



Board of Directors Meeting Agenda

Tuesday, October 20, 2026 at 5:30 PM

Board Room, 540 Jenner Drive, Allegan, MI 49010

*(To attend virtually via Microsoft Teams: [Click here to join the meeting](#)
or by audio only via telephone: [call 1-616-327-2708](#), enter ID 224 198 423 333 40#, and enter
passcode Fx9Yw66g)*

1. Call to Order – Alice Kelsey
2. Pledge of Allegiance
3. Roll Call – Alice Kelsey
4. Provision for Public Comment (agenda items only, 5” limit per speaker)
5. Approval of Agenda
6. Consent Agenda
(All items listed are considered routine and will be enacted by one motion without separate discussion of each item. If discussion is desired, a board member may request the removal of any item from this list.)
 - a. **Motion** – Approval of prior minutes:
 - i. Board Meeting (09/15/2026)
 - ii. Finance Committee (09/15/2026)
 - iii. Program Committee (09/15/2026)
 - iv. CEO Search Committee (08/21/2026 & 09/14/2026)
 - v. Executive Committee (09/14/2026)
 - vi. Recipient Rights Advisory Committee (12/16/2025, 03/17/2026, & 06/16/2026)
 - b. **Motion** – Approval of Closed Session Minutes (09/15/2026)
7. Program Committee Report - Jessica Castañeda
8. Finance Committee Report- Beth Johnston
 - a. **Motion** – Approval of Voucher Disbursements
 - b. **Motion** – Approval of FY2026 Contracts
9. Recipient Rights Advisory Committee (Mar/June/Oct/Dec) – Kelsey Newsome
10. LRE Updates – Mary Dumas or alternate
11. Chairperson’s, Executive and CEO Search Committees Reports – Alice Kelsey
 - a. Compliance Committee Report
12. OnPoint Chief Executive Officer’s Report – Mark Witte
13. Provision for Public Comment (any topic, 5” limit per speaker) – Alice Kelsey
14. Board Member Comments – Alice Kelsey
15. Adjournment
16. Future Meetings:
 - a. November 13, 2026 @ 2:30 pm – CEO Search Committee & Executive Committee
 - b. November 17, 2026 @ 4:15 pm – Program Committee
 - c. November 17, 2026 @ 4:30 pm – Finance Committee
 - d. November 17, 2026 @ 5:30 pm – Full Board Meeting
 - e. December 15, 2026 @ 3:30pm – Recipient Rights Advisory Committee

AGENDA

OnPoint Board Finance Committee

October 20, 2026 @ 4:30 pm

Hamilton Conference Room

540 Jenner Drive, Allegan MI 49010

- 1) Call to Order – Beth Johnston
 - 2) Public Comment (agenda items only, 5 minute limit per speaker)
 - 3) Approval of Agenda
 - 4) Approval of Minutes
 - 5) Review of Written Reports
 - a) Administrative Services Report – Andre Pierre
 - b) Facilities, Information Technology & Human Resources – Andre Pierre
 - 6) Action Items
 - a) Motion – to Recommend Board Approval of Voucher Disbursements
 - b) Motion – to Recommend Board Approval of Contracts
 - 7) Informational Items
 - a) Financial Reports
 - 8) Finance Committee Member Comments
 - 9) Public Comment (any topic, 5 minute limit per speaker)
 - 10) Adjournment – Next Meeting November 17, 2026 at 4:30 pm, 540 Jenner Drive, Allegan, MI
- Finance Committee: Beth Johnston, Chair; Commissioner Gale Dugan, Vice Chair; Commissioner Mark DeYoung; Krystal Diel, Alice Kelsey

OnPoint Finance Committee Minutes - DRAFT
Tuesday, September 15, 2026, at 4:30 pm
Hamilton Conference Room, 540 Jenner Drive, Allegan MI 49010

Board Members Present: Mark DeYoung, Krystal Diel, Gale Dugan, Beth Johnston & Alice Kelsey

Board Members Absent: N/A

Staff Members: Mark Witte, Andre Pierre, Nikki McLaughlin

Public Present: N/A

1. Call to Order – Beth Johnston –Chairperson, called the meeting to order at 4:30 pm.

2. Public Comment – None

3. Approval of Agenda

Moved: Ms. Diel

Supported: Mr. Dugan

Motion carried.

4. Approval of Minutes

Moved: Mr. Dugan

Supported: Ms. Kelsey

Motion carried.

5. Review of Written Reports:

a. **Administrative Report**

Mr. Pierre reviewed the administrative report submitted. Revenue and Expense reports are through July, 2026 with a projected return of \$1,380,214 Medicaid funds to the PIHP and a surplus in General Fund of \$432,334, of which \$346,947 would be returned to the state.

b. **Facilities, Information Technology & Human Resources**

Human Resources – Progress is being made with the new HRIS system (Paycor) and various modules that are Human Resource specific. Applicant tracking is now actively being used within the system. HR is partnering with Payroll on the integration of the employee benefits portal, which open enrollment will occur in October in collaboration with Edge Insurance. Last piece to be implemented is the employee evaluation, due to be completed in December.

June saw the Lakeshore Regional Entity site visit and received no findings within Human Resource Department. HR will be shifting focus to the CARF site visit, which will be in September.

Cohort 1 of leadership training continued thru July and will receive feedback from Rehmann to the Management Team. Cohort 2 to start in October.

HR Team also worked with committee members to update the accessibility plan. Facility assessment was completed by Michigan Municipal Risk Management (MMRMA). Positive feedback from MMRMA.

Folks 4 Fun hosted a frozen treat on July 8th for OnPoint staff.

3 New Hires with 1 separations (1 voluntary, 0 involuntary), 11 active postings.

Information Technology – Work on the distribution of laptops to staff as well as recycling collected laptops with 12 as loaners. Continued work on the transfer of the General Ledger from Great Plains to Business Central continued with trainings and testing.

Licensing was purchased for Accounts Payable processing with Stamplicy. This will handle purchasing procurement, accounts payable, conference and purchasing in one module.

Facilities – Routine maintenance schedule.

c. Fiscal Year 2027 Budget

Fiscal year 2027 budget was presented to the Finance Committee for review and conversation with a change in net position of \$112,000.

6. Action Items:

- a. The Finance Committee recommends that the OnPoint Board approve the August, 2026 disbursements totaling \$3,980,671.03.

Moved: Ms. Diel

Supported: Mr. Dugan

Motion carried.

- b. The Finance Committee recommends that the OnPoint Board approve the following list of provider contracts for fiscal year 2026.

Moved: Mr. Dugan

Supported: Ms. Kelsey

Motion carried.

- c. The Finance Committee recommends that the OnPoint Board approve the following list of provider contracts for fiscal year 2027.

Moved: Mr. Dugan

Supported: Ms. Kelsey

Motion carried.

- d. The Finance Committee recommends that the OnPoint Board approve the fiscal year 2027 budget with expenditures totaling \$50,807,889.

Moved: Ms. Kelsey

Supported: Mr. Dugan

Motion carried.

7. Informational Items

a. Financial Reports

Mr. Pierre reviewed the financial statements for July, 2026. 83% of the way through the fiscal year budget. CCBHC numbers were reviewed with 1,051 over budgeted YTD provided units of service.

Income and expense are on track for the fiscal year.

Balance Sheet – Discussion points of variances occurred.

Income Statement – Discussion points of variances occurred.

Discussion occurred.

8. Finance Committee Member Comments

None

9. Public Comment

None

10. Next Meeting – October 20, 2026, at 4:30 pm.

11. Adjournment

Moved: Ms. Diel

Supported: Mr. Dugan

Motion carried.

Meeting adjourned at 5:26 pm.

Administrative Services Board Report October 2026
Submitted by Andre Pierre, Chief Administrative Officer
269.569.3238 – APierre@OnPointAllegan.org

FINANCE

This month's packet includes the monthly financial report for August 2026. The Summary Schedule of Revenues and Expenses by Fund Source shows the difference between the revenue received from the Lakeshore Regional Entity (LRE) and the State of Michigan Department of Health and Human Services (MDHHS) and the eligible expenses incurred by OnPoint. These fund sources are cost settled at the end of each year, and any unspent funds are required to be returned to the LRE or MDHHS. We are projecting to return approximately \$1,422,233 (Medicaid and Healthy Michigan Plan combined) to the LRE and \$445,711 of General Funds to MDHHS.

HUMAN RESOURCES

In Human Resources, the Human Resource Information System (HRIS) project continued to progress according to schedule. The Human Resources team met with AssureHire on August 26th to streamline the background check process by integrating it into Paycor Onboarding. This will allow all background checks and pre-employment testing to be ordered at one time and in one place, instead of logging into multiple different vendors to have these completed.

At the August 8th Leadership meeting, Paycor Recruiting did a training for leaders of OnPoint. The training covered how to navigate through Paycor Recruiting, as well as how Leadership can review candidates that have applied for open positions at OnPoint. The Human Resources team created instructions and sent them out after the meeting.

Human Resources continued to work with staff requiring credentialing and recredentialing to provide tools and training to navigate the new Universal Credentialing System that was implemented by the State of Michigan in spring of 2026. At the August 8th Leadership meeting, the Human Resources team provided a brief overview of the new statewide credential system. Human Resources staff are available for questions or if staff need any extra help when accessing the new system

Cohort 1 of OnPoint Leadership Foundations for Excellence concluded in July. The feedback was mostly positive from the first cohort, with an overall rating of 8.6 out of 10. Members from Cohort 1 had commented they appreciated how the DiSC assessment is helping them understand their strengths and areas of improvement, strategies to approach concerns with staff, and hearing examples from other leaders of how they are addressing situations within different departments. A planning discussion for Cohort 2 of OnPoint Leadership Foundations for Excellence occurred at the end of August. There were no changes to the program and a draft schedule was created, with specific dates to be decided on later.

Lastly, in its continued efforts to promote a fun and inclusive workplace, Folks4Fun organized a Staff Picnic on August 21st. This event offered lunch from IDK Food Truck, yard games and the opportunity to connect with your coworkers in a relaxed, off-site atmosphere.

In the month of August, the Human Resources department did experience some activity in the areas of turnover and internal transitions. The following activity occurred:

New Hires- 3
Separations- 5 (4 voluntary, 1 involuntary)
Active Posting- 10

INFORMATION TECHNOLOGY

In the area of Information Technology, we continue to work with Allegan County Information Technology (IT) on items in the 2026 project list. During August, we completed the replacement distribution of 80 new computers for staff. The Finance department continued executing the project steps for transitioning our general ledger from Great Plains to Business Central. During the month we also sat through the demonstration and made the selection of a purchasing software called Stamplic. This particular software can manage all of OnPoint's A/P, purchasing, and fixed asset transactions. We are targeting both the general ledger migration and purchasing software implementation to be completed with a go-live of 1 October 2026. Lastly, we continued our work to review the users and files residing in our Microsoft 365 tenant.

FACILITIES

In the area of Facilities, we had a relatively stable month with only routine maintenance actions taking place.

We have been encouraged by all the interactions we are having and feel optimistic about the end deliverables. OnPoint is actively reviewing all initiatives and will provide periodic updates to key stakeholders as warranted.

Sincerely,

Andre Pierre
Chief Administrative Officer
October 12, 2026

[illegible]

ONPOINT



Period Ended
August 31, 2026

Preliminary
Monthly Finance
Report

ONPOINT

Summary of Variances and Fluctuations

August 31, 2026

I. Assets

- Cash & cash equivalents and Investments - Increase in combined balance of cash and cash equivalents and investments is due to the agency's increase in net position and the amount due back to PIHP for cash settlement

II. Liabilities

- Accrued payroll and benefits - Decrease is due to the number of days accrued at month-end. In September of 2025, there were 7 out of 10 days accrued at month-end, and in August of 2026 there were 6 out of 10 days accrued.
- Due to other governmental units - The increase in Due to Other Governmental Units is primarily due to the accumulation current year-to-date surplus of Medicaid and Healthy Michigan Plan funds (see corresponding increase in cash and cash equivalents above).

I. Operating revenue

- CCBHC quality bonus payment - This is an annual payment which was received in August 2026. Quality measures met were higher than prior year, which led to an increase in QBP.
- Other reimbursements and revenue - Due to investment portfolio, exceeded budgeted expectations.

IV. Operating expenses

- Supplies & materials - The increase in expense is primarily due to grant expenses, which were either moved between categories through grant amendments or added with grant carryforward dollars which were not part of the original budget approved by the Board.
- Occupancy - Air duct cleaning will not be completed for fiscal year 2026 as it was completed in fiscal year 2025 as well as tree trimming services, which is a reduction to total occupancy expense.
- Depreciation - Variance from budget is due to recognition and alignment of adjustments to building depreciation due to grant funded assets.

ONPOINT

Summary Schedule of Revenues and Expenses by Fund Source

For the Period From October 1, 2025 through August 31, 2026

	MDHHS Revenue	Coordination of Benefits	Grant Revenue	Expense	Redirects	Lapse or (Deficit)
Medicaid						
Medicaid - Mental Health	\$ 21,260,955	-	\$ -	\$ (24,250,079)	\$ -	\$ (2,989,124)
Medicaid - Autism	5,751,316	-	-	(1,651,655)	-	4,099,661
Medicaid - SUD	622,153	-	-	(242,038)	-	380,115
Healthy Michigan Plan - Mental Health	1,631,656	-	-	(2,175,492)	-	(543,836)
Healthy Michigan Plan - SUD	996,900	-	-	(521,483)	-	475,417
Medicaid subtotal	<u>\$ 30,262,980</u>	<u>\$ -</u>	<u>\$ -</u>	<u>\$ (28,840,747)</u>	<u>\$ -</u>	<u>\$ 1,422,233</u>
CCBHC Demonstration						
CCBHC - Medicaid	7,432,123	138,504	\$ -	\$ (7,434,389)	\$ -	\$ 136,238
CCBHC - Healthy MI Plan	2,612,979	23,359	-	(2,363,423)	-	272,915
CCBHC - NonMedicaid	-	195,802	762,899	(1,475,376)	516,675	-
CCBHC Subtotal	<u>\$ 10,045,101</u>	<u>\$ 357,665</u>	<u>\$ 762,899</u>	<u>\$ (11,273,188)</u>	<u>\$ 516,675</u>	<u>\$ 409,152</u>
General Fund	<u>\$ 1,650,813</u>	<u>\$ 4,228</u>	<u>\$ -</u>	<u>\$ (692,655)</u>	<u>\$ (516,675)</u>	<u>\$ 445,711</u>
SOR/SUD Treatment Block Grants	<u>\$ -</u>	<u>\$ -</u>	<u>\$ 342,560</u>	<u>\$ (342,560)</u>	<u>\$ -</u>	<u>\$ -</u>

This financial report is for internal use only. It has not been audited, and no assurance is provided.

ONPOINT

Statement of Net Position

August 31, 2026

	September 30, 2025	August 31, 2026
Assets		
Current assets:		
Cash and cash equivalents	\$ 2,724,073	\$ 4,989,414
Investments	3,035,027	2,364,003
Accounts receivable	102,482	26,868
Due from other governmental units	2,759,885	2,886,505
Prepaid items	216,270	235,369
Total current assets	<u>8,837,738</u>	<u>10,502,159</u>
Non-current assets:		
Capital assets not being depreciated	324,219	324,219
Capital assets being depreciated, net	8,046,066	7,654,673
Total non-current assets	<u>8,370,284</u>	<u>7,978,892</u>
Total assets	<u>\$ 17,208,022</u>	<u>\$ 18,481,051</u>
Liabilities		
Current liabilities:		
Accounts payable	\$ 2,350,923	\$ 2,128,027
Accrued payroll and benefits	430,990	334,916
Due to other governmental units	1,705,674	2,264,043
Unearned revenue	310,146	375,794
Compensated absences - current portion	125,039	125,039
Notes payable - current portion	256,008	256,008
Total current liabilities	<u>5,178,780</u>	<u>5,483,827</u>
Long-term liabilities:		
Compensated absences	708,551	708,551
Notes payable	4,708,315	4,598,617
Total long-term liabilities	<u>5,416,866</u>	<u>5,307,168</u>
Total liabilities	<u>10,595,646</u>	<u>10,790,995</u>
Net position		
Invested in capital assets	3,405,961	3,124,267
Restricted for USDA loan	37,265	116,720
Unrestricted	<u>3,169,150</u>	<u>4,449,069</u>
Total Net Position	<u>\$ 6,612,376</u>	<u>\$ 7,690,056</u>

This financial report is for internal use only. It has not been audited, and no assurance is provided.

ONPOINT

Statement of Revenue, Expenses and Change in Net Position

October 1, 2025 through August 31, 2026

Percent of Year is 91.67%

	Total FY 2026 Budget	YTD Totals 8/31/26	Under/(Over) Budget	Percent of Budget - YTD
Operating revenue				
Medicaid capitation	\$ 30,530,129	\$ 27,634,424	\$ 2,895,705	90.52%
Medicaid settlement	(945,851)	(1,490,652)	544,801	
Healthy Michigan capitation	2,539,271	2,628,556	(89,285)	103.52%
Healthy Michigan settlement	479,683	68,419	411,264	
CCBHC capitation and supplemental	9,929,384	10,045,102	(115,718)	101.17%
CCBHC quality bonus payment	267,629	522,118	(254,489)	195.09%
State General Fund formula funding	1,707,737	1,650,813	56,924	96.67%
State General Fund settlement	-	(445,711)	445,711	
Grants and earned contracts	4,981,627	4,231,930	749,697	84.95%
Local funding	346,095	317,254	28,841	91.67%
Other reimbursements and revenue	608,680	636,054	(27,374)	104.50%
Total operating revenue	<u>\$ 50,444,385</u>	<u>\$ 45,798,307</u>	<u>\$ 4,646,078</u>	<u>90.79%</u>
Operating expenses				
Salaries and wages	\$ 12,123,863	\$ 10,930,662	\$ 1,193,201	90.16%
Fringe benefits	4,343,434	3,876,567	466,867	89.25%
Supplies and materials	278,347	348,485	(70,138)	125.20%
Provider Network services	27,690,851	24,363,793	3,327,058	87.98%
Contractual services	4,179,355	3,862,100	317,255	92.41%
Professional development	185,641	122,135	63,506	65.79%
Occupancy	397,566	297,131	100,435	74.74%
Miscellaneous expenses	601,435	601,614	(179)	100.03%
Depreciation	286,121	396,143	(110,022)	138.45%
Total operating expenses	<u>\$ 50,086,614</u>	<u>\$ 44,798,630</u>	<u>\$ 5,287,984</u>	<u>89.44%</u>
Nonoperating expenses				
Interest expense	<u>118,450</u>	<u>95,598</u>	<u>22,852</u>	<u>80.71%</u>
Change in net position	<u>\$ 239,320</u>	<u>\$ 904,079</u>	<u>\$ (664,759)</u>	
Beginning net position	<u>6,785,977</u>	<u>6,785,977</u>		
Ending net position	<u><u>\$ 7,025,297</u></u>	<u><u>\$ 7,690,056</u></u>		

This financial report is for internal use only. It has not been audited, and no assurance is provided.

AGENDA

**OnPoint
Recipient Rights Advisory Committee (RRAC)
Tuesday, October 20, 2026
3:30 pm**

Meeting Location: OnPoint 540 Jenner Drive – Hopkins Conference Room

1. Call to Order – Craig VanBeek, Chairperson
2. Public Comment – Agenda Items Only, Subject to 5-Minute Limit Per Person
3. Approval of/Additions to Agenda
4. Approval of Prior Meeting Minutes – December 2025, March & June 2026
5. Review ORR Status Report – Kelsey Newsome
6. Other Business
 - a. ORR Budget Reviewed via email – budget has been updated to include Annual Conference
 - b. Upcoming Triannual Assessment – March 23rd – 25th
 - c. Annual Report will be reviewed during December 15 RRAC – planning to assure quorum
7. Public Comment – Any Topic, Subject to 5-Minute Limit Per Person
8. Adjournment

RRAC members are:
Craig VanBeek, Chair;
Gale Dugan, Kim Bartnick, Jessica Castañeda, John Clark, Rhoda Yutzy-Ryan

2026 Meeting Months: March, June, September, December

MINUTES
RECIPIENT RIGHTS ADVISORY COMMITTEE (RRAC)
December 16, 2025
3:30 pm – 4:00 pm

Committee Members Present:

Glen Brookhouse, RRAC Chairperson
Craig VanBeek, Committee Member
Alice Kelsey, Board Chairperson
Gale Dugan, Board Member

Committee Members Not Present:

Richard Wiley, Committee Member
Jessica Castañeda, Board Member
Kim Bartnick, Board Member
Pam Brenner, Committee Member

Staff Present:

Kelsey Newsome, Recipient Rights Director
Allison Kridler, Recipient Rights Investigator
Samantha Dereski, Recipient Rights Investigator

Staff Not Present:

Melisse Hughes, ORR Specialist

Other Individuals Present: None.

1. **CALL TO ORDER** ~ RRAC Chairperson Glen Brookhouse meeting called to order at 3:34pm.
2. **PUBLIC COMMENT** ~ RRAC Chairperson Glen Brookhouse opened an opportunity for public comment. No public comment. Chairperson Glen Brookhouse closed the opportunity for public comment.
3. **APPROVAL OF ADDITIONS TO AGENDA** ~ A motion by Board Member Gale Dugan to approve the agenda. Committee Member Craig VanBeek seconded the motion. The motion was approved by unanimous voice vote.
4. **APPROVAL OF PRIOR MEETING MINUTES** ~ A motion to approve was made by Committee Member Craig VanBeek as presented. Board Member Gale Dugan seconded the motion. The motion was approved by unanimous voice vote.
5. **REVIEW OF ORR STATUS REPORT** ~ Recipient Rights Director Kelsey Newsome reviewed the ORR Status Report.
6. **REVIEW OF ANNUAL REPORT** ~ Recipient Rights Director Kelsey Newsome reviewed the ORR Annual Report. A motion was made by Board Member Gale Dugan to ratify and submit the report. The motion was supported by Craig VanBeek with no discussion. The motion was approved by unanimous voice approval.

OnPoint
540 Jenner Dr, Allegan, MI 269-673-3384

MINUTES
RECIPIENT RIGHTS ADVISORY COMMITTEE (RRAC)
December 16, 2025
3:30 pm – 4:00 pm

7. **OTHER BUSINESS** ~ RRACH Chairperson Glen Brookhouse opened the floor for Other Business. No other business was discussed.
8. **PUBLIC COMMENT** ~ No public comment.
9. **ADJOURNMENT, NEXT MEETING** ~ Motion to adjourn made by Committee Member Craig VanBeek. The motion was supported by Board Chairperson Alice Kelsey. Unanimously approved by a voice vote. Adjourned at 4:17 pm.

Respectfully submitted,

A handwritten signature in cursive script, appearing to read "Allison Kridler".

Allison Kridler
Recipient Rights Investigator

MINUTES
RECIPIENT RIGHTS ADVISORY COMMITTEE (RRAC)
March 17, 2026
3:30 pm – 4:00 pm

Committee Members Present:

Glen Brookhouse, RRAC Chairperson
Craig VanBeek, Committee Member
Alice Kelsey, Board Chairperson
Gale Dugan, Board Member

Committee Members Not Present:

Richard Wiley, Committee Member
Jessica Castañeda, Board Member
Kim Bartnick, Board Member
Pam Brenner, Committee Member

Staff Present:

Kelsey Newsome, Recipient Rights Director
Allison Kridler, Recipient Rights Investigator

Staff Not Present:

Melisse Hughes, ORR Specialist
Samantha Dereski, Recipient Rights Investigator

Other Individuals Present: None.

1. CALL TO ORDER ~ RRAC Chairperson Glen Brookhouse meeting called to order at 3:36pm.
2. PUBLIC COMMENT ~ RRAC Chairperson Glen Brookhouse opened an opportunity for public comment. No public comment. Chairperson Glen Brookhouse closed the opportunity for public comment.
3. APPROVAL OF ADDITIONS TO AGENDA ~ No quorum present.
4. APPROVAL OF PRIOR MEETING MINUTES ~ No quorum present. Prior meeting minutes will be approved alongside the March 2026 Meeting Minutes at the June 2026 RRAC meeting.
5. REVIEW OF ORR STATUS REPORT ~ Recipient Rights Director Kelsey Newsome reviewed the ORR Status Report.
6. REVIEW OF UPDATED STATUS REPORT TEMPLATE ~ Recipient Rights Director Kelsey Newsome reviewed the proposed template and additional suggestions.
7. OTHER BUSINESS ~ RRAC Chairperson Glen Brookhouse opened the floor for Other Business. No other business was discussed.

OnPoint
540 Jenner Dr, Allegan, MI 269-673-3384

MINUTES
RECIPIENT RIGHTS ADVISORY COMMITTEE (RRAC)
March 17, 2026
3:30 pm – 4:00 pm

8. PUBLIC COMMENT ~ No public comment.
9. ADJOURNMENT, NEXT MEETING ~ Adjourned at 4:10 pm.

Respectfully submitted,

A handwritten signature in black ink, appearing to read "Allison Kridler". The signature is written in a cursive, flowing style.

Allison Kridler
Recipient Rights Investigator

MINUTES
RECIPIENT RIGHTS ADVISORY COMMITTEE (RRAC)
June 16, 2026
3:30 pm – 4:00 pm

Committee Members Present:

Craig VanBeek, RRAC Chairperson
Gale Dugan, Board Member

Committee Members Not Present:

Richard Wiley, Committee Member
Jessica Castañeda, Board Member
Kim Bartnick, Board Member
Pam Brenner, Committee Member

Staff Present:

Kelsey Newsome, Recipient Rights Director
Allison Kridler, Recipient Rights Investigator

Staff Not Present:

Melisse Hughes, ORR Specialist
Samantha Dereski, Recipient Rights Investigator

Other Individuals Present: None.

1. CALL TO ORDER ~ RRAC Chairperson Craig VanBeek meeting called to order at 3:43pm.
2. PUBLIC COMMENT ~ RRAC Chairperson Craig VanBeek opened an opportunity for public comment. No public comment. Chairperson Craig VanBeek closed the opportunity for public comment.
3. APPROVAL OF ADDITIONS TO AGENDA ~ No quorum present.
4. APPROVAL OF PRIOR MEETING MINUTES ~ No quorum present. Prior meeting minutes will be approved alongside the December 2025 and March 2026 Meeting Minutes at the September 2026 RRAC meeting.
5. REVIEW OF ORR STATUS REPORT ~ Recipient Rights Director Kelsey Newsome reviewed the ORR Status Report.
6. REVIEW OF SEMI ANNUAL REPORT ~ Recipient Rights Director Kelsey Newsome reviewed the Semi-Annual Report.
7. OTHER BUSINESS ~ RRAC Chairperson Craig VanBeek opened the floor for Other Business. Discussion of procuring more RRAC members.

OnPoint
540 Jenner Dr, Allegan, MI 269-673-3384

MINUTES
RECIPIENT RIGHTS ADVISORY COMMITTEE (RRAC)
June 16, 2026
3:30 pm – 4:00 pm

8. PUBLIC COMMENT ~ No public comment.
9. ADJOURNMENT, NEXT MEETING ~ Adjourned at 4:17 pm.

Respectfully submitted,

A handwritten signature in black ink, appearing to read "Allison Kridler". The signature is written in a cursive, flowing style.

Allison Kridler
Recipient Rights Investigator

RECIPIENT RIGHTS ADVISORY COMMITTEE (RRAC)

October 2026 STATUS REPORT

Reporting Period: June - September 2026

Submitted by Kelsey Newsome, LMSW, Director of Recipient Rights and Customer Services

knewsome@onpointallegan.org

2026 Annual Report Goals:

Goal:	Status Update:
Maintain an in person/face-to-face consultative presence - with an aim of preventing rights violations (check ins with teams)	Maintained. Walk-in complaints have increased over the past several weeks.
Review status report format and data categories with RRAC. Implement suggested changes.	Complete. Continued input from RRAC members is welcome!
RRAC is recommending that ORR assess current policies and any gaps in them, and makes recommendations to strengthen standards of care.	Continued Review and participation in Policy Oversight Committee (POC). All policies owned by ORR will be reviewed by 12/31/26 and are slated for review at POC in January ahead of Triannual Assessment in March.

June - September 2026 Allegations

Abuse II – Unreasonable Force	4
Abuse III	8
Dignity & Respect	5
Disclosure of Confidential Information	9
Freedom of Movement	1
Mental Health Services Suited to Condition	7
No Right Involved	4
Neglect II	2
Neglect III	6
Outside ORR Jurisdiction	1
Safe, Sanitary, Humane Treatment Environment	2
Family Rights	1
Abuse II – Non-accidental Act	1
Abuse II – Exploitation	3
Abuse I – Sexual Abuse	3
Uncensored Access to Mail	1
Total Allegations	58

Definitions:

Abuse: An action done or said to a recipient by an employee that results in some form of harm to the recipient.

Abuse I: An action that results in serious physical harm, death, or sexual abuse.

Abuse II: An action that results in non-serious physical harm, emotional harm, or exploitation. This also includes the use of unreasonable force even without injury.

Abuse III: An action or communication that is threatening or degrading to the recipient. This includes sexual harassment.

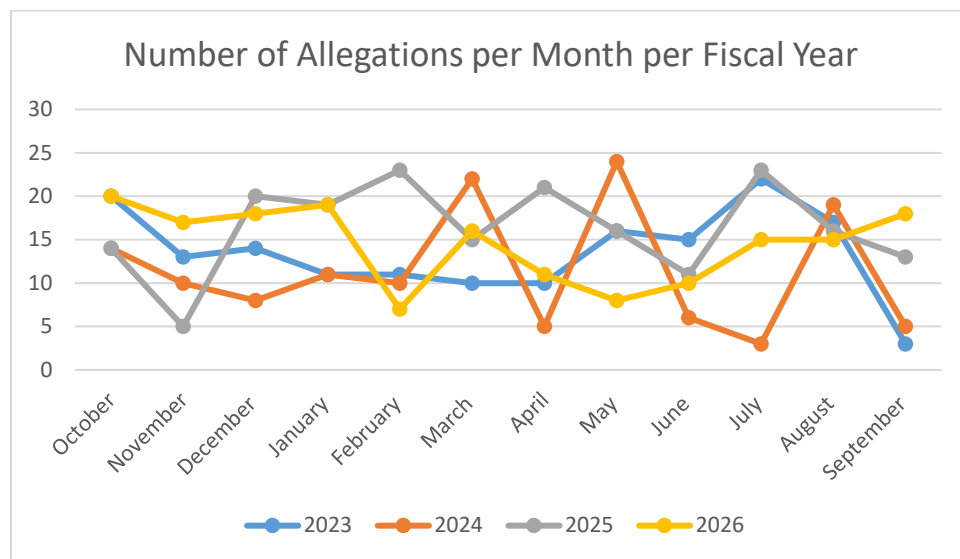
Neglect: An action, or a failure to act, by an employee that is not compliant with a written standard of care and results in some form of harm (or risk of harm) to the recipient. This also includes the failure to report apparent or suspected abuse or neglect of a recipient.

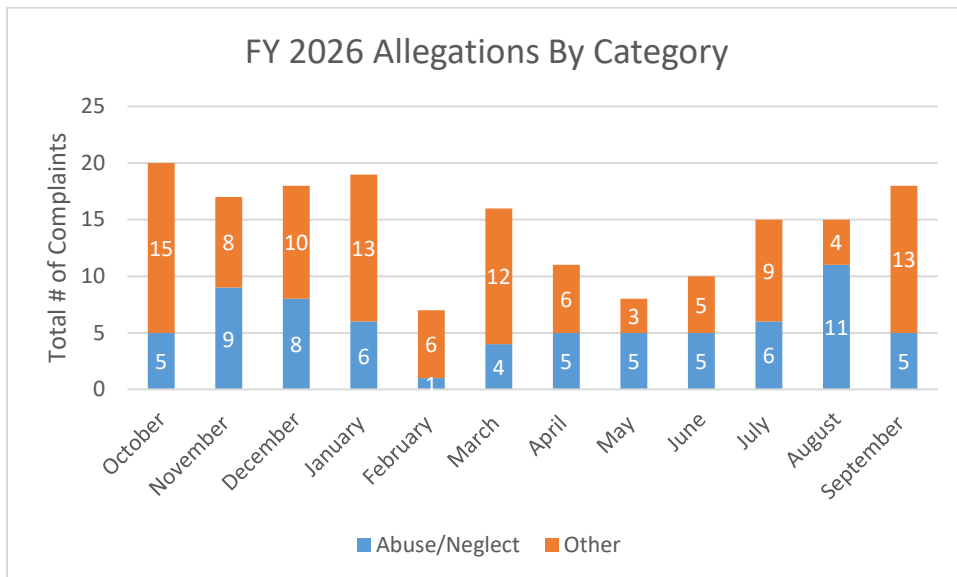
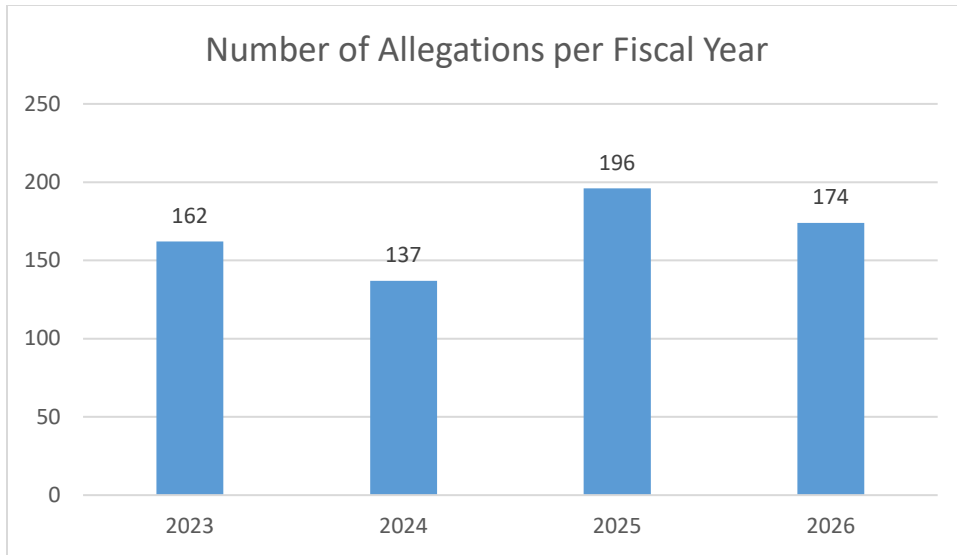
Neglect I: An action, or a failure to act, that results in serious physical harm, death, or sexual abuse.

Neglect II: An action, or failure to act, that results in non-serious physical harm, or emotional harm.

Neglect III: An action, or failure to act, which placed, or could have place, a recipient at risk of physical harm or sexual abuse.

Mental Health Services Suited to Condition: Recipients are entitled to receive services in accordance with their treatment plan, which is to be written in accordance with their assessed needs.





FY 26 Timeliness Report:

% of investigations completed within 90 days: 100%
Reason for any investigations exceeding 90 days: N/A

Number of allegations closed within 30 days: 7
Number of allegations closed between 30 and 60 days: 11

Number of open allegations: 39



OnPoint Board of Directors – Program Committee Meeting Agenda

Tuesday, October 20, 2026 @ 4:15 pm

Board Room, 540 Jenner Drive, Allegan MI 49010

This meeting is open to the public. Most of the time will be spent holding in-person interviews for the upcoming CEO position opening. To support the objectives of the search process, live virtual streaming of this meeting will not be provided, nor will it be videotaped for later posting.

- 1) Call to Order – Jessica Castañeda, Chairperson
- 2) Public Comment (agenda items only; 5” limit per speaker)
- 3) Approval of Agenda
- 4) Approval of Minutes
- 5) Program Presentation:
 - a) Assertive Community Treatment (ACT) – John Eagle with ACT Team members
 - b) Supported Employment Services – John Eagle & Charles Wilkinson
- 6) Review of Written Reports
 - a) Chief Operating Officer – Jeana Koerber
- 7) Program Committee Member Comments
- 8) Public Comment (any topic; 5” limit per speaker)
- 9) Adjournment – Next Meeting November 17, 2026 at 4:15 pm, 540 Jenner Drive, Allegan, MI

Program Committee: Jessica Castañeda, Chairperson; Kim Bartnick, Vice-Chairperson;
Marcia Kerber; Debra Morse; Karen Stratton, John Clark

**OnPoint Board of Directors
DRAFT Program Committee Minutes
September 15, 2026**

Board Members Present: Kim Bartnick, Vice Chairperson; Deb Morse; John Clark; Marcia Kerber

Board Members Absent: Jessica Castañeda, Chairperson; Karen Stratton

OnPoint Staff Present: Dawn Sisson; Megan Ford; Jeana Koerber; Brittney Wedge; Makenna Bos; Michell Truax; Geniene Gersh; Rob Griffith; Janice August (virtual); Tara Wilkes (virtual); Penny Lawrence (virtual);

Public Present: Stephanie VanderKooi; Royal Grewe

- 1) **Call to Order** – Kim Barnick, Vice Chairperson called the meeting to order at 4:17pm.
- 2) **Public Comment** – No comments received.
- 3) **Approval of Agenda** – Marcia Kerber made a motion to approve the agenda as presented and Deb Morse supported the motion. Motion carried by unanimous voice vote.
- 4) **Approval of Minutes** – John Clark made a motion to approve the minutes from the meeting on August 18, 2026 and Marcia Kerber supported the motion. Motion carried by unanimous voice vote.
- 5) **Program Committee Reports** – Michell Truax, Utilization Manager, presented on Utilization Management (UM). She reported that the Utilization Management team continues to manage increasing manual iSPA Waiver enrollments and disenrollments, as well as HAB service coordination, including tracking applications and identifying barriers such as limited access to CLS, Skill Building, and Supported Employment. Higher-level-of-care responsibilities remain primarily with the Care Management HLOC Specialist, whose workload has been validated at 1.14 FTE. Over the past year, UM strengthened LRE submission processes, improved efficiency in HLOC reviews, transitioned clinical training to a virtual format as well, revised the CSR form with providers to ensure completeness, and completed six Crane Benefit Plan updates that support more consistent and holistic level-of-care determinations. The Care Management Specialist manages substantial SUD authorization activity, including provider coaching and collaboration with the Provider Network team, while also backing up HLOC operations and assisting with internal authorization needs. ASAM 4th Edition implementation appears informally delayed at the state level. A key focus moving forward is determining how the DSM will integrate within the Crane system.

Megan Ford, Director of Quality and Innovation, who oversees OnPoint’s Autism Services presented along with her team, Brittney Wedge, Autism Coordinator and Makenna Bos, BCBA, UM and FST. Ms. Ford shared an overview of OnPoint’s Autism Services program, which serves eligible Allegan County youth with an ASD diagnosis. The program partners with two testing providers and nine ABA providers, with 145 individuals currently receiving services. ABA treatment includes individualized skill-building, BCBA oversight, and family training, delivered in clinic, at home, or in the community, with treatment plans reviewed every six months. Recent

efforts focus on reducing wait times and improving access, while Family Support and Training provides short-term caregiver coaching to about eight families weekly or bi-weekly. A key initiative this year is to expand trauma-informed ABA practices, with typical referrals ranging from families awaiting testing or ABA services to those needing additional support after completing ABA.

Jeana Koerber, Chief Operating Officer reported that CARF auditors will be on-site from September 28–30, with the exit conference anticipated to occur midday on September 30. Ms. Koerber also provided an overview of the HRSA MAT II Grant, including the grant’s goals and the notable achievements OnPoint has realized through this funding. Although the grant period concluded on August 31, 2026, OnPoint has been awarded a no-cost extension through July 2027.

Ms. Koerber presented data outlining the demographics of clients served, the services delivered, medications administered, and the number of individuals engaged within the Allegan County Jail during the first two years of the grant. She informed the committee that work is underway to ensure sustainability of these services. Ms. Koerber noted that she is confident most associated costs can be incorporated into the CCBHC model and emphasized that MAT services are a required component of CCBHC operations.

- 6) **Program Committee Member Comments** – Program committee members provided comments as desired.
- 7) **Public Comment** – No comments from the public.
- 8) **Adjournment** – Motion by John Clark, supported by Marcia Kerber to adjourn the meeting. Motion carried by unanimous voice vote. Meeting adjourned at 5:14pm.

Submitted by,
Dawn Sisson

October Program Committee Report

Prepared by COO: Jeana Koerber, Ph.D.

Program specific portions were authored by the overseeing program managers/directors

10/12/26

Program Updates

Access. The Access team is currently hiring for an access coordinator and is encouraged by the high number of applicants that this will be completed soon. An offer for our last open access clinician has been made and accepted so full staffing is anticipated to be completed in October. The team is working hard to keep up with volume despite the short staffing and is offering more scheduled assessment times to be completed via telehealth to accommodate those individuals with physical limitations for traveling. The Access team is participating in a technical assistance opportunity through CCBHC to examine same day access workflows for feedback on ways to improve efficiencies and the client experience. Lastly the Access Department is refining workflows to adjust to Arbor Circle becoming our DCO partner and is excited about our opportunities for expanded client care.

Adult Outpatient. OnPoint is pleased to announce two new additions to the Adult Outpatient Team. Andrea Kelly, LLPC, and Brittany Conway, LLPC, have joined the department. Over the past month, they have focused on onboarding and establishing counseling services with their respective client caseloads. The organization is glad to welcome both clinicians to the OnPoint team.

Adult Targeted Case Management. Case Management and Supportive Services has experienced several staffing changes over the past several months. One supervisor, Todd Rockhill, has moved to another position within OnPoint and has been replaced by an existing case manager, Victoria Stevens. Several other team members have left the program, and two staff are/will be on medical leave, leaving the team 6 positions short. Recruiting efforts are underway and we have made 4 offers within the last few weeks. In addition, the Case Management and supportive services program is working to strengthen and standardize the onboarding process to provide new staff with a more structured and consistent approach when transitioning or starting their new roles.

Assertive Community Treatment (ACT). The ACT team now reports to the Adult and Supportive services program manager, John Eagle. A more robust update on the ACT program will be given during the program committee meeting.

Care Coordination. The Care Coordination team is temporarily reporting to the COO. We are currently hiring for an open role which will fill many of the duties previously led by the med clinic care coordinator. Susan Adams continues to assist the team with certain duties while completing her parent support partner role.

Children's Case Management. Children's Case Management services continue to have 6 full-time Case Managers that are currently serving 251 clients. Their caseloads include a mix of Autism, IDD and SED populations. Children's Case Management also works with the Children's Waiver Program (CWP) and currently has 3 staff trained to assist families in applying and connecting them with services. At this time there are 5 children open to the CWP in Allegan County. We recently added having 18–21-year-old transition age youth stay on the Children's

Services side as a way to be able to provide direction, support, and assistance with any documentation (State ID, applying for Social Security, job seeking) to be able to support their transition to Adult Services.

Children's Outpatient. The outpatient team continues to provide therapy support to the children of Allegan County. Due to the influx of children seeking outpatient services, our team is grateful for the contracts with Arbor Circle and Hope and Wholeness. A number of children have been referred to our therapy contracts to provide them with timely access to therapy services. We currently have 10 therapists (combination of full-time staff and part-time staff) that provide therapy for nearly 350 children. Due to the intensity of need for some families engaging in the outpatient program, we are regularly utilizing our Outpatient Case Manager. Our Case Manager is able to give more frequent and direct support when helping families connect to services in the community. Our Outpatient Case Manager currently supports 30 families.

We are proud to share that our therapists have been able to provide Trauma-Focused Cognitive Behavioral Therapy (TF CBT) to many children served at OnPoint. At this time, our outpatient supervisor, one of our outpatient therapists and one homebased therapist are fully trained in TF CBT. Earlier this year, we launched a new training cohort, which includes five outpatient therapists and one homebased therapist. This cohort began in February 2026 and is expected to complete training by February 2027. We are excited to continue expanding our team's clinical expertise so we can strengthen the support we provide to the children and families of Allegan County.

Teen groups continue to be one of our most popular services at OnPoint. These groups, designed for youth ages 12–17, are offered at least twice a year and provide valuable opportunities for teens to build peer connections, strengthen self-esteem, practice healthy communication, develop self-advocacy skills, learn effective coping strategies, and increase awareness about the impacts of substance use. Our most recent teen group finished up in May was facilitated by a combination of outpatient and homebased staff. Our next teen group starts October 1st. Additionally, over the summer a couple of our outpatient therapists finished running our second group for younger children (ages 6–12). This group focuses on peer connection, emotional regulation, and social skill development. Beginning the end of October two outpatient therapists and one homebased therapist will be piloting our first ever SPROUTS group, which will include clients aging from 3-6 years old). This group will focus on emotional regulation, healthy coping, and peer interactions. We look forward to providing a group to a new demographic of children.

In addition to client groups, we continue to offer a quarterly Trauma Informed Parenting class (TIP) for caregivers and parents, which is open to the community as well. Please see flyer for more information and feel free to share.

Crisis. The Crisis team is fully staffed at this time and has onboarded a peer recovery coach (Desiree Marlatt-Cole) in the last quarter. Current focus of the crisis team is on making sure every crisis service that is CCBHC billable is correctly coded in CRANE to capture that revenue. The crisis peers are appreciative of the expanded opportunity to be able to bill more for their important services they provide. Work was done to enhance mobile crisis safety protocol in preparation for CARF and distribute to staff providing mobile crisis services. The crisis team has done extensive work the past few months in case collaborations across multidisciplinary teams for their more complicated cases in an effort to provide comprehensive, coordinated care.

Home-based and Infant Mental Health. The Homebased and Infant Mental Health team continues to provide therapy supports and has taken on new evidence-based practices this year. Our current team consists of 7 staff members with a combination of full-time therapists and those with split caseloads. Three staff are also providing IMH (Infant Mental Health) services; two with MI-AIMH endorsement and the third currently working toward endorsement and on a provider waiver with expected completion in 2028. One of our staff members is actively engaged in MDHHS' current TF-CBT training cohort and pursuing certification in the model. We hired three new therapists within the last fiscal year and all have been great additions to the team and are seeing clients in the community every day. As of 9/18/26, our current team is serving 55 HB/IMH clients, with several recent successful transitions to lower levels of care or discharges from treatment.

Two HB therapists continue to maintain their certification in, and are currently providing, PMTO (Parent Management Training - Oregon Model) to families in Allegan County. PMTO is a strengths-based parent training course intended to reduce the frequency of unwanted behaviors. Three staff are trained in and actively providing Parenting Through Change (PTC) training, a 10-week group model of PMTO, and provided another PTC group for Allegan County families this spring. Jodie May continues to provide IECMHC (Infant/Early Childhood Mental Health Consultation) services through a grant with MiLEAP and MDHHS. She continues to offer open monthly professional development trainings with rotating topics as well as tailored trainings to meet the needs of varying centers in the community. She continues to build partnerships in the community through direct consultation supports and, in recent months, has expanded her outreach efforts to include individual center material drop-offs and one on one follow-ups, seeing positive response and engagement from her efforts.

Housing. The housing team is currently fully staffed. The Housing team continues to integrate services into CCBHC partnering with the adult teams to best serve our clients. In addition, HUD released the new NOFO which overcame challenges in court is remains active. The Balance of State submitted our applications on a very tight timeline. Due to Heidi Denton, the supervisor, hard work our applications were already completed and easily submitted by the deadline.

Med Clinic/MAT/OT Services. We are pleased to report recent staffing additions within the Medical Clinic. Chathlyn Fleetwood has joined the team as Clinic Nurse, and Dara Indish has been hired as a Medical Assistant. Recruitment efforts continue, and interviews are underway—alongside Jeana—for the Care Coordinator position. This role has been restructured to support multiple departments and will now report directly to the COO, rather than functioning solely within the Medical Clinic.

We also received positive feedback from the CARF reviewers, and their recommendations have guided updates to several internal policies to ensure continued compliance and quality improvement.

Occupational Therapy Services: Rebecca DeHart, OTR/L, continues to provide part-time supervision of Brandon Lang, COTA, ensuring regulatory compliance, clinical oversight, and continuity of services.

Parent Support and Youth Peer Support. We currently have 2 full-time Parent Support Partner that serve 38 clients. Our new PSP staff, Susan Adams, completed her PSP State training

and already has a full caseload. She will be co-facilitating our Trauma Informed Parenting class. We have one full-time Youth Peer Support that provides to 15 clients. Parent Support Services empower caregivers through education, advocacy, and emotional support, helping families navigate complex systems of care and build confidence in supporting their child's behavioral health needs. This support often leads to increased caregiver resilience, improved follow-through with services, and stronger family stability. Youth Peer Services provide young people with relatable role models who promote hope, self-advocacy, and skill development. Youth peers help normalize challenges, encourage participation in services and support youth in building coping skills and independence, leading to improved engagement and outcomes. Together, these services complement clinical care by strengthening families and enhancing overall effectiveness of treatment for children and youth.

Peer Support. Peer Support specialists often work alongside mental health professionals to enhance treatment outcomes and promote recovery. We have peer supports on our crisis team, adult teams, recovery management teams, ACT team, children's team and our parent support partners. Nicole Aldrich took the lead on planning the Art of Recovery event, and all of the peers had a role working at the event and helping Nicole ensure the event was successful!

Recovery Management (RM). The RM department currently has filled all open positions. Penny Lawrence has been hired as the new Program Manager, she has over 20 years of SUD leadership experience including previous CMH in Branch county. Todd Rockhill was hired internally from the CM team. Todd also brings salient experience to the team and will be splitting his time as the clinical supervisor and as an RM clinician. The contract with Gina Costa closed on September 30th. Gina has not only provided supervision but, has collaborated with Penny and Todd to develop a RM program manual, and new client orientation. RM also led the organizing and execution of the Art of Recovery via our HRSA grant on Sept. 25th. This public event celebrates substance use and mental health recovery as well as connects over 25 stakeholder tables of various local organizations to promote services and networking in the recovery community for both the general population and our clients served.

Supportive Employment. A detailed update on the supportive employment program will be provided during the program committee meeting.

Wraparound. Wraparound service referrals continue to come in at steady rate. We have been able to assign these new referrals and currently do not have a waitlist. We now have 4 full time Wraparound Facilitators that are staying busy with their clients with the new school year in full swing. One of our Wraparound Facilitators transferred to an Adult Outpatient Therapist. We have hired a new Wraparound Facilitator and she will be starting in October. Wraparound services are currently being provided to 40 youth and their families. Our Wraparound Facilitators continue to attend trainings and learn the new Intensive Care Coordination with Wraparound (ICCW) model. This model incorporates wraparound added with care coordination to our families with serve. Our Wraparound Facilitators attended the Wraparound Conference in August at the Radisson Hotel in Kalamazoo. This 3-day conference gave staff the opportunity to learn the latest updates on the ICCW model, increase knowledge on Serious Emotional Disturbance (SED)/Developmental Disabilities (DD) topics, and collaborate with other agencies across the State of Michigan.

Caring for Children Who Have Experienced Trauma

Wednesday 9:30a - 11:30a

Oct 14, 21, 28 & Nov 4

540 Jenner Dr Allegan, MI 49010



This 4-session group will provide practical ideas for managing children's emotional and behavioral responses, taking care of yourself and more!

The Resource Parent Series will give parents/caregivers who are caring for children that have experienced trauma current information about:

- **Types of trauma and how it impacts children and families**
 - **How trauma impacts the brain and behavior**
- **What it means to be a trauma-informed caregiver**

Taught by OnPoint staff using a curriculum developed by the National Child Traumatic Stress Network

**Participation is voluntary.
Confidentiality will be emphasized.**

Please register by contacting EEvans@onpointallegan.org or 269-615-6130



This publication is supported by a grant from the Michigan Department of Health and Human Services/Bureau of Community Based Services, Office of Recovery Oriented Systems of Care, through Lakeshore Regional Entity. Its contents are solely the responsibility of the authors and do not necessarily represent the official views of MDHHS/OROSC or LRE.

OnPoint Board of Directors Minutes - DRAFT
Tuesday, September 15, 2026, at 5:30 PM
Board Room, 540 Jenner Drive, Allegan, MI 49010

Board Members Present: Commissioner Mark DeYoung; Krystal Diel; Commissioner Gale Dugan; Beth Johnston; Alice Kelsey; Deb Morse; Kim Bartnick; John Clark; Rhoda Yutzy-Ryan; Marcia Kerber

Board Members Absent: Jessica Castañeda; Karen Stratton

OnPoint Staff Present: Dawn Sisson; Mark Witte; Megan Ford; Geniene Gersh; Rob Griffith; Andre Pierre; Jeana Koerber; Janice August (virtual); Cori Perkins (virtual); Dinae Bennett (virtual); Michell Truax(virtual)

Public Present: Stephanie Vander Kooi; Andrew Brege (virtual); Royal Grewe

1. **Call to Order** – Ms. Kelsey called the meeting to order at 5:37pm
2. **Pledge of Allegiance** – All present stood to recite the Pledge of Allegiance.
3. **Roll Call** – Ms. Kelsey conducted the roll call with the attendance of board members as documented above. A quorum was established.
4. **Provision for Public Comment** – No comments received.
5. **Approval of Agenda**

Motion: To approve agenda with amendments to add Closed Session item to follow LRE update (11) and to move Recipient Rights Advisory Committee (RRAC) before Finance Committee Report.

Moved: Beth Johnston

Supported: Krystal Diel

Motion carried by unanimous voice vote.

6. **Consent Agenda** – *All items listed are considered routine and thus will be enacted by one motion.*
 - i. Board Meeting (08/18/2026)
 - ii. Finance Committee (08/18/2026)
 - iii. Program Committee (08/18/2026)
 - iv. CEO Search Committee (08/14/2026)
 - v. Executive Committee (08/14/2026)

Motion: To approve the items on the consent agenda as presented.

Moved: Commissioner Gale Dugan

Supported: Marcia Kerber

Motion carried by unanimous voice vote.

7. **Program Committee** – Marcia Kerber in Jessica Castañeda's absents shared that the program committee heard three presentations, one from Utilization Management (UM) by Michell Truax which included an overview of the team, the structure of the UM plan, and the challenges they face. The second presentation was from the Autism Program by Megan Ford and her team. Ms. Kerber shared the highlights were for the team to increase access to these services and that the team has had a reduction in the time from the point of referral to receiving therapy. Ms. Kerber also shared that Ms. Ford's team is looking to reduce barriers associated with receiving these services and increase engagement. Finally, Jeana Koerber, Chief operating Officer, provided a report that contained updates from the Program Managers and reminded the committee that CARF auditors will be on site September 28-30th. Ms. Koerber also shared a presentation highlighting the HRSA MAT II Grant and the goals and notable achievements OnPoint has been able to implement since receiving this grant. She noted that she is confident most

associated costs can be incorporated into the CCBHC model and emphasized that MAT services are a required component of CCBHC operations.

8. **Public Hearing on Proposed FY2027 OnPoint Budget** – Ms. Kelsey called the public meeting to order by reading the public notice. No comments were received from the public. The public hearing was closed.
9. **Recipient Rights Advisory Committee** – The committee did not meet this month. Ms. Kelsey asked Dawn Sisson, Executive Assistant, if any emails had been sent from any of the RRAC committee members regarding comments on the budget after Kelsey Newsome sent them a copy of the budget for their review. Ms. Sisson verified that no email was sent to her from those committee members or from Ms. Newsome. Commissioner Dugan did mention that there were a few questions after the Executive Committee meeting on 09/14/26 and he met with Ms. Newsome where she forwarded those questions onto Andre Pierre, Chief Administration Officer, regarding the training needed to keep their certification and the funds needed to cover the cost of that conference. Mr. Pierre reassured Ms. Newsome those funds were included in the FY2027 budget. With that clarification there were no other concerns from the RRAC committee regarding the budget.
10. **Finance Committee Report** – Beth Johnston, Treasurer, shared that Andre Pierre, Chief Administrative Office, would share an overview of the proposed FY2027 Budget. Mr. Pierre presented the highlights of the proposed FY2027 Budget to the OnPoint Board of Directors and thanked the finance team for their hard, collaboratively to ensure they bring forward a balanced budget each year. Finally, Ms. Johnston reviewed the summary schedule of revenues and expenses by fund source; statement of net position; and statement of revenue, expenses and change in net position.
 - a. Motion: To approve the August 2026 disbursements totaling \$3,980,671.03 as recommended by the Finance Committee.
Moved: Beth Johnston Supported: Commissioner Gale Dugan
Motion carried by unanimous roll call vote.
 - b. Motion: To approve the list of provider contracts for fiscal year 2027 as recommended by the Finance Committee.
Moved: Beth Johnston Supported: Marcia Kerber
Motion carried by unanimous roll call vote.
 - c. Motion: To approve the list of provider contracts for fiscal year 2026 as recommended by the Finance Committee.
Moved: Beth Johnston Supported: John Clark
Motion carried by unanimous roll call vote.
 - d. Motion: To approve the fiscal year 2027 budget with expenditures totaling \$50,807,889.00 as recommended by the Finance Committee.
Moved: Beth Johnston Supported: Commissioner Gale Dugan
Motion carried by unanimous roll call vote.

Lakeshore Regional Entity (LRE) Updates – Stephanie VanDerKooi, Chief Operating Officer of the LRE, provided an update on several LRE matters. She reported that the LRE Strategic Plan for the next three years has been completed and posted to the LRE website. The plan continues to be organized around the same four core pillars used previously, with a few new initiatives added for the upcoming cycle, including an increased emphasis on advocacy. Ms. VanDerKooi noted that the SUD Strategic Plan will be presented to the

Oversight Policy Committee for approval at its meeting on Thursday, September 17, 2026, at 4:00 p.m. at Ottawa Community Health. Following approval by the Oversight Policy Committee, the plan will be forwarded to the State for final approval and subsequently published on the LRE website. She shared that the LRE has received its contract from MDHHS and that all PIHPs have signed. An agreement for FY2027 has also been finalized with all five CMHSPs, and those documents have been distributed. Ms. VanDerKooi thanked OnPoint for being the first CMHSP to sign. Finally, she announced that the LRE budget hearing will take place next week during their work session at 11:00 a.m., with the full board meeting to follow at 1:00 p.m.

11. **Chairperson's CEO Search/Executive Committee Report** – Alice Kelsey mentioned that she wanted to formally assign new board members John Clark, and Rhoda Yutzy-Ryan to committees. Ms. Kelsey stated that Mr. Clark and Ms. Yutzy-Ryan both to the RRAC committee and Ms. Yutzy-Ryan to the Finance Committee.

Motion: To appoint new board members to the above-mentioned committees.

Moved: Commissioner Gale Dugan Supported: Marcia Kerber

Motion carried by unanimous voice vote.

12. At 6:06pm, Chairperson Kelsey moved, and Commissioner Gale Dugan seconded, to enter closed session pursuant to MCL 15.268(1)(h), to discuss material exempt from disclosure by statute, more particularly the written legal opinion of our attorney which is exempted from disclosure under MCL 15.243(1)(g).

Roll Call Vote:

Voting Yes- Kim Bartnick, Commissioner Mark DeYoung; Krystal Diel; Commissioner Gale Dugan; Beth Johnston; Alice Kelsey; Deb Morse; John Clark; Marcia Kerber; Rhoda Yutzy-Ryan

Voting No – None

Motion carried by unanimous roll call vote.

--- 6:06pm – 7:14pm CLOSED SESSION ---

- a. Motion: To return to open session.

Moved: Commissioner Gale Dugan

Supported: John Clark

Motion carried by unanimous voice vote.

- b. Motion: To approve the transition and training agreement as presented, with amendment to specify the start date as the date Dr. Koerber signs the contract.

Moved: Beth Johnston

Supported: John Clark

Motion carried by unanimous voice vote.

- c. Motion: To follow the advice and recommendation of counsel with regard to continued CEO contract negotiations.

Moved: Krystal Diel

Supported: Kim Bartnick

Motion carried by unanimous voice vote.

13. **OnPoint Chief Executive Officer's Report** – Mark Witte had stepped out due to closed session and was not recalled in time to give his report.

Motion: To accept Chief Executive Officer's Board Report as presented.

Moved: Commissioner Gale Dugan

Supported: Deb Morse

Motion carried by unanimous voice vote.

14. **Provision for Public Comment** –No public comments made.

15. **Board Member Comments** – Board members made comments as desired.

16. **Motion to Adjourn**

Moved: Marcia Kerber

Supported: John Clark

Meeting adjourned at 7:22pm

Motion carried by unanimous voice vote.

Respectfully submitted,

Dawn Sisson
Executive Assistant

Alice Kelsey
Board Chairperson

OnPoint CEO Search Committee Minutes

Friday, August 21, 2026

OnPoint (Hopkins Rm), 540 Jenner Drive, Allegan MI 49010

Committee Members:	☒	Alice Kelsey, Chairperson	☒	Krystal Diel
	☒	Comm. Mark DeYoung	☒	Comm. Gale Dugan
	☒	Beth Johnston	☒	Deb Morse
Staff:	☐	Mark Witte	☐	Dawn Sisson(PTO)

AGENDA

1. Call to Order – Kelsey
2. Review and approval of agenda – Kelsey
 - a. The entire meeting was devoted to a discussion with legal counsel on drafting a contract for the incoming CEO.
3. Next meeting date: Monday, 9/14/26 at 2:30 pm

OnPoint CEO Search Committee Minutes

Monday, September 14, 2026

OnPoint (Hopkins Rm), 540 Jenner Drive, Allegan MI 49010

Committee Members:	[X]	Alice Kelsey, Chairperson	[X]	Krystal Diel
	[X]	Comm. Mark DeYoung	[X]	Comm. Gale Dugan
	[X]	Beth Johnston	[X]	Deb Morse
Staff:	[X]	Mark Witte	[X]	Dawn Sisson

AGENDA

1. **Call to Order** – Meeting called to order by Ms. Kelsey at 2:33pm. A quorum is present.
2. **Review and Approval of Agenda** – Agenda was reviewed

Motion by Ms. Johnston, supported by Ms. Morris, to approve the agenda as presented.

All in favor. Motion approved.

3. **Review and Approval of Prior Meeting Minutes** - Ms. Kelsey will prepare those from 08/21/2026 to approve at next meeting.

4. **Next Steps/Recommendations for Board** - The committee reviewed and discussed the proposed employment contract for CEO-elect Jeana Koerber, as well as the Training and Transition Contract Agreement. The committee also discussed with Mr. Witte the title and transition plan related to posting and backfilling the Chief Operations Officer position currently held by Ms. Koerber. The committee recommends presenting these agreements to the full board at its next scheduled meeting on Tuesday, September 15, 2026, for approval.

5. **Other Agenda Items** – Kelsey
 - a. No others to add

6. **Next meeting date:** Friday, 10/16/26 at 2:30 pm if still needing to meet

7. **Adjournment**

Motion by Commission Mark DeYoung, supported by Deb Morse, to adjourn.

All in favor. Motion approved.

8. Meeting adjourned at 2:57pm.

Executive Committee Meeting DRAFT Minutes

September 14, 2026

Location: OnPoint, 540 Jenner Drive, Allegan, MI 49010

Board Members [X] Alice Kelsey, OnPoint Board Chairperson
[X] Elizabeth Johnston, OnPoint Board Treasurer
[X] Commissioner Mark DeYoung, OnPoint Board Secretary
[X] Commissioner Gale Dugan, OnPoint Board Immediate Past Chairperson
[X] Krystal Diel, OnPoint Board Vice Chairperson
OnPoint Staff [X] Mark Witte, OnPoint Chief Executive Officer
[X] Dawn Sisson, OnPoint Executive Assistant
[] Diane Bennett, OnPoint Compliance Officer

1. **Call to Order** – Chairperson Kelsey called the meeting to order at 2:58 pm. All members present.

2. **Review/Approval of Agenda**

Motion: Commissioner Dugan moved, and Beth Johnston supported the draft agenda be approved as presented.

All in favor; Motion adopted.

3. **Review/Approval of Minutes of August 14, 2026 Meeting** (Chairperson Kelsey)

Motion: Commissioner DeYoung moved, and Commissioner Dugan supported, that the minutes of August 14, 2026 be approved as presented.

All in favor; Motion adopted.

4. **Compliance Committee Report** – Ms. Bennett was not present. The next meeting she will attend will be in October for her quarterly update.

5. **Updates on Prior Meeting Topics**

- a. Impact of same-day access on demand – tabled for Program Committee to address.
- b. Discussion on efficiency – tabled until after CEO search process is complete.

6. **Chief Executive Officer Items - Witte**

- a. The committee reviewed key board tasks due for completion in September:
 - Public Hearing on Proposed Annual Budget – the board will conduct a public hearing at the next scheduled board meeting on Tuesday September 15, 2026 to receive comments on the proposed annual budget. This does include required review and comment from the Recipient Rights Advisory Committee (RRAC) on the rights office budget per the Mental Health Code PA 258 (1974), Sec. 755(2)(b). Mr. Witte did inform that Kelsey Newsome, OnPoint Recipient Rights Director, did send the annual proposed budget via email to the RRAC members for review.
 - Approve Annual Budget – Will be done via Finance Committee and then onto next scheduled board meeting Tuesday, September 15, 2026.
 - Approve Contracts – Will be done via Finance Committee and then onto next scheduled board meeting Tuesday, September 15, 2026.
- b. Board Meeting Packet Review – The committee reviewed the board meeting packet. Mr. Witte informed the committee that the LRE board seat currently held by Mr. Jim Storey

had expired and board action is requires to either renew his appointment for a three-year term or appoint a new representative. Coordination with Chairperson Kelsey is underway, and she was planning to reach out to a current board member to see if they would have an interest in that position.

- c. Other Agency issues as warranted or requested - Mr. Witte briefed the committee on the transition plan of CEO elect Jeana Koerber. He has begun the process of preparing schedules/plans/agendas/timetables in support of the transition that will need to occur once a complete employment contract has been reached with the board. He also provided an update on the Compliance/Privacy Officer recruitment/hiring process. He is hopeful from the candidates interviewed they will be able to successfully select one to fill that position prior to the departure of Diane Bennett that currently holds the position. Mr. Witte also talked with the committee for planning dinner invites for the two evenings at the CMHA Fall Conference.

7. Discussion Items Requested by Members

- a. Commissioner Dugan needed clarification on where to find the board applications. Mr. Witte provided the information on how to locate those on the OnPoint website.

8. Next Meeting Date/Time – Friday, October 16, 2026 at 2:30pm

9. Adjournment

Motion: Ms. Johnston moved, and Commissioner Dugan supported, that the meeting be adjourned.

All in favor; Motion adopted.

10. Meeting adjourned at 3:22 pm

Submitted by Dawn Sisson
September 16, 2026



CORPORATE COMPLIANCE PLAN – FY27

October 1, 2026

(Reviewed and approved by Board of Directors annually, updated as needed)

OnPoint Compliance Committee Approval – 9/22/2026

OnPoint Board Executive Committee Recommended Approval – 1/16/2026

Approved by OnPoint Board – 1/20/2026

Table of Contents

<i>Introduction</i>	<i>1</i>
<i>Purpose of the OnPoint Compliance Program</i>	<i>1</i>
<i>Application of OnPoint Corporate Compliance Program.....</i>	<i>2</i>
<i>Legal Basis for Compliance Plan</i>	<i>3</i>
<i>Fundamental Elements of OnPoint’s Compliance Program</i>	<i>4</i>
<i>Element 1 – Compliance Standards and Procedures</i>	<i>4</i>
<i>Element 2 – Compliance Program Leadership and Oversight</i>	<i>5</i>
<i>Element 3 – Effective Training and Education, Credentialing and Due Diligence.....</i>	<i>5</i>
<i>Element 4 – Effective Lines of Communication with the Compliance Officer and Disclosure Programs.....</i>	<i>6</i>
<i>Reporting.....</i>	<i>6</i>
<i>Non-Retaliation.....</i>	<i>7</i>
<i>Element 5 – Enforcing Standards: Consequences and Incentives</i>	<i>8</i>
<i>Element 6 – Risk Assessment, Auditing, and Monitoring</i>	<i>9</i>
<i>Element 7 – Responding to Detected Offenses and Developing Corrective Action Initiatives.....</i>	<i>10</i>
<i>Element 8 - Compliance Program Effectiveness Review.....</i>	<i>10</i>
<i>Confidentiality and Privacy.....</i>	<i>11</i>
<i>Reporting Contacts.....</i>	<i>12</i>
<i>Attachment A – 901.1 Corporate Compliance Plan_Personnel Attestation_052026</i>	<i>13</i>
<i>Attachment B – 901.1a Corporate Compliance Plan_Provider Attestation_052026</i>	<i>14</i>
<i>Attachment C – 901.5 Compliance Related Definition and Terms.....</i>	<i>15</i>

Introduction

The OnPoint Corporate Compliance Plan provides a high-level overview of the Corporate Compliance Program and outlines OnPoint's commitment to ensuring compliance with applicable federal, state, and regional statutory, regulatory, and contractual requirements. The Compliance Plan provides a formal statement of OnPoint's intent to conduct itself ethically regarding business operations, adherence to applicable regulations, and providing services and care. It includes the fundamental elements of an effective compliance plan, which provides the overall strategy on how the agency will address fraud, waste, and abuse and other potential non-compliance.

To the extent that the OnPoint Corporate Compliance Plan conflicts with, or misstates any applicable regulation, statute or contractual requirement, the regulation, statute, and/or contractual requirement controls.

The overview of the OnPoint's compliance standards and practices are outlined in policy 901, Corporate Compliance Program and this document, (901.1 OnPoint Corporate Compliance Plan). Other compliance policies, procedures, and standards can be found in section 9 of the OnPoint policy and procedure manual.

Purpose of the OnPoint Compliance Program

Ultimately, the purpose of a corporate compliance program is to protect the organization. The benefits of a strong program go well beyond regulatory and legal compliance to also include operational benefits. A well-balanced corporate compliance program, along with a continuous quality improvement approach, will help ensure that the agency's organizational structure, people, processes, and technology are working in harmony to manage risks, improve stakeholder satisfaction, optimize the use of limited resources, oversee providers, and achieve strategic and operational goals. The purpose of the OnPoint Compliance Program is to also:

1. Encourage the highest level of ethical and legal behavior from all OnPoint Personnel and Contract Providers.
2. Educate all OnPoint Personnel, Contract Providers, and other applicable stakeholders on their responsibilities and obligations to comply with applicable federal, state, and local laws.
3. Communicate to all OnPoint Personnel and Contract Providers, and other applicable stakeholders OnPoint's Corporate Compliance Program structure to promote understanding and encourage communication.
4. Minimize organization risk and improve compliance with applicable federal, state, and regional statutory, regulatory, and contractual requirements; service provision, documentation standards; and Medicaid, and coding and billing requirements.
5. Maintain adequate internal controls throughout all programs.
6. Promote a clear commitment to compliance by taking actions and showing good faith efforts to uphold applicable federal, State, and regional regulations and contractual requirements.

7. Provide oversight and monitor functions to reduce the possibility of misconduct, and violations through prevention and early detection and minimize exposure to civil and criminal sanctions as well as non-compliance with applicable federal and state statutory, regulatory, and contractual requirements; service provision; documentation standards; and Medicaid coding and billing requirements.
8. OnPoint's Compliance Program further supports the organization's Mission, Vision and Values which are:
 - 8.1. **Mission** – To improve the lives of people in Allegan County through exceptional behavioral health and homelessness services.
 - 8.2. **Vision** – An inclusive community with integrated behavioral health services and safe, affordable housing for all.
 - 8.3. **Values** – Integrity, Inclusivity, Honor, Equality, Humility, Innovation, Teamwork, Cultural Competence.

Application of OnPoint Corporate Compliance Program

The OnPoint Corporate Compliance Plan is intended to provide the framework for OnPoint to comply with all applicable laws, regulations, contracts, and program requirements. It is OnPoint's intent that all its compliance policies and procedures promote integrity, support objectivity, and foster trust throughout the service region. The OnPoint Corporate Compliance Plan applies to all OnPoint day-to-day activities, including those activities that come within Federal, State, and regional oversight of CMHSPs.

OnPoint personnel are subject to the requirements of the OnPoint Corporate Compliance Plan as a condition of employment/appointment/individual contract. All OnPoint personnel are required to fulfill their duties in accordance with the OnPoint Corporate Compliance Plan, policies, and procedures to promote and protect the integrity of OnPoint. Failure to do so will result in disciplinary action, up to and including termination of employment/contract, depending on the egregiousness of the offense. Disciplinary action may also be taken against a supervisory staff member, who directs or approves a staff member's improper conduct, is aware of the improper conduct, and does not act appropriately to correct it, or who fails to properly exercise appropriate supervision over a staff member.

OnPoint may contract for services and/or supports with external organizational providers. The OnPoint Corporate Compliance Plan applies to Network Providers receiving payment through OnPoint and/or through LRE managed care functions. All Network Providers, including their officers, employees, contractors, servants, and agents, are subject to the requirements of OnPoint Corporate Compliance Plan as applicable to them and as stated within the applicable contracts. Failure to follow the OnPoint Corporate Compliance Plan and cooperate with the OnPoint Corporate Compliance Program will result in corrective action plans, remediation, and contract action, as needed.

The OnPoint Corporate Compliance Plan, standards, policies, and procedures included or referenced herein are not exhaustive or all inclusive. All OnPoint personnel and Network Providers are required to comply with all applicable laws, rules, regulations, and policy including

those that are not specifically addressed in the OnPoint Corporate Compliance Plan.

OnPoint's Compliance Officer and/or Compliance Committee may recommend modifications, amendments, or alterations to the written Corporate Compliance Plan and will communicate any changes to all OnPoint Personnel and Network Providers, as necessary.

This document is not intended, nor should be construed, as a contract or agreement and does not grant any individual or entity employment or contract rights.

Legal Basis for Compliance Plan

Numerous laws establish compliance requirements for the OnPoint and Contract Providers. However, in formalizing OnPoint's Corporate Compliance Program, the legal basis for OnPoint's Corporate Compliance Program centers around the following primary legal and regulatory standards. (For a more extensive list of compliance related laws and regulations see the list of Federal and Michigan Laws under "References" of Policy #901 *Corporate Compliance Program*.)

1. Affordable Care Act

This ACT requires agencies to have a written and operable compliance program capable of preventing, identifying, reporting, and ameliorating fraud, waste, and abuse. All OnPoint Personnel and Contract Providers fall within the scope of the OnPoint Compliance Plan.

2. Anti-Kickback Statute.

This Act (42 U.S.C. § 1320a-7b(b)) prohibits the offer, solicitation, payment, or receipt of remuneration, in cash or in kind, in return for or to induce a referral for any service paid for or supported by the Federal government or for any good or service paid for in connection with the delivery of services.

3. Civil Monetary Penalties Law

The Civil Monetary Penalties Law (42 U.S.C. § 1320a-7a) allows HHS-OIG to seek civil monetary penalties and/or exclusion for many offenses. Penalties can range from several hundred to multimillion dollars based on the violation(s) cited.

4. Exclusion Statute

Under the Exclusion Statute (42 U.S.C. § 1320a-7), HHS-OIG must exclude individuals or entities from participation in all federal healthcare programs when certain offenses are committed.

5. False Claims Acts (Federal and Michigan).

The *Federal False Claims Act* (31 U.S.C. §§ 3729-3733) applies when an agency or individual knowingly presents or causes to be presented a false or fraudulent claim for payment; knowingly uses or causes to be used a false record or statement to get a claim paid; conspires with others to get a false or fraudulent claim paid; or

knowingly uses or causes to be used a false record or statement to conceal, avoid, or decrease an obligation to pay or transmit money or property to the Federal Government, or its designated entity.

The *Michigan False Claims Act* prohibits fraud in the obtaining of benefits or payments in conjunction with the Michigan Medical assistance program; to prohibit kickbacks or bribes in connection with the program to prohibit conspiracies in obtaining benefits or payments, and to authorize the Michigan Attorney General to investigate alleged violations of this Act. Examples of criminal offenses that will result in exclusion include:

- Medicare or Medicaid fraud
- Abuse or neglect
- Felony convictions for other healthcare-related fraud, theft, or other financial misconduct
- Felony convictions for unlawful manufacture, distribution, prescription, or dispensing of controlled substances

The governmental agencies responsible for enforcing these laws are the U.S. Department of Justice, Department of Health and Human Services – Office of Inspector General (HHS-OIG), and the Centers for Medicare & Medicaid Services (CMS). In addition, the Michigan Attorney General’s Office has responsibilities in Michigan for enforcement.

Fundamental Elements of OnPoint’s Compliance Program

The HHS-OIG has declared that the elements described in Chapter 8 of the 2015 *United States Sentencing Commission Guidelines Manual and the US Dept of Health and Human Services Office of Inspector General, General Compliance Program Guidance, November 2023*, are the fundamental elements of an effective compliance plan. Therefore, OnPoint’s Corporate Compliance Program is comprised of the recommended elements described below to ensure its program effectiveness.

Element 1 – Compliance Standards and Procedures

An effective compliance program is dependent on written policies, procedures, and code of ethical conduct. The development, distribution, and enforcement of Code(s) of Conduct and Ethics, and written policies and procedures that promote OnPoint’s commitment to full compliance with applicable federal, state, and regional statutory, regulatory, and contractual obligations that are accessible and applicable to all OnPoint Personnel and Network Providers. These policies, procedures, and code(s) of conduct and ethics incorporate the culture of compliance into our day-to-day operations and address specific areas of potential fraud, waste, and abuse. OnPoint maintains its policies, procedures, and code of conduct and ethics through annual review.

See OnPoint Policies/Procedures:

For Providers at: [Providers – OnPoint](#)

For OnPoint Personnel at: [Policies, Procedures and Guidelines – Home](#)

Element 2 – Compliance Program Leadership and Oversight

OnPoint has established an extensive corporate compliance structure with defined roles that involves all levels of the organization. The structure consists of the Corporate Compliance Officer, Compliance Committee, Management Team, Chief Executive Officer (CEO), and Board of Directors.

OnPoint's Compliance Officer is responsible for the day-to-day activities of the compliance programs, monitors program implementation, and reports directly to the CEO with a direct line of reporting to the Board of Directors. The Compliance Officer:

- Is the primary "go to" person for compliance/noncompliance related issues.
- Must be familiar with the operational practices and compliance activities.
- Conducts and/or ensures compliance investigations are initiated timely and conducted within a reasonable timeframe.
- Is the chairperson and member of the Compliance Committee.
- Also acts in the capacity of OnPoint's Privacy Officer

The Compliance Committee is a multidisciplinary committee that reports to the Management Team and/or the CEO. The Compliance Officer and Compliance Committee are jointly responsible for:

- Reviewing, updating, and recommending approval of the compliance plan, policies, and procedures.
- Developing and revising, as needed, the compliance program work plan.
- Assisting in the annual risk management assessment and plan.
- Monitoring and reviewing the effectiveness of the compliance program.
- Assists and/or conducts compliance investigations.
- Is available to assist and provide guidance to the Compliance Officer.

OnPoint's Board of Directors provides oversight and monitors/ensures the effectiveness of the compliance program through the Board's Executive/Compliance committee which meets at least quarterly.

For more information on the key roles of OnPoint's Compliance Program refer to 903 *Compliance Structure and Oversight Policy* and 900 *Compliance Committee Charter*.

Element 3 – Effective Training and Education, Credentialing and Due Diligence

OnPoint requires training and education for the Compliance Officer, all personnel including senior management, board of directors, and contract providers and their employees regarding fraud, waste and abuse, the Deficit Reduction Act, other federal and State standards, and requirements applicable to program integrity and compliance. While the

Page 5 of 21

compliance officer may provide training to senior management, employees and board members, “effective” training for the compliance officer means it cannot be conducted by the compliance officer him/herself.

Orientation to the compliance program is conducted with all new OnPoint personnel within 30 days of hire or appointment. All personnel are also required to complete annual compliance training and, as necessary, other periodic training. Successful completion of required training is a condition of employment/contract and failure to comply will result in appropriate disciplinary action. OnPoint personnel and contract providers are required to comply with all MDHHS training requirements.

Credentialing, criminal history checks, sanction checks and conducting due diligence on employees, potential employees and contractors are required to help ensure integrity of the workforce and contractors.

Element 4 – Effective Lines of Communication with the Compliance Officer and Disclosure Programs

Open lines of communication between the Compliance Officer and OnPoint Personnel, Contract providers, and other stakeholders is essential of a compliance program and the reduction of any potential fraud, waste, and abuse. The Compliance Officer will communicate compliance messages via informal training methods, such as posters, newsletters, email, newsletters, and Intranet communications. Avenues for communication to the compliance office must allow for anonymity and protection from retaliation for addressing concerns and/or reporting known or suspected violations.

Reporting

All OnPoint Personnel and contract providers have the responsibility of ensuring the effectiveness of the agency’s compliance efforts by adhering to the Corporate Compliance Program, Employee Code of Conduct and Ethics, and reporting suspected and known violations.

Any suspected or known illegal, unethical, or improper activities need to be reported. Some examples of suspected violations include:

- Billing for services, assessments or medical tests that were never performed.
- Upcoding or inflating a bill by using diagnosis codes that increase the reimbursement amount for that service.
- Double billing or billing twice for the same service.
- Unbundling a service to submit multiple claims for a bundled service.
- Billing without reporting payments received from other sources.
- Reporting inaccurate dates and/or times of services provided.
- Falsifying records or statements to get a claim paid or approved.
- Stealing cash or other OnPoint assets, such as property or supplies.
- Falsifying timesheets, expense reimbursements, or workers comp claims.
- Outside employment appears to conflict with OnPoint employment.

- Violations of the OnPoint Employee Code of Conduct/Ethics.
- Purposefully falsifying financial statements.
- HIPAA Privacy or Security violation issues.

OnPoint personnel, contract providers, persons served, or other stakeholders may choose any of the following methods for reporting suspected compliance violations and may report anonymously if desired.

You may report by:

- Calling OnPoint's Compliance Helpline* toll free at 1-866-951-0063
- Copying and pasting this URL into your browser: <https://bit.ly/4snF72Y>
- Scanning the QR Code



- All these methods provide the ability to report anonymously.

The OnPoint Compliance Officer will ensure that any problem identified through an investigative report, audit report, or data findings are analyzed and have the appropriate recommendation and/or follow-up. (Refer to policy *904 Compliance Inquiry and Investigations* for additional information.)

Where violations are substantiated, appropriate recommendation and/or corrective action will be initiated, which may include making prompt restitution of any overpayment amounts (within 60 days of identifying amount), notifying the appropriate governmental agency, staff education, and disciplinary action against responsible employees.

When it is determined that a report is deemed a credible allegation of fraud, the OnPoint Compliance Officer will immediately protect relevant information s/he has access to that may be needed to perform a thorough investigation and/or work with OnPoint's Information Management personnel to ensure protection. All document disposal practices will be stopped immediately. If reasonable suspicion exists that employees might destroy or remove documents, the employee's access to such documents may be suspended or removed pending investigative findings.

Compliance activity is reported to Lakeshore Regional Entity as required on the monthly Program Integrity Reporting template. Additionally, OnPoint's Compliance Officer will file all potential fraud allegations to the Lakeshore Regional Entity (LRE) when allegations of fraud, waste, or abuse of Medicaid dollars is estimated to be over \$5,000. LRE will report to the OIG (Office of Inspector General) who will determine if further investigation will be completed by the OIG, LRE, or be assigned to OnPoint. This may also result in reporting to other governmental agencies as required.

For identified compliance related issues that do not require a formal investigation (i.e. a compliance inquiry), the Compliance Officer will document the reported incident and the

outcome.

Non-Retaliation and Non-Intimidation of Persons Reporting Non-Compliance

OnPoint Personnel and Network Providers and staff, who make good faith reports of violations of federal or state law, are protected by state and federal whistleblower statutes.

Under the Federal False Claims Act and the Michigan Medicaid False Claims Act, employees who report violations in good faith are entitled to protection from disciplinary actions taken by their employer.

1. The Federal False Claims Act, 31 USC §§3729 through 3731, provides for administrative remedies, encourages enactment of parallel state laws pertaining to civil and criminal penalties for false claims and statements, and provides “whistleblower” protection for those making good faith reports of statutory violations.
2. Under the Michigan Medicaid False Claims Act, an employer shall not discharge, demote, suspend, threaten, harass, or otherwise discriminate against an employee in the terms and conditions of employment because the employee initiates, assists in, or participates in a proceeding or court action under this act or because the employee cooperates with or assists in an investigation under this act. This prohibition does not apply to an employment action against an employee who the court finds: (i) brought a frivolous claim, as defined in section 2591 of the revised judicature act of 1961, 1961 PA236, MCL §600.2591; or (ii) planned, initiated, or participated in the conduct upon which the action is brought; or (iii) is convicted of criminal conduct arising from a violation of that act.

Element 5 – Enforcing Standards: Consequences and Incentives

For a compliance program to be effective, the organization should establish appropriate consequences for instances of noncompliance, as well as incentives for compliance. Consequences may involve remediation, sanctions, or both, depending on the facts. Incentives may be used to encourage compliance, performance, and innovation. Both incentives and consequences are important to enforcing compliance.

Consequences

OnPoint has established appropriate consequences for instances of noncompliance. Consequences are the result of noncompliant actions. Consequences may be educational or remedial and non-punitive, they may be punitive sanctions, or they may involve both.

To deter noncompliant behavior, the consequences of noncompliance will be consistently applied and enforced. All levels of employees are subject to the same consequences for the commission of similar offenses. The commitment to compliance applies to all personnel levels within the agency, including contractors and medical staff. Officers, managers, supervisors, health care professionals, and medical staff are all held accountable for failing to comply with, or for the foreseeable failure of their subordinates to adhere to, the applicable standards, laws,

Page 8 of 21

policies, and procedures.

OnPoint's policy 910 Enforcement and Discipline for Noncompliance Policy includes recommended disciplinary guidelines.

Corrective Action Plans

If an internal investigation substantiates a reported violation, corrective action will be initiated and may include, as appropriate, OnPoint: 1) issuing a non-compliance letter, 2) requiring a Corrective Action Plan (CAP) from the department or agency found out of compliance, 3) monitoring CAPs with appropriate follow-up, 4) requesting out of compliance agency develop a CAP inclusive of monitoring for adequate implementation and risk mitigation with approval from OnPoint, and 5) requiring changes to prevent a similar violation from recurring in the future, is possible.

As appropriate, given the nature of the noncompliance, a corrective action plan submitted to OnPoint for approval shall, at a minimum, include: 1) A detailed description of the corrective action that will be taken to minimize or eliminate the risk from repeating in the future, 2) Names or Titles of those responsible for implementing the corrective action, and 3) An implementation date.

Depending on the seriousness of the offense, the resulting action for OnPoint staff could include additional training, written reprimand, suspension, or termination of employment. The resulting action for the Network Provider would also depend on the seriousness of the offense and could include additional training, written reprimand, suspension, letter of contract non-compliance, and termination of contract.

Incentives

As a behavioral health service provider, OnPoint is unable to publicly recognize an individual who raises a substantiated concern that results in the mitigation of harm or risk. However, OnPoint will respond to suspected or known offenses reported and individually thank individuals for raising concerns when able. OnPoint also strives to recognize personnel in the performance reviews of individuals. This, of course, is not possible for people who wish to remain anonymous. Also, this does not apply to individuals who raise compliance or legal violations for which they themselves committed or were responsible.

Element 6 – Risk Assessment, Auditing, and Monitoring

Risk assessment, auditing, and monitoring each play a role in identifying and quantifying compliance risk.

Risk Assessment

Risk assessment is a process for identifying, analyzing, and responding to risk. A compliance risk assessment is a risk assessment process that looks at risk to the organization stemming from violations of law, regulations, or other legal requirements. As an entity participating in or affected by government health care programs, OnPoint's compliance risk assessment

must focus on risks stemming from violations of government health care program requirements and other actions (or failures to act) that may adversely affect OnPoint's ability to comply with those requirements. Periodic compliance risk assessment is a component of OnPoint's compliance program and is reviewed/updated/conducted at least annually.

Responsibility for OnPoint's Risk Assessment and Plan have been assigned to the QI Department who will present to the Compliance Committee and Management Team for review, feedback, and final approval. The assessment and plan will incorporate all areas of risk including privacy, security, and departmental.

Auditing and Monitoring

A schedule of audits to be conducted based on risks identified by the annual risk assessment and other activities will be included in the annual Compliance work plan. This work plan will also contain routine monitoring of ongoing risks, plus the capacity to monitor the effectiveness of controls and risks remediation. Routine monitoring may include monthly screening of LEIE and State Medicaid exclusion lists, regular screening of State licensure and certification databases, routine audits of clinical documentation and billing, and annual review of OnPoint policies and procedures. Other areas appropriate for routine monitoring will be based on OnPoint's risk assessment and results of audits, monitoring, and investigations.

Element 7 – Responding to Detected Offenses and Developing Corrective Action Initiatives

Allegations of noncompliant conduct are investigated, and the outcome of the investigation should determine whether, and what kind of, reporting to which regulatory body is necessary. There may be material violations of applicable law where no monetary loss to a federal or State health care program or Government entity has occurred; however, in these instances, corrective action and reporting (e.g., to CMS or a State Medicaid program) are still necessary to protect the integrity of the applicable program and its enrollees.

OnPoint believes in the importance of self-reporting. OnPoint will utilize the OIG's voluntary self-reporting program to report suspected fraud, as necessary.

OnPoint will take prompt corrective action upon the collection of sufficient credible information to determine the nature of the misconduct. Corrective action may include, but is not limited to:

- refunding of overpayments,
- enforcing disciplinary policies and procedures, and
- making any policy or procedure changes necessary to prevent a recurrence of the misconduct.

If the misconduct resulted in an overpayment, OnPoint will promptly repay the overpayment to affected government agency(ies). Federal law requires repayment to Medicare or State Medicaid program within 60 days after identification.

Element 8 – Compliance Program Effectiveness Review

A compliance program effectiveness review is conducted annually and should assess how effective each element of the compliance program is. The OnPoint Board's Executive/Compliance Committee will review and confirm the effectiveness assessment and present the findings and recommendations to the full Board of Directors.

CONFIDENTIALITY AND PRIVACY

OnPoint Personnel and Network Providers and staff must conduct themselves in accord with the principle of maintaining the confidentiality of client's information in accordance with all applicable laws and regulations, including but not limited to the Michigan Mental Health Code and the Privacy and Security Regulations issued pursuant to HIPAA and HITECH regulations, and 42 CFR Part 2 as it relates to substance abuse records. OnPoint Personnel and Network Providers and staff will refrain from disclosing any personal or confidential information concerning clients unless authorized by laws relating to confidentiality of records and protected health information. If specific questions arise regarding the obligation to maintain the confidentiality of information or the appropriateness of releasing information, OnPoint Personnel and Network Providers and staff should seek guidance from the OnPoint Compliance/Privacy Officer or anonymously seek guidance through the OnPoint Corporate Compliance and Privacy Helpline at 1-866-951-0063.

OnPoint Personnel and Network Providers and staff are expected to maintain confidentiality and refrain from discussing reports of non-compliance and associated, interviews, documentation, etc. pertaining to such report, inquiry, or investigation. OnPoint will strive to maintain the confidentiality of the reporting employee/provider's identity. There may be a point where the individual/provider's identity may become known or may have to be revealed. For example, in certain instances OnPoint may be required to inform governmental authorities.

ONPOINT COMPLIANCE CONTACT AND REPORTING INFORMATION

OnPoint Compliance Helpline – Tel: 1-866-951-0063– anonymous reporting

OnPoint Compliance Officer – Tel: 269-512-4737; Email: Cofficer@onpointallegan.org

OnPoint Privacy Officer – Tel: 269-512-4737; Email: Cofficer@onpointallegan.org

OnPoint Security Officer– Tel: 269-512-4737; Email: Cofficer@onpointallegan.org

Lakeshore Regional Entity (LRE) Compliance Officer– Tel: 800-420-3592; Email: Compliance@lsre.org

MDHHS Medicaid Fraud:

To report suspected Fraud, Waste, or Abuse to the Office of Inspector General: MDHHS Medicaid Fraud Hotline: 1-855-MI-FRAUD (1-855-643-7283) voicemail available after hours or send a letter to:

Michigan Office of Inspector General
PO Box 30062
Lansing, MI 48909

Health and Human Services (HHS)/OIG Hotline:

1-800-HHS-TIPS (1-800-447-8477) or make an online report: <https://oig.hhs.gov/fraud/report-fraud/>

Attachment A – OnPoint Personnel Compliance Attestation

1. I have received (or have been provided access), read, and understand the OnPoint Compliance Plan and all related policies and procedures that apply to my position.
2. I agree to act in compliance with and abide by the OnPoint Compliance program during the entire term of my employment/appointment or contract.
3. I acknowledge that I have a duty to report to the OnPoint Compliance Officer any suspected or actual violation of OnPoint’s Compliance Plan, related laws, regulations, policies, and procedures by myself, other OnPoint Personnel, contract provider, or any other person.
4. I will seek advice from the OnPoint Compliance Officer concerning appropriate actions that I may need to take to comply with the OnPoint Compliance Plan, related laws, regulations, policies, and procedures.
5. I agree to participate in any future compliance trainings as required and acknowledge my attendance at such trainings as a condition of my continued employment/appointment or contract.
6. I agree to disclose the existence and nature of any potential or actual conflict of interest to the OnPoint Compliance Officer. Further, I certify that I am not aware of any current conflicts of interest.
6.a Applies to Board Members Only: I agree to disclose the existence and nature of any potential or actual conflict of interest annually as required by the financial disclosure form and at any time when it arises thereafter to the OnPoint Board Chairperson and the OnPoint Compliance Officer.
7. I understand that failure to comply with the OnPoint Corporate Compliance Plan or failure to report any potential or actual violation of the OnPoint Corporate Compliance Plan may result in disciplinary action up to and including termination of employment or contract or removal from the Board of Directors, as applicable.

OnPoint Personnel (Please print)

Title (Please print)

Organization

Signature

Date

Attachment B – OnPoint Contract Provider Compliance Attestation

1. I have received (or have been provided access), read, and understand the OnPoint Compliance Plan, Code of Conduct and Ethics, and all related policies and procedures that apply to my organization.
2. I understand that I am responsible for participation and successful completion of future compliance training, as required, and understand that failure to do so may result in sanctions up to and including termination of our contract with OnPoint.
3. I acknowledge that I have a duty to report to the OnPoint Compliance Officer any suspected or actual violation of OnPoint’s Compliance Plan, related laws, regulations, policies, and procedures by myself, OnPoint Personnel, other contract provider, or any other person.
4. I pledge to educate staff and others within my organization on OnPoint and internal compliance related requirements, as applicable, including how and where to report suspected or known violations or wrongdoing.
5. If I have questions concerning appropriate actions that I may need to take to comply with OnPoint’s Compliance Program requirements, I will seek advice from OnPoint’s Compliance Officer and/or a member of the OnPoint Compliance Committee and ensure staff are aware of this opportunity.

Contract Provider Owner/CEO/Director (Please print)

Title (Please print)

Organization

Signature

Date



Attachment C – 901.5 Compliance Related Definitions and Terms

Abuse - Practices that are inconsistent with sound fiscal, business, or clinical/medical practices, and result in an unnecessary cost to the Medicaid program, or in reimbursement for services that are not medically necessary or that fail to meet professionally recognized standards of care. It also includes beneficiary practices that result in unnecessary cost to the Medicaid programs. (42CFR 455.2)

Alleged Violation/Alleged Wrongdoing - Conduct which, at face value, appears to conflict with required law, regulation, contract language, agency policy or Code of Conduct/Ethics or illegal activity. (Also see “Wrongdoing” and “Violation”).

Breach - The unauthorized acquisition, access, use, or disclosure of PHI in a manner which compromises the security of privacy of such information, except where an unauthorized person to whom such information is disclosed would not reasonably have been able to retain the information.” (45 CFR 164.408)

Business Associate (BA) - A person or organization that performs a function or activity on behalf of a *covered entity* but is not part of the *covered entity’s workforce*. A *business associate* can also be a *covered entity* in its own right. Also see Part II, 45 CFR 160.103.

Complaint - A complaint is any report of suspected or known violation of applicable laws, regulations, contract language, regional and local policies, etc., any suspected wrongdoing, or known or suspected fraud, waste, or abuse of public funding.

Complainant - The individual reporting the alleged compliance violation, wrongdoing or improper conduct. A reporting person can be any agency officer, board member, full-time, part-time and temporary employee, volunteer, student, applicant for employment, provider, vendor, (sub)contractor and any other person or entity that may become part of or affiliated with the provider network in the future.

Compliance Investigations - The observation or study of suspected fraud, abuse, waste, or reported violations of laws and regulations for all OnPoint covered services by close examination and systematic inquiry.

Confidentiality of Alcohol and Drug Abuse Participant Records - 42 CFR Part 2 - 42 CFR Part 2 applies to AOD (Alcohol and Other Drugs) programs that are federally conducted, regulated or assisted in any way, directly or indirectly. Regulations apply to recipients of AOD and their participant identifiable information and prohibit most disclosures of information without participant consent.

<https://www.gpo.gov/fdsys/granule/CFR-2010-title42-vol1/CFR-2010-title42-vol1-part2/content-detail.html>

Contract Provider (Also referred to as Network Provider) - Any individual, group, or organization that has a provider agreement with OnPoint to provide services and supports to individuals we serve.

Corporate Compliance - The organization's adherence to laws, regulations, contract language, and policies applicable to its operations. Consists of the mechanisms, including the written Compliance Plan and Policies, that are collectively intended to prevent and detect unethical and/or illegal business practices and violations of law.

Corporate Compliance Plan - Provides a formal statement of OnPoint's intention to conduct itself ethically in regard to business operations, government regulations, conduct, and services and care; it includes the required seven fundamental elements of an effective compliance plan, which provides the overall strategy on how the agency will address fraud, waste and abuse and overall compliance.

Corporate Compliance Program - A formal program specifying an organization's policies, procedures, and actions (plan) to help prevent and detect violations of laws, regulations, contractual obligations, standards, and ethical practices. OnPoint's "Corporate Compliance Program" is made up of the Corporate Compliance Plan and all association compliance policies, including but not limited to the Code of Conduct and Ethics.

Covered Entity - Is defined at CFR 160.103 as one of the following: (1) A health plan; (2) a health care clearinghouse; (3) a health care provider who transmits any health information in electronic form in connection with a transaction covered by part 162 of title 45 of the Code of Federal Regulations (CFR).

Disclosure - The release, transfer, provision of access to, or divulging in any manner of information outside the entity holding the information.
Also see Part II, 45 CFR 164.501.

Fraud (Federal Claims Act) - An intentional deception or misrepresentation made by a person with the knowledge that the deception could result in some authorized benefit to himself or some other person [or agency/organization]. It includes any act that constitutes fraud under applicable Federal or State law including but not limited to the Federal False Claims Act and the Michigan False Claims Act (42CFR 455.2)

Fraud (Per Michigan Statue and Case Law Interpretation) - Under Michigan law, a finding of Medicaid fraud can be based upon evidence that a person "should have been aware that the nature of his or her conduct constituted a false claim for Medicaid benefits, akin to constructive knowledge." Errors or mistakes do not constitute "knowing" conduct necessary to establish Medicaid fraud, unless the person's "course of conduct indicates a systematic or persistent tendency to cause inaccuracies to be present."

FWA -The federal term contained in the Deficit Reduction Act (DRA) refers to any event pertaining to an alleged or actual wrongdoing of Fraud, Waste or Abuse (i.e., generically known as "FWA").

Health Information - Any information, whether oral or recorded in any form or medium that: (a) is created or received by a health care provider, health plan, public health authority, employer, life insurer, school or university, or health care clearinghouse; and that (b) relates to the past, present, or future physical or mental health or condition of an individual, the provision of health care to an individual, or the past, present or future payment for the provision of health care to an individual.

HIPAA Privacy Rule - Establishes national standards to protect individuals' medical records and other personal health information and applies to health plans, health care clearinghouses, and those health care providers that conduct certain health care transactions electronically. The Rule requires

appropriate safeguards to protect the privacy of personal health information and sets limits and conditions on the uses and disclosures that may be made of such information without participant authorization. The Rule also gives participants' rights over their health information, including rights to examine and obtain a copy of their health records, and to request corrections.

<http://www.hhs.gov/ocr/privacy/hipaa/administrative/privacyrule/index.html>

HIPAA Security Rules - Establishes national standards to protect individuals' electronic personal health information that is created, received, used, or maintained by a covered entity. The Security Rule requires appropriate administrative, physical, and technical safeguards to ensure the confidentiality, integrity, and security of electronic protected health information.

<http://www.hhs.gov/ocr/privacy/hipaa/administrative/securityrule/index.html>

HITECH (Health Information Technology for Economic and Clinical Health Act of 2009) - The Act provides for improved portability of health benefits and enables better defense against abuse and fraud, reduces administrative costs by standardizing format of specific healthcare information to facilitate electronic claims, directly addresses confidentiality and security of patient information - electronic and paper. HIPAA was amended by the Health Information Technology for Economic and Clinical Health Act of 2009 (**HITECH Act**), as set forth in Title XIII of Division A and Title IV of Division B of the American Recovery and Reinvestment Act of 2009. The United States Department of Health and Human Services (DHHS) promulgated administrative rules to implement HIPAA and HITECH, which are found at 45 CFR Part 160 and Subpart E of Part 164 (the "Privacy Rule"), 45 CFR Part 162 (the "Transaction Rule"), 45 CFR Part 160 and Subpart C of Part 164 (the "Security Rule"), 45 CFR Part 160 and Subpart D of Part 164 (the "Breach Notification Rule") and 45 CFR Part 160, Subpart C (the "Enforcement Rule"). DHHS also issued guidance pursuant to HITECH and intends to issue additional guidance on various aspects of HIPAA and HITECH compliance. Throughout this policy, the term "HIPAA" includes HITECH and all DHHS implementing regulations and guidance. (Contract between Lakeshore LRE and ONPOINT – Medicaid Managed Specialty Supports and Services ..., p. 6)

Individually Identifiable Health Information (IIHI) (Also see Protected Health Information (PHI)) - Information that is a subset of health information, including demographic information collected from an individual and is created or received by a health care provider, health plan, employer, or health care clearinghouse; and related to the past, present, or future physical or mental health or condition of an individual; the provision of health care to an individual; or the past, present, or future payment for the provision of health care to an individual; and that identified the individual; or with respect to which there is a reasonable basis to believe the information can be used to identify the individual. Individually identifiable health information includes many common identifiers (e.g., name, address, birth date, Social Security Number).

Inquiry - An informal process whereby a person makes the Compliance Office aware of a potential compliance related concern and the Compliance Officer examines the concern to determine if it merits a formal complaint and investigation. If the outcome of the *inquiry* determines that the matter is not FWA related, the Compliance Officer will document the *inquiry* and outcome and take any action necessary to rectify the concern. Conversely, if the outcome of the *inquiry* determines that a formal investigation is warranted, the Compliance Officer will convert the informal *inquiry* into a formal complaint and will conduct a formal investigation in accordance with the policy investigation guidelines.

Knowingly - Defined under the federal False Claims Act (FCA) to include the willful disregard of a regulation imposed upon an organization, the "deliberate ignorance" of the regulation's propriety, the submission of a claim in "reckless disregard" of the truth, or the falsity of claim. Managerial staff of the

provider organization can be held accountable in situations where they refuse to explore a credible concern about the compliance requirements for a particular business or clinical practice, or a submitted bill or claim requiring use of federal funds for its reimbursement.

Lakeshore Regional Entity (LRE) -The LRE is the PIHP (Prepaid Inpatient Health Plan) created to manage specialty carved out Medicaid mental health, intellectual/developmental disability, and substance use disorders services for Medicaid and Health Michigan enrollees in Allegan, Lake, Mason, Oceana, Muskegon, Ottawa, Kent counties. The LRE includes any administrators retained by contract by the LRE.

Marketing - Marketing and advertising practices are defined as those activities used by OnPoint to educate the public, provide information to the community, increase awareness of services, and recruit employees or contractual providers.

Minimum Necessary – HIPAA Privacy Rule Standard (45 CFR 164.502(b), 164.514(d)) - A covered entity must make reasonable efforts to use, disclose, and request only the minimum amount of protected health information needed to accomplish the intended purpose (*need to know*) of the use, disclosure, or request.

Nominal Value - \$25.00 or less per gift; \$300 maximum per year from any one individual/organization/company.

Personnel - For the purposes of the Compliance Program Plan and associated Policies, Personnel means OnPoint's staff members, Board of Directors, individuals under contract, students, interns, and volunteers.

Protected Health Information (*Also see Individually Identifiable Health Information (IIHI)*) - Any information, whether oral or recorded in any form or medium, that is created or received by a "Covered Entity" (or a Business Association of a Covered Entity), and relates to the past, present, or future physical or mental health or condition of any individual, the provision of health care to an individual, or the past, present, or future payment for the provision of health care to an individual.

Provider - Any healthcare organization that furnishes or renders health care services or items within the agency network for which Medicaid or Medicare reimbursement will be sought. A provider includes a person who performs billing, coding, or other reporting services functions. OnPoint often makes a distinction between internal providers (employees) and external providers (contract providers).

Psychotherapy Notes - As defined by 45 CFR 164.501 - Notes recorded (in any medium) by a health care provider who is a mental health professional documenting or analyzing the contents of a conversation during a private counseling session or a group, joint, or family counseling session and that are separate from the rest of the record. Psychotherapy notes do not include any information about medication prescription and monitoring counseling session start and stop times, the modalities and frequencies of treatment furnished, or results of clinical tests, nor do they include summaries of diagnosis, functional status, treatment plan, symptoms, prognosis, and progress to date.

Qui Tam Provision - The federal False Claims Act (FCA) allows any person with direct knowledge of a false claim to bring a civil suit on behalf of the United States Government, known as a "*Qui Tam*" action. The individual must first formally notify the Department of Justice of the suspected fraud. The Department of Justice then has the option of either intervening in and prosecuting the action or allowing the individual to proceed on his/her own. If the suit is ultimately successful, the individual who initially brought the suit may be awarded a percentage between 15- 30% of the funds recovered.

Violation - An action that breaks or acts against something, especially a law, agreement, principle, or something that should be treated with respect. An act or omission concerning (a) a violation of any law or regulation; (b) a breach of the Code of Conduct/Ethics of OnPoint; (c) knowing non-compliance with a OnPoint policy; (d) misuse of public funds or assets; (e) mismanagement of a nature sufficiently substantive which would lead one to reasonably believe that such mismanagement would have a potentially harmful impact on OnPoint's work, reputation or operations; or (f) conduct which includes such behaviors as intimidation, harassment and other unethical behavior.

Use of Protected Health Information (PHI)/Individually Identifiable Health Information (IIHI) - The sharing of health/clinical information, employment, application, utilization, examination, or analysis of such information within an entity that maintains such information.

Waste - Over utilization of services or other practices that result in unnecessary costs. Generally, not considered caused by criminally negligent actions but rather the misuse of resources.

Whistleblower - A person who tells someone in authority about alleged dishonest or illegal activities (misconduct) occurring in a government department, a public or private organization, or a company. The alleged misconduct may be classified in many ways; for example, a violation of a law, rule, regulation and/or a direct threat to public interest, such as fraud, health/safety violations, and corruption.

Wrongdoing - Illegal or dishonest behavior. Under the federal Deficit Reduction Act (DRA), "wrongdoing" may be either an intentional act or an unintentional act (i.e., omission).

Chief Executive Officer Report for October 2026
Submitted by Mark Witte, Chief Executive Officer
269-615-4893 – mwwitte@onpointallegan.org

Happy New (Fiscal) Year!

AGENCY

CARF – As I write this, we are in the middle of a three-day accreditation visit from four surveyors from the Council on the Accreditation of Rehabilitation Facilities (or CARF). This is my fourth time through CARF at OnPoint, and I continue to anticipate a positive outcome. There are always moments when we find that standards are new or their interpretations are different than expected, or where we did not fully document our adherence to CARF standards. Thankfully, the CARF approach produces recommendations when needed. In an agency as broad and complex as OnPoint, we will always have items to work on after the visit is done. My thanks to Megan Ford and the entire QI team for their leadership through this daunting process of organizing this year's site visit.

Compliance/Privacy Officer – I am pleased to announce that Mr. Russ Graves has been selected to become our next Compliance/Privacy Officer. Mr. Graves has significant compliance experience with federally funded public organizations that will translate easily into much of what we need for OnPoint. He begins on October 5, and we hope to introduce him to you at the October 20 board meeting. He will overlap with Diane Bennett for a few weeks before Diane departs around the time of our November board meeting.

BOARD

LRE Board Seat Open – We are pending action from the OnPoint board to fill the LRE Board seat formerly filled by Mr. Jim Storey. I know this is on the to-do list for Chairperson Kelsey, so I will leave it at that. You can refer to my September 2026 report for additional details on the requirements surrounding this position.

CEO Transition – Mindful that official agreements are still somewhat in motion, I am working to prepare for the anticipated transition of Dr. Jeana Koerber to the CEO role. I plan to split the work into two separate segments. Prior to a planned vacation in early November, Jeana will join me at most of the meetings and events I will attend in the community or with regional/statewide entities. She will do so in a “*Shadowing*” mode. Following my return on 11/15/2026, the theme will switch to Jeana “*Acting*” in the CEO role, while I continue to perform the elements of the job that I must do through January 8. To free her up to make that transition, we have posted her current COO role and are enjoying a strong applicant response.

New Board Member Photos – Thank you to John Clark and Rhoda Yutzy-Ryan for participating in our new staff/board member photo day. They now occupy the former “photo coming soon” spaces on our website's Board page.

Fall Conference – Thanks to all who have registered for the Fall 2026 CMHA Conference to be held in Traverse City in later October. I'm looking forward to spending time with you in the fall colors of northern lower Michigan while we learn from the plenary and workshop speakers.

Bylaws – In preparation for our CARF visit, we made some revisions to OnPoint's Conflict of Interest policy (#625) and our Code of Conduct policy (#902). There is a parallel between these policy standards and the COI section of the board's Bylaws. When we do our annual review of the Bylaws later this year, I will recommend that we examine them all together to assure optimal

alignment. They could be made the same or there may be reasons for certain differences. Whatever the case, we should review them thoughtfully and make decisions about them on the basis of sound reasoning. I'm looking forward to that discussion.

COMMUNITY

Community Events – In addition to our recent participation in the **Allegan County Fair** and **Wayland Balloonfest**, we joined the CMHA **Walk-A-Mile** event in Lansing on 9/23/2026 – see if you can spot our tent! Our team planned and hosted the 3rd annual **Art of Recovery** event on 9/25/2026 in Allegan – see Mayor Perrigo reading the proclamation.



As the year winds down, we plan to participate in two events on 10/22/2026; the Allegan County **Veterans Stand Down** at the First Baptist Church in Allegan and in the **Trunk or Treat** event that typically is held at the 122nd Street offices of MDHHS. These events are a continuation of our increasing focus on visible community events that helps inform the community of the availability of our services – and of OnPoint as an appealing prospective employer.

Letter of Support for CAAC – After consultation with Chairperson Kelsey, I and Jeana sent a letter of support on behalf of OnPoint to Community Action of Allegan County for their Early Education Campus Capital Campaign. As we consider the lifelong positive impact of these early services for children and families, we consider it to be OnPoint’s role as a community partner to support these preventative efforts. Our support will be visible as our name and logo may be used in campaign materials and other communications.

STATE

MDHHS PIHP Bid-Out – As of 9/29/2026, the DTMB notice indicating a planned August RFP is no longer present. I have inquired with CMHA as to their take on this development. As I said last month, the absence of an RFP does not mean that change should not happen. CMHA and its members will propose a “Vision for Stronger Public Mental Health System.” I expect you will hear more about this at the fall CMHA conference.

Legislative Activities –As we approach the November 3 election, activity in the legislature slows to a crawl. One legislative staffer I met at the Walk-A-Mile event in Lansing said that the only bills being introduced or moved at this point are those intended to communicate something to voters. Whether that’s true or not is a matter of speculation. I will say that lately there have been very few opportunities to engage with legislators on legislation of interest to our field.

NATION

We have read an announcement/press release from the Health Resources and Services Administration (HRSA) this week that appears to show that OnPoint was not selected for a multi-year grant to continue implementation of our local opioid response initiative. The past four years of funding through HRSA’s expansion grant for Rural Communities Opioid Response Program (RCORP) had supported new collaborations in the community (most notably with the Sheriff for jail-based treatment access) and national recognition for our innovation there. We had sought RCORP “Impact” funds to expand access for integrated and coordinated substance use disorder treatment and recovery services. While disappointed in the outcome of this funding round, it clarifies our needs relative to funding available through local Opioid Settlement funds that are administered by and through Allegan County.

Submitted by Mark Witte
Chief Executive Officer
October 5, 2026