

CORRECTIVE ACTION PLAN (CAP)
Michigan Department of Health and Human Services
Division of Child Welfare Licensing

Facility Name West Michigan Partnership for Children	License # CB410381414	Date 5/10/2022
Type of Inspection <input checked="" type="checkbox"/> Renewal/Interim <input type="checkbox"/> Special Investigation#		

Inspecting/Investigating consultant name Melinda Gubbins Michigan Department of Health and Human Services – Division of Child Welfare Licensing		
Address PO Box 232		
City Dorr	State MI	Zip Code 49323

Description of CAP (Optional)

In response to the above noted licensing inspection/investigation, please accept the following corrective action plan to bring the facility into compliance with licensing rules.

Licensing Rule Violation	Is this a subsequent violation for the same rule within 2 years? Yes No	Plan for compliance achievement. If this is a subsequent violation for the same rule, explain why the previous CAP was unsuccessful.	Individual responsible for CAP implementation	Time frame for implementation	Plan for ongoing maintenance, including time frame	Date implemented or completed on
R 400.12212 Personnel records 2.h.	No	Employees who are found to be on the Central Registry after receiving a preliminary offer letter will be terminated immediately within WMPC's electronic HR system. They will not begin work or re-added to WMPC's electronic HR system until it is determined any findings were unsubstantiated	CEO and HR Consultant	April 21, 2022	In weekly meetings, HR Consultant and CEO will have a standing agenda for discussion of central registry results that are outstanding for newly hired employees.	5/6/2022
R 400.12212 Personnel records 3.a. One of six personnel files	No	The staff person's 6-month evaluation has since been completed. WMPC has implemented	CEO and HR Consultant	5/6/2022	HR Consultant/ designated staff will review all staff files at least two times per year (June and December) to	

<p>reviewed did not contain written evaluations as required.</p>		<p>a new Human Resources online system that provides reminders at the time that performance evaluations are due to be completed.</p> <p>HR Consultant/ designated staff will review all staff files at least two times per year (June and December) to ensure performance evaluations are being completed on a timely basis.</p>		<p>June 30, 2022 and ongoing</p>	<p>ensure performance evaluations are being completed on a timely basis. This activity will be documented in a brief report and kept on file.</p>	
<p>Key Performance Indicators Medical-Initial</p>	<p>Yes</p>	<p>The COVID-19 pandemic continued to impact performance throughout the year.</p> <p>Performance dashboards will be reviewed monthly and will be utilized to identify any</p>	<p>Director of PQI</p>	<p>June 1, 2022 and ongoing</p>	<p>Monthly through Medical Liaison and PQI lead meetings and through formal performance review quarterly through contract management meetings, which will be documented via meeting minutes. Monthly monitoring by PQI</p>	

trends in the population not receiving timely medicals. This activity will be documented in a brief report, provided to necessary stakeholders so that performance can be adjusted, and filed with the WMPC PQI Department.

Performance data will be reviewed with the PAFC Medical Liaison group as well as the PQI leads group monthly. Performance data will also be formally reviewed with PAFC leadership quarterly. Trends, barriers and best practices will be identified during these

team, which will be documented through a brief report provided to the appropriate stakeholder and filed with the WMPC PQI team.

meetings.
Meeting minutes
will be taken
at these
meetings, and
filed with WMPC
PQI Department.

As part of the
review process,
WMPC will
continue to
develop
individual
performance
improvement
plans with each
agency. These
plans will
outline
improvement
activities each
agency will
undertake to
achieve
compliance.
These plans
will continue
to be reviewed
and updated
quarterly,
signed by the
PAFC and WMPC
and filed with
the WMPC PQI
Department.

WMPC will work
with agencies

		to develop a written framework for notifying workers of upcoming appointments and reviewing appointments that were missed or not completed timely. WMPC will also monitor upcoming appointments through the book of business monthly to support the agency in preventing untimely visits. This activity will be documented in a brief report provided to the agency to adjust performance accordingly and filed with the WMPC PQI Department.				
Key Performance Indicators	Yes	The COVID-19 pandemic continued to	Director of PQI	June 1, 2022 and ongoing	Monthly through Medical Liaison and PQI lead	

<p>Medical-Periodic (Well Child) Yearly/ (14 Months)</p>		<p>impact performance throughout the year.</p> <p>Performance dashboards will be reviewed monthly and will be utilized to identify any trends in the population not receiving timely medicals. This activity will be documented in a brief report, provided to necessary stakeholders so that performance can be adjusted, and filed with the WMPC PQI Department.</p> <p>Performance data will be reviewed with the PAFC Medical Liaison group as well as the PQI leads group monthly.</p>			<p>meetings and through formal performance review quarterly meetings, documented via meeting minutes. Monthly monitoring by PQI team, which will be documented through a brief report provided to the appropriate stakeholder and filed with the WMPC PQI team.</p>	
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Performance data will also be formally reviewed with PAFC leadership quarterly. Trends, barriers and best practices will be identified during these meetings.

As part of the review process, WMPC will continue to develop individual performance improvement plans with each agency. These plans will outline improvement activities each agency will undertake to achieve compliance. These plans will continue to be reviewed and updated quarterly, signed by the PAFC and WMPC and filed with

the WMPC PQI Department.

WMPC will work with agencies to develop a written framework for notifying workers of upcoming appointments and reviewing appointments that were missed or not completed timely. WMPC will also monitor upcoming appointments through the book of business monthly to support the agency in preventing untimely visits. This activity will be documented in a brief report provided to the agency to adjust performance accordingly and filed with the

		WMPC PQI Department.				
Key Performance Indicators Dental-Initial	Yes	<p>The COVID-19 pandemic continued to impact performance throughout the year.</p> <p>Performance dashboards will be reviewed monthly and will be utilized to identify any trends in the population not receiving timely medicals. This activity will be documented in a brief report, provided to necessary stakeholders so that performance can be adjusted, and filed with the WMPC PQI Department.</p> <p>Performance data will be reviewed with</p>	Director of PQI	June 1, 2022 and ongoing	<p>Monthly through Medical Liaison and PQI lead meetings and through formal performance review quarterly meetings documented via meeting minutes. Monthly monitoring by PQI team, which will be documented through a brief report provided to the appropriate stakeholder and filed with the WMPC PQI team.</p>	

the PAFC Medical Liaison group as well as the PQI leads group monthly. Performance data will also be formally reviewed with PAFC leadership quarterly. Trends, barriers and best practices will be identified during these meetings. Meeting minutes will be taken at these meetings, and filed with WMPC PQI Department.

As part of the review process, WMPC will continue to develop individual performance improvement plans with each agency. These plans will outline improvement

activities each agency will undertake to achieve compliance. These plans will continue to be reviewed and updated quarterly, signed by the PAFC and WMPC and filed with the WMPC PQI Department.

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		agency in preventing untimely visits. This activity will be documented in a brief report provided to the agency to adjust performance accordingly and filed with the WMPC PQI Department.				
Key Performance Indicators Dental-Yearly	Yes	<p>The COVID-19 pandemic continued to impact performance throughout the year.</p> <p>Performance dashboards will be reviewed monthly and will be utilized to identify any trends in the population not receiving timely medicals. This activity will be documented in a brief report, provided to</p>	Director of PQI	June 1, 2022 and ongoing	<p>Monthly through Medical Liaison and PQI lead meetings and through formal performance review quarterly meetings, documented via meeting minutes. Monthly monitoring by PQI team, which will be documented through a brief report provided to the appropriate stakeholder and filed with the WMPC PQI team.</p>	

necessary stakeholders so that performance can be adjusted, and filed with the WMPC PQI Department.

Performance data will be reviewed with the PAFC Medical Liaison group as well as the PQI leads group monthly.

Performance data will also be formally reviewed with PAFC leadership quarterly.

Trends, barriers and best practices will be identified during these meetings.

Meeting minutes will be taken at these meetings, and filed with WMPC PQI Department.

As part of the review process,

WMPC will continue to develop individual performance improvement plans with each agency. These plans will outline improvement activities each agency will undertake to achieve compliance. These plans will continue to be reviewed and updated quarterly, signed by the PAFC and WMPC and filed with the WMPC PQI Department.

WMPC will work with agencies to develop a written framework for notifying workers of upcoming appointments and reviewing appointments that were missed or not

		completed timely. WMPC will also monitor upcoming appointments through the book of business monthly to support the agency in preventing untimely visits. This activity will be documented in a brief report provided to the agency to adjust performance accordingly and filed with the WMPC PQI Department.				
Key Performance Indicators Children's Foster Care Service Plans- Timely Case Plans	No	Performance dashboards will be reviewed monthly and will be utilized to identify any trends in the population not receiving timely service plans. This activity will be documented	Director of PQI	June 1, 2022 and ongoing	Monthly through PQI lead meetings and through formal performance review quarterly meetings, documented via meeting minutes. Monthly monitoring by PQI team, which will be documented through a brief	

in a brief report, provided to necessary stakeholders so that performance can be adjusted, and filed with the WMPC PQI Department.

Performance data will be reviewed with the PQI leads group monthly. Performance data will also be formally reviewed with PAFC leadership quarterly. Trends, barriers and best practices will be identified during these meetings. Meeting minutes will be taken at these meetings, and filed with WMPC PQI Department.

As part of the review process, WMPC will

report provided to the appropriate stakeholder and filed with the WMPC PQI team.

continue to develop individual performance improvement plans with each agency. These plans will outline improvement activities each agency will undertake to achieve compliance. These plans will continue to be reviewed and updated quarterly, signed by the PAFC and WMPC and filed with the WMPC PQI Department.

As part of the performance improvement plan, WMPC will work with agencies to develop a written framework for notifying staff of upcoming plan due dates and reviewing plans not

		<p>completed timely. WMPC will also monitor upcoming due dates through the book of business on a monthly frequency to support the agency in preventing untimely approvals. This activity will be documented in a brief report provided to the agency to adjust performance accordingly and filed with the WMPC PQI Department. WMPC will work with agencies to send notification of plan due dates a week in advance to ensure enough time for timely plan development.</p>				
Key Performance Indicators	Yes	Performance dashboards will be	Director of PQI	June 1, 2022	Monthly through PQI lead meetings and through	

<p>Children's Foster Care Timely Case Service Plan Approvals</p>		<p>reviewed monthly and will be utilized to identify any trends in the population not receiving timely service plan approvals. This activity will be documented in a brief report, provided to necessary stakeholders so that performance can be adjusted, and filed with the WMPC PQI Department.</p> <p>Performance data will be reviewed with the PQI leads group monthly. Performance data will also be</p>			<p>formal performance review quarterly meetings, documented by meeting minutes. Monthly monitoring by PQI team, which will be documented through a brief report provided to the appropriate stakeholder and filed with the WMPC PQI team.</p>	
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		<p>formally reviewed with PAFC leadership quarterly. Trends, barriers and best practices will be identified during these meetings. Meeting minutes will be taken at these meetings, and filed with WMPC PQI Department.</p> <p>As part of the review process, WMPC will continue to develop individual performance improvement plans with each agency. These plans will outline improvement activities each agency will</p>				
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undertake to achieve compliance. These plans will continue to be reviewed and updated quarterly, signed by the PAFC and WMPC and filed with the WMPC PQI Department.

As part of the performance improvement plan, WMPC will work with agencies to develop a written framework for notifying supervisors of upcoming approval due dates and reviewing approvals not completed timely. WMPC will also monitor

		upcoming due dates through the book of business on a monthly frequency to support the agency in preventing untimely approvals. This activity will be documented in a brief report provided to the agency to adjust performance accordingly and filed with the WMPC PQI Department. WMPC will work with agencies to send notification of approval due dates a week in advance to ensure enough time for comments and				
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		amendments before approval.				
Key Performance Indicators Supervisor Oversight	Yes	<p>Due to the pandemic, over the last year many meetings were being completed virtually. Infoview did not capture this information for many months. This has contributed to the documentation of lower performance.</p> <p>Performance will be monitored monthly and formally reviewed with each PAFC quarterly. This activity will be documented in a brief report, provided to necessary stakeholders so</p>	Director of PQI	June 1, 2022	Through formal performance review quarterly meetings, which will be documented via meeting minutes. Monthly monitoring by PQI team, which will be documented through a brief report provided to the appropriate stakeholder and filed with the WMPC PQI team.	

		<p>that performance can be adjusted, and filed with the WMPC PQI Department. As part of the review process, WMPC will develop individual performance improvement plans with each agency. These plans will outline improvement activities each agency will undertake in order to achieve compliance. These plans will continue to be reviewed and updated quarterly, signed by the PAFC and WMPC and filed with the WMPC PQI Department.</p>				
CWCC Contract: Attachment F Inclusivity	Yes	WMPC will discuss the requirement	Director of PQI	June 1, 2022 and ongoing	Through formal performance review quarterly	

<p>Corrective Action Plan Approvals</p>		<p>that all corrective action plans must be approved by WMPC with all PAFC's and supportive service agencies. An email will be sent to PAFC and supportive service agency leadership outlining this requirement. The topic will also be discussed in the PAFC Director/WMPC Director meeting at least twice over the next year and will be documented in meeting minutes. The requirement will be added to the WMPC PQI Manual, which will be provided to the PAFC's and supportive services agencies.</p>			<p>meetings, which will be documented through meeting minutes.</p>	
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Corrective Action Plans must be signed by the Chief Administrator.

The Chief Administrator must sign the initial corrective action plan (required).

Signature <i>Sonia Norman</i>	Title Chief Executive Officer	Date 5/10/2022
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Signature <i>Kim BAA</i>	Title Dir of Performance & Quality Improvement	Date 5/10/2022
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Signature	Title	Date
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Signature	Title	Date
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**Please accept my signature as confirmation this corrective action plan has been fully implemented.
(Must be signed by the Chief Administrator).**

Signature	Title	Date
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