



STATE OF MICHIGAN
DEPARTMENT OF CORRECTIONS
LANSING

GRETCHEN WHITMER
GOVERNOR

HEIDI E. WASHINGTON
DIRECTOR

August 1, 2023

Mr. Rick Lowe
Chief Internal Auditor
State Budget Office
Office of Internal Audit Services
111 S Capitol Ave
7th Floor, Romney Building
Lansing, MI 48933

Dear Mr. Lowe:

In accordance with the State of Michigan, [Financial Management Guide, Part VII](#), enclosed is our final corrective action plan to address recommendations contained within the Auditor General report from the Follow-up Audit of the Michigan Department of Corrections Women's Huron Valley Correctional Facility.

Questions regarding the corrective action plan should be directed to Julie Hamp, PMCD Administrator and MDOC Audit Liaison.

Sincerely,

A handwritten signature in blue ink that reads "Heidi E. Washington".

Heidi E. Washington
Director

Enclosure (1)

cc: Executive Office
Office of the Auditor General
House Fiscal Agency
Senate Fiscal Agency
Lia Gulick, Deputy Director
Julie Hamp, PMCD Administrator
Tony Costello, Audit Manager



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	Complied	Will Comply	Partially Complied	Will Not Comply
Agrees		471-0241-17F 471-0301-19F		
Partially Agrees				
Disagrees				

Finding 1: 471-0241-17F

Cell Searches (material)

The OAG reported in their follow up audit that the completion of cell searches still needs improvement.

Agency Response

The Department agrees and will comply.

In response to the recommendations of the auditors, WHV is adding an additional column in their cell search tracking that will account for additional searches that may be required to ensure documentation demonstrates that EVERY prisoner cell is searched each month.

In July 2022, WHV also took immediate action during the audit to establish a new security Monitoring exercise (SME) for a supervisor to attend and observe cell searches to ensure a thorough and complete cell search was being conducted.

The Department has been investigating any concerns of falsification of documentation.

The following process has been enhanced for oversight of the cell search SME.

- *It is tracked monthly and gives direct in person overview of the cell search by a supervisor.*
- *Training will be delivered on the spot as the supervisor observes, and any needed corrective action will also be initiated at the time of the search.*
- *The inspector reviews completed SME's ensuring all elements are completed. Any issues identified it is referred to the ADW.*
- *The elements of the SME will be monitored by the ADW for compliance.*

The process will be fully implemented and have data to support the changes by January 2024

Corrective action on performance issues were issued where searches that may have been in a short time frames.

Employee Searches (material)

The OAG reported in their follow up audit that the facility still needs to improve in conducting all required employee searches.

Agency Response

The Department agrees and will comply.

The facility is also delivering training from now through January 2023, to train their staff completing employee searches. A shift Supervisor will report to the gate area every day during employee shakedowns to observe and ensure all searches are conducted according to policy. Following the training, an Inspector will review a random selection of video recordings of employee searches five times per month verifying quality of searches.

The Deputy Warden will review the Inspectors monthly report out on employee search videos. Any video found not in compliance will be referred for corrective or disciplinary action.

The process will be fully implemented and have data to support the changes by January 2024

The Department has initiated investigations on concerns of falsification of documentation.

Finding 2: 471-0301-19F

Timely chronic care condition healthcare assessments (material)

The OAG reported in their follow up audit that a material condition still exists in timely completion of chronic care assessments.

Agency Response:

The Department agrees and will comply.

BHCS agrees that it is important to ensure chronic care condition healthcare assessments are scheduled and completed timely. It is noteworthy that even during the pandemic, BHCS reduced their percentage of exceptions from 28% to 14% in the random samples pulled.

BHCS has developed a more enhanced statewide training that will be delivered to GP/WP providers and MDOC schedulers in the enrollment and scheduling of the chronic care clinics. This will be a requirement for all new providers and schedulers. The first round of training is expected to be completed in April 2023. BHCS will establish a spot check audit to ensure that the training has been delivered and is followed.

BHCS will also be implementing a monitoring process where the HUM's will complete random audits to ensure that schedulers are effectively managing the process of scheduling chronic care assessments, and any prisoner records that have been flagged as past due will receive priority scheduling. BHCS will work with the COMs Team to explore the development of a report in a future COMs enhancement that will identify the records that are out of compliance.

Through risk stratification every prisoner receives a new risk score monthly. The BHCS (Bureau of Healthcare Services) has engaged the MSAC (Medical Services Advisory Committee) to develop guidelines which will clarify the utilization of risk stratification in case management. Regarding frequency each risk score falls within an established range and the ranges along with clinical judgement are utilized for scheduling. This guideline is estimated to be in place by April 2023.

The training at WHV will be delivered by the Regional Health Information Manager (RHIM). Providers, Schedulers, the Health Unit Manager (HUM) , Director of Nursing (DON) and Registered Nurses (RN) will be trained according to the process clarified by the MSAC guideline. Training will be documented with the MDOC's CAR-854 training attendance form and for State of Michigan (SOM) employees documented in the State of Michigan Learning Center (SOMLC). This will be completed by September 2023.

The HUM and facility Health Information Manager (HIM) will continue to monitor the entire process through the annual Continuous Quality Improvement (CQI) Plan. The plan will require annual audits that include timely chronic care healthcare assessments. The Nurse Advisory Committee will develop the audit tools by January 2024. The tool will require continued audits for those areas out of compliance until the compliance threshold is obtained. The DON and RHIM will provide oversight to ensure the plan of action is followed.