Provider Network Management Agenda

Date: *May 12, 2026*	*Location: TEAMS*
Time: 10AM – 12PM	*Dial-in Number:* 1 (248) 333-6216 *Conference ID:* 952 875 519#

Participants

☐	**Wellvance** Julie Streeter Laura Zettel
☐	**Centra Wellness Network** Chip Johnston Kacey Kidder Pat Kozlowski

☐	**North Country CMH** Kim Rappleyea Katie Lorence Angie Balberde
☐	**Northern Lakes CMH** Mark Crane Stephanie Mackin Madeline Lewis Hilary Rappuhn Trapper Merz Kim Silbor Jessica Williams

☐	**Northeast Michigan CMH** Connie Cadarette Vicky DeRoven Jennifer Walburn Jen Wieczorkowski
☐	**NMRE** Eric Kurtz Chris VanWagoner Carol Balousek

1. Introductions
2. April 14, 2026 Meeting Minutes Approval (3-9)
   a. Network Adequacy clarification
3. Prior Action Items
   a. Credentialing Reports (CMH to send to Chris)
4. Monitoring
   a. PIHP – June – New Data Validation tool process (10-12)
      - June 4 – North Country
      - June 8–9 – Northern Lakes
      - June 12 – Central Wellness
      - June 15 – Wellvance
      - June 16–17 – Northeast
5. Universal credentialing (standing item)
   a. May 4 Document Naming Subgroup
   b. MDHHS PIHP Leads meeting update(s) – May 20
6. Provider Directories (HSAG 2024)
   a. Identification of any May 2026 regional deficiencies
7. Hospitals
   a. Outreach initiative status
      i. Trillium Behavioral Health, Warren
      ii. Corewell (Helen Devos Children's)
      iii. Straith Hospital, Brad Bescoe
         1. License inspection was 3/25/26; more info coming 4/28/26
      iv. Neuropsychiatric Kalamazoo
      v. Henry Ford (8 licensed units)
      vi. U of M (Ann Arbor, Lansing)
   b. ORR language amendment review (13)
8. Conferences, trainings, and events
   a. Improving Outcomes, May 13-15, Grand Traverse Resort
   b. NMRE Day of Education (SUD and MH), May 15th, Treetops
9. Ongoing Group TEAMS Posts
10. Open discussion

a. Crisis residential request from MDHHS (NC?)

11. June meeting

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NORTHERN MICHIGAN REGIONAL ENTITY
PROVIDER NETWORK MANAGERS MEETING
10:00AM – APRIL 14, 2026
VIA TEAMS

Centra Wellness:	☒ Chip Johnston	Executive Director
	☒ Kacey Kidder-Snyder	Provider Network Specialist
	☒ Pat Kozlowski	Access and Emergency Service Director
North Country:	☒ Angie Balberde	Provider Network Manager
	☒ Katie Lorence	Contract Manager
	☒ Kim Rappleyea	Chief Operating Officer
Northeast Michigan:	☒ Connie Cadarette	Chief Financial Officer
	☒ Vicky DeRoven	Quality Improvement
	☐ Jen Walburn	Compliance Officer
	☒ Jennifer Wieczorkowski	Contract Manager
Northern Lakes:	☒ Mark Crane	Contract and Procurement Manager
	☒ Madeline Lewis	Project Coordinator
	☒ Stephanie Mackin	Administrative Specialist for Contracts
	☒ Trapper Merz	Business Intelligence Specialist
	☒ Hillary Rappuhn	Project Coordinator
	☐ Kimberly Silbor	Chief Operating Officer
	☒ Lori Stendel	Residential Specialist
	☒ Jessica Williams	Performance Improvement Specialist
	☒ Lynda Zeller	Chief Executive Officer
Wellvance:	☒ Laura Zettel	Chief Operating Officer
	☒ Julie Streeter	Contracts Specialist
	☒ Bea Arsenov	Chief Clinical Officer
NMRE:	☒ Carol Balousek	Executive Administrator
	☒ Eric Kurtz	Chief Executive Officer
	☐ Heidi McClenaghan	Quality Manager
	☐ Brandon Rhue	Chief Information Officer/Operations Director
	☒ Chris VanWagoner	Contract and Provider Network Manager

INTRODUCTIONS
Chris welcomed committee members to the meeting and attendance was taken.

REVIEW AGENDA & ADDITIONS
No additions to the meeting agenda were requested.

APPROVAL OF PREVIOUS MEETING MINUTES
The March 10th minutes were included in the meeting materials and approved by consensus.

Clarification was provided regarding requirements for organizations without facility licenses but with licensed staff. Chris emphasized that while organizations may not require traditional organizational licensure, CMHSPs must still verify practitioners are appropriately credentialed.

PRIOR ACTION ITEMS

HCBS Training Clarification

Bea provided an overview of HCBS training requirements resulting from CMS corrective action plans.

CMS identified deficiencies related to HCBS Final Rule training completion and documentation. PIHPs and CMHSPs were required to implement CAPs involving recurring HCBS training (Modules 1, 2, and 3). Training is required upon hire (within approximately 30 days) and annually thereafter for case managers, supports coordinators.

HCBS training materials are available on the NMRE website: Home and Community Services | NMRE. A draft provider-specific HCBS training module was recently received from MDHHS and shared with the CMHSPs for feedback and review. The CMHSPs were encouraged to coordinate internally with quality and HCBS leads to ensure providers and staff receive the required training.

Network Adequacy

Chris reminded the CMHSPs that FY25 Network Adequacy submissions are due to the NMRE by 5:00PM on April 15th. Discussion of this will take place under the "FY2025 Network Adequacy" agenda topic.

MONITORING

PIHP – June

PIHP monitoring activities scheduled for June 2026 include:

- Provider Directories (using the HSAG checklist)
- Organizational provider credentialing samples
- Disclosure of Ownership documentation
- Practitioner credentialing samples
- Contracting and credentialing policies and administrative procedures
- Provider network data management processes (driven by HSAG Network Adequacy Validation)

Monitoring dates have been coordinated with quality staff.

→ June 4 – North Country
→ June 8–9 – Northern Lakes
→ June 12 – Central Wellness
→ June 15 – Wellvance
→ June 16–17 – Northeast

HSAG – FY26 Update

An email dated April 1, 2026, from Sandy Gettel (MDHHS) regarding FY26 EQR activities was included in the meeting materials.

According to the correspondence, HSAG **will be** conducting the following EQR activities in FY26:

- Performance Measure Validation
  - MMPBIS Indicator 2 (PIHP

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  - Behavioral Health Quality Program Year 1 and Year 2 Measures (MDHHS-Optum)
- Network Adequacy Validation (PIHP)
- Performance Improvement Project (PIHP)
  - 3rd Remeasurement
  - 1 PIP Validated by the EQR/HSAG

EQR Activities that **will not** be conducted by HSAG during FY26 include the following:

- Compliance Review – Year 3 Corrective Action Plan Review
  - MDHHS will monitor the implementation of the corrective action plan through existing State Monitoring Reporting processes such as quarterly reports, EQR Technical Report Status Report, and Website/Policy review.
  - Each PIHP will receive an email related to the method of review, timeframes, and any follow-up that may be needed related to the implementation of the corrective action plan.
- Encounter Data Validation (Optional)

Bea noted that the NMRE internally prepared as though a full audit would occur to ensure readiness.

A new 3-year cycle should begin in FY27 with Standards I, III, IV, V and VI.

UNIVERSAL CREDENTIALING

Chris provided a detailed update regarding MDHHS universal credentialing and CRM-related workgroups.

March 20th MDHHS PIHP Leads Meeting Update

Topics discussed with MDHHS included:
- Organizational credentialing clarification
- Accreditation letter expiration tracking
- CRM issue tracking
- Reminder prompts with CRM workflows
- Accessibility and accommodation fields
- PSV expiration periods
- Standardization of checklist completion

Katie questioned why PSV expiration requirements driven by accredited downstate PIHPs should apply statewide. Current proposals would shorten PSV expiration periods from 180 days to 120 days. Chris acknowledged concerns and indicated active participation in MDHHS workgroups to advocate for more flexible standards. Discussion about the burden of repeatedly obtaining primary source verifications when not required by contract followed.

Chris expressed concern regarding inconsistent stateside implementation of CRM quality checklists. Issues included a lack of stateside guidance, inconsistent application dates and credentialing workflows, difficulty aligning subscription-based credentialing with application timing requirements, and potential audit complications if HSAG reviews inconsistent CRM practices.

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Chris next drew attention to a separate CRM subgroup focused on standardizing naming conventions, managing document retention, linking uploaded licenses to provider locations, and organizing credentialing documentation within the CRM. The CMHSPs were encouraged to review the supplied materials (zip file) and contact Chris with questions regarding CRM implementation or universal credentialing workflows.

PROVIDER DIRECTORIES (HSAG 2024)
Chris reviewed Provider Directory compliance expectations and upcoming monitoring standards. The NMRE will be evaluating Provider Directories using the HSAG checklist. The checklist includes verification of:

- Provider URLs
- Specialty services
- Telehealth availability
- Acceptance of new Medicaid enrollees
- Cultural and linguistic capabilities
- Physical accessibility accommodations
- Sortable by County

Jennifer W. asked whether a general statement indicating ADA compliance would satisfy directory requirements. Chris responded that HSAG requires specific accommodations to be listed, not simply "ADA Compliant." Examples include: wheelchair ramps, handicap-accessible bathrooms, automatic doors, interpretation services. Clarification was made that language listings should specify all languages available. Directories should also include taglines in the 15 most prevalent languages spoken.

Katie suggested that the region develop a standardized list of accommodations. She shared the list she currently uses with the group.

Physical Accommodations Offered	Yes	No
Accessible parking or vehicles		
Adaptive technology or equipment		
Automatic or push button doors		
Barrier free shower or toilet or sink/counter		
Braille or large print or visual alarms		
Community based services		
Handrails or grab bars		
Loaner equipment available		
Ramps or elevators		
Transfer aids		
Wide doorways		

Chris suggested a separate regional meeting be scheduled with contract representation from each CMHSP to standardize accommodation language and reporting practices.

Identification of April 2026 Regional Deficiency
Chris did not review Provider Directories for April 2026. The CMHSPs were encouraged to conduct their own checks using the Provider Directory Checklist.

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HOSPITALS

Outreach Initiative Status

Chris provided an update on regional inpatient hospital relationships and contracting efforts.

- Corewell Health Spectrum (Helen Devos Children's)
  Current agreements reportedly exist in the Grand Rapids region at approximately $1,500 per diem. Corewell indicated future expectations of approximately $1,800 per diem beginning October 1st. Additional cost information has not yet been received. Chris plans to update the Operations Committee regarding pricing concerns. Corewell Health operates Helen DeVos Children's Hospital in Grand Rapids, Butterworth Hospital in Grand Rapids, and Lakeland St. Joseph Hospital (Lakeland Care). Chris noted that Helen DeVos Children's Hospital appears in licensing as Corewell Health Grand Rapids Butterworth Hospital.

- Straith Hospital
  Straith Hospital is developing services for children with intellectual/developmental disabilities. Per Brad Bescoe, the hospital intends to establish a 0100 (all-inclusive room and board) psychiatric unit. A licensing inspection occurred on March 25th. Additional information is expected by April 28th regarding the status of licensure and operational readiness. Further details on bed capacity and service structure will be shared when available.

- NeuroPsychiatric Kalamazoo
  Considerable discussion occurred regarding NeuroPsychiatric Hospital in Kalamazoo and challenges associated with placement processes, communication, and reimbursement.

  Northern Lakes reported significant administrative challenges with the provider despite no concerns with clinical treatment quality. Reported issues included incorrect placement notifications, delayed communication regarding admissions, high per diem costs, challenges involving Medicare primary coverage and retroactive Medicaid reviews, and out-of-region placement coordination difficulties.

  Mark shared that Norther Lakes plans to discontinue routine placements due to operational concerns and unsustainable costs.

  Katie raised concerns about individuals being placed at the facility by external hospitals or emergency departments without local CMH involvement, resulting in unavoidable retroactive payment obligations. Discussion clarified that Medicare-covered beneficiaries may bypass CMH pre-screening processes because hospitals conduct assessment directly under Medicare procedures. Bea explained that Medicaid functions as the secondary payer in these situations, which can delay CMH notification until after Medicare adjudication.

  Additional concerns were raised regarding difficulties obtaining signed single-case agreements and delayed billing notifications.

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Bea agreed to further review notification and tracking processes, including the potential use of ADTs and other mechanisms to improve communication and oversight.

Munson
Katie discussed ongoing delays with obtaining credentialing documentation from Munson Medical Center. Credentialing efforts began January 22nd and remained incomplete at the time of the meeting. Outstanding documentation reportedly includes disclosure of ownership information. Katie expressed concern that credentialing timelines significantly exceeded expected standards. Chris acknowledged the issue had been ongoing and offered to directly contact Munson representatives to assist in resolving delays. Additional discussion occurred regarding possible efficiencies through the CRM system, including sharing commonly required credentialing documents across agencies. Chris reiterated that providers must meet both credentialing and contractual requirements before agreements are renewed.

Pine Rest Center for Pediatric Health
Chris provided a brief update on the Pine Rest Center for Pediatric Health. Current understanding is that no contract modifications are needed because the pediatric center operates under the same license and reimbursement structure already established for adolescent services. Confirmation from Pine Rest leadership is pending.

ORR Language
Chris reviewed the need to update hospital contract language related to ORR requirements. The NMRE plans to prepare a contract amendment updating ORR and GF/CEU-related language. The amendment will align inpatient hospital contracts with current GF contract requirements. The amendment is expected to be backdated to October 1, 2025, corresponding with implementation of the new ORR requirements. Chris noted that several other PIHPs are pursuing similar amendments. Draft amendment language will be shared for review prior to implementation.

FY2025 NETWORK ADEQUACY
Chris reminded the CMHSPs that the FY25 Network Adequacy submissions are due to the NMRE by close of business on April 15th. Clarification was provided regarding reporting requirements. Jennifer W. asked questions regarding Community Living Supports (CLS) reporting and the use of the H2015 service code. Chris clarified that agencies should include services directly provided by their organization and not include services covered through other CMHSPs (COFRs).

REGIOINAL/STATEWIDE EVENTS, CONFERENCES, TRAININGS, NEWS
- **North Country CMH Autism Walk** – April 26th in Boyne City
- **CMHAM Improving Outcomes Conference** – May 13th – 15th in Traverse City
- **The NMRE's Day of Education** – May 15th at Treetops Resort, Gaylord
- **Northeast Michigan CMH 2K, 5K, and 10K Run/Walk** – May 16th in Alpena
- **CMHAM Summer Conference** – June 9th and 10th in Traverse City

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OPEN DISCUSSION
Mark announced his retirement effective May 1st. Chris thanked Mark for his years of partnership and contributions to the PNM Committee. Other members wished Mark well.

Chris referenced a request from Krista Hauserman (MDHHS) for contact information for active adult crisis residential programs and a list of the CMHSPs in the region with which they contract. Completed spreadsheets are due to the NMRE by the end of the day on April 17th.

NEXT MEETING
The next meeting was scheduled for May 12th at 10:00AM.

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☑ OK To Use

AUDIT NAME
FY26 NMRE: Provider Network Data Validation (hybrid/desk)

PASSING %

☐ Consumer linked to this audit ☐ Staff Audit

SECTIONS
Section

SECTIONS
Section

NUMBERTITLE

1 Organizational Providers/Provider Network reporting

SECTION QUESTIONS
Questions

SECTION QUESTIONS			
Questions			
1	Describe any major changes/ updates that have taken place in the last three years in your provider data management system(s) that relate to calculation of performance indicators, contracted provider network, and/or staff FTEs related to network adequacy standards.	Text Field	N/A
2	Describe your CMHSP's provider data verification and/ or cleaning processes, including credentials verification, address standardization, and/or telephone number verification.	Text Field	N/A
3	Who within your PIHP has access to make manual edits to provider records? What systems do these individuals access?	Text Field	N/A
4	What procedures does your CMHSP use to update and maintain network provider data?	Text Field	N/A
5	How does your CMHSP monitor providers over time across multiple locations and changes in network participation status?	Text Field	N/A
6	What processes does your PIHP implement to prevent duplicate provider listings in systems used for network adequacy reporting?	Text Field	N/A
7	Describe the report generation process associated with the contracted provider network for network adequacy (Addresses, specialties, billable codes, provider name, TIN, etc)	Text Field	N/A

8	Describe data quality checks in place to review network adequacy data reporting programs (e.g., reviewed by supervisory staff members, etc.)?	Text Field	N/A
9	In what IT platforms or systems is organizational provider data/ contracted provider network data housed?	Text Field	

NUMBERTITLE

2 Network Adequacy FTE reporting

SECTION QUESTIONS
Questions

SECTION QUESTIONS			
Questions			
1	In what IT platforms or systems is FTE data associated with Network Adequacy reporting housed?	Text Field	N/A
2	Describe any major changes/ updates that have taken place in the last three years in your provider data management system(s) that relate to calculation of performance indicators, contracted provider network, and/or staff FTEs related to network adequacy standards.	Text Field	N/A
3	Describe your CMHSP's provider data verification and/ or cleaning processes, including credentials verification, address standardization, and/or telephone number verification, associated with the FTEs providing services associated with Network Adequacy validation?	Text Field	N/A
4	Who within your PIHP has access to make manual edits to FTE/provider records? What systems do these individuals access?	Text Field	N/A
5	What procedures does your CMHSP use to update and maintain FTE data associated with Network Adequacy?	Text Field	N/A
6	How does your CMHSP monitor FTEs associated with Network Adequacy reporting over time across multiple locations and changes in network participation status?	Text Field	N/A
7	What processes does your PIHP implement to prevent duplicate provider listings for FTEs, if any, in systems used for network adequacy reporting?	Text Field	N/A

8	Describe the report generation process associated with the CMHSP's FTEs for network adequacy (monthly updates, and tracking, etc)	Text Field	N/A
9	Describe data quality checks in place to review network adequacy data reporting programs for FTEs (e.g., reviewed by supervisory staff members, etc.)?	Text Field	N/A

AMENDMENT TO PROVIDER NETWORK AGREEMENT
FOR HOSPITAL-BASED SERVICES

This Amendment is made by and between CMH Name, (hereinafter referred to as "Payor") and Brightwell Behavioral Health (hereinafter referred to as "Provider").

WHEREAS, the Payor's purpose is to assure that mental health and related services are provided to consumers of those services within the Payor's specified operating area, and

WHEREAS, the Provider has represented that it is in the business of providing those services.

1. **PURPOSE AND EFFECTIVE DATE.** Pursuant to Section XXIX of the Agreement, the language of Section XX.7(a) of the Agreement shall be changed to the following and Exhibit I shall be changed to the attachment of this amendment, effective October 1, 2025. All other provisions of the original agreement shall remain the same.

   XX) HEALTH AND SAFETY OF CLIENTS; RECIPIENT RIGHTS AND CLIENT GRIEVANCE PROCEDURES.
   7. Training. A. The Provider's Rights staff shall attend Recipient Rights Training programs within the first three (3) months of hire and receive annual training in rights issues thereafter. Additionally, all Rights Office staff must comply with the requirements delineated in Attachment **C6.3.2.3** as found in Exhibit I ("Technical Requirement Continuing Education Requirements for Recipient Rights Staff").

2. **CERTIFICATION OF AUTHORITY TO SIGN THE AMENDMENT**.
The person signing this Amendment on behalf of the respective party represents, warrants and certifies that they are duly authorized to sign this Amendment on behalf of the respective party, that this Amendment has been duly authorized for their signature, and that each represents, warrants, and assents to be bound by and to all terms of this Agreement.

   The undersigned duly authorized representatives voluntarily and knowingly hereby intentionally sign this Agreement upon the month, day and year written below. The authorized representatives of the parties hereto have fully executed this Amendment on the day and the year written above.

3. **SIGNATURES**.
IN WITNESS WHEREOF, the below authorized representatives of the parties hereto have fully executed this Amendment.

FOR PAYOR:

______________________________	______________________
CMH Director Name, Title	Date

FOR PROVIDER:

______________________________	______________________
Hospital Signer Name, Title	Date

MICHIGAN DEPARTMENT OF HEALTH AND HUMAN SERVICES
RECIPIENT RIGHTS TRAINING TECHNICAL REQUIREMENT

Recipient Rights Staff Training Requirements

PURPOSE
This technical requirement establishes processes for meeting the educational mandates for Recipient Rights Officers/Advisors set forth in Michigan Mental Health Code (herein referred to as the Code) and MDHHS/CMHSP Managed Mental Health Supports and Services Contract.

APPLICATION
Michigan Department of Health and Human Services Office of Recipient Rights (MDHHS ORR)
Community Mental Health Services Programs (CMHSPs)
Licensed Psychiatric Hospitals (LPHs)

I. POLICY

All staff employed or contracted to provide recipient rights services must successfully complete Basic Skills training as developed and presented by MDHHS ORR within 90 days of hire.

All staff employed or contracted to provide recipient rights services must receive education and training oriented toward maintenance, improvement or enhancement of the skills required to effectively perform the functions as rights staff annually as described in this technical requirement.

II. STANDARDS

A. Basic Skills Training

1. Basic Skills training consists of two parts:

   a. Basic Skills Part I
   This part provides participants with introductory knowledge of the laws and rules required to carry out the mandates of the Code and the activities necessary to operate an ORR office in compliance with applicable laws, rules, and standards.

   b. Basic Skills Part II
   This part provides participants with the skills related to investigation, report writing and processing as required by the Code.

2. Successful completion of both Basic Skills Part I and Basic Skills Part II is required for consideration in meeting this technical requirement. Individuals who do not successfully complete training will not be issued a certificate by MDHHS, so an employer of recipient rights staff should have written plan to ensure the effective delivery of rights protection in the event their employee is not certified.

3. Staff previously employed to provide rights protection at a different agency may contact MDHHS ORR to determine if a written waiver may apply.

B. Annual Training in Recipient Rights

1. All staff employed to provide recipient rights services must complete a minimum of 8 hours of training annually.

2. Training topics must be relevant to directly providing rights protection, in topics that assist in the effective operation of the rights office, or in areas that enhance the rights staff's knowledge of the delivery of behavioral health services.

3. All training courses or topics not directly presented or sponsored by MDHHS require prior approval from the MDHHS ORR Director of Education, Training, and Compliance utilizing the process described in section II.C. below.

4. Training completion can be verified through provision of a certificate of attendance, a copy of a training record, or a copy of an attendance/sign-in sheet.

5. Recipient rights staff should retain training verification documentation for a period of 4 years from the date of attendance. It is suggested that the following information be kept on file:
   a. The title of the course or program and any identification number assigned to it by MDHHS ORR.
   b. The number of hours completed.
   c. The provider's name.
   d. Verification of attendance by the provider.
   e. The date and location of the course.

6. Training data must be reported annually to MDHHS ORR as detailed in Attachment C6.5.1.1 of this contract.

7. Compliance with this technical requirement will be assessed by MDHHS ORR during triennial recipient rights system assessments.

C. Training Approval Process

1. Requests for training approval must be submitted to the MDHHS ORR Director of Education, Training, and Compliance as expediently as possible but no later than 30 days before the end of each fiscal year to be included in training for that year.

2. Only trainings that meet the stated topic areas listed in II.B.2. above will be considered for approval. Training topics targeted to clinical service providers or trainings required by an agency or employer for its normal operations will not be considered as meeting recipient rights training.

3. Individuals requesting approval must submit:
   a. The training topic.
   b. A preprinted agenda or flyer if applicable.
   c. The individual or agency presenting the training.
   d. The date, time, and length of the training.
   e. Training objectives.
   f. A statement describing how the training meets standards as described above.

4. Requests must be submitted by clicking the *Application for Recipient Rights Training Approval* link. The link may also be found on the MDHHS ORR website.

5. The Director of Education, Training, and Compliance will review the request as expediently as possible to determine if the training meets the training requirements stated above. Written approval or notice of disapproval will be provided to the applicant.

6. Requests for reconsideration in the event a training is not approved must be submitted to the MDHHSORR Director. The decision of the MDHHS ORR Director is final.

III. STATUTORY AUTHORITY

MCL 330.1755(2)(e)

Recipient Rights Training Standards Requirements for CMH and Provider Staff

PURPOSE

To establish consistent content for the training of new staff in the CMHSPs and their provider agencies. Establishment of these criteria is required to provide a standardized knowledge base to all staff that assures the rights of recipients are applied in a consistent manner across the state. This consistency should also enable various CMH agencies to accept the training of similar agencies and eliminate the need for redundant retraining.

APPLICATION

Michigan Department of Health and Human Services Office of Recipient Rights (MDHHS ORR)
Community Mental Health Services Programs (CMHSPs)
Licensed Psychiatric Hospitals (LPHs)

I. POLICY

The department shall review the recipient rights system of each community mental health services program in accordance with standards established under section 232a, to ensure a uniformly high standard of recipient rights protection throughout the state. For purposes of certification review, the department shall have access to all information pertaining to the rights protections system of the community mental health services program.

II. STANDARDS:

A. Each office of recipient rights established by a CMHSP or hospital shall ensure that all individuals employed by the community mental health services program, contract agency, or hospital receive training related to recipient rights protection before or within 30 days after being employed.
B. Training for newly hired agency and provider staff shall encompass the entirety of the core learning areas (Exhibit A).
C. If provided or required, annual rights training may focus on any of the core learning areas.
D. Agencies may require documentation of competency in these areas through testing.

III. AUTHORITY:

MCL 330.1753
MCL 330.1754(5)(j)
MCL 330.1754(5)(f)

Exhibit A: Core Learning Areas

Rights identified in the Mental Health Code
Abuse/Neglect
Choice of Mental Health Professional
Civil Rights
Communications & Visits, including mail and telephone
Confidentiality, including access to the record and correction
Consent/Informed Consent
Dignity/Respect
Entertainment Information & News
Family Planning
Family Rights
Fingerprinting, Photographs, Audio recording, or Use of 1-way Glass, including video surveillance
Freedom of Movement
Notice of Clinical Status
Performance of Labor
Person Centered Planning
Personal Property, including search
Physical and Mental Examination
Psychotropic Medications
Restraint and Seclusion
Safe, Sanitary, Humane Environment
Services Suited to Condition, including least restrictive setting
Treatment by Spiritual Means
Recipient Right System
Employee Rights
ORR Investigative Process
Overview of the Rights System
Reporting Requirements

MICHIGAN DEPARTMENT OF HEALTH AND HUMAN SERVICES
RECIPIENT RIGHTS TRAINING TECHNICAL REQUIREMENT

Recipient Rights Staff Training Requirements

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II. STANDARDS

A. Basic Skills Training

1. Basic Skills training consists of two parts:

   a. *Basic Skills Part I*
   This part provides participants with introductory knowledge of the laws and rules required to carry out the mandates of the Code and the activities necessary to operate an ORR office in compliance with applicable laws, rules, and standards.

   b. *Basic Skills Part II*
   This part provides participants with the skills related to investigation, report writing and processing as required by the Code.

2. Successful completion of both Basic Skills Part I and Basic Skills Part II is required for consideration in meeting this technical requirement. Individuals who do not successfully complete training will not be issued a certificate by MDHHS, so an employer of recipient rights staff should have written plan to ensure the effective delivery of rights protection in the event their employee is not certified.

3. Staff previously employed to provide rights protection at a different agency may contact MDHHS ORR to determine if a written waiver may apply.

B. Annual Training in Recipient Rights

1. All staff employed to provide recipient rights services must complete a minimum of 8 hours of training annually.

2. Training topics must be relevant to directly providing rights protection, in topics that assist in the effective operation of the rights office, or in areas that enhance the rights staff's knowledge of the delivery of behavioral health services.

3. All training courses or topics not directly presented or sponsored by MDHHS require prior approval from the MDHHS ORR Director of Education, Training, and Compliance utilizing the process described in section II.C. below.

4. Training completion can be verified through provision of a certificate of attendance, a copy of a training record, or a copy of an attendance/sign-in sheet.

5. Recipient rights staff should retain training verification documentation for a period of 4 years from the date of attendance. It is suggested that the following information be kept on file:
   a. The title of the course or program and any identification number assigned to it by MDHHS ORR.
   b. The number of hours completed.
   c. The provider's name.
   d. Verification of attendance by the provider.
   e. The date and location of the course.

6. Training data must be reported annually to MDHHS ORR as detailed in Attachment C6.5.1.1 of this contract.

7. Compliance with this technical requirement will be assessed by MDHHS ORR during triennial recipient rights system assessments.

C. Training Approval Process

1. Requests for training approval must be submitted to the MDHHS ORR Director of Education, Training, and Compliance as expediently as possible but no later than 30 days before the end of each fiscal year to be included in training for that year.

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III. STATUTORY AUTHORITY

MCL 330.1755(2)(e)

Recipient Rights Training Standards Requirements for CMH and Provider Staff

PURPOSE

To establish consistent content for the training of new staff in the CMHSPs and their provider agencies. Establishment of these criteria is required to provide a standardized knowledge base to all staff that assures the rights of recipients are applied in a consistent manner across the state. This consistency should also enable various CMH agencies to accept the training of similar agencies and eliminate the need for redundant retraining.

APPLICATION

Michigan Department of Health and Human Services Office of Recipient Rights (MDHHS ORR)
Community Mental Health Services Programs (CMHSPs)
Licensed Psychiatric Hospitals (LPHs)

I. POLICY

The department shall review the recipient rights system of each community mental health services program in accordance with standards established under section 232a, to ensure a uniformly high standard of recipient rights protection throughout the state. For purposes of certification review, the department shall have access to all information pertaining to the rights protections system of the community mental health services program.

II. STANDARDS:

A. Each office of recipient rights established by a CMHSP or hospital shall ensure that all individuals employed by the community mental health services program, contract agency, or hospital receive training related to recipient rights protection before or within 30 days after being employed.
B. Training for newly hired agency and provider staff shall encompass the entirety of the core learning areas (Exhibit A).
C. If provided or required, annual rights training may focus on any of the core learning areas.
D. Agencies may require documentation of competency in these areas through testing.

III. AUTHORITY:

MCL 330.1753
MCL 330.1754(5)(j)
MCL 330.1754(5)(f)

Exhibit A: Core Learning Areas

Rights identified in the Mental Health Code
Abuse/Neglect
Choice of Mental Health Professional
Civil Rights
Communications & Visits, including mail and telephone
Confidentiality, including access to the record and correction
Consent/Informed Consent
Dignity/Respect
Entertainment Information & News
Family Planning
Family Rights
Fingerprinting, Photographs, Audio recording, or Use of 1-way Glass, including video surveillance
Freedom of Movement
Notice of Clinical Status
Performance of Labor
Person Centered Planning
Personal Property, including search
Physical and Mental Examination
Psychotropic Medications
Restraint and Seclusion
Safe, Sanitary, Humane Environment
Services Suited to Condition, including least restrictive setting
Treatment by Spiritual Means
Recipient Right System
Employee Rights
ORR Investigative Process
Overview of the Rights System
Reporting Requirements

Technical Requirement
Continuing Education Requirements for Recipient Rights Staff

I. Background/Regulatory Overview

The purpose of this Technical Requirement is to establish processes for meeting the educational mandates for Recipient Rights Officers/Advisors set forth in the following sections of the Michigan Mental Health Code and MDHHS/CMHSP Managed Mental Health Supports and Services Contract.

330.1754 State office of recipient rights; establishment by department; selection of director; powers and authority of state office of recipient rights.
(2) The department shall ensure all of the following: (f) Technical assistance and training in recipient rights protection is available to all community mental health services programs and other mental health service providers subject to this act.

330.1755 Office of recipient rights; establishment by community mental health services program and hospital.
(2) Each community mental health services program and each licensed hospital shall ensure all of the following: (e) Staff of the office of recipient rights receive training each year in recipient rights protection.

MDHHS/CMHSP Managed Mental Health Supports and Services Contract:
The Community Mental Health Services Program (CMHSP) shall assure that, within the first three months (90 days) of employment, the Recipient Rights Office Director, and all Rights Office staff (excluding clerical staff) shall attend and successfully complete the Basic Skills Training programs offered by the Department's Office of Recipient Rights. In addition, within every three (3) year period subsequent to their completion of Basic Skills, the Recipient Rights Office Director and all Rights Office staff (excluding clerical staff) must comply with the requirements specified in Attachment C6.3.2.3A "Continuing Education Requirements for Recipient Rights Staff".

II. Definitions

A. Continuing Education Unit:
One Continuing Education Unit (CEU) is defined as one clock hour (60 minutes) of participation in an organized continuing education experience under responsible sponsorship, capable direction, and qualified instruction. The primary purpose of the CEU is to provide a permanent record of the educational accomplishments of an individual who has completed one or more significant educational experiences.

B. Category I Credits: Operations
This category includes programs that support and enhance the fundamental scope of responsibilities and effective work of recipient rights staff. These may be directly related to prevention, complaint resolution, and monitoring and education that support the fundamental scope of a Rights Office's operations. Examples include:
    - Rights Office Operations Techniques
    - Enhancing Investigative Skills

- Inpatient Rights
- Out-of-catchment rights protection
- Writing effective rights-related contract language
- Conducting effective site visits
- How to protect rights in a dual rights protection system

C. Category II Credits: Legal Foundations
This category includes programs that enhance the understanding and application of the Mental Health Code, Administrative Rules, Disability and Human Rights Laws, HIPAA and the MHC, Federal Laws and regulations and any other laws addressing the legal rights of a mental health recipient.

D. Category III Credits: Leadership
This category includes programs that support and enhance the leadership abilities of rights staff. Examples include:
- Community Mental Health Services Program (CMHSP) issues
- How to establish a rights presence in an organization
- Understanding rights data and how to use it to trigger systemic organizational changes
- What goes on in a Failure Mode Event Analysis (FMEA)/Adverse Event Review
- Working with key individuals in your organization—Customer Services, Contracts Unit, and how it can enhance rights

E. Category IV Credits: Augmented Training
This category includes training sessions that contains information that would help rights staff have a better understand the people they serve, their disabilities, their families, or training indirectly related to rights but affecting rights. These may include trainings in mental health conditions and disabilities, treatment and support modalities, recovery, and self-determination as long as these topics can be ascertained to have a component that relates to assisting the attendee in the protection of rights. Examples include:
- Understanding MI/SUD Co-occurring disorders
- How to communicate with people with disabilities
- Ethics
- Consumers from different cultures
- Diversity Issues

F. CMHSP: Community Mental Health Services Program

G. Continuing Education Committee:
A committee appointed by from the Director of the Director of the MDHHS-ORR Education, Training, and Compliance Unit. This committee shall consist of rights staff and management from MDHHS-ORR, CMHSP's, and LPH/U's and shall have at least one representative who is a Licensed Master's Social Worker (LMSW). This committee shall review applications and assign an appropriate category to each approved application. Committee members shall be appointed for a three-year term and may be re-appointed at the discretion of the Director of ORR.

H. Department: Michigan Department of Health and Human Services (MDHHS)

I. LPH Licensed Private Hospital

III. Standards

A. Basic Requirements

All staff of the Department, a community mental health services program (CMHSP), or a licensed private Hospital (LPH), employed for the purpose of providing recipient rights services shall, within the first 90 days of employment, attend, and successfully complete, the Basic Skills Training curriculum as determined by the Michigan Department of Health and Human Services Office of Recipient Rights. The Basic Skills curriculum shall consist of the following classes:

<u>Basic Skills – Part 1</u>

The first part of the mandatory training, this course is designed to provide participants with the knowledge of the laws required to carry out the mandates of the Mental Health Code and the activities necessary to operate an ORR office in compliance with applicable laws, rules, and standards.

<u>Basic Skills – Part 2</u>

The second part of the mandatory training, this course is designed to provide participants with the skills related to investigation, report writing and processing, that are needed to carry out the requirements of the Michigan Mental Health Code.

B. Continuing Education Requirements

1. All staff employed or contracted to provide recipient rights services shall receive education and training oriented toward maintenance, improvement or enhancement of the skills required to effectively perform the functions as rights staff.
2. A minimum of 36 contact hours of education or training shall be required over a three (3) year period subsequent to the completion of the Basic Skills requirements, and in every three (3) year period thereafter.
3. The 36 contact hours obtained must be in rights-related activities and must fall within one or more of the categories identified in the definitions above. At least 3 credits must be earned each calendar year.
4. A minimum of 12 contact hours must be obtained in programs classified as Category I or II.
5. No more than 12 credits in a 3-year period may be earned through the use of online learning resources.
6. CEU's may be received by attending programs or conferences developed by the Department, other rights-related organizations, organizations that have applied to the Office of Recipient Rights Education, Training and Compliance Unit for approval of their programs or through online training.
7. Rights staff may request approval for other educational programs by utilizing the established approval process described within this document.
8. Recipient rights staff should retain documentation of meeting the CEU requirements for a period of four (4) years from the date of attendance. It is suggested that the following information be kept on file:

a. The title of the course or program and any identification number assigned to it by the MDHHS ORR Education, Training, and Compliance Unit.
b. The number of CEU hours completed.
c. The provider's name.
d. Verification of attendance by the provider.
e. The date and location of the course.

9. Reviews will be conducted by the MDHHS Office of Recipient Rights staff at each assessment of a recipient rights program to determine if all rights staff have met both the basic and continuing education requirements.
10. CMHSPs who contract with Licensed Private Hospitals/Units shall mandate compliance with the standards in this Technical Requirement by the Recipient Rights Office staff of those entities.

C. Procedures for Training approval

1. Training that is automatically approved for CEU credits:
   a. MDHHS ORR training excluding Basic Skills
   b. All sessions at the MDHHS-ORR Annual Conference, including the Pre-Conference session
   c. Training provided by, or sponsored by, MDHHS Office of Recipient Rights

2. Training that may be approved for CEU credits, if meeting the criteria above and with the submission of the necessary documents by the applicant:
   a. ROAM sponsored training
   b. CMH/LPH/U sponsored training
   c. Training provided by other agencies, entities, professionals, accreditation bodies, risk management, corporation counsel/lawyer, etc.
   d. Training provided to the Rights Officer/Advisor for their profession's licensure.
   e. Other training in the community at large, including on-line training, if requirements as detailed above are met.

3. CEU Documentation and Notification
   a. Application
   To apply for CEU credits for a training, complete the MDHHS ORR Continuing Education Course Summary (Exhibit A) form and send by email, mail or FAX, within 30 calendar days of the event to:

MDHHS ORR Education, Training, and Compliance Unit
18471 Haggerty Road
Northville, MI 48168
FAX: 248-348-9963
Email: MDHHS-ORR-Training@michigan.gov

   b. Verification of attendance.
   Attendance can be verified through provision of a Certificate of Attendance, copies of a training record, copy of an attendance/sign in sheet, a copy of the training

agenda or outline with a self-attestation statement that the applicant did attend the training. Verification of attendance shall be kept on file with the applicant and be readily available for review by MDHHS-ORR, if requested.

c. Notification

Applicants will receive notification of approval determination for CEU credits no later than 30 business days following receipt of the required documents. Approved courses, credit and category information will be posted on the ORR website.

d. Application Review, Approval and Appeal

Applications from organizations outside the Department, or applications from individuals who have attended, or plan to attend, training programs shall be reviewed and approved or rejected by the Continuing Education Committee. If an application is rejected by the Continuing Education Committee, it may be appealed to the director of the Office of Recipient Rights. The decision of the Director of ORR is the final MDHHS position on the application.

Exhibit A: APPLICATION FOR RECIPIENT RIGHTS CEU CREDIT

OFFICE OF RECIPIENT RIGHTS
APPLICATION FOR RECIPIENT RIGHTS CEU CREDIT

<table>
<tr><td>APPLICANT
(ORGANIZATION OR INDIVIDUAL)</td><td colspan="5"></td></tr>
<tr><td>APPLICANT'S CONTACT INFORMATION</td><td colspan="5">EMAIL:
PHONE:
ADDRESS:
CITY/ZIP:</td></tr>
<tr><td>COURSE DATE
COURSE TITLE
LOCATION</td><td colspan="5"></td></tr>
<tr><td>COURSE PRESENTER</td><td colspan="5"></td></tr>
<tr><td>COURSE DESCRIPTION</td><td colspan="5"></td></tr>
<tr><td rowspan="6">COURSE OBJECTIVES</td><td colspan="4">Description of Learning Objectives</td><td>Class Time</td></tr>
<tr><td>1</td><td colspan="3"></td><td></td></tr>
<tr><td>2</td><td colspan="3"></td><td></td></tr>
<tr><td>3</td><td colspan="3"></td><td></td></tr>
<tr><td>4</td><td colspan="3"></td><td></td></tr>
<tr><td>5</td><td colspan="3"></td><td></td></tr>
<tr><td>Requested Category</td><td>Category I
Operations</td><td>Category II
Legal
Foundations</td><td>Category III
Leadership</td><td colspan="2">Category IV
Augmented</td></tr>
<tr><td colspan="2">Describe how the content relates to Rights?</td><td colspan="4"></td></tr>
</table>

Please attach a detailed agenda.

Technical Requirement
Recipient Rights Training Standards Requirements for CMH and Provider Staff

Rationale

The purpose of this Technical Requirement is to establish consistent content for the training of new staff in the CMHSPs and their provider agencies. Establishment of these criteria is required in order to provide a standardized knowledge base to all staff that assures the rights of recipients are applied in a consistent manner across the state. This consistency should also enable various CMH agencies to accept the training of similar agencies and, thus, decrease cost of training by eliminating the need for redundant retraining.

Authority

330.1753 Recipient rights system; review by department.

The department shall review the recipient rights system of each community mental health services program in accordance with standards established under section 232a, to ensure a uniformly high standard of recipient rights protection throughout the state. For purposes of certification review, the department shall have access to all information pertaining to the rights protections system of the community mental health services program.

330.1754 State office of recipient rights; establishment by department; selection of director; powers and authority of state office of recipient rights.

(2) The department shall ensure all of the following: (f) Technical assistance and training in recipient rights protection are available to all community mental health services programs and other mental health service providers subject to this act.

330.1755 Office of recipient rights; establishment by community mental health services program and hospital.

(5) Each office of recipient rights established under this section shall do all of the following: (f) Ensure that all individuals employed by the community mental health services program, contract agency, or licensed hospital receive training related to recipient rights protection before or within 30 days after being employed.

Definitions

Content Requirements:

The content requirements are a set of skills necessary for an understanding of the rights of mental health recipients. These requirements reflect foundational knowledge that professionals and paraprofessionals engaging in the provision of services to public mental health recipients, as well as ancillary bodies such as committees and board members, must have in order to provide services in accordance with Chapter 7 of the Michigan Mental Health Code.

Recipient:

An individual who receives mental health services from the department, 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.

Resident:

An individual who receives services in either a state operated facility, a licensed psychiatric hospital or unit or an adult foster care facility.

STANDARDS:

1. Training for newly hired agency and provider staff shall encompass the entirety of the core learning areas identified in Exhibit A.

2. If provided or required, annual rights training may focus on any or all of the learning areas.

3. Agencies may require documentation of competency in these areas through testing.

Exhibit A – Areas to be covered in Training

This chart represents the topics that minimally must be covered for the specific groups listed.

	Board of Directors	Administration	Clinical Staff - Non-Residential	Clinical Staff - Specialized Residential	Direct Care Staff - Specialized Residential	Direct Care Staff - Non Residential	Outpatient Clinic - All Staff	Volunteers	Advisory Committee	Appeals Committee
Abuse and Neglect	*	*	*	*	*	*	*	*	*	*
Civil Rights		*	*	*	*	*	*	*		
Communications and Visits		*		*	*	*				
Confidentiality	*	*	*	*	*	*	*	*	*	*
Consent/Informed Consent		*	*	*	*	*	*	*		
Dignity & Respect	*	*	*	*	*	*	*	*		
Entertainment, Information, and News		*		*	*	*				
Fingerprints, Photographs, Recording		*		*	*					
Freedom of Movement		*		*	*	*				
Linitations/Restrictions		*	*	*	*	*	*	*		
Psychotropic Medication		*		*	*					
Person Centered Planning		*	*	*	*	*	*	*		
Personal Property		*		*	*					
Rights of Family Members	*	*	*	*	*	*	*	*		
Safe, Sanitary, Humane Environment		*	*	*	*	*	*	*		
Seclusion/Restraint		*		*	*					
Suitable Services - Family Planning		*	*				*			
Suitable Services - Svcs Suited to Condition		*	*	*	*	*	*			
Suitable Services - Choice of Physician		*	*	*	*	*	*			
Suitable Services - Notice of Clinical Status		*	*	*	*	*	*			
THE RECIPIENT RIGHTS SYSTEM										
Role of the Advisory Committee	*	*							*	
Appeals Process	*	*			*				*	*
Employee Rights		*	*	*	*	*	*			
ORR Investigative Process	*	*	*	*	*	*	*	*	*	*
Overview of the Rights System	*	*	*	*	*	*	*	*	*	*
Reporting Requirements	*	*	*	*	*	*	*	*	*	
Responsibilities of the Agency Director	*	*			*				*	*
Responsibilities of the Board of Directors	*	*							*	*

Exhibit B – Training Standards for New Hire Training

Code Citation and Title
MHC 330.1722 ABUSE AND NEGLECT

Code Language

A recipient of mental health services shall not be subjected to abuse or neglect.

CONTENT REQUIREMENTS

- "Abuse" means:
  - An act (or provocation of another to act) by an employee, volunteer or agent of the provider that causes or contributes to a recipient's death, sexual abuse, serious or non-serious physical harm or emotional harm.
  - The use of unreasonable force on a recipient with or without apparent harm;
  - An action taken on behalf of a recipient by a provider, who assumes the recipient is incompetent, which results in substantial economic, material, or emotional harm to the recipient;
  - 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
  - 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.
- Agents of the Provider: people who work for agencies that contract with the Department, a CMHSP or PIHP, or an LPH
- "Bodily function" means the usual action of any region or organ of the body.
- "Degrade" means

  (a) Treat humiliatingly: to cause somebody a humiliating loss of status or reputation or cause somebody a humiliating loss of self-esteem; make worthless; to cause a person to feel that they or other people are worthless and do not have the respect or good opinion of others. (syn) degrade, debase, demean, humble, humiliate. These verbs mean to deprive of self-esteem or self-worth; to shame or disgrace. (b) Degrading behavior shall be further defined as any language or epithets that insult the person's heritage, mental status, race, sexual orientation, gender, intelligence, etc.
- "Emotional harm" means impaired psychological functioning, growth, or development of a significant nature as evidenced by observable physical symptomatology or as determined by a mental health professional.
- "Neglect" means:
  - 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 law, rules, policies, guidelines, written directives, procedures, or individual plan of service:
    - that caused or contributed to the death, sexual abuse of, serious, or non- serious physical harm or emotional harm to a recipient, or
    - that placed, or could have placed, a recipient at risk of physical harm or sexual abuse.
  - The failure to report apparent or suspected abuse or neglect of a recipient.
- "Non-serious physical harm" means physical damage or what could reasonably be construed as pain suffered by a recipient that a physician or registered nurse determines could not have caused, or contributed to, the death of a recipient, the permanent disfigurement of a recipient, or an impairment of his or her bodily functions.
- "Physical management" means a technique used by staff as an emergency intervention to restrict the movement of a recipient by direct physical contact to prevent the recipient from harming himself, herself, or others.

- "Serious physical harm" means physical damage suffered by a recipient that a physician or registered nurse determines caused or could have caused the death of a recipient, caused the impairment of his or her bodily functions, or caused the permanent disfigurement of a recipient.
- "Sexual abuse" means any of the following:
  - Criminal sexual conduct as defined by section 520b to 520e of 1931 PA 318, MCL 750.520b to MCL 750.520e involving an employee, volunteer, or agent of a provider and a recipient.
  - Any sexual contact or sexual penetration involving an employee, volunteer, or agent of a department operated hospital or center, a facility licensed by the department under section 137 of the act or an adult foster care facility and a recipient.
  - 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" means the intentional touching of the recipient's or employee's intimate parts or the touching of the clothing covering the immediate area of the recipient's or employee's intimate parts, if that intentional touching can reasonably be 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" means 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" means sexual intercourse, cunnilingus, fellatio, anal intercourse, or any other intrusion, however slight, of any part of a person's body or of any object into the genital or anal openings of another person's body, but emission of semen is not required.
- "Threaten" means to tell someone that you will hurt them or cause problems if they do not do what you want.
- "Time out" means a voluntary response to the therapeutic suggestion to a recipient to remove himself or herself from a stressful situation in order to prevent a potentially hazardous outcome.
- "Unreasonable force" means 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:
  - There is no imminent risk of serious or non-serious physical harm to the recipient, staff or others.
  - The physical management used is not in compliance with techniques approved by the provider and the responsible mental health agency.
  - The physical management used is not in compliance with the emergency interventions authorized in the recipient's individual plan of service.
  - 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

Code Citation and Title	
MHC 330.1704 AR 330.7009	**CIVIL RIGHTS**

Code Language

In addition to the rights, benefits, and privileges guaranteed by other provisions of law, the state constitution of 1963, and the constitution of the United States, a recipient of mental health services shall have the rights guaranteed by this chapter unless otherwise restricted by law.

The rights enumerated in this chapter shall not be construed to replace or limit any other rights, benefits, or privileges of a recipient of services including the right to treatment by spiritual means if requested by the recipient, parent, or guardian.

A provider shall establish measures to prevent and correct a possible violation of civil rights related to the service provision. A violation of civil rights shall be regarded as a violation of recipient rights and shall be subject to remedies established for recipient rights violations.

A recipient shall be permitted, to the maximum extent feasible and in any legal manner, to conduct personal and business affairs and otherwise exercise all rights, benefits, and privileges not divested or limited.

CONTENT REQUIREMENTS

- A recipient shall be permitted, to the maximum extent feasible and in any legal manner, to conduct personal and business affairs and otherwise exercise all rights, benefits, and privileges not divested or limited.
- A violation of civil rights shall be regarded as a violation of recipient rights
- A recipient shall be asked if they wish to participate in an official election and, if desired, shall be assisted in doing so.
- A recipient shall be permitted to exercise the right to practice their religion
- A recipient shall have the right to NOT have a religion prescribed for them
- A Recipient is presumed competent unless a guardian has been appointed
- A recipient shall not be subject to illegal search or seizure.

Code Citation and Title
MHC 330.1748 CONFIDENTIALITY

Code Language

- *Information in the record of a recipient, and other information acquired in the course of providing mental health services to a recipient, shall be kept confidential and shall not be open to public inspection.*
- *If information made confidential by this section is disclosed, the identity of the individual to whom it pertains shall be protected and shall not be disclosed unless it is germane to the authorized purpose for which disclosure was sought; and, when practicable, no other information shall be disclosed unless it is germane to the authorized purpose for which disclosure was sought.*
- *Individuals receiving information made confidential by this section shall disclose the information to others only to the extent consistent with the authorized purpose for which the information was obtained.*
- *For case record entries made subsequent to March 28, 1996, information made confidential by this section shall be disclosed to an adult recipient, upon the recipient's request, if the recipient does not have a guardian and has not been adjudicated legally incompetent*
- *Information may be shared as necessary for the for the treatment, coordination of care, or payment for the delivery of mental health services in accordance with the health insurance portability and accountability act of 1996. (Public Law 104-91)*

CONTENT REQUIREMENTS

- Recipients who are adults and do not have a guardian are entitled to review their record without exception; discuss agency protocol for assuring this.
- For recipients with a guardian and those under 18 information can be withheld determined by a physician to be detrimental.
- Explain the difference between mandatory disclosure, discretionary with consent and discretionary
- Discuss agency policy on Correction of Record (statement by recipient)
- Preferred method for answering the phone so as not to disclose information
- Agency protocol for inquiries by law enforcement (what happens when the police show up at the door)
- Under circumstances allowed in the Code language this right may be limited.
- MPAS can access a recipient's record if it has received a complaint on behalf of the recipient or has probable cause to believe based on monitoring or other evidence that the recipient has been subject to abuse or neglect.
- Discuss privileged communications 33.1750 (psychiatrists and psychologists only)

Code Citation and Title
MHC 330.1708 DIGNITY AND RESPECT

Code Language

A recipient has the right to be treated with dignity and respect.

CONTENT REQUIREMENTS

Showing respect for recipients shall include:

- Discuss what it means to treat someone with dignity and respect.
- Provide definitions of dignity and respect (Use dictionary definitions below or agency's definitions if they are in policy)

  Dignity: To be treated with esteem, honor, politeness; to be addressed in a manner that is not patronizing, condescending, or demeaning; to be treated as an equal; to be treated the way any individual would like to be treated.

  Respect: To show deferential regard for; to be treated with esteem, concern, consideration, or appreciation; to protect the individual's privacy; to be sensitive to cultural differences; to allow an individual to make choices.
- Provide some examples such as:
  - Calling a person by his or her preferred name
  - Knocking on a closed door before entering
  - Using positive language
  - Encouraging the person to make choices instead of making assumptions about what he or she wants
  - Taking the person's opinion seriously, including the person in conversations; allowing the person to do things independently or to try new things.

Code Citation and Title
MHC 330.1711 RIGHTS OF FAMILY MEMBERS

Code Language

Family members of recipients shall be treated with dignity and respect. They shall be given an opportunity to provide information to the treating professionals. They shall also be provided an opportunity to request and receive educational information about the nature of disorders, medications and their side effects, available support services, advocacy and support groups, financial assistance and coping strategies.

CONTENT REQUIREMENTS

Code Citation and Title
MCL 330.1724 FINGERPRINTS, PHOTOGRAPHS, AUDIORECORDINGS, VIDEORECORDINGS AND USE OF ONE-WAY GLASS

- Providing family members an opportunity to request and receive educational information about the nature of disorders, medications and their side effects, available support services, advocacy and support groups, financial assistance and coping strategies.
- Receive information from or provide information to family members within the confidentiality constraints of Section 748 of the Mental Health Code.
- Discuss agency protocols regarding family members who want to provide information
- Be aware of the location of these materials
- Assure that family members are treated with dignity and respect

Code Language
A recipient shall not be fingerprinted, photographed, audiotaped or viewed through one-way glass for purposes of identification, in order to provide services (including research) or for educational or training purposes without prior written consent.

CONTENT REQUIREMENTS

- Prior written consent from the recipient, the recipient's guardian or a parent with legal and physical custody of a minor recipient must be obtained before fingerprinting, photographing, audio-recording, or viewing through one-way glass.
- The procedures above shall only be utilized in order to provide services (including research) to identify, recipient, or for education and training purposes.
- Photographs include still pictures, motion pictures and videotapes.
- Photographs may to be taken for purely personal or social purposes and must be treated as the recipient's personal property. Photographs must not be taken for this purpose if the recipient has objected.
- Fingerprints, photographs and audio-recordings and any copies of these are to be made part of the recipient record and are to be destroyed or returned to the recipient when no longer essential or upon discharge, whichever occurs first.
- If fingerprints, photographs or audio-recordings are done and sent out to others to help determine the name of the recipient, the individual receiving the items must be informed that return is required for inclusion in the recipient record.
- Restrictions may be put in place if the recipient is receiving services pursuant to the criminal provisions of Chapter 10 of the Mental Health Code – Incompetent to Stand Trial, Not Guilty by Reason of Insanity, recipient of the Department of Corrections Mental Health Services Program

Code Citation and Title	
MCL 330.1744	**FREEDOM OF MOVEMENT**
MCL 330.1708	**LEAST RESTRICTIVE SETTING**

Code Language
Mental health services shall be offered in the least restrictive setting that is appropriate and available.
The freedom of movement of a recipient shall not be restricted more than is necessary to provide mental health services to him or her, to prevent injury to him or her or to others, or to prevent substantial property damage, except that security precautions appropriate to the condition and circumstances of an individual admitted by order of a criminal court or transferred as a sentence-serving convict from a penal institution may be taken.

CONTENT REQUIREMENTS

- Mental health services shall be offered in the least restrictive setting that is appropriate and available.
- The freedom of movement of a recipient shall not be restricted more than necessary to provide mental health services, to prevent injury to himself, herself or others, or to prevent substantial property damage
- House rules may restrict freedom of movement only by general restrictions:
  - From areas that could cause health or safety or problems
  - Temporary restrictions from areas for reasonable unforeseeable activities including repair or maintenance
  - For emergencies in case of fire, tornadoes, floods, etc.
- Seclusion and restraint are prohibited except in a MDHHS operated or licensed hospital. Every patient in one of those settings has the right not to be secluded or restrained unless it is essential to prevent the patient from physically harming himself, herself or others.

- Time out, defined as a VOLUNTARY response to a therapeutic suggestion to a recipient to remove himself or herself from a stressful situation to another area to regain control. (AR 330.7001[x])
- Physical management, defined as a technique used by staff as an emergency intervention to restrict the movement of a recipient by direct physical contact to prevent the recipient from harming himself, herself or others. (AR 330.7001[m])
- Physical management may only be used when a recipient is presenting an imminent risk of serious or non-serious physical harm to himself, herself or others and lesser restrictive interventions have been unsuccessful in reducing or eliminating an imminent risk of serious or non-serious physical harm.
- Physical management must not be included as a component of a behavior treatment plan
- Prone immobilization of a recipient for the purpose of behavioral control is prohibited (by agency policy) or implementation of physical management techniques other than prone immobilization is medically contraindicated and documented in the recipient's record) (AR 330. 7243 [11][i][ii])
- This right can be limited but only as allowed in the individual plan of service (IPOS) following review and approval by the Behavior Treatment Plan Review Committee (CMH only) and the special consent of the 47

Code Citation and Title
MHC 330.1712 AR 330.7199 INDIVIDUALIZED WRITTEN PLAN OF SERVICES
MDHHS PRACTICE GUIDELINE
TECHNICAL REQUIREMENT FOR BEHAVIOR TREATMENT REVIEW COMMITTEES

Code Language

The responsible mental health agency for each recipient shall ensure that a person-centered planning process is used to develop a written individual plan of services in partnership with the recipient. A preliminary plan shall be developed within 7 days of the commencement of services or, if an individual is hospitalized for less than 7 days, before discharge or release.

CONTENT REQUIREMENTS

- The responsible mental health agency for each recipient shall ensure that a person-centered planning process is used to develop a written individual plan of services in partnership with the recipient.
- A preliminary plan shall be developed within 7 days of the commencement of services or, if an individual is hospitalized for less than 7 days, before discharge or release.
- The individual plan of services shall consist of a treatment plan, a support plan, or both.
- A treatment plan shall establish meaningful and measurable goals with the recipient.
- The individual plan of services shall address, as either desired or required by the recipient, the recipient's need for food, shelter, clothing, health care, employment opportunities, educational opportunities, legal services, transportation, and recreation.
- The plan shall be kept current and shall be modified when indicated. The individual in charge of implementing the plan of services shall be designated in the plan.
- If a recipient is not satisfied with his or her individual plan of services, the recipient, the person authorized by the recipient to make decisions regarding the individual plan of services, the guardian of the recipient, or the parent of a minor recipient may make a request for review to the designated individual in charge of implementing the plan. The review shall be completed within 30 days and shall be carried out in a manner approved by the appropriate governing body.
- An individual chosen or required by the recipient may be excluded from participation in the planning process only if inclusion of that individual would constitute a substantial risk of physical or emotional harm to the recipient or substantial disruption of the planning process. Justification for an individual's exclusion shall be documented in the case record.

Code Citation and Title
MCL 330. 1708 (1) (2) AR **330.7171 SAFE, SANITARY, HUMANE, TREATMENT ENVIRONMENT**

Code Language

Mental health services shall be provided in a safe, sanitary, and humane treatment environment

<u>CONTENT REQUIREMENTS</u>

- Mental Health Code requires safe, sanitary, humane treatment environment in the least restrictive setting.
- The MHC does not define what this means so we use Adult Foster Care Licensing Rules (400.14401 – 14403) to determine if the residential setting was safe, sanitary or humane.
    - Assure pressurized hot and cold water
    - Hot water temp no more than 105 degrees to 120 degrees at the faucet
    - Assure all sewage is disposed of in a public sewer system or as approved by the health department
    - Maintain an insect, rodent or pest control program
    - Store and safeguard poisons, caustics and other dangerous materials in non-resident and non-food reparation storage areas
    - Assure adequate preparation and storage of food items.
    - Assure premises are constructed, arranged and maintained to adequately provide for the health, safety and well-being of occupants
- Provide for resident health, hygiene and personal grooming including assistance and training in personal grooming practices, including bathing, tooth brushing, shampooing, hair grooming, shaving and care of nails. Provider must supply toilet articles, toothbrush and dentifrice, opportunity to shower or bathe at least once every 2 days, regular services of a barber or beautician and the opportunity to shave daily (males) [AR 7171]

Code Citation and Title
VARIOUS CODE SECTIONS PERTAINING TO THE RECIPIENT RIGHTS SYSTEM

Code Language

330.1706 Notice of rights. Except as provided in section 707, applicants for and recipients of mental health services and in the case of minors, the applicant's or recipient's parent or guardian, shall be notified by the providers of those services of the rights guaranteed by this chapter. Notice shall be accomplished by providing an accurate summary of this chapter and chapter 7a to the applicant or recipient at the time services are first requested and by having a complete copy of this chapter and chapter 7a readily available for review by applicants and recipients.

330.1776 Rights complaint; filing; contents; recording; acknowledgment; notice; assistance; conduct of investigation. (1) A recipient, or another individual on behalf of a recipient, may file a rights complaint with the office alleging a violation of this act or rules promulgated under this act.

330.1778 Investigation; initiation; recording; standard of proof; written status report; written investigative report; new evidence.

330.1784 Summary report; appeal. (1) Not later than 45 days after receipt of the summary report under section 782, the complainant may file a written appeal with the appeals committee with jurisdiction over the office of recipient rights that issued the summary report.

<u>CONTENT REQUIREMENTS</u>

- Discuss the operation of the Rights Office
- What are the various roles: Prevention, Monitoring, Education, Complaints Resolution

- Discuss the complaint process
- What is your (staff) role in complaints (1776)?
- Employee Rights (retaliation/harassment (1755 3), Whistleblowers (Civil Action), Bullard-Plawecki (by HR or waived): emphasis on non-retaliation & disciplinary action)
- Basics of rights appeals - What do staff need to know and be able to explain about appeals? (1784)
- Access by ORR to all evidence
- Preponderance of Evidence standard
- Discuss the role of the Advisory Committee
- Discuss the provision of required notice of rights, availability of complaints

Code Citation and Title
MHC 330.1100(a) (19) AR 330.1703 CONSENT AND INFORMED CONSENT

Code Language

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

CONTENT REQUIREMENTS

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

Code Citation and Title
MHC 330.7029 SUITABLE SERVICES – FAMILY PLANNING

Code Language

The individual in charge of the recipient's written plan of service shall provide recipients, their guardians, and parents of minor recipients with notice of the availability of family planning, and health information services and, upon request, provide referral assistance to providers of such services. The notice shall include a statement that receiving mental health services does not depend in any way on requesting or not requesting family planning or health information services.

CONTENT REQUIREMENTS:

- Discuss the procedures for how this is accomplished in your agency

Code Citation and Title
SUITABLE SERVICES – TREATMENT BY SPIRITUAL MEANS

R 330.7135 Treatment by spiritual means.
A provider shall permit a recipient to have access to treatment by spiritual means upon the request of the recipient, a guardian, if any, or a parent of a minor recipient.

Code Citation and Title
MHC 330.1708 SUITABLE SERVICES – MENTAL HEALTH SERVICES SUITED TO CONDITION

Code Language
A recipient shall receive mental health services suited to his or her condition.

CONTENT REQUIREMENTS:

- Discuss the procedures for how this is accomplished in your agency

Code Citation and Title
MHC 330.1713 SUITABLE SERVICES – CHOICE OF PHYSICIAN/MHP

Code Language
A recipient shall be given a choice of physician or other mental health professional in accordance with the policies of the community mental health services program, licensed hospital, or service provider under contract with the community mental health services program, or licensed hospital providing services and within the limits of available staff in the community mental health services program, licensed hospital, or service provider under contract with the community mental health services program, or licensed hospital

CONTENT REQUIREMENTS:

- Discuss the procedures for how this is accomplished in your agency

Code Citation and Title
MHC 330.1714 SUITABLE SERVICES – NOTICE OF CLINICAL STATUS

Code Language
A recipient shall be informed orally and in writing of his or her clinical status and progress at reasonable intervals established in the individual plan of services in a manner appropriate to his or her clinical condition.

CONTENT REQUIREMENTS:

- Discuss the procedures for how this is accomplished in your agency

Code Citation and Title
330.1715 SUITABLE SERVICES – SERVICES OF MENTAL HEALTH PROFESSIONAL

Code Language
If a resident is able to secure the services of a mental health professional, he or she shall be allowed to see the professional at any reasonable time.

CONTENT REQUIREMENTS

- Discuss the procedures for how this is accomplished in your agency

Code Citation and Title
330.1719 SUITABLE SERVICES – PSYCHOTROPIC DRUG TREATMENT

Code Language

Before initiating a course of psychotropic drug treatment for a recipient, the prescriber or a licensed health professional acting under the delegated authority of the prescriber shall do both of the following: (a) Explain the specific risks and the most common adverse effects that have been associated with that drug. (b) Provide the individual with a written summary of the most common adverse effects associated with that drug.

CONTENT REQUIREMENTS

- Discuss the specifics of this section with medical professionals and those who pass medication.

Code Citation and Title
MHC 330.1726 COMMUNICATIONS AND VISITS

Code Language

Every resident is entitled to unimpeded, private and uncensored communication with others by mail, telephone and to visit with person of his/her choice. Each facility shall endeavor to implement the rights guaranteed by subsection (1) by making telephones reasonably accessible, by ensuring that correspondence can be conveniently and confidentially received and mailed, and by making space for visits available. Writing materials, telephone usage funds, and postage shall be provided in reasonable amounts to residents who are unable to procure such items.

CONTENT REQUIREMENTS

- Residents are allowed to use mail and telephone services. These communications must not be censored; staff should not open mail for residents without authorization. If necessary, funds must be provided (in reasonable amounts) for postage, stationary, telephone.
- Residents must be allowed access to computers to use for communication.
- If house rules are to be established regarding telephone calls and visits, these must be reasonable and support the right as indicated above.
- House rules (restrictions) must be posted in conspicuous areas for residents, guardians, visitors and others to see.
- Limitations can be made on these rights for individuals, but only as allowed in the individual plan of service (IPOS) following review and approval by the Behavior Treatment Plan Review Committee and the special consent of the resident or his/her legal representative.
- Communication by mail, telephone and the ability to have visitors shall not be limited the communications are between a resident and his/her attorney or a court, or between a resident and any other individuals when the communication involves legal matters or may be the subject of legal inquiry.

Code Citation and Title
AR 330.7139 ENTERTAINMENT MATERIALS, INFORMATION AND NEWS

Code Language

Every resident has the right to acquire entertainment materials, information and news at his or her own expense, to read written or printed materials and to view or listen to television, radio, recordings or movies made available at a facility.

CONTENT REQUIREMENTS

- Provider must never prevent a resident from exercising this right for reasons of, or similar to, censorship.
- Provider must establish written policies and procedures that provide for all of the following:
  - Any general program restrictions on access to material for reading, listening or viewing
  - Determining a resident's interest in, and provide for, a daily newspaper
  - Assure material not prohibited by law may be read or viewed by a minor unless there is an objection by the minor's parent or guardian
  - Permit attempts by the staff person in charge of the minor's IPOS to persuade a parent or guardian of a minor to withdraw objections to material desired by the minor.
  - Provider may require that materials acquired by the resident that are of a sexual or violent nature be read or viewed in the privacy of the resident's room