Provider Qualifications and Behavioral Health Code Chart, and as reflected in Attachment I of the Lakeshore Regional Entity Contract.
 - b. Additional staff may be required to obtain and maintain certification in Mandt techniques as appropriate for job duties and as designated by the HealthWest Leadership Team.
2. Staff will use only Mandt-approved physical management techniques, or physical management techniques from a comparable alternative curriculum that has been reviewed by the HealthWest Training and Provider Network Departments, Office of Recipient Rights, and Behavior Support Committee and granted approval for use with recipients.
3. Acceptable Mandt-approved physical management techniques are limited to the following:
 - a. Physical Releases: wrist, finger, and clothing holds, biting, and hair pulls
 - b. Escorting
 - c. Three Person Physical Assisting
 - d. One Person Support using a Side Body Hug
 - e. Two Person Support using a Side Body Hug
 - f. One Person, One Arm Supporting Skill
 - g. One Person, Two Arm Supporting Skill
4. Staff are barred from using any practice prohibited by the Mental Health Code, as well as the following practices expressly prohibited by the Mandt system:
 - a. Any technique that involves substantial risk of injury
 - b. Any manual restraint that maintains a person on the floor in any position (prone, supine, side-lying)
 - c. Pain Compliance, trigger points, or pressure points
 - d. Hyper-extension of any part of the body
 - e. Pressure or weight on chest, lungs, sternum, diaphragm, back, or upper abdomen
 - f. Any technique that obstructs or restricts circulation of blood or airways
 - g. Straddling or sitting on any part of the body
 - h. Any type of choking, such as hand chokes or arm chokes
 - i. Any technique that involves pushing into the person's mouth, nose, eyes, or any part of the face, or covering the face or body
 - j. Any technique that forces the person to the floor, chair, wall, etc.
 - k. Any technique that puts or keeps the person off balance, e.g. shoving, tripping, or pushing on the backs of the knees
 - l. Any technique that involves punching, hitting, biting, hair pulling, poking, pinching, or shoving
 - m. Any lifting or carrying of a person who is actively combative unless an extreme hazard or emergency exists (e.g. the building is on fire)
5. Physical management may only be used as an emergency response when a recipient is presenting an imminent risk of physical harm to self or others, and lesser restrictive interventions have not reduced or eliminated the risk of harm.

- a. Physical management may not be included as an intervention within any Individual Plan of Service (IPOS) or as a component of any Behavior Support Plan (also referred to as a Behavior Treatment Plan).
6. Staff will use Mandt-approved physical management at the least restrictive level necessary.
- B. The implementing staff must document all uses of physical management, including the technique used and the length held, in the following manner:
 1. Progress note or equivalent document in the recipient's clinical record, AND
 2. Incident Report Form, AND
 3. Data collection sheet accompanying the Behavior Support Plan, if applicable.
- C. No physical management technique may be used for more than 15 minutes at one time. Staff must release their hold and monitor the recipient's response. If the behavior that warranted physical management recurs, then the technique may be repeated (or "recycled") two times up to a maximum of 45 minutes to the least restrictive level necessary for safety and assisting the recipient in regaining self-control.
- D. If a recipient's behaviors reach the level of threat of lethal, staff shall call 911 for the protection of other recipients and staff. The staff must try less restrictive measures first.
- E. The Behavior Support Committee will review all incidents of physical management.
 1. When physical management involves a recipient with a Behavior Support Plan, review will include assessment of whether revisions of the plan are necessary.
- F. Physical management shall be performed in front of other staff if practical.
- G. Restraint & Seclusion: Staff will never use restraint or seclusion with any HealthWest recipient in agency programs or sites directly operated or under contract where it is not permitted by statute and agency policy.
- H. Inpatient Contractual Providers: The Office of Recipient Rights will review the F. restraint and seclusion policies of all contractual providers of inpatient services and child caring institutions for compliance with applicable state and federal rules and regulations.

V. REFERENCES

MDHHS Guideline IV-001-002-I
 MDHHS Administrative Rules
 HealthWest Policy No. 06-001 Behavior Support Committee
 Mandt System Curriculum 2.0 (2022)
CARF Behavioral Health Standards
MDHHS-ORR Attachment B
Michigan Mental Health Code

Authors Initials LS/lkw

REQUEST FOR HEALTHWEST BOARD CONSIDERATION AND AUTHORIZATION

COMMITTEE Program/Personnel Committee	BUDGETED X	NON-BUDGETED	PARTIALLY BUDGETED
REQUESTING DIVISION Administration	REQUEST DATE December 5, 2025	REQUESTOR SIGNATURE Linda Wagner, Recipient Rights Officer	
<u>SUMMARY OF REQUEST (GENERAL DESCRIPTION, FINANCING, OTHER OPERATIONAL IMPACT, POSSIBLE ALTERNATIVES)</u>			
<p>HealthWest Board authorization is requested to approve the revisions of Policy and Procedure 04-010 (Services Suited to Condition, Dignity, and Respect) The revised sections are shown on the redlined attached Policy. These revisions are recommendations based on the Recipient Rights State Audit and the requirements per our Corrective Action Plan.</p> <p>Policy:</p> <p>HealthWest staff will provide services suited to condition in a way that protects and promotes the dignity and respect to which a recipient of services is entitled.</p>			
<u>SUGGESTED MOTION (STATE EXACTLY AS IT SHOULD APPEAR IN THE MINUTES)</u>			
I move the HealthWest Board of Directors to authorize the policy and procedural changes for Policy 04-010 described above and attached, effective December 22, 2025.			
COMMITTEE DATE December 5, 2025	COMMITTEE APPROVAL _____ Yes _____ No _____ Other		
BOARD DATE December 19, 2025	BOARD APPROVAL _____ Yes _____ No _____ Other		

Policy and Procedure Title: Services suited to Condition, Dignity, and Respect	Policy or Procedure #: 04-010	<u>Review Dates</u>	
Category: Recipient Rights Subject: To ensure the provision of services suited to condition in a way that protects and promotes the dignity and respect to which a recipient and his or her family members are entitled.	Prepared by: The Office of Recipient Rights Approved by: _____ Rich Francisco, Executive Director		
	Effective Date: 11/21/1997	Last Revised Date: <u>09/23/2025</u>	

I. POLICY

HealthWest staff will provide services suited to condition in a way that protects and promotes the dignity and respect to which a recipient of services is entitled.

II. PURPOSE

To ensure the provision of services suited to condition in a way that protects and promotes the dignity and respect to which a recipient and his or her family members are entitled.

III. APPLICATION

All staff, services and facilities operated by HealthWest, and contract facilities where adherence to this policy specified in contract.

IV. DEFINITIONS

- A. Family Member: A parent, stepparent, spouse, sibling, child, or grandparent of a recipient, or an individual upon whom a recipient is dependent for at least 50% of his or her financial support.
- B. Services: Mental health services.
- C. Treatment: Care, diagnostic and therapeutic services, including the administration of drugs and any other service for treatment of an individual's serious mental illness or serious emotional disturbance.
- D. Person Centered Planning: A process for planning and supporting the individual receiving service that builds upon the individual's capacity to engage in activities that promote community life and that honors the individual's preference of choices, and abilities. —The person-centered planning process involves families, friends and professionals as the individual desires or chooses.
- E. Individual Plan of Services: A written plan that specifies the goal-oriented treatment or training services, including rehabilitation or habilitation services that are to be developed

- with and provided for a recipient.
- F. Dignity: To be treated with esteem, honor, politeness; to be addressed in a manner that is not patronizing, condescending, or demeaning; to be treated as an equal; to be treated the way any individual would like to be treated.
 - G. Respect: To show deferential regard for; to be treated with esteem, concern, consideration or appreciation; to protect the individual's privacy; to be sensitive to cultural differences; to allow an individual to make choices.

V. PROCEDURE

- A. All staff shall protect and promote the dignity and respect to which a recipient of service is entitled.
 - 1. A recipient shall receive mental health services suited to his/her condition.
 - 2. Mental health services shall be provided in a safe, sanitary and humane treatment environment.
 - 3. Mental Health services shall be offered in the least restrictive setting that is appropriate and available.
- B. All staff shall treat family members of recipients with dignity and respect.
 - 1. Family members shall be given an opportunity to provide information to the treating professionals.
 - 2. Family members shall also be provided an opportunity to request and receive educational information about the nature of disorders, medication, and their side effects.
 - 3. Family members shall be made aware of the available support groups-010: V. B (1-3) P2groups, financial assistance, services, advocacy and coping strategies.
- C. If an applicant for HealthWest services has been denied mental health services, the applicant, his or her guardian if one has been appointed, or the applicant's parent or parents if the applicant is a minor may request a second opinion of the executive director. The executive director shall secure the second opinion from a physician, licensed psychologist, registered professional nurse, or master's level social worker, or master's level psychologist.
- D. If the individual providing the second opinion determines that the applicant has a serious mental illness, serious emotional disturbance, or a developmental disability, or is experiencing an emergency situation or urgent situation, HealthWest shall direct services to the applicant.
- E. HealthWest shall ensure for each recipient that a person-centered planning process is used to develop a written individual plan of services in partnership with the recipient. The individual plan of services shall be developed within 7 days of the commencement of services or, if an individual is hospitalized, before discharge or release. The individual plan of services shall consist of a treatment plan, a support plan, or both, and shall establish meaningful and measurable goals with the recipient. The plan shall be kept current and shall be modified when indicated. The individual in charge of implementing the plan of services shall be designated in the plan.

- F. The individual plan of services shall include assessments of the recipient's need for food, shelter, clothing, health care, employment opportunities where appropriate, educational opportunities where appropriate, legal services, transportation and recreation.
- G. The plan must be agreed to by ~~the appropriate~~ HealthWest staff, the recipient, the guardian, or the parent with legal custody of a minor recipient, unless it is part of a court order. Objections must be noted in the plan.
- F.H. The written individual plan of service will have a specific date or dates when the overall plan and any of ~~it's~~ sub-components will be formally reviewed for possible modification or revisions.
- G.I. The individual plan of services shall identify any restrictions or limitations of the recipient's rights and shall include documentation describing attempts to avoid such restrictions as well as what action will be taken as part of the plan to ameliorate or eliminate the need for the restrictions in the future.
- H.J. Restrictions, limitations or any intrusive behavior treatment techniques are reviewed by the Behavioral Support Committee, a formally constituted committee of mental health professionals with specific knowledge, training and expertise in applied behavioral analysis, and 1 of whom will be a licensed physician/psychiatrist, unless the behavior is due to an active substantiated serious mental illness or emotional disturbance.
- I.K. An individual chosen or required by the recipient may be excluded from participation in the planning process only if inclusion of that individual would constitute a substantial risk of physical or emotional harm to the recipient or substantial disruption of the planning process. ~~Justification for an individual's exclusion shall be documented in the case record. A recipient shall be given a choice of physician or other mental health professional, within the limits of available staff.~~
- J.L. The recipient is given a choice of physician or mental health professional within the limits of available staff.
- K.M. If the preadmission screening unit denies hospitalization, the individual or the person making the application may request a second opinion from the executive director.
1. The Executive Director shall arrange for an additional evaluation by a psychiatrist, other physician, or licensed psychologist to be performed within 3 days, excluding Sundays and legal holidays, after the executive director receives the request.
 2. If the conclusion of the second opinion is different from the conclusion of the preadmission screening unit, the Executive Director, in conjunction with the Medical Director, shall make a decision based on all clinical information available.
 3. The Executive Director's decision shall be confirmed in writing to the individual who requested the second opinion, and the confirming document shall include the signatures of the Executive Director and Medical Director or verification that the decision was made in conjunction with the medical director. If an individual is assessed and found not to be clinically suitable for hospitalization, the

preadmission screening unit shall provide appropriate referral services.

L.N. A comprehensive assessment/analysis of a recipient's challenging behaviors will be conducted.

M.O. If a recipient is not satisfied with his or her individual plan of services, the recipient or his/her legal representative may make a request for review to the designated individual in charge of implementing the plan. -The review shall be completed within 30 days and shall be carried out in a manner approved by the appropriate governing body.

VI. REFERENCES:

M.C.L. 330.741(3), 330.708(4), 330.711, 330.704(1), 330.712(1), 330.712(3), 330.713, 330.752, 330.409(4) and 330.100d(12)

Author Initials: LS/lkw~~hb~~

REQUEST FOR HEALTHWEST BOARD CONSIDERATION AND AUTHORIZATION

COMMITTEE Program/Personnel Committee	BUDGETED X	NON-BUDGETED	PARTIALLY BUDGETED
REQUESTING DIVISION Administration	REQUEST DATE December 5, 2025	REQUESTOR SIGNATURE Linda Wagner, Recipient Rights Officer	
SUMMARY OF REQUEST (GENERAL DESCRIPTION, FINANCING, OTHER OPERATIONAL IMPACT, POSSIBLE ALTERNATIVES)			
<p>HealthWest Board authorization is requested to approve the revisions of Policy and Procedure 04-013 (Treatment by Spiritual Means). The revised sections are shown on the redlined attached Policy. These revisions are recommendations based on the Recipient Rights State Audit and the requirements per our Corrective Action Plan.</p> <p>Policy:</p> <ul style="list-style-type: none"> A. A resident recipient shall be permitted treatment by spiritual means on the request of the recipient, guardian, or parent of a minor recipient. B. Opportunity for contact with agencies providing treatment by spiritual means shall be provided in the same manner as residents are permitted to see private physicians mental health professionals. C. The recipient may refuse medications, or other treatment, on spiritual grounds when spiritual treatment predates current allegation of mental illness or disability, but does not extend to circumstances where either of the following provisions apply: <ul style="list-style-type: none"> 1. A guardian or the provider has been empowered by a court to, or provide, treatment and has done so. 2. The patient poses harm to himself or herself or others and treatment is essential to prevent physical injury. D. The "right to treatment by spiritual means" does not include the right: <ul style="list-style-type: none"> 1. To use mechanical devices or chemical or organic compounds that are physically harmful. 2. To engage in activity prohibited by law. 3. To engage in activity that physically harms the resident recipient or others. 4. To engage in activity that is inconsistent with court-ordered custody or voluntary placement by a person other than the recipient resident. E. Assurance will be obtained that a resident recipient assents to treatment by spiritual means, when a request is by the guardian, or parent of a minor recipient. F. Notice will be given to the requesting person of a denial of request, along with the reasons for that Denial. F. Administrative review or appeal of the denial of treatment by spiritual means be available at the option of a person requesting treatment. 			
SUGGESTED MOTION (STATE EXACTLY AS IT SHOULD APPEAR IN THE MINUTES)			
I move the HealthWest Board of Directors to authorize the policy and procedural changes for Policy 04-013 described above and attached, effective December 22, 2025.			
COMMITTEE DATE December 5, 2025	COMMITTEE APPROVAL _____ Yes _____ No _____ Other		
BOARD DATE December 19, 2025	BOARD APPROVAL _____ Yes _____ No _____ Other		

Policy and Procedure Title: Treatment by Spiritual Means	Policy and Procedure #: 04-013	<u>Review Dates</u>	
Category: Recipient Rights Subject: To provide for a resident's right to treatment by spiritual means.	Prepared by: The Office of Recipient Rights Approved by: _____ Rich Francisco, Executive Director		
	Effective Date: 04/22/1983	Last Revised Date: <u>10-13-2024</u> <u>09/23/2025</u>	

I. POLICY

- A. A ~~resident~~ recipient shall be permitted treatment by spiritual means on the request of the recipient, guardian, or parent of a minor recipient.
- B. Opportunity for contact with agencies providing treatment by spiritual means shall be provided in the same manner as residents are permitted to see private physicians mental health professionals.
- C. The "right to treatment by spiritual means" includes the right of residents or guardians of residents s to refuse medication or other treatment:

The recipient may refuse medications, or other treatment, on spiritual grounds when spiritual treatment predates current allegation of mental illness or disability, but does not extend to circumstances where either of the following provisions apply:

a) A guardian or the provider has been empowered by a court to, or provide, treatment and has done so

b) The patient poses harm to himself or herself or others and treatment is essential to prevent physical injury.

~~— Spiritual treatment predates the current allegation of mental illness or disability.~~

~~2. — No court order empowering a guardian or the facility to make those decisions has been issued.~~

~~3. — A recipient is not imminently dangerous to self or others.~~

- D. The "right to treatment by spiritual means" does not include the right:

1. To use mechanical devices or chemical or organic compounds that are physically harmful.

2. To engage in activity prohibited by law.
 3. To engage in activity that physically harms the ~~resident~~ recipient or others.
 4. To engage in activity that is inconsistent with court-ordered custody or voluntary placement by a person other than the recipient ~~resident~~.
- E. Assurance will be obtained that a ~~resident~~ recipient assents to treatment by spiritual means, when a request is by the guardian, or parent of a minor recipient.

F

F. Notice will be given to the requesting person of a denial of request, along with the reasons for that denial.

GG. Administrative review or appeal of the denial of treatment by spiritual means be available at the option of a person requesting treatment.

II. APPLICATION

All mental health residential facilities operated by or under contract with HealthWest.

III. DEFINITIONS

A. **Facility:** A residential setting for the care or treatment of individuals with a mental illness, serious emotional disturbance, or developmental disability that is either operated by or under contract with the Agency.

B. **Treatment by Spiritual Means:** A spiritual discipline or school of thought that a recipient wishes to rely on to aid physical or mental recovery and includes easy access, at the resident's recipient's expense, both to printed, recorded, or visual material essential or related to treatment by spiritual means and to a symbolic object of similar significance.

V. PROCEDURES

A. A request for treatment by spiritual means shall include the following:

1. A request for treatment by spiritual means shall be made in writing.
2. The request may be given to any facility staff person. —The request will then be immediately forwarded to the facility supervisor.
3. Notification of the request is to be given to the case holder coordinator immediately by the facility supervisor, first by telephone, and then in writing.
4. The written request will be filed in the resident's recipient's record at the facility.

B. Approval of the request for treatment by spiritual means requires the following:

1. The resident's recipient's case coordinator is responsible for the decision to approve the request for treatment by spiritual means.
2. Approval will be given only in line with HealthWest policies.
3. Approval will be given in writing to the resident recipient and to the person requesting treatment if other than the recipient. —resident. A copy of the approval will be placed in the resident's recipient's record.
4. The case holder —coordinator will incorporate the specific request for treatment by spiritual means into the resident's recipients schedule, —andschedule and assure cooperation of staff. HealthWest will assist the resident recipient in locating options for treatment by spiritual means.

C. Denial of the request for treatment by spiritual means requires the following:

1. The ~~resident's~~ resident's case coordinator is responsible for the decision to deny the request for treatment by spiritual means.
2. Denial will be made only after examining the request in light of Agency policies.
3. Denial will be made in writing to the ~~resident~~ recipient and the person requesting treatment if other than the recipient ~~resident~~. One copy is to be placed in the recipient's ~~resident's~~ facility case record and a second copy forwarded to the case holder's ~~coordinator's~~ supervisor.
4. The written denial letter must include an explanation of the recipient's ~~resident's~~ (or other person's) right to appeal the denial decision.

D. The appeal process for denial of treatment by spiritual means shall include:

1. The case- ~~holder's~~ coordinator's ~~coordinator's~~ Program Supervisor will automatically review the decision to deny treatment by spiritual means upon receipt of the copy of the notice from the case holder ~~coordinator~~ ~~coordinator~~.
 2. The case- ~~holder's~~ coordinator's ~~coordinator's~~ Program Supervisor is the first level of the appeal process. An appeal may be made orally; however, the ~~resident~~ recipient or person acting on the ~~resident's~~ recipient's behalf should be assisted in putting it in writing. The Program Supervisor will make written response to the appeal within ten (10) working days of the receipt of the notice of appeal.
- E. If staff deem a ~~resident~~ recipient to be dangerous to self or others due to mental illness or developmental disability, and if the ~~resident~~ recipient refuses mental health services, staff will file an application for admission with Probate ~~Court, or~~ Court or arrange for such an application to be filed by a third party; for minors, staff will contact Child Protective Services who will facilitate any court proceedings.

VI. REFERENCES

Act 258, Public Acts of 1974, as amended, being M.C.L. 330.1752(g).
Administrative Rule, R 330.7135.

Authors Initials GK/~~ab~~kw

REQUEST FOR HEALTHWEST BOARD CONSIDERATION AND AUTHORIZATION

COMMITTEE Program/Personnel Committee	BUDGETED X	NON-BUDGETED	PARTIALLY BUDGETED
REQUESTING DIVISION Administration	REQUEST DATE December 5, 2025	REQUESTOR SIGNATURE Linda Wagner, Recipient Rights Officer	
<u>SUMMARY OF REQUEST (GENERAL DESCRIPTION, FINANCING, OTHER OPERATIONAL IMPACT, POSSIBLE ALTERNATIVES)</u>			
<p>HealthWest Board authorization is requested to approve the revisions of Policy and Procedure 04-015 (Communication by Mail, telephone and Visits – Residential Facilities). The revised sections are shown on the redlined attached Policy. These revisions are recommendations based on the Recipient Rights State Audit and the requirements per our Corrective Action Plan.</p> <p>Policy:</p> <p>HealthWest staff and programs will ensure the rights of recipients who are entitled to unimpeded, private, uncensored communication by mail, telephone, or visits with persons of their choice, except in the circumstances when it has been documented in the recipient's individual plan of service (IPOS) and authorized by the recipient or his/her legal representative.</p>			
<u>SUGGESTED MOTION (STATE EXACTLY AS IT SHOULD APPEAR IN THE MINUTES)</u>			
I move the HealthWest Board of Directors to authorize the policy and procedural changes for Policy 04-015 described above and attached, effective December 22, 2025.			
COMMITTEE DATE December 5, 2025	COMMITTEE APPROVAL _____ Yes _____ No _____ Other		
BOARD DATE December 19, 2025	BOARD APPROVAL _____ Yes _____ No _____ Other		

Policy/ Procedure Title: Communication by Mail, Telephone and Visits- Residential Facilities	Policy or Procedure #: 04-015	<u>Review Dates</u>	
Category: Recipient Rights Subject: To provide for communications by mail, telephone and visits.	Prepared by: The Office of Recipient Rights Approved by: <hr/> Rich Francisco, Executive Director		
	Effective Date: 04/22/1983	Last Revised Date: <u>09/24/2025</u> 12/17/2021	

I. POLICY

HealthWest staff and programs will ~~provide~~ ensure the rights of recipients who are entitled to with-unimpeded, private, uncensored communication by mail, ~~telephone~~telephone, or visits with persons of their choice, except in the circumstances when it has been. ~~Staff may impose restrictions or limitations by house rules or when~~ documented in the recipient's individual plan of service (IPOS) and authorized by the recipient or his/her legal representative.

II. PURPOSE

To provide for communications by mail, ~~telephone~~telephone, and visits.

III. APPLICATION

All mental health residential facilities operated by HealthWest or contracted facilities where adherence to this policy is specified in the contract.

IV. DEFINITIONS

- A. **Controlled Condition:** at least two employees are involved in opening the mail.
- B. **Facility:** A residential setting for the care or treatment of individuals with a mental illness, serious emotional disturbance, or developmental disability that is either operated by or under contract with HealthWest.
- C. **House Rules:** Rules applying to all residents of a home that are established to assure the safety and comfort of recipients and the orderly functioning of the program or home
- D. **Incoming Mail:**
 - 1. Recipient's mail (including parcels and packages), **AND**

2. Agency/facility mail (includes mail in the form of government check addressed to agency/facility as representative payee for the recipient).
- E. **Legal Inquiry:** Discussion of any matter involving civil, criminal or administrative law with a private physician, mental health professional, court or attorney for the recipient.
- F. **Limitation:** a limit placed on recipient's right to receive and send mail, to use the telephone or to visit with persons of their choice as written and documented in the recipient's plan of service.
- G. **Private:** Secret, not intended to be made publicly known, confidential.
- H. **Reasonable Time:** Not seriously taxing the effective functioning of HealthWest.
- I. **Restriction:** An exclusion of a particular item as stated in the written policies of an agency/facility that applies to all recipients.
- J. **Uncensored:** Without rebuke, ~~reproach~~reproach, or disapproval; free from criticism; not judged or condemned.
- K. **Unimpeded:** Without hindrance, ~~barricade~~barricade, or other obstacle.

V. PROCEDURES FOR MAIL

- A. Facility staff shall not open a recipient's mail unless the resident or his/her legal representative has consented that an article of mail may be opened by a designated person or there is reasonable belief that the mail is in violation of a written limitation or restriction. Outgoing mail shall not be opened or destroyed without written consent of a resident or her/his legal representative. Instances of opening or destruction of mail by staff shall be recorded and placed in the resident's record.
- B. Residents shall be able to conveniently and confidentially receive mail and ~~correspondence~~correspondence, and the facility shall make available to residents, upon request, non-letterhead stationery, envelopes, pens, pencils and postage in reasonable amounts.
- C. A facility shall provide a daily pick-up and deposit of mail.
- D. ~~Agency staff may request a resident to open certain mail items in the presence of staff when it is reasonably believed by staff that the mail item may contain items limited by the individual's plan of service, or by written home rules or restrictions, excluded items such as weapons or sharp items, or to prevent serious physical~~
~~harm, or to prevent violation of the law. If the item is found to be in violation of any of these conditions, it may be withheld from the resident provided that:~~
 - ~~1. The reason for withholding the item is explained to the resident.~~
 - ~~2. A statement is placed in the resident's record which specifies:~~
 - ~~a. The staff members who assisted in opening the item.~~
 - ~~b. The date on which it was opened.~~

- ~~_____ c. The justification for withholding the item including the specific restriction of limitation that served as the basis for the decision.~~
- ~~_____ d. The disposition of the resident's mail.~~
- ~~E. If the item is reasonably believed to be potentially dangerous or harmful, the item may be opened under controlled conditions without the resident being present.~~
- ~~_____ 1. When the item is found not to be in violation of a restriction or limitation, the item shall be delivered to the residentresident, and the resident shall be informed why the item was opened.~~
- ~~_____ 2. When the item is found to be in violation of a restriction or limitation, the resident shall be informed that it was received and informed of the disposition.~~
 - ~~_____ a. Money shall be placed in the resident's account.~~
 - ~~_____ b. Articles restricted by agency/facility policy shall be held in safekeeping.~~
 - ~~_____ c. Receipt for the article of mail shall be given to the resident.~~
- ~~_____ 3. In either case (1 or 2 above), a statement shall be placed in the resident's record which specifies:~~
 - ~~_____ a. Who opened the article.~~
 - ~~_____ b. The date on which it was opened.~~
 - ~~_____ c. The justification for opening the article, including the restriction or limitation that served as a basis for the decision to open the piece of mail.~~
 - ~~_____ d. The disposition of the recipient's mail.~~

VI. TELEPHONE PROCEDURE

- A. Telephones shall be reasonably accessible and funds for telephone usage will be made available in reasonable amounts.
- A.B. A resident shall be able to place and receive phone calls in a private area.
- B.C. ~~The right of a resident to communicate by telephone may be limited:~~
 - ~~_____ 1. When essential to prevent the resident from violating the law.~~
 - ~~_____ 2. To prevent substantial physical or mental harm.~~
 - ~~_____ 3. If a pattern of frequent harassing phone calls is established, and/or future telephone harassment can reasonably be expected, and expected, an individual requests a limitation in writing.~~

4. By guidelines established by each facility for all residents.

5. ~~In the event that a resident is indigent and in an emergency situation, and needing to inform a family member, HealthWest will provide funds for telephone, in reasonable amounts.~~

~~G.D.~~ A resident may call his/her legal representative at any ~~time, time~~ if the communication involves matters that may be the subject of legal ~~inquiry, unless inquiry unless~~ the legal representative has requested limitations on such contacts.

~~D.E.~~ A resident may contact their physician promptly, but at reasonable times, immediately in case of emergency.

~~E.F.~~ Limitations on phone usage must be supported and authorized by documentation in the individual plan of services, including reasons to justify the limitation and a specific expiration date of the limitation.

~~F.G.~~ Reasonable time and the use of telephone be established at each facility in writing and posted in each residential program.

VII. PROCEDURES FOR VISITS

A. ~~Regular visiting hours will be allowed.~~ A resident will be able to have visitors he or she wishes to see.

B. ~~Visiting hours will be posted in waiting rooms, resident quarters, and guest areas.~~ A resident's right to receive visitor's shall not be further limited except as authorized in the resident's individual plan of service (IPOS).

C. Adequate space to visit with residents during visiting hours shall be provided.

D. If a resident is able to secure the services of a mental health professional, he or she shall be allowed to see the professional at **any** reasonable time.

~~E. Limits on visitation are allowed only:~~

1. ~~To prevent substantial physical or mental harm only if the person and limitation is specifically identified in the individual's plan of service.~~

2. ~~To prevent substantial interference with ongoing treatment.~~

3. ~~By house rules.~~

VIII. PROCEDURES FOR GENERAL LIMITATIONS

A. ~~All limitations on mail, telephone calls and visits must be made using the person-centered process and approved by the case manager and their supervisor, and must meet the following criteria:~~

~~1. Be of the minimum amount necessary to achieve the stated purpose.~~

~~2. Be supported by documentation on the individual plan of services including:~~

~~a. Reasons to justify the limitation.~~

- ~~b. Significant evidence to support expected mental or physical harm, violation of law, or harassment.~~
- ~~c. Reasons and evidence to justify extent of limitation as being minimum amount essential.~~
- ~~d. Specific expiration date within limits established by the primary worker.~~
- ~~B. The resident shall be promptly informed of any limitation on mail, telephone calls or visits. The resident shall be informed of the purpose the limitation is intended to achieve.~~
- ~~C. Limitations are subject to administrative appeal. A resident may appeal the justification, extent, or duration of a limitation to the Program Supervisor. If dissatisfied, appeals may be made to the Office of Recipient Rights.~~
- ~~D. The case manager shall minimally review limitations with quarterly and annual reviews of the individual's plan of services.~~
- ~~E. Communication in any form with a private physician, mental health professional, court, recipient's attorney, or other persons who are or may be the subject of legal inquiry shall not be limited.~~

IX. REFERENCES

M.C.L. 330.1 715, 330.1726(2), 330. 1752
Administrative Rule R 330. 7239(1)(c)

REQUEST FOR HEALTHWEST BOARD CONSIDERATION AND AUTHORIZATION

COMMITTEE Program/Personnel Committee	BUDGETED X	NON-BUDGETED	PARTIALLY BUDGETED
REQUESTING DIVISION Administration	REQUEST DATE December 5, 2025	REQUESTOR SIGNATURE Linda Wagner, Recipient Rights Officer	
<u>SUMMARY OF REQUEST (GENERAL DESCRIPTION, FINANCING, OTHER OPERATIONAL IMPACT, POSSIBLE ALTERNATIVES)</u>			
<p>HealthWest Board authorization is requested to approve the revisions of Policy and Procedure 04-016 (Personal Property and Funds). The revised sections are shown on the redlined attached Policy. These revisions are recommendations based on the Recipient Rights State Audit and the requirements per our Corrective Action Plan.</p> <p>Policy:</p> <p>All HealthWest staff, volunteers and contract agency staff will ensure that a recipient is entitled to receive, possess, and use all personal property, including funds, except in circumstances and under the conditions outlined below.</p>			
<u>SUGGESTED MOTION (STATE EXACTLY AS IT SHOULD APPEAR IN THE MINUTES)</u>			
<p>I move the HealthWest Board of Directors to authorize the policy and procedural changes for Policy 04-016 described above and attached, effective December 22, 2025.</p>			
COMMITTEE DATE December 5, 2025	COMMITTEE APPROVAL _____ Yes _____ No _____ Other		
BOARD DATE December 19, 2025	BOARD APPROVAL _____ Yes _____ No _____ Other		

Policy Title: Personal Property and Funds	Policy #: 04-016	<u>Review Dates</u>	
Category: Recipient Rights Subject: To provide for the possession and use of a recipient's personal property and funds.	Prepared by: The Office of Recipient Rights Approved by: _____ Rich Francisco, Executive Director		
	Effective Date: 04/22/1983	Last Revised Date: 09/25/2025	

I. PURPOSE (OR POLICY if applicable)

All HealthWest staff, volunteers and contract agency staff will ~~allow~~ ensure that a recipient is entitled –to receive, possess, and use all personal property, including funds, except in circumstances and under the conditions outlined below.

II. APPLICATION

All mental health facilities or contracted staff with the HealthWest.

III. DEFINITIONS

A. Exclusion: Restriction of certain personal property items in a facility for all residents.

B. Exploitation: An action that involves the misappropriation or misuse of a recipient's property or funds.

C. Funds: A recipient's money, legal tender, note, draft, certificate of deposit, stock, bond, check, or credit card.

D. Limitation: A time limited restriction of an individual resident.

E. Representative Payee Duties: HealthWest is the representative payee. The individual staff is acting as an agent in the best procedure. To ensure that bills are paid in rent, food and utility bills. To ensure recipient receives personal allowance. If possible, save money. Representative payeeship would be audited internally on a 10% random sample and by Social Security annually.

F. Payee: The person or agency appointed by the Social Security Administration or the judicial system to ensure that a recipient's bills are paid.

G. Personal Property: Anything belonging to a recipient, excluding funds.

H. Recipient: An individual who receives mental health services from HealthWest, or a facility,

or from a provider that is under contract with HealthWest.

IV. PROCEDURES REGARDING PERSONAL PROPERTY

- A. A recipient is entitled to receive, possess, and use all personal property except in the circumstances and under the conditions set forth in this section.
- B. Each residential facility shall provide a reasonable amount of storage space to each recipient for his/her clothing and other personal property. Residents shall be allowed to inspect his/her personal property at a reasonable times.

A facility may exclude particular kinds of personal property from the facility. Any exclusions will be officially adopted and will be in writing and posted in each residential unity

~~C. Facilities may adopt exclusions of particular kinds of personal property. An exclusion may be appropriate to the mental or chronological age of residents and shall include all of the following:~~

~~1. Weapons, such as firearms, knives, other sharp objects, or explosives.~~

~~2. Drugs, whether prescribed or not, unless possession of the drug is specifically authorized by the attending physician.~~

~~3. Alcoholic beverages.~~

- D. When a facility adopts exclusion of particular kinds of personal property, it shall list and post the specific items excluded and shall notify residents of these exclusions at the time of admission.
- E. A recipient's property or living area shall not be searched by a provider unless such a search is authorized in the recipient's plan of service or there is reasonable cause to believe that the recipient is in possession of contraband or property that is excluded from the recipient's possession by the written policies, procedures, or rules of the provider. The following conditions apply to all searches:
 - 1. A search of the recipient's living area or property shall occur in the presence of a witness.
 - 2. The recipient shall also be present unless he or she declines to be present.
 - 3. The circumstances surrounding the search shall be entered in the recipient's record, and shall include all the following:
 - a. The reason for initiating the search.
 - b. The names of the individuals performing and witnessing the search.
 - c. The results of the search,search including a description of the property seized.

- F. A limitation adopted under the authority of Section C, the date it expires, and justification for its adoption shall be promptly noted in the record of the resident.
- G. Each facility shall establish procedures for the disposition of excluded property in the possession of the recipient at the time of admission, or thereafter.
- H. A receipt shall be given to a resident and an individual designated by the resident for any of his or her personal property taken into the possession of the facility. Any personal property in the possession of a facility at the time the resident to whom the property belongs is released from the facility shall be returned to the resident.
- I. Each facility shall provide a reasonable amount of storage space to each resident for his or her clothing and other personal property. The resident shall be permitted to inspect personal property at reasonable times.
- J. Limitations on the right to receive, possess, and use personal property, which are imposed by the person in charge of a recipient's plan of service, shall be preceded by documentation of the circumstances which indicate that a limitation is the minimal essential step:
 - 1. In order to prevent theft, loss or destruction of property unless resident signs a waiver.
 - 2. In order to prevent the recipient from physically harming himself or others.
 - 3. Limitations shall be time limited, and the date of expiration shall be documented in the recipient's case record. Any limitation shall be removed when the circumstances that justified its adoption cease to exist.
- K. A recipient may appeal a limitation or the expiration date of a limitation. - A recipient shall appeal this to the person or persons who set forth the limitation. If recipient does not reach satisfaction, the resident shall have opportunity to appeal to the responsible Program Manager.
- L. Exploitation is not allowed.

V. PROCEDURES REGARDING FUNDS

- A. A recipient is entitled to easy access to the money in his or her account and to spend or otherwise use the money in their accounts except as provided for in this section.
- B. Facility policy on access to and expenditure of funds, and limitations placed on these, shall be consistent with both current needs of the recipient, including basic needs or special purchases, and the use of funds to facilitate release or discharge and normalization, whether within or outside the facility.
- C. Facility staff may counsel recipient's use of funds in line with agency policy.
- D. A residential facility may ~~require that~~require all money, which is on the person of a recipient, that comes to a recipient or that the residential facility received for placement of the recipient under a benefit arrangement or otherwise, be turned over to the facility for safekeeping.
 - 1. The money shall be accounted for in the name of the recipient.
 - 2. The money shall be recorded in the records of the recipient.
 - 3. An official receipt shall be issued to the recipient.
 - 4. If a recipient is admitted with items in his/her possession that require formal

attention and that are retained, the Program Supervisor shall, as necessary, petition the Court for the appointment of a guardian. ~~Items~~ such as bank accounts, stocks, bonds, insurance policies and storage receipts shall receive immediate action so as to properly release the facility from liability and provide appropriate protection of a recipient's assets.

5. Upon request, money accounted for in the name of a recipient shall be turned over to the payee of the recipient.
6. Exploitation is not allowed.

VI. PROCEDURES FOR THE DISCHARGE OF RECIPIENT PERSONAL PROPERTY AND FUNDS

- A. Upon discharge of a recipient, all money and personal property will be returned to the recipient. Each facility will establish procedures for disposition of items that are inadvertently overlooked.
- B. In the event of the death of a recipient, every effort shall be made by the facility to divest itself of a recipient's personal property and monies if they consist of only wearing apparel and up to \$100 in cash. Divestment shall be to the spouse, child, or parent of the deceased. The relative shall furnish identification and an affidavit of such relationship, and evidence that an estate of the deceased is not pending. If such relative does not exist, or if the personal property consists of more than \$100, the disposition shall be handled in accordance with paragraph IV. H.
- C. The facility shall send a list of personal property and money by registered mail to the nearest relative of the deceased. The notice shall also call attention to statutes that provide for disposition.
- D. If there are questions as to rival claims to personal property and money, the property and money may be held by a facility until the claims are determined in a Probate Court.
- E. If the nearest relative cannot be contacted, the facility shall send a list of the personal property and money by registered mail to the person or entity that paid for the funeral expenses.
- F. If there are no claims to personal property or money of a deceased recipient, the property and money shall be considered to be unclaimed (see VI.H).
- G. If a recipient does not return from an unauthorized leave, and if the recipient's property and money are not claimed by the recipient or recipient's relatives, heirs, or personal or legal representative, the facility director shall retain custody of them and handle the matter as unclaimed property (see VI.H).
- H. If personal property or money of recipient's are unclaimed and have been held for two (2) years, the property or money shall be disposed of pursuant to Act No. 63 of the Public Acts of 1949, as amended being 567.20 et seq. of the Michigan Compiled Laws. Delivery of property and report to the State Board of Escheats shall be on or before the thirtieth (30th) day of June each year. The report shall list the property possessed as of the preceding first day of June.

Appropriate property may be disposed of before the end of the two (2)-year period pursuant to Act. No. 238 of the Public Acts of 1957, being 434.151 et seq. of the Michigan Compiled Laws.

VII. REFERENCES

Act 258, Public Acts of 1974, as amended, being MCL330.1728, 330.1730, 330.1732, 330.1734, and 330.1736.

Administrative Rule R330.7229, as amended December 2007.

Authors Initials LS/~~lkwj~~~~ee~~

REQUEST FOR HEALTHWEST BOARD CONSIDERATION AND AUTHORIZATION

COMMITTEE Program/Personnel Committee	BUDGETED X	NON-BUDGETED	PARTIALLY BUDGETED
REQUESTING DIVISION Administration	REQUEST DATE December 5, 2025	REQUESTOR SIGNATURE Linda Wagner, Recipient Rights Officer	
<u>SUMMARY OF REQUEST (GENERAL DESCRIPTION, FINANCING, OTHER OPERATIONAL IMPACT, POSSIBLE ALTERNATIVES)</u>			
<p>HealthWest Board authorization is requested to approve the revisions of Policy and Procedure 04-017 (Freedom of Movement). The revised sections are shown on the redlined attached Policy. These revisions are recommendations based on the Recipient Rights State Audit and the requirements per our Corrective Action Plan.</p> <p>Policy:</p> <p>Freedom of movement of a recipient shall not be restricted more than is necessary to provide mental health services to the recipient, to prevent injury to self or others, or to prevent substantial property damage.</p>			
<u>SUGGESTED MOTION (STATE EXACTLY AS IT SHOULD APPEAR IN THE MINUTES)</u>			
I move the HealthWest Board of Directors to authorize the policy and procedural changes for Policy 04-017 described above and attached, effective December 22, 2025.			
COMMITTEE DATE December 5, 2025	COMMITTEE APPROVAL _____ Yes _____ No _____ Other		
BOARD DATE December 19, 2025	BOARD APPROVAL _____ Yes _____ No _____ Other		

Policy and Procedure Title: Freedom of Movement	Policy and Procedure #: 04-017	<u>Review Dates</u>	
Category: Recipient Rights Subject: To ensure that a recipient's right to freedom of movement is protected and to allow for restriction and/or limitation of a recipient's freedom of movement.	Prepared by: Office of Recipient Rights Approved by: Rich Francisco, Executive Director		
	Effective Date: 04/22/1983	Last Revised Date: <u>09/23/2025</u> 7/2/2017	

I. POLICY

Freedom of movement of a recipient shall not be restricted more than is necessary to provide mental health services to the recipient, to prevent injury to self or others, or to prevent substantial property damage, ~~except that security precautions appropriate to the condition and circumstances of an individual admitted by order of a criminal court or transferred as a sentence-serving convict from a penal institution may be taken.~~

II. APPLICATION

Facilities operated by HealthWest, and contracted facilities where adherence to this policy is specified in the contract.

III. DEFINITIONS

- A. **Freedom of Movement:** The right of recipients to have access to grounds, common public areas of buildings and "off ground" areas, unless generally restricted by program/house rules or limited in the individual plan of service. Freedom of movement also entitles recipients to the least restrictive modalities of treatment unless more restrictive measures are documented in the plan of service and authorized by the recipient, parent or legal guardian.
- B. **Program/House Rules:** Rules applying to all recipients in a program or residents of a home that are established to assure the safety and comfort of recipients and the orderly functioning of the program or home.

IV. PROCEDURE

A. Mental health services will be offered in the least restrictive setting that is appropriate and available

A.B. Recipients, and their legal representatives, shall be informed of the recipient's

right to freedom of movement. The recipient, and his/her legal representative, shall receive a copy of the facility's house rules.

B.C. Individual limitations or restrictions of a recipient's freedom of movement shall be an exception and not a routine component of treatment plans.

C.D. Recipients shall be placed in the least restrictive setting for the treatment of his or her condition.

D.E. General restrictions applicable to all recipients or groups of recipients, governing access to grounds, buildings or other areas shall be documented in a facility's program/house rules.

E.F. Recipients, and their legal representatives, shall be informed of further individual limitations and justification for the limitations.

1. Individual limitations shall be clinically justified on a time-limited basis.

2. Documentation in the recipient's clinical record shall include:

a. Justification of the limitation.

b. Authorization of limitation.

c. Termination of limitation.

d. Review date of limitation.

e. A notation in the clinical record of the explanation of the limitation to the recipient, parent, or guardian.

F.G. Recipients or their legal ~~representatives~~representatives have the right to appeal individual limitations including denials of requests for leave, which restrict freedom of movement. All restrictions are considered to be substantial in scope and duration and subject to appeal.

G.H. Recipients can make an appeal to the appropriate Program Supervisor. If dissatisfied, recipients may seek assistance from the Office of Recipient Rights.

H.I. Any restriction on freedom of movement of a recipient is removed when the circumstances that justified its adoption cease to exist.

V. REFERENCES

Act 258, Public Acts of 1974, as amended, 330.1126 and 330.1744.

Administrative Rules R 330.7231.

Authors Initials LS/kwhdee

REQUEST FOR HEALTHWEST BOARD CONSIDERATION AND AUTHORIZATION

COMMITTEE Program/Personnel Committee	BUDGETED X	NON-BUDGETED	PARTIALLY BUDGETED
REQUESTING DIVISION Administration	REQUEST DATE December 5, 2025	REQUESTOR SIGNATURE Linda Wagner, Recipient Rights Officer	
SUMMARY OF REQUEST (GENERAL DESCRIPTION, FINANCING, OTHER OPERATIONAL IMPACT, POSSIBLE ALTERNATIVES)			
<p>HealthWest Board authorization is requested to approve the revisions of Policy and Procedure 04-018 (Recipient Labor-Residential Facilities and other locations). The revised sections are shown on the redlined attached Policy. These revisions are recommendations based on the Recipient Rights State Audit and the requirements per our Corrective Action Plan.</p> <p>Policy:</p> <ul style="list-style-type: none"> A. A recipient may perform labor only if the recipient voluntarily agrees to perform the labor. B. A resident may perform labor that contributes to the operation and maintenance of the facility for which the facility would otherwise employ someone only if the resident voluntarily agrees to perform the labor, engaging in the labor would not be inconsistent with the individual plan of services for the resident, and the amount of time or effort necessary to perform the labor would not be excessive. In no event shall discharge or privileges be conditioned upon the performance of such labor. C. A resident who performs labor shall be compensated an appropriate amount and in accordance with applicable federal and state labor laws, including minimum wage and minimum wage reduction provisions, if an economic benefit to another individual or agency results from his or her labor. D. Labor by a recipient of a personal housekeeping nature or as a condition of residence in a small, group-living arrangement shall not be subject to compensation. E. One-half of any compensation paid to a resident under this section is exempt from collection under this act as payment for services rendered. 			
SUGGESTED MOTION (STATE EXACTLY AS IT SHOULD APPEAR IN THE MINUTES)			
I move the HealthWest Board of Directors to authorize the policy and procedural changes for Policy 04-018 described above and attached, effective December 22, 2025.			
COMMITTEE DATE December 5, 2025	COMMITTEE APPROVAL _____ Yes _____ No _____ Other		
BOARD DATE December 19, 2025	BOARD APPROVAL _____ Yes _____ No _____ Other		

Policy Title: Recipient Labor-Residential Facilities and other locations	Policy #: 04-018	<u>Review Dates</u>	
Category: Recipient Rights Subject: To ensure that recipients who perform labor are compensated adequately.	Prepared by: The Office of Recipient Rights Approved by: _____ Rich Francisco, Executive Director		
	Effective Date: 04/22/1983	Last Revised Date: 07/05/2017 09/23/2025	

I. POLICY

- ~~B.A.~~ A recipient may perform labor only if the recipient voluntarily agrees to perform the labor.
- ~~C.B.~~ A resident may perform labor that contributes to the operation and maintenance of the facility for which the facility would otherwise employ someone only if the resident voluntarily agrees to perform the labor, engaging in the labor would not be inconsistent with the individual plan of services for the resident, and the amount of time or effort necessary to perform the labor would not be excessive. In no event shall discharge or privileges be conditioned upon the performance of such labor.
- ~~D.C.~~ A resident who performs labor shall be compensated an appropriate amount and in accordance with applicable federal and state labor laws, including minimum wage and minimum wage reduction provisions, if an economic benefit to another individual or agency results from his or her labor.
- ~~E.D.~~ Labor by a recipient of a personal housekeeping nature or as a condition of residence in a small, group-living arrangement shall not be subject to compensation.
- ~~F.E.~~ One-half of any compensation paid to a resident under this section is exempt from collection under this act as payment for services rendered.

II. APPLICATION

All mental health residential facilities operated by or under contract with HealthWest.

III. DEFINITIONS

- ~~B.A.~~ Exploitation: An action that involves the misappropriation or misuse of a recipient's property or funds.
- ~~C.B.~~ Facility: A residential or other program setting for the care or treatment of individuals with a mental illness, serious emotional disturbance, or developmental disability that is either operated by or under contract with the Agency.
- ~~D.C.~~ Recipient: An individual who receives services in a facility.

IV. PROCEDURE

- A. The labor of a recipient, whether deemed therapeutic or not, inconsistent with the recipient's plan of service, shall require approval by the person in charge of the plan of service. Approval shall be noted in the case record.
- B. Approval shall not be withheld unless reasons explaining how the labor is inconsistent with the plan of service are stated in the case record.
- C. Disapproval of labor by the person in charge of the plan may be reversed by the director of the facility.
- D. In approving labor, the person in charge of the plan may set limits. Recipient labor shall not consume more than six hours of a recipient's day unless approved by the director of the facility.
- E. Labor shall not interfere with other ongoing treatment or habilitation programs suitable for the recipient.
- F. Records of payments to the recipient may be maintained by the facility.
- G. If a fee for service is charged to the recipient, it shall be ~~documented, and~~documented and not exceed one-half of the recipient's earnings.

V. REFERENCES

Act 258, Public Acts of 1974, as amended, being M.C.L. 330.1736

Administrative Rule R 330.7229 as amended, December 2007

REQUEST FOR HEALTHWEST BOARD CONSIDERATION AND AUTHORIZATION

COMMITTEE Program/Personnel Committee	BUDGETED X	NON-BUDGETED	PARTIALLY BUDGETED
REQUESTING DIVISION Administration	REQUEST DATE December 5, 2025	REQUESTOR SIGNATURE Linda Wagner, Recipient Rights Officer	
<u>SUMMARY OF REQUEST (GENERAL DESCRIPTION, FINANCING, OTHER OPERATIONAL IMPACT, POSSIBLE ALTERNATIVES)</u>			
<p>HealthWest Board authorization is requested to approve the revisions of Policy and Procedure 04-020 (Reporting Abuse and Neglect). The revised sections are shown on the redlined attached Policy. These revisions are recommendations based on the Recipient Rights State Audit and the requirements per our Corrective Action Plan.</p> <p>Policy:</p> <ul style="list-style-type: none"> A. A recipient of mental health services shall not be subject to abuse or neglect. B. In order to protect recipients from, and prevent repetition of, violations of rights guaranteed by the Mental Health Code, all staff of HealthWest will immediately report apparent or suspected abuse and neglect. C. HealthWest and each service provider under contract with it shall ensure that appropriate disciplinary action is taken against those who have engaged in abuse or neglect. 			
<u>SUGGESTED MOTION (STATE EXACTLY AS IT SHOULD APPEAR IN THE MINUTES)</u>			
I move the HealthWest Board of Directors to authorize the policy and procedural changes for Policy 04-020 described above and attached, effective December 22, 2025.			
COMMITTEE DATE December 5, 2025	COMMITTEE APPROVAL _____ Yes _____ No _____ Other		
BOARD DATE December 19, 2025	BOARD APPROVAL _____ Yes _____ No _____ Other		

Policy and Title: Reporting of Abuse and Neglect	Policy and Procedure #: 04-020	<u>Review Dates</u>	
Category: Recipient Rights Subject: To provide clear guidelines for the reporting suspected or apparent abuse and neglect.	Prepared by: The Office of Recipient Rights Approved by: <hr/> Rich Francisco, Executive Director		
	Effective Date: 04/22/1983	Last Revised Date <u>09-09-23-2025</u> 10/08/2019	

I. POLICY

- A. A recipient of mental health services shall not be subject to abuse or neglect.
- B. In order to protect recipients from, and prevent repetition of, violations of rights guaranteed by the Mental Health Code, all staff of HealthWest will immediately report apparent or suspected abuse and neglect.
- C. HealthWest and each service provider under contract with it shall ensure that appropriate disciplinary action is taken against those who have engaged in abuse or neglect.

II. APPLICATION

The following are required to report any apparent or suspected abuse and neglect involving a recipient of mental health services and cooperate in an investigation conducted by the Office of Recipient Rights:

- A. Employees of or people under contract with HealthWest.
- B. Employees of agencies under contract with HealthWest or their agents.

- C. Employees or home operators of adult and child foster care facilities providing care to mental health recipients or their agents.
- D. Volunteers/interns.

III. DEFINITIONS

- A. **Abuse class I** means a non-accidental act or provocation of another to act by an employee, volunteer, or agent of a provider that caused or contributed to the death, or sexual abuse of, or serious physical harm to a recipient.
- B. **Abuse class II** means any of the following:
 1. A non-accidental act or provocation of another to act by an employee, volunteer, or agent of a provider that caused or contributed to non-serious physical harm to a recipient.
 2. The use of unreasonable force on a recipient by an employee, volunteer, or agent of a provider with or without apparent harm.
 3. Any action or provocation of another to act by an employee, volunteer, or agent of a provider that causes or contributes to emotional harm to a recipient.
 4. An action taken on behalf of a recipient by a provider who assumes the recipient is incompetent, despite the fact that a guardian has not been appointed, that results in substantial economic, material, or emotional harm to the recipient.
 5. Exploitation of a recipient by an employee, volunteer, or agent of a provider.
- C. **Abuse class III** means the use of language or other means of communication by an employee, volunteer, or agent of a provider to degrade, threaten, or sexually harass a recipient.
- D. **Act** means mental health code, 1974 PA 258, MCL 330.1001 et seq.
- E. **Anatomical support** means body positioning or a physical support ordered by a physical or occupational therapist for the purpose of maintaining or improving a recipient's physical functioning.
- F. **Bodily function** means the usual action of any region or organ of the body.
- G. **Degrade** means
 1. Treat humiliatingly: to cause somebody a humiliating loss of status or reputation or ~~cause somebody~~cause someone a humiliating loss of self-esteem; make worthless; to cause a person to feel that they or other people are worthless and do not have the respect or good opinion of others. (syn) degrade, debase, demean, humble, humiliate. These verbs mean to deprive of self-esteem or ~~self-worth~~self-worth, to shame or disgrace.
 2. Degrading behavior shall be further defined as any language or epithets that insult the person's heritage, mental status, race, sexual orientation, gender, intelligence, etc.

- H. **Dignity** To be treated with esteem, honor, politeness; to be addressed in a manner that is not patronizing, condescending or demeaning; to be treated as an equal; to be treated the way any individual would like to be treated.
- I. **Emotional harm** means impaired psychological functioning, growth, or development of a significant nature as evidenced by observable physical symptomatology or as determined by a mental health professional.
- J. **Exploitation** means an action by an employee, volunteer, or agent of a provider that involves the misappropriation or misuse of a recipient's property or funds for the benefit of an individual or individuals other than the recipient.
- K. **Neglect class I** means either of the following:
1. Acts of commission or omission by an employee, volunteer, or agent of a provider that result from noncompliance with a standard of care or treatment required by law and/or rules, policies, guidelines, written directives, procedures, or individual plan of service and causes or contributes to the death, or sexual abuse of, or serious physical harm to a recipient.
 2. The failure to report apparent or suspected abuse Class I or neglect Class I of a recipient.
- L. **Neglect class II** means either of the following:
1. Acts of commission or omission by an employee, volunteer, or agent of a provider that result from noncompliance with a standard of care or treatment required by law, rules, policies, guidelines, written directives, procedures, or individual plan of service and that cause or contribute to ~~non-serious~~non-serious physical harm or emotional harm to a recipient.
 2. The failure to report apparent or suspected abuse Class II or neglect Class II of a recipient.
- M. **Neglect class III** means either of the following:
1. Acts of commission or omission by an employee, volunteer, or agent of a provider that result from noncompliance with a standard of care or treatment required by law and/or rules, policies, guidelines, written directives, procedures, or individual plan of service that either placed or could have placed a recipient at risk of physical harm or sexual abuse.
 2. The failure to report apparent or suspected abuse Class III or neglect Class III of a recipient.
- N. **Non-serious physical** harm means physical damage or what could reasonably be construed as pain suffered by a recipient that a physician or registered nurse determines could not have caused, or contributed to, the death of a recipient, the permanent disfigurement of a recipient, or an impairment of his or her bodily functions.

- O. **Physical management** means a technique used by staff as an emergency intervention to restrict the movement of a recipient by direct physical contact to prevent the recipient from harming himself, herself, or others.
- P. **Protective device** means a device or physical barrier to prevent the recipient from causing serious self-injury associated with documented and frequent incidents of the behavior. A protective device as defined in this subdivision and incorporated in the written individual plan of service shall not be considered a restraint as defined in subdivision Q of this sub-rule.
- Q. **Provider** means the department, each Community Mental Health Services Program (CMHSP), each licensed hospital, each psychiatric unit, and each psychiatric partial hospitalization program licensed under section 137 of the act, their employees, volunteers, and contractual agents.
- R. **Psychotropic drug** means any medication administered for the treatment or amelioration of disorders of thought, mood, or behavior.
- S. **Respect** To show deferential regard for; to be treated with esteem, concern, consideration or appreciation; to protect the individual's privacy; to be sensitive to cultural differences; to allow an individual to make choices.
- T. **Restraint** means the use of a physical device to restrict an individual's movement. Restraint does not include the use of a device primarily intended to provide anatomical support.
- U. **Serious physical harm** means physical damage suffered by a recipient that a physician or registered nurse determines caused or could have caused the death of a recipient, caused the impairment of his or her bodily functions, or caused the permanent disfigurement of a recipient.
- V. **Sexual abuse** means any of the following:
1. Criminal sexual conduct as defined by section 520b to 520e of 1931 PA 318, MCL 750.520b to MCL 750.520e involving an employee, volunteer, or agent of a provider and a recipient.
 2. Any sexual contact or sexual penetration involving an employee, volunteer, or agent of a department operated hospital or center, a facility licensed by the department under section 137 of the act or an adult foster care facility and a recipient.
 3. Any sexual contact or sexual penetration involving an employee, volunteer, or agent of a provider and a recipient for whom the employee, volunteer, or agent provides direct services.
- W. **Sexual contact** means the intentional touching of the recipient's or employee's intimate parts or the touching of the clothing covering the immediate area of the recipient's or employee's intimate parts, if that intentional touching can reasonably be construed as being for the purpose of sexual arousal or gratification, done for a sexual purpose, or in a sexual manner for any of the following:
1. Revenge.

2. To inflict humiliation.
 3. Out of anger.
- X. **Sexual harassment** means sexual advances to a recipient, requests for sexual favors from a recipient, or other conduct or communication of a sexual nature toward a recipient.
- Y. **Sexual penetration** means sexual intercourse, cunnilingus, fellatio, anal intercourse, or any other intrusion, however slight, of any part of a person's body or of any object into the genital or anal openings of another person's body, but emission of semen is not required.
- Z. **Therapeutic de-escalation** means an intervention, the implementation of which is incorporated in the individualized written plan of service, wherein the recipient is placed in an area or room, accompanied by staff who shall therapeutically engage the recipient in behavioral de-escalation techniques and debriefing as to the cause and future prevention of the target behavior.
- AA. **Threaten** means to tell someone that you will hurt them or cause problems if they do not do what you want.
- BB. **Time out** means a voluntary response to the therapeutic suggestion to a recipient to remove him or herself from a stressful situation in order to prevent a potentially hazardous outcome.
- CC. **Treatment by spiritual means** describes a spiritual discipline or school of thought that a recipient wishes to rely on to aid physical or mental recovery.
- DD. **Unreasonable force** means physical management or force that is applied by an employee, volunteer, or agent of a provider to a recipient in one or more of the following circumstances:
1. There is no imminent risk of serious or non-serious physical harm to the recipient, staff or others.
 2. The physical management used is not in compliance with techniques approved by the provider and the responsible mental health agency.
 3. The physical management used is not in compliance with the emergency interventions authorized in the recipient's individual plan of service.
 4. The physical management or force is used when other less restrictive measures were possible but not attempted immediately before the use of physical management or force.

IV. PROCEDURE

- A. A mental health professional, a person employed by or under contract to the Michigan Department of Health and Human Services (MDHHS), a licensed facility, or a CMHSP, or a person employed by a provider under contract to MDHHS, a licensed facility, or a CMHSP who has reasonable cause to suspect the abuse or neglect of a recipient immediately shall make or cause to be made, by telephone or otherwise, an oral report of the apparent or suspected abuse or neglect to the Office of Recipient Rights.

1. After making the oral report, and before the end of their current shift, staff shall complete a Recipient Rights Complaint form and send it directly to the Office of Recipient Rights.
 2. Staff required ~~to report to~~ report apparent or suspected abuse and neglect shall report apparent or suspected abuse and neglect to Adult/Child Protective Services.
 3. The Office of Recipient Rights shall forward a copy of all complaints to the HealthWest Executive Director.
- B. A mental health professional, a person employed by or under contract to MDHHS, a licensed facility, or a CMHSP, or a person employed by a provider under contract to MDHHS, a licensed facility, or a CMHSP who has reasonable cause to suspect the criminal abuse of a recipient immediately shall make or cause to be made, by telephone or otherwise, an oral report of the suspected criminal abuse to the law enforcement agency for the county or city in which the criminal abuse is suspected to have occurred or to the state police.
1. Within seventy-two (72) hours after making the oral report, the reporting individual shall file a written report with the law enforcement agency to which the oral report was made, with the Executive Director and with the Office of Recipient Rights.
 2. The written report shall contain the name of the recipient and a description of the criminal abuse and other information available to the reporting individual that might establish the cause of the criminal abuse and the manner in which it occurred. The report shall become a part of the recipient's clinical record. Before the report becomes part of the recipient's clinical record, the names of the reporting individual and the individual accused of committing the criminal abuse, if contained in the report, shall be deleted.
 3. The identity of an individual who makes a report under this section is confidential and is not subject to disclosure without the consent of that individual or by order or subpoena of a court of record. An individual acting in good faith that makes a report of criminal abuse against a recipient is immune from civil or criminal liability that might otherwise be incurred. The immunity from civil or criminal liability granted by the Mental Health Code extends only to acts done under MCL 330.1723 and does not extend to a negligent act that causes personal injury or death. An individual who makes a report of criminal abuse in good faith shall not be dismissed or otherwise penalized by an employer or contractor for making the report. HealthWest and service providers under contract with it shall cooperate in the prosecution of appropriate criminal charges against those who have engaged in criminal abuse. HealthWest or a service provider under contract with it may investigate reported claims of criminal abuse of a recipient by its employees using the procedures described in HealthWest Policy ~~No. 4-020, and~~ No. 04-020 and take appropriate disciplinary action against its employees based upon that investigation.
 4. A person is not required to report suspected criminal abuse if the individual has knowledge that the incident of suspected criminal abuse has been reported to the appropriate law enforcement agency or the suspected criminal abuse occurred more than 1 year before the date on which it first became known to an individual who would otherwise be required to make a report.

5. An individual required to report suspected criminal abuse is *not required* to disclose confidential information or a privileged communication *except* under one or both of the following circumstances:

- a. If the suspected criminal abuse is alleged to have been committed or caused by a mental health professional, an individual employed by or under contract to the MDHHS, a licensed facility, or a community mental health services program, or an individual employed by or under contract to MDHHS, a licensed facility, or a community mental health services program.
- b. If the suspected criminal abuse is alleged to have been committed in one of the following:
 - i. A State facility or a licensed facility.
 - ii. A County CMHSP site.
 - iii. The work site of an individual employed by or under contract to MDHHS, or a community mental health services program or a provider under contract to MDHHS, a licensed facility, or a CMHSP.
 - iv. A place where the recipient is under the supervision of an individual employed by or under contract to MDHHS, a licensed facility, a CMHSP, or a provider under contract to MDHHS, a licensed facility, or a CMHSP.

C. The Office of Recipient Rights will provide a prompt and thorough review of charges of abuse that is fair to both the recipient alleged to have been abused and the charged employee, volunteer, or agent of a provider. shall initiate investigation of apparent or suspected rights violations in a timely and efficient manner. Subject to delays involving pending action by external agencies, the office shall complete the investigation not later than ninety (90) days after it receives the rights complaint. Investigation shall be initiated immediately in cases involving alleged abuse, neglect, serious injury, or death of a recipient involving an apparent or suspected rights violation.

D. If it has been determined through investigation that a right has been violated, HealthWest and each service provider under contract with HealthWest shall take appropriate remedial action that meets all of the following requirements:

1. Corrects or provides a remedy for the rights violations.
2. Is implemented in a timely manner.
3. Attempts to prevent a recurrence of the rights violation.

E. HealthWest and each service provider under contract with HealthWest shall ensure that appropriate disciplinary action is taken against those who have engaged in abuse or neglect.

V. REFERENCES

M.C.L. 330.1100(2) (18), 330.1722(2), 330.1723, 330.1752(1), 330.1778(1)
Administrative Rules R 330.7001(a-c) (g-l), R 330.7035, as amended December 2007

The Office of Recipient Rights

| Authors Initials LS/lkwab

REQUEST FOR HEALTHWEST BOARD CONSIDERATION AND AUTHORIZATION

COMMITTEE Program/Personnel Committee	BUDGETED X	NON-BUDGETED	PARTIALLY BUDGETED
REQUESTING DIVISION Administration	REQUEST DATE December 5, 2025	REQUESTOR SIGNATURE Linda Wagner, Recipient Rights Officer	
<u>SUMMARY OF REQUEST (GENERAL DESCRIPTION, FINANCING, OTHER OPERATIONAL IMPACT, POSSIBLE ALTERNATIVES)</u>			
<p>HealthWest Board authorization is requested to approve the revisions of Policy and Procedure 04-022 (Recipient Rights Complaint Process and Appeals). The revised sections are shown on the redlined attached Policy. These revisions are recommendations based on the Recipient Rights State Audit and the requirements per our Corrective Action Plan.</p> <p>Policy:</p> <p>The Office of Recipient Rights of HealthWest will ensure that all rights complaints are responded to within 5 business days, investigated when appropriate and that all those with a right to appeal will be notified of the right to appeal or choose mediation.</p>			
<u>SUGGESTED MOTION (STATE EXACTLY AS IT SHOULD APPEAR IN THE MINUTES)</u>			
I move the HealthWest Board of Directors to authorize the policy and procedural changes for Policy 04-022 described above and attached, effective December 22, 2025.			
COMMITTEE DATE December 5, 2025	COMMITTEE APPROVAL _____ Yes _____ No _____ Other		
BOARD DATE December 19, 2025	BOARD APPROVAL _____ Yes _____ No _____ Other		

Policy and Procedure Title: Recipient Rights Complaint Process and Appeals	Policy and Procedure #: 04-022	<u>Review Dates</u>	
Category: Recipient Rights Subject: To ensure that rights complaints and appeals are responded to in accordance with the requirements of the Mental Health Code and Administrative Rules.	Prepared by: The Office of Recipient Rights Approved by: _____ Rich Francisco, Executive Director		
	Effective Date: 02/02/1988	Last Revised Date: 10/16/2025	

I. POLICY

The Office of Recipient Rights of HealthWest will ensure that all rights complaints are responded to within 5 business days, investigated when appropriate and that all those with a right to appeal will be notified of the right to appeal or choose mediation.

II. PURPOSE

~~To ensure that rights complaints and appeals are responded to in accordance with the requirements of the Mental Health Code and Administrative Rules.~~ To ensure that rights complaints and appeals are received, investigated, and resolved in full compliance with the Michigan Mental Health Code (1974 PA 258) and the MDHHS/CMHSP Managed Specialty Supports and Services Contract FY26, Attachment C6.3.2.4

III. APPLICATION

All mental health programs, services and facilities operated by or under contract with HealthWest.

IV. DEFINITIONS

- A. **Allegation:** An assertion of fact made by an individual that has not yet been proved or supported with evidence.
- B. **Appeals Committee:** The Recipient Rights Advisory Committee as appointed by the Board of HealthWest to hear appeals.
- C. **Appellant:** The recipient, complainant, parent, or guardian who appeals a recipient rights finding or a respondent's action to the Appeals Committee.
- D. **Complainant:** An individual who files a rights complaint.
- E. **Intervention:** To act on behalf of a recipient to obtain resolution of an allegation of a rights violation contained in a complaint, through processes other than investigation, as defined by the Mental Health Code. Interventions are not allowed in allegations of abuse,

neglect, serious injury, or death of a recipient involving an apparent or suspected rights violation.

- F. **Investigation:** A detailed inquiry into and systematic examination of an allegation raised in a rights complaint.
- G. **Mediation:** A private, informal dispute resolution process in which an impartial, neutral individual, in a confidential setting, assists parties in reaching their own settlement of issues in a dispute and has no authoritative decision-making power.
- H. **Not Substantiated:** A determination by the Recipient Rights Officer/Advisor that an allegation was not able to be proved based on the preponderance of evidence.
- I. **Preponderance of Evidence:** The greater weight of evidence, not as to quantity but as to quality.
- J. **Remedial Action:** If, through investigation, a right has been determined to have been violated, the respondent shall take appropriate remedial action that corrects or provides a remedy for the rights violation, is implemented in a timely manner and attempts to prevent a recurrence of the rights violation.
- K. **Rights Complaint:** A written or oral statement that contains all of the following information: A statement of allegations that give rise to the dispute; A statement of the right or rights that may have been violated; the outcome that the complainant is seeking as a resolution to the complaint.
- L. **Substantiated:** A determination by the Recipient Rights Officer/Advisor that an alleged violation of a right was proven to have occurred by the preponderance of the evidence.

V. COMPLAINT PROCEDURES

- A. The Recipient Rights Officer/Advisor will ensure that recipients, parents of minors, guardians and others have ready access to complaint forms.
- B. Each rights complaint shall be recorded upon receipt by the Office of Recipient Rights on a complaint log and each rights complaint shall be date stamped.
- C. An acknowledgment of the recording in V.B. shall be sent along with a copy of the complaint to the complainant within five (5) business days.
- D. Within five (5) business days after the Office of Recipient Rights receives a complaint, it shall notify the complainant if it determines that no investigation of the rights complaint is warranted.
- E. The Office of Recipient Rights shall assist the recipient or other individual with the complaint process as necessary.
 - 1. The Office of Recipient Rights shall advise the recipient or other individual that there are advocacy organizations available to assist in preparation of a written rights complaint and shall offer to refer the recipient or other individual to those organizations.

2. In the absence of assistance from an advocacy organization, the Office of Recipient Rights shall assist in preparing a written rights complaint, which will contain a statement of the allegation, the right allegedly violated, and the outcome desired by the complainant.
 - ~~3. The Office of Recipient Rights shall inform the recipient or other individual of the option of mediation and that it is available at any time after the Office of Recipient Rights completes the investigative report.~~
- F. If a rights complaint has been filed regarding the conduct of the Executive Director, the rights investigation shall be conducted by the Recipient Rights Office of another community mental health services program or by the state office of recipient rights as decided by the Board.
- G. The Office of Recipient Rights shall initiate investigation of apparent or suspected rights violations in a timely and efficient manner.
1. Subject to delays involving pending action by external agencies (law enforcement, MDHHS), The Office of Recipient Rights shall complete the investigation not later than ninety (90) ~~calendar~~ days after it receives the rights complaint.
 2. Investigation shall be initiated immediately in cases involving alleged abuse, neglect, serious injury, or the death of a recipient involving an apparent or suspected rights violation.
- H. Investigation activities for each rights complaint shall be accurately recorded by the Office of Recipient Rights ~~on the complaint log~~.
- I. The Office of Recipient Rights shall determine whether a right was violated by using the preponderance of the evidence as its standard of proof.
- J. The Office of Recipient Rights shall issue a written report every thirty (30) calendar days during the course of the investigation. The report shall be submitted to the complainant, the respondent, and the Executive Director. A status report shall include all of the following:
1. Statement of the allegations.
 2. Statement of the issues involved.
 3. Citations to relevant provisions of the Mental Health Code, rules, policies, and guidelines.
 4. Investigative progress to date.
 5. Expected date for completion of the investigation.
- K. Upon completion of the investigation, the Office of Recipient Rights shall submit a written ~~report of~~ investigative ~~findings (RIF) report~~ to the respondent and to the Executive Director. Issuance of the written investigative report may be delayed pending completion of investigations that involve external agencies (law enforcement, DHHS). The report shall include all of the following:

1. Statement of the allegations.
 2. Statement of the issues involved.
 3. Citations to relevant provisions of the Mental Health Code, rules, policies, and guidelines.
 4. Investigative Findings.
 5. Conclusions.
 6. Recommendations, if any.
- L. On substantiated rights violations, the respondent shall take appropriate remedial action that meets all of the following requirements:
1. Corrects or provides a remedy for the rights violation.
 2. Is implemented in a timely manner.
 3. Attempts to prevent a recurrence of the rights violation.
- M. The remedial action shall be documented and made a part of the record maintained by the Office of Recipient Rights.
- N. The Executive Director or her designee shall submit a written summary report to the complainant, ~~and recipient, if different than the complainant, or his/her legal representative~~ parent of a minor, or guardian within 10 business days after the Executive Director receives a copy of the report of investigative findings ~~investigative report~~. The summary report shall include all of the following:
1. Statement of allegations.
 2. Statement of issues involved.
 3. Citations to relevant provisions of the Mental Health Code, rules, policies, and guidelines.
 4. Summary of investigative findings.
 5. Conclusions.
 6. Recommendations made by the Office of Recipient Rights (if any).
 7. Action taken, or plan of action ~~proposed~~, proposed by the respondent.
 8. ~~If the summary report contains a plan of action the Executive Director will send a letter indicating when the action was completed and include the recipient rights appeal process.~~
A Summary Report which contains a plan of action must indicate a date the action is expected to be completed. Once the action has been completed the executive director must send an amended summary report with a notice to appeal

9. A statement describing the complainant's, the recipient's if different than the complainant, if different than the complainant, or his/her legal representative's parent of a minor, or guardian right to appeal and the grounds for appeal.
- O. Information in the summary report shall be provided within the constraints of the confidentiality/privileged communications sections (748, 750) of the Mental Health Code.
- P. Information in the summary report shall not violate the rights of any employee (ex. Bullard-Plawecki Employee Right To Know Act).
- Q. HealthWest and each service provider under contact with it shall ensure that appropriate disciplinary action is taken against those who have engaged in abuse or neglect. HealthWest and all providers of service will ensure that appropriate action is taken in regard to Substantiated abuse or neglect of a recipient by an employee, volunteer, or agent of a provider and will subject the employee, volunteer, or agent of a provider to an appropriate penalty, including official reprimand, demotion, suspension, reassignment, or dismissal.
- R. Administrative action will be taken if either HealthWest or provider personnel fail to report suspected violations of rights.
- S. The Office of Recipient Rights shall comply with Muskegon County Personnel Rules and contracts to assure that investigations are conducted in a manner that did not violate employee rights. Complainants, staff of the office of recipient rights, and any staff acting on behalf of a recipient will be protected from harassment or retaliation resulting from recipient rights activities and that appropriate disciplinary action will be taken if there is evidence of harassment or retaliation.
- T. The Office of Recipient Rights will ensure that rights complaints filed by recipients or anyone on their behalf were received in a timely manner.
- U. A rights investigation may be reopened or reinvestigated by the Office of Recipient Rights if there is new evidence that was not presented at the time of the investigation.

VI. APPEAL/DISPUTE RESOLUTION PROCEDURES

- A. The Recipient Rights Advisory Committee (RRAC) has been appointed by the Board to act as the Appeals Committee and shall include a minimum of six (6) members, broadly representative of the community; at least one-third are primary recipients or family members and at least half of those are primary recipients.
- A.B. An appeals committee may request consultation and technical assistance from the MDHHS rights office.
- B.C. A Members receive annual training per MCL 330.1755 (2)(a) and any member of the Appeals Committee who has a personal or professional relationship with an individual involved in an appeal shall abstain from participating in that appeal as a member of the committee.

C.D. The complainant, the recipient if different than the complainant, or her/his legal representative in the summary report from the Executive Director/designee, will be informed of the following:

1. The complainant, recipient if different than the complainant, or her/his legal representative may file a written appeal with the Appeals Committee not later than forty-five (45) days after the receipt of the summary report.
2. An appeal shall be based on one of the following grounds:
 - a. The investigative findings of the Office of Recipient Rights are not consistent with the facts or with law, rules, policies, or guidelines.
 - b. The action taken or plan of action proposed by the respondent does not provide an adequate remedy.
 - c. An investigation was not initiated or completed on a timely basis.

D.E. The Office of Recipient Rights shall advise the appellant there are advocacy organizations available to assist the appellant in preparing the written appeal and shall offer to refer the complainant to those organizations.

E.F. In the absence of assistance from an advocacy organization, the Office of Recipient Rights shall assist the appellant in meeting the procedural requirements of a written appeal.

F.G. The Office of Recipient Rights shall inform the appellant of the option of mediation.

G.H. Within five (5) business days after the receipt of the written appeal, at least 2 members of the Appeals Committee shall review the appeal to determine whether it meets the criteria described above.

H.I. If the appeal is denied because the criteria were not met, the appellant shall be notified in writing within the five (5) business day period.

I.J. If the appeal is accepted, written notice shall be provided to the appellant within the five (5) business day period.

J.K. If the appeal is accepted, a copy of the appeal shall be provided to the respondent and the Executive Director within the five (5) business day period.

K.L. Within thirty (30) days after receipt of a written appeal, the Appeals Committee shall meet and review the facts as stated in all complaint investigation documents and shall do one of the following:

1. Uphold the investigative findings of the Office of Recipient Rights and the action taken or plan of action proposed by the respondent.
2. Return the investigation to the Office of Recipient Rights and request that it be reopened or reinvestigated.

- 2.3. Uphold the investigative findings of the Office of Recipient Rights but recommend that the respondent take additional or different action to remedy the violation.
- 3.4. Recommend that the Board request an external investigation by the State Office of Recipient Rights.
- L.M. The Appeals Committee shall document its decision in writing and justification for the decision in writing.
- M.N. Within ten (10) business working days after reaching its decision, it shall provide copies of the decision to the respondent, appellant, recipient if different than the appellant, (parent of a minor recipient), and recipient's guardian if one has been appointed, or his/her legal representative the Executive Director and the Office of Recipient Rights.
- N.O. Copies of the Appeals Committee's decision shall include a notice of the appellant's right to appeal to MDHHS within forty five (45) days from the receipt of their decision and include the grounds for further appeal, which consist of the investigative findings of the Office of Recipient Rights are not consistent with the facts or with law, rules, policies, or guidelines. The written decision will include a statement of appellant's right to appeal to MDHHS within 45 days from receipt of decision and the ground for appeal (investigative findings of the rights office are inconsistent with facts, or with law, rules, policies, or guidelines).
- O.P. If the appeals committee returns the investigation to the office of recipient rights to be reopened or reinvestigated, documentation must include justification for the decision made by the appeals committee and recommendations for reinvestigation. The office must complete the reinvestigation within 45 calendar days of receipt of the written decision of the appeals committee and submit to the executive director.
- Q. If an investigation is returned to the appeals committee for reinvestigation, upon receipt of the Report of Investigative Findings (RIF), the Executive Director will take appropriate remedial action and will submit a written summary report to the complainant, recipient, if different than the complainant, parent or guardian, and the appeals committee within 10 business days.
- R. Within 10 business days of receipt of the reinvestigation report, the executive director must issue a new Summary Report in compliance with section 782 of the Code. The Summary Report must include level 2 appeal contact information, grounds for appeal as stated in section 784(2) of the Code, the time frame for submission of the appeal, advocacy organizations that may assist with filing the written appeal, and an offer of assistance by the office of recipient rights in the absence of assistance from an advocacy organization.
- S. If the appeal concerns the timeliness of the investigation and the appeals committee confirms that the investigation was not initiated or completed in a timely manner, It is recommend that HealthWest's Executive Director take remedial action to address the lack of timeliness with the rights office.
- T. If a request for additional or different action is sent to the Executive Director, a response will be sent within 30 days as to the action taken or justification as to why it was not

taken. –The written notice must response will be sent to the complainant, appellant, recipient, if different than the complainant appellant, parent or legal guardian, and the appeals committee.

U. If the appeal concerns the action taken and recommends the respondent take additional or different action to remedy the violation, the appeals committee must base its determination upon remedial action as defined in section 780 of the Code. Written notice of this recommendation for additional or different action to be taken by the respondent must also be provided to the RMHA, if different than the respondent, and the office of recipient rights.

V. If the committee notifies the CMH Board Chair of a recommendation to seek an external investigation from MDHHS ORR, the Board will send a letter of request to the Director of MDHHS OOR within 5 business days of receipt of the request from the appeals committee. The Director of the CMH making the request will be responsible for the issuance of the summary report, which will include information on the grounds for appeal, the time frame for submission for the appeal, advocacy organizations that may assist and an offer of assistance by the ORR in the absence of assistance from an advocacy organization. If the appeals committee recommends that the appeals committee request an external investigation by MDHHS rights office, the board of directors must make the request to the director of MDHHS rights office in writing within 5 business days of receipt of the request from the appeals committee. An external investigation must be conducted within the timeframes outlined under Sec. 778. The MDHHS right office must submit an amended investigative report to the executive director and board of the CMHSP. Within 10 business days of receipt of the amended report the CMHSP executive director must issue an amended summary report in compliance with Sec. 782. The amended summary report must be submitted to the appellant, recipient if different than the appellant, the recipient's legal guardian, if any, the parent of a minor recipient, rights office and the appeals committee. If the appellant still disagrees with the conclusion of the rights investigation or asserts that the investigative findings of the rights office are not consistent with the facts or with law, rules, policies, or guidelines they may file an appeal under Sec. 786.

VII. REFERENCES

M.C.L. 330.1722, 330.1752, 330.1774, 330.1776, 330.1780, 330.1782, 330.1784 330.1788 and 330.1788.

Bullard-Plawecki Employee Right to Know Act, Act No. 397 of the Public Acts of _____ 1978, M.C.L. 423.501 et. seq. _____

Michigan Mental Health Code, Chapter 7 & A

MDHHS/CMHSP Managed Specialty Supports and Services Contract FY26, Attachment C6.3.2.4

REQUEST FOR HEALTHWEST BOARD CONSIDERATION AND AUTHORIZATION

COMMITTEE Program Personnel Committee	BUDGETED X	NON-BUDGETED	PARTIALLY BUDGETED
REQUESTING DIVISION Administration	REQUEST DATE December 5, 2025	REQUESTOR SIGNATURE Brandy Carlson, Chief Finance Officer	
<u>SUMMARY OF REQUEST (GENERAL DESCRIPTION, FINANCING, OTHER OPERATIONAL IMPACT, POSSIBLE ALTERNATIVES)</u>			
<p>HealthWest Board authorization is requested to approve the HealthWest Financial Management Policy.</p> <p><u>Policy</u></p> <p>To maintain an adequate and acceptable level of financial management, including revenue and expense projections for all community mental health and certified community behavioral health clinic activities.</p> <p>This policy is required to meet our LRE (Lakeshore Regional Entity) Corrective Action Plan in place for the FY25 Financial Audit.</p>			
<u>SUGGESTED MOTION (STATE EXACTLY AS IT SHOULD APPEAR IN THE MINUTES)</u>			
I move to authorize and approve the HealthWest Policy for Financial Management, effective December 22, 2025.			
COMMITTEE DATE December 5, 2025	COMMITTEE APPROVAL _____ Yes _____ No _____ Other		
BOARD DATE December 19, 2025	BOARD APPROVAL _____ Yes _____ No _____ Other		

HWB 33-P

Policy/Procedure Title: Financial Management Policy	Policy and Procedure: 03-	<u>Review Dates</u>	
Category: Finance Subject: To maintain an adequate and acceptable level of financial management.	Prepared by: Name: Brandy Carlson Title: Chief Executive Officer Approved by: Rich Francisco, Executive Director		
	Effective Date: 1/01/2026	Last Revised Date:	

I. POLICY

To maintain an adequate and acceptable level of financial management, including revenue and expense projections for all community mental health and certified community behavioral health clinic activities.

II. PROCEDURES

A. Internal Controls and Audits

1. Written Policies and Procedures

HealthWest shall maintain the appropriate written internal policies and procedures that ensure adequate internal controls in accordance with the pronouncements of the Government Accounting Standards Board.

2. Independent Annual Audit

- a. A comprehensive financial audit and Federal Single Audit of HealthWest shall occur annually in accordance with State and Federal regulations. Audits will be performed by certified public accountants who are licensed to practice in the State of Michigan and are in good standing with the Michigan Board of Accountancy.
- b. HealthWest will obtain an independent financial audit annually which will clearly indicate the operating results for the reporting period and the financial position at the end of the fiscal year. A copy of the audit report and management letter shall be submitted to the Lakeshore regional Entity (LRE) within six months after the end of the fiscal year. A copy of the audit report shall be filed with the Michigan State Treasurer and the Michigan Department of Health and Human Services (MDHHS) within the timelines established by the State of Michigan.

3. Compliance Examination

HealthWest shall obtain an independent compliance examination annually. The examiner will issue an opinion as to whether the examined organization has complied, in all material respects, with the specified requirements described in MDHHS's Compliance Examination Guidelines. A copy of the compliance report shall be submitted to the LRE.

4. Plan of Correction: In the event of deficiencies, a corrective plan shall be submitted to LRE and implemented within 30 days of identification.

In the event a member receives a management letter from the auditor noting deficiencies the member shall prepare a written response to the management letter and submit a copy to the LRE.

B. Annual Budgets

1. It is County policy for all funds to have a balanced budget either by having revenues greater than or equal to expenditures or by allowing the use of excess fund equity/net positions. For any fund falling within the State of Michigan definition of a deficit condition, a deficit elimination plan must be submitted to the County Board of Commissioners and the State of Michigan Treasury Department following prescribed State rules.
2. In accordance with Public Act 621, the Uniform Budgeting and Accounting Act, HealthWest shall adopt a budget through the annual County budget process, which concludes with the approval of an annual Appropriation Ordinance by the Board of Commissioners. Budget amendments after adoption of the Appropriation Ordinance require Board approval at the fund level.
3. Consistent with Michigan Compiled Law (MCL) Section 141.412, the LRE and members shall hold a public hearing on its proposed budget. Notice of the hearing shall be by publication in a newspaper of general circulation within the local unit at least 6 days before the hearing. The notice shall include the time and place of the hearing and shall state the place where a copy of the budget is available for public inspection.
4. The annual budget must be presented to the appropriate board for approval prior to the beginning of the fiscal year. Amendments to the budget must be presented to the appropriate board for approval prior to expenditures being made and prior to year-end.

C. Integration of Financial and Service Data: Financial and service data shall be integrated to project revenue, monitor high-risk services, develop unit costs, and ensure Medicaid eligibility compliance.

1. Financial staff shall utilize monthly financial statements to project revenue and expenditure and to identify financial trends and potential budgetary concerns.
2. Financial and service data integration shall be used to:
 - a. Project revenue and expenditure
 - b. Project utilization of high risk/high-cost services (i.e. inpatient, residential, and community living support, etc.).
 - c. Develop service unit costs and trending utilization patterns.
 - d. Determine Medicaid eligibility through an interface with the State Medicaid Data

Exchange Gateway (DEG) eligibility files; generate reports to identify Medicaid services and the related cost of those services.

- e. Identify service costs that are not Medicaid eligible due to spend-downs, etc.
- f. Provide data for allocation of administrative overhead cost.
- g. Provide financial and service data to the MDHHS utilizing state formats.
- h. Review Medicaid and local match requirements against projected availability of local revenues to identify potential local match problems.

D. Financial Management Reports

1. Financial statements shall be generated and published monthly and distributed as appropriate to the respective board of directors and administrative management staff.
2. HealthWest shall identify and establish internal financial reports necessary for the early identification of potential problem areas. Financial reports that shall be provided to the County Health and Human Services Committee, MDHHS and LRE. Financial reports submitted to LRE include, but are not limited to, the following:

- a. Financial Reports – Each member shall provide to the LRE year-to-date and projected annual savings (deficit) for Medicaid, general fund, and local match each month beginning with January. This report shall be issued and transmitted to the LRE based on the schedule developed by the regional finance committee.
- b. State Reporting – HealthWest shall provide to the LRE all financial and data reporting required as part of the operating agreement between the LRE and HealthWest.
- c. All information and data shall be provided to the LRE by a mutually agreed upon electronic format that will allow the efficient incorporation of the member information into the regional reporting.
- d. Financial reports that shall be provided by the LRE include, but are not limited to, the following:
 1. DEG Reports – The LRE shall download monthly DEG data taken from the State's Medicaid information system and subsequently download that data to HealthWest. This download shall occur within seven working days of the data being available to LRE.
 2. The LRE shall issue monthly reports that provide analysis of the trends related to Medicaid eligibility. At a minimum, the reports shall include a projection of Medicaid capitation payments for the fiscal year as well as other information necessary for the risk management of the regional capitation obligation.

E. Sub-Capitation Payment Distribution Methodology

The LRE shall distribute Medicaid capitation payments consistent with the operating agreement.

F. Provider Claims

A clean claim is one that can be processed without additional information from the provider or third party. It excludes claims under fraud investigation or medical necessity review. Providers must submit claims within 90 days of service month; clean claims must be paid within 30 days.

1. At a minimum, the provider claim process shall mandate that:
 - a. A claim submitted more than 90 days following the end of the month calendar in which the service was rendered may not be paid. All claims that have not met the clean claim criteria within one year from date of service may not be paid.
 - b. A clean claim is one that can be processed without obtaining additional information from the provider of the service or a third party. It does not include a claim from a provider who is under investigation for fraud or abuse, or a claim under review for medical necessity.
 - c. HealthWest shall ensure that providers are paid for clean claims within 30 days of receipt of the claim. As a benchmark, all members should collect and monitor data that assures 90% of all claims are processed within 30 days of receipt, and 99% are processed within 90 days of receipt.

G. Third Party Revenues

HealthWest shall establish mechanisms to ensure that all private pay and third-party payers are billed for covered services. HealthWest shall establish fee policies and procedures.

H. MDHHS Uniform Billing and Electronic Claims

HealthWest shall implement the MDHHS Uniform Billing mandates including the ability to accept electronic submissions.

I. Local Match Obligation

The State of Michigan's appropriation act permits a contribution from internal resources. Local funds shall be used as a bona fide part of the state match required under the Medicaid program to increase capitation payments.

- a. Local Match Submission – HealthWest shall submit local funds as a bona fide source of match for Medicaid to the LRE on a quarterly basis. These payments shall be made in a reasonable timeframe to allow the LRE to process the local match payment to the State in accordance with the MDHHS payment schedule.
- b. Local Match Monitoring – The LRE and HealthWest shall establish a mechanism to assure that the local match is funded and monitored no less than quarterly to assure adequacy of funding.
- c. Plan of Correction: In the event of deficiencies, a corrective plan shall be submitted to LRE and implemented within 30 days of identification.

J. Managed Care Administrative Costs

1. According to the MDHHS guidelines for "Establishing Administrative Costs Within and Across the CMHSP System", HealthWest shall identify the administrative activities associated with each of the identified managed care administrative functions.
2. The identified activities shall be recognized as either being centralized at the regional entity or delegated to HealthWest following 42 CFR: 438.230, Sub contractual Relationships and Delegation. For those activities that HealthWest has delegated to them, the agreed-upon estimated Medicaid cost associated with those delegated activities shall be considered LRE administrative in the State reports.

3. The administrative activities, delegation assignment, and associated costs shall be reviewed and updated at least annually.

K. Financial Risk

In keeping with MDHHS requirements, HealthWest shall fall under the LRE Internal Risk Service Fund for Capitated Funding and the County of Muskegon as a County Department.

L. Insurance Coverage

HealthWest shall maintain minimum coverage levels: General Liability \$1,000,000 per occurrence, Professional Liability \$1,000,000 per occurrence, and other mandated or mutually agreed coverage levels.

M. Regional Finance Committee

HealthWest shall actively participate in the regional finance committee. It is the intent of the Regional Finance Committee that changes and improvements in process shall be discussed. The committee shall meet at least quarterly.

N. Monitoring of Medicaid Eligibility

1. Services should be provided to priority population individuals who meet service eligibility criteria. Services shall be provided using person centered planning principles and according to need, regardless of payment source or whether the service is a covered service.
2. Clinicians, case managers, support coordinators and support personnel shall be trained in benefits advocacy and shall be involved in assisting consumers in maintaining Medicaid eligibility and other benefits whenever possible.
3. Members should establish appropriate mechanisms to ensure that Medicaid funds are used only when the consumer is eligible for Medicaid covered services.

III. REFERENCE:

[Personnel-Rules-2023](#) - Muskegon County Board of Commissioners Personnel Rules

WWW.GASB.org - Government Accounting Standards Board

[2.0-Financial-Management-Policy-2-13-20.pdf](#) – Lakeshore Regional Entity Financial Management Policy

[Microsoft Word - Financial Policies 12.19.2023 - Redlined](#) – County of Muskegon Financial Policies

[mcl-act-2-of-1968.pdf](#) – Michigan Compiled Laws, Uniform Budgeting and Accounting Act, Act 2 of 1968

[MCL - Section 141.412 - Michigan Legislature](#) - Michigan Compiled Laws, Budget Hearings of Local Government, Act 43 of 1963

[eCFR :: 42 CFR 438.230 -- Subcontractual relationships and delegation.](#) – Code of Federal Regulations, Subcontractual Relationships and Delegation, 42 CFR 438.230

[Reporting Requirements](#) – Michigan Department of Health and Human Services, Mental Health & Substance Use Disorder Reporting Requirements

Project Management

Started August 2025



HealthWest

Muskegon's Behavioral Wellness Connection

Overview



Project Managers

Melina Barrett
Kim Davis



Projects

26 Active Projects
9 Completed

Projects

Clinical

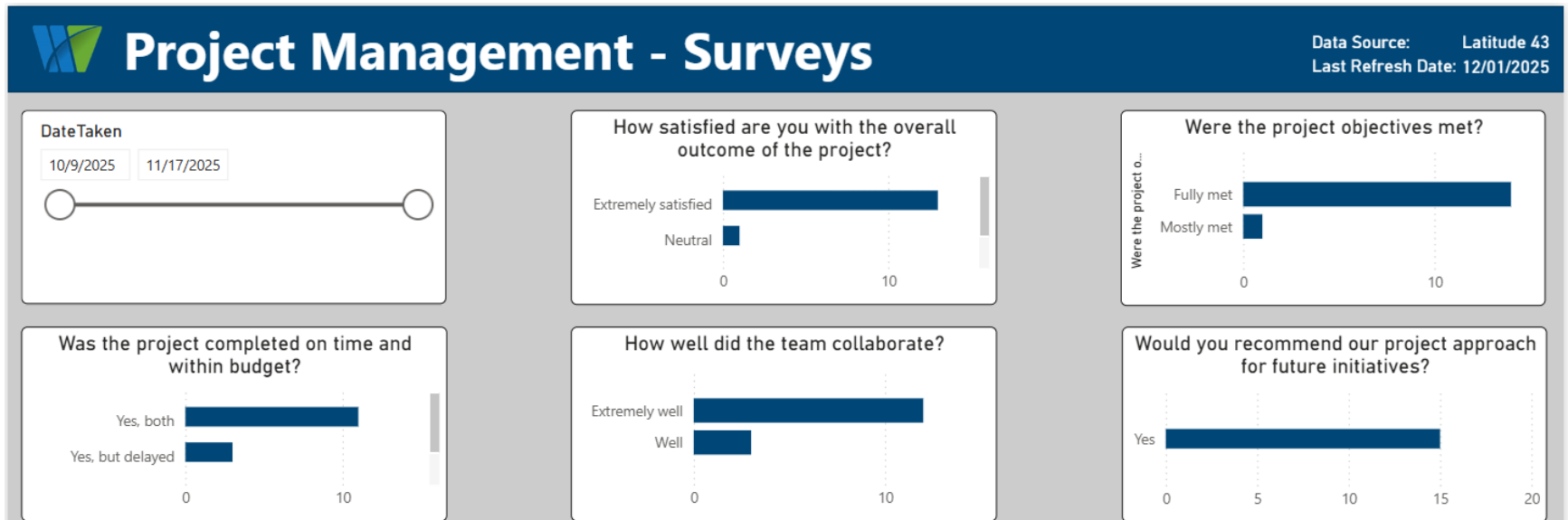
- Open Urgent Care (Completed)
- Crisis Residential Unit Move (Completed)
- Youth Department Restructuring
- Expanding Crisis Residential Unit
- Crisis Stabilization Unit
- AI Scribe Implementation
- Process Mapping

Administrative

- HUD Grant Transfer (Completed)
- Restroom Remodel
- Move to Nims
- Data Warehouse
- Parking Lot Resurfacing
- CCBHC Transition
- HealthWest Way Initiatives
- Process Mapping



Survey Results





CRU Information/Updates:

We moved into the new location in August of 2025. For the last 3 months in the new location, we have had a total of 86 individuals admitted with a 67% capacity rate. 89% of these admissions were a diversion plan from inpatient hospitalization and 10.5% were a step down from inpatient facilities. Our current AMA rate is 22%; FY 25 = 24%; FY 24= 33%

Positive benefits of the new facility-

- a. Having the rooms centralized to the common areas allows consumers to consistently be involved with clinical and non-clinical engagement, decreasing uncertainty and comfortability in a medical setting.
- b. The spatial layout Improves line of sight allowing for effective monitoring and quicker responses in crisis de-escalation situations.

Wraparound Program Updates:

- MDHHS has shifted policy and has incorporated Intensive Care Coordination with Wraparound (ICCW) as evidence informed approach to ensure comprehensive coordination and holistic planning for children, youth, young adults and their families with the most intensive needs. ICCW merges Wraparound planning process and Intensive Care Coordination.
- The policy change has shifted a service that was previously delivered mostly to those via Serious Emotional Disturbance Waiver to a more permanent component of Medicaid under the Early and Periodic Screening, Diagnosis and Treatment state plan (EPSDT), providing broader and more stable funding and access for those under 21 years old.
- The new policy requires enhanced program structure that incorporates supervisors and care coordinators that meet defined qualifications and trainings (ICCW certification, annual boosters, MichiCANS training and strict caseload ratios)
- Program continues emphasizes coordination across multiple systems-mental health, juvenile justice, child welfare, education; ensuring planning is holistic, cross-system and grounded in community resources. Allows choice for families to have traditional wraparound model or intensive care coordination delivered by a CMHP
- HealthWest changes.
 - As of January 1st, all Wraparound Coordinators meet the qualifications as a Case Manager II with a Children Mental Health Provider (CMHP) qualification. Supervision of the 3-person team will be shifted to a Clinical Service Supervisor II who is a Master Level Clinician that also supervises the Home-Based Team
 - Total Team capacity will be 36-45 cases. This is right sizing our program based on current community needs. Previous program was running at about 40% of capacity.

HEALTHWEST

RECIPIENT RIGHTS ADVISORY COMMITTEE MEETING MINUTES

Friday, December 5, 2025
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 8:20 a.m.

ROLL CALL

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

Members Absent: John Weerstra

Staff Present: Rich Francisco, Holly Brink, Gina Maniaci, Brandy Carlson, Christy LaDronka, Kristi Chittenden, Linda Wagner, Tasha Kuklewski, Kim Davis, Jennifer Hoeker, Casey Olson, Helen Dobb

APPROVAL OF MINUTES

It was moved by Ms. Natte, seconded by Ms. Hilleary, to approve the minutes of the October 10, 2025 meeting as written.

MOTION CARRIED.

ITEMS FOR CONSIDERATION

A. Motion to Accept Recipient Rights Reports for October 2025 / November 2025

It was moved by Ms. Thomas, seconded by Ms. Hilleary to approve the Recipient Rights Reports for October 2025 / November 2025.

MOTION CARRIED.

For the months of October 2025 / November 2025, there were 97 HealthWest and 52 provider employees trained:

Rights Updates HealthWest	81
Rights Updates Provider	0
New Employee Training HealthWest/Contracted	15
New Employee Training Provider	52
SUD Orientation HealthWest	1

For the months of October 2025 / November 2025 there were 720 incident reports and 32 rights allegations.

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

There were a total of 8 deaths reported in October 2025 / November 2025.

B. Motion to Accept Appointment of Recipient Rights Officer

It was moved by Ms. Thomas, seconded by Ms. Hilleary to authorize the approval as outlined in the motion above appointing Casey Olson as the Recipient Rights Officer, effective November 17, 2025.

MOTION CARRIED.

OLD BUSINESS

There was no old business.

NEW BUSINESS

There was no new business.

COMMUNICATIONS

Recipient Rights Officer, Casey Olson, presented the 2024 – 2025 Annual State Report.

Recipient Rights Advisor, Tasha Kuklewski, provided training on Policy 04-015 Communication by Mail, Telephone and Visits – Residential Facilities; Policy 04-016 Personal Property and Funds; Policy 04-017 Freedom of Movement; and Policy 04-018 Recipient Labor-Residential Facilities and Other Locations.

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 9:04 a.m.

Respectfully,

Thomas Hardy
HealthWest Rights Advisory Committee Chair

TH/hb

PRELIMINARY MINUTES
To be approved at the Rights Advisory Committee Meeting February 13, 2026.



RECIPIENT RIGHTS ADVISORY COMMITTEE

December 5, 2025 – 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 October 10, 2025
(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
October 2025 / November 2025
(Attachment #2 – pg. 3-10) | Action |
| | B) Motion to Accept Appointment of Recipient Rights Officer
(Attachment #3 – pg. 11) | Action |
| 6) | Old Business | |
| 7) | New Business | |
| 8) | Communication | |
| | A) 2024 – 2025 Annual State Report:
Casey Olson, Recipient Rights Officer
(Attachment #4 – pg. 12-20) | Information |
| | B) Policy 04-015: Communication by Mail, Telephone and
Visits - Residential Facilities
(Attachment #5 – pg. 21-23) | Information |

Main Office

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

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

- | | |
|--|-------------|
| C) Policy 04-016: Personal Property and Funds
(Attachment #6 – pg. 24-27) | Information |
| D) Policy 04-017: Freedom of Movement
(Attachment #7 – pg. 28-29) | Information |
| E) Policy 04-018: Recipient Labor-Residential Facilities
And other locations
(Attachment #8 – pg. 30-31) | Information |
| F) Recipient Rights Policy Training:
Tasha Kuklewski, Recipient Rights Advisor
(Attachment #9 – pg. 32-37) | Information |
| 9) Audience Participation / Public Comment | |
| 10) Adjournment | Action |
| /hb | |

HEALTHWEST**RECIPIENT RIGHTS ADVISORY COMMITTEE MEETING MINUTES**

Friday, October 10, 2025
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 8:20 a.m.

ROLL CALL

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

Members Absent: Mary Vazquez

Staff Present: Rich Francisco, Holly Brink, Gina Maniaci, Christy LaDronka, Kristi Chittenden, Carly Hysell, Linda Wagner, Melina Barrett, Tasha Kuklewski, Gordon Peterman, Jennifer Hoeker, Shannon Morgan, Kim Davis, Kara Zielinski, Devan Peterson, Suzanne Beckeman

Guests Present: Sara Hough

APPROVAL OF MINUTES

It was moved by Ms. Natte, seconded by Ms. Hilleary, to approve the minutes of the August 8, 2025 meeting as written.

MOTION CARRIED.

ITEMS FOR CONSIDERATION***A. Motion to Accept Recipient Rights Reports for August 2025 / September 2025***

It was moved by Ms. Thomas, seconded by Ms. Natte to approve the Recipient Rights Reports for August 2025 / September 2025.

MOTION CARRIED.

For the months of August 2025 / September 2025, there were 98 HealthWest and 55 provider employees trained:

Rights Updates HealthWest	85
Rights Updates Provider	0
New Employee Training HealthWest/Contracted	11
New Employee Training Provider	55

For the months of August 2025 / September 2025 there were 682 incident reports and 23 rights allegations.

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

There were a total of 5 deaths reported in August 2025 / September 2025.

B. Motion to Accept FY2026 HealthWest Recipient Rights Recommended Budget

It was moved by Ms. Natte, seconded by Ms. Thomas to approve the HealthWest Recipient Rights Recommended Budget in the amount of \$353,032.

MOTION CARRIED.

OLD BUSINESS

There was no old business.

NEW BUSINESS

There was no new business.

COMMUNICATIONS

Recipient Rights Officer, Linda Wagner, provided training on Policy 04-008 Family Planning, Policy 04-009 Restraint, Seclusion, and Physical Management, Policy 04-010 Services Suited to Condition, Dignity and Respect, and Policy 04-013 Treatment by Spiritual Means.

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 8:52 a.m.

Respectfully,

Thomas Hardy
HealthWest Rights Advisory Committee Chair

TH/hb

REQUEST FOR HEALTHWEST BOARD CONSIDERATION AND AUTHORIZATION

COMMITTEE Recipient Rights Advisory Committee	BUDGETED X	NON-BUDGETED	PARTIALLY BUDGETED
REQUESTING DIVISION Administration	REQUEST DATE December 5, 2025	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 October 2025 and November 2025. The report includes:</p> <ul style="list-style-type: none"> • Training sessions conducted by the Rights Office from October 1, 2025, through November 30, 2025. • Site Reviews from October 1, 2025 through November 30, 2025. • Incident Reports and Rights Allegations for October 1, 2025 through November 30, 2025. • Formal Complaints and Interventions for October 1, 2025 through November 30, 2025. • Deaths reported for October 1, 2025 through November 30, 2025. 			
<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 October 1, 2025 through November 30, 2025.</p>			
COMMITTEE DATE December 5, 2025	COMMITTEE APPROVAL _____ Yes _____ No _____ Other		
BOARD DATE December 19, 2025	BOARD APPROVAL _____ Yes _____ No _____ Other		

HWB 35-R



BI-MONTHLY RECIPIENT RIGHTS REPORT

Date: December 05, 2025
To: Recipient Rights Advisory Committee
From: The Office of Recipient Rights
Subject: Recipient Rights Report for October and November 2025

I. TRAINING

October 09, 2025, New Employee Recipient Rights Training was provided for 1 HealthWest and 9 Provider Employees.

October 10, 2025, Annual Recipient Rights Update Training was provided for 25 HealthWest Employees.

October 14, 2025, Annual Recipient Rights Update Training was provided for 14 HealthWest Employees.

October 16, 2025, New Employee Virtual Recipient Rights Training was provided for 15 Provider Employees.

October 23, 2025, New Employee Recipient Rights Training was provided for 5 HealthWest and 7 Provider Employees.

November 13, 2025, New Employee Recipient Rights Training was provided for 9 HealthWest and 6 Provider Employees.

November 14, 2025, Annual Recipient Rights Update Training was provided for 42 HealthWest Employees.

November 20, 2025, New Employee Virtual Recipient Rights Training was provided for 15 Provider Employees.

November 24, 2025, SUD Orientation was provided for 1 HealthWest Employee.

97 HealthWest and **52** Provider employees were trained for the months of October and November.

II. SITE REVIEWS

October 13, 2025, Beacon Home at Leslie, residential I/DD, Beacon Specialized Living, Leslie, MI.

November 10, 2025, Cretsinger Country Place, mixed residential, Cretsinger Care Homes LTD., Battle Creek, MI.

November 10, 2025, Cretsinger East, mixed residential, Cretsinger Care Homes LTD., Battle Creek, MI.

November 10, 2025, Pennfield Premier Living-South, mixed residential, Cretsinger Care Homes LTD., Battle Creek, MI.

November 10, 2025, Pennfield Premier Living-North, mixed residential, Cretsinger Care Homes LTD., Battle Creek, MI.

November 13, 2025, NIMS-First Floor, outpatient rehabilitation services, HealthWest, Muskegon, MI.

III. STATISTICAL INFORMATION

The Office of Recipient Rights reviewed **720** incident reports and received **32** rights allegations for the months of October and November. Provided for your review is the statistical data showing type and location.

IV. FORMAL INVESTIGATIONS

Old Business:

- A. August 04, 2025, Wavecrest Home, mixed residential, Beacon Specialized Living Services. A Beacon Case Manager reported that they were told by a recipient that on two separate occasions, two different staff had engaged in sexual activity with him. **The Investigation into ABUSE CLASS I-SEXUAL ABUSE is not substantiated.**
- B. August 05, 2025, Ducey Home, residential I/DD, MOKA. A HealthWest Case Manager reported that they were informed that when family went to pick up recipient at the home for a visit, they were unable to locate any of the recipient's clothing and were made aware of multiple grooming issues. **The Investigation into PERSONAL PROPERTY and MENTAL HEALTH SERVICES SUITED TO CONDITION is substantiated. The corrective action include coaching for all staff of the home on proper documentation. Also new systems were put into place to ensure that new procedures are implemented properly.**

- C. August 25, 2025, Sheridan Home, residential I/DD, Pioneer Resources. A HealthWest Case Manager said she received a call from a guardian with concerns about an individual's personal care not being completed appropriately by the home staff. **The Investigation into NEGLECT CLASS III is not substantiated.**
- D. September 02, 2025, Cornerstone Kalamazoo-West, mixed residential, Cornerstone/Hernandes AFC. A Home Staff reported that another Home Staff was reported to work under the influence of alcohol. ***A 30-Day Status Report was completed on 10-01-2025. The Investigation into NEGLECT CLASS III is not substantiated.**
- E. September 02, 2025, Cornerstone Kalamazoo-West, mixed residential, Cornerstone/Hernandes AFC. A Care Coordinator for Cornerstone reported that a Recipient told her that two staff members at her home have been verbally and physically abusing her. ***A 30-Day Status Report was completed on 10-01-2025. The Investigation into ABUSE CLASS II-UNREASONABLE FORCE AND ABUSE CLASS III is not substantiated.**
- F. September 08, 2025, The Meadows, mixed residential, Hope Network. Home staff reported that another home staff did not include a recipient in an outing because they eloped which caused an exchange of words between the two. **The Investigation into MENTAL HEALTH SERVICES SUITED TO CONDITION and DIGNITY AND RESPECT is substantiated. The staff involved received a written reprimand and will receive coaching on appropriate interactions.**
- G. September 09, 2025, HealthWest-Mental Health Center. A Recipient stated that while waiting for a Med Review, a supervisor who met with them was disrespectful. **The Investigation into DIGNITY AND RESPECT is not substantiated.**
- H. September 15, 2025, Lilac Home, residential I/DD, HGA Support Services. A home staff reported that another home staff was sleeping while working the overnight shift. **The Investigation into MENTAL HEALTH SERVICES SUITED TO CONDITION is substantiated. The staff involved was terminated from employment from HGA Support Services.**
- I. September 15, 2025, Black Creek Cove, residential I/DD, HGA Support Services. A home staff reported that when they came in for their shift two recipients had not received proper care from the two staff on the prior shift. **The Investigation into NEGLECT CLASS III is substantiated. The two staff involved were terminated from employment with HGA.**
- J. September 15, 2025, Virginia's House, residential I/DD, HGA Support Services. When a home staff arrived for their shift they stated they found one staff asleep, and one appeared as if they had just woken up and they were on their phone. The house was

dark and one of the recipients who takes an early morning medication had not received it. **The investigation into MENTAL HEALTH SERVICES SUITED TO CONDITION is not substantiated, NEGLECT CLASS III is substantiated. The staff involved with the substantiation was terminated from employment with HGA.**

- K. September 23, 2025, Black Creek Cove, residential I/DD, HGA Support Services. A HealthWest Case Manager stated that home staff are not following a recipient's prescribed diet. **The Investigation into NEGLECT CLASS III is substantiated. One staff member involved was terminated from HGA and the other three staff involved received written progressive action.**
- L. September 24, 2025, Shaffer Home, residential I/DD, HGA Support Services. A home staff reported that a recipient woke up in the night to use the restroom and noticed that they had bruises in several locations and noted blood in their urine. When asked about this, the recipient stated that a staff had punched and pushed them. **The Investigation into ABUSE CLASS II NON-ACCIDENTAL ACT is not substantiated, NEGLECT CLASS III is substantiated. One staff member involved was terminated from employment with HGA and the other three staff involved received written progressive action.**
- M. September 30, 2025, Maple Cottage, mixed residential, Turning Leaf. A recipient told their case manager that a home staff is treating them poorly and that they don't appreciate the way the staff person talks to them. **The Investigation into DIGNITY AND RESPECT is substantiated. The staff involved was suspended pending investigation and then terminated from employment with Turning Leaf.**

New Business:

- A. October 06, 2025, Pioneer Resources, transportation, A transportation staff reported that a recipient told her that a home staff had said some inappropriate and derogatory things to her. **The Investigation into ABUSE CLASS III is not substantiated.**
- B. October 10, 2025, Lakeview Home, mixed residential, Beacon Specialized Living Services. A home staff reported that another staff was sleeping during his shift. **The Investigation into MENTAL HEALTH SERVICES SUITED TO CONDITION is substantiated. The staff involved was given written counseling.**
- C. October 13, 2025, Club Interactions Clubhouse Service Center HealthWest. An anonymous reporter stated that staff at the Clubhouse Interactions have been talking about their supervisor and recipients and also scolding recipients in front of other recipients. **The Investigation into DIGNITY AND RESPECT was not substantiated.**

- D. October 15, 2025, Club Interactions, Clubhouse Service Center, HealthWest. A recipient being transported to an event complained that the driver of the vehicle did not treat them respectfully. **The Investigation into DIGNITY AND RESPECT was not substantiated.**
- E. October 23, 2025, Summa Program, CLS Services, MOKA. A MOKA Supervisor filed a complaint on behalf of a recipient who arrived home that afternoon in the same brief that the family had sent them to program in that morning. **The Investigation into MENTAL HEALTH SERVICES SUITED TO CONDITION is substantiated. One staff member received a written reprimand, and another received a letter of warning.**
- F. October 29, 2025, The Meadows, mixed residential, Hope Network. It was reported to the Office of Recipient Rights that a staff member made inappropriate statements in front of the recipients who live in the home. **The Investigation into ABUSE CLASS III is substantiated. The staff member involved is no longer employed with Hope Network.**
- G. October 29, 2025, Crisis Resident Unit (CRU), Inpatient Services Center HealthWest. A recipient filed a complaint on their treatment while at the CRU. The individual also reported that a staff member had a snotty and arrogant attitude. **The Investigation into DIGNITY AND RESPECT, SAFE SANITARY AND HUMANE TREATMENT ENVIRONMENT, AND ABUSE CLASS II NON-ACCIDENTAL ACT is not complete. *A 30-Day Status Report was completed on 11-25-2025.**
- H. October 30, 2025, Black Creek Cove Home, residential I/DD, HGA Support Services. A Home Manager reported that a recipient had a burn on their leg and the staff involved did not follow proper procedures. During the investigation it was noted that the recipient was not taken for medical care until four days after the discovery of the burn. **The Investigation into MENTAL HEALTH SERVICES SUITED TO CONDITION and NEGLECT CLASS II are substantiated. The corrective action is pending.**
- I. November 12, 2025, Cottage 8-Westlake Campus, mixed residential, Hope Network. A home staff reported that a recipient eloped from the home and staff did not go after her. **The Investigation into NEGLECT CLASS III is not substantiated.**
- J. November 13, 2025, Slocum Home, residential I/DD, MOKA. A home staff reported that another staff was purposely antagonizing a recipient including being so loud that the recipient could not sleep that night. **The Investigation into DIGNITY AND RESPECT is not complete.**
- K. November 17, 2025, Lilac Home, residential I/DD, HGA Support Services. After a recipients autopsy report was received the Rights office was asked to investigate

the circumstances surrounding the death. **The Investigation into NEGLECT CLASS I is not complete.**

- L. November 25, 2025, Slocum Home, residential I/DD, MOKA. A home staff who recently left employment with MOKA reported that they witnessed a co-worker sleeping while working a shift. **The Investigation into NEGLECT CLASS III and NEGLECT CLASS III-FAILURE TO REPORT is not complete.**

V. INTERVENTIONS

Old Business: n/a

New Business:

- A. November 11, 2025, MI Case Management Services, HealthWest. A recipient reported that her clinical team is not providing appropriate care and that HealthWest Management will not allow her independent therapist to train the HealthWest Team in “appropriate techniques.” **The issues in the complaint do not fall under a CODE- PROTECTED RIGHT in which the Rights Office would investigate. The recipient was provided the following referrals in order to address their concerns: HealthWest Customer Service, Lakeshore Regional Entity, HealthWest Clinical Team, Christy LaDronka-CCO, Legal Aid of Western Michigan, and the State Board of Ethics-Michigan.**

VI. Summary of ORR Complaint Status for October and November 2025

Complaints Received	Complaints Investigated	Complaints in Process	Complaints Substantiated	Completed in 30 Days	Completed in 60 Days	Completed in 90 Days
32	31	18	7		2	

VII. SUBSTANCE USE DISORDER

Old Business: n/a

New Business: n/a

VIII. DEATHS

October 04, 2025, a 72- year- old male who lived in a Beacon Specialized Residential Home and received HealthWest MI Adult Case Management Services died at home from COPD with metastatic cancer. He was on Hospice Services at the time of his death.

October 15, 2025, a 75- year- old male who lived in Specialized Residential Home out of county and received HealthWest I/DD Case Management Services, died from Pneumonia while in the hospital.

October 20, 2025, a 29- year- old male who was residing in a sober house out of county and received HealthWest SUD services died from unknown causes.

October 21, 2025, a 66- year- old male who lived in a HGA Specialized Residential Home and received HealthWest MI Adult Case Management Services died at home after choking which caused a heart attack.

November 01, 2025, a 31- year- old male who lived independently in Muskegon and who recently came in for services died from unknown causes.

November 02, 2025, a 45- year -old male who lived in Pioneer Specialized Residential Home and received HealthWest I/DD Case Management Services, died at home from Cerebral Palsy/Seizure Disorder.

November 14, 2025, 60- year- old male who was receiving MI Services from HealthWest died at Bronson Hospital from respiratory failure.

November 21, 2025, 40- year- old male who was receiving I/DD Case Management Services from HealthWest died at Trinity Health Hospital from complications with pneumonia.

REQUEST FOR HEALTHWEST BOARD CONSIDERATION AND AUTHORIZATION

COMMITTEE Recipient Rights Advisory Committee	BUDGETED X	NON BUDGETED	PARTIALLY BUDGETED
REQUESTING DIVISION Administration	REQUEST DATE December 5, 2025	REQUESTOR SIGNATURE Rich Francisco, Executive Director	
<u>SUMMARY OF REQUEST (GENERAL DESCRIPTION, FINANCING, OTHER OPERATIONAL IMPACT, POSSIBLE ALTERNATIVES)</u> <p>HealthWest Board approval is requested to approve the appointment of Casey Olson as Recipient Rights Officer, effective November 17, 2025. Ms. Olson is transitioning from her previous role of Recipient Rights Advisor, where she has been promoting and protecting the legal rights of recipients as guaranteed by the Michigan Mental Health Code.</p> <p>This position appointment is responsible for ensuring the protection of recipient rights and the effective operation of the Recipient Rights Office. The Board must appoint a qualified individual to serve as the Recipient Rights Officer in accordance with the Mental Health Code, applicable laws, regulations and organizational policy.</p> <p>The Recipient Rights Officer shall carry out all duties and responsibilities as defined by statute, administrative rule, and agency policy, and shall report directly to the Executive Director.</p>			
<u>SUGGESTED MOTION (STATE EXACTLY AS IT SHOULD APPEAR IN THE MINUTES)</u> <p>I move to authorize the approval as outlined in the motion above appointing Casey Olson as the Recipient Rights Officer, effective November 17, 2025.</p>			
COMMITTEE DATE December 5, 2025	COMMITTEE APPROVAL _____ Yes _____ No _____ Other		
BOARD DATE December 19, 2025	BOARD APPROVAL _____ Yes _____ No _____ Other		

HWB 36-R

Data Summary

Demographic Information	
Reporting CMH/LPH	HealthWest
Recipient Rights Office Director Name	Linda K. Wagner
Reporting Period	October 1, 2024 through September 30, 2025
Number of Rights Office Staff	4
Full Time Equivalents (FTEs)	2.625
Staff with an Investigative Role	3
FTEs for Investigation	2.43
Complaints per FTE	73.81443299

Complaint Data Summary		
<i>Type</i>	<i>Received</i>	
All Allegations Received	188	
Allegations Received Subject to Investigation/Intervention	179	
Allegations Received with No Right Involved or Outside Jurisdiction	9	
Investigations Completed	179	
Interventions Completed	0	
Allegations Substantiated	118	
Percent of All Allegations Substantiated	66%	
<i>Highlighted Complaint Categories</i>	<i>Received</i>	<i>Substantiated</i>
Abuse I, II, III	17	8
Neglect I, II, III	39	36
Dignity and Respect	63	38
MH Services Suited to Condition	30	15
Individual Written Plan of Service	2	2
Disclosure of Confidential Information	0	0

Complaint Remediation

Remediation Type	Total
Verbal Counseling	2
Written Counseling	6
Verbal Reprimand	8
Written Reprimand	29
Suspension	4
Demotion	0
Staff Transfer	2
Training	40
Employment Termination	33
Employee Resigned	1
Contract Action	0
Policy Revision/Development	9
Environmental Repair/Enhancement	0
Plan of Service Revision	0
Recipient Transfer to Another Provider/Site	0
Other	3
None	0

Training Received by the Office of Recipient Rights	
Training Categories	Hours
I - Operations	54
II - Legal Foundations	3
III - Leadership	8
IV - Augmented Training	34.5
Total	99.5

Training Provided by the Office of Recipient Rights				
	Agency	Contracted	Recipient	Other
Instructor-Led (In Person)	80	220	0	30
Instructor-Led (Virtual)	465	127	0	0

eLearning	0	0	0	0
Video	0	0	0	0
Paper	0	0	0	0
Total	545	347	0	30

Appeals	
Grounds	Total
Findings	0
Action Taken	1
Timeliness	0
Decision	Total
Denied Appeal	0
Upheld Investigative Findings	1
Returned for Reinvestigation	0
Requested External Investigation	0
Take Additional Action	0
Address Timeliness Issues	0

OFFICE OF RECIPIENT RIGHTS

2024-2025 ANNUAL REPORT

ALLEGATIONS AND SUBSTANTIATIONS

Total Complaints Received	188
Investigations Completed	179
Outside Jurisdiction/ No Right involved	9
Investigations Substantiated	118



B R E K D O W N

Most common complaint this year remains Dignity and Respect at 35%

Second was the Neglect class at 22%

With, Mental Health Services Suited to Condition coming in at 17%

Overall, 66% of all complaints Investigated were substantiated

COMPLAINT REMEDIATION

**34% resulted in
Staff receiving
additional
training**

**28% led to the
employee
being
terminated**

**25% were given
a written
reprimand**

RIGHTS TRAINING



**In person training was
provided for 330 Employees**



**Virtual training was
provided for 592 Employees**

**For a total of 892 HealthWest and Provider
Employees being trained in Recipient Rights**

QUESTIONS?



Policy/ Procedure Title: Communication by Mail, Telephone and Visits- Residential Facilities	Policy or Procedure #: 04-015	<u>Review Dates</u>	
Category: Recipient Rights Subject: To provide for communications by mail, telephone and visits.	Prepared by: The Office of Recipient Rights Approved by: <hr/> Rich Francisco, Executive Director Effective Date: 04/22/1983		
		Last Revised Date: 09/24/2025	

I. POLICY

HealthWest staff and programs will ensure the rights of recipients who are entitled to unimpeded, private, uncensored communication by mail, telephone, or visits with persons of their choice, except in the circumstances when it has been documented in the recipient's individual plan of service (IPOS) and authorized by the recipient or his/her legal representative.

II. PURPOSE

To provide for communications by mail, telephone, and visits.

III. APPLICATION

All mental health residential facilities operated by HealthWest or contracted facilities where adherence to this policy is specified in the contract.

IV. DEFINITIONS

A. **Controlled Condition:** at least two employees are involved in opening the mail.

B. **Facility:** A residential setting for the care or treatment of individuals with a mental illness, serious emotional disturbance, or developmental disability that is either operated by or under contract with HealthWest.

C. **House Rules:** Rules applying to all residents of a home that are established to assure the safety and comfort of recipients and the orderly functioning of the program or home

D. **Incoming Mail:**

1. Recipient's mail (including parcels and packages), **AND**
2. Agency/facility mail (includes mail in the form of government check addressed to agency/facility as representative payee for the recipient).

- E. **Legal Inquiry:** Discussion of any matter involving civil, criminal or administrative law with a private physician, mental health professional, court or attorney for the recipient.
- F. **Limitation:** a limit placed on recipient's right to receive and send mail, to use the telephone or to visit with persons of their choice as written and documented in the recipient's plan of service.
- G. **Private:** Secret, not intended to be made publicly known, confidential.
- H. **Reasonable Time:** Not seriously taxing the effective functioning of HealthWest.
- I. **Restriction:** An exclusion of a particular item as stated in the written policies of an agency/facility that applies to all recipients.
- J. **Uncensored:** Without rebuke, reproach, or disapproval; free from criticism; not judged or condemned.
- K. **Unimpeded:** Without hindrance, barricade, or other obstacle.

V. PROCEDURES FOR MAIL

- A. Facility staff shall not open a recipient's mail unless the resident or his/her legal representative has consented that an article of mail may be opened by a designated person or there is reasonable belief that the mail is in violation of a written limitation or restriction. Outgoing mail shall not be opened or destroyed without written consent of a resident or her/his legal representative. Instances of opening or destruction of mail by staff shall be recorded and placed in the resident's record.
- B. Residents shall be able to conveniently and confidentially receive mail and correspondence, and the facility shall make available to residents, upon request, non-letterhead stationery, envelopes, pens, pencils and postage in reasonable amounts.
- C. A facility shall provide a daily pick-up and deposit of mail.

VI. TELEPHONE PROCEDURE

- A. Telephones shall be reasonably accessible and funds for telephone usage will be made available in reasonable amounts.
- B. A resident shall be able to place and receive phone calls in a private area.
- C. A resident may call his/her legal representative at any time if the communication involves matters that may be the subject of legal inquiry unless the legal representative has requested limitations on such contacts.
- D. A resident may contact their physician promptly, but at reasonable times, immediately in case of emergency.
- E. Limitations on phone usage must be supported and authorized by documentation in the individual plan of services, including reasons to justify the limitation and a specific expiration date of the limitation.

VII. PROCEDURES FOR VISITS

- A. A resident will be able to have visitors he or she wishes to see.
- B. A resident's right to receive visitor's shall not be further limited except as authorized in the resident's individual plan of service (IPOS).
- C. Adequate space to visit with residents during visiting hours shall be provided.
- D. If a resident is able to secure the services of a mental health professional, he or she shall be allowed to see the professional at any reasonable time.

VIII. REFERENCES

M.C.L. 330.1 715, 330.1726(2), 330. 1752
Administrative Rule R 330. 7239(1)(c)

Authors Initials LS/lkw

Policy Title: Personal Property and Funds	Policy #: 04-016	<u>Review Dates</u>	
Category: Recipient Rights Subject: To provide for the possession and use of a recipient's personal property and funds.	Prepared by: The Office of Recipient Rights Approved by: _____ Rich Francisco, Executive Director		
	Effective Date: 04/22/1983	Last Revised Date: 09/25/2025	

I. PURPOSE (OR POLICY if applicable)

All HealthWest staff, volunteers and contract agency staff will ~~allow~~ ensure that a recipient is entitled to receive, possess, and use all personal property, including funds, except in circumstances and under the conditions outlined below.

II. APPLICATION

All mental health facilities or contracted staff with the HealthWest.

III. DEFINITIONS

A. Exclusion: Restriction of certain personal property items in a facility for all residents.

B. Exploitation: An action that involves the misappropriation or misuse of a recipient's property or funds.

C. Funds: A recipient's money, legal tender, note, draft, certificate of deposit, stock, bond, check, or credit card.

D. Limitation: A time limited restriction of an individual resident.

E. Representative Payee Duties: HealthWest is the representative payee. The individual staff is acting as an agent in the best procedure. To ensure that bills are paid in rent, food and utility bills. To ensure recipient receives personal allowance. If possible, save money. Representative payeeship would be audited internally on a 10% random sample and by Social Security annually.

F. Payee: The person or agency appointed by the Social Security Administration or the judicial system to ensure that a recipient's bills are paid.

G. Personal Property: Anything belonging to a recipient, excluding funds.

H. Recipient: An individual who receives mental health services from HealthWest, or a facility,

or from a provider that is under contract with HealthWest.

IV. PROCEDURES REGARDING PERSONAL PROPERTY

- A. A recipient is entitled to receive, possess, and use all personal property except in the circumstances and under the conditions set forth in this section.
- B. Each residential facility shall provide a reasonable amount of storage space to each recipient for his/her clothing and other personal property. Residents shall be allowed to inspect his/her personal property at reasonable times.
- C. A facility may exclude particular kinds of personal property from the facility. Any exclusions will be officially adopted and will be in writing and posted in each residential unit.
- D. When a facility adopts exclusion of particular kinds of personal property, it shall list and post the specific items excluded and shall notify residents of these exclusions at the time of admission.
- E. A recipient's property or living area shall not be searched by a provider unless such a search is authorized in the recipient's plan of service or there is reasonable cause to believe that the recipient is in possession of contraband or property that is excluded from the recipient's possession by the written policies, procedures, or rules of the provider. The following conditions apply to all searches:
 - 1. A search of the recipient's living area or property shall occur in the presence of a witness.
 - 2. The recipient shall also be present unless he or she declines to be present.
 - 3. The circumstances surrounding the search shall be entered in the recipient's record, and shall include all the following:
 - a. The reason for initiating the search.
 - b. The names of the individuals performing and witnessing the search.
 - c. The results of the search including a description of the property seized.
- F. A limitation adopted under the authority of Section C, the date it expires, and justification for its adoption shall be promptly noted in the record of the resident.
- G. Each facility shall establish procedures for the disposition of excluded property in the possession of the recipient at the time of admission, or thereafter.
- H. A receipt shall be given to a resident and an individual designated by the resident for any of his or her personal property taken into the possession of the facility. Any personal property in the possession of a facility at the time the resident to whom the property belongs is released from the facility shall be returned to the resident.
- I. Each facility shall provide a reasonable amount of storage space to each resident for his or her clothing and other personal property. The resident shall be permitted to inspect personal property at reasonable times.
- J. Limitations on the right to receive, possess, and use personal property, which are imposed by the person in charge of a recipient's plan of service, shall be preceded by

documentation of the circumstances which indicate that a limitation is the minimal essential step:

1. In order to prevent theft, loss or destruction of property unless resident signs a waiver.
 2. In order to prevent the recipient from physically harming himself or others.
 3. Limitations shall be time limited, and the date of expiration shall be documented in the recipient's case record. Any limitation shall be removed when the circumstances that justified its adoption cease to exist.
- K. A recipient may appeal a limitation or the expiration date of a limitation. A recipient shall appeal this to the person or persons who set forth the limitation. If recipient does not reach satisfaction, the resident shall have opportunity to appeal to the responsible Program Manager.
- L. Exploitation is not allowed.

V. PROCEDURES REGARDING FUNDS

- A. A recipient is entitled to easy access to the money in his or her account and to spend or otherwise use the money in their accounts except as provided for in this section.
- B. Facility policy on access to and expenditure of funds, and limitations placed on these, shall be consistent with both current needs of the recipient, including basic needs or special purchases, and the use of funds to facilitate release or discharge and normalization, whether within or outside the facility.
- C. Facility staff may counsel recipient's use of funds in line with agency policy.
- D. A residential facility may require all money, which is on the person of a recipient, that comes to a recipient or that the residential facility received for placement of the recipient under a benefit arrangement or otherwise, be turned over to the facility for safekeeping.
1. The money shall be accounted for in the name of the recipient.
 2. The money shall be recorded in the records of the recipient.
 3. An official receipt shall be issued to the recipient.
 4. If a recipient is admitted with items in his/her possession that require formal attention and that are retained, the Program Supervisor shall, as necessary, petition the Court for the appointment of a guardian. Items such as bank accounts, stocks, bonds, insurance policies and storage receipts shall receive immediate action so as to properly release the facility from liability and provide appropriate protection of a recipient's assets.
 5. Upon request, money accounted for in the name of a recipient shall be turned over to the payee of the recipient.
 6. Exploitation is not allowed.

VI. PROCEDURES FOR THE DISCHARGE OF RECIPIENT PERSONAL PROPERTY AND FUNDS

- A. Upon discharge of a recipient, all money and personal property will be returned to the recipient. Each facility will establish procedures for disposition of items that are inadvertently overlooked.

- B. In the event of the death of a recipient, every effort shall be made by the facility to divest itself of a recipient's personal property and monies if they consist of only wearing apparel and up to \$100 in cash. Divestment shall be to the spouse, child, or parent of the deceased. The relative shall furnish identification and an affidavit of such relationship, and evidence that an estate of the deceased is not pending. If such relative does not exist, or if the personal property consists of more than \$100, the disposition shall be handled in accordance with paragraph IV. H.
- C. The facility shall send a list of personal property and money by registered mail to the nearest relative of the deceased. The notice shall also call attention to statutes that provide for disposition.
- D. If there are questions as to rival claims to personal property and money, the property and money may be held by a facility until the claims are determined in a Probate Court.
- E. If the nearest relative cannot be contacted, the facility shall send a list of the personal property and money by registered mail to the person or entity that paid for the funeral expenses.
- F. If there are no claims to personal property or money of a deceased recipient, the property and money shall be considered to be unclaimed (see VI.H).
- G. If a recipient does not return from an unauthorized leave, and if the recipient's property and money are not claimed by the recipient or recipient's relatives, heirs, or personal or legal representative, the facility director shall retain custody of them and handle the matter as unclaimed property (see VI.H).
- H. If personal property or money of recipient's are unclaimed and have been held for two (2) years, the property or money shall be disposed of pursuant to Act No. 63 of the Public Acts of 1949, as amended being 567.20 et seq. of the Michigan Compiled Laws. Delivery of property and report to the State Board of Escheats shall be on or before the thirtieth (30th) day of June each year. The report shall list the property possessed as of the preceding first day of June.

Appropriate property may be disposed of before the end of the two (2)-year period pursuant to Act. No. 238 of the Public Acts of 1957, being 434.151 et seq. of the Michigan Compiled Laws.

VII. REFERENCES

Act 258, Public Acts of 1974, as amended, being MCL330.1728, 330.1730, 330.1732, 330.1734, and 330.1736. Administrative Rule R330.7229, as amended December 2007.

Authors Initials LS/lkw



Policy and Procedure Title: Freedom of Movement	Policy and Procedure #: 04-017	<u>Review Dates</u>	
Category: Recipient Rights Subject: To ensure that a recipient's right to freedom of movement is protected and to allow for restriction and/or limitation of a recipient's freedom of movement.	Prepared by: Office of Recipient Rights Approved by: Rich Francisco, Executive Director		
	Effective Date: 04/22/1983	Last Revised Date: 09/23/2025	

I. POLICY

Freedom of movement of a recipient shall not be restricted more than is necessary to provide mental health services to the recipient, to prevent injury to self or others, or to prevent substantial property damage.

II. APPLICATION

Facilities operated by HealthWest, and contracted facilities where adherence to this policy is specified in the contract.

III. DEFINITIONS

A. **Freedom of Movement:** The right of recipients to have access to grounds, common public areas of buildings and "off ground" areas, unless generally restricted by program/house rules or limited in the individual plan of service. Freedom of movement also entitles recipients to the least restrictive modalities of treatment unless more restrictive measures are documented in the plan of service and authorized by the recipient, parent or legal guardian.

B. **Program/House Rules:** Rules applying to all recipients in a program or residents of a home that are established to assure the safety and comfort of recipients and the orderly functioning of the program or home.

IV. PROCEDURE

A. Mental health services will be offered in the least restrictive setting that is appropriate and available

B. Recipients, and their legal representatives, shall be informed of the recipient's right to freedom of movement. The recipient, and his/her legal representative, shall receive a copy of the facility's house rules.

- C. Individual limitations or restrictions of a recipient's freedom of movement shall be an exception and not a routine component of treatment plans.
- D. Recipients shall be placed in the least restrictive setting for the treatment of his or her condition.
- E. General restrictions applicable to all recipients or groups of recipients, governing access to grounds, buildings or other areas shall be documented in a facility's program/house rules.
- F. Recipients, and their legal representatives, shall be informed of further individual limitations and justification for the limitations.
 - 1. Individual limitations shall be clinically justified on a time-limited basis.
 - 2. Documentation in the recipient's clinical record shall include:
 - a. Justification of the limitation.
 - b. Authorization of limitation.
 - c. Termination of limitation.
 - d. Review date of limitation.
 - e. A notation in the clinical record of the explanation of the limitation to the recipient, parent, or guardian.
- G. Recipients or their legal representatives have the right to appeal individual limitations including denials of requests for leave, which restrict freedom of movement. All restrictions are considered to be substantial in scope and duration and subject to appeal.
- H. Recipients can make an appeal to the appropriate Program Supervisor. If dissatisfied, recipients may seek assistance from the Office of Recipient Rights.
- I. Any restriction on freedom of movement of a recipient is removed when the circumstances that justified its adoption cease to exist.

V. REFERENCES

Act 258, Public Acts of 1974, as amended, 330.1126 and 330.1744.

Administrative Rules R 330.7231.

Authors Initials LS/lkw

Policy Title: Recipient Labor-Residential Facilities and other locations	Policy #: 04-018	<u>Review Dates</u>	
Category: Recipient Rights Subject: To ensure that recipients who perform labor are compensated adequately.	Prepared by: The Office of Recipient Rights Approved by: _____ Rich Francisco, Executive Director		
	Effective Date: 04/22/1983	Last Revised Date: 09/23/2025	

I. POLICY

- A. A recipient may perform labor only if the recipient voluntarily agrees to perform the labor.
- B. A resident may perform labor that contributes to the operation and maintenance of the facility for which the facility would otherwise employ someone only if the resident voluntarily agrees to perform the labor, engaging in the labor would not be inconsistent with the individual plan of services for the resident, and the amount of time or effort necessary to perform the labor would not be excessive. In no event shall discharge or privileges be conditioned upon the performance of such labor.
- C. A resident who performs labor shall be compensated an appropriate amount and in accordance with applicable federal and state labor laws, including minimum wage and minimum wage reduction provisions, if an economic benefit to another individual or agency results from his or her labor.
- D. Labor by a recipient of a personal housekeeping nature or as a condition of residence in a small, group-living arrangement shall not be subject to compensation.
- E. One-half of any compensation paid to a resident under this section is exempt from collection under this act as payment for services rendered.

II. APPLICATION

All mental health residential facilities operated by or under contract with HealthWest.

III. DEFINITIONS

- A. Exploitation: An action that involves the misappropriation or misuse of a recipient's property or funds.
- B. Facility: A residential or other program setting for the care or treatment of individuals with a mental illness, serious emotional disturbance, or developmental disability that is either operated by or under contract with the Agency.
- C. Recipient: An individual who receives services in a facility.

IV. PROCEDURE

- A. The labor of a recipient, whether deemed therapeutic or not, inconsistent with the recipient's plan of service, shall require approval by the person in charge of the plan of service. Approval shall be noted in the case record.
- B. Approval shall not be withheld unless reasons explaining how the labor is inconsistent with the plan of service are stated in the case record.
- C. Disapproval of labor by the person in charge of the plan may be reversed by the director of the facility.
- D. In approving labor, the person in charge of the plan may set limits. Recipient labor shall not consume more than six hours of a recipient's day unless approved by the director of the facility.
- E. Labor shall not interfere with other ongoing treatment or habilitation programs suitable for the recipient.
- F. Records of payments to the recipient may be maintained by the facility.
- G. If a fee for service is charged to the recipient, it shall be documented and not exceed one-half of the recipient's earnings.

V. REFERENCES

Act 258, Public Acts of 1974, as amended, being M.C.L. 330.1736

Administrative Rule R 330.7229 as amended, December 2007

Authors Initials GK/lkw

RECIPIENT RIGHTS

Policy 04-015: Communication

Policy 04-016: Personal property & funds

Policy 04-017: Freedom of movement

Policy 04-018: Recipient Labor

December 5, 2025

COMMUNICATION

Policy 04-015



- **MAIL**
- **TELEPHONE**
- **VISITS**

Personal Property & Funds

Policy 04-016

+PERSONAL PROPERTY

- EXCLUSIONS
- SEARCH
- EXPLOITATION

+FUNDS

- ACCESS
- DISCHARGE





Policy 04-017

**Least
Restrictive
Environment**

**Individual
Restrictions
or Limitations**

Freedom of Movement

RECIPIENT LABOR

- PREFORMING LABOR
- COMPENSATION

Policy 04-018

QUESTIONS?

