

Barb Burton
(616) 510-7333



Hi there, my name is Barb Burton. I am a secondary consumer supporting my son, Tim. He is 37 years old and has been a consumer of Community Mental Health since the age of 18. Tim is disabled, has a serious seizure disorder, muscular dystrophy, heart problems and other issues.

I'm here today to provide comment regarding the Community Mental Health Budget line item and to bring to your attention a need for increased oversight of the way CMHSPS spend their money and refusal and/or failure to provide services as agreed to in the written Person Centered Plan.

My Overview. Tim successfully moved from our home to living independently in Ottawa County with community living supports in place. He did very well for several years. He remained in the same apartment. Then late in the 2016 calendar year, Ottawa County CMH started lagging on services rendered. They even suspended services because they could do so. They are like a powerhouse. CMH suffered no consequences as a result. Tim went over 6 months without the contracted services of 7 ½ hours per week. No make up time was ever given. Ottawa CMH had signed authorizations to obtain Tim's medical records at any given time if they questioned continued disability AND, I wonder what happened to the money in his budget.

I have attached a timeline of events.

Tim is now receiving services from Allegan County CMH. His community living supports provider does some crazy things with him such as takes him out of town to visit girls met online, who ultimately stole his ATM card and used it for her personal use. This provider mentioned several times, he prefers the role of peer support specialist. He has missed about 30 hours of CLS time with no make-up planned. Further, he has told Tim he will be very busy in the future, no definite time, needs to get his personal affairs in order. Tim's case manager did find an alternate. Now we have yet to make up the missed hours and this time, hopefully follow the written plan.

Their powerhouse decision to suspend his services, caused him severe depression, lead to more seizure activity and other medical needs and ultimately cost him his freedom to live independently.

TIM'S STORY

Tim is 37 years old and has muscular dystrophy among other issues, including severe depression, seizures and developmental disabilities.

He was living independently in Ottawa County for more than 5 years with an Annual Person Centered Plan providing for community living support services to help him with daily living skills.

- 05/10/16 Letter from Ottawa CMH regarding Conflict Free Supports Coordination Model (Not in the Medicaid Manual)
- 11-21-16 Messages left on voicemail (transcribed)
- 01/04/17 Ottawa County CMH letter terminating due to his failure to appear to their scheduled Psychosocial Assessment to determine his ongoing medical necessity (even though he wanted answers to his questions before submitting to an unknown test)
- 01/08/17 Letter to CMH requesting information about the Psychosocial Testing they are demanding be performed on Tim
- Phone Message (transcribed by Mom) from Ottawa CMH citing the need for this psychological assessment to determine Tim's services.
- 01/12/17 Recipients Rights Complaint Filed concerning terminating services because of P Psychosocial Testing
- 01/17/17 Request for Hearing filed regarding Psychosocial testing
- 01/18/17 Letter from Ottawa CMH citing they have implemented a "Conflict Free Case Management" approach. In otherwords, **different people complete different parts of the Person Centered Plan to remove conflict of interest in determining the scope, amount and duration of services a consumer receive.** Reading the [Michigan Mental Health Code and the Medicaid Manual \(Page 13 is attached\)](#) , I found nothing that states failure to subject to a particular assessment equates with discharge of services.
- 02/20/17 Letter to MDHHS
- 03/15/17 Order of Dismissal for Lack of Jurisdiction because services were not actually terminated, but it was the delivery of the services that was in question

- 03/16/17 Order entered by LRE Compliance Officer supporting Ottawa CMHs decision to terminate
- 03/22/17 Letter to LRE CEO, Jeff Brown. No CLS services year to date for Tim
- 04/27/17 Recipient Rights Complaint Filed about CMH still not providing services as directed by Tim's contracted Person Centered Plan
- 05/01/17 Ottawa CMH letter to Tim indicating he has been receiving Community Living Supports Services, but is now anticipating moving to Allegan County (housing issues due to no CLS services). Further, this letter tells him Ottawa CMH welcomes the opportunity to work with him again if he should return to the county. (Is this a joke or what?)
- 05/08/17 Recipient Rights Complaint Filed including the complaint that the LRE Compliance Officer suggested Tim go without supports. (He has! For many months)
- 05/08/17 Request for Hearing Filed (hearing to be held on June 7, 2017)
- 05/10/17 Ottawa CMH letter to Tim clarifying their newly adopted use of the Psychosocial Assessment
- 05/17/17 Ottawa CMH letter to Tim regarding their quality services that helped him achieve his goals?
- 05/22/17 Ottawa CMH letter regarding Complaint

Tim is evicted from his independent housing and is forced to return to his parents' home in Allegan County. Services transferred.



Community Mental Health

Ottawa County

May 10, 2016

Tim Burton
157 W 30th St Apt 11
Holland, MI 49423

Dear Tim,

In May of this year you should have received a letter from our Program Supervisor, Katie Clausing about changes within the Supports Coordination Team in response to mandates through the Department of Health and Human Services and the plan of correction from the Lakeshore Regional Partners. If you don't remember that letter, the following is an excerpt from it regarding the separation of duties within the new Conflict Free Supports Coordination (CFSC) model.

For Individual Plan of Service meetings you can expect to go through the following steps:

- 1. You will meet with an Assessment Specialist approximately 60 days prior to your Person Centered Planning meeting. The Assessment Specialist will determine medical necessity for needed services. At this same time you may also meet with a Care Coordinator who will evaluate your need for clinical services such as Occupational Therapy and Nursing.*
- 2. The assessment information will be sent to a Supports Coordinator that will work with you to complete your Individual Plan of Service.*
- 3. Following completion of your Individual Plan of Service, you will work with a Support Coordinator Aide that will monitor your case and be available for day to day questions throughout the length of your plan of service.*

In response to this change, enclosed you will find an updated Plan of service with new codes and a need area/goal that reflect the above described changes. There is no change to the day-to-day service previously reflected on the Plan of service but there may be new staff involved providing the service. At this time you are being asked to sign the signature page of the enclosed Plan of service and return it to my Support Staff as an indication that you have been made aware of these changes. Should you have questions about this new process or the need for your signature you may call me at 494-5473 and I will try to explain the changes further.

Thank you for your cooperation with this new process.

Sincerely,

Teresa A. Pelt, BS, LBSW, QIDP

DISCHARGE SUMMARY

Consumer Name: BURTON, TIMOTHY KEITH

Consumer ID: 1023298

Admission Date: 12/11/2009 **Last Contact Date:** 05/01/2017

Discharge Date: 05/17/2017

Reason for Discharge: Moved Out of County

Diagnosis:

Axis I: F32.9 Major depressive disorder, single episode, unspecified

Axis II - 2: F70 Mild intellectual disabilities

Axis III: Epilepsy, Muscular Dystrophy, Klippel-Trenaunay-Weber syndrome, History of 2 strokes, meningitis, and Methylenetetrahydrofolate Reductase deficiency (MRHFR)

Presenting Problem:

Tim was seeking services for support for community living when he moved from his home in Allegan County to his own apartment in Holland. Tim is a 34 yo Caucasian male diagnosed with Mild Intellectual Disability and Major Depressive Disorder. He needs support in the areas of learning, self-direction, and independent living tasks due to his cognitive impairment.

Services in Treatment Plan

- SUPPORTS COORD (FACE-TO-FACE)
- COMMUNITY LIVING SUPPORTS 15 MIN UNIT
- SUPPORTS COORD (FACE-TO-FACE)
- MENTAL HEALTH ASSESSMENT, NON PHYSICIAN
- DD NURSING ASSESSMENT/EVALUATION
- COMMUNITY LIVING SUPPORTS 15 MIN UNIT
- SUPPORTS COORD (FACE-TO-FACE)
- SUPPORTS COORD (FACE-TO-FACE)
- SUPPORTS COORD (FACE-TO-FACE)

Services Provided

Date of last service with service description

- 03/15/2016 CLS Group Activity - Contract
- 01/17/2017 CLS INDIVIDUAL Contract Agency
- 12/11/2009 INITIAL ELIGIBILITY SCREEN
- 02/07/2017 MENTAL HEALTH ASSESSMENT, NON PHYSICIAN
- 07/02/2015 SIS ASSESSMENT
- 03/02/2012 SIS EVALUATION
- 04/16/2013 SKILL BLDG GROUP CONTRACT AGENCY
- 06/30/2014 SKILL BLDG INDIVIDUAL CONTRACT AGENCY
- 10/17/2012 SKILL BUILDING ASSISTANCE - CISB
- 04/24/2017 SUPPORTS COORD (FACE-TO-FACE)
- 08/31/2013 TRANSPORTATION - NON EMERGENCY - TRIP

Contract Services Provided:

Response to Services / Condition at Discharge:

Although Tim desired to remain in his apartment, he had been given a notice to vacate. He was not happy about this.

Recommendations / Aftercare Plan:

It was recommended that Tim/family reach out and establish services through Allegan County. If Tim resides in Ottawa County again, he could again receive services through OCCMH.

If you wish to schedule a future appointment, you can contact CMHOC at the ACCESS number listed below.

ACCESS CENTER: 616-393-5681 OR 1-877-588-4357

These numbers can be contacted if you experience a future crisis:

HELPLINE - HOLLAND: 616-396-4357

HELPLINE - GRAND HAVEN: 616-842-4357

HELPLINE - TOLL FREE: 1-866-512-4357

Regarding Timothy Burton

Hi Barb its Pam Ten Brunik calling from Ottawa CMH. Just wanted to touch base with you. I received um your letters and just wanted to talk to you a little bit about them. um The assesment um, I talked to Christine and I believe you have that scheduled for this coming Monday, um so she is planning on you and that is something that is necessary for him to be able to continue receive services thru CMH as it is part of a tool that we use to understand the need for services. So if you want to call me back that would be great, my number is 494-5400.

Messages
left on
voice mail.

11-21-16

Transcribed by Barbara Burton on Dec 9, 2016. Supporting verbage on my voice mail. My phone number is (616) 510-7333. Tom (my son) has been a consumer with CMH since 2000.

11-21-16

Pam,

Some of Tim Burton's C/S workers from MOKA have made last minute cancellations and the services were not rescheduled as yet. Please let me know when they will be made up.

Also I understand Tim is being reassigned to get another case worker. Let's wait until after Christmas to meet her.

Barb Burton



Community Mental Health

Ottawa County

1/4/2017

Tim Burton
157 W. 30th Street Apt. 11
Holland MI, 49423

Dear Tim,

Community Mental Health of Ottawa County recently authorized a termination of service(s) due to non-participation with the required Psychosocial Assessment to determine ongoing medical necessity.

If you do not agree with the change(s) with services and supports, please follow the options outlined on the Notice of Rights form.

We look forward to continuing to provide you with quality services to help you reach your goals; if this is what you decide.

If you would like to contact me regarding this please call me at 616-494-5473.

Sincerely,

Stephanie Van Harn, LLBSW, QIDP

Enclosure(s):

January 8, 2017

Attention:

Stacey Coleman + Jeff Brown

To whom it may concern,

The purpose of this letter is to request information regarding the psychological assessment that you are proposing to conduct on Tim Burton.

First and foremost I would like to ask what is the rationale for the assessment? In other words what are you hoping will be revealed? What type of assessment exactly are you proposing? Are you going to conduct the standard Columbia? The ANSA? The Locus? Are you going to conduct a biopsychosocial evaluation and who will be conducting that? Are you going to have a mental status exam performed? It's not that I am fundamentally opposed to an assessment, however it would be helpful to know why you wish to conduct such an assessment and what services will be provided in view of the assessment? Also pursuant to the Michigan Mental Health Code, I would like to have this assessment performed by an independent party that is not associated with Ottawa County. Given the challenges that we have experienced in working with Ottawa County CMH, it's preferable to me for us to have an independent clinician conduct the assessment. Please submit some names of independent clinicians from which we can both agree.

Finally, I challenge your assumption that Tim will have to lose his Services if he does not subject himself to a psychological evaluation. I have read through the Michigan Mental Health Code as well as the Medicaid Manual, and there is nothing in there that states that failure to subject to a particular assessment equates with discharge from services. My hope is that we would both be pursuing what is in the best interest of Tim. I would like for this response to be provided to me, in writing, within 10 days. Perhaps an extension of Tim's current plan should be signed to allow us time to do this proper evaluation. Further, upon completion of the evaluation, Tim is requesting an independent facilitator be provided to help assist in his plan. As you know, our trust in your CMH has been violated in the past. It is going to take a long time for it to rebuild and your threats to discontinue Tim is unnerving.

Sincerely,

Tim Burton
Barbara Burton (POA)

cc: Stacey Coleman, LRE
Jeff Brown, LRE

P.S. After I got your address, Ottawa County CMH, left me a message. She said they have to have one of their employers due the psyc. assessment and I'm not comfortable with this. They also failed to respond in writing as I requested.



Complaint Number	Category
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Community Mental Health of Ottawa County
 12265 James Street, Holland, MI 49424
 Briana Fowler, Director of Recipient Rights
 Office Phone: 616-393-5763
 Email: bfowler@mlottawa.org
 Fax Number: 616-393-5687

RECIPIENT RIGHTS COMPLAINT

INSTRUCTIONS:

If you believe that one of your rights has been violated you (or someone on your behalf) may use this form to make a complaint. A rights officer/advisor will review the complaint and may conduct an investigation. Keep a copy for your records and send the original via mail, email or fax to the Rights Office at the CMH agency (listed above) or the hospital where you are receiving (or received) services, or to: MDCH - Office of Recipient Rights, Lewis Cass Building, Lansing, Michigan 48933

Complainant's Name: <i>Timothy Burton</i>	Recipient's Name (if different from complainant):
Complainant's Address: <i>757 W. 30th St Apt 111 Holland 49423</i>	Where did the alleged violation occur? <i>Ottawa County</i>
Complainant's Phone Number: <i>(616) 465-1431 (616) 516-7333 mom</i>	When did the alleged violation happen? (date and time):

What right was violated?
A letter was sent for a psychological eval. + they ~~was~~ denial for a third party to do it.

Describe what happened:
I sent a letter requesting a independent evaluator to do Tim's psychological evaluation and the reason they needed it for and to send me a written response. I only received from OCCMH response was a voice mail denying my request and there was no correspondence to my other questions. They said if Tim doesn't do this assessment thru there employees they said they ~~will~~ would close his case

Said they would close Tim's case if didn't have, and sent letter to let m know what things were. See attached letter

(Letter attached)

What would you like to have happen in order to correct the violation?
also would like a facilitator answered either no evaluation or 3rd party to do the testing before any testing questions

Complainant's Signature <i>Tim Burton</i>	Date <i>1-12-17</i>	Name of Person Assisting Complainant <i>Barb Burton</i>
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DCH 0030 Replaces DCH-2500

Distribution: ORIGINAL TO ORR

Authority: P.A. 258 of 1974 as amended

COPY to Complainant (with acknowledgement letter)

REQUEST FOR HEARING
MICHIGAN ADMINISTRATIVE HEARING SYSTEM
FOR THE DEPARTMENT OF COMMUNITY HEALTH
PO BOX 30763
LANSING, MI 48909
1 (877) 833-0870 - Fax (517) 373-4147

SECTION 1 - To be completed by PERSON REQUESTING A HEARING:

Client Name <i>Timothy K Burton</i>			Telephone Number <i>(616) 510-7333</i>	Client's Social Security Number <i>3666-94-9357</i>
Client's Address (No. & Street, Apt. No.) <i>157 W 30th St. Apt. 11</i>			Signature of client/guardian/parent of minor <i>T. K. Burton</i>	Date Signed <i>1-17-17</i>
City <i>Holland</i>	State <i>MI</i>	ZIP Code <i>49423</i>	Signature of client/guardian/parent of minor <i>Barbara Burton</i>	
What Agency took the action or made the decision that you are appealing? <i>Ottawa County CMH</i>				Case Number

I WANT TO REQUEST A HEARING: The following are my reasons for requesting a hearing. *Use Additional Sheets if Needed.*

On Jan 8, 2017 I sent a letter (hand delivered) to OCC MHS requesting specific information on the required psych. assessment (attached) and also requested an independent examiner + a written response. In return I received a phone message denying my request. I filed a recipient rights complaint. My response from OCC MHS was notice of rights and the plan terminates 1-18-17. Additionally the CLS worker was unwilling to reschedule one hour last week due to conflict with Tim's doctor apt. in G.R. This week she again refused to reschedule 1 hr. of missed time due to CT, MI + dr. apt. yesterday

Do you have physical or other conditions requiring special arrangements for you to attend or participate in a hearing?

NO
 YES (Please Explain Here): *I need my mother to speak for me or an advocate.*

SECTION 2 - Have you chosen someone to represent you at the hearing?

Has someone agreed to represent you at a hearing?

NO YES (If YES, have the individual complete and sign section 3) *an 'advocate to speak for me*

SECTION 3 - Authorized Hearing Representative Information:

Name of Representative			Representative Telephone Number ()	
Address (No. & Street, Apt. No.)			Representative Signature	Date Signed
City	State	ZIP Code		

SECTION 4 - To be completed by the AGENCY distributing this form to the client

Name of Agency			AGENCY Contact Person Name	
AGENCY Address (No. & Street, Apt. No.)			AGENCY Telephone Number ()	
City	State	ZIP Code	State Program or Service being provided to this appellant	

This form is also available on-line at:

www.michigan.gov/mdch

Click on *Inside Community Health*

Click on *Operations Administration*

Click on *Michigan Administrative Hearing System for the Department of Community Health*



Community Mental Health

Ottawa County

January 18, 2017

Barb Burton
6322 147th Avenue
Holland, MI 49423

Dear Ms. Burton,

We received your letter dated January 8, 2017 with questions and concerns regarding the assessment Tim needed to have completed. You and I spoke on January 18, 2017 and you explained you were not sure what this assessment was about and who the person was that you needed to meet with. Community Mental Health of Ottawa County (CMHOC) has implemented a "Conflict Free Case Management" approach; this means there are now different people completing different parts of the person-centered planning process to remove the conflict of interest in determining the scope, amount, and duration of services a consumer receives.

One of the parts of this process is completing an annual psychosocial assessment. The psychosocial assessment is completed annually to assure consumers are receiving the least restrictive services/appropriate services and supports that are medically necessary and that meet the scope, amount, and duration of services in order to meet a consumers individualized needs. This assessment is the first step towards completing the annual person-centered Planning process.

During our conversation you also expressed an interest in utilizing an Independent Facilitator. Independent Facilitators facilitate the person-centered planning meeting, and take notes to assist the supports coordinator in writing the person-centered plan. If Tim would like to request an Independent Facilitator he can contact his supports coordinator, Stephanie VanHarn, at 616-494-5473.

If you have any other questions, feel free to contact me at 616-393-5648.

Sincerely,

Anna Bednarek
Program and Community Development Coordinator

cc. Pam TenBrink, Team Supervisor
Jill Osterhout, Program Supervisor



Refer to the Provider Qualifications on the MDHHS website for specific provider qualifications for each covered service. (Refer to the Directory Appendix for website information.)

2.5 MEDICAL NECESSITY CRITERIA

The following medical necessity criteria apply to Medicaid mental health, developmental disabilities, and substance abuse supports and services.

2.5.A. MEDICAL NECESSITY CRITERIA

Mental health, developmental disabilities, and substance abuse services are supports, services, and treatment:

- Necessary for screening and assessing the presence of a mental illness, developmental disability or substance use disorder; and/or
- Required to identify and evaluate a mental illness, developmental disability or substance use disorder; and/or
- Intended to treat, ameliorate, diminish or stabilize the symptoms of mental illness, developmental disability or substance use disorder; and/or
- Expected to arrest or delay the progression of a mental illness, developmental disability, or substance use disorder; and/or
- Designed to assist the beneficiary to attain or maintain a sufficient level of functioning in order to achieve his goals of community inclusion and participation, independence, recovery, or productivity.

2.5.B. DETERMINATION CRITERIA

The determination of a medically necessary support, service or treatment must be:

- Based on information provided by the beneficiary, beneficiary's family, and/or other individuals (e.g., friends, personal assistants/aides) who know the beneficiary;
- Based on clinical information from the beneficiary's primary care physician or health care professionals with relevant qualifications who have evaluated the beneficiary;
- For beneficiaries with mental illness or developmental disabilities, based on person-centered planning, and for beneficiaries with substance use disorders, individualized treatment planning;
- Made by appropriately trained mental health, developmental disabilities, or substance abuse professionals with sufficient clinical experience;
- Made within federal and state standards for timeliness;
- Sufficient in amount, scope and duration of the service(s) to reasonably achieve its/their purpose; and
- Documented in the individual plan of service.

2-20-17

To MHS,

My son, Timothy Burton, was told he had to take a psychological assessment thru Ottawa County CMH or he would lose his benefits.

In Tim's PCP he is suppose to have CLS services for 7 hrs. per week. One week prior to the assessment CLS services ceased.

Tim was forced to under go assessment but lost CLS services anyway.

The hearing on the assessment is moot. Can the hearing that is scheduled for March 9 still continue due to lost of services or must I file a new request?

Thank-you
Barb Burton

BURTON'S
6322 - 147TH AVE.
HOLLAND, MI. 49423

(616) 510-7333



RICK SNYDER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
MICHIGAN ADMINISTRATIVE HEARING SYSTEM
Christopher Seppanen
Executive Director

SHELLY EDGERTON
DIRECTOR

TIM BURTON
157 W 30TH ST.
APT 11
HOLLAND, MI 49423

Date Mailed: March 15, 2017
MAHS Docket No.: 17-000489
Agency No.: 0
Petitioner: Timothy Burton

ADMINISTRATIVE LAW JUDGE: Corey Arendt

**ORDER OF DISMISSAL
FOR LACK OF JURISDICTION**

Following Petitioner's request for a hearing, this matter is before the undersigned Administrative Law Judge pursuant to MCL 400.9 and MCL 400.37, and 7 CFR 273.15 to 273.18, 42 CFR 431.200 to 431.250, 45 CFR 99.1 to 99.33, and 45 CFR 205.10; and Mich Admin Code, R 792.11002. After due notice, a telephone hearing was held on March 9, 2017, from Lansing, Michigan. The Petitioner was represented by Barbara Burton. The Ottawa County Community Mental Health (Department) was represented by Stacy Coleman.

During the hearing, it was indicated that there was no denial, reduction, suspension or termination of any requested or previously authorized services and that the issue on appeal was the actual delivery of those services.

The Code of Federal Regulations only affords a Medicaid beneficiary a right to a fair hearing when the CMH takes a negative action, such as the denial, reduction, suspension, or termination of a requested or previously authorized Medicaid covered service. See 42 CFR 438.400 *et seq.*

Here, the agency in question did not take any action to deny, reduce, suspend or terminate any requested or previously authorized Medicaid covered services. While Petitioner had been approved for Medicaid covered services, including Community Living Supports, those services have not been denied, reduced, suspended or terminated. Complaints regarding the providing of approved services might be better addressed with the office of recipient rights.

Accordingly, the undersigned Administrative Law Judge lacks jurisdiction in this matter and it must be dismissed.

3-16-17

Hearing Summary
Michigan Administrative Hearing System
For the Department of Health and Human Services

Client Name: Timothy Burton Docket Number: 17-00489
Effective Date of Action: Date Client was Notified of Department Action:
Date Hearing Requested: 1/23/17 Were Services Continued: Yes Was a Conference Held: No

Timothy Burton is a Medicaid beneficiary receiving Medicaid Covered Specialty Supports and Services from Ottawa County Community Mental Health (OCCMH) as directed in the contract with the Lakeshore Regional Entity (the Prepaid Inpatient Health Plan for Region 3).

As a result of the need to complete his annual Individualized Plan of Service, OCCMH completed an annualized assessment of need in the form of a psychosocial assessment. This is a process that is completed annually to assure that beneficiaries are receiving the least restrictive services/supports and that they are medically necessary and that meet the amount, scope and duration of services in order to meet their individualized needs. This is considered the first step in developing an Individualized Plan of Service.

Mr. Burton's mother was concerned about the assessment being completed. At this time it was determined that Mr. Burton no longer met the medical necessity criteria for Community Living Supports. Mr. Burton is very independent.

Based upon a review of this case, the actions taken by OCCMH are supported by the Lakeshore Regional Entity.

Facts and Sources Used in Taking Actions:

- Case File
- Medicaid Provider Manual
- Michigan Mental Health Code

Law(s), Regulation(s) and Policy Manual Items Used in Taking This Action:

- Medicaid Provider Manual, January 2017
- Michigan Mental Health Code
- MDHHS/PIHP Contract 2017

3/16/17

231-246-3572

March 22, 2017

To Mr. Jeff Brown,

This order of dismissal is wrong. Tim Burton has not had his 7 hours of CLS services since the beginning of Jan., it is now March. I told the hearing officer that he is not getting services.

He was forced to submit to the psych. assessment or lose services and close his case. Tim did this still no services. Stacy was no help what so ever.

Tim cannot afford an attorney or circuit court action. At the hearing Stacy told us of another consumer went without services. I guess Tim lost.

Thanks very much

Barb Burton
(616) 510-7333

P.S. Please send me the contact for Cynthia Ward.
Thanks



Complaint Number	Category
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Community Mental Health of Ottawa County
 12265 James Street, Holland, MI 49424
 Briana Fowler, Director of Recipient Rights, bfowler@miottawa.org
 Phone: (616) 393-5763 FAX: (616) 393-5687

RECIPIENT RIGHTS COMPLAINT

INSTRUCTIONS:

If you believe that one of your rights has been violated you (or someone on your behalf) may use this form to make a complaint. A rights officer/advisor will review the complaint and may conduct an investigation. Keep a copy for your records and send the original via mail, email or fax to the Rights Office at the CMH agency (listed above) or the hospital where you are receiving (or received) services, or to: MDCH - Office of Recipient Rights, Lewis Cass Building, Lansing, Michigan 48933

Complainant's Name: <i>Timothy K Burton</i>	Recipient's Name (if different from complainant):
Complainant's Address: <i>157 W 30th St. Apt. 11 Holland</i>	Where did the alleged violation occur? <i>Ottawa County</i>
Complainant's Phone Number: <i>(616) 405-1431</i>	When did the alleged violation happen? (date and time): <i>12-2016</i>

What right was violated?
All Timothy's Rights abuse, neglect, + fraud

Describe what happened:
Tim's ~~2016~~ 2016 PCP had 7 1/2 hours of CLS services. In Nov. he was told he had to submit to a psychological test or his services would be terminated. CMH stopped his CLS service even though his plan called for the 7 1/2 hours each week, we went to a hearing because Tim still wasn't getting CLS services according to his PCP. Stacy Coleman, from I RE, said there were no changeses (see attach)


What would you like to have happen in order to correct the violation?
Nothing now because Tim is moving because of his eviction.

Complainant's Signature <i>Tim Burton</i>	Date <i>4-27-17</i>	Name Of Person Assisting Complainant <i>Barb Burton</i>
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IT IS THEREFORE ORDERED that:

This matter is **DISMISSED**.

CA/sb



Corey Arendt
Administrative Law Judge
for Nick Lyon, Director
Department of Health and Human Services

NOTICE OF APPEAL: A party may appeal this Order in circuit court within 30 days of the receipt date. A copy of the circuit court appeal must be filed with the Michigan Administrative Hearing System.



Community Mental Health

Ottawa County

~~Enveloped~~
Enveloped dated
5-2-17

5/1/2017

Tim Burton
157 W. 30th St Apt 11
Holland, MI 49423

Dear Tim,

You have been receiving Supports Coordination and Community Living Supports at Community Mental Health of Ottawa County, but anticipate moving to Allegan County.

We have talked about the next steps on your road to recovery, CMH services through Ottawa County will discontinue as of 5/14/2017. The next document you will receive in the mail is called a Discharge Summary which describes the care you received.

Although you are moving out of the county, you are welcome to return to CMH of Ottawa County, should you return to Ottawa County. I would welcome the opportunity to work with you again and discuss your options.

Feel free to call me at (616) 494-5473. Or, you can call our Access Center, at 616-393-5681 or toll-free at 1-877-588-4357, to reconnect with services.

Good luck as you continue with your recovery! It's been my pleasure to work with you.

Sincerely,


Stephanie VanHarn, LLBSW QIDP

Enclosure(s):



Community Mental Health
Ottawa County

Envelope dated
5-18-17

Wednesday, May 17, 2017

Timothy Burton
157 W 30th Street Apt 11
Holland, MI 49423

Dear Tim,

It has been a pleasure serving you at Community Mental Health of Ottawa County. Our entire staff trusts that your partnership with us resulted in quality services that helped you achieve your goals.

As of this date, you have been discharged from all services and appointments at Community Mental Health of Ottawa County. Enclosed is your Discharge Summary describing the care you received from us. A copy of this summary has been filed in your clinical record.

If you require mental health services in the future, have a psychiatric emergency or would like information on other county services please refer to the phone numbers listed below.

Again, it has been our pleasure serving you.

Sincerely,

Stephanie VanHarn, LLBSW QIDP

Enclosure(s):

Mental Health Services call:

Access Center at 1-877-588-4357 (toll-free)

Psychiatric Emergency call:

HELPLINE

866-512-4357 (toll free)

616-396-4357 (Holland area)

616-842-4357 (Grand Haven area)

Other County Services call:

2-1-1 in Ottawa County.

Available 24 hours a day, 7 days a week

Cell phone users call 1-888-353-6717

12263 James Street, Holland, MI 49424
(616) 392-8236 • Fax (616) 393-5692

DISCHARGE SUMMARY**Consumer Name:** BURTON, TIMOTHY KEITH**Consumer ID:** 1023298**Admission Date:** 12/11/2009 **Last Contact Date:** 05/01/2017**Discharge Date:** 05/17/2017**Reason for Discharge:** Moved Out of County**Diagnosis:****Axis I:** F32.9 Major depressive disorder, single episode, unspecified**Axis II - 2:** F70 Mild intellectual disabilities**Axis III:** Epilepsy, Muscular Dystrophy, Klippel-Trenaunay-Weber syndrome, History of 2 strokes, meningitis, and Methylenetetrahydrofolate Reductase deficiency (MRHFR)**Presenting Problem:**

Tim was seeking services for support for community living when he moved from his home in Allegan County to his own apartment in Holland. Tim is a 34 yo Caucasian male diagnosed with Mild Intellectual Disability and Major Depressive Disorder. He needs support in the areas of learning, self-direction, and independent living tasks due to his cognitive impairment.

Services in Treatment Plan

SUPPORTS COORD (FACE-TO-FACE)
 COMMUNITY LIVING SUPPORTS 15 MIN UNIT
 SUPPORTS COORD (FACE-TO-FACE)
 MENTAL HEALTH ASSESSMENT, NON PHYSICIAN
 DD NURSING ASSESSMENT/EVALUATION
 COMMUNITY LIVING SUPPORTS 15 MIN UNIT
 SUPPORTS COORD (FACE-TO-FACE)
 SUPPORTS COORD (FACE-TO-FACE)
 SUPPORTS COORD (FACE-TO-FACE)

Services Provided**Date of last service with service description**

03/15/2016 CLS Group Activity - Contract
 01/17/2017 CLS INDIVIDUAL Contract Agency
 12/11/2009 INITIAL ELIGIBILITY SCREEN
 02/07/2017 MENTAL HEALTH ASSESSMENT, NON PHYSICIAN
 07/02/2015 SIS ASSESSMENT
 03/02/2012 SIS EVALUATION
 04/16/2013 SKILL BLDG GROUP CONTRACT AGENCY
 06/30/2014 SKILL BLDG INDIVIDUAL CONTRACT AGENCY
 10/17/2012 SKILL BUILDING ASSISTANCE - CISB
 04/24/2017 SUPPORTS COORD (FACE-TO-FACE)
 08/31/2013 TRANSPORTATION - NON EMERGENCY - TRIP

Contract Services Provided:**Response to Services / Condition at Discharge:**

Although Tim desired to remain in his apartment, he had been given a notice to vacate. He was not happy about this.

Recommendations / Aftercare Plan:

It was recommended that Tim/family reach out and establish services through Allegan County. If Tim resides in Ottawa County again, he could again receive services through OCCMH.

If you wish to schedule a future appointment, you can contact CMHOC at the ACCESS number listed below.

ACCESS CENTER: 616-393-5681 OR 1-877-588-4357

These numbers can be contacted if you experience a future crisis:

HELPLINE - HOLLAND: 616-396-4357

HELPLINE - GRAND HAVEN: 616-842-4357

HELPLINE - TOLL FREE: 1-866-512-4357



Community Mental Health *CONFIDENTIAL*

Ottawa County

May 8, 2017

Mr. Timothy Burton
157 West 30th Street
Apartment 11
Holland, MI 49423

Re: Complaint #3388

Dear Mr. Burton:

On 05/03/17, Community Mental Health of Ottawa County's (CMHOC's) Office of Recipient Rights received your written complaint alleging that during December 2016, and it appears according to the written complaint some unspecified dates before and after December 2016, unidentified staff approved 7 ½ hours of Community Living Support (CLS) services for you, requested you to submit to a "psychological test" or your services would be terminated. You or the person who assisted you with the written complaint wrote, "CMH stopped his CLS services even though his plan called for 7 ½ hours of CLS services according to his PCP [person centered plan]. Stacy Coleman, from the LRE, said there were no changes in the plan even though she was well aware that time was not receiving his 7 ½ hours per week. Stacy suggested to Tim that he may want to go without services. In April, Tim received an eviction notice. I believe if Tim had services he would not be facing this eviction. I late April we had a redetermination meeting and it was determined that Tim still needs his 7 ½ hours of CLS services each week. Not it has been four months that he has not received his services. Not happy with Ottawa County."

Your allegation has been reviewed by this office, and the following action has been taken:

- Your complaint has been assigned for investigation. A Recipient Rights Officer will be contacting you soon. Under most circumstances, the investigation will be completed within 90 days and a report of findings sent to the Agency Director. Status reports will be sent every 30 days throughout an investigation. Once the report is completed; you have the right to request mediation to resolve the dispute. The Director will send you a Summary Report and information on the Recipient Rights Appeal Process within 10 days of receiving the report.

The allegation as listed above is noting a potential mental health code violation of Mental Health Services Suited to Condition which will be the basis of the investigation. The Office of Recipient Rights will not be investigating a violation of "all Timothy's rights" nor will the Office of Recipient Rights be investigating "abuse, neglect, or fraud" as these do not reflect the written allegation.

If you have any questions or if you need further clarification, please call the number listed below.

Sincerely,



Briana Fowler, MPA, LBSW
Director of Recipient Rights
(616) 393-5763

cc: Ms. Jill Osterhout, CMHOC DD Services Program Supervisor/Respondent
Ms. Lynne Doyle, CMHOC Executive Director
RR File

Enclosure: RR Complaint

NOTE: In addition to this office, there are advocacy organizations available to provide you consultation and assistance in the complaint process. If you would like further information in this regard, please contact me.

RECEIVED by LRR
5-16-17 BT

Complaint Number 3392	Category 7002
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Michigan Department of Community Health
RECIPIENT RIGHTS COMPLAINT

INSTRUCTIONS: If you believe that one of your rights has been violated you (or someone on your behalf) may use this form to make a complaint. A rights officer/advisor will review the complaint and may conduct an investigation. Keep a copy for your records and send the original to the right office at the CMH agency or the hospital where you are receiving (or received) services, or to: MDCH - Office of Recipient Rights, Lewis Cass Building, Lansing, Michigan 48933	
Complainant's Name: Marianne Huff Person Centered Advocacy Society	Recipient's Name (if different from complainant): Timothy R. Burton
Complainant's Address: 2976 Millpond Dr. W034 Holland 49424	Where did the alleged violation occur?
Complainant's Phone Number: 313.641.1109	When did the alleged violation happen? (date and time): Throughout 2017 / 4/24/17
What right was violated? 330.170 Services suited to condition; (4) dignity/respect 330.1711 Rights of family members; 330.1712 IPDS	
Describe what happened: Tim Burton is a recipient of services from CMH of Ottawa County. In December of 2016, his CAS services were terminated without notification as to "why" - Additionally, he has been w/out CAS since that time although the services are listed in his POP. Tim is an individual who was also asked to leave his apartment - 30 days ago - was no month to month lease so there was no legal defense. The Supports Coordinator has not assisted Tim in locating housing but did convene a POP meeting on 4/24/17 that didn't include helping w/ housing - now Tim has been notified that Supports Coordinator and CAS are being terminated since it mirrored in - temporarily - w/ his parents in Allegan County. The IPDS is very poorly done - Tim has not been provided with the services necessary to help him to be successful.	
What would you like to have happen in order to correct the violation? Supports Coordinator to help w/ linking w/ housing - Provide support - Provide CAS to help w/ treating independent living skills housing - <i>family respect</i>	
Complainant's Signature Marianne Huff	Date 5/8/17
Name Of Person Assisting Complainant	

REQUEST FOR HEARING FOR MEDICAID ENROLLEES OR WAIVER APPLICANTS

MICHIGAN ADMINISTRATIVE HEARING SYSTEM
FOR THE DEPARTMENT OF HEALTH AND HUMAN SERVICES
PO BOX 30763
LANSING, MI 48909
1 (877) 833-0870

SECTION 1 – To be completed by PERSON REQUESTING A HEARING:

Client Name Tim Burton		Your Telephone Number (616) 405-1431	Client Social Security Number 366-94-7357
Client's Address (No. & Street, Apt. No.) 157 W. 30th Street # 11		Client or Legal Guardian Signature <i>Tim Burton</i>	Date Signed 5-8-17
City Holland	State MI	ZIP Code 49423	
What agency took the action or made the decision that you are appealing? <i>Ottawa County CMA Services</i>			Client MDHHS Case Number 57992567
<p>I WANT TO REQUEST A HEARING: The following are my reasons for requesting a hearing. Use Additional Sheets if Needed.</p> <p><i>My supports coordination and my CDS services have been terminated w/out cause - I am temporarily living at my parents home in Ottawa County because my landlord asked me to move - I plan to move back to Ottawa County but I need help from the supports coordination / CDS work to find home.</i></p>			
Do you have physical or other conditions requiring special arrangements for you to attend or participate in a hearing? <input checked="" type="checkbox"/> NO <input type="checkbox"/> YES (Please Explain in Here):			

SECTION 2 – Have you chosen someone to represent you at the hearing?

Has someone agreed to represent you at a hearing?
 NO YES (If YES, have the individual complete and sign section 3)

SECTION 3 – Authorized Hearing Representative Information:

Name of Representative Marianne Huff		Representative Telephone Number (313) 641-1109
Address (No. & Street, Apt. No.) 2976 Millpond Dr. W 34		Representative Signature <i>Marianne Huff</i>
City Holland	State MI	ZIP Code 49424
		Date Signed 5/8/17

SECTION 4 – To be completed by the AGENCY involved in the action being disputed by the client

Name of AGENCY Community Mental Health of Ottawa County		Stacy Coleman
AGENCY Address (No. & Street, Apt. No.) 12265 James Street		AGENCY Telephone Number (800) 897-3301
City Holland	State MI	ZIP Code 49424
		State Program or Service being provided to this client community mental health

THIS FORM IS ALSO AVAILABLE ONLINE AT: www.michigan.gov/LARA >> MI Administrative Hearing System >> Benefit Services



RICK SNYDER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
MICHIGAN ADMINISTRATIVE HEARING SYSTEM
Christopher Seppanen
Executive Director

SHELLY EDGERTON
DIRECTOR

TIMOTHY BURTON
157 W 30TH STREET
APT 11
HOLLAND, MI 49423

Date Mailed: May 16, 2017
MAHS Docket No.: 17-005823
Agency No.: 57992567
Date of Hearing Request: May 8, 2017
Petitioner: Timothy Burton

NOTICE OF HEARING

Please be advised that pursuant to MCL 400.9 and 400.37; 7 CFR 273.15 to 273.18; 42 CFR 431.200 to 431.250; 45 CFR 99.1 to 99.33; and 45 CFR 205.10; and Mich Admin Code, R 792.11002, an administrative hearing is hereby scheduled to review the issue(s) as stated in the hearing request. Impartial consideration will be given to the facts, statutes, and rules related to this case.

Date: Wednesday, June 7, 2017

Time: 2:30 PM Eastern Time

YOU MUST APPEAR IN PERSON AT:

Location: CMH of Ottawa County
12265 James St
Holland, MI 49424

Note: **The ALJ will conduct the hearing by telephone, but the parties must attend at the location stated above.**

This is an important legal document. Please have someone translate the document.

এটি একটি গুরুত্বপূর্ণ আইনি দলিল, অনুগ্রহ করে কেউ দলিলটিকে অনুবাদ করুন।

Este es un documento legal importante. Por favor, haga traducir este documento.

هذا هو وثيقة قانونية هامة يرجى ليدك شخص تترجم الوثيقة.

Ito ay isang mahalagang legal na dokumento. Mangyari lamang na magkaroon ng isang tao isalin ang dokumento.

Phone: 1-800-648-3397



Community Mental Health

Ottawa County

CONFIDENTIAL

May 22, 2017

Person Centered Advocacy Services, LLC
Attn: Ms. Marianne Huff
2976 Millpond Drive West
Apartment 3A
Holland, MI 49424

Re: Complaint #3392

Dear Ms. Huff:

On 05/16/17, Community Mental Health of Ottawa County's (CMHOC's) Office of Recipient Rights received your written complaint on behalf of recipient Timothy Burton alleging that "throughout 2014 /4/24/17" the following occurred:

- Recipient Timothy Burton's CLS services were terminated in December 2016 without notification as to "why" and he has been without CLS services since that time, although listed in his Individual Plan of Service .
- Recipient Timothy Burton was asked to leave his apartment and his supports coordinator has not assisted him in locating housing, but did convene at recipient Timothy Burton's person centered planning meeting on 04/24/17 that didn't include helping with housing. As a result, recipient Timothy Burton is living temporarily with his mother in Allegan County and his services have been terminated.
- Recipient Timothy Burton "has not been provided with the services necessary to help him to be successful."

Your allegation has been reviewed by this office, and the following action has been taken:

- Your complaint has been assigned for investigation. A Recipient Rights Officer will be contacting you soon. Under most circumstances, the investigation will be completed within 90 days and a report of findings sent to the Agency Director. Status reports will be sent every 30 days throughout an investigation. Once the report is completed; you have the right to request mediation to resolve the dispute. The Director will send you a Summary Report and information on the Recipient Rights Appeal Process within 10 days of receiving the report.

If you have any questions or if you need further clarification, please call the number listed below.

Sincerely,

Briana Fowler, MPA, LBSW
Director of Recipient Rights
(616) 393-5763

cc: Mr. Timothy Burton, Recipient
Ms. Jill Osterhout, CMHOC DD Program Supervisor/Respondent
Ms. Lynne Doyle, CMHOC Executive Director
RR File

Enclosure: RR Complaint

NOTE: In addition to this office, there are advocacy organizations available to provide you consultation and assistance in the complaint process. If you would like further information in this regard, please contact me.

12265 James Street, Holland, MI 49424
(616) 392-1873 • Fax (616) 393-5687