

6/17/21

HR'S 4925-4929

Outline of Complaints – Wichman

My name is Jewell Wichman, and I am here representing my son Justin who is 26 years old with autism. He presents with high support needs as he is non-verbal and cognitively functions between 2-3 years old. He is a consumer of CMH of Ottawa County.

Justin is in a category of disability such that mental health organizations receive significantly more funding per month. The Executive Director of CMH, admitted to the Holland Sentinel, "The difference can be in the hundreds of dollars per consumer per month." As I further explored this, I found that a healthy consumer in this category and one who does not require a lot of support, would be an ideal CMH consumer for them financially. **Therefore, Justin with his high support needs would not be their ideal candidate.**

This past November, we took Justin with us to visit our vacation home in AZ, so he could continue his medically necessary daily activity outdoors year-round, a well-known pattern known to all immediate CMH staff for years. However, when MI experienced an upsurge in the COVID virus, we chose to follow his internist recommendation and postpone returning to MI for the holidays. Immediately, his CMH Supports Coordinator reacted and abruptly suspended all of Justin's CMH support services, including phone calls and/or telehealth with his Speech therapist due to his extended stay in AZ,

When we asked for policy to justify her actions, she admitted that she did not have access to any policy and refused to disclose which Supervisor authorized the suspension. When we asked what Self Determination options Justin had to contract a Speech therapist to conduct telehealth, the only return response we received was a termination notice of his CMH Medicaid case and ALL his support services with instruction to apply for Medicaid in AZ and then reapply to MI upon his return knowing full well it was logistically impossible.

When we asked for policy/protocol justifying his termination and who authorized such a rash decision, despite being his Supports Coordinator she mocked us with an email stating ***"I'm sorry you are frustrated. If you are looking for guidance regarding policy, google the Michigan Medicaid Manual"*** a manual which is over 2000 pages long. Then she referred us to CMH Customer Service if we were unhappy with her service and wanted someone to talk to or to file a grievance.

Organizational Ethics

Initially, we went in thinking CMH Customer Service and Recipients Rights were there to "help" us when it became apparent over time that their main goal was only to filter and to cover things up. Both insisted on taking our verbal complaints vs a written one and they both assured us that they had taken tons of notes about our complaint. Their reports contained biased investigations, filled with inaccurate information and zero accountability. Beacon Health's grievance misrepresented "our complaint" as was not our words but rather CMH's version of what "our" verbal complaint should.

After so much stress, it turned out the Medicaid policies did exist all along to maintain Justin's active CMH case along with use of his support services under the MI Medicaid "Residency" and "Eligibility" policies. In fact, CMH Administration were given the policies by local DHS staff within 24 hours of our complaint but they chose to withhold the policies until it was confirmed that we had filed a formal appeal. If we had never filed an appeal, they would never have revealed the policies to keep Justin in. They only looked for policy to keep him out. Although with over **100 years of combined experience**, into