

HEALTHWEST
FULL BOARD MINUTES

December 19, 2025

8:00 a.m.

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

CALL TO ORDER

The meeting of the Full Board was called to order by Chair Thomas at 8:00 a.m.

ROLL CALL

Members Present: Janet Thomas, Cheryl Natte, Janice Hilleary, Jeff Fortenbacher, John Weerstra, Remington Sprague, M.D., Thomas Hardy, Chris McGuigan

Members Absent: Charles Nash, Kim Cyr, Mary Vazquez, Tamara Madison

Others Present: Rich Francisco, Holly Brink, Gina Maniaci, Brandy Carlson, Christy LaDronks, Carly Hysell, Melina Barrett, Jackie Farrar, Kelly Betts, Helen Dobb, Linda Anthony, Gina Kim, Casey Olson, Linda Wagner, Mickey Wallace, Gary Ridley, Pam Kimble

Guests Present: Joe Comella, Matt Farrar, Sara Hough, Stephanie VanDerKooi

MINUTES

HWB 41-B - It was moved by Mr. Hardy, seconded by Dr. Sprague, to approve the minutes of the November 21, 2025 Full Board meeting as written.

MOTION CARRIED

COMMITTEE REPORTS

Program Personnel Committee

HWB 18-P - It was moved by Mr. Hardy, seconded by Mr. Weerstra, to approve the minutes of the October 10, 2025 meeting as written

MOTION CARRIED

HWB 19-P - 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

HWB 20-P - 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

HWB 21-P - 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

HWB 22-P - 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

HWB 23-P - 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

HWB 24-P - 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

HWB 25-P - 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

HWB 26-P - 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

HWB 27-P - 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

HWB 28-P - 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

HWB 29-P - 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

HWB 30-P - 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

HWB 31-P - 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

HWB 32-P - 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

HWB 33-P - It was moved by Mr. Hardy, seconded by Ms. Hilleary, to approve the HealthWest Policy for Financial Management, effective December 22, 2025.

MOTION CARRIED

Recipient Rights Committee

HWB 34-R - It was moved by Ms. Natte, seconded by Ms. Hilleary, to approve the minutes of the October 10, 2025 meeting as written.

MOTION CARRIED

HWB 35-R - It was moved by Ms. Thomas, seconded by Ms. Hilleary to approve the Recipient Rights Reports for October 2025 / November 2025

MOTION CARRIED

HWB 36-R - 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

Finance Committee

HWB 37-F - It was moved by Mr. Hardy, seconded by Dr. Sprague, to approve the minutes of the November 14, 2025, meeting as written.

MOTION CARRIED

HWB 38-F - It was moved by Dr. Sprague, seconded by Mr. Hardy, to approve expenditures for the month of October 2025, in the total amount of \$3,501,069.29.

MOTION CARRIED

HWB 39-F - It was moved by Mr. Hardy, seconded by Dr. Sprague, to authorize the HealthWest Executive Director to sign a contract with Imara LLC effective January 1, 2026, through September 30, 2027, to provide specialized residential services to eligible HealthWest consumers. The funding is within the HealthWest AFC Specialized Residential Budget of \$24,900,000.00.

MOTION CARRIED

HWB 40-F - It was moved by Mr. Hardy, seconded by Dr. Sprague, to authorize the HealthWest Executive Director to sign a contract with Giddings AFC Homes, LLC effective January 1, 2026, through September 30, 2027, to provide specialized residential services to eligible HealthWest consumers. The funding is within the HealthWest AFC Specialized Residential Budget of \$24,900,000.00.

MOTION CARRIED

ITEMS FOR CONSIDERATION

HWB 42-B – It was moved by Ms. Thomas, seconded by Mr. Fortenbacher, to authorize the HealthWest Consumer Advisory Committee to increase the member capacity from 9 -11 members to 15 members and changing the policy language allowing current members to remain on the committee longer than current term 1-3 years if the capacity is not currently met to prevent vacancy.

MOTION MADE ON THE FLOOR / MOTION CARRIED

OLD BUSINESS

There was no old business.

NEW BUSINESS

There was no new business.

COMMUNICATION

Mr. Hardy provided an update on the Consumer Advisory Council. Brandy Carlson provided positive feedback and employee kudos.

DIRECTOR'S COMMENTS

Mr. Francisco, Executive Director, presented his Formal Director's report.

PIHP Procurement:

- At the time of writing this update (12/18/2025), HW along with all the CMHSPs and PIHPs are waiting on Judge Yates to make a ruling on the case against MDHHS and DTMB regarding PIHP procurement. The hearing

was held on December 8th in Lansing for the first day and for the second and third day the hearing was in Grand Rapids. Like the update I provided to HW Finance committee, Judge Yates shared some concern about elements of the PIHP RFP that could strip CMHSPs of their ability to perform their statutory function to provide services according to the Mental Health Code. Judge Yates asked questions surrounding the braided funding and did receive good examples of how CMHSPs deliver services to individuals. There was also discussion surrounding civil admissions to Inpatient and hospital settings and how that is managed by CMHSPs, and how that could be impacted if the RFP were to go forward.

CCBHC direct payment:

- HW staff is currently developing a service agreement with LRE to continue to provide CCBHC appeals function for HW. Allegan and Ottawa are also interested in doing the same because the LRE is geared and already doing this function. I did mention this to the board last month that we would pursue this.
- LRE is also updating our DUA (Data Use Agreement) to include language that would permit the LRE to process CCBHC data as well for submission to MDHHS. MDHHS has agreed to let the current stand that LRE continue to be the pipeline for the CCBHC data before it goes to the state. There will be a workgroup forming in January/February to address CCBHC data concerns but to keep data flowing, the current data pipeline will remain.

LRE Level Updates:

- At the LRE board meeting, Mary Dumas provided a recap of the proceedings from the hearing with Judge Yates and the CMHSPs and PIHPs who filed a lawsuit against MDHHS. The hearing was from 12/8 - 12/10. Everyone is still waiting for Judge Yates ruling and opinion to decide the case. Judge Yates expressed wanting to provide an opinion this week.
- LRE also presented aggregate data for all CMHSPs on Grievance and Appeals data.
- The LRE also presented information related to two legislative updates from the Oversight Policy board related to an effort to prohibit Marijuana billboard advertising (HB 5134 and 5135). The other is legislation surrounding licensing of tobacco sales including e-Cigarettes and nicotine pouches. This will require retailers to obtain state issued license to sell these products (SB 462, 464-465)

CMH Level Updates:

- Last month, I gave an update that we were evaluating consolidating staff at NIMS. After deliberation and internal discussion, HW has decided not to move Terrace Plaza staff over to NIMS building and consolidate. This move will significantly increase our rent by about 83k annually. HW will evaluate this in the coming year or two again. The factors involved in the decision fell on the unpredictable nature of our funding and because of all the potential changes at MDHHS and budget concerns, HW decided to hold off on moving.

- HW found out that there is a licensing opportunity to get a twelve bed to expand our CRU (Crisis Residential Unit) without putting in a hood suppression system. Prior to moving to our current CRU our goal was to expand to twelve beds and at the time we were told that we needed a hood suppression system. We were told by the fire Marshall and notified by the architect that that only applies to 14 Bed. There is a mid-level license we can get for a twelve bed for which our current space is already appropriate. This is good news and HW does not need to spend 70k - 80k on a hood suppression system.
- HW also completed an ACT MiFAST fidelity review and the clinical teams involved are currently reviewing the reports. Any findings or recommendations will be addressed as opportunities for improvement. HW regularly conduct MiFAST reviews, but they are not a formal audit. They are an opportunity to review certain programs and evidenced based practices so we can improve current practices.

AUDIENCE PARTICIPATION

There was no audience participation.

ADJOURNMENT

There being no further business to come before the board, the meeting adjourned at 8:55 a.m.

Respectfully,

Janet Thomas
Board Chair

/hb

PRELIMINARY MINUTES
To be approved at the Full Board Meeting on
January 23, 2026



TO: HealthWest Board Members

FROM: Janet Thomas, Board Chair, via Rich Francisco, Executive Director

SUBJECT: Full Board Meeting
December 19, 2025
376 E. Apple Ave., Muskegon, MI 49442
<https://healthwest.zoom.us/j/92330401570?pwd=TFNHMW hnQmF5NV AybWRQVG54Tk1GZz09>
One tap mobile: (309)205-3325, 92330401570# Passcode: 428623

REVISED AGENDA

- | | | |
|----|---|-------------|
| 1) | Call to Order | Action |
| 2) | Approval of Agenda | Action |
| 3) | Approval of Minutes | |
| | A) Approval of the Full Board Minutes of November 21, 2025
(Attachment #1 – pg. 1-4) | Action |
| 4) | Public Comment (on an agenda item) | |
| 5) | Committee Reports | |
| | A) Program Personnel Committee
(Attachment #2 – pg. 5-10) | Action |
| | B) Recipient Rights Committee
(Attachment #3 – pg. 11-13) | Action |
| | C) Finance Committee
(Attachment #4 – pg. 14-17) | Action |
| 6) | Items for Consideration | |
| 7) | Old Business | |
| 8) | New Business | |
| 9) | Communication | |
| | A) Corporate Compliance Update: Helen Dobb
(Attachment #5 pg. 18-33) | Information |
| | B) Corporate Compliance Presentation: Helen Dobb
(Attachment #6 pg. 34-43) | Information |
| | C) Quality Assessment & Performance Improvement Plan: Pam Kimble
(Attachment #7 pg. 44-69) | Information |
| | D) Consumer Advisory Committee Update: Thomas Hardy
(Attachment #8 pg. 70) | Information |
| | E) Employee Kudos
(Attachment #9 pg. 71) | Information |
| | F) January Meeting Notice
(Attachment #10 – pg. 72) | Information |
| | G) Director's Report | Information |

(Attachment #11 – pg. 73-74)

10) Public Comment

11) Adjournment

Action

HEALTHWEST
FULL BOARD MINUTES

November 21, 2025

8:00 a.m.

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

CALL TO ORDER

The meeting of the Full Board was called to order by Chair Thomas at 8:00 a.m.

ROLL CALL

Members Present: Charles Nash, Chris McGuigan, Janet Thomas, Jeff Fortenbacher, John Weerstra, Kim Cyr, Remington Sprague, M.D., Tamara Madison, Thomas Hardy

Members Absent: Cheryl Natte, Janice Hilleary, Mary Vazquez

Others Present: Rich Francisco, Holly Brink, Gina Maniaci, Brandy Carlson, Carly Hysell, Gordon Peterman, Amber Berndt, Melina Barrett, Jackie Farrar, Kelly Betts, Helen Dobb, Linda Anthony, Gina Kim, Casey Olson, Linda Wagner, Pam Kimble, Anissa Goodno, Tasha Kuklewski, Chris Yeager, Kim Davis, Calvin Davis, Mickey Wallace, Danielle Bush

Guests Present: Alan Bolter, Angela Gasiewski, Stephanie VanderKooi

MINUTES

HWB 15-B - It was moved by Mr. Hardy, seconded by Mr. Fortenbacher, to approve the minutes of the October 24, 2025 Full Board meeting as written.

MOTION CARRIED

COMMITTEE REPORTS

Finance Committee

HWB 12-F - It was moved by Mr. Hardy, seconded by Dr. Sprague, to approve the minutes of the October 17, 2025, meeting as written

MOTION CARRIED

HWB 13-F - It was moved by Mr. Hardy, seconded by Dr. Sprague, to approve expenditures for the month of September 2025, in the total amount of \$13,080,286.91.

MOTION CARRIED

HWB 14-F -It was moved by Mr. Hardy, seconded by Dr. Sprague, to authorize the HealthWest Executive Director to sign a contract with Norton Shores Care Operation, LLC dba Harbor Homes, from December 1, 2025, through September 30, 2027, to provide specialized residential services to eligible HealthWest consumers. The funding is within the HealthWest AFC Specialized Residential Budget of \$24,900.00.

MOTION CARRIED

ITEMS FOR CONSIDERATION

HWB 16-B – It was moved by Mr. Hardy, seconded by Commissioner McGuigan, to approve the above proposed 2026 Meeting Schedule of the HealthWest Board of Directors for the 2026 calendar year.

MOTION CARRIED

HWB 17-B – It was moved by Mr. Hardy, seconded by Dr. Sprague, to authorize the HealthWest Board of Directors to approve the FY25 contracted Vendors/Providers listed under the five funding sources. The total FY2025 budget for the five funding services is \$51,562,423.00.

MOTION CARRIED

OLD BUSINESS

There was no old business.

NEW BUSINESS

There was no new business.

COMMUNICATION

Alan Bolter, CMHA Associate Director, provided an update from the Community Mental Health Association of Michigan.

Ms. Carlson, Chief Financial Officer, provided an update for “Enterprise Year in Review.”

DIRECTOR’S COMMENTS

Mr. Francisco, Executive Director, presented his Formal Director’s report.

MDHHS Updates:

- PIHP Procurement: No further update since I shared information regarding the procurement at the HW Finance committee on 11/14/2025. Our region is eagerly awaiting what will happen on December 8th with decisions from Judge Yates who will be presiding over the case. The most recent change that I have heard is that the second set of lawsuits filed by a group of CMHSPs will be treated separately and that decisions from the first may impact this second set of lawsuits depending on the Judge’s opinion/order. The December 8th hearing will take place at the Hall of Justice in Lansing.
- CCBHC direct payment:
 - HW staff continues to work with MDHHS and the LRE to transition the administrative portions of the CCBHC direct payment. MDHHS did hold a meeting to further clarify the next steps for various data submission issues due to the data files associated with CCBHC being complex, and difficult to separate out what is CCBHC from non-CCBHC. There was a survey for the CCBHCs to vote on how they feel the files should go to MDHHS for the time being due to the complexity. Around 87% of the field decided that they would prefer keeping the PIHP data pipeline for now, as the method for submission to MDHHS for this fiscal year. This is good since there would be no additional admin burden for HW. MDHHS also plans to resume a group next year, sometime in February, to continue discussion on data submission, especially as it relates to our BHTEDS files. My understanding

is that they are considering going back to a non-episodic file type, like the QI-File (flat file) submitted prior to BH TEDS over 10 years ago.

- HW is working with the LRE to have an agreement in place to continue to contract with them for the State Fair Hearing portion of CCBHC work since they already do this. The contract team is currently working on a draft agreement.
- Internally our Customer Services and Communications Team are working to flush our process for the CCBHC Appeals Process, which we have taken on from the LRE after the CCBHC transition at the beginning of this year.

LRE Level Updates:

- The LRE had their board meeting on 11/19/2025 and the following items were discussed:
 - FY22 Cost Settlement – the region is still waiting on counsel to resolve the issue. The LRE is waiting for the Court's decision on the motion, but there has been a delay.
 - Insurance provider tax (IPA) – The LRE has received 2 payments towards the Insurance provider tax. As you may recall, MDHHS ordered DTMB to use FY23 tax rates for our 2025 bill, which was higher, approximately \$915,000. MDHHS issued a notice on 9/17/2025 stating that PIHPs will receive a rate adjustment to cover the cost of the IPA. LRE will not know the full amount until the last payment is complete, but from the first 2 quarter payments it should be close to LRE expectations.
 - LRE presented some CCBHC data at the request of one of the board members on the individuals served in the region that were CCBHC only, to give a sense of the impact to LRE funding. HW is double checking our numbers internally and seeing how this data aligns.

	Counts				Percentages		
	CCBHC Only	Mixed	Specialty Only	Total	CCBHC Only	Mixed	Specialty Only
CMHSP							
ALGN	1714	767	542	3023	56.7%	25.4%	17.9%
MKG	3072	2396	1672	7140	43.0%	33.6%	23.4%
N180	5089	5081	5493	15663	32.5%	32.4%	35.1%
OTT	535	1477	1866	3878	13.8%	38.1%	48.1%
WMCH	2151	768	296	3215	66.9%	23.9%	9.2%
Region	12561	10489	9869	32919	38.2%	31.9%	30.0%

- Vice Chair J. Thomas ran the meeting with the chair on leave and there was a robust discussion from board members surrounding the LRE projection numbers and accuracy – citing huge swings in a very short of time. Two of the CMHSP directors spoke up, one citing a \$20M swing in revenue projections and the other lesser, but still a significant swing. There was good discussion on looking at ways to advocate for more funding due to the ongoing deficit experience of the region.

CMH Level Updates:

- Some good news on the CMH front – I did receive the Individual Placement and Support (IPS) Fidelity Review final report from Evan Slayton our IPS Supervisor. The auditors completed the review in November. Overall, HW did very well improving our score from the last Fidelity Review in 2023. The total score improved by 4 points from 105 to 109, placing us in the (Good Fidelity) category. This is an improvement in several areas of the program standards categorized under staffing, organization and services. Shout out to Evan and his IPS team! Great Work!
- HW is continuing to keep an eye on the BBB (HR1) now that the government shutdown is done. HW is interested to see what happens with the Healthcare negotiations as it relates to Medicaid funding. This will ultimately have an impact on State Medicaid budgets. My understanding is that the ACA Enhanced subsidies were not extended in the funding bill and still set to expire on December 31, 2025, which would cause increased premiums for millions of enrollees in the ACA program and could double or triple in 2026.

It is also my understanding that there will be a mid-December vote promised, but whether it will pass is still uncertain and not guaranteed.

- The Improving Outcomes Conference generally attended by our IT, Quality, Provider Network, and Compliance staff is happening in the first week of December, and I wanted to give a shoutout to our Provider Network Team and their supervisor, Jackie Farrar, who will be presenting at the conference. The presentation narrative is as follows:

This session will offer an inside look at HealthWest's contracting process - from pre-contracting assessments to fully executed agreements. Attendees will learn how the Pre-Contracting Assessment Tool is used to evaluate prospective providers for readiness and compliance before contracts are issued. The presentation will also include how contract management software is used to generate, store, and track contracts throughout their lifecycle to improve accuracy and efficiency. Together, these tools form the foundation of a streamlined contracting workflow that promotes consistency, accountability, and strong provider partnerships.

- HW is also considering consolidating staff even more and evaluating if we can leverage and possibly move into the remaining vacant space at NIMS building. We are looking at potentially moving Terrace Plaza staff to NIMS. Our contract at Terrace Plaza expires next year on January 31, 2026, and it would be a good opportunity to see if we can consolidate and save on rent.

AUDIENCE PARTICIPATION

Ms. Carlson thanked Gordon Peterman, Payroll Supervisor, for his 25 years of employment as he will be retiring.

ADJOURNMENT

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

Respectfully,

Janet Thomas
Board Chair

/hb

PRELIMINARY MINUTES
To be approved at the Full Board Meeting on
December 19, 2025

HEALTHWEST**PROGRAM AND PERSONNEL COMMITTEE REPORT TO THE BOARD****via Cheryl Natte, Committee Chair**

1. The Program Personnel Committee met on December 5, 2025.
- * 2. It was recommended, and I move, to approve the minutes of the October 10, 2025, meeting as written.
- * 3. It was recommended, and I move, to approve the policy and procedural changes for Policy 04-003 described above and attached, effective December 22, 2025.
- * 4. It was recommended, and I move, to approve the policy and procedural changes for Policy 04-004 described above and attached, effective December 22, 2025.
- * 5. It was recommended, and I move, to approve the policy and procedural changes for Policy 04-006 described above and attached, effective December 22, 2025.
- * 6. It was recommended, and I move, to approve the policy and procedural changes for Policy 04-007 described above and attached, effective December 22, 2025.
- * 7. It was recommended, and I move, to approve the policy and procedural changes for Policy 04-009 described above and attached, effective December 22, 2025.
- * 8. It was recommended, and I move, to approve the policy and procedural changes for Policy 04-010 described above and attached, effective December 22, 2025.
- * 9. It was recommended, and I move, to approve the policy and procedural changes for Policy 04-013 described above and attached, effective December 22, 2025.
- * 10. It was recommended, and I move, to approve the policy and procedural changes for Policy 04-015 described above and attached, effective December 22, 2025.
- * 11. It was recommended, and I move, to approve the policy and procedural changes for Policy 04-016 described above and attached, effective December 22, 2025.
- * 12. It was recommended, and I move, to approve the policy and procedural changes for Policy 04-017 described above and attached, effective December 22, 2025.
- * 13. It was recommended, and I move, to approve the policy and procedural changes for Policy 04-018 described above and attached, effective December 22, 2025.
- * 14. It was recommended, and I move, to approve the policy and procedural changes for Policy 04-020 described above and attached, effective December 22, 2025.
- * 15. It was recommended, and I move, to approve the policy and procedural changes for Policy 04-022 described above and attached, effective December 22, 2025.
- * 16. It was recommended, and I move, to approve the policy the HealthWest Policy for Financial Management, effective December 22, 2025.

/hb

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.

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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 an 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.

HEALTHWEST
RECIPIENT RIGHTS ADVISORY COMMITTEE
REPORT TO THE BOARD

via Thomas Hardy, Committee Chair

1. The Recipient Rights Advisory Committee met on December 5, 2025
- * 2. It was recommended, and I move, to approve the minutes of the October 10, 2025 meeting as written.
- * 3. It was recommended, and I move, to approve the Recipient Rights Reports for October 2025 / November 2025.
- * 4. It was recommended, and I move, to approve the HealthWest appointment of Casey Olson as the Recipient Rights Officer, effective November 17, 2025.

/hb

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.

HEALTHWEST

FINANCE COMMITTEE REPORT TO THE BOARD

via Jeff Fortenbacher, Committee Chair

1. The Finance Committee met on December 12, 2025.
- *2. It was recommended, and I move to approve the minutes of the November 14, 2025, meeting as written.
- *3. It was recommended, and I move to approve to approve expenditures for the month of October 2025, in the total amount of \$3,501,069.29.
- *4. It was recommended, and I move to approve the HealthWest Executive Director to sign a contract with Imara LLC effective January 1, 2026, through September 30, 2027, to provide specialized residential services to eligible HealthWest consumers. The funding is within the HealthWest AFC Specialized Residential Budget of \$24,900,000.00.
- *5. It was recommended, and I move to approve the HealthWest Executive Director to sign a contract with Giddings AFC Homes, LLC effective January 1, 2026, through September 30, 2027, to provide specialized residential services to eligible HealthWest consumers. The funding is within the HealthWest AFC Specialized Residential Budget of \$24,900,000.00.

/hb

HEALTHWEST

FINANCE COMMITTEE MEETING MINUTES

December 12, 2025

8:00 a.m.

CALL TO ORDER

The regular meeting of the Finance Committee was called to order by Committee Chair Fortenbacher at 8:01 a.m.

ROLL CALL

Committee Members Present: Jeff Fortenbacher, Janet Thomas, Thomas Hardy, Remington Sprague, M.D.,

Committee Members Absent: Charles Nash, John M. Weerstra

Also Present: Rich Francisco, Holly Brink, Gina Manaici, Brandy Carlson, Kristi Chittenden, Gary Ridley, Jackie Farrar, Linda Anthony, Carly Hysell, Casey Olson, Anissa Goodno, Melina Barrett, Kim Davis

Guests Present: Angie Gasiewski, Joe Comella

ITEMS FOR CONSIDERATION

A. Approval of Minutes

It was moved by Mr. Hardy, seconded by Dr. Sprague, to approve the minutes of the November 14, 2025, meeting as written.

MOTION CARRIED

B. Approval of Expenditures for October 2025

It was moved by Dr. Sprague, seconded by Mr. Hardy, to approve expenditures for the month of October 2025, in the total amount of \$3,501,069.29.

MOTION CARRIED

C. Monthly Report from the Chief Financial Officer

Ms. Carlson, Chief Financial Officer, presented the October report, noting an overall cash balance of \$8,484,058.87 as of October 31, 2025.

D. Finance Update Memorandum

Ms. Carlson, Chief Financial Officer, presented the Finance Update Memorandum for the Board review.

E. Approval to Contract with Imara LLC

It was moved by Mr. Hardy, seconded by Dr. Sprague, to authorize the HealthWest Executive Director to sign a contract with Imara LLC effective January 1, 2026, through September 30, 2027, to provide specialized residential services to eligible HealthWest consumers. The funding is within the HealthWest AFC Specialized Residential Budget of \$24,900,000.00.

MOTION CARRIED

F. Approval to Contract with Giddings AFC Homes, LLC

It was moved by Mr. Hardy, seconded by Dr. Sprague, to authorize the HealthWest Executive Director to sign a contract with Giddings AFC Homes, LLC effective January 1, 2026, through September 30, 2027, to provide specialized residential services to eligible HealthWest consumers. The funding is within the HealthWest AFC Specialized Residential Budget of \$24,900,000.00.

MOTION CARRIED

OLD BUSINESS

There was no old business.

NEW BUSINESS

There was no new business.

COMMUNICATIONS

There was no communication.

DIRECTOR'S COMMENTS

Rich Francisco, Executive Director provided an update:

- **PIHP Procurement** – Judge Yates presided over the lawsuit between the PIHP/CMHSPS vs. DTMB/MDHHS once again on December 8, 2025. This was a 3-day hearing with the Court of Claims, that involved hearing from a variety of witnesses. The first day was held at the Hall of Justice in Lansing and then moved to Grand Rapids for the 2nd and 3rd day. After the 3rd day, the judge did not issue an opinion from the bench. He expressed that he has lots to consider regarding some concerns in the RFP and its compliance with the Mental Health Code. He did a thorough job of asking both sides during closing arguments. He asked to understand the nature of delegation of functions and managed care functions. He also inquired about contractual authority and what this entails as far as braided funding. He also inquired about substance use disorder services and who can provide this service. He also asked about involuntary hospitalization and inpatient hospitalization as well as the possible impacts as it relates to the RFP and current processes. He is expecting to make a ruling as early as next week.
- **CCBHC Supplemental Cost Report Changes Overview-** Technical Assistance TA - HW staff participated in a state meeting to review MDHHS and Milliman reporting of CCBHC Supplemental Cost reporting and the use of the template provided. The biggest changes impacting the template now are how to report cost due to the LRE no longer receiving the funds and HW is receiving them directly (CCBHC Payment transition away from PIHP).

- **HW Crisis Residential State Workgroup** - HW received an invitation to participate in a Crisis Residential Workgroup to support the Mental Health Framework Rate Development Project. The goal of the group is to gather additional information and details on crisis residential services for adults and children, as well as provide input in the development of comparison rates. The first meeting will be December 15th, 2025, from 9:30- 11am. There will be additional meetings in January. Christy LaDronka and I will be participating in the state workgroup. The invitation came from Alexandra Kruger, Division Director of Intensive Specialty Services at MDHHS.
- Just FYI to Finance Committee that we are looking to review our space at Hinman, Terrace Plaza. Our contract will be expiring at the end of January 2026, and we are evaluating whether HW will continue to use that space. We have an opportunity to consolidate more staff at the NIMS building and are reviewing this as well.

AUDIENCE PARTICIPATION

There was no audience participation.

ADJOURNMENT

There being no further business to come before the committee, the meeting adjourned at 8:17 a.m.

Respectfully,

Jeff Fortenbacher
Committee Chair

/hb

**PRELIMINARY MINUTES
To be approved at the Finance Meeting on
January 9, 2026**



CORPORATE COMPLIANCE PLAN FY26

For questions, concerns, or to report a potential Corporate Compliance violation, please call HealthWest's confidential Corporate Compliance hotline at (231) 724-6575 or email the confidential Corporate Compliance inbox at corporate.compliance@healthwest.net. HealthWest and provider employees may also directly contact Linda Anthony, HealthWest's Corporate Compliance Officer, at (231) 670-7831 or and Helen Dobb, HealthWest's Compliance Manager, at (616)566-6946.

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I. Introduction

HealthWest serves residents of Muskegon County who have intellectual and developmental disabilities, mental illness and/or substance use disorders.

HealthWest is part of the Lakeshore Regional Entity (LRE), the Prepaid Inpatient Health Plan (PIHP), which manages Medicaid and other funding for services. As such, HealthWest is responsible to its Board as well as to the LRE for service and funding allocation, and for Corporate Compliance activities. Additionally, the transition from Managed Care to Fee for Service (FFS) for the CCBHC demonstration, there are certain responsibilities which will now fall to the CCBHCs, and managed care functions which will be undertaken by the MDHHS. There is no longer the expectation that the PIHPs undertake managed care functions for beneficiaries only receiving CCBHC services through a CCBHC which impact reporting for program integrity as it relates to Fraud, Waste, and Abuse.

All HealthWest activities are guided by its Mission and Vision:

- **Mission:** *To be a leader in integrated health care, inspiring hope and wellness in partnership with individuals, families, and the community.*
- **Vision:** *Building a healthier, more informed, and inclusive community through innovation and collaboration.*
- **Values:**
 - Diversity: We value differences and recognize our unique experiences and perspectives make us stronger and more effective.
 - Development: We believe that all persons have the ability to continually grow and learn.
 - Excellence: We work to be the very best in our field and embrace innovation, creativity, and continual improvement.
 - Integrity: We hold ourselves accountable and operate with fairness and honesty.

II. Overview

HealthWest is committed to conducting itself as a good institutional citizen by promoting an organizational culture that encourages a commitment to compliance with the law. As an organization, we are committed to preventing fraud, abuse and waste while furthering our mission and providing care that is high quality, effective, and satisfying to the persons served.

This commitment involves every aspect of our business, including every work-related activity of our employees, contractors, and individuals with responsibility pertaining to the ordering, provision, marketing, documentation, billing, or services reimbursable by federal health care programs. The commitment further extends to the preparation of claims, reports or other requests for reimbursement for such items or services with the statutes, regulations, and written directives of Medicare, Medicaid, and all other Federal Health Care Programs (as defined in 42 U.S.C. § 13201-7b (f), hereinafter collectively referred to as the “Federal Health Care Programs.”

HealthWest is committed to ensuring that it complies with the requirements of all Federal and State programs from which it receives funding above and beyond “Federal Health Care Programs.” HealthWest is also committed to compliance with the Michigan False Claims Act (PA 109, Public Acts 111-117 of 2006) as well as the Federal False Claims Act (31 USCS 3729-3734, 1994).

The Corporate Compliance Plan identifies and describes standards of conduct and internal control systems that can reduce the likelihood of violations of law. The Corporate Compliance Program is the manifestation and realization of the Plan and is comprised of all actions and activities undertaken by the organization to promote compliance at all levels. The Corporate Compliance Program is designed, through training, monitoring, auditing, and promotion of a culture of compliance, to prevent violations of any law, whether criminal or non-criminal, for which HealthWest is, or would be, liable. It represents HealthWest’s approach to assuring that state regulatory and contractual obligations related to corporate compliance with the PIHP are fulfilled.

III. Compliance Plan Key Elements

HealthWest’s Corporate Compliance Plan is comprised of the following principal elements as outlined in the Federal Sentencing Guidelines:

- The development and distribution of written standards of conduct, as well as written policies and procedures, that promote the agency’s commitment to compliance and that address specific areas of potential fraud;
- The designation of a Corporate Compliance Officer and other appropriate bodies, (e.g., a Corporate Compliance Committee), charged with the responsibility and authority of operating and monitoring the compliance program;
- The development and implementation of regular, effective education and training programs for all affected employees;
- The development of effective lines of communication between the Compliance Team and all employees, including a hotline to receive complaints and the adoption of procedures to protect the anonymity of complainants and to protect callers from retaliation;
- The use of audits or other risk evaluation techniques to monitor compliance and assist in the reduction of identified problem areas within delivered services claims processing and managed care functions;
- The development of disciplinary mechanisms to consistently enforce standards and the development of policies addressing dealings with sanctioned and other specified individuals; and
- The development of policies to respond to detected offenses, to initiate corrective action to prevent similar offenses, and to report to governmental authorities when appropriate.

HealthWest’s Corporate Compliance Program is committed to the following:

- Minimizing organizational risk and improving compliance with the service provision, documentation, and billing requirements of Medicaid;
- Maintaining adequate internal controls throughout the agency and provider network;
- Encouraging the highest level of ethical and legal behavior from all employees and providers;

- Ensuring the requirements of all applicable laws and regulations are reflected in agency policies and procedures, and that new and changed regulations are fully incorporated when established;
- Educating Board members, employees, contracted and sub-contracted providers, and other stakeholders regarding their responsibilities and obligations to comply with applicable local, state, and federal laws; and
- Providing oversight and monitoring functions.

IV. **Regulatory Considerations**

Four key laws and statutes impact the regulatory compliance of HealthWest and its providers:

- **The Affordable Care Act (2010).** This Act requires the agency to have a written and operable Corporate Compliance Program capable of preventing, identifying, reporting, and ameliorating fraud, waste, and abuse. All programs of HealthWest, contracted and sub-contracted provider organizations and practitioners, Board members and others involved in rendering covered services fall under the purview and scope of this Corporate Compliance Program.
- **The Federal False Claims Act.** This Act applies when a company or person knowingly presents (or causes to be presented) to the Federal government (or any entity on its behalf) a false or fraudulent claim for payment; knowingly uses (or causes to be used) a false record or statement to get a claim paid; conspires with others to get a false or fraudulent claim paid; or knowingly uses (or causes to be used) a false record or statement to conceal, avoid, or decrease an obligation to pay or transmit money or property to the Federal government (or its designated entity).
- **The Michigan False Claims Act.** This Act prohibits fraud in the obtaining of benefits or payments in conjunction with the Michigan Medical Assistance program; to prohibit kickbacks or bribes in connection with the program to prohibit conspiracies in obtaining benefits or payments; and to authorize the Michigan Attorney General to investigate alleged violations of this Act.
- **The Anti-Kickback Statute.** This Act prohibits the offer, solicitation, payment or receipt of remuneration, in cash or in kind, in return for or to induce a referral for any service paid for or supported by the Federal government or for any good or service paid for in connection with consumer service delivery.

Numerous Federal and State regulations affect the HealthWest Corporate Compliance Program. Some of these laws not referenced above include, but are not limited to:

- The Balanced Budget Act of 1997
- The Deficit Reduction Act of 2005
- Social Security Act of 1964
- Privacy and Security requirements of the Health Insurance Portability and Accountability Act (HIPAA) and the Health Information Technology for Economic and Clinical Health Act (HITECH)
- 42 CFR Part 2 Confidentiality of Alcohol and Drug Abuse Patient Records
- Code of Federal Regulations
- Letters to State Medicaid Directors

- Government Accounting Standards Board (GASB) Guide to Encounter Data Systems
- Health Information Technology for Economic and Clinical Health Act (HITECH) Act
- Home and Community Based Services Final Rule
- Medicaid State Plan
- Michigan Medicaid Provider Manual
- Michigan Whistleblowers Act, Act 469 of 1980
- Michigan Mental Health Code and Administrative Rules
- Medical Services Administration (MSA) Policy Bulletins
- Office of Inspector General Annual Work Plan
- Office of Management and Budget (OMG) Circulars
- Requirements as identified by the Office of Inspector General
- State Operations Manual
- Stark Law
- Provisions from Public Act 368 of 1978 – revised – Article 6 Substance Abuse
- State of Michigan MDHHS/PIHP contract provisions
- Michigan State Licensing requirements
- Michigan Medical Records Act
- Civil Monetary Penalty Law of 1981
- American with Disabilities Act of 1990
- Waiver Applications

V. Application of the Corporate Compliance Plan

HealthWest is a Community Mental Health Services Program consistent with the Michigan Mental Health Code. It is also a member of the Lakeshore Regional Entity and performs delegated managed care functions as specified in its contract with the LRE. The intent of HealthWest is that the scope of all compliance policies and procedures promote and support integrity, transparency, accuracy, objectivity, and trust. This plan applies to all HealthWest operational activities and administrative actions and includes those activities that come within federal and state regulations relating to health care providers.

HealthWest is a Certified Community Behavioral Health Clinic (CCBHC) and must adhere to all administrative responsibilities for payment responsibility, oversight and support, and program integrity for all CCBHC services.

This Compliance Plan applies to all Board members and employees, and to all contracted providers and sub-contractors receiving payment from HealthWest. HealthWest employees are subject to the requirements of this plan as a condition of employment.

The HealthWest Corporate Compliance Plan, standards, and policies included or referenced herein are not exhaustive or all inclusive. All HealthWest personnel and providers are required to comply with all applicable laws, rules and regulations including those that are not specifically addressed in the Corporate Compliance Plan.

VI. Definitions & Terms

- **Compliance Investigation:** A compliance investigation begins when a complaint is made alleging a compliance concern, questionable practice, or irregularities that indicate harm or risk to people in service, staff, the community, or the agency. The compliance

manager will begin gathering information from various sources to determine if there is sufficient evidence to validate or confirm the complaint.

- **Abuse:** Provider practices that are inconsistent with sound fiscal, business, or clinical practices, and result in an unnecessary cost to the Medicaid program, or in reimbursement for services that are not medically necessary or that fail to meet professionally recognized standards of care. It also includes beneficiary practices that result in unnecessary costs to the Medicaid program. (42 CFR § 455.2)
- **Fraud:** (Federal False Claims Act): Intentional deception or misrepresentation made by a person with the knowledge that the deception could result in some unauthorized benefit to himself or some other person. It includes any act that constitutes fraud under applicable Federal or State law including the Federal False Claims Act and the Michigan False Claims Act. (42 CFR § 455.2)
- **Fraud:** (per Michigan statute and case law interpreting same): Under Michigan law, a finding of Medicaid fraud can be based upon evidence that a person "should have been aware that the nature of his or her conduct constituted a false claim for Medicaid benefits, akin to constructive knowledge." Errors or mistakes do not constitute "knowing" conduct necessary to establish Medicaid fraud, unless the person's "course of conduct indicates a systematic or persistent tendency to cause inaccuracies to be present."
- **Waste:** Provider practices that result in unnecessary costs, such as overutilization of services. Generally, not considered caused by criminally negligent actions but rather by the misuse of resources.
- **Contracted Providers:** Physicians, hospitals, health care professionals, or any other providers of items or services who have a contractual relationship with a health care provider
- **Subcontracted Providers:** Providers that contract directly with a contract agency of HealthWest to provide covered mental health and substance abuse services.

VII. Compliance Functions

A. Compliance Education and Training

- *Initial Compliance Orientation* – Training is completed and documented for all new employees and Board members during orientation. The Compliance Manager, in cooperation with Human Resources, is responsible for developing the training and ensuring it occurs. This training will address the substantive legal standards and the processes identified in the Corporate Compliance Plan.

Each employee will receive a Corporate Compliance Plan and acknowledgement form at orientation and will have one week to read the plan and acknowledge acceptance of its principles. Completed and signed Corporate Compliance Acknowledgement Forms are retained in the employee's personnel file. If an employee does not complete an Acknowledgement Form in good faith within one week, the Corporate Compliance Manager will notify the supervisor to take appropriate disciplinary action.

All agents, contract providers and subcontract providers that receive payment under HealthWest are expected to follow the policies, procedures, and plans that serve as guiding agents for operations.

- *Focused Training* - In addition to the initial training for all employees and Board members, specific training will be developed for targeted positions and functions. The

Corporate Compliance Officer and Corporate Compliance Manager, in coordination with the Corporate Compliance Committee, will identify those positions requiring additional targeted training due to the tasks for which they are responsible. Focused training courses will be logged annually for patterns and data collection across the agency, department heads are responsible for submitting attendance logs to the training department and providing any information to staff who are unable to be present.

- *Communicating Updates* – Changes to the Corporate Compliance Plan will be communicated to all employees of HealthWest and its providers, and revised versions of the Plan will be distributed for their review. Each employee shall be required to complete and sign an Acknowledgement Form in the training record management system.
- *Ongoing Training* – Ongoing training (including periodic refreshers) will be completed as mandated by MDHHS, CMS, and/or other regulatory laws or entities. The Corporate Compliance Manager is responsible for coordinating with the HealthWest Training Department to ensure the agency's training curriculum upholds such requirements and is completed by all employees as assigned. Additionally, the Corporate Compliance Team and the Corporate Compliance Committee will routinely review available data to identify emerging trends and training needs for HealthWest and provider employees relating to compliance issues. Data sources include, but are not limited to: compliance questions and concerns reported to the Corporate Compliance Officer, results of Ongoing Monitoring and Auditing, site review findings, and reports regarding performance and service delivery.

B. Responsibilities of the Corporate Compliance Team

- Promote a culture of integrity and compliance across all HealthWest operations
- Monitor changes in federal and state health care laws and regulations applicable to HealthWest operations.
- Develop and implement policy, procedures and practices designed to ensure compliance with the requirements of the Plan and with Federal and State program requirements.
- Review the Corporate Compliance Plan annually, revise the Plan as needed, and communicate changes to employees as defined above.
- Establish curricula, teaching methodologies and competency measures for no less than annual compliance training (including Deficit Reduction Act training) for agency and provider workforce members and governing bodies.
- Ensure adequate staff training on service reporting and chart documentation standards.
- Review all reports of actual or suspected corporate compliance violations received by HealthWest from any source and determine whether and how to respond.
- Conduct (or direct) and document all corporate compliance investigations and maintain detailed investigative files.
- Inform the CEO (or the governing body of HealthWest) of all Corrective Action Plans or violations that require communication to the Lakeshore Regional Entity or the Office of Inspector General for further investigation in which it has been terminated that an individual or entity has committed a violation.
- Ensure that non-compliant Medicaid encounters are not submitted to MDHHS/LRE (or, if previously reported, are rescinded) and that the Medicaid program is made financially whole through pursuit of restitution.

- Coordinate with LRE and agency Quality Assurance, Utilization Management Recipient Rights program, Finance Department, Provider Network, and Clinical Departments..
- Maintain a working knowledge of legislative and technological developments as they pertain to compliance, including in particular the implementation of local, regional and national intra-operable electronic medical records, encounter coding and other HIPAA standardized transactions.
- Establish baseline criteria for and, not less than annually, objectively measure the success of the Corporate Compliance Program in detecting and deterring compliance violations.
- Annually, a Corporate Compliance report will be submitted to the CEO and the Board detailing information related to the fiscal year just end and containing the following:
 - A summary of historical trends in the frequency, nature and severity of substantiated compliance violations;
 - A statement of significant modifications or additions to the Corporate Compliance Plan, Program and operating procedures and the reason therefore;
 - A summary of findings and observations from ongoing monitoring and auditing;
 - An objective assessment of the effectiveness of the compliance program;
 - Any other information deemed relevant by the Affiliation's Compliance Officer to improving the effectiveness of the compliance program.

C. Role of the Corporate Compliance Committee

The Corporate Compliance Committee reviews, reports, and makes recommendations to the Corporate Compliance Team regarding compliance activities. This includes data regarding compliance generated through audits, monitoring, and individual reporting. Based on these reports, the Corporate Compliance Officer will make recommendations to the CEO regarding the efficiency of the Corporate Compliance Plan and Program.

The Corporate Compliance Committee will be chaired by the Corporate Compliance Officer and may include these individuals and/or their designees:

- Compliance Manager
- Executive Director;
- Chief Clinical Officer;
- Chief Information Officer;
- Chief Financial Officer;
- Medical Director;
- Director of Quality Assurance;
- Provider Relations Manager;
- Accreditation and Performance Improvement Manager;
- Director of Finance;
- Recipient Rights Officer;
- Privacy Officer;
- Facilities and Physical Assets;
- Legal Counsel, as needed

Specific responsibilities of the Corporate Compliance Committee include:

- Coordinating with legal counsel and the Corporate Compliance Officer to ensure access to and familiarity with the latest HHS OIG compliance guidelines and current enforcement priorities;
- Regularly reviewing the Corporate Compliance Plan and Program to ensure they adequately address legal requirements and address identified risk areas;
- Assisting the Corporate Compliance Officer with developing standards of conduct and policies and procedures to promote compliance with the Corporate Compliance Plan;
- Analyzing the effectiveness of compliance education and training programs;
- Assisting the Corporate Compliance Team in identifying potential risk areas, advising and assisting the Corporate Compliance Officer with compliance initiatives, identifying areas of potential violations, and recommending periodic monitoring/audit programs;
- Quarterly review of the Risk Management plan to assess and discuss ongoing risk areas while providing an annual update adding potential risk areas reported through the Corporate Compliance committee.
- Assisting in the development of policies, training materials, or other improvement activities or initiatives to address the remediation of identified corporate compliance problems identified through investigations or ongoing monitoring;
- Receiving, interpreting, and acting upon reports and recommendations from the Corporate Compliance Officer;
- Evaluating the overall performance of the Corporate Compliance Program and making recommendations accordingly; and
- Providing a forum for the discussion of ethical issues related to entity business functions.

VIII. Reporting of and Response to Violations

A. Reporting

If an employee becomes aware of any wrongdoing under the standards set forth in the Corporate Compliance Plan, whether committed by that employee or someone else, he or she must report the wrongdoing to the Corporate Compliance Team.

Any information related to a Corporate Compliance complaint will become part of a record that is protected through Client/Attorney privilege, as the Corporate Compliance Program may include investigations of conduct that may raise legal concerns, peer review and risk management, or occur in anticipation of potential litigation.

Any HealthWest employee or off-site contracted provider may contact the Corporate Compliance Team through one of the methods described below:

Telephone

Any staff member or contracted provider may call (231) 724-6575 to report a suspected compliance violation or pose compliance-related questions. This phone number is for confidential voicemails only. The Corporate Compliance Team can also be reached directly using contact information available on the cover sheet of the Corporate Compliance Plan. These calls can be made anonymously, but the caller must provide enough information that an investigation can be successfully completed. If the Corporate Compliance Team cannot conduct a successful investigation because of lack of information, the case may be closed.

HealthWest employees and Provider staff may also complete a [Corporate Compliance Report form](#) and submit it via internal mail to the Corporate Compliance Officer. Staff are encouraged to disclose their identity, but may choose to remain anonymous. If the employee chooses to remain anonymous, they must provide enough information so that an investigation can be successfully completed or the case will be closed.

Voice Mail

A confidential voicemail inbox can be reached by calling (231) 724-6575. The Corporate Compliance Team shall document reports made by voicemail.

Electronic Mail

A confidential email inbox is available at corporate.compliance@healthwest.net. Reports submitted by email shall be retained in the same manner as reports received via other methods.

Mail Delivery

Suspected compliance violations or questions can be mailed to:

HealthWest
Attn: Corporate Compliance Department
376 E. Apple Ave.
Muskegon MI 49442

In Person

Suspected corporate compliance violations or questions can be made in person to HealthWest's Corporate Compliance Team at the above address.

The Corporate Compliance Officer will make every effort to keep reports as confidential as possible through the designation of "Attorney/Client Privilege" on the documents.

If a report is filed in regard to the Corporate Compliance Team, it should be directed to the Executive Director. The Executive Director and the Board of Directors shall consult legal counsel as appropriate. The Executive Director will conduct an investigation of the Corporate Compliance Team and make recommendations to the Board of Directors or Executive Leadership. If a report is filed in regard to the Corporate Compliance Officer and the Executive Director, the report should be forwarded to the Corporate Compliance Officer of the County. The County Corporate Compliance Officer shall consult with legal counsel and the Board of Directors. Legal counsel and the Chairman of the Board of Directors shall jointly conduct the investigation.

Whistleblower Protections for HealthWest and Contracted Providers

Employees who make good faith reports of violations of federal or state law are protected by state and federal whistleblower statutes, as more fully described below:

Under the *Federal False Claims Act* and the *Michigan Medicaid False Claims Act*, employees who report violations in good faith are entitled to protection from disciplinary actions taken by their employer.

The *Federal False Claims Act*, 31 USC §§3729 through 3731, provides for administrative remedies, encourages enactment of parallel State laws pertaining to civil and criminal penalties for false claims and statements, and provides “whistle-blower” protection for those making good faith reports of statutory violations.

Under the *Michigan Medicaid False Claims Act*, an employer shall not discharge, demote, suspend, threaten, harass, or otherwise discriminate against an employee in the terms and conditions of employment because the employee initiates, assists in, or participates in a proceeding or court action under this act or because the employee cooperates with or assists in an investigation under this act. This prohibition does not apply to an employment action against an employee who the court finds: (i) brought a frivolous claim, as defined in section 2591 of the revised judicature act of 1961, 1961 PA 236, MCL §600.2591; or, (ii) planned, initiated, or participated in the conduct upon which the action is brought; or, (iii) is convicted of criminal conduct arising from a violation of that act.

An employer who takes action against an employee in violation of the *Michigan Medicaid False Claims Act* is liable to the employee for all of the following:

- Reinstatement to the employee’s position without loss of seniority;
- Two times the amount of lost back pay;
- Interest on the back pay;
- Compensation for any special damages; and,
- Any other relief necessary to make the employee whole.

Under the *Federal False Claims Act*, any employee who is discharged, demoted, suspended, threatened, harassed, or in any other manner discriminated against in the terms and conditions of employment by his or her employer because of lawful acts done by the employee on behalf of the employee or others in furtherance of an action under this section, including investigation for, initiation of, testimony for, or assistance in an action filed or to be filed under this section, shall be entitled to all relief necessary to make the employee whole. Such relief shall include reinstatement with the same seniority status such employee would have had but for the discrimination, two times the amount of back pay, interest on the back pay, and compensation for any special damages sustained as a result of the discrimination, including litigation costs and reasonable attorneys’ fees. An employee may bring an action in the appropriate district court of the United States for the relief provided in this subsection.

B. Response

Upon receipt of a report of wrongdoing, The Corporate Compliance Officer will determine whether the alleged activity was:

- A violation of the Corporate Compliance Plan,
- A violation of the Code of Ethics,
- A violation of Federal or State law, or
- Places HealthWest at risk of economic injury or injury to reputation.

The Corporate Compliance Officer will conduct a thorough investigation into the allegations. A prompt response to detected offenses is required; the Lakeshore Regional Entity defines prompt responses to mean action must be taken within 15 days of the allegation. If the investigation

cannot be completed in a timely manner due to the complexity of the subject, a status report will be placed in the file. An ongoing status report will be available at any time during an investigation.

If the alleged wrongdoing is found not to be a compliance issue, the concern will be forwarded to the appropriate agency program for review.

If the Corporate Compliance Officer, Executive Director, and legal counsel conclude that reporting to governmental authorities is or may be appropriate, they shall inform the HealthWest Board of Directors. The Executive Director, in consultation with the HealthWest Board of Directors and legal counsel shall then be responsible for determining how a report shall be made to the appropriate governmental authorities on behalf of HealthWest.

For all managed care functions for program integrity and in order to minimize regional risk and harm, HealthWest will report suspected compliance issues promptly to the LRE Chief Compliance Officer when one or more of the following criteria are met:

- During an inquiry by the agency Corporate Compliance Officer there is determined to be (reasonable person standard) Medicaid fraud, abuse, or waste as defined by federal statute, Centers for Medicare and Medicaid Services (CMS), HHS Office of Inspector General (OIG), MDHSS and applicable Michigan statute or regulation; or
- Prior to any self-disclosure to any federal, state or Medicaid authority; or
- When a HealthWest knows or (reasonable person standard) suspects that an action or failure to take action in the organization or its contractors would result in the improper application or improper retention of Medicaid funds.

For all Fee for Service (FFS) activity for the CCBHC demonstration, PIHPs will not be involved in reporting for oversight and support; however, coordination of care between a CCBHC and PIHP might need to occur to necessitate care coordination.

- For beneficiaries receiving only services from a CCBHC, the PIHPs will have no OIG related responsibilities for those beneficiaries and their services. For beneficiaries receiving services through both a CCBHC and a PIHP, OIG responsibilities will follow the service.
- If a provider identifies a suspicion of fraud (with an overpayment over \$5k) where the service was billed to/paid by the PIHP, the PIHP is responsible for presenting the case to OIG/Medicaid Fraud Control Unit (MFCU) (per their contract).
- If the service is provided by the CCBHC, then the CCBHC is responsible for reporting these instances per what is outlined in their agreement.

The Corporate Compliance Officer shall make modifications to the Program as needed to help prevent violations similar to any detected throughout the reporting system.

The Corporate Compliance Officer will report at least annually to the HealthWest Board of Directors regarding allegations of wrongdoing, the results of subsequent investigations and

related disciplinary and/or remedial actions taken, and any corrective actions taken to prevent future wrongdoings.

IX. Availability of Corporate Compliance Policies, Guidelines and Standards

HealthWest is committed to the highest standards of ethics and compliance and expects all employees and contractors to follow these standards.

- All policies related to compliance are found on the agency employee website, and all staff are expected to be familiar with and follow them.
- Revised versions of the Corporate Compliance Plan will be distributed as needed. Each employee shall be required to sign and return an Acknowledgement Statement to verify receipt of the Plan and an understanding of changes therein.

X. Enforcement of Corporate Compliance Policies and Standards

Employees with a history of poor business practice and employees who have exhibited fraudulent practices will be placed under the disciplinary process. This process will be consistent with all Muskegon County policies.

Contractual agencies, if involved in fraudulent behavior, may have their contracts immediately terminated, unless a suitable corrective action is taken to address the behavior by the leadership of the contract agency.

Violators of the Agency's Corporate Compliance Plan and Code of Ethics/Code of Conduct can be subject to disciplinary action.

XI. Ongoing Monitoring and Auditing

Ongoing monitoring and auditing are crucial to the success of the Corporate Compliance Plan. In order to evaluate the effectiveness of the Plan, HealthWest will employ a variety of monitoring and auditing techniques, including but not limited to, the following:

- Contract Monitoring: Findings from audits will result in the submission of a corrective action plan. Fraudulent activities may result in termination of a contract.
- Chart Reviews: Findings will be shared with the program supervisor who in turn can share the findings with the employee. Documentation is a required competency for clinical staff. Recurrent inadequacies will be grounds for discipline.
- Billing Audits: Billing audits will be done on a monthly basis. Any billing errors will be corrected, or if this is not possible, the amount billed to the Medicaid program will be reverted to another funding source.
- Medication Audits: Records will be reviewed to assure proper documentation of medication services, side effects, and lab tests. System reviews are done by a licensed pharmacist.
- Supervisory Review of Charts: Supervisors will review a sample of their staff's records and address deficiencies with the individuals.

- **Licensing and Credentialing:** Human Resources staff will review all clinical staff licenses and credentials on an as needed basis and will submit that information to the Corporate Compliance Team.
- **Privileging:** The Network Management Department and Chief Clinical Officer will coordinate a review of all Licensed Independent Practitioners and present information to the Board of Directors pursuant to contract renewal requirements.
- **Certifications and Accreditation:** HealthWest will maintain necessary compliance with all Lakeshore Regional Entity and Michigan Department of Health and Human Services contractual and regulatory requirements and will maintain its licensing status.
- **Data Integrity:** Ongoing monitoring of Power BI Reports utilized to mitigate risk across departments.
- **Risk Management Plan:** The Risk management plan includes areas that pose possible risk to people in service, staff, or the community and is managed by the Corporate Compliance committee and is reviewed quarterly by department heads.

Errors in compliance discovered or observed during ongoing monitoring and auditing activities may be rooted in a number of causes. Frequently, the source is deficiencies in the systemic processes used by staff. Consistent with HealthWest's commitment to the principles of quality and performance improvement, the Corporate Compliance Officer will, as appropriate, coordinate system improvement efforts through these groups.

When compliance errors or lapses are determined to be rooted in individual behavior, the quality improvement process will likely not be appropriate. Such errors may be the result of insufficient information and training, individual carelessness, or willful acts. Each of these causes requires a different response. It is essential that the Corporate Compliance Officer conduct sufficient investigation to determine the source and cause of errors prior to determining the response.

XII. Records Confidentiality and Privacy

HealthWest will retain records in accordance with all applicable laws. However, many records related to the Corporate Compliance Program, including consumer records, are required by law to be confidentially maintained. Any employee faced with a request by someone outside HealthWest to obtain such records must contact the Privacy Officer and/or Corporate Compliance Officer, or Executive Director before releasing any records. In most situations, HealthWest will require a subpoena or other court order authorizing and requiring the release of records.

HealthWest is committed to protecting the privacy of its consumers and shall strictly govern the disclosure of any information to anyone other than those authorized in the current published Privacy Notice. Any Board member, staff member, contracted or subcontracted provider who engages in unauthorized disclosure of consumer information is subject to disciplinary action which may result in removal from the Board, termination of employment, or termination of the contract.

To ensure that all consumer information remains confidential, HealthWest personnel and all contracted and subcontracted providers are required to comply with all confidentiality policies and procedures in effect, specifically to include the HIPAA privacy regulations outlined below:

- Privacy Notice - A Notice of Privacy Practices will be given to each consumer at intake and will be further available upon request.
- Consent - Prior to treatment HealthWest will obtain a signed consumer consent for permission to treat, bill for and carry out health care operations described in the Privacy Notice.
- Authorization - If consumer's Protected Health Information is disclosed to an individual or entity outside of HealthWest, a signed authorization will be obtained from the consumer consistent with the HIPAA Privacy Rule, MI Mental Health Code, and 42 CFR Part 2 requirements.
- Business Associate Agreement – HealthWest will obtain assurances from all Business Associates that Protected Health Information shared with them will be protected and appropriately safeguarded, consistent with all applicable State and Federal laws and requirements.
- HealthWest shall investigate any reports of suspected violations and respond to findings of the investigations in compliance with the HIPAA Privacy and Security regulations.
- HealthWest will perform any necessary risk analyses or assessments to ensure compliance.

All HealthWest Board members, employees, contracted and subcontracted providers must conduct themselves so as to maintain the confidentiality of consumers' information, in accordance with all applicable laws and regulations, including but not limited to the Michigan Mental Health Code and the Privacy and Security Regulations issued pursuant to HIPAA and updated HITECH revisions, and 42 CFR Part 2 as it relates to substance abuse records. All will refrain from disclosing any personal or confidential information concerning members unless authorized by laws relating to confidentiality of records and protected health information.

If specific questions arise regarding the obligation to maintain the confidentiality of information or the appropriateness of releasing information, HealthWest Board members and staff should seek guidance from the Corporate Compliance Team and/or Privacy Officer, or anonymously through the agency Corporate Compliance hotline at (231) 724-6575.

Corporate Compliance

FY25 Compliance

Training Initiatives

- 447 HealthWest staff and Designated Contractual Organizations (DCO) staff trained in person for Corporate Compliance
- 30 focused training opportunities for internal staff and providers

Formal Training: Shifted to in-person sessions supplemented by KnowB4 modules. Held twice per month through FY25, with attendance ranging from 8 to 30 participants per session. Almost 450 staff and DCO partners trained in person.

Team-Based Training: Targeted sessions for specific teams to address unique compliance needs while meeting the annual Corporate Compliance requirement.

Focused Training: Introduced to address emerging compliance risks and inform the Risk Management Plan. Topics included Individual Plan of Service documentation, Home and Community Based Services rules, International Dysphagia Diet Standardization Initiative (IDDSI) protocols, claims, incident reporting, and data collection.

FY25 Compliance

Provider Network Site Visits

- 48 provider site visits which does not include provider virtual meetings, provider team meetings, or board meetings

Common issues included:

- Non-compliance with HCBS rules
- Incomplete incident reporting
- Feeding protocol violations
- Medication management concerns
- Staff turnover and training gaps

FY25 Compliance

79 investigations in FY25

Key Issues Investigated:

- Billing irregularities
- HIPAA/privacy violations
- Medication mismanagement
- Staff misconduct
- Provider complaints
- Rights violations
- DEA and external agency inquiries

FY25 Compliance

Policy and Procedure Updates

- 8 policy changes involving Corporate Compliance Investigations
 - Risk Management Plan
 - Person-Centered Planning Policy
 - Bed Bug Policy
 - Change in Provider Request Process
 - Supplemental Employment Guidelines
 - Consent for fingerprints, photos, and audio
 - Direct Care Staff Resignation/Retirement
 - Peer Chart Review Policy

Compliance Trends

- Increased focus on **IDDSI feeding protocols, HCBS rule adherence, and data collection.**
- Emphasis on **training and retraining** across provider networks.
- Use of **process mapping** and **policy revisions** to address systemic issues.
- Collaboration with external entities (e.g., DEA, LRE, APS) for complex cases.



Corrective Action Plans

Samaritas

ACAC

Holland Hospital

Rebound

Ivy Rehab



Risk Management

- Risk Management Plan and Policy was developed in FY 25
 - Reviewed Quarterly with agency leaders
 - Implemented new prevention techniques
 - Highlight priority areas
 - Remove resolved issues



Increased Compliance Visability

1. Compliance Week highlighting the overall importance of compliance
2. Implemented KnowB4 trainings to all staff upon hire and quarterly
3. In-person training for all staff
4. The addition of the *Compliance Corner* in the HealthWest newsletter.



Thank you

Helen Dobb

Compliance Manager

Helen.dobb@healthwest.net

616-566-6946



HealthWest

Muskegon's Behavioral Wellness Connection

Quality Assessment & Performance Improvement Plan
(QAPIP) FY2025

6-Month Update 12/19/25

Purpose

To guide the agency-wide quality improvement activities of HealthWest and support the integration of a continuous quality improvement philosophy into the organization's everyday work.





Goal Updates

Target improvements at all levels, including management, administration, and programs. Dimensions of care such as access, effectiveness, efficiency, and satisfaction will be addressed.

Involve people served and those who care for them in assessing and improving satisfaction with outcomes and services.

Develop performance indicators to ensure that services are effective, safe, respectful, and appropriate.

Track key performance indicators, comparing performance to statewide and/or nationwide data when available.

Ensure that service providers fulfill their contractual or employment obligations per applicable regulatory and accreditation standards.

Ensure that service providers are competent and capable of providing services through a system of competency evaluation and credentialing.

Ensure that HealthWest provides effective, equitable, understandable, and respectful quality care and services responsive to diverse cultural health beliefs and practices, preferred languages, health literacy, and other communication needs.

Ensure that performance indicators and improvement activities impact all populations served by the agency, including but not limited to populations such as persons served over a long period, older adults, children, non-English speakers, and those with developmental disabilities.

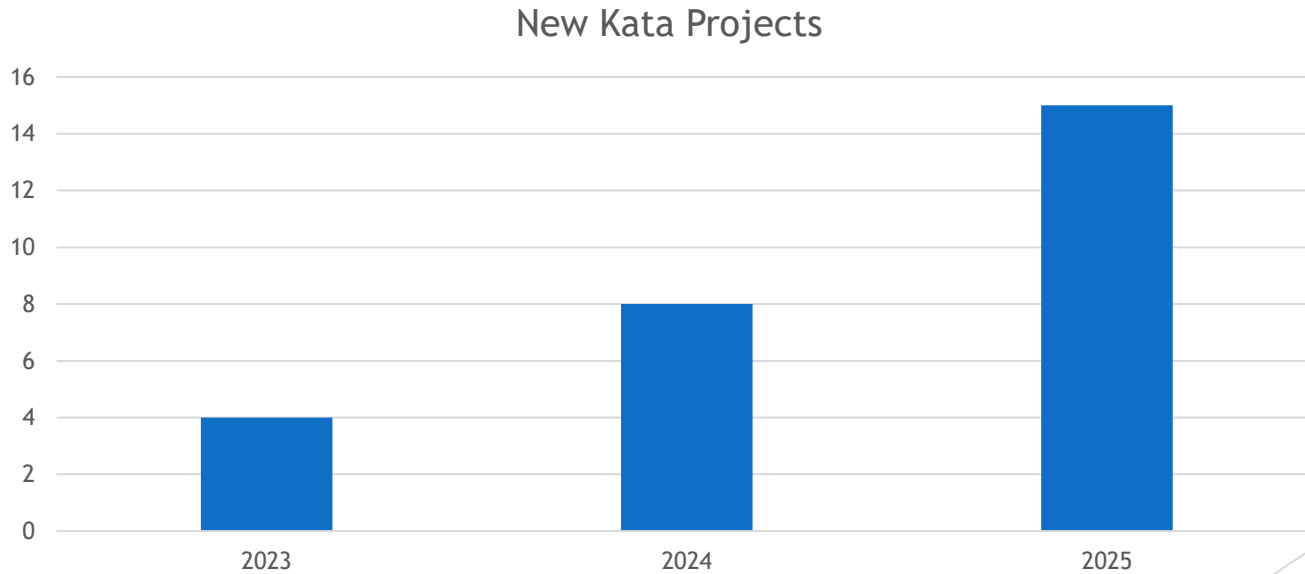
Goal 1: Target improvements at all levels, including management, administration, and programs. Dimensions of care such as access, effectiveness, efficiency, and satisfaction will be addressed.

► Kata Projects in FY25/26 to date

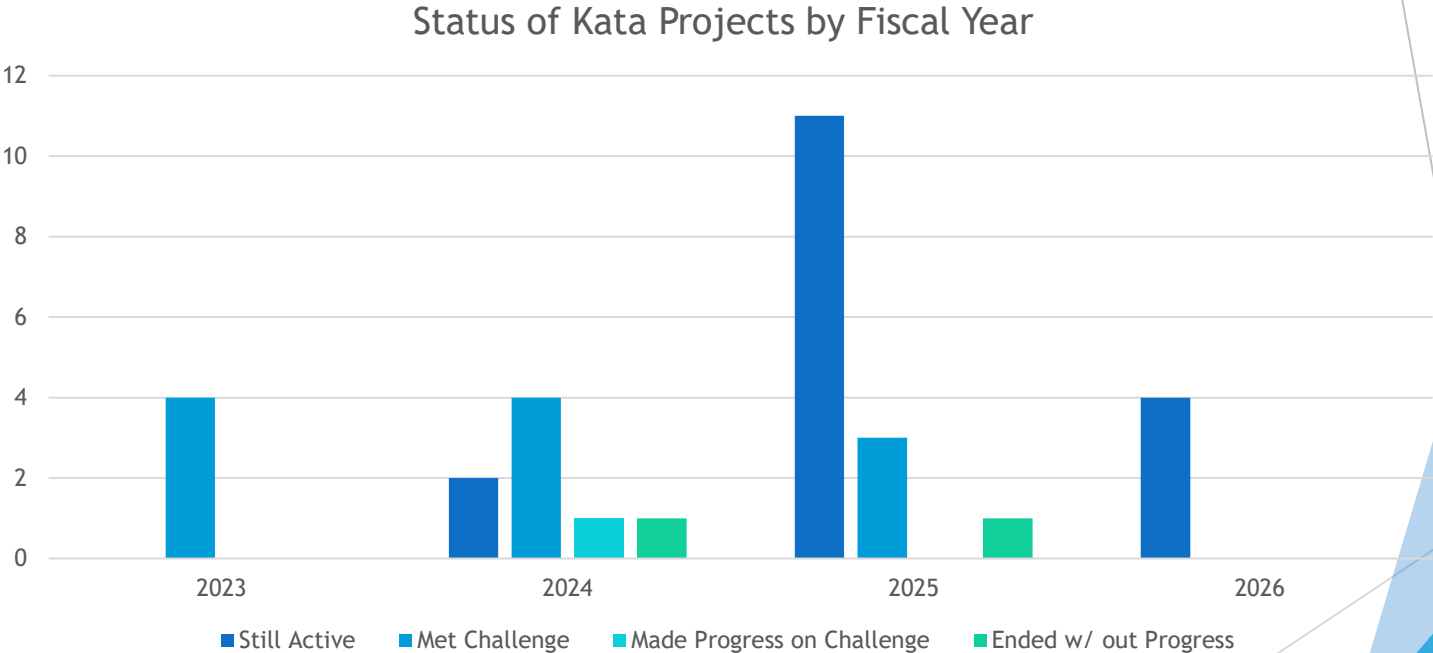
- 17 Kata projects are active
- 19 New Kata projects since the beginning of FY25, an increase of 11 Kata projects since last report
- 7 Kata projects have ended
 - 6 Met the challenge statement
 - 1 made progress toward the challenge statement



Kata Project Growth Over Time



Status of Kata Projects by Fiscal Year



Kata Stats to Date

- ▶ Average Days to Kata project completion: 248.33
- ▶ Total number of HealthWest staff trained: 381
- ▶ Total number of County staff: 23

Data Analytics

► Data Requests (includes all types of new and change requests, including dashboards)

- 211 data requests completed in FY24
- 218 data requests completed in FY25, 7 directly related to Kata projects
- 43 data requests completed in FY26, 3 directly related to Kata projects
 - On pace to complete 240

► CCBHC Dashboards - (Certified Community Behavioral Health Clinic)

- 8 CCBHC Quality Bonus Payments Metrics Internal Dashboards implemented for 2025
- 1 CCBHC-IA Grant NOMs (National Outcome Measures) Goal Monitoring dashboard
- 1 CCBHC-IA Grant CCBHC-IA Enrollment And Reassessment Goals dashboard
- 1 CCBHC Daily Visits dashboard to monitor visit goals and PPS (Prospective Payment System) payments

Data Analytics

► Continuous Improvement

- Updates to Dashboard portal
 - Added a new menu system to improve user experience and efficiency in posting dashboards
 - Linked to Supervisor Data Review Schedule (PDF) to assist supervisors in using and reviewing data
 - Added New Dashboards page that automatically shows new dashboards in the last month to inform all users
- 2 Predictive Analytics proof of concept projects completed with GVSU Professional Science Masters student interns
- Dashboard for Usage Metrics created and monitored
- Provided 12 team trainings on data and dashboards
- Provided 4 Data Drop-ins open to any staff
- Had attendance at 7 data-related conferences or events
- Presented at Spring Improving Outcomes Conference on Data Request workflow
- Exploring Modern Data Warehouse platforms Fabric and SnowFlake

Goal 2: Involve people served and those who care for them in assessing and improving satisfaction with outcomes and services.

▶ Consumer Advisory Committee:

- ▶ The CAC works to address concerns from a consumer standpoint and reports to the Board of Directors.
- ▶ CAC member David Scholtens continues to participate on the Quality Improvement Committee where he presents concerns identified and CAC recommendations for continuous quality improvement.

▶ Program/Service Specific Surveys:

- ▶ Technology Survey - August 2025
- ▶ Groups Survey - October 2025
- ▶ Trauma Informed Care Survey - Currently in progress

Technology Survey

- ▶ The Technology Satisfaction Survey was conducted in August and completed by 180 consumers.
- ▶ The results show that most respondents are actively using HealthWest's available technology (including the Patient Portal, telehealth services, iPads, translation devices, and signature pads) and generally find these tools easy to use. Consumers reported reliable access to devices and internet, with relatively few technical difficulties.
- ▶ For the Patient Portal specifically, respondents rated navigation, clarity of information, post-care support, and PHI protection positively, though some users noted a need for clearer instructions or additional support.
- ▶ Telehealth use remains strong, with 81 percent of respondents indicating they would choose telehealth again in the future.

Groups Surveys: Consumers

- ▶ Those who have participated in groups, sent in October. 9 respondents currently
 - ▶ Overall groups were rated positively, with 71% indicating they felt the group was helpful to their overall health or mental health. 14% were neutral and 14% did not find it helpful. 83% would recommend the groups they attended to others.
- ▶ Those who have not attended groups. 55 respondents currently
 - ▶ Of those surveyed 56% reported that they had been offered an opportunity to attend a group or class at HealthWest.
 - ▶ The most common reasons for not attending a group or class were preferring one-to-one services, lack of interest in the topic, and believing it would not be helpful. Other reasons included concerns about the group setting, scheduling conflicts, and transportation issues.
 - ▶ Overall, the results suggest that while just over half of consumers are being offered groups, very few are attending, likely due to a combination of personal preferences and lack of clarity about group purpose. Expanding awareness, improving explanations of group benefits, and addressing access barriers may increase interest and participation in the future.

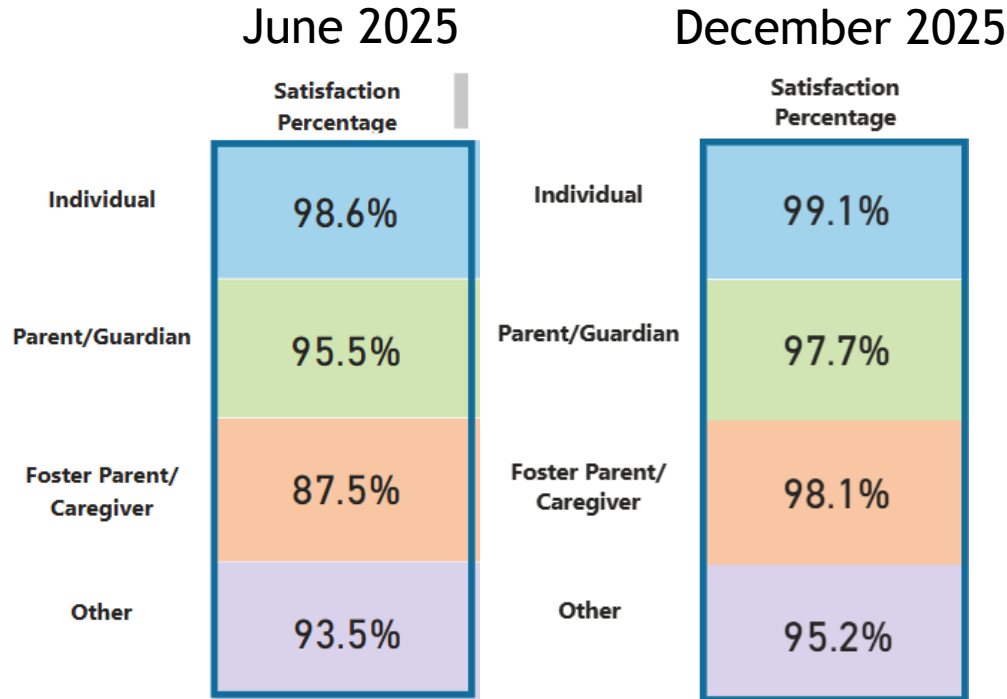
Groups Survey: Staff

- ▶ 55 respondents currently
- ▶ HealthWest staff are generally aware of skills groups and broadly supportive of using them, but inconsistent understanding of what is offered, concerns that what is offered does not fit their consumers' needs, and practical barriers such as consumer scheduling or transportation reduce referral rates.
- ▶ Summary:
 - ▶ The results of all three surveys will be used to help give us a clear direction for improving how talk about and offer groups and classes. They highlight the need to strengthen staff understanding, make information clearer for consumers, reduce the barriers that keep people from attending, and take a closer look at the types of groups we're offering.
 - ▶ By using this feedback to guide our next steps, we can increase participation, better support consumers, and help staff feel more confident and consistent in the referral process.

HealthWest Data Customer Satisfaction Surveys - FY 2024

- ▶ Mental Health Statistical Improvement Program (MHSIP) Average of 86% Satisfaction - 417 surveys completed
- ▶ Youth Services Survey for Families (YSS-F) Average of 77% Satisfaction - 46 surveys completed
- ▶ Note that over 3,500 surveys were sent out, with a total of 463 returned.
 - ▶ Surveys were also available through QR code on the website, posters in buildings, and with paper copies in the lobby of each building.

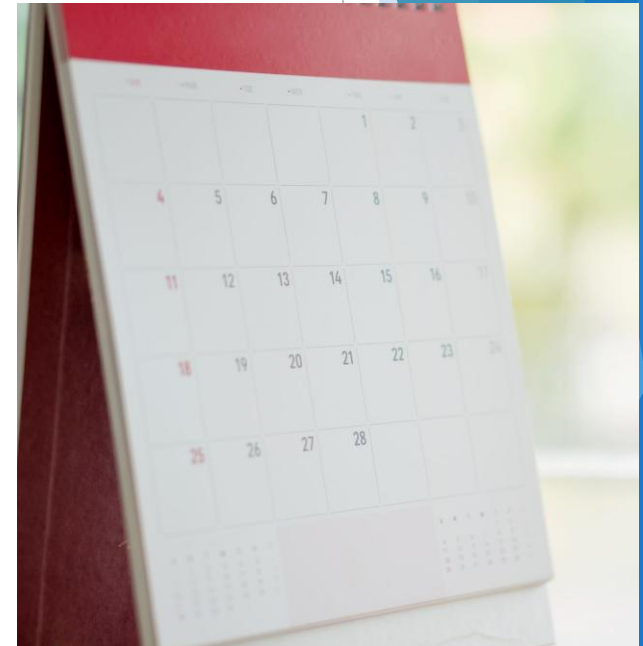
Periodic Review Satisfaction Data



- ▶ The periodic review allows individuals and those that care for them to individually indicate satisfaction with services.
- ▶ Current data is from 2405 reviews in which the satisfaction with services question was asked.
- ▶ Data can be filtered by individual, primary program, staff, and supervisor

Goal 3: Develop performance indicators to ensure that services are effective, safe, respectful, and appropriate.

- ▶ Leadership Team and CARF Committee Members were trained in Performance Measurement and Outcomes Management.
 - ▶ Performance: The functioning of the organization and its programs, as well as the results achieved by persons served.
 - ▶ Measurement: Data Collection, Data Analysis, Key Performance Indicators (values that describe an organizations performance)
- ▶ Leaders were asked to create KPIs for their departments:
 - ▶ Business Functions: Financials, Staff Attrition Rates, % staff receiving timely training, etc.
 - ▶ Service Delivery: Goals met by individuals, % Individuals who maintain employment after discharge, Number of Falls



Goal 4: Track key performance indicators, comparing performance to statewide and/or nationwide data when available.

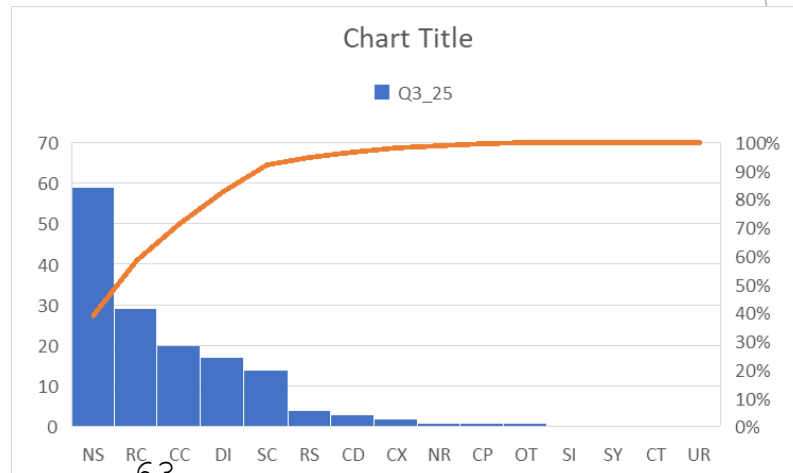
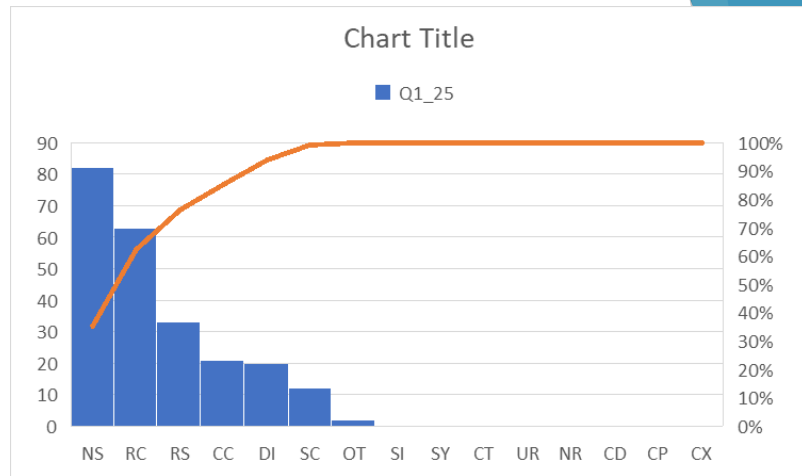
			24Q1	25Q1	25Q2	25 Q3	25 Q4
#1	% of Pre-Admission Screening Dispositions 3 hrs or less - Child	95%	98.7%	98.6%	91.9%	98.0%	96.61%
	% of Pre-Admission Screening Dispositions 3 hrs or less - Adult	95%	97.6%	95.7%	97.4%	98.5%	98.51%
#2a	Biopsychosocial within 14 days --MIC	62%	57.4%	60.7%	69.1%	73.5%	77.69%
	Biopsychosocial within 14 days --MIA	62%	48.1%	59.8%	66.2%	70.7%	72.24%
	Biopsychosocial within 14 days --DDC	62%	41.9%	69.6%	74.5%	83.7%	81.63%
	Biopsychosocial within 14 days --DDA	62%	72.7%	62.9%	75.0%	79.2%	90.91%
	Biopsychosocial within 14 days -- Total	62%	51.7%	61.0%	68.0%	72.8%	75.65%
#3	Ongoing Services within 14 days -- MIC	72.9%	57.7%	69.2%	61.6%	71.5%	77.78%
	Ongoing Services within 14 days -- MIA	72.9%	59.6%	62.6%	69.6%	67.7%	72.10%
	Ongoing Services within 14 days -- DDC	72.9%	44.4%	73.3%	79.5%	95.7%	87.23%
	Ongoing Services within 14 days -- DDA	72.9%	18.2%	68.8%	77.8%	88.5%	76.19%
	Ongoing Services within 14 days -- Total	72.9%	56.8%	65.9%	68.7%	72.3%	75.50%
#4a	Seen within 7 Days of Inpatient Discharge --Children	95%	95.5%	100.0%	100....	100....	100.00%
	Seen within 7 Days of Inpatient Discharge --Adults	95%	92.8%	95.9%	98.8%	98.9%	98.94%
#4b	Seen within 7 Days of Detox Discharge	95%	100.0%	100.0%	100....	100....	100.00%
#10	Inpatient Recidivism Rate --Children	< 15%	20.0%	22.6%	9.5%	9.1%	11.11%
	Inpatient Recidivism Rate --Adult	< 15%	12.7%	15.2%	10.8%	10.0%	8.23%

Exception Codes

Code	Category
SI	Staffing Issue
SY	Systems Issue
DI	Documentation Issue
NS	Client No Show
CC	Client Canceled
CT	Client Canceled - Transportation
SC	Staff Canceled
UR	Unable to reach client to schedule appointment within timeframe
NR	Unable to reach client at all
RC	Rescheduled by client
RS	Rescheduled by staff
CD	Client choice of date
CP	Client choice of therapist or provider
CX	Client choice not to use CMHSP services
OT	Other

Access and Comprehensive Assessment Team Improvement Efforts to improve Indicator 2

- ▶ Began introduction and reminder calls.
- ▶ Implemented a process to reassign appointments to another available staff within the CAT team when a staff calls in.
- ▶ Supervisor has added appointment slots in his schedule to assist when there are staff call ins.
- ▶ Work with consumers to change the time in the same day if there is some reason that time no longer works for either the staff or the consumer. Changing the date of the assessment is last resort.
- ▶ Use of a dashboard to indicate when a consumer is coming close to the 14-day window so they can work together to get them in when there may be no-shows or cancels by client.



Goal 5: Ensure that service providers fulfill their contractual or employment obligations per applicable regulatory and accreditation standards.

Monthly Provider Audits:

- ▶ Provider Feedback:
 - ▶ Provider's like in-person better than virtual
 - ▶ Feedback and findings were appreciated and valued. It helped them prepare for full audits by LRE.
- ▶ Top Findings:
 - ▶ Trainings - including IPOS in-service
 - ▶ HCBS Compliance, particularly with outings
 - ▶ Staff Files - background checks, annual evaluations, job descriptions
- ▶ Improvements to Process:
 - ▶ Updated the audit form used, added HCBS components and created a scoring system to track progress from year to year.

Pre-Contracting Assessments

- ▶ The Pre-Contracting Assessment (PCA) was developed to ensure that all prospective providers meet HealthWest's quality, safety, and operational standards, including all applicable Medicaid and MHDDS requirements before entering the network.
- ▶ Purpose: To evaluate a provider's readiness, capacity, and suitability to deliver services aligned with the IPOS, Medicaid rules, HealthWest expectations.
- ▶ The PCA helps identify strengths, potential risks, and areas needing clarification early in the process, ensuring that providers who can consistently and effectively support consumers move forward in contracting.
- ▶ To date there have been:
 - ▶ 16 submitted
 - ▶ 4 providers moved forward
 - ▶ 6 providers waitlisted/denied
 - ▶ 6 currently being reviewed



Goal 6: Ensure that HealthWest provides effective, equitable, understandable, and respectful quality care and services responsive to diverse cultural health beliefs and practices, preferred languages, health literacy, and other communication needs.

Customer Services - Limited English Proficiency (LEP)

- ▶ AMN HealthCare Translation Requests:
 - ▶ 99 Translation requests in FY25, compared to 54 in FY24
 - ▶ Requested languages for translation were Spanish, Oromo, Polish, and Haitian Creole
- ▶ AMN HealthCare Interpretation Services - Video:
 - ▶ 152 video calls in FY25, compared to 99 in FY24
 - ▶ Requested languages for video calls were Spanish, Haitian Creole, American Sign Language, Dari, Polish, and Certified Deaf Interpreter (CDI)
- ▶ AMN HealthCare Interpretation Services - Audio:
 - ▶ 66 audio calls in FY25, compared to 39 in FY24
 - ▶ Requested languages for audio calls were Spanish, Haitian Creole, Croatian, and Albanian
- ▶ In-Person Interpretation Services
 - ▶ Voices for Health: 52 in FY25, compared to 27 in FY24
 - ▶ Deaf and Hard of Hearing and Barb Johnson Interpretation Services: 14 in FY25, compared to 36 in FY24

- ▶ Kata projects are focused on improvement across all departments, serving all populations. Challenge areas currently addressed include:

Goal 7: Ensure that performance indicators and improvement activities impact all populations served by the agency, including but not limited to populations such as persons served over a long period, older adults, children, non-English speakers, and those with developmental disabilities.

- ▶ Quality Measures
- ▶ Increased Face to Face time w/ those we serve
- ▶ Improve documentation/timely billing
- ▶ Staff Retention
- ▶ Structured Supervision
- ▶ Direct Service Fidelity
- ▶ Reduce Administrative Burden
- ▶ Improve Training Completion
- ▶ Improve Self-Directed Services
- ▶ Improve workflow around position changes/labor distribution
- ▶ Improve oversight of housing needs and area resources

Thank you!

Questions?



Consumer Advisory Committee Update:

Weather was bad the day of the meeting, most of the members chose to attend virtually.

All positions have decided to extend their term one more year. The committee decided that if Cowboy wanted to remain in the Chair position, on the meetings he is unable to attend the Co-Chair can run the meeting.

The members made a motion to update the policy. The changes include

- increasing the member cap to 15. The current policy is 9-11 members.
- changing the language to allow for members to remain on the committee if the cap has not been reached.
 - The reason – In January 2026, the committee would lose 7 of the 10 members due to the current policy. States the members could serve 1-3 years.
 - Discussion on recruiting new members
- The changes will be discussed further at the February meeting. Per policy, the members need two weeks' notice on policy changes. If changes are agreed upon, the committee will follow the steps to have the policy changes made and approved by Health west.

Kelly spoke about CCBHC (Certified Community Behavioral Health Clinics) changes as of 10/1/2025. Discussed the opportunity for individuals to take their grievance to a 2nd level through MDHHS (Michigan Department of Health and Human Services). Previously the grievances would stop with the resolution from the CMH.

Kelly reviewed information from Fiscal Year 2025 (FY 2025). Provided a presentation including data for Grievances, appeals, Notice of Adverse Benefit Determinations (NABD) and Limited English Proficiency (LEP) which is the data of the interpretation and translation data.

Gary shared information on

- Clinically AI and the upcoming rollout for staff.
- Adding consumer photos in the electronic medical record (EMR)
- CCBHC discussion and changes.
- RPF Rebid – current court hearing

Jennifer asked for input on HealthWest Way and shared the Rising Star stories.

Hannah (Supervisor for the Intensive Crisis Services) was a guest. Hannah spoke about the warm line and the services that the warm line provides.

Encouraged members to participate in the State Advisory Committee through CMHA. Next meeting is January 14 from 1-2:30 via zoom.



HealthWest Employee Recognition / Feedback from Consumers:

Customer Service Call 11/05/2025

Customer service team received a call from an individual who wanted to share the great job that is being done by the Warm line staff.

- They always answer the phone; there is something about always knowing your call will be answered.*
- Laura is always pleasant, knows how to relate. Laura shows good insight and this individual appreciates her good work.*

Keep up the great job Laura Leary and the warm line staff.

Customer Service Call 11/06/2025

Customer service received a call today. This caller said that Carley Eggleton was very nice and kind. Keep up the great work Carley! KUDOS

Customer Service Call 12/12/2025

Customer service took a call today from an individual who utilized the Urgent Care today.

This individual was looking to get help with a suboxone program. This individual shared that they were at home and comfortable with every staff they delt with today. Shared that every person was upbeat, happy and helpful. They shared that they were very impressed and felt it was well run. Shared that they will recommend this program.



December 19, 2025

MEETING NOTICE JANUARY 2026

The HealthWest Board will meet in the following sessions during the month of January 2026. Please remember we must have a quorum in person for these meetings. If you participate remotely, your vote will not count. If you have any questions, please let me know.

Finance Committee

Friday, January 9, 2026

Full Board Meeting

Friday, January 23, 2026

The administrative office will contact you via email to remind you of these meetings.

The complete schedule of committee and board meetings for 2026 can be found online at <https://healthwest.net/about-us/healthwest-board-agendas-minutes/2023-board-of-directors-schedule/>

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cc: HealthWest Board Members

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MEMORANDUM

Date: 12/19/2025

To: HealthWest Board of Directors

CC: Mark Eisenbarth, Muskegon County Administrator
Matt Farrar, Muskegon County Deputy Administrator
Angie Gasiewski, Muskegon County Finance Director

From: Rich Francisco, Executive Director

Subject: **Director's Update**

PIHP Procurement:

- At the time of writing this update (12/18/2025), HW along with all the CMHSPs and PIHPs are waiting on Judge Yates to make a ruling on the case against MDHHS and DTMB regarding PIHP procurement. The hearing was held on December 8th in Lansing for the first day and for the second and third day the hearing was in Grand Rapids. Like the update I provided to HW Finance committee, Judge Yates shared some concern about elements of the PIHP RFP that could strip CMHSPs of their ability to perform their statutory function to provide services according to the Mental Health Code. Judge Yates asked questions surrounding the braided funding and did receive good examples of how CMHSPs deliver services to individuals. There was also discussion surrounding civil admissions to Inpatient and hospital settings and how that is managed by CMHSPs, and how that could be impacted if the RFP were to go forward.

CCBHC direct payment:

- HW staff is currently developing a service agreement with LRE to continue to provide CCBHC appeals function for HW. Allegan and Ottawa are also interested in doing the same because the LRE is geared and already doing this function. I did mention this to the board last month that we would pursue this.
- LRE is also updating our DUA (Data Use Agreement) to include language that would permit the LRE to process CCBHC data as well for submission to MDHHS. MDHHS has agreed to let the current stand that LRE continue to be the pipeline for the CCBHC data before it goes to the state. There will be a workgroup forming in January/February to address CCBHC data concerns but to keep data flowing, the current data pipeline will remain.

LRE Level Updates:

- At the LRE board meeting, Mary Dumas provided a recap of the proceedings from the hearing with Judge Yates and the CMHSPs and PIHPs who filed a lawsuit against

MDHHS. The hearing was from 12/8 - 12/10. Everyone is still waiting for Judge Yates ruling and opinion to decide the case. Judge Yates expressed wanting to provide an opinion this week.

- LRE also presented aggregate data for all CMHSPs on Grievance and Appeals data.
- The LRE also presented information related to two legislative updates from the Oversight Policy board related to an effort to prohibit Marijuana billboard advertising (HB 5134 and 5135). The other is legislation surrounding licensing of tobacco sales including e-Cigarettes and nicotine pouches. This will require retailers to obtain state issued license to sell these products (SB 462, 464-465)

CMH Level Updates:

- Last month, I gave an update that we were evaluating consolidating staff at NIMS. After deliberation and internal discussion, HW has decided not to move Terrace Plaza staff over to NIMS building and consolidate. This move will significantly increase our rent by about 83k annually. HW will evaluate this in the coming year or two again. The factors involved in the decision fell on the unpredictable nature of our funding and because of all the potential changes at MDHHS and budget concerns, HW decided to hold off on moving.
- HW found out that there is a licensing opportunity to get a twelve bed to expand our CRU (Crisis Residential Unit) without putting in a hood suppression system. Prior to moving to our current CRU our goal was to expand to twelve beds and at the time we were told that we needed a hood suppression system. We were told by the fire Marshall and notified by the architect that that only applies to 14 Bed. There is a mid-level license we can get for a twelve bed for which our current space is already appropriate. This is good news and HW does not need to spend 70k - 80k on a hood suppression system.
- HW also completed an ACT MiFAST fidelity review and the clinical teams involved are currently reviewing the reports. Any findings or recommendations will be addressed as opportunities for improvement. HW regularly conduct MiFAST reviews, but they are not a formal audit. They are an opportunity to review certain programs and evidenced based practices so we can improve current practices.