

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


Facility Name West MI Partnership for Children	License # CB410381414	Date 6/6/2023
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 701 S. Elmwood, Ste. 11		
City Traverse City	State Mi	Zip Code 49684

Description of CAP (Optional) CAP following Interim Inspection conducted on 6/1/23
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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
<p>Type in the licensing rule number, policy number, Contract or MISEP violation in this section. I.e.,</p> <p>Rule 1 Resident Restraint</p> <p>Or</p> <p>FOM 722-06b Family Team Meetings</p> <p>Or</p> <p>MISEP 6.7 Maximum children in a foster home</p>	<p>Answer yes or no as to whether this is a repeat violation in the last two (2) years. This includes special investigations and interim / renewal inspection reports.</p>	<p>This section reflects the immediate remedies or actions your program took/is taking to correct the violation.</p> <p>Keep information concise.</p> <p>All items must be concrete, measurable, and verifiable.</p> <p>Make sure to state how you will document each item.</p> <p>If documents are referenced, make sure to attach to the email.</p> <p>If this is a repeat violation, you must report</p>	<p>This section must note the persons responsible for implementing the CAP, as relevant to the violation and to each CAP item. Be sure to include all persons responsible, and not just the Chief Administrator. Just their titles are needed.</p>	<p>This is the date that each CAP item was initially implemented or is going to be implemented. All items must be implemented and completed within a maximum of six (6) months of CAP submission.</p>	<p>This section is to report how your program will ensure the items in the Plan for Compliance section are completed and sustained. This is where you outline what oversight is in place to ensure ongoing compliance. This might be implementation of new policies/procedures, increased supervision, new tracking or audit tools, etc. These items must also be concrete and verifiable. Make sure to state how you will document each item.</p>	<p>This is the date that documents when all of the CAP items have been completed in full. This could be the same as the timeframe for implementation, but it may be later. All items must be completed within a maximum of (6) months of CAP approval.</p>

		<p>why the previous CAP was unsuccessful in this section. Your CAP items above should address any deficiencies that prevented the previous CAP from being successful.</p>			<p>Dates should be included in this section if the proposed ongoing maintenance will cease at some point and not incorporated into everyday practice by facility/agency.</p>	
<p>Use the following rows for each additional violation in the same manner until all violations have a CAP.</p>						
<p>CPA Rule 400.12214 Compliance with 1975 PA 238</p>	<p>No</p>	<p>The onboarding checklist on WorkforceGo, WMPC's PEO software, has been updated to include the DCWL Clearance form/check. The onboarding checklist is completed by the hiring supervisor and WorkforceGo requires the onboarding checklist to be 100% complete before the employee is</p>	<p>Rhoda Kreuzer, Human Resources.</p>	<p>3/30/2023</p>	<p>The DCWL Check will remain on the onboarding checklist for all new hires after March 2023. HR audits employee files on a quarterly basis to ensure ongoing compliance. Any deficits are immediately remediated by HR.</p>	

		onboarded. HR audits employee files on a quarterly basis to ensure ongoing compliance. 				
CWCC Contract: Attachment I. KPI: Medical-Initial. At least 85% of the children supervised by the Grantee will have an initial medical examination within 30 days of removal.	Yes	All WMPC agencies began using the Kent HLO to assist with scheduling initial medical appointments for all youth entering care.  WMPC and PAFC have also begun monthly case conferences for all missed visits from the prior month. WMPC plans to monitor the effect of this process by documenting the results of the case conference on an excel sheet, including reason(s) appointment was missed and efforts agency made. Meeting notes will be recorded on a word template or OneNote and distributed to the group at the end of each meeting.	Melissa Cottengim, Director of Performance and Quality Improvement	6/1/2023	Medical/Dental workgroup meets monthly, added as a standing agenda item. PQI team will track and monitor each initial medical appointment, aggregate/analyze the data, and present to the WMPC Network at least monthly. This will allow us to monitor the effectiveness  of the HLO process in real time and adjust the procedure based on the data.	

<p>CWCC Contract: Attachment I. KPI: Medical-Periodic (Well Child)/ Yearly. Following an initial medical examination, at least 95% of children supervised by the Grantee shall receive periodic medical examinations and screenings according to the guidelines set forth by the APA and/or yearly medical examinations and screenings.</p>	<p>Yes</p>	<p>A new procedure was introduced (May 2023) whereas PAFC notifies WMPC prior to missed visits to assist with barriers. WMPC and PAFC have also begun monthly case conferences for all missed visits from the prior month. WMPC plans to monitor the effect of this process by documenting the results of the case conference on an excel sheet, including reason(s) appointment was missed and efforts agency made. Meeting notes will be recorded on a word template or OneNote and distributed to the group at the end of each meeting.</p>	<p>Melissa Cottengim, Director of Performance and Quality Improvement</p>	<p>5/02/2023</p>	<p>Medical/Dental workgroup meets monthly, added as a standing agenda item. PQI team will track and monitor each periodic medical appointment, aggregate/analyze the data, and present to the WMPC Network at least monthly. This will allow us to monitor the effectiveness of the HLO process in real time and adjust the procedure based on the data.</p>	
<p>CWCC Contract: Attachment I. KPI: Dental-Initial. At least 90% of children supervised by the Grantee</p>	<p>Yes</p>	<p>A new procedure was introduced (May 2023) whereas PAFC notifies WMPC prior to missed visits to assist with barriers. WMPC and PAFC have</p>	<p>Melissa Cottengim, Director of Performance and Quality Improvement</p>	<p>5/02/2023</p>	<p>Medical/Dental workgroup meets monthly, added as a standing agenda item. PQI team will track and monitor each initial dental</p>	

<p>shall have an initial dental examination within 90 days of removal unless the child has had an exam within six months prior to placement or the child is less than four years of age.</p>		<p>also begun monthly case conferences for all missed visits from the prior month. WMPC plans to monitor the effect of this process by documenting the results of the case conference on an excel sheet, including reason(s) appointment was missed and efforts agency made. Meeting notes will be recorded on a word template or OneNote and distributed to the group at the end of each meeting.</p>			<p>appointment, aggregate/analyze the data, and present to the WMPC Network at least monthly.</p>	
<p>CWCC Contract: Attachment I. KPI: Dental-Yearly. At least 95% of applicable children supervised by the Grantee shall have a dental examination at least every 12 months.</p>	<p>Yes</p>	<p>A new procedure was introduced (May 2023) whereas PAFC notifies WMPC prior to missed visits to assist with barriers. WMPC and PAFC have also begun monthly case conferences for all missed visits from the prior month. WMPC plans to monitor the effect of this process by</p>	<p>Melissa Cottengim, Director of Performance and Quality Improvement</p>	<p>5/02/2023</p>	<p>Medical/Dental workgroup meets monthly, added as a standing agenda item. PQI team will track and monitor each yearly dental appointment, aggregate/analyze the data, and present to the WMPC Network at least monthly.</p>	

		documenting the results of the case conference on an excel sheet, including reason(s) appointment was missed and efforts agency made. Meeting notes will be recorded on a word template or OneNote and distributed to the group at the end of each meeting.				
<p>Children's Foster Care Service Plans- Timely Case Plans</p> <p>At least 95% of children supervised by the Grantee shall have an initial service plan completed within 30 days of entry into foster care and quarterly thereafter in accordance with the guidelines in FOM</p>	Yes	Review of KPIs/Best Practices has been added to the EMT Sub Committee as a standing agenda item. The meeting occurs monthly and has representation from WMPC and all PAFCs. The purpose of this agenda item is to allow for regular review of metrics and dissemination of best practices.	Krystle Bailey, Manager of Care Coordination .	7/1/2023	EMT Subgroup will document meeting notes including insights from the data review and best practices. Meeting notes are documented and distributed to the group to share information and best practices within the network.	

<p>Children's Foster Care Timely Case Service Plan Approvals At least 95% of children supervised by the Grantee shall have a case service plan approved within 14 days of case worker submission to the supervisor for review (FOM 722-09 Policy).</p>	<p>Yes</p>	<p>Review of KPIs/Best Practices has been added to the EMT Sub Committee as a standing agenda item. The meeting has representation from WMPC, all five PAFCs, and X and meetings bimonthly. The purpose of this agenda item is to allow for regular review of metrics and dissemination of best practices.</p>	<p>Krystle Bailey, Manager of Care Coordination</p>	<p>7/1/2023</p>	<p>EMT Subgroup will document meeting notes including insights from the data review and best practices. Meeting notes are documented and distributed to the group to share information and best practices within the network.</p>	
<p>All subcontractor CAPs must be reviewed and approved by the Grantee prior to submitting to DCWL.</p>	<p>Yes</p>	<p>PAFC and WMPC directors meet bi-weekly. A standing agenda item of updates has been added as a reminder for directors to send any CAPs to WMPC prior to DCWL.</p>	<p>Melissa Cottengim, Director of Performance and Quality Improvement</p>	<p>6/15/2023</p>	<p>Director meetings occur bimonthly via Teams and minutes of the meeting are recorded and distributed to participants at the end of each meeting.</p>	

Corrective Action Plans must be signed by the Chief Administrator.

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

<p>Signature <i>Sonia Spelman</i></p>	<p>Title Chief Executive Officer</p>	<p>Date 6/22/23 6/29/23</p>
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<p>Signature</p>	<p>Title</p>	<p>Date</p>
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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 CA re-signs when fully implemented	Title Include title	Date Re-signed
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