COPPER COUNTRY MENTAL HEALTH SERVICES BOARD

POLICY AND PROCEDURE

DATE: April 24, 2019

Communication....P4

- RESCINDS: April 27, 2016
- CATEGORY: Recipient Rights
- SUBJECT: Communication, Telephone and Visiting Rights
- <u>POLICY</u>: It is the policy of Copper Country Mental Health Services (CCMHS) Board to protect recipient's rights to unimpeded communication with others by telephone and mail, and to have visitors he or she chooses, unless limited for an individual recipient in the plan of service.
- <u>PURPOSE</u>: 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 limited without justification, authorization, and proper notification.

PROCEDURE:

- I. All limitations of Communication, Telephone and Visiting Rights must meet the requirements of the Home and Community Based Services Final Rule (HCBS), the Mental Health Code, and be approved by the Behavior Treatment Committee (BTC). Please see Section V.
- II. Communication with Others by Telephone and Mail
 - A. A recipient shall place and receive telephone calls and talk on the telephone with privacy.
 - 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.
 - B. A recipient shall receive and send mail without anyone else opening it.
 - C. Assistance must be provided to individuals who require help in opening, reading, and sending mail.
 - D. Non-letterhead stationary, 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. If a limitation is in place requiring a staff to open a recipient's incoming mail or if a limitation is in place requiring a staff to open suspected contraband that is documented in the plan of service, 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 go unimpeded and shall not be opened or destroyed, unless a limitation is in place requiring a staff to do so.
- III. Visitors and Communication with Family or Friends
 - A. A recipient shall have visitors he or she chooses.
 - 1. The group home shall have arrangements available to provide privacy for families, etc., when visiting the individuals unless such privacy is limited.
 - Visitors need not give prior notice before visiting. However, calling ahead is recommended to be sure that the recipient is planning to be home.
 - B. The Agency must promote communication and visits with parents, guardians and friends.
 - 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, restricted by a Court or limited in the recipient's plan of service.
 - 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.
 - 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.
 - 4. 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.)
- 5. 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 her/his Designee.
- IV. 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.
- V. As required by the HCBS Final Rule and Mental Health Code, any effort to limit communication by telephone, mail, with visitors, or leave of absences must be:
 - A. justified by a specific and individualized assessed health or safety need;
 - B. the minimum limitation necessary to address the need;
 - C. addressed through the PCP process;
 - D. determined with the participation of the recipient and the recipient's family, if at all possible;
 - E. fully explained to the recipient and the recipient's family by the client service manager before implementing the restriction or limitation;
 - F. approved by the Behavior Treatment Committee;
 - G. removed when the circumstance that justified its adoption ceases to exist; and is
 - H. subject to appeal by the resident or another person on the resident's behalf by filing a Recipient Rights complaint.

The following requirements must be documented in the IPOS when a specific health or safety need warrants such a limitation:

A. The specific and individualized assessed health or safety need.

- B. The positive interventions and supports used prior to any modifications or additions to the PCP regarding health or safety needs.
- C. Documentation of less intrusive methods of meeting the needs, that have been tried, but were not successful.
- D. A clear description of the condition that is directly proportionate to the specific assessed health or safety need.
- E. A regular collection and review of data to measure the ongoing effectiveness of the modification.
- F. Established time limits for periodic reviews to determine if the modification is still necessary or can be terminated
- G. The date of expiration.
- H. Special consent of the person to the proposed modification.
- I. Assurance that the modification itself will not cause harm to the person.

APPLICATION: Residential and Day Programs

CROSS REFERENCE:

- 1. CCMHS Policy Behavior Treatment Committee
- 2. CCMHS Policy Freedom of Movement
- 3. MDHHS Technical Requirement For Behavioral Treatment Plan Review Committees
- 4. Home and Community Based Services Final Rule