



Lapeer County Community Mental Health
 Network Providers Monitoring FY2023
 Network Providers End-Of-Year Report

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|----------------------------------|---|
| Purpose | To monitor LCCMH network providers’ compliance to the FY23 contract. Providers are monitored on six domains: Contract Compliance, Recipient Rights, Corporate Compliance, Clinical Assessment, Finance / Data Compliance, and Training Compliance. Providers who do not meet the standard for each domain are required to complete a Corrective Action Plan (CAP) and additional follow-up may be required. |
| Review Schedule | 10/1/2022 – 09/30/2023 |
| Network Provider Monitoring Team | Lauren Emmons, ACSW – Chief Executive Officer Regina MacDonald, MS – Contract Manager Lisa Jolly, BS – Recipient Rights Officer Stephanie Rudow, LMSW, CAADC, CS – Clinical Supervisor/Credentialing & Privileging Committee Chair Emma Brandt, MBA – Chief Financial Officer Lisa Ruddy, MPH, CHES, CHC – Network Monitoring Coordinator / Corporate Compliance Officer |
| Standards | Contract Compliance – 95% Recipient Rights – 95% Corporate Compliance – 100% Clinical Assessment – 95% Finance / Data Compliance – 95% Training Compliance – 100% |

| Provider | Contract Compliance (Standard 95%) | Recipient Rights (Standard 95%) | Corporate Compliance (Standard 100%) | Clinical Assessment (Standard 95%) | Finance/Data Compliance (Standard 95%) | Training Compliance (Standard 100%) | Overall Score |
|---|---|--|---|---|---|--|----------------------|
| Alternative Services, Inc. – Lake Nepessing | 100% | 100% | 100% | 100% | 100% | 98% | 99% |
| Alternative Services, Inc. – Lippincott | 100% | 80% | 100% | 100% | 100% | 96% | 97% |
| Alternative Services, Inc. – Woodlawn | 100% | 80% | 100% | 100% | 100% | 98% | 96% |
| Beacon Specialized Living – Southfield | 100% | 100% | 100% | 100% | 100% | 93% | 99% |
| Beacon Specialized Living – Wave Crest | 100% | 100% | 100% | 100% | 100% | 92% | 99% |
| Burnett AFC | 100% | 100% | 100% | 100% | 100% | 100% | 100% |
| Center for the Arts / Gallery 194 | 100% | 100% | 100% | 100% | 100% | 100% | 100% |
| Central State Community Services – Oregon | 100% | 100% | 100% | 100% | 100% | 60% | 93% |
| Central State Community Services – Vassar | 100% | 100% | 100% | 100% | 100% | 84% | 97% |
| Churchill Farms | 100% | 100% | 100% | 100% | 100% | 100% | 100% |
| Consumer Services / Taylor Life Center | 100% | 100% | 100% | 100% | 100% | 95% | 99% |
| Contract Management Associates, Inc. | 100% | 100% | 100% | 100% | 100% | 100% | 100% |
| Cornerstone AFC | 100% | 100% | 100% | 100% | 100% | 100% | 100% |
| Cynthia McNeil | 100% | 100% | 100% | 100% | 100% | 100% | 100% |
| Diane Vaughan | 100% | 100% | 100% | 100% | 100% | 100% | 100% |

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|---|---|--|---|---|---|--|----------------------|
| Family Literacy Center | 100% | 100% | 100% | 100% | 100% | 100% | 100% |
| Family Services Agency of Mid-Michigan | 100% | 100% | 100% | 100% | 100% | 100% | 100% |
| Flatrock – Brandon | 100% | 80% | 100% | 100% | 100% | 100% | 97% |
| Flatrock - Brookwood | 100% | 100% | 100% | 100% | 100% | 100% | 100% |
| Flatrock – Burton | 100% | 80% | 100% | 78% | 100% | 100% | 93% |
| Flatrock – Flint Township | 100% | 100% | 100% | 78% | 100% | 100% | 96% |
| Flatrock – Flushing | 100% | 100% | 100% | 100% | 100% | 100% | 100% |
| Flatrock – Goodrich | 100% | 100% | 100% | 78% | 100% | 100% | 96% |
| Flatrock – Lapeer North | 100% | 80% | 100% | 78% | 100% | 100% | 93% |
| Genoa Pharmacy | 100% | N/A | N/A | N/A | N/A | N/A | 100% |
| Greater Lapeer Transportation Authority | 100% | 100% | 100% | 100% | 100% | 100% | 100% |
| Guardian Angel Services, 4U, Inc. | 100% | 100% | 100% | 100% | 100% | 100% | 100% |
| Hamilton Community Health Center | 100% | N/A | N/A | N/A | N/A | N/A | 100% |
| Helping Hand Nursing Services | 100% | 100% | 100% | 100% | 100% | 100% | 100% |
| Hope Network – Westwood | 100% | 100% | 100% | 100% | 100% | 91% | 99% |
| Lapeer Teamwork – CLS/Respite | 100% | 100% | 100% | 100% | 100% | 100% | 100% |

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|---|---|--|---|---|---|--|----------------------|
| Lapeer Teamwork – Skill Building / Supported Employment | 100% | 100% | 100% | 100% | 100% | 100% | 100% |
| Life Skills Centers, Inc. | 100% | 100% | 100% | 100% | 100% | 100% | 100% |
| Lighthouse Neurological Rehabilitation Center | 100% | 100% | 100% | 100% | 100% | 100% | 100% |
| Mathews AFC | 100% | 100% | 100% | 100% | 100% | 100% | 100% |
| McLaren Lapeer Region | 89% | 100% | 100% | 83% | 0% | 43% | 69% |
| Michigan Community Services, Inc. – CLS | 100% | 100% | 100% | 100% | 100% | 100% | 100% |
| Michigan Community Services, Inc. – Park St. | 100% | 100% | 100% | 100% | 100% | 94% | 99% |
| ResCare – Briggs | 100% | 80% | 100% | 100% | 100% | 100% | 97% |
| ResCare – Burnside | 100% | 80% | 100% | 100% | 100% | 98% | 96% |
| ResCare – Davis Lake | 100% | 100% | 100% | 100% | 100% | 100% | 100% |
| ResCare – Farnsworth | 100% | 80% | 100% | 100% | 100% | 95% | 96% |
| ResCare – Frances | 100% | 100% | 100% | 100% | 100% | 98% | 99% |
| ResCare – Raymond | 100% | 100% | 100% | 100% | 100% | N/A | 100% |
| ResCare – Reamer | 100% | 100% | 100% | 100% | 100% | 92% | 99% |
| ResCare – Silverwood | 100% | 100% | 100% | 100% | 100% | 100% | 100% |
| Resident Advancement, Inc. – Burleigh | 100% | 100% | 100% | 100% | 100% | 95% | 99% |
| Resident Advancement, Inc. – Hampshire | 100% | 100% | 100% | 100% | 100% | 100% | 100% |
| Resident Advancement, Inc. – North Branch | 100% | 100% | 100% | 100% | 100% | 93% | 99% |

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|---|---|--|---|---|---|--|----------------------|
| Victoria's Assisted Living FKA Caremore of Metamora | 100% | 100% | 100% | 100% | 100% | 95% | 99% |

Summary of Findings

LCCMH had a total of 154 contracts in FY23. During the provider monitoring process, only those contracts which have direct interaction with persons served are reviewed. A total of 53 providers were reviewed. The overall compliance for all domains and providers was 98%, which was a slight improvement from last fiscal year (96%). Overall compliance rates for each domain were as follows:

- Contract Compliance: 100%
- Recipient Rights: 97%
- Corporate Compliance: 100%
- Clinical Assessment: 98%
- Finance/Data Compliance: 96%
- Training Compliance: 98%

Twenty-five providers (47%) required a Corrective Action Plan (CAP) due to one or more areas in noncompliance. This is a decrease from FY22 (69% of providers had a CAP). Most of the CAPs were in the domains of Training Compliance or Recipient Rights. Some common problems with training compliance are providers not keeping copies of the individual plan of service (IPOS) training record, not completing the trainings in the required timeframe, or missing training documentation (certificate or training sign-in sheet).

Many providers have a good rapport with clinical supervisors and Recipient Rights. Many providers have their trainings well-organized and they are easy to review.

Recommendations

- The IPOS in-service form was updated in FY22. A recommendation is to continue to train LCCMH staff and the network providers on how to accurately complete and use the form. This is the biggest training issue with the majority of providers.

- In FY23, LCCMH began conducting onsite training reviews when possible. LCCMH should continue to try to conduct most training reviews onsite to address issues immediately, provide support and build rapport with providers.
- Continue quarterly network provider meetings to share information and explain requirements.
- Improve network provider onboarding process for new providers by meeting with them to discuss contract requirements.
- Work closely with providers who continue to be noncompliant over multiple years in the same area.

LR 7/28/23