



RICK SNYDER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF COMMUNITY HEALTH

NICK LYON
DIRECTOR

November 7, 2014

Office of Internal Audit Services
Office of the State Budget
George W. Romney Building
111 South Capitol, 6th Floor
Lansing, Michigan 48913

Dear Sir or Madam:

In accordance with the State of Michigan, Financial Management Guide, Part VII, attached are the preliminary summary table identifying our responses and corrective action plans to address recommendations contained within the Office of the Auditor General's Performance Audit of the Office of Recipient Rights.

Questions regarding the summary table or corrective action plans should be directed to me at (517) 373-1508 or Myersp3@michigan.gov.

Sincerely,

Signature Redacted

Pam Myers, Director
DCH Office of Audit

Enclosure

Cc: Office of the Auditor General
House Fiscal Agency
Senate Fiscal Agency
Executive Office
DCH, Nick Lyon
DCH, Timothy Becker

House Appropriations Committee
House Standing Committee
Senate Appropriations Committee
Senate Standing Committee
DCH, John Sanford
DCH, Karla Ruest

PERFORMANCE AUDIT OF THE
OFFICE OF RECIPIENT RIGHTS

DEPARTMENT OF COMMUNITY HEALTH

OCTOBER 7, 2014

AUDIT RESPONSE

Approved: Signature Redacted
Tim Booker, Acting Chief Deputy Director
Department of Community Health

Date: 10/10/2014



AUDIT REPORT SUMMARY

DEPARTMENT: Community Health
AUDIT PERIOD: October 1, 2010 through May 31, 2013
REPORT DATED: August 8, 2014

DISPOSITION OF AUDIT RECOMMENDATIONS

<u>CITATIONS COMPLIED WITH</u>	<u>CITATIONS TO BE COMPLIED WITH</u>	<u>CITATIONS DCH DID NOT AGREE WITH</u>
	Finding 1	
Finding 2		
	Finding 3	
	Finding 4	
Finding 5		
	Finding 6	
Finding 7		
		Finding 8

**Audit Response
Performance Audit
Office of Recipient Rights
Department of Community Health
October 1, 2010 through May 31, 2013**

Recommendation 1: Timeliness of Complaint Resolution

The OAG recommended that ORR initiate investigations immediately upon receipt of complaints involving alleged abuse or neglect. The OAG also recommended that ORR timely complete interventions and investigations.

Response:

ORR continues to explore additional controls to ensure the timely initiation and completion of interventions and investigations. This corrective action is ongoing. The ORR Field Manager met with field staff on 03/06/2014 and 07/17/2014 to ensure that compliance requirements are understood by field staff. ORR Procedures 02-01-02 and 02-01-03 were revised on 03/17/2014 to update and clarify ORR processes.

DCH anticipates completion by December 31, 2014.

Recommendation 2: Review of Recipient Deaths

The OAG recommended that ORR perform preliminary reviews of all patient deaths that State psychiatric hospitals report to ORR. The OAG also recommended that ORR maintain sufficient documentation to support that ORR performed preliminary reviews of all patient deaths.

Response:

ORR revised ORR Procedure 02-02-02 on 06/06/2013 to require that the facility rights advisor report, upon notification by the facility, all deaths and forward copies of all completed Review of Recipient Death forms to the ORR Field Manager.

DCH has complied with this finding.

Recommendation 3: Complaint Notifications

The OAG recommended that ORR ensure that it provides complete and timely complaint information to all parties as required by the Mental Health Code.

Response:

ORR continues to explore additional controls to ensure that it provided complete and timely complaint information to all parties as required by the Mental Health Code. This corrective action is ongoing. ORR Field Manager met with field staff on 03/06/2014 and 07/17/2014 to ensure that compliance requirements are understood by field staff. ORR Procedures 02-01-01, 02-01-02 and 02-01-03 were revised on 03/17/2014 to update and clarify ORR processes.

DCH anticipates completion by December 31, 2014

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Recommendation 4: Incident Reports

We recommend that ORR document that it timely reviews incident reports.

Response:

ORR procedure 02-03-03 has been deleted and Incident Reviews are now part of a new policy on Patient Care Monitoring (02-02-01 dated 04/01/2014). Review of Incident Reports will be re-evaluated with the implementation of the electronic medical record. Currently two of the five hospitals have converted and further implementation is on hold at this time.

DCH anticipates compliance by February 1, 2015.

Recommendation 5: Community Mental Health Services Program (CMHSP) Assessments

The OAG recommended that ORR perform all required monitoring activities when conducting assessments of CMHSPs. The OAG also recommended that ORR improve the process used to document and score assessments of CMHSPs.

Response:

Revisions were made to ORR Procedure 03-01-01 with the effective date of 01/09/2014. The revision to the CMHSP Assessment Procedure allows for flexibility based on the individual circumstances of the CMHSP rights system.

In January 2014, the ORR Community Rights Unit also reviewed and revised the assessment scoring tools to assure consistency. The new tools were implemented 03/04/2014 with the Livingston County CMH recipient rights office system.

DCH has complied with this finding.

Recommendation 6: Semiannual Recipient Rights Data

The OAG recommended that ORR semiannually review recipient rights data submitted by CMHSPs and licensed private psychiatric hospitals and units to determine trends and patterns. The OAG also recommended that ORR semiannually provide a summary of the recipient rights data to CMHSPs and the DCH director.

Response:

ORR is currently evaluating data received from both licensed psychiatric hospitals and CMHSP rights offices. Request for additional data was made in August 2014. The report will contain comparative analysis between the two rights systems.

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DCH anticipates compliance by October 15, 2014.

Recommendation 7: New Employee Recipient Rights Training

The OAG recommended that ORR monitor to ensure that all new DCH employees receive recipient rights training within 30 days of employment.

Response:

Monitoring system for all MDCH Central office staff developed and implemented 03/01/2014. Monitoring system for staff at MDCH Hospitals and Centers developed was implemented 10/05/2014.

DCH has complied with this finding.

Recommendation 8: Contract Procurement

The OAG recommended that ORR follow DTMB procurement processes when selecting facilities for the annual recipient rights conferences.

Response:

MDCH received clarification from DTMB's Office of Purchasing which exempted the Michigan Department of Community Health from the Buy4Michigan competitive bid requirement for rentals of facilities for conferences. Moving forward, MDCH is planning to add administration of the Annual Recipient Rights Conference to the new Behavioral Health Training Grant Agreement.