COPPER COUNTRY MENTAL HEALTH SERVICES

Provider Network Manual

Updated February 2014

CCMHS
Provider Network Manual

Table of Contents

COPPER COUNTRY MENTAL HEALTH SERVICES

Provider Network Manual

Welcome to Copper Country Mental Health Services Provider Network

This manual has been developed as a reference guide for our network providers. It gives you an overview of our contract requirements, policies related to contractors as well as other information you may find useful.

If you have any comments or questions while reading this manual you may call our Contract Manager at (906) 482-9400, ext. 227.

Thank you for joining the Copper Country Mental Health Services Provider Network. We look forward to a long and rewarding relationship with you as we work to provide quality cost efficient care to our consumers.

IMPORTANT NOTICE

This manual explains many important aspects of the Copper Country Mental Health Services' Provider Network. This manual, in conjunction with the provider contract, outlines the procedures and requirements that providers must follow to be included in the CCMHS Provider Network.

CCMHS reserves the right to interpret any term or provision in this manual and to amend it at any time. To the extent that there is an inconsistency between the manual and the provider contract, CCMHS reserves the right to interpret such inconsistency. The interpretation shall be binding and final.

Copper Country Mental Health Services
(serving Houghton, Keweenaw, Baraga & Ontonagon Counties)
901 West Memorial Drive
Houghton MI 49931
(906) 482-9400

Provider Network Manual Introduction

Copper Country Mental Health Services is committed to excellence in the delivery of services to persons with mental illness, developmental disability, and children with severe emotional disorders. This commitment will be demonstrated throughout the region by offering services, which are effective, efficient, and responsive to the consumers we serve, as well as the communities in which they live.

As an assurance to our stakeholders – the Consumers, the Department of Community Health, the community and to our employees – Copper Country Mental Health Services will require that all providers of behavioral health services in the Network be qualified to deliver those services.

The credentialing and privileging process is designed to ascertain a provider's:

- Formal Education
- Training
- Experience and
- Competence

Executive authorization is granted for a Provider to perform specific services for a designated length of time. Providers who are privileged to deliver certain types of services must continue to meet the requirements, which have been established, to maintain good standing in the Network.

Principal Strategies and Objectives

The principal strategies and objectives, which will be included in every aspect of the Provider Network for Copper Country Mental Health Services, shall be as follows:

- Promotion of access to the least restrictive level of care required for a Consumer's condition or disorder.
- Provision of quality care that is evidenced by Consumer satisfaction and clinical outcomes.
- Integration of person centered planning into all clinical activities.
- Management of financial and other resources to contain or reduce cost.
- Arrangement for care that is delivered quickly, locally and in a person centered manner.
- Development of a service delivery system that emphasizes prevention, wellness and recovery.

The Provider Network of CCMHS will assure network competencies and the sufficient amount of resources for choice, quality and market competition.

This manual has been prepared as a guide to CCMHS's policies and procedures for individual practitioners, programs and facilities. It provides important information regarding the managed care features incorporated in the Provider Contract.

The manual has been designed to be a useful tool for Participating Providers and their staff. CCMHS understands that our relationship with Providers is essential in the commitment to an effective and efficient quality of clinically necessary care. We look forward to a mutually cooperative and beneficial relationship.

CCMHS is part of the NorthCare affiliation. NorthCare is the prepaid health plan that oversees CCMHS's Medicaid dollars. NorthCare affiliation members are Pathways CMH, Northpointe Behavioral Health Services, Gogebic CMH, Hiawatha Behavioral Health, and Copper Country CMH.

CCMHS Section 1

Provider Network Manual

Provider Responsibilities

Introduction

In order to provide quality services to consumers it is necessary for Copper Country Mental Health Services and the participating providers to establish and maintain a cooperative relationship. The provider is encouraged to direct any questions and concerns to CCMHS administration or the contract manager. Beneficiaries must be excluded from any dispute between the participating provider and the CCMHS affiliates.

The Contract Manager, located at 901 W. Memorial Drive, Houghton MI 49931, manages CCMHS's Provider Network. The phone number is (906) 482-9400, ext. 227, Monday through Friday, between the hours of 8:00am – 5:00pm.

Individual Treatment Planning

Providers shall be responsible for development and/or implementation of individual treatment plans designed through a person centered process of self-determination. The treatment plan will outline the specialty services and supports for each consumer while safeguarding the consumer's right to the least restrictive environment and their health and safety.

Incident Reporting

Providers must notify CCMHS's Recipient Rights Officer, Tracy Jaehnig, at (906) 482-9400, ext. 120 immediately by telephone of serious injury or loss of life sustained by a CCMHS Consumer. Written notification must follow within 24 hours. CCMHS must also be notified immediately of any consumer's unexpected absence from the home or program or discharge against medical advice. Please see the Recipient Rights policies in Section 7 for more detailed information.

Confidentiality and Release of Information

Confidentiality is an important professional and administrative aspect of CCMHS's policies and procedures. Providers agree to comply with all state and federal laws regarding privacy, confidentiality and release of information. The Provider agrees specifically that it will comply with HIPAA and 42 CFR Part II (when appropriate) and its privacy protection provisions as they relate to consumer information. To the extent necessary for the Provider to disclose information concerning any of CCMHS's consumers, to any third party, the Provider agrees to comply with notification provisions of HIPAA and 42 CFR Part II. This provision applies to the Provider, its agents and employees, and the Provider must educate its employees and agents with respect to the confidentiality provisions of HIPAA and 42 CFR Part II as they relate to privacy rights of CCMHS's consumers.

Participating providers are responsible to ensure that they have any necessary consumer consents. Please see Section 7 for further details.

Record Keeping Requirements

Participating providers must establish a separate file for every case upon initial contact with the Consumer. Facilities subject to JCAHO, CARF, COA, AOA, and other national accrediting organizations must meet the record keeping standards of such organizations. Participating providers who are not subject to these accrediting organizations must establish a medical record system, which includes the following information:

- Consumer demographic information
- Presenting problems, precipitants and severity of symptoms
- Psychiatric and substance abuse history
- Relevant medical history, to include medication history
- Social, family supports and vulnerabilities
- Mental status exam
- Risk assessment
- DSM-IV TR five axial diagnoses
- ICD-9 CM diagnosis
- Treatment plan developed through person centered principles

Progress notes for each contact must include objective specific outcome/progress, based on therapeutic/habilitative interventions provided, linked to measurable/attainable goals in the treatment plan and linked to assess therapeutic/habilitative needs in the assessment.

Any questions regarding record keeping requirements should be directed to the appropriate Clinical Contact person or the Contract Manager.

Obligation to Report/Duty to Warn

Participating providers must comply with all applicable state and federal child abuse, adult protective services and other reporting laws. It is the participating provider's responsibility to understand and comply with the professional and legal requirements in the state.

The Provider is required to comply with all applicable state and federal statures regarding the obligation to report and duty to protect. CCMHS's Recipient Rights office needs to be informed of any such situation.

Re-credentialing and Information Updates

CCMHS must receive prior or immediate written notice of any additions, deletions, or changes (including the effective dates) related to any of the following:

Re-credentialing

- Verification of current state licensure or certification (annually)
- Verification of current federal DEA certification for M.D's or D.O.'s
- Verification of current individual malpractice liability insurance within limits, dates of coverage and provider's name
- Verification of criminal background check
- Fingerprint clearance
- Verification of non-inclusion on the excluded or restricted provider list of the Office of Inspector General and the general accounting office
- Verification of non-inclusion on the sexual offender register
- Current resume/curriculum vita (every two years)
- Facility accreditation with JCAHO, CARF, COA, AOA and/or other national accrediting organizations

Updated Information

- Tax identification numbers (W-9 form must be completed for Tax ID numbers)
- Change of corporate address and telephone numbers
- Change of practice sites and telephone numbers
- Change of address for claim payments
- Name changes
- Clinical subspecialties
- Admitting privileges (Practitioners only)
- Changes, additions, or deletions of facility programs
- Changes in facility ownership
- Changes of practice ownership or principal interest
- Termination or resignation of any clinical staff
- Notification of any law suits filed against practice/principals
- Notification of any restrictions regarding licensure and accreditation
- Addition of new clinical staff

As a contractual requirement, it is understood that all changes/updated information required above, be immediately mailed to:

Contracts Coordinator
Copper Country Mental Health Services
901 W. Memorial Drive
Houghton, MI 49931

Participating Provider Coverage

A participating provider must contact CCMHS to discuss alternative provider coverage arrangements in any situation when he or she is unable to keep CCMHS consumers in active treatment. Notification to the CCMHS Contract Manager is required regardless of the reasons for utilizing an alternative provider (i.e.: coverage while on vacation).

Any after hour coverage arrangements must be communicated to CCMHS initially and immediately upon any change. CCMHS reserves the right to refer consumers in accordance with their policies.

The American with Disabilities Act (ADA)

CCMHS Management requires participating providers to comply with all regulations of The Americans with Disabilities Act in the provision of care to Copper Country Mental Health Services consumers.

Non-Discrimination

Providers must be equal opportunity providers and shall not discriminate with regard to race, color, sex, religion, national origin, age, height, weight, marital status, veteran status, handicap or any other protected category.

Clinical Record Reviews

The Provider will allow all Health Care Financing Administration (HCFA), State of Michigan, NorthCare Network and/or accreditation on-site reviews.

Copper Country Mental Health Services will at times conduct reviews of clinical records regarding the treatment of consumers. These reviews will be conducted on-site at the provider location, during normal business hours, with or without prior notice from Copper Country Mental Health Services. It is important that the participating providers cooperate fully with these reviews. Copper Country Mental Health Services will be reviewing records for a number of purposes, including but not limited to, the following areas:

- Quality Management
- Claims submission integrity
- Unusual occurrences
- Record keeping
- Corporate Compliance
- Credentialing Compliance
- Contract Compliance

Provider Disenrollment

Either Copper Country Mental Health Services or participating Provider may choose to terminate the provider contract/agreement.

If a participating Provider chooses to discontinue the contract/agreement, Copper Country Mental Health Services must be notified in writing thirty (30) calendar days prior to the effective dates as indicated in the participating Provider contract. Copper Country Mental Health Services will acknowledge receipt of the participating Provider's request and confirm the disenrollment date.

If Copper Country Mental Health Services chooses to dis-enroll a participating Provider, written notification of the dis-enrollment including the effective date, will be given as specified in the participating Provider contract. Immediate disenrollment may occur as a result of any one of the following:

- Conviction of a felony
- Unethical clinical and/or business practice
- Failure to comply with Copper Country Mental Health Services corrective action plan

It is understood that the Provider, in the event of dis-enrollment, is obligated to cooperate with Copper Country Mental Health Services in transitioning consumers and records of treatment.

CCMHS Section 2

Provider Network Manual

Policy Title: Procurement

POLICY/PURPOSE: To acquire needed services and supports at fair and economical prices, with appropriate attention to quality of care and maintenance of existing-care relationships and service networks currently being used by Medicaid recipients and recipients of other public funded services and supports.

PROCEDURE:

I. General Procurement Procedures:

A. The need for procurement must be genuine and is authorized by the Executive Director.

B. An avoidable cost analysis/price analysis is completed to determine the necessity and practicality of the purchase or contract.

C. Efforts are made to include small business, minority owned firms, and women's business enterprises.

D. Assessment of compliance with Limited English Proficiency Guidelines and Cultural Competence Requirements.

E. Contracting entities must establish/have advisory boards and fill positions with consumers, as appropriate and if stipulated in the Request For Proposal (RFP).

F. The type of procurement process to be used is determined. (i.e.: Competitive Sealed Bids, Competitive Negotiation, Non-Competitive Negotiation).

G. A process for consumer input into appropriate RFP's is established.

H. The MDCH Checklist for Procurement will be used as a guide in procurement activities.

I. Where administrative, financial or data processing functions are being considered for a sub-contracting arrangement, federal procurement guidelines will be followed.

J. Essential in guiding the conduct of business of procurement is Copper Country Mental Health Services Board (CCMHSB) Code of Ethics, which addresses ethics in procurement.

K. CCMHSB will not discriminate for the participation, reimbursement, or indemnification of any provider who is acting within the scope of his or her license or certification under applicable state law, solely on the basis of the license or certification.

L. Written notice will be given the providers of goods and services not awarded contract, including the reason for the decision.

M. CCMHSB will not discriminate against particular providers that service high-risk populations or specialize in conditions that require costly treatments.

N. CCMHSB ensures that we will not employ or contract with providers excluded from participation in federal health care program under either Section 1128 or Section 1128A of the Social Security Act or been previously or currently sanctioned by the Medicaid Program.

II. Methods of Selecting Providers:

A. Depending on the circumstances different methods for selecting providers may be used including:

1. Procurement for Selective Contracting: CCMHSB purchases services from a limited number of providers who agree to fulfill contractual obligations for an agreed upon price. CCMHSB identifies the specific services to be provided, seeks proposals/price bids, and awards contracts to the best bidders. Contracts are awarded only to enough providers to assure adequate access to services. The prospect of increased volume induces providers to bid lower prices. Competitive procurement is pursued through two methods/processes:

a. Competitive Sealed Bidding: The process of publicizing government needs, inviting bids, conducting public bid openings, and awarding a contract to the lowest responsive and responsible bidder.

b. Competitive Sealed Proposal: The process of publicizing government needs, requesting proposals, evaluating proposals received, negotiating proposals with acceptable or potentially acceptable offers, and awarding a contract after consideration of evaluation factors in the RFP and the price offered.

2. Procurement to Obtain Best Prices Without Selective Contracting: Under an "any willing and qualified provider" process, bids can be solicited and used to set prices for a service, and then contract or provider agreements can be offered to any qualified provider that is willing to fulfill the contract and meet the bid price.

3. Non-competitive Solicitation and/or Selection of Providers: Circumstances under which CCMHSB may select provider without a competitive procurement process.

   a. The service is available only from a single source;

   b. There is an emergent need for obtaining the service and the urgency does not allow time for competitive solicitation;

   c. After solicitation of a number of sources, competition is determined inadequate;

   d. The services involved are professional services (e.g. psychological testing) of a limited quantity or duration;

   e. The services are unique (e.g. financial intermediaries for consumers using voucher or personal service budgets) and/or the selection of the services provided has been delegated to the consumer under a self-determination program; and

   f. Existing residential service systems, where continuity of care arrangements are of paramount concern.

In these situation, CCMHSB may employ noncompetitive negotiation to secure the needed services, however if CCMHSB is planning on restricting or otherwise limiting the number of providers who can participate in the program, a competitive procurement process (either competitive sealed bidding or competitive sealed proposal) must be followed.

The single-or-limited-source procurement process involves soliciting interest and negotiating with a single or limited set of providers. Again, this may be used where competition for a service is deemed inadequate or when the uniqueness of the services or other consideration limits competitive procurement possibilities.

All organizations or individuals selected for award of a contract will be subject to verification that they are not or have not previously been sanctioned by the Medicaid program resulting in prohibiting their participation in the program.

Policy Title: Contracting for Clinical Services

POLICY: It is the policy of the Copper Country Mental Health Services Board (CCMHS) that all contracts between the Board and organizational providers and independent (non-employee) providers comply with all applicable laws and regulations.

PURPOSE: This policy is written to address statutes, regulations and guidelines applicable when clinical services are provided through contracts with organizations and individuals. CCMHS cannot contract with persons or organizations who: are presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from

covered transactions by any federal department; or have been convicted of a felony; or have been convicted of a misdemeanor that has a direct relationship to the duties of the position, for example, a conviction of Medicaid fraud under $500 would exclude a person from positions which require working with Medicaid recipients. (Section 1128(a) and (b) of the Social Security Act).

DEFINITIONS:

CREDENTIALING: The process of reviewing, verifying, and evaluating a practitioner's credentials (i.e., professional education, clinical training, licensure, board and other certification, clinical experience, letters of reference, other professional qualifications, and disciplinary actions) to establish the presence of the specialized professional background required for membership, affiliation, or a position within a healthcare organization or system. The result of credentialing is that a practitioner is granted membership in a medical staff or provider panel. (American Society of Addiction Medicine and the American Managed Behavioral Healthcare Association)

DELIVERABLES: Services or work product to be performed including status reports, recommendations, analysis and other reports and documentation as required.

ORGANIZATIONAL PROVIDERS: Entities that directly employ and/or contract with individuals to provide health care services. Examples of organizational providers include, but are not limited to: Community Mental Health Services Programs; hospitals; nursing homes; homes for the aged; psychiatric hospitals, units and partial hospitalization programs; substance abuse programs; and home health agencies and specialized residential providers.

PRIVILEGING: The process of determining a health care professional's current skill and competence to perform specific diagnostic or therapeutic procedures that the professional requests to perform as a participant in or an affiliate of a healthcare facility or system. The result of privileging is that a practitioner is permitted by a healthcare organization or network to conduct those specific procedures. (American Managed Behavioral Healthcare Association)

PROVIDER: Any individual or entity that is engaged in the delivery of healthcare services and is legally authorized to do so by the State in which he or she delivers the services.

QUALIFIED BEHAVIORAL HEALTH PRACTITIONER: A person certified, licensed, registered, or credentialed by a governmental entity or professional association as meeting the education, experiential, or competency requirements necessary to provide mental health or alcohol and other drug services.

SANCTIONS: Actions including, but not limited to, a monetary penalty imposed on the contract provider; termination of the contract between CCMHS and the provider.

PROCEDURE:

I. AUTHORITY

A. The Executive Director or his designee has the sole authority to negotiate contracts between the Board and clinical service providers.

B. The contract will provide a limit on the total expenditures authorized thereunder during any one fiscal year. Should that limit provide for total payments to any one individual or organization in excess of $5,000, it will require approval by the Copper Country Mental Health Services Board in accordance with its By-Laws then in effect.

C. Upon execution by all parties, the signed original is returned to and retained by CCMHS and the provider keeps a copy.

II. CONTENTS OF CONTRACTS:

A. All contracts will be written using standardized templates and contain assurances found in standard boilerplate language including, but not necessarily limited to:

- Compliance with Applicable Laws, including but not limited to MCL 15.342 Public officer or employee - prohibited conduct; Title VI of the Civil Rights Act of 1964, Title IX of the Education Amendments of 1972, the Age Discrimination Act of 1973, and the Rehabilitation Act of 1973, and the Americans with Disabilities Act;
- Anti-Lobbying Act;
- Non-Discrimination;
- Debarment and Suspension;
- Federal Requirement: Pro-Children Act;
  Hatch Political Activity Act and Intergovernmental Personnel Act;
- Limited English Proficiency;
- Health Insurance Portability and Accountability Act;
- Byrd Anti-Lobbying Amendment;
- Davis-Bacon Act;
- Contract Work Hours and Safety Standards;
- Clean Air Act and Federal Water Pollution Control Act (for contracts in excess of $100,000).

B. Additional elements addressing:

- Duty to treat and accept referrals;
- Authorization requirements;
- Access standards and treatment time lines;
- Relationships with other providers;
- Reporting requirements;
- Provisions for the provider to participate in CCMHS's quality improvement and utilization review activities, as appropriate;
- Payment arrangements for services and withholds that may apply to provider failing to meet deliverables;
- Anti-delegation clause;
- Early Periodic Screening, Diagnosis and Treatment (EPSDT) requirements, if any.

C. Provisions for the immediate transfer of people receiving services to a different provider if their health or safety is in jeopardy;

D. Termination clause, remedial actions clause and requirements to follow CCMHS standards;

E. Will not prohibit a provider from discussing treatment options with a person that may not reflect CCMHS's position or may not be covered by CCMH;

F. Will not prohibit a provider from advocating on behalf of the person receiving services in any grievance or utilization review process, or individual authorization process to obtain necessary health care services;

G. The frequency with which performance reports and other reporting documentation will be submitted;

H. Requirement for provider to meet Medicaid accessibility standards as established in Medicaid policy and the Michigan Department of Community Health (MDCH) contract;

I. Complete description of the scope of work, all expected deliverables, fees and terms of payments for such fees, the contract period;

J. Names of contact representatives for CCMHS and the provider;

K. Requirements for credentialing/re-credentials and privileging of providers, criminal background checks, and checks to ensure the provider has not been or is currently sanctioned by the Medicaid program;

L. Will prohibit the provider from employing individuals to provide services who are excluded from participation in Federal health care programs under either Section 1128 or 1128A of the Social Security Act;

M. Will require compliance with:

1. all Recipient Rights provisions of the Michigan Mental Health Code and Administrative Rules;
2. all other applicable policies and procedures of CCMHS;
3. all Commission on Accreditation of Rehabilitation Facilities (CARF) standards applicable to the services provided;

N. Will prohibit the interests of the parties to be assignable;

O. Will prohibit actual or apparent conflicts of interest;

P. Statement that CCMHS will be held harmless from any losses caused by the other party(ies) to the contract. Further, MDCH is not a party to the contract and therefore not a party to any employer/employee relationship with the provider;

Q. Statement that the provider is responsible for the wages, employment taxes, insurance and workers' compensation coverage for the provider's employees;

R. Each provision of the contract will be deemed to be severable from all other provisions of the contract and, if one or more of the provisions are declared invalid, the remaining provisions of the contract will remain in full force and effect; and

S. The contract will be governed by Michigan Law, and will prohibit modifications except in writing.

III. REPORTING REQUIREMENTS

A. Documentation Requirements - CCMHS is required by NorthCare Network to have a documented process to monitor and verify that providers are providing services in accordance with those authorized in the IPOS, including amount, scope, duration, start and stop times, and that includes ensuring no overlap in services. Services must be clearly documented in the provider's record and must meet documentation standards.

CCMHS will give each provider instructions about how to fulfill this requirement.

B. Event Notification - In addition to other reporting requirements outlined in the contract, the provider will immediately notify CCMHS of the following events:

1. Any death of a person receiving services that occurs as a result of an employee's suspected action or inaction, or any death that is the subject of a recipient rights licensing or police investigation.

2. Relocation of a person's placement due to licensing issues.

3. An occurrence that requires the relocation of any provider's service site, governance, or administrative operation for more than 24 hours.

4. The conviction or adverse change in licensure or certification of any employee of the provider for any offense related to the performance of job duties or responsibilities.

Notification of these events will be made telephonically or by other forms of communication to the contract manager or management staff at CCMHS, who will in turn notify the NorthCare Network and/or MDCH's Mental Health and Substance Abuse Administration.

IV. CREDENTIALING AND RE-CREDENTIALING OF ORGANIZATIONAL PROVIDER

A. Credentialing Organizational Providers

Pursuant to Section 1128 and Section 1902(a)(39) of the Social Security Act, CCMHS may not reimburse a provider using Medicaid funds for any services or items that were rendered by a sanctioned (e.g., suspended, excluded) provider; AND according to the Medicaid Managed Specialty Supports and Services Concurrent 1915(b)/(c) Waiver Program FY 10 Contract, CCMHS must validate, and re-validate at least every two (2) years, that the provider is licensed or

certified as necessary to operate in the State, and has not been excluded from Medicaid or Medicare participation.

Therefore, CCMHS will:

1. Monitor the "excluded parties" lists below:
    a. United States Government – Excluded Parties List www.epls.gov - to verify that the provider is not excluded from receiving Federal contracts or certain subcontracts and from certain types of Federal financial and non-financial assistance and benefits.

    b. U. S. Department of Health and Human Services http://exclusions.oig.hhs.gov/ to verify that the provider is not excluded from participating in Federally-funded health care programs for program-related fraud and patient abuse, licensing board actions and default on Health Education Assistance Loans.

    c. State of Michigan Sanctioned Providers List – Department of Community Health – www.michigan.gov/mdch - to verify that the provider is not included on Sanctioned Providers List.

2. For providers of specialized residential services, CCMHS will also monitor:
    a. Michigan Department of Human Services (MDHS) – http://www.michigan.gov/dhs to verify that the provider is licensed by MDHS to provide specialized residential care in a licensed setting and to review on-line reports.

B. Deemed Status

Individual practitioners or organizational providers may deliver healthcare services to more than one CMHSP. A CMHSP may recognize and accept credentialing activities conducted by any other CMHSP in lieu of completing their own credentialing activities. In those instances where CCMHS chooses to accept the credentialing decision of another CMHSP, they must maintain copies of the credentialing CMHSP's decisions in their administrative records (e.g., the contract file).

C. Notification of Adverse Credentialing Decision

An individual practitioner or organizational provider that is denied credentialing or re-credentialing by CCMHS will be informed of the reasons for the adverse credentialing decision in writing.

D. Adverse Credentialing Decision

1. If CCMHS decides against credentialing, re-credentialing or to revoke the credentials of a provider, the provider will be informed in writing.

2. If the decision is for any reason other than lack of need, the provider may appeal the decision by submitting a letter of disagreement to the Executive Directive within ten (10) business days of receipt of the written decision.

3. The Director will conduct further investigation and/or inquiry and inform the provider of his/her decision.

4. The appeal process must be consistent with applicable federal and state requirements.

V. CREDENTIALING/RE-CREDENTIALING AND PRIVILEGING ORGANIZATIONAL PROVIDER'S EMPLOYEES

A. All organizational providers' employees who provide clinical services must be credentialed and privileged in the same manner or to the same degree as CCHMS practitioners and in accordance with CCMHS's credentialing and privileging policies.

B. Prior to a contract for services being enacted, the provider will attest in writing to CCMHS that services under the contract will only be provided by practitioners who meet all required credentialing, licensure, and/or certification.

C. Thereafter, at the time of the annual site review, the reviewer will verify appropriate proof of credentialing, licensure, and/or certification as a part of the site review process.

VI. BACKGROUND CHECKS

A. All contract providers of clinical services must conduct and/or undergo criminal background checks and a driving record check if providing transportation to persons receiving services, in the same manner or to the same degree as CCHMS employees in accordance with the CCMHS's Background Check policy. This includes fingerprinting for any person who has regular access to a person residing in a licensed adult foster care home operated by CCMHS, or to the person's property, financial information, medical records, treatment information, or any other identifying information.

B. Prior to a contract for services being enacted, the provider will attest in writing to CCMHS that services under the contract will only be provided by practitioners who meet all required background checks.

C. Thereafter, at the time of the annual site review, the reviewer will verify appropriate proof of background checks.

VII. TRAINING REQUIREMENTS

A. All contract providers of medical or clinical services must receive initial and ongoing training updates that, at a minimum, includes:

1. Rights of the person served.
2. Person- and family-centered services.
3. Prevention of workplace violence.

4. Confidentiality requirements.
5. Cultural competency.
6. Expectations regarding professional and ethical conduct.
7. Reporting of incidents and adverse events.
8. Advanced directives/crisis planning.
9. Regulatory management/compliance efforts.
10. Information about the grievance system, including the person's right to file grievances, timeframes, availability of assistance and contact information.

VIII. RECIPIENT RIGHTS

All contract providers who are allowed/required by contract to establish their own rights system will require that the provider's Recipient Rights Officer, Advisor and Alternate attend and successfully complete the Basic Skills Training programs offered by the MDCH's Office of Recipient Rights within three (3) months of hire. In addition, every three (3) years during their employment, the Rights Officer/Advisor and any alternate(s) must complete a Recipient Rights Update Training as specified by the MDCH.

IX. ANNUAL EVALUATION AND SANCTIONS

The performance of all providers (organizational and individual) is assessed at least annually to determine compliance with contract requirements and whether or not the contract will be renewed.

CCMHS will require a written Plan of Correction within thirty (30) days, for any areas of non-compliance, including credential and re-credentialing, background checks and driving record checks for individuals who transport persons receiving services.

If at the end of thirty (30) days the information requested has not been received, CCMHS will communicate in writing to the service provider that payment for services will be withheld for any services rendered by the provider for the period of non-compliance. Other sanctions may be imposed at the discretion of CCMHS, up to and including termination of the contract.

X. NOTIFICATION OF CHANGES

A. Whenever possible, persons receiving services from a provider will be given written notice of any change regarding the names, locations, telephone numbers of, and non-English languages spoken by contract providers at least thirty (30) days before the intended effective date of change.

B. CCMHS will make a good faith effort to give written notice of termination of a contract within fifteen (15) days after receipt or issuance of the termination notice, to each person who is currently receiving services from the terminated provider.

Clinical Guideline: Contract Placements Out-Of-County
Contract Placements Within Catchment Area

PURPOSE:

To establish guidelines to ensure that consumers who receive services in contractual residential placements have Individual Plans of Service and receive service monitoring that meet the standards of CCMHS.

PROCEDURE:

Each consumer who is placed in a contractual setting is assigned a CCMHS case manager/supports coordinator who is responsible to ensure that the Individual Plan of Service is developed and monitored and that other documentation is maintained according to CCMHS standards. Documentation requirements for those persons receiving service in contractual settings are comparable to those who receive service in directly operated residential settings.

INDIVIDUAL PLAN OF SERVICE

Prior to the person-centered planning meeting, the assigned case manager/supports coordinator will contact the person and/or the guardian to complete the pre-planning stage of the person-centered planning process. All "annual" paperwork must be completed at this time, including Psychosocial Assessments, Level of Functioning Assessments, etc.

If at all possible, the assigned case manager/supports coordinator will attend the person-centered planning meeting in person. If unable to attend in person he/she must participate by phone.

The case manager/supports coordinator will either complete the Individual Plan of Service document using the CCMHS format; or ensure that the person receives an IPOS that meets all CCMHS standards by reviewing the IPOS document developed by the provider. He/she is also responsible to ensure that the consumer or the guardian receive a copy of the plan within 15 business days of the meeting as well as the Adequate Notice and any other documents that may be required (see attached IPOS checklists).

Services must be authorized using the CCMHS standard authorization process.

ONGOING CLINICAL MONITORING

The case manager/supports coordinator is responsible to maintain ongoing contact with the service provider and to ensure that all required clinical documentation is obtained, including but not necessarily limited to assessments, contact notes, medical records, incident reports and other documentation that supports service delivery.

The case manager/supports coordinator will contact the service provider by phone at least monthly and document the contact in a progress note, using the CCMHS format. The case manager/supports coordinator is responsible to ensure that the IPOS is being carried out as planned.

The case manager/supports coordinator or a designee will make an in-person visit to the consumer at least once each year.

ADMINISTRATIVE MONITORING

At least one administrative monitoring visit will occur each year. This visit will be documented using the "Regional Contract Provider Review" form (see attached). It can be completed by a CCMHS staff person or another CMH staff person from the region as long as it is made available to CCMHS.

In addition, an annual Recipient Rights Office visit is required. Again, this can be completed by the CCMHS staff person or a staff person from another CMH as long as the report is made available to CCMHS.

CCMHS Section 3

Provider Network Manual

Policy Title: Credentialing and Re-Credentialing of Individual Practitioners

POLICY: It is the policy of Copper Country Mental Health Services Board (CCMHS) that certain behavioral health care professionals (practitioners) must be properly credentialed and seek credentialing to provide services and/or supports as a CCMHS employee or as an independent contractor with CCMHS. Independent contractors in bordering states are held to the same standards and procedures for credentialing and re-credentialing and must meet all applicable licensing and certification requirements of their state.

PURPOSE: The purpose of this policy is to establish a uniform procedure for credentialing, temporary/provisional credentialing and re-credentialing of individual practitioners who are directly employed or provide services as independent contractors with CCMHS.

DEFINITIONS:

CREDENTIALING: The process of reviewing, verifying, and evaluating a practitioner's credentials (i.e., professional education, clinical training, licensure, board and other certification, clinical experience, letters of reference, other professional qualifications, and disciplinary actions) to establish the presence of the specialized professional background required for membership, affiliation, or a position within a healthcare organization or system. The result of credentialing is that a practitioner is granted membership in a medical staff or provider panel. (American Society of Addiction Medicine and the American Managed Behavioral Healthcare Association)

INDEPENDENT CONTRACTORS: Practitioners who are not operating as part of another organizational provider and comply with all federal, state and local laws regarding business permits and licenses of any kind that may be required to carry out the said business and tasks to be performed under said contract.

PRIVILEGING: The process of determining a health care professional's current skill and competence to perform specific diagnostic or therapeutic procedures that the professional requests to perform as a participant in or an affiliate of a healthcare facility or system. The result of privileging is that a practitioner is permitted by a healthcare organization or network to conduct those specific procedures. (American Managed Behavioral Healthcare Association)

QUALIFIED BEHAVIORAL HEALTH PRACTITIONER: A person certified, licensed, registered, or credentialed by a governmental entity or professional association as meeting the education, experiential, or competency requirements necessary to provide mental health or alcohol and other drug services.

PROCEDURE:

I. Credentialing and Re-Credentialing Individual Practitioners:

A. Credentialing and re-credentialing is conducted and documented for at least the following health care professionals:

- Physicians (M.D.s and D.O.s)
- Physicians Assistants
- Psychologists (Licensed, Limited License, Temporary License)
- Social Workers (Licensed Master's, Licensed Bachelor's, or Limited License) and Registered Social Service Technicians
- Professional Counselors (Licensed)
- Nurse Practitioners, Registered Nurses, and Licensed Practical Nurses
- Occupational Therapists and Occupational Therapist Assistants
- Physical Therapists and Physical Therapist Assistants
- Speech Pathologists

B. The credentialing and re-credentialing processes do not discriminate against:

1. A health care professional, solely on the basis of license, registration or certification; or

2. A health care professional who serves high-risk populations or who specializes in the treatment of conditions that require costly treatment.

C. The Human Resources Director and the Credentialing and Privileging Committee are responsible for the oversight and implementation of the credentialing and privileging processes.

D. CCMHS does not use any other participating providers in making credentialing decisions for employees or independent contractors of CCMHS. However, other organizational providers under contract with CCMHS are expected to credential and re-credential their employees according to this policy. (See Contracting for Clinical Services Policy and Procedure.)

E. Deemed Status - Individual practitioners or organizational providers may deliver health care services to more than one Prepaid Inpatient Health Plan/Community

Mental Health Service/Substance Abuse (PIHP/CMHSP/SA) Provider. NorthCare and a CMHSP/SA Provider may recognize and accept credentialing activities conducted by any other PIHP/CMHSP/SA Provider in lieu of completing their own credentialing activities. In those instances where CCMHS chooses to accept the credentialing decision of another CMHSP/SA Provider, copies of the credentialing PIHP/CMHSP/SA Provider's decisions must be maintained in the applicant's personnel file.

F. Employment or independently contracting with the Agency is contingent upon verification of credentials and the results of background checks (see Background Check Policy and Procedure). Any information that is received that would prevent a potential employee or potential contractor, or an existing employee or an existing contractor from performing the functions of the position, according to federal, state or accrediting authority guidelines, will be reviewed by the supervisor and Human Resources Director. Depending on the result of the review, the status of the employee or independent contractor may be changed, up to and including discharge or termination of the contract.

G. The Human Resources Director will report as necessary, but at a minimum annually, to the Quality Improvement Committee regarding the status of all credentialing, re-credentialing, and privileging. Any recommendations from the Quality Improvement Committee will then be incorporated into the credentialing/privileging process by the Human Resources Director.

II. Initial Credentialing:

A. The prospective applicant will obtain an application packet from the Human Resources Director. This will occur after the applicant has discussed their need to seek credentialing and privileging with their supervisor or designee.

B. The applicant will submit a completed and signed agency Application for Credentialing form to his/her supervisor or designee that includes at a minimum:

1. An attestation to the following:

   a. lack of present illegal drug use.

   b. any history of loss of license and/or felony convictions.

   c. any history of loss or limitation of privileges or disciplinary action.

   d. attestation by the applicant of the correctness and completeness of the application.

2. Work history for the prior five (5) years.

3. Information regarding licensure or certification.

4. Information regarding Board Certification, or highest level of credentials attained if applicable, or completion of any required internships/residency programs, or other postgraduate training.

5. Documentation of graduation from an accredited school.

6. Minimum of five-year (5) history of professional liability claims resulting in a judgment or settlement.

7. Disciplinary status with regulatory board or agency.

8. Any Medicare/Medicaid sanctions.

9. If the individual practitioner undergoing credentialing is a physician, then physician profile information obtained from the American Medical Association may be used to satisfy the primary source of requirements of (a), (b), and (c) above.

C. The supervisor will verify that the Human Resources Department has a resume on file, as well as verification from primary sources of:

a. Licensure or certification;

b. Board certification, or highest level of credentials attained if applicable, or completion of any required internships/residency programs, or other postgraduate training;

c. Documentation of graduation from an accredited school;

d. National Practitioner Databank (NPDB)/Healthcare Integrity and Protection Databank (HIPDB) - located at www.npdb-hipdb.hrsa.gov - query, or, in lieu of the HPDB/HIPDB query, all of the following must be verified:

1. Minimum five-year (5) history of professional liability claims resulting in a judgment or settlement;
2. Disciplinary status with regulatory board or agency; and
3. Medicare/Medicaid sanctions.

D. The supervisor will then review the application and interview the applicant to complete the credentialing and privileging process (see Clinical Privileging of Individual Practitioners Policy and Procedure). Credentialing is the first step in the credentialing and privileging process.

E. The supervisor submits the application to the Human Resources Director.

III. Temporary/Provisional Credentialing of Individual Practitioners:

A. Temporary or provisional credentialing may be granted to individual practitioners in order to increase the available network of providers to provide services prior to formal completion of the entire credentialing process.

B. For consideration of temporary or provisional credentialing, at a minimum, the applicant must complete a signed application that includes the following items:

1. Presence of illegal drug use.

2. History of loss of professional licensure, registration, or certification.

3. Felony convictions.

4. History of loss or limitation of privileges or disciplinary action.
5. A summary of the applicant's work history for the prior five (5) years.
6. Attestation by the applicant of the correctness and completeness of the application.

C. In order to grant Temporary or Provisional Credentialing, the Human Resources Department must conduct primary source verification of the following:

1. Licensure or certification.
2. Board certification, if applicable or the highest level of credential attained; and
3. Medicare/Medicaid sanctions.

D. The Agency shall have up to thirty-one (31) days from receipt of a complete application (or request for credentialing), accompanied by the minimum documents identified above, within which to render a decision regarding temporary or provisional credentialing.

E. The term of Temporary or Provisional Credentialing shall not exceed one hundred fifty (150) days.

IV. Re-credentialing Individual Practitioners:

A. All credentialed practitioners must be re-credentialed by the Agency at least every two (2) years.

B. In order to be re-credentialed, an applicant must complete the Agency's "Application for Credentialing" form to provide:

An update of all information on the application since the last credentialing, including but not limited to:

a) Medicare/Medicaid sanctions.
b) State sanctions or limitations on licensure, registration or certification.
c) Concerns that have been submitted by persons served that include grievances (complaints) and appeals information.
d) Concerns or issues regarding performance, particularly in the areas of quality of service to persons served.

C. Re-credentialing includes a criminal background check by the Human Resources Department.

V. The Credentialing and Privileging Committee:

A. Reviews the recommendations from the applicant's supervisor and the Human Resources Director.

B. Reviews and confirms all of the documentation regarding credentials.

C. Conducts a personal interview with the applicant, if desired.

D. Makes a recommendation concerning credentials to the Executive Director.

VI. The Executive Director:

A. May (under delegated authority from the Board of Directors) grant temporary/provisional credentialing upon recommendation from the Credentialing and Privileging Committee or based on an independent evaluation. The applicant will be notified by a letter, approving said credentials. This decision must be rendered within thirty-one (31) days of receipt of the completed application and all required documents. The term of temporary/provisional credentials will not exceed one hundred fifty (150) days.

B. Will approve credentialing or re-credentialing for a term of up to two (2) years, or deny credentialing or re-credentialing within thirty (30) days following receipt of the application. The Executive Director may choose to approve, disapprove or send the matter back to the Credentialing and Privileging Committee for further investigation.

C. Will inform an individual practitioner that is denied credentialing or re-credentialing of the reasons for the adverse credentialing decision in writing.

VII. Appeal of Adverse Credentialing Decision:

A. When credentialing or re-credentialing is denied, suspended or terminated for any reason other than lack of need, the applicant may appeal the decision by:

1. Submitting a letter of disagreement to the Executive Director within ten (10) business days of receipt of the written decision.

B. The Director shall conduct further investigation and/or inquire and thereafter inform the applicant of his/her decision.

C. The appeal process will be in accordance with all applicable federal and state requirements.

VIII. Ongoing Monitoring and Oversight:

A. On an ongoing basis, the Human Resources Department monitors, and intervenes when necessary regarding:

1. Sanctions, complaints and quality issues pertaining to the employee or contracted provider.
2. Medicare/Medicaid sanctions.
3. State sanctions or limitations on licensure, registration or certification.

B. The Human Resources Department confirms that the applicant has a license or certification to practice in the State and inquires as to any complaints outstanding against the licensee (primary verification). This verification is done upon employment or initiation of the contract and upon renewal of the license or certification (at least every two {2} years) as well as on an ongoing basis.

C. If any license or certification is ever suspended, restricted, revoked or expires and is not renewed, all privileges will be revoked.

D. All documentation pertaining to credentialing and re-credentialing is maintained in the person's personnel file or in the contract file (for independent contractors).

IX. Reporting Requirements:

A. The Quality Improvement Committee will receive reports at least annually from the Credentialing and Privileging Committee regarding the implementation and findings of the re-credentialing/re-privileging process.

B. Any known improper conduct by an organizational provider or individual practitioner that results in suspension or termination of credentials shall be reported to appropriate authorities (i.e., the Michigan Department of Community Health, the practitioner's regulatory board or agency, the Attorney General, etc.) according to current federal and state requirements, including those specified in the DCH Medicaid Managed Specialty Supports and Services Contract.

Policy Title: Clinical Privileging of Individual Practitioners

POLICY: It is the policy of Copper Country Mental Health Services Board (CCMHS) that clinical treatment and support services are provided only by Qualified Behavioral Health Practitioners within the scope of their licenses and clinical privileges. A clinical privileging process is established that allows qualified individual practitioners, both CCMHS employees and independent contractors with CCMHS, to practice in various disciplines based on their training, education, and demonstrated competence. Independent contractors in bordering states are held to the same standards and procedures for clinical privileging and meet all applicable licensing and certification requirements of their state.

PURPOSE: The purpose of this policy is to provide clinical privileging criteria to authorize the specific scope and content of clinical services that each individual practitioner may perform. Privileging must be granted according to the primary eligibility groups being served.

DEFINITIONS:

CREDENTIALING: The process of reviewing, verifying, and evaluating a practitioner's credentials (i.e., professional education, clinical training, licensure, board and other certification, clinical experience, letters of reference, other professional qualifications, and disciplinary actions) to establish the presence of the specialized professional background required for

membership, affiliation, or a position within a healthcare organization or system. The result of credentialing is that a practitioner is granted membership in a medical staff or provider panel. (American Society of Addiction Medicine and the American Managed Behavioral Healthcare Association)

INDEPENDENT CONTRACTORS: Practitioners who are not operating as part of another organizational provider and comply with all federal, state and local laws regarding business permits and licenses of any kind that may be required to carry out the said business and tasks to be performed under said contract.

PRIVILEGING: The process of determining a health care professional's current skill and competence to perform specific diagnostic or therapeutic procedures that the professional requests to perform as a participant in or an affiliate of a healthcare facility or system. The result of privileging is that a practitioner is permitted by a healthcare organization or network to conduct those specific procedures. (American Managed Behavioral Healthcare Association)

QUALIFIED BEHAVIORAL HEALTH PRACTITIONER: A person certified, licensed, registered, or credentialed by a governmental entity or professional association as meeting the educational, experiential, or competency requirements necessary to provide mental health or alcohol and other drug services.

PROCEDURE:

I. Initial Privileges

A. The disciplines eligible to apply for privileges are as follows:

- Physicians (MDs and DOs)
- Physicians Assistants
- Psychologists (Licensed, Limited License, Temporary License)
- Social Workers (Licensed Master's, Licensed Bachelor's or Limited License) and Registered Social Service Technicians
- Professional Counselors (Licensed)
- Nurse Practitioners, Registered Nurses, and Licensed Practical Nurses
- Occupational Therapists and Occupational Therapist Assistants
- Physical Therapists and Physical Therapist Assistants
- Speech Pathologists

B. Initial privileging must be done at time of hire or initiation of the contract for services.

II. Temporary Privileges

A. Temporary privileges may be granted at time of hire or contract initiation, at a time of change in clinical privileges, and/or when a need for temporary privileging is identified upon recommendation of the Credentialing and Privileging Committee to the Executive Director.

B. Temporary privileges may be granted for a term of up to one (1) year.

III. Re-Privileging

A. Re-privileging must be done, at a minimum, at any time when a practitioner's duties/responsibilities change in terms of the primary eligibility group with whom the practitioner works, and/or the scope of practice.

B. The process for re-privileging is the same as for initial privileging.

IV. Privileging Procedure:

A. The practitioner completes the "Application for Credentialing" form and submits it to his/her supervisor (see Credentialing and Re-Credentialing of Individual Practitioners Policy and Procedure).

1. For initial privileging, the application must be completed within thirty (30) days of hire or initiation of contract.

2. For re-privileging to add or change privileges previously granted, the practitioner must produce proper credentials and demonstrate current clinical competence in the area(s) requested.

B. The supervisor evaluates each practitioner's application using the relevant job description or contract requirements and evidence of proper credentials, experience and clinical competence. This evaluation may include an interview. The supervisor is responsible for ensuring that each provider, directly or contractually employed, meets all applicable licensing, scope of practice, contractual and Medicaid Provider Manual requirements to provide the service.

C. The supervisor completes the "Privileges Form", which delineates the specific privileges (treatment, services, supports) that the practitioner may provide and submits it to the Human Resources Director.

D. The Human Resources Director reviews the application for completeness and submits it to the Credentialing and Privileging Committee.

V. The Credentialing and Privileging Committee:

A. Reviews the application, and recommendations from the applicant's supervisor and the Human Resources Director at the next scheduled meeting or at a specially scheduled meeting if necessary. The Committee may conduct a personal interview with the applicant, if desired.

B. Makes a recommendation to the Executive Director concerning privileging for the applicant.

VI. The Executive Director:

May grant temporary privileges by a letter to the applicant, granting said privileges. This decision will be based upon the recommendation of the Credentialing and Privileging Committee or on independent evaluation by the Executive Director.

A. Under authority delegated by the Copper Country Mental Health Services Board, the Executive Director may grant temporary or full privileges, disapprove all or some privileges, or return the matter back to the Credentialing and Privileging Committee for further review.

B. Will notify the applicant in writing if all or some of the privileges that were requested are denied or granted temporarily.

C. If the action is adverse, will explain the appeal procedure in the written notification.

Policy: Background Checks

POLICY: It is the policy of Copper Country Mental Health Services Board (CCMHS) to employ and contract with only those providers that are in good standing with the law and that meet all requirements set by federal and state guidelines and by accrediting authorities. In addition, CCMHS will comply with the MDCH/PIHP (Master Contract) Part II, Section 5.3(a), which requires certain checks to identify excluded and sanctioned parties relating to health care and procurement issues. Independent contractors in bordering states are held to the same standards and procedures for background checks and must meet all applicable licensing and certification requirements of their state.

PURPOSE: The purpose of this policy is to establish a uniform procedure for conducting background checks for all employees and independent contractors who are employed by or contract with CCMHS as well as interns and volunteers who may, from time to time, be affiliated with CCMHS.

DEFINITIONS:

INDEPENDENT CONTRACTORS: Practitioners who are not operating as part of another organizational provider and comply with all federal, state and local laws regarding business permits and licenses of any kind that may be required to carry out the said business and tasks to be performed under said contract.

INTERNS: Students or recent graduates undergoing supervised practical training.

VOLUNTEERS: persons who enter into transactions without being under any legal obligation to do so and without being promised any remuneration for services.

PROCEDURE:

I. Background checks for potential and current employees, independent contractors, interns and volunteers will be as follows:

A. State of Michigan – Secretary of State - to verify valid Michigan's driver's license (prior to hire and annually)

B. State of Michigan – ICHAT (Internet Criminal History Access Tool) www.michigan.gov/ichat - Michigan State Police review of pertinent criminal background investigation (prior to hire and annually). This includes:

- Michigan Public Sex Offender Registry (PSOR)– www.mipsor.state.mi.us – to verify that the person is not on the registered sex offender website in Michigan
- Offender Tracking Information System (OTIS) – www.state.mi.us/mdoc/asp/otis2.html - to verify that the person is not registered on the criminal offender tracking system in Michigan
- National Sex Offender Public Website – www.nsopw.gov – to verify that the person is not on the national registered sex offender website

C. United States Government – Excluded Parties List – www.sam.gov to verify that the person is not excluded from receiving Federal contracts or certain subcontracts and from certain types of Federal financial and non-financial assistance and benefits (prior to hire and with on-going updates)

D. US Department of Health and Human Services – www.oig.hhs.gov/fraud/exclusions.html - to verify that the person is not excluded from participating in Federally-funded health care programs for program-related fraud and patient abuse, licensing board actions and default on Health Education Assistance Loans (prior to hire and on-going updates)

E. State of Michigan Sanctioned Providers List – Department of Community Health – www.michigan.gov/mdch to verify that the person is not included on Sanctioned Providers List (prior to hire and on-going updates)

F. Nurse Aide Registry –https:/registry.prometric.com/registry/ publicMI to verify that the person is not "flagged" on the Michigan Nurse Aide Registry (prior to hire)

G. State of Michigan – Department of Community Health – michigan.gov/healthlicense - to verify professional license for applicable employees (prior to hire and upon renewal of license)

- Original must be copied by the Human Resources Department and maintained in the personnel file.

H. Long Term Care Background Check - A state and federal fingerprint-based criminal history check which includes verification through available registries (above) that no disqualifying information appears, as well as fingerprinting, for any person who receives an offer of employment in a position that has regular

access to a person residing in a licensed adult foster care home operated by CCMHS, or to the person's property, financial information, medical records, treatment information, or any other identifying information.

I. In lieu of the National Practitioner Databank/Healthcare Integrity and Protection Databank query, all of the following must be verified:

i. Minimum five-year history of professional liability claims resulting in a judgment or settlement;

ii. Disciplinary status with regulatory board or agency;

iii. Medicaid/Medicaid sanctions.

II. Criminal background checks are completed prior to hire on all employees; however, employment is conditional on the receipt the AFC fingerprint response, which may be delayed due to vendor's availability. Information that would prevent a potential employee from performing the functions of the position within federal, state or accrediting authority guidelines will be reviewed by the Human Resources Director and supervisor and the potential employee will not be offered employment.

III. If any of the above background and/or credential checks produces information that would invalidate a current employee from performing the functions of his/her position within federal, state or accrediting authority guidelines, this information will be reviewed by the supervisor and Human Resources Director. A recommendation will be made to the Executive Director as to possible sanctions needed, which may include termination of employment.

IV. CCMHS cannot employ or contract with persons who:

- Are presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from covered transactions by any federal department;
- Have been convicted of a felony;
- Have been convicted of a misdemeanor that has a direct relationship to the duties of the position; for example, a conviction of Medicaid fraud under $500 would exclude a person from positions which require working with Medicaid recipients.

V. Individuals who appear on any of the "excluded parties" lists cannot have an employment, consulting, or other arrangement with CCMHS for the provision of items or services that are significant and material to CCMHS's obligations under its contract with the State. Further, certain criminal offenses which may exclude CCMHS from participation in the Medicare or State Health Care Programs must be reported to the NorthCare Network promptly. These offenses are described in 42 CFR 1001.1001(a) (1) and Section 1128(a) and (b) of the Social Security Act.

Policy Title: Code of Ethics

POLICY: It is the policy of the Copper Country Mental Health Services Board (CCMHSB) to conduct its operations in accord with the public trust vested in it by the citizens of the state, and to conduct its operations in accordance with the CCMHSB Code of Ethics.

PURPOSE: The Code of Ethics is applied to all aspects of the Board's services and operations including conduct and personal behaviors, clinical and business practices and all aspects of the governance of the Board. This policy identifies how the Code of Ethics is communicated to personnel, persons served and other stakeholders. It addresses the Agency's method of response to allegations of violations of the Code.

PROCEDURE:

I. Communication:

a. The orientation of all personnel includes the Code of Ethics and its application. All personnel receive a copy of the Code of Ethics. Documentation is required.

b. The Code of Ethics is reviewed annually with all personnel. This may be accomplished in program staff meetings or in multi-purpose trainings. Documentation is required.

c. Consumers receive a copy of the Code of Ethics in brochure format during orientation to services.

d. A summary of the Code of Ethics is posted in each of the Centers: Rice Memorial Center – Houghton; CLK Center – Calumet; Baraga County Center – L'Anse; and Ontonagon Center – Ontonagon.

e. The Code of Ethics is posted on the agency website.

f. The Code of Ethics will be provided to stakeholders with the Stakeholder Survey Response.

II. Response to allegations of violation of the Code of Ethics:

a. When the alleged violation involves recipient rights, the policy for Recipient Rights Complaints/Appeals shall be followed.

b. When the alleged violation does not involve recipient rights, the No-Reprisal System for Reporting Suspicious Activities policy shall be followed.

c. Employees are protected by the Michigan Whistleblower's Protection Act.

PREAMBLE

This code is intended to provide both general and specific principles to cover most situations encountered by Copper Country Mental Health Services Board Staff. At the core of this code is our belief in accountability and is based on core values of:

- ♦ Accountability to the public
- ♦ Avoiding conflict of interest
- ♦ Choice
- ♦ Effectiveness
- ♦ Efficiency
- ♦ Empathy
- ♦ Empowerment
- ♦ Inclusion
- ♦ Prudent use of resources
- ♦ Security
- ♦ Respect for the life, value and dignity of individuals
- ♦ Being fair and impartial

GENERAL PRINCIPLES

Competence

♦ We strive to maintain high standards of conduct in our work.
♦ We recognize the boundaries of our expertise.
♦ We recognize the need for ongoing education.

Concern For Others Welfare

♦ We promote a safe and comfortable environment.
♦ We promote informed choice.
♦ We do not exploit professional relationships.

Respect

♦ We respect the dignity and worth of all people.
♦ We promote the right to privacy and autonomy.
♦ We respect cultural differences and diversity.

Social Responsibility

♦ We work to reduce social stigma.
♦ We encourage policy that promotes the interests of the people we serve and the public.
♦ We comply with the law.

Integrity

♦ We strive to be honest, fair and respectful of others.
♦ We attempt to clarify our roles and responsibilities.
♦ We avoid conflict of interest.

Professional Conduct

♦ We uphold the values, ethics and mission of the Agency.
♦ We adapt to meet the needs of people from different backgrounds.
♦ We collaborate with others to promote consumer interests.

SPECIFIC PRINCIPLES

Business

♦ We bill appropriately for services delivered.
♦ We conduct business in accordance with Agency values and general ethics principles.
♦ We protect against the misuse of funds.
♦ We award contracts via approved selection processes.

Human Resources

♦ We follow all laws prohibiting discrimination.
♦ We are committed to providing an environment free of harassment.
♦ We show appreciation to employees.
♦ We apply fair and equitable treatment to all employees.
♦ We respect the employee's right to privacy.

Marketing

♦ We compete for business on merit alone and do not engage in attempts to discredit competitors.
♦ We share testimonials that are truthful.
♦ We provide information able to be read and understood by current and potential consumers.

Service Delivery

♦ We provide services that are consumer directed.
♦ We strive to provide quality services.

Professional Responsibilities

♦ We follow a Code of Ethics for our respective professional disciplines.
♦ We follow the Michigan Mental Health Code.
♦ We comply with all statutes, regulations and guidelines applicable to Federal Health Care Programs.

CCMHSB Adopted 8/29/01, Revised 6/1/07

Policy Title: Corporate Compliance

POLICY: Copper Country Mental Health Services Board (CCMHSB) is dedicated to the delivery of behavioral health care in an environment characterized by strict conformance with the highest standards of accountability for administration, clinical, business, marketing and financial management. CCMHSB's leadership is fully committed to the need to prevent and detect illegal or unethical activity and/or fraud, waste and abuse and therefore, to the development of a formal corporate compliance program to ensure ongoing monitoring and conformance with all legal and regulatory requirements. Further, CCMHSB is committed to the establishment, implementation and maintenance of a corporate compliance program that emphasizes:

1. Prevention of wrong-doing – whether intentional or unintentional,
2. Immediate reporting and investigation of questionable activities and practices without consequences to the reporting party, and
3. Timely correction of any situation, which puts the organization, its leadership or staff, funding sources or consumers at risk.

PURPOSE: To establish and publish the official policy of CCMHSB regarding the Agency's corporate compliance program and plan.

PROCEDURE:

I. By formal resolution, the Board of Directors has delegated overall responsibility for the Corporate Compliance Program to the Executive Director. The Executive Director will formally designate a Corporate Compliance Officer, monitor CCMHSB's corporate compliance program and provide periodic and regular reports to the Board of Directors on matters pertaining to the program.

II. The Corporate Compliance Officer (CCO) shall:

1. Chair the organization's corporate compliance team and serve as CCMHSB's primary point of contact for all corporate compliance issues, including scheduling team meetings, reporting on team activities and making recommendations to the Executive Director and/or Board of Directors as required;
2. Develop, implement and monitor – on a regular and consistent basis- CCMHSB's corporate compliance plan, including all internal and external monitoring, auditing, investigative and reporting processes, procedures and systems;
3. Prepare, submit and present periodic reports to the Executive Director and/or Board of Directors as may be required to provide clear communication to the organization's leadership for corporate compliance oversight; and
4. Coordinate development of the organization's formal corporate compliance plan.

III. The CCO shall submit an annual report to the Executive Director and Board of Directors. Annual reports will, include at a minimum:

1. A summary of all allegations, investigations and/or complaints processed in the preceding 12 months in conjunction with the corporate compliance program;

2. A complete description of all corrective action(s) taken; and

3. Any recommendations for changes to the organization's policies and/or procedures.

IV. In the performance of his/her duties, the CCO shall have direct and unimpeded access to the Executive Director, Board of Directors and the organization's accounting firm and/or legal counsel for matters pertaining to corporate compliance.

V. As part of corporate compliance plan development, the CCO shall schedule, coordinate and monitor regular and periodic reviews of risk areas by competent persons external to the organization. Such reviews will be conducted as a way to ensure ongoing conformance with billing, accounting and collection regulations imposed by the federal government and other "third party" funding sources. More critically, these reviews will augment the organization's annual audit of its accounting system and provide an additional, internal measure to ensure conformance with billing and coding policies and practice that will withstand the scrutiny of a regulatory audit or examination.

Policy Title: No Reprisal System for Reporting Suspicious Activities

POLICY:

It is the policy of Copper Country Mental Health Services Board (CCMHSB) that no employee shall be disciplined solely on the basis that he/she reported what was reasonably believed to be an act of wrongdoing or a violation of the Code of Ethics. However, an employee will be subject to disciplinary action if CCMHSB reasonably concludes that the report of wrongdoing was knowingly fabricated by the employee or distorted, exaggerated or minimized to either injure someone else or to protect the reporting party or others. An employee whose report of misconduct contains admissions of personal wrongdoing will not, however, be guaranteed protection from disciplinary action. The weight to be given the self-confession will depend on all the facts known to CCMHSB at the time it makes its disciplinary decisions. In determining what, if any disciplinary action may be taken against an employee, CCMHSB will take into account an employee's own admission of wrongdoing; provided, however, that the reporting employee's conduct was not previously known to CCMHSB or its discovery was not imminent, and that the admission was complete and truthful.

No retaliation or retribution of any kind will be tolerated against an employee who makes a good faith report of suspected wrongdoing, and any such retaliation or retribution will be grounds for discipline.

CCMHSB will make every attempt to protect the confidentiality of employees who submit reports of wrongdoing or suspected wrongdoing, however, complete protection will not always be possible.

PURPOSE: To establish a system of "no reprisal" for personnel reporting waste, fraud, abuse of funds and other wrongdoings.

PROCEDURE:

I. Single-Point of Contact: CCMHSB has a designated Corporate Compliance Officer (CCO). The CCO will serve as the single-point of contact for all compliance issues including reporting and investigating.

A. Reporting System:

1. Staff will have direct and unimpeded access to the CCO.

2. Employees are encouraged to discuss with their supervisor or CCO any areas in which they are unclear regarding compliance;
3. Anyone who believes in good faith that a violation has taken place or will take place must take all available steps to avoid the violation and must report the matter;

4. Reports on suspected corporate compliance violations can be made one of the following ways:

a. Anonymously calling the CCO

b. Anonymously writing to the CCO
- Through mail
- Through Drop Box

c. Openly speaking with the employee's supervisor or the CCO:
- In person
- On the telephone

d. Openly writing to the employee's supervisor or the CCO:
- Through mail
- Through Drop Box

e. Openly e-mailing the CCO

5. Reports to supervisors must be immediately forwarded to the CCO.

B. Report Processing System:

1. The Corporate Compliance Officer will:

a. Receive information

b. Document contact in Corporate Compliance Contact Log:

i. Source
ii. Date

iii. Time

c. Complete Suspected Violation Report Form

d. Attach all supporting documentation

C. Investigation Process

1. The Corporate Compliance Officer will:

a. Send an acknowledgment letter within ten (10) business days to the reporter, if the report was made openly.

b. Following sending the acknowledgment letter, conduct document reviews, interviews, auditing or other investigative procedures as necessary and appropriate to the situation;

c. Ensure that the investigation is a fair, impartial, discreet review of the situation at hand;

d. Make every effort to complete the investigation within forty-five (45) days of CCO receiving the report;

e. If the investigation is not able to be completed within forty-five (45) days, a status report will be completed and sent to the Executive Director or the Board of Directors if the report is regarding the Executive Director.

D. Reporting of Information: Once the entire investigation is complete, the CCO will:

1. Identify the cause of the problem, the affected parties, the laws and regulations involved, the potential risk management impact and the desired outcome;

2. Provide recommendations that will result in a corrective action plan to be implemented by the program or Copper Country Mental Health Services (CCMHS) Authority as a whole, which will be monitored by CCMHS Authority Corporate Compliance Committee;

3. Document and retain records of the entire investigation and outcome(s);

4. Report on an as needed basis, but no less than annually to the Board of Directors, findings with regard to all investigations;

5. Ensure, in all situations where it is appropriate, that CCMHS Authority initiate voluntary disclosure or reporting of violations of civil, criminal, or administrative law to appropriate third-party law enforcement or regulatory agencies. Self-Disclosure must follow the Office of Inspector General's Provider Self-Disclosure Protocol (42 USC 1320a-7b(f)) and the requirements of the Federal False Claims Act, (31 USC 3729-3733)

Policy Title: Person-Centered Planning

POLICY: It is the policy of the Copper Country Mental Health Services Board (CCMHS) that all persons receiving mental health services have an Individual Plan of Service (IPOS) developed through a person-centered planning process regardless of age, disability, or residential setting. Each person receiving services will receive integrated treatment to maximize their opportunities for recovering (or establishing) the life they believe is worth living.

PURPOSE: To assure the process used to develop the Individual Plan of Service for each person receiving services is consistent with the requirements of the Mental Health Code and to create the foundation for care that is self-directed by the person receiving services, who defines his or her own life goals and designs a unique path towards those goals.

DEFINITION: Individual Plan of Services (IPOS): a written individualized plan of services developed with a person receiving services.

Person-centered planning (PCP): a process for planning and supporting the person receiving services that builds upon the person's capacity to engage in activities that promote community life and that respect the person's preferences, choices, and abilities. The person-centered planning process involves allies (families, friends, and professionals) as the person desires or requires and it may be directed by an Independent Facilitator chosen by the person. Any adult receiving mental health services and supports may choose to have their plan implemented through the process of Self-Determination (see CCMHS's Policy entitled "Self Determination").

PROCEDURE:

I. Values and Principles Underlying Person-Centered Planning

Person-centered planning is a highly individualized process designed to respond to the expressed needs/desires of the person.

- For children, the concepts of person-centered planning are incorporated into a family-driven, youth-guided approach. This approach recognizes the importance of family in the lives of children and that supports and services impact the entire family.

In the case of minor children, the child/family is the focus of planning and family members are integral to success of the planning process.

There are a few circumstances where the involvement of a minor's family may not be appropriate:

- The minor is 14 years of age or older and has requested services without the knowledge or consent of parents, guardian or person in loco parentis within the restrictions stated in the Mental Health Code;
- The minor is emancipated; or
- 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 as stated in the Code. Justification of the exclusion of parents shall be documented in the clinical record.

- Every person is presumed competent to direct the planning process, achieve his or her goals and outcomes, and build a meaningful life in the community. Persons who have court-appointed legal guardians shall participate in person-centered planning and make decisions that are not delegated to the guardian in the Guardianship Letters of Authority.

- Every person has strengths, can express preferences and can make choices.

- The person's choices and preferences are honored and considered, if not always implemented. Every person contributes to the community and has the ability to choose how supports, services and/or treatment enable him or her to meaningfully participate and contribute.

- Through the person-centered planning process, a person maximizes independence, creates community connections and works towards achieving his or her chosen outcomes.

- **A person's cultural background is recognized and valued in the person-centered planning process.**

II. Essential Elements of Person-Centered Planning

The following characteristics are essential to the successful use of the PCP process with a person and his/her allies.

A. **Person-Directed.** The person directs the planning process (with necessary supports and accommodations) and decides when and where planning meetings are held, what is discussed, and who is invited.

B. **Person-Centered.** The planning process focuses on the person, not the system or the person's family, guardian or friends. The person's goals, interests, desires and preferences are identified with an optimistic view of the future and plans for a satisfying life. The planning process is used whenever the person wants or needs it, rather than viewed as an annual event.

C. **Outcome-Based.** Outcomes in pursuit of the person's preferences and goals are identified as well as services and supports that enable the individual to achieve his or her goals, plans, and desires and any training needed for the providers of those services and supports. The way for measuring progress toward achievement of outcomes is identified.

D. **Information, Support and Accommodations.** The person receives comprehensive and unbiased information on the array of mental health services, community resources, and available providers. Support and accommodations to assist the person to participate in the process are provided.

E. **Independent Facilitation.** Persons have the information and support to choose an independent facilitator to assist them in the planning process.

F. **Pre-Planning.** The purpose of pre-planning is for the person to gather all of the information and resources (e.g., people, agencies) necessary for effective person-centered planning and set the agenda for the process. Each person (except for those who receive short-term outpatient therapy only, medication only, or those who are incarcerated) is entitled to use pre-planning to ensure successful PCP. Pre-planning, is individualized for the person's needs and is used anytime the PCP process is used.

The following topics are addressed through pre-planning with sufficient time to take all necessary/preferred actions (i.e. invite desired participants):

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);
3. What will be discussed and not discussed;
4. What accommodations the individual may need to meaningfully participate in the meeting (including assistance for people who use behavior as communication);
5. Who will facilitate the meeting;
6. Who will record what is discussed at the meeting.

G. **Wellness and Well-Being.** Issues of wellness, well-being, health and primary care coordination or integration, and supports needed for a person to continue to live as independently as he or she desires, and other concerns specific to the person's personal health goals or support needed for the person to live as he or she desires, are discussed and plans to address them are developed. If so desired by the person, these issues can be addressed outside of the planning meeting.

H. **Participation of Allies.** Through the pre-planning process, the person selects allies (friends, family members and others) to support him or her through the person-centered planning process. Planning helps the person identify who is currently in his or her life and what needs to be done to cultivate and strengthen

desired relationships. Anyone chosen or required by the person receiving services may be excluded from participation in the planning process only if inclusion of that person would constitute a substantial risk of physical or emotional harm to the person receiving services or substantial disruption of the planning process. Justification for excluding someone shall be documented in the record.

III. Individual Plan of Service (IPOS)

A. **Preliminary Plan.** A preliminary plan will be developed within seven (7) days of the commencement of services.

B. **Integrated IPOS.** A full IPOS, developed within ninety (90) days of commencement of services, identifies the desired outcomes of the person and utilizes the comprehensive assessment of mental health disorders, substance use disorders, and developmental disabilities to identify services and supports to achieve those outcomes. The IPOS is based on medical necessity and the person's readiness to address specific concerns identified in the assessment. The individual in charge of implementing the plan of services shall be designated in the plan.

C. **Review of the IPOS.** Once the IPOS has been developed through the PCP process, it shall be kept current and modified when needed (reflecting changes in the intensity of the person's needs, changes in the person's condition or changes in the person's preferences for support). The person or his/her guardian or authorized representative may request a review of the IPOS at any time.

A formal review of the IPOS with the person and his/her guardian or authorized representative shall occur not less than annually.

Persons are provided with ongoing opportunities to provide feedback on how they feel about service, support and/or treatment they are receiving and their progress toward attaining valued outcomes. Information is collected and changes are made in response to the person's feedback.

D. **Documentation Required within the IPOS.** Documentation maintained within the IPOS must include:

1. A description of the person's strengths, abilities, goals, plans, hopes, interests, preferences and natural supports;
2. The outcomes identified by the person and how progress toward achieving those outcomes will be measured;
3. The services and supports needed by the person including those available through CCMHS, other publicly funded programs (such as Home Help, Michigan Rehabilitation Services), community resources and natural supports;
4. The amount, scope and duration of medically necessary services and supports authorized by and obtained through the community mental health system;

5. The estimated/prospective cost of services and supports authorized by the community mental health system;
6. The roles and responsibilities of the person, the clinician/supports coordinator/case manager, the allies, and providers in implementing the plan;
7. Any other documentation required by Section R330.7199 Written Plan of Services of the Michigan Administrative Code.

E. Roles and Responsibilities. As an individualized process, PCP allows each person to identify and work with chosen allies and other supports. Roles and responsibilities for facilitation, pre-planning and developing the IPOS are identified; the IPOS describes who is responsible for implementing and monitoring each component of the IPOS.

F. Each person (or his/her court-appointed legal guardian, or authorized representative if one has been designated, or parent in the case of a minor) must be provided a written copy of the IPOS within fifteen (15) business days of the planning meeting date.

IV. Organizational Standards

The following characteristics are essential for organizations to provide supports and services using a person centered planning process:

A. **Individual Awareness and Knowledge.** CCMHS provides accessible and easily understood information, support and, when necessary, training to people using services and supports and those who assist them so that they are aware of:

1. Their right to person-centered planning;
2. The essential elements of person-centered planning;
3. The benefits of this approach and the support available to help them succeed (including pre-planning and independent facilitation).
4. This information is provided at first contact and as appropriate during the course of services.

B. **Person-Centered Culture.** CCMHS provides leadership, policy direction and activities for implementing person-centered planning at all levels of the organization. Organizational language, values, allocation of resources and behavior reflect a person-centered orientation.

C. **Training.** CCMHS trains staff at all levels of the organization on the philosophy of PCP.

D. **Quality Management.** Best practices for supporting persons served through PCP are identified and implemented (what is working and what is not working in supporting persons receiving services). Organizational expectations and standards are in place to assure the person receiving services directs the PCP process and ensures that PCP is consistently done well.

V. Dispute Resolution

If a person is not satisfied with his or her Individual Plan of Service, the person, a person authorized to make decisions regarding the IPOS, the guardian of the person receiving services, or the parent of a minor may request a review of the plan. The review of the plan shall be completed within 30 days.

People who have a dispute about the PCP process or the IPOS that results from the process, have grievance, appeals and recipient rights as set forth in detail in the Michigan Mental Health Code, the MDCH Grievance and Appeal Technical Requirement/ PIHP Grievance System for Medicaid Beneficiaries, and CCMHS policies regarding Grievance and Appeals procedures.

Some of the dispute resolution options are limited to people who have Medicaid and limited in the scope of the grievance (such as denial, reduction, suspension or termination of services). Other options are available to all persons who receive Michigan mental health services and supports. Clinicians/Supports Coordinators/ Case Managers and Customer Services staff at CCMHS must be prepared to help people understand and negotiate dispute resolution processes.

Recipient Rights, Grievance and Appeals

Policy Title:	**Adm. Review Date**
Use & Release of Protected Health Information	04-24-13
Psychotropic Medication	07-31-13
Pharmacotherapy	07-31-13
Professional Assessments & Tests	07-31-13
Behavior Treatment Committee	03-27-13
Consent	07-31-13
Informed Consent to Psychotropic Chemotherapy	07-31-13
Management of Behavioral Emergency	03-27-13
Privileged Communication	06-26-13
Choice of Mental Health Professional	07-31-13
Abuse and Neglect	04-24-13
Consumer Labor	04-24-13
Communication, Telephone and Visiting Rights	04-24-13
Guardianship	04-24-13
Family Planning - Reproductive Health	04-24-13
Freedom of Movement	04-24-13
Photographing and Fingerprinting Recipients	04-24-13
Recipient Rights Complaints/Appeals	04-24-13

Policy Title: Use And Release Of Protected Health Information

POLICY: It is the policy of Copper Country Mental Health Services Board (CCMHSB) that protected health information (PHI) and all information obtained in the course of providing services in the record of a person served shall be kept confidential and shall not be open to public inspection. The PHI may be disclosed outside the department, community mental health services program, licensed facility, or contract provider, whichever is the holder of the record, only in the circumstances and under the conditions set forth in this policy. To protect the confidentiality of persons served who have a co-occurring disorder, please refer to the CCMHSB policy Confidentiality Policy – Appendix 1.

PURPOSE: To assure a person's served right to confidentiality of PHI is protected and that all use and disclosures are consistent with the Michigan Mental Health Code, Michigan Department of Community Health Administrative Rules, 42 CFR Part 2, and the Health Insurance Portability and Accountability Act (HIPAA).

DEFINITIONS:

DESIGNATED RECORD SET means:

1. A group of records maintained by or for a covered entity that is:

    a. The medical records and billing records about individuals maintained by or for a covered health care provider;

    b. The enrollment, payment, claims adjudication, and case or medical management record systems maintained by or for a health plan; or

    c. Used, in whole or in part, by or for the covered entity to make decisions about individuals.

2. For purposes of this paragraph, the term *record* means any item, collection, or grouping of information that includes protected health information and is maintained, collected, used, or disseminated by or for a covered entity.

INDIVIDUALLY IDENTIFIABLE HEALTH INFORMATION is information that is a subset of health information, including demographic information collected from an individual, and:

1. Is created or received by a health care provider, health plan, employer, or healthcare clearinghouse; and

2. Relates to the past, present, or future physical or mental health or condition of an individual; the provision of health care to an individual; or the past, present, or future payment for the provision of health care to an individual; and

    a. That identifies the individual; or

    b. With respect to which there is a reasonable basis to believe the information can be used to identify the individual.

PROTECTED HEALTH INFORMATION (PHI): means individually identifiable health information:

1. Except as provided in paragraph (2) of this definition, that is:

    a. Transmitted by electronic media;

    b. Maintained in electronic media; or

    c. Transmitted or maintained in any other form or medium.

2. Protected health information excludes individually identifiable health information in:

    a. Education records covered by the Family Educational Rights and Privacy Act, as amended, 20 U.S.C. 1232g;

    b. Records described at 20 U.S.C. 1232g(a)(4)(B)(iv); and

    c. Employment records held by a covered entity in its role as employer.

PSYCHOTHERAPY NOTES: means notes recorded (in any medium) by a health care provider who is a mental health professional documenting or analyzing the contents of conversation during a private counseling session or a group, joint, or family counseling session and that are separated from the rest of the individual's medical record. *Psychotherapy notes* excludes medication prescription and monitoring, counseling session start and stop times, the modalities and frequencies of treatment furnished, results of clinical tests, and any summary of the following items: diagnosis, functional status, the treatment plan, symptoms, prognosis, and progress to date.

REQUIRED BY LAW: means a mandate contained in law that compels a covered entity to make a use or disclosure of protected health information and that is enforceable in a court of law. *Required by law* includes, but is not limited to, court orders and court-ordered warrants; subpoenas or summons issued by a court, grand jury, a governmental or tribal inspector general,

or an administrative body authorized to require the production of information; a civil or an authorized investigative demand; Medicare conditions of participation with respect to health care providers participating in the program; and statutes or regulations that require the production of information, including statutes or regulations that require such information if payment is sought under a government program providing public benefits.

TREATMENT: means the provision, coordination, or management of health care and related services by one or more health care providers, including the coordination or management of health care by a health care provider with a third party; consultation between health care providers relating to a person served; or the referral of a person served for health care from one health care provider to another.

USE: means, with respect to individually identifiable health information, the sharing, employment, application, utilization, examination, or analysis of such information within an entity that maintains such information.

PROCEDURE:

All CCMHSB personnel authorized to release records and information must read, understand and comply with this policy.

All CCMHSB personnel will adhere strictly to the basic principle that prior consent of the person served is required before release or disclosure of person served information except where a specific law or regulation or the internal administrative needs of the facility require or permit such access without the person's served consent.

A summary of MHC section 748 is kept in the clinical record of each person served.

I. Uses And Disclosures Of PHI - General Rules

1. These policies and procedures shall be compliant with state and federal laws and regulations that have not been preempted by HIPAA and its implementing regulations, including privacy regulations, containing provisions relating to the release of information from the designated record set of a person served.

2. CCMHSB will provide the Secretary of the Center for Medicare/ Medicaid Services (CMS) access to PHI in order to investigate or determine CCMHSB's compliance with Parts 160, 162, and 164 of HIPAA.

3. A person served or his/her legal representative has a right to review and/or obtain a copy of their PHI per Appendix 2.

4. A person served, guardian, or parent of a minor, after having gained access to treatment records in accordance with this procedure, may challenge the accuracy, completeness, timeliness, or relevance of factual information in the designated record set of the person served by requesting CCMHSB to amend the record or shall be allowed to insert a statement into the designated record set amending the information at issue without changing the original documentation per Appendix 4.

5. A person served, guardian, or parent of a minor may request an accounting of disclosures of PHI, which were not for treatment, payment or health care operations

per Appendix 5.

6. A person served, guardian, parent of a minor may request a restriction of PHI per Appendix 9.

7. A request for person served information shall be directed to the clinical record staff for processing and documentation.

8. CCMHSB must obtain an authorization or give a person served an opportunity to object to a use or disclosure in order to use or disclose person served PHI except when disclosures are mandatory or authorized under the Michigan Mental Health Code, the HIPAA privacy standards, and/or other federal and state laws and regulations per Appendix 3.

9. CCMHSB must make all reasonable efforts not to use or disclose more than the minimum necessary PHI to accomplish the intended purpose of the use or disclosure.

10. CCMHSB may charge a reasonable fee to offset the costs associated with specific categories of requests.

11. Disclosures of PHI made by CCMHSB personnel shall be in compliance with all applicable policies and procedures governing such use and disclosure.

12. In the event of any improper use or disclosure of PHI, when such improper use becomes known to the agency, CCMHSB will attempt to mitigate any harmful effects to the extent practicable.

13. When disclosure is appropriate, clinical records staff and authorized clinicians will provide copies to authorized receivers stamped with the re-disclosure information. Each disclosure outside the agency will contain the following notice in bold letters:

    This information has been disclosed to you from records protected by State and Federal confidentiality rules (42 CFR Part 2, 45 CFR Part 160 and 164 and section 748 of the Michigan Mental Health Code). The Federal and State rules prohibit you from making any further disclosures of this information unless further disclosure is expressly permitted by the written authorization of the person, guardian or parent of a minor child to whom it pertains or other-wise permitted by law. A general authorization for the release of medical or other information is NOT sufficient for this purpose. 42 CFR Part 2 restricts any use of the information to criminally investigate or prosecute any alcohol or drug abuse patient.

14. When information is being requested for evaluation, accreditation, or statistical compilation, the primary clinician will determine whether such disclosure is appropriate for that person served and will determine whether the person served identity may be disclosed.

15. The primary clinician will determine when identification would be harmful to a person served.

16. The Clinical Records Department will retain the original request, the authorization for

release of information, and any copies of cover letters in the person served record for the appropriate record retention period for medical and business-related records or for not less than six (6) years from the date of release, whichever is longer.

17. CCMHSB can use or disclose de-identified information per Appendix 11.

18. CCMHSB will implement administrative, technical, and physical safeguards (i.e. HIPAA Security Rule) to protect the confidentiality and integrity of PHI by the due date of the HIPAA Security standards.

19. CCMHSB requires a written, signed, current, valid authorization to release PHI as follows:

CATEGORY	REQUIRED SIGNATURE
Adult	The person served or a duly authorized representative, such as court-appointed guardian or attorney. Proof of authorized representation required, such as notarized power of attorney.
Deceased	Executor/administrator/personal representative of the estate as authorized by Letters of Authority.
Unemancipated Minor	Parent, next of kin, or legally appointed guardian/attorney (proof of relationship required).
Unemancipated Minor (minor requesting services on their own).	Same as adult above for first 12 sessions. Any disclosures thereafter will require signature of parent or guardian.
Emancipated Minor	Same as adult above.
Psychiatric Program	Same as adult above. CCMHSB requires a signed authorization for Treatment Payment Operations.

II. Uses And Disclosures For Which An Authorization, Or Opportunity To Object Are Not Required

When requested, CCMHSB personnel may use or disclose PHI to the extent that, such use and disclosure is required by law and the use and disclosure complies with and is limited to the relevant requirements of such law. PHI shall be used or disclosed only under one or more of the following circumstances:

1. For treatment, payment or health care operations as follows:

   a. For CCMHSB's own treatment, payment, or health care operations.

   b. Disclose PHI for treatment activities of a health care provider.

   c. Disclose PHI to another covered entity or a health care provider for payment activities of the entity that receives the information.

   d. Disclose PHI to another covered entity for health care operation activities of the entity that receives the information, if each entity either has or had a relationship with the individual who is the subject of the PHI being requested, the PHI pertains to such relationship, and the disclosure is:

(i) For conducting quality assessment and improvement activities,
(ii) Reviewing the competence or qualifications of health care professionals, evaluating practitioner and provider performance, health plan performance, conducting training programs, accreditation, certification, licensing, or credentialing activities.
(iii) For the purpose of health care fraud and abuse detection or compliance.

2. Pursuant to valid orders or subpoenas of a court of record, subpoenas of the legislature, unless the information is made privileged by law as outlined in Appendix 6;

3. To a prosecuting attorney as necessary for the prosecuting attorney to participate in a proceeding governed by the Michigan Mental Health Code if it is either:

   a. Non-privileged information disclosed or;
   b. Privileged information disclosed pursuant to MHC section 750 (2) including:
      (i) Names of witnesses to acts which support the criteria for involuntary admission;
      (ii) Information relevant to alternatives to admissions to a hospital;
      (iii) Other information designated in CCMHSB policies.

4. To an attorney for the person served, with the authorization of the person served, the guardian with authority to consent, or the parent with legal physical custody of a minor;

5. If necessary to comply with another provision of law. In the case that a request for disclosure is received based on a federal or state law other than used in this policy and procedure, refer that request to CCMHSB's Privacy Officer;
6. To the Department of Community Health or other health oversight agency, if the information is necessary in order for said entity to discharge a duty placed upon it by law. Oversight does not include investigation or activity in which the person served is the subject of the investigation or activity that does not arise out of and is not directly related to the receipt of health care, claim for public benefits related to health, or qualification for/receipt of public benefit or services when the health of the person served is integral to qualification or receipt;

7. To the office of the auditor general, if the information is needed for that office to discharge its constitutional responsibility;

8. To the person having the authority to act on behalf of the deceased's estate to the extent the disclosures are necessary for that personal representation. Relatives who are not personal representatives and otherwise entitled to benefits must obtain information from another source;

9. To an adult if all of the following apply:

   a. A request has been received from the person served;

   b. The person served does not have guardian and has not been adjudicated legally incompetent.

c. The case entry has been made after March 28, 1996. The information shall be disclosed as expeditiously as possible but in no event later than 30 days after receipt of a request or, if the person served is receiving treatment before the person served is released from treatment, whichever is earlier.

10. As necessary for the purposes of outside, evaluation, accreditation, or statistical compilation, provided that the individual who is the subject of the information can be identified only if such identification is essential in order to achieve the purpose for which the information was sought or if preventing such identification would clearly be impractical, but in no event if the subject of the information would likely be harmed by the identification;

11. To providers of mental or other health services or a public agency, if there is a compelling need for disclosure based upon a substantial probability of harm to the person served or other individuals.

12. Staff shall report suspected abuse or neglect to Protective Services in accordance with Act 238 of the Public Acts of 1975 and Act 519 of the Public Acts of 1982 and CCMHSB Policies and Procedures.

13. To individuals or committees assigned a peer review function, including reviewing the quality and appropriateness of services, shall be used only for peer review, are not public records, and are not subject to court subpoena.

14. To an identified representative of Michigan Protection and Advocacy Services in accordance with Public Law 94-103, 89 Stat. 486, Public Law 99-319, 100 Stat. 478, and Act 258 of the Public Acts of 1974, as amended per appendix 7.

15. Upon receipt of a written request from the Department of Human Services/Child Protection Services that a child abuse or neglect investigation has been initiated involving a person who has received services from Copper Country Mental Health Services, mental health records and information that is pertinent to the investigation shall be released within 14 days of the request in accordance with Act 258 of the Public Acts of 1974, as amended, per Section 748a.

16. The holder of the record shall not deny or delay disclosing information that is a mandatory disclosure listed above per:

    a. A request from the attorney of a person served even if the legally empowered guardian or the parent of a minor requests a delay, or;

    b. A case record made after March 28, 1996, which is being disclosed to an adult, upon request by the person served, if the person served does not have a guardian and has not been adjudicated legally incompetent.

III. Uses And Disclosures Requiring An Opportunity For The Individual To Agree Or To Object

If the person served is present for, or otherwise available prior to a use or disclosure to a family member, other relative, or a close personal friend of the person served, or any

other person identified by the person served, CCMHSB may use or disclose the PHI if it is documented in the clinical record and:

a. The person served agrees and the agreement is documented in a progress note;

b. The clinician provides the person served with the opportunity to object to the disclosure, and the person served does not express an objection.

IV. Disclosures - Where Authorization Is Required

Except as otherwise provided in this policy, CCMHSB staff may not disclose PHI without authorization that is valid under this policy. Valid authorization can be obtained with an informed consent from the person served, that person's guardian with authority to provide informed consent, the parent of a minor, or the court appointed legal representative or executor of the estate if the individual is deceased. Confidential PHI can be disclosed with a valid authorization to all of the following:

a. Providers of health services, other than CCMHSB, when these providers receive the authorized portions of the clinical and medical record;

b. The person served, his or her guardian, the parent if a minor child, any other individual or agency unless in the written judgment of the holder of the record the disclosure would be detrimental to the person served or others unless the person served is an adult and does not have a guardian.

When information is disclosed for clinical purposes and with appropriate authorization, the holder of the record shall release a copy of the entire medical and clinical record to the provider of mental health services. Release of the entire medical and clinical record must be done in a circumstance where it is clinically appropriate to do so.

V. Disclosures - Detrimental Information

For case records entries made subsequent to March 28, 1996, information made confidential by Sec. 748 of the Mental Health Code shall be disclosed to an adult, upon request of the person served, if the person served is legally competent. The information shall be disclosed as expeditiously as possible but in no event later than 30 days after receipt of a request or, if the person served is receiving treatment before the person served is released from treatment, whichever is earlier. This information may not be withheld even if the holder of the record judges it would be detrimental to the person served or others. See Appendix 2.

Unless the above applies to a request for PHI, the holder of the record may make a determination that disclosure of PHI may be detrimental to the person served or others and decline to disclose the PHI or determine whether part of the PHI may released without detriment. See Appendix 2.

To review PHI for a determination of detriment, CCMHSB staff will follow the procedure set forth in Appendix 8. If an individual does not receive the requested PHI because a determination of detriment or any other reason, they may file a recipient rights complaint and/or a complaint with the CCMHSB Privacy Officer.

All supervisors are responsible for implementing this policy. CCMHSB personnel who violate this policy are subject to discipline up to and including termination from employment in accordance with CCMHSB Sanction Policy.

List of Appendices:

1. Notice of Privacy Practices Procedure
2. A Person Served or His/Her Legal Representative Access To Records And Schedule of Fees for Copying Procedure
3. Authorization For Use and Release Of PHI Procedure
4. A Person Served Right To Request Amendment Of PHI Procedure
5. Accounting Of Disclosures Procedure
6. Court Order Or Subpoena Of A Court Or Administrative Tribunal Procedure
7. Disclosures to Protection and Advocacy Procedure
8. Review for Detriment Procedure
9. A Person Served Request For A Restriction Of Uses and Disclosures of PHI Procedure
10. Verification of Identity Procedure
11. De-identifying Information Procedure
12. HIPAA Privacy Practices Training Procedure
13. Business Partner/Associate Agreement Procedure
14. HIPAA Sanction Procedure

Policy Title: Use And Release Of Protected Health Information

APPENDIX 1: Notice Of Privacy Practices Procedure

PROCEDURE:

1. The Notice of Privacy Practices will be posted at all Copper Country Mental Health Services Board (CCMHSB) facilities in areas accessible to persons served. It will also be posted on the CCMHSB website at http://cccmh.org and downloadable in a PDF format.

2. If the person served cannot read or understand the Notice of Privacy Practices, accommodations will be provided. Contact the Customer Services Coordinator for assistance.

3. The designated responsible staff shall provide the CCMHSB Notice of Privacy Practices and NorthCare Notice of Privacy Practices to each person served or their legal representative upon admission to services. In an emergency treatment situation, a copy of the notices will be provided as soon as reasonably practicable.

4. If the person served does not have a current acknowledgment (within 6 years) on file, one

shall be provided. The retention period for the Notice of Privacy Practice for protected health information shall be maintained for a maximum of six years following the date of creation or last revision date.

5. A signed acknowledgment of the receipt of the Notice of Privacy Practices will be maintained in the person served permanent clinical record. If a signed acknowledgment of receipt of the notice is not obtained and a good faith effort was made, the effort made and the reason why the acknowledgment was not obtained shall be documented.

Program supervisors are responsible for implementing this procedure.

APPENDIX 2: A Person Served Or His/Her Legal Representative Access To Records And Schedule Of Fees For Copying Procedure

A person served, guardian, or parent of a minor has a right to inspect and/or obtain a copy of their PHI in a designated record set, for as long as the PHI is maintained in said designated record set.

PROCEDURE:

1. All requests to review or obtain a copy must be made in writing to the CCMHSB's Records Department.

2. CCMHSB will process requests for information from person's served records in a timely, consistent manner as set forth in this procedure.

3. For case records entries made subsequent to March 28, 1996, information made confidential by Section 748 of the Mental Health Code shall be disclosed to an adult, upon request by the person served, if the person served is legally competent. Release is done as expeditiously as possible but in no event later than the earlier of 30 days of a request or, if the person served is receiving treatment before the person served is released from treatment. This information may not be withheld even if the holder of the record judges it would be detrimental to the person served or others.

4. Unless section 748(4) of the act (as stated above) applies to the request for information, the director of the provider may make a determination that disclosure of information may be detrimental to the person served or others. If the director of the provider declines to disclose information because of possible detriment to the person served or others, then the director of the provider shall determine whether part of the information may be released without detriment. A determination of detriment shall not be made if the benefit to the person served from the disclosure outweighs the detriment. If the record of the person served is located at the resident's facility, then the director of the provider shall make a determination of detriment within 3 business days from the date of the request. If the record of the person served is located at another location, then the director of the provider shall make a determination of detriment within 10 business days from the date of the request. The director of the provider shall provide written notification of the determination of detriment and justification for the determination to the person who requested the information. If a determination of detriment has been made and the person seeking the disclosure disagrees with that decision, he or she may file a recipient rights

complaint with the Office of Recipient Rights of CCMHSB or the Secretary of the U.S. Department of Health and Human Services, Office for Civil Rights.

Record of Disclosures

CCMHSB clinical records department and authorized clinicians will keep a record of all disclosures which includes:

a. Verification of the identity of the individual requesting disclosure (see Appendix 10).

b. Date request was received;

c. Information released and date released;

d. Fee charged;

e. To whom it is released;

f. The purpose stated by the person requesting the information;

g. A statement indicating how the disclosed information is germane to the stated purpose;

h. The subsection of Section 748 of the Mental Health Code, or other applicable law, under which a disclosure was made;

i. A statement stamped on the information that the individual receiving confidential information shall disclose the information to others only to the extent consistent with the authorized purpose for which the information was obtained and in accordance with Section 748.

Fee Schedule

If a person served requests a copy of their PHI, CCMHSB may charge a reasonable, cost-based fee for the copying, including the labor and supply costs of copying. If the person served requests the information to be mailed, the fee may include the cost of postage. CCMHSB has established the following fees for copies of patient records:

a. The first copy of the person served record will be free of charge to the person served only. The PHI that is released to the person served shall be logged in the clinical record, disclosure log of the person served.

b. CCMHSB may charge up to 10 cents per page and the hourly wage of the records staff person copying the PHI, times the number of hours it takes to copy the PHI. An invoice prepared by the records staff person shall be included in the packet of PHI. Copy of the invoice shall be sent to the billing office.

c. The Executive Director or designee has the authority to waive fees.

APPENDIX 3: Authorization For Use And Release Of PHI Procedure

PROCEDURE:

1. An authorization for use or disclosure (release) of PHI may not be combined with any other document to create a compound authorization.

2. The authorization must be written in plain language.

3. CCMHSB may condition the provision of health care, that is solely for the purpose of creating PHI for disclosure to a third party, on an authorization for the disclosure of PHI to such third party.

4. An individual may revoke an authorization at any time provided that their revocation is in writing except to the extent that the covered entity has taken action in reliance thereon.

5. CCMHSB must document and retain any signed authorization. The authorizations will be filed in the medical record under the release section of the chart.

6. A valid authorization under this section must contain at least the following elements:

    a. A description of the information to be used or disclosed that identifies the information in a specific and meaningful fashion.

    b. The name or other specific identification of the person(s) or class of persons authorized to make requested use or disclosure.

    c. The name or other specific identification of the person(s) or class of persons to whom the covered entity may make the requested use or disclosure.

    d. An expiration date or expiration event that relates to the individual or the purpose of the use or disclosure.

    e. A description of each purpose of the requested use or disclosure.

    f. A statement of the individual's right to revoke authorization in writing and the exceptions to the right to revoke, together with a description of how the individual may revoke the authorization.

    g. A statement that information used or disclosed pursuant to the authorization may be subject to re-disclosure by the person served and no longer be protected by this rule.

    h. Signature of the individual and date; and

    i. If the authorization is signed by a personal representative of the individual, a description of such representative's authority to act for the individual.

    j. A statement that CCMHSB will not condition treatment, payment, enrollment or eligibility for benefits on the person served signing the authorization.

7. Any use or disclosure of psychotherapy notes requires a valid authorization except:

   a. Use by the originator of the psychotherapy notes for treatment;

   b. Use or disclosure by CCMHSB for its own internal training programs;

   c. Use or disclosure by CCMHSB to defend itself in a legal action or other proceeding brought by the person served;

   d. To the person served;

   e. Uses and disclosures required by law;

   f. Uses and disclosures for health oversight of the originator;

   g. Uses and disclosures by Coroners and Medical Examiners;

   h. If necessary to prevent or lessen a serious and imminent threat to the health or safety of a person or the public.

8. CCMHSB will not consider an authorization valid if:

   a. The expiration date has passed or the expiration event is known by CCMHSB;

   b. The authorization is not filled out completely;

   c. CCMHSB knows that the authorization has been revoked;

   d. The authorization is combined with another document;

   e. Treatment, payment, enrollment or eligibility is conditioned upon the receipt of a signed authorization from the person served;

   f. CCMHSB knows that material information in the authorization is false.

APPENDIX 4: A Person Served Right To Request Amendment Of Phi Procedure

PROCEDURE:

1. Right To Amend
   A person served or his/her legal representative has the right to request CCMHSB to amend PHI or a record about the person served in a designated record set for as long as the PHI is maintained in the designated record set.

   A person served or his/her legal representative must submit a written request for amendment by providing a reason to support a requested amendment directly to the Privacy Officer.

The Privacy Officer must act on the individual's request for an amendment no later than thirty (30) days after receipt of such a request. If the Privacy Officer is unable to act on the request within the thirty (30) days, the individual will be notified in writing the reasons for the delay and the expected date that action will be completed. This delay will not exceed an additional thirty (30) days. This will be the only extension allowed.

The Privacy Officer may deny an individual's request for amendment, if it is determined that the PHI or record that is subject of the request:

1. Was not created by the covered entity, unless the person served provides a reasonable basis to believe that the originator of PHI is no longer available to act on the requested amendment;
2. Is not part of the designated record set;
3. Would not otherwise be available for inspection under 45 CFR 164.524 of the Privacy Rule; or
4. Is deemed to be accurate and complete.

2. Statement Correcting or Amending Information
A person served, guardian, or parent of a minor, after having gained access to treatment records, may challenge the accuracy, completeness, timeliness, or relevance of factual information in the record of the person served. The person served, guardian, or parent of a minor shall be allowed to insert into the record a statement correcting or amending the information at issue. The statement shall become part of the record.

3. Notification of Amendment to Relevant Persons
Obtain the individual's identification of and agreement to have CCMHSB notify the relevant persons with whom the amendment needs to be shared and make reasonable efforts to inform and provide the amendment within a reasonable time to:

a. Persons identified by the individual as having received PHI about the individual and needing the amendment; and
b. Persons, including business associates, that CCMHSB knows have the PHI that is the subject of the amendment and that may have relied, or could foreseeably rely, on such information to the detriment of the person served.

APPENDIX 5: Accounting Of Disclosures Procedure

PROCEDURE:

1. Disclosure Log

A. A disclosure log entry is required when a disclosure of information in the designated record set is made to parties other than those identified in the exceptions below. The disclosures shall be documented in the disclosures log of the CCMHSB Records Department. The person served is also entitled to an accounting of disclosures made by business associates of CCMHSB.

B. An individual's right to this accounting is limited to at least a six (6) year period or less prior to the date on which the accounting is requested.

C. The Disclosure Log will track all disclosures except for the following:

1. To carry out treatment, payment and healthcare operations;
2. To individuals of protected health information about them;
3. Incident to a use or disclosure otherwise permitted or required in the CCMHSB Use and Disclosure of PHI Policy and Procedure.
4. For a facility's directory, or to persons involved in the individual's care or other notification purposes in the CCMHSB Use and Disclosure of PHI Policy and Procedure.
5. For national security or intelligence purposes.
6. To correctional institutions or law enforcement officials.
7. As part of a limited data set.
8. That occurred prior to the compliance date for CCMHSB.

2. Request for Accounting of Disclosures

A. When a request for an accounting of disclosures is received from a person served:

1. The acceptability and credibility of the request will be determined.
2. If the request for accounting is accepted, the disclosure log will be prepared and distributed.
3. Medical records staff will be notified of the disclosure and will log the accounting of disclosure in the Medical Records Queue as described under 2.F. - Documentation of Accounting of Disclosure Requests.

B. The accounting must include the following information for the first disclosure:

1. Date of the disclosure.
2. Name and address (if known) of the organization or person who received the PHI.
3. Description of the PHI disclosed. This includes document type and date of service.
4. Brief statement of the purpose of the disclosure or a copy of the written request for disclosure.
5. Person(s) processing the requests.

C. The accounting must include the following information for subsequent and repeated disclosures of the same information to the same person or organization for a single purpose:

1. Date of the disclosure.
2. Name and address (if known) of the organization or person who received the PHI.
3. Description of the PHI disclosed. This includes document type and date of service.
4. Brief statement of the purpose of the disclosure or a copy of the written request for disclosure.

5. Person(s) processing the requests.

6. Frequency or number of disclosures made during the accounting period.

7. Date of the last disclosure made during the accounting period.

D. Timelines for providing the accounting

1. Provide the accounting to the requesting party as soon as is reasonably possible, but no later than sixty (60) days after the receipt of the request. Document the date of receipt by date stamping any paper request.

2. If unable to comply with the sixty (60) day rule the response period may be extended by thirty (30) days by sending the requesting party a written statement of the reasons for the delay and the date CCMHSB will provide the accounting.

E. Costs for the accounting.

1. CCMHSB will provide one accounting every twelve (12)-month period commencing with the date of the first request.

2. For any subsequent, individuals must be notified in advance of the fee and must provide the requesting party the opportunity to withdraw or modify their request to eliminate or reduce said fee.

F. Documentation of accounting of disclosure requests.

1. Medical Records Staff will document all accounting of disclosures of PHI in the Medical Records Queue. The following information will be logged regarding the disclosure:

   a. Date of the accounting of disclosure written request.

   b. Name and address (if known) of the organization or person requesting the accounting of disclosure of PHI.

   c. Description of the PHI disclosed. This includes document type(s) and date(s) of service.

   d. Brief statement of the purpose of the disclosure or a copy of the written request for disclosure.

   e. Person(s) processing the requests.

   f. The time period of the accounting of disclosure provided.

APPENDIX 6: Court Order Or Subpoena Of A Court Or Administrative Tribunal Procedure

PROCEDURE:

When CCMHSB receives a court order or subpoena either to appear or for records (duces tecum):

1. The Order/Subpoena is given to the Executive Director or designee.
2. CCMHSB receives satisfactory assurance from the party seeking the information that reasonable efforts have been made by such party to insure that the individual who is the subject of the PHI that has been requested, has been given notice to that request.
    a. That assurance must be a written statement demonstrating that the party requesting such information has made a good faith effort to provide written notice to the individual or that the individual's location is unknown and has mailed notice to the individual's last known address.
    b. The notice should include sufficient information about the litigation or proceeding for which the PHI is requested to permit the individual to raise an objection to the court or Administrative Tribunal.
    c. The time for the individual to raise objection to the court or administrative tribunal has elapsed, no objections were filed or the court or tribunal has resolved all objections filed by the individual.
    d. CCMHSB can assume notice has been received if CCMHSB receive satisfactory assurance demonstrating that there has been a qualified protective order issued.
3. CCMHSB may notify Legal Counsel that records are the subject of an order/subpoena.
4. Legal Counsel may be provided a copy of the order/subpoena and shall notify CCMHSB relative to whether the information must be disclosed under the Mental Health Code.
5. Not withstanding a subpoena for duces tecum, a person's served PHI is considered confidential and will not be released without signed authorization.

Authorizations

1. CCMHSB shall determine if there is a valid authorization in the record.
2. In the absence of a valid authorization, CCMHSB shall make a reasonable effort to notify the person served that her/his record is generally considered privileged and they should secure their own legal advice in that regard.
3. Since mental health records are confidential, there must be an authorization signed by a party with authority to authorize prior to the release of records.

Asserting Privilege

1. If the person served asserts privilege, CCMHSB Legal Counsel shall notify the requesting party that privilege is asserted, assuming time permits.
2. In the event time does not permit notice to the requester, CCMHSB or CCMHSB Legal Counsel shall communicate to the Court involved that privilege is asserted and shall appear at the time and place indicated in the event the subpoena is for production of the record at a specified Court hearing.
3. No records shall be disclosed or released.
4. Absent a valid release, the potential liability for releasing records outweighs any potential contempt hearing for not releasing the record.
5. Whenever a subpoena for records is received for any Court proceedings:

a. CCMHSB shall verify that the person served and/or his/her attorney is notified of the same.

b. CCMHSB cannot give legal advice to a person served regarding confidentiality or privilege and the person served should be advised to seek the advice of an attorney.

c. Where the person served cannot be located, or in the event she/he claims privilege, CCMHSB Legal Counsel shall be made aware of the subpoena in a timely manner and shall direct a response to the subpoena consistent with this Protocol.

Subpoenas for Personal Appearances

1. The affected employee shall notify her/his supervisor who will in turn notify CCMHSB Legal Counsel.
2. Decision to quash subpoena will be made on a case-by-case basis.

For case record entries made subsequent to March 28, 1996, PHI made confidential by this Section shall be disclosed to an adult, upon request by the person served, if the person served does not have a guardian and has not been adjudicated legally incompetent. The holder of the record shall comply with the adult's request for disclosure as expeditiously as possible but in no event later than the earlier of 30 days after receipt of the request or, if the person served is receiving treatment from the holder of the record, before the person served is released from treatment. Unless section 748(4) of the act applies to the request for PHI, the director of the provider may make a determination that disclosure of PHI may be detrimental to the person served or others.

Abuse/Neglect Cases

1. In abuse/neglect cases, if the Family Court has jurisdiction over minor children, and if CCMHSB has conducted a court-ordered examination, interview of course of treatment, any PHI relating thereto must be released upon receipt of a subpoena in that proceeding.
2. Court ordered treatment means that an examination, interview or course of treatment commences on and after date of the Court Order. A court cannot order a parent or child to receive any examination, interview, or course of treatment unless it has jurisdiction. (This excludes emergency mental health treatment or hospitalization).
3. The release of information pursuant to an order/subpoena applies only to the person or persons who have been ordered to receive any form of service and therefore equally applies to adults (parents) under the Subpoena Procedure for Adults.

For any questions concerning the interpretation of this procedure, refer to the Privacy Officer or Legal Counsel.

APPENDIX 7: Disclosures To Protection And Advocacy Procedure

PROCEDURE:

A. An identified representative of Michigan's Protection and Advocacy Services shall be granted access to records in accordance with Public Law 94-103, 89 Stat. 486, Public Law 99-319, 100 Stat. 478, and Act 258 of the Public Acts of 1974, as amended. This includes:

1. If the person served, the guardian of the person served with authority to consent, or a

parent of minor with legal and physical custody of the minor has consented to the access;

2. A person served, including a person served who has died or whose whereabouts are unknown, if all of the following apply:

   a. Because of mental or physical condition, the person served is unable to consent to the access;

   b. The person served does not have a guardian or other legal representative, or the guardian of the person served is the state;

   c. Michigan Protection and Advocacy has received a complaint on behalf of the person served or has probable cause to believe based on monitoring or other evidence that the person served has been subject to abuse or neglect;

3. A person served who has a guardian or other legal guardian if all of the following apply:

   a. A complaint has been received by Michigan Protection and Advocacy or there is probable cause to believe the health or safety of the person served is in serious and immediate jeopardy;

   b. Upon receipt of the name and address of the legal representative of the person served, Michigan Protection and Advocacy has contacted the representative and offered assistance in resolving the situation;

   c. The representative has failed or refused to act on behalf of the person served.

APPENDIX 8: Review For Detriment Procedure

PROCEDURE:

A. Request for Access

When the records department receives any request for access, it will be given to the authorized clinician who processes the request. If CCMHSB does not maintain the PHI that is the subject of the request of the person served and CCMHSB knows where the requested information is maintained, the person served or legal representative must be informed where to direct their request for access.

B. Analysis of Person Served Status

An Authorized clinician determines whether the person served is a competent adult and entitled to receive his or her entire record under Mental Health Code Sec. 748(4) or the person served is a legally incapacitated adult with guardian or a minor and a determination of detriment may be made.

C. Review for Detriment Process

If a review of detriment is appropriate (see Appendix 2) then the authorized clinician in conjunction with his or her clinical supervisor will perform such review under the following guidelines.

1. Authorized clinician has determined in the exercise of professional judgment that the access requested is reasonably likely to endanger the life or physical safety of the individual or another person.
2. The PHI makes reference to another person and the authorized clinician has determined in the exercised professional judgment that the access requested is reasonably likely to cause substantial harm to such other person.
3. Request for access is made by the individual's personal representative and the authorized clinician in the exercise of professional judgment has determined that the provision of access to such personal representative is reasonably likely to cause substantial harm to the individual or another person.

In all cases a determination of detriment shall not be made if the benefit to the person served from the disclosure outweighs the detriment.

D. Authorization by the Executive Director

The authorized clinician will send a written statement to the Executive Director outlining what information is to be withheld and why. The Executive Director or designee will make the final determination.

E. Implementation and Process for Denial of Access

If CCMHSB denies access in whole or in part, the following requirements must be complied with:

1. CCMHSB must to the extent possible give the individual access to any other PHI requested after excluding the PHI which has been denied;
2. CCMHSB must provide a timely written denial to the person served;
3. The denial must be in plain language and must state the basis for denial;
4. The denial must also contain a description of how the person served may complain to the rights office and request a review of the denial from CCMHSB or CMS.

F. Timeframes

If the record of the person served is located at the site where the request is made, the determination of detriment will be made within 3 business days of the request for access. If the record of the person served is located in another site, the determination of detriment will be made within 10 business days of the request for access.

G. Request for Review of Denial of Access

1. All requests for review of denial of access shall be forwarded to the rights office/privacy officer.
2. The rights office/privacy officer will ensure that a licensed health care professional who is not directly involved in the denial shall promptly provide a second opinion of the denial of access.
3. The licensed health care professional must determine within a reasonable period of time, not to exceed 10 business days, whether or not to uphold the denial of access. The licensed health care professional shall promptly inform the person

served of the decision in writing.

4. If the person served is not satisfied with the final determination he or she can file a complaint with the Office of Recipient Rights.

APPENDIX 9: A Person Served Request For A Restriction Of Uses And Disclosures Of PHI Procedure

PROCEDURE: Right Of An Individual To Request Restriction Of Uses And Disclosures

1. CCMHSB must permit any person served to request in writing a restriction on any use or disclosure of protected health information for treatment, payment, health care operations, or to family member. CCMHSB is not required to agree to the restriction, however if CCMHSB does agree it must protect the person's served health information according to the agreed upon terms of the restriction.
2. Exceptions to adhering to an agreed upon restriction:
    a. In an emergency treatment situation, CCMHSB may use or disclose previously restricted PHI that is necessary to provide emergency treatment. If CCMHSB exercises its rights, it will request that the recipients of this information not further use or disclose it.
    b. Uses and disclosures to the Secretary of the Center for Medicare/Medicaid Services to investigate or determine CCMHSB's compliance with the applicable local, state or federal law. If CCMHSB agrees to such restrictions they are not enforceable under this rule.
3. CCMHSB may terminate its agreement to a restriction, if:
    a. The individual agrees to or requests the termination in writing;
    b. The individual orally agrees to the termination and the oral agreement is documented; or
    c. CCMHSB informs the individual that it is terminating its agreement to a restriction, except that such termination is only effective with respect to PHI created or received after it has so informed the individual.

Confidential Communications Requirements

CCMHSB must permit individuals to request and must accommodate reasonable requests by individuals to receive communications of PHI from CCMHSB by alternative means or at alternative locations.

a. An individual must provide in writing, any request for confidential communications.
b. CCMHSB may condition the provision of a reasonable accommodation on:
    i. When appropriate, information as to how payment, if any, will be handled; and
    ii. Specification of an alternative address or other method of contact.

APPENDIX 10: Verification Of Identity Procedure

PROCEDURE:

Verification Requirements

1. Prior to any disclosure permitted CCMHSB must:

    a. Except as otherwise required in CCMHSB policies and procedures, CCMHSB staff will verify the identity of a person requesting PHI and the authority of any such person to have access to PHI under CCMHSB policies and procedures, if the identity or any such authority of such person is not known to CCMHSB staff; and

    b. Obtain any documentation, statements, or representations, whether oral or written, from the person requesting the PHI when such documentation, statement or representation is a condition of the disclosure under CCMHSB policies and procedures.

Verification Specifications

1. Conditions of Disclosures - If a disclosure is conditioned by CCMHSB policies or procedures on particular documentation, statements or representations from the person requesting the PHI, CCMHSB staff may rely, if such reliance is reasonable under such circumstances, on documentation, statements, or representations that, on their face, meet the applicable requirements.

2. Identity of Public Officials - CCMHSB staff may rely, if such reliance is reasonable under the circumstances, on any of the following to verify identity when the disclosure of PHI is to a public official or a person acting on behalf of the public official:

    a. If the request is made in person, presentation of an agency identification badge, other official credentials, or other proof of government status;

    b. If the request is in writing, the request is on the appropriate government letterhead;

    c. If the disclosure is to a person acting on behalf of a public official, a written statement on appropriate government letterhead that the person is acting under the government's authority or other evidence or documentation of agency, such as a contract for services, memorandum of understanding, or purchase order, that establishes that the person is acting on behalf of the public official.

3. Authority of Public Officials - CCMHSB staff may rely, if such reliance is reasonable under the circumstances, on any of the following to verify authority when the disclosure of PHI is to a public official or a person acting on behalf of the public official:
    a. A written statement of the legal authority under which the information is requested or, if a written statement would be impracticable, an oral statement of such legal authority;

    b. If a request is made pursuant to legal process, warrant, subpoena, order, or other legal process issued by a grand jury or a judicial or administrative tribunal is presumed to constitute legal authority.

4. Exercise of professional judgment - The verification requirements of this policy and procedure are met if CCMHSB staff relies on the exercise of professional judgment in making a use or disclosure or acts on a good faith belief in making a disclosure in accordance with CCMHSB policies and procedures.

APPENDIX 11: De-Identified Information Procedure

PROCEDURE:

CCMHSB staff will de-identify PHI of a person served in compliance with this policy and procedure when there is a need to release information in the absence of valid authorization or business associate agreement for the purposes of accreditation recording, public health, public policy initiatives, compliance audits, marketing and/or fundraising.

1. To release health information to a third party in the absence of a valid authorization or business associate agreement the following identifiers must be removed pertaining to the person served, relatives, employers, or household members of the person served:

   A. Names; Last, First, Middle Initial

   B. State, including street address, city, county, precinct, zip code.

   C. All elements of dates (except year) for dates directly related to an individual, including birth date, admission date, discharge date, date of death.

   D. Telephone numbers;

   E. Fax Numbers;

   F. Electric Mail Addresses;

   G. Social Security Number;

   H. Medical Record Numbers;

   I. Health Plan Identification Numbers;

   J. Account Numbers;

   K. Certificate/License Numbers;

   L. Vehicle Identifiers and Serial Numbers;

   M. Device Identifier Numbers and Serial Numbers;

   N. Web Universal Resource Locators;

   O. Internet Protocol (IP) Address Numbers;

   P. Biometric Identifiers, including finger and voiceprints.

   Q. Full Face Photographic Images and Any Comparable Images; and

   R. Any Other Unique Identifying Number, Characteristic or Code.

2. Staff must not have actual knowledge that the information could be used alone or in combination with other information to identify a person served who is a subject of the information.

3. Release of de-identified person served information must be limited to that information which is the minimum necessary to meet the reason for the release of de-identified information.

APPENDIX 12: HIPAA Privacy Practices Training Procedure

PROCEDURE:

All CCMHSB personnel will be trained on the policies and procedures with respect to PHI of the person served, as necessary and appropriate, for their position.

1. CCMHSB will provide the required training as follows:

   a. To all new personnel within thirty (30) days of hire; and

   b. To all personnel whose functions are affected by a material change in the policies or procedures within a reasonable period of time after the material change becomes effective.

2. CCMHSB will document that the training has been provided and retain the documentation for six (6) years from the date of its last creation or the date when it last was in effect, whichever is later.

APPENDIX 13: Business Partner/Associate Agreement Procedure

PROCEDURE:

CCMHSB may disclose PHI to a Business Associate and may allow a Business Associate to create or receive PHI on its behalf, if CCMHSB obtains satisfactory assurance that the Business Associate will appropriately safeguard the information. CCMHSB must document the satisfactory assurances required through a written contract or other written agreement or arrangement with the Business Associate.

This standard does not apply with respect to disclosures by CCMHSB to a health care provider concerning the treatment of the individual.
A covered entity that violates the satisfactory assurances provided as a Business Associate of CCMHSB will be in noncompliance with the standards, implementation specifications, and requirements.

CCMHSB is not in compliance with the standards if CCMHSB knew of a pattern of activity or practice of the Business Associate that constituted a material breach or violation of the Business Associate's obligation under the contract or other arrangement, unless CCMHSB took reasonable steps to cure the breach or end the violation, as applicable, and, if such steps were unsuccessful:

1. Terminated the contract or arrangement, if feasible; or
2. If termination is not feasible, reported the problem to the Secretary of the U.S. Department of Health and Human Services, Office for Civil Rights.

A contract between the covered entity and a Business Associate must:

1. Establish the permitted and required uses and disclosures of the PHI. The contract may not authorize the Business Associate to use or further disclose the information in a manner that would violate the requirements of this subpart, if done by the covered entity, except that:
    a. The contract may permit the Business Associate to use and disclose PHI for the proper management and administration of the Business Associate; and
    b. The contract may permit the Business Associate to provide data aggregation services relating to the health care operations of the covered entity.
2. Provide that the Business Associate will:
    a. Not use or further disclose the PHI other than as permitted or required by the contract or as required by law;
    b. Use appropriate safeguards to prevent use or disclosure of the information other than as provided for by the contract;
    c. Report to CCMHSB any use or disclosure of the information not provided for by the contract of which it becomes aware;
    d. Ensure that any of its agents or subcontractors to whom it provides PHI received from, or created or received by the Business Associate on behalf of, CCMHSB agrees to the same restrictions and conditions that apply to the business associate with respect to such information.
    e. Make the PHI available for inspection by the person served.
    f. Make available PHI for amendment and incorporate any amendments to PHI in accordance with Appendix 4;
    g. Make available the information require to provide an accounting of disclosures in accordance with Appendix 5;
    h. Make its internal practices, books and records relating to the use and disclosure of PHI received from, or created or received by the Business Associate on behalf of, CCMHSB available to the Secretary of the U.S. Department of Health and Human Services, Office for Civil Rights for purposes of determining CCMHSB compliance with the business associate agreement;
    i. At termination of the contract, if feasible, return or destroy all PHI received from, or created or received by the Business Associate on behalf of, CCMHSB, that the Business Associate still maintains in any form and retain no copies of such information or if such return or destruction is not feasible, extend the protections of the contract to the information and limit further uses and disclosures to the purposes that make the return or destruction of the information infeasible.
3. Authorize termination of the contract by CCMHSB if CCMHSB determines that the Business Associate has violated a material breach of the contract.

APPENDIX 14: HIPAA Sanction Procedure

PROCEDURE:

CCMHSB will protect the confidentiality and integrity of PHI and provide progressive sanctions for any substantiated failure to comply with any standards required by law, professional ethics, or accreditation standards.

CCMHSB and its departments have adopted procedures and standards to carry out the objectives of this policy. All CCMHSB personnel must adhere to these procedures and standards. All violations constitute grounds for disciplinary action up to and including termination, professional discipline, and criminal prosecution.

1. Duty To Report
   All CCMHSB personnel are required to report any and all breaches of the CCMHSB privacy and security policies and procedures. CCMHSB personnel should immediately verbally report such breach to his or her supervisor and to the Privacy Officer and/or Security Officer or their designee, immediately and write an incident report within 24 hours.

2. Duty To Investigate
   The Privacy and/or Security Officer or designees will conduct a thorough and confidential investigation into the allegations. CCMHSB will not retaliate against or permit reprisals against a complainant.

3. Sanction For A Substantiated Violation
   The CCMHSB Corrective/Progressive Discipline Policy and Procedure shall be used to determine and apply appropriate sanctions.

Disclaimer: The Sanction Policy and Procedure is intended as a guide for the efficient and professional performance of employees' duties to protect the integrity and confidentiality of PHI. Nothing herein shall be construed to be a contract between the employer and the employee. Additionally, nothing in this Sanction Policy and Procedure is to be construed by any employee as containing binding terms and condition of employment. Nothing in this Sanction Policy should be construed as conferring any employment rights on employees or changing their status from "at-will employees." The organization retains the absolute right to terminate any employee, at any time, with or without good cause. Management retains the right to change the contents of this Sanction Policy and Procedure, as it deems necessary with or without notice.

Policy Title: PSYCHOTROPIC MEDICATION

POLICY: It is the policy of Copper Country Mental Health Services Board that psychotropic medications shall be prescribed only by a prescribing licensed professional within his/her scope of practice. This policy does not limit prescribing to FDA approved indications. A physician may lawfully prescribe an FDA approved medication for an unlabeled indication when such use is based upon sound scientific evidence and sound medical opinion. Psychotropic medication shall not be used as punishment, for the convenience of staff, or as a substitute for other appropriate treatment.

PURPOSE: To establish guidelines for the use of psychotropic drugs for the treatment of disorders of thinking, mood, or behavior caused by a psychiatric illness that are consistent with federal and state guidelines, licensure, regulatory bodies and professional standards of practice.

DEFINITION: The following medication categories shall be considered psychotropic medications:

1. Anti-depressants
2. Anti-psychotic agents
3. Mood stabilizing agents
4. Anti-anxiety agents
5. Sedatives/Hypnotic agents
6. Anti-cholinergic agents used in the treatment of movement disorders
7. Medications to treat ADHD
8. Medications to treat Substance Use Disorders

PROCEDURE:

I. The indication for the initiation of psychotropic drug use shall be noted with documentation present in the chart to include:

A. Documentation:

1. History including comprehensive drug history past/present.
2. Mental status examination.
3. Diagnosis by physician or nurse practitioner.
4. Medication ordered and signed by appropriately licensed individual.
5. Treatment plan authorized by the physician or nurse practitioner.
6. Laboratory reports as appropriate to medication ordered.
7. Informed consent.
8. Justification for use including expected outcomes.

B. Dosage Range: References such as the American Hospital Formulary Service - Drug Information, American Medical Association Drug Evaluations, Drug Facts and Comparisons, Physician's Desk Reference (PDR), and the United States Pharmacopeia Drug Information (USP-DI) may be utilized for the purpose of designating dosage range for psychotropic drugs.

C. Justification and rationale of the simultaneous use of more than one psychotropic agent from a category (i.e., Antipsychotic, Antidepressants) must be documented in the clinical record.

D. Persons prescribed psychotropic medications must be seen by the physician or nurse practitioner at no longer than three month intervals to assess medical management including therapeutic response and side effects. Medications prescribed and the presence or absence of side effects must be documented at least quarterly in the medical record by the physician or nurse practitioner.

E. Only medications that are authorized in writing by a physician or nurse practitioner are given to residents of agency group homes upon leave or discharge from the program. The Service/Support plan or discharge plan shall ensure the person has continuity of medication treatment in these circumstances.

II. Tardive Dyskinesia Screenings:

A. Tardive Dyskinesia screens will be performed by nursing or medical staff on a quarterly basis for persons taking any antipsychotic medication (except Clozapine/Clozaril) prescribed by Agency physicians or nurse practitioners.

B. Physicians or nurse practitioners may order Tardive Dyskinesia screens in other instances as clinically indicated.

Policy Title: PHARMACOTHERAPY

POLICY: It is the policy of the Copper Country Mental Health Services Board (CCMHS) that Agency Pharmacotherapy is carried out in compliance with all applicable state and federal laws and regulations.

PURPOSE: The purpose of this policy is to identify critical aspects of Pharmacotherapy as carried out at Copper Country Mental Health Services. Pharmacotherapy practices include evaluating, prescribing, dispensing, administering and monitoring medications.

PROCEDURE:

I. Access to Pharmacotherapy, when needed, is provided through direct service provision or referral.

II. Pharmacotherapy is integrated into the Individual Plan of Service.

III. Continuity of Pharmacotherapy is maintained between the primary care physician, and/or any other source that may be prescribing for the person served, and the psychiatrist through written and verbal coordination of care as allowed by a signed Release of Information form.

IV. Physician consultation for medication issues is available 24-hours per day, seven days a week.

V. All CCMHS staff and persons served have ready access to the poison control center telephone number, which is 1-800-222-1222.

VI. As components of Pharmacotherapy, the following elements are considered:

A. Identification in a documentation of any history of drug reactions experienced by the person served.

B. Review of past medication use including: effectiveness, side effects, allergies or adverse reactions.

C. Evaluation of co-existing medical conditions.

D. Screening for and evaluation of common medical co-morbities (such as diabetes) for potential impact on prescribing of medications.

E. Identification of alcohol and other drug use.

F. Special dietary needs and restrictions associated with medication use.

G. Use of over-the counter medications.

H. Use of medications during pregnancy.

I. Necessary laboratory studies, tests, or other procedures.

VII. Informed consent is obtained for each psychotropic medication.

VIII. The review of Pharmacotherapy activities including errors and other medication-related incidents is a component of the Quality Improvement Program.

IX. All medication orders for Copper Country group home residents are reviewed and/or renewed every 30 days by a physician.

X. The frequency of review of the prescription of a psychotropic medication is set forth in the person's Individual Plan of Service and is based on the person's clinical status.

XI. Education on medication issues of the person served is ongoing as is appropriate to his/her needs.

XII. All Pharmacotherapy-related policies are reviewed and approved by the Medical Director.

Policy Title: PROFESSIONAL ASSESSMENTS AND TESTS

POLICY: It is the policy of Copper Country Mental Health Services Board to conduct biopsychosocial and other professional assessments or tests for the purposes of determining level of functioning and treatment needs and to recommend a course of treatment for those individuals requiring or desiring such assessments. Assessments will be conducted by qualified individuals who have the appropriate credentials and have privileges to perform such assessments by the Agency.

PURPOSE: The purpose of this policy is to ensure adherence to applicable rules, regulations and standards in regard to the provision of professional assessments or tests for persons receiving services from the Agency.

PROCEDURE:

I. BIOPSYCHOSOCIAL ASSESSMENT

A. The Biopsychosocial Assessment will be completed at admission and updated annually for individuals receiving treatment and/or support services from the Agency. This assessment will be completed according to an Agency approved format and will include at a minimum:

1. A relevant history;

2. Information on previous services and supports;

3. Assessment of need for food, shelter, clothing, health care, employment services, educational services, legal services, personal safety strategies, recreational services and transportation.

II. CASE MANAGEMENT/SUPPORTS COORDINATOR ROLE

A. The Case Management/Supports Coordinator will discuss the need/desire for other professional assessments or tests with the person served and other relevant individuals. The need for a professional assessment may occur at any time; however, the need/desire for assessments will be discussed at least annually (in preparation for the person's annual planning meeting) with the person served.

B. The Case Manager/Supports Coordinator will arrange for the needed/desired assessments or tests to be conducted by an individual qualified to perform such assessments.

III. OTHER PROFESSIONAL ASSESSMENTS

A. An annual Health Care Appraisal or Nursing Assessment must be conducted by an MD or RN for those individuals who reside in adult foster care facilities.

B. Occupational Therapy, Nursing, Physical Therapy, Nutritional and Speech/Language Assessments must be ordered by a physician.

C. An assessment done in preparation for an individual's planning meeting should be completed at least three (3) working days prior to the meeting.

D. The assessments will be completed according to Agency-approved formats and will determine the person's level of functioning, need for treatment/services and will recommend a course of treatment.

E. Assessments are either scanned, uploaded, or directly entered into the person's served electronic medical record in the applicable area.

Policy Title: BEHAVIOR TREATMENT COMMITTEE

POLICY: It is the policy of Copper Country Mental Health Services Board (CCMHS) that any restrictive or intrusive program elements of any Individual Plan of Service (IPOS) be used only as a last resort and when absolutely necessary to protect the health and safety of the person and others when people exhibit seriously aggressive, self-injurious or other challenging behaviors that place the person or others at imminent risk of physical harm. Any plan that proposes restrictive or intrusive treatment techniques, including psychoactive medication for the purposes of behavior control, and the use of protective devices, must be reviewed and approved by the Agency's Behavior Treatment Committee (BTC). Aversive techniques and seclusion, as defined below, are prohibited.

PURPOSE: To establish standards and guidelines for the professional review, approval or disapproval, and monitoring of plans that propose the use of intrusive or restrictive program elements or the use of psychoactive medication for behavior control.

DEFINITIONS:

AVERSIVE TECHNIQUES: Techniques that are punishing, physically painful, emotionally frightening, deprivational, or put a person at medical risk when they are used; or any technique that requires the deliberate infliction of unpleasant stimulation (stimuli which would be unpleasant to the average person or that would have a specific unpleasant effect on a particular person) to achieve management, control or extinction of seriously aggressive, self-injurious or other behavior that places the person or others at risk of physical harm. Examples of such techniques include use of mouthwash, water mist or other noxious substance to consequate behavior or to accomplish a negative association with a target behavior, and use of nausea-generating medication to establish a negative association with a target behavior or for directly consequating a target behavior. The ***voluntary*** use by the person of an intervention such as antabuse for alcoholism, for example, is not considered an aversive technique for purposes of this policy. Clinical techniques and practices established in the peer reviewed literature that are prescribed in the behavior treatment plan and that are voluntary and self-administered (such as exposure therapy for anxiety) are not considered aversive for purposes of this policy. **USE OF AVERSIVE TECHNIQUES IS PROHIBITED**.

CONSENT: A written agreement signed by the person, the parent of a minor, or a person's legal representative with authority to execute consent, or a verbal agreement of a person that is witnessed and documented by someone other than the service provider.

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 an FBA is to identify social, affective, environmental, and trauma-based factors or events that initiate, sustain or end a behavior. A physical examination must be done by a MD or DO to identify biological or medical factors related to the behavior. The FBA should integrate medical conclusions and recommendations. 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.

EMERGENCY INTERVENTIONS: There are only two emergency interventions approved by Michigan Department of Community Health (MDCH) implementation in crisis situations when all other supports and interventions fail to reduce the imminent risk of harm: physical management and the request for law enforcement intervention. Each agency shall have protocols specifying what physical management techniques are approved for use.

IMMINENT RISK: An event/action that is about to occur that will likely result in the potential harm to self or others.

INTRUSIVE TECHNIQUES: Techniques that encroach upon the bodily integrity or the personal space of the person to achieve treatment, management, control or extinction of a seriously aggressive, self-injurious or other behavior that places the person or others at risk of physical harm. An example is the use of direct observation procedures during times that would otherwise be considered private by an average person; or use of a medication or drug that is not a standard treatment or dosage for the person's condition. Use of intrusive techniques as defined here requires **REVIEW AND APPROVAL** by the Behavior Treatment Committee.

PHYSICAL MANAGEMENT: An agency-approved technique used by trained employees as an emergency intervention to restrict the movement of a person by continued direct physical contact in spite of the person's resistance in order to prevent the person from physically harming himself, herself, or others.

Physical management shall only be used on an emergency basis when the person or the situation is presenting an imminent risk of serious physical harm to himself/herself or others. The term "physical management" does not include briefly holding an individual in order to comfort him or her or to demonstrate affection, or holding his/her hand. Physical management shall not be included as a component in a behavior treatment plan.

PRONE IMMOBILIZATION**:** Extended physical management of a person in a prone (face down) position, usually on the floor, where force is applied to his or body in a manner that prevents him or her from moving out of the prone position. **PRONE IMMOBILIZATION OF A PERSON OR ANY PHYSICAL MANAGEMENT THAT RESTRICTS A PERSON'S RESPIRATORY PROCESS, FOR THE PURPOSE OF BEHAVIOR CONTROL, IS PROHIBITED UNDER ANY CIRCUMSTANCES.**

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 person or others at risk of physical harm by conducting a functional assessment, and teaching new skills and 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.

REQUEST FOR LAW ENFORCEMENT INTERVENTION: Calling 911 and requesting law enforcement assistance as a result of a person exhibiting seriously aggressive, self-injurious or other behavior that places the person or others at risk of physical harm. Law enforcement should be called for assistance **ONLY WHEN: CAREGIVERS ARE UNABLE TO REMOVE**

OTHER PEOPLE 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 PERSON OR OTHERS.

RESTRAINT: The use of a physical or mechanical device to restrict a person's movement; specifically, anything that immobilizes or reduces the ability of the person to move his/her arms, legs, body or head freely, for the purposes of the management, control, or extinction of seriously aggressive, self-injurious or other behaviors that place the person or others at risk of physical harm. Restraint does not include the use of a device primarily intended to provide anatomical or physical support that is ordered by a physician, physical therapist or occupational therapist for the purpose of maintaining or improving a person's physical functioning; or safety devices required by law, such as car seat belts or child car seats used in vehicles.

THE USE OF PHYSICAL OR MECHANICAL DEVICES USED AS RESTRAINT IS PROHIBITED IN ALL AGENCY PROGRAMS UNDER ANY CIRCUMSTANCES.

This definition excludes the following:

ANATOMICAL OR PHYSICAL SUPPORT: Body positioning or a physical support ordered by a physician, physical or occupational therapist for the purpose of maintaining or improving a person's physical functioning.

PROTECTIVE DEVICE: A device or physical barrier to prevent the person from causing serious self-injury associated with documented and frequent incidents of the behavior. A protective device as defined here shall not be considered a "restraint" as defined below. However, it must be incorporated in the IPOS through a behavior treatment plan which has been reviewed and approved by the BTC and received special consent from the person or his/her legal representative.

MEDICAL RESTRAINT: The use of mechanical restraint or drug-induced restraint ordered by a physician or dentist to render the person quiescent for medical or dental procedures. Medical restraint shall only be used as specified in the IPOS 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 person's rights as specified in the Mental Health Code and the federal Balanced Budget Act. These techniques are used for the purposes of management, control or extinction of seriously aggressive, self-injurious or other behaviors that place the person or others at risk of physical harm. Restrictive techniques include the use of a psycho-active medication for the purpose of behavior control. Any use of psycho-active medication prescribed for persons with a primary diagnosis of a developmental disability and an existing secondary mental illness diagnosis must conform to accepted standards of practice for that specific diagnosis. Use of restrictive techniques as defined here requires **REVIEW AND APPROVAL** by the Behavior Treatment Committee.

SECLUSION: The placement of a person in a room, alone, when freedom to leave the segregated room or area is prevented by any means. **SECLUSION IS PROHIBITED IN ANY AGENCY PROGRAM UNDER ANY CIRCUMSTANCES.**

SPECIAL CONSENT: The written consent of the person, the legal guardian, 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 violate the person's rights. The general consent to the Individual Plan of Service is not sufficient to authorize implementation of a behavior treatment plan that includes intrusive and/or restrictive techniques. Implementation of a behavior treatment plan without the special consent of the person, guardian or parent of a minor may ONLY occur when the person has been adjudicated pursuant to the provision of one or more of the following sections of the Mental Health Code:

-469a Treatment program as alternative to hospitalization, court order;

-472a Initial, second or continuing order for involuntary mental health treatment, duration of order hearing;

-473 Petition for second or continuing order of involuntary mental health treatment, contents, clinical certificate;

-515 Criteria for judicial admission;

-518 Findings, disposition of the court regarding judicial admission;

-519 Alternative care and treatment.

PROCEDURE:

I. CCMHS shall have an established Behavior Treatment Committee (BTC) that is responsible for the review and approval or disapproval of all behavior treatment plans that propose the use of restrictive or intrusive interventions. If CCMHS delegates the functions of the Committee to a contracted mental health service provider, CCMHS will monitor that Committee to assure compliance with this policy.

II. Behavior Treatment Committee Membership:

A. This specially constituted body shall be comprised of at least three people, two of whom meet the following criteria:

- a full or limited licensed psychologist with formal training and experience in applied behavior analysis.
- a licensed physician or psychiatrist.

B. A representative of the Office of Recipient Rights shall participate on the BTC as an ex-officio, non-voting member in order to provide consultation and technical assistance to the BTC.

C. At least one of the BTC members shall not be the developer or implementer of the behavior treatment plan.

D. Other non-voting members may be added at the Committee's discretion and with the consent of the person whose behavior treatment plan is being reviewed, such as an advocate or Certified Peer Support Specialist.

E. The chairperson and members of the BTC are appointed by the Executive Director for a term of not more than two years. Members may be re-appointed to consecutive terms.

F. The psychologist or physician must be present during the review and approval process.

III. Behavior Treatment Committee Functions:

A. Review and Approval or Disapproval of Proposed Plans:

1. The BTC shall expeditiously review all program plans that involve the use of restrictive or intrusive program elements as defined above. Approval (or disapproval) of proposed program plans shall be done in light of current peer-reviewed psychological/psychiatric literature or practice guidelines and according to the "Behavioral Treatment Plan Standards" listed in Paragraph IV.

2. Any behavior treatment plan that proposes to use seclusion, restraint, physical management in a non-emergent situation or aversive techniques as defined above shall not be approved by the BTC.

3. Expedited reviews of proposed behavior treatment plans will be completed in emergent situations, according to the Agency's "Emergency BTC Approval" Procedure. Expedited plan reviews may be requested when the plan requires immediate implementation. Every attempt will be made to review and approve the plan within 48 hours of the request.

B. Each plan shall be reviewed and approved or disapproved as expeditiously as possible.

C. Any Behavior Treatment Committee member who has prepared a behavior treatment plan to be reviewed must excuse him/herself from the final decision-making.

D. When plans are approved, the BTC shall establish the frequency at which it will review the plan's implementation. Plan reviews shall indicate the specific restrictive plan elements being utilized and note any progress or problems associated with the implementation of the approved plan. Any medication changes since the time of plan approval or last review shall be duly noted. Progress will be noted with the intent of replacing restrictive program procedures with more positive treatment strategies as progress is realized. The BTC shall also offer consultation to providers and plan authors when there is a lack of progress or problems associated with the implementation of the plan. Ongoing approval of the plan must be based on a continued risk/benefit analysis of the behaviors present and consider the health and safety needs of the person that either support or contraindicate continued implementation. Plan approvals and reviews must be

signed by the BTC members present, including at least the required members as noted under Paragraph II.

1. A review of each plan with intrusive or restrictive techniques shall occur no less than quarterly; or more frequently if clinically indicated. In addition, the person, legal guardian, parent with legal custody of a minor child, or designated patient advocate has the right to request a review of the written IPOS, including the right to request that person-centered planning be re-convened, in order to revisit the behavior treatment plan (MCL330.1712[2].

2. The entire behavior treatment plan should be reviewed by the Behavior Treatment Committee based on the intensity of the intrusive or restrictive interventions and the frequency with which they are applied.

E. The Behavior Treatment Committee's approval and review of the plan will be documented in the person's clinical record.

F. When plans are not approved, alternatives or recommendations should be offered.

G. The BTC will meet as often as necessary, but no less than quarterly, and on an emergency basis as needed to ensure that appropriate and timely approval/disapproval and reviews of all proposed plans are completed.

H. The BTC shall keep minutes of each meeting to clearly delineate its actions.

I. The BTC will track and analyze incidents of the use of emergency physical management and/or law enforcement involvement for behavior emergencies and the use of intrusive and restrictive techniques at every meeting. These reviews will include:

1. Dates and numbers of interventions used;
2. The settings (e.g., home or work) where behaviors and interventions occurred;
3. Observations about any events, settings, or factors that may have triggered the behavior;
4. Behaviors that initiated the techniques;
5. Documentation of the analysis performed to determine the cause of the behaviors that precipitated the intervention;
6. Description of positive behavioral supports used;
7. Behaviors that resulted in termination of the interventions;
8. Length of time of each intervention;
9. Staff development and training and supervisory guidance to reduce the use of these interventions;

10. Review and modification or development, if needed, of the person's behavior plan.

J. If there is a continued pattern of physical management to manage challenging behaviors, the BTC is responsible to initiate quality improvement efforts. Should use occur more than three (3) times within a thirty (30) day period for a person, the IPOS must be revisited through the person-centered planning process and modified if needed.

K. The BTC will report required information to the Quality Improvement Committee for review and analysis quarterly.

1. CCMHS will appoint a representative to the NorthCare Behavior Treatment Committee and provide any information requested or required by NorthCare.

2. At least every other year, the BTC will evaluate the effectiveness of the behavior plans by surveying stakeholders including the guardians, family members and staff.

IV. Behavior Treatment Plan Standards:

A. Any plan that involves only positive reinforcement and/or non-coercive teaching procedures are considered non-restrictive and do not need approval through the BTC process.

B. Any behavior treatment plan with restrictive or intrusive elements shall be:

1. developed through the person-centered planning process that involves the person, their family members, and/or legal guardian or representative;
2. clearly documented in the plan of service;
3. developed with the least restrictive interventions available to ensure the health and safety of both the person and others in their environment;
4. time limited;
5. approved by the Behavior Treatment Committee prior to implementation.

C. Prior to approval, the Behavior Treatment Committee must be provided with:

1. results of assessments and evaluations to rule out physical, medical and environmental causes that might be the cause of the challenging behaviors;
2. a functional behavior assessment;
3. results of inquiries about any medical, psychological or other factors that might put the person subjected to intrusive or restrictive techniques at high risk of death, injury or trauma;
4. evidence that positive behavioral supports and interventions, including their amount, scope and duration, to change the behavior have been attempted and proved to be unsuccessful; or there is other sufficient

clinical assessment and opinion to use the intervention in order to reduce risk of death, injury or trauma to the person and/or others;

5. a plan to identify continued efforts to find other options;
6. a plan for monitoring the treatment plan;
7. a plan for employee training to assure consistent implementation and documentation of the intervention(s).

D. Behavior Treatment Committee approval must occur prior to the implementation of the proposed plan.

E. Prior written special consent, as defined above, must be given by the person, or his/her guardian if one has been appointed, or the parent with legal custody of a minor before the plan can be approved by the Behavior Treatment Committee.

Policy Title: CONSENT

POLICY: It is the policy of Copper Country Mental Health Services (CCMHS) Board that, except under life-threatening, emergency conditions, a written informed consent shall be obtained from a person served, from an empowered guardian or from the parent of a minor prior to: providing service; a substantial change in treatment which affects the risks or other consequences of treatment; providing medical services; chemotherapy; use of restrictive techniques; releasing or obtaining confidential information; and as required according to other Agency Policies and Procedures.

PURPOSE: To define the elements of informed consent, and establish procedures for evaluating comprehension, ensuring disclosure of relevant information and voluntariness before obtaining consent, and to define a mechanism for determining whether guardianship proceedings should be initiated, when an individual's capability to provide informed consent is in question.

PROCEDURE:

I. Elements of Informed Consent.

A. Legal competency: A person served who is an adult, and a minor when state law allows consent by a minor, shall be presumed 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.

B. Knowledge: To consent, a person served or legal representative must have basic information about the procedure, risks, and other related consequences, and other relevant information. The standard governing required disclosure by a service provider is what a reasonable individual needs to know in order to

make an informed decision. Other relevant information includes all of the following:

1. The purpose of the procedures.

2. A description of the attendant discomforts, risks, and benefits that can reasonably be expected.

3. A disclosure of appropriate alternatives advantageous to the person served.

4. 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.

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 is free to withdraw consent and to discontinue participation or activity at any time without prejudice to the person served.

II. Informed consent shall be re-obtained if changes in circumstances substantially change the risks, other consequences, or benefits that were previously expected.

III. A written agreement documenting an informed consent shall not include any exculpatory language through which the individual, or a person consenting on the individual's behalf, waives or appears to waive, a legal right, including a release of a provider or its agents from liability for negligence. The agreement shall embody the basic elements of informed consent in the particular context. The individual, guardian, or parent consenting shall be given adequate opportunity to read the document before signing it. The requirement of a written consent shall not eliminate, where essential to the individual's understanding or otherwise deemed advisable, a reading of the document to the individual or an oral explanation in a language the individual understands. A note of the explanation and who made it shall be placed in the record along with the written consent.

IV. A consent is executed when it is signed by the appropriate individual.

V. An evaluation of an individual's ability to give consent shall precede any guardianship proceedings.

VI. When there is a question as to an individual's capability to provide informed consent, the Program Director of the program in which the individual is receiving services shall be so informed.

A. The Program Director shall review the available information.

1. On concurring that the individual lacks the ability to give informed consent directs that the petition process for the individual is initiated.

2. When there is a lack of agreement as to the individual's ability to give informed consent the issue is documented and referred to the Executive Director or designee.

3. The Executive Director or designee reviews the available information, may request additional evaluations and either directs a petition for guardianship be initiated or convenes an Informed Consent Board as detailed in Administrative Rule 330.6013.

VII. Rights of a minor to consent

A. A minor 14 years of age or older may request and receive mental health services and mental health professional may provide services on an outpatient basis (excluding pregnancy termination referral services and use of psychotropic drugs) without the consent or knowledge of the minor's parent, guardian, or person in loco parentis.

B. The minor's parent, guardian, or person in loco parentis is not informed of the services without the consent of the minor unless the treating mental health professional determines a compelling need for disclosure based upon substantial probability of harm to minor or another and if the minor is notified of the treating professional's intent to inform.

C. Services provided to the minor are limited to not more than 12 sessions or four months per request and after these expire, the mental health professional terminates the services or, with the consent of the minor, notifies the parent, guardian, or person in loco parentis to obtain consent to provide further outpatient services.

VIII. The written informed consent shall:

A. Specify the expiration date. No written informed consent shall remain in effect longer than twelve (12) months.

1. The consent will automatically expire when the purpose for which it was obtained has been achieved.

B. Not contain language which states or implies a waiver of Agency liability or any other legal right by the person giving the consent.

C. Be read or explained to the person giving consent, in language he/she can understand. The person giving consent shall be given ample time to read the document, to ask questions, and to fully understand the content.

D. Be obtained without intervention of any element of force, fraud, deceit, duress, overreaching or other ulterior form of constraint or coercion, including promises or assurances of freedom or privileges.

E. Include instruction that the individual is free to withdraw consent and to discontinue participation or activity at any time without prejudice to the person served.

F. Be filed in the individual's clinical record.

IX. If a person served verbally agrees to participate in a treatment program and voluntarily participates in any recommended treatment program, but refuses to sign a Consent form, clinical services will not be denied. It should be documented on the Consent form both the individual's refusal to sign the Consent form, and their verbal agreement to participate in treatment. Regular attempts to encourage the person served to sign the Consent form should be documented as the treatment relationship develops.

X. Refusal or withdrawal of written informed consent shall be documented in the individual's clinical file.

Policy Title: INFORMED CONSENT TO PSYCHOTROPIC CHEMOTHERAPY

POLICY: It is the policy of Copper Country Mental Health Services (CCMHS) Board that treatment with psychotropic medication requires education about the medication and informed consent from the person served/parent/guardian.

PURPOSE: To establish procedures for educating persons served, their parents and guardians, about psychotropic medications and to secure proper medication consent(s).

DEFINITION:

The following medication categories shall be considered psychotropic medications:

1. Anti-depressants
2. Anti-psychotic agents
3. Mood stabilizing agents
4. Anti-anxiety agents
5. Sedatives/Hypnotic agents
6. Anti-cholinergic agents used in the treatment of movement disorders
7. Medications to treat ADHD
8. Medications to treat Substance Use Disorders

PROCEDURE:

I. Psychotropic medications shall be prescribed only by a licensed physician or Nurse Practitioner. All such individuals shall be familiar with psychotropic medication through specific training and/or experience. The use of all medications shall follow Food and Drug Administration (FDA) guidelines as noted in the “package insert” also known as “Full Prescription Information”.

II. Psychotropic medication shall not be used as punishment, for the convenience of staff, or as a substitute for other appropriate treatment.

III. Informed consent to chemotherapy may be obtained by:

A. Physician
B. Nurse Practitioner
C. Registered Nurse

IV. Elements in obtaining informed consent to chemotherapy:

A. The person who is giving consent must be competent to give consent (refer to "Consent" policy).

B. The person giving consent must be informed of the following:

1. Medication and dosage range;
2. Purpose and benefits of treatment with the medication;
3. Side effects and risks associated with the medication;
4. Precautions;
5. Special storage instructions; and
6. Alternative methods of treatment, if any.

C. The person giving consent must be provided a written summary of the most common adverse effects associated with the medication.

D. The person giving consent must be given the opportunity to ask questions related to the treatment with psychotropic medications for the person served.

E. Consent must be voluntary.

F. The person giving consent must be informed that he/she is free to withdraw consent and to discontinue participation at any time without jeopardizing current services.

G. A separate consent must be obtained for each psychotropic medication prescribed.

H. The person giving consent may be informed in person or by telephone.

V. Informed consent to chemotherapy must be obtained:

A. Prior to initial administration of a psychotropic medication (an exception may be made in an emergency situation--refer to "Management of Behavioral Emergency" policy).

B. At least annually for continuation of current treatment.

C. When dosage levels exceed the range specified on the consent.

VI. The health care professional must document that medication education was offered.

VII. Chemotherapy may be administered without consent to persons under a court order to undergo treatment as specified in the order.

VIII. Signatures:

A. If the person giving consent agrees to the recommended treatment with medication, he/she shall sign and date the form.

B. Witness: In this case, the "Witness" is the nurse/nurse practitioner/physician who attests that they have properly informed the person served/parent/guardian according to this policy. It does not necessarily mean that the signature of the "authorized party" has been personally witnessed.

C. If the authorized party is informed by telephone, then the witness should sign and date the form in the appropriate section and send it to the authorized party for signature.

D. If the person served is competent to give consent and verbally consents to treatment, but refuses to sign the form, this must be documented by the witness.

Policy Title: MANAGEMENT OF BEHAVIORAL EMERGENCY

POLICY: It is the policy of Copper Country Mental Health Services Board (CCMHS) that assaultive and/or aggressive behavior be managed in a safe, non-harmful manner using a method that provides for the best possible care and welfare of both the person and the employee(s) involved. The freedom of movement of a person shall not be restricted more than is necessary to provide mental health services to the person, to prevent injury to the person or others. Approved personal safety and physical crisis intervention/ team intervention, i.e., physical management, may be used only by employees who have successfully completed the "Nonviolent Crisis Intervention Training Program" and only as a time-limited emergency intervention procedure. Seclusion is **PROHIBITED** in any Agency program or under any circumstances. The use of physical or mechanical restraint, i.e., any physical device used to restrict a person's movement, is **PROHIBITED**.

PURPOSE: Physical management and the request for law enforcement intervention are the only two emergency interventions approved by Michigan Department of Community Health (MDCH) for use in crisis situations when all other supports and interventions fail to reduce the imminent risk of harm. These intervention procedures are designed to provide employees with appropriate, authorized steps and action they may take to manage the behavior of a person who is momentarily dangerous to others or him/herself. With emphasis on care, welfare, safety and security of all involved, these hierarchical, sequential steps are designed to be used with

spontaneous behavioral episodes, not those for which there is currently a treatment plan for correction. These intervention steps are not to be used as punishment, but only to control or manage a dangerous behavior in an emergency situation.

DEFINITIONS:

BEHAVIORAL EMERGENCY: Behaviors exhibited by a person that put the person or others at imminent risk of harm.

EMERGENCY INTERVENTIONS: There are only two emergency interventions approved by MDCH for implementation in crisis situations when all other supports and interventions fail to reduce the imminent risk of harm: physical management and the request for law enforcement intervention.

IMMINENT RISK: An event/action that is about to occur that will likely result in the potential harm to self or others.

PHYSICAL CRISIS INTERVENTION/TEAM INTERVENTION: Techniques to control physically aggressive persons in a non-harmful way.

PHYSICAL MANAGEMENT: An agency-approved technique used by trained employees as an emergency intervention to restrict the movement of a person by continued direct physical contact in spite of the person's resistance in order to prevent the person from physically harming himself, herself, or others. CCMHS only uses physical management techniques from the "Nonviolent Crisis Intervention Training Program."

Physical management shall only be used on an emergency basis when a person or the situation is presenting an imminent risk of serious physical harm to himself, herself or others. The term "physical management" does not include briefly holding an individual in order to comfort him or her or to demonstrate affection, or holding his/her hand. Physical management shall not be included as a component in a behavior treatment plan.

PRONE IMMOBILIZATION**:** Extended physical management of a person in a prone (face down) position, usually on the floor, where force is applied to his or her body in a manner that prevents him or her from moving out of the prone position. **PRONE IMMOBILIZATION OF A PERSON OR ANY PHYSICAL MANAGEMENT THAT RESTRICTS A PERSON'S RESPIRATORY PROCESS, FOR THE PURPOSE OF BEHAVIOR CONTROL IS PROHIBITED UNDER ANY CIRCUMSTANCES.**

REQUEST FOR LAW ENFORCEMENT INTERVENTION: Calling 911 and requesting law enforcement assistance as a result of a person exhibiting seriously aggressive, self-injurious or other behavior that places the person or others at risk of physical harm. Law enforcement should be called for assistance **ONLY WHEN: CAREGIVERS ARE UNABLE TO REMOVE OTHER PEOPLE 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 PERSON OR OTHERS.**

RESTRAINT: The use of a physical or mechanical device to restrict an person's movement; specifically, anything that immobilizes or reduces the ability of the person to move his/her arms, legs, body or head freely, for the purposes of the management, control, or extinction of seriously

aggressive, self-injurious or other behaviors that place the person or others at risk of physical harm. Restraint does not include the use of a device primarily intended to provide anatomical or physical support that is ordered by a physician, physical therapist or occupational therapist for the purpose of maintaining or improving a person's physical functioning; or safety devices required by law, such as car seat belts or child car seats used in vehicles.

THE USE OF PHYSICAL OR MECHANICAL DEVICES USED AS RESTRAINT IS PROHIBITED IN ALL AGENCY PROGRAMS UNDER ANY CIRCUMSTANCES.

This definition excludes the following:

ANATOMICAL OR PHYSICAL SUPPORT: Body positioning or a physical support ordered by a physician, physical or occupational therapist for the purpose of maintaining or improving a person's physical functioning.

PROTECTIVE DEVICE: A device or physical barrier to prevent the person from causing serious self-injury associated with documented and frequent incidents of the behavior. A protective device as defined here shall not be considered a "restraint" as defined below. However, it must be incorporated in the Individual Plan Of Service (IPOS) through a behavior treatment plan which has been reviewed and approved by the Behavior Treatment Committee (BTC) and received special consent from the person or his/her legal representative.

MEDICAL RESTRAINT: The use of mechanical restraint or drug- induced restraint ordered by a physician or dentist to render the person quiescent for medical or dental procedures. Medical restraint shall only be used as specified in the IPOS for medical or dental procedures.

SAFETY DEVICES REQUIRED BY LAW, such as car seat belts or child car seats used while riding in vehicles.

SECLUSION: The placement of a person in a room, alone, when freedom to leave the segregated room or area is prevented by any means. **SECLUSION IS PROHIBITED IN ANY AGENCY PROGRAM UNDER ANY CIRCUMSTANCES.**

THERAPEUTIC DE-ESCALATION: An intervention, the implementation of which is incorporated in the person's written plan of service, wherein the person is placed in an area or room, accompanied by an employee who shall therapeutically engage the person in behavioral de-escalation techniques and debriefing as to the cause and future prevention of the target behavior.

TIME OUT: Voluntary response to the therapeutic suggestion to a person to remove himself or herself from a stressful situation in order to prevent a potentially hazardous outcome.
PROCEDURE:

I. In the event of a BEHAVIORAL EMERGENCY, employees will:

A. Use VERBAL INTERVENTION: To de-escalate a situation before it becomes physical. Tell the person to stop what they are doing, (if this fails, go to the next step). Verbally redirect them to something else; explain the inappropriate-ness of the behavior; attempt to ensure that it won't happen again.

B. Use PERSONAL SAFETY TECHNIQUES: To protect the employee(s) and person(s) from injury if behavior escalates to a physical level. If at all possible, this should be accomplished through the use of CCMHS approved techniques and used only by employee(s) who have been properly trained in the use of these techniques. If this is not possible, measures must be taken to safeguard the person and others. Observe carefully until chances of re-occurrence of the behavior have subsided.

C. Use PHYSICAL CRISIS INTERVENTION/TEAM INTERVENTION: If the behavior places the person or others at imminent risk of serious physical harm, to physically stop the person from what they are doing with the least amount of effort or force necessary to bring the behavior under control.

1. These interventions are restricted to time limited, age-appropriate holds by designated, trained and competent employees. The hold is to be used only as a last resort and only until the person is able to regain control on his or her own.

2. All physical crisis interventions/team interventions must be observed on an ongoing basis by at least one additional person if possible to monitor for signs of distress and/or whether or not the intervention can be stopped.

3. The continued need for the physical crisis intervention/ team intervention shall be reviewed at least every fifteen (15) minutes.

4. If circumstances allow, the Program Supervisor is to be notified no later than the time at which a technique or intervention has been used for fifteen (15) minutes. The Program Supervisor will determine whether to request law enforcement intervention.

NOTE: MDCH approves calling law enforcement **ONLY WHEN: OTHER PEOPLE CANNOT BE REMOVED 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 PERSON OR OTHERS.**

5. An intervention or technique may be used up to the time it takes for law enforcement or emergency service providers to arrive – however not to exceed 45 minutes.

6. Medication may be authorized by a physician in an emergency to modify or lessen the severity of the potentially dangerous behavior.

7. If, team control, transport technique, bite release, hair pull release, choke release or emergency medication is used, the employee will file an Incident Report.

D. Use POSTVENTION TECHNIQUES: Once the person has reached the tension reduction phase and therapeutic rapport has been reestablished, the "coping" model of postvention is utilized with the person and the employee to create a plan to avoid the need for physical management in the future.

II. An Incident Report must be completed whenever a behavioral emergency occurs that requires the use of physical management or request for law enforcement intervention whether or not there is a resulting injury. Refer to the Agency's policy entitled "Report, Investigation and Review of Unusual Incidents".

III. The Rights Officer shall review the policies of contract agencies, contracted inpatient units and child caring institutions to assure compliance with the Mental Health Code and with applicable Federal regulations on seclusion and restraint.

Policy Title: PRIVILEGED COMMUNICATION

POLICY: It is the policy of Copper Country Mental Health Services Board that privileged Communication shall be honored according to Section 750 of Act No.258 of the Public Acts of 1974.

PURPOSE: With respect for the client's right to privileged communication, disclosure of such information is given only in the circumstances and under the conditions set forth in this procedure.

PROCEDURE: Taken from Section 750 of Act No.258 of the Public Acts of 1974:

1. "Privileged Communication" means a communication made to a psychiatrist or psychologist in connection with the examination, diagnosis, or treatment of a patient, or to other person while they are participating in the examination, diagnosis, or treatment.

2. Privileged communications shall not be disclosed in civil, criminal, legislative, or administrative cases or proceedings, or in proceedings preliminary to such cases or proceedings, unless the patient has waived the privilege, except in the circumstances set forth in this section.

3. Privileged communications shall be disclosed upon request, under one or more of the following circumstances:

   a. If the privileged communication is relevant to a physical or mental condition of the patient that the patient has introduced as an element of the patient's claim or defense in a civil or administrative case or proceeding or that, after the death of the patient, has been introduced as an element of the patient's claim or defense by a party to a civil or administrative case or proceeding.

   b. If the privileged communication is relevant to a matter under consideration in a proceeding governed by this act, but only if the patient was informed that any communications could be used in the proceeding.

   c. If the privileged communication is relevant to a matter under consideration in a proceeding to determine the legal competence of the patient or the patient's need

for a guardian but only if the patient was informed that any communication made could be used in such a proceeding.

d. In a civil action by or on behalf of the patient or a criminal action arising from the treatment of the patient against the mental health professional for malpractice.

e. If the communications were made during an examination ordered by a court, prior to which the patient was informed that a communication made would not be privileged, but only with respect to the particular purpose for which the examination was ordered.

f. When the communications were made during treatment that the patient was ordered to undergo to render the patient competent to stand trial on a criminal charge, but only with respect to issues to be determined in proceedings concerned with the competence of the patient to stand trial.

4. In a proceeding in which subsections (2) and (3) prohibit disclosure of a communication made to a psychiatrist or psychologist in connection with the examination, diagnosis, or treatment of a patient, the fact that the patient has been examined or treated or undergone a diagnosis also shall not be disclosed unless that fact is relevant to a determination by a health care insurer, health care corporation, non-profit dental care corporation, or health maintenance organization of its rights and liabilities under a policy, contract, or certificate of insurance or health care benefits.

5. Privileged communication may be disclosed pursuant to Section 946 of the Mental Health Code to comply with the duty set forth in that section.

Policy Title: CHOICE OF MENTAL HEALTH PROFESSIONAL

POLICY: It is the policy of Copper Country Mental Health Services Board (CCMHSB) to provide recipients of service with the choice of Mental Health Professional within the limits of available staff in the program from which services are being provided.

PURPOSE: The purpose of this policy is to ensure that people receiving service are provided with the choice of Mental Health Professional within the limits of available staff.

DEFINITIONS:

Mental Health Professional: An individual who is trained and experienced in the area of mental illness or developmental disabilities and who is one of the following:

1. A physician who is licensed to practice medicine or osteopathic medicine and surgery in this state under article 15 of the public health code, Act No. 368 of the Public Acts of 1978, being sections 333.16101 to 333.18838 of the Michigan Compiled Laws.

   a. "Psychiatrist" means one or more of the following:

i. A physician who has completed a residency program in psychiatry approved by the accreditation council for graduate medical education or the American osteopathic association, or who has completed 12 months of psychiatric rotation and is enrolled in an approved residency program as described in this subsection.

ii. A psychiatrist employed by or under contract with the department or a community mental health services program on March 28, 1996.

iii. A physician who devotes a substantial portion of his or her time to the practice of psychiatry and is approved by the director.

2. A psychologist licensed to practice in this state under article 15 of the public health code, Act No. 368 of the Public Acts of 1978, being sections 333.16101 to 333.18838 of the Michigan Compiled Laws.

3. A registered professional nurse licensed to practice in this state under article 15 of the public health code, Act No. 368 of the Public Acts of 1978, being sections 333.16101 to 333.18838 of the Michigan Compiled Laws.

4. A licensed master's social worker licensed under article 15 of the public health code, Act No. 368 of the Public Acts of 1978, being sections 333.16101 to 333.18838 of the Michigan Compiled Laws.

5. A licensed professional counselor licensed to practice in this state under article 15 of the public health code, Act No. 368 of the Public Acts of 1978, being sections 333.16101 to 333.18838 of the Michigan Compiled Laws.

6. A marriage and family therapist licensed under article 15 of the public health code, Act No. 368 of the Public Acts of 1978, being sections 333.16101 to 333.18838 of the Michigan Compiled Laws.

PROCEDURE:

I. General Requirements

A. A person receiving services who is granted a change in Mental Health Professional will be encouraged to work with the new Mental Health Professional for a minimum of six months or 6 sessions whichever is greater prior to making another request for change, unless it is the opinion of the professional that a change would be advantageous to the person.

II. **Request for a change of Mental Health Professional**

A. A request for change in Mental Health Professional must be made by the person to his/her current Mental Health Professional.

B. The current Mental Health Professional shall:

1. Inform the person of the limited availability of staff if there is only one Mental Health Professional that provides services in the program; or

2. Inform the Program Director of the person's request.

C. The Program Director shall review the request and determine if a change would be clinically advantageous to the person and if another qualified staff is available to provide the service. If so, the Program Director will assign the person a new Mental Health Professional.

Policy Title: ABUSE AND NEGLECT

POLICY: It is the policy of Copper Country Mental Health Services Board (CCMHSB) that recipients of services shall be protected from abuse or neglect. Abuse or neglect of a recipient by an employee, volunteer, or agent of a provider shall subject the employee, volunteer, or agent of a provider, upon substantiated reports, to an appropriate penalty, including official reprimand, demotion, suspension, reassignment, or dismissal. Allegations of abuse or neglect will be promptly and thoroughly reviewed in a manner that is fair to both the recipient alleged to have been abused or neglected and the employee, volunteer, or agent of a provider alleged to have carried out the abuse or neglect.

PURPOSE: To define abuse and neglect and to establish detailed categories of each by type and severity, to establish procedures for reporting allegations, investigating allegations, and for remediation of substantiated allegations.

DEFINITIONS:

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, that is committed by an employee or volunteer of the community mental health services program, or an employee or volunteer of a service provider under contract with the community mental health services program.

Abuse, Class I:
A non-accidental act, or provocation of another to act, by an employee, volunteer, or agent of a provider that causes or contributes to the death, or sexual abuse of, or serious physical harm to a recipient.

Abuse, Class II:
A non-accidental act, or provocation of another to act by an employee, volunteer, or agent of a provider that causes, or contributes to non-serious physical harm to a recipient; or,

The use of unreasonable force on a recipient by an employee, volunteer, or agent of a provider with or without apparent harm; or,

Any action, or provocation of another to act by an employee, volunteer, or agent of a provider that causes, or contributes to emotional harm to a recipient; or,

An action taken on behalf of a recipient by a 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; or,

Exploitation of a recipient by an employee, volunteer, or agent of a provider.

Abuse, Class III:
The use of language or other means of communication by an employee, volunteer, or agent of a provider to degrade, threaten, or sexually harass a recipient.

NEGLECT: An act or failure to act committed by an employee or volunteer of a community mental health services program, a service provider under contract with the community mental health services program, or an employee or volunteer of a service provider under contract with a community mental health services program, that denies a recipient the standard of care or treatment to which he or she is entitled under the Mental Health Code.

Neglect, Class I:
Acts of commission or omission by an employee, volunteer, or agent of a provider that result from noncompliance with a standard of care or treatment required by laws, rules, policies, guidelines, written directives, procedures, and/or individual plans of service and causes or contributes to the death, or sexual abuse of, or serious physical harm to a recipient; or,

The failure to report apparent or suspected abuse Class I or neglect Class I of a recipient.

Neglect, Class II:
Acts of commission or omission by an employee, volunteer, or agent of a provider that result from noncompliance with a standard of care or treatment required by laws, rules, policies, guidelines, written directives, procedures, and/or individual plans of service and causes or contributes to non-serious physical harm or emotional harm to a recipient; or,
The failure to report apparent or suspected abuse Class II or neglect Class II of a recipient.

Neglect, Class III:
Acts of commission or omission by an employee, volunteer, or agent of a provider that result from noncompliance with a standard of care or treatment required by laws, rules, policies, guidelines, written directives, procedures, and/or individual plans of service that either placed or could have placed a recipient at risk of physical harm or sexual abuse; or,

The failure to report apparent or suspected abuse Class III or neglect Class III of a recipient.

CRIMINAL ABUSE: One or more of the following:

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. 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 1939, being section 750.81 of the Michigan Compiled Laws, and that is committed by a recipient against another recipient.

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.

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.

Vulnerable adult abuse that is a violation or an attempt or conspiracy to commit a violation of section 145n of the Michigan Compiled Laws.

Child abuse that is a violation or an attempt or conspiracy to commit a violation of section 136b of Act No. 328 of the Public Acts of 1931, being section 750.136b of the Michigan Compiled Laws.

(Attachment A: Exhibit A: Abuse as defined by the Michigan Penal Code.

Exhibit B: Vulnerable adult abuse as defined by the Michigan Penal Code.

Exhibit C: Child abuse as defined by the Michigan Penal Code.)

ACT: Mental Health Code, 1974 PA 258, MCL 330.

ANATOMICAL SUPPORT: Body positioning or a physical support ordered by a physical or occupational therapist for the purpose of maintaining or improving a recipient's physical functioning.

BODILY FUNCTION: The usual action of any region or organ of the body.

EMOTIONAL HARM: Impaired psychological functioning, growth, or development of a significant nature as evidenced by observable physical symptomatology or as determined by a mental health professional.

EMPLOYEE: An individual who works for Copper Country Mental Health Services and receives compensation for that work.

EXPLOITATION: An action by an employee, volunteer, or agent of a provider that involves the misappropriation or misuse of a recipient's property or funds for the benefit of an individual or individuals other than the recipient.

NON-SERIOUS PHYSICAL HARM: Physical damage or what could reasonably be construed as pain suffered by a recipient that a physician or RN determines could not

have caused or contributed to, the death of a recipient, the permanent disfigurement of a recipient, or an impairment of his/her bodily function(s).

OFFICE OF RECIPIENTS RIGHTS: That office, as established in the Mental Health Code (PA 290 of 1995) which is subordinate only to the chief official of the agency establishing it and which is responsible for rights protection and advocacy services.

PHYSICAL MANAGEMENT: A technique used by a trained employee as an emergency intervention to restrict the movement of a recipient by direct physical contact in order to prevent the recipient from physically harming himself/herself, or others.

Physical management shall only be used on an emergency basis when a recipient or the situation is presenting an imminent risk of serious or non-serious physical harm to himself/herself or others and when lesser restrictive interventions have been unsuccessful in reducing or eliminating the imminent risk of physical harm. Physical management shall not be included as a component in a behavior treatment plan. **PRONE IMMOBILIZATION OF A RECIPIENT FOR THE PURPOSE OF BEHAVIOR CONTROL IS PROHIBITED** unless implementation of physical management techniques other than prone immobilization are medically contraindicated and documented in the recipient's record**.** [MDCH Administrative Rule 7243(11)(ii)]

PROTECTIVE DEVICE: A device or physical barrier to prevent the recipient from causing serious self-injury associated with documented and frequent incidents of the behavior. A protective device as defined here and incorporated in the written individual plan of service shall not be considered a "restraint" as defined below.

RECIPIENT: An individual who receives mental health services from the Michigan Department of Community Health, a community mental health services program, or a facility or from a provider that is under contract with the department or a community mental health services program.

RESTRAINT: The use of a physical or mechanical device, material, or equipment to restrict an individual's movement; specifically, anything that immobilizes or reduces the ability of the recipient to move his/her arms, legs, body or head freely, for the purposes of the management, control, or extinction of seriously aggressive, self-injurious or other behaviors that place the individual or others at risk of physical harm. Restraint does not include the use of a device primarily intended to provide anatomical or physical support that is ordered by a physician, physical therapist or occupational therapist for the purpose of maintaining or improving an individual's physical functioning; or safety devices required by law, such as car seat belts or child car seats used in vehicles.

THE USE OF PHYSICAL OR MECHANICAL DEVICES USED AS RESTRAINT IS PROHIBITED IN ALL AGENCY PROGRAMS UNDER ANY CIRCUMSTANCES.

SERIOUS PHYSICAL HARM: Physical damage suffered by a recipient that a physician or RN determines caused or could have caused the death of a recipient, caused the impairment of his/her bodily function(s), or caused the permanent disfigurement of a recipient.

SEXUAL ABUSE: Any of the following:

Criminal sexual conduct as defined by section 520b to 520 e of 1931 PA 318, MCL 750.520b to MCL 750.520e involving an employee, volunteer, or agent of a provider and a recipient; or,

Any sexual contact or sexual penetration involving an employee, volunteer, or agent of an adult foster care facility and a recipient; or,

Any sexual contact or sexual penetration involving an employee, volunteer, or agent of a provider and a recipient for whom the employee, volunteer, or agent provides direct services.

SEXUAL CONTACT: The intentional touching of the recipient's or employee's intimate parts (genitals, buttocks, breasts, groin, inner thigh or rectum) or the touching of the clothing covering the immediate area of the recipient's or employee's intimate parts, if that intentional touching can be reasonably construed as being for the purpose of sexual arousal or gratification, done for a sexual purpose, or in a sexual manner for any of the following:

- Revenge
- To inflict humiliation
- Out of anger

SEXUAL HARASSMENT: Sexual advances to a recipient, requests for sexual favors from a recipient, or other conduct or communication of a sexual nature toward a recipient.

SEXUAL PENETRATION: Sexual intercourse, cunnilingus, fellatio, anal intercourse, or any other intrusion, however slight, of any part of a recipient's body or of any object into the genital or anal openings of another person's body, but emission of semen is not required.

UNREASONABLE FORCE: Physical management or force that is applied by an employee, volunteer, or agent of a provider to a recipient in one or more of the following circumstances:

A. There is no imminent risk of serious or non-serious physical harm to the recipient, employee or others;
B. The physical management used is not in compliance with techniques approved by the Agency;

C. The physical management used is not in compliance with the emergency interventions authorized in the recipient's Individual Plan of Service;

D. The physical management or force is used when other less restrictive measures were possible, but not attempted immediately before the use of physical management or force.

VOLUNTEER: An individual who, without compensation, other than reimbursement for expenses, performs activities for the department, a facility, or a community mental health services program, or an entity under contract to the department, a facility, or a community mental health services program under specified conditions.

STANDARDS:

I. All employees are responsible for safeguarding recipients from abuse, or neglect. It is the assigned duty and legal responsibility of an employee who has knowledge of recipient abuse, or neglect to make or cause to be made a report to the local law enforcement agency, (county or city in which the violation is suspected to have occurred), state police or Department of Human Services (county in which violation is alleged to occur) when appropriate.

In all cases of abuse, neglect and/or mistreatment, it is the assigned duty and responsibility of the employee who has knowledge of or reasonable cause to suspect recipient abuse, neglect and mistreatment to report it to their immediate supervisor/designee, and to the Recipient Rights Office.

II. Allegations of abuse, or neglect shall be reported in accordance with Recipient Rights procedures, related to Copper Country Mental Health Services policies, and state law.

III. When a prompt and thorough initial review has determined that there is cause to believe or suspect that child abuse or neglect has or may have occurred, the reporting employee shall notify his/her supervisor/designee, Department of Human Services and CCMHS Office of Recipient Rights. In all cases of suspected criminal abuse or neglect (child or adult) the appropriate police agency shall also be notified.

IV. During police investigation of alleged abuse:

A. Police shall be given full cooperation and support by direct service and contract service agency personnel in order that they may complete their investigation.

B. The investigation convened by the Office of Recipient Rights shall be carried out in cooperation with the police.

V. All contracts for services to recipients, with agencies and other providers include the requirement of compliance with all recipient rights provisions of the Mental Health Code and Administrative Rules.

VI. When there is reasonable cause to suspect that an employee, either directly or as an accomplice, has been involved in abuse or neglect of a recipient, the employee will not continue in his/her present assignment during the investigation of allegation(s).

VII. Assistance will be provided to appropriate individuals and/or agencies as necessary in the prosecution of criminal charges against those who have engaged in abuse, including the reporting of acts of actions which may lead to prosecution. Copper Country Mental Health Services Board employees shall cooperate with authorized investigators from other agencies assigned to inquire into other violations which by law are within their jurisdiction, for example, the Michigan Department of Civil Rights, Protective Services, and Department of Human Services.

REPORTING/INVESTIGATION PROCEDURES:

I. All allegations or incidents of suspected abuse, neglect, mistreatment toward a recipient shall be reported to the employee's immediate supervisor/designee and to the Copper Country Mental Health Office of Recipient Rights.

II. When necessary, pursuant to P.A. 32 Section 723, a verbal report shall be made immediately to the law enforcement agency for the county or city in which the abuse is suspected to have occurred or to the state police. Within 72 hours after making the oral report to the appropriate law enforcement agency, the reporting employee shall file a written report. The written report shall be filed with the law enforcement agency to which the oral report was made, and with the Copper Country Mental Health Office of Recipient Rights. If the employee making the report is not the person making the initial allegation, that person shall be provided a copy of the written report.

A. A report of suspected abuse is not required if the employee has knowledge (must be clearly documented) that the incident has been reported to the appropriate law enforcement agency, or suspected abuse occurred more than one (1) year before the date on which it first became known to an employee otherwise required to make a report.

B. The written reports contain the name of the recipient, a description of the abuse and other available information which might establish the cause and manner of the alleged abuse. This report becomes part of the recipient's clinical record. Upon placement in the clinical record the names of the reporting person and the person accused of committing the alleged abuse are deleted.

C. The identity of the individual making a report and the report itself is confidential and is disclosed only with the written consent of the individual or by appropriate judicial process.

D. These reporting requirements do not relieve an employee from the duty to report abuse under other applicable law.

III. The reporting requirement is superseded by the recipient-therapist (psychiatrist, psychologist, clinical social worker, licensed counselor) privilege recognized in the State of Michigan if the allegation does not involve:

A. Abuse by (1) a mental health professional, (2) a person employed by or under contract to the Department of Mental Health, a facility, or a community mental health board, or (3) a person employed by an entity under contract to the Department, a facility, or a community mental health board; or

B. If the suspected abuse is alleged to have been committed in (1) a facility, (2) a community mental health program site, (3) the work site of a person employed by or under contract to a facility to community mental health board, or (4) an entity under contract to a facility or community mental health board, or (5) any place where a recipient is under the supervision of a person employed by or under contract to a facility or community mental health board, or (6) an entity under contract to a facility or community mental health board.

IV. Upon receipt of written notification of alleged abuse, neglect, serious injury, or death of a recipient involving an apparent or suspected rights violation an investigation shall be initiated immediately by the Office of Recipient Rights. The Office of Recipient Rights shall notify the Executive Director or designee of the situation, keeping the Director apprised of the investigation (if warranted) and the findings. Assure that appropriate procedures for notification to various departments and law enforcement agencies are completed.

V. Investigations of allegations of abuse or neglect are carried out in compliance with the Rights Complaints/Appeals Policy.

Policy Title: CONSUMER LABOR

POLICY: It is the policy of Copper Country Mental Health Services Board that recipients are permitted to work for the Agency under certain conditions. These conditions shall meet the therapeutic needs of the recipients and the basic human dignity to which a recipient is entitled, and be consistent with regulations and policies of the United States Department of Labor, other federal departments and rules of the Department of Mental Health.

PURPOSE: The purpose of this procedure is to set forth conditions under which a recipient may work for the Agency.

DEFINITIONS:

WORK: Any directed activity, or series of related activities, which result in benefit to the economy of the Agency or in a contribution to its maintenance, or in the production of a salable product.

COMPENSATION: The receipt of money for work (including work performance in an occupational training program) which is available to the recipient, to be used at his or her discretion.

PREVAILING WAGE: The wage paid to non-disabled workers in nearby industry or the surrounding community for essentially the same type, quality of work or work requiring comparable skills.

PROCEDURE:

I. A recipient may perform personal housekeeping tasks without compensation.

A. Personal housekeeping tasks, performed in a group living arrangement, include, but are not limited to, such things as:

1. meal planning, food purchasing, food preparation, table setting, serving, dishwashing, etc.;
2. household cleaning, laundry;
3. clothes repair;
4. light yard and house maintenance (simple carpentry, gardening, etc);

5. general household shopping, including clothing.

B. No task may be performed for the convenience of staff.

C. Participating in housekeeping tasks must be authorized in the recipient's Individual Plan of Service.

II. A recipient is permitted to work for Copper Country Mental Health Services under the following conditions:

A. The work is part of the recipient's Individual Plan of Service and is approved by the Case Manager.

1. Approval shall not be withheld unless reasons explaining how the work is inconsistent with the Individual Plan of Service are stated in the record.

2. The work cannot interfere with other ongoing treatment or habilitation programs suitable for the recipient.

3. Recipient work may not consume more than six (6) hours of a recipient's day unless approved by the Executive Director or the Clinical Director.

B. The work is performed voluntarily.

C. The recipient receives compensation commensurate with the economic value of work.

1. For work performed that contributes to the operation and maintenance of the facility the recipient is paid at least the prevailing minimum wage except when an appropriate certificate has been obtained by the Agency in accordance with regulations and guidelines issued under the Fair Labor Standards Act, as needed.

2. A recipient who performs labor other than as described in C.1. shall be compensated an appropriate amount if an economic benefit to another individual or agency results from this labor.

D. The work project complies with applicable law and regulation.

E. Under no circumstances shall work performance be used as a condition to discharge a recipient from mental health services (other than work-related services) nor to deny other privileges to the recipient.

III. When a recipient's Individual Plan of Service includes assignment to occupational or vocational training or work, specific work objectives of anticipated progress should be included in the Individual Plan of Service along with reasons for the assignments.

A. If this assignment involves work to be accomplished for the Agency (as defined above), the recipient must be compensated as in II.C.1. above.

B. One half of any compensation paid to a recipient under this policy is exempt from collection under the Mental Health Code as payment for services rendered by Copper Country Mental Health.

Policy Title: COMMUNICATION, TELEPHONE AND VISITING RIGHTS

POLICY: It is the policy of Copper Country Mental Health Services Board to protect recipient's rights to unimpeded communication with others by telephone and mail, and to have visitors he or she wishes to see, unless generally restricted for all recipients in written house rules or limited for an individual recipient in the plan of service.

PURPOSE: The purpose of this procedure is to ensure that a recipient's personal privacy is assured and that communication, telephone and visiting rights are not restricted without justification, authorization and proper notification.

PROCEDURE:

I. Communication with Others by Telephone and Mail

A. A recipient shall be able to place and receive telephone calls and to talk on the telephone in private during the times posted in the house rules. These times shall not be less than daily daytime shift hours and at least two evening hours.

1. If a recipient is indigent, he/she will be provided with reasonable access to the telephone for long-distance calls. Otherwise, the expense of long-distance calls is the recipient's responsibility.

2. Telephone restrictions and limitations may be made to prevent a recipient from:

a) being seriously hurt, physically or mentally;

b) breaking a law;
c) using the telephone for harassment when another person has accused the recipient of harassment and;

1) future telephone harassment can reasonably be expected.
2) frequency of past harassing phone calls is established.
3) there is a written request by person requesting limitation.

B. A recipient shall be able to receive and send mail without anyone else opening it.

C. Assistance must be provided to individuals who require help in opening and reading mail and sending mail.

D. Non letterhead stationery, envelopes, pens or pencils and postage in reasonable amounts are available and provided to residents on request who are unable to procure such items.

E. A recipient's incoming mail may be opened by staff if the recipient, parent or a minor or empowered guardian agrees in writing, or if contraband is suspected and the reason is documented in the case record. When a staff person opens a recipient's mail, the recipient and another staff member shall be present. Instances of opening or destruction of mail by staff is documented in the clinical record.

F. Incoming mail shall be distributed promptly.

G. Each residence will provide for daily pick up and deposit of mail.

H. A recipient's outgoing mail shall not be opened or destroyed without written consent of the recipient, legally empowered guardian, or the parent of a minor.

I. A recipient's outgoing mail shall go unimpeded unless an authorized limitation has been incorporated into the plan of service.

J. Restrictions and limitations to send and receive mail may be made to prevent a recipient from:

1. being seriously hurt, physically or mentally; or

2. breaking a law.

II. Visitors and Communication with Family or Friends

A. A recipient shall be able to have visitors he or she wishes to see during hours specified in house rules.

1. The group home shall have arrangements available to provide privacy for families, etc., when visiting the individuals unless such privacy is contraindicated by the service plan.

2. Visitors need not give prior notice before visiting during posted visiting hours. However, calling ahead is recommended to be sure that the recipient is planning to be home.

3. The Residential Team Leader may allow visitors at other times, with or without prior notice, if it does not interfere with the privacy of other recipients.

4. Limitation of visits to a resident may be made to prevent substantial and serious physical or mental harm.

a) Mental harm may include a visit that in the opinion of clinical staff would substantially upset the resident and interfere with ongoing treatment or habilitation.

b) A visit limited or prohibited to prevent mental harm requires the person and the limitation to be specially identified in the plan of service.

B. The Agency must promote communication with parents, guardians and friends.

1. Participation of parents (if the recipient is a minor) and legal guardians in the process of providing active treatment to a recipient will be promoted by the client service manager unless their participation is unobtainable or inappropriate.

2. Communications from recipients' families and friends will be answered promptly, with consent of the guardian and/or recipient, by group home staff or the client service manager.

3. Visits by individuals with a relationship to the recipient (such as family, friends, legal guardians and advocates) will be encouraged.

4. Parents or guardians will be encouraged to visit any area or programs that provide direct recipient care, as long as such visits do not interfere with the privacy of recipients.

5. Frequent and informal visits, trips or vacations with family, with consent from the guardian and recipient, shall be encouraged.

a) a recipient desiring a leave of absence shall be assisted by the client service manager and home staff as necessary to make arrangements for the leave. (Please see policy on Freedom of Movement.)

6. The parents or guardian shall be promptly notified of any significant incidents, or changes in the recipient's condition including, but not limited to, serious illness accident, death, abuse or unauthorized absence by the Executive Director or his Designee.

III. Communication in any form with a private physician, mental health professional, a court, recipient's attorney, or other person when communication involves matters which are or may be subject of a legal inquiry, i.e., any matter concerning civil criminal, or administrative law, shall not be limited except that nonemergency visits of a private physician or a mental health professional may be limited to times which do not tax the functioning of the facility.

IV. Any restrictions or limitations on communication by telephone or mail, with visitors or leave of absences, unless included in the house rules, shall be:

A. written into and justified in the plan of service and approved by the Interdisciplinary Team;

B. determined with the participation of the recipient and the recipient's family, if at all possible;

C. the minimum essential to achieve the purpose proposed and is supported by documentation establishing the following:

1. reasons which justify the limitation.

2. significant evidence supporting the expected harm, mental or physical, the violation of law, or harassment.

3. reasons and evidence which justify the extent of the limitation as the minimum essential to achieve the purposes proposed.

4. time limited with a specific expiration date not to exceed three (3) months.

5. an assessment of any immediately preceding similar limitation.

D. fully explained to the recipient and the recipient's family by the client service manager before implementing the restriction or limitation;

E. approved by the Behavior Treatment Committee in accordance with MDCH Technical Requirement For Behavioral Treatment Plan Review Committees.

F. reviewed by:

1. clinically responsible staff, i.e., the client service manager and behavior analyst, every seven (7) days if the restriction or limitation is imposed for therapeutic reasons;

2. in conjunction with other reviews of the plan of service if the restriction or limitations is imposed for other than therapeutic reasons;

G. subject to administrative appeal, i.e., the recipient or some other person acting on his/her behalf may file a complaint through the Recipient Rights Office.

Policy Title: GUARDIANSHIP

POLICY: It is the policy of Copper Country Mental Health Services Board that an adult recipient of services shall be considered and treated as competent in all areas unless a court has determined that the person is not competent or is legally incapacitated and has assigned a guardian, either plenary or partial.

PURPOSE: The purpose of this procedure is to provide guidelines to ensure that the rights of service recipients are fully protected if/when a services recipient lacks the capacity to exercise those rights, and to provide guidelines regarding the role of the Agency in guardianship proceedings.

PROCEDURE:

I. An adult recipient of services shall be considered and treated as competent in all areas unless a court has determined that the person is not competent or is legally incapacitated and has assigned a guardian, either plenary or partial.

II. A guardian's powers are limited to those areas specified in the court order. A recipient of services shall be encouraged to exercise independence in all areas not restricted by guardianship orders.

III. An evaluation of the services recipient's capability to give consent shall precede any Agency initiated guardianship proceedings.

IV. If it is believed that a services recipient who does not have a guardian requires the assistance of a guardian in making ordinary life decisions, and the Program Director, or Executive Director or designee, or Informed Consent Board has recommended that guardianship proceedings be commenced:

A. The client services manager will contact the services recipient, an appropriate family member, friend, or public or private agency or association (other than an agency or association directly providing services to the person) to endeavor to cause a petition for guardianship to be filed with the Probate Court.

B. If no appropriate person is available to petition for guardianship, the client services manager shall do so.

V. Whenever the life of a person presumed legally competent is threatened, when there is doubt whether a person is capable of giving informed consent, and when it is deemed necessary to undertake measures other than surgery or electro-convulsive therapy or other procedures intended to produce convulsion or coma, the Executive Director or designee may direct a petition be made to Probate Court of the county where the person is located to exercise the powers of a guardian or to summarily appoint a temporary guardian. The medical necessity for the procedure shall be documented, entered into the record of the person, and provided to the Probate Court.

A. This provision for emergency guardianship shall not preclude medical staff from taking life-saving or physical stabilization measures when the life of a person is threatened and there is not time to obtain consent. These measures may be performed without consent after the medical necessity has been documented and the documentation has been entered into the record of the recipient. Consent for necessary continued administration of the emergency procedures shall be sought as soon as possible.

B. The Executive Director or designee may petition Probate Court to exercise powers of a guardian, or to summarily appoint a temporary guardian, whenever a decision should be made by a person presumably legally competent whose life is not threatened but whose capacity to give an informed consent is in doubt, and a time limit for taking action or otherwise making a decision does not allow sufficient time for an informed consent board to be convened and make a determination. A board shall subsequently complete an inquiry and if a majority concludes that person is capable of giving or refusing to give an informed consent, the Probate Court which has assumed or

authorized emergency or temporary guardianship powers shall be informed by its next working day and asked to terminate the guardianship.

VI. When a services recipient with a guardian wishes to have the guardianship modified or terminated, the client services manager shall assist the recipient in petitioning the court.

A. The guardianship status of each services recipient shall be reviewed by the interdisciplinary team at least annually to determine need and appropriateness of the current situation.

B. If the interdisciplinary team determines that a guardian of a services recipient should be replaced or that guardianship should be dissolved, the client services manager will petition the Probate Court for replacement or dissolution.

VII. The Agency shall provide or obtain evaluations requested in regard to guardianship proceedings.

A. Any recommendation concerning the scope of the guardianship shall be the minimum necessary to meet the needs of the person and shall encourage development of maximum self-reliance and independence.

VIII. Staff members of the Agency shall not personally act as guardians for any individuals receiving services from the Agency.

IX. A copy of the orders for guardianship should be filed in the services recipient's record.

Policy Title: FAMILY PLANNING - REPRODUCTIVE HEALTH

POLICY: It is the policy of the Copper Country Mental Health Services Board to safeguard the rights of recipients related to matters of reproductive health; contraception, sterilization, abortion as mandated in the Mental Health Code and Administrative Rules.

Family planning, reproductive health services shall be between the recipient, parent of minor child, or guardian legally empowered to consent to such measures, and the recipient's physician.

PURPOSE: To establish policies and procedures prescribing the manner in which staff may provide information to recipients who request information on matters concerning family planning, reproductive health.

PROCEDURE:

I. The availability of family planning and reproductive health information services shall be made known to recipients of services, their guardians and to parents of minor recipients.

II. It shall be made known to any such person that receiving mental health services does not depend in any way on requesting or not requesting reproductive health information services or family planning services and is in no way dependent upon a decision to act on the family planning information. The notice shall be documented in the clinical record.

III. Upon request of any such person, CCMH staff will provide or arrange for the provision of education and information on family planning and reproductive health.

IV. Staff may assist in arrangements to secure family planning services if the recipient has voluntarily requested them and one of the following has given written informed consent.

A. The recipient is 18 years of age or over and competent to consent.

B. A guardian legally empowered to consent to such measures.

C. The Probate Court.

D. A parent if the recipient is less than 18 years of age.

Policy Title: FREEDOM OF MOVEMENT

POLICY: It is the policy of Copper Country Mental Health Services Board that recipients of services be placed in the least restrictive setting and that the freedom of movement of a recipient of services shall not be restricted more than is necessary to provide the recipient mental health services, to prevent injury to the recipient or others, or to prevent substantial property damage.

PURPOSE: The purpose of this procedure is to ensure that recipients of services are placed in the least restrictive setting and have access to all areas within the home, on the grounds, and in the Day Programs that are for recreational, vocational, and normal social activities.

PROCEDURE:

I. Exercise of the right of freedom of movement shall not be interfered with unless it infringes on the rights of others or is limited for treatment or safety reasons.

A. House rules may restrict the freedom of movement for all clients for reasons of health, safety, privacy, etc.

1. House rules shall be posted and the client and/or empowered guardian shall be informed of the restrictions upon admission to the home by the client services manager.

II. Any restrictions or limitation on freedom of movement, unless included in the house rules shall:

A. be written into and justified in the service plan, including a brief description of less restrictive methods which have been tried;

B. be approved by the Interdisciplinary Team;

C. be time-limited with a specific expiration date not to exceed three (3) months from the implementation date;

D. be removed when the circumstance that justified its adoption ceases to exist.

E. include training in skills/behaviors which will preclude the need for such restriction or limitation;

F. be authorized by the Team Coordinator, and be approved by the Behavior management Committee;

G. be determined with the participation of the client and/or guardian if at all possible;

H. be fully explained to the client and client's guardian by the client service manager before implementing the restriction or limitation;

I. be reviewed in conjunction with other reviews of the service plan if the restriction or limitation is imposed for other than therapeutic reasons;

J. be subject to administrative appeal, ie., the client or some other person acting on his/her behalf may file a complaint through the Recipient Rights Office.

K. be reported to the courts during any related hearing process.

III. Limitation of freedom of movement is considered to be substantial in scope when the resident is restricted by service plan from community common living areas of the residence or is restricted from participation in the common group activities of the home's residents.

IV. Leaves from residential programs are at the discretion of the Interdisciplinary Team. Denial of leave requests are subject to administrative appeal, ie., the client or some other person acting on behalf of the client may file a complaint through the Recipient Rights Office.

V. The appropriateness of the client's placement in Residential and Day Programs shall be reviewed by the Interdisciplinary Team on a regular basis.

Policy Title: PHOTOGRAPHING AND FINGERPRINTING RECIPIENTS

POLICY: It is the policy of Copper Country Mental Health Services Board (CCMHS) to protect and promote the basic human dignity and privacy of recipients of service in regard to audiovisual reproduction and viewing through one-way glass. Further, it is the policy of the Copper Country Mental Health

Services Board that no recipient shall be fingerprinted by or as a part of any program.

PURPOSE: The purpose of this procedure is to set forth conditions under which audiovisual reproduction may be made, viewing through one-way glass may occur, and to ensure that proper notification is made, that consent is obtained prior to the photographing, audio-taping, videotaping, or transmitting of images/voices of recipients or use of one-way glass, and to specify the disposition of the audiovisual products.

DEFINITIONS:

AUDIOVISUAL REPRODUCTION: Any reproduction of a person's likeness or voice by still or motion picture photography, audio-tape, or videotape. Not included in this definition: x-ray, infrared or microscopic photography.

EXPRESSED WRITTEN CONSENT: Written permission obtained prior to making and using audiovisual reproductions of a recipient which may be viewed by the public, including the proposed use of material, e.g., accompanying newspaper articles, inclusion in brochures, training materials, etc., which is signed by the recipient, parent of a minor, or guardian.

ONE-WAY GLASS: Modality for making observations through a glass, which allows for images to be seen in only one direction. The subject being observed is unable to see the observer.

PHOTOGRAPHY(ING): Includes still pictures, motion pictures or videotape reproductions.

PUBLIC NEWS MEDIA: Publications including but not limited to newspapers, magazines, books and other printed materials produced by the public press, business or industrial firms, non-profit associations or public agencies (including mental health agencies) and communication systems capable of transmitting photographs or sound via air or cable, e.g., television and radio.

RECIPIENT: means a person who receives mental health services from CCMHS, or from a provider that is under contract with CCMHS.

PROCEDURE: Audiovisual reproduction or use of one-way glass

I. Audiovisual reproduction may be made for such purposes and under the conditions set forth below.

   A. For identification purposes, expressed written consent must be obtained and the photograph will be kept in the recipient’s record.

      1. If a photograph is delivered to an individual who is not an employee of Copper Country Mental Health Services for the purpose of identifying a recipient, it is required that:

         a. the photograph be returned;

         b. no duplication of the photograph be made without approval from the Program Supervisor.

B. To provide services including therapy to the recipient, education and staff development services or presentation to professional groups outside the agency, expressed written consent must be obtained.

C. For personal or social purposes, audiovisual reproductions may be made and used unless the recipient or guardian has indicated his/her objection. Expressed written consent is not required.

1. Use of audiovisual reproductions by the public news media must also be approved by the Executive Director or his designee. The written consent form must be signed by the Executive Director or his designee.

2. If the Director refuses to sign the consent form, despite the affirmative wishes of the recipient, guardian or parent, his/her decision may be appealed by written or verbal notification to the Rights Office.

D. If photographs are required for gathering evidence in an allegation of abuse, consent is not required from the recipient, his/her parent or guardian, but may be taken at the direction of the Executive Director or his designee or the Recipient Rights Officer.

II. Expressed written consent must be obtained and placed in the recipient's file before use of one-way glass or the audiovisual reproduction is made.

A. The consent form is developed and approval is obtained from the recipient, parent or guardian by the Program Supervisor or client services manager.

1. The consent must include an expiration date and cannot be valid for more than a 12-month period, but may be renewed through the regular consent process. The exception is identification photographs which are kept in the recipient file.

2. An annual review at the time of the annual reassessment is made to determine if the audiovisual reproduction is still essential to provide services or to determine the name of the resident, i.e. for identification.

3. The consent must state the intended use of the photograph, videotape, or transmission of image/voice.

4. A second written consent must be obtained for any alternative use of audiovisual reproduction of a recipient, i.e., some use other than that originally intended for which consent was executed.

B. A consent granted on behalf of a minor is no longer valid when the recipient reaches 18 years of age.

C. The person from whom consent is requested shall be informed, prior to giving consent, that consent may be revoked prior to the expiration date either orally or in writing by contacting the Recipient Rights Officer, Program Supervisor or client services manager. This statement must appear on the consent form.

D. A recipient must be advised immediately prior to the time that a picture or videotape is to be taken, or voice recorded or transmitted, and what the intended purpose is and must be afforded an opportunity to object. If the recipient expresses verbal objection to being photographed or to having his/her image/voice recorded or transmitted, such objection shall be honored whether or not the recipient, parent or guardian has previously signed the consent.

E. Oral objection to making or use of audiovisual reproduction, or oral termination of consent for audiovisual reproductions, shall be noted in the recipient's record.

III. The recipient, parent or guardian shall be fully informed of the current and future use of the photographs, videotapes or audiotapes.

A. If an identification photograph is removed from the file for the purpose of identifying a recipient, it must be returned to the file and no duplication of the photograph may be made without approval from the Program Supervisor. Any duplication must also be returned to the file or destroyed.

B. Audiovisual reproductions shall be given to the recipient or destroyed after they are no longer needed for the purpose for which consent was granted or upon discharge of the recipient, whichever occurs first.

Policy Title: RECIPIENT RIGHTS COMPLAINTS/APPEALS

POLICY: It is the policy of Copper Country Mental Health Services Board that the rights of recipients shall be protected in compliance with the Mental Health Code and the Department of Community Health (DCH) Administrative Rules. In addition, this policy ensures that any recipient of services or person acting on their behalf is protected from reprisal or intimidation in filing a complaint.

PURPOSE: To ensure that recipients, and anyone else acting on their behalf, shall have unimpeded access to the recipients rights protection service and that the Recipient Rights Office shall implement the complaint and appeal processes required by the Mental Health Code and Administrative Rules.

PROCEDURE:

I. Each recipient, parent of a minor, or guardian shall receive a copy of Your Rights When Receiving Mental Health Services in Michigan upon initial contact with any department of Copper Country Mental Health Services (CCMHS) and a Recipient Rights Complaint Form.

A. An explanation of rights shall be given to each recipient, parent of a minor, or guardian by the Therapist or client services manager.

B. The documentation of rights notification shall be placed in the recipient's case record.

C. The name, address and telephone number of the designated rights officer shall be on the rights booklet.

D. Rights booklets will be available in group homes and all other service locations.

E. Copies of CCMHS Consumer Bill of Rights and Responsibilities will be available in all service locations and will be provided by the client services manager/therapist to each recipient, parent of a minor, or guardian annually during the annual reassessment.

II. A recipient, or another individual on behalf of a recipient, may file a rights complaint with the rights office alleging a violation of rights protected by the Mental Health Code or Administration Rules.

A. A rights complaint shall contain all of the following information:

1. A statement of the allegations that give rise to the dispute.

2. A statement of the right or rights that may have been violated.

3. The outcome that the complainant is seeking as a resolution to the complaint.

B. Each rights complaint shall be recorded upon receipt by the rights office, and acknowledgment of the recording shall be sent along with a copy of the complaint to the complainant within five business days.

C. Within five (5) business days after the rights office receives a complaint, it shall notify the complainant if it determines that no investigation of the rights complaint is warranted.

D. The rights office shall assist the recipient or other individual with the complaint process. The rights office shall advise the recipient or other individual that there are advocacy organizations available to assist in preparation of a written rights complaint and shall offer to refer the recipient or other individual to those organizations. In the absence of assistance from an advocacy organization, the rights office shall assist in preparing a written rights complaint. The rights office shall inform the recipient or other individual of the option of mediation provided under the Mental Health Code.

E. If a rights complaint has been filed regarding the conduct of the Executive Director, the rights investigation shall be conducted by the rights office of another community mental health services program or by the state office of recipient rights as decided by the Board.

F. All rights complaints, filed by recipients or anyone on their behalf, shall be sent or given to the rights officer or rights advisor in a timely manner.

III. The rights office shall initiate investigation of apparent or suspected rights violations in a timely and efficient manner. Subject to delays involving pending action by external agencies, the rights office 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 a recipient involving an apparent or suspected rights violation.

A. Investigation activities for each rights complaint shall be accurately recorded by the rights office.

B. The rights office shall determine whether a right was violated by using the preponderance of the evidence as its standard of proof.

C. The rights office shall issue a written status report every 30 calendar days during the course of the investigation. The report shall be submitted to the complainant, the respondent, and the responsible mental health agency. A status report shall include all of the following:

1. Statement of the allegations.

2. Statement of the issues involved

3. Citations to relevant provisions of this act, rules, policies, and guidelines.

4. Investigative progress to date.

5. Expected date for completion of the investigation.

D. Upon completion of the investigation, the rights office shall submit a written investigative report to the respondent and to the responsible mental health agency. Issuance of the written investigative report may be delayed pending completion of investigations that involve external agencies, including law enforcement agencies and the Department of Human Services. The report shall include the following:

1. Statement of the allegations.

2. Statement of the issues involved.

3. Citations to relevant provisions of this act, rules, policies, and guidelines.

4. Investigative findings.

5. Conclusions.

6. Recommendations, if any.

E. A rights investigation may be reopened or reinvestigated by the rights office if there is new evidence that was not presented at the time of the investigation.

IV. If it has been determined that a right has been violated, the responsible mental health agency or respondent shall take appropriate remedial action that meets all of the following requirements:

A. Corrects or provides a remedy for the rights violations.

B. Is implemented in a timely manner.

C. Attempts to prevent a recurrence of the rights violation.

D. Is documented and made part of the record maintained by the rights office.

The responsible mental health agency and each service provider shall ensure that appropriate disciplinary action is taken against those who have engaged in abuse or neglect.

V. The Executive Director shall submit a written summary report to the complainant and recipient, if different than the complainant, and all potential appellants within ten business days after the Executive Director receives a copy of the investigative report.

A. The summary report shall include all of the following:

1. Statement of the allegations.

2. Statement of issues involved.

3. Citations to relevant provisions of this act, rules, policies, and guidelines.

4. Summary of investigative findings

5. Conclusions.

6. Recommendations made by the rights office.

7. Action taken, or plan of action proposed, by the respondent.

8. A statement describing the right to appeal and the grounds for an appeal.

B. Information in the summary report shall not violate:

1. Confidentiality or privileged communications.

2. Rights of any employee (Employee Right to Know Act).

VI. The Recipient Rights Advisory Committee is the CCMHS Board designated appeals committee for recipients' appeals of the summary investigative report. A member of the appeals committee who has a personal or professional relationship with an individual involved in an appeal abstains from participating in that appeal as a member of the committee.

A. Not later than 45 days after receipt of the summary report, an appellant may file a written appeal with the appeals committee with jurisdiction over the office of recipient rights that issued the summary report

1. An appeal shall be based on one of the following grounds/criteria:

a) The investigative findings of the rights office are not consistent with the facts or with law, rules, policies, or guidelines.

b) The action taken or plan of action proposed by the respondent does not provide an adequate remedy.

c) An investigation was not initiated or completed on a timely basis.

B. The rights office shall advise the appellant that there are advocacy organizations available to assist in preparing the written appeal and shall offer to refer the appellant to those organizations. In the absence of assistance from an advocacy organization, the rights office shall assist the appellant in meeting the procedural requirements of a written appeal and does not act on behalf of the agency. The rights office shall also inform the appellant of the option of mediation.

C. Within five business days after receipt of the written appeal:

1. Members of the appeals committee shall review the appeal to determine whether it meets the criteria for appeal.

2. If the appeal is denied because the criteria was not met, the appellant shall be notified in writing.

3. If the appeal is accepted, written notice shall be provided to the appellant and a copy of the appeal shall be provided to the respondent and the responsible mental health agency.

D. Within 30 days after receipt of a written appeal, the appeals committee shall meet and review the facts as stated in all complaint investigation documents and shall do one of the following:

1. Uphold the investigative findings of the rights office and the action taken or plan of action proposed by the respondent.

2. Return the investigation to the rights office and request that it be reopened or reinvestigated.

3. Uphold the investigative findings of the office but recommend that the respondent take additional or different action to remedy the violation.

4. Recommend that the Board of the community mental health services program request an external investigation by the state office of recipient rights.

E. The appeals committee shall document its decision in writing.

1. Within ten working days after reaching its decision, it shall provide copies of the decision to the respondent, appellant, recipient if different than the appellant, the recipient's guardian if a guardian has been appointed, the responsible mental health agency, and the Recipient Rights Office.

2. The appeals committee decision shall include a statement of the appellant's right to appeal to DCH Administrative Tribunal decision within 45 days from receipt of the decision.

3. An appeal to the DCH Administrative Tribunal must be based on the allegation that the findings of the rights office are inconsistent with facts, rules, policies, or guidelines.

Policy Title: RESIDENT'S PROPERTY AND FUNDS

POLICY: It is the policy of Copper Country Mental Health Services Board (CCMHS) to handle resident's property and funds in accord with the conditions required by the Mental Health Code, Administrative Rules, and Licensing Rules for Adult Foster Care Group Homes.

PURPOSE: To define procedures for receipt, handling and disposition of resident property and funds and to define exclusions and limitations to particular kinds of personal property in Agency facilities.

DEFINITIONS:

RESIDENT: A person who lives in and receives services in a group home operated by CCMHS or by a provider under contract with CCMHS.

PROCEDURE:

I. The following items of personal property are excluded from resident possession in all Agency Group Homes.

A. Weapons, such as firearms, knives and other sharp objects, or explosives.

B. Drugs, whether prescribed or not, unless possession of the drug is specifically authorized by the physician.

C. Alcoholic beverages.

D. Toxic, poisonous or caustic agents.

II. These exclusions of personal property are in writing in the House Rules and are posted in every group home.

III. In the event there is reasonable cause to believe a resident is in possession of an excluded item, a search may be conducted. Justification for a search shall be documented in the resident's record. In other than emergency circumstances, a search shall require the approval of the Team Leader or Client Services Manager.

IV. Residents are entitled to receive, possess and use all other personal property, including clothing, except under the following conditions:

A. The Individual Plan of Service may restrict or limit rights to personal property in order to prevent:

1. theft, loss, or destruction of the property unless a waiver is signed by the resident and/or guardian.

2. resident from physically harming himself or others.

B. Any restrictions or limitations on access to property or funds, unless prohibited by law or included in the house rules, shall be:

1. written into and justified in the Individual Plan of Service;

2. approved by the Behavior Treatment Committee (BTC);

3. determined with the participation of the resident and/or the resident's guardian, if at all possible;

4. for a specific period of time, with at least quarterly review by the team and BTC for continuing need for limitation;

5. removed when the circumstance which justified the limitation ceases to exist;

6. subject to appeal by the resident or some other person acting on the resident's behalf filing a complaint through the Recipient Rights Office.

V. Items of personal property not subject to an exclusion or limitation shall be permitted to remain with the resident.

A. An official receipt shall be issued to a resident and an individual designated by the resident and recorded in the resident's record for items of personal property taken into the possession of the facility.

B. Residents shall be provided a reasonable amount of storage space for clothing and personal property.

C. Residents are permitted to inspect personal property at reasonable times.

VI. Resident Funds - All money which is on the person of a resident, which comes to a resident or which the Agency receives on behalf of a resident under a benefit agreement or otherwise shall be turned over to the facility for safe keeping.

A. The money shall be accounted for in the name of the resident and

1. Resident funds will be reconciled monthly.

2. The resident or guardian will be provided an annual accounting of resident funds.

B. All resident funds, including bank accounts, shall be kept separate and apart from all funds and monies of the facility. Interest and dividends earned on resident funds shall be credited to the resident.

C. Residents shall have access to and use of personal funds that belong to them in reasonable amounts, including immediate access of funds up to $20.00.

1. The access to and use of funds shall be consistent with both current needs of the resident and to facilitate release, discharge and normalization.

2. Staff may take an active role in guiding a resident's use of funds, but there shall not be a total prohibition of use of funds, otherwise lawful.

VII. Disposition of property or funds on discharge.

A. On discharge the facility, shall deliver to the resident or designated representative those funds accounted for in the resident's name and any personal effects, including those in storage.

B. Upon the death of a resident, the following shall be implemented:

1. A list of personal effects or monies being held by the Agency shall be sent to the nearest relative by registered mail and to the probate court with a statement calling attention to statutes providing for disposition.

2. If there are questions as to rival claims to personal effects or monies, property may be held by the Agency until claims are determined in a probate court.

3. If the nearest relative cannot be contacted, the Agency shall send by registered mail, to the person or entity who paid the funeral expense, a list of personal effects or monies being held by the Agency and a statement calling attention to statues providing for disposition.

Policy Title: RIGHT TO ACCESS TO PRINTED MATERIAL, BROADCASTS AND RECORDED MATERIAL

POLICY: It is the policy of Copper Country Mental Health Services Board to protect recipients' rights to acquire written material, and to listen to or view radio, recordings, television, movies, etc., unless access is generally restricted for all recipients in written house rules or limited for a recipient in the Individual Plan of Service.

PURPOSE: The purpose of this procedure is to ensure that a recipient shall not be prevented from acquiring, at his expense, or from reading, written or printed material or from viewing or listening to television, radio, recordings, or movies available locally or by mail, for reasons of, or similar to, censorship. Any restriction or limitation must have justification, authorization and proper notification.

PROCEDURE:

I. Exercise of the right to access materials shall not be interfered with unless it infringes on the rights of others, is limited for treatment reasons, or is prohibited by law.

A. House rules may indicate hours for viewing and listening to television, radio, recordings or movies, and for volume. Provision for the use of earphones or other alternatives shall be considered when the rights of others are involved.

B. The Supervisor shall provide a determination of recipient interest in and for the provision of a daily newspaper.

C. The right to access materials shall not entitle a minor recipient to obtain and keep written material, or to view television programs or movies, over the objection of a minor's parents or guardians or if prohibited by law. Staff may attempt to persuade parents or guardians to withdraw objections to material including television or movies desired by the recipient.

D. The right to access materials shall not entitle an adult recipient to obtain and keep written or recorded material if it is prohibited by law.

II. Any restrictions or limitations on access to materials, unless prohibited by law or included in the house rules, shall be:

A. written into and justified in the Individual Plan of Service;

B. approved by the Supervisor or Program Director and the Behavior Treatment Committee (BTC);

C. determined with the participation of the recipient and/or the recipient's guardian, if at all possible;

D. for a specific period of time, with at least quarterly review by the team and BTC of continuing need for limitation or restriction.

E. fully explained to the recipient and his/her family by the client services manager before implementing the restriction or limitation;

F. removed when the circumstance which justified the limitation ceases to exist;

G. subject to appeal by the recipient or some other person acting on his/her behalf filing a complaint through the Recipient Rights Office.

Policy Title: RIGHTS SYSTEM

POLICY: It is the policy of Copper Country Mental Health Services Board that the rights of recipients shall be protected through the establishment of a Rights System, written policies and procedures concerning the rights of recipients and a simple, accessible mechanism for recipients and others to report apparent violations.

PURPOSE: The purpose of this procedure is to establish the Rights System to ensure that programs are developed, implemented, and supported in a system that does not violate recipient rights; to provide a resource to staff, recipients and other providers on legal rights of recipients; and to ensure immediate response to complaints filed and provide corrective action to address rights problems.

PROCEDURE: The Copper Country Mental Health Services Office of Recipient Rights is comprised of an Officer of Recipient Rights, Rights Advisors, and a Recipient Rights Advisory Committee.

I. THE OFFICE OF RECIPIENT RIGHTS:

A. Shall be protected from pressures, which could interfere with impartial, even-handed, and thorough performance of its duties;

1. The Executive Director shall take appropriate action to ensure protection for complainants and rights staff if there is evidence of harassment concerning an apparent violation of rights or a rights complaint.

2. An Advisory Committee shall be appointed and shall be drawn from Center staff, the Community Mental Health Board, government officials, attorneys, and mental health recipient interest groups.

B. Shall have unimpeded access to all the following:

1. All programs and services operated by or under contract to Copper Country Mental Health Services Board.

2. All staff employed by or under contract to Copper Country Mental Health Services Board.

3. All volunteers/students associated with Copper Country Mental Health Services Board.

4. All evidence necessary to conduct a thorough investigation or to fulfill the required monitoring functions.

C. Funding for the office shall be provided by the Copper Country Mental Health Services Board and reviewed by the Recipient Rights Advisory Committee.

D. The Recipient Rights Officer shall have the education, training and experience to fulfill the responsibilities of the office.

E. The CMH Recipient Rights Advisory Committee shall consult with the Executive Director regarding candidates to head the Office of Recipient Rights when a vacancy occurs, and an Officer of Recipient Rights shall not be dismissed without the Executive Director consulting with the Recipient Rights Committee;

F. The Recipient Rights Officer and staff shall participate annually in training activities that are relevant to recipient rights protection.

G. The Recipient Rights Officer/Advisor and Alternate shall attend and successfully complete the Basic Skills Training programs offered by MDCH's Office of Recipient Rights within three months of hire.

H. In addition, every three (3) years during their employment, the Rights Officer/Advisor and any alternate(s) must complete a Recipient Rights Update Training as specified by the MDCH.

II. THE RECIPIENT RIGHTS OFFICER:

A. shall be subordinate only to the Executive Director;

B. shall not have direct service responsibilities;

C. shall receive, acknowledge and investigate as appropriate reports of alleged violations of rights;

D. may act to resolve disputes relating to apparent violations;

E. may act on behalf of recipients to obtain remedy for any apparent violations;

F. shall otherwise endeavor to safeguard the rights guaranteed by the Mental Health Code;

G. shall provide or coordinate rights activities and functions for all services operated by or under contract with the CMH Board;

H. shall ensure that recipients, parents of minor, guardians, and others have ready access to recipient "Your Rights" pamphlets and complaint forms;

I. shall ensure that all CSM service locations are visited at least annually, or as necessary for protection of rights guaranteed by the Mental Health Code and Department of Community Health Administrative Rules;

J. shall serve as an ex-officio, non-voting member of the Behavior Treatment Committee, and the Recipient Rights Advisory Committee;

K. shall serve as a consultant to the Executive Director and staff in rights matters;

L. shall provide or ensure training for all CCMHS staff, and providers under contract with CCMHS, within thirty (30) days of hire or the beginning of the contract, and annually thereafter;

M. shall provide or ensure training in the full extent of recipients' rights including recipient complaints/grievances, recipient rights complaints, and appeals;

N. shall update training annually to assure adherence to policy and procedures particularly in the area of "DUE PROCESS";

O. participates in the review and development of Agency policies/procedures and standards relating to recipient rights.

III. THE RECIPIENT RIGHTS ADVISORY COMMITTEE:

A. shall be a committee of at least six members, appointed by the Copper Country Mental Health Services Board;

B. shall be broadly based so as to represent the varied perspectives of the CCMHSB geographic area. At least one-third of the membership shall be primary recipients or family members and of that one-third, at least one half shall be primary recipients.

C. all members shall have equal voting privileges.

D. the Rights Officer shall be an ex-officio, nonvoting member of the committee;

E. shall meet at a minimum of two times per year;

F. shall have access to the Executive Director;

G. shall assist the Rights Officer in standardizing policies and procedures that are in compliance with the Mental Health Code;

H. shall monitor the activities of the Rights Office;

I. shall provide the Executive Director and the Board with an annual report regarding rights activities;

J. shall serve as a link to the Community Mental Health Board, and shall channel information and communication through the Board Chairperson;

K. shall serve as the Appeals Committee for rights appeals.

L. see Attachment A for further information regarding duties and responsibilities of the Recipient Rights Advisory Committee.

IV. THE RIGHTS ADVISORS:

A. shall be appointed by the Executive Director;

B. shall participate in training activities provided by the Recipient Rights Officer;

C. shall be under the direction of the Recipient Rights Officer for the purpose of guidance and direction in carrying out the duties associated with the appointment;

D. shall serve as resource persons and initial contacts in the area of recipient rights for recipients, staff, and the community at large;

E. shall ensure the recipients, parents of minors, guardians, and others have ready access to "Your Rights" pamphlets and complaint forms;

F. shall serve as liaisons between the agency program areas and the Recipient Rights Officer;

G. shall participate in monitoring the agency's programs;

H. shall participate in investigation of alleged violations.

I. shall assure that rights services are provided in the temporary absence of the Rights Officer.

J. may serve on the Behavioral Treatment Committee as designee of the Right's Officer.

K. see Attachment B for further information regarding major duties and responsibilities of the rights advisors.

V. ALL STAFF:

A. All staff are required to cooperate in Recipient Rights Investigations as a condition of employment.

B. Rights office staff, any staff (or other complainant) acting on behalf of a recipient will be protected from harassment or retaliation resulting from recipient rights activities.

C. Appropriate disciplinary action will be taken if there is harassment related to recipient rights advocacy.

D. Appropriate remedial action is taken to resolve violations of rights and to notify the complainants of substantiated violations in a manner that does not violate employee rights.

Policy Title: TREATMENT BY SPIRITUAL MEANS

POLICY: It is the policy of Copper Country Mental Health Services Board to protect a client's right to treatment by spiritual means, if it is not inconsistent with a court order for treatment, does not break the law or does not physically harm the client or others.

PURPOSE: The purpose of this procedure is to set forth guidelines and conditions under which a client's request for treatment by spiritual means shall be approved or denied, and to provide for an administrative review of denial of a request for treatment by spiritual means.

DEFINITION:

TREATMENT BY SPIRITUAL MEANS**:** A spiritual discipline or school of thought upon which a resident wishes to rely to aid physical or mental recovery and includes easy access, at the client's expense, both to printed, recorded, or visual material essential or related to treatment by spiritual means and to a symbolic object of similar significance.

PROCEDURE:

I. A request for treatment by spiritual means may be made by the recipient, guardian or parent of a minor recipient.

   A. If at all possible, this request should be made in writing.

   B. The request may be given/made to any staff person involved with the client.

   C. The request is immediately forwarded to the client services manager, who informs his/her supervisor and the Executive Director of his Designee of the request.

   D. The written request is filed in the client's record.

II. The client services manager is responsible for the decision to approve or deny the request for treatment by spiritual means.

   A. The client service manager will collaborate with other members of the Interdisciplinary Team in order to reach a decision regarding the request.

   B. Approval is to be given in writing to the client and to the person requesting treatment by spiritual means, if other than the client. A copy of the approval is to be placed in the client's record and another copy is forwarded to the client service manager's supervisor.

      1. If the person requesting treatment by spiritual means is other than the client, assurance must be obtained that the client assents to this treatment.

      2. The client service manager will incorporate the treatment by spiritual means into the client's schedule and will assure cooperation of staff.

      3. Opportunity for contact with agencies providing treatment by spiritual means shall be provided in the same manner as clients are permitted to see private mental health professionals.

      4. The "right to treatment by spiritual means" includes the right of clients or guardians to refuse medication or other treatment on spiritual grounds

which predate the current allegations of mental illness or disability, but does not extend to circumstances where either:

a) A guardian or the Agency has been empowered by a court to consent to or provide treatment and has done so;

b) A client is presently dangerous to self or others and treatment is essential to prevent physical injury.

5. The Agency may appeal to the probate court when there is a refusal on spiritual grounds of medication or other treatment for a minor.

6. The "right to treatment by spiritual means" does not include the right:

a) To use mechanical devices or chemical or organic compounds which are physically harmful;

b) To engage in activity prohibited by law;

c) To engage in activity which physically harms the client or others;

d) To engage in activity which is inconsistent with court-ordered custody or voluntary placement by a person other than the client.

C. Denial of the request is to be made in writing to the client and the person requesting treatment by spiritual means if other than the client. One copy is to be place in the client's record and another copy is forwarded to the client service manager's supervisor.

1. The denial letter includes the reasons for the denial.

2. The denial letter includes an explanation of the client's (or other person's) right to appeal the decision.

3. The client service manager's supervisor automatically reviews the decision to deny treatment by spiritual means to assure adherence to Agency policy.

4. A denial of the request is appropriate if the treatment by spiritual means is inconsistent with a court order for treatment, breaks the law or is or could be physically harmful to the client or others.

III. Upon approval for request for treatment by spiritual means:

A. The client service manager will make an effort to collaborate with the provider to the treatment.

1. A "Release of Confidential Information" consent form will need to be signed by the client or empowered guardian.

B. If the client or empowered guardian agrees, the provider of spiritual treatment will be considered a member of the Interdisciplinary Team and this treatment will be incorporated into the client's service plan.

C. Treatment by spiritual means will be reviewed as part of the service plan.

1. If, in the opinion of the Interdisciplinary Team, treatment by spiritual means is having a detrimental effect on a client's status, approval may be withdrawn by the team.

IV. The client or a person acting on his/her behalf has the right to appeal a denial decision or a withdrawal of approval for treatment by spiritual means.

A. The client service manager's supervisor automatically reviews the decision to deny the request.

B. The client or someone acting on his/her behalf may then appeal to the Community Services Director. The appeal should be in writing; the client or person acting on his/her behalf may request assistance from any staff person or the Recipient Rights Advisor/Officer.

C. The Community Services Director shall make a written response to the appeal within ten (10) working days of the receipt of the appeal.

D. If the client or person acting on his/her behalf is not satisfied with the Community Services Director's decision, an appeal may be made to the Executive Director. The Executive Director shall make a written response to the appeal within ten (10) working days of the receipt of the appeal.

E. Clients or persons acting in their behalf should also be informed of their right to file a Recipient Rights Complaint.

Policy Title: CONFIDENTIALITY

POLICY: It is the policy of Copper Country Mental Health Services Board (CCMHSB) that all personnel must preserve the integrity and the confidentiality of the protected health information (PHI) of all recipients of services.

PURPOSE: The purpose of this policy is to ensure clients' right to confidentiality of Protected Health Information (PHI) is provided consistent with the Michigan Mental Health Code, Michigan Department of Community Health Administrative Rules, and the Health Insurance Portability and Accountability Act (HIPAA).

DEFINITIONS:

I. INDIVIDUALLY IDENTIFIABLE HEALTH INFORMATION: is information that is a subset of health information, including demographic information collected from an individual, and:

A. Is created or received by a health care provider, health plan, employer, or health care clearinghouse; and

B. Relates to the past, present, or future physical or mental health or condition of an individual; the provision of health care to an individual; or the past, present, or future payment for the provision of health care to an individual; and

C. That identifies the individual; or

D. With respect to which there is a reasonable basis to believe the information can be used to identify the individual.

II. PROTECTED HEALTH INFORMATION (PHI): means individually identifiable health information:

A. Except as provided in paragraph (2) of this definition, that is:

1. Transmitted by electronic media;

2. Maintained in electronic media; or

3. Transmitted or maintained in any other form or medium.

B. Protected health information excludes individually identifiable health information in:

1. Education records covered by the Family Educational Rights and Privacy Act, as amended, 20 U.S.C. 1232g;

2. Records described at 20 U.S.C. 1232g(a)(4)(B)(iv); and

3. Employment records held by a covered entity in its role as employer.

PROCEDURE:

I. As required by Department of Community Health Administrative Rule 7051 a summary of Section 748 of the Michigan Mental Health Code is made a part of each recipient file.

II. CCMHSB personnel will not use or supply PHI for non-health care uses, such as direct marketing, employment, or credit evaluation purposes.

III. CCMHSB personnel will collect and use PHI only for the purposes of providing services and for supporting the delivery, payment, integrity, and quality of those services as follows:

A. To provide proper diagnosis and treatment.

B. With the individual's knowledge and consent.

C. To receive reimbursement for services provided.

D. For research and similar purposes designed to improve the quality and to reduce the cost of health care.

E. As a basis for required reporting of health information.

IV. CCMHSB personnel will recognize that PHI collected about recipients must be accurate, timely, complete, and available when needed and shall:

A. Use their best efforts to ensure the accuracy, timeliness, and completeness of data to ensure that authorized personnel can access it when needed.

B. Complete and authenticate records in accordance with the law, medical ethics, and accreditation standards.

C. Maintain records for the retention periods required by law and professional standards.

D. Not alter or destroy an entry in a record, but rather desig-nate it as an error while leaving the original entry intact and create and maintain a new entry showing the correct data.

E. Implement reasonable measures to protect the integrity of all data maintained about recipients.

V. CCMHSB personnel will recognize that recipients have a right of privacy and will respect recipients' individual dignity at all times.

VI. CCMHSB personnel will act as responsible information stewards and treat all PHI as sensitive and confidential and shall:

A. Treat all PHI as confidential in accordance with professional ethics, accreditation standards, and legal requirements.

B. Not divulge PHI unless the recipient, or his/her authorized representative has properly consented to the release or the release is otherwise authorized by law.

C. When releasing PHI, take appropriate steps to prevent unauthorized re-disclosures.

D. Implement reasonable measures to protect the confidentiality of PHI maintained about recipients.

E. Not disclose PHI except as necessary for billing or other authorized purposes as authorized by law and professional standards.

VII. CCMHSB personnel will recognize that some medical information is particularly sensitive, such as HIV/AIDS information and alcohol and drug abuse information and will treat such information with additional confidentiality protections as required by law, professional ethics, and accreditation requirements.

VIII. CCMHSB personnel will recognize that, although CCMHSB "owns" the record, the recipient has a right of access to information contained in the record.

IX. All CCMHSB personnel must adhere to this policy. CCMHSB will not tolerate violations of this policy. Violation of this policy is grounds for disciplinary action, up to and including termination of employment and criminal or professional sanctions in accordance with CCMHSB's PHI sanction procedure and personnel rules and regulations.

Policy Title: RELATIONSHIP WITH RECIPIENTS AND FAMILIES

POLICY: It is the policy of Copper Country Mental Health Services Board (CCMHS) that services be provided in a manner that promotes and protects the dignity and respect of the recipients and their families and significant others.

PURPOSE: To ensure that the recipients and their families are accorded the dignity and respect to which they are entitled.

DEFINITIONS:

Dignity: To be treated with politeness and as an equal. To be addressed in a manner that is not condescending or demeaning.

Respect: To be treated with consideration or appreciation. To protect a recipient's privacy. To be sensitive to cultural differences. To allow a recipient to make choices.

PROCEDURE:

I. Recipients of Mental Health Services are treated with dignity and respect.

A. Treatment with dignity and respect shall be further clarified by what a reasonable person would expect under similar circumstances.

B. All CCMHS employees, volunteers, contractual service providers and employees of contractual service providers shall treat recipients and their family members with dignity and respect, being sensitive to conduct that is or may be deemed offensive to the other person.

II. Mental Health Services shall be provided to recipients that are:

A. suitable to their condition.

B. provided in a safe, sanitary, and humane treatment environment.

C. provided in the least restrictive setting that is appropriate and available.

III. Family members and other individuals significant to recipients of services are treated with dignity and respect.

A. They are given opportunity to provide information to treating professionals.

B. They are provided opportunity to request and receive educational and coping strategies information about:

1. the nature of disorders.

2. medications and side effects.

3. available support services.

4. advocacy and support groups.

5. financial assistance.

C. Interactions with family and significant others are conducted in a manner consistent with the confidentiality rights of the recipient.

Policy Title: OBLIGATION TO PROMOTE AND PROTECT RIGHTS OF RECIPIENTS

POLICY: It is the policy of Copper Country Mental Health Services Board that all personnel have a positive duty and obligation to promote and protect the rights of recipients of services to be free from abuse, neglect, retaliation, humiliation, financial or other exploitation, to be treated with dignity and respect, and to receive services in a safe, sanitary and humane treatment environment. This requires all personnel to report any and all concerns about possible violations of the rights of recipients directly to the Office of Recipient Rights.

PURPOSE: The purpose of this policy is to affirm the obligation of all personnel to bring concerns about possible violations of recipient rights directly to the Office of Recipient Rights.

PROCEDURE:

I. Notifying Office of Recipient Rights

A. When an individual has a concern that the rights of a recipient of services may have been violated or compromised, they are obligated to contact the Office of Recipient Rights directly with this concern.

B. The individual may contact the Office of Recipient Rights in person, by phone, or in writing.

II. Failure to Notify

A. The Mental Health code definitions of neglect include the "failure to report abuse or neglect."

B. Neglect includes acts of commission or omission ... that result from non-compliance with a standard of care or treatment required by law, rules, policies,

guidelines, written directives, procedures, or individual plan of service that places or could have placed the recipient at risk of harm.

C. The failure to notify the Rights Office of concerns of possible rights violations may result in an allegation of neglect.

Policy Title: REPRESENTATIVE PAYEESHIP

POLICY: It is the policy of Copper Country Mental Health Services Board that all funds which are handled by Agency staff because of a Representative Payeeship are kept separate and apart from all funds and monies of the Agency.

PURPOSE: The purpose of this policy is to assure that funds the Agency handles on behalf of a person served are protected from fraud, mismanagement, or any other fiduciary misuse.

PROCEDURE:

I. All representative payee funds are accounted for in the name of the person served. All monies shall be deposited into a checking and/or savings account at a federally insured financial institution (bank).

II. Direct deposit is required.

III. All checks must be deposited, cash may not be received.

IV. All interest and dividends earned on person served funds remain the property of the person served and are credited directly to that individual's account.

V. Persons served and/or guardians will receive an annual accounting of the person's served funds.

VI. The Agency will take direction from Social Security Administration when the representative payeeship is terminated.

VII. Upon the death of a person served, the Social Security Administration will be contacted for direction on disposition of funds.

VIII. Accountability:

A. The person served and/or guardian has access to the records of their funds at all times.

B. Agency Staff shall not accept, take or borrow money from a person served, even with the consent of the person served.

C. The monthly bank statements will be mailed directly to the Accounting department and will be balanced to the register monthly. All discrepancies will be reported to the Finance Director.

Policy Title: GRIEVANCE & APPEAL PROCESSES - MEDICAID AND ADULT BENEFITS WAIVER (ABW)

POLICY: It is the policy of the Copper Country Mental Health Services Board (CCMHS), hereafter referred to as Community Mental Health Services Provider (CMHSP), that all recipients have the right to a fair and efficient process for resolving disputes regarding their services and supports managed and/or delivered by CMHSP and its provider network. A recipient of, or applicant for, public mental health services may access several options simultaneously to pursue the resolution of disputes. Recipients will receive notice of their rights, information about the grievance and appeal process, and be assisted, as necessary or requested, in achieving resolution of service delivery disputes.

PURPOSE: The purpose of this policy is to outline the grievance and appeals processes for Medicaid and ABW recipients of CMHSP or through its provider network, in order to promote the resolution of recipient concerns, and support and enhance the overall goal of improving the quality of care.

DEFINITIONS:

Action (Adverse Action): A decision that adversely impacts a Medicaid or ABW recipient's claim for services due to:

- Denial or limited authorization of a requested service, including the type or level of service.
- Reduction, suspension, or termination of a previously authorized.
- Denial, in whole or in part, of payment for a service.
- Failure to make a standard authorization decision and provide notice about the decision within **14 calendar days** from the date of receipt of a standard request for service.
- Failure to make an expedited authorization decision within **three (3) working days** from the date of receipt of a request for expedited service authorization.
- Failure to provide services within **14 calendar days** of the start date agreed upon during the person-centered planning and as authorized by the CMHSP.
- Failure of the CMHSP to act within **45 calendar days** from the date of a request for a standard appeal.
- Failure of the CMHSP to act within **three (3) working days** from the date of a request for an expedited appeal.
- Failure of the CMHSP to provide disposition and notice of a local grievance/complaint within **60 calendar days** of the date of the request.

Additional Mental Health Services: Supports and services available to Medicaid or ABW recipients who meet the criteria for specialty services and supports, under the authority of Section 1915(b)(3) of the Social Security Act. Also referred to as **"B3"** waiver services.

Adequate Notice of Action: A written notice advising the recipient of a decision to deny or limit authorization of Medicaid or ABW **services requested**. Notice is provided, to the Medicaid or ABW recipient or his/her guardian or legal representative on the same date the action takes effect or at the time of the signing of the Individual Plan of Services/Supports.

Advance Notice of Action: A written notice advising the recipient of a decision to deny or limit authorization of Medicaid or ABW services **currently provided** that is provided to the recipient or his/her guardian or legal representative prior to the action, when a service, previously authorized or currently being provided, is reduced, suspended or terminated.

Appeal: A request for a review of an "action" (as defined above).

Authorization of Services: The processing of requests for initial and continuing service delivery.

Authorized Representative: Whomever the recipient selects to represent them during the Grievance and Appeal process.

Expedited Appeal: The expeditious review of an action, requested by a recipient or the recipient's provider, when the time necessary for the normal appeal review process could seriously jeopardize the recipient's life or health or ability to attain, maintain, or regain maximum function. If the recipient requests the expedited review, the CMHSP determines if the request is warranted. If a recipient's provider makes the request, or supports the recipient's request, the CMHSP must grant the request.

Fair Hearing (Administrative Hearing): Impartial state level review of a Medicaid or ABW recipient's appeal of an action presided over by a DCH Administrative Law Judge.

Grievance: A Medicaid or ABW recipient's expression of dissatisfaction about PIHP/CMHSP service issues, other than an action, as defined above.

Grievance Process: Impartial local level review of a Medicaid or ABW recipient's grievance (expression of dissatisfaction) about PIHP/CMHSP service issues **other than an action**.

Grievance System: Federal terminology for the overall local system of grievance and appeals required for Medicaid and ABW recipients in the managed care context, including access to the state fair hearing process.

Hearings Coordinator: Person or his/her designee appointed by the Executive Director to coordinate the Administrative Hearing process.

Local Appeal Process: Impartial local level CMHSP review of a Medicaid or ABW recipient's appeal of an action presided over by individuals not involved with decision-making or previous level of review.

Medicaid Services: Services provided to a recipient under the authority of the Medicaid State Plan, Habilitation Service and Supports Waiver, and/or Section 1915(b)(3) of the Social Security Act.

Notice of Disposition: Written statement of the CMHSP decision for each local appeal and/or grievance, provided to the recipient.

Recipient: A person who has been determined eligible for Medicaid or ABW and who is receiving or may qualify to receive Medicaid or ABW services through CCMHS or a provider that is under contract with CCMHS.

Recipient Rights Complaint: A written or verbal statement by a recipient or anyone acting on behalf of a recipient 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.

Utilization Review: A process, in addition to the person-centered plan, in which established criteria are used to recommend or evaluate services provided in terms of cost-effectiveness, necessity and effective use of resources.

PROCEDURES:

I. Notification of the Grievance and Appeal Process

All recipients of, or applicants for, public mental health services shall be informed of the grievance and appeals process and their right to access the process, including their ability to express dissatisfaction at any point in services. CMHSP staff shall assist recipients with grievances and/or appeals. Recipients will be provided assistance in completing forms and taking procedural steps as necessary and/or requested. There may be no charge to the recipient for any aspect of the appeal process including payment for a second opinion by an independent reviewer authorized by the CMHSP Executive Director or designee. This includes, but is not limited to, providing interpreter services and toll-free numbers that have adequate TTY/TTD and interpreter capability.

II. Grievance System General Requirements

A. All Medicaid and ABW recipients must receive "due process" whenever benefits are denied, reduced or terminated. Due process includes:

1. prior written notice of the adverse action,

2. a fair hearing before an impartial decision maker,

3. continued benefits pending a final decision, and

4. a timely decision, measured from the date the complaint is first made.

B. The grievance system must provide Medicaid and ABW recipients:

1. A local CMHSP appeal process for challenging an "action' taken by the CMHSP or one of its agents.

2. Access to the state level fair hearing process for an appeal of an "action".

3. A local CMHSP grievance process for expressions of dissatisfaction about any matter other than those that meet the definition of an "action".

4. The right to **concurrently** file a CMHSP level appeal of an action, **and** request a State fair hearing on an action, **and** file a CMHSP level grievance regarding other service complaints.

5. The right to file a grievance or appeal with NorthCare. The toll free phone number is: 1-888-333-8030.

6. The right to request a State fair hearing **before exhausting** the CMHSP level appeal of an "action".

7. The right to request, and have, Medicaid or ABW benefits continued while a local CMHSP appeal and/or state fair hearing are pending.

8. The right to have a provider, acting on the recipient's behalf and with the recipient's written consent, file an appeal to the CMHSP. The provider may file a grievance or request for a state fair hearing on behalf of the recipient **only if** the State permits the provider to act as the recipient's authorized representative in doing so.

III. Service Authorization Decisions

When a Medicaid or ABW service authorization is processed (initial request or continuation of service delivery) the CMHSP **must provide** the recipient a written service authorization decision within specified timeframes and as expeditiously as the recipient's health condition requires. The service authorization must meet the requirements for either a **standard** authorization or **expedited** authorization:

- **Standard Authorization:** Notice of the authorization decision must be provided as expeditiously as the recipient's health condition requires, and **no later than 14 calendar days** following the receipt of a request for service.

  If the recipient or provider requests an extension **OR** if the CMHSP justifies (to the state agency upon request) a need for additional information and how the extension is in the recipient's interest; the CMHSP may extend the 14 calendar day time period by up to **14 additional calendar days**.

- **Expedited Authorization:** In cases in which a provider indicates, or the CMHSP determines, that following the standard timeframe could seriously jeopardize the recipient's life or health or ability to attain, maintain or regain maximum function, the CMHSP must make an expedited authorization decision and provide notice of the decision as expeditiously as the recipient's health condition requires, and **no later than three (3) working days** after the receipt of the request for service.

  If the recipient requests an extension, **OR** if the CMHSP justifies (to the state agency upon request) a need for additional information and how the extension is in the recipient's interest; the CMHSP may extend the three (3) working day time period by up to **14 calendar days**.

When a **standard or expedited** authorization of services decision is extended, the CMHSP must give the recipient written notice of the reason for the decision to extend the timeframe, and inform the recipient of the right to file an appeal if he or she disagrees with that decision. The CMHSP must issue and carryout its determination as expeditiously as the enrollee's recipient's condition requires and no later that the date the extension expires.

VI. Notice of Action

A. Notice of Action must be provided to a Medicaid or ABW recipient whenever a service authorization decision constitutes an "action" **by authorizing a service in amount, duration or scope less than requested or less than currently authorized, or the service authorization is not made timely. In these situations, the CMHSP** must **provide a notice of action containing additional information to inform the recipient of the basis for the action the CMHSP has taken, or intends to take and the process available to appeal the decision.**

Notice of Action requirements include**:**

1. **The notice of action to the recipient must be in writing and meet language format needs of the recipient to understand the content (i.e., the format meets the needs of those with limited English proficiency, and/or limited reading proficiency.)**

2. **The requesting provider, in addition to the recipient, must be provided notice of any decision by the CMHSP to deny a service authorization request or to authorize a service in an amount, duration or scope that is less than requested. The notice of action to the provider is not required to be in writing.**

3. If **the recipient or representative requests a local appeal or a fair hearing not more than** 12 calendar days **from the date of the notice of action, the CMHSP must reinstate the Medicaid or ABW services until the disposition of the appeal.**

4. If **the recipient's services were reduced, terminated or suspended without an advance notice, the CMHSP must reinstate services to the level before the action.**

5. If **the utilization review function is not performed within part of an identified organization, program or unit (access centers, prior authorization unit, or continued stay units), 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.**

The notice of action must be either Adequate or Advance**:**

1. Adequate Notice**: is a written notice provided to the recipient** at the time of EACH **action. The Individual Plan of Service, developed through a person-centered planning process and finalized with the recipient, must include, or**

have attached, the adequate notice provisions.

2. Advance Notice**: is a written notice required when an action is being taken to reduce, suspend or terminate services that the recipient is currently receiving. The advance notice must be mailed** 12 calendar days **before the intended action takes effect.**

The content of both adequate and advance notices must include an explanation of**:**

1. **What action the CMHSP has taken or intends to take,**
2. **The reason(s) for the action,**
3. **The date of the intended action,**
4. **42 CFR 440.230(d) is the basic legal authority for an action to place appropriate limits on a service based on such criteria as medical necessity or on utilization control procedures,**
5. **The recipient's or provider's right to file a CMHSP appeal, and the instructions for doing so,**
6. **The recipient's right to request a State Fair Hearing and the instructions for doing so.**
7. **The circumstances under which expedited resolution can be requested and the instructions for doing so,**
8. **An explanation that the recipient may represent him/herself or use legal counsel, a relative, a friend or other spokesperson,**

The content of an advance notice must also include an explanation of:

1. **The circumstances under which services will be continued pending resolution of the appeal,**
2. **How to request that benefits be continued, and**
3. **The circumstances under which the recipient may be required to pay the costs of these services.**

Exceptions to the Advance Notice time frame requirement**:**

1. The CMHSP may mail an advance notice of action, not later than the date of action to terminate, suspend or reduce previously authorized services **IF**:
    a. The CMHSP has factual information confirming the death of the recipient;
    b. The CMHSP receives a clear written statement signed by the recipient or his/her legal representative that:

- He/she no longer wishes services; or

- Gives information that requires termination or reduction of services and indicates that he/she understands that this must be the result of supplying the information.

c. The recipient has been admitted to an institution where he/she is ineligible under Medicaid or ABW for further services.

d. The recipient's whereabouts are unknown and the post office returns CMHSP mail directed to him/her indicating no forwarding address.

e. The CMHSP establishes the fact that the recipient has been accepted for Medicaid or ABW services by another local jurisdiction, State, territory, or commonwealth.

f. A change in the level of medical care is prescribed by the recipient's physician.

g. The date of the action will occur in less than **10 calendar days**.

The Notice of Action must be mailed within the following timeframes:

- **At least 12 calendar days before** the date of an action to terminate, suspend or reduce previously authorized Medicaid or ABW covered service(s) (Advance)

- **At the time of the decision** to deny payment for a service (Adequate)

- **Within 14 calendar days** of the request for a standard service authorization decision to deny or <u>limit</u> services (Adequate)

- **Within 3 working days** of the request for an expedited service authorization decision to deny or <u>limit</u> services (Adequate)

  If the CMHSP is unable to complete either a standard or expedited service authorization to deny or limit services within the timeframe requirement, the timeframe may be **extended up to an additional 14 calendar days**.

If the CMHSP extends the timeframe, it must:

- Give the recipient written notice, no later than the date the current timeframe expires, of the reason for the decision to extend the timeframe and inform the recipient of the right to file an appeal if he or she disagrees with the decision; and

- Issue and carry out its determination as expeditiously as the recipient's health condition requires and no later than the date the extension expires.

V. <u>Service Authorizations and Delay of Services</u>

When a Medicaid or ABW recipient disagrees with a service authorization decision or their services are not provided within the required time frame, the Medicaid or ABW recipient may appeal that decision or delay using multiple options simultaneously and is not required to exhaust local disputes processes before they request a State Fair Hearing. A Medicaid or ABW recipient may use the following processes to appeal a service authorizations decision or delay of services.

A. Denial of Hospitalization

1. Request for second opinion

a. If a preadmission screening unit or children's diagnostic and treatment service of a CMHSP denies hospitalization, the recipient, his/her guardian or his/her parent in the case of a minor child, may request a second opinion from the Executive Director of the CMHSP.

b. The Executive Director shall arrange for an additional evaluation by a psychiatrist, other physician, or licensed psychologist to be performed within three (3) days, excluding Sundays and legal holidays, after the Executive Director receives the request. If the determination of the second opinion is different from the determination of the preadmission screening unit, the Executive Director, in conjunction with the Medical Director, shall make a decision based on all clinical information available within one (1) business day.

c. The Executive Director's decision shall be confirmed in writing to the recipient who requested the second opinion, and the confirming document shall include the signatures of the Executive Director and Medical Director or verification that the decision was made in conjunction with the Medical Director.

d. If a recipient is assessed and found not to be clinically suitable for hospitalization, the preadmission screening unit shall provide appropriate referral services.

2. Rights Complaint

a. If the request for a second opinion is denied, the recipient or someone on his/her behalf may file a recipient rights complaint with the recipient Rights Office of CMHSP.

b. If the initial request for inpatient admission is denied and the recipient is a current recipient of other CMHSP services, the recipient or someone on his/her behalf is informed that they may file a Recipient Rights Complaint with the Recipient Rights Office alleging a violation of his/her right to treatment suited to condition.

c. If the second opinion determines the recipient is not clinically suited for hospitalization and the recipient is a current recipient of other CMHSP services, and a recipient rights complaint has not been filed previously on behalf of the recipient, the recipient or someone on his/her behalf may file a complaint with the Recipient Rights Office of CMHSP.

3. Local Appeal

See Local Appeal Process section.

4. State level

See State Fair Hearing Appeal Process section.

B. Denial Of Access To Community Mental Health Program Services

If an initial applicant for CMHSP services is denied such services, an appropriate referral may be provided.

1. <u>Request for Second Opinion</u>

a. If an initial applicant for CMHSP services is denied such services, the applicant or his/her guardian, or the applicant's parent in the case of a minor, must be informed of their right to request a second opinion of the Executive Director or designee. The request shall be processed in compliance with Section 705 of the Michigan Mental Health Code and must be resolved **within five (5) business days**.

1. The Executive director or designee shall secure the second opinion from a physician, licensed psychologist, registered professional nurse, or master's level social worker, or master's level psychologist.

2 . If the individual providing the second opinion determines that the applicant has a serious mental illness, serious emotional disturbance, or a developmental disability, or is experiencing an emergency situation or urgent situation, the community mental health services program shall direct services to the applicant.

2. Rights Complaint

The applicant or his/her guardian may <u>not</u> file a recipient rights complaint for denial of services suited to condition, as he/she does not have standing as a recipient of mental health services. The applicant or his/her guardian may, however, file a rights complaint if the request for a second opinion is denied.

3. Local Appeal

See Local Appeal Process section.

4. State Level

See State Fair Hearing Appeal Process section.

C. Denial of Service

Denial through the service authorization process of the request for Medicaid state plan, waiver, or additional mental health service OR denial of the requested amount, scope or duration of a service that was identified and agreed upon by the recipient during person-centered planning process.

1. Rights Complaint

   The recipient or his/her guardian may file a rights complaint for treatment suited to condition.

2. Local Appeal

   See Local Appeal Process section.

3. State Level

   See State Fair Hearing Appeal Process section.

D. Suspension, Reduction, or Termination of a Currently Provided Service.

   1. Rights Complaint

      The recipient or his/her guardian may file a rights complaint for treatment suited to condition.

   2. Local Appeal

      See Local Appeal Process section.

   3. State Level

      See State Fair Hearing Appeal Process section.

E. Unreasonable Delay of Services

Unreasonable delay of a service beyond the start date agreed upon during the person-centered planning process and as authorized by the CMHSP. Unreasonable delay is defined as **14 or more calendar days**.

1. Rights Complaint

   The recipient or his/her guardian may file a rights complaint for treatment suited to condition.

2. Local Appeal

   See Local Appeal Process section.

3. State level

   See State Fair Hearing Appeal Process section.

F. Dissatisfaction with Program, Provider, Other

Dissatisfaction about any matter relative to a service other than an action as described above.

1. Grievance

   See Grievance Local Process

2. Rights Complaint

   If a complaint alleges a violation of a Mental Health Code protected right.

IV. Local Grievance Process

1. A Medicaid or ABW recipient, guardian, or parent of a minor child or his/her legal representative may file a grievance at any time regarding dissatisfaction with any aspect of service provision other than an "**action**". The grievance shall be filed with CMHSP Customer Services or Recipient Rights Office, whichever is approved and administratively responsible for facilitating resolution of the grievance.

   A recipient filing a grievance **does not** have access to the state fair hearing process **unless**, the CMHSP fails to respond to the grievance **within 60 calendar days** as this failure to respond constitutes an "action", and can be appealed for fair hearing to the DCH Administrative Tribunal.

   The recipient must be provided assistance in completing forms and taking procedural steps as necessary and/or requested. This includes, but is not limited to, providing interpreter services and toll-free numbers that have adequate TTY/TTD and interpreter capability.

2. Upon receipt of a grievance, the Recipient Rights Office or Customer Service Office shall:

   - Log the grievance for reporting to the PIHP/CMHSP Quality Improvement Programs.

   - Submit the written grievance to appropriate staff including a CMHSP administrator with the authority to require corrective action, none of whom shall have been involved in the initial determination.

3. The CMHSP is required to:

   - Acknowledge receipt of the grievance and provide the recipient a written **notice of disposition** not to exceed **60 calendar days** from the day the CMHSP received the grievance/ complaint. The content of the notice of disposition must include:

     - The results of the grievance process
     - The date the grievance process was concluded
     - The recipient's right to request a fair hearing if the notice of disposition is

more than 60 days from the date of the request for a grievance and
- How to access the fair hearing process.

- Ensure that the individual(s) who make the decisions on the grievance were not involved in the previous level review or decision-making.

- Ensure that the individual(s) who make the decisions on the grievance are health care professionals with appropriate clinical expertise in treating the recipient's condition or disease if the grievance:

    - Involves clinical issues, or
    - Involves the denial of an expedited resolution of an appeal (of an action).

V. Local Appeal Process

A. Within **forty-five (45) calendar days** of the date of the action notice, the recipient or his/her legal representative, or the provider on his/her behalf, may file an appeal with the CMHSP Recipient Rights Office, which is the organizational unit approved and administratively responsible for facilitating resolution of the grievance. The recipient must follow up an oral appeal request with a written signed request, unless the recipient is requesting an expedited appeal.

The recipient must be provided assistance in completing forms and taking procedural steps as necessary and/or requested. This includes, but is not limited to, providing interpreter services and toll-free numbers that have adequate TTY/TTD and interpreter capability.

B. The Recipient Rights Office shall then:

1. Log receipt of the appeal for reporting to the PIHP and CMHSP Quality Improvement Programs.

2. Acknowledge receipt of the appeal and advise the recipient, guardian, or in the case of a minor, the parent, that he/she may file a request for a MDCH administrative hearing in lieu of, or in addition to, the local appeal. This information provided to the recipient shall include the process for filing the request for a hearing, an offer of assistance in filing the request, and an explanation of time frames and circumstances under which services will be continued pending the hearing decision;

3. Submit the appeal for review by appropriate staff.

C. The CMHSP is required to:

1. Ensure that the individual(s) who make the decisions on the appeal were not involved in the previous level review or decision-making.
2. Ensure that the individual(s) who make the decisions on the grievance are health care professionals with appropriate clinical expertise in treating the recipient's

condition or disease when the appeal is of a denial based on lack of medical necessity or involves other clinical issues.

3. Provide the recipient or his/her authorized representative a reasonable opportunity to present evidence, and allegations of fact or law, in person as well as in writing. If the recipient has requested an expedited resolution, CMHSP shall inform the recipient of the limited time available to present evidence.

4. Provide the recipient or his/her authorized representative opportunity, before and during the appeals process, to examine the recipient's case file including medical records, and any other documents and records considered during the appeals process.

5. Provide written notice of the appeal resolution, and make reasonable efforts to provide oral notice of an expedited resolution.

D. The notice of disposition must be provided within the following timeframes:

- **Standard Resolution**: The CMHSP must resolve the appeal and provide notice of disposition to the affected parties as expeditiously as the recipient's health condition requires, but not to exceed **45 calendar days** from the day the CMHSP receives the appeal.

- **Expedited Resolution**: The CMHSP must resolve the appeal and provide notice of disposition to the affected parties no longer than **three (3) working days** after the CMHSP receives the request for expedited resolution of the appeal. An expedited resolution is required when the CMHSP determines (for a request from the recipient) or the provider indicates (in making the request on behalf of, or in support of the recipient's request) that taking the time for a standard resolution could seriously jeopardize the recipient's life or health or ability to attain, maintain, or regain maximum function.

E. Notice of Disposition

- The notice shall be written and must include:

1. An explanation of the results of the appeal and the date it was completed;
2. For appeals resolved not wholly in favor of a recipient the notice of disposition must also include:

    - The right to request a MDCH Fair Hearing, and how to do so, including an offer of assistance;

    - The right to request to receive benefits while the state fair hearing is pending, if requested within 12 days of the CMHSP mailing the notice of disposition, and how to make the request, including an offer of assistance; and

    - That the recipient may be held liable for the cost of those benefits if the hearing decision upholds the decision of the CHMSP's action.

VI. State Fair Hearing Process

A. All Medicaid and ABW recipients are told of their right to an Administrative Hearing if they are dissatisfied at any point with the Medicaid Covered or ABW Services they are receiving or have requested.

B. MDCH Administrative Hearing

1. Within **ninety (90) calendar days** after receiving notice that services have been denied, suspended, reduced, or terminated, or if the recipient disagrees with the person-centered plan, a Medicaid or ABW recipient or his/her authorized representative may:

- Request an Administrative Hearing directly with the MDCH and/or;
- File an Appeal to the Local Dispute Resolution Process grievance with the CMHSP Recipient Rights Office, and/or a request for a Local Appeal and;
- The recipient may *simultaneously* file a grievance request for a local appeal with the local CMHSP Recipient Rights Office, and a request an Administrative Fair Hearing directly with MDCH.

2. The Office of Recipient Rights will:

a. Provide information about the process for filing, the time frames, the circumstances when services will be continued until a hearing decision is rendered, and the process for withdrawing a hearing request;

b. Offer to assist the recipient with filing a hearing request;

c. On the day the hearing request is received:

- Date stamp the request;
- Fax the request to MDCH;
- Mail the request to MDCH;
- Forward a copy of the request to be logged;
- Log the Request in the Recipient Rights Appeal Database.

d. Receive notice of hearing requests from MDCH;
e. Maintain an accurate, secure record system for requests for Administrative Hearings;

f. If the hearing request, for an advance notice, is received before the date of action, notify the appropriate supervisor that services must be continued until a hearing decision has been rendered.

3. The Hearings Coordinator will:

    a. Offer a pre-hearing conference to the recipient to see if the issues can be resolved;

    b. Prepare a Hearing Summary and documents to be used as evidence during the hearing and submit this to MDCH. If the Hearings Coordinator is not the staff responsible for presenting the case at the hearing, the Hearings Coordinator will assist the staff in preparing for the hearing;

    c. Schedule a room and appropriate equipment for the hearing.

    d. Present the agency's case at the hearing unless a different staff is assigned this responsibility.

C. Maintaining Medicaid Covered or ABW Services and Supports.

1. If the CMHSP mails the advance notice of adverse action impacting Medicaid covered or ABW services as required and the recipient or his/her authorized representative requests a MDCH hearing before the date of action in lieu of, or in addition to, filing an appeal, the CMHSP may not terminate or reduce services until a decision is rendered unless:

    a. It is determined at the hearing that the sole issue is one of Federal or State law; **AND**

    b. The CMHSP promptly (i.e., in the advance notice) informs the recipient that services are to be terminated or reduced pending the MDCH hearing decision.

2. If the CMHSP's action is sustained by the Fair Hearing decision, the CMHSP may seek reimbursement from the recipient for the cost of any services provided the recipient during this period of time, up to the recipient's ability to pay as determined by the Code.

D. Reinstatement of Medicaid Covered or ABW Services

1. The CMHSP must reinstate Medicaid covered or ABW services if a recipient or his/her authorized representative requests a MDCH Fair Hearing not more than **twelve (12) calendar days <u>after</u>** the date of action.

2. The reinstated Medicaid covered or ABW services must continue until the hearing decision unless, at the hearing, it is determined that the sole issue is one of Federal or State law or policy.

3. The CMHSP must reinstate and continue Medicaid covered or ABW services until a hearing decision, if:

    a. Action was taken without the required Advance Notice; **AND**

    b. The recipient or his/her authorized representative requests a hearing within **twelve (12) calendar days** of the mailing of the notice of action; **AND**

c. The CMHSP determines that the action resulted from factors other than the application of Federal or State law or policy.

4. If a recipient's whereabouts are unknown, as indicated by return of mail that could not be forwarded, any discontinued Medicaid State Plan or Waiver services must be reinstated if his/her whereabouts become known during the time he/she is eligible for services.

IX. Recordkeeping and Reporting Requirements

The CMHSP must maintain a record of appeals and grievances and their disposition that is available for review by State staff as part of the State quality strategy.

The grievance system record should contain sufficient information to accurately reflect:

- The process in place to track requests for Medicaid or ABW services denied by the CMHSP or any of its providers.

- The volume of denied claims for services in the most recent year.

Policy Title: GRIEVANCE & APPEAL PROCESSES - NON-MEDICAID

POLICY: It is the policy of the Copper Country Mental Health Services Board, hereafter referred to as Community Mental Health Services Provider (CMHSP), that all consumers have the right to a fair and efficient process for resolving disputes regarding their services and supports managed and/or delivered by CMHSP and its provider network. A consumer of, or applicant for, public mental health services may access several options simultaneously to pursue the resolution of disputes. Consumers will receive notice of their rights, information about the grievance and appeal process, and be assisted, as necessary or requested, in achieving resolution of service delivery disputes.

PURPOSE: The purpose of this policy is to outline the grievance and appeals processes for non-Medicaid consumers of services provided by CMHSP or through it's provider network, in order to promote the resolution of consumer concerns, and support and enhance the overall goal of improving the quality of care.

DEFINITIONS:

Action (Adverse Action): A decision that adversely impacts a consumer's claim for services due to:

A. Denial or limited authorization of a requested service;

B. Reduction, suspension, or termination of a currently provided service, outside the person centered planning process;
C. Failure to make an authorization decision and provide notice about the decision within standard time frames;

D. Failure to provide services within standard time frame.

Adequate Notice: A written notice, mailed or directly provided, to a consumer or his/her guardian or legal representative at the time a request for services is denied or at the time of signing of the individual plan of services/supports.

Advance Notice: A written notice that is provided to the consumer or his/her guardian or legal representative prior to the action, when a service, currently being provided, is reduced, suspended or terminated.

Appeal: A request for a review of an action (as defined above) relative to a service.

Authorized Representative: Whomever the consumer selects to represent them during the Grievance and Appeal process.

Grievance: An expression of dissatisfaction about any matter relative to a service, other than an action, as defined above.

Hearings Coordinator: Person or his/her designee appointed by the Executive Director to coordinate the Local Hearing process.

Michigan Department of Community Health Alternative Dispute Resolution Process: An impartial review, conducted by a MDCH representative, regarding a decision by the CMHSP to deny, terminate, reduce or suspend a non-Medicaid consumer's service.

Resolution Notice: Notice to the consumer that is required to be provided within established time frames relative to the disposition of disputes, complaints and grievances, and resolution of the disputes, complaints and grievances.

Rights Complaint: A written or verbal statement by a recipient or anyone acting on behalf of a recipient alleging a violation of a Mental Health Code protected right cited in Chapter 7, which is resolved through the processes established in Chapter 7A.

Utilization Review: A process, in addition to the person-centered plan, in which established criteria are used to recommend or evaluate services provided in terms of cost-effectiveness, necessity and effective use of resources.

PROCEDURES:

I. Notification of the Grievance and Appeal Process

All consumers of, or applicants for, public mental health services shall be informed of the grievance and appeals process and their right to access the process, including their ability to express dissatisfaction at any point in services. CMHSP staff shall assist individuals with grievances and/or appeals. Individuals will be provided assistance in completing forms and taking procedural steps as necessary and/or requested. This includes, but is not limited to, providing interpreter services and toll-free numbers that have adequate TTY/TTD and interpreter capability.

II. Notice Requirements

A. Notice is given whenever a service is denied, reduced, suspended or terminated. This notice must be in writing and must be provided in the language format needed by the individual to understand the content (i.e., the format meets the needs of those with limited English proficiency, and/or limited reading proficiency.)

B. The written notice must contain the following:

1. A statement of what action the CMHSP intends to take;

2. The reasons for the intended action;

3. The date of the intended action;

4. The specific justification for the intended action;

5. An explanation of the Local Dispute Resolution Process.

6. If access to services or hospitalization is denied, the right to request a second opinion and an explanation of the process.

7. The consumer's right to file an appeal, grievance, and/or rights complaint and the time frames for doing so.

8. The procedures for exercising the resolution options.

9. The circumstances under which expedited resolution is available and how to request it.

C. Adequate Notice

1. During the person-centered planning process adequate notice will be provided at the time the individual plan of service, developed or modified through a person-centered planning process, is finalized with the consumer or his/her guardian or authorized representative.

2. Denial of Service Outside the PCP Process

When an individual is denied initial access to services, or denied access to inpatient psychiatric hospitalization, the individual will be informed of this denial with the Denial of Service form. The form may be presented directly or mailed to the individual or his/her guardian or authorized representative at the time of denial. A non-Medicaid consumer may file an appeal pursuant to the Local Appeal Resolution Process described below.

D. Advance Notice

Whenever existing services or support are to be suspended, reduced, or terminated, or reduced by an agency or unit performing a Utilization Review (UR) function or when the action is taken outside the person-centered planning process when the CMHSP does not have an identifiable UR unit, the CMHSP will issue an Advance Notice to the

consumer. The Advance Notice will be mailed at least ten (10) business days before the date of action.

If a consumer's physician decides that a particular mental health service is not needed, an Advance Notice is not required.

III. Grievance and Appeal Resolution Processes

An individual receiving mental health services may pursue appeals or grievances using the following processes.

A. Denial of Hospitalization

1. Request a second opinion

a. If a preadmission screening unit or children's diagnostic and treatment service of a CMHSP denies hospitalization, the individual, his/her guardian or his/her parent in the case of a minor child, may request a second opinion from the Executive Director of the CMHSP.

b. The Executive Director shall arrange for an additional evaluation by a psychiatrist, other physician, or licensed psychologist to be performed within three (3) days, excluding Sundays and legal holidays, after the Executive Director receives the request. If the determination of the second opinion is different from the determination of the preadmission screening unit, the Executive Director, in conjunction with the Medical Director, shall make a decision based on all clinical information available within one (1) business day.

c. The Executive Director's decision shall be confirmed in writing to the individual who requested the second opinion, and the confirming document shall include the signatures of the Executive Director and Medical Director or verification that the decision was made in conjunction with the Medical Director.

d. If an individual is assessed and found not to be clinically suitable for hospitalization, the preadmission screening unit shall provide appropriate referral services.

2. File a Rights Complaint

a. If the request for a second opinion is denied, the individual or someone on his/her behalf may file a recipient rights complaint with the Recipient Rights Office of CMHSP.

b. If the initial request for inpatient admission is denied and the individual is a current consumer of other CMHSP services, the individual or someone on his/her behalf is informed that they may file a Recipient Rights Complaint with the Recipient Rights Office alleging a violation of his/her right to treatment suited to condition.

1. If the second opinion determines the individual is not clinically suited for

Hospitalization and the individual is a current consumer of other CMHSP services, and a recipient rights complaint has not been filed previously on behalf of the individual, the individual or someone on his/her behalf may file a complaint with the Recipient Rights Office of CMHSP.

3. Request a local appeal

   See Local Dispute Resolution Process section.

4. If a non-Medicaid consumer is not satisfied with the outcome of the Local Dispute Resolution then the consumer can request a State level appeal.

   See MDCH Alternative Dispute Resolution Process section.

B. Denial Of Access To Community Mental Health Program Services

If an initial applicant for CMHSP services is denied such services, an appropriate referral may be provided.

1. Request a Second Opinion

   a. If an initial applicant for CMHSP services is denied such services, the applicant or his/her guardian, or the applicant's parent in the case of a minor, must be informed of their right to request a second opinion of the Executive Director or designee. The request shall be processed in compliance with Section 705 of the Michigan Mental Health Code and must be resolved within five (5) business days.

   b. The Executive director or designee shall secure the second opinion from a physician, licensed psychologist, registered professional nurse, or master's level social worker, or master's level social worker or master's level psychologist.

   c. If the individual providing the second opinion determines that the applicant has a serious mental illness, serious emotional disturbance, or a developmental disability, or is experiencing an emergency situation or urgent situation, the community mental health services program shall direct services to the applicant.

2. Rights Complaint

   The applicant or his/her guardian may <u>not</u> file a recipient rights complaint for denial of services suited to condition, as he/she does not have standing as a consumer of mental health services. The applicant or his/her guardian may, however, file a rights complaint if the request for a second opinion is denied.

3. File a local appeal

   See Local Dispute Resolution Process section.

4. If a non-Medicaid consumer is not satisfied with the outcome of the Local Dispute Resolution then the consumer can reuqest a State level appeal

See MDCH Alternative Dispute Resolution Process section.

C. Denial of Service

Denial through the service authorization process of the request for service or support or denial of the requested amount, scope or duration of a service.

1. Rights Complaint

The consumer or his/her guardian may file a rights complaint for treatment suited to condition.

D. Unreasonable Delay of Services

Unreasonable delay of a service beyond the start date agreed upon during the person-centered planning process and as authorized by the CMHSP. Unreasonable delay is defined as 14 or more calendar days.

1. Rights Complaint

The consumer or his/her guardian may file a rights complaint for treatment suited to condition.

E. Suspension, Reduction, or Termination of a Currently Provided Service.

1. File a Rights Complaint

The consumer or his/her guardian may file a rights complaint for treatment suited to condition.

2. Request a local appeal (See Local Dispute Resolution Process section.)

3. If a non-Medicaid consumer is not satisfied with the outcome of the Local Dispute Resolution then the consumer can request a State level appeal. See MDCH Alternative Dispute Resolution Process section.

F. Dissatisfaction With Program, Provider, Other

Dissatisfaction about any matter relative to a service other than an action as described above.

1. Grievance

See Grievance Process

2. Rights Complaint
If a complaint alleges a violation of a Mental Health Code protected right.

IV. Grievance Process

A. A consumer, guardian, or parent of a minor child or his/her legal representative may file a grievance at any time regarding dissatisfaction with any aspect of service provision other than an adverse action, as defined in this requirement, or an allegation of a recipient rights violation. The consumer must be given reasonable assistance in completing the forms for filing a grievance. The grievance shall be filed with CMHSP Customer Services, for facilitating resolution of the grievance.

B. Upon receipt of a grievance, the Customer Service Office shall:

1. Log receipt of the verbal or written grievance for reporting to the CMHSP Quality Improvement Program.

2. Submit the written grievance to appropriate staff including a CMHSP administrator with the authority to require corrective action, none of whom shall have been involved in the initial determination.

3. Notify the consumer, guardian, or parent a minor child of the outcome of the process.

V. Local Appeal Resolution Process

A. Local Appeal Process

Within five (5) business days of receipt of the advance notice, the consumer or his/her legal representative, or the parent of a minor child, may file an appeal with the CMHSP Recipient Rights Office. The Recipient Rights Office shall then:

1. Log receipt of the appeal for reporting to CMHSP Quality Improvement Program.

2. Submit the written dispute to appropriate staff, including a a CMHSP administrator with the authority to require corrective action, none of whom shall have been involved in the initial determination.

3. Facilitate resolution of the dispute within fifteen (15) business days of receipt.

4. Assure an expedited review of the dispute involving an emergent situation where the standard fifteen (15) day time frame would seriously jeopardize the individual's health or safety. Such a review shall be completed within twenty-four (24) hours of receipt of all necessary information by relevant CMHSP staff involved in the dispute resolution.

5. Upon a decision by CMHSP staff involved in the local dispute resolution process and within the 24-hour or 15–day time frame, provide written notification of the outcome of the process to the individual, guardian, or parent of a minor child. The written notification shall include:

a. Information regarding the individual, guardian, or parent of a minor child's ability to access the MDCH Alternative Dispute Resolution Process and an offer of assistance in doing this;

b. Information on the individual, guardian, or parent of a minor child or his/her legal representative's right to file a recipient rights complaint with the Recipient Rights Office alleging a violation of the consumer's right to treatment suited to his/her condition.

VI. MDCH Alternative Dispute Resolution Process

A. Within ten (10) days after receiving notice of the decision reached during the Local Dispute Resolution Process, the individual may request access to the MDCH Alternative Dispute Resolution process. Access to this process does not require agreement by the CMHSP and may be initiated solely by the consumer.

B. Requests may be received in any written form, but must include the following information:

1. Name of the CMHSP consumer;

2. Name of the guardian legally empowered to make treatment decisions or a parent of a minor child;

3. Daytime phone number where the consumer, legal guardian, or parent of a minor child may be reached;

4. Name of the CMHSP where services have been denied, suspended, reduced or terminated;

5. Description of the service being denied, suspended, reduced, or terminated;

6. Description of the adverse impact on the consumer caused by the denial, suspension, reduction or termination of service.

7. The request should be directed to:

Department of Community Health
Division of Program Development, Consultation and Contracts
Bureau of Community Mental Health Services
ATTN: Request for DCH Level Dispute Resolution
Lewis Cass Building - 6th Floor
Lansing, MI 48913

C. MDCH responsibilities regarding the Alternative Dispute Resolution Process for Persons not receiving Medicaid.

1. If the MDCH representative, using a "reasonable person" standard, believes that the denial, suspension, termination or reduction of the services and/or supports will pose an immediate and adverse impact upon the consumer's health and safety, the issue is to be referred within one (1) business day to the Community Services Division within Mental Health and Substance Abuse Services for contractual action consistent with Section 8.0 of the MDCH/CMHSP contract.

2. In all other cases, the MDCH representative shall attempt to resolve the issue with the individual and the CMHSP within fifteen (15) business days. The

recommendations of the MDCH representative are non-binding in those cases where the decision poses no immediate impact to the health and safety of the individual.

D. The Office of Recipient Rights will:

1. Provide information about the process for filing;

2. Offer to assist the individual with filing;

3. On the day of the request for Alternative Dispute Resolution is received:

- Date stamp the request
- Fax the request to MDCH
- Mail the request to MDCH
- Forward a copy of the request to be logged
- Forward a copy of the request to the Hearings Coordinator

VII. Recordkeeping and Reporting Requirements

The CMHSP must maintain a record of appeals and grievances and their disposition that is available for review by MDCH upon request.

Reports of disputes, complaints and grievances will be:

A. Reviewed by the CMHSP Quality Improvement Program to identify opportunities for improvement periodically;

B. Periodically provided to the CMHSP governing body for review.

Policy Title: RECIPIENT RIGHTS SPECIFIC TO RECIPIENTS RECEIVING INTEGRATED TREATMENT FOR CO-OCCURRING DISORDERS

POLICY: It is the policy of the Copper Country Mental Health Services Board (CCMHS) to protect the rights of all recipients receiving services and to provide for specific rights for recipients receiving integrated treatment for co-occurring disorders (Administrative Rule 325.14301 et seq.) as well as the Michigan Mental Health Code, Chapters 7 and 7A.

PURPOSE: The purpose of this procedure is to establish the specific rights to which recipients who receive integrated treatment for co-occurring disorders at Copper Country Mental Health
Services are entitled.

DEFINITIONS:

Abuse means either of the following:

1. An intentional act by a staff member which inflicts physical injury upon a recipient or which results in sexual contact with a recipient.

2. Communication made by a staff member to a recipient, the purpose of which is to curse, vilify, intimidate, or degrade a recipient or to threaten a recipient with physical injury.

Integrated treatment for recipients with mental health and substance use disorders means a program that offers and provides both substance use disorder and mental health treatment in an integrated manner as evidenced by staffing, services and program content. The program is designed for recipients determined through an assessment process to have both distinct substance use and mental health disorders. Services must be provided through one service setting and through a single treatment plan and represent appropriate clinical standards including stage-based interventions.

Neglect means that a recipient suffers injury, temporarily or permanently, because the staff or other person responsible for the recipient's health or welfare has been found negligent.

Program Director means an individual who is appointed by the governing authority of the program or its authorized agent to act on its behalf in the overall management of the program.

Recipient means an individual who receives services from a licensed substance use disorders program in the state of Michigan.

Sexual Contact means the intentional touching, by a staff member, of the recipient's intimate parts or the intentional touching of the clothing covering the immediate area of the recipient's intimate parts, if that intentional touching can reasonably be construed as being for the purpose of sexual arousal or gratification.

PROCEDURE: All recipients receiving integrated treatment for co-occurring disorders are entitled to the specific rights listed below in addition to those established for recipients receiving other mental health services. CCMHS adopts the Department of Community Health Mental Health and Substance Abuse Services Recipient Rights Administrative Rules in its entirety.

A. A recipient as defined in the 1981 Administrative Rules for Substance Abuse Service Programs in Michigan shall not be denied appropriate service on the basis of race, color, national origin, religion, sex, age, mental or physical handicap, sexual preference or political beliefs.

B. The admission of a recipient to this program or recipient of prevention services shall not result in the recipient being deprived of any rights, privileges, or benefits which are guaranteed to individuals by state or federal law or by the state or federal constitution.

C. A recipient may present grievances or suggested changes in program policies and services to the program staff, to governmental officials, or to another person within or outside the program. Neither the program nor any program staff member shall in any way impede access or interfere in this process.

D. A recipient has the right to review, copy, or receive a summary of his or her program records, unless in the judgment of the Program Director, such actions will be detrimental to the recipient or to others for either of the following reasons:

    1. Granting the request for disclosure will cause substantial harm to the relationship between the recipient and the program or to the program's capacity to provide services in general.

    2. Granting the request for disclosure will cause substantial harm to the recipient.

E. If the Program Director determines that such action will be detrimental, the recipient is allowed to review non-detrimental portions of the record or a summary of the non-detrimental portions of the record. If a recipient is denied the right to review all or part of his or her record, the reason for the denial shall be stated to the recipient. An explanation of what portions of the record are detrimental and for what reasons, shall be stated in the recipient's record and shall be signed by the Program Director.

F. A program staff member shall not physically or mentally abuse or neglect or sexually abuse a recipient as the terms "abuse" and "neglect" are defined in the Substance Abuse Licensing Section Administrative Rules (and as defined in "Definitions" section above).

G. A recipient has the right to review a written fee schedule. Any revisions of fees will be approved by the governing authority, and recorded in the Administrative record, and all recipients will be notified at least two weeks in advance. Each recipient will be provided a summary of fees, if applicable, during the intake process.

H. A recipient is entitled to receive an explanation of his or her bill upon request, regardless of the source of payment.

I. Should this program engage in any experimental or research procedure, any or all recipients will be advised as to the procedures to be used, and have the right to refuse participation in the experiment or research without jeopardizing their continuing services. State and federal rules and regulations concerning research involving human subjects will be reviewed and followed.

J. A recipient shall participate in the development of his or her Individual Plan of Service. This plan is developed using a person-centered planning process.

K. A recipient has the right to refuse treatment and to be informed of the consequences of that refusal. When a refusal of treatment prevents this program from providing services according to ethical and professional standards, the relationship with the recipient may be terminated, with the Program Director's written approval, upon reasonable notice. Reasons for termination will be recorded in the recipient's record in the discharge summary.

L. Upon admission, and therefore upon request, each recipient is provided a copy of the program rules. These program rules inform recipients of the infractions which can lead

to discharge, and how and in what situations prior notification is given to the recipient who is being considered for discharge. The rules also describe the mechanism for appealing a discharge decision and which staff has authority to discharge. The recipient signs a form that documents that a written copy of the program rules has been received and questions about it have been answered. This form is maintained in the recipient's record.

M. A recipient shall have the benefits, side effects and risks associated with the use of any drugs fully explained in language, which is understood by him/her. This explanation is provided by a physician or a registered nurse. All recipients receiving psychotropic medications must sign an "Informed Consent to Psychotropic Chemotherapy" consent form.

N. A recipient has the right to give prior informed consent, consistent with federal confidentiality regulations, for the use and future disposition of products of special observation and audiovisual techniques, such as one-way vision mirrors, tape recorders, television, movies, or photographs.

O. Recipients shall not be fingerprinted by or as a part of any program of the Copper Country Mental Health Services Board.

P. This policy and procedure shall be provided, by the Program Director, to each member of the program staff. Each staff member shall review this material and shall sign a form, which indicates that he or she understands, and shall abide by this program's recipient rights policy and procedures. A copy of the signed form will be maintained in the staff member's personnel file; a second copy will be retained by the staff member.

Q. The Program Director shall designate a staff member to function as the program rights advisor. The rights advisor shall:

1. Attend training offered by the office concerning recipient rights procedures.
2. Receive and investigate all recipient rights complaints independent of interference or reprisal from program administration.
3. Communicate directly with the Coordinating Agency Rights Consultant when necessary.

R. The staff member designated as rights advisor shall not be a provider of integrated treatment services where staffing permits.

Policy Title: REPORT, INVESTIGATION AND REVIEW OF UNUSUAL INCIDENTS

POLICY: It is the policy of Copper Country Mental Health Services Board that all unusual incidents involving people receiving CCMHS services, employees and/or volunteers will be reported, documented, investigated and reviewed as required by Michigan Department of Community Health and NorthCare. Further, appropriate follow-up care and/or remedial action will be taken to address any health and safety issues for those involved.

PURPOSE: The purpose of this policy and procedure is to provide standard instructions so that unusual incidents involving persons receiving services, employees and/or volunteers are identified, reported, documented, reviewed and investigated in a timely manner.

DEFINITIONS:

UNUSUAL INCIDENT: An occurrence that disrupts or adversely affects the course of treatment or care of a person receiving services, or the program or the facility administration, and includes but is not limited to:

A. Death of a person who was receiving services or who had received an emergent service within the last thirty (30) calendar days.

B. Attempted suicide by a person receiving services;

C. Any accident or illness that involves an emergency room visit or hospital admission.

D. Any physical or psychological injury of a person(s) receiving services and/or any incident, which could have caused physical or psychological injury.

E. Apparent injury such as bruises, bumps, scratches, limping.

F. Violence or aggression.

G. Serious challenging behaviors such as property damage, attempts at self-inflicted harm or harm to others, unauthorized leave, fire setting.

H. Suspected or actual abuse or neglect of a person receiving services.

I. Medication errors.

J. Medication refusals unless addressed in the plan of service.

K. Suspected or actual criminal offenses involving people receiving services, including arrests and/or convictions.

L. Use of physical management techniques (see definition below).

M. Calls to police by staff for assistance with an individual during a behavioral crisis situation regardless of whether contacting the police is addressed in a behavioral treatment plan.

N. Use of seclusion or restraint. NOTE: SECLUSION AND RESTRAINT, AS DEFINED BELOW, ARE PROHIBITED IN ANY AGENCY PROGRAM. SEE CCMHSB POLICY "MANAGEMENT OF BEHAVIORAL EMERGENCY".

O. Biohazardous accident.

P. Significant incident in the community involving person(s) receiving services.

Q. Traffic accident involving Agency vehicles, employees or persons receiving services (Accident Report must also be completed), whether or not a person(s) receiving services is in the vehicle, and whether or not there are injuries.

R. Employee injury related to a person(s) receiving services (Employee Accident Report must also be completed).

S. Communicable disease or other infection control issues.

T. Use or possession of weapons.

U. Unusual or unauthorized use or possession of licit or illicit substances.

V. Any other event that may meet the definition of a reportable event as stated in the "Sentinel Event", "Critical Incident", "Risk Event", or "Immediately Reportable Event" Administrative Guidelines.

ANATOMICAL SUPPORT: Body positioning or a physical support ordered by a physical or occupational therapist for the purpose of maintaining or improving a person's physical functioning.

DIRECTOR/DESIGNEE: May be the Executive Director, Associate Director, Program Director, or Program Manager.

DESIGNATED SUPERVISOR: May be the Program Supervisor, Program Manager, Program Director or designated on-call supervisors during non-business hours.

PHYSICAL MANAGEMENT: A technique used by trained employee(s) as an emergency intervention to restrict the movement of a person by direct physical contact in spite of the individual's resistance in order to prevent the person from physically harming himself, herself, or others.

Physical management shall only be used on an emergency basis when the person or the situation is presenting an imminent risk of serious or non-serious physical harm to himself, herself or others and when lesser restrictive interventions have been unsuccessful in reducing or eliminating the imminent risk of physical harm. Physical management shall not be included as a component in a behavior treatment plan. **PRONE IMMOBILIZATION OF A PERSON FOR THE PURPOSE OF BEHAVIOR CONTROL IS PROHIBITED** unless implementation of physical management techniques other than prone immobilization is medically contraindicated and documented in the person's record**.** [MDCH Administrative Rule 7243(11)(ii)]

RESTRAINT: The use of a physical or mechanical device, material or equipment to restrict a person's movement; specifically, anything that immobilizes or reduces the ability of the person to move his/her arms, legs, body or head freely, for the purposes of the management, control, or extinction of seriously aggressive, self-injurious or other behaviors that place the person or others at risk of physical harm. Restraint does not include the use of a device primarily intended to provide anatomical or physical support that is ordered by a physician, physical therapist or occupational therapist for the purpose of maintaining or improving a person's physical functioning; or safety devices required by law, such as car seat belts or child car seats used in vehicles.

THE USE OF PHYSICAL OR MECHANICAL DEVICES USED AS RESTRAINT IS PROHIBITED IN ALL AGENCY PROGRAMS UNDER ANY CIRCUMSTANCES.

SECLUSION: The placement of a person in a room, alone, when freedom to leave the segregated room or area is prevented by any means; or the separation of a person from normal program participation in an involuntary manner. Voluntary time-out is not considered seclusion. **SECLUSION IS PROHIBITED IN ALL AGENCY PROGRAM UNDER ANY CIRCUMSTANCES**.

THERAPEUTIC DE-ESCALATION: An intervention, the implementation of which is incorporated in the individual written plan of service, wherein the person is placed in an area or room, accompanied by an employee who shall therapeutically engage the person in behavioral de-escalation techniques and debriefing as to the cause and future prevention of the target behavior.

TIME OUT: Voluntary response to the therapeutic suggestion to a person to remove himself or herself from a stressful situation in order to prevent a potentially hazardous outcome.

PROCEDURE:

I. Employee(s) who witness, discover or are notified of unusual incidents involving persons receiving services shall:

A. Take action immediately to protect, comfort, and assure treatment of the person(s) as necessary.

B. Verbally notify the designated supervisor immediately of any of the following:

1. Death.

2. Apparent serious injury.

3. Suspected abuse or neglect.

C. Notify RN if incident is health or injury related.

D. Report the incident on Incident Report Form as soon as possible or at least by the end of shift.

D. Document incident in the person's progress notes.

E. At the time of shift change or change of program site (i.e., day program to group home), outgoing employees will verbally report any injuries documented during the previous shifts to the incoming employee(s). Outgoing employees will also report the incident in the program log.

F. Employee(s) will continue to observe persons in their care for signs of changes in the person's condition, such as bruises, bumps, limping, etc., and take any necessary further action.

G. Route the Incident Report

II. Employees or volunteers who are involved in incidents, which do not involve persons receiving services (e.g., employee injury/accident unrelated to behavior or actions of a person(s) receiving services) shall:

A. Take any necessary, immediate action to provide treatment for injury.

B. Verbally notify the designated supervisor.

C. Report the incident on an Employee Accident Report.

III. However, as noted above, traffic accidents with Agency vehicles, with or without the presence of persons who are receiving services, and with or without injury, require that an Incident Report be completed.

IV. REPORTING PERSON completes the top section of the Incident Report Form as stated in the "Incident Report Completion" Clinical Guideline and routes the incident report within one workday to the Administrative Assistant at the Copper Country Mental Health offices, 901 W. Memorial Drive, Houghton, Michigan 49931.

In the Clubhouse, ACT, Institute, Ontonagon, Baraga and Outpatient Programs and the contract agencies the Physician/RN section (if appropriate) and the Designated Supervisor section should be completed before the form is routed to the Administrative Assistant, if possible. If it is not possible to obtain all reviews and signatures within one workday, the report must be routed to the Administrative Assistant without the reviews and signatures.

V. THE ADMINISTRATIVE ASSISTANT:

A. Notifies AFC Licensing within 48 hours of any incident which involves residents of Agency group homes concerning any of the following:

1. The death of a resident.

2. Any accident or illness that requires hospitalization.

3. Incidents that involve any of the following:

    a. Displays of serious hostilities.

    b. Hospitalization.

    c. Attempts at self-inflicted harm or harm to others.

    d. Instances of significant destruction of property.

B. The Administrative Assistant logs the incident into the Incident Report Database.

C. The Administrative Assistant routes a copy of the Incident Report to the Quality Management Coordinator and Recipient Rights Officer.

D. The Administrative Assistant routes the original, if necessary, for completion of the Physician/RN and the Designated Supervisor sections.

VI. The Quality Management Coordinator and Recipient Rights Officer:

A. Reviews the Incident Report and informs the Executive Director or designee in the event of any of the following:

1. Serious injuries or illnesses such as those requiring medical hospitalization.

2. Death of a person receiving services.

3. Suspected abuse or neglect by an employee, contract employee or volunteer.

4. Suspected criminal offense.

5. Suspected sexual abuse or inappropriate sexual act of a person who is receiving services.

6. Law enforcement agency has been called to assist.

7. Major property damage has occurred.

8. Significant incident in the community.

9. Traffic accident involving Agency vehicles, employees or persons receiving services.

10. Serious employee(s) injury.

B. Follows up as necessary and appropriate.

C. Determines if the incident involved a possible violation of one or more rights; if so, initiates a rights complaint.

D. Determines if the incident involved is a reportable event; if so, takes necessary action to review, report, investigate or initiate a root cause analysis as stated in the "Sentinel Event", "Critical Incident", "Risk Event", or "Immediately Reportable Event" Administrative Guidelines.

E. Provides agency programs and committees including the Recipient Rights Advisory Committee, Quality Improvement Committee, Risk Management Committee, and Safety Committee with relevant aggregate data and specific Unusual Incident Reports as needed on a regular basis.

1. These reports are reviewed in order to address causes; identify trends; make recommendations for actions for improvement, education and training of employee(s), and ways to prevent recurrence.

F. Ensures that internal and external reporting requirements are met.

VII. NURSING PERSONNEL:

A. Completes middle section of the Incident Report form as stated in the "Incident Report Completion" Clinical Guideline if an injury to a person served was sustained.

B. Routes the Incident Report as directed.

VIII. DESIGNATED SUPERVISOR:

A. Completes the bottom section of the Incident Report form as stated in the "Incident Report Completion" Clinical Guideline.

B. Routes incident report to the Administrative Assistant for filing.

IX. EXECUTIVE DIRECTOR OR DESIGNEE:

A. The Executive Director or designee when notified of serious injury or death, shall:

1. Assure that required treatment and protection measures have been taken;

2. Assure notification of the parent of a minor, guardian, and/or other person designated by the person receiving services.

3. Provide direction on any programmatic or administrative action to be taken.

X. The Incident Report shall be filed as follows:

A. A copy is returned to the program site after completion.

B. A copy is kept by the Administrative Assistant when all sections of the report have been completed.

C. A copy may be kept at the program site (group homes follow this procedure) for the Program Supervisor to review as soon as possible.

D. The Incident report (or copy) is not placed in the record of the person receiving services and is not considered to be a part of that record.

XI. Prevention of Incidents: When an incident occurs, the review of the incident takes place as scheduled. When the supervisor reviews the incident, he/she states what the plan is to prevent further re-occurrence of the incident. Additionally, the Quality Improvement Committee looks at aggregate incident report data to identify trends and make recommendations regarding prevention and training.

XII. Debriefings are offered following traumatic or emergency situations to provide support to employee(s) and persons receiving services that are involved. These debriefings are documented and the documentation is maintained by the program supervisor.

Policy Title: ACCESS TO SERVICES

POLICY: It is the policy of the Copper Country Mental Health Services Board (CCMHS) to assist all Michigan residents who contact the Agency, regardless of where they live. Further, the Agency provides timely access to appropriate and necessary services to all persons with mental illness, developmental disabilities and/or co-occurring substance use disorder who meet eligibility criteria. The process of accessing services is expected to be available, accessible and welcoming to all persons on the telephone and on a walk-in basis.

PURPOSE: The purpose of this policy is to define acuity levels, processes and key functions for staff to assist persons who are requesting services.

Definitions:

EMERGENT SITUATIONS: Those clinical presentations which involve real and imminent danger to the person or others and which require immediate diagnosis and treatment.

ROUTINE: Those situations in which the person appears to have a mental illness, and/or a developmental disability with or without a co-occurring substance use disorder and presents as relatively stable and able to function in their current environment; but may require services to improve functioning in one or more settings, and/or to alleviate emotional distress, and/or to address significant behavioral disturbances, and/or to maintain functioning in the least restrictive setting.

PROCEDURE:

I. Key functions of CCMHS staff that have first contact, either by phone or in person, with someone requesting services are as follows:

A. Welcome all persons requesting services by demonstrating empathy, providing opportunity for the person to describe his/her situation, problems and functioning difficulties, exhibiting excellent customer service skills, and working with them in a non-judgmental way.

B. Screen people who approach the access system to determine whether they are in an emergent situation.

C. If the person is in an emergency situation, assure that they receive timely, appropriate attention by an Emergency Services worker.

D. If the person requests routine services during normal business hours, connect the person to the NorthCare Centralized Access System by giving them the NorthCare phone number to call from their home or offering a private office to make the call immediately.

This initial telephone screening completed by NorthCare determines the person's eligibility for assessment for on-going services, identifies demographics, referral information (including whether or not the person is referred by a primary EPSDT screener) and potential funding sources. The person who is potentially eligible for Specialty Mental Health services is then scheduled for an assessment (i.e. intake) at the appropriate CCMHS office.

E. Assess the need for Limited English Proficiency assistance and other reasonable accommodations, and facilitate accommodations for those identified needs in a timely manner.

II. Emergency Services are available 24 hours a day to all persons in the four county area. During regular business hours, persons in emergent situations, or someone on his/her behalf, can call CCMHS at 906-482-9404 or 1-800-526-5059, or request services in person at any of the CCMHS clinics, or at any of the local hospitals emergency rooms.

After hours, persons in emergent situations, or someone on his/her behalf, may phone the Emergency After-Hours Telephone Response line (1-800-526-5059) or go to their closest hospital emergency room.

Emergency Services may also be requested by personnel at hospital emergency rooms, courts, or jails 24 hours a day.

A screening of the person's condition and a disposition by qualified personnel will occur within three hours of the person being available for the screen. Emergency screenings can be conducted at any of the agency clinics during business hours and at hospital and jails either during business hours or after hours.

III. Persons or guardians seeking routine (non-emergent) access to services may phone NorthCare Network's Regional Access System (888-906-9060) during regular business hours and speak to an access worker (mental health professional) who completes a phone screening. If the call is identified as an emergent situation, the call is immediately diverted to the Emergency Services Team at CCMHS.

The NorthCare Network's Regional Access System will also take information from anyone acting on behalf of a person and make arrangements to complete a screening with the person or his/her guardian

Requests for services may be made in person at any of the CCMHS clinics during regular business hours. Persons who present with immediate risk/emergency situation are referred for assessment by the Emergency Services team.

A person who has been discharged from services, and requests services again within one year, will not have to go through the duplicative screening process. They shall be triaged to determine whether presenting mental health needs are emergent or routine.

Requests for routine services that are made after hours through the Emergency After-Hours Telephone Response line will be routed to the NorthCare Access Unit the next business day.

IV. If the person is determined to be eligible for an initial assessment upon completion of the screening by the NorthCare Network's Regional Access System, the person is scheduled for a face-to-face assessment with a mental health professional at a CCMHS office within fourteen (14) days.

A. The mental health professional who conducts the assessment:

1. Confirms the person's eligibility for Medicaid specialty services and supports, Adult Benefit Waiver (ABW), MIChild or, for those who do not have any of these benefits, as a person who's presenting needs for mental health services make them a priority to be served.

2. Collects information for decision making and reporting purposes.

3. Informs people about all the available mental health and substance abuse services and providers and their due process rights under Medicaid, ABW or MIChild, and the Michigan Mental Health Code.

V. To the extent possible and appropriate, persons seeking services are given a choice of physician or other mental health professional.

VI. Persons making an initial request for services, who after either the initial screening or face-to-face assessment, are determined to be ineligible for services are verbally informed of the decision and of their right to request a second opinion. A notice of

denial for an initial assessment is provided by NorthCare; a notice of denial after a face-to-face assessment must be provided by CCMHS. These notices include specific contact information and informal appeal rights. Referral sources, with the consent of the person, are notified of this decision as well. Persons who are determined to be ineligible for services are referred to alternative community resources that may meet their needs.

VII. CCMHS provides outreach to under-served and hard-to-reach populations and is accessible to the community-at-large.

VIII. CCMHS has an established mechanism to periodically seek feedback from people who have had contact with staff members to confirm that those staff members have demonstrated a welcoming, accepting attitude and that they have helped with service requests.

POLICY TITLE: E-MAIL USAGE

POLICY: It is the policy of Copper Country Mental Health Services Board (CCMHS) to provide to authorized staff, access to Agency e-mail facilities.

PURPOSE: To define access and use of the resource and establish guidelines for the appropriate use.

PROCEDURE:

Electronic mail (e-mail) is defined as the exchange or storage of electronic messages and files between computers that are connected to the CCMHS' network or the Internet.

I. Appropriate Use of Electronic Mail (E-Mail):

A. Individuals at CCMHS are encouraged to use e-mail to further the goals and objectives of CCMHS. The types of activities that are encouraged include:

1. Common communication with fellow employees and business partners within the context of an individual's assigned responsibilities
2. Non-treatment related communication with groups that work with persons served (e.g. NAMI, the Consumer Advisory Committee, etc.)
3. Acquiring or sharing information necessary or related to the performance of an individual's assigned responsibilities
4. Participating in educational or professional development activities

B. Official CCMHS' communications may be delivered via the e-mail system. Employees with e-mail accounts are expected to check their e-mail in a consistent and timely manner so that they are aware of important announcements and updates, as well as for fulfilling business and role-oriented tasks.

C. E-mail users are responsible for mailbox management, including organization and cleaning.

D. E-mail access will be terminated when the employee leaves employment with CCMHS. CCMHS is under no obligation to store or forward the contents of an individual's e-mail inbox/outbox after the term of their employment has ceased.

E. It is the responsibility of the employee to protect the confidentiality of their account and password information.

F. Extreme caution shall be used when communicating via e-mail. E-mail messages

sent outside of CCMHS becomes the property of the receiver. Do not communicate anything that you wouldn't feel comfortable being made public.

II. Sending or Receiving E-Mails Containing ePHI:

A. Receiving unsolicited e-mail messages from persons served, or their parents or guardians, containing ePHI shall be forwarded to the Records Department to be added to the record of the person served.

1. The recipient of the e-mail, if not the Primary clinician of the person served, shall notify the appropriate clinician of the incident.

a) The Primary clinician shall discuss the inappropriateness of the e-mail communication with the sender via telephone or face-to-face conversation.

2. If the recipient of the e-mail is the Primary clinician of the person served, he or she shall discuss the inappropriateness of the communication.

B. E-mail is not considered a completely secure form of communication. Therefore, unencrypted ePHI sent to non-CCMHS e-mail accounts is not permitted.

1. E-mail encryption shall be utilized for e-mails containing ePHI sent outside the CCMHS' e-mail system.

2. Additional e-mail security and encryption training is required for all employees prior to initial e-mail communication. The employee shall request this training from the HIPAA Security Officer.

C. E-mail communication between CCMHS staff members and a person served, or their parent or guardian is not permitted without a signed consent form.

D. Messages containing ePHI should be avoided. If required, provide only the minimally necessary information to the receiving party including only initials and MCO number on e-mail.

E. All professional and medical records requirements shall be adhered to. This may include, but is not limited to, one or more of the following: "need to know", confirming a release of information and documentation in the clinical chart.

III. Inappropriate Use of E-Mail:

A. Use of e-mail in any way that violates CCMHS' policies or rules.

B. Use of e-mail for illegal or unlawful purposes includes but is not limited to: Copyright infringement, obscenity, libel, slander, fraud, defamation, plagiarism, harassment, intimidation, forgery, impersonation, soliciting for illegal pyramid schemes, and computer tampering (e.g. spreading of computer viruses).

C. Inappropriate use of e-mail including but is not limited to: unsolicited mass mailings, non-CCMHS' commercial activity, political campaigning,

dissemination of chain letters, and use by non-CCMHS' employees.

D. CCMHS' e-mail systems and services are not to be used for purposes that could be reasonably expected to cause excessive strain on systems, cause a breach of the confidentiality of persons served or divulge sensitive financial information.

E. Viewing, copying, altering, or deleting of e-mail accounts or files belonging to CCMHS or another individual without authorized permission.

1. Storing large files in a Lotus Notes forum and sending only a link to the forum entry is the preferred method to disseminate large files to CCMHS' employees.

F. Opening e-mail attachments from unknown or unsigned sources. Attachments are the primary source of computer viruses and should be treated with the utmost caution.

G. Sharing e-mail access with another person, or attempting to obtain another person's e-mail account password. E-mail accounts are only to be used by the registered user.

H. Excessive personal use of CCMHS' e-mail resources. CCMHS allows limited personal use for communication with family and friends, and public service so long as it does not interfere with staff productivity, pre-empt any business activity, or consume more than a trivial amount of resources.

I. Independent learning and continuing education is permitted with approval from the employee's supervisor. The learning should not interfere with regular job responsibilities or productivity.

J. The use of personal email addresses for CCMHS business is prohibited.

IV. <u>E-Mail Account Administration:</u>

A. The e-mail systems and services are owned or operated by CCMHS, and therefore, Agency property. This gives CCMHS the right to monitor any and all e-mail traffic passing through its e-mail systems and/or communication networks.

B. Personal or business e-mail messages residing in CCMHS' e-mail system is the property of CCMHS. Access may be revoked at any time.

C. Despite end-user deletion, backup copies of e-mail messages may exist in compliance with CCMHS' disaster recovery procedures. The goals of these backup and archiving procedures are to ensure system reliability, provide evidence for investigations and prevent business data loss.

D. If it is discovered or there is reason to suspect activities that do not comply with applicable laws or Agency policies or procedures, e-mail records may be retrieved and used to document the activity in accordance with due process outlined in the CCMHS' Corrective/Progressive Discipline Policy.

V. Reporting Misuse:

A. Any allegations of misuse shall be promptly reported to the HIPAA Security Officer.

B. If you receive an offensive e-mail, do not forward, delete or reply to the message. Instead, report it directly to the HIPAA Security Officer.

VI. Sanctions for Misuse:

A. Sanctions for inappropriate use of e-mail may include, but are not limited to, one or more of the following:

1. Temporary or permanent revocation of access to some or all computing, networking or communication resources and facilities

2. Disciplinary action according to the CCMHS' Personnel Policy

3. Legal action according to applicable laws and contractual agreements

APPLICATION: This procedure applies to all staff members and includes all e-mail systems and services operated by CCMHS, all e-mail account users/holders (both temporary and permanent), and all e-mail records.

The Director of Information Technology is responsible for monitoring this procedure.

BILLING INFORMATION

A. All payments are made on the mutual assumption that the parties' relationship is that of an independent contractor.

B. CCMHS shall reimburse the Provider only for those clients and services as approved by CCMHS's Chief Executive Officer or his/her designee.

C. CCMHS reserves the right to withhold payment for services, which are not correctly documented per client services manager's instructions.

D. The Provider agrees to provide a billing statement (using a format acceptable to CCMHS) for each month in which contractual services are completed pursuant to this Agreement. Facility Providers shall submit each billing statement by the third of the next month to CCMHS. Professional service/Individual Provider's (i.e.: OT, PT, SLP, Psych, Dietary, etc) need to submit a bill for the first half of the month (days 1-15) by the 18th and for the later half (days 16-31) by the third of the following month. Submission of a billing statement to CCMHS for any contractual service fees constitutes the Provider's verification that the services have been completed, as authorized. Statements arriving after the third of the month will result in delayed payment to the Provider.

E. CCMHS shall process billings for client fees (i.e., service payments made directly by such Clients to CCMHS) and reimbursements from Medicaid, Medicare, managed care organizations, self-insured employers, third party administrators, Blue Cross/Blue Shield of Michigan and/or insurance carriers, etc., for the Provider's services to the Clients and only CCMHS shall receive and retain, rightfully, all said fees and reimbursements for the services provided by the Provider under this Agreement.

F. Each party shall retain all billing and payment records for a total of seven (7) years after the date of generation and shall permit access to such payments upon the request of the other or any authorized representative of a third-party payer as identified in the preceding paragraph. This provision shall survive termination of this Agreement.

G. All questions regarding appropriate billing forms may be directed to the Contract Manager at 1.906.482-9400, ext.227

H. All billing information must be forwarded to:

Copper Country Mental Health Services
901 W. Memorial Hwy.
Houghton MI 49931
(906) 482-9400, ext. 227

CCMH Administrative Guideline - Request for Approval for Leave of Absence Days from Contract Residential Provider

PURPOSE: To provide guidelines and instructions to contract residential providers, CCMH clinical contact staff and accounting department staff regarding approval and reimbursement for days when a consumer is absent from the contract home in which a person resides.

PROCEDURE:

1. Prior to any planned absence from the home (i.e., family visits, vacations, etc.), the home provider will complete and fax the attached form to the clinical contact person (usually the case manager/supports coordinator) for that person.

2. The clinical contact person may approve up to three (3) days of absence for the person. If the clinical contact person approves the absence, the Provider will be paid for the LOA day(s).

3. If the request is for four (4) or more days, the clinical contact person must approve and then obtain approval from his/her supervisor. If both the clinical contact person and the supervisor approve the absence, the Provider will be paid for the LOA days.

4. When signed by one or both parties, the form is submitted to Sue Skytta, Finance Department, who will attach it to the Monthly Occupancy Form.

5. If approval is not obtained PRIOR to the planned absence, the LOA day(s) will not be paid.

6. Non-approved days of absence from the home will not be paid, with the exception of hospitalization. CCMH will pay the full rate for the entire length of stay in a hospital.

COPPER COUNTRY MENTAL HEALTH SERVICES

REQUEST FOR LEAVE OF ABSENCE DAY(S)

This is to request _____ Leave of Absence days from _____ through _____
(# of days) (date) date)

for _____.
(consumer name)

The reason for this Leave of Absence is:

_____

_____

_____

SIGNATURES:

_____
Requested by Home Provider
Date

_____
Approved by Case Manager / Supports Coordinator
Date

_____
Approved by Supervisor if 4 days or more
Date

_____
Received by Sue Skytta, Finance Department
Date

CCMHS FORM/Request for Leave of Absence Days 1-12

Glossary of Terms

A glossary of terms is included below in order to promote a better understanding of the Provider Network Manual and the service delivery processes that will be required. If there are additional terms or definitions that would be helpful, please contact Copper Country Mental Health Services.

DEFINITIONS:

Consumer: ***An individual currently receiving services through CCMHS typically diagnosed as having a mental illness and/or a developmental disability.***

Cultural Competency: An acceptance and respect for difference, a continuing self-assessment regarding culture, a regard for and attention to the dynamics of difference, engagement in ongoing development of cultural knowledge, and resources and flexibility within service models to work toward better meeting the needs of the minority populations. The cultural competency of an organization is demonstrated by policies and practices.

Developmentally Disabled: Developmental Disability means either of the following:

A) If applied to an individual older than five years, a severe, chronic condition that meets all of the following requirements;
   - Is attributed to a mental of physical impairment or a combination of mental and physical impairments.
   - Is manifested before the individual is 22 years old.
   - Is likely to continue indefinitely.
   - Results in substantial functional limitations in three or more of the following areas of major life activities:
     1) Self-care
     2) Receptive and expressive language
     3) Learning
     4) Mobility
     5) Self-direction
     6) Capacity for independent living
     7) Economic self-sufficiency
   - Reflects the individual's need for a combination and sequence of special, interdisciplinary, or generic care, treatment, or other services that are lifelong or extended duration and are individually planned and coordinated.

B) If applied to a minor from birth to five, a substantial developmental delay or a specific congenital or acquired condition with a high probability of resulting in developmental disability as defined in item (A) if services are not provided.

Emancipated Minor: The termination of the rights of the parents to the custody, control, services and earnings of a minor, which occurs by operation of law or pursuant to a petition filed by a minor with the probate court.

Ethical Practices: Delivery of service by agency staff which would be interpreted by a reasonable person as necessary, suitable to condition and humane.

Family Member: A parent, stepparent, spouse, sibling, child, or grandparent of a primary consumer, or an individual upon whom a primary consumer is dependent for at least 50 percent of his or her financial support.

Guardian: A person appointed by the court to exercise specific powers over an individual who is a minor, legally incapacitated or developmentally disabled.

Health Insurance Portability and Accountability Act of 1996 (HIPAA): Public Law 104-191, 1996 to improve the Medicare program under title XVIII of the Social Security Act, the Medicaid program under Title XIX of the Social Security Act, and the efficiency and effectiveness of the health care system, by encouraging the development of a health information system through the establishment of standards and requirements for the electronic transmission of certain health information.

The Act provides for improved portability of health benefits and enables better defense against abuse and fraud, reduces administrative costs by standardizing format of specific healthcare information to facilitate electronic claims, directly addresses confidentiality and security of patient information-electronic and paper-based, and mandates "best effort" compliance.

Individual Plan of Service "IPOS": A written Individualized Plan of Services directed by the individual as required by the Mental Health Code. .

Limited English Proficiency: Persons who cannot speak, write, read, or understand English language in a manner that permits them to interact effectively with health care providers and social service agencies.

MDCH: Michigan Department of Community Health.

Minor: An individual under the age of 18 years.

Natural Support: A person who is involved in an individual's life other than just for pay.

Person Centered Planning: "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 respects the individual's preferences, choices, and abilities. The person-centered planning process involves families, friends, and professionals as the individual desires or requires.

Primary Clinician: The staff member in charge of implementing the consumer's plan of service.

Qualified Provider: A qualified provider is an individual worker, a specialty practitioner, professional, agency or vendor that is a provider of specialty mental health services or supports that can demonstrate compliance with the requirements contained in the contract between the Department of Community Health and CCMHS or its designated subcontractor, including

applicable requirements that accompany specific funding sources, such as Medicaid. Where additional requirements are to apply, they should be derived directly from the consumer's person-centered planning process, and should be specified in the consumer's plan, or result from a process developed locally to assure the health and well-being of consumers, conducted with the full input and involvement of local consumers and advocates.

Self-Determination: Self-determination incorporates a set of concepts and values that underscore a core belief that people who require support from the public mental health system as a result of a disability should take part in defining what they need in terms of the life they seek, have access to meaningful choices, and assume personal control over their lives. Self-determination is based on four principles. These principles are:

- **FREEDOM**: The ability for individuals, with assistance from significant others (e.g., chosen family and/or friends), to plan a life based on acquiring necessary supports in desirable ways, rather than purchasing a program. This includes the **freedom** to choose where and with whom one lives, who and how to connect to in one's community, the opportunity to contribute in one's own ways, and the development of a personal lifestyle.

- **AUTHORITY**: The assurance for a person with a disability to control a certain sum of dollars in order to purchase these supports, with the backing of their significant others, as needed. It is the **authority** to control resources.

- **SUPPORT**: The arranging of resources and personnel--both formal and informal--to assist the person in living his/her desired life in the community, rich in community associations and contributions. It is the **support** to develop a life dream and reach toward that dream.

- **RESPONSIBILITY**: The acceptance of a valued role of the person in the community through employment, affiliations, spiritual development, and caring for others, as well as accountability for spending public dollars in ways that are life enhancing. This includes the **responsibility** to use public funds efficiently and to contribute to the community through the expression of responsible citizenship.

Serious Emotional Disturbance: A diagnosable mental, behavioral, or emotional disorder affecting a minor that exists or has existed during the past year for a period of time sufficient to meet diagnostic criteria specified in the most recent diagnostic and statistical manual of mental disorders published by the American Psychiatric Association and approved by the Dept. of Community Health and that has resulted in functional impairment that substantially interferes with or limits the minor's role or functioning in family, school, or community activities. The following disorders are included only if they occur in conjunction with another diagnosable serious emotional disturbance:

A. Substance abuse disorder;
B. A developmental disorder;
C. "V" codes in the diagnostic and statistical manual of mental disorders.

Serious Mental Illness: A diagnosable mental, behavioral, or emotional disorder affecting an adult that exits or has existed within the past year for a period of time sufficient to meet diagnostic criteria specified in the most recent diagnostic and statistical manual of mental

disorders published by the American Psychiatric Association and approved by the Dept. of Community Health and that has resulted in functional impairment that substantially interferes with or limits 1 or more major life activities. Serious mental illness includes dementia with delusions, dementia with depressed mood, and dementia with behavioral disturbance but does not include any other dementia unless the dementia occurs in conjunction with another diagnosable serious mental illness. The following disorders also are included only if they occur in conjunction with another diagnosable serious mental illness:

A. A substance abuse disorder;
B. A developmental disorder;
C. A "V" code in the diagnostic and statistical manual of mental disorders.

TTY/TTD: (Telecommunications Device for the Deaf)

Unimpeded: Without hindrance, barricade or other obstacles.

Policy/Procedure Index **Page**