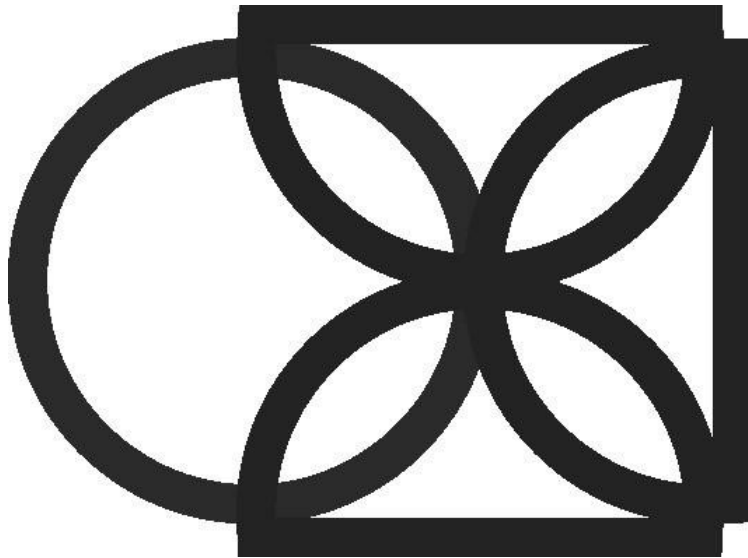


Saginaw County Community Mental Health Authority (SCCMHA)

Network Services Provider Manual



500 Hancock Street
Saginaw, MI 48602
Phone: (989) 797-3400

April Update
Fiscal Year 2023

Provider Manual Update - April 2023
Included are the updated policies and procedures since the January 2023 Provider Manual Update


| | | | | | Licensed Residential/Crisis Residential | Enhanced Health Services/Autism (speech, behavioral, ot) | Inpatient | Crisis/CAI/MUTT | Primary Providers (Supports Coordination/Case Management/Primary/ACT/Autism/ Wraparound/Integrated Care) | Community Living Supports/ CLS Per Diem/Respite Services | Skill Build/Supported Employment/Clubhouse/Drop-In | Fiscal Intermediaries/Pharmacy/LEP |
|------|--|--|--|--------------|---|--|-----------|-----------------|--|--|--|------------------------------------|
| Page | Policy Number | Policy/Procedure Name | What Was Added / Updated | Date Revised | | | | | | | | |
| N/A | Tab 1 Introduction to SCCMHA - No Updates | | | | | | | | | | | |
| 5 | Tab 2 Eligibility & Care Management | | | | | | | | | | | |
| 6 | 05.04.02 | Member Enrollment Quality Data and Case Service Status | Review only. | 2/24/2023 | | | | | X | | | |
| N/A | Tab 3 Services & Protocols - No Updates | | | | | | | | | | | |
| 16 | Tab 4 Service Delivery | | | | | | | | | | | |
| 17 | 04.01.01 | Quality Improvement Program | Added an External Reference to "National Standards for Culturally and Linguistically Appropriate Services (CLAS) in Health and Health Care." | 2/24/2023 | X | | X | | X | | | |
| 24 | 04.01.02 | Incident Reporting and Review | Review only. | 2/24/2023 | X | X | | X | X | X | X | |
| 45 | Tab 5 Regulatory Management/HIPAA Compliance | | | | | | | | | | | |
| 46 | 08.01.08 | Releasing Consumer Information | Review only. | 2/27/2023 | X | X | | | X | | X | |
| 61 | Tab 6 Recipient Rights - Customer Service - Appeals & Grievance | | | | | | | | | | | |
| 62 | 02.01.01 | Enrollee Rights & Accommodations | Review only. | 2/14/2023 | X | X | X | X | X | X | X | X |
| 67 | 02.01.01.02 | Cultural Competence | Review only. | 2/14/2023 | X | X | X | X | X | X | X | X |

| Page | Policy Number | Policy/Procedure Name | What Was Added / Updated | Date Revised | | | | | | | | |
|------|---------------|---|--|--------------|---|---|---|---|---|---|---|---|
| 70 | 02.01.02 | Customer Service | Updated the responsibilities of the Appeals Coordinator. | 2/14/2023 | X | X | X | X | X | X | X | |
| 74 | 02.01.03 | Consumer Involvement and Leadership Opportunities | Review only. | 2/14/2023 | X | X | X | X | X | X | X | |
| 77 | 02.01.04 | Input from Persons Served | Review only. | 2/14/2023 | X | X | X | X | X | X | X | |
| 80 | 02.01.05 | Consumer Orientation | Made changes to indicate Customer Service and ORR are different departments. | 2/14/2023 | X | X | X | X | X | X | X | |
| 83 | 02.01.06 | Service Accessibility for Consumers | Review only. | 2/14/2023 | X | X | X | X | X | X | X | |
| 86 | 02.01.08 | Telephone Access Services | Review only. | 2/14/2023 | X | X | X | X | X | X | X | X |
| 89 | 02.01.09 | Consumer and Family Education Materials and Activities | Changed the frequency of Learning Links to once monthly. | 2/14/2023 | X | X | X | X | X | X | X | X |
| 91 | 02.01.11 | Medicaid Appeals | Updated the name from Administrative Tribunal to MOAHR (Michigan Office of Administrative Hearings and Rules) throughout the policy. | 2/14/2023 | X | X | X | X | X | X | X | X |
| 109 | 02.01.11.01 | Consumer Grievance | Replaced Customer Service Grievance with Grievance throughout the policy. Updated the title of the policy to Consumer Grievance. Added revamped the Standards section with new information. Updated the Exhibit. | 2/14/2023 | X | X | X | X | X | X | X | X |
| 115 | 02.01.11.02 | Local Appeal | Removed "schedule hearing" from policy as it is not required. Added Exhibit to this form. | 2/14/2023 | X | X | X | X | X | X | X | X |
| 122 | 02.01.13 | Limited English Proficiency | Removed Saginaw County and changed to "service area". Added Voices for Health for providers of interpretation. | 2/14/2023 | X | X | X | X | X | X | X | X |
| 126 | 02.01.14 | Parking Policy for 500 Hancock | Review only. | 2/14/2023 | X | X | X | X | X | X | X | X |
| 132 | 02.01.16 | Transportation to SCCMHA Appointments – Taxicab Voucher | Removed requirement for inclusion in the IPOS, but continue to follow the Medicaid Provider Manual. Remove Exhibit A. Added a Procedure for preparing the Taxi Cab Voucher in sentri and added the Procedure as a Reference in the Policy. | 2/14/2023 | | X | | X | X | X | | |
| 136 | 02.01.17 | Housing Local Appeal | Changed the Exhibit to the Grievance or Local Appeal Form. | 2/14/2023 | | | | | X | | | |
| 142 | 02.02.01 | Complaint and Appeal Process | Changed Standard A45 & A46 to reflect changed language from Licensed Private Hospitals (LPH) to CMH per MDHHS ORR standards. Removed Standard A53 regarding Supervisor of CS/ORR and Director of CS/ORR not opening complaints unless no Advisor is available. This was to identify the difference between CS & ORR, that will no longer be needed due to the changes in departments. | 3/14/2023 | X | X | X | X | X | X | X | X |
| 157 | 02.02.05 | Confidentiality | Review only. | 3/14/2023 | X | X | X | X | X | X | X | X |

[illegible]

Tab 2

Eligibility & Care Management

| Policy and Procedure Manual Saginaw County Community Mental Health Authority | | |
|---|---|--|
| Subject: Member Enrollment, Transfer/ Discharge, BH-TEDS Data and Case Service Status | Chapter: 05 - Organizational Management | Subject No: 05.04.02 |
| Initial Date: November 5, 2002 | Date of Review/Revision: 11/5/02, 1/7/08, 6/30/09, 5/8/12 8/3/16, 9/7/16, 3/14/17, 5/8/18, 9/10/19, 3/08/21, 3/16/22, 2/24/23 Supersedes: | Approved By: Sandra M. Lindsey, CEO Responsible Director: Chief Information Officer and Chief Quality & Compliance Officer Authored By: Linda Tilot Additional Reviewers: Holli McGeshick |
|  | | |

Purpose:

To ensure that Saginaw County Community Mental Health Authority (SCCMHA) will manage consumer membership services in its electronic health record to adequately address the needs of managing treatment, payment and operations including the SCCMHA contractual obligation to the Mid-State Health Network and the Michigan Department of Health and Human Services for BH-TEDS data reporting.

Policy:

SCCMHA shall define required BH-TEDS data elements for compliance with MSHN contract requirements and necessary treatment, payment and operations functions. The collection and maintenance of this data set shall be directed by this procedure. This BH-TEDS data will be treated as Protected Health Information and all rules of privacy and security shall be adhered to in its maintenance and use. This policy further describes the requirements for member enrollment and for the formation of both a member record and a consumer record in the integrated electronic health record.

Application:

SCCMHA and Primary SCCMHA Network Providers.

Standards:

- All member BH-TEDS data shall be confirmed and updated and complete upon each face-to-face visit.
- SCCMHA shall report the BH-TEDS data set to the Mid-State Health Network according to contractual requirements.

Definitions:

Beneficiary: A person who has applied for and approved for the Medicaid or Healthy Michigan health care benefit provided by the State of Michigan.

Eligibility: Eligibility is defined by the Michigan Department of Health and Human Services, Mid-State Health Network and the Saginaw County Community Mental Health Authority Board Eligibility policy which uses the severity of illness/intensity of service criteria established by the MDHHS contracts for access to this publicly managed behavioral health care service.

Enrollee: A consumer who has applied for and has been accepted by Medicaid or Healthy Michigan health benefit may be required to become an “enrollee” of the qualified health plan of their choice. “Enrollee” designates the relationship between the beneficiary and the qualified health plan. The requirement to enroll in a managed care health plan is limited to certain beneficiaries. Not all Medicaid beneficiaries are required or allowed to enroll.

SCCMHA is not an “enrollment” health plan; however, as the delegated sole source contracted manager for supports and specialty services for Michigan Medicaid and Healthy Michigan plans under MSHN, SCCMHA manages services for Medicaid and Healthy Michigan enrollees and thereby accepts contractually delegated duties from Mid-State Health Network and for the administration of enrollee rights.

Enrollment: Enrollment may be used to describe the process of application and registration for services at the beneficiary level, the managed care level or at the specialty support and services level of a managed care health system. The term is not generally used at the provider level. Enrollment for the Medicaid and the Healthy Michigan programs occurs at the Department of Health and Human Services, enrollment for the Qualified Health Plans occurs through the MDHHS enrollment services provider, Michigan Enrolls. MDHHS provides beneficiary enrollment information to SCCMHA for all capitated contracts. The SCCMHA Care Management Department enrolls members in the specialty benefit managed for Mid-State Health Network PIHP by SCCMHA and the CMHSP managed benefit plans.

Individually Identifiable Health Information: A subset of Health Information that includes demographic information, that is created by a covered entity, that identifies the individual or that, may be used to identify the individual

Protected Health Information: Individually identifiable health information that is transmitted by electronic media, maintained in any electronic medium, or transmitted or maintained in any other form or medium.

Member: A member is an individual who has requested services from SCCMHA and has been issued a unique identification number (member ID number.) A member may be a Medicaid and Healthy Michigan under the Mid-State Health Network PIHP contract, or they may be served with the MDHHS general fund allocation under the CMHSP contract.

The “member” relationship is between the consumer and Mid-State Health Network as a PIHP and SCCMHA as CMHSP. The term expresses eligibility for services and enrollment in the PIHP and CMHSP service system.

Member Status: A member’s status is expressed as Active or Closed. The function of member status is to ensure the minimum necessary data requirements for SCCMHA claims payment.

Active Member Status: A member record is considered active following an initial request for service. The BH-TEDS data set is initiated at the time of the initial assessment. Claims may be paid for services provided to an active member if the provider has completed the data set (demographics in Sentri) and assessment of consumer’s ability to pay.

Closed/Discharged Member Status: A consumer’s record shall be “closed” upon the planned or unplanned cessation of services. The record status should be changed in Sentri within two weeks of confirmation of the consumer’s intent to terminate service.

Transferred Member: An active consumer is moved to another SCCMHA contracted provider within the SCCMHA network.

BH-TEDS dataset: This set of client demographic and clinical data elements is established by the Michigan Department of Health and Human Services and is reported monthly to MSHN by the SCCMHA Information Systems Department. This is maintained in the Sentri electronic medical record and administered by the SCCMHA Quality Projects & Reporting Coordinator.

References:

- Health Insurance Portability and Accountability Act of 1966
- Michigan Department of Health and Human Services Specialty Supports and Service.
- Mid-State Health Network Contract 2023 as updated
- Contracts for PHP’s and CMHSP’s 2023, as amended
- SCCMHA Policy Eligibility Criteria
- Coding Instructions for Michigan Behavioral Health Treatment Episode Data Set (BH-TEDS) FY2023

Exhibits:

None

Procedure:

| ACTION | | RESPONSIBILITY |
|---------------------------------------|--|--|
| Member Enrollment | | 1-4 Executive Director of Clinical Services and Programs |
| 1. The SCCMHA Central Access & Intake | | |

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| <p>Department shall enroll members upon elective request for services by the primary consumer or their guardian. Member enrollment services shall be provided by telephone or walk-in request 24/7.</p> <ol style="list-style-type: none"> 2. Enrollment will not be made for persons upon the request of family or friends other than guardians nor upon the request of agencies. 3. Enrollment requires the voluntary request of the consumer or their guardian unless the person is presented by a police officer who has the individual in protective custody or under the order of the Probate Court. 4. SCCMHA member enrollment procedures will include the verification of the consumer's enrollment status with Medicaid or Healthy Michigan qualified health plans. | |
| <p>Enrollment Non-Discrimination</p> <ol style="list-style-type: none"> 1. Acceptance of individuals for enrollment shall be open to eligible persons in the order in which they apply without restriction up to the limits set in the MDHHS contract. 2. SCCMHA shall not discriminate on the basis of health status or need for health care services in the enrollment of individuals. 3. SCCMHA shall not discriminate on the basis of race, color, or national origin and will not use any policy or practice which has the effect of discriminating on the basis of race, color or national origin. | <p>1-3 Chief of Network Business Operations</p> |
| <p>Unique Consumer Identification</p> <ol style="list-style-type: none"> 1. The SCCMHA Central Access & Intake Department shall issue a unique consumer identification number upon member enrollment. 2. The number shall be issued to the consumer by legal name. The consumer name shall be recorded in the SCCMHA data base as it is in the Medicaid or MiChild enrollee record if such exists. | <p>1-5. Executive Director of Clinical Services and Programs</p> |

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| <ol style="list-style-type: none"> 3. Enrollment shall not be given to persons under an assumed name or alias, although such names may be documented in the record if provided by the consumer. 4. The SCCMHA member enrollment procedure shall establish the uniqueness of the consumer identity with three data points: consumer name, date of birth and social security number. 5. If a second case number is accidentally issued to a consumer, notification shall be made to the Entitlement Supervisor to review and merge the records. | |
| <p>Case Service Status:</p> <ol style="list-style-type: none"> 1. Case Service Status shall be expressed as Active (Open) or Closed. “Inactive” status will not be used in the SCCMHA information system. 2. When a consumer is received into any network provider for assessment, the BH-TEDS data set and ability to pay assessment shall be completed and directly entered into the SCCMHA member record or shall be entered into the SCCMHA consumer demographic data collection tool. 3. Each provider shall establish a record status of “Active” (Open) and “Closed”. A case status report shall be furnished by the provider upon request for random selection of active and closed cases for review by MSHN and SCCMHA auditors. 4. No service should be provided to a consumer whose case status is Closed. To re-initiate services for a consumer whose case service status has been closed for 90 days or more, Central Access & Intake Department must be notified in order to verify eligibility by completing a new screening. If consumer is found eligible for services, consumer will be re-opened to the appropriate service. Provider must refresh the quality demographic data set and ability to pay assessment before providing the requested service. 5. Case status reports may also be requested for utilization management reviews or other | <ol style="list-style-type: none"> 1-7. Executive Director of Clinical Services and Programs and Primary Provider administrators |

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| <p>quality, compliance or accreditation functions.</p> <ol style="list-style-type: none"> 6. A case status of Closed shall be entered in the record within two weeks of confirmation of the consumer's intent to terminate services. Supervisors are required to sign off on all discharges within 7 days. 7. Case status designation must be administered or reviewed at a supervisory or administrative level at each provider location. This administrative oversight shall ensure administrative accountability for consumer's eligibility for services and agency adherence to Medicaid Fair Hearing Adequate and Advance Notice requirements. | |
| <p>Disenrollment:</p> <ol style="list-style-type: none"> 1. SCCMHA shall not request member dis-enrollment for reasons other than those permitted under the MDHHS Supports and Specialty Services Contract. <p>SCCMHA shall not disenroll any member for reasons related to an adverse change in the enrollee's health status, or because of the enrollee's utilization of services, or their diminished mental capacity, or uncooperative or disruptive behavior resulting from his or her special needs.</p> <ol style="list-style-type: none"> 2. SCCMHA is not a voluntary enrollment program; it is a mandatory enrollment program at the Supports and Specialty Services Contract level. Further, enrollees do not have a plan choice at this level. Change of residency out of the service area is the only reason a member may disenroll from the SCCMHA Specialty Supports and Services program. 3. Enrollee disenrollment rights for the following reasons (with cause) are addressed through Medicaid Fair Hearing, Local Dispute Resolution, Non-Panel provider provisions, Person Centered Planning and Self Determination consumer directed purchase of service options. <ol style="list-style-type: none"> i. Service restriction due to PHP limitation on requested service due to moral or religious | <p>1-4. Chief of Network Business Operations</p> |

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| <p>objections.</p> <ul style="list-style-type: none"> ii. Enrollee needs a group of related services not all of which are available through the SCCMHA network. iii. Other reasons such as poor quality of care, lack of access to covered services under the contract, or lack of access to providers experienced in dealing with the enrollee's health care needs. <p>4. SCCMHA will automatically adjust member fund source based on Medicaid or Healthy Michigan beneficiary status, as SCCMHA is both the delegated manager of the Medicaid Managed Care Supports and Specialty Services for MSHN and the CMHSP Contractor for Saginaw County.</p> <p>Enrollment with SCCMHA does not change based on beneficiary status with Medicaid or Healthy Michigan</p> <p>Assignment:</p> <ul style="list-style-type: none"> 1. Each consumer whose case service status is Active or Open shall be assigned to a mental health professional who serves as a primary worker. In the SCCMHA provider system, this person's name shall be entered in the case holder field. This designation does not imply the provision of case management services per se, only that the named treatment team member is the lead professional who is responsible for the medical record. 2. The assignment of a consumer to a mental health professional allows the consumer as well as others to have the name of an individual professional who can answer questions about the consumer's record and service status. The assigned worker is the person with primary accountability for the accuracy of the demographic BH-TEDS data. 3. The assigned worker shall periodically review the BH-TEDS data with the consumer to ensure accuracy and provide a BH-TEDS Update Record annually. | <p>1-3. Executive Director of Clinical Services and Programs and Primary Provider administrators</p> |
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| <p>Transfer of a Consumer to Another SCCMHA Primary Team:</p> <p>Only Care Management can transfer a consumer between primary teams.</p> <ol style="list-style-type: none"> 1. The assigned Care Management Specialist must be notified in writing (e-mail) as to the reason for the transfer request as well as where they would like consumer to be transferred to. In addition, the following documents must be complete in Sentri before a transfer is considered: Complete Assessment, Treatment Plan, and PCP. 2. If the Care Management Specialist is not in agreement with the request for transfer, an e-mail notification will be sent to Case Manager or the decision will be brought to Care Conference for a decision. 3. If Care Management Specialist agrees with the transfer request and all required documents are complete in Sentri, Care Management Specialist will complete the transfer in Sentri and notification will be made to staff requesting the transfer. A final progress note and transfer summary will be completed by the case manager at that time. | <p>1-3. Chief of Network Business Operations</p> |
| <p>Staff Re-assignment:</p> <ol style="list-style-type: none"> 1. If consumer will remain on the same primary team, however, will be assigned a new case manager, supervisor will change CMHSP admission record case manager assignment only. A transfer/discharge is not required. If consumer will be transferred to another case manager on a different team, follow “Transfer of a Consumer to Another SCCMHA Primary Team” above on Page 8. | <ol style="list-style-type: none"> 1. Executive Director of Clinical Services and Programs and Primary Provider Supervisors |
| <p>Discharge of a Consumer from a SCCMHA Primary Team:</p> <ol style="list-style-type: none"> 1. Primary record holder initiates discharge planning by completing a discharge summary in Sentri and sending appropriate consumer | <p>1-3 Executive Director of Clinical Services and Programs and Primary Provider Supervisor</p> |

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| <p>notice.</p> <ol style="list-style-type: none"> 2. Supervisor reviews and signs off on discharge plan within 7 days of discharge request by Primary record holder. 3. Care Management will monitor all consumers without any contact within 90 days and request reason for no activity from supervisors on a regular basis. | |
| <p>Use of Member BH-TEDS data in Treatment Payment and Operations (TPO)</p> <ol style="list-style-type: none"> 1. Individual Protected Health Information in the BH-TEDS data set may be used by SCCMHA for treatment, payment and operations as allowed by the Health Insurance Portability and Accountability Act. 2. SCCMHA will contractually require Provider compliance with HIPAA regulations for Privacy in Protected Health Information maintenance, use and transmission. | <p>1-2 Chief Information Officer & Chief Quality and Compliance Officer</p> |
| <p>BH-TEDS Data Integrity:</p> <ol style="list-style-type: none"> 1. The Quality Systems department shall make available the Coding Instructions for Michigan Behavioral Health Treatment Episode Data Set (BH-TEDS) for provider training and reference. 2. The Quality Systems and the Information Systems Departments shall ensure that all electronic data base fields in the SCCMHA information system or in data collection tools for the recording of BH-TEDS data elements are consistent with the current MDHHS definitions and coding requirements. 3. The Quality and Information Systems Departments shall monitor data for range errors and omissions and shall initiate needed periodic trainings, system level corrections or requests for correction by the assigned case managers. 4. The Information Systems Department will develop BH-TEDS data reports for the use of the Quality & Medical Records Supervisor in monitoring and editing the BH-TEDS data for | <p>1-4 Chief Information Officer & Chief Quality and Compliance Officer</p> |

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| consumers. | |
| The Provider shall establish a procedure for the periodic review of the BH-TEDS data, case status and assignment to ensure that it is current and accurate. | |

Tab 4

Service Delivery

| Policy and Procedure Manual Saginaw County Community Mental Health Authority | | |
|---|---|--|
| Subject: Quality Improvement Program | Chapter: 04 - Improving Organizational Performance | Subject No: 04.01.01 |
| Effective Date: August 5, 2002 | Date of Review/Revision: 8/29/03, 6/8/07, 2/3/09, 6/8/12, 3/21/17, 5/8/18, 9/10/19, 3/8/21, 2/25/22, 2/24/23 | Approved By: Sandra M. Lindsey, CEO Responsible Director: Chief Information Officer & Chief Quality and Compliance Officer Authored By: Linda Tilot, Julie McCulloch Additional Reviewers: Holli McGeshick |
| | Supersedes: | |
|  SAGINAW COUNTY COMMUNITY MENTAL HEALTH AUTHORITY | | |

Purpose:

- A. To provide an organized, thoughtful, comprehensive, and integrated approach to system-wide quality assurance and quality improvement for SCCMHA.
- B. To clarify the components of a comprehensive quality plan for SCCMHA.
- C. To ensure a responsive and data-driven organizational culture of performance management.
- D. To fulfill SCCMHA contractual obligations with the Michigan Department of Health and Human Services (MDHHS) and with Mid State Health Network (MSHN) PIHP for quality improvement.
- E. To continuously reinforce and promote best value and quality in SCCMHA service delivery, customer service and business operations.
- F. To outline the roles and obligations of various SCCMHA segments - board, management, staff, providers, consumers, and other community stakeholders – in a quality improvement program and plan.
- G. To ensure compliance measurements are determined, implemented, and addressed where appropriate throughout SCCMHA.
- H. To ensure SCCMHA quality planning and implementation for both MSHN delegated managed care functions and board-operated programs/service delivery.
- I. To ensure that SCCMHA responds to changing outcomes, information, technology, risk factors, quality obstacles and customer preference and satisfaction through a comprehensive effort.
- J. To promote quality service, supports and care, as well as satisfaction, dignity and respect for individuals served by SCCMHA.

Policy:

SCCMHA is dedicated to the concepts of quality assessment/assurance and process improvement as an organization. As a Community Mental Health Services Program under contract with MDHHS and as a member of Mid-State Health Network PIHP, SCCMHA is required to have a “quality improvement program” (QIP) that meets certain standards. It is the policy of SCCMHA to design a comprehensive quality program to both meet requirements and to ensure the highest level of effectiveness of service delivery and system operations. Measurement of individual providers as well as SCCMHA system performance will occur at regular intervals and will be made available based on an annual system quality improvement plan. All components of the SCCMHA behavioral health system are expected to address quality measurement and performance improvement as a part of the quality program.

Application:

This policy applies to all divisions, departments, and units of the SCCMHA system, including board-operated programs, provider network members, and all SCCMHA personnel.

Standards:

- A. Quality improvement program will be a priority of the SCCMHA leadership and system.
- B. The SCCMHA CEO will designate an administrative staff member and identified resources and functions dedicated to the system oversight of the quality program.
- C. An annual Quality Improvement Plan (QIP) will be developed by SCCMHA for the SCCMHA system.
- D. The SCCMHA Quality Improvement Plan will fully meet the organization’s contractual obligations from funding sources or regulatory bodies.
- E. The quality program will be based upon standardized indicators and the systematic, ongoing collection, analysis, and interpretation of valid and reliable data.
- F. SCCMHA will utilize established performance measures as a part of the plan, including but not limited to MDHHS required reporting areas of access, efficiency, and outcome, to measure minimum standards of performance and will initiate any performance improvement goals as indicated or desired.
- G. Performance and/or process improvement projects will be part of the SCCMHA plan and incorporate both clinical and non-clinical areas.
- H. The SCCMHA QIP will include both periodic quantitative and qualitative assessments, representative of persons served and the SCCMHA service array, and addressing service quality, sufficiency, and accessibility.
- I. The QIP will include a description of practice guidelines – including adoption, development, implementation and continuous monitoring and evaluation – that are based on nationally accepted clinical standards relevant to persons served.
- J. Licensed and non-licensed staff and contractors will be qualified based on criteria and credentialing procedures included in the QIP program.
- K. Staff and provider network training programs will demonstrate relevance to the QIP.

- L. The SCCMHA QIP will include a provider auditing system to ensure fraud prevention and protection for proper use of funds.
- M. The SCCMHA QIP will include a care management program for utilization management purposes.
- N. SCCMHA QIP plan and oversight will occur through a Quality Governance Council, as appointed by the CEO.
- O. The Quality Governance Council facilitates staff, provider, and consumer input for the QIP and provides leadership for SCCMHA implementation of quality plan and initiatives.
- P. Quality program inputs include both Quality Assurance and Quality Improvement metric reports addressing a comprehensive array of functions including state reporting, PIHP indicators, consumer services indicators, network service indicators, report card and annual report content, regulatory requirements, and regulatory reports as appropriate.
- Q. The Citizens Advisory Council (CAC) of SCCMHA will receive routine quality progress and outcome reports and have regular input on quality planning.
- R. Semiannual meetings of provider and consumer stakeholders shall be convened to collect input response to performance reports.

Definitions:

Risk Management Plan: A strategy for monitoring risk eight domains of risk, with elements establish under the OIG Sentencing Guidelines

Key Performance Indicators: This is a select set of metrics which are monitored at a dashboard level. The KPI set can be selected by state, regional PIHP or locally. KPI's may include both outcome and process measures.

Quality Assessment and Performance Improvement Program (QAPIP): CMS Medicaid Managed Care rules for Quality Management.

Quality Assurance: The process of meeting quality standards and assuring that care reaches an acceptable level.

Quality (Performance) Improvement; continuously analyzing your performance and developing systematic efforts to improve it.

Quality Improvement Program (QIP): Michigan Department of Health and Human Services term for CMHSP contractual program requirements.

Physician Quality Reporting System (PQRS): A set of quality measures reported by Medicare enrolled participating agencies.

References:

External – MDHHS CMHSP Contract – “Quality Improvement Programs for CMHSP’s;” CMS Medicaid Managed Care Final Rule 2016; CARF 2022 Standards for Behavioral

Health, Performance Measurement and Management/Performance Improvement; CMS; Agency for Healthcare Research and Quality (AHRQ) National Quality Strategy; Institute for Health Improvement (IHI); MDHHS Quality Training Plan-Public Health Administration; National Standards for Culturally and Linguistically Appropriate Services (CLAS) in Health and Health Care.

Internal – SCCMHA policies – “Event Verification,” “Regulatory Management,” “Care Management,” “Sentinel Events,” “Behavioral/Risk Management,” “Network Management,” “Person-Centered Planning,” “Health Care Integration”

Exhibits:

Exhibit A: SCCMHA Quality Program Schematic

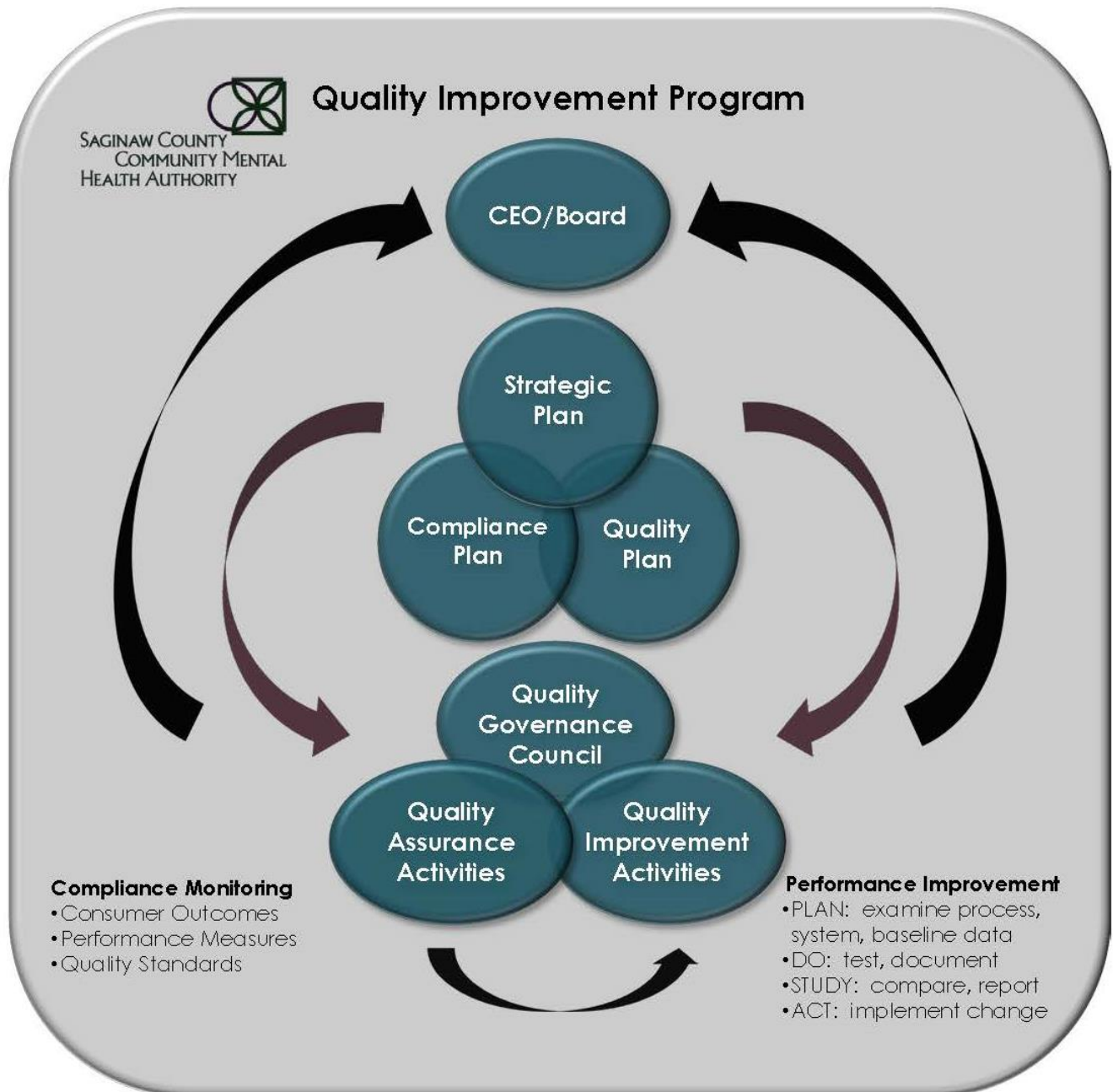
Procedure:


| ACTION | RESPONSIBILITY |
|---|--|
| 1. Assigns Administrator responsible for oversight of QIP plan development and implementation, as well as leadership for Quality Team; approves QAPIP policy and annual plan. Facilitates any SCCMHA Board of Directors involvement with QIP as required for oversight including program or plan review and reporting. Submits to Board of Directors and/or Board Ends Committee summary data as required or indicated. Publishes quality reports for the community. Ensures stakeholder involvement in QIP policy, plan, and program; reports quality information to the CAC on behalf of SCCMHA. | CEO |
| 2. Serves as assigned Administrator for QIP for SCCMHA. Provides primary leadership for the development of the system QIP plan and recommends policy revisions. Designs the system quality plan to fully address components of SCCMHA compliance, risk and need. Chairs SCCMHA Quality Governance Council and oversees system implementation of QIP. Ensures integrity of quality reporting and related data collections. Publishes quality reports internal to the SCCMHA network and system. Directs or recommends quality related training as indicated. Ensures MDHHS reporting on process improvement and quality reporting as required. | Chief Information Officer & Chief Quality and Compliance Officer |

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| <p>3. Serve as members of the SCCMHA Quality Governance Council appointed by the CEO. Develop and monitor the annual quality plan for SCCMHA. Meet quarterly at minimum to provide quality leadership. Review and approve the Charters for Quality Assurance and Quality Improvement workgroups, review, and monitor Quality Metric Reports.</p> | <p>CEO, Chief Information Officer & Chief Quality and Compliance Officer, Director of Finance, Director of Network Services, Public Policy & Continuing Education, Executive Director of Clinical Services and Programs, Chief of Health Services & Integrated Care, Director of Human Resources, Director of Recipient Rights, Customer Service, and Security, Quality & Medical Records Supervisor, and Business Intelligence Reporting Coordinator</p> |
| <p>4. Contribute to QIP leadership and implementation for respective areas of scope of responsibility. Ensure respective areas of supervision implement quality plan components. Ensure program staff and provider network member involvement in QIP development. Direct board-operated program staff, administrative staff and provider activities for contribution and compliance. Ensure qualifications and competency of persons providing service to individuals; recommend and ensure needed training and corrective action or performance improvement plans. Facilitate consumer and community individuals' involvement in QIP. May direct or delegate and oversee staff leadership in process improvement work groups or projects. Ensure proper documentation of quality activities and accomplishments.</p> | <p>All Management Team Members</p> |
| <p>5. Provides leadership to the overall quality program, represents SCCMHA at the MSHN Quality Council. Provides leadership to a team of staff who perform technical support and</p> | <p>Quality & Medical Records Supervisor and Business Intelligence Reporting Coordinator</p> |

| | |
|--|--|
| <p>direct data analytics including publication of metric reports for quality workgroups. Provides quality curriculum training for workforce and skill development in quality leadership.</p> | |
| <p>6. Provides coordination of Risk Management plan and regulatory compliance information and analysis for quality planning and implementation.</p> | <p>Officer of Recipient Rights & Compliance</p> |
| <p>7. Provide program oversight for quality of services. Meets with program supervisors to implement continuous program level quality improvement activities, review goal progress, and recommend new initiatives. Systematically gather data to evaluate and improve effectiveness, quality, and cost of provided services. Review and address suggestions from staff and consumers. Provide input on staff development needs of the network.</p> | <p>Executive Director of Clinical Services Programs and Director of Network Services, Public Policy & Continuing Education</p> |
| <p>8. Provide subcommittee, process improvement, or quality initiatives related task leadership and participation as assigned. Perform job roles, deliver service, and supports and conduct business operations in keeping with QIP requirements and principles.</p> | <p>SCCMHA Supervisors and other Staff</p> |
| <p>9. Serve as members of the Stakeholder focus groups; provide input through varied mechanisms throughout SCCMHA system, including provider network members and CAC.</p> | <p>SCCMHA Consumers & Stakeholders</p> |
| <p>10. Provide system quality improvement input, and comply with quality requirements including training, reporting and documentation. Establish measurable quality improvement initiatives appropriate for provider service type and organizational scope. Provide service in keeping with QIP requirements and principles.</p> | <p>SCCMHA Provider Network Members and Employees</p> |

Exhibit A: SCCMHA Quality Program Schematic



| Policy and Procedure Manual Saginaw County Community Mental Health Authority | | |
|---|---|--|
| Subject: Incident Reporting and Review | Chapter: 04 – Improving Organizational Performance | Subject No: 04.01.02 |
| Effective Date: 9/23/15 | Date of Review/Revision: 9/23/15, 5/12/16, 3/14/17, 4/30/18, 1/17/19, 9/10/19, 7/14/20, 3/08/21, 2/25/22, 2/24/23 | Approved By: Sandra M. Lindsey, CEO Responsible Director: Chief Information Officer & Chief Quality and Compliance Officer Administration Authored By: Holli McGeshick Additional Reviewers: Ashley Wilcox LaDonna Presley |
| | Supersedes: Replaces 02.02.10, 02.02.27, and 04.01.03 | |
|  SAGINAW COUNTY COMMUNITY MENTAL HEALTH AUTHORITY | | |

Purpose:

To provide clear guidance and standards for the reporting and review of all deaths and unusual or unexpected events (“Incidents”) of persons served.

Application:

It is the policy of SCCMHA that all deaths and unusual or unexpected events (“Incidents”) involving a person served be recorded on the forms outlined in this policy.

It is also the policy of SCCMHA to identify, track, report and, when necessary, take further action on *Critical Incidents* and *Sentinel Events*.

This policy is intended to assure the quality and appropriateness of care and the treatment, comfort and protection of persons served. It is also intended to comply with various reporting requirements connected to SCCMHA’s contractual arrangements with the Mid-State Health Network (MSHN) as the regional PIHP and with CARF accreditation standards.

Policy:

This policy applies to SCCMHA and its provider network.

Standards:

- 1) Unusual or unexpected events that occur in the life of a consumer while under the

services of SCCMHA and the Provider Network will be reported to the SCCMHA Quality Department within one (1) business day of the incident.

- 2) Any death of a consumer expected or unexpected, who at the time of their death was actively receiving services or received an emergent service within the last 30 calendar days will be reported to the SCCMHA Quality Department within 24 hours of notification of the death.
- 3) Incidents involving a death, or significant physical or psychological injury or suspected recipient rights violation should be immediately reported by phone to the SCCMHA Office of Recipient Rights (ORR).
- 4) Incidents for Licensed Residential Settings will be completed using the MDLARA AFC Licensing Division – Incident/Accident Report (BCAL-4607) form (exhibit 1).
- 5) Incidents for other programs, such as Skill Building and outpatient settings, should be completed on the MDCH Incident Report (DCH-0044) form (exhibit 2). The death of a consumer should be reported on the SCCMHA Report of Consumer Death form (exhibit 3).
- 6) Use of any Physical Intervention will be documented on the Incident Report form. In addition, the SCCMHA Physical Intervention Report form (exhibit 4) will be completed and submitted with the Incident Report.
- 7) Suspected Abuse or Neglect will be reported on the SCCMHA Staff Action Regarding Alleged Abuse/Neglect/Exploitation form (exhibit 5). Reference SCCMHA Policy 02.02.11 Recipient Rights – Abuse and Neglect.
- 8) All forms must be filled out completely and neatly with black ink by the involved or observing staff person. The incident should be described thoroughly and include actions taken by staff/treatment given and corrective measures taken to remedy and/or prevent recurrence of the incident. If an Incident Report form is not completed in its entirety, it will be returned to the submitter for completion.
- 9) An Incident Report form must include full first and last name of the involved consumer(s) and their SCCMHA consumer I.D. If the incident involves a consumer from another county, only their initials should be included.
- 10) Incidents involving emergency medical treatment and/or hospitalization must include the name of the treatment facility.
- 11) Incidents involving medication errors or refused medications must include the name of the medication, the dosage, and the name of involved staff.
- 12) Home Managers and Program Supervisors are responsible to ensure that their staff report and accurately document incidents as outlined in this policy and that the appropriate follow up care is provided.
- 13) All Incident Reports will be reviewed by the Quality Department, the Office of Recipient Rights, the Clinical Services Department, and the Director of Network

Services, Public Policy & Continuing Ed.

- 14) Critical Incidents and Sentinel Events will be reviewed by the Critical Incident Review Committee.
- 15) Critical Incidents that put individuals at risk of harm to themselves or to others will be analyzed to determine what action needs to be taken to solve the problem and reduce the risk of re-occurrence.
- 16) A Root Cause Analysis or investigation will take place for all Critical Incidents determined to be a Sentinel Event as defined in this policy. Based on the outcome of analysis or investigation, a plan of correction will be developed and implemented to reduce the risk of re-occurrence.
- 17) Critical Incidents that involve a consumer's death will be reviewed by the SCCMHA Medical Director.
- 18) Sentinel Events must be identified, and a Root Cause Analysis requested within three (3) business days of the incident occur date. The Root Cause Analysis must commence within two (2) subsequent business days.
- 19) The Incident Reporting and Critical Incident review process is a retrospective peer review process to improve services or enhance treatment for consumers. Any records, data and knowledge collected in this process are confidential; therefore, this information is not available under the Freedom of Information Act (FOIA) or by court subpoena.
- 20) Incident Report forms and supporting documentation, handwritten or otherwise are peer review documents and should not be placed or referenced in the consumer's Electronic Health Record (EHR). The Quality Department will create an electronic Incident Report that will be kept separate from the consumer's EHR.
- 21) Critical Incidents, Risk Events, and Sentinel Events will be reported according to contractual requirements with Mid-State Health Network (MSHN) as the regional PIHP.
- 22) MSHN as the regional PIHP will be notified immediately of any high risk or high-profile critical events (i.e. Immediately Reportable Events).
- 23) The regional PIHP (MSHN) will submit to MDHHS, within **60 days** after the month in which the death occurred, a written report of its review/analysis of the death of every Medicaid beneficiary whose death occurred within **one year** of the individual's discharge from a State-operated service.
- 24) In the event of a COFR case, a Critical Incident involving a consumer served by SCCMHA will be reported to the CMH representing the County of Financial Responsibility.
- 25) Aggregated Incident Report data will be reviewed quarterly by the SCCMHA Services Management Team.

Critical Incident Reporting Standards:

PIHPs will report the following events, except Suicide, within 60 days after the end of the month in which the event occurred for individuals actively receiving services, with individual level data on consumer ID, event date, and event type:

- **Suicide** for any individual actively receiving services at the time of death, and any who have received emergency services within 30 days prior to death. Once it has been determined whether or not a death was suicide, the suicide must be reported within 30 days after the end of the month in which the death was determined. If ninety calendar days have elapsed without a determination of cause of death, the PIHP must submit a “best judgment” determination of whether the death was a suicide. In this event the time frame described in “a” above shall be followed, with the submission due within 30 days after the end of the month in which this “best judgment” determination occurred.
- **Non-suicide death** for individuals who were actively receiving services and were living in a Specialized Residential facility (per Administrative Rule R330.1801-09) or in a Child-Caring institution; or were receiving community living supports, supports coordination, targeted case management, ACT, Home-based, Wraparound, Habilitation Supports Waiver, SED waiver or Children’s Waiver services. If reporting is delayed because the PIHP is determining whether the death was due to suicide, the submission is due within 30 days after the end of the month in which the PIHP determined the death was not due to suicide.
- **Emergency Medical Treatment due to Injury or Medication Error** for people who at the time of the event were actively receiving services and were living in a Specialized Residential facility (per Administrative Rule R330.1801-09) or in a Child-Caring institution; or were receiving either Habilitation Supports Waiver services, SED Waiver services or Children’s Waiver services.
- **Hospitalization due to Injury or Medication Error** for individuals who were living in a Specialized Residential facility (per Administrative Rule R330.1801-09) or in a Child-Caring institution; or receiving Habilitation Supports Waiver services, SED Waiver services, or Children’s Waiver services.
- **Arrest of Consumer** for individuals who were living in a Specialized Residential facility (per Administrative Rule R330.1801-09) or in a Child-Caring institution; or receiving Habilitation Supports Waiver services, SED Waiver services, or Children’s Waiver services.

Reference: Medicaid Managed Specialty Supports and Services Program: Attachment P7.7.1.1

Submission Guidelines

| TYPE OF INCIDENT | FORM | WHEN AND WHERE TO REPORT |
|-----------------------------------|---|--|
| Incident | <i>Licensed Residential Settings:</i> <u>MDLARA AFC Licensing Division – Incident/Accident Report (BCAL-4607)</u> (exhibit 1) | Written report to the Quality Department within one (1) business day of the incident |
| | <i>Other Programs and Outpatient Settings:</i> <u>MDCH Incident Report (DCH-0044)</u> (exhibit 2) | |
| Physical Intervention | <u>SCCMHA Physical Intervention Report</u> (exhibit 4) <i>(Include with Incident Report Form)</i> | |
| Death | <i>Licensed Residential Settings:</i> <u>MDLARA AFC Licensing Division – Incident/Accident Report (BCAL-4607)</u> (exhibit 1) | Immediate verbal report to the Office of Recipient Rights |
| | <i>Other Programs and Outpatient Settings:</i> <u>SCCMHA Report of Consumer Death</u> (exhibit 3) | AND |
| Suspected Abuse or Neglect | <u>SCCMHA Staff Action on Regarding Alleged Abuse/Neglect/Exploitation</u> (exhibit 5) <i>Reference SCCMHA Policy 02.02.11 - Abuse and Neglect</i> | Written report to the Quality Department within (1) business day of the incident |

Definitions:

Critical Incident: an event or situation that creates a significant risk of substantial or serious harm to the physical or mental health, safety, or well-being of person served including but not limited to:

- 1) Suicide Death
- 2) Non-Suicide Death
- 3) Emergency Medical Treatment due to Injury or Medication Error
- 4) Hospitalization due to Injury or Medication Error
- 5) Arrest

Incident: an unusual or unexpected event or situation which adversely affects the course of treatment or represents actual or potential serious harm or risk to persons served. Such incidents shall include but are not limited to:

- 1) **Challenging Behavior** – verbal or physical aggression, property damage, self-injurious behavior, sexual behavior, suicide attempt, elopement, medication, or medical treatment refusal, use or possession of weapon or legal or illegal substances, theft
- 2) **Death** – any expected or unexpected death
- 3) **Hospitalization** – admission to a medical or treatment facility due to injury, medication error, illness, or psychiatric issue
- 4) **Emergency Medical Treatment** – face-to-face emergency treatment being

provided by medical staff at any treatment facility, including personal physicians, medi-centers, urgent care clinics/centers and emergency rooms due to an injury, medication error, illness, or psychiatric issue

- 5) **Law Enforcement** – police call by residential or provider agency staff for assistance with an individual during a behavioral crisis, suspected abuse or neglect, arrest, or conviction
- 6) **Health & Safety** – injury such as bruise (except those due to illness), contusion, muscle sprain, and broken bone; ingestion; seizure; adverse reaction to medication; choking; fall; communicable disease; infection; physical, emotional, or sexual assault; use of physical intervention; fire; biohazard; pest infestation (e.g., bed bugs); issue with medical supplies or equipment, or vehicular accident
- 7) **Medication Error** – consumer did not take/receive medication as prescribed (e.g., missed med, wrong med, wrong dose)

Risk Event: additional critical events defined by MDHHS that put individuals at risk of harm. These events require analysis, and reporting to MDHHS occurs upon MDHHS request. They include:

- 1) **Harm to Self** – actions taken by an individual that cause harm to themselves (e.g., pica, head banging, biting, suicide attempt) that resulted in an injury requiring Emergency Medical Treatment or hospitalization
- 2) **Harm to Others** – actions taken by an individual that causes harm to others (family, friend, staff, peer, public, etc.) that resulted in an injury requiring Emergency Medical Treatment or hospitalization of the other individual
- 3) **Police Calls** – police call by residential or provider agency staff for assistance with an individual during a behavioral crisis situation
- 4) **Emergency Use of Physical Management** – physical intervention by staff in response to a behavioral crisis
- 5) **Hospitalizations** – two or more unscheduled admissions to a medical hospital (not due to planned surgery or the natural course of a chronic illness) within a 12-month period

Root Cause Analysis: As defined by MDHHS, is a process for identifying the basic or causal factors that underlies variation in performance, including the occurrence or possible occurrence of a sentinel event. A root cause analysis focuses primarily on systems and processes, not individual performance.

Critical Incident Review Committee: An executive level venue including the Executive Director of Clinical Services, Director of Network Services, Public Policy & Continuing Ed, Chief of Health Services & Integrated Care, the Medical Director and their Physician Assistant, Director of Services for Persons with Intellectual & Development, Director of Services for Persons with Mental Illness, the Quality & Medical Records Supervisor, and the Mental Health Supervisor of Health Services (EHS) organized for the purpose of

reviewing critical incidents and determining sentinel event status. This is a retrospective peer review process using a case specific analysis to improve services or enhance treatment for consumers through the quality improvement process.

Sentinel Event: An unexpected occurrence involving death, serious psychological or physical injury (specifically loss of limb or function) or the risk thereof. This includes any process variation for which a recurrence would carry a significant chance of a serious adverse outcome. Such events are called sentinel because they signal the need for immediate investigation and response (CARF). Sentinel Events require root cause analysis and reporting to MDHHS.

References:

SCCMHA Policy 03.02.08 Behavioral Interventions

SCCMHA Policy 02.02.11 Recipient Rights – Abuse and Neglect

Medicaid Managed Specialty Supports and Services Program: Attachment P7.7.1.1

Exhibits:

Exhibit 1 – MDLARA AFC Licensing Division – Incident/Accident Report (BCAL-4607)

Exhibit 2 – MDCH Incident Report (DCH-0044)

Exhibit 3 – SCCMHA Report of Consumer Death

Exhibit 4 – SCCMHA Physical Intervention Report

Exhibit 5 – SCCMHA Staff Action Regarding Alleged Abuse/Neglect/Exploitation

Exhibit 6 – SCCMHA CIRC Nursing Evaluation Report

Exhibit 7 – SCCMHA Root Cause Analysis

Exhibit 8 – A Framework for Conducting a Root Cause Analysis

Exhibit 9 – Incident Report Processing & Review Flowchart

Procedures:

| ACTION | RESPONSIBILITY |
|--|--|
| 1) When an unusual or unexpected incident occurs involving a person served, complete the appropriate Incident Report form(s) according to the standards and guidelines described in this policy. | 1) Involved or observing staff person |
| 2) Sign, date and forward the form to the designated Supervisor as soon as possible, but no later than the end of the shift/day during which the incident occurred. | 2) Involved or observing staff person |
| 3) Review the Incident Report to ensure the incident is thoroughly described and the form is completed in its | 3) Home Manager/Program Supervisor of the involved or observing staff person |

| | |
|--|---|
| <p>entirety and includes actions taken by staff/treatment given. Add corrective measures taken to remedy and/or prevent recurrence of the incident. Sign and date the form.</p> <p><i>NOTE: A copy of the form(s) should be kept in the home/program records, not in the consumer's home record.</i></p> | |
| <p>4) Within one (1) business day of the incident submit Incident Report form(s) and supporting documentation to the SCCMHA Quality Department by one of the following methods:</p> <p>a. <u>Quality Department Fax</u> (989) 272-0290</p> <p>b. <u>Drop Box</u> 500 Hancock (outside bldg.) in an envelope addressed to the Quality Department</p> <p>c. <u>Customer Service Office</u> 500 Hancock during regular business hours, Monday - Friday from 8:00 a.m. to 5:00 p.m. in an envelope addressed to the Quality Department</p> | <p>4) Home Manager/Program Supervisor of the involved or observing staff person</p> |
| <p>5) All hard copy Incident Reports will be reviewed to ensure the incident is thoroughly described and the form(s) is completed in its entirety. Incidents will be coded, processed, and entered in the Senti Incident Report module.</p> | <p>5) Quality/Medical Records Dept.</p> |
| <p>6) All hard copy Incident Reports will be reviewed by the Office of Recipient Rights, the Clinical Services Department, and the Network Services Department.</p> | <p>6) Office of Recipient Rights Clinical Services Department Network Services Department</p> |
| <p>7) Incident Reports will systematically be</p> | <p>7) Case Holder</p> |

| | |
|---|--|
| delivered to the consumer's assigned Case Holder, their supervisor, and the Office of Recipient Rights for review, action if necessary, and signoff. | Program Supervisor Office of Recipient Rights |
| 8) If the incident involves a recipient rights issue, the Office of Recipient Rights will investigate it further. | 8) Office of Recipient Rights |
| 9) If the incident it determined to be a <i>Critical Incident</i> , it will be brought before the Critical Incident Review Committee. | 9) Critical Incident Review Committee |
| 10) If the incident it determined to be a <i>Critical Incident due to an injury or medication error</i> , SCCMHA Nursing Staff will be electronically notified. SCCMHA Nursing Staff will complete the SCCMHA CIRC Nursing Evaluation Report and return to the Quality Department within 10 business days of the notification of the critical incident. | 10) SCCMHA Nursing Staff |
| 11) If the incident is determined to be a <i>Sentinel Event</i> , a <u>Root Cause Analysis (RCA)</u> will be requested within 3 business days of the incident occur date. The RCA must commence within 2 subsequent business days. A <u>summary</u> of the RCA will be returned to the Quality Department within 12 business days. The incident will then be brought before the Critical Incident Review Committee. | 11) Home Manager/Program Supervisor |
| 12) If the incident is a death, the <u>Report of Consumer Death</u> will be routed for review and signatures then will be taken to the Critical Incident Review Committee. | 12) Critical Incident Review Committee |
| 13) Risk Events, Critical Incidents, and Sentinel Events will be reported according to contractual requirements | 13) Quality & Medical Records Supervisor |

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| <p>with MSHN as the regional PIHP.</p> <p>14) Aggregate Incident Report Data will be reviewed by the SCCMHA Services Management Team and/or the Quality Governance Council.</p> | <p>14) Services Management Team Quality Governance Council</p> |
|---|--|

Exhibit 1 – MDLARA AFC Licensing Division – Incident/Accident Report (BCAL-4607)

| | | | |
|---|--|---|--|
| AFC LICENSING DIVISION - INCIDENT / ACCIDENT REPORT Michigan Department of Licensing and Regulatory Affairs | | Date Received: _____ Date Reviewed: _____ Initials: _____ Action: <input type="checkbox"/> No Follow-Up Needed <input type="checkbox"/> Phone Call Follow-Up <input type="checkbox"/> SI Opened | |
| Name of Facility/Home | License Number | Name of Person Directly Involved | <input type="checkbox"/> Resident <input type="checkbox"/> Employee <input type="checkbox"/> Visitor |
| Facility Address | | Address | |
| Facility Phone | | City/State/Zip Code | |
| Licensee Name | | Phone | Case Number (if applicable) |
| OTHER PERSON(S) INVOLVED / WITNESSES: | | | |
| Name <input type="checkbox"/> Resident <input type="checkbox"/> Employee <input type="checkbox"/> Visitor | | Name <input type="checkbox"/> Resident <input type="checkbox"/> Employee <input type="checkbox"/> Visitor | |
| Name <input type="checkbox"/> Resident <input type="checkbox"/> Employee <input type="checkbox"/> Visitor | | Name <input type="checkbox"/> Resident <input type="checkbox"/> Employee <input type="checkbox"/> Visitor | |
| FACTS OF THE INCIDENT (ATTACH ADDITIONAL PAGES AS NEEDED): | | | |
| Date of Incident | Time: <input type="checkbox"/> AM <input type="checkbox"/> PM | Name of Employee Assigned to Resident (if Applicable) | Location of Incident (Kitchen, Yard, etc.) |
| Explain What Happened / Describe Injury (if any) (Attach separate sheet if necessary): | | | |
| Action taken by Staff / Treatment Given (Attach separate sheet if necessary): | | | |
| Corrective Measures Taken to Remedy and/or Prevent Recurrence (Attach separate sheet if necessary): | | | |
| Name of Treating Physician / Health Care / Medical Facility / Hospital | | Phone Number | Date Care Given |
| | | | Time: <input type="checkbox"/> AM <input type="checkbox"/> PM |
| Physician's Diagnosis of Injury, Illness or Cause of Death, if known | | | |
| PERSON(S) NOTIFIED: | | | |
| AFC Licensing | Notification Date / Time Written Notice / Date | Adult Protective Services (if applicable) | Notification Date / Time |
| Physician or RN (if applicable) | Notification Date / Time | Office of Recipient Rights (if applicable) | Notification Date / Time |
| Responsible Agency | Notification Date / Time Written Notice / Date | Law Enforcement Agency (if applicable) | Notification Date / Time |
| Designated Representative / Legal Guardian | Notification Date / Time Written Notice / Date | Other (please specify) | Notification Date / Time |
| SIGNATURE(S): | | | |
| Signature of Person Completing Report | | Print Name and Title | Date |
| Signature of Licensee / Licensee Designee / Administrator | | Print Name and Title | Date |

BCAL-4607 (Rev. 1-16) Previous editions 7-15 & 4-15 may be used.

COPY DISTRIBUTION: Resident Record, Licensing Consultant,
 Responsible agency (if required by rule) and Designated representative

Exhibit 2 - MDCH Incident Report (DCH-0044)

| MICHIGAN DEPARTMENT OF COMMUNITY HEALTH INCIDENT REPORT | | | |
|--|--|--|--|
| AGENCY INFORMATION | | | |
| Agency Name | | Unit Name | |
| RECIPIENT INFORMATION | | | |
| Recipient Name | | <input type="checkbox"/> Male <input type="checkbox"/> Female | |
| | | Case Number | |
| Age | | DOB | |
| INCIDENT INFORMATION | | | |
| When did you discover incident? (date and time) | | When did incident happen? (date and time) | |
| <input type="checkbox"/> AM <input type="checkbox"/> PM | | <input type="checkbox"/> AM <input type="checkbox"/> PM | |
| Where did incident happen? | | | |
| Other Employees Involved and/or Present: | | | |
| Recipient(s) involved: | | Other recipient(s) present: | |
| Explain what happened: | | | |
| | | | |
| Action taken by staff: | | | |
| | | | |
| Reporting Person's Signature | | Date and Time of Report: | |
| | | <input type="checkbox"/> AM <input type="checkbox"/> PM | |
| THIS SECTION MUST BE COMPLETED BY PHYSICIAN OR R.N. WHEN <u>PHYSICAL INJURY</u> TO THE RECIPIENT IS APPARENT | | | |
| Description of injury: | | | |
| | | | |
| Description of treatment or care given: | | | |
| | | | |
| Date and time care given: | | Extent of injury at time care given: | |
| <input type="checkbox"/> AM <input type="checkbox"/> PM | | <input type="checkbox"/> SERIOUS* <input type="checkbox"/> NON-SERIOUS | |
| | | Physician/R.N Signature | |
| | | Date | |
| *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. | | | |
| REPORTING INFORMATION | | | |
| If serious injury Director/Designee Notified: (date/time) | | If serious injury Rights Advisor Notified: (date/time) | |
| <input type="checkbox"/> AM <input type="checkbox"/> PM | | <input type="checkbox"/> AM <input type="checkbox"/> PM | |
| Notification made by (print name): | | | |
| | | | |
| TO BE COMPLETED BY DESIGNATED SUPERVISOR | | | |
| 1. Name of employee assigned to recipient at time of incident : | | | |
| 2. Indicate program or administrative action taken, including disciplinary action, to remedy and/or prevent recurrence of incident: | | | |
| | | | |
| Designated Supervisor Signature | | Date | |
| | | | |
| DCH-0044 (W) 05/08 | | DISTRIBUTION: WITHIN 24 HOURS 1.SEND ORIGINAL TO DIRECTOR 2. MAKE COPIES AND SEND TO: ORR & AGENCY | |

Exhibit 3 - SCCMHA Report of Consumer Death


| | | | |
|---|---------------|---|---|
|  SAGINAW COUNTY COMMUNITY MENTAL HEALTH AUTHORITY | | SCCMHA REPORT OF CONSUMER DEATH | |
| INSTRUCTIONS: This form must be completed by the Primary Worker within 24 hours of notification of the consumer's death. | | | |
| PRIMARY WORKER'S SECTION - <i>complete this section, sign, date and forward to your Supervisor</i> | | | |
| CONSUMER'S LAST NAME | | CONSUMER'S FIRST NAME | CONSUMER I.D. |
| DATE OF BIRTH | AGE | LIVING ARRANGEMENT PRIOR TO DEATH (i.e., name of home, apartment) | |
| DATE OF DEATH | TIME OF DEATH | LOCATION OF DEATH (i.e., name of home, facility, hospital) | |
| | | <input type="checkbox"/> am <input type="checkbox"/> pm | |
| CIRCUMSTANCES SURROUNDING DEATH (e.g., accident, illness) | | | |
| THE CAUSE OF DEATH IS BELIEVED TO BE | | NOTIFICATION OF DEATH WAS RECEIVED FROM (name and relationship) | |
| NOTIFICATION OF DEATH HAS BEEN GIVEN TO THE FOLLOWING INDIVIDUALS/DISCIPLINES | | | |
| <input type="checkbox"/> FAMILY/GUARDIAN <input type="checkbox"/> ORR <input type="checkbox"/> PT <input type="checkbox"/> OT <input type="checkbox"/> SPEECH <input type="checkbox"/> PSYCHIATRIST <input type="checkbox"/> RN <input type="checkbox"/> DIETICIAN <input type="checkbox"/> OTHER | | | |
| AUTOPSY REQUESTED? | | POLICE INVOLVEMENT? | DATE OF CONSUMER'S LAST CONTACT WITH PRIMARY WORKER |
| <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNKNOWN | | <input type="checkbox"/> YES <input type="checkbox"/> NO | |
| PRIMARY WORKER'S COMMENTS (optional) | | | |
| PRIMARY WORKER'S SIGNATURE | | DATE OF SIGNATURE | |
| SUPERVISOR'S SECTION - <i>review, sign, date and forward to the SCCMHA Quality Projects & Reporting Specialist</i> | | | |
| I HAVE REVIEWED AND VERIFIED THAT THE ITEMS ABOVE HAVE BEEN COMPLETED ACCURATELY. | | | |
| | | <input type="checkbox"/> YES <input type="checkbox"/> NO | |
| I HAVE VERIFIED THAT THE CONSUMER'S CASE HAS BEEN CLOSED IN THE ELECTRONIC MEDICAL RECORD. | | | |
| | | <input type="checkbox"/> YES <input type="checkbox"/> NO | |
| SUPERVISOR'S COMMENTS (optional) | | | |
| SUPERVISOR'S SIGNATURE | | DATE OF SIGNATURE | |
| DIRECTOR'S SECTION - <i>review, sign, date and forward to the SCCMHA Quality Projects & Reporting Specialist</i> | | | |
| EXECUTIVE DIRECTOR OF CLINICAL SERVICES AND PROGRAMS SIGNATURE | | DATE OF SIGNATURE | |
| DIRECTOR OF NETWORK SERVICES, PUBLIC POLICY, AND CONTINUING ED SIGNATURE | | DATE OF SIGNATURE | |
| CHIEF OF HEALTH SERVICES AND INTEGRATED CARE SIGNATURE | | DATE OF SIGNATURE | |
| DIRECTOR OF RECIPIENT RIGHTS, CUSTOMER SERVICE, AND SECURITY SIGNATURE | | DATE OF SIGNATURE | |
| MEDICAL DIRECTOR SIGNATURE | | DATE OF SIGNATURE | |

Exhibit 4 – SCCMHA Physical Intervention Report



Physical Intervention Report

*Attach this form to an Incident Report when an Emergency
Physical Intervention is used during a behavioral crisis.*

Consumer Name: _____ Consumer ID: _____

Date of Incident: _____

Setting where physical intervention occurred: ☐ Group Home ☐ Program ☐ Residence ☐ Community

| Type of physical intervention used: | Length of time physical intervention lasted: |
|---|---|
| <input type="checkbox"/> Hands Down with Resistance | <input type="checkbox"/> 0 – 5 minutes <input type="checkbox"/> 6 – 10 minutes <input type="checkbox"/> 11 – 15 minutes |
| <input type="checkbox"/> Transport/Escort (come along, 2 person escort) | <input type="checkbox"/> 0 – 5 minutes <input type="checkbox"/> 6 – 10 minutes <input type="checkbox"/> 11 – 15 minutes |
| <input type="checkbox"/> Wrap Hold (standing wrap, seated wrap) | <input type="checkbox"/> 0 – 5 minutes <input type="checkbox"/> 6 – 10 minutes <input type="checkbox"/> 11 – 15 minutes |
| <input type="checkbox"/> Supine Hold | <input type="checkbox"/> 0 – 5 minutes <input type="checkbox"/> 6 – 10 minutes <input type="checkbox"/> 11 – 15 minutes |
| <input type="checkbox"/> Other (describe): | <input type="checkbox"/> 0 – 5 minutes <input type="checkbox"/> 6 – 10 minutes <input type="checkbox"/> 11 – 15 minutes |
| Behaviors that initiated the physical intervention: | |
| <input type="checkbox"/> Imminent Harm to Self <input type="checkbox"/> Imminent Harm to Others <input type="checkbox"/> Imminent Harm to Self and Others | |
| Positive behavioral supports used immediately prior to and/or during the physical intervention: | |
| <input type="checkbox"/> Coached Use of Skills | <input type="checkbox"/> Decreased/Removed Demand |
| <input type="checkbox"/> Offered Choices | <input type="checkbox"/> Clarified Expectations |
| <input type="checkbox"/> Verbal Redirection/Discussion | <input type="checkbox"/> Problem Solved with Consumer |
| <input type="checkbox"/> Active Listening and Support | <input type="checkbox"/> Changed Environment |
| <input type="checkbox"/> Other (describe): | |
| Event that resulted in termination of the physical intervention: | |
| <input type="checkbox"/> Consumer regained control of own behavior | |
| <input type="checkbox"/> Maximum time of intervention was reached (not to exceed 15 minutes) | |
| <input type="checkbox"/> Other (describe): | |
| Describe the consumer's behavior prior to the physical intervention, including observations about any events, settings, or factors that may have triggered the behavior: | |
| | |
| Additional Comments (optional): | |
| | |

Completed by: _____ Date: _____

signature

Supervisor: _____ Date: _____

signature

Exhibit 5 - SCCMHA Staff Action Regarding Alleged Abuse/Neglect/Exploitation (page 1)



Staff Action Regarding Alleged Abuse/Neglect/Exploitation

Based on the "Summary of Abuse and Neglect Reporting Requirements" a report has been made or filed with the following:

| Agency | Officer or Person Contacted | Date Contacted | How Contacted | | |
|--|-----------------------------|----------------|--------------------------------|--------------------------------|---------------------------------|
| <input type="checkbox"/> Law Enforcement | | | <input type="checkbox"/> phone | <input type="checkbox"/> faxed | <input type="checkbox"/> mailed |
| <input type="checkbox"/> Child Protective Services <input type="checkbox"/> form 3200 sent (required) | | | <input type="checkbox"/> phone | <input type="checkbox"/> faxed | <input type="checkbox"/> mailed |
| <input type="checkbox"/> Adult Protective Services | | | <input type="checkbox"/> phone | <input type="checkbox"/> faxed | <input type="checkbox"/> mailed |
| <input type="checkbox"/> AFC Licensing | | | <input type="checkbox"/> phone | <input type="checkbox"/> faxed | <input type="checkbox"/> mailed |
| <input type="checkbox"/> Office of Recipient Rights | | | <input type="checkbox"/> phone | <input type="checkbox"/> faxed | <input type="checkbox"/> mailed |
| <input type="checkbox"/> Other: | | | <input type="checkbox"/> phone | <input type="checkbox"/> faxed | <input type="checkbox"/> mailed |

Alleged victim(s):

Alleged victim(s) identifiers: (indicate the following if known: BD – Birth date, ID – CMH ID#, SS – Social Security Number)

IF Alleged Victim is a minor

Mother: ☐ married ☐ single ☐ divorced ☐ separated

Father: ☐ married ☐ single ☐ divorced ☐ separated

Alleged victim address/residence and phone number:

Alleged perpetrator(s) name:

Alleged perpetrator address or location:

Alleged incident occurred at:

Approximate date(s) or time frames of alleged incident (be as specific as possible):

Details of Allegation: (use second sheet if necessary; attach copy of Form 3200 and/or other related documents)

Signature and Title of Person Making this report

Date

Submit this form to Quality by faxing to 989-272-0290, Executive Director of Clinical Services, & Direct Supervisor

DO NOT copy to Consumer Records: If this report becomes a part of the consumer's clinical record, the name of the alleged perpetrator must not be removed from this report as required by Section 723 (3) of Public Act of 1986. It is a misdemeanor to intentionally file a false report of abuse or to violate Section 723.

G:\Agency Forms\ Clinical Forms\ Report on Alleged Recipient Abuse DO NOT SCAN INTO CONSUMER RECORD

4/11/22

Exhibit 5 - SCCMHA Staff Action Regarding Alleged Abuse/Neglect/Exploitation (page 2)


| MICHIGAN DEPARTMENT OF HEALTH AND HUMAN SERVICES REQUIREMENTS FOR REPORTING ABUSE AND NEGLECT | | | | | |
|--|--|---|--|--|---|
| WHERE is the report made? | Section 723, Public Act 258 of 1974 as amended (Mental Health Code-Recipient Abuse) To the OFFICE OF RECIPIENT RIGHTS (ORR) at your Hospital or Community Mental Health Services Program (CMHSP) A list of local rights offices can be found at: http://tinyurl.com/orr/offices | Public Act 238 of 1975 (Child Protection Law) To the MDHHS Office of Childrens Protective Services (CPS) ADULT OR CHILDRENS PROTECTIVE SERVICES HOTLINE 855-444-3911 | Public Act 519 of 1982 (Adult Protective Services Law) To the MDHHS Office of Adult Protective Services (APS) | Section 723, Public Act 258 of 1974 as amended (Mental Health Code-Criminal Abuse) To the Michigan State Police (MSP) or Local Sheriff or Local Police Department MSP 517-332-2521 | |
| | WHAT must be reported? | Sexual, Physical, Emotional or Verbal Abuse, Neglect, Serious Injury, Death, Retaliation or Harassment All employees, contract employees, or volunteers of Michigan Department of Health and Human Services, Community Health Services Programs, Licensed Private Psychiatric Hospitals | Sexual, Physical or Mental Abuse, Neglect, Maltreatment, Exploitation Any person employed by an agency licensed to provide, anyone who is licensed, registered, or certified to provide health care, education, social, or other human services, law enforcement officers and child care providers. | Assault (other than patient-patient assault/battery), Criminal Sexual Abuse, Homicide, Vulnerable Adult Abuse, Child Abuse All employees, contract employees of Michigan Department of Health and Human Services, Community Mental Health Services Programs, Licensed Private Psychiatric Hospitals; All mental health professionals. | |
| WHO is required to report? | WHAT is the CRITERIA for reporting? | You must report if you: Suspect a recipient has been abused or neglected or any allegations of abuse or neglect made by a recipient. | You must report if you: Have reasonable cause to suspect or believe an adult has been abused, neglected, exploited or maltreated. | You must report if you: Suspect a recipient or vulnerable adult has been abused or neglected, sexually assaulted, or if you suspect a homicide has occurred. You do not have to report if the incident occurred more than one year before your knowledge of it. | |
| WHEN must the report be made and in what format? | TO WHOM are reports made? | A verbal report must be made immediately. A written report on an incident report form must be made before the end of your shift. | A verbal report must be made immediately. A written report on DHS form 3200 must be made within 72 hours. | A verbal report must be made immediately. A written report must be made within 72 hours of the oral report. | |
| If there is more than one person with knowledge must all of them make a report? | Is there a penalty for failure to report? | Not necessarily. Reporting should comply with the policies and procedures set up by each agency. | Someone who has knowledge must report or cause a report to be made. | Someone who has knowledge must report or cause a report to be made. | |
| Is it necessary to report to more than one agency? | Are there other agencies to which a report can be made? | Each of these laws requires that the designated agency be contacted. If an allegation is suspected to have occurred, which falls under its specific jurisdiction. There are several references in each law indicating that reporting to one agency does not absolve the reporting person from the responsibility of having to report to other agencies, as statutorily required. | Everyone who has knowledge of a violation or an alleged violation must make a report. MDHHS has typically accepted one report from agencies. | The law states that failure to report or false reporting is a criminal misdemeanor. | |
| YES | YES | The Bureau of Community and Health Systems (LARA) is responsible for investigating abuse and neglect in Nursing Homes, Hospitals and Home Health Care. Call the NURSING HOME ABUSE HOTLINE 1-800-882-6006 The Michigan Attorney General's Office has an Abuse Investigation Unit which may also investigate abuse in Nursing Homes. Call the ATTORNEY GENERAL HEALTH CARE FRAUD HOTLINE 1-800-242-2873 The LARA Adult Foster Care (AFC) Division is responsible for investigating abuse or neglect in a licensed foster care home. Call The Bureau of Community and Health Systems COMPLAINT INTAKE UNIT 1-866-856-0126 | You may be held liable and have to pay a \$500 fine. | | |
| | | | | |  |

Exhibit 6 – SCCMHA CIRC Nursing Evaluation Report**Nursing Evaluation and Recommendation Report**

For Critical Incidents Involving Emergency Medical Treatment or Hospitalizations
Due to Injury or Medication Error

| | | |
|--|-----------------------|--|
| INSTRUCTIONS: 1) Please complete the form. 2) Nursing Staff will return the form to the SCCMHA Business Intelligence – Quality Department within 10 business days of the notification of the critical incident. | | |
| CONSUMER'S LAST NAME | CONSUMER'S FIRST NAME | CONSUMER I.D. |
| DATE OF INCIDENT | NURSE COMPLETING FORM | |
| NURSING EVALUATION | | |
| IS THE INCIDENT RELATED TO PSYCHIATRIC MEDS? | | HAS A MEDICATION CONSULT OCCURRED? |
| RESULTS OF MEDICATION CONSULT: | | |
| IS THE INCIDENT RELATED TO A PHYSICAL HEALTH DIAGNOSIS? | | WAS THE PRIMARY CARE PHYSICIAN NOTIFIED? |
| HAS THERE BEEN COORDINATION OF CARE WITH PRIMARY CARE PHYSICIAN IF RELATED TO PHYSICAL HEALTH? | | |
| RESULTS OF PRIMARY CARE PHYSICIAN FOLLOW-UP: | | |
| IS THERE DOCUMENTATION WITHIN THE ELECTRONIC HEALTH RECORD OF NECESSARY FOLLOW-UP? | | |
| NURSING RECOMMENDATION(S): | | |
| HAS AN INTERVENTION OCCURRED TO ADDRESS THE RECURRENCE OF THE INCIDENT? IF YES, PLEASE DESCRIBE. | | |
| SIGNATURE OF NURSE COMPLETING THE EVALUATION AND REPORT | | DATE COMPLETED |
| FOR SCCMHA CIRC USE ONLY | | |
| SIGNATURE OF BUSINESS INTELLIGENCE – QUALITY DEPARTMENT STAFF PERSON | | DATE OF RECEIPT |

Exhibit 7 – Root Cause Analysis Summary


Root Cause Analysis Summary

for Critical Incidents & Sentinel Events

| | | | |
|---|--|--|--|
| INSTRUCTIONS: | | | |
| 1) A Root Cause Analysis (RCA) will be requested within 3 business days of the incident occur date. | | | |
| 2) An RCA must commence within 2 business days of the request and be completed within 10 subsequent business days. | | | |
| 3) The provider will file all related documentation and assure it is kept confidential . | | | |
| 4) The provider will return <u>ONLY</u> this Root Cause Analysis Summary to the SCCMHA Quality Department within 12 business days of the request. | | | |
| CONSUMER'S LAST NAME | | CONSUMER'S FIRST NAME | |
| [REDACTED] | | [REDACTED] | |
| DATE OF EVENT | | CONSUMER I.D. | |
| [REDACTED] | | [REDACTED] | |
| PROVIDER'S NAME | | DATE OF REQUEST FOR RCA | |
| [REDACTED] | | [REDACTED] | |
| DATE OF RCA START | | | |
| [REDACTED] | | | |
| BRIEF DESCRIPTION OF EVENT (attach separate sheet if necessary) | | | |
| [REDACTED] | | | |
| INDIVIDUALS THAT PARTICIPATED IN THE RCA | | | |
| NAME: [REDACTED] | | TITLE: [REDACTED] | |
| NAME: [REDACTED] | | TITLE: [REDACTED] | |
| NAME: [REDACTED] | | TITLE: [REDACTED] | |
| NAME: [REDACTED] | | TITLE: [REDACTED] | |
| NAME: [REDACTED] | | TITLE: [REDACTED] | |
| DESCRIBE THE FACTORS (e.g. PROCEDURE, STAFF, ENVIRONMENT, EQUIPMENT) THAT CONTRIBUTED TO THE EVENT (attach separate sheet if necessary) | | | |
| [REDACTED] | | | |
| THE FOLLOWING PLAN OF CORRECTION WILL BE IMPLEMENTED TO PREVENT FURTHER OCCURRENCE OF THE EVENT (attach separate sheet if necessary) | | | |
| [REDACTED] | | | |
| TARGET DATE OF IMPLEMENTATION | | INDIVIDUAL(S) THAT THE INTERVENTION WILL BE IMPLEMENTED BY | |
| [REDACTED] | | [REDACTED] | |
| SIGNATURE OF INDIVIDUAL COMPLETING THE RCA SUMMARY | | DATE COMPLETED | |
| [REDACTED] | | [REDACTED] | |
| FOR SCCMHA CIRC USE ONLY | | | |
| SIGNATURE OF QUALITY PROJECTS & REPORTING COORDINATOR/CIRC CHAIRPERSON | | DATE OF CIRC REVIEW | |
| [REDACTED] | | [REDACTED] | |

Exhibit 8 – A Framework for Conducting a Root Cause Analysis (page 1)

A Framework for Conducting a Root Cause In Response to a Sentinel Event



Sentinel Events

| Level of Analysis | Possibilities | Questions | Findings | Risk Reduction Strategies | Measurement Strategies |
|---|---------------------------------------|---|--|--|------------------------|
| What Happened? ↓ Why did it happen? What factors were closest to the event? (Typically “special cause” variations) ↓ | Sentinel Event | What are the details of the event? | | | |
| | | What area/service was impacted? | | | |
| | Human Factors | What human factors were relevant to the outcome? | | | |
| | Process Factors | What step(s) in the process were involved? | | | |
| | Equipment Factors | How did the equipment performance affect the outcome? | | | |
| ↓ Why did that happen? What were the processes involved? (May involve “special cause” variation, “common cause” variation, or both) ↓ | Controllable environmental factors | What environmental factors directly affected the outcome? | | | |
| | Uncontrollable external factors | Are they truly beyond the organization’s control? To prevent? | | | |
| | | To protect against? | | | |
| | Other | Are there any other factors that have directly influenced this outcome? | | | |
| | Patient care process(es) (Specify) | What are the steps in the Process? (intended and actual) What steps were most directly involved in the event? What can be done to prevent failure at this step? What can be done to protect against a bad outcome if there is a failure at this step? What other areas or services are impacted? Where else should improvements be made to reduce risk of this type of event? | Flow chart Cause-effect; change analysis; Failure Mode & effect analysis Fault tree analysis Barrier analysis Failure mode & effect analysis | Eg, amplification, redundancy Eg, “fail safe” design, redundancy (generalize improvements to all applicable areas) | |

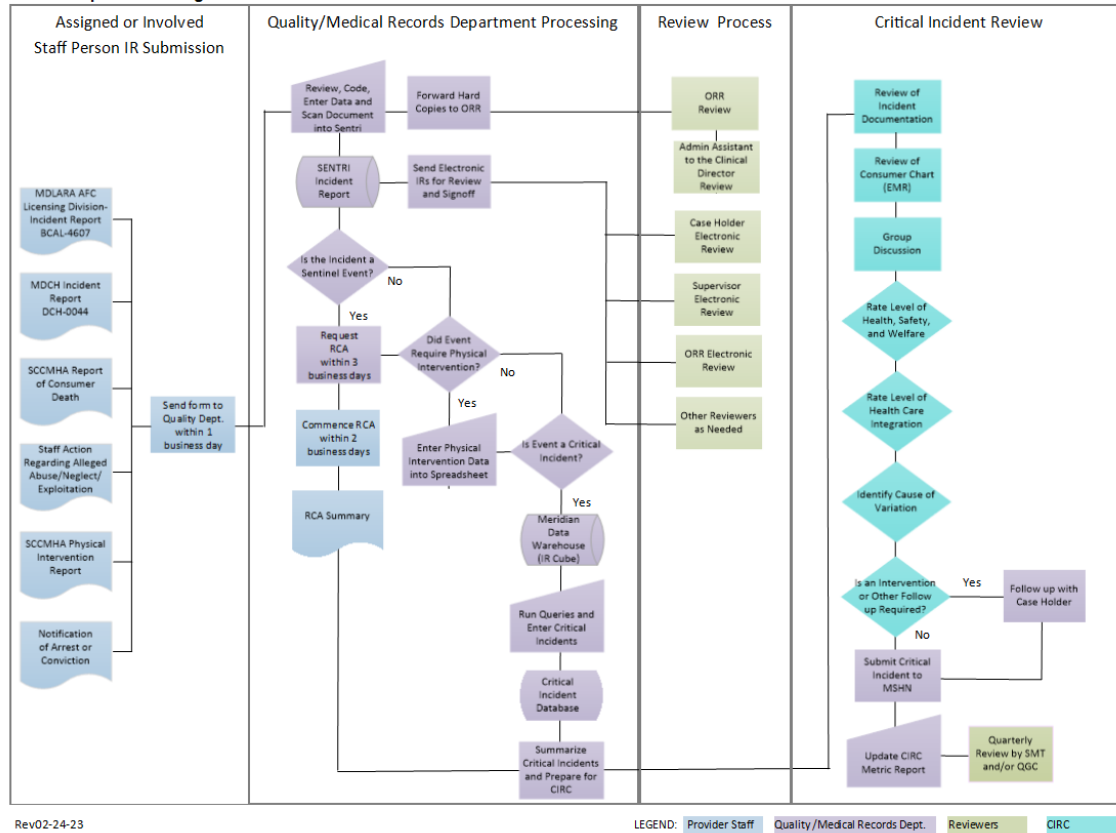
Page 1 of 2

Exhibit 8 – A Framework for Conducting a Root Cause Analysis (page 2)

| Level of Analysis | Possibilities | Questions | Findings | Risk Reduction Strategies | Measurement Strategies |
|--|--------------------------------------|---|------------------|---------------------------|------------------------|
| <p>Why did that happen? What systems underlie those processes?</p> <p>Common cause variation here may lead to special cause variation in dependent processes</p> | Human resource issues | How well do staff qualifications and current competence match their responsibilities in the relevant process(es)? | | | |
| | | How did actual staffing compare with ideal levels? | | | |
| | | What are the plans for dealing with contingencies that would tend to reduce effective staffing levels? | | | |
| | | To what degree is staff performance in the relevant process(es) addressed? | | | |
| | | How can orientation & in-service training be improved? | | | |
| | Information management issues | To what degree is all necessary information available when needed? Accurate? Complete? Unambiguous? | | | |
| | | How can communication among participants be improved? | | | |
| | | To what degree is the physical environment appropriate for the processes being carried out? | | | |
| | Environmental management issues | What systems are in place to identify environmental risks? | | | |
| | | What emergency and failure-mode responses have been planned and tested? | | | |
| <p>Why did that happen? What systems underlie those processes?</p> <p>Common cause variation here may lead to special cause variation in dependent processes</p> | Leadership issues: Corporate culture | How might the culture better support risk identification & reduction? | | | |
| | Encouragement of communication | What are the barriers to communication of potential risk factors? | | | |
| | Clear communication of priorities | To what degree is the prevention of adverse outcomes communicated as a high priority? | | | |
| | Uncontrollable Factors | How can we protect against these? | Barrier analysis | | |


Exhibit 9 – Incident Report Processing & Review Flowchart

Incident Report Processing & Review



Tab 5

Regulatory Management/ HIPAA Compliance

| Policy and Procedure Manual Saginaw County Community Mental Health Authority | | |
|---|--|--|
| Subject: Releasing Consumer Information | Chapter: 08 – Management of Information | Subject No: 08.01.08 |
| Effective Date: 5/9/16 | Date of Review/Revision: 3/8/17, 3/1/18, 2/25/19, 3/20/20, 3/11/21, 8/30/22, 2/27/23 | Approved By: Sandra M. Lindsey, CEO Responsible Director: AmyLou Douglas, Chief Information Officer Chief Quality and Compliance Officer Additional Reviewers: Holli McGeshick, Quality and Medical Records Supervisor LaDonna Jones, Clerk Typist - Records |
| | Supersedes: | |
|  SAGINAW COUNTY COMMUNITY MENTAL HEALTH AUTHORITY | | |

Purpose:

The Purpose of this policy is to delineate the process for the releasing of information from the electronic consumer record with Saginaw County Community Mental Health Authority.

Application:

The entire Saginaw County Community Mental Health Authority network.

Policy:

It is the policy of Saginaw County Community Mental Health Authority that ownership and control of the electronic record (SENTRI) rests with Saginaw County Community Mental Health Authority.

It is the policy of Saginaw County Community Mental Health Authority that information released or otherwise conveyed from SENTRI will be done only in accordance with Federal and State law, and policies of Saginaw County Community Mental Health Authority.

It is the policy of Saginaw County Community Mental Health Authority that contracted Primary Providers (Providers) shall release information from SENTRI only within the confines of policy.

Standards:

The sharing or provision of information and/or documents will be done in a systematic way that conforms to any applicable law, regulation, or Saginaw County Community Mental Health Authority policies.

The sharing of information and/or documents will be implemented in a manner that assures consumer confidentiality.

There will be written guidelines and procedures for the sharing of confidential consumer record information or documents by providers that have been approved by the Executive Director of Clinical Services, Quality & Medical Records Supervisor and Compliance Officer.

There will be documentation in the consumer record that indicates what records or information was shared, when shared, for what purpose, and by whom. This can be in the form of a cover letter sent with documents and scanned into a placeholder document or written as a Clinical Note in SENTRI.

Release requests will be scanned into SENTRI as an attachment to a SENTRI form. If such form is created in error, the function used in SENTRI is to either make the form 'Expired' by using the current date or to indicate that the form is "Invalid." "Revoke" should not be used.

Definitions:

None

References:

08.02.03 – Information Protection

08.04.09 – Ownership & Retention of Hard Copy Consumer Records

08.05.09.01 – Authorizations – Obtaining an Authorization for Use or Disclose PHI

Exhibits:

Exhibit A: Guidelines for providing copies of documents from consumer records

Exhibit B: Releasing Information from SENTRI II by Contracted Primary Providers

Exhibit C: Releasing Information Workflow

Exhibit D: Release Letters Sample

Procedure:

| ACTION | RESPONSIBILITY |
|-----------------------|----------------|
| See relevant Protocol | |

Exhibit A

Guidelines for providing copies of documents from consumer records

State and Federal laws, as well as SCCMHA policy, allow for the providing of copies of documents from the Consumer Record. The purpose of this guideline is to clarify the process for the sending of these copies.

Documents from the Consumer Record can be provided by:

- The Records Department
- The assigned Case Holder (Case Manager, Support Coordinator, Therapist, Care Management)
- Medical Services (primarily Nurses)
- Emergency Services

Copies of documents for entities other than the Consumer or Guardian require an active and proper Consent to Release Information in the Record unless allowed by law:

- Documents may only be provided within the constraints and limitations as indicated on the Release.
- Typically, documents are sent to entities through the Records Department.
 - Single documents may be provided to entities by the Case Holder – primarily the consumer or guardian or for emergent circumstances to a third party with the approval of the Case Holder's Supervisor
 - Medical Services may send copies of Medication Reviews, Prescriptions, Lab Results (if requested by SCCMHA), and lists of medications.
 - Emergency Services may send coordination documents
- Requests for documents from law enforcement, lawyers, or required by a subpoena or court order should be referred to the Records Department.
- A Clinical Note should be written and include the names and dates of documents sent. If sent by fax, only the fax cover sheet will be scanned into SENTRI.
- Copies of records obtained from other entities should be sent only through Records as there may be legal constraints on the resending of these documents.

Consumers, or the legal guardian/parent of a minor, have the right to view the record and/or obtain copies of documents from their record.

- Some documents are provided as part of the course of service such as the Individual Plan of Service.
- Active consumers should make requests for document copies through the currently assigned Case Holder.
 - The Case Holder will indicate in a Case Note the name and date of any document copies provided to the consumer/guardian.
 - If the number of documents requested is excessive, or the documents are not available directly to the Case Holder, the request should be referred to Records Department for processing.
 - A Consent to Share PHI is not required for documents provided by the Case Holder to a consumer/guardian. Note: when Records provides copies, a Consent is requested to be signed as proof document.
 - The Quality & Medical Records Supervisor should be contacted regarding any concerns or issues regarding the provision of documents to a consumer/guardian.
- Consumers not currently active with SCCMHA should be referred to the Records Department.

By law and practice, SCCMHA does not charge fees to a Consumer/guardian for the initial copy of any document. SCCMHA may charge a copy fee for any additional copies, as determined by the Quality and Medical Records Supervisor.

Fees for research and copying may be charged to other individuals or entities as determined by the Quality and Medical Records Supervisor. Entities that are typically not charged include: Medical services (physician offices, pharmacy, therapists, counselors, laboratories, etc.), Residential Services, Law Enforcement (including Protective Services), and some other governmental agencies (such as other CMHs, DCH, MRS, etc.). Fees will only be charged through the Records Department.

SCCMHA attempts to provide copies in a timely manner. Copies of documents requested through Records usually cannot be provided on the same day, will be provided within thirty (30) days of receipt of the request.

For additional information or questions on releasing information or documents please contact SCCMHA's Records Department at (989) 797-3492 or SCCMHA's Customer Service Department at (989) 797-3452/1-800-258-8678.

Exhibit B

Releasing Information from SENTRI II by Contracted Primary Providers

These guidelines are to clarify the releasing of information from SENTRI by the contracted Primary Providers.

1. The Primary Providers should include SCCMHA as a party on all Consents to release or share documents or information from SENTRI II.
2. Requests for documents or information for consumers who are now closed to the Primary Provider should be referred to SCCMHA's Records Department.
3. For consumers open to the Primary Provider:
 - a. Single or small amounts of documents from SENTRI can be given to the consumer and/or guardian directly by the Case Holder or provider staff.
 - i. The provision of documents should be documented in a Chart Note in SENTRI II
 - ii. If the consumer/guardian is requesting all or a large number of records, then the consumer should be referred to SCCMHA's Records Department.
 - b. Documents to third parties for the coordination of care can be released by the Primary Provider so long as what was released is documented either in a Chart Note or as a scanned list for the placeholder 'Attachments' (see 6 below)
4. There is no limitation on the verbal sharing of information from SENTRI II with the consumer or guardian or third parties who have consent.
5. When a third-party requests document that will involve sending copies from SENTRI:
 - a. The party should typically be referred to send a release to SCCMHA's Records Department.
 - b. If giving copies, Providers may only provide documents created by their agency
 - c. If the request is a Subpoena, please contact SCCMHA's Compliance Officer for assistance and guidance
6. Provider Releases need to be scanned in the Regional Release section of SENTRI and not in the general scanning, using a SENTRI PHI Exchange Page as a placeholder. This can be done as follows:
 - a. Complete the appropriate fields
 - b. Placing the Provider Name and then the name of the third party in the "Release to and Obtain From" field. For example: SVRC & Social Security; TTI & Dan Fobbs, Atty; SPSI – John Doe
 - c. Sign the template
 - d. Scan the signed document into the "Attachments"
 - e. Complete the 'Consumer signed' or obtain consumer signature electronically (if applicable)
 - f. If documents were given to the third party from this release, then a listing of those documents would also be scanned into the placeholder "Attachments."

SCCMHA has 'template' documents for responding to requests available for use by Providers upon request.

If there are any questions regarding the releasing of information from SENTRI II, please contact SCCMHA's Typist/Clerk (Medical Records and Release of Information) at (989) 797-3492 , Quality and Medical Records Supervisor at (989-272-7235) or the Officer of Recipient Rights & Compliance at (989-797-3539).

Exhibit C

Releasing Information Workflow

1. Request to Release form is received
 - a. Review Release
 - i. Compliance to regulations
 1. Completeness
 - a. All required areas filled
 - ii. Signature
 1. Verify the signer is legally authorized to consent to disclose
 2. May check signatures on-file
 3. If Release if from trusted source (SSI, Court, etc.) then can assume accurate
 - iii. Clarify requested information
 1. Check date ranges requested
 2. Terminology for documents varies
 3. Typically require items determining clinical status such as Medication Review, Psychiatric, Emergency Notes, Assessments
 4. May contact the requestor for further clarification
 - b. Log in the Release date on the Medical Release Tracking spreadsheet
 - c. Compile information
 - i. SENTRI
 1. Documents created in Harmony were transferred to either Historical Documents or as Progress Notes
 2. Use Print function: can print for fax or mail, save to file for e-submission
 - ii. May contact requestor for clarification
 - iii. Compile documents in a “packet” or pile.
 1. If faxing, then do not staple
 2. If mailing, may staple but not required
 - d. Send
 - i. Complete Document form
 1. Place on top of document packet (save to file for e-submission)
 - ii. Complete Invoice (if charging)
 1. Place after the Document form on packet (save to file for e-submission)
 - iii. Mail, fax, or e-submit
 - e. Log date sent and charge on Medical Release Tracking spreadsheet
 - f. Release in SENTRI
 - i. Create Release if form from outside agency
 - ii. Scan
 1. Release
 2. Document Form
 3. Invoice
 4. Fax confirmation

Exhibit D

Release cover letters samples (current actual used may be marginally different)



500 Hancock Street, Saginaw MI 48602-4292
Phone (989) 797-3400 Fax (989) 799-0206

Cannot Complete Requested Form

DATE OF REQUEST:

TO:

Documents Pertaining To:

DOB:

SSN: (last 4 digits)

A requested form for this consumer cannot be completed for the following reason:

- ☐ this case is closed and an accuracy of current status, diagnosis, condition, etc. cannot be determined
- ☐ this individual is a consumer of SCCMHA services, but the services are provided by the following provider so the information must be requested directly from that provider with separate permission:
 - Provider
 - Address
 - Phone

Please feel free to contact me with any further questions.

Sincerely,

SCCMHA's Medical Records Typist Clerk

Phone:

NOTICE OF FEDERAL AND STATE LAWS REGARDING CONFIDENTIALITY AND FURTHER DISCLOSURE

The following document(s) are released under one or more of the applicable laws and regulations indicated below which limits or prohibits disclosure of these records to third parties as indicated in that applicable law or regulation.

45 CFR 160, 164 (Health Information Protection and Portability Act)

Michigan Mental Health Code MCL 330.1748

The following may also apply to these records:

This information has been disclosed to you from records protected by Federal confidentiality rules (42CFR 2). The Federal rules prohibit you from making any further disclosure of this information unless further disclosure is expressly permitted by the written consent of the person to whom it pertains or as otherwise permitted by 42 CFR 2. A general authorization for the release of medical or other information is NOT sufficient for this purpose. The Federal rules restrict any use of the information to criminally investigate or prosecute any alcohol or drug abuse patient. 42 CFR 2.32



To Whom It May Concern

The Michigan Mental Health Code **MCL 330.1748** requires that legally signed Consent to Release, or a statutory exception, is required to provide any requested information. Other applicable Federal and State laws that safeguard confidentiality are:

- The Alcohol and Other Drug (AOD) Confidentiality Rule **42 CFR Part 2**
- Health Insurance Portability and Accountability Act **HIPAA 45 CFR Part 160 and Part 164**
- Family Education Rights and Privacy Act **FERPA**

Your request for information was received but does not meet the requirements for a legally signed Consent to Release, so it is being returned without response.

If you have any questions, please feel free to contact either:

{Name}, Quality and Medical Records Supervisor - 989-272-7235

{Name}, Compliance Officer – 989-797-3539

Saginaw County Community Mental Health Authority

Copies of Files to Consumers

As a consumer of Mental Health Services, you are entitled to receive copies of Saginaw County Community Mental Health Authority (SCCMHA) created documents in your Medical Record by law (laws). Documents from other agencies or organizations cannot be released to you. You will need to go to that agency and request any copies.

Also, by law, SCCMHA can charge a reasonable fee for gathering and making these copies (laws).

However, to serve you better, realizing that many of the consumers of SCCMHA services have fixed or limited incomes, the agency will provide, upon your request a copy of documents in your file without charge. Additional copies of documents already provided may require a fee, payable in advance, if directed by the Quality & Medical Records Supervisor and as applicable to current standards and practices.

Documents released directly on your behalf to other individuals, organizations, or entities such as Department of Human Services, attorneys, physicians, Social Security, etc. may be billed, if applicable, a research and copy fee.

If you are currently an active SCCMHA consumer, please request your copies of documents from your current Case Holder. If the number of documents is excessive, or the documents are not available to the Case Holder, then you will be referred to the Medical Records Department for assistance. You will be requested to sign a Release Form to show you requested this information. Record copies may take up to thirty (30) days to process, though the time is typically much less.

If you are not a current consumer of Saginaw County Community Mental Health Authority, the agency requires a Release of Information form signed by you. SCCMHA will only release the information as designated on this form. Please indicate on the form who will be retrieving the documents or the address for where the documents need to be sent. The Medical Records Department staff or the Customer Service Department can assist you in filling out the form.

Copies of documents requested through the Medical Records Department usually are not able to be provided on the same day. SCCMHA attempts to provide copies in a timely manner but no longer than thirty (30) days.

If you have any questions about this process, please contact SCCMHA's, Typist/Clerk (Medical Records and Release of Information) at (989) 797-3492 or the Customer Service Department at 797-3452 or 1-800-258-8678.



500 Hancock Street, Saginaw MI 48602-4292
Phone (989) 797-3400 Fax (989) 799-0206

DOCUMENT DISCLOSURE

DATE OF RELEASE:

RELEASED TO:

Documents Pertaining To:

DOB:

SSN: (last 4 digits)

Notes or Comments

NOTICE OF FEDERAL AND STATE LAWS REGARDING CONFIDENTIALITY AND FURTHER DISCLOSURE

The following document(s) are released under one or more of the applicable laws and regulations indicated below which limits or prohibits disclosure of these records to third parties as indicated in that applicable law or regulation.

45 CFR 160, 164 (Health Information Protection and Portability Act)
Michigan Mental Health Code MCL 330.1748

The following may also apply to these records:

This information has been disclosed to you from records protected by Federal confidentiality rules (42CFR 2). The Federal rules prohibit you from making any further disclosure of this information unless further disclosure is expressly permitted by the written consent of the person to whom it pertains or as otherwise permitted by 42 CFR 2. A general authorization for the release of medical or other information is NOT sufficient for this purpose. The Federal rules restrict any use of the information to criminally investigate or prosecute any alcohol or drug abuse patient. 42 CFR 2.32

Document(s) Released

Document Date

Note: documents with the SENTRI logo are electronically signed



500 Hancock Street, Saginaw MI 48602-4292 • Phone (989) 797-3400 Fax(989) 799-0206

Invoice

Fees for disclosed documents



DATE: ☐

Payor:

Address:

RE:

DOB:

SSN: (last 4 digits)

Flat Fee: **\$ 6.50**

Due Date: **Please remit within 30 days**

Pay To: **FE#: 38-3192817**

SCCMHA
Attn: Financial Services
500 Hancock St.
Saginaw, MI 48602

Staff Contact:
Phone:
Email:



500 Hancock Street, Saginaw MI 48602-4292 • Phone (989) 797-3400 Fax (989)

No Charge

DATE OF REQUEST:

REQUESTED BY:

Documents Pertaining To:

DOB:

SSN: (last 4 digits)

No charge is being assessed to the requesting party for the research and provision of documents from the records of the above referenced individual.

Records released directly to the consumer or guardian are not assessed a charge for the first copy of documents within a time frame. Additional copies of documents within that same time frame will be assessed a research and processing fee at the current rate.

Please feel free to contact Saginaw County Community Mental Health Authority's Medical Records Department with any questions.

Sincerely,

Medical Records Typist Clerk
Phone:



500 Hancock Street, Saginaw MI 48602-4292 • Phone (989) 797-3400 Fax (989) 799-0206

No Records Found

DATE OF REQUEST:

TO:

Documents Pertaining To:

DOB:

SSN: (last 4 digits)

No Records were found that matched the criteria of the Request to Disclose or Release Information for the above referenced individual.

Please feel free to contact Saginaw County Community Mental Health Authority's Medical Records Department with any further questions.

Sincerely,

Medical Records Typist Clerk
Phone:



500 Hancock Street, Saginaw MI 48602-4292 • Phone (989) 797-3400 Fax (989) 799-0206

VERIFICATION OF SERVICES DISCLOSURE

The individual referenced below is:

- ☐ Currently receiving services from Saginaw County Community Mental Health Authority
- ☐ Has no record of receiving services from Saginaw County Community Mental Health Authority
- ☐ Has received services in the past from Saginaw County Community Mental Health Authority but is no longer active. Last date of service:

Individual's Name:

DOB:

SSN: (last 4 digits)

Notes or Comments

DATE OF VERIFICATION:

Insurance Provider:

Information Requested by:

SCCMHA Staff Verifying:

NOTICE OF FEDERAL AND STATE LAWS REGARDING CONFIDENTIALITY AND FURTHER DISCLOSURE

The following document(s) are released under one or more of the applicable laws and regulations indicated below which limits or prohibits disclosure of these records to third parties as indicated in that applicable law or regulation.

45 CFR 160, 164 (Health Information Protection and Portability Act)


Michigan Mental Health Code MCL 330.1748

The following may also apply to these records:

This information has been disclosed to you from records protected by Federal confidentiality rules (42CFR 2). The Federal rules prohibit you from making any further disclosure of this information unless further disclosure is expressly permitted by the written consent of the person to whom it pertains or as otherwise permitted by 42 CFR 2. A general authorization for the release of medical or other information is NOT sufficient for this purpose. The Federal rules restrict any use of the information to criminally investigate or prosecute any alcohol or drug abuse patient. 42 CFR 2.32

Tab 6

Recipient Rights, Customer Service, Appeals & Grievance

| Policy and Procedure Manual Saginaw County Community Mental Health Authority | | |
|---|--|---|
| Subject: Enrollee Rights and Accommodations | Chapter: 02 - Customer Services & Recipient Rights | Subject No: 02.01.01 |
| Effective Date: May 2002 | Date of Review/Revision: 6/7/02, 6/13/10, 5/14/12, 6/3/14, 9/22/14, 5/6/16, 6/13/17, 6/10/18, 1/8/19, 2/11/20, 2/9/21, 6/7/22, 2/14/23 | Approved By: Sandra M. Lindsey, CEO Responsible Director: Director of Customer Service, Recipient Rights, & Security |
| | Supersedes: | |
|  | | Authored By: Director of Customer Service, Recipient Rights, & Security Reviewed By: |

Purpose:

1. To accommodate access and assure each individual's full participation and receipt of maximum benefit from service being offered
2. To add customer value and satisfaction to services being offered by recognizing and addressing differences of individuals

Policy:

It is the policy of Saginaw County Community Mental Health Authority (SCCMHA) to ensure that applicants and recipients of services, as well as the staff and provider network members, and the community and public, receive any necessary and appropriate accommodations throughout the local SCCMHA mental health system in order to provide satisfactory and effective consumer service and ensure meaningful participation for all individuals in the service area. Assessment of accommodation needs shall commence and be documented upon initial contact with the SCCMHA system, and accommodation plans will be reassessed or revised if appropriate for each individual consumer served. SCCMHA recognizes that individual differences can directly impair system access, receipt of services and the quality, effectiveness, and satisfaction of/with SCCMHA service delivery.

Application:

This policy applies to all provider network members, including contracted, board operated and contract or direct operated affiliations that provide purchased services to persons served by SCCMHA. This policy addresses individual - consumer or applicant and related family, advocate, and stakeholder - and community/public accommodations. This policy does not address relevant employee/staff accommodations.

Standards:

- A. Barriers to consumer accommodations will be routinely identified and addressed by SCCMHA on an individual and systemic basis.
- B. SCCMHA will assure access and accommodation of persons with Limited-English proficiency (LEP).
- C. SCCMHA will assure system sensitivity and accommodation of diverse ethnic and cultural backgrounds.
- D. SCCMHA will ensure accommodation of individuals with communication impairments (including persons who do not use verbal language to communicate or who use alternative forms of communication).
- E. SCCMHA will ensure persons who are deaf, blind, or hard of hearing or have other accommodation needs are accommodated throughout the system.
- F. Accommodation for staff/employees to promote their performance with job roles is the responsibility of the Human Resources Department and not covered by this policy.
- G. Accommodations for consumers will be individually addressed, but collectively will reflect the cultural context and diversity of the SCCMHA geographical service delivery area and community needs.
- H. SCCMHA will provide materials to applicants for services in varied formats that consider the individual differences of each person's communication or access needs and in a format that is easily understood.
- I. SCCMHA will secure interpreter services or bilingual staff as needed for consumers or others.
- J. SCCMHA will routinely assess and respond to community cultural diversity needs.
- K. SCCMHA will assess the organizational and provider network system accessibility to meet consumer and service applicant needs.
- L. SCCMHA will ensure staff and provider network orientation and training in all aspects of accommodations to ensure competency and full system access in the community.
- M. SCCMHA will offer electronic, telephonic, or audio communication means to meet consumer and community needs where appropriate.
- N. SCCMHA will periodically measure system sensitivity to consumer accommodations and will implement any indicated improvements in a timely manner.
- O. Staff and provider performance assessment will include cultural diversity and communication/accommodation sensitivity and responsiveness.
- P. SCCMHA outreach activities will specifically include individual accommodation response whenever indicated.
- Q. Intake, screening, assessment, and treatment, as well as customer service/recipient rights personnel will receive specific orientation to consumer accommodation, and will ensure accurate language identification, assessment and planning for each individual served.
- R. An Accommodation Plan for the SCCMHA system will be prepared by the Director of Customer Service, Recipient Rights, and Security, at a minimum on an annual basis.
- S. Examples of consumer accommodations include facilitating use of client communication adaptive devices or service animals, Braille and Spanish language written materials and building signage, and availability of an augmentative communication specialist.

- T. SCCMHA will review materials provided to applicants, consumers, and the community to ensure that written information is provided at appropriate reading levels for each audience.
- U. SCCMHA announces changes to the Primary Provider Network by posting notice throughout the SCCMHA Provider Network and will inform consumers and the public the updated information may be viewed by visiting the SCCMHA web site or by contacting the Customer Service Office at 1-800-258-8678. Changes will be made and kept up to date to the SCCMHA Primary Provider Contact Information document on www.sccmha.org.
- V. For routine or planned consumer and/or family contacts, interpreter services when needed are to be made available; for crisis or urgent situations, bilingual staff should be utilized if an interpreter cannot be immediately made available.
- W. Staff of SCCMHA or a provider agency will be trained to follow proper procedures to both identify, and to respond with appropriate steps once identification is made of a non-English speaking consumer or other SCCMHA customer.
- X. Primary teams will track what language assistance options are available directly from staff members to assist consumers.

Definitions:

Limited-English Proficiency - Persons who cannot speak, write, read, or understand the English language in a manner that permits them to interact effectively with health care providers and social services agencies.

Linguistically Appropriate Services - Provided in the language best understood by the consumer through bi-lingual staff and the use of qualified interpreters, including American Sign Language, to individuals with limited-English proficiency. These services are a core element of cultural competency and reflect an understanding, acceptance, and respect for the cultural values, beliefs, and practices of the community of individuals with limited-English proficiency. Linguistically appropriate services must be available at the point of entry into the system and throughout the course of treatment and must be available at no cost to the consumer.

Cultural Competency - An acceptance and respect for difference, a continuing self-assessment regarding culture, a regard for and attention to the dynamics of difference, engagement in ongoing development of cultural knowledge, and resources and flexibility within service models to work toward better meeting the needs of the minority populations. The cultural competency of an organization is demonstrated by its policies and practices. PIHP (Prepaid Inpatient Health Plan) components of cultural competence include: 1) a method of community assessment; 2) sufficient policy and procedure to reflect the PIHP's value and practice expectations; 3) a method of service assessment and monitoring; and 4) ongoing training to assure that staff are aware of, and able to effectively implement policy.

Basic Reading Level – The reading level at which an individual can understand the overall meaning of what they read.

Reading Level – For marketing materials intended to be distributed through written or other media to the community that describe the availability of covered services and supports and how to access those supports and services, all such materials shall be written at the 4th grade reading level as much as possible.

Individual - Persons with mental illness, developmental disabilities, or substance abuse disorders (or a combination), including persons who are Medicaid-eligible, as well as other mental health and substance use disorder specialty services recipients who may be indigent, are self-pay or have private insurance coverage.

Outreach - Efforts to extend services to those persons who are under-served or hard-to-reach that often require seeking individuals in places where they are most likely to be found, including hospital emergency rooms, homeless shelters, women's shelters, senior centers, nursing homes, primary care clinics and similar locations.

References:

- Internal - SCCMHA Customer Service Department description; SCCMHA Competency & Performance Evaluation Checklist
- External - Michigan Department of Health and Human Services (MDHHS) contract, including attachment and reference documents; MDHHS Person-Centered Planning Revised Practice Guideline (most current version), Americans with Disabilities Act 1990; Title VI of Civil Rights Act 1964; Rehabilitation Act 1973


Exhibits:

None

Procedure:

| Action | Responsibility |
|---|--|
| 1) Approves and authorizes SCCMHA accommodation policy and plan. | 1) CEO |
| 2) Provides leadership through policies, practices, and system response to complaints/requests regarding consumer and service accommodations. Prepares and oversees system accommodation improvement plans, including assuring consumer input. Reviews accommodations compliance in Office of Recipient Rights (ORR) system and provider reviews. | 2) Director of Customer Service, Recipient Rights, & Security |
| 3) Ensures provider network compliance with accommodation policy requirements and system improvement plans. | 3) Director of Network Services, Public Policy, Continuing Education, OBRA/PASARR and Enhanced Health Services |
| 4) Oversees accommodation for consumers and families in clinical service programs. | 4) Executive Director of Clinical Services and Programs |

| | |
|--|--|
| <p>5) Respond to individual consumer accommodation needs whenever indicated.</p> <p>6) Provide initial and routine input on accommodation policies and procedures; provide stakeholder feedback to SCCMHA on accommodation performance in the community.</p> | <p>5) SCCMHA departments/units and provider network members</p> <p>6) Representative consumers/families/stakeholders</p> |
|--|--|

| Policy and Procedure Manual Saginaw County Community Mental Health Authority | | |
|---|--|--|
| Subject: Cultural Competence | Chapter: 02 - Customer Services & Recipient Rights | Subject No: 02.01.01.02 |
| Effective Date: 1/25/05 | Date of Review/Revision: 6/19/07, 6/22/09, 6/23/10, 6/20/12, 3/28/14, 5/19/14, 4/7/16, 3/8/17, 3/1/18, 3/7/19, 2/11/20, 3/11/21, 6/7/22, 2/14/23 | Approved By: Sandra M. Lindsey, CEO Responsible Director: Executive Director of Clinical Services and Programs Authored By: Executive Director of Clinical Services and Programs Additional Reviewers: |
| | Supersedes: | |
|  | | |

Purpose:

To promote the delivery of services in a culturally competent manner to all consumers of services including but not limited to those with limited English proficiency, who are American Indian or Alaska Native (AI/AN), or for whom access to traditional approaches or medicines may not be part of typically offered services, and to consumers of diverse cultural and ethnic backgrounds and human differences including those based on race, religion, color, national origin, age, sex, height, weight, familial status, marital status, sexual orientation, gender identity, disability, genetics, service member in the Armed Forces, or any other characteristic protected by law.

Application:

The entire Saginaw County Community Mental Health Authority (SCCMHA) network of service providers.

Policy:

SCCMHA values the importance of culture in the delivery of services as well as its workforce and network of providers. SCCMHA will strive to increase the cultural competence of the workforce and network of providers through recruitment, initial training, and ongoing required training(s).

Standards:

1. All providers will receive training in cultural diversity including limited English proficiency and this training will be documented.
2. The initial assessment for each consumer will include an assessment of the need for accommodations related to cultural diversity and/or limited English proficiency.

3. Brochures will be printed in alternative formats.
4. Outreach will occur to cultural groups in the community.
5. Programs will have the ability to respond to culturally diverse populations by having referral agreements with cultural groups and access to translators.
6. Oral interpretation services are available in any language, free of charge, to potential enrollees and enrollees.
7. Enrollees/consumers will be made aware that written information is available in prevalent languages and they can request such from their Case Holder and/or Customer Services.
8. Staff providing services will strive to understand, respect and address how each individual's culture and/or limited English proficiency impacts treatment and the plan/assessment reflects any needed accommodations.
9. Compliance with cultural competence requirements will be monitored at least annually.

Definitions:

Cultural Competency: Refers to human differences, including those based on race, religion, color, national origin, age, sex, height, weight, familial status, marital status, sexual orientation, gender identity, disability, genetics, service member in the Armed Forces, or any other characteristic protected by law. This also includes the willingness and ability of a system to value the importance of those culture differences in the delivery of services to all segments of the population. It is the use of a system's perspective which values differences and is responsive to diversity at all levels of an organization, i.e., policy, governance, administrative, workforce, provider, and consumer. It is the promotion of quality services to underserved, racial/ethnic groups through the valuing of differences and integration of cultural attitudes, beliefs, and practices into diagnostic and treatment methods throughout the system to support the delivery of culturally relevant, competent care. It is also the development and continued promotion of skills and practices important in treatment, cross-cultural interactions and system practices among providers and staff to ensure that services are delivered in a culturally competent manner.

Limited-English Proficiency: Persons who cannot speak, write, read, or understand the English Language in a manner that permits them to interact effectively with health care providers and social services agencies.

References:


1. DCH PHP Review Protocols
2. Cultural Competence Online (Web site)
3. SCCMHA Accommodations Policy
4. SCCMHA Limited English Proficiency Policy

Exhibits:

None

Procedure:

| ACTION | RESPONSIBILITY |
|---|--|
| <ol style="list-style-type: none"> 1. Assures that brochures are available in alternative languages. 2. Makes training on cultural diversity and limited English proficiency mandatory and available on a regular basis. 3. Assures that oral interpretation services are available in any language. 4. Makes consumers/enrollees aware that written materials are available in alternative languages. 5. The initial assessment and ongoing assessments will address the need for accommodations related to cultural diversity and/or limited English proficiency. 6. Staff providing services will strive to understand, respect and address how everyone's culture and/or limited English proficiency impacts treatment and the plan/assessment reflects any needed accommodations. They will seek further training and direction as needed. 7. Will celebrate the diversity of the workforce through periodic celebrations (i.e.: Black History Month, Cinco De Mayo, Mental Health Awareness Month, etc.) | <ol style="list-style-type: none"> 1. Customer Services 2. SCCMHA training department and certified facilitators and/or other Evidence based models as adopted/approved by the agency. 3. Customer Services and SCCMHA Contracts Department 4. Customer Services Access Staff Case managers, therapists, and supports coordinators 5. Psychiatrists, Access staff Case managers, therapists, supports coordinators and enhanced health providers. 6. Psychiatrists, access staff, case managers, therapists and supports coordinators and other enhanced health providers. 7. In partnership with Providers and community partners. |

| Policy and Procedure Manual Saginaw County Community Mental Health Authority | | |
|---|--|--|
| Subject: Customer Service | Chapter: 02 - Customer Services & Recipient Rights | Subject No: 02.01.02 |
| Effective Date: August 8, 2002 | Date of Review/Revision: 7/30/02, 4/21/06, 6/29/09, 5/14/12, 6/22/14, 11/27/16, 5/29/18, 3/12/19, 2/11/20, 2/9/21, 6/7/22, 2/14/23 | Approved By: Sandra M. Lindsey, CEO Responsible Director: Director of Customer Service, Recipient Rights, & Security Authored By: Director of Customer Service, Recipient Rights, & Security Additional Reviewers: |
| | Supersedes: | |
|  | | |

Purpose:

The purpose of this policy is to set forth standards in assisting customers and their family members with needs that arise in dealing with mental health services.

Policy:

The Customer Service staff shall handle customer concerns and questions in an effective, efficient, and timely manner to produce customer satisfaction. Customer concerns and questions may include, but are not limited to: Medicaid and other Insurance benefits, Community Mental Health (CMH) covered services, appeals and grievance procedures, second opinion procedures, assisting with filling out Recipient Rights complaints and forwarding the complaints to the Office of Recipient Rights, Medicaid Fair Hearing requests, etc.

Application:

This policy applies to all Saginaw County Community Mental Health Authority (SCCMHA) board operated programs. The SCCMHA Provider Network is required to follow this policy or have its own policy that is submitted and approved by SCCMHA.

Standards:

- 1) All SCCMHA Board Operated Programs and Provider Network will be responsible for dealing with the customers of SCCMHA in a dignified and respectful manner.
- 2) The Customer Service Office will provide effective and appropriate assistance to staff and customers as requested or needed as evidenced by improved results of Customer Satisfaction Surveys.

- 3) Customer Service Office staff are always available during regular business hours (Mon. – Fri. 8 a.m. to 5 p.m. except for holidays and during emergency closures) to assist customers with questions or complaints.
- 4) Education relating to services and eligibility will be made available through the Customer Service-Office as well as other units of SCCMHA.
- 5) Customers in need of special accommodations will receive any assistance they need through the Customer Service Office.
- 6) Customer Service staff will assist staff with reserving rooms.
- 7) Voice mail messages will be returned within one (1) business day.
- 8) SCCMHA customers will be able to access Customer Service staff after hours by leaving a message on the Customer Service phone line of (989) 797-3452 or Toll Free 1-800-258-8678 or by making arrangements for an after-hours appointment.

Definitions:

Customer Service Office staff activity is defined by job titles: Job titles within this unit are Customer Services Specialist, Customer Services Representative, Customer Service Advocate, Customer Service/Recipient Rights Administrative Coordinator, Supervisor of the Customer Service Office, and the Director of the Customer Service, Recipient Rights, and Security.

Agency phones: The agency switchboard, Toll Free phone number, Customer Service number, Centralized Access, and Intake (CAI), and Crisis Intervention Services (CIS).

Appeals Coordinator: Responsible for educating SCCMHA staff regarding proper procedures in appeals and grievances. Also responsible for obtaining needed records, consulting with other departments, and reviewing relevant information in order to make an informed decision on appeals and grievances.

References:

Internal: None

External: Michigan Department of Health and Human Services (MDHHS) contract

Exhibits:

Exhibit A - SCCMHA Customer Service Standards

Procedure:


| ACTION | RESPONSIBILITY |
|---|---|
| 1) Agency phones will be answered by a live voice within three rings or 30 seconds and in a customer-friendly tone. These staff will be knowledgeable of the service array for SCCMHA and will display the ability to refer customers to the area they need to speak to in a timely manner. | 1) Customer Service, CAI, and CIS staff |

| | |
|---|--|
| 2) Train SCCMHA and Network Provider staff in Appeals and Grievances and assist staff to be aware of their responsibilities when involved in a Hearing. | 2) Supervisor of the Recipient Rights Office (Appeals Coordinator) |
| 3) Customers will receive any assistance they need to initiate the process of requesting a Medicaid Fair Hearing and local complaint processes. | 3) Customer Service staff |
| 4) Customers will be greeted when they approach the Customer Service Office in a warm and friendly manner. | 4) Customer Service staff |
| 5) Customers will be directed to the area they need to get to and will be provided an escort as necessary to assist them. | 5) Customer Service staff |
| 6) Customers in need of any accommodation will be able to find assistance through the Customer Service Office. This could include an interpreter, assistance with a physical disability, inability to read, etc. | 6) Customer Service staff |
| 7) Customer Service staff have access to information about the organization, including annual reports; current organizational chart; SCCMHA board member list, meeting schedule, and minutes that are available to be provided in a timely manner to the person requesting the information. | 7) Customer Service staff |

Exhibit A

Customer Service Standards

| | |
|----|--|
| 1 | The phone will be answered by a live voice promptly (within three rings). |
| 2 | Their calls will be answered in a courteous manner (with a smile). |
| 3 | There will always be telephone coverage during business hours. |
| 4 | All incoming phone calls coming from external sources will be answered with a consistent greeting such as "Saginaw Community Mental Health." |
| 5 | When customers call and ask for a specific department and/or person, they will be transferred to the appropriate answering station but will not be given the direct extension of the staff person unless the staff person has given permission for that extension to be given out. |
| 6 | In the event a caller is requesting a number outside of SCCMHA. The Customer Service Specialist answering the call will make a reasonable effort to provide the number for them. |
| 7 | When multiple calls are received, calls will be answered in order; callers will be asked if their call may be put on hold; the first caller will be returned to first; and the employee will continue to answer the lines in the order of the calls received. |
| 8 | When a person is at the window, a timely and courteous acknowledgement, such as eye contact or a positive indication that the CS specialist knows they are there, will be made. |
| 9 | If there is a person at a counter and the phone rings, the employee will acknowledge the customer at the counter, answer the telephone, tell the caller that a customer is waiting, and give the caller the option of being put on hold or having their call returned. |
| 10 | The outgoing voicemail message will be kept current, and the voicemail message at the main switchboard will be changed on days SCCMHA is closed for a holiday. |
| 11 | The voicemail message gives an optional phone number to call in the event of a crisis. |
| 12 | Any messages left on the general SCCMHA voicemail system will receive acknowledgements of their voicemail messages within 1 business day. |
| 13 | The Customer Service Specialists will assist with support for all departments within SCCMHA and attend to their requests within 1 business day whenever possible. |
| 14 | SCCMHA customers will be able to access Customer Service staff after hours by leaving a message on the Customer Service phone line of (989) 797-3452 or Toll Free 1-800-258-8678 or by making arrangements for an afterhours appointment. Messages will be returned within one (1) business day. |

| Policy and Procedure Manual Saginaw County Community Mental Health Authority | | |
|---|--|---|
| Subject: Consumer Involvement and Leadership Opportunities | Chapter: 02 - Customer Services & Recipient Rights | Subject No: 02.01.03 |
| Effective Date: August 8, 2002 | Date of Review/Revision: 7/30/02, 7/21/09, 6/17/12, 6/22/14, 5/28/18, 6/11/18, 3/12/19, 2/11/20, 2/9/21, 6/8/22, 2/14/23 | Approved By: Sandra M. Lindsey, CEO Responsible Director: Director of Customer Service, Recipient Rights, & Security Authored By: Director of Customer Service, Recipient Rights, & Security Additional Reviewers: Consumer Leadership Group |
| | Supersedes: | |
|  | | |

Purpose:

The purpose of this policy is to include consumers in giving input in the leadership of this agency and to improve the leadership skills within consumer groups. This agency can improve the services delivered to consumers through the wide range of abilities and potential that consumers possess.

Policy:

It is the policy of Saginaw County Community Mental Health Authority (SCCMHA) to include consumers of this agency in areas that affect services. The input sought from the consumers will be obtained through involvement with committee membership, customer satisfaction surveys, orientation to SCCMHA services, Evidence Based Practices, and the Request for Proposal process, implementation.

The involvement of consumers in SCCMHA is promoted wherever and whenever possible. The development of leadership skills for consumers as well as improving services provided by SCCMHA are the primary building blocks for including consumers in our work.

Application:

This policy applies to all consumers, previous consumers, and families of SCCMHA consumers and is applicable to the provider network as appropriate.

Standards:

The SCCMHA Centralized Access and Intake (CAI) are responsible for informing new consumers of all necessary information by meeting with them and providing a copy of the SCCMHA Consumer Orientation folder.

- 1) Consumers will be given the opportunity to be involved in the Consumer Leadership Group. Membership of the Consumer Leadership Group will be offered to any interested consumers but will be limited to 20 members.
- 2) The Consumer Leadership Group will provide Leadership Training to new members. This training was developed specifically for the purpose of use by the Consumer Leadership Group. This training will be offered every other month on the 4th Thursday of the month at 3:30 p.m. starting in January each year. If there are no new members in the Consumer Leadership Group, this training will be cancelled until new members arrive.
- 3) Consumers and their family members participating in SCCMHA committees will complete a Stipend Request form for each meeting they attend. There are some committees where a stipend is not paid.
- 4) Participation in most committees will be compensated by payment of a stipend as outlined in the Stipend Request Form.
- 5) The form (Consumer Stipend) will be signed and forwarded on through the routing process for signatures.
- 6) Consumers will be given information about opportunities to serve as members of committees and encouraged to be involved in committees and other areas of the agency.
- 7) The SCCMHA Provider Network will offer opportunities of consumer leadership within their services.
- 8) Election of Officers within the Consumer Leadership Group will be completed every other year:
 - a) Chair
 - b) Vice-Chair
 - c) Secretary
 - d) Treasurer
- 9) Officers will not serve more than two consecutive two-year terms in the same position

Definitions:

Consumer Leadership Group: A group of consumers, previous consumers, and families offered an opportunity to grow as leaders, meeting together to promote growth of individuals and the group.

References:

None

Exhibits:

Exhibit A: Consumer Stipend Form

Procedure:

None

Exhibit A



CONSUMER MEETING ATTENDANCE STIPEND REQUEST

NAME: Enter Consumer Name HerePHONE: Enter Consumer Phone Number HereADDRESS: Enter Consumer Address HereSOCIAL SECURITY NO: Enter Consumer Social Security Number Here

MEETING DATE(S):

Enter Date of Meeting Here

Consumer Leadership Group

Enter Date of Meeting Here

Self Determination

Enter Date of Meeting Here

Person Centered Planning

Enter Date of Meeting Here

Citizen's Advisory Council (CAC)

Enter Date of Meeting Here

Recipient Rights Committee

Enter Date of Meeting Here

Learning Links Committee

Enter Date of Meeting HereRFP Review Committee: Enter Name of Committee HereEnter Date of Meeting HereOther: Enter Name of Meeting Here

- ☐ I decline to accept the Stipend payment and am volunteering my time to SCCMHA
☐ I accept the Stipend payment and choose to donate the payment to: Enter Name of Program Here

Enter Number of Meetings Here

Total Meetings/Participation Attended


Enter Amount of Stipend HereMeeting Stipend Payment: **See Payment Guideline on bottom*Enter Amount of Stipend HereOther Payment (Describe): Describe Reason for PaymentEnter Total Amount of Stipend Here

TOTAL PAYMENT

CEO SIGNATURE_____
CONSUMER SIGNATURE_____
STAFF LIAISON**1 – 3 hours = \$30.00**

***Payment Guideline**
3 – 6 hours = \$40.00

6 hours/over = \$60.00

| Policy and Procedure Manual Saginaw County Community Mental Health Authority | | |
|---|--|--|
| Subject: Input from Persons Served | Chapter: 02 - Customer Services & Recipient Rights | Subject No: 02.01.04 |
| Effective Date: August 8, 2002 | Date of Review/Revision: 7/30/02, 6/29/09, 6/17/12, 6/22/14, 1/27/16, 5/29/18, 3/12/19, 2/11/20, 2/9/21, 6/8/22, 2/14/23 | Approved By: Sandra M. Lindsey, CEO Responsible Director: Director of Customer Services, Recipient Rights, & Security Authored By: Director of Customer Services, Recipient Rights, & Security Additional Reviewers: |
| | Supersedes: | |
|  | | |

Purpose:

To establish mechanisms to ensure that the Saginaw County Community Mental Health Authority (SCCMHA) has systems in place that solicit consumer input for utilization in program decision making, evaluation, and development.

Policy:

It is the policy of SCCMHA to create and maintain systems to obtain information and feedback from consumers, on an ongoing basis, regarding the quality of services provided.

Application:

This policy applies to all SCCMHA board operated programs. The SCCMHA Outpatient Provider Network is required to follow this policy or have their own policy that is submitted and approved by SCCMHA.

Standards:

- 1) SCCMHA will regularly seek input from consumers regarding the quality of services provided.
- 2) Input regarding the quality of services provided by SCCMHA obtained from consumers and stakeholders will have an impact on the decisions made regarding improvement in the quality of services.
- 3) Consumers and stakeholders will voice their sense of empowerment as a result of increased input through Suggestion Box forms input on committees, and through Satisfaction Surveys.

- 4) Suggestions are welcomed by having a Suggestion Box available at every SCCMHA service site.

Definitions:

Service sites: Any SCCMHA building designed or used to provide services to consumers found eligible for service and those applicants requesting services from SCCMHA.

References:

Consumer involvement and Leadership Policy 02.01.03.00

Quality Assessment and Performance improvement Program for SCCMHA 04.01.01.00


Exhibits:

None

Procedure:

| ACTION | RESPONSIBILITY |
|--|--|
| 1) Consumer Satisfaction questionnaires will be mailed out on an ongoing basis to give Consumers and stakeholders the opportunity to give input on their view of services provided by SCCMHA. | 1) Chief Information Officer & Chief Quality & Compliance Officer |
| 2) The Customer Satisfaction Surveys will be developed through a collaborative effort that includes the Citizen's Advisory Committee (CAC). The surveys will have input from consumers and stakeholders as that is part of the membership of the CAC. | 2) Chief Information Officer & Chief Quality & Compliance Officer |
| 3) In between the ongoing surveys, consumers and stakeholders will be given the opportunity to give their input on a regular basis in two ways. The input gathered will be obtained through: The Suggestion Box forms available at every SCCMHA service site. These forms will be removed from the Suggestion Boxes monthly and taken to the Director of Customer Service, Recipient Rights, & Security who will work with Customer Service staff to assign the suggestions. | 3) Coordinated between the Director of Customer Services, Recipient Rights, & Security, Chief Information Officer & Chief Quality & Compliance Officer, and the Executive Director of Clinical Services and Programs |
| 4) Consumers will also be invited to participate in short-term work groups. | 4) Chief Information Officer & Chief Quality & Compliance Officer, Executive Director of Clinical Services |

and Programs, and Director of Network
Services, Public Policy, & Continuing
Education

| Policy and Procedure Manual Saginaw County Community Mental Health Authority | | |
|---|--|--|
| Subject: Consumer Orientation | Chapter: 02 - Customer Service & Recipient Rights | Subject No: 02.01.05 |
| Effective Date: 6/7/04 | Date of Review/Revision: 4/13/04, 2/9/09, 6/29/09, 7/20/12, 6/22/14, 9/22/14, 12/18/16, 5/29/18, 3/12/19, 2/11/20, 2/9/21, 6/8/22, 2/14/23 | Approved By: Sandra M. Lindsey, CEO Responsible Director: Director of Customer Services, Recipient Rights, & Security Authored By: Director of Customer Services, Recipient Rights, & Security Additional Reviewers: |
| | Supersedes: | |
|  SAGINAW COUNTY COMMUNITY MENTAL HEALTH AUTHORITY | | |

Purpose:

The purpose of this policy is to establish and set forth guidelines to ensure that new consumers receiving services from Saginaw County Community Mental Health Authority (SCCMHA) or the SCCMHA Provider Network are educated regarding available services, as well as dispute resolution and assistance with issues related to services. This will take place when they meet with Centralized Access and Intake (CAI) to establish an introduction to services. The Primary Support Staff with the assigned provider will complete a second orientation specific to the services provided and their location.

Policy:

It is the policy of SCCMHA to provide orientation to new consumers of SCCMHA and the SCCMHA Provider Network. Information regarding services and general information will also be given to consumers on an annual basis.

Application:

This policy applies to new and current consumers of SCCMHA and the SCCMHA Provider Network.

Standards:

- 1) CAI staff will review SCCMHA materials with new and current consumers contained in the Orientation Folder upon their initial meeting.

- 2) Primary Support Staff or their supervisors of the assigned provider will provide a second orientation for their location for initial services.

- 3) Primary Support Staff will provide information to consumers on an annual basis. Items such as the Recipient Rights booklet and the SCCMHA Customer Service Handbook are given annually, usually during the Person-Centered Planning (PCP) process. A full list of items to be given to consumers annually is listed in Standard # 4.

- 4) Initial Orientation Folders are regularly prepared by Customer Service staff and distributed to the Provider Network upon request. These folders contain the:
 - a) Welcome to Services! Sheet
 - b) Your Rights Booklet
 - c) Customer Service Handbook
 - d) Notice of Privacy Practices Page
 - e) Notice of Privacy Practices Acknowledgement
 - f) SCCMHA Primary Provider Contact Information Sheet
 - g) Saginaw Collaborative Consent/Authorization to Release Confidential Information Form
 - h) Advance Directive Acknowledgment Sheet
 - i) SCCMHA Fact Page (Advance Directive)
 - j) A Consumer's Reference Flyer
 - k) An Overview of Evidence Based Practices Flyer
 - l) Self Determination (SD) Brochure
 - m) Appeals and Grievances Brochure
 - n) Person Centered Planning Process Checklist
 - o) Customer Services Complaint Form
 - p) A Resource Guide for Families Dealing with Mental Illness Booklet
 - q) SCCMHA SOGI Flyer
 - r) No Wrong Door Flyer
 - s) CEHR Brochure
 - t) PCP Brochure

- 5) Annual Orientation Folders are regularly prepared by Customer Service Staff and distributed to the Provider Network upon request. These folders contain:
 - a) Crisis Planning for Psychiatric and Medical Hospitalizations
 - b) Advance Directive Acknowledgement Form
 - c) SCCMHA Fact Page (Advance Directive)
 - d) SCCMHA Primary Provider Contact Information Sheet
 - e) Self Determination Information Brochure
 - f) Person Centered Planning Brochure
 - g) Appeals & Grievance Brochure
 - h) Your Rights Booklet
 - i) Customer Service Handbook

- j) Notice of Privacy Practices Acknowledgement
- 6) Interpretation services will be made available to anyone needing assistance with understanding information or services provided to them at no cost.
- 7) SCCMHA Staff working in the Customer Service Office will be available for questions of consumers and other visitors to SCCMHA buildings.
- 8) SCCMHA Staff working in the Recipient Rights Office will be available for questions of consumers and other visitors to SCCMHA buildings.

Definitions:

Current Consumer: A person receiving services through the SCCMHA Provider Network on an ongoing basis.

New Consumer: Defined as a person applying for and receiving services from SCCMHA or the SCCMHA Provider Network. This can be a person receiving services for the first time, or someone returning to services after being discharged.

Natural Supports: A person or person supporting a consumer of SCCMHA services that is not paid for their support to the consumer.

Primary Support Staff: The Case Manager, Support Coordinator, or Primary Therapist assigned to a new consumer upon admission to SCCMHA services.

References:


National Committee for Quality Assurance (NCQA) Managed Behavioral Healthcare Organizations Standards & Guidelines RR1: Statement of Members' Rights and Responsibilities

Exhibits:

None

Procedure:

None

| Policy and Procedure Manual Saginaw County Community Mental Health Authority | | |
|---|--|--|
| Subject: Service Accessibility for Consumers | Chapter: 02 - Customer Services & Recipient Rights | Subject No: 02.01.06 |
| Effective Date: August 8, 2002 | Date of Review/Revision: 7/30/02, 8/10/09, 5/14/12, 6/22/14, 8/12/16, 5/29/18, 3/12/19, 2/11/20, 2/9/21, 6/8/22, 2/14/23 | Approved By: Sandra M. Lindsey, CEO Responsible Director: Director of Customer Services, Recipient Rights, & Security Authored By: Director of Customer Services, Recipient Rights, & Security Additional Reviewers: |
| | Supersedes: | |
|  | | |

Purpose:

The purpose of this policy is to maximize both actual (physical) and perceived accessibility of the Saginaw County Community Mental Health Authority (SCCMHA) services for all consumers and applicants for service; and to create a work environment in which employees are sensitive to the needs of consumers with physical, developmental, and psychiatric disabilities. To accommodate access and assure each individual's full participation and receipt of maximum benefit from services being offered. To add customer value and satisfaction to services being offered by recognizing and addressing differences between individuals.

Policy:

It is the policy of SCCMHA to ensure that applicants and recipients of services, as well as the staff and provider network members, and the community and public, receive any necessary and appropriate accommodations throughout the SCCMHA system to provide satisfactory and effective consumer service and ensure meaningful participation for all individuals in the service area. Assessment of accommodation needs shall commence and be documented upon initial contact with the SCCMHA system, and accommodation plans will be reassessed or revised if appropriate for each individual consumer served. SCCMHA recognizes that individual differences can directly impair system access, receipt of services and the quality, effectiveness, and satisfaction with the SCCMHA service delivery.

Application:

This policy applies to all SCCMHA provider network members, including contracted, board operated and contract or direct operated affiliations that provide purchased services to persons served by SCCMHA. This policy addresses individual consumer or applicant and related family, advocate and stakeholder and community/public accommodations.

Standards:

- a) SCCMHA service site buildings will be assessed to determine accessibility to services for consumers with disabilities on an individual and systemic basis.
- b) SCCMHA will assure access and accommodation of persons with Limited English Proficiency (LEP).
- c) SCCMHA will assure persons with visual, hearing, or other physical and mobility challenges are accommodated throughout the system.
- d) Consumers will be able to receive the services designated as necessary and appropriate through the Person-Centered Planning process without worry about accessibility to those services.
- e) Accommodations for consumers will be individually addressed, but collectively will reflect the cultural context and diversity of the SCCMHA geographical service delivery area and community needs.
- f) The Customer Services Office will assist consumers with meeting initial accommodation needs they have, which prevents them from receiving necessary and appropriate services.
- g) Materials intended for distribution to consumers, their guardians, and families will be written at a 4th grade level, to the best ability of SCCMHA. This takes into consideration some state and federal guidelines required to be in writing may not be written at this level.
- h) When possible, all consumers are seen face to face by a Psychiatrist, Physician Assistant, or Nurse Practitioner. In areas where there is a shortage of Psychiatry, Tele-Psychiatry may be used.
- i) When Tele-Psychiatry is used the RN or a Medical Assistant (MA) assigned to the clinic will confirm prior to the start of each session that all necessary technology and/or equipment:
 - 1) Is available at:
 - the originating site and
 - the remote site
 - 2) Functions properly at:
 - the originating site and
 - the remote site

Definitions:

- **Accessibility:** Defined by the ease of which someone with a disability would be able to reach their intended destination.
- **Limited English Proficiency (LEP):** A person with Limited English Proficiency or “LEP” is not able to speak, read or understand the English language well enough to allow him/her to interact effectively with health and social service or other providers.
- **Necessary and appropriate services:** Those services found necessary and appropriate for the consumer to meet the goals, dreams, or desires identified through their Person-Centered Planning meeting.
- **Service sites:** Any building designed or used to provide services to consumers found eligible for service and those applicants requesting services from SCCMHA.

References:


None

Exhibits:

None

Procedure:

| ACTION | RESPONSIBILITY |
|--|--|
| 1) Site assessments for all SCCMHA service sites will be completed to determine accessibility to service sites for consumers with disabilities. | 1) Occupational Therapist |
| 2) Recommendations from the completed assessments of SCCMHA service sites will be given to the Director of Customer Services, Recipient Rights, & Security. | 2) Occupational Therapist |
| 3) Consumers will receive the services needed for them to achieve their goals, dreams, and desires as expressed through the Person-Centered Planning process. | 3) Case Manager, Supports Coordinator, or Primary Therapist |
| 4) Consumers in need of accommodations will have a central location to receive assistance with finding needed resources. | 4) Customer Service Office |
| 5) Awareness and training for SCCMHA staff will be provided so that the assigned staff person will be able to evaluate and accommodate the needs of consumers. | 5) Director of Network Services, Public Policy, & Continuing Education, OBRA/PASARR and Enhanced Health Services, and Director of Customer Services, Recipient Rights, & Security. |

| Policy and Procedure Manual Saginaw County Community Mental Health Authority | | |
|---|---|--|
| Subject: Telephone Access Services | Chapter: 02 - Customer Services & Recipient Rights | Subject No: 02.01.08 |
| Effective Date: August 8, 2002 | Date of Review/Revision: 7/30/02, 6/29/09, 6/17/12, 6/22/14, 12/8/16, 5/29/18, 3/12/19, 2/11/20, 2/9/21, 6/10/22, 2/14/23 | Approved By: Sandra M. Lindsey, CEO Responsible Director: Director of Customer Services, Recipient Rights, & Security Authored By: Director of Customer Services, Recipient Rights, & Security Additional Reviewers: |
| | Supersedes: | |
|  | | |

Purpose:

The purpose of this policy is to create and maintain a system that enables consumers, private citizens, and stakeholders to contact Saginaw County Community Mental Health Authority (SCCMHA) for assistance in a manner that does not limit their ability to speak with the SCCMHA staff that they request. It is also important to maintain a system that offers individuals with limited resources a means in which to contact SCCMHA without incurring any expense for such contact.

Policy:

It is the policy of SCCMHA to make telephone access for mental health services available at no cost to citizens who require services or assistance and who lack resources to pay for such calls.

Application:

This policy applies to all board operated programs. The SCCMHA Provider Network is required to follow this policy or have their own policy that is submitted and approved by SCCMHA.

Standards:

- 1) Consumers, private citizens, and stakeholders will be able to contact SCCMHA without incurring a cost when completing the call.
- 2) Consumers who are deaf or hard of hearing, private citizens and stakeholders will be able to contact SCCMHA by using the Michigan Relay Service (711), and as a result incur no cost in completing the call.

- 3) SCCMHA will offer a main toll-free number for anyone to call for any reason.
- 4) SCCMHA will offer a crisis toll free number for anyone experiencing a mental health emergency.
- 5) Toll free numbers will be published in regularly viewed documents within the Saginaw community, on magnets, and published on Customer Service Handbooks produced by SCCMHA.

Definitions:

Michigan Relay Service – A communications system that allows hearing persons and persons who are deaf, hard of hearing, or speech-impaired to communicate by telephone.

“Toll free” – A special telephone number that is free for the person calling, the cost of the call is charged to the called party.

References:

None


Exhibits:

None

Procedure:

| ACTION | RESPONSIBILITY |
|--|--|
| 1) SCCMHA will maintain a toll-free number to be available for consumers, private citizens, and stakeholders, which will ensure they incur no cost while contacting SCCMHA. This number will be published in regularly viewed documents within the Saginaw community, on magnets, and published in Customer Service Handbooks produced by SCCMHA, and on the SCCMHA web site. The Handbook and the magnets will be made readily available for consumers, private citizens, and stakeholders. | 1) Director of Customer Services, Recipient Rights, & Security |
| 2) SCCMHA will maintain a toll-free number for crisis calls so that consumers, private citizens, and stakeholders will incur no cost when calling the Crisis Intervention Services (CIS) of SCCMHA in a mental health emergency. This number will be published in the same areas as the agency toll free number. | 2) Customer Service |

- | | |
|--|---------------------|
| 3) The toll-free number used by consumers, private citizens, and stakeholders will be available for persons who are deaf or hard of hearing by using the Michigan Relay Service. The Michigan Relay Service contact information will be published in the SCCMHA Customer Service Handbook (711). People who are deaf or hard of hearing can access this service to communicate with staff at SCCMHA. | 3) Customer Service |
| 4) SCCMHA can use the Michigan Relay Service for anyone calling SCCMHA phone numbers who is deaf or hard of hearing. | 4) All SCCMHA staff |
| 5) The SCCMHA main switchboard will be staffed during regular business hours. The staff responsible for answering the phone will answer the phone in a friendly, cordial manner and will politely transfer calls to the appropriate location. | 5) Customer Service |

| Policy and Procedure Manual Saginaw County Community Mental Health Authority | | |
|---|--|--|
| Subject: Consumer and Family Education Materials and Activities | Chapter: 02 - Customer Services & Recipient Rights | Subject No: 02.01.09 |
| Effective Date: August 8, 2002 | Date of Review/Revision: 7/30/02, 6/29/09, 6/17/12, 6/22/14, 12/8/16, 5/29/18, 3/12/19, 3/9/20 4/22/20, 2/9/21, 6/10/22, 2/14/23 | Approved By: Sandra M. Lindsey, CEO Responsible Director: Director of Customer Services, Recipient Rights, & Security Authored By: Director of Customer Services, Recipient Rights, & Security Additional Reviewers: |
| | Supersedes: | |
|  | | |

Purpose:

The purpose of this policy is to ensure that consumer education material regarding services and eligibility is updated as new programs or services are created. Mental health educational information will be available as well and Saginaw County Community Mental Health Authority (SCCMHA) will keep accurate and complete information available to consumers, private citizens, and stakeholders.

Policy:

It is the policy of SCCMHA to maintain up to date, accurate information on the services provided to consumers and to the public. SCCMHA is dedicated to keeping the local community informed regarding mental health information and the services provided to this community.

Application:

This policy applies to all SCCMHA board operated programs. The SCCMHA Outpatient Provider Network is required to follow this policy or have their own policy that is submitted and approved by SCCMHA.

Standards:

- 1) Up-to-date brochures regarding services will be kept in the main lobbies of the 500 Hancock, 1040 Towerline, and the 3875 Bay Road facilities.

- 2) Educational material regarding mental health will be located in the main lobby or will be available upon request at the SCCMHA 500 Hancock, 1040 Towerline, and the 3875 Bay Road facilities for anyone that is interested. Additional copies of material specific to the populations served by SCCMHA service departments will be available in the waiting rooms.
- 3) Consumers and their family members will be able to participate in regular, ongoing training opportunities offered by SCCMHA, such as Person-Centered Planning, Self Determination, Natural Supports, and others as they become available. These training opportunities are available through the Learning Links programs once a month.

Definitions:

None

References:


None

Exhibits:

None

Procedure:

| ACTION | RESPONSIBILITY |
|--|----------------------------|
| 1) Educational material relating to mental health will be available to consumers and visitors at the SCCMHA 500 Hancock, 1040 Towerline, and 3875 Bay Road facilities. This material will be reevaluated on an annual basis to ensure that the educational material being given out to consumers, private citizens, and stakeholders is relevant and up to date. | 1) Customer Service Office |
| 2) SCCMHA information and brochures relating to services and eligibility of SCCMHA will be available to consumers and visitors at the SCCMHA 500 Hancock, 1040 Towerline, and 3875 Bay Road facilities. The material will be reevaluated on an ongoing basis. | 2) Customer Service Office |

| Policy and Procedure Manual Saginaw County Community Mental Health Authority | | |
|---|---|--|
| Subject: Medicaid Appeals | Chapter: 02 - Customer Service & Recipient Rights | Subject No: 02.01.11 |
| Effective Date: October 1, 1998 | Date of Review/Revision: 12/30/03, 4/18/06, 12/12/06, 8/10/09, 5/14/12, 6/22/14, 11/10/14, 12/8/16, 6/6/18, 2/11/20, 4/20/21, 6/10/22, 2/14/23 Supersedes: 06.02.02.00 | Approved By: Sandra M. Lindsey, CEO Responsible Director: Director of Customer Services, Recipient Rights, & Security Authored By: Director of Customer Services, Recipient Rights, & Security Additional Reviewers: |
|  SAGINAW COUNTY COMMUNITY MENTAL HEALTH AUTHORITY | | |

Purpose:

The purpose of this policy is to establish guidelines for a uniform process for Medicaid recipients receiving mental health services from Saginaw County Community Mental Health Authority (SCCMHA).

Policy:

It is the policy of SCCMHA that all consumers have the right to a fair and efficient process for resolving complaints regarding their services and supports managed and/or delivered by SCCMHA and the provider network. This policy is written specifically for Medicaid recipients receiving services from SCCMHA.

Application:

This policy applies to all Medicaid recipients of SCCMHA including the Provider Network.

Standards:

- 1) Adverse Benefit Determination Notice is not required under the following circumstances:
 - a) Confirmation of the death of a consumer;
 - b) Written confirmation from the consumer indicating they no longer wish to receive services.

- c) The consumer has been admitted to an institution where they are ineligible under Medicaid for further services.
 - d) The consumer's whereabouts are unknown and the post office has returned agency mail directed to them.
 - e) The agency establishes the fact that the consumer has been accepted for Medicaid services by another entity.
 - f) A change in the level of medical care is prescribed by the consumer's physician.
 - g) If the scheduled action will occur in less than 10 days.
- 2) An applicant for, or a consumer of, public mental health or substance use disorder may access several options simultaneously to pursue the resolution of complaints.
- 3) During the initial contact with SCCMHA, the applicant will be notified of their rights, the grievance and appeals process, and the right to access the appropriate process. (The Recipient Rights process is not available to an applicant for initial services unless they are denied their request to a second opinion.)
- 4) If an individual requests inpatient treatment, or a specific mental health or substance use disorder support or service for which appropriate alternatives for the individual exist that are of equal or greater effectiveness and equal or lower cost, the clinician will:
 - a) Identify and discuss the underlying reasons for request/preference;
 - b) Identify and discuss alternatives with the consumer; and
 - c) Negotiate toward a mutually acceptable support, service and/or treatment
- 5) If a consumer is not satisfied with their Individual Plan of Service, the Michigan Mental Health Code allows the individual to make a request for review to the designated individual in charge of implementing the plan. The review shall be completed within 30 days.
- 6) Medicaid consumers will be notified of their right to request an Administrative Hearing through the receipt of an Adverse Benefit Determination Notice when an action by SCCMHA calls for such a notice. A copy of the Adverse Benefit Determination Notice will be kept in the consumer's records.
- 7) Medicaid consumers may simultaneously request a Local Appeal (addressed in the Local Appeal Policy) and file a complaint with the Recipient Rights Office (if the consumer is a current SCCMHA consumer, or has been denied their right to a second opinion for initial services or hospitalization.).
- 8) Expedited (Quickened) Appeals must be conducted in 72 hours. If a quickened review is denied, oral notice of the denial must be given and followed up by a written notice within two calendar days. This is the responsibility of the Michigan Office of Administrative Hearings and Rules (MOAHR) for a Medicaid Fair Hearing.

- 9) Consumers who wish to file a complaint may do so independently or with the assistance of Customer Service or Support Staff.
- 10) Providers in the SCCMHA Provider Network will assist a consumer who needs help in creating a complaint or appeal and submitting that complaint or appeal for resolution or will direct consumers to the SCCMHA Customer Service Office to assist them.
- 11) Medicaid consumers receiving non-Medicaid services are required to exhaust the Local Appeal process before they can access the Michigan Department of Health and Human Services (MDHHS) Alternative Dispute Resolution process.
- 12) If a consumer involved in this process has Limited English Proficiency (LEP), SCCMHA and its Provider Network will take necessary and reasonable steps to accommodate this need. This includes obtaining an interpreter that can assist the consumer understand the process and assist in completing complaints or appeals. The Network Provider may contact Customer Service to arrange an interpreter.
- 13) The Fair Hearing Officer will track information relating to the Appeals process for the purpose of reporting to the SCCMHA Quality Governance Committee. Upon request, this information will also be reported to MDHHS and the contracted External Quality Review Organization.
- 14) The Fair Hearing Officer will inform the Executive Director of Clinical Services and Programs or the Chief Information Officer/Chief Quality and Compliance Officer or both, as appropriate, of a Medicaid Fair Hearing.
- 15) Customer Service staff, Appeals Coordinator, Fair Hearing Officer, and the Office of Recipient Rights coordinates as necessary to provide the best resolution for the consumer filing the Medicaid Appeal.
- 16) For consumers who receive services through the Wraparound Program, given the intensity and frequency of the review of services, the following variation for the providing of notices shall occur:
 - a) At the initial **Child & Family Team Meeting (CFT)** where the **Plan of Care (POC)** is developed, at least annually thereafter, the Adverse Benefit Determination Notice will be provided along with obtaining signatures on the Signature Page. Only the Signature Page will be copied into Senti.
 - b) Since most of the contact with the family is a subsequent CFT, because the POC is reviewed and tweaked as needed, if there is a denial/reduction/termination of a service, then Adverse Benefit Determination Notice will be offered. This will be documented in the Progress Note regarding the CFT. If there is no change in service, but a change in a goal or

objective, then an Adequate Notice or Adverse Benefit Determination Notice is not required.

- c) If there is a denial/reduction/elimination of a service (or services) outside the CFT, for example, termination from program, the Adverse Benefit Determination Notice will be given. The Adverse Benefit Determination Notice will be copied into Senti.

Definitions:

Action:

- Denial, reduction, suspension, or termination of mental health or substance abuse service(s).
- Denial or limited authorization of a requested service, including the type or level of service.
- Denial, in whole or in part, of payment for a service.
- Failure to make a standard authorization decision and provide notice about the decision within 14 calendar days from the date of receipt of a standard request for service.
- Failure to make an expedited authorization decision within 3 working days from the date of receipt of a request for an expedited service authorization.
- Failure to provide services within 14 calendar days of the start date agreed upon during the Person Centered Plan and as authorized by the PIHP (SCCMHA).
- Failure of SCCMHA to act within 30 calendar days from the date of a request for a standard appeal.
- Failure of SCCMHA to act within 72 hours from the date of a request for an expedited appeal.
- SCCMHA fails to provide notice of disposition of a local grievance within 90 calendar days of the date of the request.

Adverse Benefit Determination Notice: A written notice mailed or directly provided to a Medicaid consumer or his/her guardian or legal representative no later than the date of action each time service is denied, during the development or change of the Person Centered Plan, or when a Grievance or Local Appeal is not completed within the appropriate time frame.

Medicaid Fair Hearing: An evidentiary hearing for a Medicaid consumer conducted by an Administrative Law Judge with the MOAHR regarding an action, as defined above, regarding a Medicaid covered service, by SCCMHA or one of its Service Providers.

Administrative Hearing Team: The Chief Information Officer/Chief Quality and Compliance Officer, Executive Director of Clinical Services and Programs, Director of Network Services, Public Policy, & Continuing Education, and the Fair Hearing Officer.

Advance Notice: A written notice mailed or directly provided to a Medicaid consumer or his/her guardian or legal representative at least 10 calendar days before the date of an action involving a termination, suspension or reduction in a Medicaid covered service.

Appeals Coordinator: Staff assigned to coordinate all grievances and local appeals (currently the Supervisor of Recipient Rights Officer).

Applicant: An individual, or their guardian, who makes a request for entrance into services with SCCMHA or one of their Service Providers.

Expedited (Quickened) Review: The review of a Medicaid or non-Medicaid consumer's appeal in three or less business days when following the time necessary for the normal appeal review process could seriously jeopardize the consumer's life or health or ability to attain, maintain, or regain maximum function.

Fair Hearing Officer: Staff person assigned to conduct the Administrative Fair Hearing, representing SCCMHA or the Service Provider (currently the Chief Information Officer/Chief Quality and Compliance Officer).

Intake Evaluation Specialist: Master's level clinician designated to assess/evaluate applicants for public mental health services.

Mediation: A private informal dispute resolution process in which an impartial, neutral person, in a confidential setting, assists parties in reaching their own settlement of issues in a dispute. A mediator does not have authoritative, decision-making power but relies on persuasion and reason to solve problems.

Notice: A written announcement given to a non-Medicaid consumer or a Medicaid consumer when related to a Medicaid covered service when the service is terminated, suspended, or reduced.

Second Opinion: The process by which the decision made by the Clinician evaluating an applicant for services is reviewed to determine public funding eligibility for an applicant of a requested service(s). A second opinion may be requested at the time of a denial to enter the SCCMHA system or when admission for inpatient psychiatric services has been denied.

sentri II: The SCCMHA electronic clinical record, maintained by the SCCMHA Information Systems Unit.

Support Staff: Support Coordinator, Case Manager, or Primary Therapist from a SCCMHA Board Operated program or from the SCCMHA Provider Network.

Utilization Review: A process in which established criteria are used to recommend or evaluate services provided in terms of cost-effectiveness, necessity, and effective use of resources.

References:

- MDHHS Administrative Hearings Policy and Procedure
- Care Management Services Policy 05.04.00, Customer Service Complaint (Grievance) Policy 02.01.11.01, and the Local Appeal Policy 02.01.11.02

- The Mental Health/Substance Abuse Chapter of the Michigan Medicaid Provider Manual

Exhibits:

Exhibit A – Adverse Benefit Determination Notice

Exhibit B – Request for an Administrative Hearing

Exhibit C – MDHHS Request for an Administrative Hearing Instructions

DCH- 0092-MOAH (Rev. 7-19)

Exhibit D – Customer Service Complaint Form

Procedure:

| ACTION | RESPONSIBILITY |
|---|--------------------------------|
| 1) Evaluates/assesses applicants for public mental health services. | 1) Intake Specialist |
| 2) If found ineligible for public mental health services, the applicant will be informed of their right to request a Second Opinion and be given an Adequate Action Notice. | 2) Care Management |
| 3) Contacts Care Management to request a Second Opinion. | 3) Applicant or Representative |
| 4) Second Opinion is scheduled with an Intake Specialist. | 4) Care Management |
| 5) Decides based upon the clinical information available to: a) Support the initial decision that eligibility is not met and deny services, Or b) Direct that clinically suitable services be provided. | 5) Intake Specialist |
| 6) Logs in data related to the Second Opinion event. | 6) Care Management |
| 7) Evaluates/assesses applicants for psychiatric hospitalization. | 7) Crisis Intervention Staff |
| 8) If found ineligible for psychiatric hospitalization, the applicant will be informed of their right to request a Second Opinion. | 8) Crisis Intervention Staff |
| 9) Requests a Second Opinion. | 9) Applicant or Representative |

| | |
|---|---|
| <p>10) Secures a Second Opinion within 72 hours (excluding weekends and holidays) with a Psychiatrist, Medical Doctor, or Licensed Psychologist.</p> <p>11) Decides based upon the clinical information available to:</p> <ul style="list-style-type: none"> a) Support the initial decision that eligibility is not met and deny services, Or b) Directs that psychiatric hospitalization be arranged | <p>10) Chief Executive Officer or designee</p> <p>11) Psychiatrist, Medical Doctor, or Licensed Psychologist providing Second Opinion</p> |
| <p>Non-Medicaid Notice, Adverse Benefit Determination Notice:</p> <p>12) The Adverse Benefit Determination Notice form will be provided to any Medicaid recipient receiving non-Medicaid services when:</p> <ul style="list-style-type: none"> a) Any action is taken regarding services as described in the “Action” definition described above. b) Adverse Benefit Determination Notice is required when services currently being provided are reduced, suspended, or terminated (to be sent at least 10 days prior to the date the action is to take place. | <p>12) Care Management Staff</p> |
| <p>Medicaid:</p> <p>13) The Adverse Benefit Determination Notice form will be provided to any Medicaid consumer when:</p> <ul style="list-style-type: none"> a) Any action is taken regarding services as described in the “Action” definition described above. b) Adverse Benefit Determination Notice is required when services currently being provided are reduced, suspended, or terminated (to be sent at least 10 days prior to the date the action is to take place. | <p>13) Care Management staff</p> |
| <p>Medicaid Adverse Benefit Determination Notice and - Wraparound</p> <p>14) These notices will be provided to consumer’s receiving services from the Wraparound program as follows:</p> | <p>14) Wraparound staff</p> |

| | |
|--|--|
| <p>a) At the initial Child & Family Team Meeting (CFT) where the Plan of Care (POC) is developed, at least annually thereafter, the Adverse Benefit Determination Notice will be provided along with obtaining signatures on the Signature Page. Only the Signature Page will be copied into Sentri II.</p> <p>b) Since most of the contact with the family is a subsequent CFT, because the POC is reviewed and tweaked as needed, if there is a denial/reduction/termination of a service, then an Adverse Benefit Determination Notice will be offered. This will be documented in the Progress Note regarding the CFT. If there is no change in service, but a change in a goal or objective, then an Adverse Benefit Determination Notice is not required.</p> <p>c) If there is a denial/reduction/elimination of a service (or services) outside the CFT, for example, termination from program, the Adverse Benefit Determination Notice will be given.</p> <p>15) Services are continued when a Request for an Administrative Hearing is filed and SCCMHA receives a request from the consumer or representative to continue the services, and the request for a hearing is done before the expressed date of action is to take place, and the appeal involves a reduction, suspension or termination of services, and the services were ordered by an authorized provider, and the original period of the authorization has not expired.</p> <p>16) If a Medicaid consumer disagrees with their IPOS or an action taken by SCCMHA or one of their Service Providers, they can do one or all of the following:</p> <p>a) Ask for a review by their assigned Support Staff or their Supervisor.</p> | <p>15) Appeals coordinator or Hearings Officer will notify the Support Staff or Supervisor</p> <p>16) Consumer or Representative</p> |
|--|--|

| | |
|---|--|
| <ul style="list-style-type: none"> b) Request the Local Appeal through the Customer Services Office. c) File a Recipient Rights complaint, only if they are a current consumer or have been denied their right to a second opinion. | |
| 17) Upon receipt of a request to review the Person-Centered Plan, a review will be completed within 30 days. | 17) Assigned Support Staff or their Supervisor |
| 18) If the decision of the Support Staff or their Supervisor is unsatisfactory, a request for a Local Appeal may be made by using the Consumer Complaint Form (Attached to the Local Appeals Policy) or requesting help from Customer Services or a Support Staff. Note: Consumers or their Representative have 60 days to request a Local Appeal from the date of the action being disputed. | 18) Consumer or Representative |
| 19) The decision of the Local Appeal will be made within 30 days of the receipt of the Consumer Complaint Form and will be in writing. | 19) Appeals coordinator |
| 20) Medicaid consumers may file a written Request for a Medicaid Fair Hearing within 120 days after receipt of the Notice and Hearing Rights. | 20) Medicaid Consumer or Representative |
| 21) Provides a copy of the Notice of Hearing to the Hearings Officer. | 21) Executive Assistant to the Chief Executive Officer |
| 22) Provides copies of the Notice of Hearing to the Administrative Hearing Team, and invites them to the hearing as needed. | 22) Fair Hearing Officer |
| 23) Upon receipt of the Notice of Hearing, reserves a room for the Medicaid Fair Hearing and notifies the Hearings Officer of the location. | 23) Appeals Coordinator |
| 24) Contacts the Consumer or Representative to attempt to resolve the complaint prior to the Medicaid Fair Hearing. | 24) Appeals Coordinator |
| 25) If a resolution of the complaint is not achieved, prepares SCCMHA information and invites | 25) Fair Hearing Officer |

| | |
|---|--------------------------|
| needed SCCMHA staff to the scheduled Administrative Fair Hearing. | |
| 26) Tracks the time frames of Medicaid State Fair Hearings. | 26) Fair Hearing Officer |
| 27) Keeps and files completed Medicaid State Fair Hearings information. | 27) Fair Hearing Officer |

Exhibit A



NOTICE OF ADVERSE BENEFIT DETERMINATION
Saginaw County Community Mental Health Authority (SCCMHA)

Consumer W. Twelve
 1000 HANCOCK ST APT 1
 Saginaw, MI 48602

Important: The notice explains your internal appeal rights. Please read this notice carefully. If you need help with this notice or asking for an appeal, you can call one of the numbers listed in the "Get Help & More Information" section of this Notice.

Provided/Mailed Date: 01/21/2021

Member ID: 000000012

Name: Consumer W. Twelve

Beneficiary ID: 000123456789

This is to tell you that the following action has been taken:

Your current service(s) will be: Reduced.

Effective: 02/01/2021

This action is based on the following:

Residency: you live outside of the Saginaw service area so we cannot authorize services for you.

You can share a copy of this decision with your provider so you and your provider can discuss next steps. If your Provider asked for coverage on your behalf, we have sent a copy of this decision to your provider.

IF YOU DON'T AGREE WITH THIS ACTION, YOU HAVE THE RIGHT TO AN INTERNAL APPEAL

You have to ask Saginaw for an internal appeal within 60 calendar days of the date of this notice. You, your representative, or your doctor can send in your request that must include:

- Your Name
- Address
- Member Number
- Reason for appealing
- Whether you want a standard or fast appeal (for an expedited or fast appeal, explain why you need one).
- Any evidence you want us to review, such as medical records, doctors' letters, or other information that explains why you need the item or service. If you are asking for a fast appeal you will need a doctor's supporting statement. Call your doctor if you need this information

Please keep a copy of everything you send us for your records.

There are 2 kinds of internal appeals:

Adverse Benefit Determination dated 01/21/2021 for 000000012 Consumer W. Twelve

Standard Appeal: We'll give you a written decision on a standard appeal within 30 calendar days after we get your appeal. Our decision might take longer if you ask for an extension, or if we need more information about your case. We'll tell you if we're taking extra time and will explain why more time is needed. If your appeal is for payment of a service you've already received we'll give you a written decision within 60 calendar days.

If you want to ask for an Internal Appeal either call or send in a written request to:

Saginaw

**500 Hancock St.
Saginaw, MI 48602**

Phone Number: (989) 797-3452

Fax Number: (989) 797-3595

For hearing or speech assistance, please call 711.

Expedited or "Fast" Appeal: Expedited or Fast Appeal - We'll give you a decision on a fast appeal within 72 hours after we get your appeal. You can ask for a fast appeal if you or your doctor believe your health could be seriously harmed by waiting up to 30 calendar days for a decision. We'll automatically give you a fast appeal if a doctor asks for one for you or if your doctor supports your request. If you ask for a fast appeal without support from a doctor, we'll decide if your request requires a fast appeal. If we don't give you a fast appeal, we'll give you a decision within 30 calendar days.

To ask for a Fast Appeal, you must call: (989) 797-3452

For hearing or speech assistance, please call 711.

CONTINUATION OF SERVICE DURING AN INTERNAL APPEAL

If you are receiving a Michigan Medicaid service and you file your appeal within 10 calendar days of this Notice of Benefit Determination (01/31/2021), you may continue to receive your same level of services while your internal appeal is pending. You have the right to request and receive benefits while the internal appeal is pending, and should submit your request to Saginaw.

Your benefits for that service will continue if you request an internal appeal within **10 calendar days** from the date of this notice or from the beginning of the intended effective date of the proposed adverse action whichever is later.

Adverse Benefit Determination dated 01/21/2021 for 000000012 Consumer W, Twelve

IF YOU WANT SOMEONE ELSE TO ACT FOR YOU

You can name a relative, friend, attorney, doctor, or someone else to act as your representative. If you want someone else to act for you, call us at (989) 797-3452 to learn how to name your representative. For hearing or speech assistance, call 711. Both you and the person you want to act for you must sign and date a statement confirming this is what you want. You'll need to mail or fax this statement to us. Keep a copy for your records.

ACCESS TO DOCUMENTS

You and/or your authorized representative are entitled to reasonable access to and a free copy of all documents relevant to your appeal any time before or during the appeal. You must submit the request in writing.

WHAT HAPPENS NEXT?

- If you ask for an internal appeal and we continue to deny your request for coverage or payment of a service, we will send you a written Notice of Appeal Denial. If the service is covered by Michigan Medicaid, you can ask for a Medicaid State Fair Hearing.
- The Notice of Appeal Denial will give you additional information about the State Fair Hearings process and how to file the request.
- If you do not receive a notice or decision about your internal appeal within the timeframes listed above, you may also seek a State Fair Hearing with the Michigan Office of Administrative Hearings and Rules.

Get Help & More Information

**If you need additional help or additional information about
our decision and the internal appeal process, please call**

Saginaw Customer Service Department

(989) 797-3452

For hearing or speech assistance, please call 711 for assistance.

Our hours of operation are Mon-Fri 8a-5p Except for holidays

You can also visit our website at www.sccmha.org

Michigan Department of Health and Human Services (MDHHS) Beneficiary Help Line: 1-800-642-3195. TTY users call 1-866-501-5656 or 1-800-975-7630 (if calling from an internet based phone service).

The legal basis for this decision is 42 CFR 440.230(d), Michigan's Mental Health Code, Public Act 258, and/or applicable policy found in the Medicaid Provider Manual, Mental Health and Substance Abuse Services. These provide the basic legal authority for us to place appropriate limits on a service based on such criteria as medical necessity or on utilization control procedures.

Section 1557 of the Patient Protection and Affordable Care Act prohibits discrimination based on race, color, national origin, sex, age, or disability.

Exhibit B

REQUEST FOR HEARING FOR MEDICAID ENROLLEES, PACE ENROLLEES OR WAIVER APPLICANTS

Michigan Office of Administrative Hearings and Rules
Michigan Department of Health and Human Services
PO Box 30763, Lansing, MI 48909

Telephone Number: 800-648-3397 Fax: 517-763-0146

SECTION 1: To be completed by the PERSON REQUESTING A HEARING

| | | | | | | |
|---|-------|----------|------------------------------------|--|----------------------------|--|
| Client Name | | | Client Telephone No. | | Client Social Security No. | |
| Client Address (No. and Street, Apt. No.) | | | | | Medicaid ID No. | |
| City | State | Zip Code | Client or Legal Guardian Signature | | Date | |
| What agency took the action or made the decision that you are appealing? Make sure to attach a copy of the letter from the agency that told the client about their decision. | | | | | Client MDHHS Case No. | |
| I WANT TO REQUEST A HEARING: The following are my reasons for requesting a hearing. Use additional sheets if needed. <hr/> <hr/> <hr/> <hr/> | | | | | | |
| Do you have a physical disability or other condition requiring special arrangements for you to attend or participate in a hearing? <input type="checkbox"/> No <input type="checkbox"/> Yes (If yes, please explain here.) | | | | | | |
| Will you need an interpreter? <input type="checkbox"/> No <input type="checkbox"/> Yes (If yes, language needed:) | | | | | | |

SECTION 2: HAVE YOU CHOSEN SOMEONE TO REPRESENT YOU AT THE HEARING?

| |
|---|
| Has someone agreed to represent you at this hearing? <input type="checkbox"/> No <input type="checkbox"/> Yes (If Yes, have the representative complete and sign Section 3.) |
|---|

SECTION 3: AUTHORIZED HEARING REPRESENTATIVE INFORMATION

| | | | | | |
|---------------------------------------|--|------------------------------|--|--------------------------|----------|
| Name of Representative (please print) | | Representative Telephone No. | | Relationship to Enrollee | |
| Address (No. and Street, Apt. No.) | | City | | State | Zip Code |
| Representative Signature | | | | Date Signed | |

SECTION 4: To be completed by the AGENCY involved in the action being disputed by the client

| | | | | | |
|---|-------|----------|--|--|--|
| Name of Agency | | | Agency Contact Person Name | | |
| Agency Address (No. and Street, Apt. No.) | | | Agency Telephone Number | | |
| City | State | Zip Code | State Program or Service being provided to this client | | |

Exhibit C

REQUEST FOR HEARING FOR MEDICAID ENROLLEES, PACE ENROLLEES OR WAIVER APPLICANTS INSTRUCTIONS

A hearing is an impartial review of a decision made by the Michigan Department of Health and Human Services or one of its contract agencies that a client believes is wrong.

This form is to ask for a hearing if you are a Medicaid enrollee, or a PACE enrollee, or a Medicaid waiver applicant when the action has been taken by MDHHS or one of its contract agencies. You can also send in your signed hearing request in writing on any paper. This form is also available online at: www.michigan.gov/mdhhs >> Assistance Programs >> Medicaid >> Program Resources >> Michigan Office of Administrative Hearings and Rules for the Department of Health and Human Services or www.michigan.gov/LARA >> Bureau List >> Michigan Office of Administrative Hearings and Rules >> Benefit Services Hearings.

Do not use this form to appeal an action

- Taken by a Medicaid, Healthy Michigan Plan or MI Health Link health plan, Community Mental Health Services Program / Prepaid Inpatient Hospital Plan (CMHSP/PIHP), Healthy Kids Dental health plan, or MI Choice Waiver Agency. You must go through their internal appeals process first before you ask for a MDHHS-5617-MOHR, Request for State Fair Hearing form. This form is also available online at the links above.
- Related to program eligibility, cash assistance, food assistance, or other assistance programs. Use the DHS-18, Request for Hearing form available online at www.michigan.gov/mdhhs >> Doing Business with MDHHS >> Forms and Applications >> Other, or go to www.michigan.gov/documents/FIA-Pub18_14356_7.pdf to download the form.

GENERAL INSTRUCTIONS

- Read ALL instructions before completing the attached form.
- Complete Section 1 using the name of the client (even if the client has a guardian or is a minor).
- Complete Sections 2 & 3 only if the client wants someone to represent them at the hearing.
- Complete Section 4 if the agency who took the action you are appealing did not fill this out.
- Attach a copy of the notice or letter from the Agency that told the client about the change that is being appealed.
- Please make a copy for your records.
- Questions can be answered by calling toll free: **800-648-3397**.
- After the form is completed, mail or fax page 1 to:

**MICHIGAN OFFICE OF ADMINISTRATIVE HEARINGS AND RULES
MICHIGAN DEPARTMENT OF HEALTH AND HUMAN SERVICES
PO BOX 30763
LANSING MI 48909
Fax 517-763-0146**

- The client may choose to have another person represent them at a hearing.
 - This person can be anyone the client chooses but must be at least 18 years of age.
 - The client must give this person written permission to represent them.
 - The client may give written permission by checking yes in Section 2 and having the person who is representing them complete Section 3. The client must still complete and sign Section 1.
 - The client's guardian or conservator may represent them. A copy of the court order naming the guardian or conservator must be included with this request.

Completion: Is Voluntary.

Please note if needed, free language assistance services are available.

Call 877-833-0870 (TTY users call TY: 711).

[illegible]

The Michigan Department of Health and Human Services (MDHHS) does not discriminate against any individual or group because of race, religion, age, national origin, color, height, weight, marital status, genetic information, sex, sexual orientation, gender identity or expression, political beliefs or disability. Further, MDHHS:

- Provides free aids and services to people with disabilities to communicate with us, such as:
 - Qualified sign language interpreters
 - Written information in other formats (large print, audio, accessible electronic formats, other formats); and
- Provides free language services to people whose primary language is not English, such as:
 - Qualified interpreters
 - Information written in other languages

If you need these services, contact the Section 1557 Coordinator. The contact information is found below.

If you believe that MDHHS has not provided services, or discriminated in another way, you can file a grievance with the Section 1557 Coordinator. You can file a grievance in person or by mail, fax, or email. If you need help filing a grievance, the Section 1557 Coordinator is available to help you.

MDHHS Section 1557 Coordinator
Compliance Office, 4th Floor
P.O. Box 30195
Lansing, MI 48909

517-284-1018 (Main), [TTY number—if covered entity has one], 517-335-6146 (Fax), [Email]

You can also file a civil rights complaint with the responsible federal agency.

| | |
|---|--|
| <p>If your grievance or complaint is about your Medicaid application, benefits or services you can file a civil rights complaint with the U.S. Department of Health and Human Services at https://bit.ly/2pBS4YG, or by mail or phone at:</p> <p>U.S. Department of Health and Human Services 200 Independence Avenue, SW Room 509F, HHH Building Washington, D.C. 20201 800-368-1019, 800-537-7697 (TDD)</p> <p>Complaint forms are available at https://bit.ly/2IKsHMS.</p> | <p>If your grievance or complaint is about your application for or current food assistance benefits, you can file a discrimination complaint with the U.S. Department of Agriculture (USDA) Program by:</p> <p>Completing a Complaint Form, (AD-3027) found online at: https://bit.ly/2g9zzpU or at any USDA office, or write a letter addressed to USDA at the address below. In your letter, provide all of the information requested in the form.</p> <p>To request a copy of the complaint form, call 866-632-9992. Send your completed form or letter to USDA by mail: U.S. Department of Agriculture Office of the Assistant Secretary for Civil Rights 1400 Independence Avenue, SW Washington, D.C. 20250-9410</p> <p>Fax: 202-690-7442; or Email: program.intake@usda.gov</p> |
|---|--|

MDHHS is an equal opportunity provider.

Exhibit D



Customer Services Complaint Form

(Customer Service-Grievance or Local Appeal)

**Instructions:**

Our goal is to provide the best service to the consumers we serve. There are some state and federal regulations that SCCMHA must be in compliance with as well. In an effort to provide better service for all those we serve, we have developed a way to have your concerns heard and dealt with. If you have a complaint about anything related to Saginaw County Community Mental Health Authority, please let us know. We can receive your complaint verbally or in writing, anyone in Customer Services will be happy to help you. Please call the number below or send your questions or complaints to the Customer Services department at the address below.

(989) 797-3452 or Toll Free 1-800-258-8678 or Michigan Relay Service 7-1-1


Saginaw County Community Mental Health Authority

**500 Hancock
Saginaw, MI 48602**

| | | |
|--|---|--------------------------------------|
| Complainant's Name | Consumer's Name (if different from complainant) | |
| Complainant's Address | What Department does this involve? | |
| | Phone Number | |
| Describe what happened: <hr style="border: 0; border-top: 1px solid black; margin: 5px 0;"/> <hr style="border: 0; border-top: 1px solid black; margin: 5px 0;"/> <hr style="border: 0; border-top: 1px solid black; margin: 5px 0;"/> <hr style="border: 0; border-top: 1px solid black; margin: 5px 0;"/> | | |
| Do you have any recommendations on how to resolve this complaint? <hr style="border: 0; border-top: 1px solid black; margin: 5px 0;"/> | | |
| Complainant's Signature | Date | Name of Person Assisting Complainant |

For Office Use Only:

| | |
|-------------------|--------------|
| Date received: | Received by: |
| Complaint Number: | Category: |

| Policy and Procedure Manual Saginaw County Community Mental Health Authority | | |
|---|---|--|
| Subject: Consumer Grievance | Chapter: 02 - Customer Services & Recipient Rights | Subject No: 02.01.11.01 |
| Effective Date: 1/31/06 | Date of Review/Revision: 11/13/05, 2/9/09, 6/29/09, 5/14/12, 7/22/13, 6/22/14, 9/22/14, 6/7/18, 2/11/20, 2/9/21, 6/10/22, 2/14/23 | Approved By: Sandra M. Lindsey, CEO Responsible Director: Director of Customer Services, Recipient Rights, & Security Authored By: Director of Customer Services, Recipient Rights, & Security Additional Reviewers: |
| | Supersedes: | |
|  SAGINAW COUNTY COMMUNITY MENTAL HEALTH AUTHORITY | | |

Purpose:

The purpose of this policy is to establish guidelines to allow consumers access to a local grievance process for issues that are not “actions.”

Policy:

It is the policy of Saginaw County Community Mental Health Authority (SCCMHA) to provide maximum protection of consumer rights. SCCMHA will provide information to consumers in relation to grievance procedures and time frames for filing and when they can expect a decision relating to a Customer Service Grievance.

Application:

This policy applies to SCCMHA and the provider network.

Standards:

- 1) Consumers receiving services from SCCMHA and the provider network will be provided the following information:
 - a) The right for consumers to file a Grievance
 - b) Requirements and time frames to file a Grievance
 - c) Availability of assistance in filing a Grievance
 - d) Toll free number the consumers may use to file a Grievance
 - e) The right to file a Grievance orally or in writing

- 2) All Grievances will be logged into the Appeal/Grievance database.
- 3) The staff making the determination on the Grievance will not be involved in the original review or decision-making process and have the authority to require Corrective Action.
- 4) The Supervisor of Recipient Rights will report Grievances to the Compliance and Policy Committee and the information will be forwarded on to the Quality Governance Committee.
- 5) An acknowledgement letter accepting the Grievance will be sent to the consumer within ten (10) business days.
- 6) The staff person completing the work on the Grievance will have the clinical experience necessary to make decisions regarding clinical issues. Grievances best suited for a different person to decide other than the Supervisor of Recipient Rights Office will be forwarded to the SCCMHA Executive Director of Clinical Services and Programs, Chief of Health Services and Integrated Care, or the Chief Information Officer & Chief Quality and Compliance Officer. The determination of which individual will receive the Grievance will be based on which department and their staff was involved in the original decision or issue.
- 7) The Grievance will be resolved within 90 calendar days of receipt and a written notice of disposition will be sent to the consumer, guardian, or parent of a minor or his or her legal representative. The date on the Final Letter sent to the consumer or their representative is the Resolution Date unless otherwise noted.
- 8) Grievances not completed within 90 days will constitute an action and gives access to the Medicaid Fair Hearings process for Medicaid beneficiaries.
- 9) A Grievance may be filed by a consumer, guardian, or a parent of a minor child or his or her legal representative, or by a member of the SCCMHA Provider Network.
- 10) The date of the receipt of the Grievance will be recorded as the earliest date when SCCMHA became aware of the request for a Grievance.
- 11) The notice of disposition must include (**Medicaid beneficiaries only**):
 - a) The result of the Grievance process
 - b) The date the Grievance was concluded
 - c) The right of the person filing the Grievance to request a Medicaid Fair Hearing if the notice of disposition is more than 90 days of receipt
 - d) How to access the fair hearing process if the notice of disposition is more than 90 days from receipt
- 12) Consumers without Medicaid insurance who disagree with the disposition of the Grievance will be informed of their right to request an Alternative Dispute

Resolution Process through Michigan Department of Health and Human Services (MDHHS) and will be given assistance with this process upon request. The mailing address for this process will be included in the letter of disposition. The mailing address is:

ATTN: Request for MDHHS Level Dispute Resolution
Lewis Cass Building, 5th Floor
320 South Walnut
Lansing, MI 48913

- 13) SCCMHA will offer a main toll-free number for anyone to call for any reason.
- 14) The SCCMHA toll-free phone number and the Michigan Relay Service phone number will be published in regularly viewed documents within the Saginaw community, on magnets, and published in Customer Service Handbooks produced by SCCMHA.
- 15) For Grievances where the complaint is better suited for a Recipient Rights investigation, the complaint will be forwarded to a Recipient Rights Investigator. However, the complaint may be completed through both processes.
- 16) Customer Service staff, Appeals Coordinator, and the Office of Recipient Rights coordinates as necessary to provide the best resolution for the consumer filing the Grievance.
- 17) Members of the SCCMHA Provider Network are encouraged to share their satisfaction or dissatisfaction with the Grievance process by contacting the Supervisor of the Recipient Rights Office. Any information obtained from the Provider Network regarding satisfaction with the process will be shared with the Quality Governance Committee.

Definitions:

Action: A decision by SCCMHA to reduce, suspend, or terminate services currently being provided to a consumer receiving services from SCCMHA.

Consumer Grievance: A process set up to allow consumers of SCCMHA services to file a complaint due to a dissatisfaction with services not relating to an action taken by SCCMHA. This process meets all requirements of the federal and state regulations regarding grievances.

Michigan Relay Service: A communications system that allows hearing persons and persons who are deaf, hard of hearing, or speech-impaired to communicate by telephone.

References:

Grievance and Appeal Technical Requirement Prepaid Inpatient Health Plan (PIHP) Grievance System for Medicaid Beneficiaries.

42 CFR 438, Subpart F and 42 CFR 438.10(g)(1)

Exhibits:

Exhibit A - Customer Service Complaint Form (Customer Service-Grievance or Local Appeal)

Procedure:

| ACTION | RESPONSIBILITY |
|---|--|
| 1) Grievance is filed with the Customer Service Office. | 1) Consumer, guardian, or parent of a minor child or his or her legal representative |
| 2) Grievance is logged into the Appeal and Grievance database. The log includes the Fiscal Year, Date Received, Complaint Number, Provider Name, Description of Appeal Type, Timely Resolution (Yes or No), Category, Number of Days to Complete, and the Date Completed. | 2) Supervisor of Recipient Rights Office (CS/ORR) or designee |
| 3) Acknowledgment Letter confirming receipt of the Grievance is sent to the person filing within ten (10) business days | 3) Supervisor of CS/ORR |
| 4) Reviews all information and interviews those necessary to make a determination | 4) Supervisor of CS/ORR |
| 5) When it is determined a Grievance is better suited to be reviewed through the Recipient Rights investigation, the complaint will be forwarded to a Recipient Rights Investigator. | 5) Supervisor of CS/ORR |
| 6) When a Grievance is determined to need a different reviewer due to clinical issues, the Grievance will be forwarded to the SCCMHA Executive Director of Clinical Services and Programs, Chief of Health Services and Integrated Care, or the Chief Information | 6) Supervisor of CS/ORR |

| | |
|--|--|
| <p>Officer & Chief Quality and Compliance Officer based on the standards above.</p> <p>7) When a Grievance is referred to the SCCMHA Executive Director of Clinical Services and Programs, Chief of Health Services and Integrated Care, or the Chief Information Officer & Chief Quality and Compliance Officer, the review of the Grievance will be completed, and the decision will be forwarded back to the Supervisor of Recipient Rights Office for the determination to be sent out to the person who filed the Grievance.</p> <p>8) Provides notice of disposition to the person who filed the Grievance within 90 days of receipt</p> | <p>7) Executive Director of Clinical Services and Programs, Chief of Health Services and Integrated Care, or the Chief Information Officer & Chief Quality and Compliance Officer</p> <p>8) Supervisor of CS/ORR</p> |
|--|--|

Exhibit A



Grievance or Local Appeal Form

**Instructions:**

Our goal is to provide the best service to the consumers we serve. There are some state and federal regulations that SCCMHA must be in compliance with as well. In an effort to provide better service for all those we serve, we have developed a way to have your concerns heard and dealt with. If you have a complaint about anything related to Saginaw County Community Mental Health Authority, please let us know. We can receive your complaint verbally or in writing, anyone in Customer Services will be happy to help you. Please call the number below or send your questions or complaints to the Customer Services department at the address below.

(989) 797-3452 or Toll Free 1-800-258-8678 or Michigan Relay Service 7-1-1

Saginaw County Community Mental Health Authority

**500 Hancock
Saginaw, MI 48602**

| | | |
|--|---|--------------------------------------|
| Complainant's Name | Consumer's Name (if different from complainant) | |
| Complainant's Address | What Department does this involve? | |
| | Phone Number | |
| Describe what happened: <hr style="border: 0; border-top: 1px solid black; margin: 5px 0;"/> <hr style="border: 0; border-top: 1px solid black; margin: 5px 0;"/> <hr style="border: 0; border-top: 1px solid black; margin: 5px 0;"/> <hr style="border: 0; border-top: 1px solid black; margin: 5px 0;"/> | | |
| Do you have any recommendations on how to resolve this complaint? <hr style="border: 0; border-top: 1px solid black; margin: 5px 0;"/> | | |
| Complainant's Signature | Date | Name of Person Assisting Complainant |

For Office Use Only:

| | |
|-------------------|--------------|
| Date received: | Received by: |
| Complaint Number: | Category: |

2/6/23 KP

| Policy and Procedure Manual Saginaw County Community Mental Health Authority | | |
|---|---|--|
| Subject: Local Appeal | Chapter: 02 - Customer Services & Recipient Rights | Subject No: 02.01.11.02 |
| Effective Date: 1/31/06 | Date of Review/Revision: 11/13/05, 1/12/07, 3/11/09, 6/29/09, 5/14/12, 7/22/13, 6/22/14, 9/22/14, 6/7/18, 2/11/20, 2/9/21, 6/10/22, 2/14/23 | Approved By: Sandra M. Lindsey, CEO Responsible Director: Director of Customer Services, Recipient Rights, & Security Authored By: Director of Customer Services, Recipient Rights, & Security Additional Reviewers: |
| | Supersedes: | |
|  | | |

Purpose:

The purpose of this policy is to establish guidelines to allow consumers of Saginaw County Community Mental Health Authority (SCCMHA) access to a local appeal process for actions taken relating to their services.

Policy:

It is the policy of SCCMHA to provide maximum protection of consumer rights and to comply with state and federal guidelines. This local appeal process is in place to fulfil this obligation regarding all consumers of SCCMHA services.

Application:

This policy applies to SCCMHA and the provider network.

Standards:

- 1) Federal regulations require that Medicaid beneficiaries have access to a local appeal process of actions taken by SCCMHA relating to services being provided.
- 2) State regulations require that all consumers served by SCCMHA have access to a local process for resolving disputes of services.

- 3) Consumers of SCCMHA services have 60 calendar days from the date of the notice of action to request a local appeal.
- 4) Local appeals may be accepted orally or in writing.
- 5) Local appeals must be regarding an “Action” such as termination of services, reduction of services, authorizing a service in an amount less than requested, not initiating services within 14 days as agreed to in the Person-Centered Plan, etc.
- 6) The date of the receipt of the Local Appeal will be recorded as the earliest date when SCCMHA became aware of the request for an appeal.
- 7) Consumers filing a local appeal will be sent a letter acknowledging the receipt of the appeal within ten (10) business days unless an expedited resolution is requested.
- 8) If a Medicaid beneficiary requests the local appeal or their representative requests a local appeal no more than 10 calendar days from the date of the notice of action and request services be continued, and the authorization for the services through the Person-Centered Plan has not run out, SCCMHA will reinstate the Medicaid services until the disposition of the appeal.
- 9) SCCMHA Customer Service will give consumers any assistance necessary for them to file the local appeal, including arranging interpreter services if necessary and toll-free numbers that have adequate Michigan Relay Service and interpreter capability.
- 10) Customer Service staff, Appeals Coordinator, Fair Hearing Officer, and the Office of Recipient Rights coordinates as necessary to provide the best resolution for the consumer filing the Appeal.
- 11) Local appeals information will be tracked and reported to the Compliance and Policy Committee and forwarded to the Quality Governance Committee.
- 12) Members of the SCCMHA Provider Network are encouraged to share their satisfaction or dissatisfaction with the Local Appeal process by contacting the Supervisor of the Customer Service/Recipient Rights Office. Any information obtained from the Provider Network regarding satisfaction with the process will be shared with the Quality Governance Committee.
- 13) The person responsible in the previous level review or decision making will not be involved in making the decision of the local appeal.
- 14) The individual making the decisions on the local appeal will have appropriate clinical experience in treating the consumer’s condition or disease when the appeal is of a denial based on lack of medical necessity or involves other clinical issues.

- 15) When SCCMHA makes a denial of services, the consumer or the consumer representative and the provider will be sent an Adverse Benefit Determination Notice for the denied services.
- 16) Local Appeals regarding termination of Autism Services when annual Re-Evaluations are completed will be resolved by having a Second Re-Evaluation completed by a clinician with appropriate credentials
 - a) The Local Appeal will use the results from that evaluation for the opinion of the Local Appeal
 - b) As long as the appeal is received within 60 days of the Adverse Benefit Determination Notice, a Second Re-Evaluation will be completed
- 17) The consumer or their representative will be provided with:
 - a) Reasonable opportunity to present evidence and allegations of fact or law in person as well as in writing
 - b) Opportunity, before and during the appeal process, to examine the consumer's case file, including medical records and any other documents or records considered during the appeal process.
 - c) Information regarding the right to a fair hearing (Medicaid beneficiaries only and only after a local appeal has been completed) and the process to be used to request the Medicaid Fair Hearing
- 18) Standard resolution of a local appeal must be completed within 30 calendar days or within 72 hours for an expedited resolution.
- 19) The notice of disposition to the consumer or their representative will be made in writing. The date on the Final Letter sent to the consumer or their representative is the Resolution Date unless otherwise noted.
- 20) Every effort will be made to provide oral notice of an expedited appeal.
- 21) The notice of disposition must include an explanation of the results of the resolution and the date it was completed.
- 22) When the appeal is not resolved in favor of the consumer, the notice of disposition must include (**Medicaid beneficiaries only**):
 - a) The right to request a Medicaid Fair Hearing, and how to do so
 - b) The right to request to receive benefits while the Medicaid Fair Hearing is pending, if requested within 10 calendar days of the mailing of the notice of disposition, and how to make the request
 - c) That the consumer may be held liable for the cost of the benefits if the hearing decision upholds the previous decision
- 23) Consumers without Medicaid insurance who disagree with the disposition of the local appeal will be informed of their right to request an Alternative Dispute Resolution Process through Michigan Department of Health and Human Services

(MDHHS) and will be given assistance with this process upon request. The mailing address for this process will be included in the letter of disposition. The mailing address is:

ATTN: Request for MDHHS Level Dispute Resolution
Lewis Cass Building, 5th Floor
320 South Walnut
Lansing, MI 48913

Definitions:

Action: A decision that adversely impacts a consumer's claim for services.

Expedited Resolution: SCCMHA must resolve the appeal and provide notice of disposition to the effected parties no longer than 72 hours after the request for an expedited resolution. An expedited resolution is required when SCCMHA determines (for a request from the consumer) or the provider indicates (in making the request on behalf of or in support of the consumer's request) that taking the time for a standard resolution could seriously jeopardize the consumer's life or health or ability to attain, maintain or regain maximum function.

- SCCMHA may extend the notice of disposition timeframe by up to 14 calendar days if the beneficiary requests an extension, or if SCCMHA show to the satisfaction of the state that there is a need for additional information and how the delay is in the consumer's best interest.
- If SCCMHA denies a request for an expedited resolution of an appeal, they must:
 - Transfer the appeal to the timeframe for standard resolution or no longer than 30 calendar days from the date the appeal is received
 - Make reasonable efforts to give the consumer prompt oral notice of the denial
 - Give the consumer follow up written notice within 2 calendar days

MDHHS Alternative Dispute Resolution Process is described as follows:

- **MDHHS** shall review all requests within 2 business days of receipt
- If the **MDHHS** representative, using a "reasonable person" standard believes that the denial, suspension, termination, or reduction of services and/or supports will pose an immediate and adverse impact upon the individual's health and safety, the issue is referred within 1 business day to the Community Services Division within Mental Health and Substance Abuse Services for contractual action consistent with Section 8.0 of the **MDHHS** /CMHSP contract.
- In all other cases, the **MDHHS** representative shall attempt to resolve the issue with the individual and the CMHSP within 15 business days. The recommendations of the **MDHHS** representative are non-binding in those cases where the decision poses no immediate impact to the health and safety of the individual

Michigan Relay Service: A communications system that allows hearing persons and persons who are deaf, hard of hearing, or speech-impaired to communicate by telephone.

Standard Resolution: SCCMHA must resolve the appeal and provide notice of disposition to the effected parties as expeditiously as the consumer's health requires, but not to exceed 30 calendar days from the day the appeal is received.

References:

Grievance and Appeal Technical Requirement Prepaid Inpatient Health Plan (PIHP)
Grievance System for Medicaid Beneficiaries

Exhibits:

Exhibit A – Grievance and Local Appeal Form

Procedure:

| ACTION | RESPONSIBILITY |
|---|---|
| 1) Local appeal request is filed with the Customer Service Office | 1) Consumer or their representative |
| 2) The local appeal is logged into the Appeals and Grievance database when received. The log includes the Fiscal Year, Date Received, Complaint Number, Provider Name, Description of Appeal Type, Timely Resolution (Yes or No), Category, Number of Days to Complete, and the Date Completed. | 2) Supervisor Recipient Rights Office (CS/ORR) or designee |
| 3) An acknowledgement letter is sent to the consumer and/or their representative letting them know the appeal has been received within ten (10) business days | 3) Supervisor of ORR or designee |
| 4) If an expedited resolution is requested, the consumer or their representative will be notified of approval or disapproval of the request orally and in writing within two calendar days | 4) Supervisor of ORR |
| 5) If the appeal is requested within 10 calendar days from the date of the notice of action and the consumer or their representative requests services be continued, Medicaid services will be reinstated (<u>Medicaid beneficiaries only</u>) | 5) Supervisor of ORR in cooperation with the Director overseeing the services |
| 6) Information is gathered and reviewed and necessary interviews are conducted | 6) Supervisor of ORR |

| | |
|--|----------------------------------|
| 7) Time before reaching a decision will be scheduled for the consumer and/or their representative to review all the relevant information if requested by the consumer | 7) Supervisor of ORR or designee |
| 8) Notice of disposition is sent to the consumer and/or their representative within 30 calendar days of the receipt of the appeal, 72 hours days if expedited resolution has been accepted (time frame for expedited resolution may be extended up to 14 days if the specific standards listed above are met.) | 8) Supervisor of CS/ORR |

Exhibit A



Grievance or Local Appeal Form

**Instructions:**

Our goal is to provide the best service to the consumers we serve. There are some state and federal regulations that SCCMHA must be in compliance with as well. In an effort to provide better service for all those we serve, we have developed a way to have your concerns heard and dealt with. If you have a complaint about anything related to Saginaw County Community Mental Health Authority, please let us know. We can receive your complaint verbally or in writing, anyone in Customer Services will be happy to help you. Please call the number below or send your questions or complaints to the Customer Services department at the address below.

(989) 797-3452 or Toll Free 1-800-258-8678 or Michigan Relay Service 7-1-1

Saginaw County Community Mental Health Authority


**500 Hancock
Saginaw, MI 48602**

| | | |
|--|---|--------------------------------------|
| Complainant's Name | Consumer's Name (if different from complainant) | |
| Complainant's Address | What Department does this involve? | |
| | Phone Number | |
| Describe what happened: <hr style="border: 0; border-top: 1px solid black; margin: 2px 0;"/> <hr style="border: 0; border-top: 1px solid black; margin: 2px 0;"/> <hr style="border: 0; border-top: 1px solid black; margin: 2px 0;"/> <hr style="border: 0; border-top: 1px solid black; margin: 2px 0;"/> | | |
| Do you have any recommendations on how to resolve this complaint? <hr style="border: 0; border-top: 1px solid black; margin: 2px 0;"/> | | |
| Complainant's Signature | Date | Name of Person Assisting Complainant |

For Office Use Only:

| | |
|-------------------|--------------|
| Date received: | Received by: |
| Complaint Number: | Category: |

2/6/23 KP

| Policy and Procedure Manual Saginaw County Community Mental Health Authority | | |
|---|---|--|
| Subject: Limited English Proficiency | Chapter: 02 - Customer Services & Recipient Rights | Subject No: 02.01.13 |
| Effective Date: 10/21/08 | Date of Review/Revision: 6/17/12, 6/22/14, 12/8/16, 5/28/18, 3/12/19, 2/11/20, 2/9/21, 6/10/22, 2/14/23 | Approved By: Sandra M. Lindsey, CEO Responsible Director: Director of Customer Services, Recipient Rights, & Security Authored By: Director of Customer Services, Recipient Rights, & Security Additional Reviewers: |
| | Supersedes: | |
|  | | |

Purpose:

The purpose of this policy is to ensure consumers of Saginaw County Community Mental Health Authority (SCCMHA) have access to program information and services although they may be limited in their English language proficiency. SCCMHA is committed to this plan as the appropriate response to meeting the needs of the consumers we serve.

Policy:

It is the policy of SCCMHA to provide for effective communication between consumers with Limited English Proficiency (LEP) and SCCMHA staff by making appropriate language assistance services available when consumers need these services. This policy was developed to service SCCMHA consumers, prospective consumers, their family members, or other eligible members of the service area (hereafter called “consumers”) who do not speak, read, write, or understand English or who do so on a limited basis.

Application:

All SCCMHA Programs and Network Providers.

Standards:

- 1) The policy of SCCMHA regarding LEP will be consistent with federal requirements.
- 2) All agencies that receive federal financial assistance from the U.S. Department of Health and Human Services (HHS) must take adequate steps to ensure that persons

- with limited English proficiency receive the language assistance necessary to allow meaningful access to services, free of charge.
- 3) No person will be denied access to SCCMHA program information or programs because he/she does not speak English or communicates in English on a limited basis.
 - 4) SCCMHA staff will initiate an offer for language assistance to consumers who have difficulty communicating in English.
 - 5) SCCMHA will provide consumers with difficulty communicating in English with meaningful access to programs and services in a timely manner and at no cost to the consumer.
 - 6) Free interpretation and/or translation service is provided in a language the person considered to have LEP understands, in a way that preserves confidentiality, and in a timely manner.
 - 7) SCCMHA will provide effective services to persons with LEP, by using competent interpreters.
 - 8) Persons used to provide interpretation will be required to be certified by the State of Michigan to provide the interpretation. Proof of this certification will be verified by providing a copy of their certification upon providing this service to any consumers of SCCMHA services.
 - 9) SCCMHA Customer Service Unit will request additional translation service or interpretation services contracts through the Network Services and Public Policy Unit if necessary to meet the current need for services for consumers served in the service area.
 - 10) SCCMHA provides access for people who are deaf or hard of hearing to communicate with SCCMHA using the Michigan Relay Service. Information related to the Michigan Relay Service (711) will be published in the SCCMHA Customer Service Handbook.
 - 11) Major SCCMHA publications are translated into Spanish.
 - 12) Interpretation for languages other than English may be provided by phone when a live interpreter is not available. This service is provided to consumers of SCCMHA using the agency Language Line and Voices for Health.

Definitions:

- **Effective Communication:** In a human service setting, effective communication occurs when provider staff have taken the necessary steps to make sure that a person with LEP is given adequate information to understand

the services and benefits available and receives the benefits for which he/she is eligible. Effective communication also means that a person with limited English proficiency can communicate the relevant circumstances of his/her situation to the provider.

- **Interpretation:** Interpretation means the oral or spoken transfer of a message from one language into another language.
- **Limited English Proficiency (LEP):** A person with limited English proficiency or “LEP” is not able to speak, read or understand the English language well enough to allow him/her to interact effectively with health and social service or other providers.
- **Meaningful Access:** Meaningful access to programs and services is the standard of access required of federally funded entities to comply with Title VI’s language access requirements. To ensure meaningful access for people with limited English proficiency, service providers must make available to consumers/recipients’ free language assistance that result in accurate and effective communication.
- **Michigan Relay Service** – A communications system that allows hearing persons and persons who are deaf, hard of hearing, or speech-impaired to communicate by telephone.
- **Office for Civil Rights (OCR):** The Office for Civil Rights is the civil rights enforcement agency of the U.S. Department of Health and Human Services. OCR Region V is the regional office that enforces Title VI in Michigan for health and human services agencies/providers.
- **Principal Languages:** Principal languages refer to the languages other than English that are most spoken by SCCMHA consumers. Currently there is 1 in Saginaw County: Spanish.
- **Translation:** Translation means the written transfer of a message from one language into another language.
- **Competent Interpreter:** Interpreters that have demonstrated proficiency in both English and the intended language; training that includes the skills and ethics of interpreting (e.g., issues of confidentiality); fundamental knowledge in both languages of any specialized terms or concepts; and sensitivity to the consumer’s culture.

References:

- **Title VI of the Civil Rights Act of 1964**, 42 U.S.C. §2000 et seq.; 45 CFR §80, Nondiscrimination Under Programs Receiving Federal Financial Assistance through the U.S Department of Health and Human Services Effectuation of Title VI of the Civil Rights Act of 1964
- **Office for Civil Rights Policy Guidance**, 65 Fed. Reg. 52762 (2000), Department of health and Human Services, Office for Civil Rights, Policy Guidance on the Prohibitions Against National Origin Discrimination as It Affects Persons with Limited English Proficiency (August 30, 2000); OCR Website: www.hhs.gov/ocr/lep/


- **Department of Justice Regulation**, 28 CFR §42.405(d)(1), Department of Justice, Coordination for Enforcement of Non-discrimination in Federally Assisted Programs, Requirements for Translation
- **Bilingual Requirements in the Food Stamp Program**, 7 CFR §272.4 U.S. Department of Agriculture, Food and Consumer Service

Exhibits:

None

Procedure:

| ACTION | RESPONSIBILITY |
|--|---|
| 1) Persons receiving services from SCCMHA or the SCCMHA Provider Network will be assessed for their ability to communicate by English at the time of their intake. | 1) Central Access and Intake (CAI) Staff |
| 2) Enter into the Sentri record under Demographics the individual consumer's Primary Language. | 2) Central Access and Intake (CAI) Staff |
| 3) Those persons identified to have LEP will be provided an interpreter and information translated into their language free of charge. | 3) Support Coordinator, Client Service Manager or Therapist with assistance from the SCCMHA Customer Service Unit |

| Policy and Procedure Manual Saginaw County Community Mental Health Authority | | |
|---|---|--|
| Subject: Parking Policy for 500 Hancock | Chapter: 02 - Customer Services & Recipient Rights | Subject No: 02.01.14 |
| Effective Date: 8/2/05 | Date of Review/Revision: 7/20/06, 6/29/09, 6/17/12, 6/22/14, 11/27/16, 6/1/18, 3/12/19, 2/26/20, 2/9/21, 6/10/22, 2/14/23 | Approved By: Sandra M. Lindsey, CEO Responsible Director: Director of Customer Services, Recipient Rights, & Security Authored By: Director of Customer Services, Recipient Rights, & Security Additional Reviewers: |
| | Supersedes: | |
|  | | |

Purpose:

The purpose of this policy is to provide effective parking for visitors and Saginaw County Community Mental Health Authority (SCCMHA) staff.

Policy:

It is the policy of SCCMHA to have parking available for visitors and SCCMHA staff as well as recognizing and managing parking limits as best as possible.

Application:

This policy applies to SCCMHA staff, providers, and all visitors parking in the SCCMHA facility parking lots located at 500 Hancock in Saginaw.

Standards:

- 1) Every effort will be made to provide parking for all people needing to conduct business at the 500 Hancock facility.
- 2) Visitor Parking for people coming to the 500 Hancock building for mental health and physical health appointments are the first priority.
- 3) Every effort will be made to assist visitors to the building who need special accommodations.

- 4) All vehicles (staff and providers working in the 500 Hancock SCCMHA building) will have a parking sticker/permit in the bottom left (driver's side) portion of the windshield of any vehicle that would potentially be parked on SCCMHA property except for visitors.
- 5) SCCMHA staff and providers working in the 500 Hancock SCCMHA building will inform Human Resources of any change in their vehicle status, meaning they will inform them if they get a different car or no longer have a car that is registered.
- 6) Parking stickers will have a distinct color to identify where the staff person is assigned to park.
- 7) Accessible parking in the 500 Hancock parking lot will be subject to the City of Saginaw Police Department and other laws that apply.
- 8) Employees with valid, accessible (handicap) parking permits will be asked to park in the Visitor Parking spaces along Hancock.
- 9) Parking spaces will be visibly identified for reserved parking such as visitors and SCCMHA staff.
- 10) SCCMHA staff are prohibited from parking in Visitor Parking Spaces. SCCMHA staff assigned to locations other than 500 Hancock are not Visitors as defined by this policy.
- 11) The SCCMHA Provider Network will not use Visitor Parking Spaces when they attend meetings at 500 Hancock. They may use SCCMHA Employee Parking for the time they are attending the meeting.
- 12) Parking lots used for parking for the 500 Hancock facility will be regularly monitored to determine appropriate parking procedures are being followed. If parking procedures are not followed, the action described under procedures will be followed.
- 13) Any visitor conducting business for two hours or less will use the parking spaces reserved for visitors, short term parking. This short-term parking for visitors includes providers bringing consumers in for appointments but does not include attending trainings.
- 14) Visitors and SCCMHA staff are asked not to park in the *Save-A-Lot*® or other business parking lots and will be subject to their business parking policies, which could include towing. SCCMHA is not responsible for other businesses' parking policies and/or actions.
- 15) Members of the Provider Network may use the designated Visitor Parking Spaces in the following circumstances:

- ✓ Transporting consumers to appointments or
 - ✓ On light business days (they should check in with Security to ensure their vehicle will not be ticketed)
- 16) Those parking on the streets will be subject to city parking laws and may receive tickets if those laws are not followed. The city may at any time enforce a regulation of ticketing vehicles that park within 20 feet of a pedestrian crosswalk. SCCMHA is not responsible for the cost of any parking tickets given by the City of Saginaw.
- 17) When a special meeting or training occurs at the 500 Hancock facility where parking may be a problem, the Parking Lot Monitor will work with the Supervisor of the Customer Service Office to make special arrangements for parking in Employee Parking Lots, when parking is available.
- 18) The parking permits are assigned by job category and/or location of SCCMHA staff. Below is a listing of the staff that have received the specified colored permits:
- ✓ Green: SCCMHA staff working in the 500 Hancock building not falling into the category of Administration
 - ✓ Pink: Administration with reserved spaces in the main parking lot
 - ✓ Yellow: SCCMHA staff located at the Towerline facility
 - ✓ Blue: SCCMHA staff located at the CTS facility
 - ✓ Purple: Contractual staff
 - ✓ Light Blue: SCCMHA staff located at the CTN facility
 - ✓ Gold: SCCMHA at the Housing Resource Center and Supported Employment
 - ✓ Black: Albert & Woods Professional Development and Business Center
 - ✓ Red: Child, Family, and Youth Services on Bay Road

Definitions:

SCCMHA Ticket: A brightly colored sticker that will be placed on the driver's side window to indicate the vehicle is parked in the wrong location according to their parking permit. There is no cost for the ticket until towing of a vehicle occurs, in which case the owner of the vehicle will be responsible for the cost of towing and reclaiming the vehicle.

SCCMHA Employee: A person hired by SCCMHA to provide a job in exchange for payment.

Visitor: A person coming to the 500 Hancock facility for the purpose of mental health, physical health, or meeting with SCCMHA staff. This definition does not include staff from other SCCMHA facilities.

References:

SCCMHA HR Policy # 620 Health and Safety – Parking

Exhibits:

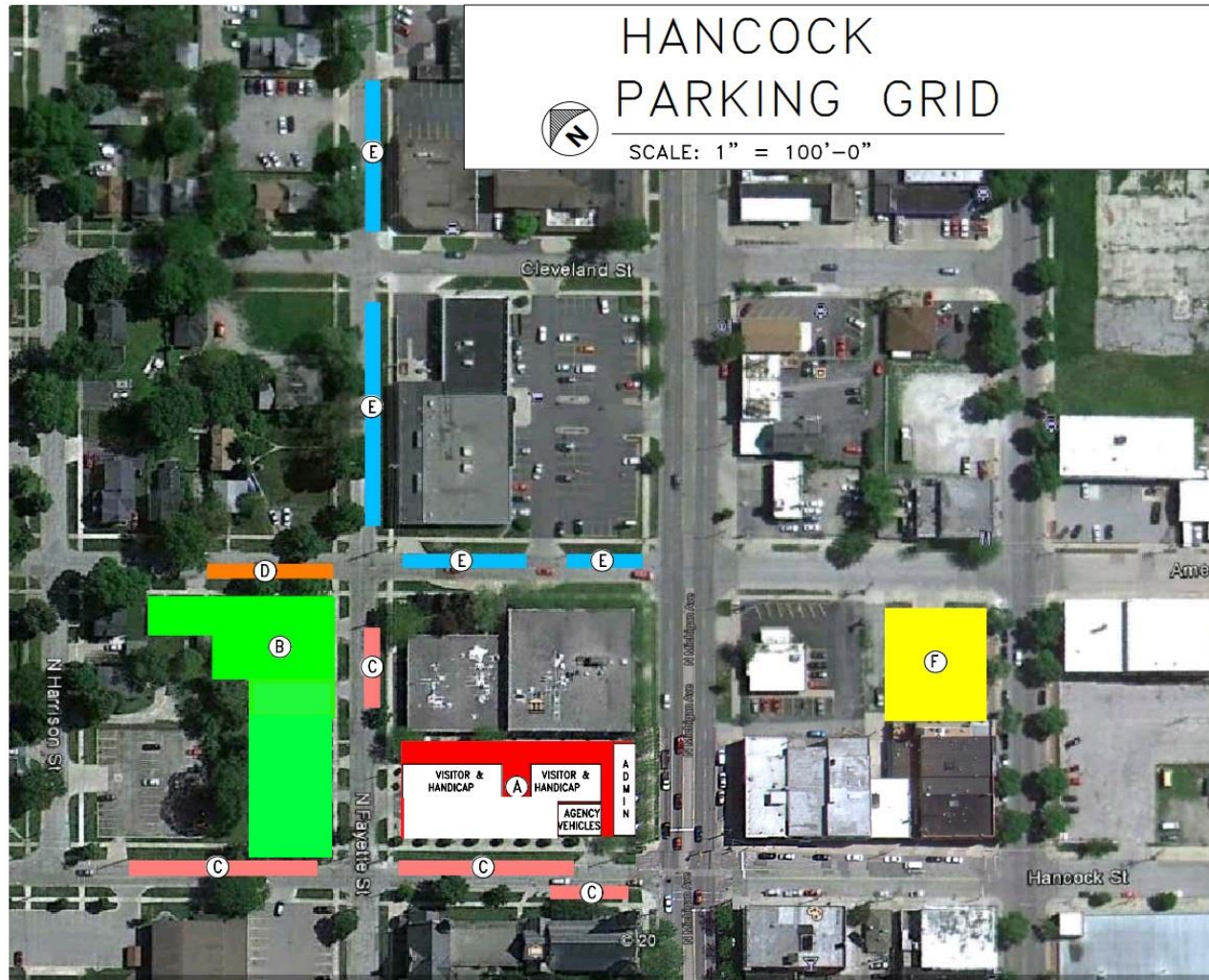
Exhibit A – Hancock Parking Grid

Procedure:

| ACTION | RESPONSIBILITY |
|--|--|
| 1) All SCCMHA staff and providers working in the 500 Hancock SCCMHA building will register all cars driven to their work site with Human Resources | 1) Staff and providers parking in 500 Hancock Parking Lots |
| 2) Parking permits will be given out for all SCCMHA staff and providers vehicles registered with Human Resources, appropriate for the parking privileges | 2) Human Resources |
| 3) SCCMHA staff will display the assigned parking stickers in the appropriate location on their vehicle as described in the standards | 3) SCCMHA staff and providers working in the 500 Hancock SCCMHA building |
| 4) SCCMHA staff will follow the parking procedures as described in this Parking Policy for 500 Hancock | 4) SCCMHA staff and providers working in the 500 Hancock SCCMHA building |
| 5) Parking lots will be monitored on a regular basis and SCCMHA tickets will be given for anyone parked inappropriately | 5) Security Guard and/or Parking Lot Monitor |
| 6) SCCMHA staff whose vehicle has been given an SCCMHA ticket will receive an e-mail and their Supervisor will be copied on the e-mail | 6) Supervisor of Customer Service |
| 7) License plate numbers will be tracked for vehicles that have been ticketed | 7) Security Guard or Parking Lot Monitor |
| 8) Vehicles receiving more than two tickets will be towed at the owner's expense | 8) Supervisor of Customer Service |


| | |
|---|--|
| <p>9) License plate numbers will be entered into the Security database and will be compared to license plate numbers in the Human Resources information for staff information</p> <p>10) The following action will occur for SCCMHA staff receiving more than two SCCMHA tickets within a 30 day period for parking in a parking space outside their parking privileges:</p> <ul style="list-style-type: none"> a) The Supervisor will be contacted b) Staff person will be notified their car is being towed c) Will pay towing charge and any cost associated with retrieving vehicle d) Disciplinary or contract action will be taken against staff and providers working in the 500 Hancock SCCMHA building for not following SCCMHA policy <p>11) A picture of parking availability will be available at the Security Station of 500 Hancock</p> | <p>9) Security Guard or Parking Lot Monitor</p> <p>10) Security Guard or Parking Lot Monitor</p> <ul style="list-style-type: none"> a) Supervisor of Customer Services b) Supervisor responsible for the staff person and providers working in the 500 Hancock SCCMHA building c) Staff person and providers working in the 500 Hancock SCCMHA building whose vehicle was towed d) Supervisor for the staff person <p>11) Security Guard</p> |
|---|--|

Exhibit A



HANCOCK PARKING GRID LEGEND

- (A) █ HANCOCK PARKING LOT.
- (B) █ SCCMHA EMPLOYEE PARKING LOT (AMES).
- (C) █ 4-HOUR STREET PARKING.
- (D) █ 2-HOUR STREET PARKING.
- (E) █ OPEN STREET PARKING.
- (F) █ OPEN SCCMHA PARKING LOT (HAMILTON)—CAREFUL CROSSING MICH. AVE.

| Policy and Procedure Manual Saginaw County Community Mental Health Authority | | |
|---|---|--|
| Subject: Transportation to SCCMHA Appointments – Taxi Cab Voucher | Chapter: 02 – Customer and Member Services | Subject No: 02.01.16 |
| Effective Date: 4/1/14 | Date of Review/Revision: 12/1/17, 5/28/18, 3/12/19, 11/15/19, 2/11/20, 2/9/21, 6/10/22, 2/14/23 | Approved By: Sandra M. Lindsey, CEO Responsible Director: Director of Customer Services, Recipient Rights, & Security Authored By: Director of Customer Services, Recipient Rights, & Security Additional Reviewers: None |
| | Supersedes: | |
|  | | |

Purpose:

The purpose of this policy is to assist people served by the Saginaw County Community Mental Health Authority (SCCMHA) Provider Network in obtaining transportation to SCCMHA or other mental health related appointments.

Application:

This policy applies to the SCCMHA Provider Network.

Policy:

It is the policy of SCCMHA to assist people receiving services through the SCCMHA Provider Network in obtaining transportation to and from SCCMHA and related mental health appointments.

Standards:

(Standards # 1-4 are directly from the Michigan Medicaid Provider Manual – Chapter: Behavioral Health and Intellectual and Developmental Disability Supports and Services; Section: # 3.27 – Transportation; Page: # 22)

- 1) Pre-Paid Inpatient Health Plans (PIHPs) and hence Community Mental Health Service Providers (CMHSPs) are responsible for transportation to and from the beneficiary's place of residence when provided so a beneficiary may participate in

- a state plan, Habilitation Support Waiver (HSW) or additional/B3 service at an approved day program site or in a clubhouse psychosocial rehabilitation program.
- 2) Medicaid Health Plans (MHPs) are responsible for assuring their enrollees' transportation to the primary health care services provided by the MHPs, and to (non-mental health) specialists and out-of-state medical providers.
 - 3) Michigan Department of Health and Human Services (MDHHS) is responsible for assuring transportation to medical appointments for Medicaid beneficiaries not enrolled in MHPs; and to dental, substance abuse, and mental health services (except those noted above and in the HSW program described in the Habilitation Supports Waiver for Persons with Developmental Disabilities Section of this chapter) for all Medicaid beneficiaries. (Refer to the local MDHHS office or MHP for additional information, and to the Ambulance Chapter of this manual for information on medical emergency transportation.)
 - 4) PIHP's payment for transportation should be authorized only after it is determined that it is not otherwise available (e.g., MDHHS, MHP, volunteer, family member), and for the least expensive available means suitable to the beneficiary's need.
 - 5) Minors will be accompanied by an adult when transported by any of the SCCMHA contracted Taxi Companies. Transitional Age Youth may be an exception as they may not have an adult to accompany them.
 - 6) It is the requestor's responsibility to determine whether other less expensive means of transportation are available before requesting a Taxi Cab be provided by SCCMHA.
 - 7) Incomplete Taxi Cab Vouchers will be returned to the Requestor to finalize request.
 - 8) Natural Supports will be pursued to assist with transportation needs.
 - 9) SCCMHA pays for transportation by taxi for the following SCCMHA services:
 - 1) Orientation Appointment
 - 2) SCCMHA Provider Network Health Care Appointment (Psychiatrist / RN)
 - 3) Court / Circuit Court / Family Court / District Court
 - 4) Hospital Admission
 - 5) Hospital Discharge
 - 6) Therapy Appointment (Ind / Group / Family)
 - 7) Return to Residence from SCCMHA
 - 8) Other
 - 10) Transportation to groups such as the Consumer Leadership Group are not paid for by SCCMHA as the Stipend paid for participation is expected to cover the transportation costs.

- 11) SCCMHA does not pay for transportation to medical appointments for physical health care when it is the responsibility of the MHP or MDHHS.
- 12) SCCMHA may pay for transportation to Case Management appointments in the office (Only approved on a limited basis when specifically requested by the consumer and this choice is documented in the IPOS). SCCMHA requires Case Management/Support Coordination to visit consumers in their home settings, generally at a minimum of once a month to help ensure welfare and well-being oversight.
- 13) There may be exceptions to the transportation to non-SCCMHA appointments when requested by any SCCMHA provider network clinical team supervisor and they may request approval by the Supervisor of the Customer Service/Office of Recipient Rights for the following appointments:
 - a) Medical appointments for consumers with Fee for Service Medicaid
 - b) SSA Hearing to gain or remain with benefits
 - c) Selective urgent medical situations:
 - I) For a same day appointment with a person's primary care physician or an Urgent Care visit (Purpose: to avoid Emergency Room (ER))
 - a) Consumers with Great Lakes Bay Health Center (GLBHC) as their primary care provider should arrange transportation with GLBHC
 - i) SCCMHA would transport in instances where a patient of GLBHC cannot be transported for a same day appointment by GLBHC
 - II) For transport to ER for a non-acute emergency when a primary care physician does not offer a same day appointment (Purpose: to avoid an ambulance transport)
 - III) For medical conditions that are evaluated by a primary care physician, urgent care facility or ER where a prescription is written that needs to be filled and taken after the visit. (Purpose: need to begin taking a medication immediately)
- 14) For an acute medical situation call for an ambulance, do not call and/or wait for a cab.
- 15) After Hours Taxi Vouchers are requested and approved by Crisis Intervention Services staff.
- 16) SCCMHA provides front door screening for SUD services. SCCMHA may provide non-urgent transportation to service sites. This requires an SCCMHA Administrative sign off.
- 17) Licensed Residential Adult Foster Care (AFC) Homes are responsible for providing transportation to medical appointments (site AFC Licensing Rules).
- 18) Using the SCCMHA Taxi Voucher process requires Transportation to be the last resort for transportation according to the Michigan Medicaid Provider Manual.

- 19) Failure to accept a ride (no show) when a Taxi is arranged for an SCCMHA Network appointment will be dealt with on an individual basis. This may include the Support Coordinator or Case Manager checking on the individual and reviewing their plan to make adjustments to the individual needs.
- 20) All requests for a Taxi Cabs to take consumers to SCCMHA and Provider Network appointments will be completed in the sentri system under the Consumers Link and the Taxi Voucher Link.

Definitions:

Prepaid Inpatient Health Plan (PIHP): a term contained in federal regulations from the Centers for Medicare & Medicaid Services. It means an entity that 1) provides medical services to enrollees under contract with the state Medicaid agency on the basis of prepaid capitation payments, 2) includes responsibility for arranging inpatient hospital care, and 3) does not have a comprehensive risk contract.

Requestor: SCCMHA Provider Network Staff requesting a Taxi be used for transporting to and/or from an SCCMHA Provider Network appointment.

References:


Michigan Medicaid Provider Manual Standard 3.27 – Transportation
SCCMHA Customer Service Procedure # 09.05.01.07 for sentri Taxi Cab Vouchers

Exhibits:

None

Procedure:

| ACTION | RESPONSIBILITY |
|--|---|
| 1) Schedule SCCMHA or related mental health appointment | 1) Support Coordinator, Case Manager, or administrative personnel (Requestor) |
| 2) Complete Taxi Voucher within sentri, ensuring all required fields are completed | 2) Support Coordinator, Case Manager, or administrative personnel (Requestor) |
| 3) Inside sentri, fax a completed copy of the Taxi Voucher form to the Taxi Vendor as available in sentri. | 3) Support Coordinator, Case Manager, or administrative personnel (Requestor) |
| 4) Mark one of the boxes (1-8) to indicate the reason for the requested transport | 4) Support Coordinator, Case Manager, or administrative personnel (Requestor) |

| Policy and Procedure Manual Saginaw County Community Mental Health Authority | | |
|---|---|---|
| Subject: Housing Local Appeal | Chapter: 02 - Customer Services & Recipient Rights | Subject No: 02.01.17 |
| Effective Date: 7/14/20 | Date of Review/Revision: 2/9/21, 6/10/22, 2/14/23 | Approved By: Sandra M. Lindsey, CEO |
| | Supersedes: | |
|  | | Responsible Director: Director of Customer Services, Recipient Rights, & Security Authored By: Director of Customer Services, Recipient Rights, & Security Additional Reviewers: |

Purpose:

The purpose of this policy is to establish guidelines to allow consumers of the Saginaw County Community Mental Health Authority (SCCMHA) Housing Resource Center (HRC) access to a local appeal process for actions taken relating to their housing services.

Policy:

It is the policy of SCCMHA to provide maximum protection of consumer rights and to comply with state and federal guidelines. This local housing appeal process is in place to fulfill this obligation regarding consumers of SCCMHA housing services.

Application:

This policy applies to SCCMHA Housing Resource Center, Recipient Rights, and Customer Service Unit.

Standards:

- 1) State and Federal regulations require that HRC beneficiaries have access to a housing local appeal process of actions taken by SCCMHA Housing Resource Center relating to services being provided.
- 2) When violations are evident to HRC or land lord, notice will be sent with a requirement to correct the violations within 30 days, or the termination process will begin.

- 3) Consumers of SCCMHA housing services have 30 calendar days from the date of the notice of action to request a housing local appeal.
- 4) Housing Local Appeals (HLA) must be received in writing.
- 5) HLAs must be regarding an “Action” such as a reduction, or termination of housing services.
- 6) The date of the receipt of the HLA will be recorded when the request has been received in writing.
- 7) Consumers filing an HLA will be sent a letter acknowledging the receipt of the appeal within ten (10) business days.
- 8) SCCMHA Customer Service will give consumers any assistance necessary for them to file the HLA, including arranging interpreter services if necessary and toll-free numbers that have adequate Michigan Relay Service and interpreter capability.
- 9) HLA information will be tracked and reported to the Compliance and Policy Committee and forwarded to the Quality Governance Committee.
- 10) The person responsible in the previous level review or decision making will not be involved in making the decision of the local appeal.
- 11) The individual making the decisions on the HLA will be the same staff completing other Local Appeals.
- 12) When the SCCMHA HRC decides to terminate services, the consumer or the consumer representative will receive a Notice.
- 13) The consumer or their representative will be provided with:
 - a) Reasonable opportunity to present evidence and allegations of fact or law in person as well as in writing
 - b) Opportunity, before and during the appeal process, to examine information being considered during the appeal process.
- 14) Standard resolution of a local appeal must be completed within 30 calendar days.
- 15) The Final Letter to the consumer or their representative will be written. The date on the Final Letter sent to the consumer or their representative is the Resolution Date unless otherwise noted.
- 16) The Final Letter will include the final decision and the process used to reach this decision.

- 17) The Final Letter must include an explanation of the results of the resolution and the date it was completed.

Definitions:

Action: A decision that adversely impacts a consumer's claim for services.

Michigan Relay Service: A communications system that allows hearing persons and persons who are deaf, hard of hearing, or speech-impaired to communicate by telephone.

References:

Code of Federal Regulations (CFR) 578.91 Termination of Assistance to Program Participants

Exhibits:

Exhibit A - Grievance or Local Appeal Form

Exhibit B – Housing Resource Center (HRC) Letter

Procedure:

| ACTION | RESPONSIBILITY |
|--|---|
| 1) The Customer Service Office can assist with HLA requests. | 1) Consumer or their representative |
| 2) The HLA is logged into a separate log than other SCCMHA Local Appeals. The log includes the Fiscal Year, Date Received, Complaint Number, Provider Name, Description of Appeal Type, Timely Resolution (Yes or No), Category, Number of Days to Complete, and the Date Completed. | 2) Supervisor of the Recipient Rights Office (CS/ORR) |
| 3) An acknowledgement letter is sent to the consumer and/or their representative letting them know the appeal has been received within ten (10) business days | 3) Supervisor of the ORR |
| 4) Information is gathered and reviewed and necessary interviews are conducted | 4) Supervisor of ORR |
| 5) Appeal meeting may be scheduled with the consumer and/or their representative and necessary clinical staff and the Supervisor or Director responsible for the services to meet the time frame for standard | 5) Supervisor of the ORR |
| 6) Time before reaching a decision will be scheduled for the consumer and/or their | 6) Supervisor of ORR |

| | |
|---|-----------------------------|
| <p>representative to review all the relevant information if requested by the consumer</p> <p>7) The Final Letter is sent to the consumer and/or their representative within 30 calendar days of the receipt of the appeal</p> | <p>7) Supervisor of ORR</p> |
|---|-----------------------------|

Exhibit A



Grievance or Local Appeal Form

**Instructions:**

Our goal is to provide the best service to the consumers we serve. There are some state and federal regulations that SCCMHA must be in compliance with as well. In an effort to provide better service for all those we serve, we have developed a way to have your concerns heard and dealt with. If you have a complaint about anything related to Saginaw County Community Mental Health Authority, please let us know. We can receive your complaint verbally or in writing, anyone in Customer Services will be happy to help you. Please call the number below or send your questions or complaints to the Customer Services department at the address below.

(989) 797-3452 or Toll Free 1-800-258-8678 or Michigan Relay Service 7-1-1

Saginaw County Community Mental Health Authority

**500 Hancock
Saginaw, MI 48602**

| | | |
|--|---|--------------------------------------|
| Complainant's Name | Consumer's Name (if different from complainant) | |
| Complainant's Address | What Department does this involve? | |
| | Phone Number | |
| Describe what happened: <hr style="border: 0; border-top: 1px solid black; margin: 2px 0;"/> <hr style="border: 0; border-top: 1px solid black; margin: 2px 0;"/> <hr style="border: 0; border-top: 1px solid black; margin: 2px 0;"/> <hr style="border: 0; border-top: 1px solid black; margin: 2px 0;"/> | | |
| Do you have any recommendations on how to resolve this complaint? <hr style="border: 0; border-top: 1px solid black; margin: 2px 0;"/> | | |
| Complainant's Signature | Date | Name of Person Assisting Complainant |

For Office Use Only:

| | |
|-------------------|--------------|
| Date received: | Received by: |
| Complaint Number: | Category: |

2/6/23 KP

Exhibit B



Housing Participant
1234 Anywhere Lane
Saginaw, MI 48601

April 10, 2019

Dear (Housing Participant),


This letter serves as an official notification that your participation in the Shelter Plus Care housing Program through Saginaw County Community Mental Health will end effective as of April 30, 2019.

After your lease was not renewed you moved out and are currently residing with a family or friend. You have until April 30th to identify a possible rental and have the inspection scheduled or you will be terminated from the grant. The Department of Housing and Urban Development (HUD) has set forth guidelines in the McKinney-Vento Homeless Assistance Act of 1987, which state that the Head of Household must meet certain qualifications. The qualifications are that the person be homeless under the HUD definition and have a serious mental illness; and/or chronic substance abuse problems; and/or AIDS or its related diseases.

Enclosed is a contract termination notice that was sent to your Landlord. ***If you do not agree with this action, you have the right to request an informal review within ten (10) days of the date on this letter.*** The way to request an informal review is to contact Timothy Ninemire, Director of Customer Service at (989)797-3428 or contact me at my office at: (989) 498-2263 ; or to submit a request in writing by mailing that request to the address listed below. I am able to make referrals for you to other agencies in Saginaw County. If you would like assistance with that, please contact me. I wish you the best for the future.

Sincerely,

Rollin Archangeli, HRC Supervisor
SCCMHA
500 Hancock
Saginaw, MI 48602

| Policy and Procedure Manual Saginaw County Community Mental Health Authority | | |
|---|--|--|
| Subject: Recipient Rights – Complaint and Appeal Process | Chapter: 02 - Customer Service and Recipient Rights | Subject No: 02.02.01 |
| Effective Date: September 8, 1987 | Date of Review/Revision: 2/19/03, 4/21/06, 7/25/07, 1/25/08, 6/29/09, 6/22/12, 6/13/14, 11/27/16, 6/1/18, 1/17/19, 2/11/20, 3/9/21, 5/10/22, 3/14/23 | Approved By: Sandra M. Lindsey, CEO Responsible Director: Director of Customer Services, Recipient Rights, & Security |
| | Supersedes: 06.02.00.00, 02.02.02, 02.02.13 and 02.02.15 | |
|  SAGINAW COUNTY COMMUNITY MENTAL HEALTH AUTHORITY | | Authored By: Director of Customer Services & Recipient Rights Additional Reviewers: |

Purpose:

The purpose of this policy is to ensure the rights of consumers of Public Mental Health Services are protected according to P.A. 258, 1974, and the Michigan Mental Health Code, Chapters 7 and 7A.

Policy:

It is the policy of Saginaw County Community Mental Health Authority (SCCMHA) to protect the rights of consumers of mental health services, in addition to the rights, benefits, and privileges guaranteed by other provisions of the law, the Constitution of 1963, and the Constitution of the United States. The SCCMHA Recipient Rights Office shall provide a system for determining whether in fact violations have occurred, and shall ensure that firm and fair disciplinary and appropriate remedial action is taken in the event of a violation. SCCMHA intends to protect the rights of all people served and to have a process in place for complainants (listed on a Recipient Rights Complaints), consumers, the parent of a minor consumer, or the consumer's guardian; if any, to appeal decisions made by the SCCMHA Office of Recipient Rights (ORR), they disagree with.

Application:

This Policy applies to the Recipient Rights Office of Saginaw County Community Mental Health Authority (SCCMHA) to protect the Rights of consumers receiving public mental health services from SCCMHA and its Network Providers. The Substance Use Disorder Coordinating Agency is responsible for developing policies specific to the Public Health Code related to Recipient Rights.

Standards:

- A1) The Your Rights booklet, a summary of rights, will be placed in all Orientation Folders given to SCCMHA consumers during the intake process.
- A2) Recipient Rights information will be explained to all SCCMHA consumers in an understandable manner during the intake process. If alternative methods, such as an interpreter for a different language is needed, documentation of the alternative methods as well as the interpreter's name used will be documented in the clinical record.
- A3) The SCCMHA Recipient Rights Office assures that consumers, parents of minors, guardians, and others have ready access to Recipient Rights Complaint Forms.
- A4) Each Recipient Rights Complaint is recorded upon receipt in the SCCMHA Recipient Rights Complaint Module of sentri II (database designed for the tracking of complaints).
- A5) Rights complaints filed by consumers or anyone on their behalf will be provided to SCCMHA ORR in a timely manner.
- A6) Acknowledgment of the complaint (recording) is sent along with a copy of the complaint to complainant within 5 business days.
- A7) The SCCMHA ORR notifies the complainant within 5 business days after the receipt of the complaint if it was determined that no investigation of the complaint was warranted.
- A8) The SCCMHA ORR offers assistance to any consumer or other individual with the complaint process as necessary.
- A9) The SCCMHA ORR advises consumers or other individuals that there are advocacy organizations available to assist in preparation of a written rights complaint and offers to make the referral.
- A10) In the absence of assistance from an advocacy organization, the SCCMHA ORR will assist in preparing a written complaint which contained a statement of the allegation, the right allegedly violated, and the outcome desired by the complainant.
- A11) If a rights complaint had been filed regarding the conduct of the Chief Executive Officer, the rights investigation will be conducted by the ORR of another CMHSP or by the MDHHS ORR as determined by the SCCMHA Board of Directors.
- A12) Investigations will be immediately initiated in cases involving alleged abuse, neglect, serious injury, or death of a consumer when a rights violation was apparent or suspected.

- A13) The SCCMHA ORR initiates investigations of apparent or suspected rights violations in a timely and efficient manner.
- A14) The SCCMHA ORR issues a written status report every 30 calendar days during the course of the investigation to the complainant, respondent and the responsible mental health agency (RMHA) and that the Status Report will contain the following:
- a) Statement of the allegations
 - b) Citations
 - c) Statement of the issues
 - d) Investigative progress to date and
 - e) Expected date of completion
- A15) The SCCMHA ORR will complete investigations no later than 90 calendar days following the receipt of all complaints, unless awaiting action by external agencies (MDHHS, law enforcement, etc.).
- A16) The SCCMHA ORR will conduct investigations in a manner that does not violate the rights of any employee.
- A17) Investigation activities for each rights complaint will be accurately recorded by the SCCMHA ORR in sentri II.
- A18) The SCCMHA ORR uses a preponderance of the evidence as its standard of proof in determining whether a right was violated.
- A19) Upon completion of the investigation, the SCCMHA ORR will submit a written investigative report to the respondent and to the Chief Executive Officer of SCCMHA. (Issuance of the written investigative report may be delayed pending completion of investigations that involve external agencies).
- A20) The written investigative report will include all of the following:
- a) Statement of the allegations
 - b) Citations to relevant provisions of the law, rules, policies and guidelines
 - c) Statement of the issues involved
 - d) Investigative findings
 - e) Conclusions
 - f) Recommendations, if any
- A21) On substantiated rights violations, the RMHA and/or respondent will take appropriate remedial action that meet all of the following requirements:
- a) Corrects or provides remedy for the rights violation
 - b) Is implemented in a timely manner
 - c) Attempts to prevent a recurrence of the rights violation
- A22) The remedial action taken on substantiated violations is documented and made part of the record maintained by the SCCMHA ORR.

- A23) The RMHA (Chief Executive Officer) will submit a written summary report to the complainant and the consumer, if different than the complainant, parent or guardian, within 10 business days after the Chief Executive Officer receives a copy of the investigative report (RIF) from the SCCMHA ORR.
- A24) The written summary report will contain all of the following:
- a) Statement of the allegations
 - b) Citations to relevant provisions of the law rules, policies and guidelines
 - c) Statement of the issues involved
 - d) Summary of investigative findings of the SCCMHA ORR
 - e) Conclusions of the SCCMHA ORR
 - f) Recommendations made by the SCCMHA ORR, if any
 - g) Action taken, or plan of action proposed, by the respondent
 - h) A statement describing the complainants right to appeal, time frame, the grounds for making the appeal, and the process for filing an appeal.
- A25) SCCMHA and each service provider ensured that appropriate disciplinary action is taken against those who have engaged in abuse or neglect or retaliation and harassment.
- A26) Information in the summary report will provide within the constraints of the confidentiality/privileged communications sections (1748, 1750) of the Mental Health Code.
- A27) The SCCMHA ORR will ensure that information in the summary report will not violate the rights of any employee (ex. Bullard-Plawecki Employee Right to Know Act, (Act 397 of the Public Acts of 1978).
- A28) When either SCCMHA or a service provider personnel fail to report suspected violations of rights, appropriate administrative action will be taken.
- A29) If the summary report contains a plan of action the director must send a letter indicating when the action was completed.
- A30) If the letter indicating the plan of action describes an action that differs from the plan, the letter must indicate that an appeal may be made within 45 days of an “action”.
- A31) The SCCMHA Board of Directors will appoint an Appeals Committee consisting of 7 individuals, or designate the Recipient Rights Advisory Committee (RRAC) as the appeals committee. A committee designated separately from the RRAC will have at least 3 members from the RRAC, at least two members of the CMHSP Board and at least two primary consumers. Members can represent more than one of these categories. None of the members shall be employed by SCCMHA or MDHHS.

- A32) The appeals committee may request consultation and technical assistance from MDHHS ORR.
- A33) A member of the appeals committee who has a personal or professional relationship with an individual involved in the appeal will abstain from participating in that appeal as a member of the committee.
- A34) The complainant, consumer (if different than the complainant), guardian or parent of a minor, in the summary report from the Chief Executive Officer, will be informed of the following: An appeal may be filed no later than 45 days after receipt of the summary report.
- A35) The grounds for the appeal are:
- a) The investigative findings of the rights office are not consistent with the facts, law, rules, policies or guidelines.
 - b) The action taken or plan of action proposed by the respondent does not provide an adequate remedy.
 - c) An investigation was not initiated or completed on a timely basis.
- A36) The SCCMHA ORR will advise the complainant that there are advocacy organizations available to assist in preparing the written appeal and will offer to make the referral.
- A37) In the absence of assistance from an advocacy organization, the SCCMHA ORR will assist the complainant in meeting the procedural requirements of a written appeal.
- A38) Within 5 business days after receipt of a written appeal, 2 members of the Appeals committee will review the appeal to determine whether the appeal meets the required criteria listed in A35.
- A39) The results of the review will be provided, in writing, to the appellant, within 5 business days.
- A40) If the appeal was accepted, a copy of the appeal will be provided to the respondent and SCCMHA within 5 business days.
- A41a) Within 30 days after the written appeal was received, the Appeals Committee will meet and review the facts as stated in all complaint investigation documents.
- A41b) The Appeals Committee will do one of the following in deciding upon an appeal:
- a) Uphold the findings of the rights office and the action taken or plan of action proposed by the respondent
 - b) Return the investigation to the rights office with a request that it be reopened or reinvestigated
 - c) Uphold the investigative findings of the rights office but recommend that the respondent take additional or different action to remedy the violation

- d) Recommend that the SCCMHA Board of Directors request an external investigation by MDHHS ORR.
- A42) The Appeals Committee will document its decision and justification for the decision in writing.
- A43) Within 10 days after reaching its decision, the Appeals Committee will provide copies of the decision to the respondent, appellant, consumer (if different than the appellant), consumer's guardian if one has been appointed, SCCMHA, and the SCCMHA ORR.
- A44) Copies of the Appeals Committee decision will include a statement of the appellant's right to appeal to MDHHS (Level 2), the time frame for appeal (45 days from the receipt of the decision) and the grounds (reason) for the appeal (investigative findings of the rights office are inconsistent with the law facts, rules, policies or guidelines).
- A45) If an investigation is returned to the CMH by an appeals committee for reinvestigation, the office will complete the reinvestigation within 45 days following the standards established in 330.1778.
- A46) If an investigation is returned to the CMH by an appeals committee for reinvestigation, upon receipt of the RIF, the director will take the appropriate remedial action and will submit a written summary report to the complainant, consumer, if different than the complainant, parent or guardian, and the appeals committee within 10 business days.
- A47) If a request for additional or different action is sent to the Director, a response will be sent within 30 days as to the action taken or justification as to why it was not taken. The response will be sent to the complainant, consumer, if different than the complainant, parent or guardian, and the appeals committee.
- A48) If the committee notifies the LPH or CMH Board chair of a recommendation to seek an external investigation from MDHHS ORR, the board will send a letter of request to the director of MDHHS ORR within 5 business days of receipt of the request from the appeals committee. The director of the CMH or LPH making the request will be responsible for the issuance of the summary report, which will identify the grounds and advocacy information as in A32-A34 of this document and MDHHS ORR Appeal Committee as the committee for any Appeal.
- A49) It is the standard of this agency that all services are available to all individuals regardless of any disability, race, color, ethnicity, national origin, religion, gender identity status, veteran status, age, sex, sexual orientation, or any other characteristic protected by law. This agency will provide services in accessible locations. Any individual who alleges a violation of section 504 and grievances related to the

Americans with Disability Act may file a complaint with the SCCMHA Rights Office.

- A50) The Recipient Rights Officer and Advisor will have unimpeded access to all SCCMHA programs as well as all SCCMHA Network Provider locations, all staff employed by or under contract, and all evidence necessary to conduct a thorough investigation or to fulfill its monitoring function.
- A51) The SCCMHA ORR will maintain a neutral stance on all complaints until which time the investigative findings reveal the facts about the complaint.
- A52) The SCCMHA Board shall empower the Recipient Rights Office with authority to intervene as necessary to protect consumer rights within the SCCMHA system.
- A53) The Chief Executive Officer shall ensure adequate Recipient Rights coverage. In the absence of both the Recipient Rights Officer and the Rights Advisor, the Chief Executive Officer shall appoint a designee with non-clinical responsibilities to receive and initiate investigation of alleged consumer rights violations.
- A54) To maintain the confidentiality of the Recipient Rights process, the offices of the Recipient Rights Officer and the Recipient Rights Advisors will be kept locked when not occupied and only SCCMHA ORR staff will have electronic access and keys assigned to them to enter these offices.
- A55) A consumer rights complaint may be written or verbal or based on a determination that an incident report represents an alleged violation of the Michigan Mental Health Code.
- A56) All rights complainants, rights staff, and other advocates shall not be harassed or retaliated against due to the investigation or determination of a rights complaint. Any actions construed to be harassment or retaliation shall be reported immediately to the Chief Executive Officer, and appropriate disciplinary action shall be taken.

Definitions:

Code Protected Right: A right as defined by the Michigan Mental Health Code.

sentri II Recipient Rights Complaint Module: The database designed for the tracking of complaints.

Preponderance of Evidence: Black's Law Dictionary (Sixth Edition) defines a preponderance of the evidence as: "Evidence which is of greater weight or more convincing than the evidence which is offered in opposition to it...Preponderance of evidence may not be determined by the number of witnesses, but by the greater weight of all evidence, which does not necessarily mean the greater number of witnesses, but the

opportunity for knowledge, information possessed, and manner of testifying determines the weight of testimony."

Recipient Rights Complaint: An allegation that a Code Protected Right has been violated.

References:

Michigan Administrative Rules 7035

Michigan Administrative Rules AR 7011;

American Disabilities Act

Bullard Plewicky Act

Job Descriptions of the Recipient Rights Officer and the Recipient Rights Advisor

MDHHS/CMH Contract Attachment C6.3.2.4

Michigan Mental Health Code 330.1152;

Michigan Mental Health Code 330.1706

Michigan Mental Health Code 330.1722;

Michigan Mental Health Code 330.1755;

Michigan Mental Health Code 330.1774;

Michigan Mental Health Code 330.1776;

Michigan Mental Health Code 330.1778;

Michigan Mental Health Code 330.1780;

Michigan Mental Health Code 330.1782;

Michigan Mental Health Code 330.1784;

Michigan Mental Health Code 330.1786;

SCCMHA Policy 02.01.13 Limited English Proficiency

Exhibits:

None

Procedure:

| ACTIONS | RESPONSIBLE |
|--|---|
| <p>General Recipient Rights</p> <ol style="list-style-type: none"> 1) Rights of consumers receiving mental health services will be protected. 2) Consumers, parents of minors, and guardians or other legal representatives will have access to Recipient Rights Booklets titled "Your Rights", which summarizes Chapter 7 & 7A of the Mental Health Code. The receipt shall be documented in the case record. The consumer rights system shall be verbally explained. If the consumer or guardian is unable to read or understand the material or is considered to have Limited English Proficiency, | <ol style="list-style-type: none"> 1) Recipient Rights Officer 2) Supports Coordinator, Case Manager, or Primary Therapist. |

| | |
|--|--|
| every effort shall be made to assist in that explanation, and will be noted in the case record. | |
| 3) The name, address, and phone number of the Rights Officer or Advisor shall be conspicuously posted at all SCCMHA service sites including the SCCMHA contracted Provider Network. | 3) Recipient Rights Office |
| 4) All incident reports will be reviewed to determine if they involve possible rights violations. | 4) Recipient Rights Advisor |
| 5) When an allegation is outside of the agency jurisdiction, the complainant or consumer will be informed of how to contact the appropriate agency. | 5) Recipient Rights Officer or Advisor |
| 6) Records of investigating alleged violations are maintained independent of client case records, and subject to all applicable confidentiality safeguards. All investigative documents and evidence shall be secured. | 6) Recipient Rights Officer or Advisor |
| 7) All SCCMHA sites and the Provider Network service sites where the SCCMHA has responsibility to provide direct services will be visited on an annual basis. | 7) Recipient Rights Officer |
| 8) All individuals employed by SCCMHA or the Provider Network of SCCMHA shall receive training related to consumers rights protection before or within 30 days after being employed and annually thereafter. | 8) Recipient Rights Office staff or Auditors from Network Services and Public Policy |
| 9) Recipient Rights policies of SCCMHA will be followed by all SCCMHA programs as well as the SCCMHA contracted Provider Network. | 9) Recipient Rights Officer |
| 10) The Recipient Rights Officer or Advisor shall attend the Behavior Treatment Committee meetings, Continuous Quality Improvement meetings, Management Team meetings, Board meetings, and individual case meetings when rights related matters are discussed. | 10) Recipient Rights Officer or designee |
| 11) Both staff and consumers are aware of their due process rights, specifically: <ul style="list-style-type: none"> a) The nature of the complaint / investigation. | 11) Recipient Rights Officer or Advisor |


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| b) The opportunity to provide evidence on their behalf. | |
| 12) The Office of Recipient Rights shall act as a consultant to the Chief Executive Officer and staff to assure compliance in rights manners. | 12) Recipient Rights Officer |
| 13) A Recipient Rights Advisory Committee that meets regularly to review aggregate data and information from Recipient Rights investigations will be established in accordance with Michigan Mental Health Code Section 330.1757. | 13) SCCMHA Board |
| 14) The Recipient Rights Office will complete regular reports (at least quarterly) to present to the Recipient Rights Advisory Committee. These reports will be an aggregate review of the investigations completed by the Recipient Rights Office. | 14) Recipient Rights Officer |
| 15) An annual budget that assures adequate provision of consumer rights services to SCCMHA consumers will be reviewed and approved annually by Recipient Rights Advisory Committee. | 15) Chief Executive Officer |
| 16) Submit to the board of the SCCMHA & Michigan Department of Health and Human Services an annual and semi-annual report prepared by the Recipient Rights Office on the current status of recipient rights and a review of the operations of the Recipient Rights Office. | 16) Chief Executive Officer |
| Complaint Process | |
| 17) Complaints received or initiated by the SCCMHA ORR will be logged into the sentri II Recipient Rights Complaint Module upon receipt. | 17) Recipient Rights Advisor |
| 18) When a complaint is received from the Customer Service Office, the complaints will be recorded in the sentri II database, and indicate in the database the complaint is a referral from Customer Service staff. | 18) Recipient Rights Advisor |

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| 19) Assist in the filing of a rights complaint when requested and/or file a rights complaint when they are aware of a violation of a consumer's rights. | 19) Recipient Rights Officer |
| 20) Assist in filling out Recipient Rights complaint forms and turning them over to the Recipient Rights Office for investigation. | 20) Customer Service staff |
| 21) Complaints will be investigated in a fair and timely manner (timely as defined by the Michigan Mental Health Code requires that investigations be completed within 90 days of receipt of a complaint) by the Recipient Rights Officer or Advisor. There may be an exception to this time frame for the reason of waiting for an external investigative process such as through MDHHS, law enforcement, or other appropriate external agency. | 21) Recipient Rights Advisor |
| 22) The office shall issue a written status report every 30-calendar days during the course of the investigation. | 22) Recipient Rights Advisor |
| 23) Complaints brought to the Recipient Rights Office that are not investigated due to being out of the jurisdiction of the Recipient Rights Office or determined not to be a Code Protected Right will be documented in accordance to Chapter 7A. | 23) Recipient Rights Advisor |
| 24) An independent determination will be completed as to whether each allegation is substantiated or not substantiated and recommend to the Chief Executive Officer appropriate remedial action when an allegation is substantiated. The preponderance of evidence standard shall be used in making this determination. | 24) Recipient Rights Officer |
| 25) A report of Investigative Findings will be completed and sent to the appropriate parties with a decision to substantiate or not substantiate the alleged violation. | 25) Recipient Rights Advisor |
| 26) Upon the receipt of the Investigative Findings Report, a summary report will be sent to the complainant within 10 days. | 26) Chief Executive Officer |

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| <p>27) Appropriate remedial action will be taken when a complaint is substantiated. The action will be implemented in a timely manner and recorded in the sentri II database.</p> <ul style="list-style-type: none"> a) If the Summary report contains a plan of action to be completed in the future, the CMHSP executive director shall assure that the complainant, consumer if different that the complainant, his/her legal guardian, if any, and the office are provided written notice of the completion of the plan. b) The notice shall include specific information as to the action that was taken and the date that it occurred, if it is different than that proposed. c) The complainant, consumer if different that the complainant and his/her legal guardian, shall have 45 days from the mailing date of the notice to appeal. d) The Appeal may be sent to the Appeals Committee on the grounds of inadequate action taken to remedy a rights violations. | <p>27) Recipient Rights Advisor</p> |
| <p>28) Written consent will be obtained from the consumer or guardian when the complainant is not the consumer or guardian, prior to disclosure of confidential information.</p> | <p>28) Recipient Rights Officer or Advisor</p> |
| <p>29) When an Investigative Summary includes information involving disciplinary action to a SCCMHA employee or an employee of a SCCMHA contracted Provider Network, Human Resources, or the contracted agency will be notified so that they may notify the employee the information is being sent to a third party in accordance to the Bullard Plewicky Act.</p> | <p>29) Recipient Rights Officer or Advisor</p> |
| <p>Appeal Process</p> <p>30) In the summary report from the Chief Executive Officer, the complainant listed on Recipient Rights Complaint, consumer, the parent of a minor consumer, or the consumer's guardian; if any shall be informed of their right to appeal based on Standard A34) and A35) listed in the Standards section above.</p> | <p>30) Chief Executive Officer</p> |

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| 31) Within 5 business days after receipt of a written appeal, 2 members of the Recipient Rights Appeals Committee shall review the appeal to determine whether it meets the criteria for an appeal. | 31) Recipient Rights Appeals Committee |
| 32) The appellant will be notified in writing within 7 business days of the decision of the Recipient Rights Appeals Committee, as to whether or not the appeal will be reviewed. | 32) Recipient Rights Appeals Committee |
| 33) Within 30 days after receipt of an accepted written appeal, the appeals committee shall meet and review the facts as stated in all complaint investigation documents; and shall make a decision based on Standard A40)(a)-(d) in the Standards Section above. | 33) Recipient Rights Appeals Committee |
| 34) Any member of the Recipient Rights Appeal Committee who has a personal or professional relationship with an individual involved in an appeal, shall abstain from participating in that appeal as a member of the committee. | 34) Recipient Rights Appeals Committee Members |
| 35) The Recipient Rights Appeals Committee shall document its decision in writing, within 10 working days after reaching its decision. | 35) Recipient Rights Appeals Committee |
| 36) The committee shall provide copies of the decision to the respondent, SCCMHA, and the appellant or the consumer, parent of a minor consumer, or the guardian of a consumer; if any, if different from the appellant, and the Rights Office. | 36) Recipient Rights Appeals Committee |
| 37) Included in this written decision shall be described, the appellant's right to a second level appeal to Michigan Department of Health and Human Services (MDHHS) – State Office of Administrative Hearings and Rules based on Standard A44 in the Standards Section above. | 37) Recipient Rights Appeals Committee |
| 38) If the Recipient Rights Appeals Committee directs the Office of Recipient Rights to reopen or reinvestigate the complaint, the Office shall submit another investigative report in compliance with | 38) Recipient Rights Officer |

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| <p>consumer's guardian, parent of a minor consumer,SCCMHA, and the Office of Recipient Rights.</p> <p>41) If the Appeals Committee and/or appellant, consumer, consumer's guardian, or parent of a minor consumer determines that the action taken by the respondent is still inadequate, the appellant, consumer, consumer's guardian, or parent of a minor consumer shall be informed of his or her right to file a complaint against the SCCMHA Executive Director for violation of Michigan Mental Health Code section 330.1755 (3), (b).</p> | <p>41) Appellant</p> |
|---|----------------------|

| Policy and Procedure Manual Saginaw County Community Mental Health Authority | | |
|---|--|--|
| Subject: Recipient Rights – Confidentiality | Chapter: 02 - Customer Service and Recipient Rights | Subject No: 02.02.05 |
| Effective Date: March 7, 2000 | Date of Review/Revision: 3/19/03, 1/25/08, 6/29/09, 2/22/10, 6/22/12, 6/13/14, 11/27/16, 6/6/18, 1/8/19, 2/21/20, 2/9/21, 5/10/22, 3/14/23 | Approved By: Sandra M. Lindsey, CEO Responsible Director: Director of Customer Services, Recipient Rights, & Security |
| | Supersedes: 06.02.04.00 | |
|  | | Authored By: Director of Customer Services, Recipient Rights, & Security Additional Reviewers: |

Purpose:

The purpose of this Policy is to protect the information in the record of a consumer, and other information acquired in the course of providing public mental health services to a consumer.

Policy:

Information obtained through the course of public mental health treatment shall be kept confidential unless the consumer has signed an Authorization to Release Medical Information or is otherwise specified by law.

Application:

This Policy applies to all Saginaw County Community Mental Health Authority (SCCMHA) direct operated programs as well as all SCCMHA Service Provider Network programs.

Standards:

- F1) As stated in the Policy Section, all information in the clinical record and other information obtained in the course of providing services is confidential.
- F2) A summary of the Michigan Mental Health Code section 330.1748 is made a part of every consumer record.

- F3) For case records made subsequent to March 28, 1996; information made confidential by Section 330.748 of the Michigan Mental Health Code, shall be disclosed to a competent adult consumer upon the consumer's request. Release will be done as expeditiously as possible, but in no event, later than the earlier of 30 days of the request, or prior to release from treatment.
- F4) Except as otherwise provided in 1748 (4), if consent has been obtained from:
- a) The consumer,
 - b) The consumer's guardian who has the authority to consent,
 - c) A parent with legal custody of a minor consumer, or
 - d) Court appointed personal representative or executor of the estate of a deceased consumer, information made confidential by 1748 may be disclosed to:
 - 1) a provider of mental health services to the consumer, or
 - 2) the consumer, his or her guardian, the parent of a minor, or another individual or agency unless, in the written judgement of the holder {of the record} the disclosure would be detrimental to the consumer or others.
- F5) When requested, information shall be disclosed only under one or more of the following circumstances:
- a) Pursuant to order or subpoenas of a court of record or legislature for non-privileged information, unless the information is privileged by law
 - b) To a prosecuting attorney as necessary for the prosecutor to participate in a proceeding governed by Mental Health Code
 - c) To an attorney for the consumer with consent of the consumer, the consumer's guardian with authority to consent, or the parent with legal and physical custody of a minor consumer
 - d) To the Auditor General
 - e) When necessary in order to comply with another provision of the law
 - f) To MDHHS when information is necessary in order for the department to discharge a responsibility placed upon it by law
 - g) To a surviving spouse, or if none, closest relative of the in order to apply for and receive benefits, but only if the spouse or closest relative has been designated the personal representative or has a court order.
- F6) For requests made for confidential information by a person or agency not covered under 1748(4) the following steps will be followed.
- a) The holder of the record shall not decline to disclose information if a consumer or other empowered representative has consented, except for a documented reason.
 - b) If a holder declines to disclose, there shall be a determination whether part of the information can be released without detriment.
 - c) Once the decision has been made to not release information based on detriment, the CEO will review the information and determine if a part of the information requested may be released without detriment.

- F7) This review shall not exceed 3 business days if the record is on-site, or 10 business days if the record is off-site.
- F8) The requestor of the information may file a complaint with the SCCMHA ORR if he or she disagrees with the decision of the CEO.
- F9) This policy is established in accordance with the Michigan Department of Health and Human Services (MDHHS) ORR CMH Rights System Assessment Policy Review Standards.
- F10) Attorneys representing consumers may review records only upon presentation of identification and the consumer's consent or a release executed by the parent or guardian shall be permitted to review the record on the provider's premises.
- F11) An attorney who has been retained or appointed to represent a minor pursuant to an objection to hospitalization of a minor shall be allowed to review the records.
- F12) Attorneys who are not representing consumers may review records only if the attorney presents a certified copy of an order from a court directing disclosure of information concerning the consumer to the attorney.
- F13) Attorneys shall be refused information by phone or in writing without the consent or release from the consumer or the request is accompanied or preceded by a certified copy of an order from a court ordering disclosure of information to that attorney.
- F14) A private physician or psychologist appointed by the court, or retained for testimony in civil, criminal, or administrative proceedings shall, upon presentation of identification and a certified copy of a court order, be permitted to review the records of the consumer on SCCMHA premises. Before the review, notification shall be provided to the reviewer and to the court if the records contain privileged communication which cannot be disclosed in court, unless disclosure is permitted because of an express waiver of privilege or because of other conditions that, by law permit or require disclosure.
- F15) A prosecutor may be given non-privileged information or privileged information which may be disclosed if it contains information relating to names of witnesses to acts which support the criteria for involuntary admission, information relevant to alternatives, to admission to a hospital or facility and other information designated in policies of SCCMHA.
- F16) Information shall be provided as necessary for 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 104-191.
- F17) The holder of a record may disclose information that enables a consumer to apply for or receive benefits without the consent of the consumer or legally authorized

representative only if the benefits shall accrue to the provider or shall be subject to collection for liability for mental health service.

F18) SCCMHA shall grant a representative of Disability Rights of Michigan access to the records of all of the following:

- a) A consumer, if the consumer, the consumer's guardian with authority to consent, or a minor's parents with physical and legal custody of the consumer, have consented to the access
- b) A consumer, including a consumer who has died, or whose whereabouts are unknown, if, all of the following apply:
 - i) Because of a mental or physical condition, the consumer is unable to consent to access
 - ii) The consumer does not have a guardian or other legal representative, or the consumer's guardian is the State
 - iii) Disability Rights of Michigan has received a complaint on behalf of the consumer, or has probable cause to believe, based on monitoring or other evidence, that the consumer has been subject to abuse or neglect
- c) A consumer who has a guardian or other legal representative if all of the following apply:
 - i) A complaint has been received by the protection and advocacy system or there is probable cause to believe the health or safety of the consumer is in serious and immediate jeopardy
 - ii) Upon receipt of the name and address of the consumer's legal representative, Disability Rights of Michigan has contacted the representative and offered assistance in resolving the situation
 - iii) The representative has failed or refused to act on behalf of the consumer

F19) The records, data, and knowledge collected for or by individuals or committees assigned a peer review function including the review function under section 143a (1) of the Mental Health Code are confidential, are used only for the purpose of peer review, are not public records, and are not subject to court subpoena.

F20) SCCMHA, when authorized to release information for clinical purposes by the consumer, their guardian, or a parent of a minor, releases a copy of the entire medical and clinical record to the provider of mental health services.

F21) Upon receipt of a written request from Department of Health and Human Services and/or Child Protective Services, every effort will be made to provide the requested records or information by the next business day. However, compliance with the request will not exceed 14 days from the receipt of the request.

F22) A consumer, guardian, or parent of a minor consumer, after having gained access to treatment records, may challenge the accuracy, completeness, timeliness, or relevance of factual information in the consumer's record; the consumer or other empowered representative will be allowed to insert into the record a statement

correcting or amending the information at issue; the statement will become part of the record.

F23) A record is kept of disclosures including:

- a) Information released,
- b) To whom it is released,
- c) Purpose stated by person requesting the information,
- d) Statement indicating how disclosed information is germane to the state purpose,
- e) The part of law under which disclosure is made,
- f) Statement that the persons receiving the disclosed information could only further disclose consistent with the authorized purpose for which it was released.

F24) Any person receiving information made confidential by this policy shall disclose the information to others to the extent consistent with the authorized purpose for which the information was released. A record shall be kept of all disclosures including:

- a) Information released
- b) To whom it is released
- c) Purpose stated by the person requesting the information
- d) Statement indicating how disclosure information is germane to the stated purpose
- e) The part of law by which disclosure is made
- f) Statement that the persons receiving the disclosed information could only further disclose consistent with the authorized purpose for which it was released

F25) Information may be disclosed at the discretion of the holder of the record:

- a) As necessary for the purpose of, outside research, evaluation, accreditation, or statistical compilation, provided that the person who is the subject of the information be identified from the disclosed information, only when such identification is essential in order to achieve the purpose for which the information is sought or when preventing such identification would clearly be impractical. But, in no event when the subject of the information is likely to be harmed by such identification.
- b) To providers of mental or other health services or a public agency when there is a compelling need for disclosure based upon a substantial probability of harm to the or other person.

F26) Unless 330.748(4) applies, if a request for information has been delayed, the SCCMHA Chief Executive Officer (CEO) shall review the request.

Definitions:

Holder of the record: The agency given charge over a record which contains confidential information obtained through the course of mental health treatment.

References:

Mental Health Code: 330.1748

Mental Health Code: 330.1749

Mental Health Code: 330.1776

Administrative Rules: 330.7051
45 Code of Federal Regulations 164.502(g)(4)
Health insurance portability and accountability act of 1996
Public Law 104-19

Exhibits:
Exhibit A - Saginaw County Community Mental Health Authority Release of Information

Procedure:

| ACTIONS | RESPONSIBLE |
|---|---------------------------------------|
| 1) Requests for information contained in consumer medical records are directed to the Medical Records Unit. | 1) Persons requesting medical records |
| 2) Any individual requesting medical records, including consumers, will be required to sign the appropriate release to receive the requested information. | 2) Medical Records staff |
| 3) Requests for medical records are processed in accordance with the Standards contained in this policy. | 3) Medical Records staff |

Exhibit A



Authorization to Exchange PHI



| IDENTIFYING INFORMATION | | | | |
|---|-------------------|-----------|---------------------|------------------|
| NAME Consumer W. Twelve | DOB 08/18/1989 | AGE 30 | CASE # 000000012 | GENDER Female |
| ADDRESS Homeless, SAGINAW, MI 48605 | | | | |
| DOCUMENT DATE | | | | |
| 11/21/2019 | | | | |
| AUTHORIZATION | | | | |
| I authorize SCCMHA to Receive the specified information to/from the person/organization(s) named below | | | | |
| ORGANIZATION | | | | |
| SCCMHA SCCMHA 1040 Towerline Rd. SAGINAW, MI 48601 Phone: 989-797-3400 Fax: 989-754-7829 | | | | |
| INFORMATION TO BE MADE AVAILABLE: | | | | |
| <input checked="" type="checkbox"/> Entire Record <input type="checkbox"/> Entire Record EXCEPT the following types of documents <input type="checkbox"/> Only these types of documents | | | | |
| TIME FRAME OF RECORDS NEEDED | | | | |
| I understand that this health information may include information relating to diagnosis or treatment of psychiatric disabilities and/or substance abuse and that by signing this form, I am specifically authorizing the release of information relating to: <input type="checkbox"/> Mental Health <input type="checkbox"/> Substance Abuse (including alcohol / drug abuse) <input type="checkbox"/> HIV | | | | |
| RESTRICTIONS The information indicated will be disclosed unless there are specific restrictions noted here | | | | |
| PURPOSE OR NEED FOR THE DISCLOSURE (CHECK ALL THAT APPLY) | | | | |
| <input type="checkbox"/> Acquisition of Services or Benefits <input type="checkbox"/> Coordination Of Care <input type="checkbox"/> Patient Request <input type="checkbox"/> Other: | | | | |



Authorization to Exchange PHI dated 11/21/2019 for 000000012 Consumer W. Twelve

- I understand there is a possibility the protected health information may be re-disclosed by the recipient of the information and will no longer be protected by the Privacy Rules.
- I understand that medical information may include mental health treatment records, substance abuse information, information about serious communicable diseases or infections including HIV/AIDS, ARC, Tuberculosis, Hepatitis B, and Venereal Disease as permitted by law.
- I understand that treatment, payment, enrollment or eligibility for services will not be conditioned upon the signing of this authorization.
- I understand that this authorization will be honored unless revoked verbally or in writing. Revocation may be made at any time except to the extent that action has already been taken. To revoke an authorization, I need to notify the SCCMHA Medical Records Department.
- I understand that this authorization will expire (Select one**):
 - ☒ One year from this date (i.e., date of signature)
 - ☐ On the following date:
 - ☐ Upon the following specific event (describe):

****Note:** If neither a specific date or a specific event is selected, this Authorization will automatically expire 60 days after discharge or one year from the date of authorization, whichever comes first.

Note to Recipient of Disclosed Mental Health Information: This disclosed information is protected by the Mental Health Code 330.1748. An individual 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.

Note to Recipient of Disclosed Substance / Alcohol Abuse Information: This information has been disclosed to you from records protected by Federal confidentiality rules (42 CFR Part 2). The Federal rules prohibit you from making any further disclosure of this information unless further disclosure is expressly permitted by the written consent of the person to whom it pertains or as otherwise permitted by 42 CFR Part 2. A general authorization for the release of medical or other information is NOT sufficient for this purpose. The Federal rules restrict any use of the information to criminally investigate or prosecute any alcohol or drug abuse patient. (52 FR 21809, June 9, 1987; 52 FR 41997, Nov 2, 1987)

I understand that my alcohol and/or drug treatment records are protected under Federal confidentiality rules (42 CFR Part 2), and the Health Insurance Portability and Accountability Act of 1996 (HIPAA), and 45 CFR Parts 160 & 164. Information about my mental health status is confidential and is protected by the Michigan Mental Health Code PA 258 of 1974, section 78 (3), PA 488 of 1988, effective 3/30/1989-42 CFR 455, Part B. Information about my medical condition, including status of serious communicable disease or infections such as HIV and acquired immunodeficiency syndrome, is confidential and protected under the Michigan Public Health Code PA 368. This information cannot be disclosed without my written consent unless otherwise provided for in the regulations.

SIGNATURES

CONSUMER SIGNATURE _____ PRINTED NAME _____ DATE _____

PARENT/GUARDIAN/AUTHORIZED REPRESENTATIVE SIGNATURE _____ PRINTED NAME _____ DATE _____

02/21/2020



SCWSGWR01004732217

| Policy and Procedure Manual Saginaw County Community Mental Health Authority | | |
|---|--|---|
| Subject: Recipient Rights – Reporting Complaints and Alleged Violations | Chapter: 02 - Customer Services and Recipient Rights | Subject No: 02.02.06 |
| Effective Date: 9/1/15 | Date of Review/Revision: 11/27/16, 6/1/18, 1/8/19, 2/11/20, 2/9/21, 5/10/22, 3/14/23 | Approved By: Sandra M. Lindsey, CEO Responsible Director: Director of Customer Services, Recipient Rights, & Security Authored By: Director of Customer Services, Recipient Rights, & Security Additional Reviewers: |
| | Supersedes: | |
|  | | |

Purpose:

The purpose of this policy is to establish standards for the reporting of Recipient Rights Complaints and Alleged Violations to the Saginaw County Community Mental Health Authority (SCCMHA) Office Recipient Rights (ORR).

Policy:

It is the policy of SCCMHA to report Recipient Rights Complaints and Alleged Violations to the SCCMHA ORR.

Application:

This policy applies to all SCCMHA service sites within the Service Provider Network.

Standards:

- 1) Recipient Rights complaints and alleged violations occurring in the lives of consumers while receiving services from SCCMHA and the Provider Network will be reported to the SCCMHA ORR within 24 hours.
- 2) Recipient Rights complaints and alleged violations must be reported by the Recipient Rights Complaint form or by any other form or means of communication.
- 3) Incidents involving a death or significant physical or psychological injury or serious rights complaint should be immediately reported by phone to the SCCMHA ORR.
- 4) All individuals shall have unimpeded access to the SCCMHA ORR.

- 5) Staff are to directly report Abuse or Neglect or any potential Rights complaints to the ORR and to any and all applicable agencies as required by law.

Definitions:

Staff: individuals working within the SCCMHA provider network. This includes paid staff, interns, volunteers, and Self Determination.

Complaints or Alleged Violations: A statement of the alleged right that may have been violated. The rights of the recipient as defined in the Michigan Mental Health Code. Such occurrences shall include but are not limited to:

- 1) Death (any death of a consumer of SCCMHA services, including a death occurring in a private residence)
- 2) Any injury of a consumer, explained or unexplained
- 3) Suspected abuse or neglect of a consumer
- 4) Suspected sexual abuse
- 5) Exploitation
- 6) Unreasonable Force
- 7) Medication Errors
- 8) Confidentiality
- 9) Dignity and Respect
- 10) Treatment suited to condition
- 11) Safe, Sanitary, Humane treatment environment
- 12) Personal property
- 13) Freedom of Movement
- 14) Communication by mail, phone, visits

References:

None

Exhibits:

Exhibit A - Recipient Rights Complaint Form

Procedure:

| ACTION | RESPONSIBILITY |
|---|---|
| <ol style="list-style-type: none"> 1) Any time a complaint or alleged violation occurs it shall be reported to the Office of Recipient Rights within 24 hours. <ol style="list-style-type: none"> A) Immediately report to the Recipient Rights Office by calling (989) 797-3462 or (989) 797-3583. B) Forward completed Recipient Rights Complaint Form to SCCMHA ORR Recipient Rights Office by: <ol style="list-style-type: none"> I) Fax to (989) 797-3595 II) Drop box located outside the 500 Hancock facility; or | <ol style="list-style-type: none"> 1) Any individual working within the SCCMHA Provider Network with knowledge of a potential Rights violation |

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| <p>III) Delivered to the Customer Service Office located in the 500 Hancock lobby during regular business hours; Monday through Friday from 8:00 a.m. to 5:00 p.m.</p> | |
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**Saginaw County Community Mental Health
Authority Recipient Rights
Complaint Form**


| | |
|------------------|----------|
| Complaint Number | Category |
|------------------|----------|

Instructions:

If you believe that one of your rights has been violated you (or someone on your behalf) may use this form to make a complaint. A Rights Officer/Advisor will review the complaint and follow up with you. Send your complaint to::

**Saginaw County Community Mental Health Authority
Office of Recipient Rights
500 Hancock
Saginaw, MI 48602**

| | | |
|---|--|--------------------------------------|
| Complainant's Name | Recipient's Name (if different from complainant) | |
| Complainant's Address | Phone Number | |
| Where did the alleged violation happen? | When did it happen? (Date & Time) | |
| What right was violated? | | |
| Describe what happened <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> | | |
| What do you want to have happen in order to correct the problem? <hr/> <hr/> <hr/> | | |
| Complainant's Signature | Date | Name of Person Assisting Complainant |

| Policy and Procedure Manual Saginaw County Community Mental Health Authority | | |
|--|--|--|
| Subject: Recipient Rights – Services Suited to Condition | Chapter: 02 - Customer Services & Recipient Rights | Subject No: 02.02.07 |
| Effective Date: September 16, 1998 | Date of Review/Revision: 1/10/03, 4/27/06, 1/25/08, 6/29/09, 6/22/12, 6/13/14, 11/27/16, 6/1/18, 1/8/19, 2/11/20, 3/9/21, 5/10/22, 3/14/23 | Approved By: Sandra M. Lindsey, CEO |
| | Supersedes: 06.02.06.00, 06.02.06.01, 06.02.08 | Responsible Director: Director of Customer Services, Recipient Rights, & Security |
|  SAGINAW COUNTY COMMUNITY MENTAL HEALTH AUTHORITY | | Authored By: Director of Customer Services, Recipient Rights, & Security Additional Reviewers: |

Purpose:

The purpose of this policy is to ensure consumers of mental health services receive appropriate/suitable services, in a suitable treatment environment, and in a suitable setting.

Policy:

It is the policy of SCCMHA that all consumers receiving mental health services from SCCMHA or the Service Provider Network have the right to receive services suited to their condition.

Application:

This policy applies to all staff of SCCMHA as well as the Service Provider Network.

Standards:

- L1) SCCMHA will notify the applicant, their guardian, parent of a minor, or loco parentis that a second opinion to determine if the applicant has a serious mental illness, serious emotional disturbance, or a developmental disability, or is experiencing an emergency situation or urgent situation may be requested if denied services.
- L2) SCCMHA ensures a person-centered planning process is used to develop a written Individual Plan of Service (IPOS) in partnership with the consumer.
- L3) The IPOS will include an assessment of the consumer's need for food, shelter,

clothing, health care, employment opportunities where appropriate, educational opportunities where appropriate, legal services and recreation.

- L4) The IPOS will identify any restrictions or limitations of the consumer's rights and will include documentation describing attempts to avoid such restrictions as well as what action will be taken as part of the plan to ameliorate or eliminate the need for the restrictions in the future.
- L5) Restrictions, limitations or any intrusive behavior treatment techniques are reviewed by a formally constituted committee of mental health professionals with specific knowledge, training and expertise in applied behavioral analysis.
- L6) The justification for the exclusion of individuals chosen by the consumer to participate in the IPOS process will be documented in the case record.
- L7) SCCMHA and/or the service provider will ensure a consumer is given a choice of the physician or mental health professional within the limits of available staff. If the decision under this policy is to deny a change in mental health professional, the consumer may have the decision reconsidered six months after the decision has been made. The only acceptable reason a consumer will be denied a request for a change of physician or other mental health professional will be:
 - a) Clinical reason why the change should not be made, this decision can only be made by the Clinical Risk Management Committee
 - b) If there is not an available alternative, documentation as to the reason no alternative is available will be required
 - c) If services received by a recipient are in a specialty category, SCCMHA will not be required to offer a choice of a mental health professional that is not already trained in the specialty area
- L8) SCCMHA will ensure a consumer may request a second opinion, if the pre-admission screening unit (Crisis Intervention Services) denied hospitalization and that:
 - a) The Chief Executive Officer arranges the second opinion to be performed within 3 days; excluding Sundays and holidays
 - b) The Chief Executive Officer in conjunction with the Medical Director reviews the second opinion if this differs from the opinion of Crisis Intervention Services
 - c) The Chief Executive Officer's decision to uphold or reject the findings of the second opinion is confirmed in writing to the requestor; this writing contains the signatures of the Chief Executive Officer and Medical Director or verification that the decision was made in conjunction with the Medical Director
- L9) For consumers needing a Behavior Treatment Plan, a comprehensive assessment/analysis of a consumer's challenging behaviors will be conducted prior to the implementation of the Behavior Treatment Plan.

- L10) The Behavior Treatment Committee will meet regularly to develop, review and approve plans to address challenging behaviors.
- L11) Any behavior treatment plan that proposes aversive, restrictive or intrusive techniques, or psycho-active medications for behavior control purposes and where the target behavior is not due to an active substantiated psychotic process, must be reviewed and approved by the Behavior Treatment Committee.
- L12) The SCCMHA Chief Executive Officer shall secure the second opinion for requests of initial services from a physician, licensed psychologist, registered professional nurse, or master's level social worker, or master's level psychologist.
- L13) 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.
- L14) A Consumer shall receive mental health services suited to his or her condition.
- L15) Mental health services shall be provided in a safe, sanitary, and humane treatment environment.

Services shall be provided in accordance with all applicable standards of care or treatment required by any of the following:

- L16) All state or federal laws, rules or regulations governing the provision of community mental health services; and
- L17) obligations of a provider established under the terms of a contract of employment agreement with SCCMHA; and
- L18) SCCMHA policies and procedures; and
- L19) written guidelines or protocols of a provider; and
- L20) written directives from a supervisor consistent with any of the above; and
- L21) a recipient's Individual Plan of Service

Definitions:

Behavior Treatment Committee: Section 3.3 **Behavioral Treatment Review** of the Mental Health/Substance Abuse Medicaid Provider Manual defines the Behavior Treatment Committee as a specially constituted body comprised of at least three individuals, one of whom shall be a fully- or limited-licensed psychologist with the formal training or experience in applied behavior analysis; and one of whom shall be a licensed physician/psychiatrist.

Behavior Treatment Plan: A behavior treatment plan that proposes aversive, restrictive or intrusive techniques or psycho-active medications for behavior control purposes where the target behavior is not due to an active substantiated psychotic process.

Support Staff: Case Manager, Supports Coordinator, or Therapist

References:

Michigan Mental Health Code 330.1409;
 Michigan Mental Health Code 330.1705;
 Michigan Mental Health Code 330.1708(4);
 Michigan Mental Health Code 330.1711;
 Michigan Mental Health Code 330.1712;
 Michigan Mental Health Code 330.1713;
 Administrative Rules 330.7199;
 SCCMHA Policy regarding Consumer Choice and Service Management-03.01.03;
 Section 3.3 **Behavioral Treatment Review** of the Mental Health/Substance Abuse Medicaid Provider Manual


Exhibits:

None

Procedure:

| ACTION | RESPONSIBILITY |
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| 1) Applicants requesting initial services or inpatient psychiatric hospitalizations will be evaluated for their appropriateness of requested services. | 1) Crisis Intervention Services for inpatient hospitalization requests and Central Access and Intake staff for initial services |
| 2) Applicants, their guardian, parent of a minor or loco parentis, will be informed of their right to a second opinion. | 2) Crisis Intervention Services for inpatient hospitalization requests and Central Access and Intake staff for initial services |
| 3) Second opinions will be provided to applicants according to Standards L8 and L12 above. | 3) Chief Executive Officer or designee |

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| 4) Mental health services shall be provided in a safe, sanitary, and humane treatment environment. | 4) All SCCMHA staff and Service Provider Network staff |
| 5) The worth, dignity, and uniqueness of all consumers as well as their rights and opportunities, shall be respected and promoted. | 5) All SCCMHA staff and Service Provider Network staff |
| 6) Consumers shall be given a choice of physician or other mental health professionals as described in Standard L7 above | 6) Support Staff or their supervisor |
| 7) Upon receipt of a request to change a physician or other mental health professional, the clinical supervisor will respond to the person requesting the change within two weeks of the request. | 7) Clinical Supervisor |
| 8) If the request for a change of physician or other mental health professional is not granted, a written response with the reason the request is denied will be provided to the person who made the request with support of the Clinical Risk Management Committee. | 8) Clinical Supervisor |
| 9) Lack of response to a request for a change of physician or other mental health professional will result in a Recipient Rights complaint being filed. | 9) SCCMHA ORR |
| 10) Consumers in need of a Behavior Treatment Plan will be referred to the Behavior Treatment Committee or the Positive Behavioral Support Champion in their unit. | 10) Support Staff |

| Policy and Procedure Manual Saginaw County Community Mental Health Authority | | |
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| Subject: Recipient Rights – Consent for Treatment | Chapter: 02 - Customer Service and Recipient Rights | Subject No: 02.02.08 |
| Effective Date: September 8, 1997 | Date of Review/Revision: 3/19/03, 1/25/08, 6/29/09, 6/22/12, 6/13/14, 11/27/16, 6/1/18, 1/8/19, 2/11/20, 2/9/21, 5/10/22, 3/14/23 | Approved By: Sandra M. Lindsey, CEO Responsible Director: Director of Customer Services, Recipient Rights, & Security Authored By: Director of Customer Services, Recipient Rights, & Security Additional Reviewers: |
| | Supersedes: 06.02.07.00 | |
|  SAGINAW COUNTY COMMUNITY MENTAL HEALTH AUTHORITY | | |

Purpose:

The purpose of this policy is to establish a means for consumers of mental health services to consent to treatment with Saginaw County Community Mental Health Authority (SCCMHA).

Policy:

It is the policy of SCCMHA that all consumers receiving mental health services with SCCMHA will consent to treatment. Consent means written, informed consent on the part of a consumer, their guardian, parent of a minor or loco parentis.

Application:

This policy applies to all consumers of SCCMHA including the Service Provider Network.

Standards:

- B1) Consent is defined in the Definitions Section of this policy.
- B2) Informed Consent is defined in the Definitions Section of this policy.
- B3) All individuals consenting to treatment shall be made aware of the purpose of the procedure, risks and benefits, alternative procedures available, other consequences and relevant information, and offered an opportunity to ask and receive answers to questions.

- B4) Consumers, their guardians, parents of a minor or loco parentis will be made aware that consent can be withdrawn at any time without prejudice to them, unless there is a current court order in place for the consumer.
- B5) All consumers of SCCMHA services shall be assumed to be competent and able to comprehend the purpose for treatment, except as described in Procedure # 5 below.
- B6) An evaluation of the ability to give consent shall precede any guardianship proceedings as described in Procedure # 5 below.
- B7) Consumers have free power of choice without force, fraud, deceit, duress, constraint, coercion, etc.
- B8) Informed consent will be reobtained if changes in circumstances substantially change the risks, other consequences or benefits that were previously expected.
- B9) A minor 14 years of age or older may request and receive mental health services and a mental health professional may provide services on an out-patient basis (excluding pregnancy termination referral services and use of psychotropic drugs) without the consent or knowledge of the minor's parent, guardian, or loco parentis, unless the treating mental health professional determines a compelling need for disclosure based upon substantial probability of harm to minor or another and if the minor is notified of the treating professional's intent to inform.
- B10) Services provided to the minor (as described in Standard B7) are limited to not more than 12 sessions or 4 months per request and after these expire, the mental health professional terminates the services or, with the consent of the minor, notifies the parent, their guardian, or loco parentis to obtain consent to provide further out-patient services.
- B11) All consumers of mental health services with SCCMHA or a Service Provider Network will have a record of consent in their chart or record.
- B12) If a consumer refuses to sign the consent, but there is court ordered treatment, and SCCMHA does provide the service, a copy of the consent will be kept in the chart or record with documentation of the refusal of the consumer to sign the consent.

Definitions:

Assigned Support Staff: Case Manager, Support Coordinator, or Therapist assigned to work with a SCCMHA consumer. The Case Manager, Support Coordinator, or Therapist may be a SCCMHA staff person or a member of the SCCMHA Service Provider Network.

Consent: per Mental Health Code 330.1100(a)(19) means a written agreement executed by a consumer, a minor consumer's parent, or a consumer's legal representative with

authority to execute a consent, or a verbal agreement of a consumer that is witnessed and documented by an individual other than the individual providing treatment.

Court ordered treatment: Mental health treatment is ordered by the Saginaw Probate Court, or another county's Probate Court, and must be offered or monitored by SCCMHA.

Informed Consent: is defined by the Administrative Rules 330.7003

(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 exercised 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 consumer 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 consumer.
 - (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) of this subrule.
- (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 consumer.

Loco Parentis: A person or institution that assumes parental rights and duties for a minor.

References:

Administrative Rules 330.7003 (1)(a)-(d); (2);
 Michigan Mental Health Code 330.1100
 Michigan Mental Health Code 330.1707

Exhibits:


None

Procedure:

| ACTION | RESPONSIBILITY |
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| 1) All consumers of mental health services with SCCMHA, their empowered guardian, parent | 1) Assigned Support Staff |

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| <p>of a minor or loco parentis will be offered Consent to Treatment form upon intake. Thereafter, the Consent to Treatment will be as indicated on the Individual Plan of Service (IPOS) Signature Page. Note: A separate Consent may be required for prescribed medications.</p> <p>2) Consent by the consumer to participate in mental health treatment shall be given freely without force, fraud, duress, deceit, overreaching, or other ulterior forms of constraint or coercion including promises or assurances of privileges of freedom.</p> <p>3) The consumer, their guardian, parent of a minor, or loco parentis, shall be instructed that consent may be withdrawn and services discontinued at any time without prejudice to the consumer, their guardian, parent of a minor, or loco parentis, unless there is a current court order in place for the consumer.</p> <p>4) All minors under 14 years of age and those who have a guardian must have a parent, or their guardian, or loco parentis sign authorization for services before any services may be provided, except in the case of an emancipated minor who may authorize services.</p> <p>5) An adult consumer, and a minor if emancipated, shall be presumed legally competent. This presumption may be rebutted only by court appointment of a guardian or exercised by a court of guardianship powers and only to the extent of the scope and duration of a guardianship. An evaluation of the ability to give consent shall precede any guardianship proceedings. This evaluation shall be completed by a psychologist not providing direct services to the consumer, assuring that the consumer is the primary beneficiary.</p> <p>6) In emergency or crisis situations, the consumer will be requested to sign Consent to Treatment in order to receive mental health services.</p> | <p>2) Consumer, empowered guardian or parent of a minor or loco parentis.</p> <p>3) Assigned Support Staff</p> <p>4) Assigned Support Staff</p> <p>5) Assigned Support Staff</p> <p>6) Crisis Intervention Services (CIS) Staff person</p> |
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| <p>7) Before consenting to receive mental health services, each consumer shall be informed of their rights including the foregoing information.</p> <p>8) An individual consenting shall be knowledgeable of what the consent is for. They shall be aware of the procedure, risks, other consequences, and other relevant information. Relevant information includes the purpose of the procedures, a description of discomforts, risks and benefits reasonably to be expected, a disclosure of appropriate alternatives advantageous to the consumer, and an offer to answer any questions of the consumer.</p> <p>9) Individuals under court order shall be offered services and given the opportunity to give Consent. If a consumer under a court order refuses to sign Consent to Treatment, the appropriate staff person will notify the Probate Court of the consumer's refusal of services. If the consumer under a court order refuses to sign the Consent to Treatment form but continues to keep appointments for mental health treatment, a copy of the Consent to Treatment with "Refused to sign" written on the consumer's signature line, date form was offered, and a Witness signature will be kept in the chart or record.</p> <p>10) A minor, 14 years of age or older, may request and receive mental health services; and mental health professionals may provide services on an outpatient basis (excluding pregnancy termination referral services and use of psychotropic drugs) without the consent or knowledge of the minor's parent, guardian, or person in loco parentis. These outpatient services may continue for 12 sessions or 4 months per request.</p> | <p>7) Assigned Support Staff or CIS Staff person</p> <p>8) Assigned Support Staff or CIS Staff person</p> <p>9) Assigned Support Staff or CIS Staff person</p> <p>10) SCCMHA and the Service Provider Network</p> |
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| Policy and Procedure Manual Saginaw County Community Mental Health Authority | | |
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| Subject: Recipient Rights – Change in Type of Treatment | Chapter: 02 - Customer Service and Recipient Rights | Subject No: 02.02.09 |
| Effective Date: September 16, 1998 | Date of Review/Revision: 1/10/03, 1/25/08, 6/29/09, 6/22/12, 6/13/14, 11/27/16, 6/1/18, 1/8/19, 2/11/20, 2/9/21, 5/10/22, 3/14/23 | Approved By: Sandra M. Lindsey, CEO Responsible Director: Director of Customer Services, Recipient Rights, & Security Authored By: Director of Customer Services, Recipient Rights, & Security Additional Reviewers: |
| | Supersedes: 06.02.09.00 | |
|  SAGINAW COUNTY COMMUNITY MENTAL HEALTH AUTHORITY | | |

Purpose:

The purpose of this policy is to establish a discharge policy for consumers of mental health services when a maximum benefit from services has been established as well as establishing standards for reviewing changes in treatment.

Policy:

It is the policy of Saginaw County Community Mental Health Authority (SCCMHA) to provide consumers with progressive treatment and care until sufficiently rehabilitated or as required by laws, rules, policies, or guidelines, or until the consumer has received the maximum benefit from the program.

Application:

This policy applies to all consumers of SCCMHA including the Service Provider Network.

Standards:

- H1) This policy requires that the written Individual Plan of Service (IPOS) have a specific date or dates when the overall plan and any of its sub-components will be formally reviewed for possible modification or revision; see Procedure #1 below.
- H2) A written Individual Plan of Service will be developed and revised as necessary, but in no case longer than annually. The written Individual Plan of Service will be kept in the clinical record and will be modified as necessary.

- H3) The consumer will be informed orally and in writing of his or her clinical status and progress at reasonable intervals established in the IPOS in a manner appropriate to his or her clinical condition.
- H4) If a consumer is not satisfied with their Individual Plan of Service, the consumer, their guardian, parent of a minor, or loco parentis may make a request for the review of their plan. This request will begin with the request to the Assigned Support Staff. If not satisfied with the review of the plan, they may request a review to the Assigned Support Staff's Supervisor.
- H5) The requested review of the plan will be completed within 30 days. The request for review of the plan may be made verbally or in writing. The person requesting the review may file a Recipient Rights Complaint if they are dissatisfied with the review.
- H6) SCCMHA will provide mental health treatment suited to condition to all Saginaw County persons found eligible for services.
- H7) Upon benefit or completion of appropriate services, consumers will be discharged from treatment of SCCMHA.
- H8) When consumers are discharged from services, appropriate notices of available appeal rights will be given to the consumers.

Definitions:

Assigned Support Staff: Case Manager, Support Coordinator, or Therapist assigned to work with a SCCMHA consumer. The Case Manager, Support Coordinator, or Therapist may be a SCCMHA staff person or a member of the SCCMHA Service Provider Network.

Loco Parentis: A person or institution that assumes parental rights and duties for a minor.

References:

Michigan Mental Health Code 330.1752;
 Michigan Mental Health Code 330.1712;
 Michigan Mental Health Code 330.1714;
 Administrative Rules 330.7199;
 SCCMHA Policy and Procedures regarding Transition/Discharge Services 03.02.13

Exhibits:

None

Procedure:

| ACTION | RESPONSIBILITY |
|---|---------------------------|
| 1) A written Individual Plan of Service using a | 1) Assigned Support Staff |

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| <p>Person Centered Planning process will be developed in partnership with the consumer. The plan of service will have a specific date or dates when the overall plan and any of its subcomponents will be formally reviewed for possible modification or revision.</p> <p>2) Justification for a change from one type of treatment to another within the program shall be noted in the consumer's treatment plan. Appropriate Notices and appeal rights will be given to the recipient of mental health services.</p> <p>3) The consumer shall be informed of a change in treatment, when ready for change, release, discharge, or when maximum benefit is received.</p> <p>4) A consumer, parent of a minor, their guardian, or loco parentis may request and shall receive a review, of the determination and/or appropriateness of the type of treatment a consumer is receiving. The review shall be completed within thirty (30) days or less. The request and subsequent review are to be documented in the consumer's clinical record.</p> <p>5) Consumers, parents of a minor, guardians, or loco parentis have the right to appeal decisions concerning a change in the type of treatment, either verbally or in writing, to the Customer Service Department, file a Recipient Rights complaint, file a Local Appeal, or complete a Request for a Medicaid Fair Hearing (Medicaid beneficiaries only) and only after a Local Appeal has been completed.</p> | <p>2) Assigned Support Staff</p> <p>3) Assigned Support Staff</p> <p>4) Assigned Support Staff</p> <p>5) Assigned Support Staff</p> |
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| Policy and Procedure Manual Saginaw County Community Mental Health Authority | | |
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| Subject: Recipient Rights – Abuse and Neglect | Chapter: 02 - Customer Services and Recipient Rights | Subject No: 02.02.11 |
| Effective Date: March 7, 2000 | Date of Review/Revision: 2/19/03, 7/25/07, 1/25/08, 6/29/09, 5/24/10, 7/20/12, 11/1/12, 6/13/14, 11/27/16, 6/6/18, 1/8/19, 2/11/20, 2/9/21, 5/10/22, 3/14/23 Supersedes: 06.02.17.00 | Approved By: Sandra M. Lindsey, CEO Responsible Director: Director of Customer Services, Recipient Rights, & Security Authored By: Director of Customer Services, Recipient Rights, & Security Additional Reviewers: |
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Purpose:

The purpose of this policy is to protect consumers of Saginaw County Community Mental Health Authority (SCCMHA) services from abuse and neglect and to ensure that suspected abuse and neglect is reported to the proper authorities.

Policy:

It is the policy of Saginaw County Community Mental Health Authority (SCCMHA) that suspected abuse or neglect of recipients receiving public mental health services will be dealt with immediately.

Application:

This policy applies to all SCCMHA direct operated programs as well as all SCCMHA Service Provider Network programs.

Standards:

- C1) Abuse is defined in the Definitions Section of this policy. The detailed categories of abuse by type and severity are defined in the Definitions Section of this policy.
- C2) Neglect is defined in the Definitions Section of this policy. The detailed categories of neglect by type and severity are defined in the Definitions Section of this policy.

- C3) All SCCMHA and SCCMHA Service Provider Network program staff are required to report any suspected abuse, neglect, exploitation, or humiliation to the appropriate authorities immediately. The reporting requirements are delineated in Procedures #3, 5, 6, 7, & 8 below, as well as the attached Summary of Abuse and Neglect Reporting Requirements poster (DCH-0727).
- C4) The SCCMHA ORR will investigate any and all allegations of suspected abuse, neglect, exploitation, or humiliation and will initiate the investigation (in areas where ORR has jurisdiction) immediately (within 24 hours of the notification). The SCCMHA ORR will have access to all information necessary to complete a thorough investigation.
- C5) When suspected allegations of abuse, neglect, exploitation, or humiliation are substantiated, remedial action and firm and appropriate disciplinary action will be taken. When suspected allegations are reported, the staff who is suspected of committing the abuse, neglect, exploitation, or humiliation toward a consumer will be suspended until the SCCMHA ORR has enough information to ensure the safety of the consumer(s) involved. This determination is made based on a case by case basis by the SCCMHA ORR.
- C6) As stated in Procedure #3 below, it is the responsibility of the staff person who has the knowledge of the suspected allegation of abuse, neglect, exploitation, or humiliation to report this information to the appropriate authorities immediately.
- C7) All SCCMHA and SCCMHA Service Provider Network programs staff are required to report suspected criminal abuse including Vulnerable Adult Abuse and Child Abuse to local law enforcement immediately as described in Procedures #5, 6, 7, & 8 below, as well as the attached Summary of Abuse and Neglect Reporting Requirements poster (DCH-0727 – Revised 4/2018).
- C8) The written report to law enforcement referenced in Procedure #6 below will be made using the Report on Alleged Recipient Abuse-Neglect-Exploitation located on the G Drive of the SCCMHA Information System Network under Agency Forms/Clinical Forms. This form is not required by the SCCMHA Provider Network but is available to them upon request. This report will be made by the SCCMHA or SCCMHA Service Provider Network staff who is aware of the suspected allegation of abuse or neglect.
- C9) Definitions of Degrade and threaten are listed in the Definitions section.
- C10) Any mental health professional employed by SCCMHA or any of its Provider Network (ultimately under contract with the Michigan Department of Health and Human Services (MDHHS), who has reasonable cause to suspect abuse, neglect, exploitation, or humiliation, is required to report this information to the appropriate authorities immediately.

- C11) As stated in the Application Section of this policy, this policy applies to all SCCMHA direct operated programs as well as all SCCMHA Service Provider Network programs.
- C12) The worth, dignity, and uniqueness of all consumers, as well as their rights and opportunities, shall be respected and promoted.
- C13) Any instance of physical, psychological, sexual or other types of abuse or neglect of consumers will not be acceptable and staff members responsible for these types of actions will be considered for disciplinary action up to and including discharge.
- C14) A consumer of SCCMHA shall not be subjected to abuse or neglect.
- C15) A consumer who is abused or neglected has the right to pursue injunction and other appropriate civil relief.
- C16) Consumers who feel they have been abused or neglected should follow reporting procedures and complete a rights complaint form with the assistance from the Office of Recipient Rights if requested.
- C18) Any individual who makes a report under Section 330.1722 of the Michigan Mental Health Code shall not be dismissed or otherwise penalized by an employer or contractor for making the report.
- C19) Suspected exploitation or humiliation as defined in this policy will be considered a violation of abuse and will be investigated with the same procedures as abuse or neglect. A substantiated allegation of exploitation or humiliation will require disciplinary action.

Definitions:

Abuse- Defined as follows: "Abuse" means non-accidental physical or emotional harm to a consumer, or sexual contact with or without sexual penetration of a consumer as those terms are defined in section 520a of the Michigan penal code, 1931 PA 328, MCL 750.520a, that is committed by an employee or volunteer of the department, a community mental health services program, or a licensed hospital or by an employee or volunteer of a service provider under contract with the department, community mental health services program, or licensed hospital.

- (a) Class I – A non-accidental act or provocation of another act by an employee, volunteer, or agent of a provider that caused or contributed to death, serious physical harm or sexual abuse of a consumer;
- (b) Class II – Means any of the following:
 - i) A non-accidental act or provocation of another to act by an employee, volunteer, or agent of a provider that caused or contributed to non-serious physical harm to a consumer;

- ii) The use of unreasonable force on a consumer by an employee, volunteer, or agent of a provider with or without apparent harm;
 - iii) An action or provocation of another to act by an employee, volunteer, or agent of a provider that causes or contributes to emotional harm to a consumer.
 - iv) An action taken on behalf of a consumer by assuming incompetence, although a guardian has not been appointed or sought, that results in substantial economic, material, or emotional harm to the consumer.
 - v) Exploitation of a consumer by an employee, contract employee or volunteer.
- (c) Class III – The use of language or other means of communication by an employee, volunteer, or agent of a provider to degrade, threaten, or sexually harass a consumer.
- (d) 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:
- (i) There is no imminent risk of serious or non-serious physical harm to the recipient, staff or others.
 - (ii) The physical management used is not in compliance with techniques approved by the provider and the responsible mental health agency.
 - (iii) The physical management used is not in compliance with the emergency interventions authorized in the recipient's individual plan of service.
 - (iv) 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.

Neglect- Defined as follows: "Neglect" means an act or failure to act committed by an employee or volunteer of the department, a community mental health services program, or a licensed hospital; a service provider under contract with the department, community mental health services program, or licensed hospital; or an employee or volunteer of a service provider under contract with the department, community mental health services program, or licensed hospital, that denies a consumer the standard of care or treatment to which he or she is entitled under this act. (330.1100b)

- (i) Class I – Means any of the following:
 - (i) Acts of commission or omission by an employee, volunteer, or agent of a provider that results from non-compliance with a standard of care or treatment required by law, rules, policies, guidelines, written directives, procedures, or individual plans of service and causes or contributes to the death, or sexual abuse of, or serious physical harm to a consumer.
 - (ii) The failure to report abuse or neglect of a consumer when the abuse or neglect results in death or serious physical harm to the consumer.
- (j) Class II – Means any of the following:
 - (i) Acts of commission or omission by an employee, volunteer, or agent of a provider that results from non-compliance with a standard of care or treatment required by law, rules, policies, guidelines, written directives, procedures, or individual plans of service and that cause or contribute to non-serious physical harm or emotional harm to a consumer;

- (ii) The failure to report abuse or neglect of a consumer when the abuse or neglect results in non-serious harm to the consumer.
- (k) Class III-Means any of the following:
 - (i) Acts of commission or omission by an employee, volunteer, or agent of a provider that result from noncompliance with a standard of care or treatment required by law and/or rules, policies, guidelines, written directives, procedures, or individual plan of service that either placed or could have placed a recipient at risk of physical harm or sexual abuse;
 - (ii) The failure to report apparent or suspected abuse Class III or neglect Class III of a recipient.

Criminal Abuse:

- (1) An assault that is a violation or an attempt or conspiracy to commit a violation of sections 81 to 90 of the Michigan penal code, Act No. 328 of the Public Acts of 1931, being sections 750.81 to 750.90 of the Michigan Compiled Laws. Criminal abuse does not include an assault or an assault and battery that is a violation of section 81 of Act No. 328 of the Public Acts of 1939, being section 750.81 of the Michigan Compiled Laws, and that is committed by a consumer against another consumer.
- (2) A criminal homicide that is a violation or an attempt or conspiracy to commit a violation of section 316, 317, or 321 of Act No. 328 of the Public Acts of 1931, being sections 750.316, 750.317, and 750.321 of the Michigan Compiled Laws.
- (3) Criminal sexual conduct is a violation or an attempt or conspiracy to commit a violation of sections 520b to 520e or 520g of Act No. 328 of the Public Acts of 1931, sections 750.520b to 750.520e and 750.520g of the Michigan Compiled Laws involving an employee, volunteer, or agent of a provider and a consumer.
- (4) Vulnerable adult abuse that is a violation or an attempt or conspiracy to commit a violation of section 145n of the Michigan penal code, Act No. 328 of the Public Acts of 1931, being section 750.145n of the Michigan Compiled Laws.
- (5) Child abuse that is a violation or an attempt or conspiracy to commit a violation of section 136b of Act No. 328 of the Public Acts of 1931, being section 750.136b of the Michigan Compiled Laws.

Degrade: means any of the following:

- (i) To cause a humiliating loss of status or reputation;
- (ii) To cause the person to feel that they or other people are worthless and do not have the respect or good opinion of others;
- (iii) To deprive of self esteem or self worth; to shame or disgrace;
- (iv) Language of epitaphs that insult the person's heritage, mental status, race sexual orientation, gender, intelligence; etc.

Examples of behavior that is degrading and must be reported as abuse include but is not limited to:

- a. swearing at consumers
- b. Using foul language at consumers
- c. Using racial or ethnic slurs at consumers

- d. Causing or prompting others to commit the actions listed above.

Emotional Harm: Impaired psychological functioning, growth, or development of a significant nature as evidenced by observable physical symptomatology or as determined by a mental health professional.

Exploitation: An action by an employee, volunteer, or agent of a provider that involves the misappropriation or misuse of a consumer's property or funds for the benefit of an individual or individuals other than the consumer.

Humiliation: To reduce to a lower position in one's own eyes or others' eyes; extremely destructive to one's self-respect or dignity.

Sexual Abuse: means any of the following:

- (i) as described in section (3) above under Criminal abuse
- (ii) Any sexual contact or sexual penetration involving an employee, volunteer, or agent of a provider and a consumer
- (iii) Any sexual contact or sexual penetration involving an employee, volunteer, or agent of a provider and consumer for whom the employee or agent provides direct services

Sexual Contact: means the intentional touching of the consumer's or employee's intimate parts or the touching of the clothing covering the immediate area of the consumer'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:

- (i) Revenge
- (ii) To inflict humiliation
- (iii) Out of anger

Sexual Harassment: means sexual advances to a consumer, requests for sexual favors from a consumer, or conduct or communication of a sexual nature toward a consumer.

Sexual Penetration: means sexual intercourse, cunnilingus, fellatio, anal intercourse, or any other intrusion, however slight, or 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 either of the following:

- (i) To utter intentions of injury or punishment against.
- (ii) To express a deliberate intention to deny the well-being, safety or happiness of somebody unless the person does what is being demanded.

Unreasonable Force: means physical management or force that is applied by an employee, volunteer, or agent of a provider to a consumer in one or

more of the following circumstances:

- (i) There is no imminent risk of serious or non-serious physical harm to the consumer, staff or others.
- (ii) The physical management used is not in compliance with techniques approved by the provider and the responsible mental health agency.
- (iii) The physical management used is not in compliance with the emergency interventions authorized in the consumer's individual plan of service.
- (iv) 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.

References:

Administrative Rules 330.7001
 Administrative Rules 330.7035
 Michigan Mental Health Code 330.1722;
 Michigan Mental Health Code 330.1723;
 Michigan Mental Health Code 330.1778

Exhibits:

Exhibit A - Staff Action Regarding Alleged Abuse/Neglect/Exploitation form
 Exhibit B - Summary of Abuse and Neglect Reporting Requirements, Rev. 4/2018

Procedure:

| ACTION | RESPONSIBILITY |
|---|---|
| 1) SCCMHA and Provider Network staff along with the Recipient Rights Office will work to protect the consumers of mental health services from abuse and neglect. | 1) SCCMHA, Provider Network staff, and the SCCMHA Recipient Rights Office |
| 2) Whenever an injury is suffered regarding suspected abuse or neglect, staff are responsible for ensuring that the consumer(s) receives immediate proper treatment, comfort and protection as necessary and that action taken by staff sufficiently addresses the urgency of the injury. | 2) Staff responsible for supervision of consumers |
| 3) In all cases of abuse, neglect and/or mistreatment, it is the assigned duty and responsibility of the staff who has knowledge of or reasonable cause to suspect consumer abuse, neglect or | 3) Staff or Supervisor with the knowledge of abuse or neglect |

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| <p>mistreatment to immediately report it to their immediate supervisor, the Recipient Rights Office, administration, law enforcement, Protective Services, and the Department of Licensing and Regulatory Affairs (LARA), and other agencies as required by law.</p> <p>4) Appropriate disciplinary action will be taken against anyone proven to have engaged in abuse or neglect. Proof will come through a Recipient Rights Office investigation or a criminal investigation completed by a law enforcement agency or recognized court of law.</p> <p>5) Any mental health professional employed by SCCMHA or any of its Provider Network (ultimately under contract with the Michigan Department of Health and Human Services), who has reasonable cause to suspect the criminal abuse including Vulnerable Adult Abuse and Child Abuse will immediately make a call or cause a call to be made, by telephone or otherwise to the law enforcement agency for the county or city in which the criminal abuse is suspected to have occurred or to the state police.</p> <p>6) Within 72 hours after making the oral report, the reporting individual shall file a written report (using the attached form – Report on Alleged Recipient Abuse-Neglect-Exploitation) with the law enforcement agency to which the oral report was made and with the chief administrator of the facility or agency responsible for the consumer. This report will also be made to the Recipient Rights Office of SCCMHA.</p> <p>7) The written report required in #6 of these procedures will contain the name of the consumer and a description of</p> | <p>4) SCCMHA Chief Executive Officer and Administrative staff of the SCCMHA Service Provider Network</p> <p>5) Mental health professionals employed or contracted with SCCMHA or any of its Provider Network.</p> <p>6) The mental health professional making the report of suspected abuse or neglect</p> <p>7) The mental health professional making the report of suspected abuse or neglect will send the report to the</p> |
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| <p>the criminal abuse and the manner in which it occurred. The report will become a part of the sentri Incident Report Module.</p> | <p>SCCMHA ORR</p> |
| <p>8) The identity of an individual who makes a report is confidential and is not subject to disclosure without the consent of that individual or subpoena of a court of record. An individual acting in good faith who makes a report of criminal abuse against a consumer is immune from civil or criminal liability that might otherwise be incurred.</p> | <p>8) SCCMHA and its Provider Network will protect the individual making the good faith report</p> |
| <p>9) Reporting the suspected abuse or neglect to the legal authorities will not preclude nor hinder the Recipient Rights Office of the department, a licensed facility, SCCMHA or any of its Provider Network from investigating the report of suspected abuse or neglect and from taking appropriate disciplinary action against its employees based upon that investigation.</p> | <p>9) Recipient Rights Office</p> |

Exhibit A



Staff Action Regarding Alleged Abuse/Neglect/Exploitation

Based on the "Summary of Abuse and Neglect Reporting Requirements" a report has been made or filed with the following:

| Agency | Officer or Person Contacted | Date Contacted | How Contacted | | |
|--|-----------------------------|----------------|--------------------------------|--------------------------------|---------------------------------|
| <input type="checkbox"/> Law Enforcement | | | <input type="checkbox"/> phone | <input type="checkbox"/> faxed | <input type="checkbox"/> mailed |
| <input type="checkbox"/> Child Protective Services <input type="checkbox"/> form 3200 sent (required) | | | <input type="checkbox"/> phone | <input type="checkbox"/> faxed | <input type="checkbox"/> mailed |
| <input type="checkbox"/> Adult Protective Services | | | <input type="checkbox"/> phone | <input type="checkbox"/> faxed | <input type="checkbox"/> mailed |
| <input type="checkbox"/> AFC Licensing | | | <input type="checkbox"/> phone | <input type="checkbox"/> faxed | <input type="checkbox"/> mailed |
| <input type="checkbox"/> Office of Recipient Rights | | | <input type="checkbox"/> phone | <input type="checkbox"/> faxed | <input type="checkbox"/> mailed |
| <input type="checkbox"/> Other: | | | <input type="checkbox"/> phone | <input type="checkbox"/> faxed | <input type="checkbox"/> mailed |

Alleged victim(s):

Alleged victim(s) identifiers: (indicate the following if known: BD – Birth date, ID – CMH ID#, SS – Social Security Number)

IF Alleged Victim is a minor

Mother: _____ ☐ married ☐ single ☐ divorced ☐ separated

Father: _____ ☐ married ☐ single ☐ divorced ☐ separated

Alleged victim address/residence and phone number:

Alleged perpetrator(s) name:

Alleged perpetrator address or location:

Alleged incident occurred at:

Approximate date(s) or time frames of alleged incident (be as specific as possible):

Details of Allegation: (use second sheet if necessary; attach copy of Form 3200 and/or other related documents)

Signature and Title of Person Making this report

Date

Submit this form to Quality by faxing to 989-272-0290, Executive Director of Clinical Services, & Direct Supervisor


DO NOT copy to Consumer Records: If this report becomes a part of the consumer's clinical record, the name of the alleged perpetrator must not be removed from this report as required by Section 723 (3) of Public Act of 1986. It is a misdemeanor to intentionally file a false report of abuse or to violate Section 723.


G:/Agency Forms/ Clinical Forms/ Report on Alleged Recipient Abuse DO NOT SCAN INTO CONSUMER RECORD

tn 4/11/22

Exhibit B

REQUIREMENTS FOR REPORTING ABUSE AND NEGLECT

| | Section 723, Public Act 258 of 1974 as amended (Mental Health Code-Recipient Abuse) To the MDHHS, CMHSP, or Hospital OFFICE OF RECIPIENT RIGHTS | Public Act 238 of 1975 (Child Protection Law) To the MDHHS Office of Childrens Protective Services | Public Act 519 of 1982 (Adult Protective Services Law) To the MDHHS Office of Adult Protective Services | Section 723, Public Act 258 of 1974 as amended (Mental Health Code-Criminal Abuse) To the Michigan State Police or Local Sheriff or Local Police Department |
|---|--|--|---|--|
| WHERE is the report made? | A list of local rights offices can be found at: http://tinyurl.com/orroffices | ADULT OR CHILDRENS PROTECTIVE SERVICES HOTLINE 855-444-3911 | | MSP 517-332-2521 |
| WHAT must be reported? | Sexual, Physical, Emotional or Verbal Abuse, Neglect, Serious Injury, Death, Retaliation or Harassment | Sexual, Physical or Mental Abuse, Neglect, Sexual Exploitation | Sexual, Physical or Mental Abuse, Neglect, Maltreatment, Exploitation | Assault (other than patient-patient assault/battery) Criminal Sexual Abuse, Homicide, Vulnerable Adult Abuse, Child Abuse |
| WHO is required to report? | All employees, contract employees, or volunteers of Michigan Department of Health and Human Services, Community Health Services Programs, Licensed Private Psychiatric Hospitals | Physicians, nurses, coroners, medical examiners, dentists, licensed emergency care personnel, audiologists, psychologists, social workers, school administrators, teachers, counselors, law enforcement officers, and child care providers. | Any person employed by an agency licensed to provide, anyone who is licensed, registered, or certified to provide health care, education, social, or other human services, law enforcement officers and child care providers. | All employees, contract employees of: Michigan Department of Health and Human Services, Community Mental Health Services Programs, Licensed Private Psychiatric Hospitals; All mental health professionals. |
| WHAT is the CRITERIA for reporting? | You must report if you: Suspect a recipient has been abused or neglected or any allegations of abuse or neglect made by a recipient. | You must report if you: Have reasonable cause to suspect a child has been abused, neglected, or sexually exploited. | You must report if you: Have reasonable cause to suspect or believe an adult has been abused, neglected, exploited or maltreated. | You must report if you: Suspect a recipient or vulnerable adult has been abused or neglected, sexually assaulted, or if you suspect a homicide has occurred. You do not have to report if the incident occurred more than one year before your knowledge of it. |
| WHEN must the report be made and in what format? | A verbal report must be made immediately. A written report on an incident report form must be made before the end of your shift. | A verbal report must be made immediately. A written report on DHS form 3200 must be made within 72 hours. | A verbal report must be made immediately. A written report at the discretion of the reporting person. | A verbal report must be made immediately. A written report must be made within 72 hours of the oral report (330.1723) |
| TO WHOM are reports made? | To your immediate supervisor and to the Recipient Rights Office at your agency or hospital | Report to Protective Services Reporting Hotline 855-444-3911 | Report to Protective Services Reporting Hotline 855-444-3911 | The law enforcement agency for the county or city in which the alleged violation occurred or the State Police. A copy of the written report goes to the chief administrator of the agency responsible for the recipient. |
| If there is more than one person with knowledge must all of them make a report? | Not necessarily. Reporting should comply with the policies and procedures set up by each agency. | Someone who has knowledge must report or cause a report to be made in the case of a school, hospital or agency, one report is adequate. | Everyone who has knowledge of a violation or an alleged violation must make a report. MDHHS has typically accepted one report from agencies. | Someone who has knowledge must report or cause a report to be made. |
| Is there a penalty for failure to report? YES | Disciplinary action may be taken and you may be held civilly liable. | You may be held civilly liable. Failure to report is also a criminal misdemeanor. | You may be held civilly liable and have to pay a \$500 fine. | The law states that failure to report or false reporting is a criminal misdemeanor. |
| Is it necessary to report to more than one agency? YES | Each of these laws requires that the designated agency be contacted, if an allegation is suspected to have occurred which falls under its specific jurisdiction. There are several references in each law indicating that reporting to one agency does not absolve the reporting person from the responsibility of having to report to other agencies, as statutorily required. | | |  |
| Are there other agencies to which a report can be made? | The Bureau of Community and Health Systems (LARA) is responsible for investigating abuse and neglect in Nursing Homes, Hospitals and Home Health Care. Call the NURSING HOME ABUSE HOTLINE 800-882-6006 | | | |
| YES | The Michigan Attorney General's Office has an Abuse Investigation Unit which may also investigate abuse in Nursing Homes. Call the ATTORNEY GENERAL 24 hour HEALTH CARE FRAUD HOTLINE 800-24-ABUSE/ 800-242-2873 The LARA-BCHS Licensing Division is responsible for investigating abuse or neglect in a licensed foster care home. Call The Bureau of Community and Health Systems (LARA) COMPLAINT INTAKE UNIT 866-856-0126 | | | |

| Policy and Procedure Manual Saginaw County Community Mental Health Authority | | |
|---|--|--|
| Subject: Recipient Rights – Restraint and Seclusion | Chapter: 02 - Customer Services and Recipient Rights | Subject No: 02.02.14 |
| Effective Date: March 7, 2000 | Date of Review/Revision: 2/19/03, 1/25/08, 7/13/09, 6/22/12, 6/13/14, 11/27/16, 6/6/18, 1/8/19, 2/11/20, 2/9/21, 5/10/22, 3/14/23 | Approved By: Sandra M. Lindsey, CEO Responsible Director: Director of Customer Services, Recipient Rights, & Security Authored By: Director of Customer Services, Recipient Rights, & Security Additional Reviewers: |
| | Supersedes: 06.02.15.00 | |
|  | | |

Purpose:

The purpose of this policy is to protect consumers served by Saginaw County Community Mental Health Authority (SCCMHA) from abuse through the use of restraint and/or seclusion.

Policy:

It is the policy of SCCMHA to protect the safety of consumers receiving mental health services. The use of restraints and/or seclusion will not be used in a community setting due to the unavailability of specialized personnel in such settings.

Application:

This policy applies to all SCCMHA direct operated programs as well as all of the Service Provider Network.

Standards:

Physical Management, Restraint, and Seclusion Procedures from Policy Review Standards Section S

S1) Restraint is defined under the Definition section of this policy.

S2) Physical Management is defined under the Definition section of this policy.

- S3) Consumers of mental health services of SCCMHA will be free from the use of restraints in all treatment programs, except as outlined in Standard S4.
- S4) The SCCMHA Office of Recipient Rights prohibits the use of restraint in all programs or sites directly operated or under contract where it is not permitted by statute and agency policy. The SCCMHA ORR will review the restraint policies and practices of contracted inpatient settings and child caring institutions for compliance with Attachment B from the MDHHS ORR. Restraint shall be used only in a hospital or center or in a child caring institution licensed under Act No. 116 of the Public Acts of 1973, being sections 722.111 to 722.128 of the Michigan Compiled Laws.
- S5) The use of physical management is prohibited except in situations when a recipient is presenting an imminent risk of serious or non-serious harm to himself, herself or others, and lesser restrictive interventions have not reduced or eliminated the risk of harm.
- S6) Physical management shall not be included as a component of Behavior Treatment Plans.
- S7) Prone Immobilization is prohibited unless other techniques are medically contraindicated and documented in the record.
- S8) Therapeutic De-escalation is defined under the Definition section of this policy.
- S9) Exclusionary and non-exclusionary timeout is defined in the Definition section of this policy.
- S10) The use of seclusion is prohibited in all agency programs, directly operated sites, or contractual service locations unless permitted by statute and agency policy.
- S11) Incidents where physical intervention is used will be documented on an Incident Report and sent to the SCCMHA ORR.

Definitions:

Behavior Treatment Committee: Section 3.3 **Behavioral Treatment Review** of the Mental Health/Substance Abuse Medicaid Provider Manual defines the Behavior Treatment Committee as a specially constituted body comprised of at least three individuals, one of whom shall be a fully- or limited-licensed psychologist with the formal training or experience in applied behavior analysis; and one of whom shall be a licensed physician/psychiatrist.

Behavior Plan: A behavior management or treatment plan that proposes aversive, restrictive or intrusive techniques or psycho-active medications for behavior control purposes where the target behavior is not due to an active substantiated psychotic process.

Community Setting: Any location where treatment for mental health consumers takes place in the community

Exclusionary Timeout: An involuntary removal of a consumer to a location where the egress is blocked by staff.

Non-exclusionary timeout: Defined as a consumer's **voluntarily** removing him/herself from a stressful situation as a response to a therapeutic suggestion to prevent a potentially hazardous outcome

Physical Management: 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. Physical management shall only be used on an emergency basis when the situation places the individual or others at imminent risk of serious physical harm. To ensure the safety of each consumer and staff each agency shall designate emergency physical management techniques to be utilized during emergency situations. The term "physical management" does not include briefly holding an individual in order to comfort him or her or to demonstrate affection or holding his/her hand. The following are examples to further clarify the definition of physical management:

- Manually guiding down the hand/fists of an individual who is striking his or her own face repeatedly causing risk of harm IS considered physical management if he or she resists the physical contact and continues to try and strike him or herself. However, it IS NOT physical management if the individual stops the behavior without resistance.
- When a caregiver places his hands on an individual's biceps to prevent him or her from running out the door and the individual resists and continues to try and get out the door, it IS considered physical management. However, if the individual no longer attempts to run out the door, it is NOT considered physical management.

Physical management involving prone immobilization of an individual, as well as any physical management that restricts a person's respiratory process, for behavioral control purposes is prohibited under any circumstances. Prone immobilization is extended physical management of an individual in a prone (face down) position, usually on the floor, where force is applied to his or her body in a manner that prevents him or her from moving out of the prone position.

Restraint: The use of a physical device to restrain an individual's movement. Restraint does not include the use of a device primarily intended to provide anatomical support.

Seclusion: A temporary placement of a consumer in a room, alone, where egress is prevented by any means. "By any means" includes the egress being blocked by a staff person to prevent the consumer from leaving the room.

Support Staff: Case Manager, Supports Coordinator, or Therapist

Therapeutic De-escalation: An intervention, the implementation of which is incorporated in the individualized written plan of service, wherein the recipient is placed in an area or room, accompanied by staff who shall therapeutically engage the recipient in behavioral de-escalation techniques and debriefing as to the cause and future prevention of the target behavior.

Treatment Plan: A written plan that specifies the goal-oriented treatment or training services, including rehabilitation or habilitation services, which are to be developed with and provided for a consumer.

References:

Mental Health Code 330.1755 (5)(a)(g);

Mental Health Code 330.1700;

Mental Health Code 330.1742;

Mental Health Code 330.1740;

Administrative Rules R 330.7001

Administrative Rules R 330.7243;

Health Care Financing Administration 42 Code of Federal Regulations Part 482.13;


Act 116 of the Public Acts of 1973 sections 722.111 to 722.128

Exhibits:

None

Procedure:

| ACTION | RESPONSIBILITY |
|---|---|
| 1) SCCMHA requires the use of non-restrictive techniques to address challenging behaviors. | 1) Staff responsible for providing care for consumers |
| 2) Consumers in need of a Behavior Plan due to challenging behaviors will be referred to a Behavioral Psychologist for a comprehensive assessment/analysis | 2) Support Staff |
| 3) Physical intervention may be utilized on a limited basis when less restrictive techniques have been unsuccessful and there is a risk of serious injury to the consumer or others in the absence of intervention. | 3) Staff responsible for providing care for consumers |

| Policy and Procedure Manual Saginaw County Community Mental Health Authority | | |
|---|---|--|
| Subject: Recipient Rights – Medication and the use of Psychotropic Drugs | Chapter: 02 - Customer Services and Recipient Rights | Subject No: 02.02.16 |
| Effective Date: September 16, 1998 | Date of Review/Revision: 2/19/03, 1/25/08, 7/13/09, 6/22/12, 1/28/13, 6/4/13, 6/14/14, 11/27/16, 6/1/18, 1/22/19, 2/11/20, 2/9/21, 5/10/22, 3/14/23 | Approved By: Sandra M. Lindsey, CEO Responsible Director: Director of Customer Services, Recipient Rights, & Security Authored By: Director of Customer Services, Recipient Rights, & Security Additional Reviewers: |
| | Supersedes: 06.02.18.00, 06.02.18.01, and 06.02.19.00 | |
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Purpose:

The purpose of this policy is to establish standards and practices for the use of medications, including psychotropic medications for the purpose of treatment of mental health related issues.

Policy:

It is the policy of Saginaw County Community Mental Health Authority (SCCMHA) to follow strict guidelines, which will be established by this policy, when administering medication to consumers of mental health services from SCCMHA or any of its Service Provider Network.

Application:

This policy applies to all SCCMHA direct operated programs as well as all Provider Network programs.

Standards:**Medication Procedures from Policy Review Standards Section I**

- II) Medications shall only be ordered by a doctor. The doctor's order for medication may come from or through a Medical or Osteopathic Doctor/Psychiatrist, Physician Assistant, or Nurse Practitioner.

- I2) Medication shall not be used as punishment, for the convenience of staff or as a substitute for other appropriate treatment.
- I3) Medications shall be reviewed as specified in the plan of service and based on consumer's clinical status, to determine the appropriateness of continued use.
- I4) Medication shall be prepared and administered by qualified and trained staff.
- I5) At the time the Doctor/Psychiatrist/nurse practitioner writes the prescription, the documentation will go into the consumer's record and specify the purpose of the medication. Informed Consent from the consumer, their guardian, parent of a minor or loco parentis prior to the administration of the medication is required.
- I6) Medication errors and adverse drug reactions are immediately reported to the RN or physician, and documented in the clinical record.
- I7) Only medications authorized by a physician are to be given at discharge or leave and enough medication will be made available to ensure the consumer has an adequate supply until he or she can become established with another provider.
- I8) Medication use shall conform to standards of the medical community.
- I9) When a medication is used for behavioral reasons and not to treat a psychiatric condition, this is considered an intrusive technique and needs to be reviewed and approved by the Behavior Treatment Committee (BTC).
- I10) Agency personnel shall comply with the orders of a physician in administering and/or stopping medications, and shall comply with other relevant regulations, such as Licensing Regulations regarding storing/securing resident medication within the facility. Medication shall be kept in a locked cabinet.
- I11) Telephone orders for medication shall be accepted only in specific situations set forth by this policy. These orders may be accepted by a nurse. The orders must be signed by the Medical or Osteopathic Doctor/Psychiatrist, Physician Assistant, or Nurse Practitioner within 24 hours. Orders may be faxed to a residential setting if the order has been signed by a Medical or Osteopathic Doctor/Psychiatrist, Physician Assistant, or Nurse Practitioner.
- I12) Orders for medication shall be effective only for the specific number of days indicated by the prescribing Medical or Osteopathic Doctor/Psychiatrist, Physician Assistant, or Nurse Practitioner. Orders for Schedule 2 controlled substances shall expire after 60 days.
- I13) Medication that is given to recipients shall be in compliance with state rules and federal regulations pertaining to labeling and packaging.

Use of Psychotropic Drugs from Policy Review Standards Section J

- J1) Psychotropic Drugs are defined in the Definition Section of this policy.
- J2) Before initiating a course of psychotropic drug treatment for a consumer, 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 most common adverse side effects associated with that drug, and
 - b) Provide the individual with a written summary of those common adverse side effects.
- J3) Psychotropic medication shall not be administered unless the individual gives informed consent, or the administration is necessary to prevent physical injury to the person or another, or with a court order.
- J4) The administration of psychotropic medication to prevent physical harm or injury occurs:
- 1) ONLY when the actions of a recipient, or other objective criteria, clearly demonstrate to a physician that the recipient poses a risk of harm to himself, herself or others, and
 - 2) ONLY after signed documentation of the physician is placed in the recipient's clinical record
- J5) The initial administration of psychotropic medication under 7158(8)(b) is limited to a maximum of 48 hours unless there is consent.
- J6) The initial administration of psychotropic medication under 7158((8)(b) is as short as possible, at the lowest therapeutic dosage possible and terminated as soon as there is no longer a risk of harm.
- J7) At the time the Medical or Osteopathic Doctor/Psychiatrist, Physician Assistant, or Nurse Practitioner writes the prescription, the documentation will go into the consumer's record and specify the purpose of the medication.
- J8) Medication errors and adverse drug reactions are immediately and properly reported to a physician or RN and recorded in the recipient's record.
- J9) Psychotropic medications will not be given without a signed Informed Consent form.
- J10) A consumer, their guardian, parent of a minor, or loco parentis shall have the right to accept or refuse psychotropic medications treatment, except when a court order is in place.

Definitions:

Assigned Support Staff: Case Manager, Support Coordinator, or Therapist assigned to work with a SCCMHA consumer. The Case Manager, Support Coordinator, or Therapist may be a SCCMHA staff person or a member of the SCCMHA Service Provider Network.

Informed Consent: is defined by the Administrative Rules 330.7003

(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 consumer 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 consumer.
 - (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) of this subrule.
- (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 consumer.

Loco Parentis: A person or institution that assumes parental rights and duties for a minor.

Psychotropic drug: Any medication administered for the treatment or amelioration of disorders of thought, mood, or behavior. In this policy, Psychotropic drug or medication is used interchangeably with Psychotropic Chemotherapy.

References:

Michigan Mental Health Code 330.1719;

Michigan Mental Health Code 330.1752;

Administrative rules 330.7158;

Administrative rules 330.7001

Michigan Department of Health and Human Services (MDHHS) Behavioral Health & Developmental Disabilities Administration Standards for Behavior Treatment Plan Review Committees Revision FY17


Exhibits:

None

Procedure:

| ACTION | RESPONSIBILITY |
|--|--|
| 1) When a consumer of mental health treatment is seen by a Medical or Osteopathic Doctor/Psychiatrist, Physician Assistant, or Nurse Practitioner, an evaluation will be completed to determine whether or not that consumer would benefit from the use of prescription psychotropic medication. | 1) Medical or Osteopathic Doctor/Psychiatrist, Physician Assistant, or Nurse Practitioner evaluating the consumer |
| 2) If the Medical or Osteopathic Doctor/Psychiatrist, Physician Assistant, or Nurse Practitioner determines the consumer would benefit from the use of psychotropic medication, a prescription will be written and given to the consumer, their guardian, or licensed Foster Care Provider. | 2) Medical or Osteopathic Doctor/Psychiatrist, Physician Assistant, or Nurse Practitioner writing the prescription |
| 3) At the time the Medical or Osteopathic Doctor/Psychiatrist, Physician Assistant, or Nurse Practitioner writes the prescription, the documentation will go into the consumer's record and specify the purpose of the medication. | 3) Medical or Osteopathic Doctor/Psychiatrist, Physician Assistant, or Nurse Practitioner writing the prescription |
| 4) If the psychotropic medication is being used for the purpose of behavior management, the use of the medication will be reviewed by the Behavior Treatment Committee. | 4) Behavior Treatment Committee |
| 5) The Behavior Treatment Committee will review, on a quarterly basis, those records of consumers who receive psychotropic medication for behavior treatment purposes. | 5) Behavior Treatment Committee |
| 6) Use of medication in conjunction with a behavioral modification plan must be reviewed monthly by qualified staff (R.N., psychologist or QMRP/QMHP, as defined in the individual program plan, and quarterly by the recipient's physician). | 6) Assigned Support Staff |
| 7) When it is not possible to receive an order written by a Medical or Osteopathic Doctor/Psychiatrist, Physician Assistant, or Nurse Practitioner, a phone order may be taken by a Nurse. This may only be | 7) Assigned Support Staff or the Licensed Foster Care Provider |

| | |
|---|---|
| done in situations where the consumer or others are put in danger by a consumer not receiving the medications or that the Service Plan agreed on by the treatment team and the consumer or their guardian cannot be followed if the consumer does not receive the medication. The phone order must be signed within 24 hours. | responsible for the care of the consumer |
| 8) Administration of medications shall be recorded in the consumer's clinical record. | 8) The trained staff administering the medication |
| 9) The use of psychotropic medications must be a part of the individual's program service plan and must be a recommendation of the Treatment Planning Team or the psychiatrist/nurse practitioner. | 9) Assigned Support Staff |
| 10) On a quarterly basis, AIMS testing will be conducted for those consumers that are receiving psychotropic medications, unless specified otherwise in the Individual Plan of Service. | 10) The Nurse working with the Medical or Osteopathic Doctor/Psychiatrist, Physician Assistant, or Nurse Practitioner writing the prescription for psychotropic medications |

| Policy and Procedure Manual Saginaw County Community Mental Health Authority | | |
|---|---|--|
| Subject: Recipient Rights – Sterilization, Abortion, and Contraception | Chapter: 02 - Customer Services and Recipient Rights | Subject No: 02.02.17 |
| Effective Date: March 7, 2000 | Date of Review/Revision: 2/19/03, 1/25/08, 7/13/09, 6/22/12, 6/14/14, 11/27/16, 6/1/18, 1/8/19, 2/11/20, 2/9/21, 5/10/22, 3/14/23 | Approved By: Sandra M. Lindsey, CEO Responsible Director: Director of Customer Services, Recipient Rights, & Security Authored By: Director of Customer Services, Recipient Rights, & Security Additional Reviewers: |
| | Supersedes: 06.02.20.00 | |
|  | | |

Purpose:

The purpose of this policy is to establish boundaries for the responsibilities for Saginaw County Community Mental Health Authority (SCCMHA) as it relates to sterilization, abortion, and contraception.

Policy:

It is the policy of SCCMHA not to provide any direct services relating to sterilization, abortion, or contraception, but not to discriminate against any consumer, their guardian, parent of a minor, or loco parentis for any decision made regarding sterilization, abortion, or contraception.

Application:

This policy applies to all SCCMHA direct operated programs as well as all SCCMHA Service Provider Network programs.

Standards:

- K1) The Support Staff responsible for the consumer's written plan of service shall provide notice to the consumer, their guardian, parent of a minor or loco parentis of the availability of family planning and health information.

- K2) The Support Staff responsible for the consumer's written plan of service shall provide referral assistance to providers of family planning and health information services upon request of the consumer, their guardian, parent of a minor, loco parentis.
- K3) Notice shall be given to the consumer, their guardian, parent of a minor or loco parentis, indicating that the receipt of mental health services, release, or discharge, is in no way dependent upon the request or decision to act on the family planning information.
- K4) Neither SCCMHA staff members or members of the SCCMHA Service Provider Network shall make recommendations regarding sterilization or abortion.

Definitions:

Loco Parentis: A person or institution that assumes parental rights and duties for a minor.

Assigned Support Staff: Case Manager, Support Coordinator, or Therapist assigned to work with a SCCMHA consumer. The Case Manager, Support Coordinator, or Therapist may be a SCCMHA staff person or a member of the SCCMHA Service Provider Network.

References:

Michigan Mental Health Code 330.1752


Administrative Rule 330.7029

Exhibits:

None

Procedure:

| ACTION | RESPONSIBILITY |
|---|------------------|
| 1) While SCCMHA does not provide direct services related to sterilization, abortion, or contraception, a consumer, their guardian, parent of a minor or loco parentis may request information regarding these subjects. | 1) Support Staff |
| 2) Upon request from a consumer, their guardian, parent of a minor or loco parentis, SCCMHA staff or staff of the SCCMHA Service Provider Network may provide information on family planning and health. | 2) Support Staff |
| 3) The consumer, their guardian, parent of a minor or loco parentis will be directed to the appropriate county or private agency available to provide more information. | 3) Support Staff |

| Policy and Procedure Manual Saginaw County Community Mental Health Authority | | |
|---|---|---|
| Subject: Recipient Rights – Voice Recording, Photography, Fingerprinting, and the use of One-Way Glass | Chapter: 02 - Customer Services and Recipient Rights | Subject No: 02.02.18 |
| Effective Date: March 7, 2000 | Date of Review/Revision: 2/19/03, 1/25/08, 6/29/09, 6/22/12, 6/14/14, 11/27/16, 6/1/18, 1/8/19, 2/11/20, 2/9/21, 5/10/22, 3/14/23 | Approved By: Sandra M. Lindsey, CEO |
| | Supersedes: 06.02.21.00 | |
|  | | Responsible Director: Director of Customer Services, Recipient Rights, & Security Authored By: Director of Customer Services, Recipient Rights, & Security Additional Reviewers: |

Purpose:

The purpose of this policy is to set limits and guidelines for the use of voice recording, fingerprinting, and the use of one-way glass in the treatment of consumers receiving mental health services from Saginaw County Community Mental Health Authority (SCCMHA) or any of its Service Provider Network.

Policy:

It is the policy of SCCMHA that the use of voice recording, fingerprinting, and one-way glass will not be used without the expressed written consent of the consumer, their guardian, parent of a minor or loco parentis.

Application:

This policy applies to all SCCMHA direct operated programs as well as all Provider Network programs.

Standards:

- E1) Fingerprints, photographs, or audiotapes may be taken and one-way glass may be used only when prior expressed written consent is obtained from the consumer, their guardian, parent of a minor or loco parentis.

- E2) Fingerprints, photographs, or audiotapes may be taken and one-way glass may be used in order to determine the identification of the consumer as set forth in Procedure #4 below.
- E3) Written consent is required for the use of fingerprints, photographs, audiotapes, or one-way glass. This written consent will be obtained from the consumer, their guardian, parent of a minor or loco parentis.
- E4) Consent for the use of fingerprints, photographs, audiotapes, or one-way glass may be withdrawn at any time.
- E5) Photographs (videos are excluded) may be taken for purely personal or social purposes. However, photographs taken will not be posted on social media or for any public viewing without prior expressed written consent. A photograph of a consumer shall not be taken or used if the consumer has indicated his or her objection.
- E6) The safekeeping of fingerprints, photographs, or audiotapes is described in Procedures #3, 4, & 5 below.
- E7) Fingerprints, photographs, or audiotapes in the record of a consumer, and any copies of them, shall be given to the consumer, or destroyed when they are no longer essential to achieve one of the objectives set forth in subsection (E2), or upon discharge of the resident, whichever occurs first.
- E8) The consent for the use of fingerprints, photographs, audiotapes, or one-way glass will be considered valid for one year from the date of the initial signature. However, the Assigned Support Staff will make known to the consumer, their guardian, parent of a minor or loco parentis each time any of these methods are being used and the consent can be withdrawn at any time as stated in Standard E4.
- E9) This policy prohibits video surveillance when recording is occurring and in non-public areas.
- E10) All consumer consents related to fingerprints, photographs, audiotapes, one-way glass, or written information for SCCMHA publications will be completed by using the MDHHS-5515 - Consent to Share Behavioral Health Information link in Sentri II.

Definitions:

Assigned Support Staff: Case Manager, Support Coordinator, or Therapist assigned to work with a SCCMHA consumer. The Case Manager, Support Coordinator, or Therapist may be a SCCMHA staff person or a member of the SCCMHA Service Provider Network.

Loco Parentis: A person or institution that assumes parental rights and duties for a minor.

Photography: Still pictures, motion pictures, and videotapes

Social Media: Social interaction among people in which they create, share or exchange information and ideas in virtual communities and networks.

References:

Administrative Rules 7003

Michigan Mental Health Code 330.1724

Exhibits:

Exhibit A - SCCMHA - Consent to Share Behavioral Health Information

Procedure:

| ACTION | RESPONSIBILITY |
|--|---|
| 1) The rights of consumers receiving mental health services are clearly protected under the Michigan Mental Health Code in specific regard to fingerprints, photographs, use of one-way glass, and audiotapes. It is the duty of the SCCMHA Recipient Rights Office to ensure these rights are upheld. | 1) Recipient Rights Office |
| 2) Any use of fingerprints, photographs, audiotapes, or of one-way glass without the expressed written consent of the consumer, (if 18 years of age or over and competent to consent), their guardian, the parent of a minor, or loco parentis is expressly prohibited. | 2) Enforced by the Recipient Rights Office |
| 3) In the event that fingerprints, photographs, or audiotapes are taken in order to provide services to a consumer, all copies of them shall be kept as part of the record of the consumer. | 3) Assigned Support Staff |
| 4) If fingerprints, photographs, or audiotapes are necessary for determining the name of a consumer, these will be kept as part of the record. If necessary, the fingerprints, photographs, or audiotapes may be delivered to others for assistance in determining the identity of the consumer. Upon completion of the use of the fingerprints, photographs, or audiotapes, together with copies, will be kept as part of the record of the consumer. | 4) Assigned Support Staff in conjunction with the Director of the Recipient Rights Office |

-
- | | |
|--|---|
| 5) Fingerprints, photographs, or audiotapes in the record of a consumer, and any copies of them, will be given to the consumer or destroyed when it is no longer essential in order to achieve one of the objectives set forth in standard number E2 of this policy or upon discharge of the consumer, whichever occurs first. | 5) Assigned Support Staff in conjunction with their Supervisor and the Medical Records Unit |
|--|---|

Exhibit A

Saginaw County Community Mental Health Authority

Consent to Share Behavioral Health Information

Use this form to give or take away your consent to share information about your:

- Mental and behavioral health services. This will be referred to as "behavioral health" throughout the form.
- Diagnosis, referral, and treatment for an alcohol or substance use disorder. This will be referred to as "substance use disorder" throughout this form.

This information will be shared to help diagnose, treat, manage, and pay for your health needs.

Why This Form is Needed

When you receive health care, your health care provider and health plan keep records about your health and the services you receive. This information becomes a part of your medical record. Under state and federal laws, your health care provider and health plan do not need your consent to share most types of your health information to treat you, coordinate your care, or get paid for your care. But they may need your consent to share your behavioral health or substance use disorder records.

Instructions

- To **give** consent, fill out Sections 1, 2, 3, and 4.
- To **take** away consent, fill out Sections 5.
- Sign the completed form, then give it to your health care provider. They can make a copy for you.

SECTION 1: ABOUT YOU

| FIRST NAME | MIDDLE INITIAL | LAST NAME | DATE OF BIRTH | DATE SIGNED |
|------------|----------------|-----------|---------------|-------------|
| Consumer | W | Twelve | 02/01/2020 | 09/27/2022 |

SECTION 2: WHO CAN SEE YOUR INFORMATION AND HOW THEY CAN SHARE IT**SECTION 2A: SHARING INFORMATION BETWEEN INDIVIDUALS AND ORGANIZATIONS**

Let us know who can see and share your behavioral health and substance use disorder records. You should list the specific names of health care providers, health plans, family members, or others. They can only share your records with people or organizations listed below.

- | | |
|--|--|
| 1. Saginaw 500 Hancock Street Saginaw, MI 48602-4224 Phone: 989-797-3400 Fax: 989-799-0206 | 2. MSHN-WSA CCBHC 530 W Ionia St Ste F Lansing, MI 48933 Phone: 844-405-3094 Fax: 517-253-7525 |
|--|--|

SECTION 2B: SHARING INFORMATION ELECTRONICALLY

Health information exchanges or networks share records back and forth electronically. This type of sharing helps the people involved in your health care. It helps them provide better, faster, safer, and more complete care for you. Your health care provider and health plan may have already listed these organizations below.

CHOOSE ONLY ONE OPTION:

- ☒ Share my information through the organizations listed below. This information will be shared with the individuals and organizations listed under Section 2a
- ☐ Do not share my information through the organizations listed below.
- ☐ Share my information through the organizations listed below with all of my past, current, and future treating providers. If I choose this option, I can request a list of providers who have seen my records.

For Health Care Provider or Health Plan Use Only. List all health information exchanges or networks:

- | | |
|----------------|--|
| 1. PCE Systems | 2. Michigan Health Information Network |
|----------------|--|

SECTION 3: WHAT INFORMATION YOU WANT TO SHARE**CHOOSE ONE OPTION:**

- ☒ Share **all** of my behavioral health and substance use disorder records. This does not include "psychotherapy notes."
- ☐ Share **only** the types of behavioral health and substance use disorder records listed below. For example, what I am being treated for, my medications, lab results, etc.



MDHHS-5515 # Consent to Share Behavioral Health Information dated 09/27/2022 for 000000012 Consumer W. Twelve

SECTION 4: YOUR CONSENT AND SIGNATURE

Read the statements below, then sign and date the form.

By signing this form, I understand:

- I am giving consent to share my behavioral health and substance use disorder records. This includes referrals and services for alcohol and substance use disorders, but other information may also be shared.
- I do not have to fill out this form. If I do not fill it out, I can still get treatment, health insurance or benefits. But, without this form, my provider or health plan may not have all the information needed to treat me.
- My records listed above in Section 3 will be shared to help diagnose, treat, manage, and pay for my health needs.
- My records may be shared with the people or organizations as stated in Section 2.
- Other types of my information may be shared along with my behavioral health and substance use disorder records. Under existing laws, my health care provider and health plan do not need my consent to share most types of my health information to treat me, coordinate my care or get paid for care.
- This form does not give my consent to share "psychotherapy notes".
- I can remove my consent to share behavioral health and substance use disorder records at any time. I understand that any records already shared because of past approval cannot be taken back. I should tell all individuals and organizations listed on this form if I remove my consent.
- I have read this form. Or it has been read to me in a language I can understand. My questions about this form have been answered. I can have a copy of this form.
- This signature is good for **1 year** from the date signed. Or I can choose an earlier date or have it after the event or condition listed below. (For example, at the end of my treatment.)

Date, event, or condition: 09/26/2023

Obtained Externally

09/27/2022

CONSUMER SIGNATURE

PRINTED NAME

DATE

PARENT/GUARDIAN/AUTHORIZED REPRESENTATIVE SIGNATURE

PRINTED NAME

DATE

TAKE AWAY YOUR CONSENT

Complete Section 5 if you no longer want to share your records listed above in Section 3.

SECTION 5: WHO CAN NO LONGER SEE YOUR INFORMATION

I no longer want to share my records with those listed in Sections 2a and 2b. I understand any information already shared because of past approval cannot be taken back.

State your relationship to the person withdrawing consent, then sign and date below.

- ☐ Self
- ☐ Parent (Print Name)
- ☐ Guardian (Print Name)
- ☐ Authorized Representative (Print Name)

SIGNATURE

DATE

WITNESS SIGNATURE (IF APPROPRIATE)

DATE

FOR HEALTH CARE PROVIDER OR HEALTH PLAN USE ONLY

MDHHS-5515 # Consent to Share Behavioral Health Information dated 09/27/2022 for 000000012 Consumer W. Twelve

VERBAL WITHDRAW OF CONSENT

☐ The individual listed above in Section 1 has taken away his/her consent.

List the individual who requested the withdrawal below, then sign and date below.

- ☐ Individual listed in Section 1
☐ Parent (Print Name)
☐ Guardian (Print Name)
☐ Authorized Representative (Print Name)

SIGNATURE OF PERSON RECEIVING VERBAL WITHDRAW OF CONSENT

DATE

Other Information for Health Care Providers and Health Plans

This form cannot be used for a release of information from any person or agency that has provided services for domestic violence, sexual assault, stalking, or other crimes. See the FAQ for providers and other organizations at michigan.gov/bhconsent

Additional Identifiers (Optional)

MEDICAID
000123456789

LAST 4 OF THE SOCIAL SECURITY NUMBER
*****9997

CASE #
000000012

Form Copy (Optional, Choose One Option)


- ☐ The individual in Section 1 **received** a copy of this form.
☐ The individual in Section 1 **declined** a copy of this form.

| | |
|--|---|
| AUTHORITY: | This form is acceptable to the Michigan Department of Health and Human Services (MDHHS) as compliant with 42 CFR Part 2, PA 258 of 1974 and MCL 330.1748 and PA 368 of 1978, MCL 333.1101 et seq and PA 129 of 2014, MCL 330.1141a. |
| COMPLETION: | Is Voluntary, but required if disclosure is requested. |
| The Michigan Department of Health and Human Services (MDHHS) does not discriminate against any individual or group because of race, religion, age, national origin, color, height, weight, marital status, genetic information, sex, sexual orientation, gender identity or expression, political beliefs or disability. | |

MDHHS-5515 (12-18) Previous edition obsolete.
09/27/2022

Page 3 of 3

SGWPCMH006263749

| Policy and Procedure Manual Saginaw County Community Mental Health Authority | | |
|---|---|--|
| Subject: Recipient Rights – Treatment by Spiritual Means | Chapter: 02 - Customer Service and Recipient Rights | Subject No: 02.02.20 |
| Effective Date: March 7, 2000 | Date of Review/Revision: 3/19/03, 1/25/08, 7/13/09, 6/22/12, 6/14/14, 11/27/16, 6/1/18, 1/8/19, 2/11/20, 2/9/21, 5/10/22, 3/14/23 | Approved By: Sandra M. Lindsey, CEO |
| | Supersedes: 06.02.22.00 | Responsible Director: Director of Customer Services, Recipient Rights, Security |
|  SAGINAW COUNTY COMMUNITY MENTAL HEALTH AUTHORITY | | Authored By: Director of Customer Services, Recipient Rights, Security Additional Reviewers: |

Purpose:

The purpose of this policy is to ensure the right of consumers receiving public mental health services from Saginaw County Community Mental Health Authority (SCCMHA) to obtain treatment by spiritual means.

Policy:

It is the policy of SCCMHA to assist interested consumers of public mental health services in obtaining treatment by spiritual means.

Application:

This policy applies to all consumers of SCCMHA including the SCCMHA Service Provider Network.

Standards:

- G1) Treatment by spiritual means is defined in the Definition Section of this policy.
- G2) Consumers shall be permitted treatment by spiritual means upon request of the consumer, their guardian, and parent of a minor or loco parentis.
- G3) Requests for printed, recorded, or visual material essential or related to treatment by spiritual means, and to a symbolic object of similar significance shall be honored and made available at the recipient's expense.

- G4) If a minor, parent of a minor, or loco parentis refuse medication or other treatment based on spiritual grounds, SCCMHA ORR will assist in working with the court in determining the most appropriate method of treatment.
- G5) Consumers, their guardian, parent of a minor or loco parentis will be informed of the reason for a denial of treatment by spiritual means.
- G6) Consumers, their guardian, parent of a minor or loco parentis will be informed of their right to the Local Appeal Process upon a denial of treatment by spiritual means as described in Procedures #4 & 5 below.
- G7) Opportunity for contact with agencies providing treatment by spiritual means shall be provided in the same manner as consumers are permitted to see private mental health professionals.
- G8) The right to treatment by spiritual means includes the right of consumers, their guardians, parents of a minor, or loco parentis to refuse medication or other treatment on spiritual grounds if:
 - a) Spiritual treatment predates the current allegations of mental illness or disability
 - b) No court order empowering guardian or facility to make those decisions
 - c) The consumer is not imminently dangerous to self or others
- G9) The right to treatment by spiritual means does not include the right:
 - a) To use mechanical devices or chemical or organic compounds which are physically harmful
 - b) To engage in activity prohibited by law
 - c) To engage in activity that physically harms the consumer or others
 - d) To engage in activity which is inconsistent with court ordered custody or voluntary placement by a person other than the consumer

Definitions:

Assigned Support Staff: Case Manager, Support Coordinator, or Therapist assigned to work with a SCCMHA consumer. The Case Manager, Support Coordinator, or Therapist may be a SCCMHA staff person or a member of the SCCMHA Service Provider Network.

Loco Parentis: A person or institution that assumes parental rights and duties for a minor.

Treatment by spiritual means: Spiritual discipline or school of thought upon which a consumer wishes to rely to aid physical or mental recovery.

References:


Michigan Mental Health Code 330.1704;
 Administrative Rules 330.7001;
 Administrative Rules 330.7135

Exhibits:

None

Procedure:

| ACTION | RESPONSIBILITY |
|--|---|
| 1) Receipt of a request to receive treatment by spiritual means will be documented in the consumer's record. | 1) Assigned Support Staff |
| 2) When the request to receive treatment by spiritual means is received from a guardian or the parent of a minor, the consumer will be asked if they consent to the treatment requested. If an agreement cannot be reached between the guardian and the consumer, the consumer will be able to decline the treatment. | 2) Assigned Support Staff |
| 3) Upon request to receive treatment by spiritual means, agencies providing treatment by spiritual means will be contacted to make a referral for treatment. | 3) Assigned Support Staff |
| 4) In the event that the staff member receiving the request believes there is a clinical reason for denying the request, the staff making the denial will send the consumer, their guardian, parent of a minor, or loco parentis a letter stating the reason for denial. | 4) Assigned Support Staff |
| 5) The consumer, their guardian, parent of a minor, or loco parentis receiving the written refusal of treatment by spiritual means will be notified of the ability to appeal the decision through the SCCMHA Local Appeal process. This request to access the Local Appeal process will be filed through the SCCMHA Customer Service Department. | 5) Assigned Support Staff, and the Customer Services Department |
| 6) If the consumer, their guardian, parent of a minor or loco parentis refuse treatment ordered by a court based on spiritual grounds, the court originating the order will be consulted. | 6) Assigned Support Staff |
| 7) The court's decision based on this refusal of treatment will be followed by SCCMHA | 7) Assigned Support Staff |

| Policy and Procedure Manual Saginaw County Community Mental Health Authority | | |
|---|--|---|
| Subject: Recipient Rights – Comprehensive Examination | Chapter: 02 - Customer Service and Recipient Rights | Subject No: 02.02.21 |
| Effective Date: September 7, 1997 | Date of Review/Revision: 3/19/03, 1/25/08, 7/13/09, 6/22/12, 6/14/14, 11/27/16, 6/1/18, 1/8/19, 2/11/20, 2/9/21, 5/10/22, 3/14/23 | Approved By: Sandra M. Lindsey, CEO Responsible Director: Director of Customer Services, Recipient Rights, & Security Authored By: Director of Customer Services, Recipient Rights, & Security Additional Reviewers: |
| | Supersedes: 06.02.23.00 | |
|  | | |

Purpose:

The purpose of this policy is to ensure consumers of mental health services from Saginaw County Community Mental Health Authority (SCCMHA) receive a comprehensive physical and mental examination when admitted into a psychiatric hospital.

Policy:

It is the policy of SCCMHA to reach an agreement with contractual providers of psychiatric inpatient facilities that ensure comprehensive examinations are completed when a consumer is admitted into their facility.

Application:

This policy applies to all consumers of inpatient psychiatric facilities holding a contract with SCCMHA.

Standards:

- 1) Consumers admitted to inpatient psychiatric facilities will receive a comprehensive physical and mental examination within 24 hours of admission

Definitions:

Inpatient psychiatric facility: A unit or a hospital designated to treat mental and emotional disorders.

References:


Michigan Mental Health Code 330.1710

Exhibits:

None

Procedure:

| ACTION | RESPONSIBILITY |
|--|-----------------------------------|
| 1) Consumers admitted to a psychiatric inpatient facility will receive a comprehensive physical and mental examination within 24 hours of admission. | 1) Inpatient psychiatric facility |
| 2) Upon completion of a comprehensive physical and mental examination, an Individual Plan of Service will be developed using the information obtained during the comprehensive examinations. | 2) Inpatient psychiatric facility |
| 3) The Individual Plan of Service will be developed through the Person-Centered Planning process. | 3) Inpatient psychiatric facility |
| 4) Each consumer remaining in the facility will be periodically reexamined no less than annually. | 4) Inpatient psychiatric facility |

| Policy and Procedure Manual Saginaw County Community Mental Health Authority | | |
|---|---|---|
| Subject: Recipient Rights - Entertainment Material, Information, and News | Chapter: 02 - Customer Service and Recipient Rights | Subject No: 02.02.22 |
| Effective Date: September 7, 1997 | Date of Review/Revision: 3/19/03, 1/25/08, 7/13/09, 6/19/12, 6/14/14, 11/27/16, 6/1/18, 1/8/19, 2/11/20, 2/9/21, 5/10/22, 3/14/23 Supersedes: 06.02.24.00 | Approved By: Sandra M. Lindsey, CEO Responsible Director: Director of Customer Services, Recipient Rights, & Security Authored By: Director of Customer Services, Recipient Rights, & Security Additional Reviewers: |
|  | | |

Purpose:

The purpose of this policy is to ensure the rights of consumers receiving mental health services from Saginaw County Community Mental Health Authority (SCCMHA) to have access to entertainment material, information, and news.

Policy:

It is the policy of SCCMHA to assure consumers of mental health services are not discriminated against in having access to entertainment material, information, and news unless specified in their Individual Plan of Service.

Application:

This policy applies to all consumers of SCCMHA including the Service Provider Network.

Standards:

- M1) Consumers shall not be prevented, at their own expense, from acquiring reading, written or printed material, or from viewing or listening to television, radio, recordings, or movies for reasons of, or similar to, censorship except under circumstances outlined in this policy.
- M2) A provider may limit access to entertainment materials, information, or news only if such a limitation is specifically approved in the resident's individualized plan of service. A provider shall document each instance when a limitation is imposed in the resident's record.

- M3) The limitations/restrictions will be removed when they are no longer clinically justified.
- M4) Minor consumers have the right to access material not prohibited by law unless the legal guardian of a minor or Loco Parentis object to this access.
- M5) There may be general program restrictions to access material by a provider, but in no circumstances when it conflicts with an individual's rights as defined in the Constitution of the United States or the Bill of Rights.
- M6) This policy provides a process addressing a consumer's interest in and for a daily newspaper; See Procedure #4 below.
- M7) This policy allows for the person in charge of the plan of service to attempt to persuade the parent/guardian of a minor to withdraw their objections as referenced in Standard M4. See Procedure #5 below.
- M8) The policy describes the process for residents to appeal the denial of their right to this material; See Procedure #3 below.
- M9) Restrictions for the benefit of a group are not allowed and must be addressed in each Individual Plan of Service; See Procedure #1 below.

Definitions:

Assigned Support Staff: Case Manager, Support Coordinator, or Therapist assigned to work with a SCCMHA consumer. The Case Manager, Support Coordinator, or Therapist may be a SCCMHA staff person or a member of the SCCMHA Service Provider Network.

Loco Parentis: A person or institution that assumes parental rights and duties for a minor.

Entertainment material, information, and news: Printed material, viewing or listening to television, radio, recordings, or movies

References:

Michigan Mental Health Code 330.1708
Administrative Rules 330.7139


Exhibits:

None

Procedure:

| ACTION | RESPONSIBILITY |
|---|---------------------------|
| 1) Limitations may be imposed upon a consumer's right to access entertainment | 1) Assigned Support Staff |

| | |
|---|----------------------------------|
| <p>material, information, or news if the need to do so is indicated in the assessment during the Person-Centered Planning process. The limitation(s) will be documented in the clinical record. Restrictions for the benefit of a group are not allowed and must be addressed in each Individual Plan of Service.</p> | |
| <p>2) Limitations will be removed when they are no longer essential to achieve objectives which justified the restrictions or limitations. The removal of restrictions or limitations will be documented in the clinical record.</p> | <p>2) Assigned Support Staff</p> |
| <p>3) The consumer, their guardian, parent of a minor, or loco parentis will be notified they may file a Recipient Rights complaint if they feel the restrictions or limitations are not justified.</p> | <p>3) Assigned Support Staff</p> |
| <p>4) A consumer's interest in and for the provision of a daily newspaper will be assessed.</p> | <p>4) Assigned Support Staff</p> |
| <p>5) Attempts will be made to persuade a guardian, parent of a minor, or loco parentis to withdraw objections to material desired by the minor, when appropriate.</p> | <p>5) Assigned Support Staff</p> |

| Policy and Procedure Manual Saginaw County Community Mental Health Authority | | |
|---|---|--|
| Subject: Recipient Rights – Communication, Mail, Telephone & Visiting Rights | Chapter: 02 - Customer Service and Recipient Rights | Subject No: 02.02.23 |
| Effective Date: March 7, 2000 | Date of Review/Revision: 3/19/03, 1/25/08, 7/13/09, 6/19/12, 6/14/14, 11/27/16, 6/1/18, 1/8/19, 2/11/20, 2/9/21, 5/10/22, 3/14/23 | Approved By: Sandra M. Lindsey, CEO Responsible Director: Director of Customer Services, Recipient Rights, & Security Authored By: Director of Customer Services, Recipient Rights, & Security Additional Reviewers: |
| | Supersedes: 06.02.25.00 | |
|  SAGINAW COUNTY COMMUNITY MENTAL HEALTH AUTHORITY | | |

Purpose:

The purpose of this policy is to ensure the rights of consumers receiving mental health services from Saginaw County Community Mental Health Authority (SCCMHA) to have access to mail and telephone, and to visit with persons of their choice.

Policy:

It is the policy of SCCMHA to assure consumers of mental health services are not discriminated against in having access to mail and telephone, and to visit with persons of their choice.

Application:

This policy applies to all consumers of SCCMHA services living in residential settings.

Standards:

- R1) Telephones will be made accessible, and a reasonable amount of funds will be made available to consumers for the purpose of phone use if necessary.
- R2) Correspondence can be conveniently and confidentially received and mailed and writing materials and postage will be provided in reasonable amounts.
- R3) Space will be made available for visits.

- R4) In residential settings, telephone, mail, and receiving visitors shall not be further limited except as authorized in the Individual Plan of Service (IPOS).
- R5) No limitation of communication by mail, telephone, or visit may be imposed on any consumer if that communication is between consumer and the Recipient Rights Office, clergy, or the court, or attorney, or other individual when the communication involved matters, which are or may be in the subject of legal inquiry.
- R6) A resident who is able to secure the services of a mental health professional shall be allowed to see that person at any reasonable time.
- R7) A postal box or daily pickup and deposit of mail is required in order for consumers to be able to easily send and receive communication by mail.
- R8) Consumers shall be entitled to unimpeded, private, and uncensored communication with others by mail and telephone, and to visit with persons of their choice, except under circumstances where the limitation is clearly documented in the individual plan of service per Michigan Mental Health Code (MMHC).
- R9) Writing materials and postage shall be provided to consumers, in reasonable amounts, if the consumer is unable to procure such items.
- R10) Mail for a consumer shall not be opened unless a consumer, their guardian, the parent of a minor or loco parentis has consented that an article of mail may be opened by a designated person, or there is reasonable belief that the mail is a violation of a law.
- R11) Outgoing and incoming mail shall not be opened or destroyed without written consent of a consumer, their guardian, parent of a minor or loco parentis. Instances of opening or destruction of mail by staff shall be recorded and placed in the consumer's record.

Definitions:

Support Staff: Case Manager, Supports Coordinator, or Therapist

References:

Michigan Mental Health Code 330.1715;
Michigan Mental Health Code 330.1726;
Administrative rules 330.7199


Exhibits:

None

Procedure:

| ACTION | RESPONSIBILITY |
|--|------------------|
| 1) Limitations may be imposed upon a consumer's right to access communication, | 1) Support Staff |

| | |
|--|-------------------------|
| <p>telephone, and visiting rights only if it is clearly documented in the individual plan of service per Michigan Mental Health Code (MMHC).</p> | |
| <p>2) Limitations will be removed when they are no longer essential to achieve objectives which justified the restrictions or limitations. The removal of the restrictions or limitations will be documented in the clinical record.</p> | <p>2) Support Staff</p> |
| <p>3) The consumer or guardian will be notified they may file a Recipient Rights complaint if they feel the restrictions or limitations are not justified.</p> | <p>3) Support Staff</p> |

| Policy and Procedure Manual Saginaw County Community Mental Health Authority | | |
|---|---|--|
| Subject: Recipient Rights – Freedom of Movement | Chapter: 02 - Customer Service and Recipient Rights | Subject No: 02.02.24 |
| Effective Date: September 8, 1997 | Date of Review/Revision: 3/19/03, 1/25/08, 7/13/09, 6/19/12, 6/14/14, 11/27/16, 6/2/18, 1/8/19, 2/11/20, 2/9/21, 5/10/22, 3/14/23 | Approved By: Sandra M. Lindsey, CEO Responsible Director: Director of Customer Services, Recipient Rights, & Security Authored By: Director of Customer Services, Recipient Rights, & Security Additional Reviewers: |
| | Supersedes: 06.02.26.00 | |
|  | | |

Purpose:

The purpose of this policy is to ensure the rights of consumers receiving mental health services from Saginaw County Community Mental Health Authority (SCCMHA) will be allowed freedom of movement to the greatest extent possible.

Policy:

It is the policy of SCCMHA to assure consumers of mental health services are not discriminated against in order to be allowed freedom of movement.

Application:

This policy applies to all consumers of SCCMHA including the Service Provider Network.

Standards:

O1) SCCMHA and its Service Provider Network shall endeavor to treat all consumers in the least restrictive environment suitable to their individual plan of service.

- O2) Freedom of movement of a consumer shall not be restricted more than necessary to:
- Provide mental health services to the consumer
 - Prevent injury to the consumer or others
 - 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 a person transferred from a penal institution

- O3) A consumer's right to freedom of movement will only be limited as authorized in the consumer's individual plan of service. The reason(s) for any limitation(s) must be clearly documented in the Individual Plan of Service. Any limitation placed on the consumer will be time limited per Michigan Mental Health Code (MMHC).
- O4) Limitations on freedom of movement will be removed when the circumstance that justified its adoption cease to exist.
- O5) Consumers shall be entitled access to areas designated for recreational, vocational, social activities where age, sex, physical illness/handicap, or maintenance of security is appropriate for access.
- O6) The residential agency shall provide for a rational and fair manner in which a consumer, their guardian, parent of a minor, or loco parentis may request leaves and appeal denial of requests. If dissatisfied, consumers may seek assistance from the SCCMHA ORR.
- O7) Substantial limitations shall be reported to the guardian, parent of a minor or loco parentis and the Court during any hearing process.
- O8) Service plans for consumers involved with the legal or criminal justice system will identify any security precaution necessary to ensure safety to comply with an existing court order.
- O9) Consumers placed in Adult Foster Care Homes are able to have complete freedom of movement unless specified differently in their Individual Plan of Service.

Definitions:

Support Staff: Case Manager, Supports Coordinator, or Therapist

References:

Michigan Mental Health Code 330.1708;
Michigan Mental Health Code 330.1744;
Administrative rules 330.7199.

Exhibits:


None

Procedure:

| ACTION | RESPONSIBILITY |
|--|------------------|
| 1) Limitations may be imposed upon a consumer's right to freedom of movement if the need to do so is indicated in the consumer's individual plan of service and will be time limited per Michigan Mental Health Code (MMHC). | 1) Support Staff |

2) Limitations will be removed when they are no longer essential to achieve objectives which justified the restrictions or limitations. The removal of the restrictions or limitations will be documented in the clinical record.

2) Support Staff

| Policy and Procedure Manual Saginaw County Community Mental Health Authority | | |
|---|---|--|
| Subject: Recipient Rights – Personal Property & Funds | Chapter: 02 - Customer Service and Recipient Rights | Subject No: 02.02.25 |
| Effective Date: March 7, 2000 | Date of Review/Revision: 3/19/03, 12/19/06, 1/25/08, 7/13/09, 6/19/12, 6/14/14, 11/27/16, 6/6/18, 1/8/19, 2/11/20, 2/9/21, 5/10/22, 3/14/23 | Approved By: Sandra M. Lindsey, CEO Responsible Director: Director of Customer Services, Recipient Rights, & Security Authored By: Director of Customer Services, Recipient Rights, & Security Additional Reviewers: |
| | Supersedes: 06.02.27.00 | |
|  SAGINAW COUNTY COMMUNITY MENTAL HEALTH AUTHORITY | | |

Purpose:

The purpose of this policy is to ensure the rights of consumers receiving mental health services from Saginaw County Community Mental Health Authority (SCCMHA) to have access to personal property and their own funds.

Policy:

It is the policy of SCCMHA to assure consumers of mental health services are not discriminated against in having access to their personal property and their own funds.

Application:

This policy applies to all consumers of SCCMHA including the Service Provider Network.

Standards:

- N1) A consumer's property or living area shall not be subject to search by a provider except in the following circumstances:
- a) Search is authorized in the consumer's plan of service.
 - b) There is reasonable cause to believe the consumer is in possession of contraband or property excluded by written policies or procedures of the provider.
- N2) Documentation will be made in the record of the circumstances surrounding the search which includes: (i) the reason for initiating the search, (ii) the names of the individuals performing and witnessing the search, (iii) the results of the search, including a description of the property seized.

- N3) Any property taken into possession by the residence/facility must be given to the recipient at the time the recipient leaves.
- N4) Residents will be allowed to inspect personal property at reasonable times.
- N5) The Support Staff responsible for the Individual Plan of Service may limit property in order to prevent the resident from physically harming himself, herself or others, or to prevent the destruction of property. This may include the limiting of property in order to reduce the likelihood of theft or loss unless a waiver is signed by the resident.
- N6) A receipt shall be given to the consumer and a person designated by the consumer, for any personal property taken into the possession by the Home Provider
- N7) All limitations of property will be justified and documented in the Individual Plan of Service (IPOS) per Michigan Mental Health Code (MMHC).
- N8) Circumstances surrounding the search including:
- (i) The reason for initiating the search
 - (ii) Names of the individuals performing and witnessing the search
 - (iii) Results of the search, including a description of property seized, shall be entered in the consumer's clinical record.
- N9) All resident money will be logged into their Resident Funds Log, and every time money is taken out of their account, it will be documented, initialed by both consumer and staff, and a reason for the withdrawal will be recorded by staff. A consumer is entitled to easy access to the money in his or her account and to spend or otherwise use the money as he or she chooses, except as stated previously under limitations.

Definitions:

Support Staff: Case Manager, Supports Coordinator, or Therapist

References:

Michigan Mental Health Code 330.1728;
 Michigan Mental Health Code 330.1730;
 Michigan Mental Health Code 330.1732;
 Administrative Rules 330.7009


Exhibits:

None

Procedure:

| ACTION | RESPONSIBILITY |
|---|------------------|
| 1) Restrictions or limitations may be imposed upon a consumer's right to personal property if | 1) Support Staff |

| | |
|--|--------------------------------------|
| <p>the need to do so is indicated in the assessment during the Person Centered Planning process. The restrictions or limitations will be documented in the clinical record.</p> | |
| <p>2) The consumer or guardian will be informed of any restrictions on access to personal property and funds at the time of the Person Centered Plan</p> | <p>2) Support Staff</p> |
| <p>3) Restrictions or limitations will be removed when they are no longer essential to achieve objectives which justified the restrictions or limitations. The removal of the restrictions or limitations will be documented in the clinical record.</p> | <p>3) Support Staff</p> |
| <p>4) At the time the consumer moves, their property shall be returned.</p> | <p>4) AFC Home Provider</p> |
| <p>5) The consumer may file a Recipient Rights complaint if they or their guardian believe all of their belongings have not been returned to them.</p> | <p>5) Consumer or their guardian</p> |

| Policy and Procedure Manual Saginaw County Community Mental Health Authority | | |
|---|--|---|
| Subject: Recipient Rights – Recipient Labor | Chapter: 02 - Customer Service and Recipient Rights | Subject No: 02.02.26 |
| Effective Date: March 7, 2000 | Date of Review/Revision: 3/19/03, 1/25/08, 7/13/09, 6/19/12, 6/14/14, 11/27/16, 6/2/18, 1/8/19, 2/11/20, 2/9/21, 5/10/22, 3/14/23 | Approved By: Sandra M. Lindsey, CEO Responsible Director: Director of Customer Services, Recipient Rights, & Security Authored By: Director of Customer Services, Recipient Rights, & Security Additional Reviewers: |
| | Supersedes: 06.02.28.00 | |
|  | | |

Purpose:

The purpose of this policy is to set standards for appropriate compensation for work performed by consumers of mental health services from Saginaw County Community Mental Health Authority (SCCMHA).

Policy:

It is the policy of SCCMHA to ensure appropriate payment is rendered for work completed by consumers.

Application:

This policy applies to all consumers of SCCMHA including the Service Provider Network.

Standards:

Q1) A consumer may perform labor which contributes to the operation and maintenance of the residence for which the residential agency would otherwise employ someone only if:

- 1) The consumer voluntarily agrees to perform the labor
- 2) Engaging in the labor would not be inconsistent with the Individual Plan of Service for the consumer
- 3) The amount of time or effort necessary to perform the labor would not be excessive
- 4) In no event shall discharge or privileges be conditioned upon the performance of such labor

- Q2) Consumers will be compensated appropriately for the performance of work which the agency would otherwise employ someone. This includes complying with applicable federal and state labor laws, including minimum wage and minimum reduction provisions.
- Q3) Consumers will be compensated for performing labor which benefits another person/agency.
- Q4) A consumer need not be compensated for personal self-care and personal housekeeping.
- Q5) One-half of any compensation paid to a consumer under this section is exempt from collection under the Mental Health Code, as payment for mental health services rendered.
- Q6) Consumers with open and active cases who have vocational/employment goals as part of their treatment plan will be compensated for work performed commensurate with current applicable State and local laws.
- Q7) Work activities considered inappropriate are those which:
 - a) Lack appropriate planning and supervision
 - b) Are supervisory in nature
 - c) Are hazardous either as defined under Federal, State or local law, or in light of an individual consumer's functional capacity
 - d) Are not performed in accordance with an individualized treatment plan
- Q8) Consumers who are under the legal working age as defined in applicable Federal and State Child Labor laws may not engage in work.
- Q9) More than six hours of work per day must be approved by the agency Clinical Risk Management Committee.
- Q10) The Americans with Disabilities Act, Policy #7105, will be followed for consumers with active or inactive cases who do not have vocational/employment goals as part of their treatment plan, and who seek employment or who are employed by SCCMHA.

Definitions:

Compensation: As used in this policy refers to financially compensating a consumer to perform labor. In other words, compensation is not to be considered giving consumer a token compensation such as a ticket to a concert or other event.

Support Staff: Case Manager, Supports Coordinator, or Therapist

References:


American with Disabilities Act, Policy #7105;

Michigan Mental Health Code 330.1736;
Administrative Rules 330.7229

Exhibits:
None

Procedure:

| ACTION | RESPONSIBILITY |
|---|------------------|
| 1) Participation in occupational training and/or work experience shall be documented as part of the Individual plan of Service. | 1) Support Staff |
| 2) Participation in vocational/employment training shall be clearly documented in the consumer’s Individual Plan of Services. | 2) Support Staff |
| 3) SCCMHA staff will work with the employer to ensure appropriate payment for work is made to the consumer. | 3) Support Staff |

| Policy and Procedure Manual Saginaw County Community Mental Health Authority | | |
|---|---|---|
| Subject: Recipient Rights – Dignity and Respect | Chapter: 02 - Customer Services & Recipient Rights | Subject No: 02.02.28 |
| Effective Date: January 25, 2008 | Date of Review/Revision: 1/25/08, 7/13/09, 9/20/10, 6/19/12, 6/14/14, 11/27/16, 6/6/18, 1/8/19, 2/11/20, 2/9/21, 5/10/22, 3/14/23 | Approved By: Sandra M. Lindsey, CEO Responsible Director: Director of Customer Services, Recipient Rights, & Security |
| | Supersedes: | |
|  SAGINAW COUNTY COMMUNITY MENTAL HEALTH AUTHORITY | | Authored By: Director of Customer Services, Recipient Rights, & Security Additional Reviewers: |

Purpose:

The purpose of this policy is to ensure consumers of mental health services and their families are treated with dignity and respect, to which they are entitled.

Policy:

It is the policy of SCCMHA that all consumers and their families are treated with dignity and respect.

Application:

This policy applies to all staff of SCCMHA as well as the Service Provider Network.

Standards:

- D1) SCCMHA staff and the Service Provider Network protect and promote the dignity and respect to which all consumers of services are entitled.
- D2) Dignity and Respect are defined in the Definitions section of this policy.
- D3) Family members of consumers are treated with dignity and respect.
- D4) Family members are given an opportunity to provide information to the treating professionals.
- D5) Family members will be provided an opportunity to request and receive general

educational information about the nature of disorders, medications, and their side effects, available support services, advocacy and support groups, financial assistance and coping strategies.

Definitions:

Respect: To show deferential regard for; to be treated with esteem, concern, consideration or appreciation; to protect an individual's privacy; to be sensitive to cultural differences; to allow an individual to make choices.

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

- Examples of treating a person with dignity and respect include, but are not limited to: calling a person by his or her preferred name; knocking on a closed door before entering; using positive language; encouraging a person to make choices instead of making assumptions about their preferences; taking a person's opinion seriously; including a person in conversations; allowing a person to do things independently or to try new things.

Support Staff: Case Manager, Supports Coordinator, or Therapist

References:


Michigan Mental Health Code 330.1704;
Michigan Mental Health Code 330.1708;
Michigan Mental Health Code 330.1711;
Michigan Mental Health Code 330.1752

Exhibits:

None

Procedure:

| ACTION | RESPONSIBILITY |
|--|--|
| 1) The worth, dignity, and uniqueness of all consumers as well as their rights and opportunities, shall be respected and promoted. | 1) All SCCMHA staff and Service Provider Network staff |
| 2) Family members of consumers shall also be treated with dignity and respect. | 2) All SCCMHA staff and Service Provider Network |
| 3) Complaints regarding the dignity and respect of consumers or their family members will be investigated or an intervention on behalf of the consumer or family member will be completed. | 3) SCCMHA ORR |

| Policy and Procedure Manual Saginaw County Community Mental Health Authority | | |
|---|---|--|
| Subject: Recipient Rights – Least Restrictive Setting | Chapter: 02 - Customer Services & Recipient Rights | Subject No: 02.02.29 |
| Effective Date: January 25, 2008 | Date of Review/Revision: 1/25/08, 7/13/09, 6/19/12, 6/14/14, 11/27/16, 6/6/18, 1/8/19, 2/11/20, 2/9/21, 5/10/22, 3/14/23 | Approved By: Sandra M. Lindsey, CEO Responsible Director: Director of Customer Services, Recipient Rights, & Security Authored By: Director of Customer Services, Recipient Rights, & Security Additional Reviewers: |
| | Supersedes: | |
|  | | |

Purpose:

The purpose of this policy is to ensure consumers of mental health services receive their treatment in the least restrictive setting possible.

Policy:

It is the policy of SCCMHA that all consumers are afforded the treatment necessary for them to achieve Recovery in the least restrictive setting.

Application:

This policy applies to all staff of SCCMHA as well as the Service Provider Network.

Standards:

P1) SCCMHA offers mental health services in the least restrictive setting that is appropriate and available.

P2) A consumer shall receive mental health services suited to his or her condition.

Definitions:

Least Restrictive Setting: The setting where appropriate treatment can be provided with the least amount of restrictions placed upon the consumer. An example of this would be a consumer may meet the criteria for inpatient hospitalization, but if the services can be provided to the consumer in a crisis residential placement, this option should be offered to them if it is appropriate to the circumstances. A crisis residential placement offers the consumer more freedom than an inpatient hospitalization.

Support Staff: Case Manager, Supports Coordinator, or Therapist

References:


Michigan Mental Health Code 330.1708;
Michigan Mental Health Code 330.1752

Exhibits:

None

Procedure:

| ACTION | RESPONSIBILITY |
|--|----------------------------|
| 1) Consumers of mental health services shall receive services in the least restrictive setting possible. This is determined by diagnosis, symptoms, and the Person Centered Planning process | 1) Support Staff |
| 2) Complaints regarding the least restrictive setting will be investigated or an intervention will be completed on behalf of the consumer. | 2) Recipient Rights Office |

| Policy and Procedure Manual Saginaw County Community Mental Health Authority | | |
|---|---|---|
| Subject: Recipient Rights - Service Animals | Chapter: 02 - Customer Services & Recipient Rights | Subject No: 02.02.31 |
| Effective Date: 6/10/18 | Date of Review/Revision: 1/8/19, 2/11/20, 3/9/21, 6/10/22, 2/14/23 | Approved By: Sandra M. Lindsey, CEO |
| | Supersedes: | |
|  | | Responsible Director: Director of Customer Service, Recipient Rights, & Security Authored By: Director of Customer Service, Recipient Rights, & Security Additional Reviewers: |

Purpose:

To provide guidelines for the safe introduction of service animals into the Saginaw County Community Mental Health Authority (SCCMHA) and the SCCMHA Provider Network environment. SCCMHA abides by the rights of persons with disabilities accompanied by a service animal in accordance with applicable Federal, State and Local law.

Application:

This policy applies to SCCMHA as well as the SCCMHA Service Provider Network.

Policy:

It is the policy of SCCMHA to provide a warm and welcoming environment for its employees, consumers, and visitors, which includes service animals assisting individuals with disabilities while in or on agency premises unless otherwise indicated.

Standards:

- A. Dogs: It is the standard of SCCMHA that individuals with a disability, will be allowed to bring their trained service animal (dog) into all areas of the facility where consumers are normally allowed to go in accordance with the following:
1. The individual may be asked, by SCCMHA Staff responsible for maintaining a safe and secure environment, if the animal is a service animal and what tasks the service animal has been trained to perform;
 2. There will be no requirement for special ID cards for the service animal;

3. There will be no requirement for a certificate of training for the service animal;
 4. There will be no inquiries of the individual regarding the individual's disability;
 5. The individual who uses a service animal, hereafter simply referred to as the individual will not be charged extra fees, isolated from other consumers, or treated less favorably than other consumers;
 6. The agency will not provide care or food for a service animal; nor will the agency be required to provide a special location for the animal to relieve itself;
 7. The individual will be required to control the service animal at all times and will not allow the service animal to wander around in the facility;
 8. If the individual does not maintain control of the service animal, e.g., the animal continually barks, wanders around, damages property; or if the animal becomes a threat to the health and safety of others; or the dog is not housebroken, the individual will be asked to remove the service animal from the premises;
 9. If the condition exists wherein the individual is asked to remove the service animal from the premises, reasonable accommodations will be offered to insure continued services without having the service animal on the premises;
 10. If the service animal damages property, the individual will be responsible for payment for such damages in accordance with policies and procedure which require other individuals to pay for damages to the facility's property;
 11. Service animals will not be allowed entrance into areas of the facility where their presence would "fundamentally alter" the function of the specific service area.
- B. Miniature Horses: (Miniature horses generally range in height from 24 inches to 35 inches measured to the shoulders and generally weigh between 70 and 100 pounds.) It is the standard of SCCMHA that individuals with a disability, will be allowed to bring their trained service animal (miniature horse) into all areas of the facility where consumers are normally allowed to go in accordance with the above standards and additionally the following;
1. the miniature horse is housebroken;

2. the miniature horse is under the owner's control at all times;
 3. the facility can accommodate the miniature horse's type, size, and weight, and;
 4. the miniature horse's presence will not compromise legitimate safety requirements necessary for safe operation of the facility.
- C. If there is a question about whether or not a dog or miniature horse brought into an SCCMHA facility is a service animal, the following procedures should be followed:
1. Staff responsible for maintaining a safe and secure environment may ask:
 - a. Is the animal a Service Animal required because of a disability, and
 - b. What work or task has the animal been trained to perform?
- If the animal is determined not to be a service animal, according to the definition in this policy, the individual will be asked to remove the animal from the SCCMHA facility.

Definitions:

Service Animal: Is defined as a dog trained to provide assistance to an individual with a disability. (Americans with Disabilities Act of 1990 (ADA) – Title III Regulation 28 CFR Part 36 – Sec.36.104) In addition, the ADA recognizes miniature horses which are trained to provide assistance to an individual with a disability as a service animal.

The miniature horse is not included in the definition of service animal, which is limited to dogs. However, ADA regulations contain a specific provision which covers miniature horses.

Staff responsible for maintaining a safe and secure environment: Customer Service Staff, Front Desk Associate, Security Guard or other SCCMHA staff given this responsibility.

References:

American with Disabilities Act of 1990 (ADA) – Title III Regulation 28 CFR Part 36

Exhibits:

Exhibit A - Michigan Department of Civil Rights Service Animal Poster

Procedure:

None

Exhibit A

Did you know:

If you're open to the public, you **must be** accessible to service animals.


It's not only the right thing to do, **it's the law.**



Learn more at
michigan.gov/serviceanimals



MICHIGAN DEPARTMENT OF CIVIL RIGHTS

| | | |
|---|---|--|
| Customer Service Procedure or Plan Manual Saginaw County Community Mental Health Authority | | |
| Subject: Scheduling Taxi Cab Vouchers in Sentri | Chapter: 09 Department Procedures | Subject No: 09.05.01.07 |
|  Customer Service | | |
| Effective Date: 4/1/23 | Date of Review/Revision: | Approved By: Director of Customer Service, Recipient Rights, and Security Authored By: Director of Customer Service, Recipient Rights, and Security Reviewed By: Director of Customer Service, Recipient Rights, and Security and Officer of Recipient Rights and Compliance |
| | Supersedes: | |

Purpose:

The purpose of this Procedure is to explain the procedure to be used for completing a Taxicab Voucher to provide rides to Saginaw County Community Mental Health Authority (SCCMHA) services within the SCCMHA Provider Network.

Application:

This policy applies to the entire SCCMHA Provider Network.

Policy:

It is the policy of SCCMHA to provide transportation to people served within the SCCMHA network to services they need receiving.

Standards:

- 1) The SCCMHA Provider Network will make use of the Taxicab Voucher for consumers receiving services from the network.

- 2) Taxicab Vouchers are only provided to consumers receiving services from the SCCMHA network.
- 3) Taxicab Vouchers will be provided to consumers of SCCMHA services who do not have Natural Supports and do not have the ability to use public transportation.
- 4) Taxicab Vouchers will be completed at least 2 business days prior to the need for transportation.
- 5) Taxicab Vouchers will only be used in the SCCMHA Sentri Electronic Health Record (EHR).
- 6) Taxicab Vouchers will be completed as described in Exhibit A at the end of these Procedures.

Definitions:

Requestor: SCCMHA Provider Network Staff requesting a Taxi be used for transporting to and/or from an SCCMHA Provider Network appointment.

References:

SCCMHA Policy # 02.01.16 – Transportation to SCCMHA Appointments – Taxicab Voucher

Exhibits:

Exhibit A – Completing a Sentri Taxicab Voucher

Procedure:

| ACTION | RESPONSIBILITY |
|--|----------------|
| 1) Complete the Sentri Taxicab Voucher form for the appropriate consumer. | 1) Requestor |
| 2) Fax completed Taxicab Voucher to the Taxicab Agency selected inside Sentri as described in Exhibit A shown below. | 2) Requestor |

Exhibit A

- 1) Log into sentri
- 2) Select Consumers from the Home Page on the Left side of the sentri options or select Taxi Vouchers from your Dashboard. Generally speaking Case Managers and Support Coordinators will be working from their Dashboard but either option will work. If you do not have the Taxi Voucher link on your Dashboard, you will need to use the Add Quick Link to your Dashboard.

Home Page Option 1



**SAGINAW COUNTY
COMMUNITY MENTAL
HEALTH AUTHORITY**



sentri
Consumers

[Home](#) [Logout](#) [Help](#) 

- Consumer Chart
- Staff Dashboard
- TeleHealth
- ACCESS Screenings
- Assessments
- Auditing
- Authorizations
- BRT
- Calendar
- Case Load
- Consumer Residential Auths
- Consumers**
- Court Orders
- Crisis Services
- Data Quality Control
- Grievance / Appeals / CS
- Health & Labs
- IPOS

Consumer Chart

 Go to Consumer Chart, consisting of all documents related to a Consumer. This includes a page of links that makes it easier to move from one form to another within a consumer's chart.

Chronological Services List

 Chronological Services List [+ myPage](#)

Manage incoming faxes

 View incoming faxes and assign the pages to the appropriate sections of the consumers file. [+ myPage](#)

Patient-Provided Documentation

 View patient-provided documentation uploaded by a Consumer via CEHR or directly received from a Consumer. [+ myPage](#)

PIPBHC Notes

 Work with PIPBHCNotes [+ myPage](#)


Notice of Adverse Benefit Determination

 Work with Consumer Notices of Adverse Benefit Determination [+ myPage](#)


Taxi Vouchers

 Add, Change, View Taxi Vouchers.

Dashboard Option 2



**SAGINAW COUNTY
COMMUNITY MENTAL
HEALTH AUTHORITY**



My Dashboard

[Back](#)
[Home](#)
[Logout](#)
[Help](#)

[SCCMHA Secure Web](#)

Recently Accessed Consumers Options...

1. 000000012 Consumer Twelve (9/F)

Messages Options...

Inbox Sent Saved Search Compose

No Messages

Unsigned Documents Options...

Document Type: Search

Showing 0 of 0 Unsigned Documents


| Document Date | Document | Consumer | Document Staff |
|-------------------------------|----------|----------|----------------|
| Zero Unsigned Documents Found | | | |

Quick Links Options...


[+ Add Quick Link](#) [Go to Link...](#)

1. **Taxi Vouchers**
2. Consumer Chart
3. Appeals
4. Customer Service & Grievance
5. View Historical Incident Reports
6. Setup Appeal Service Issues

- 3) Once you selected the Taxi Voucher, you need to select the Consumer Record (Note, these examples use a fake consumer record - # 000000012)



**SAGINAW COUNTY
COMMUNITY MENTAL
HEALTH AUTHORITY**



Consumer List

[Back](#)
[Home](#)
[Logout](#)
[Help](#)

Select a Consumer Record

Please type in consumer's Case #, or Last name and First Initial and press SEARCH to locate the consumer. You may wish to use a partial name if you are not sure about the spelling.

If you cannot find the consumer by name, you may search on SSN, DOB, and/or Medicaid ID # - the greater the number of criteria entered the more accurate is the search.

Last Name

First Name

AKA or Other Information

Case #

Medicaid ID

Birth Date (mmddyy)

SSN

MDHHS WSA


SEARCH

☐ Open Cases Only


1 Consumer

| Last Name | First Name | Case # | Case Holder | DOB | SSN | Status | |
|-----------|------------|-----------|-------------|------------|-----------|--------|------------------------|
| Twelve | Consumer | 000000012 | Brett Lyon | 02/01/2014 | *****9997 | Open | Select |

- 4) Once You have selected the Consumer Record, you need to fill in all the areas listed below, there are pictures after the full list
- Consumer Phone Number
 - Select the Document Date (generally the date you are completing the form)
 - Select the Reason for Request (there are 8 options)
 - Select the Taxi Company (there are 4 options and for this example we used STARS)
 - Select the Number of Persons to Transport, this is very important for the Taxi Company to be prepared
 - Select the Pickup Date, Appointment Time, and Return Time (The Return Time will only appear if you select the Round Trip Option)
 - Select Requested By, Requestor Phone Number, and the Business Unit
 - Select Client, Data Entry, or Lookup for the Pickup Address (if you select the option for the Client, the address listed for the consumer you have selected will appear)
 - Select Client, Data Entry, or Lookup for the Destination Address Type (generally you would select Client or Data Entry), include Address, City, State, and Zip Code
 - Select whether the person is able to travel to/from their appointment independently, another important point for the Taxi Company (if you select No, you must type an explanation as to the assistance needed)
 - Select Details, this includes if the consumer has something they will be bringing with them, such as a cane or crutches, need for child seat, etc. this is important for the Taxi Company to know
 - Use your password to sign the Taxi Cab Form, now only one step left, this will be item 5 below



**SAGINAW COUNTY
COMMUNITY MENTAL
HEALTH AUTHORITY**



[Back](#)
[Home](#)
[Logout](#)
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Health and Safety Warning
Adverse Reactions/Allergies

Add Taxi Voucher

Name: Twelve, Consumer W (9/F)

Case #: 000000012

Status: Open

Date of Birth 02/01/2014
Phone (989) 123-4567
Address
 513 Bay Rd.
 SAGINAW, MI 48605
Populations
 PIPBHC, SOC-School Based
Pre Auth Insurance Required
 Blue Care Network (BCN) - HMO

Current Admission
Primary Program: SCCMHA Wraparound Services
Case Holder: Brett Lyon
Supervisor: Benjamin Pelkki

[Chart Documents](#)
[Eligibility/Insurance](#)
[Health/PHCP Info](#)
[Patient Education Portal](#)
[Consumer Appointments](#)

No Alerts
[Diagnosis](#)
[Quality Measure](#)

[Zenith login](#)

| Taxi Voucher | | | |
|------------------------------|--|--|---|
| Contact | All Hours Transportation (5687) All Hours Transportation | 1610 Brockway St. Saginaw, MI 48602-2644 | Contracted Service Provider Taxi Voucher |
| Consumer Phone Number | Custom Transport, LLC (5263) Custom Transport | 1466 Glendale Ave. Saginaw, MI 48638-6706 | Contracted Service Provider Taxi Voucher |
| (989) 123-4578 | Holt Transport Services, LLC (4633) | 3075 Boardwalk Saginaw, MI 48603-2366 | Contracted Service Provider Taxi Voucher |
| | STARS (4416) STARS | 615 Johnson St. SAGINAW, MI 48607-1575 | Contracted Service Provider Taxi Voucher |

Document
Document Date
 3/26/2023
[Use Current Date](#)
Taxi Company lookup clear
 4416 **STARS**
Address
 615 Johnson St.

City
 SAGINAW

State
 MI

Zip
 48607-1575

Reason For Request

* Select Reason For Request

1. Intake or Orientation Appointment
2. SCCMHA Provider Network Health Care Appointment (Psychiatrist / RN)
3. Court / Circuit Court / Family Court / District Court
4. Hospital Admission
5. Hospital Discharge
6. Therapy Appointment (Ind / Group / Family)
7. Return to Residence from SCCMHA Provider Network
8. Other

| Details | | | |
|---|-------------------------------------|--|---|
| Number Of Persons To Transport | | | |
| 1 | | | |
| Pickup Date | | Appointment Time | |
| 03/31/2023 | | 9:00 AM | |
| | | | |
| Requested By | | Return Time | |
| Tim Ninemire | | 10 AM | |
| | | | |
| Business Unit | | Requestor Phone Number | |
| MCO Customer Services | | (989) 797-3428 | |
| | | | |
| Pickup Address | | | |
| Pickup Address Type | | | |
| <input checked="" type="radio"/> Client <input type="radio"/> Data Entry <input type="radio"/> Lookup | | | |
| 513 Bay Rd., SAGINAW, MI 48605 | | | |
| Destination Address | | | |
| Destination Address Type | | | |
| <input type="radio"/> Client <input checked="" type="radio"/> Data Entry <input type="radio"/> Lookup | | | |
| 500 Hancock Street | | | |
| | | | |
| lookup | | | |
| Saginaw | | MI | 48602 |
| Accommodations | | | |
| Is the client able to travel to/from their appointment independently? | | | |
| <input checked="" type="radio"/> Yes <input type="radio"/> No | | | |
| If no, please explain assistance needed or check boxes that apply below | | | |
| | | | |
| characters left: 8000 | | | |
| Details | | | |
| <input type="checkbox"/> Van | <input type="checkbox"/> Cane | <input checked="" type="checkbox"/> Car | <input type="checkbox"/> Crutches |
| <input type="checkbox"/> Male Driver | <input type="checkbox"/> Scooter | <input type="checkbox"/> Female Driver | Wheelchair Lift Size |
| <input type="checkbox"/> Hard of Hearing | <input type="checkbox"/> Child Seat | <input type="checkbox"/> Visually Impaired | <input type="radio"/> Standard <input type="radio"/> XL |
| <input type="checkbox"/> Service Animal | If yes, number of seats | <input type="checkbox"/> Oxygen Tank | <input type="checkbox"/> Booster Seat |
| | | | If yes, number of seats |
| | | | |

Electronic Signatures

Instructions
When the form/document is completed, type in your password and click 'Sign and Save'. By entering your password you are electronically signing this form/document. Your signature represents your acceptance and approval of the records. Once signed, any future changes must be made via the 'Change Signed Document' option.

Staff Signature Required By **lookup**
1000044 Timothy Ninemire

Enter your password to sign

✓ Spell Check

Record Added
tninemire 03/26/2023 01:23:52 PM

Record Changed
tninemire 03/26/2023 01:23:52 PM

Sunday, March 26, 2023 1:23 PM Eastern Time

Timothy Ninemire

- 5) Use the sentri option to Fax the document to the Taxi Company you selected, make sure to select the same company you selected as you prepared the voucher
- 6) Once the company you selected appears, choose the Select option
- 7) Once you click the select button, another window will appear and you will select the Send Fax option to send the voucher to the Taxi Company
- 8) For any assistance with this process please contact Customer Service at (989) 797-3452

| Date ¹ | Status | Add Taxi Voucher Change Signed Document View Print Document History Request Delete Fax |
|-------------------|--------------------------------|---|
| 03/26/2023 | SIGNED BY: Timothy Ninemire | |

Select an Address Book Entry

Name or Location:

Try searching for the first 3-5 letters of the last name or location

Zip Code:
City:

Type: * Select a Type

1 Address Book Entry(s)

| Type | Contact Name / Location Name | Address | Fax | Phone | |
|-------|------------------------------|--------------------------------------|--------------|--------------|---------------------------------------|
| Other | STARS Rides to Wellness | 615 Johnson St. Saginaw, MI 48607 | 989-907-4004 | 989-907-4005 | <input type="button" value="Select"/> |

Fax Cover Sheet with Address Book

Please verify and update if necessary the information below :

Date:

03/26/2023

To:

STARS Rides to Wellness

lookup

clear

Company:

Fax #:

989-907-4004

Phone #:

989-907-4005

From:

Timothy Ninemire

Notes:


characters left: 1024

Send Fax

Close Window

Tab 7

Claims Processing

| Policy and Procedure Manual Saginaw County Community Mental Health Authority | | |
|---|---|---|
| Subject: Financial Liability for Mental Health Services | Chapter: 05 - Organizational Management | Subject No: 05.02.06 |
| Effective Date: October 1, 2002 | Date of Review/Revision: 9/30/02, 6/1/07, 6/2/14, 8/3/16, 7/31/17, 5/2/18, 2/12/19, 1/1/20, 12/31/20, 1/10/22, 1/10/23 | Approved By: Sandra M. Lindsey, CEO |
| | Supersedes: | Responsible Director: Chief Financial Officer |
|  SAGINAW COUNTY COMMUNITY MENTAL HEALTH AUTHORITY | | Authored By: Laura Argyle Additional Reviewers: Finance Director |

Purpose:

In order to ensure that when an consumer is covered, in part or in whole, under any type of insurance coverage, private or public, for services provided directly or by contract with SCCMHA, the benefits from that insurance coverage(s) is considered to be available to pay the consumer's financial liability, in addition to the consumer's calculated ability to pay, notwithstanding that the insurance contract was entered into by a person other than the consumer or that the insurance coverage was paid for by a person other than the consumer. Additionally, the insurance coverage is considered available to pay for the consumer's financial liability for services provided by SCCMHA or its contracted providers in the amount and to the same extent that coverage would be available to cover the cost of services if the consumer had received the services from a health care provider other than SCCMHA or it's contracted providers.

Application:

All the following functions within the SCCMHA Provider Network, but not limited to:

- Customer Service Department
- Finance Department
- Care Management Department
- Network Services Department
- Network Services Providers
- All SCCMHA staff

Policy:

It is the policy of SCCMHA to properly bill all responsible parties who are financially liable for the cost of services provided to an consumer either directly or by contract with SCCMHA, and to coordinate the benefits related to the services received.

Standards:

When a responsible party is financially liable for the cost of services provided to the consumer directly by or by contract with SCCMHA:

1. SCCMHA shall charge responsible parties for that portion of the financial liability that is not met by insurance coverage. The amount of the charge shall be the least of the following:
 - a. Ability to pay (ATP) determined rules and guidelines of the Mental Health Code
 - b. Cost of Services as defined in Section 800 of the Mental Health Code.
 - c. The amount of coinsurance and deductible in accordance with the terms of participation with a payer or payer group.
2. SCCMHA shall waive payment of that part of a charge determined to exceed financial liability, and shall not impose charges in excess of ability to pay.
3. If the consumer is single, insurance coverage and ATP shall first be determined for the consumer. If the consumer is an unmarried minor and the consumer's insurance coverage and ATP are less than the cost of the services, insurance coverage and the ATP shall be determined for the parents. If the consumer is married, insurance coverage and ATP shall be determined jointly for the consumer and the spouse.
4. The total combined financial liability of the responsible parties shall not exceed the cost of the services.
5. A consumer shall not be denied properly approved and eligible services because of the inability of responsible parties to pay for the services.
6. If a responsible party willfully fails to apply to have insurance benefits that cover the cost of services provided to the consumer, the responsible party's ATP shall be determined to include the amount of insurance benefits that would be available. If the amount of insurance benefits is not known, the responsible party's ATP shall be determined to be the full cost of services.
7. Willful failure to provide the relevant financial information by a responsible party may result in a determination of ATP up to the full cost of services received by an consumer.
8. Consumers who receive services will receive a determination of the responsible parties' insurance coverage and ATP as soon as practical after the start of services.
9. No determination of ATP made by SCCMHA shall impose an undue financial burden for the consumer or the consumer's family members.

10. SCCMHA shall annually determine the insurance coverage and ATP of each consumer who continues to receive services and of each additional responsible party, if applicable.
11. A responsible party may request SCCMHA to make a new determination of ATP, if they believe it does not appropriately reflect their ATP. The responsible party has a right to contest an ATP, by means of an administrative hearing.
12. In no instance shall the request for a redetermination of ATP result in an amount greater than the original determination.

Definitions:

Ability to Pay (ATP) - the ability of a responsible party to pay for the cost of services, as determined under sections 818 and 819 of the Mental Health Code

Coordination of Benefits (COB) – The coordination of billing priority when an consumer is covered, in part or in whole, under any type of insurance coverage, private or public, for services provided directly or by contract with SCCMHA.

Cost of Services – The total operating and capital costs incurred by SCCMHA with respect to, or on behalf of, an consumer. Cost of services does not include the costs of research programs or expenses unrelated to the provision of mental health services. Section 800 of the Mental Health Code

Consumer – The minor or adult who receives services from SCCMHA or one of its contracted providers.

Insurance Benefits – Payments made in accordance with insurance coverage for the cost of health care services provided to an consumer.

Insurance Coverage – Any policy, plan, program, or fund established or maintained for the purpose of providing for its participants or their dependents medical, surgical, or hospital benefits. Insurance coverage includes, but is not limited to, Medicaid or Medicare; policies, plans, programs, or funds maintained by nonprofit hospital services and medical care corporations, health maintenance organizations, and prudent purchaser organizations, and commercial, union, association, self-funded and administrative service policies, plans, program and funds.

Responsible Party – The person financially liable for services furnished, which includes the consumer and, as applicable, the consumer’s spouse and parent or parents of minor.

References:

Michigan Mental Health Code – Act 258 of 1974, Chapter #8 , Section – 330-1800 - 330.1844

SCCMHA Procedure 09.02.03.01 Ability to Pay Determination Process

SCCMHA Procedure 09.02.03.02 Consumer Finance Information Sheet - Instructions
for Completion of Form
SCCMHA Procedure 09.02.08.04.01 Self Pay Billing Procedure

Exhibits:

None

Procedures:

| ACTIONS | RESPONSIBLE |
|--|---|
| 1. A financial billing system is set up and maintained to ensure that timely billing of services can be achieved. | Chief Executive Officer |
| 2. Ensure that responsible parties who are financially liable for cost of services are properly billed for services. | Chief Financial Officer Finance Department Billing Staff |
| 3. When an consumer is covered, in part or in whole, under any type of insurance coverage, private or public, for services provided directly by or by contract with SCCMHA, the benefits from that insurance(s) become a significant part of the coordination of benefits for service. | Chief Financial Officer Finance Department Billing Staff |
| 4. A determination of the responsible parties and consumer's ability to pay (ATP) is completed as soon as practical after the start of services. | Clinical Supervisors Primary Case Holder Finance Department Entitlement & Billing Staff |
| 5. Annual re-determinations of ability to pay is completed. | Primary Case Holder Finance Department Entitlement & Billing Staff |
| 6. Re-determination of ATP will be completed when requests are received from responsible parties. | Primary Case Holder Finance Department Entitlement & Billing Staff |
| 7. Communication to responsible party that they have a right to administrative hearing to contest an ability to pay determination. | Customer Service Department |