



Lapeer County Community Mental Health
Network Providers Monitoring FY2025
Network Providers End-Of-Year Report

Purpose	To monitor LCCMH network providers' compliance to the FY25 contract. Providers are monitored on six domains: Contract Compliance, Recipient Rights, Corporate Compliance, Clinical Assessment, Finance Compliance, and Training Compliance. Providers who do not meet the standard for each domain are required to complete a Corrective Action Plan (CAP) and additional follow-up may be required.
Review Schedule	10/1/2024-09/30/2025
Network Provider Monitoring Team	Brooke Sankiewicz, LMSW, CADC – Chief Executive Officer Tara Reed – Contract Manager Lisa Jolly, BS – Recipient Rights Officer Sarah Reynolds, LMSW – Case Management Supervisor Emma McQuillan, MBA – Chief Financial Officer Lisa Ruddy, MPH, CHES, CHC – Quality and Compliance Supervisor Jacklyn Shillinger, BA – Quality Improvement Coordinator
Standards	Contract Compliance – 95% Recipient Rights – 95% Corporate Compliance – 100% Clinical Assessment – 95% Finance / Data Compliance – 95% Training Compliance – 100%

Provider	Contract Compliance (Standard 95%)	Recipient Rights (Standard 95%)	Corporate Compliance (Standard 100%)	Clinical Assessment (Standard 95%)	Finance/Data Compliance (Standard 95%)	Training Compliance (Standard 100%)	Overall Score
Alternative Services, Inc. – Lake Nepessing	91%	100%	100%	100%	100%	98%	98%
Alternative Services, Inc. – Lippincott	91%	100%	100%	100%	100%	92%	97%
Alternative Services, Inc. – Woodlawn	91%	100%	100%	100%	100%	100%	98%
Beacon Specialized Living – Dilley	100%	100%	100%	98%	100%	100%	98%
Beacon Specialized Living – Lapeer	100%	67%	100%	89%	100%	98%	92%
Beacon Specialized Living - Schoolcraft	100%	83%	100%	89%	100%	100%	95%
Beacon Specialized Living – Wave Crest	100%	100%	100%	89%	100%	88%	96%
Burnett AFC	100%	100%	100%	100%	100%	100%	100%
Center for the Arts / Gallery 194	100%	100%	100%	100%	100%	100%	100%
Central State Community Services – Oregon	100%	67%	100%	100%	100%	100%	94%
Central State Community Services – Vassar	100%	83%	100%	100%	100%	100%	97%
Churchill Farms	100%	100%	100%	78%	100%	68%	91%
Contract Management Associates, Inc.	100%	NA	NA	NA	NA	NA	100%
Cornerstone AFC – M-43	100%	67%	100%	100%	100%	95%	94%
Cornerstone AFC – 52 nd St.	100%	83%	100%	100%	100%	97%	97%
Cynthia McNeil	88%	100%	100%	100%	NA	100%	98%
Diane Vaughan	100%	100%	100%	100%	100%	100%	100%

Provider	Contract Compliance (Standard 95%)	Recipient Rights (Standard 95%)	Corporate Compliance (Standard 100%)	Clinical Assessment (Standard 95%)	Finance/Data Compliance (Standard 95%)	Training Compliance (Standard 100%)	Overall Score
Family Literacy Center	100%	100%	100%	100%	NA	100%	100%
Family Services Agency of Mid-Michigan	100%	100%	100%	100%	100%	100%	100%
Flatrock – Brandon East	100%	100%	100%	100%	0%	100%	83%
Flatrock - Brookwood	100%	100%	100%	100%	0%	100%	83%
Flatrock – Burton West	100%	100%	100%	100%	0%	100%	83%
Flatrock – Flint Township	100%	100%	100%	100%	0%	100%	83%
Flatrock – Flushing	100%	100%	100%	100%	0%	100%	83%
Flatrock – Goodrich	100%	100%	100%	100%	0%	100%	83%
Flatrock – Lapeer North	100%	100%	100%	100%	0%	97%	83%
Fowler Center	71%	100%	100%	100%	100%	89%	93%
Genoa Pharmacy	100%	N/A	N/A	N/A	N/A	N/A	100%
Golden Arrow Drop-In Center	100%	N/A	N/A	N/A	N/A	N/A	100%
Greater Lapeer Transportation Authority	100%	100%	100%	100%	100%	100%	100%
Guardian Angel Services, 4U, Inc.	100%	100%	100%	100%	100%	100%	100%
Hamilton Community Health Center	100%	N/A	N/A	N/A	N/A	N/A	100%
Helping Hand Nursing Services	100%	100%	100%	100%	100%	100%	100%
Hope Network – Westwood	100%	100%	100%	100%	100%	83%	97%
Jacqueline Raymond	100%	100%	100%	N/A	N/A	100%	100%
Journey Therapy Center	100%	100%	100%	100%	0%	100%	83%
Lapeer Teamwork – CLS/Respite	100%	100%	100%	100%	100%	98%	100%

Provider	Contract Compliance (Standard 95%)	Recipient Rights (Standard 95%)	Corporate Compliance (Standard 100%)	Clinical Assessment (Standard 95%)	Finance/Data Compliance (Standard 95%)	Training Compliance (Standard 100%)	Overall Score
Lapeer Teamwork – Skill Building / Supported Employment	100%	100%	67%	100%	100%	100%	94%
Life Skills Centers - Lapeer	100%	100%	100%	100%	100%	100%	100%
Life Skills Centers – St. Clair	100%	100%	100%	100%	100%	100%	100%
Lighthouse Neurological Rehabilitation Center	100%	83%	100%	100%	100%	98%	97%
Mathews AFC	100%	100%	100%	100%	100%	100%	100%
McLaren Lapeer Region	67%	100%	100%	80%	0%	100%	74%
Michigan Community Services, Inc. – CLS	100%	100%	100%	100%	100%	100%	100%
Michigan Community Services, Inc. – Park St.	100%	100%	100%	100%	100%	100%	100%
ResCare – Briggs	100%	83%	100%	100%	100%	100%	97%
ResCare – Burnside	100%	100%	100%	100%	100%	100%	100%
ResCare – Davis Lake	100%	83%	100%	100%	100%	100%	97%
Rescare – Clinton	100%	83%	100%	100%	100%	98%	97%
Rescare - Farmview	100%	100%	100%	100%	100%	100%	100%
ResCare – Farnsworth	100%	83%	100%	100%	100%	100%	97%
ResCare – Frances	100%	100%	100%	100%	100%	98%	100%
Rescare – Branch	100%	83%	100%	100%	100%	100%	97%
Rescare – Pine	100%	83%	67%	100%	100%	100%	92%
ResCare – Reamer	100%	83%	100%	100%	100%	97%	97%
ResCare – Riverview	100%	100%	100%	100%	100%	95%	99%
Resident Advancement, Inc. – Hampshire	82%	83%	100%	100%	100%	100%	94%
Resident Advancement, Inc. – North Branch	82%	100%	100%	100%	100%	100%	97%

Stuart T. Wilson	100%	100%	100%	100%	100%	84%	97%
Provider	Contract Compliance (Standard 95%)	Recipient Rights (Standard 95%)	Corporate Compliance (Standard 100%)	Clinical Assessment (Standard 95%)	Finance/Data Compliance (Standard 95%)	Training Compliance (Standard 100%)	Overall Score
Victoria's Assisted Living FKA Caremore of Metamora	100%	100%	100%	100%	100%	95%	99%

Summary of Findings

LCCMH had a total of 208 contracts in FY25. During the provider monitoring process, only those contracts that have direct interaction with persons served are reviewed. A total of 60 providers were reviewed. The overall compliance for all domains and providers was 95%, which decreased from last fiscal year (98%). Overall compliance rates for each domain were as follows:

- Contract Compliance: 98%
- Recipient Rights: 95%
- Corporate Compliance: 99%
- Clinical Assessment: 99%
- Finance/Data Compliance: 83%
- Training Compliance: 98%

Thirty eight providers (63%) required a Corrective Action Plan (CAP) due to one or more areas in non-compliance. This is an increase from FY24 (43% of providers had a CAP). Most of the CAPs were in the domains of Training Compliance, Finance Compliance or Recipient Rights. Some common problems with training compliance are providers not keeping copies of the individual plan of service (IPOS) training record, not completing the trainings in the required timeframe, or missing training documentation (certificate or training sign-in sheet).

Many providers have a good rapport with clinical supervisors and Recipient Rights. Many providers have their trainings well-organized and they are easy to review.

Recommendations

- This fiscal year, LCCMH began slowly implementing IPOS In-Service Training audits. LCCMH will continue this implementation into FY26.
- Continue quarterly network provider meetings to share information and explain requirements.
- Work closely with providers who continue to be non-compliant over multiple years in the same area.

- Continue to give reminders about having staff complete and returned to LCCMH IPOS in services forms within 30 days of hire.

JS 7/23/25