

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

Rationale

The purpose of this Technical Requirement is to establish standardized concepts 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 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 hospitals.

(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

Core Competencies:

The Core Competencies are a consensus set of skills necessary for an understanding of the rights of mental health recipients. The Core Competencies reflect foundational knowledge that professionals and paraprofessionals engaging in the provision of services to public mental health recipients must have in order to provide services in accordance with Chapter 7 of the Michigan Mental Health Code. These competencies are organized into thirteen domains, reflecting skill areas identified by Chapter 7.

Recipient: means 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 competencies identified in Exhibit A.
2. Annual rights training may focus on any or all of the competencies.

Exhibit A – Areas to be covered in Training

	Board of Directors	Administration	Clinical Staff - Non-Residential	Clinical Staff - Specialized Residential	Direct Care Staff - Specialized Residential	Direct Care Staff - Non Residential	Outpatient Clinic - Non Residential	Recipients (not required)	Volunteers	Advisory Committee	Appeals Committee
Abuse and Neglect	*	*	*	*	*	*	*	*	*	*	*
Advisory Committee	*	*								*	*
Appeals Process	*	*								*	*
Confidentiality	*	*	*	*	*	*	*	*	*	*	*
Dignity & Respect	*	*	*	*	*	*	*	*	*	*	*
Employee Rights		*	*	*	*	*	*	*	*	*	*
Family Rights	*	*	*	*	*	*	*	*	*	*	*
ORR Investigative Process	*	*	*	*	*	*	*	*	*	*	*
Overview of the Rights System	*	*	*	*	*	*	*	*	*	*	*
Reporting Requirements	*	*	*	*	*	*	*	*	*	*	*
Responsibilities of the Board of Directors	*	*								*	*
Responsibilities of the Agency Director	*	*								*	*
RESIDENTIAL RIGHTS (inpatient, group home)											
Civil Rights		*	*	*	*	*	*	*	*	*	*
Communications and Visits		*		*	*	*	*	*	*	*	*
Financial Issues		*		*	*	*	*	*	*	*	*
Freedom of Movement		*		*	*	*	*	*	*	*	*
Limitations/Restrictions		*	*	*	*	*	*	*	*	*	*
Medication Rights		*		*	*	*	*	*	*	*	*
Person Centered Planning		*	*	*	*	*	*	*	*	*	*
Personal Property		*		*	*	*	*	*	*	*	*
Photographs, Fingerprints, Taping		*		*	*	*	*	*	*	*	*
Safe, Sanitary, Humane Environment		*	*	*	*	*	*	*	*	*	*
Seclusion/Restraint		*		*	*	*	*	*	*	*	*

Exhibit B – Core Competencies

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.

COMPETENCIES:

- We have a zero-tolerance stance regarding abuse and neglect
- Abuse is defined as:
 - 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 a LPH/U
- Neglect is defined as:
 - 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:
 1. that caused or contributed to the death, sexual abuse of, serious, or non-serious physical harm or emotional harm to a recipient, or
 2. 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.
- "Bodily function" means the usual action of any region or organ of the body.
- "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.
- "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.
- "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	CIVIL RIGHTS
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.

COMPETENCIES:

- 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
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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*

COMPETENCIES:

- 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 if 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
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Code Language

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

COMPETENCIES:

Showing respect for recipients shall include:

- 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.
- Provide definitions of dignity and respect (Use agency's definition if different)

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.

Code Citation and Title

MHC 330.1711 RIGHTS OF FAMILY MEMBERS
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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.

COMPETENCIES:

- 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 Citation and Title

MCL 330.1724 FINGERPLINTS, PHOTOGRAPHS, AUDIORECORDINGS, VIDEORECORDINGS AND USE OF ONE-WAY GLASS
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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.

COMPETENCIES:

- 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, s recipient, or for education and training purposes.
- Photographs include still pictures, motion pictures and videotapes.
- Photographs may 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
- Video surveillance may be conducted in a psychiatric hospital for purposes of safety, security, and quality improvement.
- Video surveillance may only be conducted in common areas such as hallways, nursing station areas, and social activity areas within the psychiatric unit. Video surveillance recordings taken in common areas shall not be used for treatment or therapeutic purposes. Before implementation of video surveillance, the psychiatric hospital shall establish written policies and procedures that address, at a minimum, all of the following:
 - Identification of locations where video surveillance images will be recorded and saved.
 - Mechanisms by which recipients and visitors will be advised of the video surveillance.
 - Security provisions that assure that only authorized staff members have access to view recorded surveillance video. The security provisions shall include all of the following:
 - ⊕ Who may authorize viewing of recorded surveillance video?
 - ⊕ Circumstances under which recorded surveillance video may be viewed.
 - ⊕ Who may view recorded surveillance video with proper authorization.
 - ⊕ Safeguards to prevent and detect unauthorized viewing of recorded surveillance video.
 - ⊕ Circumstances under which recorded surveillance video may be duplicated and what steps will be taken to prevent unauthorized distribution of the duplicate.
- Documentation required to be maintained for each instance of authorized access, viewing duplication, or distribution of any recorded surveillance videos.
- Process to assure retrieval of distributed recorded surveillance video when the purpose for which the video was distributed no longer exists.
- Archived footage of video surveillance recordings for up to 30 days unless notice is received that an incident requires investigation by the department's office of recipient rights, the licensing division of the bureau of health systems, law enforcement, licensed psychiatric hospital or unit office of recipient rights, and the United States department of health and human services centers for Medicaid and Medicare services. In that case, archived footage of video surveillance recordings may be retained for the duration of the investigation.
- Recorded video surveillance images shall not be maintained as part of a recipient's clinical record

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.

Every recipient has the right to move about his or her residence, environment and community.

COMPETENCIES:

- 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 techniques 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 INDIVIDUALIZED WRITTEN PLAN OF SERVICES
AR 330.7199
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.

COMPETENCIES:

- 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

Every resident is entitled to mental health services in a safe, sanitary and humane treatment environment.

COMPETENCIES:

- Mental Health Code requires safe, sanitary, humane treatment environment
- 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 repair 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 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.

COMPETENCIES:

- What is the Rights Office, Who is in it?
- What are the various roles: Prevention, Monitoring, Education, Complaints
- What is your (staff) role in complaints (1776)?
- What happens when there is a complaint? The complaint process
- 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)
- Other Key Points: Access by ORR, Preponderance of Evidence standard

Code Citation and Title
SUITABLE SERVICES – INFORMED CONSENT

Code Language

330.1100a Definitions; A to E. (19) "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.

R 330.7003 Informed consent.

COMPETENCIES:

(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

SUITABLE SERVICES – FAMILY PLANNING
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R 330.7029 Family planning and health information.

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.

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

SUITABLE SERVICES – MENTAL HEALTH SERVICES SUITED TO CONDITION

330.1708 Suitable services; treatment environment; setting; rights.

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

Code Citation and Title

SUITABLE SERVICES – CHOICE OF PHYSICIAN/MHP
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330.1713 Choice of physician or mental health professional.

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

Code Citation and Title

SUITABLE SERVICES – NOTICE OF CLINICAL STATUS
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330.1714 Informing resident of clinical status and progress.

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.

ADDITIONAL RIGHTS GRANTED TO RESIDENTS OF SPECIALIZED RESIDENTIAL FACILITIES

Code Citation and Title

MHC 330.1726 COMMUNICATIONS

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.

COMPETENCIES:

- 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 in communication.
- If house rules are to be established regarding telephone calls, mail and visits, these must be reasonable and support the right as indicated above.
- House rules (limitations) must be posted in conspicuous areas for residents, guardians, visitors and others to see.
- Restrictions 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 to have visitors shall not be limited if:
 - 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
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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.

COMPETENCIES:

- 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

Code Citation and Title

MHC 330.1726 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.

TRAINING POINTS:

- Residents must be allowed the ability to visit with persons of their choice
- If house rules are to be established regarding visits, these must be reasonable and support the right as indicated above.
- House rules (limitations) must be posted in conspicuous areas for residents, guardians, visitors and others to see.
- Restrictions 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.
- The ability to have visitors at any time shall not be limited if 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

SUITABLE SERVICES – SERVICES OF MENTAL HEALTH PROFESSIONAL

330.1715 Services of mental health professional.

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.