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GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

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DIRECTOR

September 8, 2021

Hope Network (SA0240045)
Rochelle Sather, Executive Director of Specialty Services
616 Petoskey Street
Unit 005
Petoskey, MI 49770

SUBJECT: Follow-up Post Licensure Survey Findings for Hope Network (SA0240045)

Dear Ms. Sather:

Pursuant to Michigan Public Health Code, Act 368 of 1978, Part 62, Section 333.6238A, a post licensure survey was conducted on January 7, 2021, with the licensee, Hope Network, in which numerous non-compliance requirements were identified. Hope Network submitted a written plan of correction on January 22, 2021, identifying how the licensee would correct the deficiencies. Continual communication from the State Licensing Section was made in the ensuing months to compel Hope Network into compliance. A follow-up state post licensure survey was conducted on June 2, 2021, to ensure the licensee had implemented their plan of corrections and to verify compliance. However, the follow-up state post licensure survey identified continued non-compliance issues and that the licensee failed to adhere to their own written plan of correction. Due to the continued non-compliance matters and the licensee failing to adhere to their own written plan of correction, an informal compliance conference was held between the Department and Hope Network on June 9, 2021. Hope Network submitted an additional written plan of correction on June 10, 2021, and an additional follow-up state survey was conducted on August 9, 2021, to address the ongoing non-compliance matters.

Participants included:

- Lori Duzan, Director of Quality and Compliance
- Dr. Jean Talsma, Medical Director
- Eileen Chamberlin, Clinical Therapist
- Jen Amos, Practice Lead
- Rochelle Sather, Executive Director of Specialty Services
- Kelly Moore, Regulatory Officer, LARA, State Licensing Section

The additional follow-up state post licensure survey conducted on August 9, 2021, identified the following:

R 325.1363(1) Treatment plans

A treatment plan shall be developed as promptly after the recipient's admission as feasible, but before the recipient is engaged in therapeutic activities.

During the post licensure survey conducted on January 7, 2021, it was noted that the licensee's policies and procedures indicated that the treatment plan should be completed in the first 30 days, which does not meet the requirements set forth in R 325.1363(1). The licensee had 30 days to provide to the Department a copy of the policy and procedure indicating that treatment plans will be completed in accordance with R 325.1363(1).

At the follow-up post licensure survey on June 2, 2021, the licensee had not submitted policies and procedures demonstrating that the treatment plan should be developed as promptly after the recipient's admission as feasible, but before the recipient is engaged in therapeutic activities. The licensee remained in non-compliance with R 325.1363(1).

On August 12, 2021, the licensee submitted a copy of the policy and procedures for treatment planning which indicates that the treatment plan will be completed by the LMSW within the first 30 days, which still does not meet the requirements per R 325.1363(1). The program remains in non-compliance with R 325.1363(1) and will have until September 30, 2021, to provide the Department with a policy and procedure that meets the requirements set forth in R 325.1363(1). If licensee fails to provide evidence of compliance under R 325.1363(1) a notice of intent to revoke will be issued on September 30, 2021.

R 325.1363(2) Treatment plans

Review of, and changes in, the treatment plan shall be recorded in the recipient's record. The date of the review of change, together with the names of the individuals involved in the review, shall also be recorded. A treatment plan shall be reviewed at least once every 120 days by the licensed counselor, LMSW, licensed psychologist, or certified counselor, or other licensed health professional.

During the post licensure survey conducted on January 7, 2021, it was noted that the treatment plans were not reviewed at least once every 120 days. The licensee was found to be in non-compliance with R 325.1363(2)

On January 22, 2021, the licensee submitted a written plan of correction indicating that the treatment team will be trained and reminded that all plans will be reviewed at least quarterly. The licensee indicated that all training would be completed by January 30, 2021, and treatment plans would be reviewed as of February 1, 2021. In addition, the licensee indicated that a random review of charts began on March 15, 2021, to ensure compliance. Actual compliance would be verified during the follow-up post licensure survey.

During the follow-up post licensure survey on June 2, 2021, it was observed that the licensee failed to review the recipient treatment plans at least once every 120 days. In some of the patient charts reviewed, treatment plans had not been reviewed in more than

12 months. In addition, the licensee also failed to adhere to their own written plan of correction in which they had indicated and failed to conduct random chart reviews by the licensee monthly to ensure that the treatment plan reviews had been completed at least once every 120 days. The licensee remained in non-compliance with R 325.1363(2).

During the additional follow-up state post licensure survey conducted on August 9, 2021, it was noted that the treatment plans had been reviewed at least once every 120 days by the licensed counselor, LMSW, licensed psychologist, or certified counselor, or other licensed health professional. The licensee has appeared to correct the non-compliance with R 325.1363(2), but compliance will be re-evaluated at the next licensure survey.

R 325.1369(3) Storage of records; requirements.

Recipient records that contain health care treatment and services shall be maintained for at least 7 years from the date of service and in accordance with the medical records act, 2004 PA 47, MCL 333.26261 to 333.26271.

During the post licensure survey, it was noted that the programs policy for the storage of recipient records that contain health care treatment and services did not specify that the licensee would maintain the records for at least 7 years from the date of service and in accordance with medical records act, 2004 PA 47, MCL 333.26261 to 333.26271. The licensee was found to be in non-compliance with R 325.1369(3).

On January 22, 2021, the licensee submitted a written plan of correction indicating that the policy pertaining to the storage of records would be updated to ensure record retention period of 7 years for persons receiving SUD services. The licensee's plan of correction has addressed the non-compliance with R 325.1369(3).

R 325.1383(6) Medication assisted treatment (MAT) services; requirements.

An applicant or licensee shall employ a medical director. If the medical director is not onsite during all hours of operation, then the licensee shall establish specific timeframes in which the medical director is required to be onsite.

During the post licensure survey conducted on January 7, 2021, it was observed that the medical director was not onsite during all hours of operation and that the licensee did not establish specific timeframes in which the medical director is required to be onsite. The licensee was found to be in non-compliance with R 325.1383(6).

On January 22, 2021, the licensee submitted a written plan of correction indicating that a policy would be developed to reflect the medical director's requirement to be onsite. The licensee failed to demonstrate or provide the required onsite hours of the medical director. The licensee remains in non-compliance with R 325.1383(6). The licensee had 30 days to provide to the Department evidence that the licensee had established specific timeframes in which the medical director is required to be onsite in order to demonstrate compliance with R 325.1383(6).

As of the follow-up post licensure survey that was conducted on June 2, 2021, the licensee had not complied with or provided evidence to the Department that the licensee has established specific timeframes in which the medical director is required to be onsite in order to demonstrate compliance with R 325.1383(6). The licensee remained in non-compliance with R 325.1383(6).

On August 12, 2021, the licensee submitted to the Department a written policy that specifies the timeframes in which the medical director is required to be onsite. The licensee has corrected the non-compliance with R 325.1383(6), however due to the previous non-compliance occurrences this will be verified at the next licensure survey.

R 325.1383(8) Medication assisted treatment (MAT) services; requirements.

The medical director, physician, physician's assistant, or advanced practice registered nurse shall document that the recipient has been diagnosed with a substance use disorder.

During the post licensure survey conducted on January 7, 2021, it was noted that the licensee's policies and procedures allowed for a registered nurse to document that the recipient has been diagnosed with a substance use disorder, which does not meet the requirement per R 325.1383(8). The licensee was found to be in non-compliance with R 325.1383(8).

On January 22, 2021, the licensee submitted a written plan of correction indicating that the policies and procedures would be updated to ensure that an advanced practice registered nurse would replace registered nurse and that the medical director, physician, physician's assistant, or advanced practice registered nurse shall document that the recipient has been diagnosed with a substance use disorder. The written plan of correction appeared to address the non-compliance with R 325.1383(8) and compliance would be verified during the follow-up post licensure survey.

During the follow-up post licensure survey conducted on June 2, 2021, it was observed that the physician, physician's assistant, or advanced practice registered nurse documented that the recipient has been diagnosed with a substance use disorder. In addition, on August 12, 2021, the licensee submitted an updated policy and procedure removing registered nurse as the individual documenting the recipient's substance use disorder diagnosis. The updated policy and procedure states that at the time of admission, an evaluation would be completed by a medical provider via telehealth or in person prior to administering any medications. The policy further states that the evaluation would include substance use, medical, social, and relevant family history, as well as a physical examination. The updated policy and procedure now meets the requirements set forth in R 325.1383(8). The licensee has appeared to correct the non-compliance with R 325.1383(8). Compliance will be verified at the next licensure survey.

R 325.1383(9) Medication assisted treatment (MAT) services; requirements.

At the time of admission and prior to any medications being prescribed, the medical director, a physician, physician's assistant, or advanced practice registered nurse shall

complete and document the medical and drug history, as well as a physical examination, of the recipient. In addition, any modification to medications or course of treatment must be documented in recipient record and ordered by a physician, physician's assistant, or advanced practice registered nurse.

During the post licensure survey conducted on January 7, 2021, it was noted that the licensee's policies and procedures indicated that the assessment should be completed in the first 30 days. In addition, it was also noted that the required completion and documentation of the medical and drug history, as well as a physical examination, were not completed at the time of admission and prior to any medications being prescribed. Lastly, it was noted that the licensee's policies and procedures permitted the completion and documentation of the medical and drug history, as well as a physical examination, of the recipient to be completed by a registered nurse. In accordance with R 325.1383(9), the medical and drug history and the physical examination must be completed and documented by the medical director, a physician, physician's assistant, or advanced practice registered nurse. The licensee failed to meet the requirements and was found to be in non-compliance with R 325.1383(9).

On January 22, 2021, the licensee submitted a written plan of correction indicating that staff would be trained to ensure an appropriate examination takes place prior to medications being prescribed. Actual compliance with R 325.1383(9) would be verified during the follow-up post licensure survey.

During the follow-up post license survey on June 2, 2021, a review of a patient's chart showed evidence in which the physician documented completing a medical and drug history as well as a physical examination. However, the patient's chart indicates that the patient was a "no show" for that appointment and the patient was not seen by the physician.

On August 12, 2021, the licensee submitted an updated policy and procedure. The licensee submitted an updated policy and procedure that indicates at the time of admission, an evaluation would be completed by a medical provider via telehealth or in person prior to administering any medications. The policy and procedure further states that the evaluation would include substance use, medical, social, and relevant family history, as well as a physical examination. The licensee has appeared to correct the non-compliance with R 325.1383(9). Compliance will be verified at the next licensure survey.

R 325.1383 (10) Medication assisted treatment (MAT) services; requirements.

Prior to treatment, a licensee shall provide a recipient, or a person acting on the recipient's behalf, all available medical treatment options and FDA approved medications related to the recipient's assessment, including all FDA approved forms of MAT, as well as the risks and benefits of each treatment option. The recipient record must contain a written document that the recipient has been informed of the risks and benefits of all treatment options, and the option selected by the recipient.

During the post licensure survey conducted on January 7, 2021, it was noted that prior to treatment, the licensee did not provide a recipient, or a person acting on the recipient's behalf, all available medical treatment options and FDA approved medications related to the recipient's assessment, including all FDA approved forms of MAT, as well as the risks and benefits of each treatment option. In addition, the recipient's record did not contain written documentation that the recipient had been informed of the risks and benefits of all treatment options, and the option selected by the recipient. The licensee was found to be in non-compliance with R 325.1383 (10).

On January 22, 2021, the license submitted a written plan of correction that indicated the physician's note would include what treatment options were described to the patient and what option the recipient chooses. Actual compliance with R 325.1383 (10) would be verified during the follow-up post licensure survey.

During the follow-up post licensure survey conducted on June 2, 2021, it was observed that prior to treatment, the licensee did provide a recipient, or a person acting on the recipient's behalf, all available medical treatment options and FDA approved medications related to the recipient's assessment, including all FDA approved forms of MAT, as well as the risks and benefits of each treatment option. In addition, the recipient's record did contain written documentation that the recipient had been informed of the risks and benefits of all treatment options, and the option selected by the recipient. The licensee is now in compliance with R 325.1383(10).

R 325.1383(11) Medication assisted treatment (MAT) services; requirements.

By days 30, 60, and 90 of treatment, and at least every 90 days thereafter, the medical director, a physician, physician's assistant, or advanced practice registered nurse shall meet with the recipient to review recipient's treatment plan, including a review of the counseling services progress notes, drug tests, and document the medical necessity for continued treatment in the program and any recommended adjustments to the treatment plan.

During the post licensure survey conducted on January 7, 2021, it was noted that the licensee's policies and procedures incorrectly indicated that the review should be conducted at least every 6 months. In addition, the policy and procedure had no requirement for the medical director, a physician, physician's assistant, or advanced practice registered nurse to meet with the recipient to review recipient's treatment plan, including a review of the counseling services progress notes, drug tests, and document the medical necessity for continued treatment in the program and any recommended adjustments to the treatment plan. The licensee was found to be in non-compliance with R 325.1383(11).

On January 22, 2021, the licensee submitted a written plan of correction indicating that a policy would be developed outlining the timelines and requirements for treatment plan review and that staff training will take place to ensure consistent practices. The licensee had 30 days to provide to the Department a copy of this policy. In addition, actual

compliance with R 325.1383(11) would be verified during the follow-up post licensure survey.

During the follow-up post licensure survey on June 2, 2021, it was noted that the physician indicated in a patient's chart that the physician had "reviewed the treatment plan, all available therapy notes and UDS screens". However, the record showed no evidence that the patient submitted to any drug tests in five of those months where the physician had claimed to have reviewed the drug tests. In addition, in at least one of the physician case record notes, the physician indicated meeting with the patient. However, the patient record indicated that the patient did not attend and failed to show for that scheduled appointment. The licensee remains in non-compliance with R 325.1383(11).

On August 12, 2021, the licensee submitted an updated policy and procedure that indicates that by days 30, 60, and 90 of treatment, and at least every 90 days thereafter, the medical director, a physician, physician's assistant, or advanced practice registered nurse shall meet with the individual to review the individual's plan. The review would include a review of the counseling services progress notes, drug tests, and document the medical necessity for continued treatment in the program and any recommended adjustments to the treatment plan. The updated policy and procedure meets the requirements set forth in R 325.1383(11) and the licensee is now in compliance. Compliance will be verified at the next licensure survey.

R 325.1383(14) Medication assisted treatment (MAT) services; requirements.

A licensee shall perform and document the tests completed for opioids, benzodiazepine, methadone and methadone metabolites, buprenorphine and buprenorphine metabolites, barbiturates, amphetamines, cocaine, and other drugs on all recipients, according to all of the following:

- (a) For a new recipient to a program, the test results must be documented in the recipient record prior to the initial dosing.
- (b) Biweekly testing on a random collection schedule with results documented in the recipient record within 72 hours of collection, excluding weekends and holidays.
- (c) For a recipient who has maintained biweekly drug-free results for a period of 6 months, monthly testing on a random collection schedule with results documented in the recipient record within 72 hours of collection, excluding weekends and holidays.
- (d) A positive test for drugs other than methadone and methadone metabolites, buprenorphine and buprenorphine metabolites, legally prescribed drugs, or medical marijuana, requires the licensee to perform weekly testing until 3 consecutive weekly drug-free results are documented.

During the post licensure survey on January 7, 2021, records reviewed for new recipients to the program, test results were not documented in the recipient record prior to the initial dosing. In addition, the licensee did not perform biweekly random drug testing for a period of 6 months. The licensee was found to be in non-compliance with R 325.1383(14).

On January 22, 2021, the licensee submitted a written plan of correction indicating that a review of current practice would be completed and a policy would be developed outlining

the timeliness and requirements for drug testing. In addition, the licensee indicated that staff training would take place to ensure consistent practices. The plan of correction submitted by the licensee is vague, did not include timelines, and did not indicate how the licensee would adhere to the requirements in R 325.1383(14). The licensee would have 30 days to submit a copy of the actual updated policy to demonstrate adherence with R 325.1383(14). In addition, compliance with R 325.1383(14) would be verified during the follow-up post licensure survey.

During the follow-up post licensure survey on June 2, 2021, records reviewed exhibited that the licensee still did not perform and document the drug tests as required. Drug tests were not completed either biweekly and/or monthly as required under R 325.1383(14). Also, the licensee's drug screens were incomplete and did not document or indicate testing for all the required drugs (opioids, benzodiazepine, methadone and methadone metabolites, buprenorphine and buprenorphine metabolites, barbiturates, amphetamines, cocaine, and other drugs on all recipients). Lastly, the licensee has not complied with and provided evidence to the Department a copy of the updated policy to demonstrate adherence with R 325.1383 (14). The licensee remained in non-compliance with R 325.1383 (14).

During the additional follow-up post licensure survey conducted on August 9, 2021, it was noted that the licensee had made some corrections and changes. However, not every not every patient record reviewed demonstrated drug testing being performed bi-weekly for 6 months. In addition, the licensee has failed to submit a copy of the policy and procedures for drug testing that meet the requirements per R 325.1383(14). Thus, the licensee remains in non-compliance with R 325.1383(14). The licensee has until September 30, 2021, to provide the Department with a policy and procedure that meets the requirements set forth in R 325.1383(14). If licensee fails to provide evidence of compliance under R 325.1383(14) a notice of intent to revoke will be issued on September 30, 2021.

R 325.1383(17) Medication assisted treatment (MAT) services; requirements.

A licensee shall have a policy and procedure to address withdrawal of a recipient from the program that includes all of the following:

- (a) Criteria for decreasing levels of medication and frequency of counseling.
- (b) Criteria for ending treatment when medication and counseling are no longer necessary.
- (c) Criteria for when medication and counseling is still necessary and the treatment at the program is being ended either voluntarily or involuntarily, including both of the following:
 - (i) Documentation in recipient record of the reasons for voluntary or involuntary withdrawal from the program.
 - (ii) Referral options to continue treatment at another program.

During the post licensure survey (insert date), it was noted that the licensee did not have a policy and procedure to address withdrawal of a recipient from the program that includes all of the requirements in R 325.1383(17). The licensee had been found to be in non-compliance with R 325.1383(17).

Follow-up Post Licensure Survey Findings for Hope Network (SA0240045)

On January 22, 2021, the licensee submitted a written plan of correction indicating that a policy would be developed for withdrawal management. The licensee failed to provide a copy of this policy and therefore compliance cannot be established. The licensee would have 30 days to provide to the Department a copy of the policy and procedure to demonstrate actual compliance with R 325.1383(17).

On April 15, 2021, the licensee submitted evidence to the Department, a policy and procedure to address withdrawal of a recipient from the program. The licensee is in compliance with R 325.1383(17).

In conclusion and based upon the state post licensure survey findings, Hope Network (SA0240045) is in non-compliance with the MCL [333.6201](#) through MCL [333.6251](#) and/or the Michigan Administrative Rules R325.1301 through R325.1399 for Substance Use Disorder facilities as applicable. Specifically, the non-compliance with R 325.1363(1), R 325.1383(14), R 325.1383(17) still needs to be addressed and corrected. The licensee will have until September 30, 2021, to provide evidence to the Department that these identified non-compliance have been corrected.



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