

HEALTHWEST

PROGRAM/PERSONNEL MEETING MINUTES

**February 13, 2026
8:00 a.m.**

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

CALL TO ORDER

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

ROLL CALL

Members Present: Cheryl Natte, Chris McGuigan, Janet Thomas, John Weerstra, Mary Vazquez, Tamara Madison, Thomas Hardy

Members Absent: Janice Hilleary

Staff Present: Rich Francisco, Holly Brink, Gina Maniaci, Brandy Carlson, Christy LaDronka, Kristi Chittenden, Melina Barrett, Tasha Kuklewski, Kim Davis, Jennifer Hoeker, Casey Olson, Helen Dobb, Anissa Goodno, D Bora Wilson, Joseph Marshak, Patty Mapes, Laura Ritchie, Amber Pickard, Gina Kim, Tony Huston, Rachel Hindman, Amber Berndt, Brandon Baskin, Stephanie Baskin, Amy Adamos, Amie Bakos, Evan Slayton, Michelle Lyons, Lauren Thomas, Sandy Kotecki

MINUTES

It was moved by Mr. Hardy, seconded by Mr. Weerstra, to approve the minutes of the December 5, 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 Mr. Weerstra, to approve the HealthWest policy and procedural for Provider Dispute Resolution effective March 1, 2026

MOTION CARRIED.

It was moved by Ms. Vazquez, seconded by Mr. Hardy, to approve the HealthWest Use of Artificial Intelligence Policy.

MOTION CARRIED.

OLD BUSINESS

There was no old business.

NEW BUSINESS

There was no new business.

COMMUNICATION

The Intellectual Developmental Disabilities Teams presented program overviews and updates.

DIRECTOR'S COMMENTS

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

- **CSU Update:**
We are continuing to pursue the feasibility of starting a CSU for Muskegon County. We continue to have ongoing meetings with Trinity Health leadership to evaluate how we can start one. Four of our staff members met with Trinity onsite, at a possible location for a CSU on 125 Southern. The old Hackley location and current location of Trinity Behavioral Health. Initial impression of the location is that it would work well but may need renovations to implement the various requirements of CSU standards per the administrative rules currently in draft form.
- **Legislative Update: CCBHC**
Linda Anthony and I attended a small workgroup (2.12.2026) along with other CCBHCs around the state to discuss legislative language proposal to ensure the CCBHC program is sustainable, improved and maintained. CMHA is working with this workgroup to propose this new language. The group has solicited data from CCBHCs to be used as advocacy material to provide information to Legislators on the efficacy and success of CCBHCs. HW has submitted data for this effort and initiative. There will be a hearing on March 5th regarding CCBHC and this group will be sending a couple individuals from this workgroup to speak and report to legislators.
- **Leadership Training:** HW is committed to training our staff in becoming better leaders. One of the efforts is getting our managers and supervisors through High-Performance Leadership Training. In addition, HW is in the process of getting approval for a "Crucial Conversations" training for staff. This training will allow staff to have the skills to help with difficult conversations and have the skills to resolve conflicts. Susan Plotts, our HR manager, has worked hard to solicit this training. The training model we would like to use is "Train the trainer model," which would allow us to continue to train staff internally on this. To start with we will likely have six to seven staff trained first.
- **Same Day Access:** HW is currently reviewing our process for Same Day Access and Christy LaDronka, our Chief Clinical Officer, presented to HW leadership the need to update our existing system. I wanted to inform the board that these changes are important for HW to continue to align with CCBHC program and external

requirements allowing us to meet certain state-required indicators for access into service.

AUDIENCE PARTICIPATION

There was no audience participation.

ADJOURNMENT

There being no further business to come before the board, the meeting adjourned at 8:37 a.m.

Respectfully,

Cheryl Natte
Program/Personnel Committee Chair

CN/hb

PRELIMINARY MINUTES
To be approved at the Program/Personnel Committee Meeting on April 3, 2026.



PROGRAM AND PERSONNEL COMMITTEE

Friday, February 13, 2026
8:00 a.m.

376 E. Apple Ave., Muskegon, MI 49442

<https://healthwest.zoom.us/j/94259223301?pwd=1jL64lYh445eFUkwvH4v06Q4ahLLjl.1>

Webinar ID: **942 5922 3301** Passcode: **997543**

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

AGENDA

- | | | |
|----|--|-------------|
| 1) | Call to Order | Action |
| 2) | Approval of Agenda | Action |
| 3) | Approval of the Minutes of Friday, December 5, 2025
(Attachment #1 – pg. 1-5) | Action |
| 4) | Public Comment (on an agenda item) | |
| 5) | Items for Consideration | |
| | A) Authorization to Approve the HealthWest Policy and
Procedure for Provider Dispute Resolution
(Attachment #2 – pg. 6-18) | Action |
| | B) Authorization to Approve the HealthWest Policy and
Procedure for Use of Artificial Intelligence
(Attachment #3 – pg. 19-22) | Action |
| 6) | Old Business | |
| 7) | New Business | |
| 8) | Communication | |
| | A) Program Updates:
Intellectual Developmental Disabilities Teams
(Attachment #4 – pg. 23-39) | Information |

Main Office

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|-----|---|-------------|
| | B) Director's Report | Information |
| 9) | Audience Participation / Public Comment | |
| 10) | Adjournment | Action |

/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.

MOTION CARRIED.

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

MOTION CARRIED.

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

MOTION CARRIED.

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

MOTION CARRIED.

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

MOTION CARRIED.

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

MOTION CARRIED.

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

MOTION CARRIED.

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

MOTION CARRIED.

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

MOTION CARRIED.

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

MOTION CARRIED.

OLD BUSINESS

There was no old business.

NEW BUSINESS

There was no new business.

COMMUNICATION

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

Ms. LaDronka, Chief Clinical Officer, provided 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, MDHHS 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.

REQUEST FOR HEALTHWEST BOARD CONSIDERATION AND AUTHORIZATION

COMMITTEE Program/Personnel Committee	BUDGETED X	NON-BUDGETED	PARTIALLY BUDGETED
REQUESTING DIVISION Provider Network	REQUEST DATE February 13, 2026	REQUESTOR SIGNATURE Jackie Farrar, Provider Network Manager	
<u>SUMMARY OF REQUEST (GENERAL DESCRIPTION, FINANCING, OTHER OPERATIONAL IMPACT, POSSIBLE ALTERNATIVES)</u>			
<p>HealthWest Board authorization is requested to approve the HealthWest Policy and Procedure for Provider Dispute Resolution. The purpose of this policy is to ensure providers contracted with HealthWest or prospective providers can request a dispute resolution regarding a decision made by HealthWest.</p> <p>This policy will allow HealthWest and providers to collaboratively resolve disputes that may arise from the contractual relationship and cannot be resolved within the normal role between the agency and HealthWest.</p> <p>If a dispute cannot be resolved informally, the provider will have the option of filing a formal written request for dispute resolution. Written request for dispute resolution can be made to HealthWest Compliance and/or Contract Department.</p> <p>HealthWest Compliance or Contract Department shall notify the provider in writing of a decision regarding a dispute within 30 calendar days of receipt of the request and offer an option for appeal.</p> <p>If the provider disagrees with the final HealthWest dispute resolution decision, they may initiate an appeal in writing within 30 calendar days after receiving adverse notification from HealthWest. Written request for an appeal can be made to HealthWest Compliance Office.</p> <p>Provider Dispute Resolution Decision Forms (Included)</p> <ul style="list-style-type: none"> • Contract Dispute Resolution Request Forms (1st, 2nd, and 3rd Level Appeal Decisions) • Contract Dispute Resolution and Decision forms (1st, 2nd, and 3rd Level Appeal Decisions) <p>This policy is to ensure potential providers and current paneled/contracted providers with HealthWest to have access to timely dispute resolution on decisions made by HealthWest.</p>			
<u>SUGGESTED MOTION (STATE EXACTLY AS IT SHOULD APPEAR IN THE MINUTES)</u>			
I move to authorize and approve the HealthWest Policy and Procedure for Provider Dispute Resolution effective March 1, 2026.			
COMMITTEE DATE February 13, 2026	COMMITTEE APPROVAL _____ Yes _____ No _____ Other		
BOARD DATE February 27, 2026	BOARD APPROVAL _____ Yes _____ No _____ Other		

HWB 49-P

Policy/Procedure Title: Provider Dispute Resolution	Policy and Procedure #: 10-XXX	<u>Review Dates</u>	
Category: Compliance and Provider Network Subject: The purpose of this policy is to ensure providers contracted with HealthWest or prospective providers can request a dispute resolution regarding a decision made by HealthWest.	Prepared by: Name: Jackie Farrar Title: Provider Network Manager Approved by: _____ Rich Francisco, Executive Director		
	Effective Date: 03/01/2026	Last Revised Date:	

I. PURPOSE

To establish a policy and procedures to ensure potential providers and current paneled/contracted providers with HealthWest (HW) have access to timely dispute resolution on decisions for non-service-related issues including:

- A. Denial or suspension of provider panel status with cause
- B. Request for Proposal (RFP) awards/denials
- C. Claims payments and authorizations
- D. Reduction, suspension or adjustments of payments to providers
- E. Results from provider monitoring activities and/or results reported on the Provider Quality Report
- F. A sanction or decision to place provider(s) on provisional status
- G. Credentialing or re-credentialing decisions
- H. Other non-clinical issues

In accordance with MCL 330.1784, this policy does not apply to recipient rights complaints.

II. APPLICATION

All contracted providers who have applied for or have active status and/or active contract on the HealthWest Provider Panel

III. DEFINITIONS

- A. Dispute Resolution: The process for resolving differences between two or more parties or groups. This process could be informal or formal. The resolution seeks to achieve fairness for all participants.
- B. Grievance: An official statement of a complaint over something believed to be wrong or unfair.
- C. Appeal: A formal process which is established so that providers may request reconsideration of an action or decision that has been made by HealthWest.

- D. Adverse Notification: A written notice that documents a denial of authorization or claim by any means; a reduction, suspension or adjustment to a claim; or the denial of participation as a panel provider.
- E. Active Status: A provider that has submitted their provider application and meets the requirements/accepted to the HW Provider Panel.
- F. Active Contract: A contract that has been signed between the provider and HW for services.
- G. Adverse Action: An action taken by HW which may include a denial of authorization or claim; a reduction, suspension, or adjustment to a claim; or the denial of participation as a panel provider. A determination could be made based upon Medicare/ Medicaid sanctions, state sanctions or limitation licensure, registration or certification or beneficiary concerns.

IV POLICY

It is the policy of HW to monitor contracted services to assure that a continuum of quality supports/services are provided by members of the Provider Network. When contract disputes occur between parties, this policy will allow HW and providers to collaboratively resolve disputes that may arise from the contractual relationship and cannot be resolved within the normal roles between the agency and HW. Providers contracted with HW can submit complaints and request reconsideration (appeal) of decisions rendered by HW through the Provider Dispute Resolution Process.

VI. PROCEDURE

- A. Providers shall be notified of their right to request dispute resolution via the RFP decision; sanction notice; notice of change to claims payment and authorizations; notice of reductions, suspension, or adjustments of payments; and in the contractual agreements with CMHOC. Policy and process will be reviewed with New Providers during Onboarding Orientation.
- B. Providers are encouraged to resolve problems and disagreements with the appropriate HW staff person prior to making a formal request for dispute resolution.
- C. When a dispute cannot be resolved informally, the provider has the option of filing a formal written request for dispute resolution. Written request for dispute resolution can be made to HW Compliance and Contract Department. HW reserves the right to use on-site claims, utilization, provider monitoring reviews and interviews with involved parties to make decisions.
- D. HW Contract or the Compliance Department shall notify the provider in writing of a decision regarding a grievance within 30 calendar days of receipt of the request and offer an option for appeal.

E. If the provider disagrees with the final HW dispute resolution decision, they may initiate an appeal in writing within 30 calendar days after receiving adverse notification from HW. Written request for an appeal can be made to HW Compliance Office.

1. First Level Appeal

The appeal is reviewed by the HW departments overseeing the area the appeal addresses. A written decision will be issued within 30 calendar days to the provider by the department making the decision.

2. Second Level Appeal

If the provider is dissatisfied with the decision of the Level 1 Appeal, they may file in writing for a Level 2 Appeal within 20 calendar days to the Chief Executive Officer. A written decision will be issued by the Chief Executive Officer to the provider within 30 calendar days.

3. Third Level Appeal

If the provider is dissatisfied with the decision of the Level 2 Appeal, they may file in writing for a Level 3 Appeal within 20 calendar days to the HW governing board, whose decision will be considered final. A written decision will be issued by the governing board to the provider within 30 calendar days.

F. If the provider fails to submit a timely request for appeal of the dispute resolution decision, the provider will be deemed to have accepted HW determination and will have waived all further internal or external processes regarding the issues.

VII. ATTACHMENTS

A. Contract Dispute Resolution Request Form

- a. 1st Level Appeal
- b. 2nd Level Appeal
- c. 3rd Level Appeal

B. Contract Dispute Decision Form

- a. 1st Level Appeal Decision
- b. 2nd Level Appeal Decision
- c. 3rd Level Appeal Decision

VIII. REFERENCES

- A. Lakeshore Regional Entity Network Provider Appeals and Grievances (Policy 4.7)
- B. Mental Health Code (MCL 330.1784)
- C. Dispute Resolution Contractual Language (3.9)

Authors Initials JF/



CONTRACT DISPUTE RESOLUTION REQUEST FORM

*To be completed by agency filing dispute resolution.
(1st Level Appeal)*

Date: _____

Agency: _____

Contract issue under disput is primarily (check which best apply):

- Claims/Reimbursement Dispute Rate Dispute
 Contract/Quality Dispute Other:

Describe issue under dispute (attach additional documents as needed):

- Supporting documentation attached

Describe actions taken so far to resolve dispute (attach additional documents as needed):

- Supporting documentation attached

Sign and submit to HealthWest Compliance and Contract:

Signature: _____

Print Name: _____

Print Title: _____

Phone/Email: _____



CONTRACT DISPUTE RESOLUTION REQUEST FORM

*To be completed by agency filing dispute resolution.
(2nd Level Appeal)*

Date: _____

Agency: _____

Contract issue under dispute is primarily (check which best apply):

- Claims/Reimbursement Dispute Rate Dispute
 Contract/Quality Dispute Other:

Describe issue under dispute (attach additional documents as needed):

- Supporting documentation attached

Describe actions taken so far to resolve dispute (attach additional documents as needed):

- Supporting documentation attached

Sign and submit to HealthWest Compliance and Contract:

Signature: _____

Print Name: _____

Print Title: _____

Phone/Email: _____



CONTRACT DISPUTE RESOLUTION REQUEST FORM

*To be completed by agency filing dispute resolution.
(3rd Level Appeal)*

Date: _____

Agency: _____

Contract issue under dispute is primarily (check which best apply):

- Claims/Reimbursement Dispute Rate Dispute
 Contract/Quality Dispute Other:

Describe issue under dispute (attach additional documents as needed):

- Supporting documentation attached

Describe actions taken so far to resolve dispute (attach additional documents as needed):

- Supporting documentation attached

Sign and submit to HealthWest Compliance and Contract:

Signature: _____

Print Name: _____

Print Title: _____

Phone/Email: _____



CONTRACT DISPUTE DECISION FORM

*To be completed by HealthWest.
(1st Level Appeal Decision)*

Date: _____

Agency: _____

Date reviewed by Compliance Department: _____

Statement of HealthWest position after Compliance Department internal review of the issue under dispute:

Supporting documentation attached

HealthWest sign and forward to agency with a copy of the Contract Dispute Resolution form.

Supporting documentation attached

Signature: _____

Print Name: _____

Print Title: _____

Phone/Email: _____



CONTRACT DISPUTE DECISION FORM

*To be completed by HealthWest.
(2nd Level Appeal Decision)*

Date: _____

Agency: _____

Date reviewed by Chief Executive Officer: _____

Statement of HealthWest position after Executive Team review of the issue under dispute:

Supporting documentation attached

HealthWest sign and forward to agency with a copy of the Contract Dispute Resolution form.

Supporting documentation attached

Signature: _____

Print Name: _____

Print Title: _____

Phone/Email: _____



CONTRACT DISPUTE DECISION FORM

*To be completed by HealthWest.
(3rd Level Appeal Decision)*

Date: _____

Agency: _____

Date reviewed by HealthWest Board: _____

Statement of HealthWest position after HealthWest Board review of the issue under dispute:

Supporting documentation attached

HealthWest sign and forward to agency with a copy of the Contract Dispute Resolution form.

Supporting documentation attached

Signature: _____

Print Name: _____

Print Title: _____

Phone/Email: _____

POLICY TITLE:	Network Provider Dispute	POLICY # 4.7	REVIEW DATES	
Topic Area:	PROVIDER NETWORK	ISSUED BY: Chief Executive Officer	12/16/21	12/15/2022
Applies to:	LRE Staff, CMHSP, and Provider Network		12/10/24	
Developed and Maintained by:	LRE CEO or Designee	APPROVED BY: Chief Executive Officer		
Supersedes:	N/A			
		Effective Date: 12/15/2016	Revised Date: 12/15/2022	

I. POLICY

It is the policy of the Lakeshore Regional Entity (LRE) to provide for a fair and efficient process for resolving disputes between network providers and LRE or Region 3 Community Mental Health Services Program (CMHSP) that complies with State, Federal, and contractual requirements.

LRE and CMHSPs will develop, maintain, and convey policy and procedures whereby network providers may request review of non-clinical disputes related to the provider contract requirements. CMHSP policy and procedure will adhere to the standards and timeliness set forth in this policy and any referenced LRE procedures, and include, minimally, two levels of dispute resolution (i.e. an initial request and a request to review adverse disposition of a dispute request).

Disputes may be filed by a network provider when it is perceived the LRE or the CMHSP have not acted fairly in decisions related but not limited to issues involving:

- Results reported through provider monitoring reviews.
- Compliance issues resulting in a sanction or decision to place the provider on a provisional status.
- Actions related to a suspension or termination of a provider.
- Instances where there is a breach of contract or where there is potential cause for termination of the contract, with or without cause.
- Actions related to a provider’s non-compliance, professional competency, or conduct.
- Overall professional conduct related to contract management and oversight.
- Credentialing, recredentialing, or paneling decisions.
- Reduction, suspension, or adjustments of payments, including non-payment of Medicaid claims.

- Material breach of contract.
- Alterations or amendments to the regional common contract boilerplate language.
- Other non-clinical issues.

This policy does NOT apply to the following:

- Medicaid Fair Hearing Appeals and Grievances.
- Medical Necessity Appeals.
- Conditions that result in immediate termination.
- Contracts the LRE holds with CMHSPs.
- Consumer rights regarding appeals and grievances, as defined by Michigan Department of Health and Human Services (MDHHS) Appeal and Grievance Resolution Processes Technical Requirement.

II. PURPOSE

To outline a process by which provider complaints and requests for reconsideration of non-clinical decisions are resolved.

III. APPLICABILITY AND RESPONSIBILITY

This policy applies to the LRE, CMHSPs, and Network Providers.

IV. MONITORING AND REVIEW

This policy will be maintained by the LRE Chief Executive Officer or designee and reviewed on an annual basis.

V. DEFINITIONS

Dispute: An expression of dissatisfaction by a provider regarding a perceived inequitable issue, aspect of interpersonal relation, or other issue as defined above.

Dispute Resolution: A formal process by which provider concerns and request for reconsideration of non-clinical decisions are resolved.

VI. RELATED POLICIES AND PROCEDURES

Provider Appeal and Grievance Procedure

4.2 Contract Management

4.4 Credentialing and Privileging

VII. REFERENCES/LEGAL AUTHORITY

VIII. CHANGE LOG

Date of Change	Description of Change	Responsible Party
12/9/22		

REQUEST FOR HEALTHWEST BOARD CONSIDERATION AND AUTHORIZATION

COMMITTEE Program Personnel Committee	BUDGETED X	NON-BUDGETED	PARTIALLY BUDGETED
REQUESTING DIVISION Administration	REQUEST DATE February 13, 2026	REQUESTOR SIGNATURE Kristi Chittenden, Chief Information Officer	
<u>SUMMARY OF REQUEST (GENERAL DESCRIPTION, FINANCING, OTHER OPERATIONAL IMPACT, POSSIBLE ALTERNATIVES)</u>			
<p>HealthWest Board authorization is requested to approve the HealthWest Use of Artificial Intelligence Policy.</p> <p><u>Policy</u></p> <p>This policy establishes guidelines for the responsible and ethical use of Artificial Intelligence (AI) technologies within HealthWest. It provides guidance for compliance with the Health Insurance Portability and Accountability Act (HIPAA), State of Michigan laws, federal regulations, Muskegon County policies, and internal agency standards.</p> <p>Highlights from the Policy:</p> <p style="margin-left: 20px;">Use of AI Tools</p> <ul style="list-style-type: none"> • Only AI tools and applications that have been explicitly reviewed and approved by one or more of the following authoritative roles within the Information Technology department may be used within the agency: the Network Security and Systems Manager, IT Operations Manager, Director of Information Systems, or Chief Information Officer. • All content produced with approved AI tools must be reviewed by a qualified team member to verify accuracy, completeness, and alignment with organizational standards before it is used, shared, or implemented. <p style="margin-left: 20px;">Transparency and Accountability</p> <ul style="list-style-type: none"> • Staff and clients must be informed when interacting with AI-enabled systems. • Clients have a right to decline the use of AI-enabled systems during their clinical session. 			
<u>SUGGESTED MOTION (STATE EXACTLY AS IT SHOULD APPEAR IN THE MINUTES)</u>			
I move to authorize and approve the HealthWest Use of Artificial Intelligence Policy.			
COMMITTEE DATE February 13, 2026	COMMITTEE APPROVAL _____ Yes _____ No _____ Other		
BOARD DATE February 27, 2026	BOARD APPROVAL _____ Yes _____ No _____ Other		

HWB 50-P

Policy Title: Use of Artificial Intelligence	Policy #: XX-XXX	<u>Review Dates</u>	
Category: IT Subject: Use of Artificial Intelligence	Prepared by: Name: Randi Bennett Title: Director of Information Systems Approved by: <hr/> Rich Francisco, Executive Director		
	Effective Date: 03/01/2026	Last Revised Date:	

I. PURPOSE

This policy establishes guidelines for the responsible and ethical use of Artificial Intelligence (AI) technologies within HealthWest. It provides guidance for compliance with the Health Insurance Portability and Accountability Act (HIPAA), State of Michigan laws, federal regulations, Muskegon County policies, and internal agency standards.

II. SCOPE

This policy applies to all employees, contractors, interns, volunteers, and third-party vendors who access, implement, or interact with AI tools or systems within the agency's operational environment.

III. DEFINITIONS

- Artificial Intelligence (AI): Any software or system that performs tasks typically requiring human intelligence, including but not limited to natural language processing, machine learning, predictive analytics, and automated decision-making.
- Protected Health Information (PHI): Individually identifiable health information protected under HIPAA.
- Approved AI Tools: AI-enabled systems, applications, or platforms that have been reviewed, vetted, and explicitly approved by one or more of the following authoritative roles within the Information Technology department:
 - Network Security and Systems Manager
 - IT Operations Manager
 - Director of Information Systems
 - Chief Information Officer

IV. POLICY

1. Use of AI Tools

- Only AI tools and applications that have been explicitly reviewed and approved by one or more of the following authoritative roles within the Information Technology department may be used within the agency: the Network Security and Systems Manager, IT Operations Manager, Director of Information Systems, or Chief Information Officer.
- Any system or software implemented by HealthWest IT that includes an enabled AI component shall be considered approved for use.
- Staff must not independently download, install, or use third-party AI tools or browser extensions without prior review and approval by the Network Security and Systems Manager. In the event the Network Security and Systems Manager is unavailable, the Operations Manager, Director of Information Systems, or Chief Information Officer may review and approve such requests to ensure proper oversight and continuity.
- All content produced with approved AI tools must be reviewed by a qualified team member to verify accuracy, completeness, and alignment with organizational standards before it is used, shared, or implemented.

2. Handling of PHI

- AI tools must not be used to process, transmit, store, or analyze PHI unless:
 - The tool has been reviewed and approved by one or more of the following authoritative roles within the Information Technology department: the Network Security and Systems Manager, IT Operations Manager, Director of Information Systems, or Chief Information Officer.
 - The tool complies with HIPAA and relevant data protection standards.
 - A Business Associate Agreement (BAA) is in place if required.
- Staff must avoid entering PHI into public or consumer-grade AI platforms (e.g., ChatGPT, Google Bard, etc.) unless explicitly authorized, configured for HIPAA compliance, and formally approved through the process above.

3. Compliance with Laws and Regulations

- All AI usage must comply with:
 - HIPAA and related federal privacy and security rules.
 - State of Michigan laws, including the Mental Health Code and data privacy statutes.
 - Muskegon County policies governing technology and data use.
 - Agency-specific policies on confidentiality, data governance, and ethical practice.

4. Transparency and Accountability

- Staff and clients must be informed when interacting with AI-enabled systems.
- Clients have a right to decline the use of AI-enabled systems during their clinical session.
- AI outputs must be reviewed by qualified personnel before being used in clinical decision-making, finalized clinical chart documentation, or client communication.

5. Training and Education

- All staff are required to complete mandatory training on responsible information technology use. This training covers topics such as artificial intelligence, data privacy, and cybersecurity.
- Ongoing education will be provided as AI tools evolve and new technologies are introduced.

Prohibited Practices:

- Using unapproved AI tools for any agency-related task.
- Inputting PHI into AI systems that are not configured for HIPAA compliance, lack an associated Business Associate Agreement where applicable, and/or have not been reviewed and approved by one or more of the following authoritative roles within the Information Technology department: the Network Security and Systems Manager, IT Operations Manager, Director of Information Systems, or Chief Information Officer.
- Relying solely on AI-generated content for clinical decisions without human oversight.
- Circumventing IT protocols to enable AI features in unauthorized software.

V. ENFORCEMENT

Any employee, vendor, client, volunteer, intern, or contractor found to have violated this policy may be subject to disciplinary and/or legal action.

Suspected breaches must be reported to:

- IT Department, specifically one of the following roles: Network Security and Systems Manager, IT Operations Manager, Director of Information Systems, or Chief Information Officer
- Compliance Officer
- Privacy Officer

Authors Initials RB/

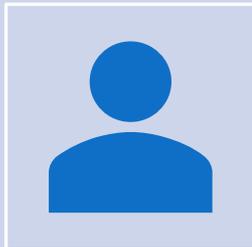
I-DD Department



HealthWest

Muskegon's Behavioral Wellness Connection

Department Structure:



Program Manager- Sandy Kotecki

General Team 1- Supervised by Caitlin Keglovitz

General Team 2- Supervised by Laura Ritchie

General Team 3- Supervised by Samantha Cummins



General teams currently support 572 individuals

Residential settings: independent, with family homes, General and Specialized AFC's

Services: Respite, Community Living Supports, Skill Building -Long Term Supported follow along and Peer Mentor service

Medically Complex Team- Supervised by Jessica Sobers.

Currently support 63 individuals.

Supports individuals with chronic medical conditions, with extensive care coordination needs.

Department Highlights:

- **Advocacy**- We continue to support individuals to advocate for themselves at the State level.
- **Walk a Mile 2025** - 20 consumers
- **Voices in Action Day 2025**- 13 Consumers
- **Group**- Healthy Relationship group continues to be well attended. In 2025, this group support had 99 attendees.
 - In 2026 planning to add the following groups: DBT Informed and Healthy Relationships in the Workplace
- **Employment**- In 2025, 17 I-DD consumers found employment up from 16 in 2024. Introduction of the Healthy Relationships at Work group in 2026
- **Staff recognitions:**
 - **Sarah Wilson and Jessica Sobers** : Hospital Corps- Nursing award- Daughters of the American Revolution
 - **Jake Schaafsma (Peer Mentor)**: Certified Peer Mentor Excellence Award (MiPeer)
- **All Department meetings-**
 - Ongoing development through innovative ways of teaching.
 - Created a Round Robin discussion opportunity to help boost moral.
 - Promotes consistency across teams
- **HealthWest Way**
 - Teams are working to organically incorporate our Code of Conduct into their day-to-day activities



Why MRS?

We believe in our Michigan citizens. We help to improve our communities by supporting over 7,000 enter meaningful careers each year. We work with individuals who have a variety of abilities and capabilities to discover career pathways and navigate barriers to employment.

We have offices that reach every community in our state. Our goal? It's simple. To increase the number of Michigan citizens in achieving their goals of a meaningful career and self-sufficiency. Michigan is home to approximately 1.3 million individuals with disabilities and we take pride in helping people achieve their employment goals.

Who should reach out to MRS?

We work with individuals who have a physical or mental health impairment that makes it difficult to get a job or to maintain employment that requires our services. Individuals who are eligible for Social Security disability programs (SSDI, SSI) who are interested in returning to work or supplemental employment are presumed eligible.

Persons who are legally blind are served by the Bureau of Services for Blind Persons (BSBP). More information about BSBP can be found at www.michigan.gov/bsbp or by calling 1-800-292-4200.

MRS PROMOTING
ABILITIES
Michigan Rehabilitation Services



**Find the Career
That is the
Right Match for You**

MICHIGAN REHABILITATION SERVICES

MRS PROMOTING
ABILITIES
Michigan Rehabilitation Services

MRS is funded 78.7% with USDOE-RSA Title I federal funds, and 21.3% with state and local funds.

The Michigan Department of Labor and Economic Opportunity (LEO) does not discriminate against any individual or group because of race, religion, age, national origin, color, height, weight, marital status, genetic information, sex, sexual orientation, gender identity or expression, political beliefs or disability.

MRS-PUB-302 (REV 2023-9)

How does MRS work?

Each customer who comes to MRS for services is paired with a vocational rehabilitation counselor. Once you are found eligible, your MRS counselor partners with you to:

- Discover a career based on your interests and abilities and your local labor market information. This may include assessments such as, interest and aptitude tests, work evaluations, additional guidance from your medical doctor regarding physical capacities or job tryouts.
- Create a plan that includes strategies and services needed to achieve your employment goal. Services may include training, job placement assistance, accommodations/assistive technology, and much more. How long your plan will take depends on your disability, the job you are preparing for and the type of services you will need. Your counselor will assist you in following the activities and services identified in your plan.
- Remain in contact with you to ensure you are successfully maintaining employment.
- Provide you a copy of MRS-PUB-310 Your Rights and Responsibilities as a Customer.

Who pays for services?

Many services are available to you at no cost, including vocational counseling, vocational exploration and evaluation, placement services, cover letter and resume writing, and to identify grants, scholarships and other resources that are available to assist in meeting your employment goal.

You may be asked to contribute to the cost of services, however, your ability to contribute will not prevent you from receiving services.

MRS for students between the ages of 14-26

MRS offers Pre-Employment Transition Services (Pre-ETS) for high school or college students with disabilities between the ages of 14-26. Transition students partner with their counselor to discover an exciting career pathway that is based on their interests, abilities, and capabilities. Students will gain knowledge and experience in the world of work and begin to design their career pathway as they prepare to leave high school.

Pre-Employment Transition Services are designed to help students get early exposure to career pathways. They are provided information in 5 main areas:

1. Job Exploration Counseling
2. Work-Based Learning Experiences
3. Counseling on Postsecondary Education Opportunities
4. Workplace Readiness Training
5. Instruction in Self-Advocacy, including Peer Mentoring

How to get started with MRS

If you are interested in working with MRS, you can access our office locator at <https://www.michigan.gov/leo/bureaus-agencies/mrs/orientation-intro/mrs-office-locator> to find the office nearest your home. You may also contact us at:

MICHIGAN REHABILITATION SERVICES

Michigan Department of Labor and Economic Opportunity

PO Box 30010

Lansing, MI 48909

Leo-MRS-CustomerAssistance@michigan.gov

1-800-605-6722* (toll-free, voice)

*TTY users may contact MRS by dialing 711 and providing the relay operator with the MRS toll-free number.

www.Michigan.gov/MRS





Assertive Community Treatment Team (ACT)

- The ACT MIFAST Review was completed in November. The team received high scores in many areas including Training, Outcome Monitoring, Quality Assurance, Outreach, Community Based Services, Communication, and Safety

SUD Integrated Treatment Team

- SUD Art Therapy Group will be starting on March 12th. This group will include sessions on practicing healthier coping skills, exploring motivation and readiness to recover from addiction, and promoting personal growth through reflection and creative expression.
- The team is now fully staffed with recent additions of an RN and Recovery Coach.

MI Community Based Teams 1, 2, and 3

- The DBT MIFAST Review was completed in January. Many strengths were highlighted in the exit interview; we are awaiting the official assessment report.
- 809 new consumers were served by these teams in 2025.



Supportive Housing(PSH)

Agenda

- Introduction
- Current stats
- Future of the program



Program Details

- Assisting clients with rental payments while they attain the skills, and or finances necessary to maintain affordable housing.
 - The process begins with a homelessness assessment conducted with TrueNorth or another coordinated entry place(rescue mission).
 - Upon completion they are scored and placed on a list. This is the list used to gather new clients based on scoring in each area and whether they are clients of HealthWest.
 - We pay up to \$942 monthly with utilities included(subjected to change based on annual FMR)
 - All grants are funded from the CoC through HUD
- NOT meant for permanency
 - NOT Section 8
 - NOT transferable
 - Clients are unable to apply for Section 8 while in the program

- The client allotment is the minimum people we MUST serve per grant to remain in good standing
- If funding allows, we may serve more people.

Grant	HUD 1	HUD 2	HUD 3	HUD 4	HUD 5(Vets. First)
Client Allotment	16 singles	2 singles	3 singles	1 single; 2 families	Mix of single and family
Client utilization	14	2	3	1;2	11
End date	September 30 th , 2026	June 30 th , 2026	August 31 st , 2026	August 31 st , 2026	March 31 st , 2026
Funding expended	13.75%	12.01%	16.27%	15.73%	68.25%

*Funding numbers are from January 15th, 2026.

*Client utilization is current

Service delivery

Program future

- There is ongoing litigation surrounding HUD funding and allocation
- Our grant request will be presented as is verses the usual updates due to direction received from the CoC.
- We have the funding in other grants to shuffle clients as needed while waiting for final decisions.
- The program will most likely continue as PSH, but there is a chance of switching to TH(Transitional housing)
- Will the program run differently with that change? Yes, we've taken necessary procedures to move forward if this occurs and will present the information as it is received.



Thank you

D'Bora Wilson

Housing Specialist

231-799-5251

Dbora.Wilson@healthwest.net

IPS

Individual Placement and Support

Supported Employment Services for those
with a diagnosis of a mental illness

•

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Overview

- What is IPS?
- Current Stats
- Updates

What is IPS?

- Individual Placement and Support
- An Evidenced-based practice following specific principles leading to better outcomes than generic (or “traditional”) supported employment services.
 - Screening out of people who are deemed “not ready”
 - Sheltered workshops
 - Enclaves
 - Tests and training prior to work
- EBPs have a Fidelity Scale and undergo regular fidelity reviews to maintain adherence to the practice principles.

Last Month Data

- January 2026:
- Clients who were active/received service-60
- 14 of those Clients are working or started new employment.
- 26% of active clients working in January.
- Total hours worked 696
- Average wage \$14.30

Updates

The IPS team had a Fidelity Review done in October

- Increased score by 3 pts from last review
- Program is in “Good” standings

Hiring one new IPS worker this month

- 2 of the final three candidates received employment services from this team.

HEALTHWEST

RECIPIENT RIGHTS ADVISORY COMMITTEE MEETING MINUTES

**Friday, February 13, 2026
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, Chris McGuigan, Janet Thomas, John Weerstra, Mary Vazquez, Tamara Madison, Thomas Hardy

Members Absent: Janice Hilleary

Staff Present: Rich Francisco, Holly Brink, Gina Maniaci, Brandy Carlson, Christy LaDronka, Kristi Chittenden, Melina Barrett, Tasha Kuklewski, Kim Davis, Jennifer Hoeker, Casey Olson, Helen Dobb, Anissa Goodno, Gina Kim, Amber Berndt, Brandon Baskin, Amie Bakos, Michelle Lyons

APPROVAL OF MINUTES

It was moved by Ms. Natte, seconded by Ms. Thomas, to approve the minutes of the December 5, 2025 meeting as written.

MOTION CARRIED.

ITEMS FOR CONSIDERATION

A. Motion to Accept Recipient Rights Reports for December 2025 / January 2026

It was moved by Ms. Thomas, seconded by Ms. Natte to approve the Recipient Rights Reports for December 2025 / January 2026.

MOTION CARRIED.

For the months of December 2025 / January 2026, there were 67 HealthWest and 55 provider employees trained:

Rights Updates HealthWest	47
Rights Updates Provider	0
New Employee Training HealthWest/Contracted	13
New Employee Training Provider	55
SUD Orientation HealthWest	7

For the months of December 2025 / January 2026 there were 524 incident reports and 28 rights allegations.

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

There were a total of 6 deaths reported in December 2025 / January 2026.

OLD BUSINESS

There was no old business.

NEW BUSINESS

There was no new business.

COMMUNICATIONS

Recipient Rights Advisor, Tasha Kuklewski, provided training on Policy 04-020 Reporting Abuse and Neglect; Policy 04-022 Recipient Rights Complaint Process and Appeals; and Policy 04-026 Recipient Rights for Substance Abuse Programs.

DIRECTOR'S COMMENTS

There was no Director's Comments.

AUDIENCE PARTICIPATION / PUBLIC COMMENT

There was no audience participation.

ADJOURNMENT

There being no further business to come before the committee, the meeting adjourned at 8:57 a.m.

Respectfully,

Thomas Hardy
HealthWest Rights Advisory Committee Chair

TH/hb

PRELIMINARY MINUTES
To be approved at the Rights Advisory Committee Meeting April 3, 2026.



RECIPIENT RIGHTS ADVISORY COMMITTEE
February 13, 2026 – 8:00 a.m.

376 E. Apple Ave. Muskegon, MI 49442

<https://healthwest.zoom.us/j/94259223301?pwd=1jL64lYh445eFUkwvH4v06Q4ahLLjI.1>

Webinar ID: **942 5922 3301** Passcode: **997543**

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

AGENDA

- | | | |
|-----|--|-------------|
| 1) | Call to Order | Quorum |
| 2) | Approval of Agenda | Action |
| 3) | Approval of the Minutes of December 5, 2025
(Attachment #1 – pg. 1-2) | Action |
| 4) | Public Comment (on an agenda item) | |
| 5) | Items for Consideration | |
| | A) Motion to Accept Recipient Rights Bi-Monthly Report for
December 2025 / January 2026
(Attachment #2 – pg. 3-10) | Action |
| 6) | Old Business | |
| 7) | New Business | |
| 8) | Communication | |
| | A) Policy 04-020: Reporting Abuse and Neglect
(Attachment #3 – pg. 11-17) | Information |
| | B) Policy 04-022: Recipient Rights Complaint Process and Appeals
(Attachment #4 – pg. 18-25) | Information |
| | C) Policy 04-026: Recipient Rights for Substance Abuse Programs
(Attachment #5 – pg. 26-29) | Information |
| | D) Recipient Rights Policy Training:
Tasha Kuklewski, Recipient Rights Advisor
(Attachment #6 – pg. 30-39) | Information |
| 9) | Audience Participation / Public Comment | Action |
| 10) | Adjournment | |

Main Office

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

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

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.

REQUEST FOR HEALTHWEST BOARD CONSIDERATION AND AUTHORIZATION

COMMITTEE Recipient Rights Advisory Committee	BUDGETED X	NON-BUDGETED	PARTIALLY BUDGETED
REQUESTING DIVISION Administration	REQUEST DATE February 13, 2026	REQUESTOR SIGNATURE Casey Olson, Recipient Rights Officer	
<u>SUMMARY OF REQUEST (GENERAL DESCRIPTION, FINANCING, OTHER OPERATIONAL IMPACT, POSSIBLE ALTERNATIVES)</u>			
<p>Approval is requested to accept the Recipient Rights Reports of December 2025 and January 2025. The report includes:</p> <ul style="list-style-type: none"> • Training sessions conducted by the Rights Office from December 1, 2025, through January 31, 2026. • Site Reviews from December 1, 2025, through January 31, 2026. • Incident Reports and Rights Allegations for December 1, 2025, through January 31, 2026. • Formal Complaints and Interventions for December 1, 2025, through January 31, 2026. • Deaths reported for December 1, 2025, through January 31, 2026. 			
<u>SUGGESTED MOTION (STATE EXACTLY AS IT SHOULD APPEAR IN THE MINUTES)</u>			
I move to approve the Recipient Rights Reports for the months of December 1, 2025, through January 31, 2026.			
COMMITTEE DATE February 13, 2026	COMMITTEE APPROVAL _____ Yes _____ No _____ Other		
BOARD DATE February 27, 2026	BOARD APPROVAL _____ Yes _____ No _____ Other		

HWB 51-R



BI-MONTHLY RECIPIENT RIGHTS REPORT

Date: February 13, 2026
To: Recipient Rights Advisory Committee
From: The Office of Recipient Rights
Subject: Recipient Rights Report for December 2025 and January 2026

I. TRAINING

December 11, 2025, New Employee Recipient Rights Training was provided for 4 HealthWest and 10 Provider Employees.

December 12, 2025, Annual Recipient Rights Update Training was provided for 23 HealthWest Employees.

December 18, 2025, New Employee Virtual Recipient Rights Training was provided for 2 HealthWest and 18 Provider Employees.

January 8, 2026, New Employee Recipient Rights Training was provided for 5 HealthWest and 8 Provider Employees.

January 9, 2026, Annual Recipient Rights Update Training was provided for 17 HealthWest Employees.

January 13, 2026, Annual Recipient Rights Update Training was provided for 7 HealthWest Employees.

January 15, 2026, New Employee Virtual Recipient Rights Training was provided for 13 Provider Employees.

January 22, 2026, New Employee Recipient Rights Training was provided for 2 HealthWest and 6 Provider Employees.

January 29, 2026, SUD Orientation was provided for 7 HealthWest Employees.

67 HealthWest and **55** Provider employees were trained for the months of December 2025 and January 2026.

II. SITE REVIEWS

January 6, 2026, Trinity Behavior Health, adult psychiatric unit, Trinity Health, Muskegon, MI.

January 29, 2026, Stephen's Home, specialized residential, Stephen's Home, Battle Creek, MI

III. STATISTICAL INFORMATION

The Office of Recipient Rights reviewed **524** incident reports and received **28** rights allegations for the months of December and January. Provided for your review is the statistical data showing type and location.

IV. FORMAL INVESTIGATIONS

Old Business:

- A. October 06, 2025, Pioneer Resources, transportation, A staff reported that a recipient told her that a home staff had said some inappropriate and derogatory things to her. **The investigation into ABUSE CLASS III is not substantiated.**
- B. October 10, 2025, Lakeview Home, mixed residential, Beacon Specialized Living Services. The Rights Office received a complaint that a staff member was sleeping during their shift. **The investigation into MENTAL HEALTH SERVICES SUITED TO CONDITION is substantiated. The staff involved was given written counseling.**
- C. October 13, 2025, Club Interactions Clubhouse Service Center HealthWest. The Rights Office received a complaint stating that staff at the Clubhouse Interactions have been talking about their supervisor and recipients and also scolding recipients in front of other recipients. **The investigation into DIGNITY AND RESPECT was not substantiated.**
- D. October 15, 2025, Club Interactions, Clubhouse Service Center, HealthWest. The Rights Office received a complaint stating that while a recipient was being transported to an event complained, the driver of the vehicle wasn't nice to them to the recipient. **The investigation into DIGNITY AND RESPECT was not substantiated.**
- E. October 23, 2025, Summa Program, CLS Services, MOKA. A staff filed a complaint on behalf of a recipient who arrived home that afternoon in the same brief that the family had sent them to program in that morning. **The investigation into MENTAL HEALTH SERVICES SUITED TO CONDITION is substantiated. One staff member received a written reprimand, and the other received a letter of warning.**
- F. October 29, 2025, The Meadows, mixed residential, Hope Network. It was reported to the Office of Recipient Rights that a staff member made inappropriate statements

in front of the recipients who live in the home. **The investigation into ABUSE CLASS III is substantiated. The staff member involved is no longer employed with Hope Network.**

- G. October 29, 2025, Crisis Resident Unit (CRU), Inpatient Services Center HealthWest. The Rights Office received a complaint regarding a recipient being treated by a HealthWest employee in a snotty manner and the staff had an arrogant attitude. ***A 30-Day Status Report was completed on 11-25-2025. The investigation into DIGNITY AND RESPECT is substantiated. The allegations of SAFE SANITARY AND HUMANE TREATMENT ENVIRONMENT, AND ABUSE CLASS II NON-ACCIDENTAL ACT are not substantiated. The individual involved received verbal counseling and additional training.**
- H. October 30, 2025, Black Creek Cove Home, residential I/DD, HGA Support Services. The Rights Office received a complaint that a recipient had a burn on their leg and the staff involved did not follow proper procedures. During the investigation it was noted that the recipient was not taken for medical care until four days after the discovery of the burn. **The investigation into MENTAL HEALTH SERVICES SUITED TO CONDITION and NEGLECT CLASS II are substantiated. The staff involved received training and a written reprimand.**
- I. November 12, 2025, Cottage 8-Westlake Campus, mixed residential, Hope Network. The Rights Office received a complaint that a recipient eloped from the home and staff did not go after her. **The investigation into NEGLECT CLASS III is not substantiated.**
- J. November 13, 2025, Slocum Home, residential I/DD, MOKA. The Rights Office received a complaint that stated a staff member was purposely antagonizing a recipient including being so loud that the recipient could not sleep that night. **The investigation into DIGNITY AND RESPECT is not substantiated.**
- K. November 17, 2025, Lilac Home, residential I/DD, HGA Support Services. After a recipients autopsy report was received the Rights office was asked to investigate the circumstances surrounding the death. **The investigation into NEGLECT CLASS I is substantiated. The employee involved is no longer employed at HGA.**
- L. November 25, 2025, Slocum Home, residential I/DD, MOKA. A home staff who recently left employment with MOKA reported that they witnessed a co-worker sleeping while working a shift. **The investigation into SERVICES SUITED TO CONDITION is not substantiated.**

New Business:

- A. December 01, 2025, Merriam, CLS skill building, MOKA. The Rights Office received a complaint regarding issues with the unisex restrooms and a recipient not being provided support while using the restroom. **The investigation into DIGNITY AND RESPECT, MENTAL HEALTH SERVICES SUITED TO CONDITION, AND FAMILY RIGHTS were not substantiated.**
- B. December 4, 2025, Ludington Home, specialized residential, Beacon Specialized Living Services. The Rights Office received a complaint stating that a home staff slammed a dinner plate and drink down on the table in front of a recipient, making the recipient uncomfortable. **The investigation into DIGNITY AND RESPECT is substantiated. The staff received wrote an apology letter to the recipient and received a written reprimand.**
- C. December 8, 2025, Home at Hart, specialized residential, Beacon Specialized Living Services. The Rights Office received a complaint stating that a recipient became agitated and when one of the staff stepped in, it escalated the situation further. **The investigation into DIGNITY AND RESPECT is not substantiated.**
- D. December 10, 2025, Mill Iron Home specialized residential Pioneer Resources. The Rights Office received a complaint stating that during a staff meeting in the common area of the home, two staff members engaged in an altercation within earshot and sight of recipients. **The investigation into DIGNITY AND RESPECT was substantiated. The staff involved no longer work for Pioneer Resources.**
- E. December 22, 2025, Beacon at Wavecrest, specialized residential, Beacon Specialized Living Services. The Rights Office received a complaint stating that home staff used unapproved physical management techniques on a recipient. **The investigation into ABUSE CLASS II – UNREASONABLE FORCE is not yet complete. A 30 day status report was completed on 1/19/26.**
- F. December 30, 2025, HealthWest, youth services. The Rights Office received a complaint stating that a parent of a recipient was spoken to in a rude and accusatory manner by a HealthWest employee regarding misplaced/lost medications. **A 30 day status report was completed on 1/28/26. The investigation into FAMILY RIGHTS is substantiated. The plan of correction has not been received yet.**
- G. January 5, 2026, Lilac Home, specialized residential, HGA Support Services. The Rights Office received a complaint outlining concerns that a recipient is not receiving appropriate/adequate personal care and concerns related to catheter care. **The investigation into MENTAL HEALTH SERVICES SUITED TO CONDITION is not yet complete. A 30 day status report was completed on 1/30/26.**

- H. January 5, 2026, Virginia's Home, *specialized residential*, HGA Support Services. The Rights Office received a complaint to investigate the circumstances regarding the passing of a recipient in the home. **The investigation into NEGLECT CLASS III is not yet complete.**
- I. January 5, 2026, Horton Home, *specialized residential*, MOKA. The Rights Office received a complaint that a staff member answered the door at the home and was greeted by a community member that had escorted a recipient back to the home. **The investigation into MENTAL HEALTH SERVICES SUITED TO CONDITION was not substantiated.**
- J. January 9, 2026, Marcoux, *specialized residential*, Pioneer Resources. The Rights Office received a complaint regarding a recipient who was brought into the community to meet a friend and the recipient arrived late and was dressed in pajamas. **The investigation into DIGNITY AND RESPECT is not yet complete.**
- K. January 15, 2026, The Oaks, *specialized residential*, Beacon Specialized Living Services. The Rights Office received a complaint stating that staff are not assisting a recipient with changing their brief or assisting the recipient to bed. **The investigation into MENTAL HEALTH SERVICES SUITED TO CONDITION is not substantiated.**
- L. January 20, 2026, Brooks Home, *specialized residential*, MOKA. The Rights Office received a complaint stating that the home is not providing a recipient's as-needed medications as required by their plan. **The investigation into MENTAL HEALTH SERVICES SUITED TO CONDITION is not yet complete.**
- M. January 27, 2026, Virginia's Home, *specialized residential*, HGA Support Services. The Rights Office received a complaint regarding a recipient sliding off the couch and a staff member refusing to assist them, while using degrading language towards the recipient during the situation. **The investigation into ABUSE CLASS III is not yet complete.**
- N. January 28, 2026, Beacon at Lakeview Manor, *specialized residential*, Beacon Specialized Living Services. The Rights Office received a complaint stating that a staff member was on FaceTime and pointed the camera at a recipient to say hi. **The investigation into CONFIDENTIALITY is not yet complete.**
- O. January 29, 2026, Marcoux, *specialized residential*, Pioneer Resources. The Rights Office received a complaint stating that a recipient's food is not being prepared properly, the recipient isn't receiving personal cares as they should, and there is a concern with how much weight the recipient has lost. **The investigation into MENTAL HEALTH SERVICES SUITED TO CONDITION is not yet complete.**

V. INTERVENTIONS

Old Business:

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

New Business:

- A. December 10, 2025, Oxford Circle, MOKA. The Rights Office received a complaint stating that a recipient grabbed another recipient’s private area. **The issue in the complaint does not fall under a CODE PROTECTED RIGHT in which the Rights Office would investigate as it involves two recipients. The staff was encouraged to speak with the Case Managers of the recipients and provided with Adult Protective Services phone number.**
- B. January 15, 2026, Community. A member of the community filed a Rights complaint regarding their landlord and their failure to provide reasonable accommodations for parking at their apartment complex. **The issue in the complaint is OUT OF JURISDICTION as the Rights Office cannot investigate private landlords. The individual was given the phone numbers for Legal Aid of West Michigan and Disability Rights Michigan.**

VI. Summary of ORR Complaint Status for December 2025 and January 2026

Complaints Received	Complaints Investigated	Complaints in Process	Complaints Substantiated	Completed in 30 Days	Completed in 60 Days	Completed in 90 Days
29	27	9	6	11	1	

VII. SUBSTANCE USE DISORDER

Old Business: n/a

New Business: n/a

VIII. DEATHS

December 13, 2025, a 46-year-old male who lived in his family home and received HealthWest I/DD Adult Case Management Services, died at home from an unknown illness.

Recipient Rights Report

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December 21, 2025, a 65-year-old male who lived in Anikare Specialized Residential Home out of county and received HealthWest MI Adult Case Management Services, died at home, presumably from refusal to eat/failure to thrive due to dementia. He was receiving Hospice Services at the time of death.

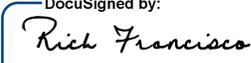
January 5, 2026, a 71-year-old male who lived in a HGA Specialized Residential Home and received HealthWest I/DD Adult Case Management Services, died at home presumably from nature causes. The recipient had been ill prior to passing away.

January 7, 2026, a 48-year-old male who lived independently in Muskegon and received HealthWest MI Adult Case Management Services, died at the hospital from alcohol cirrhosis of the liver.

January 12, 2026, a 32-year-old female who lived in independently in the community and was just opened for HealthWest services, died from unknown causes.

January 27, 2026, 23-year-old male who live independently in the community and was receiving MI Adult Case Management Services from HealthWest, died at home from suspected suicide.



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

I. POLICY

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

II. APPLICATION

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

- A. Employees of or people under contract with HealthWest.
- B. Employees of agencies under contract with HealthWest or their agents.
- C. Employees or home operators of adult and child foster care facilities providing care to mental health recipients or their agents.
- D. Volunteers/interns.

III. DEFINITIONS

- A. **Abuse class I** means a non-accidental act or provocation of another to act by an employee, volunteer, or agent of a provider that caused or contributed to the death, or sexual abuse of, or serious physical harm to a recipient.
- B. **Abuse class II** means any of the following:

1. A non-accidental act or provocation of another to act by an employee, volunteer, or agent of a provider that caused or contributed to non-serious physical harm to a recipient.
 2. The use of unreasonable force on a recipient by an employee, volunteer, or agent of a provider with or without apparent harm.
 3. Any action or provocation of another to act by an employee, volunteer, or agent of a provider that causes or contributes to emotional harm to a recipient.
 4. An action taken on behalf of a recipient by a provider who assumes the recipient is incompetent, despite the fact that a guardian has not been appointed, that results in substantial economic, material, or emotional harm to the recipient.
 5. Exploitation of a recipient by an employee, volunteer, or agent of a provider.
- C. **Abuse class III** means the use of language or other means of communication by an employee, volunteer, or agent of a provider to degrade, threaten, or sexually harass a recipient.
- D. **Act** means mental health code, 1974 PA 258, MCL 330.1001 et seq.
- E. **Anatomical support** means body positioning or a physical support ordered by a physical or occupational therapist for the purpose of maintaining or improving a recipient's physical functioning.
- F. **Bodily function** means the usual action of any region or organ of the body.
- G. **Degrade** means
1. Treat humiliatingly: to cause somebody a humiliating loss of status or reputation or cause someone a humiliating loss of self-esteem; make worthless; to cause a person to feel that they or other people are worthless and do not have the respect or good opinion of others. (syn) degrade, debase, demean, humble, humiliate. These verbs mean to deprive of self-esteem or self-worth, to shame or disgrace.
 2. Degrading behavior shall be further defined as any language or epithets that insult the person's heritage, mental status, race, sexual orientation, gender, intelligence, etc.
- H. **Dignity** To be treated with esteem, honor, politeness; to be addressed in a manner that is not patronizing, condescending or demeaning; to be treated as an equal; to be treated the way any individual would like to be treated.
- I. **Emotional harm** means impaired psychological functioning, growth, or development of a significant nature as evidenced by observable physical symptomatology or as determined by a mental health professional.
- J. **Exploitation** means an action by an employee, volunteer, or agent of a provider that involves the misappropriation or misuse of a recipient's property or funds for the benefit of an individual or individuals other than the recipient.
- K. **Neglect class I** means either of the following:

1. Acts of commission or omission by an employee, volunteer, or agent of a provider that result from noncompliance with a standard of care or treatment required by law and/or rules, policies, guidelines, written directives, procedures, or individual plan of service and causes or contributes to the death, or sexual abuse of, or serious physical harm to a recipient.
 2. The failure to report apparent or suspected abuse Class I or neglect Class I of a recipient.
- L. **Neglect class II** means either of the following:
1. Acts of commission or omission by an employee, volunteer, or agent of a provider that result from noncompliance with a standard of care or treatment required by law, rules, policies, guidelines, written directives, procedures, or individual plan of service and that cause or contribute to non-serious physical harm or emotional harm to a recipient.
 2. The failure to report apparent or suspected abuse Class II or neglect Class II of a recipient.
- M. **Neglect class III** means either of the following:
1. Acts of commission or omission by an employee, volunteer, or agent of a provider that result from noncompliance with a standard of care or treatment required by law and/or rules, policies, guidelines, written directives, procedures, or individual plan of service that either placed or could have placed a recipient at risk of physical harm or sexual abuse.
 2. The failure to report apparent or suspected abuse Class III or neglect Class III of a recipient.
- N. **Non-serious physical** harm means physical damage or what could reasonably be construed as pain suffered by a recipient that a physician or registered nurse determines could not have caused, or contributed to, the death of a recipient, the permanent disfigurement of a recipient, or an impairment of his or her bodily functions.
- O. **Physical management** means a technique used by staff as an emergency intervention to restrict the movement of a recipient by direct physical contact to prevent the recipient from harming himself, herself, or others.
- P. **Protective device** means a device or physical barrier to prevent the recipient from causing serious self-injury associated with documented and frequent incidents of the behavior. A protective device as defined in this subdivision and incorporated in the written individual plan of service shall not be considered a restraint as defined in subdivision Q of this sub-rule.
- Q. **Provider** means the department, each Community Mental Health Services Program (CMHSP), each licensed hospital, each psychiatric unit, and each psychiatric partial hospitalization program licensed under section 137 of the act, their employees, volunteers, and contractual agents.

- R. **Psychotropic drug** means any medication administered for the treatment or amelioration of disorders of thought, mood, or behavior.
- S. **Respect** To show deferential regard for; to be treated with esteem, concern, consideration or appreciation; to protect the individual's privacy; to be sensitive to cultural differences; to allow an individual to make choices.
- T. **Restraint** means the use of a physical device to restrict an individual's movement. Restraint does not include the use of a device primarily intended to provide anatomical support.
- U. **Serious physical harm** means physical damage suffered by a recipient that a physician or registered nurse determines caused or could have caused the death of a recipient, caused the impairment of his or her bodily functions, or caused the permanent disfigurement of a recipient.
- V. **Sexual abuse** means any of the following:
1. Criminal sexual conduct as defined by section 520b to 520e of 1931 PA 318, MCL 750.520b to MCL 750.520e involving an employee, volunteer, or agent of a provider and a recipient.
 2. Any sexual contact or sexual penetration involving an employee, volunteer, or agent of a department operated hospital or center, a facility licensed by the department under section 137 of the act or an adult foster care facility and a recipient.
 3. Any sexual contact or sexual penetration involving an employee, volunteer, or agent of a provider and a recipient for whom the employee, volunteer, or agent provides direct services.
- W. **Sexual contact** means the intentional touching of the recipient's or employee's intimate parts or the touching of the clothing covering the immediate area of the recipient's or employee's intimate parts, if that intentional touching can reasonably be construed as being for the purpose of sexual arousal or gratification, done for a sexual purpose, or in a sexual manner for any of the following:
1. Revenge.
 2. To inflict humiliation.
 3. Out of anger.
- X. **Sexual harassment** means sexual advances to a recipient, requests for sexual favors from a recipient, or other conduct or communication of a sexual nature toward a recipient.
- Y. **Sexual penetration** means sexual intercourse, cunnilingus, fellatio, anal intercourse, or any other intrusion, however slight, of any part of a person's body or of any object into the genital or anal openings of another person's body, but emission of semen is not required.
- Z. **Therapeutic de-escalation** means an intervention, the implementation of which is incorporated in the individualized written plan of service, wherein the recipient is placed in an area or room, accompanied by staff who shall therapeutically engage the recipient

in behavioral de-escalation techniques and debriefing as to the cause and future prevention of the target behavior.

- AA. **Threaten** means to tell someone that you will hurt them or cause problems if they do not do what you want.
- BB. **Time out** means a voluntary response to the therapeutic suggestion to a recipient to remove him or herself from a stressful situation in order to prevent a potentially hazardous outcome.
- CC. **Treatment by spiritual means** describes a spiritual discipline or school of thought that a recipient wishes to rely on to aid physical or mental recovery.
- DD. **Unreasonable force** means physical management or force that is applied by an employee, volunteer, or agent of a provider to a recipient in one or more of the following circumstances:
 - 1. There is no imminent risk of serious or non-serious physical harm to the recipient, staff or others.
 - 2. The physical management used is not in compliance with techniques approved by the provider and the responsible mental health agency.
 - 3. The physical management used is not in compliance with the emergency interventions authorized in the recipient's individual plan of service.
 - 4. The physical management or force is used when other less restrictive measures were possible but not attempted immediately before the use of physical management or force.

IV. PROCEDURE

- A. A mental health professional, a person employed by or under contract to the Michigan Department of Health and Human Services (MDHHS), a licensed facility, or a CMHSP, or a person employed by a provider under contract to MDHHS, a licensed facility, or a CMHSP who has reasonable cause to suspect the abuse or neglect of a recipient immediately shall make or cause to be made, by telephone or otherwise, an oral report of the apparent or suspected abuse or neglect to the Office of Recipient Rights.
 - 1. After making the oral report, and before the end of their current shift, staff shall complete a Recipient Rights Complaint form and send it directly to the Office of Recipient Rights.
 - 2. Staff required to report apparent or suspected abuse and neglect shall report apparent or suspected abuse and neglect to Adult/Child Protective Services.
 - 3. The Office of Recipient Rights shall forward a copy of all complaints to the HealthWest Executive Director.
- B. A mental health professional, a person employed by or under contract to MDHHS, a licensed facility, or a CMHSP, or a person employed by a provider under contract to MDHHS, a licensed facility, or a CMHSP who has reasonable cause to suspect the criminal abuse of a recipient immediately shall make or cause to be made, by telephone or otherwise, an oral report of the suspected criminal abuse to the law enforcement

agency for the county or city in which the criminal abuse is suspected to have occurred or to the state police.

1. Within seventy-two (72) hours after making the oral report, the reporting individual shall file a written report with the law enforcement agency to which the oral report was made, with the Executive Director and with the Office of Recipient Rights.
2. The written report shall contain the name of the recipient and a description of the criminal abuse and other information available to the reporting individual that might establish the cause of the criminal abuse and the manner in which it occurred. The report shall become a part of the recipient's clinical record. Before the report becomes part of the recipient's clinical record, the names of the reporting individual and the individual accused of committing the criminal abuse, if contained in the report, shall be deleted.
3. The identity of an individual who makes a report under this section is confidential and is not subject to disclosure without the consent of that individual or by order or subpoena of a court of record. An individual acting in good faith that makes a report of criminal abuse against a recipient is immune from civil or criminal liability that might otherwise be incurred. The immunity from civil or criminal liability granted by the Mental Health Code extends only to acts done under MCL 330.1723 and does not extend to a negligent act that causes personal injury or death. An individual who makes a report of criminal abuse in good faith shall not be dismissed or otherwise penalized by an employer or contractor for making the report. HealthWest and service providers under contract with it shall cooperate in the prosecution of appropriate criminal charges against those who have engaged in criminal abuse. HealthWest or a service provider under contract with it may investigate reported claims of criminal abuse of a recipient by its employees using the procedures described in HealthWest Policy No. 04-020 and take appropriate disciplinary action against its employees based upon that investigation.
4. A person is not required to report suspected criminal abuse if the individual has knowledge that the incident of suspected criminal abuse has been reported to the appropriate law enforcement agency or the suspected criminal abuse occurred more than 1 year before the date on which it first became known to an individual who would otherwise be required to make a report.
5. An individual required to report suspected criminal abuse is *not required* to disclose confidential information or a privileged communication *except* under one or both of the following circumstances:
 - a. If the suspected criminal abuse is alleged to have been committed or caused by a mental health professional, an individual employed by or under contract to the MDHHS, a licensed facility, or a community mental health services program, or an individual employed by or under contract to MDHHS, a licensed facility, or a community mental health services program.
 - b. If the suspected criminal abuse is alleged to have been committed in one of the following:
 - i. A State facility or a licensed facility.
 - ii. A County CMHSP site.

- iii. The work site of an individual employed by or under contract to MDHHS, or a community mental health services program or a provider under contract to MDHHS, a licensed facility, or a CMHSP.
 - iv. A place where the recipient is under the supervision of an individual employed by or under contract to MDHHS, a licensed facility, a CMHSP, or a provider under contract to MDHHS, a licensed facility, or a CMHSP.
- C. The Office of Recipient Rights will provide a prompt and thorough review of changes of abuse that is fair to both the recipient alleged to have been abused and the charged employee, volunteer, or agent of a provider. Subject to delays involving pending action by external agencies, the office shall complete the investigation not later than ninety (90) days after it receives the rights complaint. Investigation shall be initiated immediately in cases involving alleged abuse, neglect, serious injury, or death of a recipient involving an apparent or suspected rights violation.
- D. If it has been determined through investigation that a right has been violated, HealthWest and each service provider under contract with HealthWest shall take appropriate remedial action that meets all of the following requirements:
- 1. Corrects or provides a remedy for the rights violations.
 - 2. Is implemented in a timely manner.
 - 3. Attempts to prevent a recurrence of the rights violation.
- E. HealthWest and each service provider under contract with HealthWest shall ensure that appropriate disciplinary action is taken against those who have engaged in abuse or neglect.

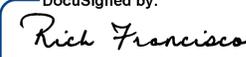
V. REFERENCES

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

The Office of Recipient Rights

Authors Initials LS/lkw



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

I. POLICY

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

II. PURPOSE

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

III. APPLICATION

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

IV. DEFINITIONS

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

- F. **Investigation:** A detailed inquiry into and systematic examination of an allegation raised in a rights complaint.
- G. **Not Substantiated:** A determination by the Recipient Rights Officer/Advisor that an allegation was not able to be proved based on the preponderance of evidence.
- H. **Preponderance of Evidence:** The greater weight of evidence, not as to quantity but as to quality.
- I. **Remedial Action:** If, through investigation, a right has been determined to have been violated, the respondent shall take appropriate remedial action that corrects or provides a remedy for the rights violation, is implemented in a timely manner and attempts to prevent a recurrence of the rights violation.
- J. **Rights Complaint:** A written or oral statement that contains all of the following information: A statement of allegations that give rise to the dispute; A statement of the right or rights that may have been violated; the outcome that the complainant is seeking as a resolution to the complaint.
- K. **Substantiated:** A determination by the Recipient Rights Officer/Advisor that an alleged violation of a right was proven to have occurred by the preponderance of the evidence.

V. COMPLAINT PROCEDURES

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

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

5. Conclusions.
 6. Recommendations, if any.
- L. On substantiated rights violations, the respondent shall take appropriate remedial action that meets all of the following requirements:
1. Corrects or provides a remedy for the rights violation.
 2. Is implemented in a timely manner.
 3. Attempts to prevent a recurrence of the rights violation.
- M. The remedial action shall be documented and made a part of the record maintained by the Office of Recipient Rights.
- N. The Executive Director or her designee shall submit a written summary report to the complainant, recipient, parent of a minor, or guardian within 10 business days after the Executive Director receives a copy of the report of investigative findings. The summary report shall include all of the following:
1. Statement of allegations.
 2. Statement of issues involved.
 3. Citations to relevant provisions of the Mental Health Code, rules, policies, and guidelines.
 4. Summary of investigative findings.
 5. Conclusions.
 6. Recommendations made by the Office of Recipient Rights (if any).
 7. Action taken, or plan of action proposed by the respondent.
 8. A Summary Report which contains a plan of action must indicate a date the action is expected to be completed. Once the action has been completed the executive director must send an amended summary report with a notice to appeal.
 9. A statement describing the complainant's, the recipient's if different than the complainant, parent of a minor, or guardian right to appeal and the grounds for appeal.
- O. Information in the summary report shall be provided within the constraints of the confidentiality/privileged communications sections (748, 750) of the Mental Health Code.
- P. Information in the summary report shall not violate the rights of any employee (ex. Bullard-Plawewski Employee Right To Know Act).
- Q. HealthWest and each service provider under contact with it shall ensure that appropriate disciplinary action is taken against those who have engaged in abuse or neglect. HealthWest and all providers of service will ensure that appropriate action is taken in

regard to Substantiated abuse or neglect of a recipient by an employee, volunteer, or agent of a provider and will subject the employee, volunteer, or agent of a provider to an appropriate penalty, including official reprimand, demotion, suspension, reassignment, or dismissal.

- R. Administrative action will be taken if either HealthWest or provider personnel fail to report suspected violations of rights.
- S. The Office of Recipient Rights shall comply with Muskegon County Personnel Rules and contracts to ensure that investigations are conducted in a manner that did not violate employee rights. Complainants, staff of the office of recipient rights, and any staff acting on behalf of a recipient will be protected from harassment or retaliation resulting from recipient rights activities and that appropriate disciplinary action will be taken if there is evidence of harassment or retaliation.
- T. The Office of Recipient Rights will ensure that rights complaints filed by recipients or anyone on their behalf were received in a timely manner.
- U. A rights investigation may be reopened or reinvestigated by the Office of Recipient Rights if there is new evidence that was not presented at the time of the investigation.

VI. APPEAL/DISPUTE RESOLUTION PROCEDURES

- A. The Recipient Rights Advisory Committee (RRAC) has been appointed by the Board to act as the Appeals Committee and shall include a minimum of six (6) members, broadly representative of the community; at least one-third are primary recipients or family members and at least half of those are primary recipients.
- B. An appeals committee may request consultation and technical assistance from the MDHHS rights office.
- C. Members receive annual training per MCL 330.1755 (2)(a) and any member of the Appeals Committee who has a personal or professional relationship with an individual involved in an appeal shall abstain from participating in that appeal as a member of the committee.
- D. The complainant, the recipient if different than the complainant, or her/his legal representative in the summary report from the Executive Director/designee, will be informed of the following:
 - 1. The complainant, recipient if different than the complainant, or her/his legal representative may file a written appeal with the Appeals Committee not later than forty-five (45) days after the receipt of the summary report.
 - 2. An appeal shall be based on one of the following grounds:
 - a. The investigative findings of the Office of Recipient Rights are not consistent with the facts or with law, rules, policies, or guidelines.
 - b. The action taken or plan of action proposed by the respondent does not provide an adequate remedy.
 - c. An investigation was not initiated or completed on a timely basis.

- E. The Office of Recipient Rights shall advise the appellant there are advocacy organizations available to assist the appellant in preparing the written appeal and shall offer to refer the complainant to those organizations.
- F. In the absence of assistance from an advocacy organization, the Office of Recipient Rights shall assist the appellant in meeting the procedural requirements of a written appeal.
- G. The Office of Recipient Rights shall inform the appellant of the option of mediation.
- H. Within five (5) business days after the receipt of the written appeal, at least 2 members of the Appeals Committee shall review the appeal to determine whether it meets the criteria described above.
- I. If the appeal is denied because the criteria were not met, the appellant shall be notified in writing within the five (5) business day period.
- J. If the appeal is accepted, written notice shall be provided to the appellant within the five (5) business day period.
- K. If the appeal is accepted, a copy of the appeal shall be provided to the respondent and the Executive Director within the five (5) business day period.
- L. Within thirty (30) days after receipt of a written appeal, the Appeals Committee shall meet and review the facts as stated in all complaint investigation documents and shall do one of the following:
 - 1. Uphold the investigative findings of the Office of Recipient Rights and the action taken or plan of action proposed by the respondent.
 - 2. Return the investigation to the Office of Recipient Rights and request that it be reopened or reinvestigated.
 - 3. Uphold the investigative findings of the Office of Recipient Rights but recommend that the respondent take additional or different action to remedy the violation.
 - 4. Recommend that the Board request an external investigation by the State Office of Recipient Rights.
- M. The Appeals Committee shall document its decision in writing and justification for the decision in writing.
- N. Within ten (10) business days after reaching its decision, it shall provide copies of the decision to the respondent, appellant, recipient if different than the appellant, (parent of a minor recipient), and recipient's guardian if one has been appointed, the Executive Director and the Office of Recipient Rights.
- O. The written decision will include a statement of appellant's right to appeal to MDHHS within 45 days from receipt of decision and the ground for appeal (investigative findings of the rights office are inconsistent with facts, or with law, rules, policies, or guidelines).

- P. If the appeals committee returns the investigation to the office of recipient rights to be reopened or reinvestigated, documentation must include justification for the decision made by the appeals committee and recommendations for reinvestigation. The office must complete the reinvestigation within 45 calendar days of receipt of the written decision of the appeals committee and submit to the Executive Director.
- Q. If an investigation is returned to the appeals committee for reinvestigation, upon receipt of the Report of Investigative Findings (RIF), the Executive Director will take appropriate remedial action and will submit a written summary report to the complainant, recipient, if different than the complainant, parent or guardian, and the appeals committee within 10 business days.
- R. Within 10 business days of receipt of the reinvestigation report, the executive director must issue a new Summary Report in compliance with section 782 of the Code. The Summary Report must include level 2 appeal contact information, grounds for appeal as stated in section 786(1) of the Code, the time frame for submission of the appeal, advocacy organizations that may assist with filing the written appeal, and an offer of assistance by the office of recipient rights in the absence of assistance from an advocacy organization.
- S. If the appeal concerns the timeliness of the investigation and the appeals committee confirms that the investigation was not initiated or completed in a timely manner, It is recommend that HealthWest's Executive Director take remedial action to address the lack of timeliness with the rights office.
- T. If a request for additional or different action is sent to the Executive Director, a response will be sent within 30 days as to the action taken or justification as to why it was not taken. The written notice must be sent to the appellant, recipient, if different than the appellant, legal guardian, and the appeals committee.
- U. If the appeal concerns the action taken and recommends the respondent take additional or different action to remedy the violation, the appeals committee must base its determination upon remedial action as defined in section 780 of the Code. Written notice of this recommendation for additional or different action to be taken by the respondent must also be provided to the RMHA, if different than the respondent, and the office of recipient rights.
- V. If the appeals committee recommends that the appeals committee request an external investigation by MDHHS rights office, the board of directors must make the request to the director of MDHHS rights office in writing within 5 business days of receipt of the request from the appeals committee. An external investigation must be conducted within the timeframes outlined under Sec. 778. The MDHHS right office must submit an amended investigative report to the executive director and board of the CMHSP. Within 10 business days of receipt of the amended report the CMHSP executive director must issue an amended summary report in compliance with Sec. 782. The amended summary report must be submitted to the appellant, recipient if different than the appellant, the recipient's legal guardian, if any, the parent of a minor recipient, rights office and the appeals committee. If the appellant still disagrees with the conclusion of the rights investigation or asserts that the investigative findings of the rights office are not consistent with the facts or with law, rules, policies, or guidelines they may file an appeal under Sec. 786.

VII. REFERENCES

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

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

Michigan Mental Health Code, Chapter 7 & 7A

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

Authors Initials LS/lkw



Policy Title: Recipient Rights for Substance Abuse Programs	Policy and Procedure #: 04-026	<u>Review Dates</u>	
Category: Recipient Rights Subject: To provide for the protection of recipients' rights in accordance with the Administrative Rules for Substance Abuse Service Programs in Michigan.	Prepared by: The Office of Recipient Rights	11/26/2025	
	Approved by: DocuSigned by: <i>Rich Francisco</i>		
	Rich Francisco, Executive Director		
	Effective Date: 05/01/2001		
	AA7FBD46ABB04A3...	Last Revised Date: 07/05/2017	

I. POLICY

HealthWest will protect the rights of individuals receiving services in substance abuse programs.

II. APPLICATION

All employees, volunteers, student interns and persons under contract who operate substance abuse treatment programs through HealthWest.

III. PROCEDURE

- A. A recipient as defined in the 1981 Administrative Rules for Substance Abuse Service Programs in Michigan shall not be denied appropriate service on the basis of race, color, national origin, religion, sex, age, mental or physical handicap, marital status, sexual preference, or political beliefs.
- B. The admission of a recipient to this program, or the provisions of prevention services, shall not result in the recipient being deprived of any rights, privileges, or benefits that are guaranteed to individuals by state or federal law or by the state or federal constitution.
- C. A recipient may present grievances or suggested changes in program policies and services to the program staff, to governmental officials, or to another person within or outside the program. In this process, the program shall not in any way restrain the recipient.
- D. A recipient has the right to review, copy, or receive a summary of his or her program records, unless in the judgement of the Executive Director, such actions will be detrimental to the recipient or to others for either of the following reasons:
 - 1. Granting the request for disclosure will cause substantial harm to the relationship between the recipient and the program or to the program's capacity to provide services in general.
 - 2. Granting the request for disclosure will cause substantial harm to the recipient.
 - 3. If the Executive Director determines that such action will be detrimental, the recipient is allowed to review non-detrimental portions of the record or a summary of the record.
 - 4. If a recipient is denied the right to review all or part of his or her record, the reason for the denial shall be stated to the recipient and an explanation of what portions of the record are detrimental and for what reasons, shall be stated in the client record and shall

- be signed by the Executive Director.
5. All requests to review records will be directed to the Executive Director, who is the only staff member authorized to grant such requests.
- E. A program staff member shall not physically or mentally abuse or neglect or sexually abuse a recipient as the terms abuse and neglect are defined in the Substance Abuse Quality Assurance and Licensing Section Administrative Rules.
- F. A recipient has the right to review the written fee schedule.
1. The HealthWest Board will approve any revisions of fees and all recipients will be notified at least two weeks in advance.
 2. The program intake worker will give each applicant a summary of the fees during the intake interview.
- G. A recipient is entitled to receive an explanation of his or her bill upon request, regardless of the source of payment.
- H. Should this program engage in any experimental or research procedure, any or all recipients will be advised as to the procedures to be used and have the right to refuse participation in the experiment or research without jeopardizing their continuing services. State and federal rules and regulations concerning research involving human subjects will be reviewed and followed.
- I. A recipient shall participate in the development of his or her treatment plan using the person-centered-planning process and both the recipient and the case coordinator shall sign the plan or any revisions.
- J. A recipient has the right to refuse treatment and to be informed of the consequences of that refusal. When a refusal of treatment prevents the program from providing services according to ethical and professional standards, the relationship with the recipient may be terminated:
1. With the Executive Director's written approval.
 2. Upon reasonable notice.
 3. Reasons for termination will be recorded in the recipient's case file in the discharge summary.
- K. Upon admission, each recipient is provided with program rules, which are also posted in public places in the program.
1. These program rules inform new recipients of the infractions that can lead to discharge.
 2. The rules describe the mechanism for appealing a discharge decision and which staff have the authority to discharge.
 3. The recipient will sign an acknowledgement that a written copy of the program rules has been received and questions about it answered, which will be placed in the recipient's case file.
- L. A recipient shall have the benefits, side effects, and risks associated with the use of any drugs fully explained in language that is understood by the recipient.
1. The Medical Director is responsible for providing this explanation or for designating staff to do it.
 2. All recipients receiving medication must sign an informed consent form.

- M. A recipient has the right to give prior informed consent, consistent with federal confidentiality regulations, for the use and future disposition of products of special observation audiovisual techniques, such as one-way vision mirrors, tape recorders, television, movies, or photographs.
- N. Fingerprints may be taken and used in connection with treatment or research or to determine the name of a recipient only if expressed written consent has been obtained from the recipient. Fingerprints shall be kept as a separate part of the recipient's record and shall be destroyed or returned to the recipient when the fingerprints are no longer essential to treatment or research.
- O. A recipient has the right to associate and have private communications and consultations with his or her physician and attorney.
- P. These policies and procedures shall be provided to each member of the program staff. Each staff member shall review this material and shall sign an acknowledgement that indicates he or she understands and shall abide by the program's recipient rights policy and procedures.
 - 1. The Executive Director shall ensure each staff member fully comprehends the intent of the policies and procedures.
 - 2. A signed copy of the acknowledgement will be maintained in the staff member's human resources file; the staff member will retain a second copy.
- Q. The Executive Director shall designate the Recipient Rights Officer to function as the Program Rights Advisor. The Rights Advisor shall:
 - 1. Attend all the Substance Abuse Quality Assurance and Licensing training pertaining to recipient rights.
 - 2. Receive and investigate all recipient rights complaints independent of interference or reprisal from administration.
 - 3. Communicate directly with the Coordinating Agency Rights Consultant when necessary.
 - 4. The Recipient Rights Officer shall not provide counseling services.
- R. Rights of recipients shall be displayed in a public place on a poster to be provided by Center for Substance Abuse Services (CSAS). The poster will indicate the Recipient Rights Officer's name and telephone number and the regional rights consultant's name, address, and telephone number.
- S. As part of the intake process, each recipient will receive a CSAS approved brochure that summarizes recipient rights.
 - 1. The intake worker or counselor will explain each right listed on the brochure to the recipient.
 - 2. The recipient will then be requested to sign the rights acknowledgement form to indicate understanding of the rights. If he or she refuses to sign, then the intake worker will note the refusal and the reason given in the client file.
 - 3. If the recipient is incapacitated, he or she shall be presented with the rights brochure, explanation of rights, and opportunity to document understanding of the rights as soon as feasible, but not more than seventy-two (72) hours after admission.
- T. The Recipient Rights Officer shall follow the formal complaint procedure as described in the January 1982 Recipient Rights Procedure Manual.

U. This policy will be reviewed annually by the Recipient Rights Advisory Committee and revised as necessary.

V. REFERENCES

The 1981 Administrative Rules for Substance Abuse Programs in Michigan

MCL 330.1011 et seq.

MCL 333.6230 and 333.6234

Michigan Administrative Code, R325.14101-325.14306 and R 330.7001 - 7260

Authors Initials LS/hb



RRAC Annual Training

Office of Recipient Rights (ORR) Policies – Quick 10-Minute Overview

04-020 Reporting Abuse & Neglect

04-022 Complaint & Appeal Process

04-026 Recipient Rights (SA Programs)



Today's goals (what RRAC needs to know)

By the end of this brief training, RRAC members should be able to:

- Describe core Recipient Rights for Substance Abuse Programs (04-026).
- Know what is “immediately reportable” for abuse/neglect and who must report (04-020).
- Understand complaint handling timelines, documentation, and “preponderance of evidence” standard (04-022).
- Explain RRAC’s role as the Appeals Committee: how appeals are accepted, reviewed, and decided (04-022).

RRAC focus: fair process + timely decisions + conflict-of-interest awareness.



Who is who?

- Recipient: person receiving services.
- Complainant: person filing a rights complaint.
- Respondent: person/area alleged to have violated a right.
- ORR (Recipient Rights Officer/Advisor): receives, investigates, and issues findings.
- Executive Director/designee: issues Summary Report after findings.
- RRAC: serves as the Appeals Committee for eligible appeals.

Evidence standard

Preponderance of Evidence

“Greater weight of evidence” (quality > quantity).

- Substantiated: violation proven by preponderance of evidence.
- Not Substantiated: not proven by preponderance of evidence.
- Remedial Action: action that remedies the violation, is timely, and helps prevent recurrence.



Big idea: admission/treatment must protect legal rights and promote dignity.

Access & fairness

- No denial of appropriate service based on protected status.
- Admission/services do not remove constitutional/legal rights.
- Recipients can raise grievances or suggest policy changes without restraint.

Treatment participation

- Person-centered planning: recipient participates and signs treatment plan/revisions.
- Right to refuse treatment and be informed of consequences.
- If services must end, it requires approval, notice, and documentation.

Safety & respect

- Program staff must not abuse, neglect, or sexually abuse recipients.
- Medication risks/benefits explained in understandable language; informed consent required.
- Private communications with physician and attorney.



Records & privacy

- Recipients may review/copy/receive a summary of records unless the Executive Director determines it would be detrimental.
- If access is partially denied: reason must be explained to the recipient and documented in the record (signed by Executive Director).
- Audiovisual recordings (mirrors, recording, photos): prior informed consent for use and disposition.
- Fingerprints: only with expressed written consent; stored separately; destroyed/returned when no longer essential.

Fees, rules, and intake notices

- Right to review fee schedule; recipients notified of fee revisions at least 2 weeks in advance; fee summary provided at intake.
- Right to an explanation of the bill upon request.
- Program rules are provided and posted; include discharge infractions and how to appeal discharge decisions; recipient signs acknowledgement.
- At intake: recipient receives CSAS-approved rights brochure; staff explain each right; recipient asked to sign acknowledgement (or refusal documented).



Non-negotiable: recipients must not be subject to abuse or neglect — and staff must immediately report suspicion.

Who must report?

- HealthWest employees and contractors.
- Employees/agents of provider agencies under contract.
- Adult/child foster care employees or home operators serving recipients.
- Volunteers and interns.

...and they must cooperate with the ORR investigation.

What is “abuse/neglect”?

- Abuse (Class I–III): includes serious harm/sexual abuse/death (Class I), unreasonable force or emotional harm (Class II), degrading/threatening/sexual harassment language (Class III).
- Neglect (Class I–III): failure to meet required standard of care/treatment; includes failure to report.
- Exploitation: misuse/misappropriation of recipient property/funds for someone else’s benefit.
- Sexual abuse: includes criminal sexual conduct or sexual contact/penetration in service context.



Policy 04-020: How to report (what happens first)



If criminal abuse is suspected:

Make an immediate oral report to law enforcement. File a written report within 72 hours to law enforcement, the Executive Director, and ORR (reporter identity is confidential; good-faith reporting has legal protections).

Then what?

- ORR initiates investigation promptly; abuse/neglect/serious injury/death cases are initiated immediately.
- ORR generally completes investigations within 90 days (subject to external agency delays).
- If a right is violated: remedial action must remedy the violation, be timely, and help prevent recurrence; disciplinary action may be required.



Policy 04-022: Complaint process (timelines that matter)

RRAC doesn't investigate complaints — but understanding the timeline helps when reviewing appeals.



Within 5 business days

Complaint is acknowledged; complainant receives copy. ORR notifies if no investigation is warranted.

During investigation

Status report every 30 days to complainant, respondent, and Executive Director.

By 90 calendar days

Investigation completed (unless delayed by external agencies). Abuse/neglect/serious injury/death → initiated immediately.

After findings are issued:

- Executive Director/designee sends a Summary Report within 10 business days of receiving the findings report.
- Summary includes: allegations/issues, key findings/conclusions, actions taken or plan, and the right/grounds to appeal.
- If there is a plan of action: it must include an expected completion date; when completed, an amended summary report with notice to appeal is issued.

Supports & protections

- ORR assists complainants and can refer to advocacy organizations.
- Complainants and staff involved in recipient rights activities are protected from harassment/retaliation.



Appeals: timing + grounds

- A written appeal must be filed within 45 days after receipt of the Summary Report.
- ORR informs appellants about advocacy resources and the option of mediation.

Grounds for appeal (one or more):

- Findings not consistent with facts or with law/rules/policies/guidelines.
- Action taken or plan does not provide an adequate remedy.
- Investigation was not initiated or completed on a timely basis.

RRAC workflow (at a glance)

Within 5 business days

At least 2 members review whether appeal meets criteria → accept or deny in writing.

Within 30 days of receipt

If accepted, RRAC meets to review record and decide outcome.

Within 10 business days

RRAC issues written decision + justification to all required parties.

Then (if needed)

Decision includes right to appeal to MDHHS within 45 days (limited grounds).

Conflict of interest: any member with a personal/professional relationship to an appeal must abstain.



Three takeaways for RRAC members:

- Recipient rights are proactive: fair access, dignity, privacy, informed consent, and meaningful participation in treatment (04-026).
- Abuse/neglect reporting is immediate and mandatory; report first — ORR sorts out investigation and next steps (04-020).
- RRAC's role is appellate: confirm the appeal meets criteria, review the record, decide within required timeframes, and avoid conflicts (04-022).

Quick reference (memory check)

Key timelines (quick check):

- Complaint acknowledgement: within 5 business days
- Investigation target: within 90 calendar days (subject to external delays)
- Appeal filed: within 45 days of Summary Report receipt (screening within 5 business days)
- RRAC meets within 30 days of appeal receipt; decision issued within 10 business days after decision is reached

Questions?