



STATE OF MICHIGAN

GRETCHEN WHITMER
GOVERNOR

DEPARTMENT OF HEALTH AND HUMAN SERVICES
LANSING

ELIZABETH HERTEL
DIRECTOR

January 9, 2026

Jessica Thomas, Chief Internal Auditor
Office of Internal Audit Services
111 S. Capitol Avenue
Lansing, Michigan 48933

Dear Ms. Thomas:

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 Office of the Auditor General report of the Office of Recipient Rights.

All legislative inquiries should be directed to Chardae Burton, Michigan Department of Health and Human Services (MDHHS) Director of Legislative Affairs, at burtonc5@michigan.gov. All other questions regarding the corrective action plan should be directed to me at havenss2@michigan.gov.

Sincerely,

Shannah Havens, CPA, MBA
Director, MDHHS Bureau of Audit

Enclosure (1)

c: Executive Office
Office of the Auditor General
House and Senate Fiscal Agencies
House and Senate Oversight Committees
House and Senate Appropriations Committee
House Appropriations Subcommittee on Human Services
Senate Appropriations Subcommittee on MDHHS
House Health Policy Committee
Senate Health Policy Committee
Senate Housing and Human Services Committee
Elizabeth Hertel, MDHHS, Director
David Knezek, MDHHS, Chief Operating Officer
Amy Epkey, MDHHS, Senior Deputy Director, Financial Operations Administration
Chardae Burton, MDHHS, Director, Legislative Affairs
Raymie Postema, MDHHS, Director, Office of Recipient Rights
Laura Blodgett, MDHHS, Senior Deputy Director, Communications Administration

Michigan Department of Health and Human Services
 Office of Recipient Rights (391-0120-24)
 Issued by the Office of the Auditor General
 September 2025
 Department Final Corrective Action Plan

Summary Response Matrix

	Complied	Will Comply	Partially Complied	Will Not Comply
Agrees	Finding 1 Finding 3, part d. Finding 6		Finding 2 Finding 3, part a Finding 5 Finding 8	
Partially Agrees	Finding 7			
Disagrees				Finding 3, parts b., c., e., and f Finding 4

Comment on CAP from Michigan Office of the Auditor General (03/18/2026, 3:15 PM)

Findings 3 and 4 are material conditions and ORR indicates it will not comply with related recommendations for improvements.

Finding 3, parts b., c., e. and f. report weaknesses in ORR's monitoring of:

- State Psychiatric Hospital (SPH) video and/or audio surveillance capability and availability.
- SPH incident reports.
- SPH rights advisors' independence.
- Categorization of recipients' complaints to help ensure they are appropriately and timely addressed.

Finding 4 reports weaknesses in ORR's on-site and annual reviews of CMHSPs' and LPHs' recipient rights systems. Approximately 90% of recipient rights complaints are directed to CMHSP's and LPH's. See Findings 3 and 4 on pages 21 and 29 of the [audit report](#).

Comment on CAP from Michigan Office of the Auditor General (03/18/2026, 3:15 PM)

ORR indicates it agrees, has complied with the recommendation, and completed its corrective actions. However, the indicated action of emptying complaint boxes without review and excluding collection on weekends and holidays would not fully address this material finding and the related recommendation. See pages 14 and 15 of our [audit report](#).

Final Corrective Action Plan

Finding Number 1

Finding Title: Improvement needed in collecting alleged rights violation complaints.

Department Response

Management Views: Office of Recipient Rights (ORR) agrees with the finding.

Planned Corrective Action and Milestones: ORR agrees with the finding and recognizes there are always opportunities for process improvements. Although there is no national mandate or standard to retrieve and review complaints daily, ORR is committed to the protection of recipient rights and timely investigations. ORR reviews complaints received in-person, via e-mail, mail, phone or fax daily. Beginning November 2025, complaint boxes are emptied daily, excluding weekends and holidays. A written procedure was also developed to ensure timely notification of allegations of abuse and neglect.

Anticipated Compliance Date: Completed

Responsible Individual: Raymie Postema, Director, MDHHS Office of Recipient Rights

Finding Number 2

Finding Title: Improved timeliness needed in responding to complaints and carrying out investigations and interventions.

Department Response

Management Views: Office of Recipient Rights (ORR) agrees with the finding.

Planned Corrective Action and Milestones:

Regarding timely initiation in parts a and b (see Finding 1), ORR agrees and recognizes there are always opportunities for process improvements. Although there is no national mandate or standard to retrieve and review complaints daily, ORR is committed to the protection of recipient rights and timely investigations. ORR reviews complaints received in-person and via e-mail, mail, phone or fax daily. Beginning November 2025, complaint boxes are emptied daily, excluding weekends and holidays. A written procedure was also developed to ensure timely notification of allegations of abuse and neglect.

ORR also agrees with parts c, d, and e related to timely completion of statutorily required reports and recognizes there are opportunities for improvement in this area as well. MDHHS has requested appropriations in the FY2026 budget for two additional ORR positions, including a rights representative to help ensure timely initiation of the complaint process and a rights manager to assist in monitoring to improve timely completion of all statutorily required reports. However, these appropriations were not approved. In response, ORR initiated a work intake request and is actively transitioning from a paper-based filing system to an electronic system, with the goal of improving the efficiency and auditability of complaint case files.

ORR's role is to investigate or intervene on a recipient's behalf to determine if there was a rights violation after the alleged violation has already occurred. It is the State Hospital Administration's (SHA's) responsibility per federal law to take any necessary action during the course of investigations to minimize risks of harm to recipients and ensure action to remediate the violation. As pointed out in the example case, although ORR made recommendations related to training opportunities based on the findings, the hospital had already taken action to mitigate the risk to the recipient. Also, SHA takes immediate action in cases of alleged abuse and neglect by removing the staff from the recipient's care during the investigation.

Anticipated Compliance Date: March 1, 2026

Responsible Individual: Raymie Postema, Director, MDHHS Office of Recipient Rights

Finding Number 3

Finding Title: Improvement needed in ORR's monitoring activities to help minimize the potential risks of harm to recipients' well-being and/or rights.

Department Response

Management Views: Office of Recipient Rights (ORR) agrees with parts a. and d. of the finding. ORR disagrees with parts b., c., e., and f. of the finding. Refer to the department's response in report 391-0120-24.

Planned Corrective Action and Milestones: For part a., ORR agrees and recognizes there are always opportunities for improvements and is committed to the protection of recipient rights and

Comment on CAP from Michigan Office of the Auditor General (03/18/2026, 3:15 PM)

Please see the OAG's Auditor's Comments regarding ORR's disagreements for Finding 3, parts b., c., e. and f. on pages 27 and 28 of our [audit report](#) relating to the importance of properly working video surveillance equipment, value of using incident reports, and monitoring rights advisors potential conflicts of interest.

timely investigations. MDHHS has requested appropriations in the FY2026 budget for two additional ORR positions, including a rights representative to help ensure timely initiation of the

complaint process and a rights manager to assist in monitoring to improve timely completion of all statutorily required reports and distribution of bi-weekly investigation and intervention monitoring reports. However, these appropriations were not approved. In response, ORR initiated a work intake request and is actively transitioning from a paper-based filing system to an electronic system, with the goal of improving the efficiency and auditability of complaint case files. Also, ORR hired an executive secretary in August 2025 who has been trained in generating, distributing and retaining the bi-weekly reports.

For part d., ORR agrees with the need to improve its monitoring of the documentation and timeliness of the appeals committee's activities. All exceptions cited occurred prior to 2024, which aligns with the changes made to the ORR appeals coordinator position.

For parts b., c., e., and f. ORR disagrees. Refer to the department's response in report 391-0120-24.

Anticipated Compliance Date: March 1, 2026

Responsible Individual: Raymie Postema, Director, MDHHS Office of Recipient Rights

Finding Number 4

Finding Title: Improvements needed in ORR's reviews of CMHSPs' and LPHs' recipient rights systems.

Department Response

Management Views: Office of Recipient Rights (ORR) disagrees with the finding. Refer to the department's response in report 391-0120-24.

Comment on CAP from Michigan Office of the Auditor General (03/18/2026, 3:15 PM)

Please see the OAG's Auditor's Comments regarding ORR's disagreement with Finding 4 on page 31 of our [audit report](#) noting ORR frequently lacked key information in its CMHSP and LPH assessment documentation and could not evidence it had conducted exit interviews for any of the 16 sampled assessments we reviewed.

Finding Number 5

Finding Title: Improved communication of recipient guaranteed rights and ORR contact information needed in SPHs.

Department Response

Management Views: Office of Recipient Rights (ORR) agrees with the finding.

Planned Corrective Action and Milestones: ORR agrees with the finding and recognizes there are always opportunities for improvement in ensuring patients and families have access to ORR contact information. Although not required, ORR agrees adding specific ORR contact information to the rights informational booklet would be beneficial. ORR will continue to work with SHA to ensure contact information is added to each rights information booklet prior to distribution. Sec. 754(6)(a) requires that ORR ensure that recipients, parents of minor recipients, and guardians or other legal representatives have access to summaries of the rights guaranteed by this chapter and chapter 7a and are notified of those rights in an understandable manner, both at the time services are initiated and periodically during the time

services are provided to the recipient. ORR accomplishes this requirement by providing the required summary of rights in the rights informational booklet that is distributed by the hospital as part of the patient's admission packet and is also available in the hospital lobby or upon request. ORR has revised all posters to include the facility address and updated rights advisor

names. ORR will continue to work with the State Hospital Administration (SHA) to ensure signage is secure and less easily removed by staff or patients. It should be noted that although over 30% of SHA staff responses to the OAG survey indicated posting ORR signs within the hospital as the most effective way for ORR to inform recipients about ORR's services and their rights, no patients or other stakeholders were surveyed for input.

Anticipated Compliance Date: February 15, 2026

Responsible Individual: Raymie Postema, Director, MDHHS Office of Recipient Rights

Finding Number 6

Finding Title: Improvement needed in the timely provision and monitoring of ORR and SPH employee training.

Department Response

Management Views: MDHHS agrees with the finding.

Planned Corrective Action and Milestones: MDHHS agrees with the finding and recognizes there are always opportunities for improvement. The Michigan Civil Service Commission's new hire process was revised on October 24, 2024, to clarify that recipient rights training is required to be completed within 30 days of employment. Currently, Office of Recipient Rights (ORR) receives a report from Michigan Public Health Institute (MPHI) listing MDHHS employees who completed the ORR new hire training. To enhance ORR's ability to ensure all MDHHS central office employees are trained in a timely manner, ORR, MPHI, MDHHS Office of Human Resources, and MDHHS Workforce Transformation implemented a robust process to track all MDHHS employees' date of hire and ORR training date of completion, effective January 2025.

Separately, ORR ensures the State Hospital Administration has policies and contract language in place to ensure all state hospital staff and contract providers have training in recipient rights within 30 days of employment. The Administrative Policy for Facilities (APF 132), Definitions and Reporting of Abuse and Neglect, effective October 1, 2015, requires that "the hospital or center director shall be responsible for assuring that all employees, volunteers and agents of MDHHS are trained in the requirements for reporting alleged incidents of abuse or neglect, and in the rights of recipients, prior to, or within 30 days of, beginning work which requires contact with recipients of mental health services." While the State Hospital Administration has assured that its employees have been trained within 30 days in order to begin working in the unit, ORR has developed a new process with this employee group as well to ensure this training is being tracked appropriately. This new standardized reporting process was developed by ORR in November 2024 to improve its monitoring of state psychiatric hospital employee training.

ORR notified state psychiatric hospital directors that a new standardized reporting tool must be utilized that includes the date of hire and the date staff completed ORR training beginning with the October 2024 through December 2024 reporting period. The quarterly reports are required to be submitted to the MDHHS-ORR training email inbox and will be monitored by the ORR training department to ensure continued compliance with the training requirements.

Anticipated Compliance Date: Completed

Responsible Individual: Raymie Postema, Director, MDHHS Office of Recipient Rights

Finding Number 7

Finding Title: Improved Appeals Committee training and education practices needed.

Department Response

Management Views: Office of Recipient Rights (ORR) agrees that maintaining records clearly documenting appeals committee member training educational material distribution will provide support that trainings were completed and improve the current process. However, ORR disagrees that documentation of appeals committee training had an impact on the exceptions identified within (Finding 3), related to timeliness, assessments of investigations and communication with appellants. Refer to the department's response in report 391-0120-24.

Comment on CAP from Michigan Office of the Auditor General (03/18/2026, 3:15 PM)
Please see the OAG's Auditor's Comments regarding ORR's disagreement on page 37 of our [audit report](#) where we note ORR's appeals training materials outline appeals process time frames, steps to accepting or denying an appeal, and required appellant notifications.

Planned Corrective Action and Milestones: ORR provides training to appeals committee members on an as needed basis, attends appeals meetings to provide technical guidance and maintains a training manual for committee members as required by MDHHS policy. Training is provided as needed because a majority of the committee members have appeals experience prior to joining the committee; however, ORR will document the distribution of training materials to new members going forward and will document any trainings held.

Anticipated Compliance Date: Completed

Responsible Individual: Raymie Postema, Director, MDHHS Office of Recipient Rights

Finding Number 8

Finding Title: Improvements needed in Siebel CRM user access controls.

Department Response

Management Views: MDHHS agrees with the finding.

Planned Corrective Action and Milestones: MDHHS agrees with the finding. and recognizes there are always opportunities to strengthen user access controls. MDHHS will continue to strengthen CRM access controls and has adjusted access roles to align with job responsibilities for the users identified with area administrator roles. MDHHS has ended access for users who left their roles at ORR and still had active CRM access. None of the users had system activity after departure from the department and three of the four users retired and are unable to access the system without State of Michigan network access.

Jessica Thomas
January 9, 2026
Page 7

MDHHS will enhance the current process to ensure the MDHHS CRM Administrator receives timely notification when users' access should be modified or disabled.

Also, the MDHHS CRM has been established within the Database Security Application (DSA), which will document user access requests and approvals in a standardized access form that will include authorized roles and appropriate authorized requestor information. In addition, the DSA will include a semi-annual review of privileged users and an annual review for all users to ensure user permissions remain appropriate.

Anticipated Compliance Date: February 1, 2026

Responsible Individual: Raymie Postema, Director, MDHHS Office of Recipient Rights