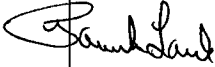


RECIPIENT RIGHTS

TEAM MENTAL HEALTH SERVICES		SIGNATURE	APPV.	REV.	REV.	REV.
	Administration			4/09		
Policy: ABUSE AND NEGLECT						

Policy

It is the policy of Team Mental Health Services (TMHS) that all employees shall be prohibited from abusing or neglecting consumers. Any TMHS employee, independent contractor, or intern who has cause to suspect abuse or neglect of a consumer is required to report this information to the appropriate law enforcement agency in accordance with P.A. 224 of 1986, P.A. 519 of 1982 and P.A. 238 of 1975. All employees, independent contractors and interns will endeavor to safeguard recipients from abuse and neglect and act to obtain treatment for injuries and to prevent additional harm.

Any person who has reasonable cause to suspect abuse of a consumer and intentionally violates P.A. 224 of 1986 by not reporting the incident will be guilty of a misdemeanor and be civilly liable for the damages caused by the violation.

For the purpose of this policy, abuse and neglect are defined by:

Abuse, as defined by the Michigan Penal Code

Vulnerable Adult Abuse, as defined by Section 145n of the Michigan Penal Code

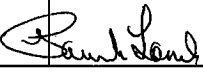
Child Abuse, as defined by Section 136b of the Michigan Penal Code

Procedures

The following procedure applies to any reporting of suspected physical abuse or neglect, sexual abuse or sexual exploitation to an adult or child consumer.

If the staff person suspects consumer abuse and/or neglect, the following occurs:

- The staff person immediately notifies their supervisor.
- Reasonable cause to suspect abuse and/or neglect will be established.
- An oral report to Adult or Child Protective Services will be made. Staff will record the name of the person accepting the report.
- A written report (FIA 3200 form) will be completed and sent to the FIA within 72 hours of the oral report. A copy will be placed in the consumer file and forwarded to the immediate supervisor and the ORR.
- The staff will complete an Incident Report per TMHS policy
- The staff supervisor or designee will ensure a written report of alleged criminal abuse is made (when required), to the appropriate law enforcement agency within 72 hours. Copies of this report will be forwarded to the Vice President (or his/her designee) and the ORR.
- If the suspected abuse and/or neglect occurred at an AFC home, a WC-754 (10-88) must be completed and sent to MDSS AFC Licensing within 24 hours of reporting occurrence.
- Staff will thoroughly document their adherence to this procedure within the consumer's file.

TEAM MENTAL HEALTH SERVICES		SIGNATURE	APPV.	REV.	REV.	REV.
	Administration			11/09		
Policy: CONFIDENTIALITY & DISCLOSURE						

Policy

It is the policy of Team Mental Health Services (TMHS) that all information contained in a consumer's service record and any information acquired in the course of providing mental health services to a consumer shall be protected and remains confidential in accordance with federal and state laws and regulations.

Procedure

Release of Information (Disclosure)

All consumers entering TMHS services shall be informed of the full scope and limitations on confidentiality of their records afforded by federal and state laws.

Specific information may be disclosed to other agency staff and/or personnel who are also bound by laws regarding confidentiality. This includes:

- Agency staff associated with monitoring of consumer care (e.g., Quality Management, Peer and Utilization Review Committee members);
- TMHS professional and/or legal consultants;
- To ensure contract compliance;
- Approved representatives of third party payers;
- TMHS accreditation bodies.

Confidential consumer information may be disclosed under the following circumstances:

- If requested by the consumer with completion of a Release of Information
- A parent of a minor or guardian of a consumer requests access to the record or release of information from the record;
- Pursuant to court orders or subpoenas by the state legislature, unless the information is made privileged by some provision of law;
- To an attorney of the recipient, with the recipient's consent;
- To a prosecuting attorney, as necessary, for the prosecuting attorney to participate in a proceeding governed by the MI Mental Health Code;
- When necessary in order to comply with another provision of law;
- To a surviving parent and/or guardian of the recipient, or if not surviving parent/guardian, to the person(s) most closely related to a deceased recipient within the third degree of consanguinity as defined by civil law;
- Under emergent circumstances when:
 - > The consumer is deemed to be dangerous to self or others;
 - > The consumer is no longer able to adequately care for themselves and are at imminent risk of significant self injury;
 - > TMHS is required to report information as mandated by statutes for reporting child abuse or neglect

A Release of Information is considered valid only if the following conditions have been met:

- ❑ The consumer has been informed, in a manner that assures their understanding, of the specific type of information that has been requested, the purpose of the disclosure and the benefits/disadvantages of releasing the information, if any;
- ❑ The consumer gives the information freely and voluntarily;
- ❑ The consumer has been informed that treatment services are not contingent upon the consumer's decision concerning the disclosure of information;
- ❑ The consumer fully completes the Release of Information form.

The following persons may, upon completion of a Release of Information, authorize disclosure of confidential information: the consumer, a guardian, the parent of a consumer under 18 yrs. of age; a minor consumer receiving services without parental consent is the sole authorizing agent for release of information to the extent specified in federal and state statutes. Consideration should be given where appropriate to any requests or denials made by minors or adults with guardians regarding the release and disclosure of confidential information. All authorizations shall be kept with the consumer's record.

Security of Consumer Records

All programs/sites of TMHS shall have a designated, secured area in which all consumer information/documentation is maintained. The designated, secured area shall be locked at all times and accessible only to appropriate staff. Only the appropriate, designated staff shall have access to consumer information. Those staff shall abide by the policies on confidentiality at all times. Non-employees of TMHS and TMHS employees not directly involved in the consumer's treatment may not have access to consumer records. All consumer records are the property of TMHS and shall not be removed from TMHS except under court order. An accurate Record Sign-Out will be maintained within each program/clinic for any record taken from the office to protect against loss. Only authorized employees may remove a consumer record from the program/clinic site.

Staff

No staff member may discuss consumer information with employees of TMHS that do not have a vested clinical interest in the consumer's information. No staff member may discuss consumer information with non-employees of TMHS unless specifically requested to do so by the consumer via the Release of Information form. Staff will take all precautions to protect the privacy and rights of the persons served including; discuss confidential information only in a private space, discourage consumer from sharing private information in an "open area", and encourage consumer to lower voice if you believe their private information may be overheard by others.

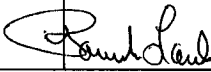
Subpoenas/Court Orders

Refer to the following policy:

- ❑ "Subpoena to Testify"

Recipient Rights

Refer to the "Recipient Rights" policy

TEAM MENTAL HEALTH SERVICES		SIGNATURE	APPV.	REV.	REV.	REV.
	Administration			4/09		
Policy: CONSUMERISM						

Policy

It is the policy of Team Mental Health Services (TMHS) to assure:

- That individuals receive information and understand their options for services;
- To assess family needs, strengths, and desires with goals and outcomes defined in partnership with family;
- To assure that services are based on the consumer's current needs, families' strengths and competencies with participation in decision-making to assure that the individual is considered first before the diagnosed disability;
- That all services are designed to support the individual receiving service, build upon the individual's capacity to engage in activities that promote community life;
- That TMHS staff honor the individual's preference, choices and abilities.
- That the planning process included families, friends, and professionals as the individual desires or requires.

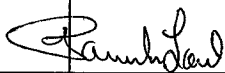
TMHS is committed to the active participation by consumers, family members and natural supports. TMHS shall advocate for and promote the needs, interests, and well-being of their consumers and offer the broadest range of options and choices in service, including the individual's input, for consumers.

Procedures

All services are designed to include ways to accomplish each of these standards:

- "Person-First Language" shall be utilized in all publications, formal communications and daily discussions.
- Provide informed choice through information about available options with accommodations to promote and assure understanding by consumers served
- Respond to an individual's ethnic and cultural diversities. This includes the availability of staff and services that reflect the ethnic and cultural makeup of the service area. Interpreters needed in communicating with non-English and limited English-speaking personas shall be provided. Assistive Devices or interpreters will also be provided for persons with hearing and/or speech impairments.
- Promote the efforts and achievements of consumers through special recognition of consumers.
- Through consumer satisfaction surveys and other appropriate consumer related methods including direct input through focus groups, to gather ideas and responses from consumers concerning their experiences with services.
- Involve consumers and family members in evaluating the quality and effectiveness of services. Administrative mechanisms used to establish services must also be evaluated. The evaluation is based upon what is important to the consumer as reported in the consumer satisfaction survey.

- Advance the employment of consumers within the mental health system and in the community at all levels of positions, including Peer Support and mental health service provision roles through the active recruitment of primary consumers.
- Services shall be designed in such a way as to promote the inclusion of consumers into the community
- Person-centered planning approaches are utilized for all consumers in order to provide choice, control, independence and integration.

TEAM MENTAL HEALTH SERVICES		SIGNATURE	APPV.	REV.	REV.	REV.
	Administration			11/09		
Policy: DIGNITY, RESPECT AND DIVERSITY						

Policy

It is the policy of Team Mental Health Services (TMHS) that each consumer and their family members will be treated with dignity and respect when receiving mental health services.

TMHS employees will acknowledge, respect and accommodate consumer needs that arise related to ethnic, spiritual, religious or other cultural influences and social circumstances such as low income or poverty.

Procedures

All staff will treat consumers, family members and all visitors in a dignified and respectful manner.

The Case Manager or assigned therapist will be responsible for giving family members an opportunity to provide information to treating professionals.

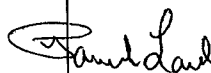
As relevant to treatment, all staff shall ascertain any unique needs of the consumers as related to ethnic, spiritual, religious or other cultural issues. All efforts will be made to accommodate these needs (if appropriate and available) either directly or by referral. In the event that the consumer's needs are in conflict with mandates or laws, the staff shall give an explanation to the consumer and a referral (if appropriate and available.)

Family members will be provided with an opportunity to request and receive information about:

- Mental health disorders
- Medications and possible side effects
- Available support services
- Advocacy and support groups
- Financial assistance
- Coping strategies

Requests can be made directly to TMHS or via the County Recipient Rights Officer.

A referral poster will be prominently displayed in site locations and waiting rooms directing consumers who wish to contact the Recipient Rights Officer.

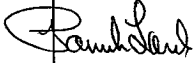
TEAM MENTAL HEALTH SERVICES		SIGNATURE	APPV.	REV.	REV.	REV.
	Administration			11/09		
Policy: FINGERPRINTING, PHOTOGRAPHY, AUDIO TAPING, AND USE OF ONE-WAY GLASS						

Policy

It is the policy of Team Mental Health Services (TMHS) to obtain consumer permission before fingerprinting, photographing, audio taping a consumer and prior to the use of one way glass during a consumer's treatment.

Procedure

TMHS does not require fingerprinting, or permit the use of one-way glass when working with our consumers. With consumer approval, photography and audio taping may be done however; consumer will be allowed to decline photography and taping at their desire. Photographs or audiotapes taken in order to provide services to a consumer, and any copies of them, shall be kept as part of the record of the consumer.

TEAM MENTAL HEALTH SERVICES		SIGNATURE	APPV.	REV.	REV.	REV.
	Administration			11/09		
Policy: FREEDOM OF MOVEMENT						

Policy

It is the policy of Team Mental Health Services (TMHS) to ensure that freedom of movement of consumers shall not be restricted more than necessary to achieve the purpose of treatment and protect the safety of persons and property.

Freedom of movement shall be restricted only:

- By general restrictions of a treatment setting
- From areas that could cause health, safety or security problems for consumers, employees and the service site.
- Temporary restrictions from areas for reasonable, unexpected activities including repair and maintenance.
- For emergencies such as fire, floods or other severe weather.
- Access to off-site areas.
- Areas that have time restrictions (i.e. hours of operation)
- By individual case, when determined clinically necessary.
- To provide services including assessment and evaluation.
- To prevent injury to the consumer or others.
- To prevent property damage.

Restrictions on a consumer's freedom of movement will be discontinued when the clinical necessity ceases to exist. All restrictions shall be consistent with law, standards of accreditation and TMHS policy.

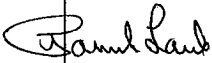
Procedures

The assigned clinician shall inform all outpatient and case management consumers of any area restrictions/limitations that relate to the specific service site.

Skill-Building Day Program consumers will be informed of their right to freedom of movement and any restrictions that apply to the specific program setting during the consumer's introduction/orientation to the program.

Consumers shall have access to general areas suited for vocation, social and recreational activities.

Any limitation or restriction of movement shall be clinically justified on a time-limited basis and documented on the consumer's Person Centered Plan.

TEAM MENTAL HEALTH SERVICES		SIGNATURE	APPV.	REV.	REV.	REV.
	Administration			11/09		
Policy: GRIEVANCE AND APPEAL						

Policy

It is the policy of Team Mental Health Services (TMHS) to provide a grievance and appeal process through which consumers may file a complaint and seek resolution for any concerns, complaints, disputes, actions, and recipient rights complaints in a timely and orderly manner.

Procedure

Consumers at TMHS have the right to appeal decisions made regarding treatment/services, in addition to have access to due processes for services that are denied, suspended, reduced, or terminated. (Grievance and Appeals Brochure). They will be informed of their rights at the time of intake and at subsequent reviews of treatment. (Notice of Hearing Rights/Medicaid enrolled beneficiary) or (Notice of Hearing Rights/Non-Medicaid enrolled beneficiary). All consumers have the right to both formal and informal conflict resolution processes. Consumers may at any time request that their Individual Plan of Service be reviewed and evaluated by their service delivery staff or some other independent person. They also have formal rights of grievance and appeals. Both processes are described below and include access to the following:

- **Recipient Rights:** Persons who are eligible for and receive Mental Health supports and services may file a Recipient Rights complaint on forms provided or contact a Recipient Rights Advisor (RRA) to register a complaint (Recipient Rights Complaint). The RRA shall perform and inform the complainant about the following:
 - The role of the Recipient Rights Advisor;
 - The investigation process;
 - The process for accessing grievance mechanisms;
 - The relevant time frames for making complaints;
 - The circumstances under which the disputed services can be continued pending a Fair Hearing or Alternative Dispute Resolution Proceedings;
 - Offer assistance to the complainant;
 - Forward a copy of each filed grievance to the designated Office of Recipient Rights (ORR) Grievance Coordinator.

- **Second Opinion** (Available to all Medicaid beneficiaries) See “Second Opinion” policy

- **Grievance and Complaints** – Consumers of service may file a grievance regarding “any” concern or dissatisfaction that is not an action. Complainants may request a case conference with their clinician and a supervisor by notifying their clinician or contacting a supervisor directly. Complainants may also request a structured process to request reconsideration of a decision rendered.

(Grievance & Complaint) This structured process requires TMHSS to provide acknowledgement of the grievance within 5 days of the complaints filing (Acknowledgement of Grievance), notification of the resolution, this must be done within 30 days of the complaint (Notification of Resolution), and notification to appeal (Request for Review by Local Dispute Resolution).

- **Informal Conflict Resolution** – The process whereby an individual consumer may request that their services and/or Person Centered Plan of service be reviewed by their service provider. If no resolution is achieved at the closest point of service the consumer may request that a supervisor and the subsequent chain of command within the organization review and evaluate their claim.
- **Local Dispute Resolution (LDR)** – The process for resolving complaints, disputes and grievances at the level closest to the service delivery, (DTWCCMHA, MCPH, or SP) available to consumers who receive Medicaid or non-insured consumers. While it is preferable to resolve the dispute through the Local Dispute Resolution process, this process does not supplant or replace the consumer's right to file a hearing request with the Michigan Department of Community Health (MDCH).
- **Alternative Dispute Resolution** – A MDCH review process that is made available to persons not eligible for Medicaid services. This process is an impartial review of an adverse action decision by TMHS, Gateway Community Health or Detroit-Wayne Co. CMHA. This process can be utilized after all Local Dispute Resolution processes are exhausted and you are still dissatisfied with the resolution.
- **Medicaid Fair Hearings** - Federal law allows Medicaid beneficiaries the right of appeal to resolve care decision disputes with TMHS by way of a hearing with the Michigan Department of Community Health (MDCH) Administrative Tribunal. A Medicaid beneficiary may file a Request for an Administrative Hearing (Request for an Administrative Hearing) at any point during treatment where Medicaid allowable services are denied, reduced or terminated.
- **Adequate Action Notice** is a written statement advising the consumer of a decision to deny or limit authorization of a requested Medicaid service or they are discharged from treatment/services. (Adequate Action Notice) Adequate Notice is given to a consumer at the same time that an action takes effect or at the IPOS. The consumer may contest this notice by filing a Request for an Administrative Hearing.
- **Advance Action Notice** is a written statement of a decision to suspend, reduce or terminate treatment/services to a consumer and must be mailed to that consumer at least twelve (12) days before the date of action. (Advance Action Notice)

If a consumer requests a hearing before the date of action, TMHS will not terminate or reduce benefits/services until a decision and order is issued by the administrative law judge or the consumer withdraws their hearing request or does not appear at the scheduled hearing.

Both Adequate and Advance Notices must include the following:

- Statement of what action is being taken by TMHS;
- Reasons for intended action;
- Specific justification that supports the action;
- Explanation of TMHS's grievance resolution process;
- Explanation of the consumer's right to request an Administrative Hearing
- The circumstances under which an Administrative Hearing will be granted in cases of an adverse action based on a change in law
- An explanation of the circumstance under which the Medicaid covered service(s) are to be continued if the individual files a request for an Administrative Hearing;
- A Request for an Administrative Hearing form will be sent to the consumer with all adequate or advance notices along with a return postage paid envelope.
- Exceptions: TMHS may mail a notice and terminate services prior to the 12 day requirement for an advance action if:
 - ❖ TMHS has factual information confirming the death of the consumer;
 - ❖ It receives a clear and written statement from the consumer that they no longer wish to receive services or the consumer gives information that requires termination or reduction of services and indicates that he/she understand that the termination or reduction in services is a result of that information.
 - ❖ The consumer is admitted to an institution where they are ineligible for Medicaid benefits;
 - ❖ The consumer's whereabouts are unknown and mail has been returned to TMHS;
 - ❖ TMHS has established the fact that the county of residence has changed and the consumer is receiving Medicaid services by another service provider authorized to provide that service.

➤ **Processing a Request for an Administrative Hearing**

All requests for an Administrative Hearing should be mailed to:

**Administrative Tribunal
Michigan Department of Community Health
P.O. Box 30195
Lansing, Michigan 48909**

- If an Administrative Hearing request (AHR) is submitted in another location, a copy of the request will be immediately faxed to the Tribunal at (517) 335-9180. The original request will then be forwarded to the Tribunal within seven (7) days.

➤ **Hearing Requests**

Upon receipt of a hearing request, the Tribunal will assign a docket number and fax a copy of the hearing request to TMHS. TMHS's Quality Assurance Director will receive the hearing requests, identify the responsible staff and forward a completed hearing summary to the Tribunal and the Appellant within 14 days of the hearing request. The QA Director will prepare the Hearing Summary form.

The Appellant/AHR may request an adjournment of a scheduled hearing. This may only be granted by the Administrative Tribunal.

The Tribunal may deny or dismiss a request for a hearing if the Appellant/AHR fails to appear at a scheduled hearing without good cause.

The Appellant/AHR may also request to withdraw their request for an Administrative Hearing. (Hearing Request Withdrawal)

The Appellant/AHR and TMHS will each present their positions to the Administrative Law Judge (ALJ) who will determine whether the actions taken are correct to fact, law, policy and procedure.

Both TMHS and the Appellant/AHR will have adequate opportunity to present the case, bring witnesses, establish all pertinent facts, argue the case, refute any evidence, and cross examine adverse witnesses and the author of a document offered in evidence.

The ALJ will mail the proposal for decision to the parties and each party shall have ten (10) calendar days from the date of mailing of the proposed decision to file exceptions to the Department.

The ALJ's Decision and Order is the final determination of the Department. Rehearing or reconsiderations may be granted in some circumstances.

If applicable, the QA Director is responsible for ensuring that the decision is implemented within ten (10) calendar days of the Decision and Order mailing date and will complete the yellow copy of the DCH-0107 within the same time frame. The QA Director will then send it to the Administrative Tribunal to certify the status of implementation.

➤ **Rehearing/Reconsideration**

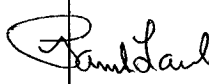
TMHS or the Appellant/AHR may file a written request for a rehearing/reconsideration if there is time to rehear/reconsider the case and implement the resulting decision within the 90-day time frame and if the criteria below are met:

- Newly discovered evidence or evidence that should have been discovered that existed at the time of the original hearing and could affect the outcome of the original hearing decision;
- Misapplication of manual policy or law in the hearing decision which led to a wrong conclusion;
- A typographical, mathematical or other obvious error in the hearing decision that affects the rights of the Appellant;
- Failure of the ALJ to address in the hearing decision relevant issues rose in the hearing request.

The Administrative Tribunal will either grant or deny a rehearing/reconsideration and send a written notice of the decision.

➤ **Non-Discrimination**

Consumers or their legal representatives who file grievances/appeals or rights complaints will not be subjected to discrimination or retaliation. Staff employed by TMHS or subcontractor sites that participate in grievance/appeal processes or rights investigations on behalf of consumers filing grievance/appeal or rights complaints will not be subjected to discrimination or retaliation.

TEAM MENTAL HEALTH SERVICES		SIGNATURE	APPV.	REV.	REV.	REV.
	Administration			11/09		
Policy: INCIDENT REPORTING						

Policy

It is the policy of Team Mental Health Services (TMHS) that an Incident Report shall be completed so that an investigation into the incident may occur and plans may be developed to prevent recurrences.

Procedure

Incident Reports should be completed in the following situations:

- When an unusual incident takes place while services are being delivered to any consumer of TMHS, either directly or through subcontractors. This may include:
 - Medication errors;
 - Incidents involving injury;
 - Communicable disease;
 - Infection control;
 - Violence or aggression;
 - Sentinel Events;
 - Use or possession of weapons;
 - Elopement and/or wandering;
 - Vehicular accidents;
 - Biohazardous accidents;
 - Use or possession of licit or illicit substances;
 - Suicide or Attempted Suicide;
 - Other areas as pertinent.

When an unusual incident occurs involving other individuals (non-staff, non-consumer) that takes place on TMHS property.

The Incident Reports **must be completed immediately** at the time of the incident by the person witnessing the event and turned into their immediate supervisor for review and signature. A TMHS staff person should always fill out the Incident Report. They may need to get input from consumers or witnesses. There is no penalty for filing a report.

The immediate supervisor must review and sign the Incident Report prior to it being distributed to the appropriate agencies/individuals. An Incident Report must be completed within **24 hours** of witnessing or becoming aware of the incident. Upon completion of the Incident Report and review by the supervisor, the report must be sent to the following agencies/individuals:

- D-WCCMHA Office of Recipient Rights
- Gateway Community Health Quality Compliance Specialist
- TMHS Quality Assurance Department, which will log the incident and track the timeliness and content of all reports. All Incident Report trend information will be

tracked and put in writing by the Quality Assurance Department for possible review and action.

- TMHS Vice President (or his/her designee) if incident involved injury to any individual or possible liability.
- Each location will maintain an Incident Report Binder(s) to maintain copies of Incident Reports completed internally and externally.

Once an incident report has been completed, submitted, and reviewed by the respective parties and subsequent Recipient Rights authorities, the Program Director of the reporting clinic site may be required to write and implement a Corrective Action Plan.

If a staff person has any questions on whether or not to complete an incident report, they should bring the issue to their immediate supervisor for guidance.

A review of all critical incidents will be done at the Quality Management Committee (QMC) and a written quarterly analysis completed by the Quality Assurance Director.

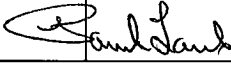
This analysis will address:

- causes,
- trends,
- actions for improvement,
- results of performance improvement plans,
- suggestions for the education and training of personnel related to incidents,
- prevention recurrence and internal/external reporting requirements (as applicable).

This analysis will be given to the QMC and TMHS leadership for review and development of action plans as applicable.

Completed Incident Reports will be kept in a binder in a secure location. Incident reports may contain personal health and or confidentially protected information and may be protected by Peer Review protocols and HIPAA regulations.

Debriefing following critical incidents shall be documented and attached to the Incident Report form when applicable. (Also see "Emergency Procedures" policy).

TEAM MENTAL HEALTH SERVICES		SIGNATURE	APPV.	REV.	REV.	REV.
	Administration			11/09		
Policy: PERFORMANCE OF LABOR BY CONSUMERS						

Policy

It is the policy of Team Mental Health Services (TMHS) to allow a consumer to perform labor that contributes to the operation and maintenance of the facility for which the facility would otherwise employ someone. This may be done only if:


- the consumer voluntarily agrees to perform the labor,
- engaging in the labor would not be inconsistent with the individual plan of services for the consumer
- and the amount of time or effort necessary to perform the labor would not be excessive.

Procedure

In no event shall discharge or privileges be conditioned upon the performance of such labor.

A consumer, who performs labor that contributes to the operation and maintenance of the facility for which the facility would other wise employ someone, shall be compensated appropriately and in accordance with applicable federal and state labor laws, including minimum wage and minimum wage reduction provisions.

A consumer who performed labor other then that described shall be compensated an appropriate amount if an economic benefit to another individual or agency results from his/her labor.

TEAM MENTAL HEALTH SERVICES		SIGNATURE	APPV.	REV.	REV.	REV.
	Administration			11/20/09		
Policy: RECIPIENT RIGHTS						

Policy

It is the policy of Team Mental Health Services (TMHS) to ensure that recipients' rights are protected as specified in Public Act 258. To achieve this TMHS has established an Office of Recipient Rights as described in Section 330.1755 of the Michigan Mental Health Code and Administrative Rules, where the following policies and procedures have been adopted.

This policy applies to all mental health services provided by TMHS and/or mental health services that are contracted or sub-contracted for by TMHS on behalf of any and all Community Mental Health Agencies.

This policy should be read in conjunction with the Michigan Mental Health Code, Administrative Rules, applicable laws, The Department of Community Health Policy and Rules, and TMHS policies.

Procedures:

An Office of Recipient Rights (ORR) shall be established and operated to ensure that the rights of recipients are protected as outlined in the Michigan Mental Health Code and Administrative Rules.

Rights staff shall:

- Be free to interact with all staff.
- Have unimpeded access to the entire organization and not be confined to a specified area; this includes access to staff, volunteers, and agents of TMHS and/or contracted entities, clinical records and other documents needed to fulfill the responsibilities of the ORR.
- Possess an understanding of the rights system, mental health programs and mental health services provided.
- Have a commitment to the well-being of recipients.
- Have access to a computer.

TMHS will provide training to all staff at all service locations operated by or under contract with TMHS within thirty days of employment and annually thereafter. The training will include a summary of Chapters 7 & 7A of the Michigan Mental Health Code.

- Documentation of training sessions (staff sign-in sheets) will be sent to Human Resources and filed in employee personnel files.
- A training calendar shall be submitted to the community mental health agency's ORR quarterly.

The Administrative leadership of TMHS will be supportive of all ORR activities and will take appropriate action to ensure the following:

- Recipients, complainants and Rights staff shall be protected, if there is evidence

of harassment or retaliation concerning an apparent violation of rights or a rights complaint:

- A record keeping system will be maintained for recording all reports and other correspondence related to apparent or suspected rights violations. The record keeping system will include a mechanism for logging of complaints and secure storage of all investigative documents and evidence;
- Firm and fair disciplinary or other appropriate remedial action is taken to resolve rights violations. The action taken will be reported to complainants. A copy of the summary report and a description of the disciplinary or remedial action for all substantiated cases taken will be maintained in the individual case file.
- During the investigation of a rights complaint, employee rights are safeguarded.
- Rights staff will submit all complaints, reports of investigative findings, and other reports/documents to the community mental health agency's ORR as required;
- All service locations will be visited at least once annually and with the frequency necessary for protection of rights guaranteed by the Michigan Mental Health Code and Administrative Rules. These site visits can be announced or unannounced.

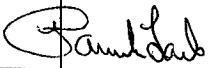
Effective June 7, 2004

Detroit Wayne County Community Mental Health Agency (DWCCMHA) will be assuming all ORR duties for their consumers. All complaints and appeals from a Wayne County consumer will be received, logged, investigated and resolved by:

Detroit-Wayne County Community Mental Health Agency
Office of Recipient Rights
640 Temple
Detroit, MI 48201-2558

TMHS will continue to assume the following Recipient Rights procedures for DWCCMH consumers:

- Notification and documentation that the consumer and their family has been informed of their rights and ORR address and phone # via the consumer handbook and Consent to Treatment forms (updated annually)
- Notification to consumers of their right to receive an actual copy of the Mental Health Code
- Notification of rights and grievance process on the Person Center Plan (updated quarterly)
- Posting of prominent posters, accessibility to pamphlets and complaint forms available in all waiting rooms
- Ensure full cooperation with all ORR investigations
- Assist consumers in contacting the ORR and reporting a complaint.
- Develop and adhere to applicable TMHS consumer rights policies and procedures.

TEAM MENTAL HEALTH SERVICES		SIGNATURE	APPV.	REV.	REV.	REV.
	Administration			11/09		
Policy: RELIGIOUS MEMBERSHIP						

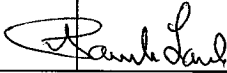
Policy

It is the policy of Team Mental Health Services (TMHS) that every consumer have the right to participate in preferred religious practices and to be a member of a place of worship of their choosing.

Procedure

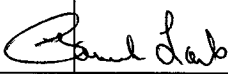
TMHS will work with consumers to coordinate transportation to places of worship for services, events, and other meetings as needed. Staffing can be provided as well.

Consumers of TMHS will not be asked to participate in religious practices that they do not believe in or wish to participate in. TMHS does not provide treatment services by spiritual means but will assist with referral for these services as desired.

TEAM MENTAL HEALTH SERVICES		SIGNATURE	APPV.	REV.	REV.	REV.
	Administration			11/09		
Policy: SECLUSION AND RESTRAINT						

Policy

It is the policy of Team Mental Health Services (TMHS) to use positive reinforcement, redirection and de-escalation techniques as a response to challenging behaviors. The use of Non-Violent Crisis Prevention Intervention is used by trained staff, only as a last resort, in the event that a consumer is an imminent risk to themselves or others. TMHS does not utilize seclusion or restraint as a means of intervention.

TEAM MENTAL HEALTH SERVICES		SIGNATURE	APPV.	REV.	REV.	REV.
	Administration			11/09		
Policy: SENTINEL EVENTS						

Policy

It is the policy of Team Mental Health Services (TMHS) is to report and investigate Sentinel Events as required by the Michigan Department of Community Health Agency.

Procedures

At the identification of a Sentinel Event, TMHS staff shall:

- Report the Sentinel Event to the Managed Care Provider Network (MCPN) within 24 hours (see Sentinel Event Report form). The written Sentinel Event Report must be submitted to the MCPN within 48 hrs.
- The MCPN will:
 - Review and investigate the Sentinel Event that includes the examination of systems and procedures and how they were carried out;
 - Report each reportable Sentinel Event within three (3) business days of becoming aware of the Sentinel Event to the appropriate county's Quality Division.
 - Submit a completed "Monthly Sentinel Event Report" to the appropriate county's Quality Division within fifteen (15) days of the end of each month.

TMHS will:

- Hold a Sentinel Event Reporting Committee (SERC) to conduct and provide an integrated analysis of more severe Sentinel Events which addresses the following:
 - Analysis of the root cause(s) of the Sentinel Event
 - How the failure/variation in applying the procedure did or may have caused the Sentinel Event.
 - A plan of action to prevent further recurrence of the Sentinel Event based on the above findings.
 - Provide the appropriate county's Office of Recipient Rights with a final report of the Sentinel Event no later than 90 days from the date of the initial report of the incident.
 - Provide follow-up to ensure implementation of the Plan of Action determined by the SERC.
- Implement necessary corrective actions;
- Monitor the effectiveness of the actions taken.
- Include measures for both the monitoring of and for the continuous improvement in quality of this policy.