

(was MCCMH Policy 9-01-035)

Chapter: **RECIPIENT RIGHTS**
Title: **RIGHTS ADVOCACY / MONITORING**

Prior Approval Date: 7/30/09
Current Approval Date: 8/29/12

Approved by: BOARD ACTION



Executive Director

08/29/12

Date

I. Abstract

This policy establishes the standards and procedures regarding annual monitoring assessments conducted by the Macomb County Community Mental Health (MCCMH) Office of Recipient Rights (ORR).

II. Application

This policy shall apply to all directly-operated and contract network providers of the MCCMH Board.

III. Policy

It is the policy of the MCCMH Board that protection of the rights of recipients of direct and contract service providers shall be ensured through annual monitoring assessments conducted by the MCCMH ORR.

IV. Definitions

A. None.

V. Standards

A. All MCCMH providers shall be reviewed at least annually by the MCCMH ORR for compliance with the Michigan Mental Health Code, Administrative Rules, and MCCMH MCO Manual Chapter 9 policies utilizing forms disseminated by the MCCMH

ORR in conjunction with the Michigan Department of Community Health (Exhibits A and B) attached to this policy.

- B. Each provider shall have eight (8) business days to formulate a Plan of Correction which address those areas in which the provider is found in non-compliance with MCCMH MCO Manual Chapter 9 policies.
- C. Annual monitoring assessment forms/format shall be reviewed not less than yearly, revised as appropriate, by the MCCMH ORR.

VI. Procedures

- A. Findings of the review shall be retained in the provider's administrative file (one copy). The original report shall be retained in the MCCMH ORR.
- B. The MCCMH ORR shall review findings with the provider's supervisor/designee, making recommendations to correct items found not in compliance with the MCCMH Board policies pertaining to Recipient Rights.
- C. The provider shall develop and submit a Plan of Correction to the MCCMH ORR for consultation/agreement and ORR implementation monitoring.
- D. Results of deficiencies noted during monitoring shall be presented to the MCCMH Board's Recipient Rights Advisory Committee during its scheduled quarterly meetings by the MCCMH ORR.
- E. The MCCMH ORR shall present results of deficiencies noted during monitoring to the appropriate monitoring body in the timeframes as identified under the MCCMH QAPIP.

VII. References / Legal Authority

- A. MCL 330.1755
- B. MCL 330.1753
- C. MCL 330.1232a
- D. OAG, 1979, No 5502 (July 2, 1979)

VIII. Exhibits

- A. ORR Annual Site Visit Monitoring Form
- B. ORR Annual Inpatient Monitoring Checklist

_____ CMHSP - Office of Recipient Rights
SITE VISIT MONITORING
MHC 330.1755 (5)(e)

Date: _____

Assessor: _____

Site: _____

Provider: _____ Location: _____

Program Type: Group Home MI DD ___#Residents Day Program: MI DD

Workshop: MI DD ACT Program Outpatient Clubhouse/Drop In Center

Other: _____

Yes <input type="checkbox"/>	No <input type="checkbox"/>	1. Know Your Rights Booklets were available?
List Counties available and name of Rights Staff (if noted on book)		
a. _____		b. _____
c. _____		d. _____
e. _____		f. _____
Comments: _____		
Yes <input type="checkbox"/>	No <input type="checkbox"/>	2. Current Rights Posters were conspicuously posted and visible to Staff and Recipients (unless SIP)?
List Counties available and name of Rights Staff		
a. _____		b. _____
c. _____		d. _____
e. _____		f. _____
Comments: _____		
Yes <input type="checkbox"/>	No <input type="checkbox"/>	3. Abuse and Neglect Reporting Posters are posted where staff can see them?
Comments: _____		
Yes <input type="checkbox"/>	No <input type="checkbox"/>	4.a. House Rules Posted (identify any exclusions [weapons], phone use, visits, etc.)? ATTACH COPY
Comments: _____		
Yes <input type="checkbox"/>	No <input type="checkbox"/>	4.b. Are the House Rules reasonable and lawful? (further limitations only as justified in the IPOS)
Comments: _____		

_____ CMHSP - Office of Recipient Rights
SITE VISIT MONITORING

Yes <input type="checkbox"/>	No <input type="checkbox"/>	5. Complaint forms readily available?
Comments: _____ _____ _____		
Yes <input type="checkbox"/>	No <input type="checkbox"/>	6. Incident Report forms readily available?
Comments: _____ _____ _____		
Yes <input type="checkbox"/>	No <input type="checkbox"/>	7. Are Recipients aware of how to file a complaint?
Comments: _____ _____ _____		
Yes <input type="checkbox"/>	No <input type="checkbox"/>	8. Are staff aware of how to file a complaint?
Comments: _____ _____ _____		
Yes <input type="checkbox"/>	No <input type="checkbox"/>	9. Records or other confidential information are not open for public inspection?
Comments: _____ _____ _____		
Yes <input type="checkbox"/>	No <input type="checkbox"/>	10. Are there any health or safety concerns during this visit? (May depend on setting - examples could include: cleaning supplies locked up, med cabinet locked, and temperature of the home is appropriate for the season, etc.)
Comments: _____ _____ _____		
Yes <input type="checkbox"/>	No <input type="checkbox"/>	11. Do training records indicate that staff received RR training within 30 days of hire? Who conducted the training?
Comments: _____ _____ _____		
Yes <input type="checkbox"/>	No <input type="checkbox"/>	12. Is a follow-up site visit necessary?
Comments: _____ _____ _____		

Observations/Deficiencies Noted/Required Action: _____

_____ - Office of Recipient Rights
LPH/U Inpatient Monitoring Checklist

Date: _____ Assessor: _____

Name of site: _____ Voluntary Involuntary Both #Beds _____

Yes <input type="checkbox"/> No <input type="checkbox"/>	1. Does Hospital have its own Rights Advisor and back up Rights Advisor? Comments: _____ _____ _____
Yes <input type="checkbox"/> No <input type="checkbox"/>	2. Does Rights Advisor report only to the Director (check policy) If designee who can take action on substantiated violations, is there a formal designation? explain (check policy) Comments: _____ _____ _____
Yes <input type="checkbox"/> No <input type="checkbox"/>	3. Is there a poster (or other means) which identifies the Rights Advisor and a method for contact posted in areas where recipients, family members and guardians and visitors have access? Comments: _____ _____ _____
Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/>	4. a. Is there rights booklets/summary of rights posted? 4 b. Is a copy of chapter 7 & 7A available to recipients? Comments: _____ _____ _____
Yes <input type="checkbox"/> No <input type="checkbox"/>	5 Are Recipient Rights booklets provided to recipients, family members and guardians upon admission? Comments: _____ _____ _____
Yes <input type="checkbox"/> No <input type="checkbox"/>	6 Is the Rights Advisor and means of contact identified on the Recipient Rights booklet? Comments: _____ _____ _____
Yes <input type="checkbox"/> No <input type="checkbox"/>	7 Are complaint forms readily available on the unit and is there a secure mechanism for reporting (lock box or other confidential way)? Comments: _____ _____ _____
Yes <input type="checkbox"/> No <input type="checkbox"/>	8 Is there a poster advising recipients that there are advocacy organizations available to assist in preparation of a written rights complaint/offering to refer the recipient to those organizations (if not in acknowledgement letter). Comments: _____ _____ _____

_____ - Office of Recipient Rights
LPH/U Inpatient Monitoring Checklist

Yes <input type="checkbox"/> No <input type="checkbox"/>	9 Are posters on reporting abuse and neglect present in staff areas? Comments: _____ _____ _____
Yes <input type="checkbox"/> No <input type="checkbox"/>	10 Does the RR Advisor have unimpeded access to all information/areas necessary to conduct an investigation/perform monitoring functions? (MHC 330.1755 (2) (d)) Comments: _____ _____ _____
Yes <input type="checkbox"/> No <input type="checkbox"/>	11 Are Unit Rules (if any) posted including any exclusions (i.e. telephone usage, visitation, etc)? Comments: _____ _____ _____
Yes <input type="checkbox"/> No <input type="checkbox"/>	12 Are Unit Rules reasonable and lawful? <u>ATTACH COPY OF UNIT RULES</u> Comments: _____ _____ _____
Yes <input type="checkbox"/> No <input type="checkbox"/>	13 Are there any health or safety concerns? (Locked medications, cleaning supplies, etc. – if Restraint/Seclusion is being used, check policy, is it being done properly?) Comments: _____ _____ _____
Yes <input type="checkbox"/> No <input type="checkbox"/>	14 Are staff aware of how to file a complaint? Comments: _____ _____ _____
Yes <input type="checkbox"/> No <input type="checkbox"/>	15 Are Recipients aware of how to file a complaint? Comments: _____ _____ _____
Yes <input type="checkbox"/> No <input type="checkbox"/>	15. a. Appeals Process for CMHSP recipients (those receiving services or authorization from CMHSP); i. Does notice of appeal rights refer patients to appropriate CMH appeals committee?
Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/>	15. b. Appeals Process for non-CMHSP recipients; i. Is there an agreement with DCH? ii. Has LPH/U established their own appeals committee Comments: _____ _____ _____
Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/>	16. a. Is there a Recipient Rights Advisory Committee in place either by: i. agreement with local CMH? Or ii. process handled by the hospital's RRAC? 16. b. Do RRC Minutes reflect meeting at least twice per year? Comments: _____ _____

