



Community
MENTAL HEALTH
CLINTON • EATON • INGHAM

CMHA-CEI Residential Provider Manual



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Overview

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Provider Manual Overview

Who We Are

Community Mental Health Authority of Clinton, Eaton, and Ingham Counties (CMHA-CEI) is a three county Community Mental Health Services Program (CMHSP) – the local public mental health and substance abuse provider, serving the citizens of Clinton, Eaton and Ingham Counties.

CMH is a public governmental body, formed by the County Commissions of Clinton, Eaton, and Ingham Counties, with a 12 member board of directors appointed by the County Commissions of all three counties.

Who We Serve

CMHA-CEI serves, through the work of its staff (over 1000 employees) and its contractual providers (over 600 employees of these providers), the mental health and related needs of approximately 12,000 persons in four populations:

- Children and adolescents with emotional disturbance
- Adults with mental illness
- Adults, children, and adolescents with developmental disabilities
- Persons with substance abuse disorders

Vision

CMHA-CEI holds this vision of a community:

- A community in which any person with a mental health need has access to a wide range of resources to allow him or her to seek his or her desired quality of life and to participate, with dignity, in the life of the community, with its freedom and responsibilities
- A community defined by justice for persons with mental health needs

Persons with mental health needs include those with a mental illness, an emotional disturbance, a developmental disability, and/or a substance use disorder.



Provider Manual Overview

Mission

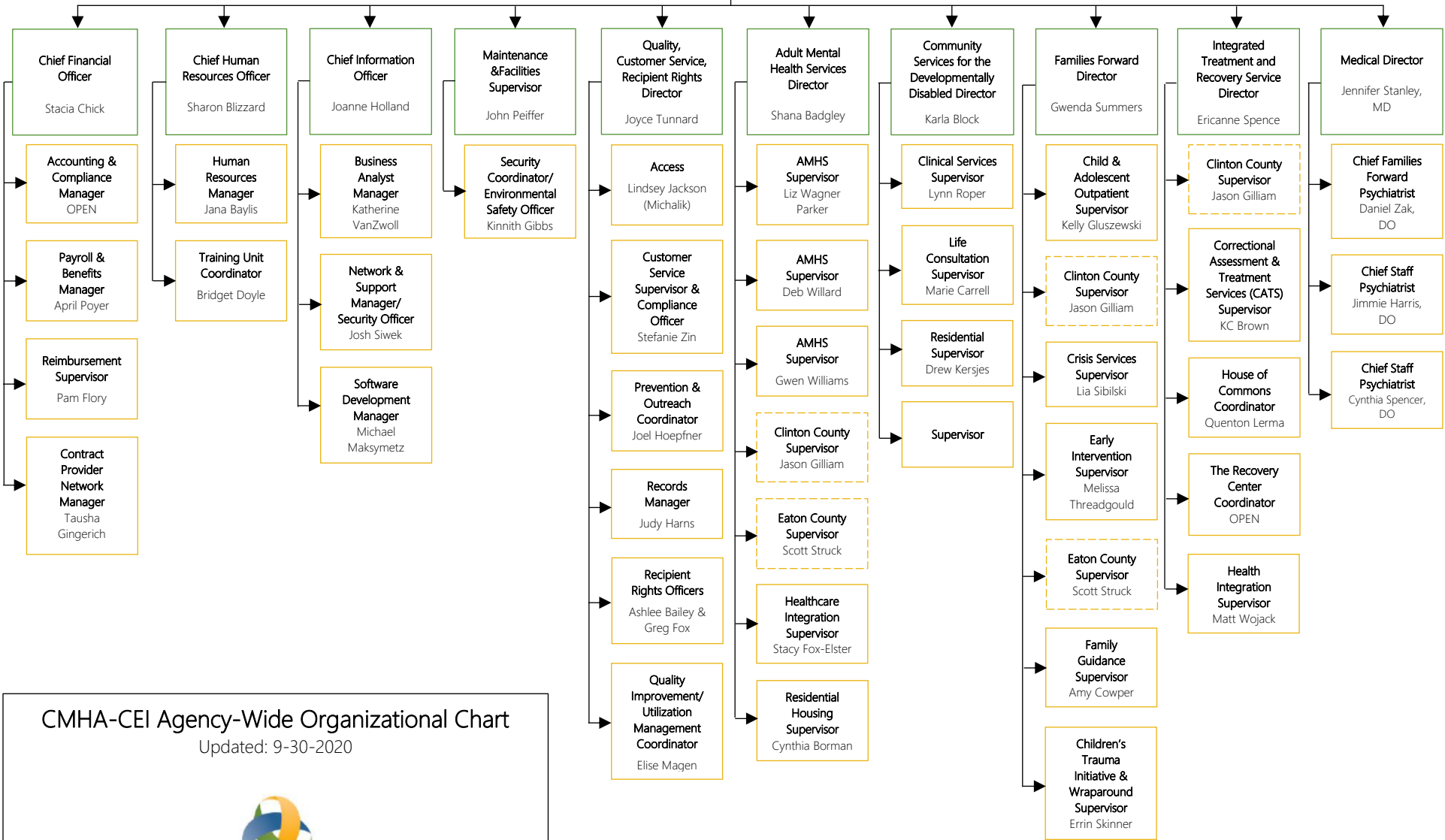
CMHA-CEI's mission is to fulfill two complementary but distinct roles in realizing this vision:

- **Behavioral healthcare provider** – Providing, directly and through partnerships, a comprehensive set of person-centered, high quality, and effective behavioral health and developmental disability services to the residents of this community
- **Advocate, catalyst, thought leader, and convener** – Fostering the transformation of all aspects of community life, eliminating inequities, and promoting the common good for all, especially for persons with mental health needs.

The Board of Directors and staff of CMHA-CEI commit to fulfilling the Mission and Philosophy of the organization.



NOTE: Clinton and Eaton County Supervisors participate in multiple programs



CMHA-CEI Agency-Wide Organizational Chart
Updated: 9-30-2020

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Main Contact List

Providers who have questions may contact their contract manager at any time. However, the following directory lists area with functions that may be contacted for specific problems or questions. Day to day consumer issues should most often be addressed directly to the case manager. If uncertain who to call, contact Quality Advisors for appropriate direction.

Adult Mental Health Services

- Contact for services to consumers with mental illness.

(517) 346-8007

(517) 346-8322

Community Services for Developmentally Disabled

- Contact for services to consumers with intellectual and / or developmental disabilities.

(517) 346-9504

Pharmacy Services

- Contact for questions regarding medication administration.

(517) 394-5019

Fax: (517) 394-5029

Recipient Rights

- Contact for any consumer rights issues, to report a suspected or verified rights violations, and / or to receive information on consumer's rights to complaints.

(517) 346-8249

Main Contact List

Quality Advisors

- Contact with concerns regarding site visits, plans of correction, procedure clarification, incident reporting and / or documentation.

(517) 887-5219

(517) 887-5286

Customer Service

- Contact for consumer inquiries and / or complaints.

(517) 346-8244

Contract / Network Administration

- Contact for general contract information and issues.

(517) 346-8258

Fax: (517) 346-8291

Training Unit

- Contact for information on services or required trainings.

(517) 323-9610

Fax: (517) 327-0396

ACCESS

(517) 346-8318 / (888) 800-1559

- For service referrals and authorizations.

Bridges Crisis Unit

(517) 346-8400

- 24 hour residential, crisis intervention services.

Child and Adolescent Outpatient Services

(517) 346-8048

- Mental health services.

Clinton County Counseling Center

(989) 224-6729

- Outpatient therapy services, by appointment, in St. Johns.

Main Contact List

Eaton County Counseling Center - Outpatient therapy services, by appointment, in Charlotte.	(517) 543-5100
Emergency Services - For psychiatric emergencies 24 hours a day, 7 days a week.	(517) 346-8460
Family Guidance Services	
	Emergency (517) 346-8026
	Med. Clinic (517) 346-8019
Finance - For billing or claims issues or questions.	(517) 346-8247
Ingham County Counseling Center - Outpatient therapy services, by appointment, in Lansing.	(517) 346-8000
Main Office	(517) 346-8200
Substance Abuse Treatment	(517) 346-8266



Contract Requirements



Requirements for Agreement to Becoming a Contract Provider

For questions please contact CMHA-CEI Contract Administrator at (517) 346-8258

1. Must sign contract with CMHA-CEI.
2. Must maintain license by Michigan Department of Health and Human Services (MDHHS).
3. Must apply for, receive, and maintain certification from MDHHS (prior to contract with CMHA-CEI).
4. Must agree to participate in and follow recommendations of the Person Centered Plan (PCP).
5. Must agree to follow procedures related to:
 - Recipient Rights
 - Reporting of Incidents
 - Consumer Property and Funds
 - Administration of Medications
 - Documenting treatment goals if performed in the home
 - Fire Safety
6. Must ensure each resident receives healthcare treatment as recommended by their physician or healthcare provider.
7. Must agree to a site visit with a CMHA-CEI quality advisor on an annual basis.

OFFICE OF RECIPIENT RIGHTS
SITE VISIT MONITORING FORM (CMH SERVICE SITES)

SERVICE SITE: _____

PROVIDER: _____

DATE OF VISIT: _____

ASSESSOR: _____

TYPE: Group Home: MI DD _____ Number of Residents | Day Program: MI DD | Workshop: MI DD
| ACT Program | Outpatient | Clubhouse/Drop-in Center | Other: _____

YES	NO	STANDARD	COMMENTS
		Were rights books provided to consumers and readily available for review?	
		Did the rights books provide the correct information for contacting the appropriate Rights Office?	List the CMHs and name(s) of Rights Staff observed on the books. CMHA-CEI: Greg Fox, Ashlee Bailey
		Are posters providing contact information for the Rights Office conspicuously posted and visible to consumers and staff? (not applicable to SIP sites)	
		Did the posters provide the correct information for contacting the appropriate Rights Office?	List the CMHs and name(s) of Rights Staff observed on the posters. CMHA-CEI: Greg Fox, Ashlee Bailey
		The most current version of the Abuse and Neglect Reporting Posters are posted where staff can see them.	
		Were complaint forms readily available?	
		Were recipients aware of how to file a complaint?	
		Were staff aware of how to file a complaint?	
		Were copies of Chapter 7 and 7A available?	
		Were any exclusions to items able to be brought into the site (contraband) posted and visible to consumers and visitors?	
		Were records and other confidential information secured and not open for public inspection?	
		Were any health or safety concerns identified during the visit?	
		Were appropriate accommodations made for persons with physical disabilities?	
		Documentation that staff received RR training within 30 days of hire was reviewed?	

Observations:

Deficiencies Notes and Required Action:



Residential Homes

Feedback Form

The following form is for providers, case managers and coordinators who wish to provide feedback on anything topic related to residential services. The feedback could be a suggestion, a compliment or a complaint. All types of feedback are important to ensure CMHA-CEI is continuously improving services to our community.

This feedback is a: Suggestion Compliment Complaint

Please describe your above type of feedback:

Multiple horizontal lines for describing feedback.

If you need additional room please attach another sheet

Are you a: Provider Case Manager Coordinator

Do you wish to remain anonymous?

Yes No Name:

Please return this form to Brianne Haner, Mussa Maingu or Jessica Mead (Quality Advisors) at 812 E. Jolly Rd. Suite 210 Lansing, MI 48906 or email to QCSRR-QA@ceicmh.org



**QUALITY AND COMPLIANCE MONITORING
RESIDENTIAL SERVICES**

Date of Review: _____

Reviewer Name: _____

Provider Name: _____

Site Name: _____

Address: _____

City/Zip: _____

Source of Information for this review

Data Source(s) for Review

- Clinical Record Review
- Policies and Procedures
- Licensing/Accreditation
- Tour of Site
- Observation of Care
- Interviews with Staff
- Interviews with Consumers/Families
- Other _____

AFC Certification of Specialized Programs: Mentally Ill Developmentally Disabled

CONFIRM: Current License / Accreditation is Posted Date of Expiration _____

TYPE OF CONTRACT:

NUMBER OF CEI CONSUMERS IN HOME:

CONTACT INFORMATION:

Main Contact:

Email:

Phone:

OTHER INFORMATION:

RATING: **Yes = Meets Standard** **No = Does Not Meet Standard**

Section A: STAFF TRAINING (as evidenced by training records)		Initial	Ongoing
1	Recipient Rights Orientation/Refresher (Within 30-days of hire and then annually)		
2	CPR/First Aid (Within 30-days of hire and then every two years)		
3	Blood Borne Pathogens Training (Within 30-days of hire and then annually)		
4	HIPAA Privacy and Security Training (Within 30-days of hire and then annually)		
5	Person Centered Planning Training (Within 30-days of hire and then annually)		
6	Basic Health and Medication Administration Training (Within 90-days of hire and every two years)		
7	Working With People / Culture of Gentleness (Within 90-days of hire)		NA
8	Corporate & Regulatory Compliance Training (Within 90-days of hire and then annually)		
9	Cultural Competency & Diversity Training (Within 90-days of hire and then annually)		
10	De-escalation Skills (Within 90-days of hire)		NA
11	Environmental Safety Training (Within 90-days of hire)		NA
12	Limited English Proficiency Training (Within 90-days of hire and then annually)		
13	Trauma Informed Care (Within 90-days of hire)		NA
Comments:			

Section B : MANAGEMENT OF HUMAN RESOURCES		RATING
1	Provider has a system to ensure competency of staff is continually assessed, maintained and improved (i.e. hiring documentation, annual evaluations, training requirements, etc.).	
2	Provider performs criminal background checks on their employees prior to hire and every other year as required in the contract. Proof of a method of auto-notification is also acceptable.	
3	OIG checks are being completed on a monthly basis for all staff.	
4	Provider performs valid driver's license checks on their employees prior to hire. <i>*Driver's License needed if employee is transporting consumers, otherwise a valid form of ID is acceptable to prove employee is over the age of 18*</i>	
5	Provider obtained approval from CMHA-CEI prior to utilizing the services of any subcontracted service provider. <i>If yes, subcontracted service providers must meet all other staff requirements including trainings, background checks, etc.</i>	
Comments:		

Section C : QUALITY IMPROVEMENT		RATING
1	There is a system within the site for consumers to provide suggestions. (i.e. a suggestion box, documented house meetings, etc.)	
2	There is a system in place to complete incident reporting as required by CEI contract. (Two AFC IR's examples were taken to cross check with CEI records)	
3	There are current copies of each consumer's Person-Centered Plans/ Individual Plans of Services.	
4	There is a system for training staff on consumer Person-Centered Plans/ Individual Plans of Services.	
5	There is documentation that consumer Person-Centered Plans/ Individual Plans of Services are being implemented. (i.e. service log, activity log, fund usage, etc.)	
6	Medicaid Event Verification (MEV) documentation received.	
Comments:		

Section D : HEALTH & SAFETY		RATING
1	Staff can locate protective equipment (gloves).	
2	Fire drills are held quarterly during daytime, evening, and sleeping hours. The provider maintains documentation of the drills.	
3	Smoke detection system is operational and has been inspected annually. Staff can locate fire extinguisher and fire extinguisher has been checked for safe use.	
4	Soap-filled dispensers and paper towels are available at all sinks.	
5	Staff can locate a first aid kit and a first aid kit is in all consumer transporting vehicles (if applicable)	
6	The exterior of the house is clean and well-maintained. (i.e. lawn mowed, landscaping maintained, snow shoveled, yard free of debris, etc.)	
7	The interior of the house is clean and well-maintained. (i.e. furniture clean and in good repair, floors and walls clean, house free of obvious offensive odors, bathroom clean and in good working order, etc.)	
8	Smoking debris is being disposed of in a fire safe container.	
Comments:		

Section E : MEDICATIONS		RATING
1	Medication cupboards are locked and medications are stored appropriately (refrigeration, etc.).	
2	All controlled substances are kept within double locked storage areas.	

3	Medication administration records are complete and accurate.	
Comments:		

Section F : RESIDENT TREATMENT		RATING
1	Residents are treated in a respectful, positive and supportive manner.	
2	Residents' clothing is generally clean, in good repair, fits properly and is seasonably appropriate <u>or</u> this issue is addressed in the treatment plan. *In alignment with consumer choice*	
3	Residents' personal hygiene is maintained and supported <u>or</u> this issue is addressed in the treatment plan. *In alignment with consumer choice*	
Comments:		

Section G : RESIDENT FUNDS AND VALUABLES		RATING
1	Does provider have a secure location for storage of funds (if resident requests) and does resident have access to funds 24/7?	
2	Facility has a set system in place to ensure that all spending of resident funds is tracked, with proper receipts accounted for.	
Comments:		

REVIEWER COMMENTS

Provider Signature: _____ Date: _____

Reviewer Signature: _____ Date: _____



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Certification Process

Summary of Rules for Placement of Individuals with Developmental Disabilities and Mental Illness into Specialized Residential Settings and Certification of Specialized Residential Settings

The Michigan Department of Health and Human Services (MDHHS) issued Administrative Rules in 1996 regarding the placement of adults with Developmental Disabilities and Mental Illness into specialized programs. A specialized program is any licensed residential setting that receives funding from Community Mental Health (under A or B contact).

The rules require that any provider providing Specialized service must be certified to provide those services through the Department of Health and Human Services. This is in addition to the requirement to be licensed as an Adult Foster Care provider.

A provider must apply for certification, and then MDHHS will send a Licensing and Regulatory Affairs (LARA) reviewer to the home to determine if the provider meets the requirements of a specialized provider.

Summary of Rules

The rules fall into the four basic categories listed below:

- A. Treatment Standards
- B. Fire Safety Standards
- C. Staffing and Staff Training
- D. Environmental and Accessibility Standards

A. Treatment Standards

1. Prior to placing a consumer in the home, a representative from CMHA-CEI must make an on-site visit to determine whether the home is safe and can meet the consumer's needs.
2. A consumer must have an initial plan of service written upon moving into the home which outlines the basic supports that will be provided for the consumer. A full Person Centered Plan (PCP) must be developed within 30 days of the move date. If there is an existing plan, it may be modified via a special staffing and the modified plan of service for the home can be recorded on a special staffing form.

The plan must focus on the needs and preferences of the consumer and be

Summary of Rules for Placement of Individuals with Developmental Disabilities and Mental Illness into Specialized Residential Settings and Certification of Specialized Residential Settings

developed by the planning team. The planning team must consist of:

- a. The consumer
 - b. Other individuals the consumer chooses
 - c. Professionals as needed and as desired
 - d. The case manager
3. Written consent from the consumer / legal guardian must be obtained prior to the consumer moving in.
 4. The provider must complete all recommendations developed at the annual plan and document any ongoing treatment, such as those reflected in home goals.
 5. The provider must ensure the consumer receives healthcare treatment as recommended by their physician or healthcare provider.
 6. The case manager must provide an annual summary of consumer status and progress.

B. Fire Safety

1. Fire Alarm Systems
 - a. Homes Licensed for 3 or Less Residents - refer to Licensing Rules distributed by MDHHS for specific requirements
 - b. Homes Licensed to Serve 4 to 6 Residents - refer to Licensing Rules distributed by MDHHS for specific requirements
 - c. Homes Licensed to serve 7 to 12 Beds - refer to Licensing Rules distributed by MDHHS for specific requirements
 - d. Homes licensed for 13 to 20 beds - refer to Licensing Rules distributed by MDHHS for specific requirements

Summary of Rules for Placement of Individuals with Developmental Disabilities and Mental Illness into Specialized Residential Settings and Certification of Specialized Residential Settings

Homes with sprinkler systems may be granted an exemption. NOTE: Any new construction of a 3 to 20 bed home must have an automatic sprinkler system.

2. Fire Drills

All homes must conduct a fire drill once per shift per quarter.

3. Assessment of Consumers Abilities to Evacuate the Home

a. An Evacuation Assessment Score (EAS) must be completed annually for each consumer in the home (including consumers who are not on contract through CMHA-CEI)

b. Evacuation Difficulty Index (EDI) scores must be completed annually

c. EDI scores must be recalculated within 30 days at the admission of each new consumer (including consumers who are not on contract with CMHA-CEI)

4. Fire Training for Consumers

Homes that have an impractical score on the EDI must provide fire evacuation training.

C. Staffing and Staff Training

1. Staff levels must be sufficient to implement the individual plan of service and to maintain a safe environment. Minimum staffing levels must meet the Family Independence Agency licensing requirement of 1:12, staff to consumer.

2. All staff who work independently and staff who function as lead workers with consumers must have successfully completed a course of training which includes the topics below.

a. **Blood Borne Pathogens** – designed to meet the OSHA requirements for new employee training

Summary of Rules for Placement of Individuals with Developmental Disabilities and Mental Illness into Specialized Residential Settings and Certification of Specialized Residential Settings

- b. **Recipient Rights** – emphasis placed on the categories of recipient rights and the responsibility to report any suspected incidents of abuse and neglect
 - c. **American Heart Saver First Aid** – emphasis placed on basic techniques needed until emergency medical help arrives
 - d. **Basic Health and Medication Training** – covers basic interventions for maintaining and caring for a consumer’s health (including personal hygiene and infection control) and recognizing signs of illness
 - e. **Person Centered Planning** – emphasis placed on listening carefully to and discovering through choices the preferences of the individuals that staff serve
- D. Environment and Environment Accessibility
- 1. A bedroom, bathroom, and all common areas of the facility must be accessible to all the residents.
 - 2. The facility must be capable of meeting the transportation needs of all consumers the facility accepts for service.

DEPARTMENT OF COMMUNITY HEALTH

MENTAL HEALTH AND SUBSTANCE ABUSE SERVICES

(By authority conferred on the department of mental health by sections 1 to 4 of Act No. 80 of the Public Acts of 1905, as amended, section 33 of Act No. 306 of the Public Acts of 1969, as amended, and sections 114, 130, 136, 157, 206, 244, 498n, 498r, 842, 844, 908, and 1002a of Act No. 258 of the Public Acts of 1974, as amended, being sections 19.141 to 19.144, 24.233, 330.1114, 330.1130, 330.1136, 330.1206, 330.1244, 330.1498n, 330.1498r, 330.1842, 330.1844, 330.1908, and 330.2002a of the Michigan Compiled Laws)

SUBPART 8. CERTIFICATION OF SPECIALIZED PROGRAMS

OFFERED IN ADULT FOSTER CARE HOME TO CLIENTS

WITH MENTAL ILLNESS OR DEVELOPMENTAL DISABILITY

R 330.1801 Definitions.

Rule 1801. As used in this subpart:

(a) "Certification" means the authorization by the department for a facility to offer a specialized program to clients as defined under R 330.1701(a).

(b) "Facility" means an adult foster care facility licensed pursuant to Act No. 218 of the Public Acts of 1979, as amended, being §400.701 et seq. of the Michigan Compiled Laws.

(c) "Regular certification" means a certification issued by the department to a facility which is in full compliance with these rules and Michigan's statutes and rules for protecting recipient's rights or which is in substantial compliance with these rules and operating under an approved plan of corrective action or a report of progress, or both, in correcting items of noncompliance. A regular certification may be granted for a period of up to 2 years.

(d) "Provisional certification" means a certification issued by the department to a facility that is operating under an approved plan of correction to address items of noncompliance which, by nature or degree, have been determined to seriously compromise program operations or performance. A provisional certification may be issued for a period of up to 3 months and may be renewed for 1 additional 3 month period.

(e) "Temporary certification" means a certification issued by the department to a facility which has submitted an application and which has not been previously certified under these rules. A temporary certification may be granted for a period of up to 6 months and may not be renewed.

History: 1996 AACCS.

R 330.1802 Application process.

Rule 1802. (1) A facility seeking certification of its specialized program shall request certification by submitting a completed application to the department.

(2) The application shall include all of the following information:

(a) The facility's license number.

(b) The facility's proposed or actual licensed capacity.

(c) The type of certification being requested by the facility.

(d) The minimum ratio of direct care staff to clients that the provider assures will be employed and present on each shift when the clients are under the licensee's supervision. The ratios shall ensure the provision of all services delineated in each client's individual plan of service that are the licensee's responsibility.

(e) A description of the specialized program that the facility seeks certification to provide.

(3) Temporary certification of a specialized program may be granted for a period of up to 6 months based on a review of the facility's application.

(4) The department shall conduct an on-site review of a facility's specialized program, including a review of its policies and procedures for protecting recipient rights, before issuing a provisional or regular certification.

History: 1996 AACCS.

R 330.1803 Facility environment; fire safety.

Rule 1803. (1) A facility that has a capacity of 4 to 6 clients shall be equipped with an interconnected multistation smoke detection system which is powered by the household electrical service and which, when activated, initiates an alarm that is audible in all areas of the home. The smoke detection system shall be installed on all levels, including basements, common activity areas, and outside each sleeping area, but excluding crawl spaces and unfinished attics, so as to provide full coverage of the home. The system shall include a battery backup to assure that the system is operable if there is an electrical power failure and accommodate the sensory impairments of clients living in the facility, if needed. A fire safety system shall be installed in accordance with the manufacturer's instructions by a licensed electrical contractor and inspected annually. A record of the inspections shall be maintained at the facility.

(2) A facility that has a capacity of 3 or fewer clients shall be equipped with an assured alarm that has detectors located at least on each level of the home, including basements, but excluding crawl spaces and unfinished attics, and in each common use area and outside each sleeping area. To be assured, the alarm shall be easily heard in all locations of the home, including during times where there is background noise that may detract from hearing the alarm, for example, laundry equipment operation or vacuuming. The assured alarm is not required to be interconnected.

(3) A facility that has a capacity of 4 or more clients shall conduct and document fire drills at least once during daytime, evening, and sleeping hours during every 3-month period.

(4) A facility that has a capacity of 3 or fewer clients shall conduct and document fire drills 4 times a year. Two of the 4 fire drills shall be conducted during sleeping hours.

(5) The capability of the clients to evacuate a facility in the event of a fire shall be assessed using methods described in appendix f of the 1985 life safety code of the national fire protection association. Appendix f of the 1985 life safety code of the national fire protection association is adopted by reference as part of these rules. A copy of the adopted appendix f is available from the Department of Mental Health, Lewis Cass Building, Lansing,

MI 48913, at cost. A copy of appendix f may also be obtained from the National Fire Protection Association Library, Battermarch Park, P.O. Box 9101, Quincy, Massachusetts 02269-9101, 1-800-344-3555. A prepaid fee may be required by the national fire protection association for a copy of appendix f. A price quote for copying of these pages may be obtained from the national fire protection association.

(6) Evacuation assessments shall be conducted within 30 days after the admission of each new client and at least annually thereafter. The specialized program shall forward a copy of each completed assessment to the responsible agency and retain a copy in the home for inspection. A home that is assessed as having an evacuation difficulty index of "impractical" using appendix f of the life safety code of the national fire protection association shall have a period of 6 months from the date of the finding to do either of the following:

(a) Improve the score to at least the "slow" category.

(b) Bring the home into compliance with the physical plant standards for "impractical" homes contained in chapter 21 of the 1985 life safety code of the national fire protection association, which are adopted by reference in these rules and which may be obtained from the Department of Mental Health, Lewis Cass Building, Lansing, MI 48913, at cost, or from the National Fire Protection Association Library, Battermarch Park, P.O.Box 9101, Quincy, Massachusetts 02269-9101, 1-800-344-3555. A prepaid fee may be required by the national fire protection association for a copy of the chapter 21 standards. A price quote for copying of these pages may be obtained from the national fire protection association.

History: 1996 AACCS.

R 330.1804 Certification inspections and investigations.

Rule 1804. (1) A newly opened facility that has a temporary certification shall notify the department when the number of residents of the facility reaches 50% of the licensed capacity. Upon notice, the department will schedule and conduct an on-site review of the facility's specialized program.

A written report of the review shall be provided to the department of social services, the licensee, and the placing agency. Based upon the review, the department may issue a provisional or regular certification. This rule does not apply to facilities certified through the intermediate care facilities for the mentally retarded (ICF/MR) program.

(2) Upon receipt of a complaint regarding the provision of specialized program services, the department shall conduct a review within 30 days to determine whether these rules have been violated. The department shall issue a written report of its findings and provide a copy to the department of social services, the complainant, the facility, and the placing agency.

(3) The department shall issue a complaint against a facility if rule violations warrant.

(4) Failure of the licensee to fully cooperate with the department in connection with inspections and investigations is a ground for the denial, suspension, or revocation of, or refusing to renew, a facility's certification.

(5) If a certified facility voluntarily relinquishes its license or has its license revoked, suspended, or not renewed, and if all administrative appeals are exhausted, the facility is decertified as a matter of law.

History: 1996 AACCS.

R 330.1805 Accessibility.

Rule 1805. Common use areas of the facility are accessible to all clients in residence or an individual plan of service addresses the removal of imposed restrictions. The facility shall be capable of meeting the transportation needs of all clients the facility accepts for service.

History: 1996 AACCS.

R 330.1806 Staffing levels and qualifications.

Rule 1806. (1) Staffing levels shall be sufficient to implement the individual plans of service and plans of service shall be implemented for individuals residing in the facility.

(2) All staff who work independently and staff who function as lead workers with clients shall have successfully completed a course of training which imparts basic concepts required in providing specialized dependent care and which measures staff comprehension and competencies to deliver each client's individual plan of service as written. Basic training shall address all the following areas:

(a) An introduction to community residential services and the role of direct care staff.

(b) An introduction to the special needs of clients who have developmental disabilities or have been diagnosed as having a mental illness. Training shall be specific to the needs of clients to be served by the home.

(c) Basic interventions for maintaining and caring for a client's health, for example, personal hygiene, infection control, food preparation, nutrition and special diets, and recognizing signs of illness.

(d) Basic first aid and cardiopulmonary resuscitation.

(e) Proper precautions and procedures for administering prescriptive and nonprescriptive medications.

(f) Preventing, preparing for, and responding to, environmental emergencies, for example, power failures, fires, and tornados.

(g) Protecting and respecting the rights of clients, including providing client orientation with respect to the written policies and procedures of the licensed facility.

(h) Nonaversive techniques for the prevention and treatment of challenging behavior of clients.

(3) Training shall be obtained from individuals or training organizations that use a curriculum that has been reviewed and approved by the department.

(4) Written documentation of compliance with this rule shall be kept on file at the facility for not less than 3 years.

History: 1996 AACCS.

R 330.1807 Transferability of certification.

Rule 1807. Certification shall be issued to a specific facility at a specific location, specific licensee and shall be nontransferable and remain the property of the department.

History: 1996 AACCS.

R 330.1808 Suspension, denial, or revocation of certification.

Rule 1808. The director, after notice to the applicant or licensee, may suspend, deny, revoke, or reduce to provisional status, a certification if he or she finds that there is substantial failure to comply with these rules. The notice shall be sent by certified mail or by personal service. The notice shall set forth the particular reasons for the proposed action and fix a date, not less than 30 days from the date of service, on which the applicant or licensee shall be afforded a hearing in accordance with R 330.1809.

History: 1996 AACCS.

R 330.1809 Appeals.

Rule 1809. A facility which has its application for certification denied, a facility which is issued a provisional certification, a facility which has its certification proposed for suspension, revocation, or reduction to provisional, or a facility which is denied renewal shall be provided an opportunity for a hearing in accordance with chapter 4 of Act No. 306 of the Public Acts of 1969, as amended, being §§24.271 to 24.287 of the Michigan Compiled Laws.

History: 1996 AACCS.



Process for Receiving Certification to Provide Specialized Residential Services

- In order for a home to become certified to provide Specialized Services, the provider must complete the attached form.
- The provider must also submit a program description. A sample is attached.
- The form must be completed within seven days of an admission.
- The form should be sent to:

Michigan Department of Licensing and Regulatory Affairs
Bureau of Community and Health Systems
PO Box 30664
Lansing, MI 48909-8164
(517) 335-1980



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

ORLENE HAWKS
DIRECTOR

RE: ADULT FOSTER CARE APPLICATION – SPECIAL CERTIFICATION

Dear Applicant:

The following is information regarding application for a special certification.

Instructions and additional materials are included which will assist you in completing the application.

Please return all of the completed and required application materials to your local field office.

For additional information, please contact the Licensing Unit at (866) 685-0006 or Fax at (517) 284-9709.

Thank you.

Michigan Department of Licensing and Regulatory Affairs
Bureau of Community and Health Systems
Licensing Unit

**CERTIFICATION OF SPECIALIZED PROGRAMS
OFFERED IN ADULT FOSTER CARE HOMES
TO CLIENTS WITH MENTAL ILLNESS OR DEVELOPMENTAL DISABILITY**

Enclosed is an application for Certification of a Specialized Program Offered to Persons with Mental Illness or Developmental Disability (BCAL-1609). Before a recommendation for regular certification can be made, all requirements related to the regulation of Certification of Specialized Programs as contained in [1974 PA 258](#), as amended, and the applicable administrative rules must be met. A copy of relevant portions of the Act and Administrative Rules are enclosed for your review.

Compliance with the Act and the Administrative Rules is the responsibility of the applicant. These instructions are to assist you in completing the application as well as having the appropriate and complete information available for the on-site inspection.

I. Minimum Requirements to Begin the Certification Process

- A. A facility must be licensed as an Adult Foster Care Home (AFC) in accordance with [1979 PA 218](#), as amended, to be eligible for certification. [\[R 330.1801\]](#)

Note: Facilities licensed to provide services to children are not eligible for participation in this program.

- B. The AFC license must authorize programs for the mentally ill and/or developmentally disabled.
- C. A licensee/facility requesting certification shall submit a completed application to the agency. [R330.1802(1)]
- D. The enclosed application must be completed, the original form signed and returned to the address noted in the cover letter.

II. Completing the Application

- A. The 10/05 edition of the application (BCAL-1609) must be used; previous editions are obsolete and will not be processed.
- B. All items on the application must be completed; incomplete applications will be returned to the applicant.
- C. The application must be signed by the licensee or designee.
- D. Only original applications will be accepted. Fax copies will not be processed.

III. Documentation to be Made Available in the Facility at the Time of Inspection

- A. Complete case records for persons receiving specialized programs including the individual plan of service (IPOS) which specifies the specialized program to be provided by the AFC facility. (Rule 330.1806(1); MCL 330.1712)

- The IPOS is to contain the treatment plan and/or the support plan.

To achieve regular certification, a licensee must have residents in place who receive specialized programs and who have current individual plans of service (IPOS) in place.

The following may be included as part of the case record review:

- Assessments/evaluations
- Written program(s) and methodology
- Medical consultations
- Progress review(s)
- Data collection worksheets
- Medication(s) prescribed
- Notations in the health care chronological logs
- Accident/Incident Reports

- B. Documentation of the installation of an interconnected multistation smoke detection system by a licensed electrical contractor; documentation that the smoke detection system is inspected annually. Required for AFC facilities with a licensed capacity of 4-6 clients (Rule 330.1803(1)).
- C. Evacuation assessment scores (EAS/E-scores) using forms and methods from Appendix F of the 1985 Life Safety Code for all persons residing in the home (including those not receiving specialized services) and documentation that the results have been forwarded to the responsible agency (Rule 330.1803(5)(6a)(6b); Appendix F, 1985 Life Safety Code).

Note: A copy of Appendix F of the 1985 Life Safety Code can be accessed on the Agency's website.

- D. Fire drill records for the past 12 months; facility emergency protection plan, fire route exit diagram (Rule 330.1803(3)(4); Appendix F, 1985 Life Safety Code).
1. For facilities with a licensed capacity of 4 or more, documentation that fire drills have been conducted at least once during daytime, evening, and sleeping hours during every 3 month period;
 2. For facilities with a licensed capacity of 3 or fewer, documentation that fire drills have been conducted 4 times per year of which 2 drills were conducted during sleeping hours

- E. Documentation of staff work schedules, staff training records; approved curriculum and maintenance of training records. (Rule 330.1806(1)(2a-2h)(3)(4))
 - F. Policies and procedures for protecting recipient rights.
- IV. The agency must receive a statement from the Office of Recipient Rights indicating compliance with Recipient Rights Rules before a regular or renewal certification will be recommended.
- V. Reminder

Failure to Cooperate (Rule 330.1804(4): Failure of the licensee to fully cooperate with the agency in connection with inspections and investigations is a ground for denial, suspension, revocation of, or refusing to renew a facility's certification.

Following receipt of your application and review for completeness and verification of licensure, you may be issued a Temporary Certification. You then will be contacted to schedule an on-site inspection which will be conducted to determine compliance with the Administrative Rules for Regular Certification of Specialized Programs.

**CERTIFICATION OF SPECIALIZED PROGRAMS
APPLICATION FOR CERTIFICATION**
Department of Licensing and Regulatory Affairs
Bureau of Community and Health Systems

75 G<9F USE ONLY – Cashier code: 1\$\$\$%

SECTION I – FACILITY INFORMATION

1. Type of Application: <input type="checkbox"/> INITIAL <input type="checkbox"/> MODIFICATION: Specify Change _____ Effective Date of Change _____					
2. Certificate Type (Population served must be mentally ill and/or developmentally disable as authorized by AFC License.) <input type="checkbox"/> MENTAL ILLNESS <input type="checkbox"/> DEVELOPMENTAL DISABILITY <input type="checkbox"/> MENTAL ILLNESS & DEVELOPMENTAL DISABILITY					
3. Facility Name		4. Facility Street Address		5. Facility City, State, Zip	
6. Area Code/Telephone Number		7. Area Code/Fax Number		8. Email Address (if applicable)	
9. Facility Mailing Address (if different than #4)			10. County		11. Township
12. AFC License Number		13. AFC Expiration Date	14. Licensed Capacity		15. Current Occupancy
16. Number of individuals residing in the facility for whom you receive specialized compensation. _____ Persons with Mental Illness _____ Persons with Developmental Disability(ies) _____ Persons with Mental Illness and Developmental Disability(ies)					

SECTION II – ADULT FOSTER CARE LICENSEE INFORMATION

17. Name of Licensee		18. Licensee Designee (if applicable)	
19. Street Address		20. City, State, Zip Code	21. Mailing Address (if different than #19)
22. Area Code/Telephone Number		23. Area Code/Fax Number	24. Email Address

SECTION III – PLACING AGENCY INFORMATION (Attach additional sheets as necessary)

25. Agency Name		26. Contact Person	
27. Street Address		28. City, State, Zip Code	29. Mailing Address (if different than #27)
30. Area Code/Telephone Number		31. Area Code/Fax Number	32. Email Address

SECTION IV – STAFFING INFORMATION

33. Staff-to-resident ratio on each shift: A.M. Shift: _____ P.M. Shift: _____ MIDNIGHT Shift: _____		
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SECTION V – DESCRIPTION OF SPECIALIZED PROGRAM(S) PROVIDED

34. Specialized Program Description (Attach additional sheets if necessary)

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SECTION VI – CERTIFICATION AND SIGNATURE

The applicant certifies that the relevant provisions of 1974 PA 258, as amended (Mental Health Code), the Administrative Rules (330.1801 through 330.1809), and relevant portions of the 1985 Life Safety Code, Appendix F, which regulate the operation of Specialized Programs Offered to Persons with Mental Illness or Developmental Disability(ies) have been read.

The applicant certifies that the information contained in this application is true, complete and accurate to the best of the applicant's knowledge.

35. Adult Foster Care Licensee Name (print or type)	36. Licensee or Licensee Designee Signature	37. Date Signed
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Authority: 1979 PA 218 1974 PA 258 Completion: Mandatory Penalty: Certification will not be issued.	LARA is an equal opportunity employer/program.
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Statutory Authority

Adult Foster Care Facility Licensing Act P.A. 218 of 1979, as amended MCL 400.710 Sec. 10.(3)

MCL 400.710 Sec. 10. (3) The department of mental health shall promulgate rules for the certification of specialized programs offered in an adult foster care facility to a mentally ill or developmentally disabled resident. The rules shall include provision for an appeal of a denial or limitation of the terms of certification to the department pursuant to chapter 4 of the administrative procedures act of 1969, being sections 24.271 to 24.287 of the Michigan Compiled Laws.

MENTAL HEALTH CODE P.A. 258 of 1974, as amended

330.1153 Rules for placement of mentally ill or developmentally disabled adults into community based dependent living settings or programs; rules for certification of specialized programs; inspection of facility; inspection report and certification, denial of certification, revocation, or certification with limited terms; reinspection; notice; contracts; licensure or placement pending promulgation of rules. [M.S.A. 14.800(153)]

Sec. 153.(2) Subject to section 114a, the department shall promulgate rules for the certification of specialized programs offered in an adult foster care facility to individuals with serious mental illness or developmental disability. The rules shall provide for an administrative appeal to the department of a denial or limitation of the terms of certification under chapter 4 of the administrative procedures act of 1969, Act No. 306 of the Public Acts of 1969, being sections 24.271 to 24.287 of the Michigan Compiled Laws.

Note: For transfer of powers and duties of Certification of Specialized Programs from the Department of Community Health (formerly Mental Health) to the director of the Michigan Family Independence Agency (formerly Department of Consumer and Industry Services), see [E.R.O. No. 1996-1](#), compiled at § 330.3101 of the Michigan Compiled Laws.

For transfer of powers and duties of Certification of Specialized Programs from the Michigan Family Independence Agency to the Department of Human Services, see [E.R.O. No. 2004-38](#), compiled at §400.226 of the Michigan Compiled Laws.

By Executive Order No. 2015-04, effective April 10, 2014, the references to the Michigan Department of Human Services within Act No. 218 are now assigned to the Department of Licensing and Regulatory Affairs and references to Michigan Department of Community Health are assigned to the Michigan Department of Health and Human Services.

STATUTE DEFINITIONS
MENTAL HEALTH CODE
Act 258 of 1974, as amended

Individualized Plan of Service

(1) The responsible mental health agency for each recipient shall ensure that a person-centered planning process is used to develop a written individual plan of services in partnership with the recipient. A preliminary plan shall be developed within 7 days of the commencement of services or, if an individual is hospitalized for less than 7 days, before discharge or release. The individual plan of services shall consist of a treatment plan, a support plan, or both. A treatment plan shall establish meaningful and measurable goals with the recipient. The individual plan of services shall address, as either desired or required by the recipient, the recipient's need for food, shelter, clothing, health care, employment opportunities, educational opportunities, legal services, transportation, and recreation. The plan shall be kept current and shall be modified when indicated. The individual in charge of implementing the plan of services shall be designated in the plan.

MCL 330.1712 Individualized written plan of services.

History: Add. 1995, Act 290, Eff. Mar. 28, 1996.

“Special compensation” means payment to an adult foster care facility to ensure the provision of a specialized program in addition to the basic payment for adult foster care. Special compensation does not include payment received directly from the Medicaid program for personal care services for a resident, or payment received under the supplemental security income program.

330.1100d Definitions; S to W. [M.S.A. 14.800(100d)] Sec. 100d., P.A. 258 of 1974

History: Add. 1995, Act 290, Eff. Mar. 28, 1996.

“Specialized program” means a program of services, supports, or treatment that are provided in an adult foster care facility to meet the unique programmatic needs of individuals with serious mental illness or developmental disability as set forth in the resident's individual plan of services and for which the adult foster care facility receives special compensation.

330.1100d Definitions; S to W. [M.S.A. 14.800(100d)] Sec. 100d., P.A. 258 of 1974

History: Add. 1995, Act 290, Eff. Mar. 28, 1996.

“Support Plan” means a written plan that specifies the personal support services or any other supports that are to be developed with and provided for a recipient.

330.1700 Definitions; k, P.A. 258 of 1974

History: Add. 1995, Act 290, Eff. Mar. 28, 1996.

“Treatment Plan” means a written plan that specifies the goal-oriented treatment or training services, including rehabilitation or habilitation services, that are to be developed with and provided for a recipient.

300.1700 Definitions; I, P.A. 258 of 1974

History: Add. 1995, Act 290, Eff. Mar. 28, 1996.

**DEPARTMENT OF COMMUNITY HEALTH
MENTAL HEALTH AND SUBSTANCE ABUSE SERVICES**

(By authority conferred on the department of mental health by sections 1 to 4 of [Act No. 80 of the Public Acts of 1905](#), as amended, section 33 of [Act No. 306 of the Public Acts of 1969](#), as amended, and sections 114, 130, 136, 157, 206, 244, 498n, 498r, 842, 844, 908, and 1002a of Act No. 258 of the Public Acts of 1974, as amended, being sections 19.141 to 19.144, 24.233, 330.1114, 330.1130, 330.1136, 330.1206, 330.1244, 330.1498n, 330.1498r, 330.1842, 330.1844, 330.1908, and 330.2002a of the Michigan Compiled Laws)

**SUBPART 8. CERTIFICATION OF SPECIALIZED PROGRAMS
OFFERED IN ADULT FOSTER CARE HOME TO CLIENTS
WITH MENTAL ILLNESS OR DEVELOPMENTAL DISABILITY**

R 330.1801 Definitions.

Rule 1801. As used in this subpart:

(a) "Certification" means the authorization by the agency for a facility to offer a specialized program to clients as defined under R 330.1701(a).

(b) "Facility" means an adult foster care facility licensed pursuant to Act No. 218 of the Public Acts of 1979, as amended, being §400.701 et seq. of the Michigan Compiled Laws.

(c) "Regular certification" means a certification issued by the agency to a facility which is in full compliance with these rules and Michigan's statutes and rules for protecting recipient's rights or which is in substantial compliance with these rules and operating under an approved plan of corrective action or a report of progress, or both, in correcting items of noncompliance. A regular certification may be granted for a period of up to 2 years.

(d) "Provisional certification" means a certification issued by the agency to a facility that is operating under an approved plan of correction to address items of noncompliance which, by nature or degree, have been determined to seriously compromise program operations or performance. A provisional certification may be issued for a period of up to 3 months and may be renewed for 1 additional 3 month period.

(e) "Temporary certification" means a certification issued by the agency to a facility which has submitted an application and which has not been previously certified under these rules. A temporary certification may be granted for a period of up to 6 months and may not be renewed.

History: 1996 MR 2, Eff. Mar. 9, 1996.

R 330.1802 Application process.

Rule 1802. (1) A facility seeking certification of its specialized program shall request certification by submitting a completed application to the agency.

(2) The application shall include all of the following information:

(a) The facility's license number.

(b) The facility's proposed or actual licensed capacity.

(c) The type of certification being requested by the facility.

(d) The minimum ratio of direct care staff to clients that the provider assures will be employed and present on each shift when the clients are under the licensee's supervision. The ratios shall ensure the provision of all services delineated in each client's individual plan of service that are the licensee's responsibility.

(e) A description of the specialized program that the facility seeks certification to provide.

(3) Temporary certification of a specialized program may be granted for a period of up to 6 months based on a review of the facility's application.

(4) The agency shall conduct an on-site review of a facility's specialized program, including a review of its policies and procedures for protecting recipient rights, before issuing a provisional or regular certification.

History: 1996 MR 2, Eff. Mar. 9, 1996.

R 330.1803 Facility environment; fire safety.

Rule 1803. (1) A facility that has a capacity of 4 to 6 clients shall be equipped with an interconnected multistation smoke detection system which is powered by the household electrical service and which, when activated, initiates an alarm that is audible in all areas of the home. The smoke detection system shall be installed on all levels, including basements, common activity areas, and outside each sleeping area, but excluding crawl spaces and unfinished attics, so as to provide full coverage of the home. The system shall include a battery backup to assure that the system is operable if there is an electrical power failure and accommodate the sensory impairments of clients living in the facility, if needed. A fire safety system shall be installed in accordance with the manufacturer's instructions by a licensed electrical contractor and inspected annually. A record of the inspections shall be maintained at the facility.

(2) A facility that has a capacity of 3 or fewer clients shall be equipped with an assured alarm that has detectors located at least on each level of the home, including basements, but excluding crawl spaces and unfinished attics, and in each common use area and outside each sleeping area. To be assured, the alarm shall be easily heard in all locations of the home, including during times where there is background noise that may detract from hearing the alarm, for example, laundry equipment operation or vacuuming. The assured alarm is not required to be interconnected.

(3) A facility that has a capacity of 4 or more clients shall conduct and document fire drills at least once during daytime, evening, and sleeping hours during every 3 month period.

(4) A facility that has a capacity of 3 or fewer clients shall conduct and document fire drills 4 times a year. Two of the 4 fire drills shall be conducted during sleeping hours.

(5) The capability of the clients to evacuate a facility in the event of a fire shall be assessed using methods described in appendix f of the 1985 life safety code of the national fire protection association. Appendix f of the 1985 life safety code of the national fire protection association is adopted by reference as part of these rules. A copy of the adopted appendix f is available from the Department of Mental Health, Lewis Cass Building, Lansing, MI 48913, at cost. A copy of appendix f may also be obtained from the National Fire Protection Association Library, Battermarch Park, P.O. Box 9101, Quincy, Massachusetts 02269-9101, 1-800-344-3555. A prepaid fee may be required by the national fire protection association for a copy of appendix f. A price quote for copying of these pages may be obtained from the national fire protection association.

(6) Evacuation assessments shall be conducted within 30 days after the admission of each new client and at least annually thereafter. The specialized program shall forward a copy of each completed assessment to the responsible agency and retain a copy in the home for inspection. A home that is assessed as having an evacuation difficulty index of "impractical" using appendix f of the life safety code of the national fire protection association shall have a period of 6 months from the date of the finding to do either of the following:

(a) Improve the score to at least the "slow" category.

(b) Bring the home into compliance with the physical plant standards for "impractical" homes contained in chapter 21 of the 1985 life safety code of the national fire protection association, which are adopted by reference in these rules and which may be obtained from the Department of Mental Health, Lewis Cass Building, Lansing, MI 48913, at cost, or from the National Fire Protection Association Library, Battermarch Park, P.O. Box 9101, Quincy, Massachusetts 02269-9101, 1-800-344-3555. A prepaid fee may be required by the national fire protection association for a copy of the chapter 21 standards. A price quote for copying of these pages may be obtained from the national fire protection association.

History: 1996 MR 2, Eff. Mar. 9, 1996.

R 330.1804 Certification inspections and investigations.

Rule 1804. (1) A newly opened facility that has a temporary certification shall notify the agency when the number of residents of the facility reaches 50% of the licensed capacity. Upon notice, the department will schedule and conduct an on-site review of the facility's specialized program. A written report of the review shall be provided to the department of social services, the licensee, and the placing agency. Based upon the review, the agency may issue a provisional or regular certification. This rule does not apply to facilities certified through the intermediate care facilities for the mentally retarded (ICF/MR) program.

(2) Upon receipt of a complaint regarding the provision of specialized program services, the agency shall conduct a review within 30 days to determine whether these rules have been violated. The agency shall issue a written report of its findings and provide a copy to the department of social services, the complainant, the facility, and the placing agency.

(3) The agency shall issue a complaint against a facility if rule violations warrant.

(4) Failure of the licensee to fully cooperate with the department in connection with inspections and investigations is a ground for the denial, suspension, or revocation of, or refusing to renew, a facility's certification.

(5) If a certified facility voluntarily relinquishes its license or has its license revoked, suspended, or not renewed, and if all administrative appeals are exhausted, the facility is decertified as a matter of law.

History: 1996 MR 2, Eff. Mar. 9, 1996.

R 330.1805 Accessibility.

Rule 1805. Common use areas of the facility are accessible to all clients in residence or an individual plan of service addresses the removal of imposed restrictions. The facility shall be capable of meeting the transportation needs of all clients the facility accepts for service.

History: 1996 MR 2, Eff. Mar. 9, 1996.

R 330.1806 Staffing levels and qualifications.

Rule 1806. (1) Staffing levels shall be sufficient to implement the individual plans of service and plans of service shall be implemented for individuals residing in the facility.

(2) All staff who work independently and staff who function as lead workers with clients shall have successfully completed a course of training which imparts basic concepts required in providing specialized dependent care and which measures staff comprehension and competencies to deliver each client's individual plan of service as written. Basic training shall address all the following areas:

- (a) An introduction to community residential services and the role of direct care staff.
- (b) An introduction to the special needs of clients who have developmental disabilities or have been diagnosed as having a mental illness. Training shall be specific to the needs of clients to be served by the home.
- (c) Basic interventions for maintaining and caring for a client's health, for example, personal hygiene, infection control, food preparation, nutrition and special diets, and recognizing signs of illness.
- (d) Basic first aid and cardiopulmonary resuscitation.
- (e) Proper precautions and procedures for administering prescriptive and nonprescriptive medications.

(f) Preventing, preparing for, and responding to, environmental emergencies, for example, power failures, fires, and tornadoes.

(g) Protecting and respecting the rights of clients, including providing client orientation with respect to the written policies and procedures of the licensed facility.

(h) Nonaversive techniques for the prevention and treatment of challenging behavior of clients.

(3) Training shall be obtained from individuals or training organizations that use a curriculum that has been reviewed and approved by the department.

(4) Written documentation of compliance with this rule shall be kept on file at the facility for not less than 3 years.

History: 1996 MR 2, Eff. Mar. 9, 1996.

R 330.1807 Transferability of certification.

Rule 1807. Certification shall be issued to a specific facility at a specific location, specific licensee and shall be nontransferable and remain the property of the department.

History: 1996 MR 2, Eff. Mar. 9, 1996.

R 330.1808 Suspension, denial, or revocation of certification.

Rule 1808. The director, after notice to the applicant or licensee, may suspend, deny, revoke, or reduce to provisional status, a certification if he or she finds that there is substantial failure to comply with these rules. The notice shall be sent by certified mail or by personal service. The notice shall set forth the particular reasons for the proposed action and fix a date, not less than 30 days from the date of service, on which the applicant or licensee shall be afforded a hearing in accordance with R 330.1809.

History: 1996 MR 2, Eff. Mar. 9, 1996.

R 330.1809 Appeals.

Rule 1809. A facility which has its application for certification denied, a facility which is issued a provisional certification, a facility which has its certification proposed for suspension, revocation, or reduction to provisional, or a facility which is denied renewal shall be provided an opportunity for a hearing in accordance with chapter 4 of Act No. 306 of the Public Acts of 1969, as amended, being §§24.271 to 24.287 of the Michigan Compiled Laws.

History: 1996 MR 2, Eff. Mar. 9, 1996.

Application for Credentialing Checklist

Checklist of materials to submit with Application:

- Completed application
- Copy of all Agency licensure (including copies of staff and licensure for each location providing mental health services, when applicable)
- Copy of the organization's Accreditation Certificate and most recent survey report
- Copy of the organization's Credentialing and Privileging Policy
- Current Malpractice insurance and Professional Liability Policy insurance in the amount required by CMHA-CEI (minimum \$1,000,000 per occurrence and \$3,000,000 aggregate)
- Copy of the organization's most recent Compliance Plan
- Federal W-9 Form - Request for Taxpayer Identification Number and Certification*
- Electronic Funds Transfer Form*

*Required only if information in previously submitted form has changed

Organizational Information			
Name of Organization:			
Names of Chief Administrator:			
Office Address #1:	City:	State:	Zip:
Phone:	Emergency:	Fax:	
Email Address:	Website:		
Type of Organization: <input type="checkbox"/> For Profit Sole Proprietorship <input type="checkbox"/> For-Profit Partnership <input type="checkbox"/> For Profit Corporation <input type="checkbox"/> Non-Profit Corporation <input type="checkbox"/> Other			

Additional Directory Information - <i>attach additional sheets if necessary for multiple sites</i>			
Office/Location #2 Address:		Office/Location #3 Address:	
City:	State:	Zip:	City:
Phone:	Emergency:	Fax:	State:
			Zip:
Geographic Regions you would be able to serve: <input type="checkbox"/> Clinton <input type="checkbox"/> Eaton <input type="checkbox"/> Ingham		Hours of Operation:	
24 hr on-call availability for consumers? <input type="checkbox"/> Yes <input type="checkbox"/> No		ADA Accessible? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Please specify all fluent communicable languages, including sign language:			

Billing Information	
Taxpayer Identification Number:	National Provider Identifier (NPI):
Medicaid #:	Medicare #:
Indicate all insurance companies and/or managed care plans you currently participate with or have provider agreements with (i.e. Medicare, Meridian Health, BCBS, PHP, Aetna, etc.): <input type="checkbox"/> None	

Organizational Certifications/Licenses - <i>attach current copies</i>			
License Specialty:	<input type="checkbox"/> CAIT	<input type="checkbox"/> Case Management	<input type="checkbox"/> Early Intervention
<input type="checkbox"/> Inpatient	<input type="checkbox"/> Integrated Treatment	<input type="checkbox"/> Outpatient	<input type="checkbox"/> Outpatient Methadone
<input type="checkbox"/> Peer Recovery/Support	<input type="checkbox"/> Residential	<input type="checkbox"/> Residential Detox	<input type="checkbox"/> SARF
<i>Indicate all past and current licenses and certifications - attach additional sheets of necessary</i>			
Certification/License Type	License #	Expiration Date	

Current Professional Liability Insurance Information - <i>attach copy of cover sheet</i>			
Insurance Carrier:		Policy #:	
Address:		Coverage Amount:	
City:	State:	Zip:	Expiration Date:

Professional References

Please list three (3) organizations or persons who have personal knowledge of your organization over the last five (5) years and can comment on the scope/level of performance, clinical performance, satisfactory professional obligations, ethical performance, clinical judgment, and technical skills in performing procedures and in treating and managing client's needs. *Professional references only.*

	Reference #1	Reference #2	Reference #3
Full Name			
Title/Occupation			
Organization			
Email Address			
Phone			

Disciplinary Actions	
Has your organization had any of the following denied, revoked, suspended, reduced, limited, or placed on probation or have voluntarily relinquished any of the following in anticipation of these actions, or are any of these actions now pending? <i>If you answer yes to any of the following, attach full explanation.</i>	
1. License to operate	<input type="checkbox"/> Yes <input type="checkbox"/> No
2. Accreditation/Certification	<input type="checkbox"/> Yes <input type="checkbox"/> No
3. Medical/Hospital Staff Membership	<input type="checkbox"/> Yes <input type="checkbox"/> No
4. Clinical Privileges	<input type="checkbox"/> Yes <input type="checkbox"/> No
5. Professional Liability Insurance	<input type="checkbox"/> Yes <input type="checkbox"/> No
6. Malpractice suits settled resulting in a judgment against you in the past five (5) year, or currently pending?	<input type="checkbox"/> Yes <input type="checkbox"/> No
7. Are any malpractice judgments pending?	<input type="checkbox"/> Yes <input type="checkbox"/> No
8. Within the past ten (10) years, has your organization ever been convicted of, or plead guilty to, a criminal offense?	<input type="checkbox"/> Yes <input type="checkbox"/> No
9. Are there any medical incidents for which you have been contacted by an attorney regarding potential malpractice liability (settlement request, writ of summons, etc.)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
10. Have your organization had any Medicaid, Medicare, or other governmental or third-party payor sanctions?	<input type="checkbox"/> Yes <input type="checkbox"/> No
11. Has your organization ever been excluded from the Medicaid or Medicare program? If yes, specify date: _____ Date of Reinstatement: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
12. Have you or any person who is an Agent or Managing Employee of your practice or agency ever been indicted or convicted of a crime related to that person's involvement in any program under Medicaid, Medicare, CHIP or Title XX program?	<input type="checkbox"/> Yes <input type="checkbox"/> No
13. Have you or any person who is an Agent or Managing Employee of your practice or agency ever been sanctioned, exclude, or debarred from Medicaid, Medicare, CHIP or Title XX program?	<input type="checkbox"/> Yes <input type="checkbox"/> No
14. Has your provider entity, or any person who is an Agent or Managing Employee of your Provider Entity ever been terminated from participation in Medicaid, Medicare, CHIP or a Tile XX program?	<input type="checkbox"/> Yes <input type="checkbox"/> No
15. Have civil and monetary penalties been levied against your organization by Medicare or Medicaid programs?	<input type="checkbox"/> Yes <input type="checkbox"/> No
16. You must provide, at minimum, the prior 5 year's history of any professional liability claims resulting in a judgment or settlement.	<input type="checkbox"/> Attached <input type="checkbox"/> N/A
Statement of Ability to Perform	

1. Do you now, or have you had any physical condition, mental condition, or substance abuse condition (alcohol, illegal or prescription drugs) that has interfered with your ability to practice or perform clinical duties, or led to suspension, termination, or any other disciplinary action?	<input type="checkbox"/> Yes <input type="checkbox"/> No
2. Are you currently engaged in the illegal use of controlled substances?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Policy & Practices (attach copies of policies and procedures)	
1. Does the organization have policy/practice for access to services? (Including timeliness of response to referral, availability of services, access to services, emergency services, etc.)	<input type="checkbox"/> Yes <input type="checkbox"/> No
2. Does the organization have a credentialing and re-credentialing policy/practice?	<input type="checkbox"/> Yes <input type="checkbox"/> No
3. Does the organization conduct primary verification of credentials?	<input type="checkbox"/> Yes <input type="checkbox"/> No
4. Does the organization conduct criminal background checks at time of hire and periodically during employment?	<input type="checkbox"/> Yes <input type="checkbox"/> No
5. Does the organization assess staff competency on an ongoing basis through performance evaluation?	<input type="checkbox"/> Yes <input type="checkbox"/> No
6. Does the organization have a policy/practice regarding ongoing professional development? (Including orientation and ongoing training)	<input type="checkbox"/> Yes <input type="checkbox"/> No
7. Does the organization assess the cultural backgrounds of persons served and provide training to staff on any identified cultural issues?	<input type="checkbox"/> Yes <input type="checkbox"/> No
8. Does the organization's policy on treatment planning describe person-centered planning?	<input type="checkbox"/> Yes <input type="checkbox"/> No
9. Does the organization's policy on treatment planning include consumer involvement in the development of the plan of service?	<input type="checkbox"/> Yes <input type="checkbox"/> No
10. Does the organization have a policy/practice regarding serving persons with Limited English Proficiency?	<input type="checkbox"/> Yes <input type="checkbox"/> No
11. Does the organization have a continuous quality improvement (CQI) policy/practice?	<input type="checkbox"/> Yes <input type="checkbox"/> No
12. Does the organization have a process to assess customer satisfaction?	<input type="checkbox"/> Yes <input type="checkbox"/> No
13. Does the organization have policies and procedures for clinical standards of care?	<input type="checkbox"/> Yes <input type="checkbox"/> No
14. Do the clinical standards of care include defined treatment philosophies and orientations?	<input type="checkbox"/> Yes <input type="checkbox"/> No
15. Does the organization have policy/procedure describing case records, record review, security, and case record access?	<input type="checkbox"/> Yes <input type="checkbox"/> No
16. Does the organization have a corporate compliance policy?	<input type="checkbox"/> Yes <input type="checkbox"/> No
17. Does the organization have a safety management plan that includes:	
a. General Safety	<input type="checkbox"/> Yes <input type="checkbox"/> No
b. Security	<input type="checkbox"/> Yes <input type="checkbox"/> No
c. Hazardous materials and wastes	<input type="checkbox"/> Yes <input type="checkbox"/> No
d. Emergency preparedness	<input type="checkbox"/> Yes <input type="checkbox"/> No
e. Fire	<input type="checkbox"/> Yes <input type="checkbox"/> No
f. Medical equipment	<input type="checkbox"/> Yes <input type="checkbox"/> No
g. Utility systems	<input type="checkbox"/> Yes <input type="checkbox"/> No
h. Physical environment	<input type="checkbox"/> Yes <input type="checkbox"/> No
i. Infection control	<input type="checkbox"/> Yes <input type="checkbox"/> No

Service Continuum

Indicate with a checkmark below the services and population(s) for which you are requesting to provide in the Community Mental Health Authority of Clinton, Eaton, and Ingham Counties (CMHA-CEI). Please check all that apply.

Population Group:

- | | |
|--|---|
| <input type="checkbox"/> Adults with Mental Illness | <input type="checkbox"/> Children with Mental Illness |
| <input type="checkbox"/> Adults with Intellectual/Developmental Disabilities | <input type="checkbox"/> Children with Intellectual/Developmental Disabilities |
| <input type="checkbox"/> Elderly & Disabled | <input type="checkbox"/> Co-Occurring Mental Health and Substance Abuse Disorders |

SERVICES

<input type="checkbox"/>	Alcohol and/or Drug Assessment/Screening	<input type="checkbox"/>	Individual Therapy	<input type="checkbox"/>	Skill Building Assistance
<input type="checkbox"/>	Applied Behavioral Services	<input type="checkbox"/>	Inpatient Pre-Admission Screening	<input type="checkbox"/>	Speech and Language Therapy
<input type="checkbox"/>	Assertive Community Treatment	<input type="checkbox"/>	Integrated Dual Disorders Treatment	<input type="checkbox"/>	Substance Abuse Detox Bed
<input type="checkbox"/>	Assessment <i>Please specify, if desired:</i>	<input type="checkbox"/>	Intensive Crisis Stabilization	<input type="checkbox"/>	Substance Abuse
<input type="checkbox"/>	Authorization for Service/Referral	<input type="checkbox"/>	Jail/Youth Home Diversion	<input type="checkbox"/>	Supported Employment Services
<input type="checkbox"/>	Behavior Management Review	<input type="checkbox"/>	Medication Administration	<input type="checkbox"/>	Supports Coordination
<input type="checkbox"/>	Certification of Inpatient Services	<input type="checkbox"/>	Medication Delivery Services	<input type="checkbox"/>	Target Case Management
<input type="checkbox"/>	Certified Peer Support Specialist Services	<input type="checkbox"/>	Medication Review	<input type="checkbox"/>	Treatment Planning
<input type="checkbox"/>	Clubhouse-Psychosocial Rehabilitation	<input type="checkbox"/>	MPRI Care Coordination/Management	<input type="checkbox"/>	Triage and Referral
<input type="checkbox"/>	Community Coaching	<input type="checkbox"/>	Multisystem Therapy	<input type="checkbox"/>	Wraparound
<input type="checkbox"/>	Community Living Supports	<input type="checkbox"/>	Nursing Facility Mental Health Monitoring	<input type="checkbox"/>	Other service(s) not listed:
<input type="checkbox"/>	Consumer Run Program	<input type="checkbox"/>	Occupational Therapy		
<input type="checkbox"/>	Crisis Intervention	<input type="checkbox"/>	Out of Home Non Vocational Habilitation		
<input type="checkbox"/>	Crisis Observation	<input type="checkbox"/>	Out of Home Prevocational Services		
<input type="checkbox"/>	Crisis residential Services	<input type="checkbox"/>	Partial Hospitalization		
<input type="checkbox"/>	Dialectical Behavioral Therapy (DBT) for Borderline Personality Disorder	<input type="checkbox"/>	PATH		
<input type="checkbox"/>	Drop-In Center	<input type="checkbox"/>	Peer Directed and Operated Support Services		
<input type="checkbox"/>	Enhanced Dental	<input type="checkbox"/>	Personal Care in Licensed Setting		
<input type="checkbox"/>	Enhanced Pharmacy	<input type="checkbox"/>	Person Centered Planning Facilitation		
<input type="checkbox"/>	Family Life Coaching	<input type="checkbox"/>	Physical Therapy		
<input type="checkbox"/>	Family Psychoeducation	<input type="checkbox"/>	Prescription Services		
<input type="checkbox"/>	Family Support and Training	<input type="checkbox"/>	Prevention Services – Direct Model		
<input type="checkbox"/>	Family Therapy	<input type="checkbox"/>	Prevention Services – Parenting Wisely		
<input type="checkbox"/>	Fiscal Intermediary Services	<input type="checkbox"/>	Private Duty Nursing		
<input type="checkbox"/>	Group Therapy	<input type="checkbox"/>	Psychiatric Evaluation		
<input type="checkbox"/>	Health Services and Health Assessment Services <i>Please specify, if desired:</i>	<input type="checkbox"/>	Psychiatric Inpatient Services		
<input type="checkbox"/>	Home Based Services	<input type="checkbox"/>	Psychological Testing		
<input type="checkbox"/>	Housing Assistance	<input type="checkbox"/>	Respite Care		

Disclosure of Ownership & Controlling Interest Statement

Community Mental Health Authority of Clinton, Eaton, Ingham Counties (CMHA-CEI) is required to collect disclosure of ownership, controlling interests, and management information from providers that are credentialed or otherwise enrolled to participate in the Medicaid program and/or the Pre-paid Inpatient Health Plan (PIHP). This requirements is pursuant to a Medicaid and/or PIHP State Contract with the State Agency and the federal regulations set forth in 42 CFR Part §455. Required information includes: 1) the identity of all owners and others with a controlling interest of 5% or greater; 2) certain business transactions as described in 42 CFR §455.105; 3) the identity of managers and others in a position of influence or authority; and 4) criminal convictions, sanctions, exclusions, debarment or termination information for the provider, owners or managers. The information required includes, but is not limited to, name, date of birth, address, and tax identification (TIN).

Completion and submission of this Statement is a condition of participating as a credentialed or enrolled provider in the CMHA-CEI for services to members under Medicaid Managed Specialty Supports and Services Concurrent 1915(b)(c) Wavier Program. Failure to submit the requests information may result in a refusal of participation in CMHA-CEI or denial of a claim.

This statement should be submitted at any of the following times: upon the submission of an application; upon execution of an agreement; during re-credentialing or re-contracting; within 35 days after any change in ownership of the disclosing entity. A Statement must be provided to CMHA-CEI within 35 days of a request for information by the US Department of Health and Human Services (HHS) or the State Agency. CMHA-CEI maintains policies and practices that protect the confidentiality of personal information, including Social Security numbers, obtained from its providers and associates in the course of its regular business functions. CMHA-CEI is committed to protecting information about its providers and associates, especially the confidential nature of their personal information.

Organizational Management and Control

Managing Employees: Does your organization have any Managing Employees? Yes No
If yes, list all Managing Employees that exercise operational or managerial control over, or who directly or indirectly conduct the day-to-day operations of organization (general manager, business manager, administrator or director), including the name, date of birth (DOB), and title.

Name	DOB mm/dd/yyyy	Title

Agents: Does the organization have any Agents? Yes No
If yes, list all Agents that have been delegated the authority to obligate or act on behalf of Provider Entity, including the name, date of birth (DOB), and title. Attach additional sheets as necessary

Name	DOB mm/dd/yyyy	Title

Board of Directors: Does the organization have a Board of Directors? Yes No
If yes, list each member of the Board of Directors or Governing Board for corporations, including the name, date of birth (DOB), and title. Attach additional sheets as necessary

Name	DOB mm/dd/yyyy	Title

Organizational Ownership Information (Section I)

Are there any individuals or organizations that have an ownership interest of 5% or more in your practice, business, or agency? Yes No

If **yes**, list the name, date of birth (DOB), primary address, for each person having an ownership interest in your practice, business, or agency of 5% or greater. List the name, Tax Identification Number (TIN), primary business address, every business location and P.O. Box address of each organization, corporation, or entity having an ownership interest of 5% or greater.

Name of Owner/Administrator	DOB (mm/dd/yyyy)	Social Security Number	Complete Address (Street/City/State/Zip)	Tax ID Number	% Interest
			Street: C: S: Z:		
			Street: C: S: Z:		
			Street: C: S: Z:		
			Street: C: S: Z:		

Disclosure of Familial Relationships (Section II)

Does any individual listed in the chart above have a familial relationship (spouse, domestic partner, parent, child, sibling) with either of the following:

- a) Any individual with an executive leadership or management role with CMHA-CEI; Yes No
- b) Any individual serving on the CMHA-CEI Board of Directors. Yes No

If **yes**, please disclose this relationship in the chart below.

Name of Owner/Administrator from above	CMHA-CEI Staff Member or Board Member	Relationship

Ownership In Other Providers & Entities (Section III)

Does your organization or any individual listed in *Section I* also serve in any of the following capacities?

- a) Independent contractor or provider organization under a separate contract with CMHA-CEI Yes No
- b) Owner with 5% or greater ownership share in any other CMHA-CEI contractor Yes No
- c) Individual in an executive leadership or management role at CMHA-CEI or with any other CMHA-CEI provider Yes No
- d) Board member of CMHA-CEI or any other CMHA-CEI provider Yes No

If **yes**, please disclose this relationship in the chart below.

Name of Owner/Administrator from Section I	Name of other Provider or Entity	Role or Function

Subcontractor Ownership (Section IV)

Does your business or any individual or organization listed in *Section I* also maintain a 5% or greater ownership share or serve in an executive leadership/management role in any of the following:

- a) Any subcontractor which also maintains a business relationship with CMHA-CEI Yes No

b) Any other entity or organization with a business relationship or lease agreement with CMHA-CEI
 Yes No
 If **yes**, please disclose this relationship in the chart below.

Name of Owner/Administrator from Section I	Name of Subcontractor or Entity	Role or Function

Through signature below, I hereby certify that any employees or contractors providing services pursuant to a contract with Community Mental Health Authority of Clinton, Eaton and Ingham Counties are screened with the applicable background check including, but not limited to, verification against the OIG’s List of Excluded Individuals & Entities (<https://oig.hhs.gov/exclusions/index/asp>) and the System for Award Management (SAM) www.sam.gov and any applicable state, federal or other governmental exclusion or sanction database and that the information provided herein is true, accurate and complete. Additions or revisions to the information above will be submitted immediately upon revision. Additionally, I understand that misleading, inaccurate, or incomplete data may result in a denial of a claim and/or termination of the contract.

Signature _____

Title _____

Print Name _____

Date _____

 Phone Number

 Fax Number

 Email Address

Malpractice Suit Information

Please submit one sheet for each professional liability claim or lawsuit settled and/or pending in the past ten years.		
Name of Case:		
Case Number:	Date of Occurrence:	Payment Due:
Allegations which are based for the claim:		
Description of circumstances in the case:		
Disposition of claim:		
Date of Disposition:	Amount of judgment or settlement:	Insurance Company(s) involved (if any):

I hereby certify that the above information is true and accurate and that this form will be kept confidential and will only be used for credentialing or re-credentialing determination.

Signature: _____

Date: _____

Print Name: _____

Title: _____

Do you/your licensed practitioners have a CHAMPS ID, or a CHAMPS Domain Administrator? Yes or No

If yes, please complete the information in the box below. Complete for each licensed practitioner listed on page 10.

CHAMPS Domain Administrator Name, Contact Information
Name:
Phone:
Email:
CHAMPS Provider ID:

If you do not have a CHAMPS Provider ID, please complete the following. Complete for each licensed practitioner listed on page 10. (attach additional pages as necessary)

1. Providers home address: _____
2. Email address: _____
3. Social Security Number: _____
4. Date Of Birth: _____
5. License start date: _____
6. Specialty: _____
7. Certifications: _____
8. Taxonomy: _____
9. Have you completed the American Pharmacists Association Delivering Medication Therapy Management Services or program approved by Accreditation Council of Pharmacy education? If so, Date completed: _____
10. All providers are considered for the BMP (Beneficiary Monitoring Program). Do you have any objections? _____
 Affiliation with PA 161 Program? If yes, provide NPI numbers for those programs: _____
11. Any judgements under False Claims Act? _____
12. Retro Enrollment date needed? _____
13. FOR NP and Nurse Midwives- Do you have a collaborative agreement? If yes, please provide NPI number for physician _____
14. Are you currently excluded from any State Program? _____
15. Are you currently excluded from any Federal Programs? _____
16. Have you been excluded or disbarred from any other programs? _____
17. Accepting New Patients? _____
18. Days and hours open? _____
19. Location address, phone number, contact information? _____
20. Controlling interest/Ownership details? Optional- Only needed if the providers have some controlling interest, or ownership. _____

Consent and Release of Liability

Upon the signing of this application, I represent that all of the information now or hereafter given by me in support of my application is true, correct and complete to the best of my knowledge and belief. I agree to promptly notify CMHA-CEI if there are any material changes in the information provided, whether prior to or after acceptance as a CMHA-CEI participating provider. I hereby authorize the release of any information from any source including but not limited to information from individuals, peers, customers, companies, institutions, agencies, data banks or references who may have information bearing on my moral and ethical qualifications and competence to carry out the privileges I have requested, and I authorize them to release such information as you require, including my prior disciplinary records, for purposes of verifying information obtained in the attached application or any re-application information without any obligation to give me written notice of such disclosure. I agree to hold CMHA-CEI and the informant harmless from any liability to me and/or my organization for providing such information.

I hereby further authorize CMHA-CEI to release any and all information related in any way to my professional practice to any person, entity or governmental agency which: (a) provides CMHA-CEI with an authorization signed by me; or (b) has a legal right to know under any state or Federal law. I agree to hold CMHA-CEI harmless from any liability for providing any such information as specified herein.

I release all parties from all liability from any damages, causes of action, including, but not limited to, slander and libel, that may result from furnishing any information to you. I agree that any false information in support of my application may result in action up to and including cancellation of any or all contracts subject to contract provisions regardless of when discovered by CMHA-CEI. I release CMHA-CEI, individually and collectively, from any and all liability from any damages and/or causes of action associated with the CMHA-CEI credentialing and privileging process.

I hereby signify my willingness to appear for interviews with CMHA-CEI. I fully consent to the inspection of any and all records and documents pertinent to my application for appointment and/or privileges. If there is a doubt as to my competence, morals, or ethics, the burden shall be on me to resolve the same. I understand and agree that if CMHA-CEI determines that this application contains any significant misstatements, misrepresentations, or omissions, CMHA-CEI's acceptance of this application for participation and any subsequent participating provider agreement which CMHA-CEI enters into with me will be voidable at CMHA-CEI's sole discretion.

I understand and agree that: (a) I have the burden of producing all information required or requested by CMHA-CEI in connection with this application; (b) CMHA-CEI is under no obligation to complete the processing of this application until all information requested is provided; (c) CMHA-CEI has the sole discretion to determine whether or not I or my organization will be accepted as a participating provider; and (d) in the event that CMHA-CEI decides not to accept me or my organization as a participating provider, I may initiate administrative appeal procedures as defined in the instructions for completing the application.

I understand and agree that the certifications, authorizations and other provisions contained herein shall remain in force for so long as this application is pending and, if accepted for participation, for so long as my and/or my organizations' provider agreement with CMHA-CEI remains in force.

I understand that CMHA-CEI is not obligated to grant any or all requested privileges and that application for such is not a guarantee of a contract with CMHA-CEI.

Applicant Signature: _____

Date: _____

Print Name: _____



Billing, Monitoring, and Required Documentation

Billing / Monitoring / Required Documentation

Billing / Monitoring

BY THE THIRD DAY OF EACH MONTH, THE FOLLOWING ITEMS MUST BE SUBMITTED TO THE RESIDENTIAL SECRETARY:

- Monthly Billing and Daily Attendance form (with Attendance completed)
- Monthly Personal Care and Community Living Supports Logs
- Consumer Funds Records (if a direct-operated home)

Required Documentation

AVAILABLE FOR REVIEW AS REQUESTED BY CASE MANAGER, RESIDENTIAL COORDINATOR/SUPERVISOR OR QUALITY/COMPLIANCE STAFF:

- Weekly / Monthly summaries of PCP goal(s)
- Resident Weight Records
- Resident Medication Records
- Consumer Funds Records (with original receipts for all purchases attached)

CMHA-CEI Personal Care and Community Living Supports Log

Home: _____

Consumer: _____

Consumer ID: _____

Service Code: **A = Assist**

X = Service Provided

B = Observe/Guide/Direct/Train

0 = No Service Provided

* Direct Assistance in shaded areas - personal care in licensed home

Code	Month:	Days of the Month																														
		1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
	Tasks and supports:																															
	*Eating/Feeding																															
	*Toileting																															
	*Bathing																															
	*Dressing																															
	*Grooming																															
	*Transferring																															
	*Ambulation/Mobility																															
	*Taking Medication																															
	*Food Prep/Laundry Housekeeping (beyond licensing)																															
	Meal Preparation																															
	Laundry																															
	Household maintenance/care																															
	Shopping																															
	Money Management																															
	Attendance at Med App																															
	Transportation																															
	Socialization / Relationship Building																															
	Leisure Choice / Participation in Community Activities																															
	Health/Safety Monitoring																															

I certify that the services named above were provided on the days indicated.

*Assistance with food prep, laundry and housekeeping beyond facility licensure

Provider/Resident Manager _____

Date: _____

Handling of Consumer Personal Allowance Funds

Consumers residing in Community Mental Health Authority of Clinton, Eaton, Ingham (CMHA-CEI) directly-operated or contract homes will be responsible for handling their own funds, unless there is a legal decision to the contrary, the consumer chooses otherwise, or other documented treatment need. All consumer funds will be safely maintained and accounted for.

PAYEESHIP

1. Upon entry into the CMHA-CEI directly-operated or contract group home, the consumer and/or guardian determines who will function as the client payee. This decision will be documented in the consumer record.

STORAGE

1. Consumer funds will be stored in a safe manner to allow only authorized personnel to have access to funds.
2. Consumer funds will be stored separate from funds received for reimbursement of care and programming (e.g. provider payment).
3. Per the Family Independence Agency Licensing requirements, no more than \$200.00 for each consumer will be maintained on the premises after receiving payment of charges owed.

ACCESS TO FUNDS

1. Upon entry into a CMHA-CEI group home, the consumer and/or guardian, in conjunction with the case manager and treatment team, will determine how funds will be dispersed (e.g. daily, weekly, as needed).
2. Any restrictions of the consumer's handling or expenditure of funds will be documented in the consumer's record, including the rationale for the restriction.

Handling of Consumer Personal Allowance Funds

3. Consumers will have reasonable access to funds as designated in the Plan of Service.

DOCUMENTATION OF WITHDRAWALS

1. Withdrawals from personal allowance funds will be documented on an individual Consumer Funds and Valuables Record.
2. Consumers will acknowledge receipt of these funds with their signature on the Consumer Funds and Valuables Records.
3. The staff dispersing the funds will sign their signature on the Consumer Funds and Valuables Record for those consumers unable to do so.

USE OF FUNDS

1. Funds are to be used at the discretion of the consumer's representative payee and/or guardian.
2. Personal allowance funds are not to be used for personal care items that are basic to the provision of room, board, or supervision, or for items required by the Family Independence Agency licensing standards (e.g. shampoo, toothpaste, soap, food, and bedding).
3. For consumers who are unable to make independent purchases, staff will obtain receipts for purchases made on their behalf.
4. Purchases over \$49.00 will not be made without prior guardian approval.
5. Representative payees and/or legal guardians shall receive a detailed accounting of expenditures on a monthly basis, or as the guardian indicates.
6. Consumer funds should not be utilized for general household art and leisure supplies (such as games, paper, crayons, art project materials). These items should be taken from the general household budget. Consumer funds can be

Handling of Consumer Personal Allowance Funds

charged for a specific individual's projects that are purchased at the request of the client or guardian.

7. Consumer funds will not be utilized to purchase goods or services sold or provided by staff (e.g. Mary Kay, Avon, Shaklee products, charges for haircuts, etc.)

To receive an exception to the above listed uses of funds, the home manager or provider must receive approval from the Residential Coordinator or Case Manager.

Monitoring Funds

The Residential Program Supervisor shall develop a monitoring system to ensure the above standards are met.

**RESIDENT FUNDS RECORD
PART I**

Michigan Department of Licensing and Regulatory Affairs
Bureau of Community and Health Systems

Resident Name	
Facility Name	License Number

INSTRUCTIONS:

1. The licensee is to complete Sections A, B, and C for all residents.
2. A Resident Funds Part II (BCAL-2319) or approved substitute, must be completed for:
 - a. All resident payments for adult foster care services as required by R400.14102(1)(v)(I), R 400.15102(1)(0)(I)
 - b. Account(s) managed by the licensee for a resident including:

Personal allowance	Work/workshop checks
Other checks or cash such as gifts	Cash
Interest	Dividends
Stocks, bonds or money market funds	Savings, checking accounts
All other applicable funds	
3. The licensee is to keep Resident Funds forms in the resident's record
4. The licensee is to give a copy of the Resident Funds forms to the person(s) responsible for managing the resident's funds.
5. The licensee shall not commingle resident funds with licensee's funds.

SECTION A: The person or persons responsible for the resident's funds is (are):

<input type="checkbox"/> Resident		
<input type="checkbox"/> Legal Guardian.....		Phone Number
<input type="checkbox"/> Representative Payee.....		Phone Number
<input type="checkbox"/> Adult Foster Care Licensee or Designee.....		Phone Number
<input type="checkbox"/> Other.....		Phone Number

SECTION B: Please indicate below all applicable accounts managed by the licensee or their designee. All transactions regarding these accounts must be recorded on the BCAL-2319. Name the individual managing account: _____

<input type="checkbox"/> Payment for AFC		
<input type="checkbox"/> Cash		
<input type="checkbox"/> Checking Account – Joint Checking.....		Account Number
<input type="checkbox"/> Saving Account – Joint Savings.....		Account Number
<input type="checkbox"/> Other Account.....		Account Number

Signature of Joint Account Holder (1)	Signature of Joint Account Holder (2)
--	--

SECTION C: I certify that I have no ownership interest in the resident's account.

Licensee/Designee Signature	Date
-----------------------------	------

THANK YOU FOR YOUR COOPERATION

AUTHORITY: 1979 PA 218 COMPLETION: Mandatory CONSEQUENCE: Adult Foster Care Rule Violation	LARA is an equal opportunity employer/program.
--	--

Spendown CLS/PC Log Instructions

Purpose:	The purpose of this form is to report the units of CLS and PC a Medicaid Spendown consumer has had throughout the month which is then reported to MDHHS.
-----------------	--

Directions:	Instructions for completing this form are listed below by section and field. The items needing to be completed are highlighted in yellow.
--------------------	--

Consumer Name	Enter the consumer's first and last name
Month of Service	Enter the Month and Year the log is for.
Medicaid ID	Enter consumer's Medicaid Contract ID number
Spendown Amount	Enter consumer's spendown monthly amount

CLS Section of the Form

Billable Day	Complete with "1" to indicate if the consumer received CLS for that particular day of the month shown on the form.
--------------	--

PC Section of the Form

Billable Day	Complete with "1" to indicate if the consumer received PC for that particular day of the month shown on the form.
--------------	---

Note:	<p><i>all other fields on the form have been locked and you will not have access to edit them.</i></p> <p><i>If you find something needs to be updated on the form which you are not able to edit, please send an email to ReimbursememntBillingQuestions@ceicmh.org with your request.</i></p>
--------------	--

RESIDENT WEIGHT RECORD
Michigan Department of Licensing and Regulatory Affairs
Adult Foster Care Licensing Division

License Number

INSTRUCTIONS:

- 1. The resident's weight is to be recorded at the time of admission and once per month thereafter.
- 2. Unusual or significant weight gain or loss may be explained in the comments section.

Resident Name (Last, First, Middle)		
Facility Name and Address		
Weight at Admission	Height (Optional)	Physician's Name

Date Month/Day/Yr.	Weight	Comments	Date Month/Day/Yr.	Weight	Comments

AUTHORITY: 1979 PA 218
COMPLETION: Voluntary, however, Rule 310(3) requires that a resident's weight be recorded at admission and monthly thereafter.

LARA is an equal opportunity employer/program.



Required Reporting



Residential Homes

Required Reporting

1. **Incident Reports** – (within 24 hours of occurrence or knowledge of occurrence):

➤ **Enter incidents @ incident.ceicmh.org**

- A. Injuries and / or illness requiring medical attention
- B. Medication errors – always consult pharmacist/physician/registered nurse
- C. Unusual behavior/changes
- D. Emergency procedures (physical intervention for aggression)
- E. Recipient Rights violations

2. **Medical Visit Forms:**

- A. Doctor visits
- B. Telephone consultations
- C. Medication changes

To be sent in: White – CSDD Main Clinical file
Canary – Day Program / Nurse
Pink – Home Provider

3. **Recipient Rights Complaints**

Incident Type Definitions

Death: Any death of a consumer, regardless of whether the death was expected or not expected.

Arrest: Arrest is defined as a situation where a consumer is held or taken by a law enforcement officer based on the belief that a crime may have been committed.

Missing Recipient: A vulnerable consumer intentionally leaving CMH or contract premises without permission, or wandering away from premises without staff knowledge

Choking: The blocking of a consumer's airway as the result of eating or ingesting foreign objects and that requires administration of abdominal thrusts (also known as Heimlich Maneuver).

Exposure to Blood/Body Fluids: Exposure of non-intact skin or mucous membranes to blood and/or body fluids of another.

Emergency Care: For injury or illness which requires an intervention beyond first aid, i.e., urgent care, emergency room visit, or hospitalization. Examples would include broken bones, lacerations requiring sutures, sprains, or illnesses such as pneumonia, etc.

Other: For incidents that do not meet the requirements of the other available options. Should include use and unauthorized possession of weapons and unauthorized use and possession of legal or illegal substances.

Behavioral Event: An event by a consumer that results in serious aggression towards others, serious property damage or serious self-injury. Must note if the event involved non-exclusionary time out, physical intervention, and/or search and seizure.

Medication Error/Event: Any occurrence involving a medication error/event (in situation where the medication is administered by, or under the supervision of, CEI) that places a consumer at risk due to a variance in medication processes. Medication errors/events in situation where the medication is not administered by, or under the supervision of, CEI, do not require the completion of an IR.

Medication errors/events include:

- **Adverse medication reaction (Event):** Harmful, unintended response to a medication that requires emergency care.
- **Wrong dosage administration:** Medication is administered by staff in a dose that is different than prescribed. (e.g. A person is supposed to receive two 50 mg tablets but is only administered one 50 mg tablet).
- **Wrong person/medication administered:** A medication is administered by staff to a consumer for whom it is not prescribed.
- **Wrong route of administration:** Medication is administered using a method other than as prescribed (e.g., eye drops are placed in the ear).
- **Wrong time/day:** A medication is administered more than an hour before or after the scheduled time (e.g., A medication that is to be administered at 8 PM is administered at 10:30 PM).
- **Missed medication:** Prescribed dose is missed (e.g., 3 doses scheduled in a day, consumer receives 2 doses).
- **Medication Administration Record (MAR) transcription error:** Changes in medications orders or administration of medication not entered onto the MAR (e.g. according to medication count all medications were administered but the MAR has not been signed by staff to reflect that).
- **Medication Administration Record (MAR) staff signing error:** Staff failure to sign MAR as required.
- **Medication refusal:** Consumer refuses to take prescribed medications.
- **Pharmacy error:** medication dispensed incorrectly or not delivered timely.



Report Incidents Here: <https://incident.ceicmh.org>

When you report an incident remember to put **the consumer's name** here:

Consumer
 Client Code
 First Name
 Last Name

And to put **your name** where it says:

Reporting Staff Signature

Incident

Type
 Location
 Date Time

Select the correct reporting form by choosing the incident type

Enter the location, date, and time of where/when **the incident occurred**, not where/when you are completing the report.

When completing an incident report select the appropriate **incident type** to the best of your abilities. **See the other side of this sheet for incident type definitions.**

If completing a **medication incident report**, as the **reporting staff**, please use this box to leave any comments:

If instructions were not followed, explain

When reviewing the incident report, as the **on-site supervisor**, please ensure that you leave a **description of follow-up action** that occurred in response to the incident:

On-Site responsible staff comments

On-Site responsible staff Signature Signature Date

If you have questions when completing an incident report please contact:

Emily Wollner
 517 346-9512
wollner@ceicmh.org



RECIPIENT RIGHTS COMPLAINT

INSTRUCTIONS:

If you believe that one of your rights has been violated, you (or someone on your behalf) may use this form to make a complaint. A rights officer/advisor will review the complaint and may conduct an investigation. Keep a copy for your records and send the original to the Recipient Rights Office at: 812 E. Jolly Rd. Suite 108, Lansing, MI 48910 Attn: Recipient Rights

Complainant's Name:	Recipient's Name (if different from complainant):
Complainant's Address:	Where did the alleged violation occur?
Complainant's Phone Number:	When did the alleged violation happen? (date and time):

What right was violated?

Describe what happened:

What would you like to have happen in order to correct the violation?

Complainant's Signature:	Date:	Name of Person Assisting Complainant:
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Complaint Form

Grievance/Appeal

Complaints may be made in writing, by phone, or in person with Customer Service or Compliance Staff.

If you want to discuss a **Complaint**, please contact the **Customer Service and Compliance** staff at one of the following numbers:

- **General Customer Service:** (517) 346-8244
- **Stefanie Zin, Compliance/HIPAA Privacy Officer:** (517) 346-8193

Consumer Information

Name: _____ Date of Birth: _____

Phone: _____ Address: _____

Person completing the form (if different than the consumer).

Name: _____

Phone: _____ Address: _____

What is the Complaint?

See attached documentation (optional)

What do you think should be done to resolve the complaint?

See attached documentation (optional)

Signature: _____ Date: _____

YOUR RIGHTS

When Receiving Mental Health Services in Michigan



Michigan Department Health and Human Services
Office of Recipient Rights

**“Rights is
Everybody’s
Business”**



SECTION 1: GENERAL INFORMATION ABOUT RIGHTS

When you receive mental health services, Michigan's Mental Health Code, as well as other laws, safeguard your rights. Staff are responsible to protect your rights when they provide services to you. You are encouraged to ask questions about your treatment and about your rights and to make suggestions that you feel are in your best interest. If you believe your rights have been violated, you should inform the Rights Officer/Advisor at the location where you are receiving services.

Notice

Mental Health Code Sections 706, 706a

When you make a request for, or begin to receive, mental health services, you are to be given information about the rights guaranteed in Chapters 7 and 7A of the Code. This booklet meets that requirement and provides you a summary of the information and rights contained in those chapters. A complete copy of Chapters 7 and 7A are available from your service site.

If you receive services from a community mental health services program, you, or your family, should also be given a pamphlet containing information regarding available resources, advocacy and support groups, and other relevant information, including how to contact Michigan Protection and Advocacy Services, Inc.

Competency

Mental Health Code Section 702

Just because you receive mental health treatment or services does not mean that you are incompetent. You still have the right to have a driver's license, marry and divorce, make a will, buy and sell property, manage your own affairs and decide most things about your life. You will continue to be treated as competent unless a court has decided that you are legally incompetent and has appointed a guardian for you.

A guardian is authorized by a judge to make certain decisions for you. For some people, a guardian makes major decisions; for others, the guardian decides only those specific things listed in a court order. If you have a guardian and you think you should be able to make more decisions for yourself, or you think you don't need a guardian, or that you need a different guardian, then you, or someone on your behalf, may go to the court and ask (petition) for a change of guardianship.

Consent

Mental Health Code Section 100 a [17]; Administrative Rule 330.7003

You must give INFORMED CONSENT in order to receive treatment or to have confidential information about you provided to others by the agency from which you are receiving services. In order to be able to give informed consent you must have:

KNOWLEDGE

You must be told about the risks, benefits, and available alternatives to a course of treatment or medication.

UNDERSTANDING

You must be able to reasonably understand the information you are given including the risks, benefits, available options or alternatives, or other consequences.

Your decision to provide consent must be **VOLUNTARY**. You should not be forced or pressured into a decision. Unless you are a minor or have a guardian, the choice you make should be your and yours only.

This consent must either:

- Be in writing and signed by you, your legal representative, or
- Be your verbal agreement which is witnessed and put in writing by someone who is not treating you at the time.

Dignity and Respect

Mental Health Code Section 704, 711

The law requires all mental health service providers to assure that you are treated with dignity and respect. Examples of staff not showing respect include calling you names, making fun of you, teasing, or harassing you.

Your FAMILY MEMBERS also have the right to be treated with dignity and respect. In addition, they must be given:

An opportunity to provide information about you to your treating professionals.

An opportunity to request, and receive, general education information about the nature of mental disorders, medications and their side effects. Information about available support services, advocacy groups, financial assistance, and coping strategies.

Freedom from Abuse and Neglect

Mental Health Code Section 722; Administrative Rule 330.7001, 7035

WHEN RECEIVING MENTAL HEALTH SERVICES YOU HAVE THE RIGHT NOT TO BE PHYSICALLY, SEXUALLY, OR OTHERWISE ABUSED AND THE RIGHT NOT TO BE NEGLECTED. ABUSE MAY TAKE MANY FORMS. IF A STAFF PERSON MAKES ANY PHYSICAL CONTACT WITH YOU FOR SEXUAL PURPOSES, OR IF YOU ARE SEXUALLY HARASSED **IT IS ABUSE.** IF STAFF CAUSE YOU TO BE INJURED IN ANY WAY OR USE UNREASONABLE FORCE IN A PHYSICAL MANAGEMENT SITUATION, OR CAUSE YOU EMOTIONAL HARM, **IT MAY BE ABUSE.** IF YOUR FUNDS ARE MISUSED, **IT IS ABUSE.** IF STAFF ARE VERBALLY ABUSIVE TO YOU, **IT IS ABUSE.** IF STAFF FAIL TO DO SOMETHING THEY ARE SUPPOSED TO DO WHEN THEY ARE CARING FOR YOU, OR IF THEY SOMETHING THEY SHOULDN'T DO AND IT RESULTS IN HARM TO YOU OR HAS THE POTENTIAL TO HARM YOU, THEN THIS MAY BE NEGLECT. **IF YOU FEEL YOU HAVE BEEN ABUSED OR**

NEGLECTED, OR SUSPECT ANOTHER RECIPIENT HAS BEEN, YOU SHOULD REPORT IT IMMEDIATELY TO A STAFF PERSON AND TO YOUR RECIPIENT RIGHTS OFFICER/ADVISOR.

Fingerprints, Photographs, Audiotape, Videotape, and Use of One-Way Glass

Mental Health Code Section 724

You have the right not to be fingerprinted, photographed, recorded on audio or video, or viewed through a one-way glass unless you or your legal representative agree in writing.

- If someone wants to photograph, videotape, or record you for educational, informational, social or treatment purposes, that person must obtain your permission. If you object, it will not be done.
- When they are no longer needed, or upon discharge, any fingerprints, photographs, audiotapes, or videotapes in your record must either be destroyed or given to you.

While doing an investigation to determine if your rights were violated, the Rights Officer/Advisor may need to take your picture. This will be kept in your confidential records maintained in the Rights Office.

Confidentiality

Mental Health Code Section 748, 946

You have the right to have information about your mental health treatment kept private. Information about you and your treatment cannot be given to anyone except as required or allowed by law. Listed here are examples of when confidential information may be released:

- If a law or a court order requires your records be released.
- If you, or your legal representative, consents.
- If needed to get benefits for you or to get reimbursement for cost of treatment.
- If it is needed for research or statistical purposes, with certain safeguards regarding identification.
- If you die and your surviving spouse or other close relative needs the information to apply for and receive benefits.
- If you tell your mental health professional that you are going to harm another person, he/she may have to notify the police and the person who you threaten to harm.



Access to Your Record

Mental Health Code Section 748

You have the right to see your treatment record. Upon request, you or your legal representative may read or get a copy of all or part of your record. There may be a charge for the cost of copying.

If you are an adult and the court has not judged you incompetent (appointed a guardian for you), information entered in your record after March 28, 1996 may not be withheld from you under any circumstances.

If you are denied access to your record, you, or someone on your behalf, may appeal the decision. Contact your rights officer/advisor for information about the appeal process.

If you (or your legal representative) believe(s) your record contains incorrect information, you or they may place a statement in your record which corrects that information. You may not remove what is already in the record.

Environmental Rights

Mental Health Code Section 708

You have the right to treatment in a place which is clean and safe

If you are receiving services from a residential program, the place where you live must have good lighting, enough heat, fresh air, hot and cold water, a bathroom with privacy, personal storage space. It should also be free from unpleasant smells.

Civil Rights

Mental Health Code Section 740; Administrative Rule 330.7009

Your civil rights are protected even though you are receiving mental health services. You have the right to an education, the right to vote*, and the right not to be discriminated against because of: age, color, height, national origin, sex, religion, race, weight or due to a physical or mental disability.

** Information about registration and voting may be obtained from the Office of Recipient Rights*

If you (or someone on your behalf) believe that you have been discriminated against, a complaint may be filed with the Office of Recipient Rights at any time, even when you are no longer receiving services. Additionally, you may file a discrimination complaint with either the:

Michigan Department of Civil Rights

110 West Michigan Avenue, Lansing, Michigan 48913

VOICE: 1-800-482-3604

U.S. Department of Health and Human Services, Office for Civil Rights

233 N. Michigan Ave., Suite 240, Chicago, IL 60601

VOICE 1-312-886-2359 FAX 1-312-886-1807 TDD 1-312-353-5693

To file with either of these agencies you must write to them within 180 days of the time the alleged discrimination occurred. If you are still not satisfied, you may also sue in the State Circuit Court or Federal District Court.

As a person with a mental disability, you may have additional protections under the following laws:

Americans with Disabilities Act (ADA)

Fair Housing Amendments Act

Civil Rights of Institutionalized Persons Act

Individuals with Disabilities Education Act (IDEA)

Rehabilitation Act, Section 504

Michigan Disability Civil Rights Act

Title II of the Americans with Disabilities Act (ADA)

Title II of the ADA prohibits discrimination on the basis of disability by public entities. It states that people with disabilities cannot be denied services or participation in programs or activities that are available to people without disabilities. If you feel your rights under Title II have been violated by state or local governmental agencies, you may file a complaint with the Department of Justice. This must be done within 180 days from the date of discrimination. For more information, or to file a complaint, contact the U.S. Department of Justice, Civil Rights Division, Disability Rights Section – 1425 NYAV, 950 Pennsylvania Avenue, NW, Washington, D.C. 20530. You may also call VOICE: 1-800-514-0301 or TTY: 1-800-514-0383, go online to www.ada.gov/complaint or send an email to: ADA.complaint@usdoj.gov.

Title III of the Americans with Disabilities Act (ADA)

Title III of the ADA requires that public accommodations such as restaurants, hotels, grocery stores, retail stores, etc., as well as privately owned transportation systems, be accessible to individuals with disabilities. If you feel your rights under Title II have been violated you may file a complaint with the Department of Justice. In certain circumstances cases may be referred to a mediation program sponsored by the Department. See the address and phone numbers given above. Title III may also be enforced through a private lawsuit.

Fair Housing Amendments Act

The Fair Housing Amendments Act prohibits discrimination by direct providers of housing, such as landlords and real estate companies as well as other entities, such as municipalities, banks or other lending institutions and homeowners' insurance companies. If you feel your rights under this Act have been violated, you may file a complaint with the U.S. Department of Housing and Urban Development. For more information on filing a complaint, contact the Department of Housing and Urban

Development, Chicago Regional Office, Ralph Metcalfe Federal Building, 77 West Jackson Boulevard, Chicago, Illinois 60604, VOICE: 1-312-353-5680, or TTY: 1-312- 353-7143.

Civil Rights of Institutionalized Persons Act

Under the Civil Rights of Institutionalized Persons Act, the Attorney General may initiate a civil rights lawsuit when there is reasonable cause to believe that the conditions are significant enough to subject residents to serious harm and they are part of a pattern or practice of denying residents' constitutional or federal rights including Title II of the ADA and Section 504 of the Rehabilitation Act. To bring a matter to the attention of the Department of Justice, contact the U.S. Department of Justice, Civil Rights Division, 950 Pennsylvania Ave NW, Washington, D.C. 20530, VOICE 1-877-218-5228.

Individuals with Disabilities Education Act

Under the Individuals with Disabilities Education Act, if a parent disagrees with the proposed IEP, he/she can request a due process hearing from the Michigan Department of Education. To contact the

Michigan Special Education Mediation Program (MSEMP) call 1-800-RESOLVE, send an email to msemp@drer.org, or complete an online request on the MSEMP website at: <https://msemp.cenmi.org>. The state agency's decision can also be appealed to a state or federal court. For more information about this act and your rights, contact the Office of Special Education and Rehabilitative Services, U.S. Department of Education, 400 Maryland Ave., SW, Washington, DC 20202-7100 or you may call VOICE: 1-202- 245-7468.

Section 504 of the Rehabilitation Act

Under Section 504 of the Rehabilitation Act, no qualified individual with a disability in the United States shall be excluded from, denied the benefits of, or be subject to discrimination under any program or activity that either receives federal financial assistance or is conducted by any executive agency or the U.S. Postal Service. If you feel that you have been discriminated against by an agency receiving federal money based on disability, you can file a 504 complaint with an appropriate agency by contacting contact Office of Civil Rights, U.S. Department of Education, 400 Maryland Ave. SW, Washington, DC 20202-1100, Customer Service: 800-421-3481, Fax: 202-453-6012, TDD: 877-521-2172, E-mail: OCR@ed.gov , Web: <http://www.ed.gov/ocr>

Elliott Larsen Act and Persons with Disabilities Civil Rights Act

If you are a recipient who believes that you have been discriminated against in your job because of your race, gender, marital status, etc., you are protected under Michigan's "Elliott Larsen Act". If you believe you have been discriminated against based upon disability, you are protected under Michigan's "Persons with Disabilities Civil Rights Act". For information regarding either of these laws, or to file a complaint, contact the Michigan Department of Civil Rights, 110 W. Michigan Avenue, Suite 800, Lansing, Michigan 48933, VOICE: 1-800-482-3604, TTY 1-877-878-8464 go online to www.michigan.gov/mdcr or send an email to MDCR-INFO@michigan.gov.

SECTION II: TREATMENT RIGHTS IN ALL MENTAL HEALTH SETTINGS

Treatment and Support

Mental Health Code Section 705, 707- 719, 744; Administrative Rule 7029, 7135

You have the right:

- To be told why you are being treated and what your treatment is.
- To participate in the development of your plan of service and to involve family members, friends, advocates, and professionals of your choice in the development process. Justification for the exclusion of a person of your choice must be documented in your case record.
- To have your plan of service developed within seven days of commencement of services or before discharge or release if you are hospitalized less than seven days.
- To choose, within certain limitations, the physician or other mental health professionals to provide services for you, if you receive services from a community mental health services program or a licensed hospital.
- To be informed of your progress, both orally and in writing, at reasonable intervals and in a manner appropriate to your condition.
- To not have surgery unless consent is obtained from at least one of the following:

You, if you are over 18 years old and do not have a guardian for medical purposes,

If you are under 18 years of age, your parent with legal and physical custody,

Your guardian who has legal authority to consent to surgery,

A representative authorized to give consent under a durable power of attorney or other advance directive,

OR

If your life is threatened and there is not time to obtain consent, surgery may be performed without consent after the medical necessity for the procedure has been documented and the documentation has been entered into your record.

Surgery is necessary, no appropriate person can be found to give consent, and the probate court consents to the surgery.

- To be given notice of available family planning and health information services and, if you ask, to have staff provide referral assistance to providers of these services. Your receipt of mental health services does not depend in any way on requesting or not requesting family planning or health information services
- To have staff help you get treatment by spiritual means if you ask for it.
- To receive treatment in a place where you have as much freedom as your condition allows.
- To not have electroconvulsive therapy (ECT) or other procedures intended to produce convulsions or coma, unless consent is obtained from:

You, if you are over 18 years old and do not have a guardian for medical purposes,
If you are under 18 years of age, your parent with legal and physical custody,
Your guardian who has legal authority to consent to ECT,
A representative specifically authorized to consent to ECT under a durable power of attorney or
other advance directive.

- To receive a second opinion if you have been denied services by making a request to the Executive Director of the Community Mental Health Services Program.



Person-Centered Planning

Mental Health Code Section 712

The Mental Health Code requires a person-centered approach to the planning, selection, and delivery of the supports, services, and/or treatment you receive from the public mental health system (community mental health programs, psychiatric hospitals, and mental health service providers under contract to any of these).

What is person-centered planning?

Person-centered planning means the treatment you receive will be made up of activities which you think will help you, which you assist in developing, and which meet your goals. This process will determine the supports you want or need to achieve your desired future. The staff involved in your treatment will encourage feedback from you about these supports, the progress you have made, and any changes you think would make your treatment more effective.

There are four basic parts in the person-centered process:

- Identifying the future you desire.

It is up to you to choose the individuals who will help identify your future and help you plan for it. You will be a part of deciding what information is, or is not, shared at the meeting. You will be able to choose, within reason, the times and place you want to have meetings to plan your treatment, to decide the content of the meetings and how long they will be.

- Planning the future you desire.

Meetings which are held to plan for your future will attempt to discover what is important to you, to share information about your abilities, strengths, and skills, to learn about your needs

and to decide which of your desired goals will be achieved in the short term and which will need to be long-term. Then, you and the support team will determine the strategies for achieving these goals.

- Finding the supports and services it will take to achieve your desired future.

You will be able to use the resources in your network of family, friends, your community, and the public mental health system which might be available to assist in achieving your desired outcomes. You will be able to choose, from available resources, the supports and services to be delivered, and help decide who will do what, when, and how.

- Getting regular feedback on your treatment.

It is important for you to receive feedback on your progress. This should be done by informally, and regularly, discussing with your case manager (supports coordinator) how supports and services are being delivered, your satisfaction with their delivery, and progress toward your desired outcomes. The information you provide should be used to make any necessary changes in the supports and services you receive.

You should also have the opportunity to formally express your opinion about supports and services you receive so that improvements in service delivery can be made for everyone.

In addition, you always have the right to make formal complaints about how your supports and services were delivered or about any of the people who might have provided them. Contact your Rights Officer/Advisor if you would like to do this.



Questions You May Want To Ask About Person-Centered Planning

Who must attend the person-centered planning meeting?

You, and your legal representative (a parent if you are a minor or guardian) and your supports coordinator (case manager).

Who also might be included?

You may want to invite family members, co-workers, friends, a teacher, coach, staff, and other people who know you well and with whom you feel comfortable sharing personal information. Your supports coordinator (case manager) may also suggest inviting a nurse, physical therapist, or direct care staff, who has information to help in planning and decision making.

What kinds of outcomes are discussed?

"Outcomes" may include:

Having positive relationships with family members,

Participating in community activities and events,

Doing what you find meaningful and productive with your day, (such as going to school, work, volunteering),

Living in a place alone, or having assistance from people you choose.

Are there limits to person-centered planning?

Person-centered planning does not guarantee that the supports, services, and/or treatment nor the amount of them you might like to have can be provided by the public mental health system. What is actually provided by the public mental health system will depend upon the available resources (such as funding and staffing), rules and regulations that govern the program or funding system, and/or the judgment of the program administrator(s) as to feasibility, appropriateness, and safety of such support, service, or treatment.

SECTION III: YOUR RIGHTS WHEN YOU ARE BEING ADMITTED OR DISCHARGED FROM A PSYCHIATRIC HOSPITAL OR UNIT

Voluntary Admission Process

Mental Health Code Sections 410-420

If you are admitted to a psychiatric hospital or unit on a **VOLUNTARY BASIS** (you admit yourself), or you are admitted by application of your guardian (with your agreement) you have the right:

- To give written notice of your intent to leave the hospital.

After you put your request in writing, you must be discharged within three (3) days (excluding Sunday and holidays). However, if the hospital director determines you require treatment and petitions the court for your involuntary admission you must remain in the hospital until a determination is made about your treatment by the court.

- To be discharged when treatment is complete or when you no longer need the services.
- To request a second opinion if the community mental health services program pre-admission screening unit does not think you need to go into the hospital.

Involuntary Admission Process

Mental Health Code Sections 423-450; 498

If you are **INVOLUNTARILY ADMITTED (COURT ORDERED)** to a psychiatric hospital or unit, you have the following rights:

- To make at least two phone calls.
- To a copy of the application or petition saying you require treatment and to copies of reports by the doctors who examine you.
- To have a physical and mental examination within 24 hours after you are admitted, and again at least once a year.
- To a written statement explaining that you will be examined by a psychiatrist within 24 hours after you are admitted.
- To a written statement explaining your rights.
- To a full court hearing.
- To be represented by an attorney.
- To be present at the hearing.
- To a jury trial.
- To an independent clinical examination.
- To have staff, if you wish, notify your family of your admission to the hospital.
- If the police take you into protective custody and bring you to a preadmission screening unit, to have staff of that unit complete their examination of you within two (2) hours unless there is a documented medical reason for the delay.
- To be examined by two doctors or by a psychologist and a psychiatrist to determine whether you need to be admitted. One of the examinations must be by a psychiatrist and the first examination may be done before you are brought to the hospital.
- To refuse medication before your court hearing unless a physician decides you need it to prevent you from physically hurting yourself or others or if your life is in danger. If you agree to medication or treatment before the court hearing, this does not mean that you are agreeing to the hospitalization.
- To have an independent medical examination before your full court hearing.

Within 72 hours (this does not include Sundays and holidays) after a petition and clinical certification have been filed with the court, you have:

- The right to meet with legal counsel,
- The right to meet with a treatment team member assigned by the hospital director,
- The right to meet with a designated community mental health worker,
- The right to designate an individual of your choice to meet with you and the people indicated above for the purpose of informing you of:
 - The proposed plan of service in the hospital.
 - The proposed plan of service in the community.
 - The nature and possible consequences of the involuntary hospitalization process.

- The right to request that your court hearing be “deferred” (delayed) temporarily (60 or 90 days). You will be treated as a voluntary patient during this time; however, you have the right to demand a hearing at any time during the “deferral” period.

As an involuntary (court-ordered) recipient, YOU DO NOT HAVE THE RIGHT TO REFUSE TREATMENT. However, you do have the right to ask questions about your treatment, participate in the development of your plan of service, and discuss it with your doctor or other mental health professionals. If you think your treatment is not helping, you may ask for a review of your treatment plan.

Questions You May Want to Ask About Your Medication

If you are given medication by your doctor you will need to take it according to his/her instructions. Listed below are some questions you may want to ask of the doctor or nurse so that you can have the information you need to make it as effective as possible.



- Why do I have to take this medicine?
- What will happen if I do not take it?
- Can I be treated without medication?
- Before I begin taking any medicine or even if I am not taking medicine, can I have a second opinion?
- What is the name of the medicine prescribed for me?
- How is it supposed to make me feel? What are the side effects of the medicine? Will it affect any other medical or physical problems I have?
- Are there side effects I should report immediately?
- Is it similar to or different from the medicine I was taking before this?
- How much should I take? How many times a day? What time of day? Before or after meals?
- What would happen if I took too much?
- Is it all right if I drink alcohol or beer when taking this medicine? Is there any food or other drink I should avoid?
- Are there other medicines I should avoid when taking this medicine?
- Will this medicine affect my interest and/or my ability to participate in sex?
- How long will I need to take this medicine?
- If I take this medicine for a long time, what can it do to me?
- What is tardive dyskinesia (TD)? Can I get TD from taking this medicine? Can something be done to avoid this?

For women in child bearing years:

- Will this affect my menstrual periods?
- Should I take birth control pills while taking this medicine?
- If I get pregnant while taking this medicine, could it have any effect on my baby?
- Should I take it while nursing?
- Should I drive or operate machinery while taking this medicine?
- Is there anything else I should know about this medicine?
- How often will you review with me what the medicine is doing?
- How soon will I need to take this medicine?



Court Hearings

Mental Health Code Sections 452; 463

If you are admitted to the hospital involuntarily, you have the following rights regarding court hearings:

- To have your court hearing promptly, but not more than seven days (this does not include Sundays or holidays) after the court receives the application (petition).
- To be present at all court hearings. During this hearing, you have the right to be represented by an attorney. If you cannot afford an attorney, the court will appoint one for you. Your attorney must consult with you, in person, at least 24 hours before the time set for your court hearing. (You may choose to waive the right to attend your hearing by signing a waiver witnessed by your legal counsel and filed with the court.)
- To demand a jury trial.
- To present documents and witnesses and to cross examine witnesses.
- To obtain, at public expense if necessary, an independent clinical evaluation by a physician, psychiatrist, or licensed psychologist of your choice. (You must request this before the first scheduled hearing or at the first scheduled hearing before the first witness has been sworn.)
- To a copy of the court order.

Periodic Review

Mental Health Code Sections 482; 485a

If you have a court order for continuing involuntary treatment, you have the right to regular, adequate, and prompt reviews of your status. These reviews must be done six (6) months from the date of the court order and every six (6) months from there on.

Results of these reviews must be provided to you within five days from the time they are made part of your record and you must be informed of your right to petition for discharge.

If you do petition for discharge following the periodic review, you have the right to a hearing. In addition to that hearing, you may petition the court for a discharge hearing once within each 12 month period from the date of the original order. If, after any of these hearings, the court determines that you no longer require treatment, you will be discharged.

Rights of Minors

Mental Health Code Section 498m

If you are a minor, 14 years of age or older (between 14 and 17), you have the right to ask for, and receive, outpatient mental health services (not including psychotropic medication or pregnancy termination referral services) without the consent or knowledge of your parent or guardian. These services are limited to 12 sessions or 4 months for each request.

If you are a minor 14 years of age or older (between 14 and 17), you may write to the court within 30 days of your admission to object to your being hospitalized. You may do so again within 30 days from the time you receive a written review from the clinical staff regarding your need for continued hospitalization.

If you are a minor of any age and have been hospitalized for more than 7 days, you may inform a hospital staff person of your desire to object to your hospitalization. Someone from the staff is required to assist you in properly filing your objection to the hospitalization. If no one does this, then ask to see the Rights Advisor who will help get someone to assist you.

If you are re-hospitalized for longer than 10 days under a combined hospitalization/alternative treatment order, you must be notified of your right to file an objection to the hospitalization. If you do object, the court must schedule a hearing to determine whether you continue to be a person requiring treatment.

SECTION IV: YOUR RIGHTS WHEN YOU ARE LIVING IN A RESIDENTIAL OR INPATIENT SETTING

The Mental Health Code guarantees that recipients receiving inpatient or residential services will be assured that some basic rights are protected. These rights may be limited due to the nature of your treatment. If such limitations are imposed, they must be agreed to in the plan of service by you or your legal representative. General restrictions that apply to everyone (such as visiting hours, property you may not have, or times the telephone may be used) can be established by a residence or unit. These restrictions must be posted in a place where they can be easily seen.

Mail

Mental Health Code Section 726

You have the right to receive and send mail without anyone else opening or reading it. If you have no income, and if you ask, you will be given writing materials and a reasonable number of stamps.

Telephone

Mental Health Code Section 726

You have the right to talk on the phone. If you have no income, a reasonable amount of funds will be provided so that you can use the telephone.

Visitors

Mental Health Code Section 715, 726, 748; Administrative Rule 7135

You have the right to see visitors of your choice. You can ask to see your own doctor (if you have one) or visit with your minister, priest, rabbi, or spiritual counselor at reasonable times. You have the right to talk with your attorney, a court, or others, about legal matters without any limitations and at any time.

Entertainment Materials, Information and News

Mental Health Code Section 704; Administrative Rule 7139

You have the right to watch television, have a newspaper provided, buy magazines, and books of your own choice, unless limited by your plan of service or as generally restricted by program rules.

Religion

Mental Health Code Section 704

You have the right to practice your religion or faith. You cannot be forced to go to a religious event if you do not want to, nor can you be required to listen to or watch religious programs on radio or TV.

Personal Property

Mental Health Code Section 728; Administrative Rule 7009

You have the right to:

- Wear your own clothes and keep your own things.
- Inspect your personal property at reasonable times.
- Have a receipt given to you, and to a person you designate, for your property held by the facility. Unless it is illegal, this property must be returned to you when you are discharged
- Have a reasonable amount of space to store your personal belongings.
- Not have your belongings searched unless this is part of your plan of service or unless there is a good reason; to watch if your belongings are searched; and to have the reason for the search written in your record.

Your plan of service may further limit this right for the following reasons:

- To protect property you may have brought with you from theft, loss, or destruction.
- To prevent you from physically hurting yourself or others.

You, and your legal representative, should be told the reason for the limitation and the date it expires.

Money

Mental Health Code Sections 730-736

If you are in a state-operated psychiatric hospital, you have the right to:

- Be paid for work you agree to do if you are offered work. However, you will not be paid for personal housekeeping chores (such as making your own bed) or work which is part of a small group living arrangement.
- Not have more than half of any money you earn used to pay for your treatment.
- Have your money kept in an account in your name at the facility and have easy and reasonable access to that account.
- To spend your money as you want. Facility rules may limit the amount of money you can have on you at any one time.
- Have money in the account given to you when you are discharged.

These rights may be limited

- If the U.S. government says you need someone to handle money you receive from Social Security and has assigned you a representative payee, or
- If you have a conservator or guardian who has the authority to limit how you spend your money.

Freedom of Movement

Mental Health Code Sections 740, 742, 744

Freedom of movement is a right, not a privilege. This right cannot be limited or restricted more than is necessary to provide mental health services to you, to prevent you from injuring yourself or others, or to prevent substantial property damage. If you are admitted by order of a criminal court or are transferred from a jail or prison, appropriate security precautions may be taken. If there are limitations on your freedom of movement, the expected length and the reasons for them must be written into your record. The limitations must be removed when the reasons for them no longer exist.

If you are in a psychiatric hospital or licensed child caring institution, you may only be put in a locked room (seclusion):

- To keep you from physically hurting others.
- To keep you from causing substantial property damage.

If you are a resident in an inpatient or residential setting, you may only be physically restrained if facility licensure rules allow and:

- To keep you from physically hurting yourself or others.
- To keep you from causing substantial property damage.

SECTION V: RIGHTS OF PERSONS WHO ARE RECEIVING TREATMENT UNDER FORENSIC PROVISIONS OF THE MENTAL HEALTH CODE

Incompetent to Stand Trial (IST) Mental Health Code Section 330.2020 --2044

If you are admitted to a hospital on an IST (Incompetent to Stand Trial) Order you are under the jurisdiction of the criminal court, not the probate court system. The IST order means that the court has determined that, due to your mental condition, you are unable to understanding the nature and object of the proceedings against you or of assisting in your defense in a rational manner. This order may be valid for up to 15 months during which time you will receive psychiatric treatment. Reevaluation of your competence will be done by your treating psychiatrist every 90 days and a report will be submitted to the criminal court.

Not Guilty by Reason of Insanity (NGRI) Mental Health Code Section 330.2050

If you are found to be Not Guilty of a criminal charge due to reasons of insanity (Not Guilty by Reason of Insanity or NGRI), you will be sent to the Center for Forensic Psychiatry, for a period of not more than 60 days, so that you can be evaluated and a determination made as to whether you are a person who requires mental health treatment. If the Center determines that you do require mental health treatment, the court may direct the prosecutor to file a petition for involuntary hospitalization. If this occurs, you will have a hearing in a probate court to determine if you will be involuntarily hospitalized (See Section III of this book). You will have to stay at the Forensic Center until the probate court hearing. If a petition for involuntary hospitalization is not filed, the prosecutor will notify the Center and you shall be discharged.

SECTION VI: THE RECIPIENT RIGHTS COMPLAINT AND APPEAL PROCESS

Filing a Recipient Rights Complaint

Mental Health Code Section 776

If you believe that **any right listed in this booklet has been violated**, you, or someone on your behalf, should file a recipient rights complaint. You may do this by calling or visiting the Rights Office, or by completing a recipient rights complaint form and returning it to the Rights Office. Copies of the rights complaint form are available wherever you receive services, from your local rights office, or online at the Office of Recipient Rights website: www.michigan.gov/recipientrights; click on the link Recipient Rights Complaint Form. The name and telephone number of the Rights Officer/Advisor for this agency

can be found on the back of this booklet and will be clearly posted in the place you are receiving treatment.

Your complaint needs to contain:

- A statement telling the Rights Office what you are complaining about;
- What right(s) you think have been violated;
- What you think will resolve your complaint.

If you want help writing your complaint your Rights Officer/Advisor can assist you; you may also contact one of the advocacy organization listed in Section VII of this book for assistance.

Investigating Your Complaint

Mental Health Code Section 776

Within five (5) business days after receiving your complaint, the Rights Office will send you a letter which tells you that your complaint was received as well as a copy of the complaint. This letter will also tell you whether your complaint is going to be investigated.

If the Rights Officer/Advisor investigates your complaint, he/she will decide if your rights have been violated and, if necessary, will recommend appropriate action to correct the violation. The Rights Officer/Advisor should finish investigating your complaint no later than 90 days after it was received. You will get a written status report every 30 days until completion of the investigation.

When the investigation is complete, the Rights Officer/ Advisor will submit an Investigative Report to the Agency Director. Within 10 business days after receiving this report, he/she will provide you with a written Summary Report.

The Summary Report will tell you about the investigation, let you know if the Rights Office determined your rights were violated or not, and tell you about any recommendations made by the Rights Office. If it is determined that there was a rights violation, this report will also tell you what action the Director has taken, or will take, to resolve your complaint. It will also provide you with information regarding the appeal process.

Appeal Rights

Mental Health Code Sections 784-786

Local Appeals Committee Review

If you are not satisfied with the **findings of the Rights Office**, with the **action taken** (or the proposed action indicated), or if you think the Rights Office did not start, or complete, the investigation in a **timely** manner, you have the right to file an appeal. An appeal must be in writing and received by the local appeals committee within 45 days. Information on where to file your appeal will be given to you in the Summary Report that you receive after your complaint is investigated. If you want help writing your

appeal, your Rights Officer/Advisor can assist you; you may also contact one of the advocacy organization listed in Section VII of this book for assistance.

Within five (5) business days after receiving your appeal, the appeals committee will review it to see if it meets the requirements, and will notify you, in writing, whether or not your appeal was accepted. This committee then has 25 days to review the case file provided by the Rights Office and make a decision on your appeal. They may ask you to provide more information. You will receive their written decision no later than ten days after their meeting.

Second Level Appeal – Findings of the Rights Office

If your appeal was based upon your belief that the investigative findings of the Rights Office were not consistent with the facts or relevant laws, rules, policies, or guidelines, and you are not satisfied with the decision of the local appeals committee, you have 45 more days to file a written appeal to the next level. This should be sent to: MDCH Level 2 Appeals, P.O. Box 30807 Lansing, MI 48933. Information on this process will be provided in the response from the local appeals committee.

If you are not satisfied with the answer from the Level 2 Appeal, you may file an appeal with the Circuit Court in the county where you live (or with the Ingham County Circuit Court). You only have 21 days to do this and may need to hire an attorney to help you. Your appeal to the Circuit Court is based on the entire record of your appeal which was put together by the Second Level Appeal reviewer.

Second Level Appeal – Action Taken

There is no second level of appeal if your appeal to the local committee had to do with the action taken, or not taken, as a result of your complaint. In this case, if you are not satisfied with the decision of the local appeals committee, you may file a new complaint against the person (the Director of the Agency from which you receive services) who issued the Summary Report.

Mediation

Mental Health Code Section 788

After the investigation of the Rights Office is finished, you have the right to request mediation of your dispute. Mediation is voluntary for all parties. The mediation process involves a meeting between you, a representative of the agency providing your services and a person who is trained to help resolve complaints. If you reach an agreement, you will have to sign a statement which states you and the agency will follow the agreement. During the mediation process, time frames for appeals stop. Therefore, if mediation is not successful, you will still have the right to pursue an appeal. If you wish to request mediation, contact your Rights Office.

SECTION VII: ADVISORY GROUPS AND ORGANIZATIONS THAT MAY ALSO ASSIST YOU

The following groups and organizations are available to assist you in protecting your rights as a recipient of mental health services:

Association for Children's Mental Health (ACMH)

6017 W. St. Joseph Hwy., Suite #200, Lansing,
Michigan 48917
(517) 372-4016
Fax: (517) 372-4032
Parent Line: (888) ACMH-KID (226-4543)
<http://www.acmh-mi.org/>

The ARC - Michigan

1325 S. Washington Ave., Lansing, MI 48910-1652
(800) 292-7851 or (517) 487-5426
Fax: (517) 487-0303
<http://www.arcmi.org/>

Michigan Disability Rights Coalition

3498 East Lake Lansing Road, Suite #100, East
Lansing, MI 48823
(800) 760-4600 or (517) 333-2477
Fax (517) 333-2677
<http://www.copower.org/>

Michigan Protection & Advocacy Service, Inc.

4095 Legacy Parkway, Suite #500, Lansing, MI 48911
(800) 288-5923 or (517) 487-1755
Fax: (517) 487-0827 TTY: 517-374-4687
<http://www.mpas.org/>

National Alliance on Mental Illness (NAMI) - Michigan

401 S. Washington Suite 104
Lansing, MI 48906
(800) 331-4264 or (517) 485-4049
<http://www.namimi.org/>

United Cerebral Palsy of Michigan – UCP Michigan

3496 Lake Lansing Rd. Suite 170
East Lansing, MI 48823
(800) 828-2714 or (517) 203-1200
Fax: 517.203.1203
email: ucp@ucpmichigan.org
<http://ucpmichigan.org>

**TO LEARN MORE ABOUT YOUR RIGHTS
ASK YOUR RIGHTS ADVISOR:**

Main Number - (517) 346-8249

Ashlee Bailey - (517) 887-5287

Greg Fox – (517) 887-2588

Joyce Tunnard – (517) 346-8246

**“Rights is
Everybody’s
Business**

www.Michigan.gov/recipientrights”

*Produced by:
Michigan Department Health and Human Services
Office of Recipient Rights
Lewis Cass Building
Lansing, MI. 48933*

Authorized by: P.A. 258 of 1974, as amended



Community

MENTAL HEALTH

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Together we can.

It's good to know about your RIGHTS.

Recipients of mental health services are guaranteed certain rights. If you have questions about these rights, **we can help.**

Recipient Rights Office:

Main Number - (517) 346-8249

Ashlee Bailey - (517) 887-5287

Greg Fox – (517) 887-5288

Joyce Tunnard – (517) 346-8246



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Consumer Movement

Consumer Movement

NOTE: Programs must be notified of changes in consumer placement.

Admission for CSDD Consumers Only

1. An initial visit by a Residential representative will occur to meet with the provider and to discuss Michigan Department of Health and Human Services (MDHHS) and Community Mental Health Authority (CMHA) requirements for newly contracted homes.
2. Fire Standards Assessment to occur:
 - A. Does the home meet MDHHS requirements?
3. Pre-placement Meeting scheduled:
 - A. Attendance is mandatory for provider, case manager, I-Team members; guardian invited.
 - B. Pre-placement Meeting to present overview of resident, to discuss needs of the resident, and capabilities of the home to meet those needs.
 - C. Set visits, move-in date.
 - D. Identify critical issues needing attention for successful placement to occur.
4. Within 30 days, Person Centered Planning (PCP) goal(s) need to be developed, need for fire training assessed. Evacuation Difficulty Index (EDI) completed.

Discharge

1. A home shall have a written admission and discharge policy.
2. A licensee shall provide a resident and his or her designated representative with a 30-day written notice before discharge from the home. The written notice

Consumer Movement

shall state the reasons for discharge. A copy of the written notice shall be sent to the resident's designated representative, the resident, and CMHA-CEI.

3. A licensee may discharge a resident before the 30-day notice when the licensee has determined and documented that any of the following exists:
 - A. Substantial risk to the resident due to the inability of the home to meet the resident's needs or assure the safety and well-being of other residents of the home.
 - B. Substantial risk, or an occurrence, of self-destructive behavior.
 - C. Substantial risk, or an occurrence, of serious physical assault.
 - D. Substantial risk, or an occurrence, of the destruction of property.
4. A licensee who proposes to discharge a resident for any of the reasons listed in subrule (3) of this rule shall take the following steps before discharging the resident:
 - A. The licensee shall notify the resident, the resident's designated representative, CMHA-CEI, and the adult foster care licensing consultant not less than 24 hours before discharge. The notice shall be in writing and shall include all of the following information:
 - i. The reason for the proposed discharge, including the specific nature of the substantial risk.
 - ii. The alternatives to discharge that have been attempted by the licensee.
 - iii. The location to which the resident will be discharged, if known.

Consumer Movement

- B. The licensee shall confer with CMHA-CEI. If CMHA-CEI does not agree with the licensee that emergency discharge is justified, the resident shall not be discharged from the home. If CMHA-CEI agrees that the emergency discharge is justified, then all of the following provisions shall apply:
- i. The resident shall not be discharged until an appropriate setting that meets the resident's immediate needs is located.
 - ii. The resident shall have the right to file a complaint with the department.
 - iii. If the department finds that the resident was improperly discharged, the resident shall have the right to elect to return to the first available bed in the licensee's adult foster care home.
5. A licensee shall not change the residency of a resident from one home to another without the written approval of the resident or the resident's designated representative and CMHA-CEI.
6. A licensee shall not restrict the resident's ability to make his or her own living arrangements.
7. At the time of discharge, a licensee shall provide copies of resident records to the resident and his or her designated representative when requested, and as determined appropriate, by the resident or his or her designated representative. A fee that is charged for copies of resident records shall not be more than the cost to the licensee of making the copies available.

SUMMARY OF RESIDENT RIGHTS: DISCHARGE AND COMPLAINTS

If you live in an Adult Foster Care home or Home for the Aged, you have certain rights as a resident of the home. These rights are protected under state licensing laws. Some of these rights help protect you against being wrongfully discharged from your home. This document provides an overview of some of your rights as a resident of an Adult Foster Care home or Home for the Aged. For this document, a licensee is another name for the property owner.

Disclaimer: You may have additional rights as a resident of a licensed setting. Your full rights are outlined in the state licensing rules, which can be reviewed at <http://www.michigan.gov/lara> >> Community and Health Systems >> Covered Providers >> Adult Foster Care >> Licensing Rules and Statutes.

WRITTEN AGREEMENT ---

The licensee must sign a written agreement with you, which must include:

- A list of services that you will receive in the home
- A description of your rights and responsibilities as a resident
- A description of the process for being admitted and discharged from the home
- A description of the fees that you must pay as a resident of the home

The licensee must provide you with copies of the written agreement, and the "Admission and Discharge Policy" for the home.

DISCHARGE AND COMPLAINT PROCESS ---

The licensee can only discharge you from the home for certain reasons. The licensee must follow a specific process to discharge you. If you believe that the licensee wrongfully discharged you from the home, you may contact the Department of Licensing and Regulatory Affairs to file a complaint. The Department may be able to help you return to your home. The discharge and complaint process is outlined on Page 2.

SUMMARY OF RESIDENT RIGHTS: DISCHARGE AND COMPLAINTS

Discharge and Complaint Process Chart

Type of Home	Adult Foster Care: Family Home	Adult Foster Care: Small or Large	Adult Foster Care: Congregate Home	Home for the Aged
Regular Discharge Process	The licensee must notify you 30 days in advance of the discharge date. The notice must be written and include a reason for discharge. You must be given a copy of the notice.	The licensee must notify you 30 days in advance of the discharge date. The notice must be written and include a reason for discharge. You must be given a copy of the notice.	The licensee cannot discharge you without adequate preparation. The licensee must prove that discharging you is "in your best interest." This	The licensee must notify you 30 days in advance of the discharge date. The notice must be written and include a reason for discharge. You must be given a copy of the notice.

<p>Emergency Process (When there is substantial risk to: (1) you; (2) other residents; (3) the provider; or (4) the property.)</p>	<p>The licensee must provide you with written notice at least 24 hours in advance. This notice must include an appropriate reason for emergency discharge.</p> <p>The licensee must receive written approval from you, your designated representative, or service agency before discharging you from your home.</p>	<p>The licensee must provide you with written notice at least 24 hours in advance. This notice must include an appropriate reason for emergency discharge. The licensee cannot discharge you without:</p> <p>(1) receiving approval from the responsible agency or Adult Protective Services; AND</p> <p>(2) finding another setting that can meet your needs.</p>	<p>decision must take your expressed wishes into consideration. The licensee must provide you with a written notice with a reason for discharge.</p> <p>During discharge, your responsible agency or the Michigan Department of Health and Human Services must work with you to update your service plan.</p>	<p>The licensee must provide you with written notice at least 24 hours in advance. The licensee must also notify the Department of Licensing and Regulatory Affairs and Adult Protective Services before discharging you. The licensee cannot discharge you without finding another setting that can meet your needs.</p>
<p>Complaint Process</p>	<p>If you believe that the licensee has wrongfully discharged you from your home, you can file a complaint online (http://www.michigan.gov/lara/ > Community and Health Systems > Camps > Online Complaint Form) or by phone (866-856-0126).</p>			

SIGNATURE



If the licensee provided you with a copy of this document, please sign below:

Name: _____ Signature: _____ Date: _____

Parent/Guardian: _____ Signature: _____ Date: _____



Pharmacy Services

Pharmacy Services

CMHA-CEI has partnered with Ascension Pharmacy (formerly St. John Retail Pharmacy) to offer a full service pharmacy on-site. Staff are available in person and via telephone during business hours to answer any questions.

Pharmacy Hours:

- Monday: 8:30 am – 5:30 pm
- Tuesday: 8:30 am – 5:30 pm
- Wednesday: 8:30 am – 5:30 pm
- Thursday: 8:30 am – 5:30 pm
- Friday: 8:30 am – 5:30 pm
- Saturday: Closed
- Sunday: Closed

The pharmacy is located at:

812 E Jolly Rd, Suite 208
Lansing MI, 48910
Phone: (517) 394-5019
Fax: (517) 394-5029

WHY CHOOSE ASCENSION?

Ascension Pharmacy works closely with CEI-CMH providers to provide the highest level of pharmaceutical care to the patients we serve

We are located in the main CEI-CMH building on Jolly Rd, making picking up a prescription after an appointment easy and convenient

Our pharmacists and technicians are committed to providing professional, efficient and compassionate care

Ascension Michigan Pharmacy

812 E Jolly Rd, Suite 208
Lansing, MI 48910

Phone: 517-394-5019
Fax: 517-394-5029
CMH extension: 8183



Hours of Operation:

**Monday - Friday
8:30 AM to 5:30 PM**

Open during lunch!

What if my prescriptions are being filled at another pharmacy?

No problem! Our staff will do all the work for you to transfer your medication. Simply call or stop by the pharmacy and let us know the pharmacy you are currently using and we will get the medications transferred for you!

When can I pick up my medications?

We are here when you are here! Open Monday through Friday from 8:30 AM to 5:30 PM. Stop by before or after work or on your lunch break!

What if I have questions about my medication?

Our friendly pharmacists would be happy to answer any questions you have on your prescriptions!



PARTNERS

We believe the highest level of patient care is achieved when we work together as a team. Our pharmacy staff wants to partner with you and all of your health care providers to help you achieve the best health outcomes. We strive to empower you to take charge of your health!

PACKAGING

Our pharmacy offers several different styles of medication packaging to help with compliance and meet your needs. Ask pharmacy staff today about how to get started!

SERVICES

Beyond providing the medication you need, our pharmacists provide immunizations, OTC recommendations, medication counseling, and more!



Welcome to Webconnect

Sarah Hill, Pharm.D.
Operations Coordinator
St. John Pharmacy

Website URL

- <https://stjohnpharmacy.webconnectqs1.com>
- Must have "s" for secure
- Save to favorites

Logging In

The screenshot shows the login page for St. John LTC Pharmacy. The login form, which includes fields for Username and Password and a Login button, is circled in red. The page also displays pharmacy hours, contact information, and a sidebar with navigation options.

Home Page

The screenshot shows the home page of the St. John LTC Pharmacy web application. The navigation menu on the left and the 'My Account' button in the top right corner are circled in red. The page features a dashboard with various widgets for account management, orders, and pharmacy information.

Click on Patient File to Search

The screenshot shows the 'Patient Search' page in the pharmacy system. The 'Patient File' button is circled in red, indicating it should be clicked to initiate a search.

Select which home

Must have either last name or MR#, cannot search by first name only

The screenshot shows the 'Patient Search' page with a dropdown menu open. The 'Patient File' button and the dropdown menu are circled in red. The dropdown menu lists various search criteria, including 'Last Name', 'MR#', and 'First Name'. The text below the screenshot states: 'Must have either last name or MR#, cannot search by first name only'.

Tabs that are useful to you

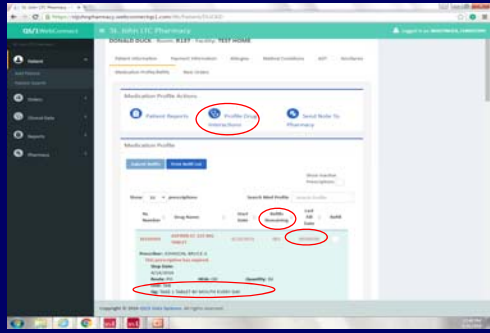
The screenshot shows the 'Patient Profile' page for 'DONALD DUCK'. The 'Allergies', 'Medical Conditions', and 'SPT' tabs are circled in red, indicating they are useful.

Allergies

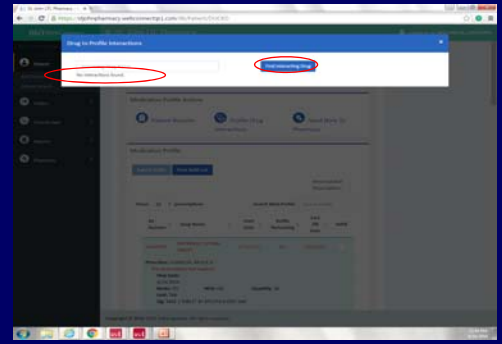
Note all changes are just requests, they do not automatically update our system

The screenshot shows the 'Allergies' management page for 'DONALD DUCK'. The 'Add New Allergy' button is circled in red.

Medication Profile

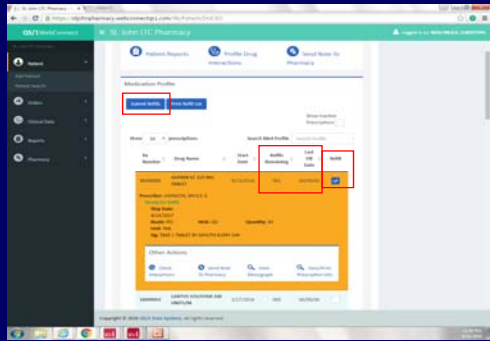


Check new medication against profile



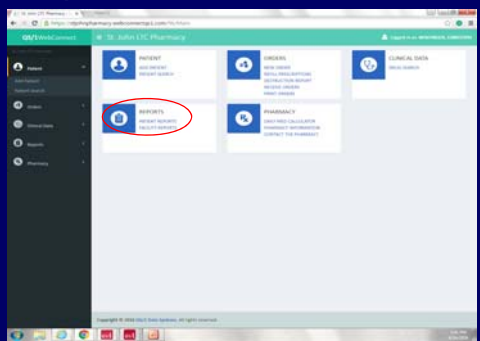
Just a tool, always best to consult with pharmacist or prescriber!!!

Refills

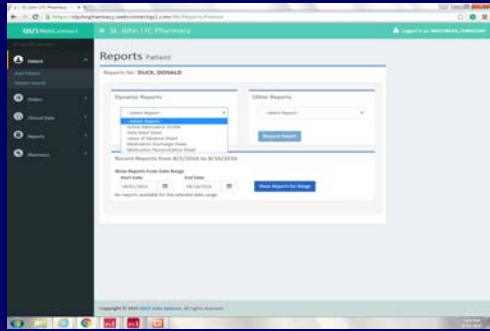


Most important columns are "last filled" and "refills remaining"

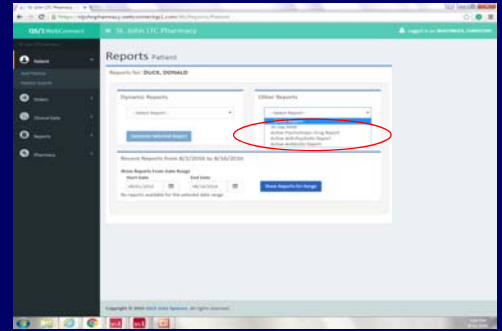
Reports/ MARs



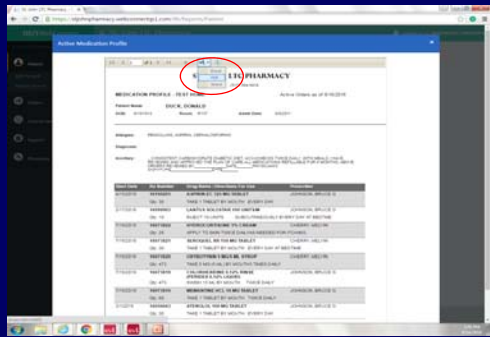
Dynamic Reports



30 Day MARS

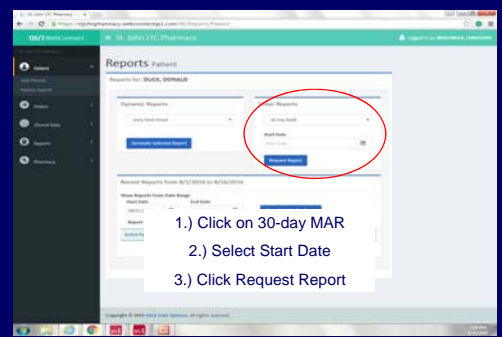


Print or Save

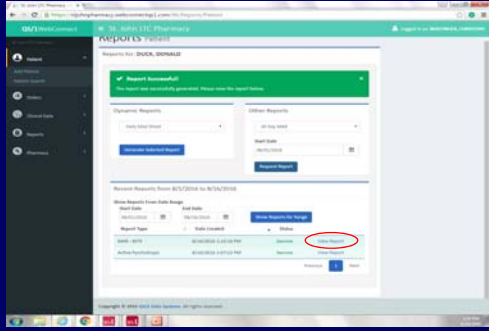


See attached example at back of packet

30-day MAR Generation



30-Day MAR Generation



Sample 30-day MAR

Not meant
to replace
monthly
MAR
provided by
pharmacy

How to Get Sign-On

- Provide pharmacy with
 - First and Last Name
 - Homes that clients are in
- Pharmacist will provide you with login and temporary password

Questions?





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Medication and Pharmacy (MAP) Workgroup

Email meds@ceicmh.org to communicate issues you experience with medication administration that *can't* be communicated with an incident report.

Remember: An incident report must be completed if a consumer is directly impacted.

Complete an IR if... Joe Smith was administered the wrong dosage of his medication.

Send an email to meds@ceicmh.org if... Joe Smith's medication administration record had the wrong dosage listed due to a St. John pharmacy error, but you corrected the mistake and gave Joe the correct dosage of his

What information should I include when I send an email to meds@ceicmh.org?

When you send an email to meds@ceicmh.org please include a:

- Consumer ID/Consumer Name
- Location
- Date of Issue
- Brief Description of the Issue

Who is reading the meds@ceicmh.org emails and what kind of follow-up occurs?

The 'MEDS' email is monitored regularly by CEI staff who give immediate feedback if an IR needs to be completed or will forward the concern to the appropriate staff if follow-up is required. 'MEDS' emails are reviewed at our monthly MAP meetings, which include CEI and St. John Pharmacy staff.

Why are you collecting this information?

All of the 'MEDS' emails are logged in a database which helps us track recurring issues and trends to help strengthen our communication with St. John Pharmacy and better serve our consumers.

Who should I contact if I still have questions?

If you would like additional clarification about how to use the 'MEDS' email, please send an email to meds@ceicmh.org with your questions or contact your MAP representative.



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Procedures



Residential Homes

PROCEDURES

Abuse, Neglect, or Mistreatment of Recipients	
Procedure.....	3.3.14
Access to Entertainment Materials, Information and News	
Procedure	3.6.21
Advance Directives for Health Care	
Procedure	3.6.07
Appeals and Grievances	
Procedure	3.6.17
Behavior Management	
Procedure	3.4.4
Communication and Visits	
Procedure	3.6.04
Compliance	
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CMHA-CEI Policies and Procedure Manual

Title:	3.3.14, Abuse, Neglect, or Mistreatment of Recipients		
Subject:	CONSUMER TREATMENT, TRAINING, AND LIVING		
Section:	Clinical		
Policy: <input type="checkbox"/> Procedure: X	Issued by: Director of Quality, Customer Service, and Recipient Rights	Effective Date: 04/09/81	Applies to: X All CMHA-CEI staff X Contract Providers
Page: 1 of 9	Approved by: N/A	Review Date: 5/12/20	<input type="checkbox"/> Other:

I. Purpose:

To safeguard recipients of mental health services from abuse, neglect, or mistreatment, to promote the safety, security, and well-being of recipients, and to ensure protection of their person, rights, and properties.

II. Procedures:

- A. Any staff person of the CMHA-CEI Network or provider who has reasonable cause to suspect criminal abuse, including vulnerable adult abuse and child abuse, shall IMMEDIATELY report the suspicion, or cause a report to be made, to law enforcement, the Recipient Rights Office (RRO), and administration. Any staff person who has reasonable cause to suspect any form of abuse or neglect shall IMMEDIATELY notify the RRO and administration.

- B. Mandatory reporting requirements concerning criminal abuse:
 1. Any staff person who has reasonable cause to suspect criminal abuse of a recipient shall immediately make, or cause to be made, by telephone or otherwise, an oral report of the suspected criminal abuse to the law enforcement agency for the county or city in which the criminal abuse is suspected to have occurred, or to the state police.
 2. Any staff person who suspects that any form of abuse or neglect has occurred shall immediately notify the RRO. The RRO shall ensure that referrals are made to the protective services department and the foster care licensing division of the Michigan Department of Health and Human Services, as appropriate.
 3. Any staff person who suspects that any form of abuse or neglect has occurred shall notify their supervisor or program director/designee. A report to a supervisor or program director/designee does not relieve the individual staff person from the mandatory reporting requirements.
 4. Within 72 hours after making the oral report to law enforcement (III.A), the reporting person shall file a written report with that law enforcement agency, the CMHA-CEI Chief Executive Officer, the provider, and the RRO. If the individual making the oral and written reports to law enforcement is not the person with reasonable cause to suspect

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abuse, the person who caused the report to be made shall receive a copy of the written report. The written report shall:

- a. Contain the name of the recipient.
 - b. Contain a description of the criminal abuse and other information available to the reporting person that might establish the cause of the criminal abuse and the manner in which it occurred.
 - c. Become part of the recipient's record, with the name of the reporting person and the name of the person accused of criminal abuse deleted.
5. The identity of an individual who makes a mandatory report of criminal abuse is confidential and is not subject to disclosure without the consent of that individual or by order or subpoena of a court of record. An individual acting in good faith who makes a report of criminal abuse against a recipient is immune from civil or criminal liability that might otherwise be incurred. This immunity from civil or criminal liability extends only to the mandatory reporting and does not extend to a negligent act that causes personal injury or death.
6. An individual who makes a mandatory report of criminal abuse in good faith shall not be dismissed or otherwise penalized by the CMHA-CEI Network or provider for making the report.
7. Suspected criminal abuse is not required to be reported either
- a. If the suspected criminal abuse has been reported to the appropriate law enforcement agency, or
 - b. If the suspected criminal abuse occurred more than one year before the date on which it first became known to an individual who would otherwise be required to make a report.
8. Confidential information or privileged communications shall not be included in the mandatory report of criminal abuse unless either (or both) of the following circumstances apply:
- a. The suspected criminal abuse is alleged to have been committed or caused by
 - (1) A mental health professional.
 - (2) An individual employed by or under contract to the Michigan Department of Community Health.
 - (3) An individual employed by or under contract to a licensed facility.
 - (4) An individual employed by or under contract to the CMHA-CEI Network or provider.
 - (5) An individual employed by a service provider under contract to the Department of Community Health.
 - (6) An individual employed by a service provider under contract to a licensed facility.
 - (7) An individual employed by a service provider under contract to the CMHA-CEI Network or provider.
 - b. The suspected criminal abuse is alleged to have occurred in
 - (1) A state facility.
 - (2) A licensed facility.

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- (3) A CMHA-CEI Network program site.
 - (4) A CMHA-CEI Network provider program site.
 - (5) The work site of an individual employed by or under contract to the Department of Community Health.
 - (6) The work site of an individual employed by or under contract to a licensed facility.
 - (7) The work site of an individual employed by or under contract to the CMHA-CEI Network.
 - (8) A place where a recipient is under the supervision of an individual employed by or under contract to the Department of Community Health.
 - (9) A place where a recipient is under the supervision of an individual employed by or under contract to a licensed facility.
 - (10) A place where a recipient is under the supervision of an individual employed by or under contract to the CMHA-CEI Network.
 - (11) A place where a recipient is under the supervision of an individual employed by or under contract to a CMHA-CEI Network provider.
9. Mental health professionals are also required to report allegations of abuse and neglect to protective service departments of the Michigan Department of Health and Human Services.
 10. All staff shall cooperate fully with law enforcement, the RRO, and any other investigators during an investigation. Failure to cooperate with an investigation shall result in administrative action.
 11. Staff shall cooperate in the prosecution of appropriate criminal charges against those who have engaged in criminal abuse.
 12. A staff person who intentionally fails to report a reasonable suspicion of criminal abuse or who knowingly makes a false report is guilty of a misdemeanor and civilly liable for damages caused by the violation.
- C. Reporting requirements for all allegations of abuse or neglect:
1. A staff person shall IMMEDIATELY report every incident of suspected abuse, neglect, or mistreatment, and incidents for which abuse cannot be ruled out, to the RRO.
 2. The RRO shall ensure that referrals are made to the protective services department and the foster care licensing division of Michigan's Michigan Department of Health and Human Services, as appropriate. Investigation by RRO shall be completed in cooperation with law enforcement and other investigative authorities.
 3. Any employee, volunteer, or agent of the CMHA-CEI Network and provider who suspects that any form of abuse or neglect has occurred shall notify their supervisor or program director/designee. A report to a supervisor or program director/designee does not relieve the individual staff person from the mandatory reporting requirements. Failure to report suspected abuse in a timely manner shall be considered neglect, and may result in administrative action.

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4. All employees, volunteers or agents of the CMHA-CEI Network and providers shall cooperate fully with the RRO and any other investigators during an investigation. Failure to cooperate with an investigation shall result in administrative action.
5. When there is reasonable cause to suspect that a staff person, either directly or as an accomplice, has been involved in the abuse of a recipient, that staff person shall not continue in his/her present work assignment during the investigation of allegation(s) of abuse.
6. The Director of Quality, Customer Service, and Recipient Rights shall assure that allegations of abuse and neglect are investigated.
 - a. The RRO shall provide a prompt and thorough review of allegations of abuse and neglect that is fair to both the recipient alleged to have been abused, and to the employee, volunteer, or agent of the CMHA-CEI Network or provider alleged to have violated the recipient's rights.
 - b. Investigations conducted by the RRO shall be done in cooperation with law enforcement, DHHS protective services and AFC licensing, as appropriate.
 - c. The RRO shall use the preponderance of the evidence standard in determining whether a right has been violated.
 - d. If an allegation is found to be substantiated, the complaint shall be considered closed only when appropriate remedial action, including disciplinary action as appropriate, has been taken.
7. The CMHA-CEI Chief Executive Officer shall ensure that an appropriate penalty shall be given to the staff in cases of substantiated allegations of abuse or neglect. Such penalty may include official reprimand, demotion, suspension, reassignment, or dismissal, each of which shall be considered discipline.
8. All staff are required to report, orally and in writing, allegations of child abuse or neglect to the Michigan Department of Health and Human Services in accordance with the Child Protection Law, even if the child is not a recipient of the CMHA-CEI Network, when the staff has reasonable cause to suspect child abuse or neglect.
9. All staff are required to make an oral report of suspected cases of adult abuse, neglect, or exploitation to the Michigan Department of Health and Human Services in accordance with the Adult Protective Services Act, even if the adult is not a recipient of the CMHA-CEI Network, when the staff has reasonable cause to suspect adult abuse, neglect, or exploitation.

III. Definitions:

- A. Abuse: Non-accidental physical or emotional harm to a recipient, or sexual contact with or sexual penetration of a recipient as those terms are defined in section 520a of the Michigan penal code, Act No 328 of the Public Acts of 1931, being section 750.520a of the Michigan Compiled Laws, that is committed by an employee or volunteer, or agent of the CMHA-CEI Network or provider.

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- B. Abuse, Class I: A non-accidental act or provocation of another to act by an employee, volunteer, or agent of the CMHA-CEI Network or provider that caused or contributed to the death of, sexual abuse of, or serious physical harm to a recipient.
- C. Abuse, Class II: Any of the following:
 - 1. A non-accidental act, or provocation by another to act, by an employee, volunteer, or agent of the CMHA-CEI Network or provider that caused or contributed to non-serious physical harm to a recipient.
 - 2. The use of unreasonable force on a recipient by an employee, volunteer, or agent of the CMHA-CEI Network or provider, with or without apparent harm.
 - 3. Any action, or provocation of another to act, by an employee, volunteer or agent of the CMHA-CEI Network or provider that causes or contributes to emotional harm to a recipient.
 - 4. An action taken on behalf of a recipient by an employee, volunteer, or agent of the CMHA-CEI Network or provider who assumes the recipient is incompetent, despite the fact that a guardian has not been appointed, that results in substantial economic, material, or emotional harm to the recipient.
- D. Abuse, Class III: The use of language or other means of communication by an employee, volunteer, or agent of the CMHA-CEI Network or provider to degrade, threaten, or sexually harass a recipient.
- E. Accident: An event that is unexpected and unintended.
- F. Allegation: An assertion that a recipient's right may have been violated.
- G. Assault: Any willful attempt or threat to inflict injury when coupled with the apparent present ability to do so and any intentional display of force such as would give the victim reason to fear or expect immediate bodily harm.
- H. Battery: Any unlawful touching of another which is without justification or excuse.
- I. Criminal abuse:
 - 1. Any of the following:
 - a. An assault that is a violation or an attempt or conspiracy to commit a violation of sections 81 to 90 of the Michigan Penal Code, Act No. 328 of the Public Acts of 1931, being sections 750.81 to 750.90 of the Michigan Compiled Laws. This is
 - (1) Assault.
 - (2) Assault and battery.
 - (3) Aggravated assault.
 - (4) Felonious assault (deadly weapon).
 - (5) Assault with intent to murder.
 - (6) Assault with intent to do great bodily harm less than murder.
 - (7) Assault with intent to maim.
 - (8) Assault with intent to commit a felony.
 - (9) Assault with intent to rob while unarmed.

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- (10) Assault with intent to rob while armed.

- b. A criminal homicide that is a violation or an attempt or conspiracy to commit a violation of section 316, 317, or 321 of Act No. 328 of the Public Acts of 1931, being sections 750.316, 750.317, and 750.321 of the Michigan Compiled Laws. This is
 - (1) First degree murder.
 - (2) Second degree murder.
 - (3) Manslaughter

- c. Criminal sexual conduct that is a violation or an attempt or conspiracy to commit a violation of sections 520b to 520e or 520g of Act No. 328 of the Public Acts of 1931, being sections 750.520b to 750.520e and 750.520g of the Michigan Compiled Laws. This is
 - (1) Criminal sexual conduct in the first degree.
 - (2) Criminal sexual conduct in the second degree.
 - (3) Criminal sexual conduct in the third degree.
 - (4) Criminal sexual conduct in the fourth degree.

- d. Vulnerable adult abuse that is a violation or an attempt or conspiracy to commit a violation of section 145n of the Michigan Penal Code, Act No. 328 of the Public Acts of 1931, being section 750.145n of the Michigan Compiled Laws.

- e. Child abuse that is a violation or an attempt or conspiracy to commit a violation of section 136b of Act No. 328 of Public Acts of 1931, being section 750.136b of the Michigan Compiled Laws.
 - (1) "Child abuse" means harm or threatened harm to a child's health or welfare by a parent, legal guardian, or any other person responsible for the child's health or welfare or by a teacher or teacher's aide that occurs through non-accidental physical or mental injury; sexual abuse, sexual exploitation, or maltreatment.
 - (a) "Sexual exploitation" includes allowing, permitting, or encouraging a child to engage in prostitution, or allowing, permitting, encouraging, or engaging in the photographing, filming, or depicting a child engaged in a listed sexual act as defined in section 145c of Act No. 328 of the Public Acts of 1931, being section 750.145c of the Michigan Compiled Laws.

 - (2) "Child neglect" means harm or threatened harm to a child's health or welfare by a parent, legal guardian, or any other person responsible for the child's health or welfare that occurs through either of the following
 - (a) Negligent treatment, including the failure to provide adequate food, clothing, shelter, or medical care.
 - (b) Placing a child at an unreasonable risk to the child's health or welfare by failure of the parent, legal guardian, or any other person responsible for the child's health or welfare to intervene to eliminate that risk when that person is able to do so and has, or should have, knowledge of the risk.

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2. Criminal abuse does not include an assault or an assault and battery that is a violation of section 81 of Act No. 328 of the Public Acts of 1931, being section 750.81 of the Michigan Compiled Laws, that is committed by a recipient against another recipient.
- J. Degrade:
1. Treat humiliatingly: to cause somebody a humiliating loss of status, reputation, or self-esteem; make worthless; to cause a person to feel that they or other people are worthless and do not have the respect or good opinion of others.
 2. Any language or epithets that insult a person's heritage, mental status, race, sexual orientation, gender, intelligence, etc.
- K. Emotional harm: Impaired psychological functioning, growth, or development of a significant nature as evidenced by observable physical symptomatology and as determined by a mental health professional.
- L. Failure to report: Deliberately omitting communication concerning firsthand knowledge or witnessing of any abuse, neglect, accident, injury, or illness.
- M. Falsification of care and treatment records: Any of the following
1. Willfully causing entry of untrue observations.
 2. Introducing untrue notations and entries.
 3. Failing to make timely entries of observations and/or necessary information.
- N. Force: The use of power or violence to compel or restrain.
- O. Neglect: An act or failure to act committed by an employee, volunteer, or agent of the CMHA-CEI Network or provider that denies a recipient the standard of care or treatment to which he or she is entitled.
- P. Neglect, Class I: Either of the following:
1. An act of commission or omission by an employee, volunteer, or agent of the CMHA-CEI Network or provider that results from noncompliance with a standard of care or treatment required by law, rules, policies, guidelines, written directives, procedures, or individual plan of service that cause or contribute to the death of, or serious physical harm to, a recipient.
 2. The failure to report apparent or suspected abuse Class I or neglect Class I of a recipient.
- Q. Neglect, Class II: Either of the following:
1. An act of commission or omission by an employee, volunteer, or agent of the CMHA-CEI Network or provider that results from noncompliance with a standard of care or treatment required by law, rules, policies, guidelines, written directives, procedures, or individual plan of service that cause or contribute to non-serious physical harm or emotional harm to a recipient.
 2. The failure to report apparent or suspected abuse Class II or neglect Class II of a recipient.
- R. Neglect, Class III: Either of the following:

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1. An act of commission or omission by an employee, volunteer, or agent of the CMHA-CEI Network or provider that results from noncompliance with a standard of care or treatment required by law, rules, policies, guidelines, written directives, procedures, or individual plan of service that either placed, or could have placed, a recipient at risk of physical harm.
 2. The failure to report apparent or suspected abuse Class III or neglect Class III of a recipient.
- S. Non-serious physical harm: Physical damage suffered by a recipient that a physician or registered nurse determine could not have caused, or contributed to, the death of a recipient, the permanent disfigurement of a recipient, or an impairment of his or her bodily functions.
- T. Mistreatment: An action, or lack of action, by staff which is detrimental to care or treatment.
- U. Reasonable cause: A suspicion founded upon circumstances sufficiently strong to warrant a reasonable person to believe that the suspicion is true.
- V. Recipient: An individual who receives mental health or substance abuse services from the CMHA-CEI Network or provider.
- W. Self-abuse: An act by a recipient which results, or may result, in self-inflicted injury to the recipient.
- X. Serious physical harm: Physical damage suffered by a recipient that a physician or registered nurse determine caused or could have caused the death of a recipient, caused the impairment of a recipient's bodily functions, or caused the permanent disfigurement of a recipient.
- Y. Sexual abuse: Any sexual contact or sexual penetration as defined in section 520a(k) and (l) of Act No. 328 of the Public Acts of 1931, as amended, being section 750.520a (k) and (l) of the Michigan Compiled Laws, involving an employee, volunteer, or agent of the CMHA-CEI Network or provider, and a recipient.
- Z. Sexual harassment: Action by an employee, volunteer, or agent of the CMHA-CEI Network or provider which is a sexual advance to a recipient, request for sexual favors from a recipient, or other conduct or communication of a sexual nature toward a recipient.
- AA. Staff: An employee, volunteer, or agent of the CMHA-CEI Network or provider.
- BB. Threaten: To tell someone that you will hurt them or cause problems if they do not do what you want.

IV. **Monitor and Review:**

This procedure is reviewed annually by the Director of Quality, Customer Service, and Recipient Rights. This procedure is monitored by accrediting bodies and regulatory agencies as applicable.

V. **References:**

- A. PA 258 of 1974, "Michigan's Mental Health Code", as amended

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1. 330.1100a--Definitions
 2. 330.1100b--Definitions
 3. 330.1700--Definitions
 4. 330.1722--Protection of recipient from abuse or neglect
 5. 330.1723--Suspected abuse of recipient or resident; report to law enforcement agency
 6. 330.1723c--Violation of [section] 330.1723 or making of false report as misdemeanor; civil liability
- B. PA 238 of 1975, "Child Protection Law", as amended
- C. MDHHS/CMHSP Managed Mental Health Supports and Services Contract FY19 Attachment C6.3.2.3B

VI. Related Policies and Procedures:

CMHA-CEI Policy 3.3.14, Abuse, Neglect, or Mistreatment of Recipients

VII. Review Log:

Review Date	Reviewed By	Changes (if any)
05/12/04 03/16/05 01/31/07 12/04/07 05/26/10 02/06/12 03/10/13 07/06/16		
2/21/17	QCSRR Director	Update to New Format
2/20/18	QCSRR Director	No changes
4/22/19	QCSRR Director, QI Specialist	Minor changes to spelling/grammar, definitions added for degrade and threaten from MDHHS/CMHSP Contract.
10/14/19	RR Specialist	Added language to neglect definitions (III.P-R)
5/12/20	QCSRR Director, RR specialist, QI Specialist	No changes

VIII. Attachments:

N/A



CMHA-CEI Policies and Procedure Manual

Title:	3.6.21, Access to Entertainment Materials, Information, and News		
Subject:	Recipient Rights		
Section:	Clinical		
Policy: <input type="checkbox"/> Procedure: X	Issued by: Director of Quality, Customer Service, and Recipient Rights (QCSRR)	Effective Date: 04/12/84	Applies to: X All CMHA-CEI staff X Contract Providers
Page: 1 of 3	Approved by: N/A	Review Date: 5/12/20	<input type="checkbox"/> Other:

I. Purpose:

To establish processes for ensuring the right to access entertainment materials, information, and news for recipients of mental health services in residential settings.

II. Procedures:

- A. The residential provider shall establish written policies and procedures that provide for all of the following:
 - 1. Any general program restrictions on access to material for reading, listening, or viewing.
 - 2. Determining a resident’s interest in, and provide for, a daily newspaper.
 - 3. Permit attempts by the staff person in charge of the plan of service to persuade a parent or guardian of a minor to withdraw objections to material desired by the minor.
 - 4. A mechanism for residents to appeal denial of their right to entertainment materials, information and news, and to remedy a wrongful denial.
 - 5. Any specific restrictions on a living unit or for the therapeutic benefit of the residents as a group.
- B. The residential provider may limit access to entertainment materials, information, or news only if such a limitation is specifically approved in the resident’s individualized plan of service.
- C. The clinician responsible for the written plan of service shall ensure that any limitation to a recipient’s right to access entertainment materials, information, or news, when clinically appropriate, is justified and documented in the plan of service. Behavior Treatment Plans must be implemented, as appropriate, for such restrictions.
- D. The responsible clinician shall ensure that the limitation is removed from the treatment plan when it is no longer clinically justified.
- E. The residential provider, or staff, shall document each instance when a limitation is imposed, in the resident’s record.
- F. The residential provider, or staff, shall not limit access to entertainment materials, information, or news when such limitations can no longer be clinically justified.
- G. Staff are responsible for implementing treatment plans.

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- H. Staff shall not prevent a resident from reading written or printed material, or from viewing or listening to television, radio, recordings, or movies made available at the residence for reasons of, or similar to, censorship.
- I. Residential providers of minor recipients shall allow a minor to read or view material not prohibited by law, unless there is an objection by the minor's parent or guardian who has legal custody of the minor.

III. Definitions:

- A. Censorship: the power to delete or suppress the contents of written or printed matter.
- B. Center: a facility operated by the Department of Community Health to admit individuals with developmental disabilities and provide habilitation and treatment services.
- C. Facility: a residential facility for the care or treatment of individuals with serious mental illness, serious emotional disturbance, or developmental disability that is either a state facility or a licensed facility.
- D. Hospital or psychiatric hospital: an inpatient program operated by the Department of Community Health for the treatment of individuals with serious mental illness or serious emotional disturbance or a psychiatric hospital or psychiatric unit licensed under the regulations of the state of Michigan.
- E. Licensed facility: a facility licensed by the Department of Community Health under the regulations of the state of Michigan, or an adult foster care facility.
- F. Resident: an individual who receives services in a facility.

IV. Monitor and Review:

This procedure is reviewed annually by the Director of Quality, Customer Service, and Recipient Rights. This procedure is monitored by accrediting bodies and regulatory agencies as applicable.

V. References:

- A. PA 258 of 1974, "Michigan's Mental Health Code", as amended 330.1752--Policies and procedures
- B. Administrative Rules R 330.7139--Resident's right to entertainment materials, information, and news.
- C. CMHA-CEI Policy 3.6.2, "Rights of Recipients Including Consumers in Community Residences"

VI. Related Policies and Procedures:

Procedure #: 3.6.21 Title: Access to Entertainment Materials, Information, and News
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CMHA-CEI Policy 3.6.21 Access to Entertainment Materials, Information, and News

VII. Review Log:

Review Date	Reviewed By	Changes (if any)
03/16/04	-	-
05/15/05	-	-
02/01/07	-	-
05/26/10	-	-
02/06/12	-	-
03/10/13	-	-
02/13/17	QCSRR Director	Updated to new format
2/20/18	QCSRR Director	No changes
4/19/19	QCSRR Director, QI Specialist	Added language about behavior treatment plans for restrictions
5/12/20	QCSRR Director, QI Specialist	No changes

VIII. Attachments:

N/A



CMHA-CEI Policies and Procedure Manual

Title:	3.6.07, Advance Directives		
Subject:	RECIPIENT RIGHTS		
Section:	Clinical		
Policy: <input type="checkbox"/> Procedure: <input checked="" type="checkbox"/>	Issued by: Director, Quality, Customer Service, and Recipient Rights	Effective Date: 02/01/07	Applies to: <input checked="" type="checkbox"/> All CMHA-CEI staff <input checked="" type="checkbox"/> Contract Providers
Page: 1 of 6	Approved by: N/A	Review Date: 1/31/20	<input checked="" type="checkbox"/> Other:

I. Purpose:

To ensure that employees of Community Mental Health Authority of Clinton, Eaton, and Ingham Counties (CMHA-CEI) and its contractors comply with federal and state regulations to provide adult Medicaid enrollees with information regarding advance directives and provide appropriate information to staff and to the public. Operating Guidelines will be implemented by each program to address needs and issues specific to that program.

II. Procedures:

- A. Adult beneficiaries who receive services from CMHA-CEI and its sub-contractors will receive written information on advance directives (AD), including a summary of current Michigan law and their rights under that law, at the time of enrollment into services and upon request. Documentation of the provision of information will be found in the "Assessment" portion of the Medical Record with the following questions: "Advance Directives: Yes, Consumer was informed a copy is needed in order to be honored. No, Consumer was offered information".
- B. Documentation that the information was provided will indicate:
 - 1. Date that the consumer received the information on advance directives and state law.
 - 2. If the enrollee has executed an advance directive.
 - 3. If the consumer has an AD, the executed AD will become part of the mental health record.
- C. The beneficiary's status related to advance directives shall be updated at least annually or when changes occur.
- D. When a legally executed AD has been provided to CMHA-CEI or its subcontractors, responsible staff shall provide a copy of the AD to other treating health professionals when this is consistent with the desires of the consumer or when invoked, the consumer advocate.
- E. If the consumer is incapacitated at the time of enrollment and unable to receive information or indicate if she/he has developed an advance directive, the written information may be given to the family or surrogate in the same manner in which other information is provided. When the consumer is able to receive the written information, it will be provided directly to the consumer.

- F. Revocation of a consumer advocate designation may occur under one or more of the following conditions:
 - 1. The consumer's death, except for authorization for the consumer advocate to make an anatomical gift of all or part of the deceased consumer's body.
 - 2. An order by the court.
 - 3. The consumer advocate's resignation or removal by the court unless a successor has been designated.
 - 4. The consumer's revocation of the consumer advocate designation.
 - a. The consumer may revoke the consumer advocate designation at any time and in any manner by which he or she can communicate the intent to revoke.
 - b. If there is a dispute about the consumer's intent, the court may decide on the consumer's intent.
 - c. If a spouse is named as consumer advocate and since that designation a divorce, separation or annulment has occurred, the consumer advocate designation for the spouse is revoked unless a successor was named.
 - 5. If the revocation is not in writing, a witness shall record, in writing, the circumstances of the revocation in the clinical record. If the consumer's physician, mental health professional or the health care facility has notice of the revocation, that professional/facility will note the revocation in the consumer records and notify the consumer advocate.
 - 6. A consumer advocate/mental health facility who acts in good faith under the AD without knowledge of the revocation is still bound by the AD until such notification is received
- G. **Consumer waiver of the right to revoke the AD:**
 - 1. The Consumer with an AD may waive the right to immediately revoke a consumer advocate designation.
 - 2. When the consumer has waived the right to revoke the consumer advocate designation, the AD will remain in effect for 30 consecutive days after the revocation.
- H. A consumer advocate may exercise the power to make health care treatment decisions only after two physicians examine the consumer and certify in writing that he/she is unable to give informed consent for health care decisions on his/her own behalf. In the case of advance directives for psychiatric care, a physician and a mental health professional must examine the consumer and certify in writing that the consumer is unable to give informed consent for mental health treatment.
- I. Providers will not discriminate against or make completion of an advance directive as a condition for services.
- J. The organization's individual providers who cannot implement an advance directive as a matter of conscience must do all of the following:
 - 1. Notify in writing the CEI Compliance Officer immediately of the objection.
 - 2. Clarify whether the objection is that of the organization or individual providers within the organization.
 - 3. Identify the State legal authority permitting such objections.
 - 4. Describe the range of psychiatric and/or medical conditions or procedures affected by the conscientious objection.
- K. Providers will receive education concerning policies and procedures on advance directives.

- L. Community Education will be provided directly or in concert with other providers which includes information on:
 - 1. Definition of an advance directive
 - 2. The right to make decisions concerning medical and/or psychiatric care, including the right to accept or refuse medical, surgical, or psychiatric treatment, and the right to develop advance directives.
 - 3. How an advance directive enhances an incapacitated individual's control over medical and/or psychiatric treatment.
 - 4. Relevant state law.
 - 5. The written materials used may vary depending on the setting but must include the content listed in numbers 1-4 above.
- M. Changes in State law will be reflected in policies/procedures as soon as possible but no later than 90 days after the effective date.
- N. Individuals who feel that CMHA-CEI and its sub-contractors are not in compliance with advance directive requirements may file a complaint with

Bureau of Community Mental Health Services,
Lewis Cass Building,
320 S. Walnut Street,
Lansing MI 48913

- O. Do not Resuscitate Order (DNRO):
 - a. Some people do not want any special efforts made to prolong their life. Many people do not want to be revived after their heart and breathing stop. Under Michigan law, people may choose to sign something called a do-not-resuscitate order. This tells health care professionals not to try to revive them.
 - b. A do-not-resuscitate order, also known as a DNR or DNRO, is a special kind of advance directive, prepared by a competent adult.
 - c. A consumer with a guardian would need a DNR signed by a judge to be valid, as consumers with guardians are considered to not be competent.
 - d. Adult Foster Care homes can honor/enforce DNR orders. If a consumer in an AFC who has a DNR order stops breathing and their heart stops, staff MUST call 911 and ask what to do. Staff are to tell the 911 operator there is a DNR order but if CPR is advised, it must be done until EMTs arrive.
 - e. A DNR in a hospital setting is different than a DNR that is used outside of a hospital. If a person has a valid DNR in a hospital and gets discharged, they would need a new DNR for locations outside of the hospital. A DNR present and valid prior to hospitalization will generally remain valid after hospitalization as well.

III. Definitions:

A. Advance Directive:

A written document in which a competent individual, 18 years or older, gives directions regarding his/her medical or mental health care that will be followed if the individual is unable to make decisions about care. The decision to have an advance directive is voluntary and medical or mental health care will not be denied if someone does not have an advance directive.

B. Crisis Plan:

A document for support people to follow that protects individual choices and promotes recovery. It provides a set of directions and preferences for the individual's personal life that others may follow during times when the individual experiences illness or injury. A crisis plan is not enforceable by Michigan law, and does not take the place of an advance directive.

C. Do-not-resuscitate order (DNRO):

A do-not-resuscitate order, also known as a DNR or DNRO, is a special kind of advance directive, prepared by a competent adult over 18 years of age. The DNRO may direct that if a consumer's breathing and heart stop outside of a hospital or other medical facility, the consumer will not be resuscitated. There may also be special instructions when the person's death is expected or has an illness that will cause death.

D. Durable power of attorney for health care (DPAHC) (AKA health care proxy and/or consumer advocate):

A durable power of attorney for health care, also known as a health care proxy or a consumer advocate designation, is a document in which an individual appoints another individual to make treatment and related personal care decisions for him/her when he/she cannot give informed consent for health care treatment. The person appointed is called a consumer advocate. In addition, the individual may choose to have his/her consumer advocate make decisions about mental health care. A consumer advocate must be 18 years of age, competent and agree in writing to become the consumer advocate. This form of an advance directive is fully recognized by Michigan courts.

E. Living Will:

A type of advance directive not legally binding in Michigan. A living will allows a person to specify what type of treatment he/she does or does not want at a future date if he/she is unable to participate in his/her health care decisions. A living will does not designate a consumer advocate.

F. Consumer/Beneficiary/Enrollee

For the purposes of this procedure, these terms will reference a consumer of mental health services.

G. Consumer Advocate (patient advocate):

Michigan law allows a person, 18 years of age or older to be appointed by another individual 18 years of age or older and competent, to act on behalf of the consumer when he/she is unable to make his/her own decisions on health care. The consumer advocate must agree in writing to act on matters designated by the consumer such as care, custody, medical and/or mental health decisions when the individual is unable to participate in his/her treatment decisions. Two other adults must witness the appointment of a consumer advocate. The witnesses cannot be related to the consumer, cannot be the person who is being appointed as the consumer advocate and cannot be employed by any of the consumer's healthcare providers. The consumer advocate appointment

expires when the consumer dies except that he/she may be given the authority, which extends after death, to make an anatomical gift.

H. Psychiatric Advance Directive (PAD):

This document may also be known as an Advance Directive which may contain information on medical and/or mental health care preferences. These documents are similar to living wills. These documents require a consumer advocate be appointed to be legally binding in Michigan.

IV. **Monitor and Review:**

This procedure is reviewed annually by the Director of Quality, Customer Service, and Recipient Rights. This procedure is monitored by accrediting bodies and regulatory agencies as applicable.

V. **References:**

- A. PA 258 of 1974, "Michigan's Mental Health Code", as amended
 - 1. 330.1100a--Definitions
 - 2. 330.1100b--Definitions
 - 3. 330.1700--Definitions
 - 4. 330.1722--Protection of recipient from abuse or neglect
 - 5. 330.1723--Suspected abuse of recipient or resident; report to law enforcement agency
 - 6. 330.1723c--Violation of [section] 330.1723 or making of false report as misdemeanor; civil liability
- B. PA 238 of 1975, "Child Protection Law", as amended
- C. Michigan Do-Not-Resuscitate Procedure Act 193 of 1996
- D. AG Opinion 6986 on Do Not Resuscitate: AFC Facilities
- E. AG Opinion 7009 on Do Not Resuscitate: Minors
- F. AG Opinion 7056 on Do Not Resuscitate: Patient Advocate
- G. 42 CFR 438.6 (i): Advance Directives
- H. 42 CFR 422.128: Information on Advance Directives
- I. 42 CFR 489.102: Requirements for Providers
- J. 42 CFR 489.100: Definition
- K. MCL 700.5506: Psychiatric Advance Directives
- L. MCL 700.5507: Consumer Advocate Designation
- M. MCL 700.5508: Determination of advocates' authority to act
- N. MCL 700.5509: Authority and Responsibilities of consumer advocate
- O. MCL 700.5510: Revocation of consumer advocate designation
- P. MCL 700.5511: Binding Effect
- Q. PA 532, 2004: Mental Health Professional

VI. **Related Policies and Procedures:**

CMHA-CEI Policy	3.6.07	Advance Directives for Health Care
CMHA-CEI Procedure	3.2.10	Content and Order of the Clinical Record

VII. **Review Log:**

Review Date	Reviewed By	Changes (if any)
03/06/08	-	-
07/03/08	-	-
05/05/11	-	-
02/06/12	-	-
04/20/17	QCSRR Director	Updated to new format
12/27/18	Critical Incident Review Committee, QCSRR Director, Medical Director	Adding information under DNRO
1/31/20	QCSRR Director, UM Supervisor, QI Specialist	No changes

VIII. Attachments:

N/A



CMHA-CEI Policies and Procedure Manual

Title:	3.6.17, Appeals and Grievances		
Subject:	RECIPIENT RIGHTS		
Section:	Clinical		
Policy: <input type="checkbox"/> Procedure: <input checked="" type="checkbox"/>	Issued by: Director of Quality, Customer Service, and Recipient Rights	Effective Date: 01/17/99	Applies to: <input checked="" type="checkbox"/> All CMHA-CEI staff <input checked="" type="checkbox"/> Contract Providers <input checked="" type="checkbox"/> Other: Consumers
Page: 1 of 13	Approved by: N/A	Review Date: 4/17/20	

I. Purpose:

To provide a fair and efficient process for resolving concerns, complaints, disputes, grievances and appeals from recipients of service or applicants for service, related to suspension, termination, reduction or denial of services and supports managed and/or delivered by Community Mental Health Authority of Clinton, Eaton, and Ingham Counties (CMHA-CEI).

II. Procedures:

A. Underlying values and principles of CMHA-CEI’s grievance and appeal process:

1. Timely;
2. Fair to all parties;
3. Administratively simple;
4. Objective and credible;
5. Accessible and understandable to consumers;
6. Cost and resource efficient; and
7. Subject to quality review.

B. Characteristics of complaint resolution systems:

1. CMHA-CEI’s resolution system will follow the requirements set forth in the Grievance and Appeal Technical Requirement Guidelines from the Michigan Department of Health and Human Services.
2. All processes will promote the resolution of concerns and improvement of the quality of care.
3. Applicants/recipients may access more than one process simultaneously or sequentially.
4. Complaints should be resolved at the level closest to service delivery when possible but information regarding access to all complaint resolution processes will be provided to the applicant/recipient of services. If unable to resolve the complaint at the unit, department or program level, the administrator will assist the individual in filing appropriate forms to access appeals/grievances processes as defined in this procedure.
5. Written notification of complaint resolution will be provided to the individual with information about additional appeals/grievance processes.

6. The CMHA-CEI Customer Service department will be the contact point for the appeals/grievance system.

C. When to share appeals processes information

1. **At the initial face to face contact** with an applicant/legal representative, a copy of the Member Handbook will be provided.
2. **At the annual intake** each consumer shall be offered a new copy of the Member Handbook
3. **When requested by a consumer/authorized representative.** Questions about the appeal and grievance process can be directed to CMHA-CEI's Customer Service staff.
4. **When a decision is made to admit a recipient to a hospital, crisis residential unit or a partial hospitalization program,** notice is provided to that recipient/legal representative that he/she will be discharged when he/she no longer meets continuing stay criteria. The notice will identify the appeal processes that are available if the recipient disagrees with the decision. The notice may be presented in person or mailed to individual's home address on the day of admission. Appeal processes include:
 - a. Internal grievance and appeal process
 - b. Recipient Rights process
5. **When denial of hospitalization/Services/Supports occurs,** the applicant is provided with written notification of the following:
 - a. Adverse Benefit Determination Notice
 - b. Second opinion process
 - c. Request for Internal Appeal
 - d. Community Resource List
6. **When services are reduced, suspended or terminated outside the person centered planning/individual plan of service process** the recipient/legal representative is provided written notification of the following:
 - a. Adverse Benefit Determination Notice
 - b. Request for Internal Appeal
 - c. Community Resource List
7. **When changing current services**
 - a. According to the Grievance and Appeal Technical Requirement, notice must be given at least 10 calendar days prior to reducing, suspending, or terminating currently authorized services for Medicaid consumers. CMHA-CEI provides a 14-day notice for all reductions, suspensions, or terminations of currently authorized services for Medicaid consumers.

- b. Notice must be given at least 30 days prior to reducing, suspending, or terminating currently authorized services for Non-Medicaid Consumers.
- c. Giving prior notice allows for the consumer to determine if they would like to appeal prior to the change in service happens.

D. Notice of Action Requirements – The notice of action to the recipient/beneficiary will be in writing and will meet the language format needs of the individual to understand the content (i.e. the format will meet the needs of those with Limited English Proficiency and/or Limited Reading Proficiency).

1. A notice of any decision by CMHA-CEI to deny a service authorization request or to authorize a service in an amount, duration or scope that is less than requested.
2. If the recipient/beneficiary or representative requests an internal appeal not more than **10 calendar days** from the date of the notice of action, CMHA-CEI must reinstate the Medicaid services until the disposition of the appeal.
3. If the recipient's/beneficiary's services were reduced, terminated or suspended without an advance notice, CMHA-CEI must reinstate services to the level before the action.
4. If the utilization review function is not performed within an identified organization, program or unit, any decision to deny, suspend, reduce, or terminate a service occurring outside of the person centered planning process still constitutes an action, and requires a written notice of action.

E. Internal Appeals Processes

1. CMHA-CEI service recipients may request an internal appeal under the following conditions:
 - i. The recipient has 60 calendar days from the date of the notice of action to request an internal appeal.
 - ii. An oral request for an internal appeal of an action is treated as an appeal to establish the earliest possible filing date for an appeal. The oral request must be confirmed in writing unless the recipient requests and expedited resolution (reference definition of an Expedited Appeal).
 - iii. If the beneficiary, or representative, requests an internal appeal not more than 10 calendar days from the date of the notice of action, CMHA- CEI must reinstate the services until the disposition of the internal appeal.
2. The CMHA-CEI Customer Services Department is available to assist recipients in the filing of an internal appeal, if needed.
3. Internal Appeals are forwarded to the Department of Quality, Customer Services and Recipient Rights (QCSRR) for logging, evaluation and processing.
4. The QCSRR Department will send the recipients or their representatives an acknowledgement letter within 5 business days of receipt of the internal appeal.

5. CMHA- CEI will resolve the appeal and provide notice of determination to the affected parties as expeditiously as the recipient's health condition requires, but not to exceed 30 calendar days from the day the CMH receives the internal appeal.
6. Expedited Resolution
 - i. CMHA-CEI will resolve requests for resolution of an expedited appeal and provide written notice of determination to the affected parties no longer than 72 hours after CMHA-CEI receives the request for the expedited resolution of the appeal.
 - ii. CMHA-CEI will also make reasonable efforts to provide oral notice of an expedited resolution.
 - iii. An expedited resolution is required when CMHA-CEI determines that taking the time for a standard resolution could seriously jeopardized the beneficiary's life or health or ability to attain, maintain, or regain maximum function.
 - iv. CMHA-CEI may extend the notice of disposition timeframe by up to 14 calendar days if the recipient requests an extension, or if CMHA-CEI shows to the satisfaction of the State that there is a need for additional information and how the delay is in the recipient's interest.
 - v. If CMHA-CEI denies a request for expedited resolution of an appeal, it must:
 - a) Transfer the appeal to the timeframe for standard resolution or no longer than **30 days** from the date the CMH receives the appeal;
 - b) Make reasonable efforts to give the recipient **prompt oral notice** of denial, and
 - c) Give the beneficiary follow-up **written notice** within **two (2) calendar days**.

F. Content of Notices of Determination of Internal Appeal

1. Notices will include an explanation of the results of the determination and the date it was completed.
2. When the appeal is not resolved wholly in favor of the consumer, the notice of disposition will also include the following language:

"If you are a Medicaid Beneficiary, you can also ask for a Medicaid Fair Hearing within 120 days after the date printed at the top of this letter. You must do this in writing. You or a person you choose must sign this.

- If you request the Fair Hearing within 10 days of the date on the determination notice, or before the changes listed in the letter occur, your services will usually continue until the Judge makes a decision about your appeal.
- If you choose to continue the services until the Judge makes a decision, you may have to pay back the service fees if:

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- The judge agrees that the services named above should be stopped or reduced.
- You decide you don't want a hearing and withdraw your request.
- You do not attend your hearing.

For more information about Medicaid Fair Hearings, please contact our Customer Services Department by calling 517-346-8244 or toll free, 1-877-333-8933 or write to Customer Service at CMHA-CEI, 812 E. Jolly Rd., Lansing, MI 48910.

If you need an Urgent Hearing because waiting will affect your health, call the Administrative Tribunal at 1-877-833-0870 and tell them you need an expedited hearing."

G. Grievance Process

1. Recipients and/or their legal representative may request an informal resolution of a care concern through the following chain of command beginning with the recipient's case manager /primary therapist/supports coordinator, where their services are provided. The request may be presented in person, on the telephone or in writing.
2. The involved staff will arrange a time to discuss the request as quickly as possible and attempt to resolve the issue.
3. If the request involves an allegation of abuse or neglect, the individual will immediately be assisted in filing a recipient rights complaint.
4. If unable to resolve the care concern, the staff will assist the recipient/legal representative in submitting one or more of the following with Customer Service Office: an internal dispute/ grievance request, request for second opinion, request for an internal appeal, or Recipient Rights Complaint with the CMHA-CEI Office of Recipient Rights, as requested. The recipient will be informed that appeals systems may be accessed simultaneously or sequentially.
5. A recipient/legal representative who wishes to file a grievance with the CMHA-CEI Customer Service Office may do so at any time.
6. Once the grievance is received by the CMHA-CEI Customer Service Office, the Quality, Customer Service, and Recipient Rights (QCSRR) Department shall review the grievance and send an acknowledgment letter within 5 business days.
7. The QCSRR Department will work with the programs to find a resolution to the grievance and send a disposition letter within 90 days. If the disposition letter is sent out after 90 days, the Medicaid recipient/legal representative will be informed of the right to request a DHHS Fair Hearing. The non-Medicaid recipient/legal

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representative will be notified of the right to request a DHHS Alternative Dispute Resolution hearing.

8. When the QCSRR Department receives a dispute/grievance hearing request, that request will be logged for evaluation.
9. Administrative documentation of the review and decision will include:
 - a. Written notification to the recipient of the outcome of the dispute/ grievance review.
 - b. A summary of the review process and copies of all supporting documents.
 - c. Reporting of the written dispute/grievance to be provided to the Quality Improvement and Compliance Committee on a quarterly basis.
 - d. Evidence that notification was provided to the recipient/legal representative of the right to request an DHHS Fair Hearing/DHHS Alternative Dispute Resolution process and/or file a recipient rights complaint, if applicable.

H. Second Opinion Process

1. Please refer to the Second Opinion Procedure, 3.6.17C for the process of second opinions

I. DHHS Fair Hearing Process

1. The Fair Hearing Process may be requested whenever the internal appeal process has been exhausted and the individual, who is a Medicaid beneficiary/legal representative, believes a decision by CMHA-CEI, affecting eligibility or services is inappropriate. The Department of Health and Human Services provides a Fair Hearing (Administrative Hearing) to hear the appeal.
2. If CMHA-CEI fails to adhere to notice and timing requirements as outlined above, the enrollee is deemed to have exhausted the internal appeal process and the enrollee may initiate a State Fair Hearing at that time.
3. An Alternative Dispute Resolution Process (Departmental Hearing) is available by request to individuals without Medicaid including beneficiaries of non-Medicaid Mich-Care and Children's Special Health Care Services Program (CSHCS) after internal appeal processes have been exhausted.
4. This notification of the right to appeal is provided with the Appeal Determination Notice.
5. The role of the CMHA-CEI Fair Hearing Officer:

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- a. Prepare a clear statement of the action and/or decision(s) being appealed, including all programs involved in the action.
- b. Identify facts which led to the action or decision. Best evidence cites Federal law (CFR), Mental Health Code, Chapter III of the Medicaid Regulations, the Mental Health Code and the DHHS contract. Other evidence would include CMH policies and evidence of notice of due process (adverse benefit determination notice).
- c. Provide the correct address of the appellant and/or authorized hearing representative (AHR).
- d. Prepare a description of the documents intended to be offered as exhibits at the hearing.
- e. Identify and ensure participation of necessary hearing/review witnesses from CMH who will testify.
- f. Offer and, if appropriate, arrange a pre-hearing conference (see section 6. below).
- g. At the hearing/review:
 - i. Present opening statement
 - ii. Present facts/evidence
 - iii. Call and question CMH witnesses
 - iv. Cross-examine appellant/AHR and related witnesses.
 - v. Present closing statement

6. Pre-hearing conference

The fair hearing officer will work with the clinical program to offer a pre-hearing conference to the appellant/AHR. The purpose of the pre-hearing conference is to explore the issues to be brought to the DHHS hearing/review and determine if a settlement can be reached prior to the hearing.

- If settlement can be reached, the appellant may withdraw the Hearing/Review request.

7. DHHS Fair Hearing Review

- a. The Hearing Review will be conducted at a mutually agreeable site or by teleconference. CMHA-CEI must make every effort to arrange for the appellant to be present for the hearing/review. The hearing/review will be conducted and a decision reached within 90 days of the date of the hearing/review request.
- b. Only the appellant or hearing representative may withdraw, in writing, from the fair hearing. Withdrawal forms can be requested through the CMHA-CEI Compliance Office.

J. Alternative Dispute Resolution Process for recipients without Medicaid who are unhappy with the internal appeal process.

1. CMHA-CEI notifies the non-Medicaid recipient/legal representative of the right to an Alternative Dispute Resolution process from DHHS after internal appeals have been exhausted.
2. The appellant has 10 days from the date of written notification of the outcome of the internal appeal determination process to request the Alternative Dispute Resolution Process.
3. Requests may be submitted in any written form, but must contain the following information:
 - a. Name of recipient
 - b. Name of guardian legally empowered to make treatment decisions or parent of minor child.
 - c. Daytime phone number where the consumer, guardian or parent may be reached.
 - d. Name of the CMHA-CEI where services have been denied, suspended, reduced or terminated.
 - e. Description of the service being denied, suspended, reduced or terminated.
 - f. Description of the adverse impact on the consumer caused by the denial, suspension, reduction or termination of service.
4. The request should be directed to:

Michigan Department of Health and Human Services
Division of Program Development, Consultation and Contracts
Bureau of Community Mental Health Services
ATTN: Request for MDHHS Level Dispute Resolution
Lewis Cass Building-5th FL
Lansing, MI 48913

K. Appeal after Denial of Hospitalization

1. Following a screening for hospitalization, if the applicant is determined to not meet criteria they receive notice or the right to a second opinion.
2. If requested, the second opinion must occur within 24 hours of the request.
3. The second assessment is completed by a professional (psychiatrist, physician, or fully licensed psychologist) not involved in the initial determination.
4. Crisis/Emergency Services is responsible to receive, document, and respond to these requests.

L. Denial of Family Support Subsidy

1. When the Family Support Subsidy is denied or terminated the applicant/recipient/legal representative is provided written notification of the right to appeal.

2. The QCSRR Department is responsible to receive, document, and respond to the family support subsidy appeal.

M. Timeframes

1. When denying services, notice must be given to the consumer/legal representative at the time the program makes the decision to deny services. Decisions to deny or limit a service(s) requested must be made within 14 calendar days of the request.
2. When reducing, suspending, or terminating current services, the program must give at least 12 days' notice to Medicaid beneficiaries and at least 30 days for non-Medicaid beneficiaries.
3. Grievances will be responded/resolved to within 90 calendar days.
4. Internal appeals will be completed within 30 calendar days, unless the consumer has requested an expedited resolution and CMHA-CEI grants the expedited process. A Expedited appeals will be responded/resolved to within 72 hours.
5. Acknowledgment letters will be sent within 5 business from date the QCSRR office received the appeal or grievance.
6. Consumers have 120 days to file for a state fair hearing after decision of internal appeal.
7. Consumers may request that services continue during the fair hearing process, if they make the request within 10 days of date of notice.
8. A fair hearing decision will be made the administrative law judge within 90 days of the hearing.

III. Definitions:

- A. Action: a decision to deny, reduce, suspend, or terminate a covered benefit.
- B. Adverse Benefit Determination: A decision that adversely impacts a Medicaid Enrollee's claim for services due to: (42 CFR 438.400)
 - Denial or limited authorization of a requested service, including determinations based on the type or level of service, requirements for medical necessity, appropriateness, setting, or effectiveness of a covered benefit. 42 CFR 438.400 (b)(1).
 - Reduction, suspension, or termination of a previously authorized service. 42 CFR 438.400(b)(2).
 - Denial, in whole or in part, of payment for a service. 42 CFR 438.400(b)(3).
 - Failure to make a standard Service Authorization decision and provide notice about the decision within 14 calendar days from the date of receipt of a standard request for service. 42 CFR 438.210(d)(1).
 - Failure to make an expedited Service Authorization decision within seventy-two (72) hours after receipt of a request for expedited Service Authorization. 42 CFR 438.210(d)(2).
 - Failure to provide services within 14 calendar days of the start date agreed upon during the person centered planning and as authorized by the CMH. 42 CFR 438.400(b)(4).
 - Failure of the CMH to resolve standard appeals and provide notice within 30 calendar days from the date of a request for a standard appeal. 42 CFR 438.400(b)(5); 42 CFR 438.408(b)(2).

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- Failure of the CMH to resolve expedited appeals and provide notice within 72 hours from the date of a request for an expedited appeal. *42 CFR 438.400(b)(5); 42 CFR 438.408(b)(3).*
 - Failure of the CMH to resolve grievances and provide notice within 90 calendar days of the date of the request. *42 CFR 438.400(b)(5); 42 CFR 438.408(b)(1).*
 - Denial of an Enrollee's request to dispute a financial liability, including cost sharing, copayments, premiums, deductibles, coinsurance, and other Enrollee financial responsibility. *42 CFR 438.400(b)(7).*
- C. Adequate Notice of Adverse Benefit Determination: Written statement advising the Enrollee of a decision to deny or limit authorization of Medicaid services requested, which notice must be provided to the Medicaid Enrollee on the same date the Adverse Benefit Determination takes effect. *42 CFR 438.404(c)(2).*
- D. Administrative Law Judge (ALJ): A person designated by DHHS to conduct the Administrative Hearing in an impartial or unbiased manner
- E. Advance Notice of Adverse Benefit Determination: Written statement advising the Enrollee of a decision to reduce, suspend or terminate Medicaid services currently provided, which notice must be provided/mailed to the Medicaid Enrollee at least 10 calendar days prior to the proposed date the Adverse Benefit Determination is to take effect. *42 CFR 438.404(c)(1); 42 CFR 431.211.*
- F. Alternative Dispute Resolution Process: For persons seeking services from CMHA-CEI, who are not enrolled in Medicaid, an impartial review of a decision that the recipient believes is inappropriate. The impartial review is completed by an agent of DHHS.
- G. Appeal: A review at the local level by a PIHP of an Adverse Benefit Determination, as defined above. *42 CFR 438.400.*
- H. Appellant : A recipient/consumer, parent of a minor child or guardian who disagrees with a limitation on mental health service by filing a grievance, dispute or fair hearing request.
- I. Applicant: A person or his/her legal representative who requests mental health services/hospitalization. (For this purpose it may be a request for a new service by a current recipient or a request for services from an individual who has not previously or is not currently receiving services).
- J. Authorization of Services: The processing of requests for initial and continuing service delivery. *42 CFR 438.210(b).*
- K. Authorized Hearing Representative (AHR): The person who stands in for or represents the beneficiary in the administrative hearing process and has the legal right to do so. This right comes from one of the following sources:
- Written authorization, signed by the beneficiary, giving a person authority to act for the beneficiary in the hearing process.
 - Court appointed guardian or conservator.
 - Legal parent of a minor child

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- The beneficiary's spouse, or the deceased beneficiary's widow or widower, ONLY when no one else has the authority to represent the beneficiary.

An AHR has no right to a hearing, but rather exercises the beneficiary's right. Someone who assists, but does not stand in for or represent the beneficiary in the hearing process, does not need to meet the above criteria.

- L. Beneficiary - An applicant or recipient of Medicaid or other DCH medical benefits.
- M. Consumer: Broad, inclusive reference to an individual requesting or receiving mental health services delivered and/or managed by the PIHP, including Medicaid beneficiaries, and all other recipients of PIHP/CMHSP services.
- N. Dispute: A disagreement regarding an adverse action submitted by a non-Medicaid covered recipient, or his/her legal representative.
- O. Enrollee: A Medicaid beneficiary who is currently enrolled in an MCO, PIHP, PAHP, PCCM, or PCCM entity in a given managed care program. *42 CFR 438.2.*
- P. Expedited Appeal: The expeditious review of an Adverse Benefit Determination, requested by an Enrollee or the Enrollee's provider, when the appropriate party determines that taking the time for a standard resolution could seriously jeopardize the Enrollee's life, physical or mental health, or ability to attain, maintain, or regain maximum function. If the Enrollee requests the expedited review, the PIHP determines if the request is warranted. If the Enrollee's provider makes the request, or supports the Enrollee's request, the PIHP must grant the request. *42 CFR 438.410(a).*
- Q. Fair Hearing Officer: A person located at Community Mental Health who is the liaison person between CMHA-CEI and the ALJ.
- R. Grievance: Enrollee's expression of dissatisfaction about PIHP/CMHSP service issues, other than an Adverse Benefit Determination. Possible subjects for grievances include, but are not limited to, quality of care or services provided, aspects of interpersonal relationships between a service provider and the Enrollee, failure to respect the Enrollee's rights regardless of whether remedial action is requested, or an Enrollee's dispute regarding an extension of time proposed by the PIHP to make a service authorized decision. *42 CFR 438.400.*
- S. Grievance Process: Impartial local level review of an Enrollee's Grievance.
- T. Grievance and Appeal System: The processes the CMHSP implements to handle Appeals of Adverse Benefit Determinations and Grievances, as well as the processes to collect and track information about them. *42 CFR 438.400.*
- U. Hearing Presenter: A person who prepares for and represents CMHA-CEI at the Administrative Hearing.

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- V. Legal Representative: Parent of a minor child or an empowered guardian.
- W. Medicaid Services: Services provided to an Enrollee under the authority of the Medicaid State Plan, 1915(c) Habilitation Supports Waiver, and/or Section 1915(b)(3) of the Social Security Act.
- X. Notice of Resolution: Written statement of the PIHP of the resolution of a Grievance or Appeal, which must be provided to the Enrollee as described in *42 CFR 438.408*.
- Y. Recipient: An individual who receives mental health services from Community Mental Health or from a provider under contract with Community Mental Health.
- Z. Recipient Rights Complaint: Written or verbal statement by a Enrollee, or anyone acting on behalf of the Enrollee, alleging a violation of a Michigan Mental Health Code protected right cited in Chapter 7, which is resolved through the processes established in Chapter 7A.
- AA. Service Authorization: PIHP processing of requests for initial and continuing authorization of services, either approving or denying as requested, or authorizing in an amount, duration, or scope less than requested, all as required under applicable law, including but not limited to *42 CFR 438.210*.
- BB. Second Opinion: A request by an applicant for mental health services, a recipient seeking hospitalization or their legal representative for another assessment by a professional who was not involved in the original assessment, for eligibility for mental health services/hospitalization.
- CC. Staff - Employees of CMHA-CEI.
- DD. State Fair Hearing: Impartial state level review of a Medicaid Enrollee's appeal of an adverse benefit determination presided over by a MDHHS Administrative Law Judge. Also referred to as "Administrative Hearing". The State Fair Hearing Process is set forth in detail in Subpart E of 42 CFR Part 431.

IV. Monitor and Review:

This procedure is reviewed annually by the Director of Quality, Customer Service, and Recipient Rights. This procedure is monitored by accrediting bodies and regulatory agencies as applicable.

V. References:

- A. Grievance and Appeal Technical Requirement PIHP Grievance System for Medicaid Beneficiaries
- B. Michigan Mental Health Code (MHC), Act 258 of the Public Act of 1974, as amended, 330.1159, 330.1409 (4), 330.1498e(4), 330.1498h(5), 330,1705, 330.1712(2), 330.1772-1788.

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C. Michigan Department of Health and Human Services/Community Mental Health Service Provider Specialty Services Managed Care Contract Section 6.3

D. Mid-State Health Network/Community Mental Health Services Specialty Services Managed Care Contract Section XXI

VI. Related Policies and Procedures:

CMHA-CEI Policy 3.6.17 Appeals and Grievances

VII. Review Log:

Review Date	Reviewed By	Changes (if any)
03/16/04	-	-
06/10/05	-	-
11/20/07	-	-
04/15/11	-	-
05/26/14	-	-
04/20/17	QCSRR Director	Updated to new format
09/11/17	Compliance Officer	Modifications in response to MSHN POC
10/11/17	Compliance Officer	
4/6/18	QI Specialist	Update timeframes for responding to appeals and grievances
4/1/19	QCSRR Director, Compliance Specialist, QI Specialist	Added Attachments, clarified language according to current contract for II.C.7.a
4/17/20	QCSRR Director, Compliance Officer, QI Specialist	No changes

VIII. Attachments:

- A. Adverse Benefit Determination Notification
- B. Complaint Form
- C. Fair Hearing Request Form

Adverse Benefit Determination Notice
Community Mental Health of Clinton Eaton and Ingham Counties

Consumer Name:

ID:

Date: { }

ACTION NOTICE and REVIEW RIGHTS

Guardian: [REDACTED]

Notice of Date: { }

Medicaid Consumer? Yes

Notice has been provided: via mail in person on:

Mail Address:

This is to notify you that CMH has made the following decision(s) about the service(s) you have asked for or the service(s) you get from us. This does not affect other services you are getting, or may need in the future.

The Action we have taken is:

- The service(s) you requested were will be
- Denied
 - Delayed more than 14 days
 - Other
Define:

Name of Service(s) Affected:

Effective Date:

- Your current service(s) will be:
- Reduced
 - Terminated
 - Suspended

Name of Service(s) Affected:

Effective Date:

The Reason for the Action Is:

- Eligibility
- You do not meet the clinical eligibility criteria for services. You do not meet eligibility criteria for services as a person with a serious mental illness, a person with a developmental disability, a child with a serious emotional disorder or a person with a substance abuse disorder.
 - You have other resources available for services.
Please Contact: your insurance company your primary care doctor
 a community provider agency
 - Residency. You live outside of county. We cannot authorize services for you.
 - You are currently residing in an institution in which our agency can not authorize your services. (e.g. jail, prison, state hospital, extended care facility)
 - Exhausted General Fund Benefit Package.

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Attachment A: Adverse Benefit Determination Notification
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Medical Necessity

The service(s) requested or the current service(s) identified in this notice are not medically necessary for the following reason(s):

- The documentation provided does not establish medical necessity.
- Your Individual Plan of Service goals and objectives have been met.
- You have not attended or participated in your authorized services since CMH cannot continue to authorize services for you if you are not involved.

Other

- The service(s) are not provided by this agency.
- You have requested the termination of services.

Other:

The legal basis for this decision is 42 CFR 440.230(d), Michigan's Mental Health Code, Public Act 258, and/or applicable policy found in the Medicaid Provider Manual, Mental Health and Substance Abuse Services. Section 1557 of the Patient Protection and Affordable Care Act prohibits discrimination based on race, color, national origin, sex, age, or disability.

IF YOU DO NOT AGREE WITH THIS ACTION, PLEASE READ YOUR RIGHTS BELOW.
Adverse Determination Benefit Notice - Your Rights to Formal Grievance and Complaint Process

If you do not agree with these changes, you can do any or all of the following:

1. Ask your case manager/supports coordinator/primary therapist to go over your treatment plan with you.
2. Ask the supervisor of your case manager/supports coordinator/primary therapist to go over your treatment plan with you.
3. ***IF YOU DON'T AGREE WITH OUR ACTION, YOU HAVE THE RIGHT TO AN INTERNAL APPEAL.***

To ask for an Internal Appeal:

You, your representative or your doctor can request an Internal Appeal which must include:

- Your Name
 - Address
 - Member number
 - Reason for appealing
 - Whether you want a standard or expedited "fast" appeal
 - Any evidence you want to be reviewed
- 0 Such as medical records, doctors' letters or other information that explains why you need the item or service.
- 0 If you are asking for an expedited "fast" appeal you must include a doctor's supporting statement which supports your request. Please contact your doctor to get this needed information.
-

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Attachment A: Adverse Benefit Determination Notification
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ID: _____

Date: _____

Please keep a copy of everything you send us for your records.

To file an Internal Appeal request in writing:

CMHA-CEI Customer Service
812 E. Jolly Road
Lansing, MI 48910

To file an Internal Appeal request orally call:

(517) 346-8244 or toll free 1-877-333-8933

There are 2 kinds of Internal Appeals:

- 1. Standard Internal Appeal:** You have the right to appeal this decision with **CMHA-CEI**. Requests can be made orally, or in writing, and must be received by the Customer Services Department within 60 calendar days of this notice. During your appeal, you may ask to see information from your case record and/or provide written documentation regarding your situation. You will receive a written decision on a standard appeal within 30 calendar days after we get your appeal. Our decision might take longer if you ask for an extension, or if we need more information about your case. We'll tell you if we're taking extra time and will explain why more time is needed. If your appeal is for payment of a service you've already received, we'll give you a written decision within 60 calendar days.
- 2. Expedited or "Fast" Internal Appeal:** You have the right to request an "expedited" or "faster" appeal if waiting the standard time of **30 calendar days** for the appeal determination would seriously jeopardize your life or health or your ability to attain, maintain, or regain maximum function. We will give you a decision on a fast appeal within **72 hours** after we get your appeal. We'll automatically give you a fast appeal if a doctor asks for one for you or if your doctor supports your request. If you ask for a fast appeal without support from a doctor, we'll decide if your request requires a fast appeal. If we don't give you a fast appeal, we'll give you a decision within 30 calendar days. To request an "expedited" appeal it is best to request this orally by contacting Customer Services at the toll-free number below.

CONTINUATION OF SERVICES DURING AN INTERNAL APPEAL

If you are receiving a Michigan Medicaid service and you file your appeal within 10 calendar days from the date of this notice and you will continue to receive your same level of services while your local appeal is pending.

IF YOU WANT SOMEONE ELSE TO ACT FOR YOU

You can name a relative, friend, attorney, doctor, or someone else to act as your representative. If you want someone else to act for you, call the Customer Service Department at the number listed below to learn how to name your representative. Both you and the person you want to act for you must sign and date a statement confirming this is what you want. You'll need to mail or fax this statement to us. Keep a copy for your records.

ACCESS TO DOCUMENTS

You and/or your authorized representative are entitled to reasonable access to and a free copy of all documents relevant to your appeal any time before or during the appeal. You must submit the request in writing.

ID: {

Date:

WHAT HAPPENS NEXT?

- If you ask for an internal appeal and we continue to deny your request for coverage or payment of a service, we will send you a written Notice of Appeal Denial. If the service is covered by Michigan Medicaid, you can ask for a Medicaid State Fair Hearing.
- The Notice of Appeal Denial will contain additional information about the State Fair Hearings process and how to file the request.
- If you do not receive a notice or decision about your local appeal within the timeframes listed above, you may then seek a State Fair Hearing with the Michigan Administrative Hearing System.

GET HELP INFORMATION

**If you need additional help or do not understand any part of this Notice, please call CMHA-CEI
Customer Service Department
(517) 346-8244, TTY 844-578-6563, or toll free 1-877-333-8933**

Contact Customer Service between 8:00 a.m. and 5:00 p.m. Monday through Friday (excluding holidays).

If you call after hours or when the office is closed, we will return your call within one business day.

You can also visit our website at ceicmh.org.

Sign

Electronically Signed By:

Name :

Date :



Complaint Form

Grievance/Appeal

Complaints may be made in writing, by phone, or in person with Customer Service or Compliance Staff.

If you want to discuss a **Complaint**, please contact the **Customer Service and Compliance** staff at one of the following numbers:

- **General Customer Service:** (517) 346-8244
- **Raquel Sparkman, Compliance Specialist:** (517) 346-8124
- **Stefanie Zin, Compliance/HIPAA Privacy Officer:** (517) 346-8193

Consumer Information

Name: _____ Date of Birth: _____

Phone: _____ Address: _____

Person completing the form (if different than the consumer).

Name: _____

Phone: _____ Address: _____

What is the complaint?

See attached documentation (optional)

What do you think should be done to resolve the complaint?

See attached documentation (optional)

Signature: _____ **Date:** _____

Mail to: Suite 108, 812 E. Jolly, Lansing, MI 48910

Fax: (517) 346-8139

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Attachment C: Fair Hearing Request Form

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REQUEST FOR STATE FAIR HEARING

Michigan Department of Health and Human Services
Michigan Administrative Hearing System

PO Box 30763

Lansing, MI 48909

Telephone Number: 800-648-3397

Fax: 517-763-0146

This form is for enrollees in a Managed Care Health Plan, MI Health Link* Plan, Community Mental Health Services Program (CMHSP)/Prepaid Inpatient Health Plan (PIHP), Healthy Kids Dental Health Plan or MI Choice Waiver Program

SECTION 1 – To be completed by the PERSON REQUESTING A STATE FAIR HEARING

Enrollee Name	Enrollee Telephone Number	Enrollee Social Security Number	
Address (No.& Street, Apt. No.)	City	State	Zip Code
Enrollee or Legal Guardian Signature	Enrollee Medicaid ID Number	Date Signed	

- Managed Care Health Plan MI Health Link (*for Medicaid benefits only) CMHSP/PIHP
 Healthy Kids Dental health plan MI Choice Waiver

Name of Health Plan, CMHSP/PIHP or Waiver Agency that took the action: _____

Date of Notice of Appeal Decision (please include a copy of the notice): _____

As of today's date, I have not received a Notice of Appeal Decision. I sent in an Internal Appeal on: _____

I am asking for a State Fair Hearing because: Use additional paper if needed.

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

- No**
 Yes (If yes, please explain here.) _____

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

Has someone agreed to represent you at a hearing?

No
 Yes (If Yes, have the representative complete and sign Section 3.)

SECTION 3 – Authorized Hearing Representative Information

Name of Representative (Please Print)	Representative Telephone Number	Relationship to Enrollee	
Address (No.& Street, Apt. No.)	City	State	Zip Code
Representative Signature	Date Signed		

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

Name of AGENCY CMHA-CEI	AGENCY Contact Person Name Stefanie R. Zin, LMSW		
AGENCY Address (No.& Street, Apt. No.) 812 East Jolly Road	AGENCY Telephone Number 517 346 8193		
City Lansing	State MI	ZIP Code 48910	State Program or Service being provided to Enrollee

This form is also available online at: www.michigan.gov/mdhhs >> Assistance Programs >> Medicaid >> Program Resources >> Michigan Administrative Hearing System for the Department of Health and Human Services or www.michigan.gov/LARA >> MI Administrative Hearing System >> Benefit Services



CMHA-CEI Policies and Procedure Manual

Title:	3.4.4, Behavior Management - Initiation, Approval and Review of Positive Support / Behavior Treatment Plans		
Subject:	BEHAVIOR MANAGEMENT		
Section:	Clinical		
Policy: <input type="checkbox"/> Procedure: <input checked="" type="checkbox"/>	Issued by: Medical Director	Effective Date: 08/01/86	Applies to: <input checked="" type="checkbox"/> All CMHA-CEI staff <input checked="" type="checkbox"/> Contract Providers
Page: 1 of 8	Approved by: PCS	Review Date: 12/5/19	<input type="checkbox"/> Other:

I. Purpose:

To provide uniform guidance in the development of Behavior Support Plans and the use of restrictive and intrusive interventions that are initiated in response to the presence of challenging behavior(s).

II. Procedures:

A. Guidelines for Restrictions

1. The following rights and freedoms are included in the HCBS Final Rule. Any restriction or modification to these rights and freedoms must be documented in an approved Positive Support Plan.
 - a. A lease or residency agreement with comparable responsibilities and protection from eviction that tenants have under Michigan landlord/tenant law.
 - b. Sleeping or living units lockable by the individual with only appropriate staff having keys.
 - c. Individuals sharing units have a choice of roommate in that setting.
 - d. Individuals have the freedom to furnish and decorate their sleeping or living units within the lease or other agreement.
 - e. Individuals have the freedom and support to control their own schedules and activities and have access to food at any time.
 - f. Individuals are able to have visitors of their choosing at any time.

2. The following items must be documented prior to approval of any restriction or modification when there is a specific health or safety need:
 - a. The specific and individualized assessed health or safety need.
 - b. The positive interventions and supports used prior to any modifications or additions to the PCP regarding health or safety needs.
 - c. Documentation of less intrusive methods of meeting the needs, that have been tried, but were not successful.
 - d. A clear description of the condition that is directly proportionate to the specific assessed health or safety need.
 - e. A regular collection and review of data to measure the ongoing effectiveness of the modification.
 - f. Established time limits for periodic reviews to determine if the modification is still necessary or can be terminated.

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Page 2 of 8 Positive Support / Behavior Treatment Plans**

- g. Informed consent of the person to the proposed modification.
- h. An assurance that the modification itself will not cause harm to the person.

B. Treatment for Challenging Behaviors: A Person Centered Plan which incorporates interventions for challenging behaviors shall be developed in a separate Positive Support Plan in accordance with the steps listed below:

1. **Functional Behavioral Assessment will be completed prior to the development of a Positive Support plan and will include the following**
 - a. Identification of the biological, medical, social, affective, environmental, and trauma-based factors or events that initiate, sustain, or end a behavior.
 - b. Identification of the possible functions of the behavior
2. **All Positive Behavior Support Plans will include the following components:**
 - a. **Personal History: Includes a review of the following factors as they are relevant to the individual:**
 - i. The individual's significant life events,
 - ii. An assessment of any traumatic experiences the individual may have experienced.
 - b. **Description of Antecedents /Triggers:** A description of the antecedents/ "triggers" i.e. an analysis of medical, physical, emotional and environmental factors which may contribute to presence frequency or intensity of the consumer's challenging behaviors.
 - c. **Proactive Strategies**
 - i. Relationship Building Strategies: Identification and description of caregivers' interactions that will help establish a positive relationship with the consumer.
 - ii. Environmental Structuring or modification that will minimize the occurrence of triggers.
 - iii. Teaching the individual skills to help replace function of challenging behavior (communication skills, stress reduction skills, sensory diet skills)
 - d. **Reactive Strategies:** Instructions for staff response if the individual does engage in potentially unsafe behaviors. Strategies will focus on maintaining consumer safety.
 - e. **Emergency Interventions:** The emergency interventions of physical management or requesting police intervention may not be included as a component or step in any behavior plan. The plan may note, however, that "should interventions outlined in the plan fail to reduce the imminent risk of serious or non-serious physical harm to the individual or others, approved emergency interventions may be implemented". **All uses of emergency interventions must be reported via the Incident Reporting system.**
3. **Support Plans that involve the use of Restrictive and Intrusive Techniques must also include**
 - a. Documentation that assessments have been conducted to rule out physical, medical or environmental causes of the behavior;
 - b. Documentation of the unsuccessful attempts, using positive behavioral supports to

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change the behavior.

- c. Special Written Consent by the consumer or guardian prior to the implementation of these techniques.

4. Review, Approval and Reporting of Plans that involve the use of Restrictive and Intrusive techniques:

- a. All plans that involve the use of restrictive and intrusive techniques must be reviewed and approved by the Behavior Treatment Committee prior to utilization of the restrictive/intrusive techniques.
- b. Data must be collected and analyzed and reported to the behavior treatment committee at least quarterly and more frequently as indicated. The following information must be collected and reported:
 - i. Dates and numbers of interventions used.
 - ii. The setting (e.g., group home, day program) in which the challenging behavior and intervention occurred
 - iii. Behavior/event/request or demands that initiated the techniques.
 - iv. Documentation of the analysis performed to determine the cause of behaviors that precipitated the intervention.
 - v. Positive behavioral supports.
 - vi. Behaviors that resulted in termination of the interventions.
 - vii. Length of time of each intervention.
- c. If an alarm monitoring system is approved as restrictive/intrusive technique by the Behavior Treatment Committee for a recipient, the following processes must be adhered to:
 - i. At a CMHA-CEI owned property, the CMHA-CEI Maintenance Department will be notified to install a new alarm system or unlock the currently installed system for operation at the setting. When the alarm monitoring system is no longer deemed necessary, the CMHA-CEI Maintenance Department will uninstall/disable the system or lock the control panel. Keys for alarm control panels must be held by the CMHA-CEI Maintenance Department.
 - ii. At a provider owned property, the provider must install a new alarm system or unlock the currently installed system for operation at the setting. When the alarm monitoring system is no longer deemed necessary, the provider will uninstall/disable the system or lock the control panel. Keys for alarm control panels will not be accessible to direct care staff.

C. Procedure for submitting a Document for committee review:

1. Documents requiring review shall be submitted to the CSDD Clinical Services Secretary in the approved format, one week in advance of the behavior treatment committee.
2. For plans that include restrictive techniques: The author of the plan will attend the meeting to present plans. Other team members may attend as deemed appropriate.
3. Attendance is not required for quarterly data review unless otherwise requested. The Behavior Treatment Committee chair will facilitate the meeting and ensure that all questions and concerns of the participants are addressed.
4. The committee shall review the plans and determine if revisions are necessary.
5. The committee shall review required treatment data at least quarterly, more frequent

review is appropriate as well. Data will be reviewed for completeness, treatment plan effectiveness, changes in psychotropic medications, and appropriateness of recommendations of the treatment plan and quarterly reviews in the consumer record.

- D. Procedure for expedited Review of a Plan:** Plans that require expedited review will be forwarded to the Behavior Treatment Committee Chair. The committee chair will ensure the review occurs within two business days. They may receive, review, and approve such plans on behalf of the committee. The Recipients Rights Office must be informed of the proposed plan to ensure that any potential rights issues are addressed prior to implementation of the plan. Upon approval, the plan may be implemented. All plans approved in this manner must be fully reviewed at the next regular meeting of the committee

III. Definitions:

Applied Behavioral Analysis: The organized field of study which has as its objective the acquisition of knowledge about behavior using accepted principles of inquiry based on operant and respondent conditioning theory. Such training shall have been at the graduate level at an accredited college or university and shall have included course credits covering theory, application and practicum experience. It also refers to a set of techniques for changing behavior toward socially meaningful ends based on these conceptions of behavior.

Aversive Techniques: Techniques that are physically painful, emotionally frightening, deprivational, that put the individual at medical risk, or possess the potential for physical or emotional injury to achieve their effectiveness. Examples of such techniques include the use of mouthwash or other noxious substance to eliminate behavior or to accomplish a negative association with a behavior, administration of nausea-generating medication to establish a negative association with a behavior or for directly eliminating the behavior, contingent electric shock, corporal punishment, camisoles, four-point restraints or seclusion. These techniques are prohibited.

Behavioral Treatment: The provision of human resources, activities, equipment, materials and/or other services designed and implemented to assist individuals who present challenging behaviors.

Challenging Behaviors: Behaviors which jeopardize an individual's or others physical safety such as aggression, inappropriate sexual conduct, ingesting inedible or dangerous substances (pica), property destruction, and self-injury or any other potentially dangerous behavior,

Emergency Interventions: There are only two emergency interventions approved for implementation in crisis situations when all other supports and interventions fail to reduce the imminent risk of harm:

1. Physical management
2. Request for law enforcement intervention.

Functional Behavioral Assessment (FBA): An approach that incorporates a variety of techniques and strategies to determine the pattern and purpose, or "function" of a particular behavior and

guide the development of an effective and efficient behavior plan. The focus of a FBA is to identify biological, medical, social, affective, environmental, and trauma-based factors or events that initiate, sustain, or end a behavior. This assessment provides insight into the function of a behavior, rather than just focusing on the behavior itself so that a new behavior or skill will be substituted to provide the same function or meet the identified need. Functional assessments should also identify situations and events that precede positive behavior to provide more information for a positive behavior support plan.

Imminent Risk: An event/action that is at the point of happening and certain to create risk of harm to oneself or others.

Informed/Special Consent for Behavioral Interventions: Obtaining the written consent of the recipient, the legal guardian, and/or the parent with legal custody of a minor child or a designated patient advocate prior to the implementation of any behavior treatment intervention that includes the use of intrusive or restrictive interventions or those which would otherwise entail violating the individual's rights. The general consent to the individualized plan of services and/or Treatments is not sufficient to authorize implementation of such a behavior treatment intervention. Implementation of a behavior treatment intervention without the special consent of the individual, guardian or parent of a minor may only occur when the individual has been adjudicated pursuant to the provisions of section 469a, 472a, 473, 515, 518, or 519 of the Mental Health Code.

Intrusive Techniques: Techniques which impinge upon the bodily integrity of the individual to achieve therapeutic aims. Examples of such techniques include the use of injections or oral medications administered for the sole purpose of controlling behavior, response cost procedures, and any direct observation procedures such as continuous one-to-one staffing during times or places which would otherwise be considered private.

Physical Management: A technique used by staff as an emergency intervention to restrict the movement of an individual by continued direct physical contact in spite of the individual's resistance in order to prevent them from physically harming themselves or others. Physical management shall only be used on an emergency basis when the situation places the individual or others at imminent risk of serious physical harm. The term "physical management" does not include briefly holding an individual in order to comfort them or to demonstrate affection, or holding their hand. The following are examples to further clarify the definition of physical management:

- Manually guiding down the hand/fists of an individual who is striking their own face repeatedly causing risk of harm IS considered physical management if they resist the physical contact and continue to try to strike themselves. However, it IS NOT physical management if the individual stops the behavior without resistance.
- When a caregiver places his hands on an individual's biceps to prevent him or her from running out the door and the individual resists and continues to try and get out the door, it IS considered physical management. However, if the individual no longer attempts to run out the door, it is NOT considered physical management.

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- Physical management involving prone immobilization of an individual, as well as any physical management that restricts a person's respiratory process, for behavioral control purposes is prohibited under any circumstances. Prone immobilization is extended physical management of an individual in a prone (face down) position, usually on the floor, where force is applied to their body in a manner that prevents them from moving out of the prone position.

Positive Behavior Support: A set of research-based strategies used to increase opportunities for an enhanced quality of life and decrease seriously aggressive, self-injurious or other behaviors that place the individual or others at risk of physical harm by:

1. Conducting a functional assessment,
2. Teaching new skills and
3. Making changes in a person's environment.

Positive behavior support combines valued outcomes, behavioral, and biomedical science, validated procedures; and systems change to enhance quality of life and reduce behaviors such as self-injury, aggression, property destruction, and pica. Positive Behavior Supports are most effective when they are implemented across all environments, such as home, school, work, and in the community.

Proactive Strategies: Strategies within a Positive Behavior Support Plan used to prevent seriously aggressive, self-injurious, or other behaviors that place the individual or others at risk of physical harm from occurring, or for reducing their frequency, intensity, or duration. Supporting individuals in a culture of gentleness is an ongoing process that requires patience and consistency.

Examples of proactive strategies include but are not limited to modifying the environment to decrease stress or boredom, identifying precursors or triggers that would increase the likelihood of an unsafe behavior and developing strategies to address the potential triggers or precursors, preparing consumers for historically difficult events of transitions, and unconditional valuing.

Reactive Strategies: Strategies within a Positive Behavior Support Plan used to respond when individuals begin feeling unsafe, insecure, anxious, or frustrated. Some examples of reactive strategies include: reducing demanding interactions, increasing warm interactions, redirection, giving space, and blocking. Reactive strategies may also include instructions for keeping others safe if an individual is exhibiting seriously aggressive behaviors or other behavior that may place others at risk of physical harm.

Request for Law Enforcement Intervention: Calling 911 and requesting law enforcement assistance as a result of an individual exhibiting a seriously aggressive, self-injurious, or other behavior that places the individual or others at risk of physical harm. Law enforcement should be called for assistance only when: caregivers are unable to remove other individuals from the hazardous situation to assure their safety and protection, safe implementation of physical management is impractical, and/or approved physical management techniques have been attempted but have been unsuccessful in reducing or eliminating the imminent risk of harm to the individual or others.

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Restraint: The use of a physical or mechanical device to restrict an individual's movement at the order of a physician. The use of physical or mechanical devices used as restraint is prohibited. This definition excludes:

- Anatomical or physical supports that are ordered by a physician, physical therapist, or occupational therapist for the purpose of maintaining or improving an individual's physical functioning (e.g. helmet for seizure disorders, or a gait belt)
- Protective devices which are defined as devices or physical barriers to prevent the individual from causing serious self-injury associated with documented and frequent incidents of the behavior and which are incorporated in the written individual plan of services through a behavior treatment plan which has been reviewed and approved by the Committee and received special consent from the individual or his/her legal representative.
- Medical restraint, i.e. the use of mechanical restraint or drug-induced restraint ordered by a physician or dentist to render the individual quiescent for medical or dental procedures. Medical restraint shall only be used as specified in the individual written plan of service for medical or dental procedures.
- Safety devices required by law, such as car seat belts or child car seats used while riding in vehicles.

Restrictive Techniques: Those techniques which, when implemented, will result in the limitation of the individual's rights as specified in the Michigan Mental Health Code and the federal Balanced Budget Act. Examples of such techniques used for the purposes of management, control or extinction of seriously aggressive, self-injurious or other behaviors that place the individual or others at risk of physical harm, include: limiting or prohibiting communication with others when that communication would be harmful to the individual; prohibiting unlimited access to food when that access would be harmful to the individual (excluding dietary restrictions for weight control or medical purposes); Non exclusionary time out (NETO) response cost relating to the individuals funds or personal property, or any other limitation of the freedom of movement of an individual. Use of restrictive techniques requires the review and approval of the Behavior Treatment Committee.

Seclusion: The placement of an individual in a room alone where egress is prevented by any means. Seclusion is prohibited except in a hospital or center operated by the department, a hospital licensed by the department, or a licensed child caring institution licensed under 1973 PA 116, MCL 722.111 to 722.128.

Serious Injury: Physical damage which at the time of examination is determined to have caused an impairment of bodily functions or permanent disfigurement.

IV. Monitor and Review:

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This procedure is reviewed annually by the Medical Director. This procedure is monitored by accrediting bodies and regulatory agencies as applicable.

V. References:

MDHHS Behavioral Health and Developmental Disabilities Administration Person-Centered Planning Policy dated June 5, 2017

VI. Related Policies and Procedures:

CMHA-CEI Policy 3.4.4	Initiation, Approval and Review of Behavior Treatment Plans
CMHA-CEI Policy 3.4.1	Behavior Treatment Committee
CMHA-CEI Procedure 3.4.1	Behavior Treatment Committee
CMHA-CEI Policy 3.3.9	Consent to Treatment and Services
CMHA-CEI Policy 3.4.6	Behavior Treatment Plans
CMHA-CEI Policy 3.5.2	Informed Consent

VII. Review Log:

Review Date	Reviewed By	Changes (if any)
06/10/88	-	-
02/14/91	-	-
11/06/91	-	-
09/30/98	-	-
11/09/89	-	-
06/13/00	-	-
06/21/05	-	-
10/16/07	-	-
04/05/10	-	-
04/25/11	-	-
05/23/14	-	-
4/3/17	Medical Director, BTC Chair	No substantive changes, Updated to new format
4/4/18	BTC Chair	Updating to be in line with BTC process and standards
4/30/19	Medical Director	Minor wording and punctuation changes, added language from MDHHS Behavioral Health and Developmental Disabilities Administration Person-Centered Planning Policy dated June 5, 2017
12/5/19	Medical Director, BTC Chair, QI Specialist	Adding II.B.4.c. in response to a MSHN Corrective Action Plan

VIII. Attachments:

N/A

Title:	3.6.04, Communication and Visits (Residential/Inpatient)		
Subject:	Recipient Rights		
Section:	Clinical		
Related Policies:	3.6.04, Communication and Visits (Residential/Inpatient)		
Policy: <input type="checkbox"/> Procedure: X	Issued by: Director of Quality, Customer Service and Recipient Rights	Effective Date: 04/12/84	Applies to: X All CMHA-CEI staff X Contract Providers
Page: 1 of 2	Approved by: N/A	Review Date: 5/12/20	<input type="checkbox"/> Other:

I. **Purpose:** To establish guidelines to provide recipients residing in residential treatment program opportunities for communication and visits with individuals of their choice.

II. **Procedures:**

- A. The residential service provider shall:
1. Make telephones reasonably accessible.
 2. Ensure that correspondence can be conveniently and confidentially received and mailed, with daily pick up and deposit of mail available.
 3. Make space for visits available.
 4. Provide writing materials, funds for telephone usage, and postage in reasonable amounts to residents unable to procure them.
 5. Ensure that a reasonable time and place for the use of telephones and for visits may be established and if established, shall be in writing and posted in each living unit of a residential program.
 6. Document instances of opening or destruction of mail by staff in the consumer record.
 7. Ensure that the right to communicate by mail or telephone or to receive visitors shall not be further limited except as authorized in the resident's plan of service.
 8. Not limit communication between a resident and an attorney or court or any other individual if the communication involves matters that may be the subject of legal inquiry.
 9. Allow a resident, if she or he is able to secure the services of a mental health professional, to see that person at any reasonable time.

III. **Definitions:**

- A. **Center:** a facility operated by the Department of Health and Human Services to admit individuals with developmental disabilities and provide habilitation and treatment services.
- B. **Facility:** a residential facility for the care or treatment of individuals with serious mental illness, serious emotional disturbance, or developmental that is either a state facility or a licensed facility.
- C. **Hospital or psychiatric hospital:** an inpatient program operated by the Department of Health and Human Services for the treatment of individuals with serious mental illness or serious emotional disturbance or a psychiatric hospital or psychiatric unit licensed under the regulations of the state of Michigan.
- D. **Legal inquiry:** search for information related to matters of law.

- E. Licensed facility: a facility licensed by the Department of Health and Human Services under the regulations of the state of Michigan, or an adult foster care facility.
- F. Resident: an individual who receives services in a facility.

IV. Monitor and Review:

This procedure is reviewed annually by the Director of Quality, Customer Service, and Recipient Rights. This procedure is monitored by accrediting bodies and regulatory agencies as applicable.

V. References:

1974 PA 258, Michigan’s Mental Health Code, as amended:

- A. 330.1100a--Definitions; A to E.
- B. 330.1100b--Definitions; F to N.
- C. 330.1715--Services of mental health professional.
- D. 330.1726--Communication by mail and telephone; visits.
- E. 330.1752--Policies and procedures.

VI. Related Policies and Procedures:

CMHA-CEI Policy 3.3.04 Communication and Visits

VII. Review Log

Review Date	Reviewed By	Changes (if any)
8/01, 3/4/05, 2/1/07, 6/15/10, 2/6/10, 3/10/13	----	-----
8/31/16	Recipient Rights Officer, QI Specialist	Update to new format.
10/31/17	QCSRR Director, RR Specialist, QI Specialist	Remove a sentence on rules to be compliant with HCBS
1/13/19	QCSRR Director, RR Specialist, QI Specialist	Minor word changes
4/19/19	QCSRR Director, QI Specialist	Added II.A.5 from recipient rights policy review standards
5/12/20	QCSRR Director, QI Specialist	No changes

VIII. Attachments: N/A



CMHA-CEI Policies and Procedure Manual

Title:	1.1.4, Compliance		
Subject:	Board and Administrative Operations		
Section:	Administration		
Policy: <input checked="" type="checkbox"/> Procedure: <input type="checkbox"/>	Issued by: Executive Director	Effective Date: 12/06/02	Applies to: <input checked="" type="checkbox"/> All CMHA-CEI staff <input checked="" type="checkbox"/> Contract Providers
Page: 1 of 3	Approved by: Board of Directors	Review Date: 4/17/20	<input type="checkbox"/> Other:

I. Purpose:

To assure CMHA-CEI conducts all aspects of functioning with integrity, in compliance with requirements of all applicable laws, utilizing sound business practices and with the highest standards of excellence.

II. Policy:

CMHA-CEI will establish, implement and maintain an agency wide Corporate Compliance Plan (CCP) that is in accordance with federal and state statutes, laws and regulations. CMHA-CEI will adhere to regulations required by the Attorney General' Office, Office of Inspector General, Centers for Medicaid and Medicare, and relevant accrediting bodies.

III. Responsibilities:

- A. CMHA-CEI will assure the development, maintenance and implementation of an agency wide Corporate Compliance Plan (CCP) that will be updated as required and reviewed annually.
- B. CMHA-CEI will provide all staff training required in the CCP and maintain records of staff attendance. This must include but is not limited to the Federal False Claim Act, Michigan's False Claim Act and federal and state statutes regarding "whistleblowers".
- C. CMHA-CEI will have an identified compliance officer with the duties and authority described in the CCP, holding regular compliance committee meetings.
- D. CMHA-CEI will require all Board members, employees, and contractors to report suspected compliance violations or misconduct by phone/voicemail, email, in person, or in writing to the Compliance Officer. Reports of suspected violations will be investigated and documented as required in the CCP.
- E. Individuals making a report are encouraged to disclose their identity, recognizing that anonymity may hamper complete and timely investigation. However, no anonymous report shall be refused or treated less seriously because the complainant/reporter wishes to remain anonymous. No promises will be made to any individuals making a report or witnesses providing supporting information about the report by the Compliance Officer or anyone else in regard to his/her culpability or what steps may be taken in response to the report. Confidentiality and anonymity of the individual making the report and the content of the report

Policy # 1.1.4 Title: Compliance

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will be preserved to the extent permitted by law and by the circumstances. Information about reports, investigations, or follow-up actions shall not be disclosed to anyone other than those individuals charged with responsibility in investigation and remedial action as well as legal counsel.

- F. The PIHP will be notified of occurrences that will require reporting to regulatory agencies. CMHA-CEI will ensure any necessary disciplinary action will occur for all levels of compliance violation.
- G. No employee, provider, contractor, consumer, or other individual making such a report in good faith shall be retaliated against by CMHA-CEI. All employees or agents will be protected by the Michigan Whistleblower’s Protection Act (P.A. 469 of 1980). Discipline for engaging in acts that violate applicable laws and regulations, making knowingly false reports, failure to report known violations, or discipline for any other performance-related reason unconnected to reporting potential violations is not retaliation.
- H. CMHA-CEI will review their own compliance activities at least annually and will participate in the annual review of the CCP and provide recommendations for changes if needed.

IV. Definitions:

N/A

V. Monitoring and Review:

This policy is reviewed annually by the Compliance Officer. It is monitored by accrediting bodies and regulatory agencies as applicable.

VI. References:

Federal False Claims Act
Michigan’s False Claims Act
P.A. 469 of 1980

VII. Related Policies and Procedures: N/A

VIII. Review Log:

Review Date	Reviewed By	Changes (if any)
02/22/07	-	-
02/22/08	-	-
02/18/10	-	-
02/17/11	-	-
02/16/12	-	-
02/21/13	-	-
04/20/17	QCSRR Director	Updated to new format
4/16/18	QCSRR Director	No changes

Policy # 1.1.4 Title: Compliance

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3/20/19	QCSRR Director, Compliance Specialist, QI Specialist	No changes
4/17/20	QCSRR Director, Compliance Officer	No changes



CONTACT INFORMATION FOR
SUSPECTED COMPLIANCE VIOLATIONS

Please report suspected compliance violations to –

Stefanie Zin, CMHA-CEI Compliance Officer

In person/mail: 812 E. Jolly Rd. Suite #108, Lansing, MI 48910

By phone: (517)-348-8193

By email: zinst@ceicmh.org

By fax: (517)-346-8420

Reports can also be made to MSHN Compliance Officer:

Kim Zimmerman

530 W. Ionia Street, Suite E

Lansing, MI 48933

Ph: (517)-657-3018 Cell: (616)-648-0485

kim.zimmerman@midstatehealthnetwork.org

MSHN COMPLIANCE LINE 1-844-793-1288

Or to:

MDHHS Medicaid Fraud Hotline: 1(855)-MI-FRAUD [643-7283]

HHS/OIG Hotline: 1(1800)-HHS-TIPS [447-8477]



CMHA-CEI Policies and Procedure Manual

Title:	3.6.24, Property and Funds (Residential)		
Subject:	Recipient Rights		
Section:	Clinical		
Policy: <input type="checkbox"/> Procedure: X	Issued by: Director of Quality, Customer Service, and Recipient Rights (QCSRR)	Effective Date: 04/12/94	Applies to: X All CMHA-CEI staff X Contract Providers
Page: 1 of 4	Approved by: N/A	Review Date: 5/12/20	<input type="checkbox"/> Other:

I. Purpose:

To establish guidelines to ensure that recipients in residential treatment programs have the right to receive, possess, and use all personal property.

II. Procedures:

- A. The residential service provider shall officially adopt, and post in writing, any items of personal property such as weapons, sharp objects, explosives, drugs, alcohol, etc. to be excluded from the premises.
- B. The provider shall implement the CMHA-CEI Procedure 3.3.17, Search and Seizure.
- C. The staff person responsible for the written plan of service may limit a resident’s access to property and funds in order to prevent the resident from physically harming himself, herself, or others, or to prevent theft, loss, or destruction of the property, unless a waiver is signed by the resident, empowered guardian, or parent of a minor.
- D. The staff person responsible for the written plan of service shall ensure that treatment plans address limitations to recipients’ access to property and funds, when clinically appropriate, and that limitations are removed when no longer clinically appropriate. The record will include prompt documentation of:
 - 1. Justification for the adoption of the limitation.
 - 2. The date the limitation expires.
 - 3. Removal of the limitation when the circumstance that justified its adoption ceases to exist.
- E. The recipient, empowered guardian, or parent of a minor may appeal a limitation of access to personal property and funds, and/or the expiration date of the limitation, by requesting a review of the treatment plan by the staff person responsible for the written plan of service. The review shall be:
 - 1. Completed within 30 days of the request.
 - 2. Carried out in a manner consistent with CMHA-CEI Policies 3.3.25, “Person Centered Planning” and 3.6.21, “Services Suited to Condition”.
- F. The residential service provider and staff shall implement each resident’s plan of service.

- G. The residential service provider or house manager will store consumer funds in a secure location (locked cabinet/box or safe) at the home location or at another business location of the provider.
 - 1. A minimal amount of cash must be accessible to the consumer or staff at all times (unless the resident has spent their allotted funds).
 - a. The home location or CMHA-CEI program will define what a minimal amount is.
 - b. The home location will follow any restrictions of funds as outlined in the individual plan of service.
- H. The residential service provider or house manager will review the consumer funds on a weekly basis. Funds must balance at all times. If the funds do not balance, a note must be made on the fund log sheet detailing the difference and requesting staff to turn in receipts.
 - 1. All expenditures out of consumer funds must be accompanied by either a receipt or a consumer signature. When receipts are provided, consumer initials and a staff signature are required.
 - 2. If a receipt cannot be located, a receipt replacement form or a memo must be completed.
- I. The residential service provider or house manager will complete a consumer fund log sheet on a monthly basis per individual consumer. The log sheet is due to the residential coordinator by the 10th of each month.
 - 1. The case manager will review individual consumer fund log sheets when at the home location.
- J. The residential service provider, house manager, or residential coordinator shall provide a complete accounting, on an annual basis and upon request, of all resident funds and valuables.
- K. The residential coordinator shall monitor the use of consumer funds on a monthly basis. The residential coordinator shall do periodic checks of the funds stored at the home to ensure all funds are properly stored and accounted for.
- L. Consumer funds are subject to audit by the finance department of CMHA-CEI.
- M. The residential service provider shall provide a reasonable amount of storage space to each resident for clothing and other personal property.
- N. The residential service provider shall permit a resident to inspect personal property, and access funds, at reasonable times.
- O. Any personal property in the possession of the residential provider at the time the resident to whom the property belongs is released from the residence shall be returned to the resident.

III. Definitions:

- A. Center: a facility operated by the Department of Health and Human Services to admit individuals with developmental disabilities and provide habilitation and treatment services.

Procedure #: 3.6.24 Title: Property and Funds (Residential)

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- B. Facility: a residential facility for the care or treatment of individuals with serious mental illness, serious emotional disturbance, or developmental disability that is either a state facility or a licensed facility.
- C. Hospital or psychiatric hospital: an inpatient program operated by the Department of Health and Human Services for the treatment of individuals with serious mental illness or serious emotional disturbance, a licensed psychiatric hospital, or a licensed psychiatric unit.
- D. Licensed facility: a facility licensed by the Department of Health and Human Services, or an adult foster care facility.
- E. Unlicensed facility: a facility that is not licensed by the Department of Health and Human Services.
- F. Resident: an individual who receives services in a facility.

IV. Monitor and Review:

This procedure is reviewed annually by the Director of Quality, Customer Service, and Recipient Rights. This procedure is monitored by accrediting bodies and regulatory agencies as applicable.

V. References:

- A. PA 258 of 1974, "Michigan's Mental Health Code", as amended
 - 1. 330.1100a--Definitions; A to E
 - 2. 330.1100b--Definitions; F to N
 - 3. 330.1728--Personal Property
 - 4. 330.1752--Policies and procedures
- B. Administrative Rules-R 330.7199--Written plan of Services
- C. Licensing Rules for Adult Foster Care Small Group Homes (R 400.14315)
- D. CMHA-CEI Policy 3.2.5, "Service Planning"
- E. CMHA-CEI Policy 3.3.25, "Person Centered Planning"
- F. CMHA-CEI Policy 3.6.2, "Rights of Recipients Including Consumers in Community Residences"
- G. CMHA-CEI Policy 3.6.21, "Services Suited to Condition"

VI. Related Policies and Procedures:

CMHA-CEI Policy 3.6.24 Property and Funds

VII. Review Log:

Review Date	Reviewed By	Changes (if any)
03/16/04	-	-
06/10/05	-	-
02/01/07	-	-
05/26/10	-	-

02/06/12	-	-
10/01/13	-	-
02/13/17	QCSRR Director	Updated to new format
2/20/18	QCSRR Director	No changes
4/19/19	QCSRR Director, RR Specialist, QI Specialist	Minor changes
5/12/20	QCSRR Director, RR Specialist, QI Specialist	No changes

VIII. Attachments:

N/A

Title:	3.6.08, Fingerprinting, Photographing, Audiotaping, Videotaping and Use of One-Way Glass		
Subject:	Recipient Rights		
Section:	Clinical		
Related Policies:	3.6.08, Fingerprinting, Photographing, Audiotaping, Videotaping and Use of One-Way Glass		
Policy: <input type="checkbox"/> Procedure: X	Issued by: Director of Quality, Customer Service and Recipient Rights	Effective Date: 1/12/84	Applies to: X All CMHA-CEI staff X Contract Providers
Page: 1 of 3	Approved by: N/A	Review Date: 8/21/20	<input type="checkbox"/> Other:

I. **Purpose:** Establish guidelines for the use of fingerprinting, photographing, audiotaping, videotaping, and one-way glass in the provision of services to recipients of CMHA-CEI services.

II. **Procedures:**

- A. Fingerprints, photographs, audiotapes, or videotapes may be taken and used, and one-way glass may be used by a service provider for the following purposes:
 1. In order to provide services, including research, to a recipient.
 2. In order to determine the name of the recipient.
 3. For educational or training purposes.
 4. Purely personal or social purposes.
- B. Written, informed consent must be obtained prior to taking or using fingerprints, photographs, audiotapes, videotapes, or one-way glass to provide services, to determine the name of the recipient, or for educational or training purposes, from one of the following:
 1. An adult, competent recipient.
 2. The empowered guardian of a recipient.
 3. The parent of a minor recipient.
- C. Consent may be withdrawn by the recipient, empowered guardian, or parent of a minor who had previously consented. If a recipient, empowered guardian, or parent of a minor revokes consent, the responsible clinical staff person will request that the revocation of consent be in writing. If the recipient, empowered guardian, or parent of a minor refuses to put the revocation of consent in writing, the responsible clinical staff person will document the verbal revocation in the recipient's record.
- D. Fingerprints, photographs, audiotapes, or videotapes taken in order to provide services to a recipient, and any copies, shall be kept as part of the record of the recipient. A review of current need for fingerprints, photographs, audiotapes, or videotapes kept in the recipient's record will be completed at the request of the recipient, empowered guardian, or parent of a minor.
- E. Fingerprints, photographs, audiotapes, or videotapes taken in order to determine the name of a recipient shall be kept as part of the record of the recipient, except when necessary the fingerprints, photographs, audiotapes, or videotapes may be delivered to others for assistance in determining the name of the recipient.
 1. Fingerprints, photographs, audiotapes, or videotapes so delivered shall be returned to the provider, together with copies that were made.
 2. An individual receiving the delivered fingerprints, photographs, audiotapes, or

Procedure # 3.6.8 Title: Fingerprinting, Photographing, Audiotaping, Videotaping, and Use of One-Way Glass
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videotapes shall be informed that return of the items to the provider is required.

3. Upon return, the fingerprints, photographs, audiotapes, videotapes, and copies shall be kept as part of the record of the recipient.
- F. Fingerprints, photographs, audiotapes, or videotapes in the record of a recipient, and any copies of them, shall be given to the recipient or destroyed when they are no longer essential in order to achieve one of the objectives set forth in section II.A.1-4, or upon discharge of the recipient, whichever occurs first.
- G. Video Surveillance (recording) is prohibited in licensed residential (AFC) service sites and supported independent living sites.
 1. Adult Foster Care (AFC) homes and supported independent living sites may monitor with cameras where the images are not captured and recorded
- H. A service provider may take photographs for purely personal or social purposes, without prior written consent.
 2. Immediately prior to taking a recipient's picture for personal or social reasons, staff will give the recipient the opportunity to object.
 3. A photograph of a recipient shall not be taken or used for personal or social reasons if the recipient has objected.

III. Definitions:

A. Consent:

1. A written agreement executed by a recipient, empowered guardian, parent of a minor recipient, or a recipient's legal representative with authority to execute a consent, or
2. A verbal agreement of a recipient, empowered guardian, or parent of a minor, that is witnessed and documented by an individual other than the individual providing treatment.

B. Informed consent includes the following elements:

1. Legal competency: an individual shall be presumed to be legally competent. This presumption may be rebutted only by a court appointment of a guardian or exercise by a court of guardianship powers and only to the extent of the scope and duration of the guardianship. An individual shall be presumed legally competent regarding matters that are not within the scope and authority of the guardianship.
2. Knowledge: to consent, a recipient or legal representative must have basic information about the procedure, risks, other related consequences, and other relevant information. The standard governing required disclosure by a doctor is what a reasonable patient needs to know in order to make an informed decision. Other relevant information includes all of the following:
 - a. The purpose of the procedures.
 - b. A description of the attendant discomforts, risks, and benefits that can reasonably be expected.
 - c. A disclosure of appropriate alternatives advantageous to the recipient.
 - d. An offer to answer further inquiries.

C. Comprehension: an individual must be able to understand what the personal implications of providing consent will be based upon the information provided under II.B.2--Knowledge, above.

D. Voluntariness: there shall be free power of choice without the intervention of an element of force, fraud, deceit, duress, overreaching, or other ulterior form of constraint or coercion, including promises or assurances of privileges or freedom. There shall be an instruction that an individual

Procedure # 3.6.8 Title: Fingerprinting, Photographing, Audiotaping, Videotaping, and Use of One-Way Glass
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is free to withdraw consent and to discontinue participation or activity at any time without prejudice to the recipient.

E. Photographs: still pictures, motion pictures, and videotapes.

F. Video Surveillance – recording of video that capture images and store them so they may be viewed at a later date.

IV. Monitor and Review:

This procedure is reviewed annually by the Director of Quality, Customer Service and Recipient Rights. This procedure is monitored by accrediting bodies and regulatory agencies as applicable.

V. References:

- A. PA 258 of 1974, Michigan’s Mental Health Code, as amended
 - 1. 330.1100a--Definitions; A to E
 - 2. 330.1752--Policies and procedures
- 3. 330.1724 - Fingerprints, photographs, audiorecording, or use of 1-way glass
- B. Administrative Rules R 330.7003--Informed consent
- C. CMHA CEI Policy 3.3.09, Informed Consent to Treatment
- D.

VI. Review Log

Review Date	Reviewed By	Changes (if any)
10/14/89, 5/4/88, 7/13/89, 5/14/90, 5/8/91, 5/29/92, 5/24/93, 5/25/95, 9/18/98, 5/25/99, 8/31/01, 3/16/04, 11/10/04, 6/6/05, 2/6/07, 5/25/10, 2/6/12, 3/10/13	----	-----
9/1/16	Recipient Rights Officer, QI Specialist	Update to new format.
11/6/17	QI Specialist	No changes
12/26/18	QCSRR Director	No Changes
4/19/19	QCSRR Director, QI Specialist	Added language of “videotapes” throughout, added II.F, added process for review of need to II.D, changed language in title to “One-Way Glass” from “One-Way Mirror” to be consistent with CMHA-CEI Policy 3.6.8.
5/12/20	QCSRR Director, QI Specialist	No changes
8/21/20	QCSRR Director, Contract Quality Workgroup	Added II.G., III. F, and updated references

VII. Attachments: None.



CMHA-CEI Policies and Procedure Manual

Title:	3.3.07, Incident Reports		
Subject:	CONSUMER TREATMENT, TRAINING, AND LIVING		
Section:	Clinical		
Policy: <input type="checkbox"/> Procedure: <input checked="" type="checkbox"/>	Issued by: Director, Quality, Customer Service, Recipient Rights	Effective Date: 01/04/11	Applies to: <input checked="" type="checkbox"/> All CMHA-CEI staff <input checked="" type="checkbox"/> Contract Providers
Page: 1 of 9	Approved by:	Review Date: 3/13/20	<input type="checkbox"/> Other:

I. Purpose:

To monitor and evaluate incidents or potential incidents as they relate to consumer health and safety, and care; to ensure timely reporting and channeling of pertinent information to appropriate departments within the agency; to monitor the overall effectiveness of consumer care; to aggregate and review critical aspects of care as they relate to Quality Improvement, Utilization Review, and risk management; and to assure issues are tracked and trends are identified and reviewed as necessary.

II. Procedure:

A. Incident Reporting Guidelines

1. An Incident Report needs to be completed when staff either witness or are the first to become aware/informed of an incident (defined below in section IV.) involving a CMHA-CEI consumer who is actively receiving services. For the sake of reporting, a consumer is considered to be actively receiving services when any of the following occur:
 - a. A face-to-face intake has occurred and the individual was deemed to be eligible for on-going service, or
 - b. CMHA-CEI I has authorized the individual for ongoing service, either through a face-to-face assessment or a telephone screening, or
 - c. The individual is currently receiving a screening service in Crisis Services.
 - d. The individual has received a non-crisis, non-screening encounter.

2. All CMHA-CEI employees, contractors, employees of contractors, students, or volunteers, who witness, discover, or are informed of incidents defined above shall:
 - a. Immediately take actions to protect, comfort, and assure treatment of the consumer as necessary;
 - b. Immediately verbally notify the designated supervisor of death, apparent serious injury, or serious safety issues;
 - c. Immediately verbally notify the Recipient Rights Office of suspected abuse or neglect of a consumer;
 - d. Immediately verbally notify the Facility Department of serious safety issues.
 - e. Incident reports must be completed as soon as possible, but in no case, later than 48 hours from when the incident occurred. Completed incident reports will be reviewed by on-site responsible staff.

3. When two (2) or more CMHA-CEI employees, contractors, employees of contractors, students, or volunteers witness an incident requiring an Incident Report, one (1) report shall be completed and signed by the witnesses. Any witness who believes that they have a different perspective on the event from the Reporting Staff perspective and would like to provide a different description of the incident may do so in the body of the Incident Report.
4. All CMHA-CEI employees, contractors, employees of contractors, students, or volunteers shall also adhere to reporting requirements of 1982 Public Act 519, Adult Protective Service Act, 1975 Public Act 238, as amended, Child Protection Act, and 1988 Public Act 32, Mandatory Report of Abuse Act.
5. Staff of some programs (e.g., residential services) should familiarize themselves with applicable procedures for reporting certain types of events / incidents to the appropriate licensing or regulatory bodies (e.g. MI Department of Health and Human Services). All incidents reported through licensing or regulatory bodies should also be reported using CMHA-CEI's incident reporting portal.
6. In the case of critical incidents that are reported to the MI Department of Health and Human Services (MDHHS), the following process occurs:
 - a. Monthly, the QI Reviewer runs a report from the Incident System Application, in which all reported incidents are logged, for submission to the Mid-State Health Network.
 - b. The report identifies the required critical incident categories: Suicide, Non-Suicide Death, EMT due to Injury/Medication Error, Hospitalization due to Injury/Medication Error, and Arrest, and the required programs as follows:

<u>Service</u>	<u>Suicide</u>	<u>Death</u>	<u>EMT</u>	<u>Hospital</u>	<u>Arrest</u>
Community Living Supports (CLS)	•	•			
Supports Coordination	•	•			
Case Management	•	•			
Assertive Community Treatment (ACT)	•	•			
Homebased	•	•			
Wraparound	•	•			
Habilitation Supports Waiver (HSW)	•	•	•	•	•
Serious Emotional Disturbance (SED) Waiver	•	•	•	•	•
Children's Waiver Program (CWP)	•	•	•	•	•
Any other service	•				
<u>Living Situation</u>					
Specialized Residential	•	•	•	•	•
Child Caring Institution (CCI)	•	•	•	•	•

- c. The critical incident report is then uploaded to the MSHN Critical Incident Warehouse by the last day of the month.

7. Incidents that are determined to be sentinel events will adhere to the standards as described in CMHA-CEI Procedure 1.1.14 Sentinel Events.
8. Where a County of Financial Responsibility (COFR) agreement exists, the COFR shall be responsible for reporting the critical incident. If it is determined that a COFR exists, the COFR will be contacted and provided with the necessary information to support the reporting process.

B. Roles within the Incident Reporting System

1. Reporting Staff: The Reporting Staff is the CMHA-CEI employee, contractor, employees of contractors, student, or volunteer who witnesses an incident. All Reporting Staff enter incidents via. the web portal.
2. On-Site Responsible Staff: The On-Site Responsible Staff is the immediate supervisor of the Reporting Staff. The On-Site Responsible Staff reviews the incident in the web portal, assigns the appropriate incident categories, and notes follow-up action taken.
3. Program Contact: The Program Contact regularly monitors the Incident System Application to complete required notifications, process errors, and alert the Primary/Peer Reviewer that an incident report has been assigned. Additionally, the Program Contact runs reports from the Electronic Health Record (EHR) to monitor the incidents being reviewed and ensure that On-Site Responsible Staff and Primary/Peer Reviewers are completing their required reviews.
4. Primary/Peer Reviewer: The Primary/Peer Reviewer reviews all descriptions and selected categories of the incident report and ensures their accuracy, writes a description of the follow-up action that occurred, and identifies whether or not the incident is a potential critical or sentinel event.
5. QI Reviewer: The QI Reviewer reviews all critical incidents and notes any additional follow-up activity that occurred

C. Incident Review Committees

1. Role of the Quality Improvement Monitoring and Evaluation Workgroup (QIMEW)
 - a. QIMEW includes representatives from Quality Improvement, Recipient Rights, and Compliance.
 - b. Monthly, reviews all general incidents in each category for which it is assigned responsibility.
 - c. Identifies any potential critical incidents requiring additional follow-up beyond that which has already occurred.
 - d. Analyzes data for trends and notes any recommendations.
 - e. Reports findings to the responsible committee as required:

INCIDENT – General IR Form	Committee for Review
Emergency Care for Illness/Injury	CIRC

Choking	CIRC
Exposure to Blood/Body Fluids	CIRC
Serious Behavioral Events: Aggressive/Property Damage/Self Injury	CIRC
Arrest	CIRC
Missing Recipient	CIRC
Death	CIRC
Other	CIRC

2. Role of the Medication and Pharmacy Workgroup (MAP)
 - a. MAP includes representatives from Quality Improvement, Recipient Rights, Clinical Programs, Finance, Contracted Pharmacy Service, and the Medical Director.
 - b. Monthly, reviews all medication incidents in each category for which it is assigned responsibility.
 - c. Identifies any potential critical incidents requiring additional follow-up beyond that which has already occurred.
 - d. Analyzes data for trends and notes any recommendations.
 - e. Reports findings to QICC quarterly.

INCIDENT – Medication IR Form	Committee for Review
Medication Error	MAP
Missed Medication	MAP

3. Role of the Critical Incident Report Committee (CIRC)
 - a. CIRC includes representatives from Quality Improvement, Compliance, Recipient Rights, Clinical Programs, and the Medical Director.
 - b. Monthly, reviews general incident summary reports received from QIMEW.
 - c. Monthly, reviews each death incident report individually and other specific critical incidents as identified by QIMEW.
 - d. Reviews status reports on sentinel event plans of correction.
 - e. Analyzes data for trends and notes any recommendations.
 - f. Report findings to QICC quarterly.
4. Role of the Quality Improvement and Compliance Committee (QICC)
 - a. QICC includes representatives from Quality Improvement, Compliance, Recipient Rights, Clinical Programs, the Medical Director, and the Chief Executive Officer.
 - b. Quarterly, reviews general and medication IR summary reports received from CIRC and MAP.
 - c. Analyzes data for trends and notes any recommendations.
 - d. Annually, reports findings to the Board.

D. Report Retention / Confidentiality:

1. QIMEW Representatives will be responsible for tracking incidents. This information will be aggregated and reported to the appropriate committee as noted above.
2. The incident report information entered via the web portal, including the initial Reporting Staff report and the On-Site Supervisor review, will be placed in the consumer's clinical record in the EHR.
3. All Primary/Peer and QI reviews/analyses, including minutes collected for or by individuals or committees assigned a peer review function, are confidential, and NOT public record; therefore:
 - a. Do not appear in the clinical record.
 - b. Are not subject to court subpoena.
 - c. Disclosure or duplication is absolutely prohibited, except as provided in the policy and procedure.
 - d. The risk identified if the Incident Report is not treated in a confidential manner (e.g., circulated to persons who do not have a need know, or used for purposes unrelated to improving quality of care) is the loss of statutory protection.
 - e. A copy of this policy and procedure shall be posted on the intranet and available in each program and residential unit directly operated by or under contract with CMHA-CEI.

III. **Responsibilities:**

N/A

IV. **Definitions:**

Arrest: Arrest is defined as a situation where a consumer is held or taken by a law enforcement officer based on the belief that a crime may have been committed. The following situations are NOT considered to be an arrest:

- Situations where a consumer is transported for the purpose of receiving emergency mental health services, or situations where a consumer is held in protective custody.
- Situations where charges are filed, but the individual is not taken into custody.

Behavioral Event: an event by a consumer that results in serious aggression towards others, serious property damage or serious self-injury.

Choking: The blocking of a consumer's airway as the result of eating or ingesting foreign objects and that requires administration of abdominal thrusts (also known as Heimlich Maneuver).

Death: Any death of a consumer, regardless of whether the death was expected or not expected. This is per MDHHS regulations as part of their Incident Reporting System. (see Policy 3.3.8, Report and Review of Death).

Emergency Care: For injury or illness which requires an intervention beyond first aid, i.e., urgent care, emergency room visit, or hospitalization. Examples would include broken bones, lacerations requiring sutures, sprains, or illnesses such as pneumonia, etc.

Other General Incident: For incidents that do not meet the requirements of the other available options. Should include use and unauthorized possession of weapons and unauthorized use and possession of legal or illegal substances.

Exposure to Blood / Body Fluids: Exposure of non-intact skin or mucous membranes to blood and/or body fluids of another.

Medication Error/Event: Any occurrence involving a medication error/event (in situation where the medication is administered by, or under the supervision of, CEI) that places a consumer at risk due to a variance in medication processes. Medication errors/events in situation where the medication is not administered by, or under the supervision of, CEI, do not require the completion of an IR.

Medication errors/events include:

1. **Adverse medication reaction (Event):** Harmful, unintended response to a medication that requires emergency care.
2. **Wrong dosage Administration:** Medication is administered by staff in a dose that is different than prescribed. (e.g., A person is supposed to receive two 50 mg tablets but is only administered one 50 mg tablet).
3. **Wrong person/medication Administered:** A medication is administered by staff to a consumer for whom it is not prescribed.
4. **Wrong route of Administration:** Medication is administered using a method other than as prescribed (e.g., eye drops are placed in the ear).
5. **Wrong Time/Day:** A medication is administered more than an hour before or after the scheduled time (e.g., A medication that is to be administered at 8 PM is administered at 10:30 PM).
6. **Missed medication:** Prescribed dose is missed (e.g., 3 doses scheduled in a day, consumer receives 2 doses).
7. **Medication Administration Record (MAR) transcription error:** Changes in medications orders or administration of medication not entered onto the MAR (e.g. according to medication count all medications were administered but the MAR has not been signed by staff to reflect that).
8. **Medication Administration Record (MAR) staff signing error:** Staff failure to sign MAR as required.
9. **Medication refusal:** Consumer refuses to take prescribed medications.
10. **Pharmacy error:** medication dispensed incorrectly or not delivered timely.

Missing Recipient: A vulnerable consumer intentionally leaving CMHA-CEI or contract premises without permission, or wandering away from premises without staff knowledge

NETO – Non-Exclusionary Time Out: The withdrawal of a client, or of a reinforcer that prevents client participation in an activity for a short period of time by either by withdrawing a specific reinforcer, or removing the client to the perimeter of the reinforcing event or activity.

Physical Intervention: A technique used by staff to restrict the movement of an individual by direct physical contact in order to prevent the individual from physically harming himself, herself, or others.

Search and Seizure: Search of the person or the person's property (or their living space in the case of residential consumers) and the removal of said person's belongings. When search and seizure is allowed either per House Rules (House of Commons) or allowed for in the consumer's treatment plan, the singular act of search and seizure should not be considered a reportable incident.

Sentinel Event: An unexpected occurrence to a recipient of services involving death or serious physical (loss of limb or function) or psychological injury, or the risk thereof. (Risk thereof includes any process variation that would most likely would result in a sentinel event if it reoccurred).

Behavioral Treatment Plan: A plan that proposes to use restrictive or intrusive interventions with individuals who exhibit seriously aggressive, self-injurious or other behaviors that place the individual or others at risk of physical harm.

Critical Incident: A situation that might present risk of significant bodily harm or significant property damage.

Designated On-Site Responsible Staff – Supervisor/Coordinator/Resident Manager of a Home

Incident: As used in the CMHA-CEI Incident Report (IR) means an occurrence that disrupts or adversely affects the course of treatment or care of a consumer.

Web Portal: The web-based incident report form located at <https://incident.ceicmh.org> and accessible to all CMHA-CEI staff and contracted providers.

Incident System Application: The CMHA-CEI database of all submitted incident report from the web portal.

V. **Monitoring and Review:**

This policy is reviewed annually by the Director of Quality, Customer Service, and Recipient Rights. It is monitored by accrediting bodies and regulatory agencies as applicable.

VI. **References:**

MDCH Description of Event Reporting System,
<https://mipihpwarehouse.org/MVC/Documentation#Requirements>

VII. Related Policies and Procedures:

CMHA-CEI Policy 3.3.07	Incident Reporting Policy
CMHA-CEI Policy 3.3.08	Report and Review of Death
CMHA-CEI Policy 3.3.10	Confidentiality and Release of Information
CMHA-CEI Policy 3.4.05	Emergency Behavior Management
CMHA-CEI Policy 3.1.07	Temporary Suspension from Programs
CMHA-CEI Policy 3.3.13	Restraint
CMHA-CEI Policy 3.3.14	Abuse, Neglect, or Mistreatment of Recipients
CMHA-CEI Policy 1.1.14	Sentinel Events
CMHA-CEI Procedure 1.1.14	Sentinel Events

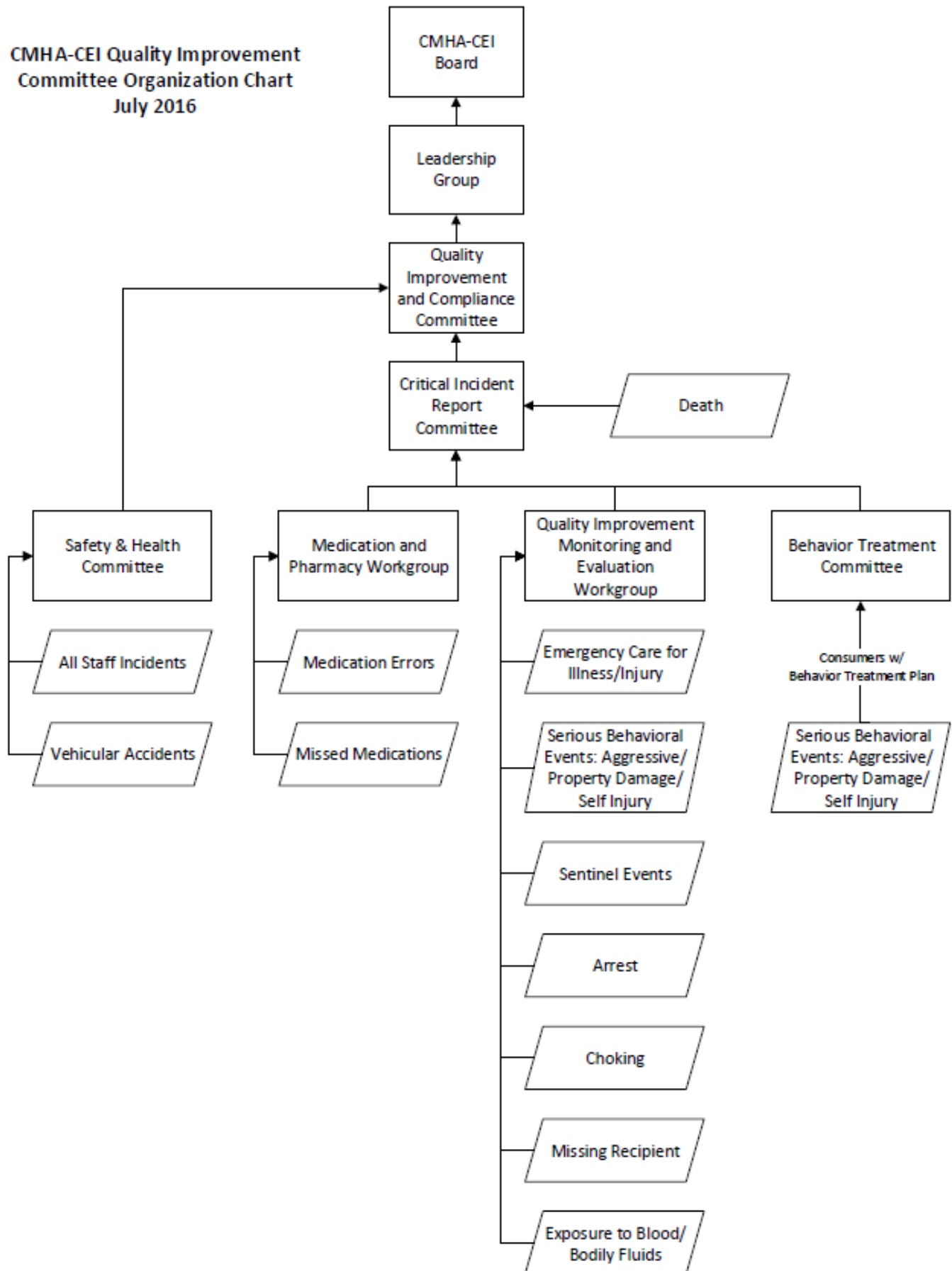
VIII. Review Log:

Review Date	Reviewed By	Changes (if any)
10/14/86		
05/10/90		
02/14/91		
02/21/92		
02/09/93		
06/09/93		
09/30/98		
03/16/04		
05/28/05		
01/01/11		
01/04/11		
05/05/14		
01/31/16		
3/31/17	QIMEW, QCSRR Director	Changes to make more clear of process, update to reflect new process of committee reviews.
3/29/18	QCSRR Director	No Changes
3/19/19	QCSRR Director, QI Specialist	Minor grammatical changes
3/13/2020	QI/UM Coordinator	Updated II.A.2.e. timeframe of reporting incident to be consistent with contract language.

IX. Attachments:

- A. CMHA-CEI Quality Improvement Committee Organization Chart

CMHA-CEI Quality Improvement
Committee Organization Chart
July 2016



Incident Type Definitions

Death: Any death of a consumer, regardless of whether the death was expected or not expected.

Arrest: Arrest is defined as a situation where a consumer is held or taken by a law enforcement officer based on the belief that a crime may have been committed.

Missing Recipient: A vulnerable consumer intentionally leaving CMH or contract premises without permission, or wandering away from premises without staff knowledge

Choking: The blocking of a consumer's airway as the result of eating or ingesting foreign objects and that requires administration of abdominal thrusts (also known as Heimlich Maneuver).

Exposure to Blood/Body Fluids: Exposure of non-intact skin or mucous membranes to blood and/or body fluids of another.

Emergency Care: For injury or illness which requires an intervention beyond first aid, i.e., urgent care, emergency room visit, or hospitalization. Examples would include broken bones, lacerations requiring sutures, sprains, or illnesses such as pneumonia, etc.

Other: For incidents that do not meet the requirements of the other available options. Should include use and unauthorized possession of weapons and unauthorized use and possession of legal or illegal substances.

Behavioral Event: An event by a consumer that results in serious aggression towards others, serious property damage or serious self-injury. Must note if the event involved non-exclusionary time out, physical intervention, and/or search and seizure.

Medication Error/Event: Any occurrence involving a medication error/event (in situation where the medication is administered by, or under the supervision of, CEI) that places a consumer at risk due to a variance in medication processes. Medication errors/events in situation where the medication is not administered by, or under the supervision of, CEI, do not require the completion of an IR.

Medication errors/events include:

- **Adverse medication reaction (Event):** Harmful, unintended response to a medication that requires emergency care.
- **Wrong dosage administration:** Medication is administered by staff in a dose that is different than prescribed. (e.g. A person is supposed to receive two 50 mg tablets but is only administered one 50 mg tablet).
- **Wrong person/medication administered:** A medication is administered by staff to a consumer for whom it is not prescribed.
- **Wrong route of administration:** Medication is administered using a method other than as prescribed (e.g., eye drops are placed in the ear).
- **Wrong time/day:** A medication is administered more than an hour before or after the scheduled time (e.g., A medication that is to be administered at 8 PM is administered at 10:30 PM).
- **Missed medication:** Prescribed dose is missed (e.g., 3 doses scheduled in a day, consumer receives 2 doses).
- **Medication Administration Record (MAR) transcription error:** Changes in medications orders or administration of medication not entered onto the MAR (e.g. according to medication count all medications were administered but the MAR has not been signed by staff to reflect that).
- **Medication Administration Record (MAR) staff signing error:** Staff failure to sign MAR as required.
- **Medication refusal:** Consumer refuses to take prescribed medications.
- **Pharmacy error:** medication dispensed incorrectly or not delivered timely.



Report Incidents Here: <https://incident.ceicmh.org>

When you report an incident remember to put **the consumer's name** here:

Consumer
 Client Code
 First Name
 Last Name

And to put **your name** where it says:

Reporting Staff Signature

Incident

Select the correct reporting form by choosing the incident type

Type
 Location
 Date Time

Enter the location, date, and time of where/when **the incident occurred**, not where/when you are completing the report.

When completing an incident report select the appropriate **incident type** to the best of your abilities. **See the other side of this sheet for incident type definitions.**

If completing a **medication incident report**, as the **reporting staff**, please use this box to leave any comments:

If instructions were not followed, explain

When reviewing the incident report, as the **on-site supervisor**, please ensure that you leave a **description of follow-up action** that occurred in response to the incident:

On-Site responsible staff comments

On-Site responsible staff Signature Signature Date

If you have questions when completing an incident report please contact:

Emily Wollner
 517 346-9512
wollner@ceicmh.org



CMHA-CEI Policies and Procedure Manual

Title:	3.6.10B Limited English Proficiency		
Subject:	Recipient Rights		
Section:	Clinical		
Related Policies:	3.6.10 Nondiscrimination in Service Provision		
Policy: <input type="checkbox"/>	Issued by:	Effective Date:	Applies to:
Procedure: X	Director of Quality, Customer Services and Recipient Rights	6/01/02	X All CMHA-CEI staff X Contract Providers
Page: 1 of 3	Approved by:	Review Date:	<input type="checkbox"/> Other:
	N/A	3/2/20	

I. Purpose:

To reduce barriers for beneficiaries of CMHA-CEI services who have limited ability to understand, speak, read, and write English (Limited English Proficient [LEP]) and ensure meaningful and equal access to programs, services and benefits throughout the operations of the affiliation and its provider network.

II. Procedures:

CMHA-CEI providers must ensure that beneficiaries who are LEP, visually and/or hearing impaired can effectively communicate the relevant circumstances of their situation, are given adequate information about services and benefits, and are able to receive those services and benefits for which they are eligible.

- A. CMHA-CEI will assure that designated employees and members of its provider network have the ability to obtain appropriate interpretation, translation, and or communication services or technical equipment to meet the needs of beneficiaries in their service areas.
- B. CMHA-CEI will ensure that written materials (including vital documents) will be translated for each eligible LEP demographic group that constitutes ten percent (10%) of the current census population.
- C. CMHA-CEI will ensure that, at a minimum, vital documents will be translated for LEP demographic groups that constitute five percent (5%) of the current census population.
- D. CMHA-CEI will ensure that LEP demographic groups of less than 100 persons receive written/oral notice of their right to receive competent oral translation of written materials.
- E. CMHA-CEI will ensure that outside contract agencies used for interpretation/translation services sign a Confidentiality Agreement binding the organization and its employees to observe and protect the confidentiality rights of consumers of affiliate services.
- F. CMHA-CEI will have effective methods for notifying persons who are LEP, visually, and/or hearing impaired of their right to language assistance and the availability of such assistance free of charge. This notification may include, but is not limited to, language identification cards, posting and maintaining signs in regularly encountered languages other than English

- in waiting rooms, reception areas and other initial points of entry, inclusion of statements about the services available and right to free language assistance services, in appropriate non-English languages, in brochures, booklets, outreach and recruitment information, uniform procedures for timely and effective telephone communication between staff and persons who are LEP.
- G. Employees of CMHA-CEI shall not use friends, minor children, or family members as interpreters. If, after informing the LEP person of the right to free interpreter services, the person declines such services and requests the use of a family member or friend, CMHA-CEI may use the family member or friend if the use of such a person would not compromise the effectiveness of services or violate the LEP person's confidentiality. Even if the LEP person elects to use a family member or friend, the CMHA-CEI employee should suggest that a trained interpreter sit in on/listen to the contact to ensure accurate interpretation. CMHA-CEI employees must document the offer and declination in the LEP person's record.
 - H. CMHA-CEI will ensure that designated staff are provided training relevant to accessing appropriate interpretation services in an expedient and professional manner, as well as where and how to obtain materials and equipment that will assist in other forms of communication.
 - I. CMHA-CEI will ensure that the identified language/communication needs of a beneficiary who is LEP, visually and/or hearing impaired will be documented in the person's clinical record.

III. Definitions:

- A. **Limited English Proficient (LEP):** A person who is unable to speak, read, write or understand the English language at a level that permits them to interact effectively with health care providers and social service agencies. For the purposes of this policy, LEP will also apply to individuals whose primary form of communication is something other than the oral English language.
- B. **Interpretation:** The oral transmittal of a message from one language to another, considering dialect, culture and nuance.
- C. **Translation:** The written interpretation of a message from one language to another, conveying the original meaning of the text with linguistic precision.
- D. **Communication:** The effective transmission of messages using spoken language, Braille, American Sign Language, or available technology as necessary.
- E. **Population/Service Area:** Includes any beneficiary who may potentially receive services from CMHA-CEI and its providers.
- F. **Vital Documents:** Vital documents may include, but are not limited to, applications, consent forms, releases of information, important information regarding participation in a program, treatment plans, notices pertaining to the reduction, suspension, denial, or termination of services or benefits, notice of the right to appeal such actions or that require a response from

beneficiaries, notices advising of the availability of free language assistance, and other outreach materials.

IV. Monitor and Review:

This procedure is reviewed annually by the Director of Quality, Customer Services and Recipient Rights. This procedure is monitored by accrediting bodies and regulatory agencies as applicable.

V. References:

- A. Title VI of the Civil Rights ACT of 1964 and Title VI regulations.
- B. HHS Executive Order 13166: Improving Access to Services for Persons with Limited English Proficiency, issued in 2000.
- C. Michigan Department of Community Health Medicaid Specialty Services and Support Contract: Section 15.7, Limited English Proficiency.

VI. Review Log

Review Date	Reviewed By	Changes (if any)
10/04/04 06/23/05 04/23/08 04/15/11 04/28/14 12/06/16	---	---
1/4/17	QI Specialist, Access Supervisor	Minor Updates of wording, change to new format
1/8/18	LEP Staff, QI Specialist	No changes
2/22/19	QCSRR Director, Compliance Specialist, QI Specialist	No changes
3/2/20	QCSRR Director, Compliance Officer, QI Specialist	No changes

VII. Attachments None.



CMHA-CEI Policies and Procedure Manual

Title:	3.3.25 C, Medical Procedures and Treatment Completed by CMH Staff and at CMH Sites		
Subject:	CONSUMER TREATMENT, TRAINING, AND LIVING		
Section:	Clinical		
Policy: <input type="checkbox"/> Procedure: <input checked="" type="checkbox"/>	Issued by: Medical Director	Effective Date: 05/19/14	Applies to: <input checked="" type="checkbox"/> All CMHA-CEI staff <input checked="" type="checkbox"/> Contract Providers
Page: 1 of 4	Approved by: Program and Clinical Services (PCS)	Review Date: 05/12/20	<input type="checkbox"/> Other:

I. Purpose:

The purpose of this procedure is to provide guidance to staff working in CMHA-CEI operated and contract licensed foster homes, community living supports (CLS) sites, day programs, and all other facilities in which CMHA-CEI staff or contractors are providing care regarding which medical procedures are allowed or not allowed at sites and/or can or cannot be performed by non-medical staff.

II. Procedures:

The following procedures are addressed for the purpose of educating home and day program staff regarding areas of responsibility.

- A. **Intravenous lines (IVs)** are not allowed in a CMHA-CEI setting unless placed by a visiting nurse/registered nurse (RN), constantly monitored for the duration of the infusion by a nurse, and removed prior to the nurse leaving and the patient returning to regular activities.
- B. **Peripherally Inserted Central Catheters (PICC lines)** are not allowed in CMHA-CEI settings unless the line is completely covered and cared for by a visiting nurse or RN. The patient may also receive infusions through the PICC line at an infusion center. The individual must be compliant, and visiting nurses or infusion center visits must be ordered at time of discharge from the medical facility. Visiting nursing or infusion center care must continue for the duration of treatment.
- C. **Peritoneal Dialysis Treatment** is not allowed to be completed by CMHA-CEI sites, with the exception of individuals residing at our medical home, Coleman Road, which has 24-hour nursing.
- D. **Subcutaneous ports** are accepted, but treatment and all access must be completed by a RN.
- E. **Tracheostomies** are not allowed in group homes, with the exception of those individuals residing at our medical home, Coleman Road, and with the stipulation that the tracheostomy does not require 24-hour nursing care. The only exception is if the consumer lives independently and is able to care for themselves (as determined by medical personnel, such as a doctor or nurse).

- F. **Deep or tracheostomy suctioning** is not allowed, with the exception of the medical home, Coleman Road. Oral cavity suctioning is allowed but only with a marked catheter.
- G. Use of a **continuous positive airway pressure device (C-PAP)** on vent mode is not allowed, with the exception of medical home, Coleman Road. C-PAP on non-vent mode is allowed.
- H. **Oxygen** is accepted but only with specific criteria and no clinical judgment required of CMHA-CEI or group home staff.
- I. An **Automated External Defibrillator (AED)** can be used. Staff will be provided training as appropriate.
- J. **Intramuscular injections** are not allowed unless given by a visiting nurse, other RN, or physician, with the sole exception of auto-injectors, such as Epi-Pens.
- K. **Subcutaneous (sub-q or sq) injections** are only permitted if staff are trained by a RN or have provided evidence acceptable to the medical director and human resources department of equivalent training and ability.
- L. **Fingerstick blood glucose monitoring devices (such as Glucometer and Accu-check)** – staff must receive general training, which does not have to be client specific. Acceptable training will be determined by the human resources department, in consultation with the medical director.
- M. **Insulin** may be administered only after the staff member providing the injection receives training by a RN. Sliding scale insulin is allowed but there must be specific orders with regard to dose and timing. Non-medical staff cannot use medical judgment as to the appropriateness of insulin.
- N. **All patients with insulin-dependent diabetes mellitus (IDDM) must have podiatry ordered.** Staff are not to cut toenails for patients with IDDM.
- O. **Catheters :**
 - 1. **Condom and external** catheters are allowed with individual-specific training required.
 - 2. **Indwelling** catheters are acceptable, but the catheters cannot be removed, replaced, or irrigated by staff. The restrictions on indwelling catheters do not apply at the medical home, Coleman Road.
 - 3. General catheter care and peritoneal care can be completed by staff.
 - 4. All urinary drainage bags can be changed and emptied by staff.
 - 5. Gravity irrigation of urinary catheters may only be performed when a specific fluid quantity is ordered and the specific staff member has been trained by a RN.
 - 6. **Suprapubic** catheters can be accepted in a group home, but removal, replacement, and irrigation must be completed by a RN.
 - 7. **Straight** catheterization will be reviewed and determined on a case by case basis.
 - 8. **Urostomy and colostomy** seals and bags can be changed and emptied by staff once trained.

P. **Dressings**

1. Can be changed by staff using topical medications only.
2. Staff are not allowed to pack wounds, check for tunneling, debride (remove dead, damaged, or infected tissue), or to remove drainage tubes.
3. Staff are not allowed to remove stitches or staples, with the exception of designated staff at our medical home, Coleman Road.

Q. **Gastrostomy (G) & Jejunostomy (J) tubes** – Staff can administer tube feedings, water, and medications via bolus, gravity or pump once they have been trained by a RN. Staff can change an extension tube only.

R. **Chest tubes are not allowed in CMHA-CEI homes.**

S. **Prosthetics devices** can be managed by group home staff and consumers once they are trained by an appropriate professional.

T. **Hospice care** is allowed in a group home if ordered by a physician and approved by the individual and/or guardian.

U. For information on **Do Not Resuscitate (DNR) orders**, please see CMHA-CEI procedure 3.6.7 “Advance Directives”.

V. Application:

All CMHA-CEI sites, staff, and contractors. Recognition is made that in rare cases a patient’s foster, adopted, step-, or biological family members may act as contractors for CMHA-CEI while providing care for that patient. In those cases, a waiver to specific restrictions of this procedure may be sought by contacting the medical director’s office.

III. **Definitions:**

N/A

IV. **Monitor and Review:**

This procedure is reviewed annually by the Medical Director. This procedure is monitored by accrediting bodies and regulatory agencies as applicable.

V. **References:**

Michigan Public Health Code

VI. **Related Policies and Procedures:**

CMHA-CEI Policy 3.3.25

Person-Centered Planning

CMHA-CEI Policy 3.3.23	Level of Care System
CMHA-CEI Procedure 3.6.23	Services Suited to Condition
CMHA-CEI Procedure 3.5.1	Medication
CMHA-CEI Procedure 3.3.26	Training for Staff
CMHA-CEI Procedure 3.6.7	Advance Directives

VII. Review Log:

Review Date	Reviewed By	Changes (if any)
03/22/17	Medical Director	Updated to New Format
4/2/18	Medical Director	Updated to standardize language to "CMHA-CEI" throughout procedure
04/22/2019	Medical Director, QI Specialist	Updated remaining references to "CMHA-CEI"
05/12/20	Medical Director, QI Specialist	No changes

VIII. Attachments:

N/A



CMHA-CEI Policies and Procedure Manual

Title:	3.5.1, Medication		
Subject:	MEDICAL AND NURSING SERVICES		
Section:	Clinical		
Policy: <input type="checkbox"/> Procedure: <input checked="" type="checkbox"/>	Issued by: Medical Director	Effective Date: 09/15/83	Applies to: <input checked="" type="checkbox"/> All CMHA-CEI staff <input checked="" type="checkbox"/> Contract Providers
Page: 1 of 17	Approved by: N/A	Review Date: 5/12/20	<input type="checkbox"/> Other:

I. Purpose:

To provide guidelines for medication administration, storage, and prescription, as well as other issues related to medication in Community Mental Health Authority of Clinton, Eaton and Ingham Counties (CMHA-CEI) directly operated and contract service sites where staff are responsible for administering medications.

All staff are responsible for safeguarding and administering prescribed and over-the-counter medications to recipients in accordance with instructions given by the recipient’s physician (or other prescribing professional). Controlled substances will be secured, monitored, and kept only in the quantity and for the time absolutely necessary to meet the need of the recipient for whom the controlled substance was prescribed.

II. Procedure:

A. Medication Storage, Administration, and Preparation

1. Medications shall be provided in a safe and sanitary manner.
2. All prescribed and over-the-counter medications, including refrigerated medications, shall be stored in a clean, dry, and locked area designated specifically for medications. All prescription medications are kept in pharmacy labeled packaging. Poisons, external drugs, oral prescription drugs, and over the-counter drugs are stored in separate containers. Medications should not be exposed to extreme temperatures. Controlled substances will be double locked (e.g. held in a locked area within the locked medication storage area). Please see Section C of this procedure for further information on controlled substances.
3. Medications shall be prepared and administered by a person licensed to prepare and administer medication or by a person who is currently trained by CMHA-CEI to prepare and administer medications.
4. For recipients in residential or formal day program settings, staff are responsible for administering medications unless an individual recipient has an approved program plan for self-medication. In this situation staff remains responsible for the daily supervision and documentation as indicated. If there is no approved program plan, recipients are expected to turn over all medications, both over-the-counter and prescribed, to staff upon arrival at the program.
5. All medication will be administered and documented for one recipient at a time. All medications administered are documented on the Medication Administration Record

(MAR). For each medication the MAR will list the name of the medication, dosage, frequency, and instructions for use. The staff administering the medication will insure that the right recipient is receiving the right medication, the right dose, at the right time, in the right route.

6. Each staff member administering medication will complete the CMHA-CEI medication or approved equivalent training. Staff members who are medical professionals, such as physicians and nurses, may be exempt from this requirement by virtue of their training, at the discretion of the Medical Director. In the event an untrained staff member is responsible for administering medications, the staff member is to consult by telephone with the on-call supervisor for direction.
7. Upon discharge from a program in which CMHA-CEI staff store and administer medications, the recipient shall ordinarily be provided with only those medications currently prescribed.
 - a. If, however, the recipient brought additional medication with them to the program upon admission, the recipient should be encouraged to allow staff to destroy all such medications not currently prescribed to the recipient. Pursuant to current guidance (as of April 2017) from the state recipient rights office, if the recipient does not want such medication destroyed, it must be given to the recipient. In such a case, staff must consider whether allowing such disbursement of medication would pose sufficient risk to the recipient or others that the discharge must be reconsidered.
 - b. Additionally, enough medication should be made available to the recipient to allow a reasonable amount of time to establish care with another provider.
8. All medication will be administered within one hour of the prescribed time. In the event this does not occur the responsible staff will consult one of the following resources and complete the direction indicated.
 - a. Physician
 - b. Registered nurse (R.N.)
 - c. CMHA-CEI pharmacist
9. Staff is responsible for observing the recipient to ensure the medications are properly ingested or otherwise utilized.
10. Staff are responsible for monitoring and documenting the effects, side effects and adverse effects of prescribed medications and reporting the observations to the appropriate team member (prescriber, R.N., or Case Manager).
11. Only prescribed medications shall be administered except in an emergency. In an emergency, orders from the Emergency Medical Services dispatch shall be considered to be prescribed.
12. All medications brought into programs that are non-residential and non-formal day programs should be kept secure by the person bringing them into the program. This includes recipients and persons accompanying recipients. Recipients and the persons accompanying them shall not provide medications to any person, except as expected and appropriate as part of their job or caretaking duties, based on a valid prescription, other order, or over-the-counter medication package labelling.

B. Disposal of Non-Controlled Substance Medications

1. For storage, administration, and disposal of controlled substances, follow the instructions under section C of this procedure (Storage, Administration, and Disposal of Controlled Substances).
2. Non-controlled substance medications, if dispensed by Ascension Pharmacy, may be identified by prescription numbers beginning with 6 or 16.
3. If a non-controlled substance medication is discontinued, has expired, or is otherwise no longer needed but is still in its original container, staff shall return the medication to Ascension Pharmacy as below, if it was dispensed by Ascension Pharmacy.
 1. Fill out the "Medication Return Form" available from Ascension Pharmacy.
 2. Place medications in box or tote, leaving medications in their original labeled prescription bottles or cards. Give the unwanted medications to the pharmacy driver the next time they are at your facility or bring the unwanted medications to Ascension Pharmacy.
4. If a non-controlled substance medication is discontinued, has expired, or is otherwise no longer needed but is still in its original container, staff shall contact the dispensing pharmacy to determine if the pharmacy has a program to dispense of unwanted/unneeded medications.
 - a. If the pharmacy has a medication disposal program, the directions for that pharmacy's program should be followed.
 - b. If the pharmacy does not have a medication disposal program, the medications should be brought to Ascension Pharmacy and placed in the appropriate disposal container as per direction of Ascension Pharmacy staff.
5. If a non-controlled substance medication has been dropped and/or contaminated, staff shall dispose of the medication by doing the following:
 - a. Place the medication in the container that has been designated for such a purpose and labeled as such by the facility or pharmacy.
 - b. At least once a month, the facility's non-controlled substance medication disposal container shall be brought to Ascension Pharmacy and the medications contained therein placed in the secure medication disposal container provided by the pharmacy.
 - c. At the time that the medication is placed in the facility's disposal container (not the container at Ascension Pharmacy), the employee will sign the MAR indicating the name of the medication, the strength, the number disposed, the method, and the reason for disposal.

C. Storage, Administration, and Disposal of Controlled Substances

1. All controlled substances must be stored in a locked container inside the locked medication cabinet.
2. Controlled substances must be counted at the end of every shift and the count recorded on the MAR. If there is a discrepancy between the count and the amount that should be present according to the MAR, the on-duty staff member shall contact their supervisor. In addition, the discrepancy must be reported to the pharmacy on the first business day following discovery and an incident report completed.

3. Controlled substances, when discontinued or otherwise requiring disposal, such as if expired, dropped, and/or contaminated, must be disposed of by one of the two following methods:
 - a. Disposal in a secure medication disposal container:
 - 1) This is the preferred disposal method but may be impossible for some homes due to staffing issues.
 - 2) To dispose of medication in this manner, leave the medication in its original container, bring the medication to Ascension Pharmacy at the CMHA-CEI Jolly Road facility, and two CMHA-CEI or contract facility staff place the discontinued medication in the secure medication disposal container provided by the pharmacy.
 - b. Destruction in the home:
 - 1) Two staff pour the discontinued controlled substance into a sealable plastic bag. If the medication is solid (pill, capsule, etc.), crush it and/or add water to dissolve it.
 - 2) Add kitty litter, sawdust, coffee grounds (or any other material that makes it less appealing for pets, children, or other recipients to eat) to the plastic bag.
 - 3) Seal the plastic bag and put it in the trash.
 - c. No matter which disposal method is chosen, two staff must count the medication (or note the volume, if a liquid) immediately prior to destruction.
 - d. Once the medication has been destroyed or placed in the disposal container, remove and destroy ALL identifying personal information (prescription label) from all medication containers before recycling them or throwing them away.
 - e. Staff who perform the destruction or secure disposal will document on the Medication Administration Record (MAR):
 - 1) Name of the medication
 - 2) Number/amount of medication destroyed (43 pills, 4 oz, etc)
 - 3) Method of destruction
 - 4) Date, time and signature(s) of staff involved.
 - f. Note that controlled substances, if dispensed by Ascension Pharmacy, may be identified by prescription numbers beginning with 2, 4, 12, or 14.

D. Administration of Sub-Cutaneous Injections

All staff administering sub-cutaneous injections will be trained by R.N. staff. The R.N. will be present and supervise each staff member until they are able to administer an injection safely and appropriately. In addition, all staff will be trained on the following:

1. Cleaning, preparation, rotation, and monitoring of the skin site.
2. Types of insulin (as applicable).

3. Appropriate disposal of needles and syringes.
4. How to accurately measure medication dosage.

E. Transferring of Medications to be administered at an alternate site.

When possible, prescribers will be encouraged to prescribe medications so that administration will occur at a single location (e.g. the residence of the recipient) If a medication must be administered at more than one site, the primary site where medication is received and stored shall transfer medications to the secondary site in the following manner:

- Sent in original containers (as provided by pharmacy or as purchased for over the counter medications)
- Handed directly to receiving staff by staff from the transferring location
- A medication transfer receipt shall be signed by both staff and a copy maintained by each.
- Transferred medication will be immediately placed in locked storage as required.
- Medication transferred for a recipient from a home to school, work activity, or day activity program will be sent with a copy of the written order.

When medications are transferred from one CMHA-CEI program/site to another, the staff transferring the medication will present the medication to the staff receiving the medication and will complete a medication transfer log which includes a count of the medications transferred and a signature of both staff.

F. Documentation of Medication Administration

1. A written order completed by a licensed medical professional is required for all prescribed and over the counter medications. Verbal orders for new medications or changes in medications are given by the prescriber to a nurse or pharmacist. The nurse or pharmacist then provides instruction to staff. Verbal orders will be signed by the prescriber at or prior to the next appointment with the recipient. Records of all current prescribers' orders are maintained in the Medication Administration Record (MAR) or the designated section of the Consumer Record.
2. Administration of medication by CMHA-CEI staff shall be noted on the recipient's MAR immediately after the medication is administered. For facilities utilizing paper MARs, the staff member who administers the medications initials the chart for the appropriate date and time to indicate the medication has been administered. Initials are cross referenced with the signature of the assigned staff member (usually on the back of the MAR). If a facility is utilizing an electronic MAR, the instructions for that system shall be followed.
3. At the start of each shift the assigned staff member is responsible for checking the MAR for the previous shift. If the MAR is not completed as scheduled, staff should refer to Section G, #2 of this procedure, "Failure to Document Medication".

4. All changes to medications need to be transcribed on the MAR and reviewed by another employee and initialed. For discontinued medications a line should be drawn across the chart and noted as Discontinued (DC'd). For facilities utilizing an electronic MAR the processes for that system shall be utilized.
5. A directions change sticker will be placed on the existing medication container, but placing the sticker so the name and dosage of the medication is still visible. Stickers are available from the pharmacy.

G. Medication Administration Errors and Problems

1. Late Medications

In the event a medication is not administered according to the prescriber's instructions the responsible staff member will consult one of the following resources and complete their direction as indicated.

- a. Physician
- b. Registered Nurse
- c. CMHA-CEI pharmacist

If the direction is to skip the next dose, the staff member documents the skipped medication on the MAR and completes the incident report, including noting all follow up actions taken.

2. Failure to Document Medication

In the event that a staff member observes a blank on the MAR during a period when the medication should have been administered, the staff member attempts first to contact staff members on duty during the previous shift to find out if the medication was administered or missed.

- a. If the medication was missed, the staff member follows the instruction listed above in the Late Medication Section of this procedure.
- b. If the medication was administered but not documented, the staff member initials the chart with his/her initials and documents the previously scheduled individual who administered the medication (e.g. BB for JS).
- c. If staff members from the previous shift cannot be contacted the responsible staff member does a pill count to determine whether the medication was administered. If the pill count indicates that the medication was administered, the staff member initials using only his / her initials and writes the comment "according to pill count" If the count indicates the medication was missed staff follows the instructions listed below in the Medication Errors Medication in Section of this procedure.

3. Medication Errors (Missed Medication/Wrong Dosage/ Wrong Time / Receipt of Wrong Medication/Wrong Route)

In the event that a resident does not receive a medication as prescribed or is incorrectly medicated, the responsible staff person contacts one of the following resources and records their direction and action taken.

- a. Physician
- b. Registered nurse
- c. CMHA-CEI pharmacist

The error is documented in the CMHA-CEI incident reporting system, including the follow up action taken.

4. Refusal of a Medication

If a resident is offered their scheduled medication and they refuse the dosage, the staff member will continue to offer the medication to the resident every 10 minutes for the next hour. If after an hour the resident continues to refuse the medication, the staff member will contact one of the following resources to determine how critical it is for the resident to receive the medication.

- a. Physician
- b. Registered nurse
- c. CMHA-CEI pharmacist

Instructions by the health care provider must be documented in the clinical record and followed as stated.

When contacting the CMHA-CEI pharmacist after-hours for refused medication leave the following information on the pager:

- a. Contact telephone number
- b. Name of the home/residence
- c. Name of the recipient who refused
- d. Name and dose of each medication refused
- e. Time that the medication was due

If the medical professional indicates that it is imperative the recipient receive the medication, the staff member contacts a supervisory staff for instructions. If it is not possible to administer the medication, the staff member transports the resident to the nearest hospital emergency room for assistance. The incident is documented in the CMHA-CEI incident reporting system, including the follow up action taken.

5. Repeated refusals of medication

When a recipient refuses to take the same medication(s) 2 or more times in a 24-hour period or 4 or more times in a week, the following will be done:

- a. The prescriber shall be notified on the first business day of the refusals. Staff should seek written guidance from the prescriber on what action, if any, should be taken when the recipient has frequent refusals.

- b. The case manager/supports coordinator shall be notified on the first business day of the refusals. An amendment to the person-centered plan should be considered to address the medication refusals.
- c. When addressing repeated refusals from the same recipient the pharmacist on-call will direct staff whether it is necessary to contact the pharmacist upon subsequent refusals. The pharmacist will provide information on how staff should document any future refusals and instruct staff to continue to submit incident reports, if needed. Should the recipient refuse any medication more than five times in a month, the extended refusals must be addressed with the prescriber/case manager. The responsible staff will then contact the prescriber and case manager on the first business day following the pharmacist directive to seek clarification and direction. The prescriber or prescriber's designee may provide further information regarding ongoing appropriate documentation and need for further incident reports for additional refusals.

6. Adverse Drug Reactions

In the event the recipient experiences a severe adverse reaction, staff will call 911 and provide emergency care as needed. An incident report will be completed by the involved staff. On the first business day following a severe adverse reaction, staff shall notify:

- a. Pharmacy
- b. Prescribing physician
- c. CMHA-CEI Medical Director

7. Other medication issues

For issues involving medications that do not require an incident report, as noted above, information regarding the situation can be sent to the CMHA-CEI Medication and Pharmacy committee via secure email at MAP@ceicmh.org

H. Preparation and Cleaning of Medication Administration and Storage Area

1. Medication storage areas are cleaned at least once per month with a freshly prepared bleach solution.
2. Medication administration areas are cleaned daily with soap and water, sprayed with a bleach solution, air dried, and then rinsed. The cleaning is documented.
3. A clean cloth is used for each area cleaned. Cleaning cloths are washed with ½ cup of bleach added to the wash cycle.

I. Responsibilities of the On Site Leader

Each program site must designate a staff person responsible for the oversight of medication administration. Typically this is the home manager, team leader, site coordinator, or senior staff member. The onsite leader is responsible for the following duties:

1. Ensure that written orders are on site and filed in the MAR book or Health section of the Consumer Record.
2. Ensure medications are ordered and available as prescribed.
3. Review MAR each shift worked.

4. Ensure errors are followed up in the appropriate manner.
5. Ensure errors are reported in the CMHA-CEI incident reporting system.
6. Ensure the staff administering medications have been trained.
7. Ensure discontinued/dropped medications are appropriately disposed of.
8. Ensure emergency numbers (poison control, physician, and after hours pharmacy) are posted in the medication administration area.
9. Ensure proper storage of medications.
10. Ensure proper cleaning of the medication storage and administration areas.
11. Upon receipt of pre-printed MAR, review the MAR for accuracy and completeness.
12. Ensure accuracy of transcription of medication changes to the MAR.
13. Ensure the effectiveness and side effects of the medication are reported to the appropriate team members and prescriber.

J. Prescription of Psychotropic Medication

1. The following procedures shall apply to all psychotropic medication prescribed by CMHA-CEI employed or contracted prescribers.
2. Medication shall not be used as a substitute for other appropriate treatment, as punishment, or for staff convenience. A comprehensive treatment plan should be employed whenever appropriate. Other modalities of intervention include various forms of psychotherapy, psychosocial rehabilitation, etc. The role of medication treatment as well as its goals and limitations must always be borne in mind within the context of a comprehensive treatment plan.
3. When appropriate the prescriber will review alternatives to medications and alternative medications with the patient.
4. Program plans using psychotropic medications for behavior control purposes, and when the target behavior is not due to an active psychiatric disorder, not including the neurodevelopmental disorders, as described in the current edition of the Diagnostic and Statistical Manual of Mental Disorders (DSM), must be reviewed and approved by the CMHA-CEI Behavior Treatment Committee.
5. Psychotropic medication may be administered to prevent physical harm or injury in the absence of other target symptoms only after signed documentation of the prescriber is placed in the resident's clinical record and when the actions of the resident or other objective criteria clearly demonstrate to the prescriber that the resident poses a risk of harm to self or others.
6. Upon intake the prescriber shall review past medication use (including effectiveness, side effects, and allergies or adverse reactions), co-existing medical conditions, use of alcohol or other drugs, use of over the counter medications, and special dietary needs and restrictions associated with medication use.
7. Prescription of anxiolytics/sedative-hypnotics shall generally be the responsibility of the patient's primary care physician except when used in conjunction with other medications prescribed by CMHA-CEI prescribers or as an adjunct to other treatment approaches (outpatient therapy, day programs, etc.). CMHA-CEI prescribers shall not prescribe anxiolytics/sedative-hypnotics for persons not receiving other services.

8. Written or electronic orders shall be completed for all medications prescribed by CMHA-CEI physicians. Prescriptions shall be written on CMHA-CEI prescription forms, prescribed electronically through CMHA-CEI's current electronic prescribing system, or printed on appropriate paper via CMHA-CEI's current electronic prescribing system. All medications prescribed shall be recorded in the patient's clinical record (including the dosage, dispensing instructions, and quantity of medication prescribed). Each medication order will have a specific expiration date, minimal duration as determined by the prescriber's prescription, and number of refills. Safe termination of a medication will be determined at the discretion of the prescriber in accordance with accepted clinical practice and guidelines.
9. Prescriber orders will be provided to a pharmacy by one of the following methods:
 - a. On a tamper resistant prescription given to the patient/designee to take the pharmacy of their choice.
 - b. On a tamper resistant prescription mailed to the pharmacy of the patient's choice by clinic staff.
 - c. Faxed to the pharmacy of the patient's choice by clinic staff.
 - d. Called to the pharmacy of patient's choice by a nurse or prescriber.
 - e. Via electronic prescribing.Nursing staff shall call, fax, or electronically submit prescriptions to the pharmacy only with a specific order from a CMHA-CEI prescriber or under the purview of current standing orders signed by a prescriber.
10. Before initiating a course of psychotropic medication treatment, the prescriber or a licensed health care provider acting under the delegated authority of the prescriber shall explain the specific risks and most common adverse effects associated with that drug.
11. Prescriptions for controlled substances will be written in accordance with all Federal and state laws.
12. Involuntary administration of psychotropic medications (*otherwise known as "psychotropic chemotherapy"*):
 - a. Patients/guardians shall provide consent for medication prior to the administering of any medication. Physicians may, however, without the consent of the patient, prescribe or administer medication in order to prevent a recipient from physically harming themselves or under a court order.
 - b. Initial administration of psychotropic medication may not exceed 48 hours without consent of the patient/guardian. The duration of the use of psychotropic medication administered without consent shall be as short as possible and at the lowest possible dosage that is therapeutically effective. Psychotropic medication administered without consent shall be discontinued as soon as there is little likelihood that the recipient will pose a risk of harm to themselves or others. Additional psychotropic medication may be prescribed and administered if the recipient decompensates and again poses a risk to themselves or others.
13. A written summary of common adverse effects of the prescribed medication shall be given to the patient and/or guardian. This will generally be provided by the pharmacy filling the prescription for a medication.
14. Prescribers shall take into account the patient's insurance benefits and ability to afford or otherwise obtain a medication when making decisions about prescribing. When

appropriate, prescribers will review the availability of indigent drug programs or use of samples.

15. MDHHS standards shall guide the prescription, administration, and monitoring of psychotropic medication. Reasons and/or justification for deviation from these guidelines shall be documented in the clinical record.
16. Baseline and periodic studies shall be performed in accordance with the pharmacology of the specific drug used. The exact laboratory test(s) required shall be determined by clinical judgment after considering the patient's medical and drug histories, pharmacology of the medication to be used, and the anticipated duration of medication use.
17. While monotherapy is preferred, it is also widely recognized that multiple medications, including medication prescribed off-label, may be needed to treat many psychiatric symptoms and conditions. When two or more psychotropic medications are used, the prescriber shall document in the clinic record the justification, as well as the rationale, for the concomitant use of two or more psychotropic medications. Additional psychotropic medications for associated symptoms, e.g., insomnia, anxiety, and so forth, shall be used only when the primary psychotropic medication is not controlling such symptoms.
18. Patients shall be expected to comply with treatment by taking medications as prescribed. Non-compliance shall be addressed as a treatment issue.
19. It is the responsibility of the staff person responsible for coordination of the patient's plan of service and/or the team nurse to monitor significant changes in target symptoms and behaviors, side effects, and adverse reactions. Effects observed or reported by the patient/guardian/direct care staff/caretaker shall be recorded and brought to the attention of the prescriber.
20. Clinical staff, including the prescriber, shall review the efficacy of the psychotropic medication as appropriate, as determined in the recipient's person-centered plan or by the recipient's clinical status. The review shall include discussion of the recipient's needs and preferences; presence of adverse, side, or unusual effects; possible use of multiple medications; drug interactions; and any contraindications.
21. The contract pharmacist will contact prescribers when there is therapeutic duplication and/or other clinical issues.
22. The prescriber will contact the primary care physician or other prescribers when indicated.
23. Dosing
 - a. Dosage levels shall not ordinarily exceed those specified in the medication's FDA-approved prescribing information
 - b. If dosage levels are in excess of the maximum, the medical rationale shall be documented in the patient's clinical record.
 - c. The medication regimen shall be individually determined by considering the patient's need, age, sex, weight, physical condition, health status, other medications, and any previous adverse reactions to medication.
 - d. Patients, parents of minor children, empowered guardians, or other caretakers as requested by the patient shall be advised of side effects and requested to report the occurrence of side effects to a licensed health care professional.

- e. Patients shall be checked and routinely monitored for the presence of any condition affecting therapy.
 - f. Medication quantities shall not ordinarily exceed a one (1) month supply with two (2) refills or enough refills to provide a supply to the next scheduled psychiatry appointment if the appointment is more than three months away. If staffing allows, review of medication, rewriting of medication orders, and reexamination of the patient should occur at least every three (3) months by a prescriber. A three-month supply of medication may be considered by the prescriber, at the request of the patient, in cases where there is a significant hardship imposed by the cost difference of three one-month supplies and one three-month supply. Such requests will only be considered when a patient has been stable on the medication for a significant period and having such a quantity available does not pose significant clinical risk.
 - g. After the desired clinical result is obtained and the patient's condition has stabilized, the medication shall be maintained at the minimum maintenance dose needed, or the patient may be titrated off the medication, if clinically indicated.
24. If a patient's medication is changed, a progress note shall be entered to correspond to that change and include the rationale for that change.
25. The use of psychotropic medications on a PRN basis is seldom indicated. When PRN orders are written, the prescriber shall document in the progress notes the justification as well as the rationale for the PRN order. There shall be an order and a dose for each route of administration. Orders shall also describe the specific conditions and behaviors in which the PRN order is to be administered, and PRN orders shall limit the number of doses to be administered within a 24-hour time period.
- a. The dosage of PRN and scheduled orders for psychotropic drugs shall not exceed the total daily cumulative dosage as designated in #24 (Dosing) above.
 - b. PRN orders of psychotropic drugs (other than oral sedative-hypnotics and anxiolytics used for the treatment of insomnia and anxiety) shall be limited to 24 hours and only renewed with significant medical justification.
26. Abnormal Involuntary Movement Scale (AIMS) screening shall be performed at least quarterly on recipients receiving antipsychotic medications, and prescribers or delegated staff shall document both positive and negative ratings. Follow-up shall be instituted as clinically appropriate. In those groups considered to be at elevated risk of tardive dyskinesia there shall be quarterly evaluation of the need for continuous use of antipsychotic agents.
27. The decision to use psychotropic medications during pregnancy and lactation must depend upon considerations of effects on fetal and neonatal development and a primary concern for the health and safety of the mother upon whom the fetus and neonate are dependent. Consideration of the risks must be documented in the clinical record.
28. Investigational drugs will only be used when approved according to CMHA-CEI Policy 1.1.6: Research, Publication, and Related Projects and Procedure 1.1.6: Research, Publication, and Related Projects.

K. Informed Consent

1. Consents shall be obtained by the prescriber or by a registered nurse when:

- a. A new medication is prescribed
 - b. A medication is prescribed for the first time outside of Federal Drug Administration labeling
 - c. When new and significant information about a prescribed medication (adverse reactions, serious side effects, contraindications, black box warning by the FDA) is identified.
2. Prior to obtaining informed consent for a medication, the prescriber shall provide information to the patient /guardian including but not limited to:
 - a. Purpose of the medication
 - b. Benefits of the medication
 - c. Risks
 - d. Common and serious adverse effects
 - e. Right to refuse medication
3. Annual medication consents will be obtained by a registered nurse or prescriber:
 - a. Consent shall list all medications currently prescribed by a CMHA-CEI prescriber
 - b. Each medication clinic shall develop an operating guideline to identify the process for:
 1. Flagging the need for the annual medication consent
 2. Entering a complete list of prescribed medications on the medication consent
 3. Obtaining the consent and signature of the patient/guardian
 - c. The nurse or prescriber will meet with the patient to obtain their signature on the annual re-consent and to respond to questions/concerns as needed.

L. Injectable Psychotropic Medications

1. In order for injectable medications not paid at the point of sale (the pharmacy) and the administration of injectable medications to be reimbursed, the following elements are necessary prior to the finance department submitting billing:
 - a. For Medicare and commercial insurance, a physician must be present in the suite where the injection is given.
 - b. For Medicaid only, the administration of the medication may be delegated to a RN. In this case, the physician does not need to be present.
 - c. Regardless of payor source, the injection must be billed under the supervising physician's staff ID code.
2. "Supervising physician" ordinarily refers to the physician who is present in the suite/office at the time the injection is administered. "Ordering physician" refers to the physician who issued the prescription itself. See below for further detail.
3. Process for injections:
 - a. Program staff, generally nurses, enter data for the administration of the injection in a service note. This service is titled "Injection Administration, Therapeutic, Proph. or Dx, Subcut. or IM" in Smartcare as of 10/16/2018.
 - b. Program staff will assure that the supervising physician's staff ID code will be entered as appropriate for each administration service.

1. If there is no physician present in the suite, the ordering physician should be listed as the supervising physician.
2. If there is no physician present in the suite and the ordering physician is no longer affiliated with CMHA-CEI, the Medical Director should be listed as the supervising physician.
- c. The presence or absence of a physician in the suite during the injection must be documented in the administration service note by selecting the appropriate option from the drop-down menu.
4. Expectations regarding injectable medications:
 - a. It is expected for patients with Medicare or commercial insurance that every effort will be made to administer injections with a physician on-site.
 - b. Injections given without a physician present shall be completed only when the risk to the patient resulting from not receiving the injection outweighs the risk to the program by loss of reimbursement due to unavailability of a physician. Note that there is no financial risk to the agency in this situation for those patients who have only Medicaid without co-insurance.
 - c. When patients insured by Medicare or commercial carriers present for an injection and a physician is not present, the following options shall be considered:
 1. If the patient's injectable medication was paid for at the point of sale (the pharmacy) or is a sample, proceed with the injection.
 2. If the injectable medication was not paid for at the point of sale and is not a sample:
 - a. The patient's injection may be rescheduled to a time when a physician will be present.
 - b. The patient may go to or be transported to a site/suite where a physician is present, and the injection may subsequently be administered.
 - c. If there is a clear clinical need for the patient to receive an injection, and neither of the above options is practical, the injection may still be given. However, such injection will not be reimbursable.

M. Sample Medications

1. CMHA-CEI will receive all samples from pharmaceutical company sales representatives or directly from the pharmaceutical company and then transfer the supply to CMHA-CEI's contracted pharmacy.
 - a. CMHA-CEI and the contracted pharmacy will maintain all records necessary to comply with Federal and state law and with all applicable requirements.
 - b. The contracted pharmacy will provide staffing for the transfer of samples to and from community clinics.
 - c. CMHA-CEI will provide the contracted pharmacy with a list of facilities and programs that will be taking part in the program.
2. Pharmaceutical company representatives will communicate with the contracted pharmacy in order to maintain adequate inventory levels.

3. CMHA-CEI and its contracted pharmacy will maintain necessary records of the transfer of sample medications made between them.
 - a. The contracted pharmacy and CMHA-CEI will have a designated contact person to answer any concerns.
 - b. All contact people should be available during regular business hours or should appoint alternates if they will be unavailable.
4. CMHA-CEI's contracted pharmacy will provide sample storage and a separate sample inventory from the retail stock.
 - a. Inventory will be perpetual and available to CMHA-CEI at mutually agreed upon intervals.
 - b. The contracted pharmacy will monitor all samples and remove all expired medications from inventory.
 - c. The contracted pharmacy will communicate to CMHA-CEI when samples are needed from pharmaceutical companies.
 - d. The contracted pharmacy will provide a monthly sample medication inventory to CMHA-CEI clinical staff that can be used for possible future prescribing when possible.
 - e. If appropriate for a specific medication, the contracted pharmacy will provide an inventory of samples that will be kept at sites for emergency use.
5. The contracted pharmacy will dispense samples only to those patients designated by CMHA-CEI.
 - a. CMHA-CEI staff must identify those patients who are to receive samples from the contracted pharmacy.
 - b. CMHA-CEI staff will provide the contracted pharmacy with a written or electronic prescription and a communication that samples can be used when dispensing occurs.
 - c. The contracted pharmacy will review all designated patients for possible insurance coverage, drug interactions, and allergies prior to dispensing samples.
 - d. If prescription drug benefits cannot be verified the contracted pharmacy will then dispense prescribed samples at no cost to the patient.
 - e. CMHA-CEI will be notified of any problems related to the provision of samples to patient.

III. Responsibilities:

- A. The Medical Director shall provide consultation in regard to the prescription of medication.
- B. All staff of the CMHA-CEI network and providers involved in prescribing, dispensing, storing, administering, and disposing medication shall understand and comply with the established procedures and relevant professional standards of practice.
- C. The Medical Director shall ensure that all staff involved in prescribing, dispensing, storing, documenting, administering, and disposing medications and related functions have the appropriate credentials and training.
- D. The Medical Director, through the quality improvement process, shall review medication errors and develop a mechanism to reduce the occurrence of such errors.

IV. Definitions:

- A. **Administering (or administration of) medications:** Functions necessary for staff to deliver a medication to a recipient.
- B. **Competency:** The abilities to communicate a choice, to understand the relevant information, to appreciate the medical consequences of the situation, and to reason about treatment choices. (New England Journal of Medicine, November 1, 2007)
- C. **Controlled substances:** Those substances regulated as per the Michigan Public Health Code (Act 368 of 1978), Article 7, Part 72.
- D. **Documenting:** Recording information regarding medications prescribed, dispensed, administered, and discontinued.
- E. **Dispensing:** Preparing, compounding, packaging, or labeling a drug pursuant to a prescription or other authorization issued by a prescriber.
- F. **Drug:** A medication or other substance which has a physiological effect when ingested or otherwise introduced into the body.
- G. **Informed consent:** Written consent voluntarily signed by a recipient who is competent and who understands the terms of the consent, or by the recipient's legal guardian.
- H. **Investigational drug:** Those drugs that have not been released by the FDA for general use or FDA-approved drugs that are being used in an investigational study.
- I. **Medication:** A substance intended for use in the diagnosis, cure, treatment, mitigation, or prevention of disease or any substance prescribed to address a medical condition.
- J. **Mono-therapy:** Prescription of a single drug from a specific drug class.
- K. **Off-label medication:** FDA approved drugs used to treat conditions outside of the approved indications but consistent with standards of practice.
- L. **Polypharmacy:** The use of multiple medications from one drug class in the same patient at the same time.
- M. **Prescriber:** A healthcare professional licensed and authorized under state law to order medication. These include physicians, dentists, nurse practitioners, and physician's assistants.
- N. **Prescribing:** Ordering medication in a specific type, dosage, and amount for an individual.
- O. **Prescription:** A documented order from a prescriber for a medication to be dispensed to a specific individual. This order must contain the name of the substance, the route, dosage, frequency, number to be dispensed, and number of refills.
- P. **Psychotropic medications:** Medications prescribed to treat disorders of mood, thought, or behavior. This may include medications in the following categories:
 - a. Antidepressants
 - b. Antipsychotics
 - c. Lithium and other mood-stabilizing agents
 - d. Anxiolytics
 - e. Sedatives/hypnotics
 - f. Psychostimulants
- Q. **Schedule II drugs:** The classification of controlled drugs as defined by Article 7 of the Michigan Public Health Code (Act 368 of 1978). [MCL 333.7213 and 333.7214]

V. Monitoring and Review:

This policy is reviewed annually by the Medical Director. It is monitored by accrediting bodies and regulatory agencies as applicable.

VI. References:

- A. PA 258 of 1974, "Michigan's Mental Health Code", as amended
- B. PA 368 of 1978, "Public Health Code", as amended
- C. MDHHS Administrative Rules R330.7158

VII. Related Policies and Procedures:

CMHA-CEI Policy 3.5.1	Medication
CMHA-CEI Policy 1.1.6	Research, Publication, and Related Projects
CMHA-CEI Procedure 3.5.1A	Zyprexa Relprevv

VIII. Review Log:

Review Date	Reviewed By	Changes (if any)
11/06/01	-	-
06/10/05	-	-
12/04/07	-	-
05/26/10	-	-
05/11/11	-	-
02/11/12	-	-
03/10/13	-	-
09/15/13	Jennifer L. Stanley, MD	None significant
10/31/16	Jennifer L. Stanley, MD	Medication disposal changes
02/21/17	Jennifer L. Stanley, MD	Minor changes
4/17/2017	Jennifer L. Stanley, MD	Major revision – combined multiple previous medication procedures and previous policy into this procedure; formatting revision
7/14/17	Medical Director	References to Yellow Jug Old Drugs removed
11/29/17	Medical Director	Made changes that CARF suggested II.A.4 added last sentence added II.A.12.
10/29/2018	Medical Director	Made changes to process for injectable medication documentation. Updated repeated refusal section.
4/29/19	Medical Director, QI Specialist	Added statement related to “psychotropic chemotherapy” (II.G.5.c), added additional direction related to incident reporting for repeated medication refusals (II.J).
5/12/20	Medical Director, QI Specialist	No changes



CMHA-CEI Policies and Procedure Manual

Title:	3.5.12 A, Nutrition Services		
Subject:	MEDICAL AND NURSING SERVICES		
Section:	Clinical		
Policy: <input type="checkbox"/> Procedure: <input checked="" type="checkbox"/>	Issued by: Director of Quality, Customer Service and Recipient Rights	Effective Date: 07/28/10	Applies to: <input type="checkbox"/> All CMHA-CEI staff <input type="checkbox"/> Contract Providers
Page: 1 of 9	Approved by: Board of Directors	Review Date: 3/24/20	X Other: (Adults and Children with Developmental Disabilities or Mental Illness who have met CMHA-CEI criteria and have met criteria for Nutrition Services using the Level of Care scale.)

I. Purpose:

To ensure that potential nutrition problems of CMHA-CEI clients are identified, and nutrition needs met.

II. Procedures:

A. Nutrition screen

1. The support coordinator or case manager will complete an initial nutrition screen as part of the admission packet, and annually thereafter.
2. If there are no positive indicators of nutrition risk, or a referral for nutrition services is not desired, the nutrition screen will be filed in the consumer=s clinical record.
3. If the individual has one or more positive indicators on the Initial/Annual Case Manager Assessment form AND has not received nutrition services for the same condition previously, a referral for nutrition services will be completed by the support coordinator.

B. Nutrition Referral

1. Support coordinators (or individual preparing nutrition screen) will submit a referral for nutrition services when individuals have one or more positive indicators of nutrition risk IF the consumer has not been seen previously for the same problem, and wishes nutrition consultation.
2. The request for nutrition services is made by the support coordinator through Smart Care.
3. The referral for services provided by Community Mental Health is submitted directly to the senior consultant dietitian.

4. If the referral is for community programs such as diabetes education or weight control, the support coordinator provides information for the consumer to make direct contact with the community program, and files the nutrition screen in the main file.

C. Nutrition Evaluation

The Nutrition Evaluation uses an 8-point rating system for each of the following area: biochemical; anthropometric; physical; psychological and social parameters unique to the consumer. The dietitian lists facts about the consumer's health and behavioral conditions in the eight areas outlined on the form. Each of the eight areas has a corresponding point value that is associated with it. A total score is developed by summing down the 8-items. Sum scores can range from 0 to 20 or more. The sum score then estimates the need to develop a Nutrition Care Plan. The Nutrition Care Plan will be developed and implemented based on the consumer's readiness for compliance.

D. Nutrition Care Plan

1. Eligibility for a NCP (Nutrition Care Plan) will be based on the Level of Care score.

Level 2 = 10-19 pts on the Nutrition Evaluation, Services covered are an annual Nutrition Update or Evaluation with detailed Nutrition Care Plan outlining methods to maintain or improve the consumer's nutrition status. Estimated units of service are 4-8 units annually.

Exceptions to the scoring parameters that would categorize the consumer as a level 2: Nutrition Evaluation score falls within 10-19 pts:

- < Consumer has a degenerative diagnosis that has potential to impact the consumer's nutrition status.
- < Consumer scores higher than 19, has been previously a level 3, but is now stabilizing.

Level 3 = 20 or more points on the Nutrition Evaluation, services covered are an annual Nutrition Evaluation or Update with detailed Nutrition Care Plan outlining methods to maintain or improve the consumer's nutrition status. Follow up is more frequent based on the severity of the nutrition issue. Estimated units of service are 12-48 units per year.

Exceptions to the scoring parameters that would categorize the consumer as a level 3: Nutrition Evaluation score falls below 20 pts:

- < Dietary inadequacies known to be <75% of nutrition needs.
- < Uncontrolled constipation/ diarrhea that is requiring immediate dietary changes.
- < Does not have the diagnosis of dysphagia, yet is taking > then 45 minutes to eat and has other parameters that suggest aspiration potential.
- < Has been prescribed a modified diet that needs to be instructed to either the consumer or caregiver.
- < Lives independently and requires frequent reminders/ prompting to comply with the diet.
- < Intensive individual counseling to improve nutritional status

2. The nutrition care plan will be developed with input from individuals on the treatment planning team.
3. Frequency of monitoring goals for nutrition care will be determined by the planning team.
4. The consultant dietitian will provide instruction in order for the consumer, family or staff to implement the nutrition care recommendations, as well as provide overall supervision.
5. Observations and information pertinent to nutrition care plans will be recorded by the consultant dietitian in the consumer's record.
6. The nutrition care plan will be revised annual and as needed.

E. Nutrition Guidelines

1. Nutrition guidelines/instructions are written procedures that identify specific steps or interventions for consumers, family or staff, to maintain nutrition status, including procedures for food preparation for individuals with oral motor dysfunction, mealtime interventions for individuals with poor mealtime skills, regular use of extra food portions to maintain weight, nutrient modifications to reduce fat and cholesterol intake.
2. Nutrition guidelines are written in conjunction with the individual and the interdisciplinary team.
3. Nutrition guidelines will be put into place for staff to follow until the consumer's nutrition needs change. Once the Guidelines are in place no other nutrition services are needed. Guidelines will outline under what conditions a new nutrition referral should be made.

F. Physician-Prescribed Diets

1. All diets will be planned, prepared and served as prescribed by the primary physician.
2. All special diets must be ordered by a physician, with a copy of that order placed in the clinical record. Continuing appropriateness of the diet is reviewed annually by the physician and/or consultant dietitian.
3. A registered dietitian may take verbal orders from a physician or physician's assistant for regular or special diets, diet changes, vitamin and mineral supplements and oral and enteral nutrition products. A written order from the physician must be obtained within 3 business days.
4. "Special" diets are defined as those diets intended to correct or prevent a nutritional deficiency or health problem. Diets modified in texture for treatment of dysphagia are considered special diets.

5. Diets will be prepared in accordance with an approved diet manual. The continued appropriateness of the diet manual will be reviewed annually by the senior dietitian.
6. Consumers with physician-prescribed special diets will be accommodated in programs where meal service is provided.
7. For individuals residing in a CEI-Community Mental Health-funded residential program, the home operator is responsible for insuring that the recommendations of the registered dietitian are implemented.
8. Procedures that may result in denying a nutritionally adequate diet are prohibited.

G. Menus

1. Menus will be planned to meet the guidelines as established by current federal and state regulations, and the current Recommended Dietary Allowances of the Food and Nutrition Research Council of the National Academy of Sciences.
2. To simplify menu planning, the USDA Daily Food Guide will serve as the basic menu planning tool. The Daily Food Guide translates the nutrient requirements of the Recommended Dietary Allowances into a specific number of selections from each of five different food groups.
3. All menus will provide adequate nutrients to meet the special needs of consumers, including special dietary modifications. Menus will be consistent with current trends in medical nutrition therapy.
4. All menus and therapeutic modifications will be evaluated for nutritional adequacy and approved by a registered dietitian.
5. Whenever possible, geographic, cultural, and ethnic factors are considered when planning menus.
6. Consumers are encouraged to participate in menu planning and selection of food items as much as possible. Suggestions of consumers are incorporated into menus whenever economically feasible.
7. Substitutions and changes of menu items must be of similar nutritive value and made within the same food group (i.e., meat for another source of protein, a fruit or vegetable for another fruit or vegetable). Any change or substitution must be recorded.

H. Discharge from Service

Individuals will be discharged from further nutrition services for any of the following:

1. Goal(s) for nutrition services are met or has scored:

Level 1 = a score of 0-9 pts on the Nutrition Evaluation, Services covered are Recommendations for improvement or maintenance of Nutrition Status, No further nutrition services needed. Estimated units of service are 1-4 one time only.

- < Has > then 20 points:
- < Has achieved and can maintain nutrition stability without monitoring.
- < Does not desire nutrition services.
- < Living environment does not provide enough support to follow the Nutrition Care Plan.
- < Lack of physician order or support for nutrition services.
- < Uncontrolled psychiatric condition not allowing for comprehension of Nutrition Care Plan.

2. Consumer dies or is transferred to a location outside the CEI service area.

III. Definitions:

- A. **Nutrition:** The sum of the processes by which one takes in and uses nutrients.
- B. **Nutrition assessment:** The comprehensive approach to defining nutrition status, which employs medical, nutrition, and medication histories; physical examination; anthropometric measurements; and laboratory data.
- C. **Nutrition care** consists of the following processes:
 - Screening, assessing, and reassessing nutrition needs,
 - Developing the plan for nutrition therapy,
 - Prescribing or ordering food and other nutrients,
 - Preparing and distributing or administering food and other nutrients,
 - Educating/counseling appropriate individuals on their nutritional needs, and
 - Monitoring the response of the individual served to nutrition care.
- D. **Nutrition care plan:** A written plan for maintenance or improvement of nutrition status, including measurable goals and the necessary steps to achieve these goals.
- E. **Nutrition screen:** process of identifying characteristics known to be associated with nutrition problems, in order to pinpoint individuals who are malnourished or at nutritional risk.

IV. Monitor and Review:

This procedure is reviewed annually by the Medical Director. This procedure is monitored by accrediting bodies and regulatory agencies as applicable.

V. References:

N/A

VI. Related Policies and Procedures:

CMHA-CEI Policy 3.5.12 Dietetic Services

VII. Review Log:

Review Date	Reviewed By	Changes (if any)
05/13/93, 06/21/94, 09/18/98, 07/20/01, 09/27/07, 10/16/07, 03/24/11, 05/01/14	--	--
3/16/17	Senior Dietitian	Updated to new format
3/22/18	Senior Dietitian	No changes
3/26/19	Senior Dietitian, QI Specialist	Minor wording changes
3/24/20	Senior Dietitian, QI Specialist	Removed instances of the word "Instructions" instead of "Guidelines", other minor wording changes. Updated Attachment A.

VIII. Attachments:

Attachment A: Nutrition Evaluation Form

Attachment B: Indicators for Nutrition Screen or Consultation

Nutrition Evaluation
- Page 2

NUTRITIONAL IMPLICATIONS OF MEDICATIONS:

|

FOOD ACCEPTANCE SUMMARY/NARRATIVE:

|

ADDITIONAL INFORMATION RELATED TO PROBLEM AREAS:

|

SUMMARY:

|

RECOMMENDATIONS:

Goal: |

1. Diet: |
2. Texture: |
3. Supplement: |
4. Fluid: |
5. Exercise/Physical Activity: |
6. Monitoring:
Nutrition Care Plan Yes No Monitoring:
Nutrition Instructions Yes No Type: .

Signed _____ Date: _____



Attachment B

CEI-COMMUNITY MENTAL HEALTH AUTHORITY

INDICATORS FOR NUTRITION SCREEN OR CONSULTATION

Clinical conditions which suggest a change in nutrition status include:

- < Recent unplanned weight gain or loss (>10# in 1 month)
- < Major surgery
- < Bone fractures such as leg, arm, hand or spine
- < New diagnosis of diabetes mellitus or hypoglycemia
- < Cancer, chemotherapy or radiation therapy
- < GI bleeding
- < Kidney disease
- < Decubitus ulcer (open pressure sore)
- < Loss of appetite > 3 days
- < Chronic UTI's
- < Cardiovascular and circulatory disorders (high blood pressure, elevated blood cholesterol, congestive heart failure, edema) newly diagnosed or poorly controlled
- < Eating disorder/unusual food preferences (suspected anorexia, bulimia)
- < Changes in diet order/food texture
- < Tube feeding, newly placed
- < Change in use of nutritional supplements
- < Aspiration pneumonia

***Consumers who experience any of the above conditions should be referred to nutrition services for a consultation. When a dietitian is already part of the support team, contact the assigned dietitian directly.*

CMHA-CEI Policies and Procedure Manual

Title:	3.6.01, Recipient Rights		
Subject:	Recipient Rights		
Section:	Clinical		
Related Policies:	3.6.01, Recipient Rights		
Policy: <input type="checkbox"/> Procedure: X	Issued by: Director of Quality, Customer Service, and Recipient Rights	Effective Date: 03/18/05	Applies to: X All CMHA-CEI staff X Contract Providers
Page: 1 of 12	Approved by: N/A	Review Date: 5/12/20	<input type="checkbox"/> Other:

I. Purpose:

To establish processes for protecting the rights of recipients.

II. Procedures:

A. Categories of recipient rights:

1. Abuse and neglect
2. Admission and discharge
3. Civil rights
4. Communication and visits
5. Confidentiality and privileged communication
6. Forensic issues
7. Family rights
8. Freedom of movement
9. Personal property
10. Photographs, fingerprints, audiotapes, and one-way glass
11. Rights protection system
12. Suitable services
13. Treatment environment
14. Treatment planning

B. The Chief Executive Officer (CEO) shall appoint and dismiss the Director of Quality, Customer Service, and Recipient Rights who shall be subordinate only to the CEO. The CEO shall consult with the Recipient Rights Advisory Committee prior to selecting, replacing, and/or dismissing the Director of Quality, Customer Service, and Recipient Rights.

C. The Board of Directors and the CEO shall protect the Recipient Rights Office (RRO) from pressures which could interfere with the impartial, even-handed, and thorough performance of its duties. The CEO shall ensure that staff acting on behalf of a consumer, or staff of the RRO, are not subject to any form of retaliation or harassment based upon recipient rights activities.

D. The CEO shall submit to the Board of Directors and Michigan Department of Health and

Human Services (MDHHS) an annual report prepared by the RRO on the current status of recipient rights in the CMHA-CEI network and providers, and a review of the operations of the RRO. The report shall be submitted not later than December 30 of each year for the preceding fiscal year or period specified in contract.

- E. The RRO has the authority to directly intervene as necessary to protect recipients' rights in both directly operated settings and contract agencies.
- F. The individual who holds the position of Director of Quality, Customer Service, and Recipient Rights shall have obtained the education, training and experience necessary to fulfill the responsibilities of this position. The Director of Quality, Customer Service, and Recipient Rights shall have no direct clinical service responsibilities.
- G. Staff of the Recipient Rights Office shall receive training at least annually in the protection of the rights of recipients as outlined in CMHA-CEI Procedure 3.6.03, Qualifications and Training for Recipient Rights Staff.
- H. In the event of the temporary absence of all recipient rights staff, the CEO/designee shall ensure that rights protection services are available.
- I. Responsibilities of RRO Staff:
 - 1. Chief Executive Officer
 - a. Provides the final review and approval of the Report of Investigative Findings from Recipient Rights Specialists.
 - b. Provides the final review and approval of the Plan of Correction from respondents.
 - c. Sends the Summary Report to the complainant, the recipient if different from the complainant, and the legal guardian, if any.
 - d. Appoint and supervise the Director of Quality, Customer Service, and Recipient Rights.
 - e. Consulting with or notifying the Recipient Rights Advisory Committee in the hiring of the Director of Quality, Customer Service, and Recipient Rights.
 - f. Assisting in the appeals process, as outlined in CMHA-CEI Procedure 3.6.17A, Recipient Rights Appeals Committee.
 - g. In the absence of the CEO, the duties of the CEO would be fulfilled by the Acting CEO, as appointed by the CEO.
 - 2. Director of Quality, Customer Service, and Recipient Rights
 - a. Provides or coordinates the protection of recipient rights for all directly operated and contractual services.
 - b. Serves as a consultant to the CEO and other staff to ensure compliance in rights matters. This shall include reviewing and commenting on, as

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- necessary, all policies of CMHA-CEI and contract providers which impact the rights of recipients.
- c. Acts as the Compliance Coordinator in regard to section 504 of the Rehabilitation Act of 1973 (P.L. 93-112), Americans with Disabilities Act of 1990 (P.L. 101-336), and the Michigan Handicapper's Civil Rights Act (PA 121).
 - d. Has the authority to intervene as necessary to protect the rights of recipients.
 - e. Provides the Recipient Rights Advisory Committee with a quarterly report regarding recipient rights complaint data.
 - f. Provides, semiannually, summary complaint data consistent with the annual report and a summary of remedial action taken in substantiated complaints by category to MDHHS and the Recipient Rights Advisory Committee.
 - g. Prepares an annual report on the current status of recipient rights for the CMHA-CEI network and providers, and a review of the operations of the RRO. The annual report shall include, at a minimum, all of the following:
 - i. Summary data, by category, regarding the rights of recipients receiving services from the CMHA-CEI network and providers, including complaints received, the number of reports filed, and the number of reports investigated by provider.
 - ii. The number of substantiated violations by category and provider.
 - iii. The remedial actions taken on substantiated rights violations by category and provider.
 - iv. Training received by staff of the RRO.
 - v. Training provided by the RRO to contract providers.
 - vi. Desired outcomes established for the RRO and progress toward these outcomes.
 - vii. Recommendations to the Board of Directors.
 - h. May conduct or participate in investigations of recipient rights complaints.
 - i. Cooperates with various investigative agents and agencies including, but not limited to, the protective services department and AFC licensing division of the Michigan Department of Health and Human Services, Department of Community Health, law enforcement agencies, and CMHA-CEI administrative staff.
 - j. Assures the adequacy of investigations of recipient rights complaints.
 - k. Monitors contracts to assure that as a condition of placement, payment or reimbursement, a contract entity affords recipients protection of their rights and that a rights system be implemented in compliance with PA 258 for Mental Health services or PA 368 for Substance Abuse services. Violations shall be reported to the CEO, who shall assure that immediate remedial action is taken. Contracts with service providers in the CMHA-CEI Network shall specify:

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- i. That recipients shall be protected from rights violations while receiving services under the contract.
- ii. That the provider and employees receive recipient rights training.
- iii. How contract agency rights advisors (if applicable) shall work with the Recipient Rights Office to protect rights.
- l. In the absence of the Director of Quality, Customer Service, and Recipient Rights, the duties would be fulfilled by the CEO.

3. Recipient Rights Specialist

- a. Develops and implements training on recipient rights and the functions of the RRO for employees and volunteers of the CMHA-CEI Network and providers.
- b. Intervenes in rights-related issues as necessary to prevent rights violations.
- c. Reviews recipient rights complaints on receipt to determine if the complaint shall be investigated by the RRO or referred elsewhere for follow-up.
- d. Investigates recipient rights complaints and determines whether or not a rights violation occurred.
- e. Prepares a written investigative report for the CEO.
- f. Provides consultation on recipient rights issues to recipients, staff of CMHA-CEI and contract providers, other agencies, families, and advocates.
- g. Cooperates with various investigative agents and agencies including, but not limited to, the protective services department and AFC licensing division of the Michigan Department of Health and Human Services, Department of Community Health, law enforcement agencies, and CMHA-CEI administrative staff.
- h. Participates in regular site visits to monitor the implementation of procedures intended to protect the rights of recipients.

4. Recipient Rights Secretary

- a. Provides administrative secretarial support for staff of the RRO.
- b. Processes administrative records, organizes and maintains RRO files.
- c. Prepares reports or memoranda, compiling necessary data and information.
- d. Coordinates Recipient Rights Advisory Committee agenda and materials, attends and takes minutes of the meetings.
- e. Coordinates Appeals Committee agenda and materials, attends and takes minutes of the meetings.
- f. Maintains a tracking mechanism for all rights complaints.

J. Rights Activities and Expectations

1. Complainants, staff of the RRO, and any staff of the CMHA-CEI Network and providers acting on behalf of a recipient will be protected from harassment or retaliation resulting from recipient rights activities. Appropriate disciplinary action will be taken if there is evidence of harassment or retaliation.
2. All employees, volunteers, service providers, and employees of service providers in the CMHA-CEI Network shall be responsible for immediately reporting to the Recipient Rights Office of reasonable suspicions of abuse or neglect of recipients. Failure to report a reasonable suspicion of abuse or neglect shall result in appropriate administrative action. Other recipient rights concerns should be directed to the recipient rights office in a timely manner.
3. Employees, volunteers, service providers, and employees of service providers in the CMHA-CEI Network will assist the complainant with writing a complaint when an oral complaint is not resolved to the complainant's satisfaction.
3. Staff of the CMHA-CEI Network and providers shall notify applicants for mental health services, recipients, parents of minor recipients, empowered guardians, other legal representatives, and others of the rights guaranteed by Chapters 7 and 7A of the Mental Health Code. This notice shall be accomplished by providing an accurate summary of Chapters 7 and 7A to the applicant or recipient at the time services are first requested and periodically during the provision of services.
4. Staff shall provide each recipient of Substance Abuse Treatment Services a brochure which summarizes recipient rights. The brochure shall be provided or approved by the Office of Substance Abuse Services.
5. If a recipient is unable to read or understand the materials provided, staff shall make a reasonable attempt to assist the recipient in understanding the materials. A note describing the explanation of the materials and who provided the explanation shall be entered in the recipient's record.
6. A pamphlet prepared and distributed by MDHHS, containing information regarding resources available to individuals with serious mental illness and their families, is distributed to each recipient receiving mental health services, and, if applicable, to the recipient's guardian or the parent of a minor recipient.
7. Recipients, parents of minor recipients, empowered guardians, other legal representatives, and others have access to Recipient Rights Complaint forms.
8. The telephone number and address of the RRO and the names of rights officers are conspicuously posted in all service sites.
9. The Contract Administrator will notify the Director of Recipient Rights when a new service contract is signed to assure that coordination of rights occurs.
10. Each service site, directly operated and contractual, is visited with the frequency necessary for protection of rights; at least annually.
11. All individuals employed by the CMHA-CEI Network and providers receive training related to recipient rights protection before or within 30 days of being employed. Documentation of this training shall be maintained by the Human Resources department of CMHA-CEI or by the service provider, whichever employees the staff person.

Title: Recipient Rights

12. Staff shall assist individuals in filling out complaint forms when requested.
13. Staff of the RRO shall assist complainants with the complaint process as necessary.
14. Recipient Rights policies and procedures for Substance Abuse Treatment Services shall include those established by the Michigan Department of Community Health Office of Substance Abuse Services and specified in the "Recipient Rights Procedures Manual" published by the Office of Substance Abuse Services, including policies and procedures derived from the "Model Recipient Rights Policy and Procedures."
15. Recipient Rights procedures for Mental Health services shall comply with MDHHS policies regarding Recipient Rights as specified in the master contractual agreement between the MDHHS and the CMHA-CEI Board.
16. The record system for all reports of apparent or suspected rights violations includes:
 - a. A mechanism for logging complaints.
 - b. A mechanism for secure storage of all investigative documents and evidence.
 - c. Indication whether the complaint was investigated by RRO or referred elsewhere.

K. Investigative Process

1. Procedures for investigation of complaints regarding substance abuse services shall follow those established by the MDHHS Office of Substance Abuse Services and specified in the "Recipient Rights Procedures Manual" published by the Office of Substance Abuse Services. Complaints and written reports shall be recorded on the appropriate form provided by the Office of Substance Abuse Services.
2. Complaints regarding mental health services shall be accepted in any format including but not limited to: a complaint form, letter, telephone call.
 - a. Complaints shall contain a statement of the allegation, the right allegedly violated, and the outcome desired by the complainant.
 - b. The RRO shall accept anonymous complaints.
 - c. When requested or necessary, the staff of the RRO shall assist recipients and other complainants with the complaint process.
 - d. The RRO shall advise complainants that there are advocacy organizations available to assist in preparation of a written rights complaint, and shall offer to refer the complainant to those organizations. In the absence of assistance from an advocacy organization, the RRO shall offer to assist the complainant in preparing a written complaint.
 - e. The RRO shall inform complainants of the option of mediation, and the circumstances in which it may be utilized:
 - i. At any time after the RRO completes the investigative report, the parties may agree to mediate the dispute. A mediator shall be jointly selected to facilitate a mutually acceptable settlement

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- between the parties. The mediator shall be an individual who has received training in mediation and who is not involved in any manner with the dispute or with the provision of services to the recipient.
- ii. If the parties agree to mediation and reach agreement through the mediation process, the mediator shall prepare a report summarizing the agreement, which shall be signed by the parties. The signed agreement shall be binding on both parties. Notice that an agreement has been reached shall be sent to the RRO.
 - iii. If the parties fail to reach agreement through the mediation process, the mediator shall document that fact in writing and provide a copy of the documentation to both parties and the RRO within 10 days after the end of the mediation process.
 - iv. If the parties engage in mediation, all appeal and response times required under Chapters 7 and 7A of the Mental Health Code are suspended during the period of time the mediation process is taking place. The suspension of time periods begins on the day the parties agree to mediate and expires 5 days after the mediator provides the written documentation to the parties and RRO stating that mediation was not successful.
- f. Each rights complaint shall be recorded upon receipt by the RRO.
 - g. Each complaint of recipient rights violations shall be reviewed by a Recipient Rights Specialist to determine if it warrants an investigation by the RRO. An investigation of a complaint filed with a program must take place within 72 hours of the receipt of the complaint, discovery of the allegation or allegations, whichever occurs first.
 - i. When so determined, the complaint will be assigned to a Recipient Rights Specialist for investigation.
 - ii. When an investigation is not warranted, the complaint shall be referred to other agency personnel for follow-up. Such referrals shall be recorded by the RRO.
 - h. The complainant shall be notified in writing within 5 business days after receipt of the complaint. Notice shall include
 - i. Acknowledgment of receipt of the complaint by the RRO, and a copy of the complaint.
 - ii. Whether the complaint will be investigated by the RRO or referred elsewhere for follow-up.
 - iii. If there is no code-protected right involved or the complaint is outside the jurisdiction of the RRO, the complainant shall be so notified.
 - i. All program complaint investigations shall be completed within 15 days of receipt of the complaint or discovery of the allegation or allegations, whichever occurs first.

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3. All reports of apparent or suspected violations of Mental Health Code protected rights shall be investigated in accordance with section 778 of the Mental Health Code.
 - a. The RRO shall initiate investigation of apparent or suspected rights violations in a timely and efficient manner. Subject to delays involving pending action by external agencies including law enforcement agencies, Michigan Department of Health and Human Services, and Department of Consumer and Industry Services, the RRO shall complete the investigation not later than 90 days after it receives the rights complaint. Investigation shall be initiated immediately in cases involving alleged abuse, neglect, serious injury, or death of recipient involving an apparent or suspected rights violation.
 - b. Investigation activities for each rights complaint shall be accurately recorded by the RRO.
 - c. The RRO shall determine whether a right was violated by using the preponderance of the evidence as its standard of proof.
 - d. Employees of the CMHA-CEI Network and providers shall cooperate in recipient rights investigations. Failure to cooperate with an investigation shall require administrative action. Investigations will be conducted in a manner that does not violate employee rights.
 - e. The RRO shall have unimpeded access to all of the following:
 - i. All programs and services operated by or under contract with the CMHA-CEI Network and providers.
 - ii. All staff employed by or under contract to the CMHA-CEI Network and providers.
 - iii. All evidence necessary to conduct a thorough investigation or to fulfill its monitoring function.
 - f. Investigation activities for each rights complaint shall be accurately recorded by the RRO.
4. The RRO shall issue a written status report every 30 calendar days during the course of an investigation to the complainant, respondent and the responsible mental health agency (RMHA). This 30-day status report shall contain all of the following:
 - a. Statement of the allegations.
 - b. Statement of the issues involved.
 - c. Citations to relevant provisions of the Mental Health Code, rules, policies and guidelines.
 - d. Investigative progress to date.
 - e. Expected date for completion.
5. Upon completion of the investigation, the Recipient Rights Office shall submit a written investigative report to the respondent and to the CEO of CMHA-CEI. Identities of all participants in the investigation will be coded, in order to protect them from potential harassment or retaliation. Issuance of the final written investigative report may be delayed pending completion of investigations that involve external agencies. The written investigative report shall include all of the following:

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- a. Statement of the allegations.
 - b. Statement of the issues involved.
 - c. Citations to relevant provisions of the Mental Health Code, rules, policies and guidelines.
 - d. Investigative findings.
 - e. Conclusions.
 - f. Recommendations, if any.
6. The CEO shall assure that appropriate administrative and/or remedial action is taken in a timely manner to resolve violations of rights.
- a. Discipline is required in cases of substantiated violations of abuse or neglect.
 - b. Remedial action shall
 - i. Correct or provide a remedy for the rights violations.
 - ii. Be implemented in a timely manner.
 - iii. Attempt to prevent a recurrence of the rights violations.
 - iv. Not violate employee rights.
 - v. Be documented and made part of the record maintained by the rights office.
 - c. Notification of the complainants of substantiated violations in shall be done within the constraints of confidentiality and privileged communication detailed in sections 758 and 750 of the Mental Health Code, and in a manner that does not violate employee rights.
7. The CEO or designee shall submit a written summary report to the complainant and recipient, if different than the complainant, or empowered guardian, or parent of a minor, within 10 business days after the CEO received a copy of the investigative report from the Rights Office.
- a. This written summary report shall contain all of the following information:
 - i. Statement of the allegations.
 - ii. Statement of the issues involved.
 - iii. Citations to relevant provisions of the Mental Health Code, rules, policies, and guidelines.
 - iv. Summary of investigative findings of the Rights Office.
 - v. Conclusions of the Rights Office.
 - vi. Recommendations made by the Rights Office, if any.
 - vii. Action taken, or plan of action proposed by the respondent/CMHA-CEI.
 - viii. A statement describing the right of the complainant, recipient if different, guardian or parent of a minor to appeal, time frames and grounds for making an appeal, and process for filing an appeal. This description shall include the following information:
 - (a) Not later than 45 days after receipt of the summary report, the complainant may file a written appeal with the board's appeals committee.
 - (b) The appeal shall be based on 1 of the following grounds:

Title: Recipient Rights

- (1) The investigative findings of the office were not consistent with the facts or with law, rules, policies, or guidelines.
 - (2) The action taken or plan of action proposed by the respondent does not provide an adequate remedy.
 - (3) An investigation was not initiated or completed on a timely basis.
 - (c) There are advocacy organizations available to assist the complainant in preparing the written appeal; and an offer to refer the complainant to those organizations. In the absence of assistance from an advocacy organization, the RRO shall assist the complainant in meeting the procedural requirements of a written appeal.
 - (d) The complainant has the option of mediation.
 - b. Information in the summary report shall be provided within the constraints of confidentiality and privileged communications detailed in sections 748 and 750 of the Mental Health Code.
 - c. Information provided in the summary report shall not violate the rights of any employee.
- L. The Board of Directors shall appoint a Recipient Rights Advisory Committee consisting of at least 6 members and no more than 8.
 1. Membership of the committee
 - a. Shall be broadly based so as to best represent the varied perspectives of the CMH geographic area.
 - b. At least one third (1/3) of the membership shall be primary consumers or family members.
 - c. Of that 1/3, at least one half (1/2) shall be primary consumers.
 2. The committee shall
 - a. Meet at least semiannually or as necessary to carry out its responsibilities.
 - b. Maintain a current list of members' names to be made available to individuals upon request.
 - c. Maintain a current list of categories represented to be made available to individuals upon request.
 - d. Protect the RRO from pressures that could interfere with the impartial, even-handed, and thorough performance of its functions.
 - e. Recommend candidates for director of the RRO to the CEO, and consult with the CEO regarding any proposed dismissal of the director of the RRO.
 - f. Serve in an advisory capacity to the CEO and the director of the RRO.
 - g. Review and provide comments on annual report submitted by the CEO to MDHHS.

Title: Recipient Rights

- h. Serve as the appeals committee for appeals of recipient rights investigations.
 - i. Review funding of the RRO.
 - 3. Meetings of the Recipient Rights Advisory Committee are subject to the open meetings act (PA 267 of 1976, sections 15.261 to 15.275 of the Michigan Compiled Laws).
 - 4. Minutes shall be maintained and made available to individuals upon request.
- M. The Board shall appoint an Appeals Committee. The Recipient Rights Advisory Committee is designated as the Appeals Committee.

III. Definitions:

- A. Allegation: an assertion of fact made by an individual that has not yet been proved or supported with evidence.
- B. Preponderance: "Preponderance means it is more likely that a right was violated than it was not, based upon the greater weight of the evidence not as to quantity (number of witnesses) but as to quality (believability and greater weight of important facts provided)."
- C. Recipient rights complaint: a statement containing one or more allegations that a right may have been violated. The person filing a complaint need not cite a specific violation of law or rule.
- D. Refuted violation: the determination that there was no infringement of a right.
- E. Substantiated violation: the determination that there was an infringement of a right.

IV. Monitor and Review:

This procedure is reviewed annually by the Director of Quality, Customer Service, and Recipient Rights. This procedure is monitored by accrediting bodies and regulatory agencies as applicable.

V. References:

- A. Public Act 258 of 1974, as amended, Michigan's Mental Health Code
- B. Public Act 368 of 1978, Public Health Code, regarding Substance Abuse Treatment Services
- C. Department of Health and Human Services Administrative Rules; Parts 2, 4, 5, 6 and 7
- D. Department of Health and Human Services Policy, CMHA-CEI Recipient Rights Systems (1996)
- E. Rehabilitation Act of 1983, PL 93-112, Section 504
- F. Michigan Handicappers Civil Rights Act, PA 121 of 1990
- G. Americans with Disabilities Act of 1990, PL 101-336
- H. PA 368 of 1978, Administrative Rules for Substance Abuse Services in Michigan
- I. CMHA-CEI Policy 3.6.17, Appeals and Grievances
- J. CMHA-CEI Procedure 3.6.17, Appeals and Grievances

- K. CMHA-CEI Procedure 3.6.17A, Recipient Rights Appeals Committee
- L. CMHA-CEI Procedure 3.6.03, Qualifications and Training for Recipient Rights Staff
- M. MDHHS/CMHSP Managed Mental Health Support and Services Contract

VI. Review Log

Review Date	Reviewed By	Changes (if any)
3/16/04	-	-
3/18/05	-	-
1/31/07	-	-
5/26/10	-	-
2/6/12	-	-
3/10/13	-	-
12/21/16	Recipient Rights Officer and QI Specialist	Update to new format, minor wording changes under II. O. 2.
1/8/18	QCSRR Director, RR Officer	Update minor wording
4/22/19	QCSRR Director, RR Specialist, QI Specialist	Minor wording changes, remove sections on details of training as referenced in Procedure 3.6.03, added responsibilities of CEO (II.I.1)
5/12/20	QCSRR Director, RR Specialist, QI Specialist	Added updates to section II. J, II. K, and III. C. Noted that CMHA-CEI Staff and volunteers may assist in writing a complaint, that an investigation must take place within 72 hours of the complaint, and that program investigations must be complete within 15 days. Clarified that a person filing a complaint does not need to cite a violation of the law.

VII. Attachments: N/A

Title:	3.6.19, Resident Labor (Residential)		
Subject:	Recipient Rights		
Section:	Clinical		
Policy: <input type="checkbox"/> Procedure: X	Issued by: Director of Quality, Customer Service and Recipient Rights (QCSRR)	Effective Date: 04/12/84	Applies to: X All CMHA-CEI staff X Contract Providers
Page: 1 of 2	Approved by: N/A	Review Date: 5/12/20	<input type="checkbox"/> Other:

I. Purpose:

To establish guidelines for recipients in residential treatment programs to perform labor.

II. Procedures:

- A. A resident of a center, facility, or hospital operated by or under contract with the CMHA-CEI Network and providers may perform labor that contributes to the operation and maintenance of the provider, for which the provider would employ someone else.
- B. This procedure does not apply to labor of a personal housekeeping nature or performed as a condition of residence in a small group living arrangement.
- C. A resident shall only perform labor described in (II)(A)
 1. Voluntarily.
 2. If the labor is consistent with his/her plan of services, and
 3. The amount of time or effort to perform the labor is not excessive.
- D. Discharge and privileges of a resident are not conditional upon the performance of such labor.
- E. A resident who performs labor that contributes to the operation and maintenance of the provider, for which the provider would employ someone else, shall be compensated appropriately and in accordance with applicable federal and state labor laws, including minimum wage and minimum wage reduction provisions.
- F. A resident who performs labor other than described in (II) (B) shall be compensated an appropriate amount if an economic benefit to another individual or agency results from the labor.
- G. The governing body of the facility may provide for compensation of a resident for labor not governed by (II) (A) or (B).
- H. One-half of any compensation for labor paid to a resident is exempt from collection as payment for services rendered.

III. Definitions:

- A. The Director of Quality, Customer Service, and Recipient Rights is responsible for ensuring that procedures to implement the intent of this policy are developed, reviewed, and revised as necessary.
- B. Residential service providers are responsible for establishing, posting, and enforcing program policies and procedures regarding the performance of labor, consistent with this policy.
- C. The staff person in charge of the written plan of service shall ensure that a recipient's performance of labor is consistent with the recipient's plan of service.
- D. Staff are responsible for implementing program policies and procedures, and treatment plans.

Procedure #: 3.6.19 Title: Resident Labor (Residential)

Page 2 of 2

IV. Monitor and Review:

This procedure is reviewed annually by the Director of Quality, Customer Service, and Recipient Rights. This procedure is monitored by accrediting bodies and regulatory agencies as applicable.

V. References:

- A. PA 258 of 1974, "Michigan's Mental Health Code", as amended
 - 1. 330.1100a--Definitions; A to E
 - 2. 330.1100b--Definitions; F to N
 - 3. 330.1736--Performance of labor by resident
 - 4. 330.1752--Policies and procedures

VI. Related Policies and Procedures:

CMHA-CEI Policy 3.6.19 Resident Labor Residential

VII. Review Log:

Review Date	Reviewed By	Changes (if any)
08/31/01	-	-
03/16/04	-	-
06/10/05	-	-
02/01/07	-	-
06/15/10	-	-
02/06/12	-	-
03/10/13	-	-
02/13/17	QCSRR Director	Updated to new format
1/22/18	QCSRR Director	No changes
4/19/19	QCSRR Director, RR Specialist, QI Specialist	Minor grammatical changes
5/12/20	QCSRR Director, RR Specialist, QI Specialist	No changes

VIII. Attachments:

N/A



Community
MENTAL HEALTH
CLINTON • EATON • INGHAM

Training



Training Updates

Starting October 1, 2018 the following updates to CMHA-CEI's provider training processes went into effect

1. Clarity Around Required Trainings, Due Dates, and Training Methods:
 - a. The "Training Grid" contains the current provider training requirements and will be included CMHA-CEI's Training for Staff Procedure 2.1.8I.
2. Training Availability:
 - a. Classroom trainings will still be available at CMHA-CEI's Training Unit as indicated on the training calendar available on CMHA-CEI's website: <http://ceicmh.org/community-resources/provider-resources>
 - b. Non-classroom trainings and tests:
 - i. Now available on CMHA-CEI's website under Training: <http://ceicmh.org/community-resources/provider-resources>
 - ii. Online at Improving MI Practices (approved courses are listed on the "Reciprocity Grid"):
<https://www.improvingmipractices.org/online/>
 - iii. External courses as approved by CMHA-CEI, questions about course approval can be referred to the Quality Advisors at qcsrr-qa@ceicmh.org or Brianne Haner, 517-887-5286 and Mussa Maingu, 517-887-5219.
3. Training Tracking:
 - a. **Beginning October 1, 2018 CMHA-CEI's Training Unit will no longer maintain B-Contract and CLS provider staff training records.**
 - b. **B-Contract and CLS contract providers of CMHA-CEI, must independently track and maintain a record of your staff training.**
This record will be reviewed by CMHA-CEI periodically as requested and annually during the site visit process.
 - i. To help you track staff training and ensure your staff are compliant with the required trainings, we have attached a template staff training record form for your use.
 - ii. If you would like additional assistance developing a system to track staff training, please feel free to reach out to our Quality Advisors at qcsrr-qa@ceicmh.org or Brianne Haner, 517-887-5286, Mussa Maingu, 517-887-5219, and Jessica Mead, 517-237-7059.
 - c. **The Training Unit will keep Tracking trainings for A-Providers:**



- i. **Please have staff complete the “Test Answer Sheet” Document for each test to turn into the Training Unit for scoring.**
 - ii. We encourage you track staff training internally and require that you ensure your staff are compliant with the required trainings. CMHA-CEI’s Training Unit does maintain a record of A-Contract provider trainings. Remember that staff training records will be reviewed by CMHA-CEI periodically as requested and annually during the site visit process.
 - iii. To help you track staff training and ensure your staff are compliant with the required trainings, we have attached a template staff training record form for your use.
 - iv. If you would like additional assistance developing a system to track staff training, please feel free to reach out to our Quality Advisors at qcsrr-qa@ceicmh.org or Brianne Haner, 517-346-5286 and Mussa Maingu, 517-887-5219.
4. **Classroom Training:** Upon completion of a classroom training at CMHA-CEI’s Training Unit, staff will receive a training slip that they will return to their provider agency to facilitate tracking.
5. **Online Training:** If using the training materials now available on CMHA-CEI’s website, please use the Test Answer sheet for any tests turned into CMHA-CEI’s Training Unit
6. Recipient Rights Orientation compliance monitoring:
 - a. In August you received a letter from CMHA-CEI emphasizing the importance of ensuring that all new hires receive Recipient Rights Orientation training within 30-days of hire. In the letter it was noted that CMHA-CEI’s Training Unit would begin reaching out to you for an updated staff list periodically to facilitate the tracking of this requirement per the MDHHS Office of Recipient Rights.
 - b. Thank you again for your response on 8-17-18 to our request for documentation that reflects your Recipient Rights Orientation training compliance process. We appreciate your work in this area!
 - c. **Please note that the request for updated staff lists will be made quarterly and will come from CMHA-CEI’s Quality Improvement department – additional requests may be made as needed for audit purposes.**

CMHA-CEI Training Grid For Contract Providers

I = Only Required Initially Upon Hire

A= Required Initially and Annually

2 = Required Initially and every 2 years

Training	Initial Requirements	AFC Group Home Staff	CLS and Respite Staff
**Recipient Rights - Initial in Classroom, Annual Refresher online [±]	30 days of hire	A [±]	A [±]
**CPR & First Aid - Classroom	30 days of hire	2	2 - first aid only
Blood Borne Pathogens/ Infection Control	30 days of hire	A	A
HIPAA Privacy & Security	30 days of hire	A	A
Person-Centered Planning	30 days of hire	A	A
**Basic Health & Medications - Classroom [#]	90 days of hire	2	2 - if passing Meds
**Working with People (Culture of Gentleness) - Classroom [#]	90 days of hire	I	
Corporate Compliance	90 days of hire	A	A
Cultural Competency & Diversity [#]	90 days of hire	A	A
De-escalation Skills	90 days of hire	I	I
Environmental Safety [#]	90 days of hire	I	I
Limited English Proficiency (LEP)	90 days of hire	A	A
Trauma Informed Care	90 days of hire	I	I

Effective 10/1/2018

[±]Initial Recipient Rights training must be in person through CMHA-CEI or another CMH. The Annual Recipient Rights Refresher course is completed through an online/paper test.

**Classroom trainings are taken through CMHA-CEI's Training Unit.

A schedule of trainings can be found through the CMHA-CEI website.

Non-Classroom training material can be found on the CMHA-CEI website under the Provider Resources page.

[#] - CMHA-CEI's standard goes above what Mid-State Health Network requires.

For A-Contract Group Homes, send tests to CMHA-CEI's Training Unit to score and track

For B-Contract Group Homes and CLS Providers, managers are to score and track for employees and provide proof upon request from CMHA-CEI

For Employees of Self-Determination Consumers, Submit training to your employer and Community Living Network (CLN)

Training Sources Accepted by CMHA-CEI

Training Title/Topic	CMH Course	Vetted Course*	Improving MI Practices Website^	In-Person ONLY	CMHA-CEI Online Training	CMHA-CEI Online Test Printable
Recipient Rights (Orientation)	X			X		
Recipient Rights Refresher	X				http://ceicmh.org/ceo/doc_download/867-recipient-rights-refresher-training	http://ceicmh.org/ceo/doc_download/866-recipient-rights-refresher-test
CPR/ First Aid	X	X**		X		
Blood Borne Pathogens/ Infection Control	X	X	Infection Control & Standard Precautions		http://ceicmh.org/ceo/doc_download/1012-blood-borne-pathogens-and-infection-control	http://ceicmh.org/ceo/doc_download/842-blood-borne-pathogens-infection-control-test
HIPAA Privacy & Security	X	X	HIPAA Essentials		http://ceicmh.org/ceo/doc_download/858-hipaa-privacy-and-security-training	http://ceicmh.org/ceo/doc_download/859-hipaa-privacy-and-security-test
Person Centered Planning	X	X	Person Centered Planning with Children, Adults & Families		http://ceicmh.org/ceo/doc_download/865-person-centered-planning-training	http://ceicmh.org/ceo/doc_download/864-person-centered-planning-test
Basic Health & Medications	X			X		
Culture of Gentleness	X			X		
Corporate & Regulatory Compliance	X	X	Corporate Compliance		http://ceicmh.org/ceo/doc_download/848-corporate-compliance-training	http://ceicmh.org/ceo/doc_download/847-corporate-compliance-test
Cultural Competency & Diversity	X	X	Cultural Competence-Basic Concepts		http://ceicmh.org/ceo/doc_download/849-cultural-competency-and-diversity-training	http://ceicmh.org/ceo/doc_download/850-cultural-competency-and-diversity-test
De-escalation Skills	X	X	Crisis Pre-Intervention Using Verbal De-Escalation		http://ceicmh.org/ceo/doc_download/852-de-escalation-skills-training	http://ceicmh.org/ceo/doc_download/851-de-escalation-skills-test
Environmental Safety	X	X	Emergency Preparedness		http://ceicmh.org/ceo/doc_download/856-environmental-safety-training	http://ceicmh.org/ceo/doc_download/855-environmental-safety-test
Limited English Proficiency	X	X	Limited English Proficiency		http://ceicmh.org/ceo/doc_download/861-limited-english-proficiency-training	http://ceicmh.org/ceo/doc_download/860-limited-english-proficiency-test
Trauma Informed Care	X	X	Trauma 101		http://ceicmh.org/ceo/doc_download/870-trauma-informed-care-training	http://ceicmh.org/ceo/doc_download/869-trauma-informed-care-training-test

* - Course must be vetted through State Workgroup or CMHA-CEI Training Unit

** - Trainer must be approved through LARA. Refer to the list at https://www.michigan.gov/lara/0,4601,7-154-89334_63294_5529_49572_49583-82382--,00.html

^ - <https://www.improvingmipractices.org/>

Version Updated: 1/3/2020

Residential Staff Training Transcript

Staff:

Hire Date:

Termination Date:

Provider:

Site (if applicable):

Within **30 days of hire** and every 365 days thereafter:

Course	Hire date + 30	Hire date + 365	+2 years	+3 years	+4 years	+5 years	+6 years
Due date							
Recipient Rights Orientation (classroom) Annual Recipient Rights Refresher							
CPR & First Aid (classroom) Renew every 2 years		na		na		na	
Blood Borne Pathogens/Infection Control							
HIPAA Privacy & Security							
Person-Centered Planning							

Within **90 days of hire** and every 365 thereafter:

Course	Hire date + 90	Hire date + 365	+ 2 years	+3 years	+4 years	+5 years	+ 6 years
Due date							
Basic Health & Medications (classroom) Renew every 2 years		na		na		na	
Corporate Compliance							
Cultural Competency							
Limited English Proficiency							

Within **90 days of hire**:

Course	Hire date + 90
Due date	
Culture of Gentleness (classroom)	
De-Escalation Skills	
Environmental Safety	
Trauma Informed Care	

Courses as recommended/required specific to a Person Centered Plan:

Course	As directed in PCP
Due date	
Body Mechanics	
Documentation	
Nutrition	
Other:	



Training Unit

Course Tests Cheat Sheet

Note: To pass, 80% of the answers must be correct

Course Test	No. of Questions	No. Needed to Pass
Recipient Rights	15	12
Blood Borne Pathogens	10	8
Cultural Competency & Diversity	10	8
HIPPA Privacy and Security	19	16
Person Centered Planning	16	13
Corporate Compliance	19	16
Limited English Proficiency	10	8
Environmental Safety	15	12
De-Escalation Skills	25	20
Trauma Informed Care	6	5



Training Unit Answer Sheet

Name: _____ Signature: _____

Agency: _____ Work Location: _____

Date: _____

- Course (Circle one):**
- | | |
|---|---------------------------------|
| Blood Borne Pathogens/Infection Control | Cultural Competency & Diversity |
| HIPAA Privacy & Security | Environmental Safety |
| Person Centered Planning | De-Escalation Skills |
| Corporate Compliance | Limited English Proficiency |
| Recipient Rights | Trauma Informed Care |
| | Appeals and Grievances |

I attest, by filling out below, that I have reviewed the content for the circled course above and have completed the test to the best of my ability.

Once you have completed the test, turn into your manager.

Choose the one best answer for each question. Mark your answer below by circling the appropriate letter for each question.

- | | | | | | | | | | | | |
|----|---|---|---|---|---|----|---|---|---|---|---|
| 1 | A | B | C | D | E | 14 | A | B | C | D | E |
| 2 | A | B | C | D | E | 15 | A | B | C | D | E |
| 3 | A | B | C | D | E | 16 | A | B | C | D | E |
| 4 | A | B | C | D | E | 17 | A | B | C | D | E |
| 5 | A | B | C | D | E | 18 | A | B | C | D | E |
| 6 | A | B | C | D | E | 19 | A | B | C | D | E |
| 7 | A | B | C | D | E | 20 | A | B | C | D | E |
| 8 | A | B | C | D | E | 21 | A | B | C | D | E |
| 9 | A | B | C | D | E | 22 | A | B | C | D | E |
| 10 | A | B | C | D | E | 23 | A | B | C | D | E |
| 11 | A | B | C | D | E | 24 | A | B | C | D | E |
| 12 | A | B | C | D | E | 25 | A | B | C | D | E |
| 13 | A | B | C | D | E | | | | | | |

Instruction for Manager: If CLS or B-Contract, grade and keep for your own records. Records will be reviewed during site visits. If A-Contract, send completed (ungraded) answer sheet to the Training Unit.

Grade*: _____ out of _____ *must equal 80% or above to pass **Manager Initials** _____

CMHA-CEI RECIPIENT RIGHTS REFRESHER

Reviewed 02/2020



IT IS IMPORTANT TO UNDERSTAND WHERE RIGHTS COME FROM, WHAT THEY ARE, AND WHAT ADDITIONAL RIGHTS ARE GRANTED TO RECIPIENTS OF MENTAL HEALTH SERVICES IN MICHIGAN



Objectives:

As a result of reading this section you will be able to:

- Understand the rights guaranteed to all individuals receiving mental health services in Michigan
- Understand how and when to file a recipient Rights complaint



Abuse Defined

Recipients have the Right to be free from Abuse. This Right cannot be limited.

- Non-accidental physical or emotional harm to a recipient, or sexual contact with or sexual penetration of a recipient.
- The use of unreasonable force on a recipient by an employee, volunteer, or agent of the CMHA-CEI Network or provider, with or without apparent harm.
 - *Force: The use of power or violence to compel or restrain.*
- Any action, or provocation of another to act, by an employee, volunteer, or agent...that causes or contributes to emotional harm to a recipient.
- An action taken on behalf of a recipient by an employee, volunteer, or agent... who assumes the recipient is incompetent, despite the fact that a guardian has not been appointed, that results in substantial economic, material, or emotional harm to the recipient.
- The use of language or other means of communication by an employee, volunteer, or agent...to degrade, threaten, or sexually harass a recipient.



Examples

- Some types of Abuse are obvious:
 - Slapping a recipient
 - Making sexual contact with a recipient
 - Threatening a recipient with violence
- Other types may be more difficult to identify:
 - Use of physical management with no imminent risk of physical harm to the recipient, staff, or others.
 - Use of physical management using unapproved techniques.
 - Use of physical management not in compliance with emergency interventions authorized in the recipients individual plan of service.
 - Use of physical management when other less restrictive measures were possible but not attempted.



Examples

- Some forms of Neglect are obvious:
 - Leaving a recipient unsupervised when he requires line of sight monitoring.
 - Failing to follow a recipient's dysphagia care plan, the recipient chokes and requires emergency medical care.
- Other forms may be more difficult to identify:
 - Losing track of a recipient at a community event.
 - Failing to follow a recipient's health care plan resulting in skin breakdown and the need for medical care.



Neglect Defined

Recipients have the Right to be free from Neglect. This Right cannot be limited.

- An act or failure to act committed by an employee, volunteer, or agent of the CMHA-CEI Network or provider that denies a recipient the standard of care or treatment to which he or she is entitled.
- An act of commission or omission by an employee, volunteer, or agent of the CMHA-CEI Network or provider that results from noncompliance with a standard of care of treatment required by law, rules, policies, guidelines, written directives, procedures, or individual plan of service that cause or contribute to:
 - The death of,
 - Physical harm to,
 - Or the risk of physical harm to a recipient.
- The failure to report abuse or neglect of a recipient.



Reporting Abuse and Neglect

- Allegations of abuse and neglect **MUST** be reported to the Recipient Rights Office immediately.
- If you are unsure whether an action is abuse or neglect call the Recipient Rights Office.

It's good to know about your RIGHTS.

Recipients of mental health services are guaranteed certain rights. If you have questions about these rights, we can help.

Recipient Rights Office:
Main Number - (317) 346-6247
Annie Bailey - (317) 867-6287
Greg Fox - (317) 867-6288
Joyce Nunnery - (317) 346-6244



Reporting Abuse and Neglect cont.

When **MUST** I call the Recipient Rights office and make a report?

- When I witness a co-worker lose his/her temper hit or slap a recipient.
- Anytime I suspect any form of abuse and neglect has occurred.

When **SHOULD** I call the Recipient Rights office?

- When I have a question if something may or may not be abuse or neglect.
- When my supervisor says I should file a complaint.
- When a recipient says he or she wants to file a complaint and needs help dialing the phone.



The Michigan Mental Health Code

The Michigan Mental Health Code states that people who receive mental health services in Michigan have rights:

- The right to be **free from abuse or neglect**
- The right to be **treated with dignity**, to be treated without discrimination, to have privacy, to practice one's religion, and to get paid for work that is done.
- The right to **send and receive mail**; have visitors, use the telephone, and get legal advice.
- The right to have information about the person receiving treatment kept **confidential**.
- The right to have **access to information** contained in the clinical record
- The right to a hearing, to be represented by an attorney, and to discharge planning that assures that appropriate mental health services are provided in the **least restrictive setting**.
- The right to be treated in a safe, sanitary, and humane **environment**.



Civil Rights

The Right to Religious Expression

- To practice the religion of one's choice
- Not to attend any religious service against one's wishes
- Not to be discriminated against based upon one's religious beliefs

The Right to Freedom of Speech

- To speak freely and to write, or express, one's views without restrictions
- To make and receive phone calls in private
- To send and receive mail without censorship
- To speak with one's attorney

The Right Not to be Discriminated Against Because of Race, Sex, National Origin, or Disability.

The Right to Vote



The Michigan Mental Health Code cont.

- The right to have **access to his or her own funds**, and to be able to use them as they see fit.
- The right to have **personal property** safely kept and to have any rules regarding any limitations on using it clearly stated, consistent, and posted in a place where all can see.
- The right not to be forced or coerced to take medication, or to take more medication than desired, and the right to be provided with **information regarding medication** and possible side effects.
- The right to have a **written plan of service** developed through a person-centered planning process. Person-centered planning means a process for planning and supporting the individual receiving services that builds upon the individual's capacity to engage in activities that promote community life and that honors the individual's preferences, choices, and abilities. The person-centered planning process involves families, friends, and professionals, as the individual desires or requires.
- The right to **refuse treatment**.



The Michigan Mental Health Code cont.

The Michigan Mental Health Code states that some of the rights it grants to recipients *cannot* be limited. These are:

- Freedom from abuse, neglect, and mistreatment
- Dignity and respect
- Contact with attorneys regarding legal matters
- To refuse treatment



The Michigan Mental Health Code cont.

Limitations/Restrictions placed on an individual can only be made through the person-centered planning process. In the recipient's individualized treatment plan you should find:

- A description of the behavior and the limitation
- A time limit on the limitation
- An indication that previous measures to stop the behavior were unsuccessful
- An indication that the limitation is the least restrictive or intrusive action possible
- Measures to reduce or eliminate the behavior (this is the action you will take when the behavior occurs)



The Michigan Mental Health Code cont.

The Michigan Mental Health Code also states that some of the rights it grants to recipients *can* be limited within the individualized treatment plan. Examples include:

- Communication by mail, phone, visits
- Personal property
- Money
- Freedom of movement
- Access to entertainment materials



Confidentiality

The right to confidentiality is one of the most important rights granted to recipients.

- Each mental health service provider is required to have policies and procedures which provide for maintaining the confidentiality of those receiving services.
- Each recipient is entitled to confidentiality when seeking the services of a lawyer, a doctor, or other mental health services professional.
- In order to assure the confidentiality of recipients, all staff must protect written and unwritten information gained while providing mental health services.



The Mental Health Code Requires that:

- Every recipient is informed about the law requiring confidentiality.
- A record is maintained of any information about the recipient that is disclosed. This record must indicate what information was released, to whom it was released, and the reason for the release.
- Under certain circumstances, the release of information may be delayed, or even withheld.
- However, a competent adult recipient is entitled to receive any and all information contained in his or her record subsequent to March 28, 1996.
- Some information can be provided to legal and medical personnel who provide emergency care to the recipient, without obtaining a release of information. However, this information is limited to that which relates to the emergency care being provided.



CONFIDENTIALITY IS A RIGHT OF EVERY RECIPIENT OF MENTAL HEALTH SERVICES. EVERYONE INVOLVED WITH THE DELIVERY OF SERVICES MUST WORK TO MAINTAIN AND PROTECT THIS RIGHT. ALL INFORMATION IN A PERSON'S RECORD, AND ANY INFORMATION ABOUT THE PERSON DISCOVERED WHILE PROVIDING SERVICES, IS CONFIDENTIAL.



There are Times When it is Appropriate to Disclose Information About a Recipient.

- Some of these are:
 - When the recipient agrees and has provided written consent, and the person who requested the information has a legitimate need for the information.
 - To mental health, or other public agencies, when there is a strong chance that the recipient or others will be seriously hurt if no action is taken.
 - To other agencies such as Social Security or the Department of Human Services when necessary in order for service providers to receive payment.
 - When required by court order, or to comply with the law.
 - To a prosecuting attorney when necessary to participate in proceedings governed by the Mental Health Code, for example, a civil commitment proceeding.
 - To the recipient's attorney when the recipient has given consent.
 - To the surviving spouse of a recipient in order to apply for and receive benefits.
 - As necessary for treatment, coordination of care or payment for the delivery of mental health services in accordance with HIPAA.



Informed Consent

- A recipient cannot simply agree to have confidential information released. In order for a release of information to be valid, it must be given with *Informed Consent*³.
- *This means the recipient:*
 - Has the legal capacity to give consent
 - Is not pressured in any way to give consent
 - Is able to understand what information he/she is agreeing to release
 - Understands the risks, benefits and consequences of agreeing, or not agreeing, to the release of the information requested.
- A person who has a guardian is not legally capable of giving informed consent. In most cases involving children informed consent must be obtained from his or her parent.

³ All of the following are elements of informed consent: (a) legal competency, (b) knowledge, (c) comprehension, and (d) voluntariness (Administrative Rule 330.7003)



Here are Some Examples of How You Could Unknowingly Violate Confidentiality

- Talking about recipients outside of work
- Referring to or identifying recipients by name when discussing work with family or friends
- Giving information over the phone to callers who say they are relatives
- Taking photographs or videotapes of recipients without permission
- Listening in on a recipient's phone calls
- Discussing information in a recipient's record with staff from another home or with other mental health or service professionals who are not authorized to receive the information
- Referring to a recipient by name in another recipient's record or on an incident report for another recipient
- Referring to a recipient by full name when speaking with another recipient's family or teacher



THANK YOU!

You must complete the test to receive credit for completing this refresher course.



Recipient Rights Refresher Training Test

Instructions: Please circle the answer to each question on the attached Answer Sheet. Twelve correct answers (80%) are required to pass this course. Once you have completed the test, turn into your manager.

1. When must I call the Recipient Rights Office and make a report?
 - a. If I witness a co-worker lose his temper and call a recipient an obscene word.
 - b. Any time I suspect any form of abuse or neglect has occurred.
 - c. Any time a recipient exhibits an injury that is unexplained.
 - d. When my co-worker doesn't pull his weight and I have to do all the work.
 - e. a and b

2. When should I call the Recipient Rights Office?
 - a. When I have a question if something may or may not be abuse or neglect.
 - b. When my supervisor says I should file a recipient rights complaint.
 - c. When a recipient says he or she wants to file a complaint and needs help dialing the phone.
 - d. All of the above

3. I can use physical management or force when ...
 - a. A recipient doesn't do what I tell him to do.
 - b. I must protect a recipient, myself or someone else from an imminent risk of physical harm, I utilize approved techniques and I have exhausted all of my other options.
 - c. I want to show a recipient that I'm in charge.
 - d. I need to prompt someone to get in the van.
 - e. None of the above

4. "Force" is...
 - a. Necessary sometimes because I consider recipients to be like my family.
 - b. Never an option.
 - c. The use of power or violence to compel or restrain.
 - d. An intervention strategy sometimes found in a behavior treatment plan.
 - e. None of the above

5. These recipient rights cannot be limited:
 - a. To be free from abuse, neglect and mistreatment.
 - b. To be treated with dignity and respect.
 - c. To consult with an attorney or legal representative.
 - d. To refuse treatment.
 - e. All of the above

Recipient Rights Refresher Training Test

6. Information contained in the recipient's clinical record:
- Is confidential.
 - Can be reviewed by the competent adult recipient.
 - Can be shared with other mental health or public agencies when there is a strong chance that the recipient or others will be seriously hurt if no action is taken.
 - All of the above

What would you do? Review the brief paragraphs and select your best option.

7. You have been assigned to work with another employee who treats recipients like toddlers. His tone of voice is irritating. He is rude and dismissive at the same time. It's frustrating because his way of interacting with recipients seems to put people on edge and you're convinced he has no idea. You should:
- Provide constructive feedback to the other employee. If nothing improves, share your concerns with your supervisor.
 - Tell the other employee if he doesn't change his personality, you're going to file a recipient rights complaint.
 - Forget about talking with the other employee or your supervisor, just go ahead and file a recipient rights complaint.
8. You're standing in a conference room with a recipient talking about the upcoming holiday party. Another employee walks into the room, smiling and holding a broom. The other employee stops a few feet behind the recipient and pokes the recipient in the back with the broom handle a few times. At first, the recipient doesn't seem to react, but after the fourth poke, the recipient turns around, yells, "Stop it!" and begins to cry. You should:
- Tell the recipient to calm down because it's obvious the other employee is just playing around.
 - Set a clear limit with the other employee to "Stop!" If the recipient expresses an interest in making a recipient rights complaint, assist as needed.
 - Watch and wait to see what happens next because this is funny stuff and people shouldn't be so sensitive.

Recipient Rights Refresher Training Test

9. Ned is eighteen years old and he is new to your program. Ned is fairly independent and his treatment plan contains no formal standard for continuous staff supervision. You realize he is missing from your program and no one has seen him in about an hour. Ned's treatment plan requires you to call the police when he goes missing. You should:
- Call the police and complete an incident report.
 - Hope Ned comes back on his own. If he does, give him an earful about leaving the program without telling anyone.
 - Do nothing because Ned is a capable guy and you hope he just comes back.
 - Complete a recipient rights complaint because common sense dictates that staff should do a better job of keeping track of people in your program.
 - None of the above
10. You are attending a staff meeting. During a break, your co-worker tells you about an incident that sounds like an allegation of abuse involving one of your favorite recipients. Your co-worker witnessed the incident but you were not working at the time. You should:
- Report the allegation to the Recipient Rights Office.
 - Ignore it.
 - Do your best to persuade your co-worker to report the allegation to the Recipient Rights Office immediately. It is his experience and he is responsible for reporting it.
 - Confront the staff person who may have behaved badly toward your favorite recipient.
11. While at work, you receive a telephone call from someone identifying himself as an attorney representing the affairs of a recipient of your program. The caller asks questions regarding the recipient's diagnosis and medications. You should:
- Hang-up.
 - Tell the caller that the information is private and you cannot discuss the recipient's confidential information.
 - Go ahead and answer the caller's questions because attorneys have a right to know these things.
 - Take a message, disclose nothing and notify your supervisor and the recipient's case manager.

Recipient Rights Refresher Training Test

12. A recipient in your program tells you that a staff person in his foster care home grabbed him by the elbow and shoved him into the van this morning. You did not see this happen, but you notice some redness near the back of his left arm. You should:
- Determine if you have reasonable suspicion of abuse. If yes, report this information to the Recipient Rights Office immediately.
 - Call the foster care home and ask the staff person why he grabbed the recipient.
 - Offer to assist the recipient in writing a formal complaint and forward the complaint to the Recipient Rights Office.
 - a or c
13. A recipient asks to talk with you in private. He shows you his telephone and claims he has been involved in a sexual relationship with his therapist. He hands you his phone and asks you to read intimate text messages from someone he claims to be his therapist. The recipient shows you intimate photo images of himself and his therapist together in her car. You recognize the phone number in the text messages as the therapist's personal phone. You don't want to believe this is possible, but you feel like you have reasonable suspicion of abuse and you don't feel like you can ignore the recipient's claims. You should:
- Report your concerns to your supervisor, the Recipient Rights Office and the police.
 - Tell your supervisor and assist the recipient in making a report to the Recipient Rights Office and the police.
 - Contact the therapist and tell her what you think is wrong with this scenario.
 - a or b
14. A new recipient transferred into the program where you work. The recipient uses a wheelchair and the restroom door is not wide enough to allow the recipient to pass through. The recipient is not able to speak for himself. You should:
- Notify your supervisor and the recipient's case manager.
 - Report an allegation of neglect to the Recipient Rights Office.
 - Suspend the recipient until the door can be modified.
 - None of the above

Recipient Rights Refresher Training Test

15. It's Friday afternoon. Your co-worker is having a bad day and he is looking forward to the end of the workweek. Ten minutes before the end of the shift, Benny, a recipient, walks into the room and punches your co-worker in the back of the head. Your co-worker whirls around and slaps Benny's face. You should:
- Ask your co-worker and Benny to apologize to each other. Allow your co-worker to leave early.
 - Ask your co-worker to leave the room until he calms down.
 - Separate your co-worker and Benny to avoid escalation of the incident. Report the incident to the Recipient Rights Office and the police.
 - Tell your co-worker that since there was no evidence of an injury, you won't report it this time, but he needs to be more careful next time.



Training Unit
Answer Sheet

Name: _____ Signature: _____

Agency: _____ Work Location: _____

Date: _____

- Course (Circle one):**
- | | |
|---|---------------------------------|
| Blood Borne Pathogens/Infection Control | Cultural Competency & Diversity |
| HIPAA Privacy & Security | Environmental Safety |
| Person Centered Planning | De-Escalation Skills |
| Corporate Compliance | Limited English Proficiency |
| Recipient Rights | Trauma Informed Care |
| | Appeals and Grievances |

I attest, by filling out below, that I have reviewed the content for the circled course above and have completed the test to the best of my ability.

Once you have completed the test, turn into your manager.

Choose the one best answer for each question. Mark your answer below by circling the appropriate letter for each question.

- | | | | | | | | | | | | |
|----|---|---|---|---|---|----|---|---|---|---|---|
| 1 | A | B | C | D | E | 14 | A | B | C | D | E |
| 2 | A | B | C | D | E | 15 | A | B | C | D | E |
| 3 | A | B | C | D | E | 16 | A | B | C | D | E |
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Instruction for Manager: If CLS or B-Contract, grade and keep for your own records. Records will be reviewed during site visits. If A-Contract, send completed (ungraded) answer sheet to the Training Unit.

Grade*: _____ out of _____ *must equal 80% or above to pass **Manager Initials** _____

BLOODBORNE PATHOGEN EXPOSURE

Linda Taylor R.N., BSN, MA
CMHA-CEI Training Unit

Reviewed 09/2020



BLOODBORNE PATHOGENS STANDARD

- Established and set by OSHA
- States what employers must do to protect workers who are occupationally exposed to blood or other potentially infectious materials (OPIM), as defined by the standard.
- Employers are required to establish an exposure control plan.
- Plan must be updated annually



OSHA

- Stands for Occupational Safety and Health Administration.
- Is an agency of the U.S. Department of Labor.
- It's mission is to assure safe and healthful working conditions for workers by setting and enforcing standards and for providing training and outreach.



Other Potentially Infectious Materials (OPIM)

- Any of the following body fluids are OPIMs:
 - ◆ Semen
 - ◆ vaginal secretions
 - ◆ amniotic fluid
 - ◆ peritoneal fluid
 - ◆ pleural fluid, pericardial fluid
 - ◆ saliva in dental procedures
 - ◆ body fluid that is contaminated with blood
 - ◆ all body fluids in situations where it is impossible to differentiate between body fluids.



PROTECTIONS PROVIDED BY OSHA'S BLOODBORNE PATHOGENS STANDARD

- Exposure Control Plan.
- Use of Universal Precautions, which includes providing personal protective equipment such as gloves, gowns, eye protection and masks.
- Use of engineering controls that isolate or remove the bloodborne pathogens hazard from the workplace which includes using safer medical devices such as self sheathing needles and sharps containers.



REDUCING AND PREVENTING EXPOSURE TO BLOODBORNE PATHOGENS

- Disposable gloves are to be worn during procedures where there is a risk of hand contact with blood or body fluids.
- Disposable gloves are to be worn when handling linen and clothing which has been soiled with blood or body fluids.
- Gloves are to be disposed of in a biohazard container only if soiled with blood.
- Hand washing may be the only precaution necessary for many contacts in the health care facility.



PROTECTIONS (CONT.)

- Use of Universal Precautions is important when administering medications by route of injectable, topical, rectal or vaginal.
- Availability of post-exposure evaluation and medical follow up for any occupationally exposed worker.
- Availability of hepatitis B vaccine to all workers with occupational exposure.
- Provide information and training to workers.
- Maintain worker medical and training records.



Exposure Incident

- Exposures occur through needle sticks or cuts from other instruments contaminated with an infected person's blood, or OPIM. Also through contact of the eye, nose, mouth or non-intact skin with an infectious body fluid.
- Most exposures do not result in infection.
- The risk of infection can vary with the following factors:
The pathogen involved, type of exposure, amount of blood or OPIM involved and the amount of virus in the patient's blood at the time of exposure.



Examples of Exposure Incidents

- Needlestick injury with a contaminated needle.
- Contact with blood on hands that are chapped, abraded or afflicted with dermatitis.
- Splashing of blood or other infectious body fluids into the eye or mouth.
- Exposure to non-infectious body fluids is NOT an exposure incident unless the fluid contains visible blood contamination.



RESOURCES

- CDC
- Occupational Safety and Health Administration www.osha.gov



POST EXPOSURE PLAN

- Any employee who suspects a significant exposure must follow post exposure procedures which include:
 - ◆ Immediately washing the exposed area with soap.
 - ◆ Rinsing exposed mucus membranes with warm water.
 - ◆ Immediately notifying supervisor.
 - ◆ Following CEI-CMH policies and procedures provided by your supervisor.





Blood Borne Pathogen / Infection Control Training Test

Instructions: Please circle the answer to each question on the attached Answer Sheet. Eight correct answers (80%) are required to pass this course. Once you have completed the test, turn into your manager.

1. According to OSHA Standards, an employer must have an exposure control plan and update it annually.
 - a. True
 - b. False

2. It is important to use Universal Precautions when administering medications by route of injectable, topical, rectal, or vaginal.
 - a. True
 - b. False

3. All of the following practices reduce and prevent exposure to bloodborne pathogens EXCEPT:
 - a. Following the Exposure Control Plan.
 - b. Wearing disposable gloves when there is a risk of hand contact with blood or body fluids.
 - c. Wearing disposable gloves when handling clothing and bed linen which has been soiled with blood or body fluids.
 - d. Discarding used needles in the kitchen trash can.

4. Factors that affect the risk of infection after being exposed to blood or OPIMs include:
 - a. Amount of blood or OPIM involved in the exposure
 - b. Amount of virus in the blood or OPIM exposed to
 - c. Whether you know the person or not
 - d. a and b

5. Which of the following are considered to be OPIMs:
 - a. Semen
 - b. Vaginal secretions and amniotic fluid
 - c. All of the above
 - d. None of the above

6. Gloves soiled with blood need to be disposed of in biohazard containers.
 - a. True
 - b. False



Blood Borne Pathogen / Infection Control Training Test

7. Which are examples of exposure incidences?
 - a. A needle stick injury with a contaminated needle
 - b. Splashing of blood into your eye or mouth
 - c. Contact with blood on hands that have dermatitis
 - d. All of the above

8. After a suspected significant exposure incident, the employee must:
 - a. Wash the area with soap.
 - b. Rinse exposed mucus membranes with warm water.
 - c. Notify their supervisor.
 - d. All of the above

9. OSHA is the agency of the U.S. Department of Labor that is responsible for assuring safe and healthful working conditions.
 - a. True
 - b. False

10. Which statement is true concerning an exposure incident?
 - a. Most exposures do not result in infection.
 - b. The risk of infection can vary with factors such as, type of exposure, amount of blood or OPIM involved, etc.
 - c. Exposures occur through needle sticks or cuts from other instruments contaminated with an infected person's blood or OPIM.
 - d. All of the above



Training Unit
Answer Sheet

Name: _____ Signature: _____
Agency: _____ Work Location: _____
Date: _____

- Course (Circle one):**
- | | |
|---|---------------------------------|
| Blood Borne Pathogens/Infection Control | Cultural Competency & Diversity |
| HIPAA Privacy & Security | Environmental Safety |
| Person Centered Planning | De-Escalation Skills |
| Corporate Compliance | Limited English Proficiency |
| Recipient Rights | Trauma Informed Care |
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Person-Centered Planning

Michigan Specifics

Reviewed 09/2020



Purpose of the Michigan Mental Health System

To support people living successfully in their communities—achieving community inclusion and participation, independence, and productivity.

The Michigan Mental Health System supports:

- adults and children with intellectual and developmental disabilities (IDD),
- adults with serious and persistent mental illness (SPMI) and co-occurring disorders (including co-occurring substance use disorders), and
- children with serious emotional disturbance (SED)



Person Centered Planning in Michigan

In 1995, the Michigan Mental Health Code established the right for all individuals to have an individual plan of service developed through the person centered planning process.

Michigan defines Person Centered Planning (PCP) as:

A process for planning and supporting the individual receiving services that builds upon the individual's capacity to engage in activities that promote community life and that honors the individual's preferences, choices, and abilities. MCL 330.1700(g)

The PCP process is required by:

- state law (the Michigan Mental Health Code)
- federal law (the Home and Community Based Services (HCBS) Final Rule)
- Medicaid Managed Care Rules



Core Principles of the PCP Process

- All people are capable of making choices.
- Give people information about options in order to make informed choices.
- Involve the person's circle of support.
- Identify possible health and safety concerns regarding choices.
- Honor the person's choices!

*"Without choice, you have no control.
Without control, you have no dream."
Southern Collaborative of Self Advocates*



Essential Elements of the PCP Process

Person-Directed

- The individual directs his/her own PCP process.

Person-Centered

- The process focuses on the individual and his/her wants, needs, or desires (*not* those of the individual's guardian, family members, friends, etc.).

Outcome-Based

- The individual chooses outcomes that will indicate progress is made toward his/her identified goals.

Information, Support, and Accommodations

- The individual receives support and accommodations as needed, and gets complete and unbiased information about the services and supports that are available.



Essential Elements of the PCP Process: *Independent Facilitation*

An independent facilitator is an *external* facilitator that is chosen by the individual and serves as a guide to the PCP process. Roles of an independent facilitator include:

1. Personally know or get to know the individual who is the focus of the planning, including **what** he or she likes and dislikes, personal preferences, goals/hopes/dreams, methods of communication, and who supports and/or is important to the person.
2. Help the person with all pre-planning activities and assist in inviting participants chosen by the person to the meeting(s).
3. Assist the person to choose planning tool(s) to use in the PCP process.
4. Facilitate the PCP meeting(s) or support the individual to facilitate his/her own PCP meeting(s).



Essential Elements of the PCP Process

Wellness and Well-Being

- Identify and make a plan to address issues of wellness, well-being, health, and primary care coordination that are needed for the individual to live the way he/she wants to live.
- All individuals are allowed the *dignity of risk* to make health choices such as smoking, drinking soda pop, eating candy or other sweets, etc.
- Issues of wellness and well-being can be addressed outside of the PCP meeting if the individual desires.

Participation of Allies

- Through the pre-planning process, the individual may choose allies (friends, family members, etc.) to support him/her through the PCP process.



Essential Elements of the PCP Process: *Independent Facilitation*

5. Provide needed information and support to ensure that the person directs the process.
6. Make sure the person is heard and understood.
7. Keep the focus on the person.
8. Keep all planning participants on track.
9. Develop a PCP document, in partnership with the person, that expresses the person's goals/hopes/dreams.
10. Ensure the PCP document is written in plain language, understandable by the person, and provides for services and supports to help the person achieve their goals/hopes/dreams.



Essential Elements of the PCP Process: *Pre-Planning*

The purpose of **pre-planning** is to gather the information and resources necessary for effective person-centered planning and set the agenda for the person-centered planning process. Pre-planning meetings take place prior to the PCP meeting.

The following items are addressed through pre-planning:

1. When and where the meeting will be held.
2. Who will be invited (including whether the person has allies who can provide desired meaningful support or if actions need to be taken to cultivate such support).



Person-Centered Planning is a PROCESS

- The PCP process is a framework for ongoing practice
- The PCP document is a *living document*

If the duration of the PCP document is one year, but...

1. the individual's needs, wants, or desires change, or
2. the individual requests a PCP meeting

...PCP meeting(s) should occur and the PCP document should be updated as necessary.



Essential Elements of the PCP Process: *Pre-Planning*

4. Identify any potential conflicts of interest or potential disagreements that may arise during the person-centered planning process for participants involved, and making a plan for how to deal with them (i.e. what will be discussed and not discussed).
5. The specific PCP format or tool chosen by the person to be used for PCP process.
6. What accommodations the person may need to meaningfully participate in the meeting (including assistance for individuals who use behavior as communication).
7. Who will facilitate the meeting.
8. Who will take notes about what is discussed at the meeting.



The PCP Document

- A PCP document must be prepared in person-first singular language and be understandable by the person with a minimum of clinical jargon or language.

Note: If the consumer prefers gender-neutral pronouns, the singular form of "they/them" can be used.

- The person must agree to the contents of his/her PCP document in writing.
- Questions about the PCP document or process should first be discussed with the case manager, therapist, or supports coordinator.



Contents of the PCP Document

The PCP document must include all of the following components:

1. A description of the individual's strengths, abilities, plans, dreams, hopes, interests, preferences and natural supports.
2. The goals and outcomes identified by the person and how progress toward achieving those outcomes will be measured.
3. Identification of the services and supports needed by the consumer to work toward or achieve his/her desired outcomes, including those available through CMHA-CEI, other publicly funded programs, community resources, and natural supports.



Contents of the PCP Document

10. The roles and responsibilities of the consumer, the case manager, the allies, and providers in implementing the contents of the PCP document.
11. The person responsible for monitoring the PCP document.
12. The signatures of the consumer and/or guardian, case manager, and the support broker/agent (if one is involved).
13. The plan for sharing the PCP document with family, friends, and caregivers with the permission of the consumer.
14. A timeline for review of the PCP document.



Contents of the PCP Document

4. The setting in which the consumer lives was chosen by the person and what alternative living settings were considered by the consumer.
5. The amount, scope, and duration of medically necessary services and supports authorized by and obtained through CMHA-CEI.
6. Documentation that the PCP process prevents the provision of unnecessary or inappropriate services and supports.
7. Documentation of any restriction or modification.
8. The services which the consumer chooses to obtain through arrangements that support self-determination.
9. The estimated/prospective cost of services and supports authorized by CMHA-CEI.



PCP Specifics: Minor Children

- The PCP process for minor children utilizes a family-driven and youth-guided approach*.
- The needs of the child are interwoven with the needs of the family, and therefore supports and services impact the entire family.
- As the child ages, services and supports should become more youth-guided, especially during transition into adulthood.
- When the person reaches adulthood, his/her needs and goals become primary.

*see the MDHHS Family-Driven and Youth-Guided Policy and Practice Guideline



PCP Specifics: Minor Children

Circumstances when involving a minor's family **may not** be appropriate:

1. The minor is 14 years of age or older, and has requested services without the knowledge or consent of his/her parent(s), guardian, or person in loco parentis within the restrictions stated in the Code.
2. The minor is emancipated.
3. The inclusion of the parent(s) or significant family members would constitute:
 - a substantial risk of physical or emotional harm to the minor, or
 - substantial disruption of the planning process.

Justification of the exclusion of parent(s) shall be documented in the clinical record.



Restrictions

5. A regular collection and review of data to measure the ongoing effectiveness of the modification.
6. Established time limits for periodic reviews to determine if the modification is still necessary or can be terminated.
7. Informed consent of the person to the proposed modification.
8. An assurance that the modification itself will not cause harm to the person.

Note: Any restriction MUST be documented in the individual's PCP document.



Restrictions

The following requirements must be documented when a specific health or safety need warrants a restriction:

1. The specific and individualized assessed health or safety need.
2. The positive interventions and supports used prior to any modifications or additions to the PCP document regarding health or safety needs.
3. Documentation of less intrusive methods of meeting the needs that have been tried but were not successful.
4. A clear description of the condition that is directly proportionate to the specific assessed health or safety need.



Home and Community Based Services

- Individuals receiving Medicaid based supports and services may not be discriminated against in any way via that provision of service.
- HCBS rules could apply in settings such as group homes, day programs, workshops and pre-vocational settings.
- Individuals served via Medicaid dollars must be integrated fully within their community and have access to the same conveniences, rights, and choices as people who are not receiving Medicaid services.
- HCBS rules ensure the following:
 - Integration in, and full access to, the community
 - Rights of privacy, dignity and respect, and freedom from coercion and restraint
 - Autonomy and independence in making choices
 - Facilitate choice regarding services, activities/schedule, food, visitors, etc.
 - Not limiting choice via "house rules" or "program rules"



Dispute Resolution Options

- All individuals receiving services at CMHA-CEI have the right to file a grievance, appeal, or recipient rights complaint.
- When an individual is already receiving services, and there is a disagreement about the service authorizations, services shall continue until a notice detailing the change in services is received by the individual.
- Adverse Benefit Determination Notice must be provided for any **reduction, suspension, termination, delay, or denial** of services. Once this notice is received, the individual may begin the grievance and appeals process.
- An individual can file a recipient rights complaint at any time.
- Staff at CMHA-CEI must be prepared to help people understand and negotiate dispute resolution processes.



What is Self Determination?

- Self determination gives people the ability and freedom to obtain needed supports outside of traditional programs and services.
- Individual budgets are developed based on services and supports outlined and agreed upon with the PCP document.
- The PCP process is a central element of self determination. It is a tool, a method, to define personal needs/wants and supports and services needed for an individual to achieve the life they want to live.
- All services/supports provided must be outlined and agreed upon within PCP document.



Principles of Self Determination:

1. Freedom
2. Authority
3. Support
4. Responsibility
5. Confirmation





Person Centered Planning Training Test

Instructions: Please circle the answer to each question on the attached Answer Sheet. Thirteen correct answers (80%) are required to pass this course. Once you have completed the test, turn into your manager.

1. Person Centered Planning (PCP) is a method for individuals to express their personal needs, wants, wishes, desires, and goals.
 - a. True
 - b. False

2. There are defined standards that must be met for PCP, therefore how a person develops their plan must fit into the predetermined format established for all individuals.
 - a. True
 - b. False

3. Which of the following is NOT a value/principle of PCP?
 - a. Give people information about options so they can make informed decisions.
 - b. Encourage compliance with staffing needs.
 - c. Honor choices and preferences.
 - d. Identify possible health and safety concerns regarding choices.
 - e. Involve person's circle of supports.

4. Person Centered Planning is a yearly meeting where an interdisciplinary team of clinical professionals sit in a big circle with the individual sitting in the center. The professionals then determine their goals and objectives for the individual which are listed in the person's plan for the following year.
 - a. True
 - b. False

5. The Home and Community Based Services rule requires that individuals be provided choice when selecting services they participate in, the residence in which they reside, and who provides them with services?
 - a. True
 - b. False



Person Centered Planning Training Test

6. Person Centered Planning is not applicable to people who cannot speak or appropriately express their preferences.
 - a. True
 - b. False

7. The Home and Community Based Services (HCBS) rule allows service providers to determine services individuals receive when utilizing Medicaid funds.
 - a. True
 - b. False

8. Which of the following is an essential element of PCP?
 - a. The individual's dignity of risk
 - b. The individual's incident reports
 - c. The individual's sexual preferences
 - d. The individual's telephone conversations
 - e. All of the above

9. Which of the following is NOT an essential element of PCP?
 - a. Individual choice
 - b. Individual's strengths and abilities
 - c. Cultural diversity
 - d. Use of natural supports and services to promote community inclusion
 - e. Staff preferences regarding the services they provide

10. Any restriction that is a result of a health or safety need must be documented in the PCP document.
 - a. True
 - b. False

11. HCBS will not have an impact on group homes (AFC's), day programs, workshops, and/or pre-vocational settings.
 - a. True
 - b. False



Person Centered Planning Training Test

12. Person Centered Planning is an ever-evolving process that supports individuals to plan and dream for the future.
 - a. True
 - b. False

13. How might Self Determination and HCBS affect service delivery?
 - a. Uses natural supports first
 - b. The person controls how the money is spent
 - c. Could cause staff to diversify their skills
 - d. All of the above

14. Self-Determination and HCBS give people the ability and freedom to obtain needed supports outside of traditional programs and services.
 - a. True
 - b. False

15. Direct Contact Staff will not have any impact on the Person Centered Planning and/or Self Determination process in any way.
 - a. True
 - b. False

16. Preconceived ideas of a person's wants and dreams could have a direct impact on how we approach and support the individual.
 - a. True
 - b. False



Training Unit Answer Sheet

Name: _____ Signature: _____

Agency: _____ Work Location: _____

Date: _____

- Course (Circle one):**
- | | |
|---|---------------------------------|
| Blood Borne Pathogens/Infection Control | Cultural Competency & Diversity |
| HIPAA Privacy & Security | Environmental Safety |
| Person Centered Planning | De-Escalation Skills |
| Corporate Compliance | Limited English Proficiency |
| Recipient Rights | Trauma Informed Care |
| | Appeals and Grievances |

I attest, by filling out below, that I have reviewed the content for the circled course above and have completed the test to the best of my ability.

Once you have completed the test, turn into your manager.

Choose the one best answer for each question. Mark your answer below by circling the appropriate letter for each question.

- | | | | | | | | | | | | |
|----|---|---|---|---|---|----|---|---|---|---|---|
| 1 | A | B | C | D | E | 14 | A | B | C | D | E |
| 2 | A | B | C | D | E | 15 | A | B | C | D | E |
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Instruction for Manager: If CLS or B-Contract, grade and keep for your own records. Records will be reviewed during site visits. If A-Contract, send completed (ungraded) answer sheet to the Training Unit.

Grade*: _____ out of _____ *must equal 80% or above to pass **Manager Initials** _____

Ensuring Privacy & Security at CMHA – CEI



Reviewed 09/2020

What are privacy and security all about?



resentation Name

Topics to Be Covered:

- What are privacy and security all about?
- What's confidential here?
- How can I protect confidential information?
- What should I do if I see a problem?
- How can I get more information?



Standards for Privacy and Security

- HIPAA Privacy and Security
- ARRA HITECH
- Federal Law 42CFR Part 2
- MI Mental Health Code
- Accreditation Standards (CARF)



What is HIPAA?

- "HIPAA" – (Health Insurance Portability and Accountability Act) is a federal law giving consumers certain privacy rights, such as
 - To look at and get a copy of their own medical and billing records
 - To ask for an amendment to these records
 - To ask for limits on how we use and release the patient's information
- HIPAA also requires healthcare organizations
 - To follow rules on use and release of consumer information
 - To keep consumer information private and confidential, safe, and accurate.
 - To continue to protect a deceased individual's personal health information for 50 years.
- HIPAA privacy rights and organization commitments are described in our "Notice of Privacy Practices." Know what's in our Notice and where to get a copy.



Federal Law 42 CFR Part 2

Federal Law 42 CFR Part 2 regulates access to substance abuse treatment records. 42 CFR is more restrictive than HIPAA regarding access. (Please review CMHA-CEI Confidentiality and Privileged Communication Procedure 3.3.10)



What is ARRA HITECH?

The American Recovery and Reinvestment Act (ARRA) and the Health Information Technology for Economic and Clinical Health Act (HITECH Act of 2009) added new privacy regulations (*Subpart D of XIII*) regarding the electronic exchange of consumer clinical information. These regulations apply to both HIPAA and non-HIPAA entities.



Michigan Mental Health Code Act 258 of 1971

Michigan Mental Health Code section 748 states that mental health treatment records can only be released in certain circumstances specified in the Mental Health Code. (Please review CMHA-CEI Confidentiality and Privileged Communication Procedure 3.3.10)



What is privacy?

- Information privacy
 - is about a person's control over their personal information
 - and the responsibilities of organizations that have personal data
- We care about everyone's privacy, but we need to take special care with our consumers.



What is security?

- Information security provides 3 important qualities:
 1. **Confidentiality** – No one has access to the information unless authorized and a work-related need. Working in a healthcare organization does not entitle a person to access any and all information in an organization. You can only access information that you "need to know" to get your job done.
 2. **Integrity** – The information can be trusted, and hasn't been changed or deleted by accident or through tampering. For example, lab results can be critical for consumer treatment.
 3. **Availability** – Information is there when needed for work. For example, 24 hours access to clinical records (paper or electronic) is important for Crisis Services emergency care.



The connection between privacy and security

- Privacy and security are connected. We need security, especially confidentiality, in order to assure our consumer's privacy.



Why am I reading & hearing this?

○HIPAA requires healthcare organizations to teach employees, staff, volunteers, students, residents, etc. about privacy and security so that consumer privacy is protected.

○Following good privacy and security practices is also good sense. It protects all important information at this organization.

○This training describes some key policies and what is expected of you. Each staff member is responsible for following our privacy and security policies and practices. Everyone's commitment is needed to maintain privacy and security in this organization.



What's confidential here?



Confidential patient information = PHI

- In healthcare, we have always treated a consumer's medical information, such as diagnosis and test results, as confidential.
- But now HIPAA defines confidential patient information as everything about the consumer – including name, address, medical record number, and other demographic and billing information – as well as all of the consumer's medical and mental health information.
- Any piece of information that could identify a specific consumer is confidential, even if the consumer's name is omitted. For example, a consumer with a rare condition could be identified simply by that condition, and, perhaps, the month of admission or date of visit.
- HIPAA calls this Protected Health Information or PHI



What is "confidential" here?

- Remember, "confidential" means people who need the information for work can get it, but others can't.
- CEI's policies protect confidential information including:
 - Consumer information
 - Some employee information – such as a person's social security number and salary
 - Certain business documents – such as business plans, legal cases, etc.
 - ... and more
- Confidential information can be in any form: oral, paper, and electronic. It's in consumer and personnel records and also in conversations, phone message slips, email, faxes, laptops and thumb drives, just about everywhere!



How can I protect confidential information?



Where are the dangers?

- Natural & environmental: fire, earthquakes, power outages, burst water pipes, etc. damage confidential paper records and computer systems. Systems may crash or “catch” a computer virus, potentially damaging information and causing systems to be unavailable when needed.
- BIGGEST threats come from **people**, both insiders and outsiders.
 - Accidents, carelessness, or curiosity lead to inappropriate conversations about consumers, unauthorized record access, failing to shred paper, or sending a confidential fax to the wrong number.
 - Deliberate actions such as using someone else’s ID and password, maliciously changing or deleting data, or copying data such as consumer credit card details for identity theft.



More practical steps for keeping information confidential and safe

- Check your computer screen angle. If visible to the public, adjust it or use a filter.
- When leaving your work area, lock up and put away confidential materials and log off, lock, or shut down your computer.
- Wear your badge and be aware of strangers who may not belong in a secured area (records file room, server room, private offices, etc.)
- Keep locked doors locked. If you need to use a swipe card, for example, to enter a secured area, then close the door after you. Don’t allow tailgating.



Practical steps for keeping information confidential and safe

- Lower your voice or have confidential conversations in a private place.
- Don’t leave consumer records unattended in areas with consumers/visitors. Don’t leave confidential papers on copiers, printers, fax machines.
- Always shred paper containing confidential information – including consumer information, even name and phone number – before throwing away. Shred fax machine ribbons or carbons, too.
- When faxing confidential information, always use cover sheet with a confidentiality notice, double check the recipient’s fax number, and follow all procedures.



Take special care when releasing consumer information (PHI)

- Follow procedures, especially when releasing information to an outsider. Be careful about giving out information about a consumer:
 - To someone working here
 - To family and visitors
 - To some other third partyRemember: The receiving party **must be authorized** and have a “need to know” to obtain consumer information.
- Follow special procedures when using PHI used for research.
- Be sure you know what to do. And follow the “minimum necessary” rule (without compromising consumer care).
- If it’s not your job to give out the information, ask a manager or refer the requester to the Privacy Officer.



Just because you *can* ...

- Don't abuse your access privileges. **Just because you can do something, doesn't mean you're authorized or permitted.**
- In a file room or database, only access specific records when there's a work-related need. Example: **Consumer care staff may access their assigned consumers' paper and electronic medical records. But they're not permitted to access other consumers' records, even if it's for good intentions.**
- Administrator or super-user privileges: only use powers as required by your job. Examples: Super-users may be able to set up user accounts, but only when and as authorized. Email administrators may monitor when cause, but not permitted to browse email for non-work purposes.



Using computers and network

- Follow policies and only use work computers for legitimate business purposes. Incidental personal use is permitted as long as it doesn't interfere with job performance or affect or degrade system resources.
- Unless approved by your program director and the IS Department, don't install software or hardware on organization devices/network; don't set up web pages, electronic bulletin boards, or other public access to the network/resources.
- Our computing resources may not be used for personal or financial gain. Any activity that puts the organization at risk is prohibited unless it is documented part of the job.
- **Note: use of the organization's network & systems may be monitored.**



Choose good passwords and keep them secret

- Good passwords are easy for you to remember and hard for someone else to guess!
- Make up your own secret method. Pick a theme, then key phrases and initial letters. Your password will look meaningless, but you'll be able to remember it.
- Don't share your password with anyone, and don't write it down where it could be found and used. Change it whenever you think someone knows it.
- Follow standards for password length, content, and frequency of change. Be sure to use a mix of numbers, upper and lower case letters, and special characters.
- Don't use the same password everywhere – especially don't use the same password for home personal use and at work.



Using portable computers and media

- Portables include laptops, tablets, PDAs, smart phones, CDs, flash or thumb drives, and even some MP3 players.
- Since these items are portable, they are easy to lose. They're also high-theft items. If lost or stolen, confidential data or access to our network could be compromised.
- No PHI data should be stored on a thumb drive, unless the drive has been encrypted to IS standards. This is done automatically by CEI laptops, but not by other computers. **Any unauthorized use of portable drives will be considered a privacy violation.**
- Don't leave these items unattended in your car, meeting rooms, public transportation, hotels, or elsewhere. Lock them up and put them out of sight.
- **Any device or electronic medium that may be used to access or store confidential information must use encryption. Protect your encryption key and keep it secret.**



Working off-site

- If authorized and required for your job, you may work off-site, and you may need to access our network from your home or on the road. Like working with portable devices and media, working offsite carries some special risks, so it's important to follow policy.
- Don't copy and remove confidential information unless it is required by your job and has been authorized. For those authorized, IS will provide an encrypted jump drive that will "shred" electronic files when deleted. (Remember that clicking "delete" does not actually delete a file or folder.) If authorized to use jump drives, please note that they should be used to view files only and not used for moving files to a non-CEI computer.
- Transport paper documents securely. Shred paper copies containing PHI when no longer needed.
- **Transmission of confidential information over public networks including the Internet and wireless networks requires encryption. Ask for assistance from the IS helpdesk if you have questions.**



Using email safely

- Any email containing consumer's personal information being sent outside our organization should be encrypted by using the word **SECURE: in the subject line**.
- As a reminder, even a simple first name is personal information. There are **18 specific types of electronic protected health information**, including patient names, addresses, Social Security numbers, email addresses, fingerprints or photographic images, among others. In addition, any past medical records or payment information is subject to the same degree of privacy protection.
- Attachments are also encrypted when using the word **SECURE: in the subject line**



Using email safely

- Don't use personal email accounts (hotmail, gmail, etc.) for business, and don't forward confidential business email to your home account. **(Setting up automatic forwarding rules from your CEI email to personal email accounts is prohibited.)**
- Be cautious about opening suspicious email and attachments since they may contain computer viruses and other malicious software. Also beware of "phishing" emails that ask you to click on a link taking you to a legitimate-looking, but fraudulent, banking or other business website where you are asked for personal information such as a bank account number, social security number, password or PIN, and so on. Legitimate organizations will not contact you this way.
- Do not use Instant Messaging or "chat" for personal or business purposes on CEI computers. **Instant Messaging on personal computers for CEI business is also prohibited.**
- Email confidential information such as PHI with care. **If the message is leaving our network, it must be encrypted.**



Using email safely

- Please keep in mind the following tips:
 - When replying to ALL in an email with client information ensure all recipients are using CEI email accounts, if not use **SECURE: in the subject line**.
 - When replying to an email with client information to a **NON-CEI email** account, either delete the client information prior to sending or use **SECURE: in the subject line**.
 - Check your email before sending it – if it contains client information and is being sent outside our organization, use **SECURE: in the subject line**.
- For more information, please refer to the Zix User Guide found here: http://intranet.ceimhb/execute/reference_material.asp?SortBy=Name&StartPoint=IS Information/Training Manuals/Zix Secure Email



What should I do if I see a privacy or security problem?



Examples of incidents you should report

- Clinical records or documents are found in an unprotected area where they shouldn't be
- Consumer-identifiable information is found in the trash
- A laptop, possibly containing confidential information, is stolen
- A staff member looks up a consumer in a computer system when they shouldn't
- A computer is left logged on, "unlocked," and the staff user has left the building
- A fax with confidential information is sent to the wrong number
- An email with consumer information is sent to a group of people when only one person should receive it
- A DVD or thumb drive with consumer information is lost
- A computer is infected with a virus



Mandatory incident reporting

- You must report any suspected or actual violation or breach of our privacy and security policies.
- This includes attempted or successful unauthorized access, use, disclosure, modification, or destruction of our information. It includes intrusion and interference with our computer systems.
- This also includes policy violations, even if you are unsure if the violation led to a breach. Examples include finding consumer PHI unattended in a public area or tossing confidential papers in the waste basket instead of a shredding receptacle.
- **This organization must be able to respond whenever there is a privacy or security problem. But we may not know about it unless you report it.**



Look for suspicious signs when you log on and use your computer

- If you share a computer, make sure you log out. Never use a computer when someone else is logged on. If you suspect someone is using your account, please notify helpdesk and change your passwords
- When you log on and there are new pop-ups or new non-CEI software that show up unexpectedly, report it. If at any point software pops up stating you are infected or if you are asked to scan your computer for viruses, do not click on anything and report this to helpdesk immediately. This could be a sign of malicious software ("malware.")



Steps to reporting an incident

- Fill out a Privacy/Security Incident form. You can find the form by going to our Intranet Home Page and clicking on the Privacy Violation Reporting Form. Follow instructions for completing and submitting the form.



How can I get more information?



Sanctions

- A violation of our policies can lead to a breach that has negative consequences for individuals, our consumers, and this organization.
- Therefore, when a member of our workforce is involved in a privacy or security incident, we are required by HIPAA and the HITECH Act to consider disciplinary action and further steps if appropriate. (Please review the CMHA-CEI Privacy Violations and Mitigation Policy, 1.1.17, and your employee handbook.)
- Our disciplinary actions will be based on the severity of the incident, intent, and pattern of behavior – along with fairness and consistency.
- HIPAA requires us also to consider notifying professional credentialing bodies if appropriate, as well as law enforcement and the U.S. Department of Health and Human Services. The HITECH Act requires covered entities to provide notification of a breach of unsecured information to affected individuals, the HHS Secretary, and, in certain circumstances, to the media.
- Violations of HIPAA regulations can lead to federal civil and criminal penalties including fines and imprisonment. The HITECH Act of 2009 civil penalties can range from \$100 to \$50,000 for each violation, with an annual cap of \$1,500,000 for identical violations.



Questions? Ask us or look online.

- Our Privacy Officer is Stefanie Zin. (ext. 8193 or email zinst@ceicmh.org)
- Our privacy and security policies, forms, training materials, and Frequently Asked Questions (FAQs) are on our Intranet. Just click on "Privacy and Security" and then drill down to what you need.



Thank you!

for completing
"Ensuring Privacy & Security at
CMH-CEI"

You must complete the test to receive
credit for this course.





HIPAA Privacy & Security Training Test

Instructions: Please circle the answer to each question on the attached Answer Sheet. Fifteen correct answers (80%) are required to pass this course. Once you have completed the test, turn into your manager.

1. HIPAA is an acronym for:
 - a. Health Information Privacy and Accountability Act
 - b. Health Insurance Privacy and Accommodation Act
 - c. Health Insurance Portability and Accountability Act
 - d. Health Information Portability and Accommodation Act

2. HIPAA requires healthcare organizations:
 - a. To follow rules on use and release of consumer information
 - b. To keep consumer information private and confidential, safe, and accurate
 - c. To provide consumers with safe and adequate nutrition
 - d. a and b
 - e. None of the above

3. According to the HIPAA Privacy rule, the type of information that must be kept private is PHI or Protected Health Information. What are some examples of PHI?
 - a. name, address, phone number
 - b. intake assessment
 - c. diagnosis
 - d. all of the above
 - e. b and c

4. Any device or electronic medium that may be used to access or store confidential information must use _____.
 - a. Microsoft Office
 - b. Facebook
 - c. Email
 - d. Encryption

5. When releasing consumer information to an outside person or entity, the receiving party must be _____ and have a _____.
 - a. consumer's relative, billing request
 - b. a physician, research project
 - c. authorized, need to know
 - d. a licensed clinician, question



HIPAA Privacy & Security Training Test

6. Setting up automatic forwarding rules from your CEI email to personal email accounts is permitted at CEI.
 - a. True
 - b. False

7. Consumers cannot amend or correct their clinical record.
 - a. True
 - b. False

8. Federal Law 42 CFR Part 2 (privacy regulations for persons in substance abuse treatment) is more restrictive regarding privacy protection than HIPAA.
 - a. True
 - b. False

9. Any law that provides the most privacy protection to our consumers takes priority over the other laws.
 - a. True
 - b. False

10. All CMH therapy and nursing staff have a right to access any PHI that is in the CEI computer database.
 - a. True
 - b. False

11. You do not need to shred documents that only contain addresses.
 - a. True
 - b. False

12. Consumers do not have a right to file a complaint if they feel that their privacy is violated.
 - a. True
 - b. False

13. CEI employees are protected from criminal and civil penalties for all privacy violations.
 - a. True
 - b. False



HIPAA Privacy & Security Training Test

14. The HITECH Act of 2009 added new federal privacy regulations regarding the electronic exchange of consumer clinical information.
 - a. True
 - b. False

15. According to the CEI employee handbook, revealing confidential information without written authorization of the client is grounds for disciplinary action or dismissal.
 - a. True
 - b. False

16. All staff, (employees, volunteers, providers, and agents) of the CEI Network are responsible for protecting the confidentiality of information pertaining to recipients of mental health services.
 - a. True
 - b. False

17. Consumers have a right to request restrictions or access to their record.
 - a. True
 - b. False

18. CEI is required by HIPAA to give all consumers a copy of the Notice of Privacy Practices.
 - a. True
 - b. False

19. Use of the CEI network and system may be monitored.
 - a. True
 - b. False



Training Unit
Answer Sheet

Name: _____ Signature: _____

Agency: _____ Work Location: _____

Date: _____

- Course (Circle one):**
- | | |
|---|---------------------------------|
| Blood Borne Pathogens/Infection Control | Cultural Competency & Diversity |
| HIPAA Privacy & Security | Environmental Safety |
| Person Centered Planning | De-Escalation Skills |
| Corporate Compliance | Limited English Proficiency |
| Recipient Rights | Trauma Informed Care |
| | Appeals and Grievances |

I attest, by filling out below, that I have reviewed the content for the circled course above and have completed the test to the best of my ability.

Once you have completed the test, turn into your manager.

Choose the one best answer for each question. Mark your answer below by circling the appropriate letter for each question.

- | | | | | | | | | | | | |
|----|---|---|---|---|---|----|---|---|---|---|---|
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Grade*: _____ out of _____ *must equal 80% or above to pass **Manager Initials** _____

DE-ESCALATION SKILLS

CMHA-CEI

Reviewed 09/2020



Objectives

- Content Covered in this Course
 - Escalation
 - Definition
 - Causes
 - Early Warning Signs
 - Imminent Danger Signs
 - Elements of non- verbal communication techniques
 - Verbal communication techniques
 - Strategies of De-Escalation



GOALS

- The purpose of this material is to provide staff with some basic information on how to reduce the level of conflict in crisis situations.
- Thus increasing the level of safety for everyone involved.



The Underlying Cause of Escalation

Before we go there



Feeling Unsafe



Indicators of Feeling Unsafe

- Runs away
- Cries a lot
- Expressionless
- Sad appearance
- Hits self or others
- Sleeps poorly
- Refuses to participate
- Self stimulates
- Hoards
- Flinches
- Curses
- Complains

Possible Causes of Feeling Unsafe

- Physical Illness or Disability
- Mental Illness
- Developmental Disability
- History
- Losses
- Environment
- Lack of Meaning in One's Life

Four Pillars of Companionship



You are Safe with me



It is Good to be Loved



It is Good to be Loving



It feels Good when you Engage with me

Indicators of Feeling Safe

- Stays with others
- Expresses joy
- Relaxed
- Contented appearance
- Enjoys participating
- Respects self



Escalation

- An increase in the number of and size of issues being debated
- An increase in
 - hostility,
 - tension,
 - competitive behavior
 - Bringing personalities into conflict



What is escalation?

An increase in the level of conflict



Causes of Escalation

- The helper engages in a power struggle
- The helper does not attend to person's body language
- The helper overreacts to threats, posturing, or emotional displays
- The helper's own issues become engaged
- The person feels he is not being heard
- The person himself feels threatened
- The helper pushes and becomes provocative



More Causes of Escalation

- Fear
- Peer pressure
- Weapons
- Pride
- Tone of voice
- Facial expressions
- Drugs
- Alcohol
- Self-esteem
- Bad communication
- Body language
- Not enough personal space
- Anger



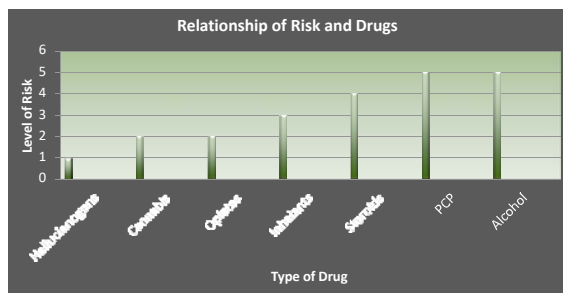
Person's view

- People are doing the best they can to get their needs met

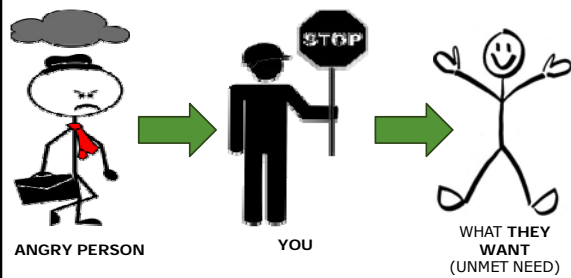
- 1. Love and Belonging
- 2. Power
- 3. Freedom
- 4. Fun



If Drugs are involved



Escalating Person's View



What does an Escalating Person Look Like?

- Early Warning Signs
 - Change in mood and level of anxiety
 - Pacing, movement (toward you or away)
 - What they are saying, how they are saying it
 - Changes in baseline behaviors
 - Eyes, - watchful, scanning, assessing
 - Concentration problems
 - Disorganized behaviors
 - Gestures - jerky / uncontrolled



DE-ESCALATION

A reduction in the level of conflict



What does an Escalating Person Look Like?

- **IMMINENT DANGER SIGNS**
- **Face**
 - pale, flushed, lips tighten over teeth
 - Eyebrows drop to cover/protect eyes
 - Break stare, then look at intended target
 - Chin drops to protect neck
- **General**
 - Breathing rapid and deep
 - Clenched fists
 - Stance goes from square to bladed
 - Body movement may stop -or- rocking from heel to toe
 - Lowering of entire body to lunge



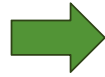
The goal of de-escalation is to build rapid rapport and a sense of connectedness with an agitated person in order to reduce the likelihood of escalation to physical violence. This sense of connectedness is established through the use of specific verbal, psychological, and nonverbal techniques that emphasize controlling one's own emotional response to threat while guiding communication.



Collaborative view



WORKING
TOGETHER



TO ACHIEVE



WHAT THEY
WANT/NEED



The A's of De-Escalation

- Awareness & Assessment
 - The sum total of information you have accumulated about the nature, circumstances, stages and dynamics of various forms of escalation.
- Action
 - Verbal and Non-verbal behaviors and strategies we use in order to guide the communication.
 - De-Escalation techniques used to resolve the crisis without the use of force.



**We are not creatures
of circumstance:
we are creators of
circumstance**

-- Benjamin Disraeli



Awareness/Assessment



- Helps identify precipitating factors
- Helps with our own ability to control our emotional response
- Helps with identifying interventions to use
- Helps with timing the intervention



Know yourself

- How we react in return determines whether the situation escalates, de-escalates, or becomes mutually or individually tolerable.



Barriers to Positive Reactions

- Cultural differences
- Poor listening skills
- Making assumptions
- Being preoccupied or in a hurry
- Reacting with anger
- Defensiveness
- Blaming
- Our hot buttons
- Language differences

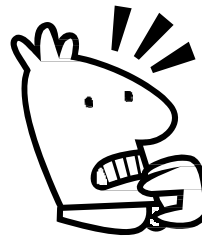


What are your hot buttons?

- Need to Be Right
- Need to please others / be accepted
- Need to Be in control (leads to a power struggle)
- Need to Solve the problem
- Burn out
- Entitlement issues
- Personalizing
- Tendency to compete (leads to power struggle)
- Tendency to blame
- Response to "threats" (right violation, telling boss, etc)
- Your reputation
- "Just like"



YOUR PHYSIOLOGICAL REACTIONS



- Increased heart rate
- Adrenaline
- Increased body temperature
- Face flushing
- Shaking
- Increase in volume and intonation of speech
- Nervous laughter
- Sweaty palms
- Clenched fists



De-Escalate yourself first

- REMEMBER TO BREATHE!
- **Act Calm**
 - Fake it
 - Maintain Eye contact
 - Neutral Facial expression
 - Relaxed Body
 - Keep gestures to a minimum
- **Reassure self**
 - Positive Self Talk
 - Project Success
- **Ask for help**
- **Position yourself for safety**
 - Avoid the Danger Zone - within one arm length
 - Safety Zone - Out side of person's reach
 - Zone of Influence - Within Safety Zone, but still close enough to communicate effectively
 - Use Natural Barriers



- History of abuse
- Feeling discriminated against
- Money problems
- No cigarettes
- Low self-esteem
- Social Stressors
- Plans of Service
- Cultural Background



Awareness & Assessment of the Individual

- Do they feel unsafe
- Substance use or abuse, or withdrawal
- History of violence
- Paranoia
- Medication Non-Compliance
- Physical Illness/pain
- Difficulties with Communication



Risk factors for violence

- Past history of violence
- Suicidal tendencies
- Patterns
- Individual's Triggers
 - Divorce
 - Loss of employment
 - Major life changes



Awareness & Assessment of the Environment

- Audience
- Crowded / No personal space
- Noisy
- Weather
- Changes from the norm
- Colors
- Behavior of others
- Holidays
- Potential Weapons
- Avenues of Escape
- Use of natural barriers



Non-Verbal Skills

- Maintain a neutral facial expression. A calm, attentive expression reduces hostility.
- Keep a relaxed and alert posture. Stand up straight with feet about shoulder width apart and weight evenly balanced. Avoid aggressive stances.
- Minimize body movements such as excessive gesturing, pacing, fidgeting, or weight shifting. These are all indications of anxiety and will tend to increase agitation.



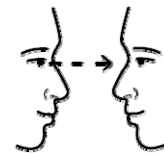
Action! Non-Verbal Skills

- Appear calm, centered, and self-assured even if you don't feel it. Your anxiety can make the client feel anxious and unsafe which can escalate aggression.
- Maintain limited eye contact. Loss of eye contact may be interpreted as an expression of fear, lack of interest or regard, or rejection. Excessive eye contact may be interpreted as a threat or challenge.



Non-Verbal Skills

- Always be at the same eye level. Encourage the client to be seated, but if he/she needs to stand, stand up also.
- Do not point or shake your finger.

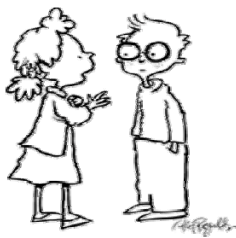




- Use extreme caution with touch. Even if some touching is generally culturally appropriate and usual in your setting. Cognitive disorders in agitated people allow for easy misinterpretation of physical contact as hostile and threatening.

Listening

- Three Main Listening Skills:
 - **Attending:** Giving your physical (and mental) attention to another person.
 - **Following:** Making sure you are engaged by using eye contact. Use un-intrusive gestures (such as nodding of your head, saying okay or asking an infrequent question.)
 - **Reflecting:** Paraphrasing and reflecting, using the feelings of the other person. (empathy)
- Listen when you are "listening."
 - No other activities when listening.
 - Multi-tasking is not good when you are listening.



BEFORE MOVING TO VERBAL SKILLS, ALLOW THE PERSON TO VENT!

Be an empathic listener

- Do **NOT** be judgmental.
- Do **NOT** ignore the person or pretend to be paying attention.
- Listen to what the person is really saying.
- Re-state the message.
- Clarify the message.
- Repeat the message.
- Be empathetic!
- Validate the person's feelings
 - "I understand why..."
 - (Not in agreement with...)
- Try to establish rapport with the other person.



De-escalating Effectively

- To verbally de-escalate another person, you must open as many clear lines of communication as possible.
- Both you and the other person must listen to each other and have no barriers.



Phrases for miscommunication

- **Ordering**- you must...you have to...
- **Relationship dependent** (Management directives)
- **Threatening**- if you don't, then ...
- **Preaching**- you should...
- **Lecturing**-here's why you are wrong
- **Judging**-you're Lazy... you'll never change
- **Excusing**-it's not so bad ...
- **Labeling**-you're being unrealistic



Communication Barriers:

- The things that keep the meaning of what is being said from being heard.
 - Pre-judging
 - Not Listening
 - Criticizing
 - Name-Calling
 - Engaging in Power Struggles
 - Ordering
 - Threatening
 - Minimizing
 - Arguing





De-escalating Positively


- Use positive and helpful statements such as:
 - "I want to help you!"
 - "Please tell me more so I better understand how to help you."
 - "Let's call Mr. Smith ... I know he would be able to help with this..."
 - "Ms. Jones handles this for our district, let's ask her what she thinks about this situation ... She is always willing to help!"
- Put yourself on his/her side of finding a solution to the problem.




- Decrease Demands

- Increase Praise




Remember that there is no content except trying to calmly bring the level of arousal down to a safer place.



Communicate Clearly



- Explain your intentions and convey your expectations clearly
- You may need to repeat
- Use the person's name
- Make requests simple and specific
- Be an active and reflective listener

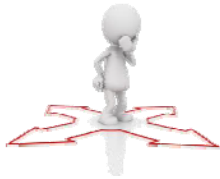
Tip:
It's always better to REQUEST and SUGGEST than COMMAND and DEMAND




De-Escalation Techniques

- **Align yourself with the person**
 - Find a point of agreement (getting to yes)
 - Cast yourself as an ally
 - Distance yourself from authority
 - Acknowledge a grain of truth



- **Redirect attention**
 - a learned skill that assists someone to shift the focus or direction of energy for example, change topic of conversation to assist the speaker to get out of a rut-when the topic of conversation is no longer productive.



Model:
Behavior = Effect = Alternative

Feedback may help prevent someone who is beginning to escalate from further escalation or prevent future escalations.
However, it is not useful if someone is already highly agitated



- **Feedback**
 - Identifying or pointing out a person's behavior without demanding a change
 - List consequences of inappropriate behavior without threats or anger.



- **Changing the immediate environment**
 - Useful if someone present is contributing to the escalation by removing the audience
 - Moving to somewhere safe where there is back-up

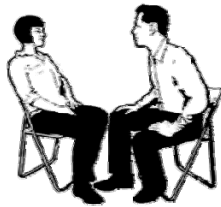


- **Ask them to sit down**

- Lowers general arousal
- Decreases aggression

- **Use Humor-carefully**

- Powerful tension reliever
- Decreases stress
- Careful not to be insensitive-you have to know the person



- Use a modulated, low monotonous tone of voice (our normal tendency is to have a high-pitched, tight voice when scared).

Do not get loud or try to yell over a screaming person. Wait until he/she takes a breath, then talk. Speak calmly at an average volume.



- Do not be defensive even if comments or insults are directed at you. They are not about you. Do not defend yourself or anyone else from insults, curses, or misconceptions about their roles or behaviors.
- Do not try to argue or convince.



- Be very respectful even when firmly setting limits or calling for help. The agitated individual is very sensitive to feeling shamed and disrespected. We want him/her to know that it is not necessary to show us that they should be respected. We automatically treat them and all clients with dignity and respect.



- Respond selectively. Answer only informational questions no matter how rudely asked, (e.g. "Why do I fill out these g-d forms"?). This is a real information-seeking question.
- Do not answer abusive questions (e.g. "Why are all counselors' assholes"?). This sort of question should get no response whatsoever.



- Explain limits and rules in an authoritative, firm, but respectful tone. Give choices, where possible, in which both alternatives are safe ones (e.g. "Would you like to continue our meeting calmly or would you prefer to stop now and come back tomorrow when things can be more relaxed?").
- Represent external controls as institutional rather than personal.



- Be honest. Lying to a person to calm them down may lead to future escalation if they become aware of the dishonesty. However, do not volunteer information which may further upset the person.



- Empathize with feelings but not with the behavior (e.g. "I understand that you have every right to feel angry, but it is not okay for you to threaten me or my staff.").





- Trust your instincts. If you assess or feel that de-escalation is not working, STOP! Get help.
- It's important to remember your responsibility to the safety of others in the area, and also to keep yourself safe. **RETREAT!**



Four Pillars of Companionship

- Focus on building a solid relationship with each person you work with and strengthening the Four Pillars of Companionship.
- When the four pillars of companionship are present in person's life, opportunities for conflict are greatly reduced and escalation is no longer necessary to get their needs met.



Safe



Loved



Loving



Engaged



Summary of Key Points



How do they see you?

- People are doing the best they can to get their needs met. They need to view you as someone who will help them move toward that goal.



THIS!



NOT THIS

*We are not creatures of circumstance:
we are creators of circumstance
-- Benjamin Disraeli*



HOW DO YOU SEE YOU?

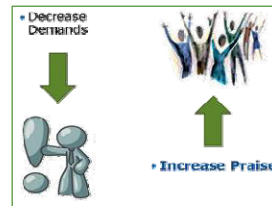
• DE-ESCALATE YOURSELF FIRST!

- Breathe
- Act Calm
- Relax muscles
- Reassure yourself
- Positive self talk
- Focus on Success
- Ask for help
- Stay in safety zone
- Use natural barriers



Strategies

- Align with the person
- Redirect Attention
- Communicate Clearly
- Trust your instincts
- Change the environment
- Be honest & Be respectful



Assessment *before* action

• Listen!

- Physically attend to the person
- Listen to what they really saying
- Restate / clarify / reflect
- Validate feelings



For completing CEI's
De-Escalation
training requirement.

You must complete the final exam
to receive credit .



De-Escalation Skills Training Test

Instructions: Please circle the answer to each question on the attached Answer Sheet. Twenty correct answers (80%) are required to pass this course. Once you have completed the test, turn into your manager.

1. The Underlying cause of escalation is:
 - a. Location
 - b. Feeling secure
 - c. Feeling unsafe
 - d. All of the above
 - e. None of the above

2. The four Pillars of Companionship are:
 - a. Safe
 - b. Loved
 - c. Loving
 - d. Engaged
 - e. All of the above

3. Escalation can be defined as a decrease in the level of conflict.
 - a. True
 - b. False

4. When drugs are involved in conflict, the type of drug will have an effect on the level of risk.
 - a. True
 - b. False

5. What is not a cause of escalation?
 - a. The helper engages in a power struggle
 - b. The helper shows a genuine concern for the person
 - c. The helper's own issues become involved
 - d. The helper refuses to listen to the person
 - e. The helper threatens the person

6. Early signs of Escalation are:
 - a. Relaxed facial expression
 - b. Organized behaviors
 - c. Excellent concentration
 - d. Consistent baseline behavior
 - e. None of the above

De-Escalation Skills Training Test

7. Signs of Imminent Danger are:
 - a. Face is pale and flushed
 - b. Eyebrows drop to cover eyes
 - c. Rapid breathing
 - d. Clenched fists
 - e. All of the above

8. Awareness and assessment...
 - a. Increases the level of conflict.
 - b. Prevents the helper from listening to the person.
 - c. Helps with our own ability to control our emotional response.
 - d. Creates a barrier to empathy.
 - e. None of the above

9. Cultural and language differences can create a positive reaction while attempting to de-escalate someone.
 - a. True
 - b. False

10. Increased heart rate, nervous laughter, sweaty palms, increase in adrenaline are examples of:
 - a. Physiological reactions
 - b. Cardiovascular workout
 - c. Deep meditation
 - d. All of the above
 - e. None of the above

11. You can de-escalate yourself by:
 - a. Positive self-talk
 - b. Breathing
 - c. Relaxing your muscles
 - d. All of the above
 - e. None of the above

12. The risk factors for violence are:
 - a. Past history of violence
 - b. Youth and violence
 - c. Rural lifestyle
 - d. All of the above
 - e. None of the above

De-Escalation Skills Training Test

13. Do not remain at the same eye level as the person. If the person sits, remain standing to create the illusion of control.
- True
 - False
14. Attending, Following, and Reflecting are the three main skills of:
- Navigation
 - Personal care
 - Listening
 - All of the above
 - None of the above
15. To be an empathic listener you need to:
- Listen to what the person is really saying
 - Validate the person's feelings
 - Clarify the message
 - All of the above
 - a and c
16. Which of the following is NOT a communication barrier?
- Pre-judging
 - Criticizing
 - Arguing
 - Paraphrasing
 - None of the above
17. When attempting to de-escalate you should:
- Decrease demands
 - Gain instructional control
 - Increase praise
 - All of the above
 - a and c
18. It is always better to Request and Suggest than Command and Demand.
- True
 - False

De-Escalation Skills Training Test

19. Which of the following is a de-escalation technique?
- Redirect attention
 - Feedback
 - Align yourself with the person
 - Change the immediate environment
 - All of the above
20. Humor is a powerful tension reducer, it decreases stress, encourages bonding, and should be used with the person showing imminent danger signs.
- True
 - False
21. Which of the following is a positive and helpful statement?
- “You must sit down now.”
 - “Please tell me more so I can understand how to help you.”
 - “If you don’t do as I say, I will call the police.”
 - None of the above
 - All of the above
22. To communicate clearly you should:
- Explain your intentions and convey your expectations clearly.
 - Make requests simple and specific.
 - Repeat the person’s name several times, over and over.
 - Be an active and reflective listener.
 - a, b and d
23. Asking someone to sit down lowers general arousal and decreases aggression.
- True
 - False
24. We should always be respectful even when firmly setting limits. The agitated individual is very sensitive to feeling ashamed and disrespected. We want that person to know it is not necessary to show us they should be respected. We automatically treat everyone with dignity and respect.
- True
 - False



De-Escalation Skills Training Test

25. People are doing the best they can to get their needs met. We need to show the person with our actions and our words that we want to meet their needs.
- a. True
 - b. False



Training Unit
Answer Sheet

Name: _____ Signature: _____

Agency: _____ Work Location: _____

Date: _____

- Course (Circle one):**
- | | |
|---|---------------------------------|
| Blood Borne Pathogens/Infection Control | Cultural Competency & Diversity |
| HIPAA Privacy & Security | Environmental Safety |
| Person Centered Planning | De-Escalation Skills |
| Corporate Compliance | Limited English Proficiency |
| Recipient Rights | Trauma Informed Care |
| | Appeals and Grievances |

I attest, by filling out below, that I have reviewed the content for the circled course above and have completed the test to the best of my ability.

Once you have completed the test, turn into your manager.

Choose the one best answer for each question. Mark your answer below by circling the appropriate letter for each question.

- | | | | | | | | | | | | |
|----|---|---|---|---|---|----|---|---|---|---|---|
| 1 | A | B | C | D | E | 14 | A | B | C | D | E |
| 2 | A | B | C | D | E | 15 | A | B | C | D | E |
| 3 | A | B | C | D | E | 16 | A | B | C | D | E |
| 4 | A | B | C | D | E | 17 | A | B | C | D | E |
| 5 | A | B | C | D | E | 18 | A | B | C | D | E |
| 6 | A | B | C | D | E | 19 | A | B | C | D | E |
| 7 | A | B | C | D | E | 20 | A | B | C | D | E |
| 8 | A | B | C | D | E | 21 | A | B | C | D | E |
| 9 | A | B | C | D | E | 22 | A | B | C | D | E |
| 10 | A | B | C | D | E | 23 | A | B | C | D | E |
| 11 | A | B | C | D | E | 24 | A | B | C | D | E |
| 12 | A | B | C | D | E | 25 | A | B | C | D | E |
| 13 | A | B | C | D | E | | | | | | |

Instruction for Manager: If CLS or B-Contract, grade and keep for your own records. Records will be reviewed during site visits. If A-Contract, send completed (ungraded) answer sheet to the Training Unit.

Grade*: _____ out of _____ *must equal 80% or above to pass **Manager Initials** _____

Limited English Proficiency (LEP)

Annual
Training for
CMHA-CEI Staff
and Providers

Reviewed 09/2020



What is Limited English Proficiency (LEP)?

Limited English Proficiency (LEP) is the inability to speak, read, write and/or understand the English language at a level that permits effective interaction with health care providers and social service agencies. It is also inclusive to those who experience a visual and/or hearing impairment.



Limited English Proficiency | 3

Limited English Proficiency (LEP)

In this course you will learn the following:

- What is Limited English Proficiency (LEP)?
- The Legal Basis
- What are our obligations as an agency?
- How does CMHA-CEI Implement LEP?
- CMHA-CEI Contract Providers for Interpretation/Translation Services



Limited English Proficiency | 2

Who is covered under LEP?

- All beneficiaries of CMHA-CEI services

Examples of persons needing assistance may include:

- ✓ Individuals using English as a second language
- ✓ Individuals who experience a hearing impairment and/or use sign language
- ✓ Individuals who experience visual impairments



Limited English Proficiency | 4

Why do we need to know about Limited English Proficiency (LEP)?

- All CMHA-CEI staff must recognize and acknowledge language/communication needs of a beneficiary who experiences LEP, visual and/or hearing impairments.
- CMHA-CEI staff must be prepared to help those where language is a barrier to obtain needed treatment and support.
- All CMHA-CEI staff are required to know how to accommodate individuals who experience LEP to assure that CMHA-CEI is able to provide services to everyone.



Presentation Name | 5

What are our obligations as an agency?

- CMHA-CEI is required to examine our practices to assure there are no unintended barriers or discrimination against those experiencing LEP.
- CMHA-CEI must take *reasonable steps* to ensure *meaningful access* to rights, programs, services and information, *free of charge*.
- CMHA-CEI must provide interpreters who are competent and knowledgeable in a variety of areas to best understand what is being communicated by the consumer and to ensure that the host of requirements are being met.



Limited English Proficiency | 7

Legal Basis

- LEP compliance is CMHA-CEI's legal obligation; however there is no single LEP law. It is a combination of existing laws, sets of regulations, and court decisions (Title VI of the Civil Rights Act of 1964, Balanced Budget Act 1997, Executive Order 13166 in 2000, MDHHS).
- The most commonly used language in the United States is English, however it is not the "official" language of the United States. It is common, but not the legal standard.
- Most commonly requested at CMHA-CEI is Spanish, Arabic, Kirundi and American Sign Language.



Presentation Name | 6

What are our obligations as an agency?

All CMHA-CEI staff have an obligation to reduce language barriers and ensure meaningful and equal access to programs, services, and benefits throughout the operations of the agency and its provider network. They also must ensure that individuals are not discriminated against due to experiencing LEP, and/or visual or hearing impairments.



Limited English Proficiency | 8

What are our obligations as an agency?

- CMHA-CEI shall not use other consumers, or consumers' friends, minor children, or other family members as interpreters. This practice is only acceptable in an emergency situation.
- Once the person is stabilized, arrangements for a competent interpreter must be offered and established.
- If the consumer chooses to use someone other than an interpreter, such as a family member or a friend, after they have been informed of the right to free language assistance, it must be documented in the plan of service that this service has been offered and declined.



"I Speak..." Card/Poster

The image shows two versions of the "I Speak..." Language Identification Guide. On the left is a laminated 8.5x11 card with a header that reads "IF YOU NEED AN INTERPRETER, PLEASE POINT TO YOUR LANGUAGE". It features a grid of language options with checkboxes and arrows for selection. On the right is a larger 13x19 poster version of the same guide, designed for lobby or waiting areas. Both versions include the Community Mental Health Authority logo and a list of languages such as Spanish, Vietnamese, and Chinese.

Laminated 8.5x11 card (front desk/secretary)

Poster 13x19 for lobby/waiting areas

Community Mental Health Authority of Clinton, Eaton, and Ingham Counties (CMHA-CEI) will take reasonable steps to provide adequate information about services and benefits, and are able to receive these services and benefits for which they are eligible, for persons with limited English proficiency. You have the right to an interpreter, free of charge.



CMHA-CEI Implementation of LEP

A very useful document (located on the CMHA-CEI Intranet and the Provider Tab of CMHA-CEI's Public Internet Website) is: "How to Access Interpretation/Translation Services".

This document:

- Provides step-by-step instructions on how to access interpretation/translation services
- Provides the "I Speak" files for 8.5 x11 card and 13x9 Poster (which are used to identify the language spoken)
- Provides contact information for the contract providers; 7CLingo and Voices for Health for telephonic interpretation or for face to face/on-site language and/or sign language interpreters
- Identifies who to contact for more information about LEP



Limited English Proficiency Contract Providers



Both 7CLingo and Voices for Health provide telephonic and face-to-face/on-site interpretation services (including American Sign Language).

You can locate the phone numbers and instructions on how to schedule an interpreter on the CMHA-CEI Intranet under Reference Materials and LEP-Limited English Proficiency and in the Provider Tab on CMHA-CEI's Public Internet Website.

You can request via phone and/or portal. Eventually, all requests will be done via the portal.



Upon calling either 7CLingo or Voices for Health, be sure to have the following information to provide to 7CLingo and/or Voices for Health:

- CMHA-CEI account number and/or password
- Date and time that the interpreting services are needed
- Address of the location where services will be provided (i.e. consumer home, ICC, Jolly Rd, Wardcliff, etc...)
- CMHA-CEI Staff contact information (i.e. name, telephone number and/or email address) for the person who will be providing the CMHA-CEI services to the consumer.
- Language requested (i.e. Spanish, Arabic, Sign Language, etc...)
- Correctly spell and provide the first and last name of the identified consumer that the interpreting services are for (this allows one to secure an interpreter that does not know the individual on a personal level). Please do not give the name of a parent and/or any person other than the identified consumer for whom there is a consumer number in SmartCare, as this is needed to cross-reference the invoice.
- Any pertinent information regarding the assignment so that the interpreter can reasonably anticipate specific topics that will be addressed when services are provided (i.e. medication review, intake appointment, therapy session, etc...)



Presentation Name | 13

LEP-Costing Authorization Form

- In all cases of accessing interpreter/translation services, CMHA-CEI staff shall complete the "LEP Costing/Authorization Form", located on the intranet.
- The form should be completed by the staff member and signed by the program Supervisor /Coordinator, even if the event that the appointment was cancelled for any reason.
- The Supervisor/Coordinator will verify the cost center and service provided, and authorize the service by signing the form.
- Once the form is completed and signed, you will forward it to Becki West, in the Customer Service Department at 812 E. Jolly Rd., Suite 108, Lansing, MI 48910.
- **Forms are due no later than 7 business days** or via email at westr@ceicmh.org, after the date of service was provided.
- *There is no line item in budget for LEP Services*



Presentation Name | 15

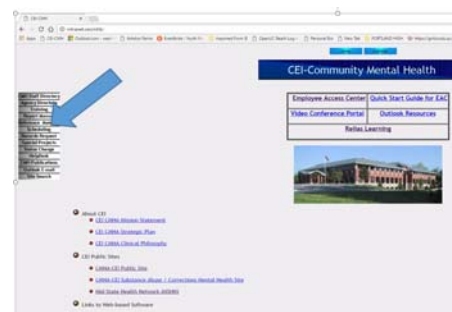
Scheduling/Billing

- It is important to schedule and/or cancel any "Face-to-Face" and/or "Over the Phone" interpretation services as soon as possible.
- 24 hours notice is required prior to scheduled face-to-face appointment time to set up and/or cancel translation services to avoid additional fees.
 - "Rush Fees": additional \$10.00 per hour
 - "Cancellation Fees":
 - 1 hour minimum plus mileage (Voices for Health)
 - 2 hours minimum plus mileage (7CLingo)
- Face to Face: \$85.00- \$120 per hour (2 hour min., 30 min increments after 2 hours)
- Mileage and Travel Time for Face-to Face Appointments
 - Round Trip Mileage: \$0.54/mile
 - Round Trip Travel Time: \$25.00/hour (Voices for Health)
 - \$60.00/hour (7CLingo)
- Scheduled, Same Day and/or On Call "Over the Phone" interpretation
 - \$1.60 per minute (Voices for Health)
 - \$1.49 per minute (7CLingo)
 - No minimum notice is required for same day or on call



Presentation Name | 14

Reference Material on CMHA-CEI Intranet



Limited English Proficiency | 16

Questions?

Please contact Customer Service
at:517-346-8244 or via email at
customerservice@ceicmh.org



Presentation Name | 21



REMEMBER!!
You must complete the exam to receive
credit for completing this course!



Presentation Name | 22



Limited English Proficiency Training Test

Instructions: Please circle the answer to each question on the attached Answer Sheet. Eight correct answers (80%) are required to pass this course. Once you have completed the test, turn into your manager.

1. CMHA-CEI must take reasonable steps to ensure meaningful access to rights, programs, services and information, free of charge.
 - a. True
 - b. False

2. CMHA-CEI is required to provide LEP services for those who have limited ability to speak, read, write and/or understand English (LEP) and ensure meaningful and equal access to programs, services, and benefits and are able to receive those services and benefits for which they are eligible.
 - a. True
 - b. False

3. There is valuable information about LEP services on the CMHA-CEI Intranet, under Reference Material and LEP-Limited English Proficiency, as well as on the Provider Tab of the CMHA-CEI's Public Internet Site.
 - a. True
 - b. False

4. Family members, minors, friends and other consumers would be a good choice to have act as interpreters.
 - a. True
 - b. False

5. A consumer can be asked to share in the cost of interpreters when appropriate.
 - a. True
 - b. False

6. Language limitations and the "understanding" of written information can be a barrier to receiving good health care.
 - a. True
 - b. False

7. CMHA-CEI staff do not have an obligation to reduce language barriers and ensure meaningful and equal access to services.
 - a. True
 - b. False



Limited English Proficiency Training Test

8. English is the official language of the United States.
 - a. True
 - b. False

9. "I Speak" 8.5 x 11 laminated card and 12x17 poster are used to identify the language spoken by someone who cannot tell you in English which language they speak.
 - a. True
 - b. False

10. Language assistance standards include additional assistance required due to poor hearing or limited eyesight?
 - a. True
 - b. False



Training Unit
Answer Sheet

Name: _____ Signature: _____

Agency: _____ Work Location: _____

Date: _____

- Course (Circle one):**
- | | |
|---|---------------------------------|
| Blood Borne Pathogens/Infection Control | Cultural Competency & Diversity |
| HIPAA Privacy & Security | Environmental Safety |
| Person Centered Planning | De-Escalation Skills |
| Corporate Compliance | Limited English Proficiency |
| Recipient Rights | Trauma Informed Care |
| | Appeals and Grievances |

I attest, by filling out below, that I have reviewed the content for the circled course above and have completed the test to the best of my ability.

Once you have completed the test, turn into your manager.

Choose the one best answer for each question. Mark your answer below by circling the appropriate letter for each question.

- | | | | | | | | | | | | |
|----|---|---|---|---|---|----|---|---|---|---|---|
| 1 | A | B | C | D | E | 14 | A | B | C | D | E |
| 2 | A | B | C | D | E | 15 | A | B | C | D | E |
| 3 | A | B | C | D | E | 16 | A | B | C | D | E |
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| 13 | A | B | C | D | E | | | | | | |

Instruction for Manager: If CLS or B-Contract, grade and keep for your own records. Records will be reviewed during site visits. If A-Contract, send completed (ungraded) answer sheet to the Training Unit.

Grade*: _____ out of _____ *must equal 80% or above to pass **Manager Initials** _____

Cultural Competency and Diversity



Presented by the
CMHA-CEI Diversity Advisory Council



What Is The Difference Between Diversity and Cultural Competency?

- Here at CMHA-CEI, we view **Diversity** as going beyond Race and Gender. CMHA-CEI takes into consideration all aspects of an individual such as: geographical location, education, traditions, family values, economic, living conditions and language just to name a few.
- To be **Culturally Competent**, our employees understand and are respectful of beliefs, language, interpersonal styles and behaviors of individuals and families receiving CMHA-CEI services.



Developing Cultural Competence

OBJECTIVE OF THIS COURSE:

This course is designed to introduce the basic core elements of Cultural Competence and to emphasize that Cultural Competence is not simply a concept to be learned, but an ever-growing awareness, understanding and acceptance of cultural differences and how those differences impact our lives.



National Center for Cultural Competence defines Cultural Competence as:

“A set of values, behaviors, attitudes and practices within a system, organization, program or among individuals which enables them to work effectively cross culturally. Further, it refers to the ability to **honor and respect** the beliefs, language, interpersonal styles and behaviors of **individuals and families receiving services**, as well as staff who are providing such services. Cultural competence is a **dynamic, ongoing, developmental process** that requires a long term commitment and is achieved over time.”



Key Points

- The acceptance and respect for difference;
- A continuous self-assessment regarding culture;
- An attention to the dynamics of difference;
- The ongoing development of cultural knowledge; and
- The resources and flexibility within service models to meet the needs of minority populations.



Following are some Cultural Considerations that may impact how you would interact with consumers.

- Personal Space
- Slang
- Hand Gestures
- Mental Health and Addiction Treatment
- Dress
- Punctuality
- Role of the Church
- Importance of Family
- Authority Figures
- Death and Dying
- Sexuality, Gender Roles and Relationships
- Politics



What Is "Culture"?

- CULTURE IS:
- Culture can be defined as the shared values, traditions, norms, customs, arts, history, folklore and institutions of a group of people who are unified by race, ethnicity, language, nationality or religion/spirituality.
- Culture can be impacted by education, geographic location and economic status. There can also be unique sub-groups within a culture.

Some Cultural Considerations

Celebrations	Music
Physical Conditions	Economic
Race	Education
Religion/Spirituality	Ethnicity
Sexual Orientation	Gender Identification
Sub-populations	Geographical
Language	



Why Is Cultural Competency Important?



- First and foremost, cultural competency promotes effective interventions which lays the groundwork for positive outcomes in our work with consumers, our interactions with co-workers and members of our community.
- Second, there are Federal, State and Accrediting Body mandates that require a culturally competent practice.



What Are Some Barriers to Cultural Competency?

- **Stereotypes:** exaggerated beliefs or fixed ideas about various groups that distort, devalue or exaggerate particular qualities.
- **Ethnocentrism:** An assumption or belief that one's own group or cultural approach offers the "only way", or "the right way" or the "best way" to view people and events.
 - We are *ethnocentric* when we use our own interpretations, beliefs or biases to interpret another's ideas, beliefs or behaviors. We are also ethnocentric when we "assume similarity".
- **Fear:** Of the unknown. What we don't understand about someone can be fearful.



Why Does Cultural Competency Matter to CMHA-CEI?

- Developing culturally sensitive practices can help reduce barriers to:



- Effective treatment utilization – (*consumer focus*).
- Effectively dealing with the organization's multiple facets and functions – (*intra-organizational focus*).
- Effectively working with our community partners and stakeholders – (*inter-organizational focus*).



"The oldest and strangest emotion of mankind is fear, and the oldest and strongest kind of fear is of the unknown".
~ H.P. Lovecraft



Clinical Implications of Cultural Competency

Rapport building is a critical component of competency development.

Why:

Because rapport can help to facilitate the development of trust and enhance the individual's investment and continued participation in treatment."



The Road To Cultural Competence Begins With ALL OF US!

- 1) Awareness and acceptance of the wide range of cultural diversity.
- 2) Awareness of one's own cultural values and identity.
- 3) Understanding how differences impact a wide variety of relationships.
- 4) Knowledge of the cultures of consumers, co-workers, community partners and stakeholders.
- 5) Utilizing this information to begin to adapt approaches and skills.



How cultural conditioning influences our beliefs

- o Culture
 - Provides people with a design for living and interpreting their environment;
 - Shapes how people see their world and structure their community and family life (worldviews);
 - Helps determine the person's values and attitudes about the world around them.



- o Be aware of differences in values, communication styles, spirituality, and definitions of family (just to name a few) AND accept those differences. Moreover, it is important to embrace those differences as those are the consumer's allies in healing.

cu,ceca,rl



- o It is important to realize how differences can either **help** or **hinder** the way that services are provided and the impact of our many relationships and interactions.



- It is important to take the time to learn as much as possible about the culture of those who could potentially use program services as well as those we interact with and to make a conscious effort to learn their values, how they view and define healing and work, the nature of their social structure, etc.



Some of the factors that may require adaptations include:

- Where services are offered;
- Communication styles;
- Places you refer consumers and how the organization communicates these referrals for help;
- Staffing considerations, having bilingual resources available and ensuring that the décor reflects diversity, etc.
- Times of the day and days of the week that the organization is providing services; and
- Decision making and conflict resolution methods.



- Historically, people of color and in the minority have always been expected to adapt to the dominant culture's institutions in order to access services and be successful at work.



When Providing Services We Need To...

- Be a reflection of the demographics prevalent in the community
- Focus on screening and assessments: risk and resiliency, strengths, prevention and intervention.
- Ensure a holistic approach to treatment.

Remember
to be sensitive to others.



Remember



- We Don't use labels that negatively categorize people;
- We Don't mis-communicate through cultural ignorance or insensitivity;
- We Don't refer to people as *being* their circumstances rather than *experiencing* their circumstances; (i.e. referring to someone as "mentally ill" as opposed to a person with mental illness"; and
- We Don't use your own culture as the norm.



Key Points



- It is critical we strive toward cultural competency. There are people from different cultures, backgrounds and faiths, etc. in our communities in need of our services.
- We need to remove barriers and embrace our differences in order to be as effective as possible in our interactions with our consumers, co-workers and members of our community.



Key Points

- The process of becoming culturally competent is a long-term, ongoing process.
- Cultural competency exists on a continuum from being culturally destructive to culturally competent.
- Take a personal inventory, it is important that we all plan to make the necessary adaptations.



How to find CMHA-CEI procedures

- Go to the outline column on the right and open the "References to Related CMHA-CEI Procedures" to access links to:
 - Cultural Competency 2.1.8B
 - Training for Staff 2.1.8I



THANK YOU!

for completing
"Cultural Competency"

You must complete the test to receive
credit for this course.



We all live with the objective of being
happy: our lives are all different and
yet the same. - Anne Frank



Cultural Competency & Diversity Training Test

Instructions: Please circle the answer to each question on the attached Answer Sheet. Eight correct answers (80%) are required to pass this course. Once you have completed the test, turn into your manager.

1. Cultural Diversity takes into consideration all aspects of an individual such as:
 - a. Geographical location, education, traditions, etc.
 - b. Family values, economic, and living conditions.
 - c. None of the above
 - d. a and b
 - e. All of the above

2. To be culturally competent, our employees understand and are respectful of beliefs, language, interpersonal styles and behaviors of individuals and families receiving CMHA-CEI services.
 - a. True
 - b. False

3. Culture can be defined as the shared values, traditions, norms, customs, arts, history, folklore and institutions of a group of people who are unified by race, ethnicity, language, nationality or religion/spirituality
 - a. True
 - b. False

4. Which of the following cultural considerations would impact how you would interact with consumers?
 - a. Personal space
 - b. Punctuality
 - c. Authority figures
 - d. All of the above
 - e. None of the above

5. Barriers to Cultural Competency are:
 - a. Stereotypes
 - b. Ethnocentrism
 - c. Fear of the unknown
 - d. All of the above
 - e. None of the above

Cultural Competency & Diversity Training Test

6. Rapport building can help to facilitate the development of authority and enhance the individual's compliance and continued dependence on treatment.
 - a. True
 - b. False

7. When providing services, we need to...
 - a. Be a reflection of the demographics prevalent in the community
 - b. Focus on conforming the individuals to fit the services we have available
 - c. Ensure a structured, rigid approach to treatment
 - d. b and c
 - e. None of the above

8. The process of becoming culturally competent is a long-term, ongoing process.
 - a. True
 - b. False

9. It is not critical that we strive toward cultural competency. There are always plenty of people from the same cultures, backgrounds and faiths as our own in our communities in need of our services.
 - a. True
 - b. False

10. We need to remove barriers and embrace our differences in order to be as effective as possible in our interactions with our consumers, co-workers and members of our community.
 - a. True
 - b. False



Training Unit
Answer Sheet

Name: _____ Signature: _____

Agency: _____ Work Location: _____

Date: _____

- Course (Circle one):**
- | | |
|---|---------------------------------|
| Blood Borne Pathogens/Infection Control | Cultural Competency & Diversity |
| HIPAA Privacy & Security | Environmental Safety |
| Person Centered Planning | De-Escalation Skills |
| Corporate Compliance | Limited English Proficiency |
| Recipient Rights | Trauma Informed Care |
| | Appeals and Grievances |

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Choose the one best answer for each question. Mark your answer below by circling the appropriate letter for each question.

- | | | | | | | | | | | | |
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Grade*: _____ out of _____ *must equal 80% or above to pass **Manager Initials** _____



CORPORATE COMPLIANCE

Reviewed 09/2020



Incident Reporting

Reportable incidents include:

For all recipients actively receiving services, regardless of when incident occurs:

- **Death**(expected or unexpected)

Incidents occurring while recipient is receiving services from or in the care of CMHA-CEI or contracted staff:

- **Emergency care due to injury or illness**
- **Hospitalization due to injury or illness**
- **Missed medications and medication errors** (if administered by staff)
- **Choking** requiring abdominal thrusts
- **Serious aggressive behavioral events**, including self injury or property damage
- **Exposure to blood/bodily fluids**,
- **Arrest**(if held or taken by law enforcement on the belief a crime may have been committed)
- **Missing recipient**



Presentation Name | 3

Incident Reporting

An incident report needs to be completed in the web portal when staff either witness or are the first to become aware/informed of an incident involving a CMHA-CEI consumer who is actively receiving services.

Reported incidents are reviewed by on-site supervising and quality staff to ensure adequate follow-up action is completed.



Presentation Name | 2

Incident Reporting

Incidents are reported through the web portal which is available at <https://incident.ceicmh.org> through the link on the main intranet page:



More detailed information about incident reporting can be found in the CMHA-CEI Incident Report Procedure 3.3.07.



Presentation Name | 4



KEY POINTS OF CEI'S CORPORATE COMPLIANCE PLAN

Mid-State Health Network Corporate COMPLIANCE PLAN
2016/2017



COMPLIANCE PLAN 2016/2017

• Introduction and Purpose

- Mid-State Health Network (MSHN) and CMHA-CEI is committed to consumers, employees, contractual providers, and the community to ensure business is conducted with integrity, in compliance with the requirements of applicable laws and sound business practices, and with the highest standards of excellence.
- The Compliance Plan is prepared as a good-faith effort to summarize our rules, policies and procedures. To the extent that the Plan conflicts with, or misstates any applicable law, the law takes precedence.



MSHN's Corporate Compliance Plan

- The most updated copy of CMHA-CEI's Corporate Compliance Plan can be found from the CEI intranet home page by following the steps listed below:
 1. Reference Material
 2. Corporate Compliance - HIPAA
 3. Compliance Information
 4. MSHN Corporate Compliance Plan



COMPLIANCE PLAN Key intentions



- Minimize organizational risk and improve compliance with billing requirements of Medicare, Medicaid, and all other applicable federal health programs.
- Maintain adequate internal controls (paying special attention to identified areas of risk).
- Reduce the possibility of misconduct and violations through early detection.
- Reduce exposure to civil and criminal sanctions.





COMPLIANCE PLAN Key intentions

- Encourage the highest level of ethical and legal behavior from all employees, contractual providers, and board members.
- Educate employees, contractual providers, board members and stakeholders of their responsibilities and obligations to comply with applicable local, state, and federal laws and regulations including licensure requirements, as well as accreditation standards.
- Promote a clear commitment to compliance by taking actions to uphold such laws, regulations, and standards.



COMPLIANCE PLAN Standards of Conduct

- Provide accurate information to federal, state, and local authorities and regulatory agencies when applicable;
- Promote confidentiality and safeguard all confidential information according to policy;
- Practice ethical behavior regarding relationships with consumers, payers, and other health care providers;



COMPLIANCE PLAN Standards of Conduct



- Provide high quality services consistent with CMHA-CEI Vision, Mission, and Values;
- Exercise honesty and integrity in the workplace;
- Prevent fraud, abuse and waste;
- Refrain from knowingly participating in illegal activities;
- Report any actual or suspected violation of the Compliance Plan, Standards of Conduct, agency policies or procedures, or other conduct that is known or suspected to be illegal;



COMPLIANCE PLAN Standards of Conduct

- Protect the integrity of clinical decision-making, basing care on identified medical necessity;
- Seek to continually maintain and improve work-related knowledge, skills, and competence; and
- Actively support a safe work environment, free from harassment of any kind.



COMPLIANCE PLAN Standards of Conduct

- CMHA-CEI further establishes Standards of Conduct through Board of Director's By-Laws, and policy and procedures addressing the following, including but not limited to:
 - Confidentiality and Privileged Communication,
 - Dignity and Respect,
 - Drug/Alcohol Free Workplace,
 - Recipient Abuse and Neglect, and Sexual Harassment.
- Standards of conduct may also be articulated in CMHA-CEI Employee Handbooks and Job Descriptions.

 **Standards**



COMPLIANCE PLAN Standards of Conduct

- Any violation of a provision of the Standards of Conduct, as established in this Plan or related policies, will be subject to disciplinary action, up to and including dismissal from employment or contract termination.



COMPLIANCE PLAN Standards of Conduct



- Board Members, employees and contractual providers are responsible for conducting themselves ethically in all aspects of business avoiding even the appearance of impropriety.
- Contractual providers will be required to comply with the Compliance Plan or provide evidence of a sufficient Compliance Plan of their own.



CORPORATE COMPLIANCE

AREAS OF RISK



Areas of risk Regulatory Compliance



- It is the policy of CMHA-CEI to ensure compliance with all state and federal regulatory agency standards and applicable laws and regulations including, but not limited to, the following:
 - State Laws and Rules
 - State – Federal Intersection
 - Federal Medicaid Law, Regulations and Related Items



Areas of risk Workplace Conduct

- In order to safeguard the ethical and legal standards of conduct, CMHA-CEI will enforce policies and procedures that address behaviors and activities within the work setting, including but not limited to the following:



- (See following slides)



Areas of risk Environmental Compliance

- It is the policy of CMHA-CEI to maintain a hazard-free environment in compliance with all environmental laws and regulations.
- CMHA-CEI will operate with the necessary security systems, permits, approvals and controls.
- Maintenance of a safe environment is the responsibility of all employees and contractual providers.
- In order to maintain a safe environment, CMHA-CEI will enforce policies and procedures designed to protect consumers, employees, providers, visitors, the environment, and the community.



Areas of risk Workplace Conduct



- ❖ **Confidentiality:** CMHA-CEI is committed to protect the privacy of its consumers. Board members, employees, and contractual providers are to comply with the Michigan Mental Health Code, Section, 330.1748 and all other privacy laws as specified under the Confidentiality section of this document.
- ❖ **Substance Abuse:** CMHA-CEI is committed to an alcohol and drug free environment.



Areas of risk Workplace Conduct

- ❖ **Harassment:** CMHA-CEI is committed to an environment free of harassment for Board members, employees, and contractual providers. CMHA-CEI will not tolerate harassment based on sex, race, color, religion, national origin, citizenship, chronological age, sexual orientation, union activity, or any other condition, which adversely affects their work environment.
- ❖ **Research:** CMHA-CEI will follow ethical standards for any research undertaken or for any aspect of a research grant.



Areas of risk Workplace Conduct



- ❑ **Reporting suspected fraud:** CMHA-CEI Board, staff and contractual providers must report any suspected or actual “fraud, abuse or waste” of any funds, including Medicaid funds, to the organization.
- ❑ **Receiving gifts:** CMHA-CEI Board members, staff and providers will not solicit gifts, gratuities or favors. CMHA-CEI Board members, staff and providers will not accept gifts, gratuities or favors of any kind from any individual, consumer, or organization doing business or seeking to do business with CMHA-CEI or its affiliates if the gift has more than a nominal value or where acceptance of the gifts/favors could create a conflict of interest or be construed as resulting in preferential treatment.



Areas of risk Workplace Conduct

- ❖ **Conflict of Interest:** CMHA-CEI Board members, employees, and contractual providers will avoid any action that conflicts with the interest of the organization. All Board members, employees, and contractual providers must disclose any potential conflict of interest situations that may arise or exist. CMHA-CEI will maintain standards establishing a clear separation of any supplemental employment in terms of private practice and outside employment from activities performed for CMHA-CEI.



Areas of risk Workplace Conduct

- ❖ **Workplace violence:** CMHA-CEI is committed to maintaining a work environment that is safe and promotes the treatment of all people with dignity and respect. CMHA-CEI will not tolerate behavior that is disrespectful, intimidating, or threatening.
- ❖ **Political Contributions:** CMHA-CEI will not use agency funds or resources to contribute to political campaigns or activities of any political party.



Areas of risk Contractual Relationships



- It is the policy of CMHA-CEI to ensure that all contractual arrangements with providers are structured in accordance with federal and state laws and regulations and are in the best interest of the organization and the consumers we serve. In order to ethically and legally meet all standards, CMHA-CEI will strictly adhere to the following:
 - (See the following slides)



Areas of risk Contractual Relationships

- ❖ CMHA-CEI does not enter into financial arrangements with physicians that are designed to provide inappropriate remuneration to the organization in return for the physician's ability to provide services to federal health care program beneficiaries at CMHA-CEI.
- ❖ CMHA-CEI does not enter into contractual relationships with individuals or agents/agencies that have been convicted of a criminal offense related to health care or that are listed by a federal agency as debarred, excluded, or otherwise ineligible for participation in federal health care programs. Reasonable and prudent background investigations will be completed prior to entering into contractual relationships with all individuals and agents/agencies.



Areas of risk Contractual Relationships



- ❖ **CMHA-CEI does not pay for referrals.** Consumer referrals and intakes will be accepted based on the consumer's needs, eligibility, and our ability to provide the services needed.
- ❖ **CMHA-CEI does not accept payment for referrals of consumers to other providers.** No employee, contractual provider, or any other person acting on behalf of the organization is permitted to solicit or receive anything of value, directly or indirectly, in exchange for the referral of consumers. Similarly, when making consumer referrals to another healthcare provider, CMHA-CEI does not take into account the volume or value of referrals that the provider has made (or may make) to CMHA-CEI.



Areas of risk Purchasing and Supplies

- It is the policy of CMHA-CEI to ensure that all rental, lease, and purchasing agreements are structured in accordance with applicable federal and state self-referral and anti-kickback regulations as well as federal guidelines regarding tax-exempt organizations. All agreements must be commensurate with the fair market value for equipment or space.



Areas of risk Purchasing and Supplies



- All subcontractor and supplier arrangements will be managed in a fair and reasonable manner, consistent with all applicable laws and good business practices. Subcontractors, suppliers, and vendors will be selected based on objective criteria including quality, technical excellence, price, delivery, and adherence to schedules, services and maintenance of adequate sources of supply. Purchasing decisions will be made on the supplier's ability to meet needs and not on personal relationships or friendships. CMHA-CEI will always employ the highest ethical standards in business practices in source selection, negotiation, determination of contract awards, and the administration of purchasing activities.



Areas of risk Marketing

- The federal Anti-kickback Statute (section 1128B[b] of the Social Security Act) makes it a felony punishable by criminal penalties, to offer, pay, solicit, or receive "remuneration" as an inducement to generate business compensated by Medicare or Medicaid programs. Therefore, all direct-to-consumer marketing activities require advance review by the Compliance Committee or designee if the activity involves giving anything of value directly to a consumer.



Areas of risk Marketing

- Marketing and advertising practices are defined as those activities used by CMHA-CEI to educate the public, provide information to the community, increase awareness of services, and recruit employees or contractual providers. CMHA-CEI will present only truthful, fully informative and non-deceptive information in any materials or announcements. All marketing materials will reflect available services.



Areas of risk Financial Systems Reliability and Integrity



- CMHA-CEI shall ensure integrity of all financial transactions. Transactions shall be executed in accordance with established policies and procedures and with federal and state law and recorded in conformity with generally accepted accounting principles or any other applicable criteria.



Areas of risk Financial Systems Reliability and Integrity

- CMHA-CEI shall develop internal controls and obtain an annual independent audit of financial records; shall ensure that reimbursement for services billed is accurate, appropriate, and based on complete documentation; and shall maintain accountability of assets.



Areas of risk Financial Systems Reliability and Integrity

- ❖ CMHA-CEI's Board members, employees and contractual providers will receive detailed training on federal and state False Claims acts and all whistleblower provisions.
- ❖ CMHA-CEI and Affiliates will include material about relevant federal and state regulations in their employee handbook if such exists.



Areas of risk Financial Systems Reliability and Integrity

- In accord with the 42 USC 139a(a); Section 1902(a) of the Social Security Act (AKA as the Deficit Reduction Act of 2005) CMHA-CEI's internal process shall monitor for actions by providers of Medicaid services to prevent fraud, abuse, and waste, or are likely to result in unintended expenditures.

• (See Following Slides)



Areas of risk Financial Systems Reliability and Integrity

- ❖ All CMHA-CEI's Board members, employees and contractual providers are required to report any suspected occurrences of fraud, abuse and waste. The responsible Affiliate Compliance Officer must investigate. The MSHN Compliance Administrator will be responsible for investigating any PIHP level reports of suspected fraud, abuse or waste.
- ❖ Annually a summary report of compliance activities will be provided to the Board of Directors, MSHN's Quality and Improvement council, and CMHA-CEI Leadership.



Areas of risk Information Systems Reliability

- CMHA-CEI shall ensure the reliability of information systems. Information Services will be responsible for monitoring the reliability and integrity of the electronic information system, including but not limited to the following:



- (See following slide)



Areas of risk Confidentiality and Privacy

- CMHA-CEI is committed to protecting the privacy of its consumers and shall strictly govern the disclosure of any information to anyone other than those authorized in the current published Privacy Notice. Any Board member, employee, or contractual provider who engages in unauthorized disclosure of consumer information is subject to disciplinary action which may result in removal from the Board, termination of employment, or termination of the contract.



Areas of risk Information Systems Reliability

- Maintaining security, assuring integrity, and protecting consumer confidentiality.
- Controlling access to computerized data.
- Training staff to use the system based on job function.
- Assuring reliability validity and accuracy of data.
- Following procedures that will assure confidentiality of electronic information pursuant to HIPAA, the Michigan Mental Health Code and other applicable laws and regulations.



Areas of risk Confidentiality and Privacy

- To ensure that all consumer information remains confidential, employees and contractual providers are required to comply with all confidentiality policies and procedures in effect, specifically to include the HIPAA Privacy regulations outlined below:

- (See following slides)



Areas of risk Confidentiality and Privacy

- Privacy Notice - CMHA-CEI will have a notice of privacy practices to be posted at each site and given to each consumer at intake.
- Consent - Prior to treatment, CMHA-CEI will obtain a signed consent for permission for CMHA-CEI to treat, bill for and carry out health care operations described in the Privacy Notice.
- Authorization - If information is shared, outside of those described in the Privacy Notice, a signed authorization will be obtained from the consumer.



Areas of risk Compliance Administrator/Officers

- CMHA-CEI will designate a Compliance Administrator, who will be given sufficient authority and control to oversee and monitor the Compliance Plan, including but not limited to the following:



Stefanie Zin
CMHA-CEI
Compliance/HIPAA Privacy Officer,
Access & UM supervisor

- (See following slides)



Areas of risk Confidentiality and Privacy



- Business Associate Agreement - CMHA-CEI will obtain assurances with all business associates that protected health care information, shared with them, will be protected and appropriately safeguarded.
- CMHA-CEI shall investigate any reports of suspected violations and respond to findings of the investigations in compliance with the HIPAA privacy and security regulations.
- CMHA-CEI will perform any necessary risk analyses or assessments to ensure compliance.



Areas of risk Compliance Administrator/Officers

- Recommending revisions/updates to the Compliance Plan, policies, and procedures to reflect organizational, regulatory, and statutory changes.
- Reporting on a regular basis the status of implementation of the Compliance Plan and related compliance activities.
- Developing and maintaining a training and education program and documenting all training efforts.



Areas of risk Compliance Administrator/Officers

- Coordinating efforts with human resources or other relevant departments regarding employee certifications/licensures, background checks, and privileging and credentialing.
- Coordinating internal audits and monitoring activities outlined in the compliance plan.
- Developing and modifying policy and programs that encourage the reporting of suspected fraud and other potential problems without fear of retaliation.
- Independently investigating and acting on matters related to compliance.



Areas of risk Compliance Committee

- The MSHN Quality Improvement Council will consist of the Affiliate Compliance Officers, or designees. Each Affiliate shall have a Compliance Committee which will meet at regular intervals and shall be responsible for the following:
 - (See following slides)



Areas of risk Compliance Administrator/Officers



- The authority given the Compliance Administrator will include the ability to review all documents and other information relevant to compliance activities, including, but not limited to, consumer records, billing records, employee records and contracts and obligations of CMHA-CEI.



Areas of risk Compliance Committee

- Advising the Compliance Officer and assisting with the development, implementation, operation, and distribution of the Compliance Plan and supporting CMHA-CEI policies and procedures.
- Reviewing and recommending changes/revisions to the Compliance Plan and related policies and procedures.
- Evaluating the effectiveness of the Compliance Plan.
- Determining the appropriate strategy/approach to promote compliance with the Compliance Plan and detect potential violations and areas of risk.



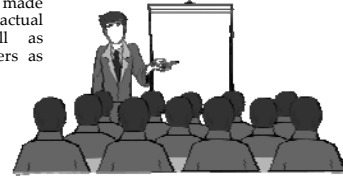
Areas of risk Compliance Committee

- Recommending and monitoring the development of internal systems and controls to carry out the Compliance Plan and supporting policies as part of daily operations.
- Reviewing audit results and corrective action plans.
- Approving the training and education program and monitoring attendance.
- Developing a system to solicit, evaluate, and respond to complaints and problems.



Areas of risk Training and Education

- Training and educational opportunities related to Compliance may be made available to contractual providers, as well as consumers and others as appropriate.



Areas of risk Training and Education

- All Board members and employees will receive training on the Corporate Compliance Plan. Additional training may be required for employees involved in specific areas of risk or as new regulations are issued. Informational updates will be provided through newsletters, emails, and in-services. Records will be maintained on all formal training and educational activities. Training is considered a condition of employment and failure to comply will result in disciplinary action up to and including termination.



Areas of risk Open Lines of Communication

- Open lines of communication between the Compliance Officers and employees of CMHA-CEI are essential to the successful implementation of the Compliance Plan and the reduction of any potential for fraud or abuse. Methods for maintaining open lines of communication may include, but not be limited to the following:



- (See next slide)



Areas of risk Open Lines of Communication

- There shall be access to the CMHA-CEI Affiliate Compliance Officer for employees seeking clarification on specific standards, policies, procedures, or other compliance related questions that may arise on a day-to-day basis. Questions and responses will be documented, dated, and may be shared with all employees, as appropriate, to increase awareness/understanding.



Areas of risk Reporting of Suspected Violations or Misconduct

- Employees, contractual providers, consumers, and others are to report suspected violations or misconduct to their Compliance Officer as outlined below and further detailed in the Compliance Investigation, Resolution and Documentation Process



- (See following slides)



Areas of risk Open Lines of Communication

- Information may be communicated to employees through a variety of methods such as formal trainings, impromptu information calls or "help desk" calls, e-mails, newsletters, intranet resource pages, or other methods identified that facilitate access to compliance related information as a preventative means to reduce the potential for fraud and abuse.



Areas of risk Reporting of Suspected Violations or Misconduct



- Suspected violations or misconduct may be reported to the Compliance Officer by phone/voicemail, email, in person, in writing, or to one of the Affiliate CMH Compliance Officers.
- Employees with firsthand knowledge of activities or omissions that may violate applicable laws and regulations are required to report such wrongdoing to the Compliance Officer.



Areas of risk Reporting of Suspected Violations or Misconduct

- Reports of suspected violations or misconduct might be made on a confidential basis.
- No employee, consumer, or contractual provider making such a report in good faith shall be retaliated against by CMHA-CEI, its employees or agents.
- All employees will be asked to report any known or suspected violations as part of the Exit interview process.



Areas of risk Investigation



- All employees and agents are expected to cooperate fully with investigation efforts. Investigations will be conducted by the local Compliance Officer.
- If the allegation that needs to be investigated includes the CEO of the CMHA-CEI then the investigation will be handled by the MSHN Compliance Administrator.
- If the allegation needing to be investigated involves the CEO of the PIHP then the investigation will be handled by the Compliance Administrator of another PIHP.



Areas of risk Investigation

- All reports of suspected wrongdoing, however received, shall be investigated and documented as outlined in the CMHA-CEI Compliance Investigation, Resolution and Documentation Process (Attachment D).
- No one involved in the process of receiving and investigating reports shall communicate any information about a report or investigation, including the fact that a report has been received or an investigation is ongoing, to anyone within CMHA-CEI who is not involved in the investigation process or to anyone outside of CMHA-CEI without the prior approval of the CMHA-CEI Compliance Administrator.



Areas of risk Corrective Actions

- Where an internal investigation substantiates a reported violation, corrective action will be initiated including, as appropriate, making prompt restitution of any overpayment amounts, notifying the appropriate governmental agency, instituting whatever disciplinary action is necessary, and implementing system changes to prevent a similar violation from recurring in the future.
- For further information see MSHN Compliance Policy (Attachment A) and MSHN Compliance Investigation, Resolution and Documentation Process (Attachment G).



Areas of risk Disciplinary Action



- CMHA-CEI will follow established disciplinary guidelines for all employees who have failed to comply with the Standards of Conduct, policies, and procedures, federal and state law, or otherwise engage in wrongdoing. The guidelines will be consistently enforced at all levels of the organization,

• (See following slide)



Areas of risk Grievance Process



- CMHA-CEI strives to promote fairness and equity among employees and to treat everyone with dignity and respect at all times. Any disciplinary action taken in response to violations of the Compliance Plan is subject to appeal through the formal grievance processes.



Areas of risk Disciplinary Action

- For a CMH with a collective bargaining agreement: If any provision of a collective bargaining agreement between a CMH and its employees conflicts with any provision of the compliance plan, the collective bargaining agreement shall take precedence *unless* the compliance plan is citing a law, the application of which cannot be modified through collective bargaining.



Areas of risk Monitoring and Auditing

- Monitoring and auditing of CMHA-CEI's operations are key to ensuring compliance and adherence to policies and procedures. Monitoring and auditing can also identify areas of potential risk and those areas where additional education is required.
- The following monitoring and auditing activities will occur at each CMH:



• (See following slides)



Areas of risk Monitoring and Auditing

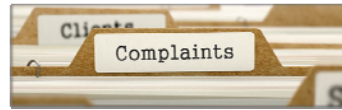


- Financial and Billing Integrity
 - An independent audit of financial records each year
 - Contract providers have signed contracts and adhere to the contract requirements
 - Medicaid claims verification
- Information Systems Reliability and Integrity
 - IS staff will monitor the reliability and integrity of the information system and data
 - Staff will be trained on use of information systems and provided access based on role and job function.



Areas of risk Monitoring and Auditing

- Consumer Rights and Protections
 - Rights complaints and issues are reviewed and investigations are completed as required.
 - A Rights Advisory Committee has been established and meets regularly for the purpose of supporting/protecting the office of recipient rights and serving in an advisory capacity.
 - Incident reports and trends are reviewed and there is follow up action as needed.



Areas of risk Monitoring and Auditing



- Clinical/Quality of Care
 - Performance indicators are monitored and reviewed in an effort to continually improve services
 - Staff are evaluated in writing on their performance and are provided with detailed job descriptions and individualized development plans.
 - New staff are hired through a detailed pre-employment screening and hiring process and complete a comprehensive orientation program.
 - Clinical supervision is provided and documented to ensure competency.



Areas of risk Monitoring and Auditing

- Environmental Risks
 - Affiliate CMH safety committees meet regularly to assure the safety of facilities and consumers.
 - Comprehensive maintenance reviews of facilities, equipment, and vehicles are completed as required but not less than annually.
 - Emergency drills are conducted and evaluated on a regular basis.
 - Initial and ongoing education on health, safety, and emergency issues are routinely provided.



Areas of risk Monitoring and Auditing



- Quality and Utilization Reviews
- CMHA-CEI has a Quality Improvement Program, which addresses clinical record reviews, utilization management, privileging and credentialing and other quality improvement initiatives.



Areas of risk Monitoring and Auditing



- Additional External Monitoring and Auditing Activities:
- External Quality Reviews
- MDHHS Site Visits
- MDHHS Rights Reviews
- Independent Financial Audits
- Accreditation Surveys



Areas of risk Monitoring and Auditing

- Additional Internal Monitoring and Auditing Activities
- PIHP Reviews of Delegated Functions
- Assessment of staff knowledge and competence
- Mystery Shoppers and Surveys (to evaluate marketing and access practices)
- Needs Assessments (to assess adequacy of services)
- Special Focus Groups



Areas of risk Monitoring and Auditing

- The CMH Compliance Officer and Quality Improvement Council will review monitoring and auditing efforts for effectiveness, identification of additional areas of risk, and follow up and response for potential compliance issues on an ongoing basis.
- Implementation and effectiveness of the Compliance Plan will be monitored and evaluated by MSHN at least annually.



CMHA-CEI's Corporate Compliance Plan

- The most updated copy of CMHA-CEI's Corporate Compliance Plan can be found from the CEI intranet home page by following the steps listed below:



1. Reference Material
2. Corporate Compliance - HIPAA
3. Compliance Information
4. MSHN Compliance Plan

CMHA-CEI adopted Mid-State Health Network's (MSHN) Corporate Compliance Plan



CORPORATE COMPLIANCE

The Deficit Reduction Act, 2005



MSHN's Corporate Compliance Plan

- Includes the following:
 - Compliance Procedure
 - Guidelines and Forms to be used to Report Suspected Compliance Violations
 - Compliance Investigation, Resolution and Documentation Processes
- These documents can be found in Attachments A - H



The Deficit Reduction Act, 2005 CMHA-CEI Staff Training

"The only reasonable conclusion is that after years of significant and impressive funding for enforcement efforts directed toward Medicare compliance, the tide has turned and now (to the delight of many at the federal level) it is now Medicaid's turn."

Issue Brief, New Medicaid Compliance Issues from the Deficit Reduction Act
National Council for Community Behavioral Healthcare
Mary Thornton, BSRN, MBA



The Deficit Reduction Act, 2005

- **Training Objectives**

- Understand the Provisions of the Act (Relative to Compliance)
- Understand what CEI has to do to comply with the Act
- Review CEI's Compliance Activities
- Review the Federal and State False Claims Acts, and Whistleblowers Protection Act
- Learn about Next Steps



The Deficit Reduction Act, 2005

- **Provisions of the Act (cont.)**

- The new "Medicaid Integrity Program"
 - The program's activities encompass four areas:
 - **Reviewing** the actions of Medicaid providers under any type of payment system to determine if their actions have produced fraud, abuse or waste, are likely to, or may potentially result in unintended expenditures on the part of the Medicaid program.
 - **Auditing** of claims for payment of Medicaid services, items, or administrative services rendered including cost reporting, consulting contracts, and various risk contracts.
 - **Identification** of overpayments to individuals or entities receiving Medicaid Federal funds.
 - **Education** of providers, managed care companies, beneficiaries, and others with respect to payment integrity and quality of care.



The Deficit Reduction Act, 2005

- **Provisions of the Act**

- The new "Medicaid Integrity Program"
 - The program's financial goals are ambitious. Congress expects to get back the money it appropriated for the program through paybacks, recoupment and fines.
 - Appropriation in 2007 and 2008 is \$50M each year, expecting to recover \$175M federal share, over \$350M total.



The Deficit Reduction Act, 2005



- **Provisions of the Act (cont.)**

- Incentives for States to Create False Claims Acts
- The federal False Claims Act is one of the most well known and powerful weapons in the arsenal of the Office of Inspector General (OIG). Three notable provisions:
 1. Civil prosecutions do not require proof of fraud, but only proof that provider acted in "reckless disregard" or "deliberate ignorance." No "ostrich defense."
 2. Qui tam, or "whistleblower" provisions that allow private citizens to bring suit against providers and collect a portion of monies recovered.
 3. Very high penalties assessed on a per claim basis for violators. As much as \$11,000 per claim!



The Deficit Reduction Act, 2005



- **Provisions of the Act (cont.)**
 - A number of states already have a False Claim Act, including Michigan.
 - Under the Deficit Reduction Act (DRA), states which pass false claims laws that are as tough as the federal law keep an additional 10% of recoveries. This is in addition to state share of payments!
 - Providers Required to Have Compliance Programs



The Deficit Reduction Act, 2005



- **Provisions of the Act (cont.)**
- Education Requirements
 - The provisions of the DRA are very specific regarding **compliance education**:
 - Implement employee, contractor and agent education containing "detailed" information about the federal and state False Claims Acts, any other administrative remedies for false claims and all whistleblower provisions
 - Develop written policies that include "detailed provisions" regarding the policies and procedures of the entity for detecting and/or preventing fraud, abuse and waste.
 - Include fraud and abuse laws in employee handbook.



The Deficit Reduction Act, 2005

- **Provisions of the Act (cont.)**
 - The federal government has, for many years, encouraged health care providers and managed care plans to have compliance programs, built on the federal sentencing guidelines. The DRA, it is now a requirement for all providers or organizations that pay out over \$5 Million a year.



The Deficit Reduction Act, 2005



- **What CEI Will Be Doing**
 - CEI already has a compliance program, so current efforts to comply with the DRA will include:
 - Educational efforts with staff (annual training) and contractors
 - Curriculum driven by DRA requirements
 - Updating employee handbook to include information
 - Reviewing Compliance Plan and related P&P to assure adequacy
 - Re-iterating internal processes for reporting



The Deficit Reduction Act, 2005

- **What CEI Will Be Doing (cont.)**
 - That plan states, on page 15 -- "The Affiliation's Compliance Plan addresses two types of non-compliance reporting. The first type of reporting involves the obligation to and avenues for, employees and agents reporting non-compliance. The second type of reporting involves the regular reporting of data and information pertinent to the compliance activities of the Affiliation."



The Deficit Reduction Act, 2005

- **Federal False Claims Act**
 - First signed into law in 1863, the False Claims Act underwent significant changes in 1986. The False Claims Act applies when a company or person:
 - Knowingly presents (or causes to be presented) to the Federal Government a false or fraudulent claim for payment,
 - Knowingly uses (or causes to be used) a false record or statement to get a claim paid by the Federal Government,
 - Conspires with others to get a false or fraudulent claim paid by the Federal Government,
 - 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.



The Deficit Reduction Act, 2005

- **Compliance Activities**
 - As employees of CEI Community Mental Health Authority, you have an obligation to report any "fraud, abuse or waste" of Medicaid to the organization.
 - The Compliance Plan details several methods of doing this.
 - If you have lost or misplaced your copy of the Compliance Plan, we will be happy to give you another one.



The Deficit Reduction Act, 2005

- **Federal False Claims Act (cont.)**
 - Time Period for a Claim to be Brought
 - The statute of limitations for suits under the False Claims Act is the later of:
 - Within six years of the illegal conduct, or
 - With three years after the Government knows or should have known about the illegal conduct, but in no event later than ten years after the illegal activity.



The Deficit Reduction Act, 2005

- **Federal False Claims Act (cont.)**
 - A person who brings a False Claims Act (or qui tam) case is entitled to a proportional share of the funds that are recovered for the government. As a part of the process, the individual must provide the government with all of his or her information.
 - If the government joins the case – individual usually entitled to 15 – 25% of recovered funds.
 - If government does not join case – individual is entitled to 25 – 30% of the recovered funds.
 - Attorneys fees also.....



The Deficit Reduction Act, 2005

- **Federal False Claims Act (cont.)**
 - An Act to prohibit fraud in the obtaining of benefits or payments in connection with the medical assistance program; to prohibit kickbacks or bribes in connection with the program; to prohibit conspiracies in obtaining benefits or payments; to authorize the attorney general to investigate alleged violations of this act; ... to provide for civil actions to recover money received by reason of fraudulent conduct; ... to prohibit retaliation; to provide for certain civil fines; and to prescribe remedies and penalties.



The Deficit Reduction Act, 2005

- **Federal False Claims Act (cont.)**
 - Protections for People Who Bring Qui Tam Cases:
 - Anyone who **lawfully** acts to bring suit is protected from: discharge, demotion, suspension, threats, harassment, and discrimination. If violated, individual is entitled to reinstatement with seniority, double back pay, interest on back pay, compensation for discriminatory treatment and attorney's fees.



The Deficit Reduction Act, 2005

- **Federal False Claims Act (cont.)**
 - Some Definitions:
 - **Claim** – means any attempt to cause the department of social services (now DCH) to pay out sums of money under the social welfare act
 - **Deceptive** – means making a claim or causing a claim to be made which contains a statement of fact or which fails to reveal a material fact, which statement or failure leads the department to believe the represented or suggested state of affair to be other than it actually is
 - **False** – means wholly or partially untrue or deceptive
 - **Knowing or knowingly** – means that a person is in possession of facts under which he or she is aware or should be aware of the nature of his or her conduct and that his or her conduct is substantially certain to cause the payment of a Medicaid benefit. Knowing or knowingly does not include conduct which is an error or mistake unless the person's course of conduct indicates a systematic or persistent tendency to cause inaccuracies to be present.



The Deficit Reduction Act, 2005

- **Federal False Claims Act (cont.)**
 - Any person may bring a civil action in the name of the State to recover losses
 - At the time of filing, the person shall disclose, in writing, substantially all material evidence and information supporting the complaint
 - Attorney general may proceed, or if not, the individual may proceed with action



The Deficit Reduction Act, 2005

- **Federal False Claims Act (cont.)**
 - If the court finds an action under this section based primary on information from other than the person bringing the action, the court shall award costs, reasonable attorneys fees, and not more than 10% of monetary recovery
 - If court finds that the person bringing the action planned, initiated, or participated in the conduct upon which the action is brought, then court may reduce or eliminate the share of proceeds.



The Deficit Reduction Act, 2005

- **Federal False Claims Act (cont.)**
 - If a person other than the attorney general prevails in an action that the person initiates, the court shall award that person: costs, reasonable attorneys fees, and based on effort, a percentage of monetary proceeds –
 - If attorney general intervenes, 15 – 25 %
 - If attorney general does not intervene, 25 – 30%



The Deficit Reduction Act, 2005

- **Federal False Claims Act (cont.)**
 - A person other than the attorney general shall not bring an action that is already the subject of a civil suit, criminal investigation, prosecution or administrative investigation
 - Frivolous Actions!
 - If a person proceeds with an action after the attorney general declines, and the court finds it to be frivolous, the court shall award prevailing defendant actual and reasonable attorneys fees and expenses and impose a civil fine of not more than \$10,000



The Deficit Reduction Act, 2005

- **Federal False Claims Act (cont.)**

- An employer shall not discharge, demote, suspend, threaten, harass, or otherwise discriminate against an employee who initiates, assists, or participates in a proceeding or court action.
- An employer who violates this, is liable to the employee for all of the following:
 - Reinstatement to position without loss of seniority
 - 2 X back pay
 - Interest on back pay
 - Compensatory damages



The Deficit Reduction Act, 2005

- **Whistleblowers' Protection Act**

- An ACT to provide protection to employees who report a violation or suspected violation of state, local, or federal law; to provide protection to employees who participate in hearing, investigations, legislative inquiries, or court actions; and to prescribe remedies and penalties.



FRAUD, WASTE, & ABUSE

ABUSE

Practices that are inconsistent with sound fiscal, business or medical practices & result in an unnecessary cost to the payor, or in reimbursement for services that are not medically necessary or fail to meet professionally recognized standards for healthcare.

Can include submitting claims that do not comply with billing guidelines, providing services that are not medically necessary or do not meet professionally recognized standards, submitting bills to Medicare/Medicaid instead of the primary insurer.

CAUTION – Abuse can develop in to Fraud if there is evidence that the individual knowingly and willfully (on purpose) conducted the abusive practices.

EXAMPLE

Provider A has multiple sites and determined it made billing easier if all claims were submitted listing a single location of service, and a clinician associated with that location of service, rather than the claims reflecting the clinician who actually furnished the service, and the location where it was actually furnished.



The Deficit Reduction Act, 2005

- **Whistleblowers' Protection Act (cont.)**

- An employer shall not discharge, threaten, or otherwise discriminate against an employee regarding compensation, terms, conditions, location, or privileges of employment because the employee reports or is about to report a violation....
- A person who alleges a violation of this act may bring a civil action for appropriate injunctive relief, or actual damages, within 90 days after the occurrence of the alleged violation
- An employer is not required to compensate an employee for participation in an investigation, hearing or inquiry held by a public body in accordance with this Act.
- An employer shall post notices and use other appropriate means to keep employees informed of these protections.



The Deficit Reduction Act, 2005

- Next Steps
 - Now what?
 - This really isn't anything new. This legislation (False Claims and Whistleblowers' Protection Acts) has been in place for years.
 - Postings are up in the offices.
 - CMHA-CEI has a Compliance Plan
 - Providing education as required.
 - Reviewing existing plan and policies to assure adequacy.
 - Reviewing employee's obligation to report...
 - this is an affirmative obligation of your employment....page 15 of the plan

ATTENTION EMPLOYEES

The Whistleblowers' Protection Act (W.P.A.) 1989 states certain provisions with respect to employees and employers under the Whistleblowers' Protection Act.

PROTECTIONS:
It is illegal for employers to threaten to discharge, demote or otherwise discriminate against you regarding your compensation, work, benefits, position or assignment of employment for reporting a violation of any law, rule or regulation to a public body or a public hearing, or for refusing to report a violation to a supervisor or your fellow employees or to refuse to report a violation to a supervisor or fellow employees in a false claim, false or repetitive to a public body.

It is illegal for employers to threaten to discharge, demote or otherwise discriminate against you regarding your compensation, work, benefits, position or assignment of employment for reporting a violation of any law, rule or regulation to a public body.

OBLIGATIONS:
The Act does not prohibit or restrict either your rights or the rights of your employer under any collective bargaining agreement.
The Act does not restrict your reporting responsibilities for your participation in a public hearing, hearing, trial, inquiry or court action.
The Act does not prohibit your reporting activities if you make a report to a public body that you have a claim.

EMPLOYERS:
If you believe that your employer has violated this Act you may bring suit action, if you are not within the scope of the Whistleblowers' Protection Act.

PENALTIES:
Persons found in violation of this Act may be subject to a civil fine of up to \$100,000. If your employer has violated this Act the court can order your reinstatement, the payment of back wages, the reimbursement of legal costs and attorney's fees, actual damages, or any combination of these remedies. The court may also award a civil penalty of up to \$100,000. Civilly recovered amounts are subject to a 10% penalty.

This poster is provided as a courtesy of the Whistleblowers' Protection Act, and Health Administration (DHQ/HS). Visit our website at www.dhs.gov/whistleblowers



THANK YOU!

for completing
"Corporate Compliance"
You must complete the test to receive credit
for this course.



The Deficit Reduction Act, 2005



- Summary
 - Provisions of the Act (Relative to Compliance)
 - What CMHA-CEI has to do to comply with the Act
 - CMHA-CEI Compliance Activities
 - Federal and State False Claims Acts, Whistleblowers Protection Act



Corporate Compliance & DRA Training Test

- 1) The Medicaid Integrity Program encompasses:
 - a) Reviewing
 - b) Auditing
 - c) Identifying
 - d) All of the above
 - e) A and D

- 2) Does Michigan have a False Claims Act?
 - a) Yes
 - b) No

- 3) What does the Deficit Reduction Act (DRA) require of employees?
 - a) To provide education to employees
 - b) Have written policies for detecting and/or preventing fraud, abuse and waste.
 - c) Employee handbook to include fraud and abuse laws.
 - d) All of the above
 - e) None of the above

- 4) Does the Federal False Claims Act apply when a person or company knowingly presents (or causes to be presented) a false or fraudulent claim for payment to the Federal Government.
 - a) Yes
 - b) No

- 5) When money is recovered under the False Claims Act, does the reporting person share in the recovery dollars?
 - a) Yes
 - b) No

- 6) Does the Compliance Plan identify how to report any “fraud, abuse, or waste” to the organization?
 - a) Yes
 - b) No

- 7) The False Claims Act protects you when you report fraud, abuse, or waste?
 - a) Yes
 - b) No

Corporate Compliance & DRA Training Test

- 8) According to the Michigan False Claims Act, "Claim" is defined as:
- Proper documentation completed and provided to the Recipient Rights Dept. within 7 days of the occurrence.
 - Compiled evidence that a fraud to collect inappropriate benefits has occurred.
 - Any attempt to cause the DCH to pay out sums of money under the social welfare act.
 - All of the above
- 9) According to the Michigan False Claims Act, "False" is defined as:
- Wholly or partially untrue or deceptive
 - Inconsistence, evasive, and unscrupulous
 - Foul, hypocritical and malevolent
 - None of the above
- 10) If the court finds that the person bringing the action planned, initiate, or participated in the conduct (false claim) upon which the action is brought, the court may then reduce or eliminate the share of the proceeds?
- Yes
 - No
- 11) Who does the Whistleblower's Protection Act protect?
- Piccolo players in the marching band
 - Representatives of the Human Resources dept. fulfilling the reporting requirements of the designated job duties.
 - Any CMHA-CEI consumer who participates in investigation and legislative inquiries.
 - Employees who report a violation or suspected violation of state, local, or federal law.
- 12) I have received, read, and understand the CMHA-CEI Compliance Plan, Standards of Conduct, and related policies and procedures.
- Yes
 - No
- 13) I pledge to act in compliance with abide by the Standards of conduct and the Compliance Plan during the entire term of my employment and/or contract
- Yes
 - No



Corporate Compliance & DRA Training Test

- 14) I acknowledge that I have a duty to report to the CMHA-CEI Compliance Officer any alleged or suspected violation of the Standards of Conduct, agency policy, or applicable laws and regulations.
- a) Yes
 - b) No
- 15) I will seek advice from my supervisor or the CMHA-CEI Compliance Officer concerning appropriate actions that I may need to take in order to comply with Standards of Conduct or the Compliance Plan.
- a) Yes
 - b) No
- 16) I understand that failure to comply with this certification or failure to report any alleged or suspected violation of the Standards of Conduct or Compliance Plan may result in disciplinary action up to and including termination of employment or contract.
- a) Yes
 - b) No
- 17) 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/contract.
- a) Yes
 - b) No
- 18) I agree to disclose the existence and nature of any actual or potential conflict or interest to the Compliance Officer. Further, I certify that I am not aware of any conflicts of interest.
- a) Yes
 - b) No
- 19) I certify that I have received a copy of the Compliance Plan, have reviewed the information, and will comply with all requirements as set forth in the Plan.
- a) Yes
 - b) No



Training Unit
Answer Sheet

Name: _____ Signature: _____

Agency: _____ Work Location: _____

Date: _____

- Course (Circle one):**
- | | |
|---|---------------------------------|
| Blood Borne Pathogens/Infection Control | Cultural Competency & Diversity |
| HIPAA Privacy & Security | Environmental Safety |
| Person Centered Planning | De-Escalation Skills |
| Corporate Compliance | Limited English Proficiency |
| Recipient Rights | Trauma Informed Care |
| | Appeals and Grievances |

I attest, by filling out below, that I have reviewed the content for the circled course above and have completed the test to the best of my ability.

Once you have completed the test, turn into your manager.

Choose the one best answer for each question. Mark your answer below by circling the appropriate letter for each question.

- | | | | | | | | | | | | |
|----|---|---|---|---|---|----|---|---|---|---|---|
| 1 | A | B | C | D | E | 14 | A | B | C | D | E |
| 2 | A | B | C | D | E | 15 | A | B | C | D | E |
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| 13 | A | B | C | D | E | | | | | | |

Instruction for Manager: If CLS or B-Contract, grade and keep for your own records. Records will be reviewed during site visits. If A-Contract, send completed (ungraded) answer sheet to the Training Unit.

Grade*: _____ out of _____ *must equal 80% or above to pass **Manager Initials** _____



Environmental Safety

CMHA-CEI
TRAINING UNIT


Reviewed 09/2020



Community
MENTAL HEALTH
CLINTON • EATON • INGHAM


PLANNING FOR AN EMERGENCY INCLUDES

- Knowing the kinds of emergencies and disasters to be prepared for;
- Doing what you can to help stop these emergencies from happening;
- Knowing the procedures and policies to be followed for each situation BEFORE it occurs;
- Knowing your responsibilities DURING an emergency situation;
- Keeping an UPDATED list of phone numbers and other information by each phone;
- Being sure you know who is "on call" at all times;
- Being sure you are aware of any unusual physical problems people might have and knowing what to do for them;
- Teaching people what to do for each situation BEFORE it occurs.





DESCRIPTION

- Emergency preparedness means planning so that you and the people receiving services from CMH will understand how to prevent crisis situations when possible and manage those you can't prevent.
- This training focuses on environmental hazards you must be prepared for and your responsibilities in maintaining a safe environment for the people you serve. Your role in teaching people how to be prepared in emergencies is explored.
- It will not cover emergencies related to personal injury covered in Standard First Aid. There may be times when the skills covered in first aid would be required in responding to an environmental emergency.



BE PREPARED FOR DIFFERENT TYPES OF EMERGENCIES

- Winter Storms
- Heating Failure
- Thunderstorm
- Tornadoes
- Lightning
- Power Outages
- Water Shortages
- Floods
- Fire
- Poison

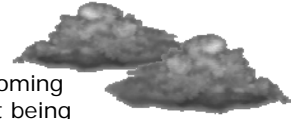



SEVERE WEATHER MAY CAUSE AN EMERGENCY.

- Strong winds can knock down lines creating a power outage; heavy rains may cause flooding resulting in power outages, lack of drinking water, and isolation.
- There is little you can do to prevent a weather-related emergency, but you can be ready for them.
- The simplest way to prepare is to listen to the radio or watch television and remember two terms: Watch and Warning.



THUNDERSTORMS



- A few hours advance warning of a storm coming can be the key to not being caught in it, and being better prepared to handle it.
- When planning outdoor activities, check the latest weather forecast and keep an eye on the sky. If you see darkening clouds, graying skies, increasing winds, tune in your car or portable radio for weather information.
- When a thunderstorm threatens, get inside a home, large building, or an automobile. Do not use a telephone except for emergencies.



- **WATCH** means that there *COULD* be severe weather because the conditions are right.
 - Stay tuned to your TV or radio weather reports!
- **WARNING** means that a severe weather condition *has been spotted* in your area.

**FIND SHELTER
IMMEDIATELY!**



LIGHTNING

- To lessen the chance of being struck by lightning take these steps.
 - Do not stand underneath a tall isolated tree or telephone pole or on a hilltop or other high places. They act as natural lightning rods.
 - In a forest, seek shelter under a thick growth of **small** trees.
 - In open areas, go to a low place such as a ravine or valley.



LIGHTNING

- Seek shelter during a storm: get inside a home, building or automobile. If outdoors, avoid tall structures, open water, metal equipment or wires.
- Get away from open water, tractors, and metal equipment or small metal vehicles such as bicycles, motorcycles, or golf carts.
- Stay away from wire fences, clotheslines, metal pipes and rails. Put down golf clubs.



TORNADOES

- Tornadoes are the most violent offspring of a severe thunderstorm.
- They are often seen as a funnel-shaped arm or leg to a thunderstorm.
- When a tornado warning is given, your immediate actions can save your life and lives of those with you!



LIGHTNING

- If you are with a group of people, keep several yards apart.
- If you are caught on a level field and feel your hair stand on end, or a "tingling" sensation, lightning may be about to strike. Drop to your knees and bend forward, put your hands on your knees.
- Do not lie flat on the ground.



TORNADOES

- Take cover **immediately!** Follow the worksite's Tornado Evacuation Procedures.
- Stay away from doors, windows, and outside walls.
- Know where the shelter location in a public building is and be ready to use it.
- Get out of a car or mobile home and seek shelter in a large building. If there is none, lie down in a ditch or ravine. **DO NOT** try to outrun a tornado!
- Protect your head.
- Keep tuned to weather information.



FLOODS

- Severe thunderstorms may cause flash floods. To lessen their dangers:
 - Avoid low places.
 - Seek shelter in a large, sturdy building. **Don't** stay outdoors!
 - If your worksite is flooded, have faucet water checked before drinking. Use canned or bottled liquids until the faucet water's safety can be assured.



WINTER STORMS AND HEATING FAILURES

- Winter storms: blizzards, heavy snows, ice storms, freezing rain or sleet can be a serious danger.
- **Keep posted on weather conditions** in your area through television and radio.
- **Be prepared for isolation at the worksite.** If you work in a rural area, make sure you could survive for a week or two in case a storm made it impossible for you to leave.



WINTER WEATHER HAZARDS



WINTER STORMS AND HEATING FAILURES



- **Store an emergency supply of food, water, and cooking equipment.**
- **Keep a battery-powered radio and flashlights with extra batteries handy.**
- Keep an adequate supply of heating fuel and use it **sparingly.**
- Conserve heat by "closing off" some rooms.



WINTER STORMS AND HEATING FAILURES

- Stock an emergency supply of food and water, and cooking equipment such as a camp stove. Some food should be of the type that does not require refrigeration or cooking.
- Make sure you have a battery-powered radio, flashlights or lanterns, and extra batteries.



WINTER STORMS AND HEATING FAILURES

- Winter standby gear should include extra bedding and plenty of warm clothing. You may want to substitute sleeping bags for added warmth.
- Dress in layers adding sweaters and warm outer clothes as needed.
- The more you move, the warmer you'll be.



WINTER STORMS AND HEATING FAILURES

- If your furnace is controlled by a thermostat and your electricity is cut off by a storm, the furnace probably would not operate and you would need emergency heat.
- This is a problem since portable heaters are not permitted for use in CMH worksites.
- Know how to use your emergency heating and lightning equipment safely.
- Use only safety listed equipment. Proper ventilation is essential.
- **Never** use charcoal fires indoors for cooking, burning charcoal gives off deadly amounts of carbon monoxide.



SAFE DRIVING TECHNIQUES

This section helps us match our driving habits with the conditions we drive in.



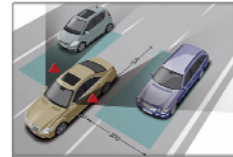
SAFE DRIVING TECHNIQUES

- Driving a passenger van can be very different from driving smaller vehicles because vans are so much longer and need a larger turning radius, making maneuvering more difficult.
- Sound, sensible driving habits are important to anyone transporting people.
- Many suggested techniques for staying alive on roads and highways result from the experiences of experts: traffic engineers, police officers, and safety researchers who have witnessed mistakes.



WHILE DRIVING

- Look for an “out”, a place to steer if you get in a jam.
- Before changing lanes, glance back over your shoulder to check the blind spot that your mirror doesn't show.



BEFORE DRIVING



- Fasten your seat belt.
- Make sure all passengers buckle up.
- Check and reset (if necessary) the seat and mirror. Check the “feel” of the brakes and steering.



BLIND SPOTS

- You are also checking in your mirrors every 3-5 seconds to check your blind spots. To reduce blind spots:
 - When scanning in your mirrors *lean in your seat* to change your sight angle
 - Turn your head when glancing to either side of your vehicle



Remember:
you are responsible for the
safety of your passengers



EMERGENCIES AT WORK



NEVER
TEXT WHILE
YOU ARE DRIVING!



POWER OUTAGES

• Communications

- Power outages make people feel alone and helpless. Televisions, clocks and radios and most furnaces with electric thermostat won't work without power. Telephone service can also be interrupted. Prolonged power outages usually occur with or as a result of some other emergency, such as a thunderstorm, tornado, etc. In those cases multiple problems often exist.



POWER OUTAGES



- A battery-powered radio or television for emergency use keeps you in touch with your community.
- Store extra batteries in the same place you store the radio.
- For two-way communication, walkie talkies or battery powered citizen band (CB) radios work well.
- **Keep your Cell Phone charged**



Transfer foods that will be used quickly to a cooler to avoid opening refrigerator and freezer doors.



POWER OUTAGES

FOODS THAT SPOIL

- If the power failure lasts a long time, foods may begin to spoil.
- Foods will remain frozen between 36 and 48 hours in a loaded freezer when the door is **kept shut**.
 - If the freezer is half full, food should be fine for about 24 hours. Frozen meat keeps longer than packaged foods.
 - Frequent openings speed up thawing.
 - To avoid opening refrigerator and freezer doors more than necessary, transfer the food you will use soonest into a good chest-type cooler. If you are unable to obtain ice nearby, transport as much as possible in coolers.



POWER OUTAGES

WHAT TO DO WHEN THE LIGHTS GO OUT



- **“Don’t Panic!”**.
- Darkness is inconvenient and scary, but most worksites have a light source.
- The two safest sources of alternate light are flashlights and battery-powered lanterns.



POWER OUTAGES

WHAT TO DO WHEN THE LIGHTS GO OUT

- Keep **flashlights** and spare batteries handy for emergency use. They provide a convenient and portable light source inside and outside your worksite.
- When storing flashlights for long periods, remove the batteries and keep them easily accessible with other emergency supplies.
- Keep spare batteries for any pocket flashlights as well.
- Periodically recharge rechargeable models according to directions, to be sure your light works when you need it.



POISONING

- Watching carefully, being safe and knowing what is or what is not a poison stops people from getting poisoned. Being ready means that you know what to do in case a person is poisoned.



POWER OUTAGES

WHAT TO DO WHEN THE LIGHTS GO OUT

- Some worksites have **fixed emergency lighting** in halls and stairs that comes on automatically during power failures.
- Follow directions carefully that call for testing the lights and fully discharging their batteries. If the battery "exercise program" is not followed, lights may not work as long as they should.



**If you think a person has swallowed
a poison of any type.
CALL POISON CONTROL
immediately!**

The number will put you in touch with trained personnel who can help you in the steps to take in case of poisoning. This will save you precious time.



POISONING

- Remember
- **The wrong treatment is often more dangerous than no treatment.**
- **NEVER** make the victim vomit unless directed to by Poison Control
- When taking a poisoned victim to the hospital, take a second person to attend to the victim. Take the poison container, and any spilled substance with you.



PREPARING THE PROTECTION PLAN

- In the event of a fire, the personal safety of the individuals receiving services and the staff come first.
- Knowing what to do and where to go can save precious seconds.
- Being awakened from a sound sleep can cause confusion which may be more so for persons with developmental disabilities or mental illness.
- Couple this with fire and total panic can result.
- If both the individuals and the staff don't know the plan on how to get out and where to meet, the result could be tragic.



Individuals who are dependent on you to provide a safe environment should never be left alone, nor should they be left with staff who are not trained to implement evacuation procedures and protection plans.



PREPARING THE PROTECTION PLAN

CHECK THE DOOR!

- Before opening any doors, feel the door with the palm of your hand.
- If after a few seconds you feel no heat from the door, chances are escape can be made through a hall or front door.
- Be sure you close any windows before opening the door and close all doors behind you to slow the spread of the fire.



PREPARING THE PROTECTION PLAN

CHECK THE DOOR!

- Heat and gases can't always be seen or smelled but they're present.
- Because they rise, stay low to the ground (between 1 to 2 feet) when making your escape. For some people this means getting down on all fours. You may have to "drag" an individual on a blanket or escape pad.



PREPARING THE PROTECTION PLAN

CHECK THE DOOR!

- If the door is not hot to the touch, open it only a crack at first.
- If the fire in the hall or stairway is too severe, you may also have to leave by a window.
- In that case, get back behind a closed door.
- **Block the door with blankets or clothing to reduce smoke entering the room under the door.**



PREPARING THE PROTECTION PLAN

CHECK THE DOOR!

- Using the window as an escape will depend on how close the fire is.
- If the door feels warm or hot to the touch, don't open it. The smoke and fire may be right outside the door.
- If you open the door in this case the fire will explode into the room (possibly knocking you down), filling the room immediately with smoke, heat and toxic gases.



PREPARING THE PROTECTION PLAN

CHECK THE DOOR!

- A window escape from the second story is less risky if you hang from the window sill by your finger tips before you drop to the ground. Falling in this manner will reduce impact.
- A rope escape ladder is also a consideration but should be used only as a last resort.
 - It is not recommended that individuals practice escaping on a ladder due to the risk of injury.
- You may assist an individual over the window ledge and ease them as close to the ground as possible before dropping them.



PREPARING THE PROTECTION PLAN



- Once the staff have assured that all individuals are out of the building, go to the prearranged meeting place and stay there.
- Don't allow anyone to go back into the building to recover a pet toy or valuables.
- Use the Emergency Kit supplies to help calm the group and meet needs.



FIRE DRILLS

- During a fire drill you must be able to:
 - Show the primary and alternate route.
 - Locate and know how to operate the Fire Extinguisher, Telephone (neighbor's or a cordless), Alarm Pull stations, Emergency Kit Bag.



FIRE DRILLS

- To test the effectiveness of the protection plan, you will have opportunities to implement the plan during fire drills conducted at least monthly.
- Regulations require that one drill per shift each quarter be conducted when the individuals receiving services at the worksite are present.
- Fire drills may be scheduled more frequently. It is recommended that one drill per shift be conducted each month.



FIRE DRILL PROCEDURE:

5. Staff must assure that the Emergency Kit is taken to, or immediately accessible at the destination.
6. Account for everyone at the destination. All occupants must have exited. (Record the Evacuation Time)



FIRE DRILL PROCEDURE:

7. One staff returns, shuts off and resets the alarm, checks to see if everything is alright, and returns to the Destination to give the "ALL CLEAR" signal. This should be done in a discrete manner to avoid giving the individuals the impression that it is okay to re-enter the house while the alarm is still ringing.
8. Return to the worksite and complete Fire Drill Log documentation.



FIRE DRILL PROCEDURE:

- It is not necessary to "create" a behavioral outburst or put somebody at risk of injury by insisting that everyone leave.
- If the drill is aborted simply plan on repeating it after the staff have developed or improved the plan to handle this situation.



FIRE DRILL PROCEDURE:

- For the drill to be acceptable to the fire safety coordinator and the Fire Marshall, EVERYONE must exit or be evacuated during the drill.
- If everyone is not evacuated from the worksite it does not count as a fire drill.



FIRE DRILL PROCEDURE:



- Individuals do not have the "right to refuse" to participate in a fire drill.
- Frequently the person who "refuses" to participate in the drill is expressing that participation in the activity is not sufficiently reinforced or that the drills have become aversive.



FIRE DRILL PROCEDURE:

- Individuals who have a pattern of refusal or severe behavioral outbursts associated with fire drills will require additional training and attention by the TEAM.
- The TEAM may need to involve the Fire Safety Coordinator, the Recipient Rights Advisor, and the Fire Marshall to help satisfactorily address these issues.



THE NEED FOR AND PROPER USE OF FIRE EXTINGUISHER

- The **PRIMARY RESPONSIBILITY OF THE DIRECT CARE STAFF IS TO GET EVERYONE OUT OF THE WORKSITE ALIVE.**
- The contents of a fire extinguisher last only a few seconds.
- Use them only to fight your way out of a fire or to rescue someone.



Physical intervention should be used only in the event of imminent danger, such as a real fire.



OPERATION OF FIRE EXTINGUISHER

- Contents empty fast. Therefore, proper use is essential.
- Aim at the base of the fire and sweep from side to side.
- Stand six to eight feet from the fire.



OPERATION OF FIRE EXTINGUISHER

Learn How to P.A.S.S.:

- **Pull:** Pull the pin. Some units require the releasing of a lock latch, pressing a puncture lever, or other motion.
- **Aim:** Aim the extinguisher nozzle (horn or hose) at the base of the fire from 6 to 8 feet away.
- **Squeeze:** Squeeze or press the handle.
- **Sweep:** Sweep from side to side at the base of the fire until it goes out. Shut off the extinguisher. Watch for reflash and reactivate the extinguisher if necessary. Foam and water extinguishers require slightly different action. Read the instructions.



SUMMARY

- You will need to know what each person can already do for himself/herself in the event of an emergency and what you can expect to teach him/her.
- It may be necessary to consult with the case manager or psychologist to develop a plan for teaching the people emergency preparedness.



SUMMARY

- There are many sources of environmental emergencies. Some, such as fires and poisonings, you can prevent through planning, and precaution.
- Other areas beyond your control, such as those caused by severe weather, but you can be prepared for them.
- Knowing what to do and staying calm are critical. This means you and the people you serve must rehearse what to do.



THANK YOU!

for completing
"Environmental Safety"

You must complete the test to receive credit
for this course.



Environmental Safety Training Test

Instructions: Please circle the answer to each question on the attached Answer Sheet. Twelve correct answers (80%) are required to pass this course. Once you have completed the test, turn into your manager.

1. Which of the following are environmental hazards for which you must be prepared?
 - a. Water shortage, heat failure, & power outages.
 - b. Fire, poison, & tornadoes.
 - c. Floods, winter storms, and lightning
 - d. All of the above

2. Your best source of information in most emergencies is:
 - a. The next-door neighbor.
 - b. Battery-powered radio.
 - c. Jerry Springer.
 - d. The local bar tender.

3. People receiving services from CMHA-CEI should be included in learning and taking part in the emergency preparedness plan.
 - a. True
 - b. False

4. When reporting an emergency by telephone, you should:
 - a. Describe the situation.
 - b. Talk slowly and clearly.
 - c. Give the address.
 - d. Hang up after you've been told to do so.
 - e. All of the above.

5. The wrong treatment for a poison victim is often more dangerous than none.
 - a. True
 - b. False

6. The first step when someone is poisoned is:
 - a. Make them vomit
 - b. Call the Poison Control Center.
 - c. Give them milk or water.
 - d. None of the above

Environmental Safety Training Test

7. If caught outside during a lightning storm, you should find a high place to stand on.
 - a. True
 - b. False

8. If you are outdoors when a thunderstorm threatens, you should get inside a home, large building or automobile.
 - a. True
 - b. False

9. During a flash flood you should:
 - a. Avoid high places.
 - b. Avoid low places
 - c. Stay outdoors if possible.
 - d. Take shelter in a ditch
 - e. None of the above

10. Which of the following is the correct procedure to follow when evacuating people receiving services from your worksite?
 - a. Evacuate, do head count, call 911, do not re-enter the house, watch the house burn.
 - b. Grab your purse, grab a staff, holler "every man for himself!" and run for it.
 - c. Call your supervisor for instructions, follow supervisor's instructions, return to the house in case you forgot something
 - d. Get everyone out, find the lawn chairs, cut some sticks, buy the marshmallows.
 - e. All of the above

11. Which of the following statements is true about fire safety?
 - a. Your first thought should be to fight the fire.
 - b. You have a least two hours after the fire starts to get everyone out safely.
 - c. Your first thought in a fire should be to help everyone to escape.
 - d. In case of a fire, collect your valuables and call your friends before evacuating.

12. You should teach the people receiving services at your worksite which of the following?
 - a. How to prevent emergencies
 - b. How to prepare for emergencies
 - c. What to do in case of an emergency
 - d. To depend on staff to take care of them in an emergency
 - e. a, b and c

Environmental Safety Training Test

13. The Four steps for using a fire extinguisher are:
- Pull, Aim, Squeeze, and Sweep
 - Panic, Spray, Throw, and Run
 - Dismount, Point, Spray, and Remount
 - All of the above
 - None of the above
14. The purpose of FIRE DRILLS is to:
- Annoy staff and the people who receive services
 - Provide opportunities to get the people receiving services out into the community.
 - For staff to test and practice evacuation procedures
 - All of the above
 - None of the above
15. People are most likely to be a victim of fire when they are the most helpless - at night when sleeping.
- True
 - False



Training Unit
Answer Sheet

Name: _____ Signature: _____

Agency: _____ Work Location: _____

Date: _____

- Course (Circle one):**
- | | |
|---|---------------------------------|
| Blood Borne Pathogens/Infection Control | Cultural Competency & Diversity |
| HIPAA Privacy & Security | Environmental Safety |
| Person Centered Planning | De-Escalation Skills |
| Corporate Compliance | Limited English Proficiency |
| Recipient Rights | Trauma Informed Care |
| | Appeals and Grievances |

I attest, by filling out below, that I have reviewed the content for the circled course above and have completed the test to the best of my ability.

Once you have completed the test, turn into your manager.

Choose the one best answer for each question. Mark your answer below by circling the appropriate letter for each question.

- | | | | | | | | | | | | |
|----|---|---|---|---|---|----|---|---|---|---|---|
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Grade*: _____ out of _____ *must equal 80% or above to pass **Manager Initials** _____

Appeals and Grievances Process

Policy and Procedure: 3.6.17
Appeals and Grievances

Reviewed 09/2020



Definitions of Actions

- ❑ Action: A decision that adversely impacts a consumer's claim for services due to:
 - Denial of a requested service, including the type or level of service;
 - or
 - Reduction, suspension, or termination of a previously authorized service.



Purpose

- Consumers of CEI must receive "due process" whenever benefits are denied, reduced or terminated.
- Consumers of CEI have a right to the grievance process.
- A grievance system must be in place at all organizations that serve Medicaid beneficiaries.



Definitions Continued

- ❑ **Appeal:** a request to review an action (change or denial in services).
- ❑ **Due Process:** fair treatment throughout grievance system
- ❑ **Grievance:** consumers dissatisfaction about a service issue that is not eligible for appeal.
- ❑ **Grievance System:** Federal terminology for the overall local system of grievance and appeals, including access to the state fair hearing process.
- ❑ **Fair Hearing:** Impartial state level review of a Medicaid beneficiary's appeal of an action presided over by a Michigan Department of Health and Human Services (MDHHS) Administrative Law Judge. Also referred to as "Administrative Hearing" or "Tribunal".



How are consumers notified about the grievance system?



What is included in notification during the initial and annual assessment?



Notification about Process

- ❑ At initial face-to-face assessment:
 - Each new consumer is offered a copy of the MSHN Member Handbook
- ❑ Annual Intake
 - Each consumer is offered a new copy of the MSHN Member Handbook
- ❑ When/As information need arises
 - When services are being denied, reduced, suspended or terminated
- ❑ When requested by consumer/authorized representative
 - Can get information about process from the Customer Service Department



Initial and Annual Notification



- ❑ Each consumer of CEI will be provided the MSHN Member Handbook during the initial and annual assessment
- ❑ The MSHN Member Handbook provides information on the Grievance and Appeal Process



What is included in Notification when services are denied, reduced, suspended or terminated?



What's the difference between Denial of Initially Requested Services and Denial of Additional Services?



Notification documents include:

Denial of Initially Requested Services (to become a consumer at CEI)	Reduction, Suspension, Termination of Services already Receiving, or Denial of Additionally Requested Services
Cover Letter	Cover Letter
Adverse Benefit Determination Notice	Adverse Benefit Determination Notice
Request for Internal Appeal form	Request for Internal Appeal form
Community Resource List	Community Resource List
Second Opinion Request Form	



Denial Differences

Denial of Initially Requested Services:

- This is the denial for the person to receive any services at CEI

Denial of Additionally Requested Services:

- The consumer is already receiving services from CEI and requests for additional services



Who is responsible to give Notification of change or denial of services?



When should a consumer be notified of a change in services?



Programs that make the decision to deny or change services are responsible for notifying that consumer.

Ask your direct supervisor about your program's process for giving Notification.



When Changing Current Services

Notice must be given at least 14 calendar days prior to (formally referred as 17 day notice)

- Reducing, suspending, or terminating currently authorized services.

So, the Effective Date of the Action indicated on the Notice document (completed in SmartCare) will be at least 14 calendar days into the future of the date the Notice form is completed.

Giving prior notice allows consumers to determine if they would like to appeal PRIOR to the change in services happens.



When denying initial services at CEI



Notify- at the time of a decision/action:

- Following an Intake Assessment



Grievances and Appeals



For more information on Notification please refer to the SmartCare User guide:

[Adverse Benefit Determination Notification](#)



	Grievance	Appeal
Definition	If a consumer has an issue or problem about the services they are receiving then they may file a GRIEVANCE.	If a consumer does not agree with the service providers decision to deny, terminate, reduce or suspend services then they may file an APPEAL.
Time Frame	Grievances can be filed at any time.	Appeals must be filed within 45 days of notice of a denial or change in service.
Example	"I don't like my case manger, we just don't connect."	"I was denied additional services when I asked for them and I want those services."



Who can file a grievance or appeal?



How does a consumer file a grievance or appeal?



Grievances or appeals are filed by the consumer or:



- Legal Guardian
- Parent/Guardian of Minor
- Authorized Representative – an individual given written permission to act for the consumer in any grievance or appeal



Consumer can file in many different ways

- Official form
- Verbally
- Email
- Fax
- Written on scrap paper



A consumer can file in any manner they wish, but the consumer must identify themselves.



Where should a grievance or an appeal be sent?



Grievance Overview



- If an issue can be quickly resolved and the consumer is satisfied then a grievance does not have to be filed.
- The grievance process is for consumers who may want a formal response. This process also helps to bring in a neutral third party to help mediate if needed.
- Remember that CEI is person and family centered and consumers have the right to the grievance process.



Grievance and appeal requests are sent to the Quality, Customer Service and Recipient Rights Department (QCSRR).

The QCSRR Department receives, documents and responds to grievances and appeals.

Forward requests to Customer Service:
Phone: 346-8244
Email: customerservice@ceicmh.org
Fax: 346-8245



Examples of a grievance



Grievance Example 1

- Bob lives in a group home and feels that some of the workers are denying him privileges.
- He does not feel comfortable bringing this up to the workers in the home, so he calls Customer Service.
- Customer Service asks if he would like to file a grievance?
- Bob says yes, and Customer Service helps him file a grievance.
- The Quality, Customer Service, & Recipient Rights (QCSRR) Department follows up with appropriate staff members to come up with a solution.
- The QCSRR Department is responsible for sending a resolution letter to the consumer.



How are appeals resolved?



Grievance Example 2



- Sally is upset that she gets to the clinic at 7:30 am for her appointment and has to wait in the hall because the clinic does not open until 8:00 am.
- Sally calls the Recipient Rights (RR) office to file a complaint.
- The RR office determines that it is not a rights issue but that she can file a grievance if she wishes.
- Sally says she does, so the RR office transfers Sally to Customer Service.
- The QCSRR Department works with Sally and the clinic to find a resolution.
- The QCSRR Department sends a resolution letter to Sally.



Appeal Procedure



Once an appeal is received by the QCSRR Department:

- The QCSRR Department sends an acknowledgment letter to the consumer that the appeal has been received, that it will be reviewed, and they will get a decision within 30 days.
- Involved staff will convene a meeting to discuss the appeal.
- The Director of the program with input from staff will come to a decision.



Appeal Procedure continued

- The QCSRR Department will mail a disposition letter to the consumer within 30 days with the outcome.
- If the consumer agrees with the outcome, then the appeal is closed.
- If the consumer does not agree with the outcome, they may file for a Fair Hearing within 120 days.



The consumer must go through an internal appeal before they can file for a Fair Hearing.



State Appeal Process

Administrative Fair Hearing

- Impartial state level review of a **Medicaid Beneficiary's** appeal of an action presided over by an Administrative Law Judge. Medicaid beneficiaries can request a hearing after a Local decision is reached after an Internal Appeal. The Michigan Administrative Hearing System (MAHS) is the oversight body, also known as the Tribunal.

MDHHS Alternative Dispute Resolution Process

- Impartial state level review of an appeal presided over by MDHHS staff. This process is for **consumers without Medicaid**. It can be accessed **only after** an internal appeal is exhausted and the consumer is not satisfied with the result.

Check out: <http://www.michigan.gov/mdhhs/> for detailed information on the state appeal process



Service Continuation

A consumer may request that previously authorized services continue during the appeal or fair hearing process



Underlying Values

The appeal and grievance process strives to be:

- Timely
- Fair to all parties
- Administratively simple
- Objective and credible
- Accessible and understandable to consumers
- Cost and resource efficient
- Subject to quality review



Underlying Values



The Appeal and Grievance Process should:

- Not interfere with communication between consumers and their service providers.
- Assure that consumers who file a grievance should be free from discrimination or retaliation.



References

- [CMH CEI Policy 3.6.17 Appeals and Grievances](#)
- [CMH CEI Procedures Appeals and Grievances](#)



Important Contact

Customer Service Department



Phone: 346-8244

Email: customerservice@ceicmh.org



Fax: 346-8245



THANK YOU

for completing
“Grievance and Appeal Process”
You must complete the test to
receive credit for this course.



Appeals and Grievances Training Test

Instructions: Please circle the answer to each question on the attached Answer Sheet. Nine correct answers (80%) are required to pass this course. Once you have completed the test, turn into your manager.

1. Why does CEI have a grievance system?
 - a. CEI consumers must receive “due process” whenever benefits are denied, reduced or terminated.
 - b. CEI consumers have a right to the grievance process.
 - c. A grievance system must be in place at all organizations that serve Medicaid beneficiaries.
 - d. All of the above

2. A grievance is a consumer’s dissatisfaction about a service issue that is not eligible for appeal.
 - a. True
 - b. False

3. When should a consumer receive a copy of the MSHN member handbook?
 - a. They should be mailed one after the first phone call.
 - b. At the initial face to face intake.
 - c. When services are terminated.
 - d. Never, CEI does not have MSHN Member Handbooks.

4. If a consumer wishes to file a grievance or appeal, where should you direct them to?
 - a. Human Resources
 - b. Maintenance
 - c. Customer Service
 - d. None of the above, you should not help the consumer at all

5. Who can file a grievance or appeal?
 - a. Consumer
 - b. Legal guardian of the consumer
 - c. Parent of minor of the consumer
 - d. All of the above

6. Notice must be provided:
 - a. When a service is denied.
 - b. When a current service is being terminated.
 - c. When a current service is being reduced.
 - d. All of the above

7. Which department is responsible to receive, document and responds to the internal appeal?
 - a. QCSRR Department
 - b. IS Department
 - c. Whichever department the consumer was utilizing
 - d. Finance Department



Grievance & Appeal Training Test

8. A consumer can request that services continue during the appeal process?
 - a. True
 - b. False

9. A consumer can request a Fair Hearing at the same time as an appeal?
 - a. True
 - b. False

10. The appeal and grievance process strives to be:
 - a. Fair to all parties
 - b. Ineffective
 - c. Costly
 - d. Inaccessible to consumers

11. Consumers who file a grievance are free to be discriminated or retaliated against.
 - a. True
 - b. False



Training Unit
Answer Sheet

Name: _____ Signature: _____

Agency: _____ Work Location: _____

Date: _____

- Course (Circle one):**
- | | |
|---|---------------------------------|
| Blood Borne Pathogens/Infection Control | Cultural Competency & Diversity |
| HIPAA Privacy & Security | Environmental Safety |
| Person Centered Planning | De-Escalation Skills |
| Corporate Compliance | Limited English Proficiency |
| Recipient Rights | Trauma Informed Care |
| | Appeals and Grievances |

I attest, by filling out below, that I have reviewed the content for the circled course above and have completed the test to the best of my ability.

Once you have completed the test, turn into your manager.

Choose the one best answer for each question. Mark your answer below by circling the appropriate letter for each question.

- | | | | | | | | | | | | |
|----|---|---|---|---|---|----|---|---|---|---|---|
| 1 | A | B | C | D | E | 14 | A | B | C | D | E |
| 2 | A | B | C | D | E | 15 | A | B | C | D | E |
| 3 | A | B | C | D | E | 16 | A | B | C | D | E |
| 4 | A | B | C | D | E | 17 | A | B | C | D | E |
| 5 | A | B | C | D | E | 18 | A | B | C | D | E |
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| 7 | A | B | C | D | E | 20 | A | B | C | D | E |
| 8 | A | B | C | D | E | 21 | A | B | C | D | E |
| 9 | A | B | C | D | E | 22 | A | B | C | D | E |
| 10 | A | B | C | D | E | 23 | A | B | C | D | E |
| 11 | A | B | C | D | E | 24 | A | B | C | D | E |
| 12 | A | B | C | D | E | 25 | A | B | C | D | E |
| 13 | A | B | C | D | E | | | | | | |

Instruction for Manager: If CLS or B-Contract, grade and keep for your own records. Records will be reviewed during site visits. If A-Contract, send completed (ungraded) answer sheet to the Training Unit.

Grade*: _____ out of _____ *must equal 80% or above to pass **Manager Initials** _____

The ABC's of Trauma-Informed Care



Revised 1/01/2020

What do we mean by trauma?

- Trauma refers to intense and overwhelming experiences that involve serious loss, threat or harm to a person's physical and/or emotional well being.
- These experience may occur at any time in a person's life. They may involve a single traumatic event or may be repeated over many years.
- These trauma experiences often overwhelm the persons coping resources. This often leads the person to find a way of coping that may work in the short run but may cause serious harm in the long run.



AGENDA

- What do we mean by trauma? How does trauma affect people?
- What can we learn from listening to the voices of people who have experienced trauma?
- Why is understanding trauma important in the work we do at CMHA-CEI?
- What can we do to insure that we help those we serve who have experienced trauma?
- Why we all matter!
- The stresses of our own work and lives may also make trauma a personal concern
- How understanding trauma and improving our services helps all of us



Examples of Traumatic Life Experiences

- Physical, emotional and/or sexual abuse in childhood or adulthood
- In Childhood
 - neglect or abandonment (food insufficiency, lack of money to met basic needs, homelessness)
 - death of a parent
 - divorce
 - family life that includes drug addiction, alcoholism, parental incarceration, violence
- Rape
- Serious medical illness or disease (disabling conditions, loss of function, invasive and distressing procedures)



Examples of Traumatic Life Experiences

- War, combat and civil unrest conditions including torture affecting soldiers and refugee civilians
- Catastrophic losses of one's home, livelihood, people, pets due to flood, tornado, hurricane or other disasters of nature
- Involved in or witnessing horrific events involving violence, gruesome accidents or death/serious injury



People enrolled in the Kaiser Permanente health plan were asked ten questions related to the following adverse childhood experiences....

- Physical, emotional and/or sexual abuse
- Neglect or abandonment
- Divorce
- Alcoholism or drug addiction in the family
- Family violence
- Poverty, homelessness, lack of food and basic needs
- Family member in prison
- Family member with mental illness



What is the Adverse Childhood Experiences (ACE) Study?

- Center for Disease Control and Kaiser Permanente (an HMO) Collaboration
- Over a ten year study involving 17,000 people
- Looked at effects of adverse childhood experiences (trauma) over the lifespan
- Largest study ever done on this subject



What They Found

Of the 17,000 respondents

- **1 in 4** exposed to **2** categories of ACEs
- **1 in 16** was exposed to **4** categories.
- **22%** were sexually abused as children.
- **66%** of the women experienced abuse, violence or family strife in childhood.
- Women were **50%** more likely than men to have experienced 5 or more ACEs



Impact of Trauma Over the Lifespan

Are neurological, biological, psychological and social in nature. They include:

- Changes in brain neurobiology;
- Social, emotional & cognitive impairment;
- Adoption of health risk behaviors as coping mechanisms (eating disorders, smoking, substance abuse, self harm, sexual promiscuity, violence); and
- Severe and persistent behavioral health, health and social problems, early death.

(Felitti et al, 1998)



Multiple trauma experiences raise the risk for.....

- Alcoholism and alcohol abuse, substance use/abuse
- Obesity
- Respiratory difficulties
- Heart disease
- Multiple sexual partners
- Poor relationships with others
- Smoking
- Suicide attempts
- Unintended pregnancies



Multiple trauma experiences raise the risk for.....

- Anxiety problems and fears
 - > Avoiding people, places and things that are similar to or reminders of the traumatic event(s)
- Physical health problems
- Sleep problems
- Emotional problems such as feeling numb and/or disconnected from oneself or environment
- Memory problems
- Flashbacks



Trauma experienced in adulthood may also affect a persons emotional and physical well-being

Examples:

- Combat related trauma
- Refugee/torture/civil unrest
- Witnessing or experiencing violence
- Catastrophic loss (natural disasters)
- Terrorism

Bottom line findings: These experiences raises the individuals risk for severe emotional distress, suicide, physical illness, substance abuse and a host of other life difficulties



Trauma may also lead to a set of symptoms referred to as Post Traumatic Stress Disorder (PTSD)

The following symptoms are clear indications that the person has been overwhelmed by trauma and experiencing serious mental health consequences:

- ***Reliving the experience***
- ***Avoidance and emotional numbing***
- ***Over sensitivity and irritability***



Avoidance and Numbing

- The avoidance and numbing set of symptoms includes
 - Efforts to avoid thoughts, feelings, activities, or situations associated with the trauma;
 - Feelings of detachment from people, places and things;
 - Inability to have positive and loving feelings;
 - Limited emotions, loss of interest; and avoidance of activity.



Re-living

- Intrusive memories images, or perceptions;
- Recurring nightmares;
- Intrusive daydreams or flashbacks;
- Exaggerated emotional and physical reactions;
- Dissociative experiences (feeling disconnected from one's body and environment)



Over Sensitivity and Irritability

- Exaggerated startle response
- Being on guard much of the time
- Insomnia and other sleep disturbances,
- Difficulties in concentrating, and
- Outbursts of anger



Findings

- 1 in 6 men have experienced emotional trauma
- 80% of people in psychiatric hospitals have experienced physical or sexual abuse
- 66% of people in substance abuse treatment report childhood abuse or neglect
- 90% of women with alcoholism were sexually abused or suffered severe violence from parents



Findings

- **92%** of incarcerated girls report sexual, physical or severe emotional abuse
- Boys who experience or witness violence are **1,000 times** more likely to commit violence than those who do not
- As many as one third of women and **14%** of men are survivors of childhood sexual abuse



Findings

- **2/3 (67%)** of all suicide attempts
- **64%** of adult suicide attempts
- **80%** of child/adolescent suicide attempts

Are Attributable to Childhood Adverse Experiences

Women are 3 times as likely as men to attempt suicide over the lifespan.



Bottom Line

The experience of trauma in childhood and adulthood matters!

A **quality** healthcare, human services and/or social safety net organization is designed to address the impact of trauma for every single person in that organization



The Challenge

We don't know what kinds of experiences our clients have had when they present for services, so we need to approach them in a universally sensitive manner

- > If we assume that their presenting issues are not related to trauma, then we miss a great opportunity to help
- > If we assume trauma may be playing a role, then we begin to pay attention to signs of trauma and ask the right questions
- > The steps we take to create a safe and trusting environment benefits everyone



Why is trauma-informed care important in the work we do?

- To provide effective services we need to understand the life situations that may be contributing to the persons current problems
- Many current problems faced by the people we serve may be related to traumatic life experiences
- People who have experienced traumatic life events are often *very sensitive* to situations that remind them of the people, places or things involved in their traumatic event.
- These reminders, also known as triggers, may cause a person to relive the trauma and view our organization as a source of distress and not as a healing and welcoming environment



What actions should our organization take?

> It would be wise to assume that trauma may play a role in the person's current life difficulties and that our job is to...

- 1) engage the person in exploring his/her life history related to trauma in a way that is respectful and sensitive
- 2) insure that our policies, procedures, activities, environment and ways that we relate and talk to each other creates a safe and trusting environment



Why is Trauma-Informed Care important to our work?

- We might unintentionally cause harm by practices, policies and activities that are insensitive to the needs of our clients.
 - Re-victimizing or re-traumatizing someone unintentionally is a real possibility
- All of us who are not immune from adverse experiences in the present or the past.
- Understanding trauma also means recognizing that our personal traumatic experiences or the stress associated with working in human services may impact our emotional and physical well being as well as our work success and satisfaction



How we may unintentionally cause our consumers to relive their trauma: The importance of relationships

WHAT HURTS

- Interactions that are humiliating, harsh, impersonal, disrespectful
critical, demanding, judgmental

WHAT HELPS

- Interactions that express kindness, patience, reassurance, calm and acceptance and listening
- Frequent use of words like PLEASE and THANK YOU



How we may unintentionally cause our consumers to relive their trauma: The importance of our attitudes and beliefs

What hurts

- Asking questions that convey the idea that “there is something wrong with the person”
- Regarding a persons difficulties only as **symptoms** of a mental health, substance use or medical problem

What helps

- Asking questions for the purpose of understanding what harmful events may contribute to current problems
- Recognizing that mental health, substance use and physical health **symptoms** may be a persons way of coping with trauma



How we may unintentionally cause our consumers to relive their trauma: The importance of the physical environment

What hurts

- Congested areas that are noisy
- Poor signage that is confusing
- Uncomfortable furniture
- Cold non-inviting colors and paintings/posters on the wall

What helps

- Treatment and waiting rooms that are comfortable, calming and offers privacy
- Furniture is clean and comfortable
- No wrong door philosophy: we are all here to help
- Wall coverings, posters/pictures are pleasant and conveys a hopeful positive message



A Trauma-Informed Care environment improves the experience of everyone including the workforce

- Human service work challenges our own personal resources. Working with people who are struggling with serious life difficulties may contribute to....
 - Emotional exhaustion
 - Disappointment or frustration with a lack of accomplishment (lacking job success and satisfaction)
 - Becoming impatient and finding our compassion and empathy declining (compassion fatigue)

Folkman 1990



**Thank you for taking trauma
informed care.**



Trauma Informed Care Test

Instructions: Please circle the answer to each question on the attached Answer Sheet. Five correct answers (80%) are required to pass this course. Once you have completed the test, turn into your manager.

1. What are some examples of traumatic life experiences?
 - a. Neglect or abandonment
 - b. Physical abuse
 - c. Divorce
 - d. a and b
 - e. All of the Above

2. What is the Adverse Childhood Experiences (ACE) study?
 - a. A study that looked at effects of adverse childhood experiences (trauma) over the lifespan
 - b. A study that looked at the migration of birds
 - c. A study that looked at different dog breeds and their temperament

3. From the ACES study, what percentage of women experienced abuse, violence, or family strife in childhood?
 - a. 2%
 - b. 25%
 - c. 66%
 - d. 100%

4. Trauma can impact changes in brain Neurobiology?
 - a. True
 - b. False

5. Multiple trauma experiences raise the risk for:
 - a. Anxiety problems
 - b. Sleep problems
 - c. Memory problems
 - d. All of the above
 - e. None of the above

6. Trauma may also lead to Post Traumatic Stress Disorder (PTSD).
 - a. True
 - b. False



Training Unit
Answer Sheet

Name: _____ Signature: _____

Agency: _____ Work Location: _____

Date: _____

- Course (Circle one):**
- | | |
|---|---------------------------------|
| Blood Borne Pathogens/Infection Control | Cultural Competency & Diversity |
| HIPAA Privacy & Security | Environmental Safety |
| Person Centered Planning | De-Escalation Skills |
| Corporate Compliance | Limited English Proficiency |
| Recipient Rights | Trauma Informed Care |
| | Appeals and Grievances |

I attest, by filling out below, that I have reviewed the content for the circled course above and have completed the test to the best of my ability.

Once you have completed the test, turn into your manager.

Choose the one best answer for each question. Mark your answer below by circling the appropriate letter for each question.

- | | | | | | | | | | | | |
|----|---|---|---|---|---|----|---|---|---|---|---|
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Instruction for Manager: If CLS or B-Contract, grade and keep for your own records. Records will be reviewed during site visits. If A-Contract, send completed (ungraded) answer sheet to the Training Unit.

Grade*: _____ out of _____ *must equal 80% or above to pass **Manager Initials** _____

Nutrition 101: What You Need to Know Working in Group Homes

Presented By
CMHA-CEI Dietitians

Reviewed 09/2020



What You'll Know by the end....

- Why we eat what we do
- Importance of structured mealtimes
- Evolution of the Food Groups (Food Plate vs. Pyramid)
- Basics of Label Reading
- Review MUST KNOW's from group homes
- Swallowing Disorders/Issues
- Care Plans/Special Diets
- Menus and how to use them
- Basic Food Shopping/Measuring
- Food Borne Illnesses/Food Safety
- Kitchen Safety



"House Keeping" Rules

- Cell Phones
 - change ringtones to silent or vibrate
 - no texting or phone calls during class
- Bathrooms/Snacks
- Break time
 - both morning and afternoon break
- Participation
 - Please feel free to ask questions!
- "Bike Rack"



Basic Nutrition Principals

- Factors that influence Food Choices
- Using meals as a Learning Model
 - Socialization
 - Skills
 - Positive Attitudes
 - Community Inclusion



What are the factors that influence what we (You, me, our consumers) eat?

Discuss!



Meals as Learning Model- Skills

- Staff = role models/peers
 - Set good example
 - Eat with residents
 - Be present/engaged
 - Use “family style meals” appropriate
- Help to develop appropriate skills
 - Set-up and clean up
 - Manners at mealtime



Factors that Influence Food Choice:

- Ethnic Background or Religion
- Budget
- Media messages
- Availability
- Convenience in Preparation
- Peer Group/Status
- Coupons
- Available Equipment
- Cooking Skills
- Reading Skills
- Health Conditions
- Activity Level
- Age
- Location
 - Home vs. restaurant
- Holidays
- Family Food Preferences
- Altered taste due to medication side effects
- ****Attitude of planners**
- Limited Motivation
- Lack of cooking skills



Meals as Learning Model- Socialization

- Encourage healthy food choices/activities outside of home, set the example!



- Outside food... what if it were you?
- House Rules for personal food items

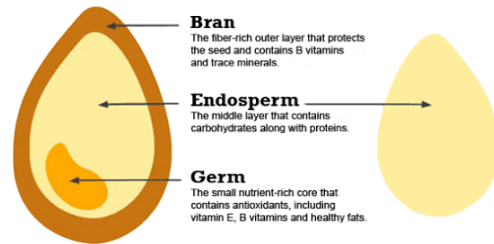


Food Groups/ Guidelines

- 5 Food Groups
- MyPlate vs. My Pyramid
- Key Nutrients
- Food Labels



Whole Grain vs. "White" Grain



Key Words: 'Whole Grain.... Whole Wheat...' as first ingredient



Grains

- Examples: Wheat, Rye, Barley, Oats, Rice, etc.
- Whole Grains vs. Refined
- Why Good?



- Contains fiber- makes you feel full
- Help moderate blood sugar, cholesterol, blood pressure, etc.
- Help keep our BM's regular



Meat & Beans (Protein)

- Examples: Eggs, Chicken, Tofu, Nuts, Fish, Beef, Legumes, Pork, etc
- Packaged/Deli Meat vs. fresh (sodium)
- Canned beans vs. dry (sodium)
 - 1oz= ½ cup beans= 2 Tbsp. PB= 1 egg
- Good for: muscles, bone, brain development, healing



Fruits

- Examples: Bananas, tomatoes, grapes, oranges... 'Eat the Rainbow'
- Canned vs. Fresh vs. Frozen
- Syrup vs. Own juice
- Sugar content
- Good for: Vitamins/minerals that support healthy skin, hair, nails, good fiber source, etc



Dairy

- Examples: Milk, cheese, yogurt
- Fat content- what's the difference in nutrition
- Dairy vs. Plant-based 'Milks'
- Osteoporosis
- Seizure meds
- Good for: Bones, cardiac health, muscle contractions, electrolyte balance, good balance of protein/carbs



Vegetables

- Examples: Carrots, Broccoli, Cauliflower, Green Beans, Potatoes, etc... 'Eat the Rainbow'
- Canned vs. Fresh vs. Frozen
- Salt vs. Unsalted vs. Low Sodium
- Good for: Vitamins/minerals that support healthy skin, hair, nails, good fiber source, etc



Other

- Examples: Ice cream, Cookies, Candy, Cake, Fast Food, Chips, Frozen Meals, etc...
- Examples of High Sugar Beverages: Pop, Kool-Aid, Gatorade, Sunny-D, Sweet Tea/Arizona Iced Tea



How much sugar is in your drink?

Drink	Calories	Sugar (teaspoons)
Monster Energy 16 oz.	700	13.5
Vitaminwater 16 oz.	75	8
Mountain Dew 12 oz.	700	19.25
Snapple Iced Tea 16 oz.	90	10.5
Fanta 16 oz.	120	8.5
Diet Coke 16 oz.	20	17.5

Community MENTAL HEALTH

Evolution of the Food Guide, 1956-1992

Community MENTAL HEALTH

Evolution of the Food Guide, 1943-1950's

To Demonstrate "Basic Seven" Diet

WASHINGTON, April 2/3—War-time food demonstrations, aimed at maintaining nutrition standards, will be held soon all over the country.

Under the slogan, "eat the basic 7 every day," the Agriculture Department suggested today in that connection that seven basic food groups which should be included in everyone's daily diet.

They are: green and yellow vegetables; oranges, tomatoes, grapefruit (or raw cabbages or salad greens); potatoes and other vegetables and fruits; milk and milk products (such as cheese); meat, poultry, fish or eggs (or dried beans, peas, or soy or peanut butter); flour and cereals; and butter or fortified margarine (vitamin A added).

For Health...eat some food from each group...every day!

IN ADDITION TO THE BASIC 7... EAT ANY OTHER FOODS YOU WANT

Community MENTAL HEALTH

Evolution of the Food Guide, 1992-2005

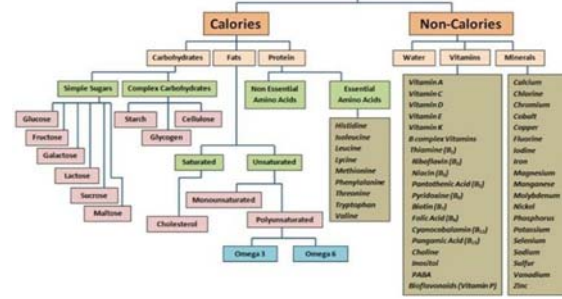
Community MENTAL HEALTH

Key Nutrients: Macro, Micro, Other

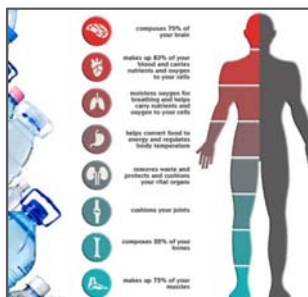
- **Macro:** Protein, Carbohydrates, Fats
 - Get energy from
- **Micro:** Vitamins and Minerals
 - Don't get energy from, but are important for many functions in the body.
- **Water Soluble vs. Fat Soluble Vitamins**
 - Water S.- Need to consume regular, doesn't store in body
 - Fat S.- Consume regularly, does store, can be toxic if too much



Nutrition/ Food



Key Nutrients: WATER



- Body= 60-70% WATER!!
- Necessary intake per day
 - Medication interactions
 - Age
 - Environmental factors (seasons)
- Foods naturally high in water



Indicators of Poor Nutrition or Changes in Status

- Weight loss (sometimes weight gain)
- Abnormal blood work
- Increased fatigue/lethargy
- Skin wounds
- Constipation/diarrhea
- Strong smelling urine
- Changes in appetite

As staff you are the clinician's eyes on what is happening with the consumers. Be on the lookout for these problems and document/report!



Nutrition Assessments/Evaluations

Things to look for in assessment:

- Weight changes
- Diet orders
- Medication/food interactions
- Recommendations
- Goal for the year



Nutrition Assessments/Evaluations Example:

Example text: XXXX does not seem to be eating the protein bars, giving her a daily individualized meal plan would be good. Her son and sister like. We will start the idea of allowing XXXX to make her own meals for the weekend. Please monitor her for the best of her health with the start of the fall season.

This RD spoke with a member of the T Health Staff, XXXX, to create an "informed" meal for the XXXX to purchase all of other program. These meals include appropriate, a home cook, USDA Dietary Program, Yagge foods and food etc. This RD will follow up accordingly.

ADDITIONAL INFORMATION RELATED TO PROGRAM AREA
 (List recent data have been good)

REMARKS
 XXXXX reportedly tells this RD that he does not enjoy living at XXXXX and wants to see apartment. Though he is overweight, this RD believes that a strong evidence base of that is related to his many medications. RD has requested an increase in food restriction by 1/2 cup which would allow him to find a meal that is not related to his diet. He has an approved "week off" to purchase food at 1/2 cup. He will be "working out" with this RD to work out while at the program.

RECOMMENDATIONS
 Goal: Consistent with the health plan to be able to identify low 120's/week an evaluation will allow to reach resulting a decrease of 10% body weight

1. Diet: 1/2 cup food restriction (see via CDD) menu prepared by home
2. Diet: 1/2 cup
3. Supplement: 1/2 cup
4. Food: 1/2 cup food restriction (see via CDD)
5. Exercise/Physical Activity: Encourage that exercise with restriction and no per physician visit
6. Monitoring: RD to call weekly for monitoring

Nutrition Care Plan: 1/2 cup for Monitoring: 1/2 cup
 Nutrition 1/2 cup for 1/2 cup Type

Signed: _____ Date: _____



Nutrition Assessments/Evaluations Example:

Example text: XXXX is currently on a 1200 kcal diet restriction. This RD will be speaking with his doctor about increasing the food restriction to 1000 kcal through of consultation or through the use of food bars that are low in calories. This restriction is intended to be achieved by the end of the year.

ADDITIONAL INFORMATION RELATED TO PROGRAM AREA
 (List recent data have been good)

REMARKS
 XXXXX reportedly tells this RD that he does not enjoy living at XXXXX and wants to see apartment. Though he is overweight, this RD believes that a strong evidence base of that is related to his many medications. RD has requested an increase in food restriction by 1/2 cup which would allow him to find a meal that is not related to his diet. He has an approved "week off" to purchase food at 1/2 cup. He will be "working out" with this RD to work out while at the program.

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 Nutrition 1/2 cup for 1/2 cup Type

Signed: _____ Date: _____



Medications and Food – YUM!

- Every medications – even Aspirin – can have a drug/nutrient interaction.
- Drug/nutrient interactions are a part of a Nutrition Assessment
- Review directions for which meds:
 - Taken on empty stomach
 - Must be taken with food
 - Must be separated from other meds or certain foods
 - Cause grapefruit reaction



Nutrition Care Plans

Things to look for in a care plan:

- Intake Guidelines
 - I.e. GERD, Increased Fiber, etc...
- Texture chart
- Mealtime tips and guidelines
- Documentation requirements
 - i.e. BM Chart, Fluid Intake, etc
- Physical activity recommendations
- Snack tips and suggestions



Isn't weight just a number??

- Dietitians, nurses, and physicians monitor a consumer's weight as a key part of their overall health.
- ESSENTIAL that accurate weights are done every time!
 - Why??
- Weighing someone who cannot easily stand on a scale is not always easy
 - Use same scale each time.
 - Same wheel chair- know the wheel chair weight.
 - Same amount of clothing/shoes, backpacks, coats, pump bags, etc.



Nutrition Care Plans Example:

Original: 03/05/16 Patient: 830 Nursing Order: 30400 Revision: 014

COMMUNITY MENTAL HEALTH AUTHORITY
 CLINICAL DEPARTMENT
 Community Services Dept. The Evergreen Community District

Frequency	Start	End	Unit	Time	Priority	Priority	Priority	Priority	Priority
XXXXXX	XXXXXX	XXXXXX	XXXXXX	XXXXXX	XXXXXX	XXXXXX	XXXXXX	XXXXXX	XXXXXX

Nutrition Care Plan

Diagnosis: XXXXXXXX Signs/Symptoms: XXXXXXXX Patient's Allergies: XXXXXXXX
 Chief Complaint: XXXXXXXX Date of Implementation: XXXXXXXX Care Plan: XXXXXXXX
 Review Date: XXXXXXXX Reviewer: XXXXXXXX Date: XXXXXXXX

Goal: XXXXX will consume a 2000kcal diet, less the lowest healthy diet to enable to slowly lose 5-10% per week to four or less 10% of this current body weight. (Patient will utilize 1/4000) Weight: XXX Height: XXXXX

1. Patient assess the 2000kcal diet as per the CDED-CMHI menu which will provide XXXXX with adequate amount of food from each food group, which meets goals and care plan.
2. Research based on the program, XXXXXXXX should be encouraged to eat a variety of fruits and vegetables, including whole grains, and to eat a variety of protein sources, including lean meats, poultry, fish, and plant-based protein sources.
3. XXXXX will be encouraged to limit saturated fat, sodium, and added sugars.
4. XXXXX will be encouraged to limit alcohol consumption.
5. XXXXX will be encouraged to limit caffeine consumption.
6. XXXXX will be encouraged to limit added sugars.
7. XXXXX will be encouraged to limit sodium consumption.
8. XXXXX will be encouraged to limit trans fat consumption.
9. XXXXX will be encouraged to limit added sugars.
10. XXXXX will be encouraged to limit sodium consumption.

XXXXXX should be provided food from each food group a few times per day. Foods such as carbohydrates, including bread, rice, and pasta, and dairy should be eaten for most of the day.

XXXXXX is very active, keep all items close to hand to give him to eat on. The amount will be used as a guideline for the amount of food to eat. (Patient will utilize 1/4000)

1. XXXXX should be encouraged to eat a variety of fruits and vegetables, including whole grains, and to eat a variety of protein sources, including lean meats, poultry, fish, and plant-based protein sources.
 2. XXXXX will be encouraged to limit saturated fat, sodium, and added sugars.
 3. XXXXX will be encouraged to limit alcohol consumption.
 4. XXXXX will be encouraged to limit caffeine consumption.
 5. XXXXX will be encouraged to limit added sugars.
 6. XXXXX will be encouraged to limit sodium consumption.
 7. XXXXX will be encouraged to limit trans fat consumption.
 8. XXXXX will be encouraged to limit added sugars.
 9. XXXXX will be encouraged to limit sodium consumption.
 10. XXXXX will be encouraged to limit added sugars.
- XXXXXX should be weighed at least once per month by human staff. Please report weight to RD whenever possible via email, fax or phone.
- XXXXXX's PRN Care, MS, RD
 4171-344-XXXX
 Email: XXXXXX@communitymentalhealth.org
 Fax: 4171-344-XXXX



What is a BMI??

- (Wgt[kg] / hgt[m]2)
1. Measure height: _____"
 2. Measure weight: _____#
 3. Multiply weight x 703;
 4. Divide by height;
 5. Divide by height again



TABLE 2-7 Percent Body Fat at Various BMI

	BMI 15.5	BMI 16	BMI 17	BMI 18	BMI 19	BMI 20	BMI 25	BMI 30	BMI 35	BMI 40
Men	12-19%	23-26%	27-32%	31-35%	34-38%					
Women	25-32%	35-40%	40-44%	43-47%	46-49%					

TABLE 3-3 Body Mass Index (BMI)

Weight	Healthy Weight	Overweight	Obese
(lb)	(10.5-24.9)	(25-29.9)	(30-39.9)
5'0"	103-126	127-150	151-174
5'1"	105-129	130-153	154-177
5'2"	107-132	133-156	157-180
5'3"	109-135	136-159	160-183
5'4"	111-138	139-162	163-186
5'5"	113-141	142-165	166-189
5'6"	115-144	145-168	169-192
5'7"	117-147	148-171	172-195
5'8"	119-150	151-174	175-198
5'9"	121-153	154-177	178-201
5'10"	123-156	157-180	181-204
5'11"	125-159	160-183	184-207
6'0"	127-162	163-186	187-210
6'1"	129-165	166-189	190-213
6'2"	131-168	169-192	193-216
6'3"	133-171	172-195	196-219
6'4"	135-174	175-198	199-222
6'5"	137-177	178-201	202-225
6'6"	139-180	181-204	205-228
6'7"	141-183	184-207	208-231
6'8"	143-186	187-210	211-234
6'9"	145-189	190-213	214-237
6'10"	147-192	193-216	217-240
6'11"	149-195	196-219	220-243
7'0"	151-198	199-222	223-246
7'1"	153-201	202-225	226-249
7'2"	155-204	205-228	229-252
7'3"	157-207	208-231	232-255
7'4"	159-210	211-234	235-258
7'5"	161-213	214-237	238-261
7'6"	163-216	217-240	241-264
7'7"	165-219	220-243	244-267
7'8"	167-222	223-246	247-270
7'9"	169-225	226-249	250-273
7'10"	171-228	229-252	253-276
7'11"	173-231	232-255	256-279
8'0"	175-234	235-258	259-282
8'1"	177-237	238-261	262-285
8'2"	179-240	241-264	265-288
8'3"	181-243	244-267	268-291
8'4"	183-246	247-270	271-294
8'5"	185-249	250-273	274-297
8'6"	187-252	253-276	277-300
8'7"	189-255	256-279	280-303
8'8"	191-258	259-282	283-306
8'9"	193-261	262-285	286-309
8'10"	195-264	265-288	289-312
8'11"	197-267	268-291	292-315
9'0"	199-270	271-294	295-318

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Swallowing and Such...







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What to do with the number you get?


- All weights should be documented in the person's file
- What to do if there is more than a 5# weight difference??
 - Should reweighed immediately to confirm weight change
 - Document weight
 - Contact clinicians/home manager



Community MENTAL HEALTH FLORIDA • CONNECT • PROTECT

What is Dysphagia?

- A common problem for many of the people that we work with.
- Dysphagia means any problem a person may have with swallowing. Swallowing problems can lead to aspiration.
- Aspiration: When food or fluids that should go into the stomach go into the lungs instead. Usually when this happens the person will cough in order to clear the food or fluid out of their lungs.



Community MENTAL HEALTH FLORIDA • CONNECT • PROTECT

What is Silent Aspiration?



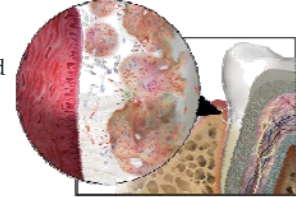
- Sometimes when a person aspirates they do not cough at all= "silent aspiration."
- Approximately 40% of people who aspirate are "silent aspirators."
 - They show no signs or symptoms but are in danger.
- What happens if they DO silently aspirate?!?



Oral Gum and Teeth Health

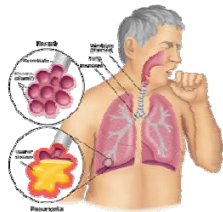
Did you KNOW....

- Bacteria in your mouth moves throughout the body through the blood system. It can effect your heart, lungs, kidneys etc.
- Everyone aspirates at night on their saliva.



What is Aspiration Pneumonia?

- Frequent aspiration = causes damage to the lungs if not treated.
- They can develop an infection in their lungs = very sick!



Oral Gum and Teeth Health, continued

Think about it...people with Dysphagia that have:

- untreated mouth infections
- decaying teeth are at higher risk of developing pneumonia.


Are at higher risk of developing pneumonia... They are aspirating on their saliva!!! Yikes!






VSS or Video Swallow Study

- VFSS lets the SLP see:
 - if food is going into your airway instead of your stomach, called *aspiration*
 - which parts of your mouth and throat may not be working well
 - what kinds of food are safest for you to swallow
 - if certain positions or strategies help you swallow better
 - Limitation? It is one moment in time.




Swallowing Evaluation


1. The SLP will observe the consumer eating and interview staff, sometimes referred to as a '**bed-side swallow study**'.
2. A Video Swallow Study may be done.
 - **VSS or Modified Barium Swallow** – individual eats and drinks food/liquid with barium in it, and then the swallowing process is viewed on an X-ray.
 - No pain, no blood, no nudity! Allows us to “get a peak” inside.



Video

- Video of what happens when you swallow
- Difference between a normal and abnormal swallow





Signs of Chewing or Swallowing Problems

▶ Signs may include:

- ▶ Coughing during or right after eating or drinking
- ▶ Wet or 'gurgly' sounding voice during or after eating or drinking
- ▶ Extra effort or time needed to chew or swallow
- ▶ Food or liquid leaking from the mouth or getting stuck in the mouth
- ▶ Pneumonia
- ▶ Weight loss or dehydration (urine color)



Newsworthy Detroit Free Press



NEWS IN BRIEF: Group home workers to be charged in deaths

March 3, 2007

Care workers at group homes in Grosse Ile and Dearborn will be charged in the deaths of two men -- one who choked after a care worker failed to puree his food.

The man who choked to death was a 61-year-old resident of a Grosse Ile facility.



What if you are concerned?

- If you see concerns or issues that are not usually present, contact:
 1. Case Manager
 2. Group Home/Guardian
 3. DOCUMENT!
 - ▶ Consider emailing all of the above at the same time
- If SLP and/or RD are on consumers team, be sure to include them in your communication (email, phone call, etc)– important to keep team updated



Choking/Swallowing Risk Factors

- Difficulty Swallowing
 - Gagging on food and/or liquids
 - Medications
 - Medical Diagnosis
 - Reflux
 - Cerebral palsy
 - Narrowing of the throat
 - Tongue placement/tongue thrust



Choking/Swallowing Risk Factors

- Environmental Factors
 - Distractions during eating
 - Rushing while eating
 - Improper positioning



- Behavior Issues
 - Stealing Food
 - Pica
 - Packing too much food in mouth



To Prevent Choking

- What are some precautions staff can take to prevent a choking emergency?
 - Know which consumers are at highest risk- care plans!
 - Cut up food into small pieces
 - Only put small amounts of food on the plate
 - Keep meals quiet and free of distractions
 - Watch consumer closely during mealtimes
 - Meals should be eaten at the table
 - Follow Treatment Plan



Choking/Swallowing Risk Factors

Cognitive/Alterations in Cognitive Status

- Alzheimer's
- Psychiatric episodes
- Stability/Instability
- Awake/Alertness
- Medication, Health Issues



Safety Equipment/Positioning

- Toddler sized utensils
- Small plates
- Occupational Therapists can recommend...
 - Adaptive Equipment
 - For grip
 - Arthritis issue
 - Unusual positioning/options (such as use of a straw)



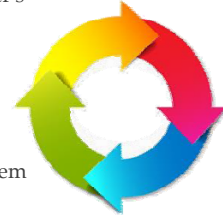
Thickeners

- Why use?
- Types
 - Gel (Simply Thick)
 - Powder (Resource Thicken Up, Homel Thick n' Easy, etc.)
 - Food-based (potato flakes, baby cereal, gelatin, etc.)
- Calorie Implications
 - Consider diabetics
 - Increase in triglycerides



Why Use Cycle Menus???

- ▶ Balanced for macro and micronutrients to meet consumer's general nutritional health needs
- ▶ Takes texture needs into consideration
- ▶ Saves time and money
- ▶ **Required** for licensed facilities
- ▶ Allows for use of one menu system for most specialty diets
- ▶ Easy to use especially with staff changes



Food Texture Chart

Texture or Food to be Modified	Level 1 Dysphagia Diet also known as pureed	Level 2 Dysphagia Diet also known as ground	Level 3 Dysphagia Diet also known as finely chopped	Level 4 Diet also known as chopped
Meat	Meat, milk, poultry, or fish. Baby food or pudding like texture.	Meat, well ground meat, beef. Remove last 20%.	Meat 1/4" pieces	Meat 1/2" size
Hot Dogs	Place in a mortar mortar using water or preferred conditioner to create texture.	Hot dog in ground beef using preferred conditioner to make a cohesive mass.	Hot dog 1/4" size pieces	Hot dog 1/2" size pieces
Cheese	Use pre-cut cottage cheese, ground processed cheese, or shredded cheddar cheese.	Shred cheese and mix with moisture or use cheese sauce.	Shredded cheese well or melted	Shred cheese 1/2" size pieces
Pepperoni	Use pre-cut pepperoni.	Use pre-cut pepperoni.	1/4" pepperoni slices	1/2" pepperoni slices
Eggs	Use pre-cut eggs.	Use pre-cut eggs.	1/4" egg pieces	1/2" egg pieces
French Bread	Use pre-cut French bread.	Use pre-cut French bread.	1/4" French bread pieces	1/2" French bread pieces
Pasta	Use pre-cut pasta.	Use pre-cut pasta.	1/4" pasta pieces	1/2" pasta pieces
Fruit (cooked or raw)	Use pre-cut fruit.	Use pre-cut fruit.	1/4" fruit pieces	1/2" fruit pieces
Vegetables	Use pre-cut vegetables.	Use pre-cut vegetables.	1/4" vegetable pieces	1/2" vegetable pieces
Grains	Use pre-cut grains.	Use pre-cut grains.	1/4" grain pieces	1/2" grain pieces
Protein	Use pre-cut protein.	Use pre-cut protein.	1/4" protein pieces	1/2" protein pieces
Condensed soups	Use pre-cut soups.	Use pre-cut soups.	1/4" soup pieces	1/2" soup pieces
Crackers and breads	Use pre-cut crackers and breads.	Use pre-cut crackers and breads.	1/4" cracker and bread pieces	1/2" cracker and bread pieces



"But our consumers hate that meal!!"

- ▶ Just because it is on the menu doesn't mean that your consumers have to eat it if they don't like it.
- ▶ Contact your dietitian!!! (Laura, Charissa, Julia, Kerri)
 - ▶ We are willing to make changes that can benefit everyone in the home and make mealtimes more pleasurable.



Portion Distortion

1200kcal Diet	1500kcal Diet	2000kcal/Regular Diet
Sunday D 4 oz. 100% Vlt C R juice E 1/2 slice loaded quiche A (1/2" pie) K 1 donut muffin F 8 oz. fat free milk S T *sandwich: 1/2 c. tuna salad 1 skinny bun 1/4 c. shredded lettuce 1/2 c. shredded tomatoes 1 sliced banana 8 oz. fat free milk L U N C H *ALTERNATE: 1/4 c. Tuna Noodle Casserole	Sunday D 8 oz. 100% Vlt C R juice E 1 slice loaded quiche A (1/2" pie) K 1 donut muffin F 8 oz. fat free milk S T *sandwich: 1/2 c. tuna salad 1 skinny bun 1/4 c. shredded lettuce 1/2 c. shredded tomatoes 1 sliced banana 8 oz. fat free milk L U N C H *ALTERNATE: 1/4 c. Tuna Noodle Casserole	Sunday D 8 oz. 100% Vlt C R juice E 1 slice loaded quiche A (1/2" pie) K 2 donut muffins F 8 oz. milk S T *sandwich: 1/2 c. tuna salad 2 sl. bread 1/4 c. shredded lettuce 1/2 c. shredded tomatoes 1 sliced banana 8 oz. milk L U N C H *ALTERNATE: 1/4 c. Tuna Noodle Casserole
D 1/2 c. Basil Chicken angel hair pasta 1c. California blend vegetables 1/2 c. Peaches packed in water 1/2 c. sherbet 8 oz. fat free milk	D 1 c. Basil Chicken, angel hair pasta 1c. California blend vegetables 1/2 c. Peaches packed in water 1/2 c. sherbet 8 oz. fat free milk	D 1 1/4 c. Basil Chicken angel hair pasta 1c. California blend vegetables 1/2 c. Peaches 1/2 c. ice cream 8 oz. milk



"WHAT?!? I have to do food prep tonight??"

**One of many staff duties to ensure the health and well being of the consumers

Coming into your shift:

- Do you have everything you need for the meal(s)
- Thaw food?
- Pre-heat
- Pre-prepared food?



"We don't have potatoes for dinner, now what!?"

▶ When is it ok to substitute menu items??

- ▶ Seasonal foods
- ▶ Holidays, birthdays, special occasions
- ▶ Use extra purchased food before expiration
- ▶ Take advantage of weather – grilling, picnics, etc...

▶ **NOT FOR STAFF CONVENIENCE OR STAFF'S DISLIKE OF FOOD!**

- ▶ Review acceptable substitutes handout

Egg Salad



Potato Salad



Licensed Home Meal Schedules

- Not more than **14 hours** between dinner and breakfast
- Not less than **10 hours** between breakfast and dinner
 - Example: If dinner is served at 5:30p, breakfast must be served by 7:30a
- Exceptions for holidays and weekends – **16 hours** between dinner and breakfast if a nourishing evening snack is given



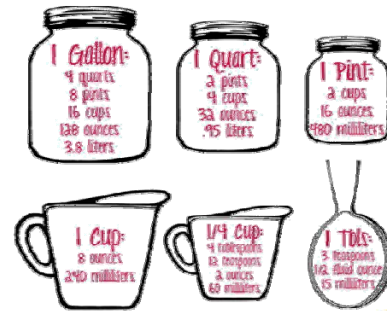
Meal Preparation

Organization is the key to successful meal prep!!

1. Wash hands when you enter the kitchen!
2. Read menus and recipes
3. Check for supplies
4. Organize work space and decide what order food needs to be prepared
5. Make sure proper foods have been pulled for the next shift/day if thawing is needed.



Equal Measures



How Much Time Do You Have?

20 minutes from hot or cold source until time of service!



Food Borne Illness - also known as Food Poisoning...



Your Responsibility for Safe Food



- Handling food safely is one of the biggest responsibilities that direct care staff have.
- Medically fragile consumers cannot easily recover for food borne illnesses.



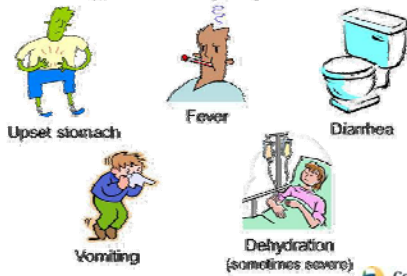
Food Borne Illness

- Include: ecoli, listeria, norovirus, campylobacter, etc..
- If someone has nausea, vomiting, diarrhea, or cramps, notify a health professional immediately
- Food Borne Illness can be life threatening!!



Food Borne Illness

Signs and symptoms



Recipe for Safe Food Preparation

1. Personal Hygiene
2. Time and Temperature Rules
3. Avoid Cross Contamination



safe Cooking

Good cooks keep everything in the kitchen clean. This is called Food Hygiene.

BEFORE YOU START

- Wash your hands with warm water and soap before you start to cook.
- Wash your hands with warm water and soap after you have finished cooking.
- Wash your hands with warm water and soap after you have finished cleaning up.

Do not lick your fingers


- Do not lick your fingers when you are cooking.
- Do not lick your fingers when you are cleaning up.

NEVER REUSE

- Do not reuse your apron.
- Do not reuse your gloves.
- Do not reuse your hairnet.
- Do not reuse your hairbrush.
- Do not reuse your hair ties.
- Do not reuse your hair clips.
- Do not reuse your hair ties.
- Do not reuse your hair clips.

Personal Hygiene

- Wash hands with hot soapy water
- Use gloves if you have cuts on your hands
- Avoid food preparation if you are ill
- Keep hair pulled back and nails clean (no peeling polish!)
- Keep clothes clean and use aprons





Time and Temperature Rules

- Refrigerate or freeze perishable food.
- Do not let perishable food sit out on the counter/table.
- LABEL EVERYTHING (food name and date)
- Put left overs in fridge right away!
- Use shallow containers for all foods to speed up cooling time.
- NEVER NEVER NEVER NEVER defrost or marinate any food on the counter.
 - Use refrigerator, cold running water or microwave to defrost.
 - Cook foods to the proper internal temperature. Use a thermometer!





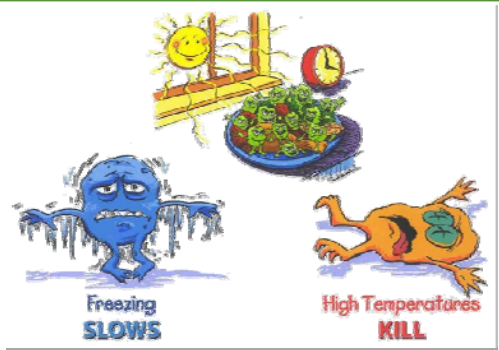
HAND WASHING

When to wash your hands:


- After using a tissue, coughing, or sneezing
- After handling hair
- After using the bathroom or assisting people in and out of the bathroom
- After eating or smoking
- After moving a wheelchair
- Before preparing food or whenever you leave and return to the kitchen.
- After handling raw food
- After handling dirty dishes
- Before handling clean dishes







Freezing SLOWS High Temperatures KILL



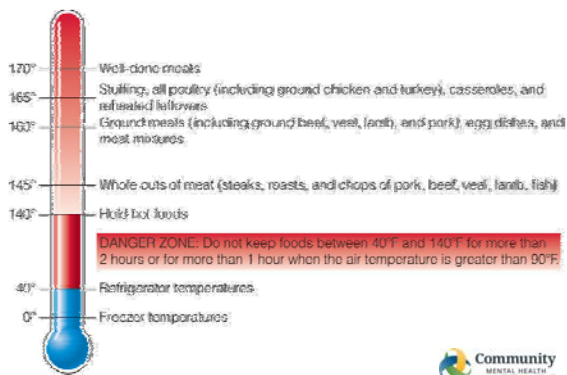
The Danger Zone

- Range of temperature that allows bacteria to rapidly grow
- Danger zone range = **40-140 degrees F**
- Food should be stored either below 40 degrees or over 140 degrees.
- Food should not be held at room temperature for longer than 20 minutes.
- Every refrigerator should have a functioning thermometer!!



Proper Cooling

- Any food cooked in a large pot or pan must be separated into containers no more than 4" deep to speed cooling.
- Do not cool foods at room temperature!!



When in Doubt, Throw it out!



Leftover Rules

- Use **within 48 Hours** if stored in the refrigerator.
- When preparing on night shift, do not cook to completion. Cook just before meal service
- Cook all **leftovers to 165 degrees**.
- Use **ice packs** and **insulated lunch bags** for packed meals.
- LABEL all foods sent to program
- LABEL and DATE all leftovers put in fridge/freezer

MONDAY Tuesdays + Lunch		TUESDAY None + None	
ITEM:	NAME:	ITEM:	NAME:
DATE:	CITY:	DATE:	CITY:
WEDNESDAY None + None		FRIDAY Vendredi + Vietnes	
ITEM:	NAME:	ITEM:	NAME:
DATE:	CITY:	DATE:	CITY:
THURSDAY None + None		SATURDAY Samedi + Samedi	
ITEM:	NAME:	ITEM:	NAME:
DATE:	CITY:	DATE:	CITY:
SUNDAY Dimanche + Dimanche			
ITEM:	NAME:	ITEM:	NAME:
DATE:	CITY:	DATE:	CITY:
USE BY:	USE BY:	USE BY:	USE BY:

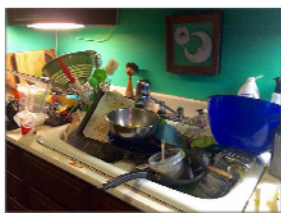


Bleach is your friend!

- A properly made bleach solution will disinfect **WITHOUT** ruining clothes
- A properly made bleach solution will **NOT** have a strong bleach smell!
- Bleach solution has the advantage of killing germs instantly.
- Most other “disinfecting” solutions must remain wet on the surface for a long period of time or are not safe for food contact surfaces.



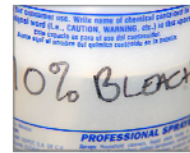
Kitchen Clean Up! Preventing Cross Contamination



A Proper Bleach Solution

4 Step Process for Hand Washing Dishes

1. Wash in soapy water
2. Rinse with clean warm water
3. Sanitize
 - ¼ tsp bleach to 1 pint (2 cups) water (spray bottle)
 - 2 Tbls. Bleach to 4 gallons water (sink)
4. Air dry



This is what happens when a fly lands on your food!

Flies can't eat solid food, so to soften it up they vomit on it.

Then they stamp the vomit in until it's a liquid, usually stamping in a few germs for good measure.

Then when it's good and runny, they suck it all back again, probably dropping some excrement at the same time.

And then, when they've finished eating, it's your turn.

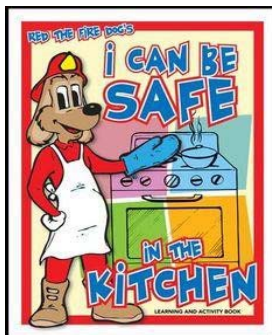


Microwave Safety

- Use Microwave safe containers
- Use potholders to remove food containers
- Avoid super heating water
- Food heats unevenly – stir and reheat



KITCHEN SAFETY



Falls

- Keep floors clean and free of clutter
- Eliminate slippery throw rugs
- Use step stool or ladder
- Use non skid backing on rugs
- Seek medical attention for injuries



Cuts

- Keep knives sharp and use properly – sharper knives are safer!
- Use locked drawers if needed
- Don't try to catch a falling knife
- Don't soak knives, clean them immediately
- Sweep up broken glass – do not pick up pieces with your hands.
- Use a wet paper towel to catch small shards of glass.



Hazardous Chemicals

- Food and Chemicals do not mix! Store food away from any toxic materials – including cleaning supplies
- Read labels and use chemicals properly
- Never transfer chemicals to another container not meant intended to hold chemical.
- Never mix chemical cleaning products.
- Use grills/charcoal grills/hibachis outside only – give off Carbon Monoxide.



Electrical Safety

- Know how to properly operate the equipment
- Water and electricity do not mix!
- Avoid damaged electrical cords.
- Do not tug on cord, staple cord, or burning cord
- Use outlet properly

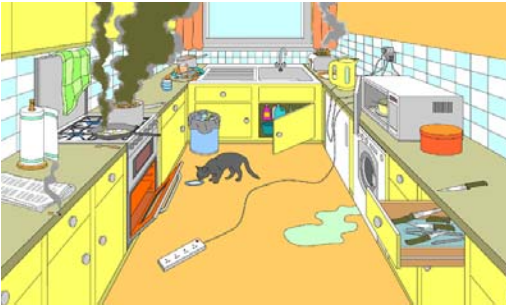


Fires

- Every kitchen must have a functioning fire extinguisher – know where it is!
- If a fire starts on the stove, turn off the heat and keep pan covered.
- Never use water to extinguish a stove fire – grease can spread flames.
- Never carry a pan with burning contents.



Kitchen Safety Quiz



More Review

6. What temperature do leftovers need to be cooked to?
7. During a power outage should you use the refrigerator light to check if the power is back on?
8. What should you do if you weigh the consumer and they have gained 8# in the past week?



REVIEW

1. When do you add the bleach when sanitizing dishes?
2. What is the best substitute for orange juice when you don't know if the item is fortified?
3. What are the acceptable methods of drying dishes?
4. What is the single most important factor to prevent the spread of bacteria?
5. Can Lysol and Pinesol can be used on food contact surfaces?



For completing CEI's
Nutrition 101
training requirement.

Test Time

You must complete the final exam
to receive credit .



Nutrition Training Test - Use attached Answer Sheet

Instructions: Please circle the answer to each question. Thirty-two correct answers (80%) are required to pass this course. Once you have completed the test, turn into your manager.

1. To find a balance between food and physical activity the Food Guide Pyramid recommends physical activity for at least 30 minutes most days of the week.
 - a. True
 - b. False

2. After arriving at the group home for your assigned shift, you discover that you are responsible for dinner preparation. Which of the **following tasks should you do first?**
 - a. Check shelves and refrigerator for food.
 - b. Check all food supplies for freshness.
 - c. Preheat the oven.
 - d. Set plates and utensils on the table.
 - e. Review menu and recipes for the dinner meal.

3. Which of the following is **not** an appropriate reason to make a menu substitution?
 - a. Client birthday and requests pizza for dinner.
 - b. Staff member dislikes planned menu.
 - c. Thanksgiving holiday.
 - d. Fourth of July picnic.
 - e. Power failure.

4. What is the **single most important factor** to prevent the spread of bacteria?
 - a. Keep animals out of the kitchen.
 - b. Wearing clean clothes and a hair restraint.
 - c. Washing hands.
 - d. Preventing smoking in the kitchen.
 - e. Sterilize all dishes and utensils after each meal.

5. The Food Guide Pyramid states you should eat 6 oz. of bread, rice, cereal, pasta or other grains per day and half of those servings should be whole grain.
 - a. True
 - b. False

Nutrition Training Test

6. To help guarantee freshness and quality, choose:
 - a. Clean, fresh foods.
 - b. Government- inspected meats, fish, poultry, eggs and milk.
 - c. Cans that are free of rust, dents and bulges.
 - d. A and C are correct.
 - e. All of the above.

7. To effectively sanitize hand washed dishes, chlorine bleach can be added to either the wash water or the rinse water.
 - a. True
 - b. False

8. Identify the food temperature danger zone:
 - a. 70-140 ° F.
 - b. 32-150 ° F.
 - c. 0-100 ° F.
 - d. 40-140 ° F.
 - e. 32-212 ° F.

9. Which of the following symptom is **NOT** a sign of a swallowing problem?
 - a. Gagging or coughing during or after eating or drinking.
 - b. Unexplained weight loss.
 - c. Drooling.
 - d. Unexplained weight gain.
 - e. Frequent respiratory infections.

10. The risk of food-borne illness can be reduced by:
 - a. Cooking food to at least 100 ° F.
 - b. Thawing foods on the counter.
 - c. Using a different cutting board for raw chicken and fresh vegetables.
 - d. Allowing leftovers to cool to room temperature before refrigerating.
 - e. Avoiding the use of mayonnaise.

11. Foods should be stored away from pet foods, poisonous or toxic materials, including cleaning supplies.
 - a. True
 - b. False

Nutrition Training Test

12. Disinfectants such as Lysol® or Pinesol® are cleaning products that can be used as an exact substitute for chlorine bleach for cleaning and sanitizing kitchen counters and appliances.
- True
 - False
13. There are three teaspoons in 1 tablespoon.
- True
 - False
14. Which of the following methods is an acceptable way to dry dishes and utensils:
- Using fresh paper towels.
 - Using clean cloth towel.
 - Air drying on a rack.
 - Using the heated drying cycle of a dishwasher.
 - A, C and D are correct.
15. Which is an appropriate substitution for ½ cup orange juice.
- ½ c. coffee.
 - ½ c. apple juice
 - ½ c. orange flavored powdered drink mix.
 - ½ c. grapefruit juice.
 - ½ c. milk.
16. A modified diet is a physician's order:
- True
 - False
17. Using recipes to prepare foods is important because:
- Recipes contain a list of ingredients necessary to prepare food.
 - Recipes provide direction for preparation of food.
 - Recipes produce foods that are consistent in quality, quantity, and nutritive value.
 - All of the above
 - None of the above.
18. Which of the following is a sign of spoilage of a canned food?
- Leaking can.
 - Contents are off color.
 - Contents have mold.
 - Can is bulging.
 - All of the above.

Nutrition Training Test

19. Food must be served within ____ minutes of removal from a heat source:
- 60 minutes.
 - 15 minutes.
 - 40 minutes.
 - 30 minutes
 - 20 minutes.
20. Water is one of the 6 key nutrients for good health.
- True
 - False
21. Involving clients to the maximum of their abilities and interest in menu planning, shopping, cooking and clean-up helps them develop independent living skills.
- True
 - False
22. All leftovers must be reheated to at least 120°F to kill off bacteria that may cause food borne illness.
- True
 - False
23. According to the monthly weight record, Joe's weight has dropped from 120# to 108# in 4 weeks. What should be done first?
- Increase food portions.
 - Wait one month to see if his weight decreases further.
 - Notify the appropriate health care provider promptly.
 - Add snacks.
 - Immediately re-weigh Joe to verify that he has lost weight.
24. When sanitizing with a bleach solution, you must rinse off the bleach before air drying.
- True
 - False
25. If you lose power to your freezer, in the first 4-6 hours you should keep the freezer door closed.
- True
 - False

Nutrition Training Test

26. The written menu is the foundation of the food service.
- True
 - False
27. When preparing food for a group home or individual on a special diet it doesn't matter if you follow a recipe or dietary guide just as long as you make sure the plate is attractive.
- True
 - False
28. What should you do if you think a jar of food you just opened might be spoiled?
- Taste just a tiny amount to see if it tastes spoiled.
 - Boil the contents for at least 2 minutes before eating it.
 - Cover it back up and throw it away or return it to the store.
 - Store it in the refrigerator to see if it develops mold.
 - Mix it with another jar of the same food to dilute the bacteria.
29. Food on the lower shelves of the refrigerator should be covered to protect it from spills from upper shelves.
- True
 - False
30. Fresh or frozen meat should be stored on the top shelf of the refrigerator where it is the coldest.
- True
 - False
31. Hot food should be cooled to room temperature before refrigerating.
- True
 - False
32. Which of the following is a symptom of food poisoning?
- Diarrhea
 - Vomiting
 - Nausea
 - Abdominal cramps
 - All of the above
33. Food cools quicker in containers that are at least 6 inches deep.
- True
 - False

Nutrition Training Test

34. To prevent contamination, dishes can be air dried or dried with a single service paper towel.
- True
 - False
35. A sharp knife is safer than a dull knife.
- True
 - False
36. Liquid spilled on the kitchen floor during meal preparation can be left for clean-up after the meal.
- True
 - False
37. To reduce harmful bacteria to a safe level in a leftover ground meat item, it should be reheated to an internal temperature of:
- 135°F
 - 145°F
 - 155°F
 - 165°F
 - 185°F
38. The correct sequence for cleaning a counter is :
- Wash; sanitize; rinse; air-dry.
 - Rinse; sanitize; wash; air-dry.
 - Sanitize; wash; rinse; air-dry.
 - Wash; rinse; sanitize; air-dry.
 - Rinse; wash; sanitize; air-dry.
39. Large pieces of broken glass can be picked up by hand before sweeping up the smaller pieces.
- True
 - False
40. Flies are best controlled by:
- Keeping the doors closed whenever possible.
 - Nothing can be done to remove flies from the home.
 - 357 Magnum
 - Bats.
 - Importing bigger insects.



Training Unit
Answer Sheet

Name: _____ Signature: _____

Agency: _____ Work Location: _____

Date: _____

Course: Nutrition

I attest, by filling out below, that I have reviewed the content for the circled course above and have completed the test to the best of my ability.

Once you have completed the test, turn into your manager.

Choose the one best answer for each question. Mark your answer below by circling the appropriate letter for each question.

- | | | |
|--------------|--------------|--------------|
| 1 A B C D E | 15 A B C D E | 29 A B C D E |
| 2 A B C D E | 16 A B C D E | 30 A B C D E |
| 3 A B C D E | 17 A B C D E | 31 A B C D E |
| 4 A B C D E | 18 A B C D E | 32 A B C D E |
| 5 A B C D E | 19 A B C D E | 33 A B C D E |
| 6 A B C D E | 20 A B C D E | 34 A B C D E |
| 7 A B C D E | 21 A B C D E | 35 A B C D E |
| 8 A B C D E | 22 A B C D E | 36 A B C D E |
| 9 A B C D E | 23 A B C D E | 37 A B C D E |
| 10 A B C D E | 24 A B C D E | 38 A B C D E |
| 11 A B C D E | 25 A B C D E | 39 A B C D E |
| 12 A B C D E | 26 A B C D E | 40 A B C D E |
| 13 A B C D E | 27 A B C D E | |
| 14 A B C D E | 28 A B C D E | |

Instruction for Manager: If CLS or B-Contract, grade and keep for your own records. Records will be reviewed during site visits. If A-Contract, send completed (ungraded) answer sheet to the Training Unit.

Grade*: _____ out of _____ *must equal 80% or above to pass Manager Initials _____