

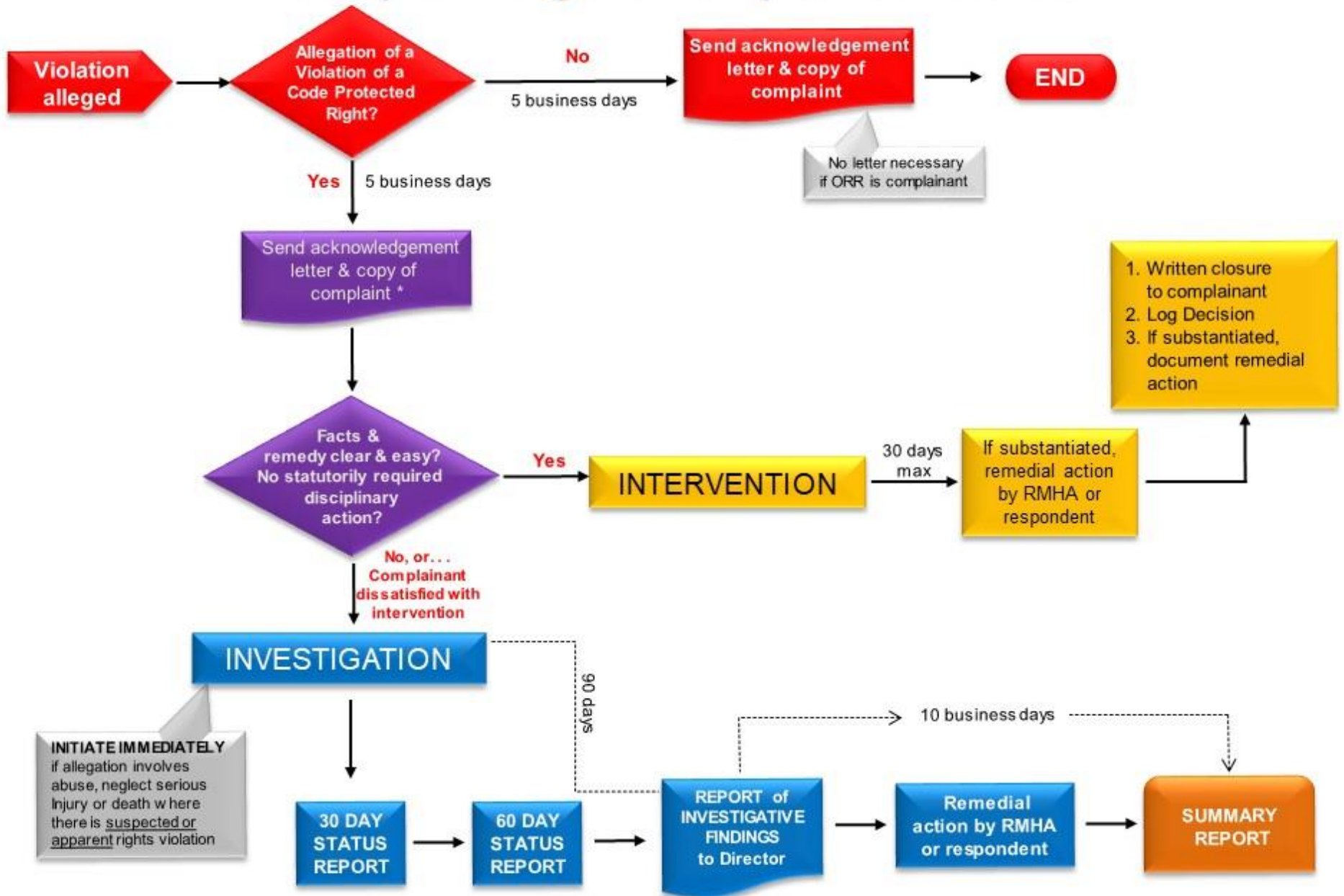
**RECIPIENT RIGHTS ADVISORY COMMITTEE MEETING
SAGINAW COUNTY COMMUNITY MENTAL HEALTH AUTHORITY
AUGUST 13, 2025 – 4:45 PM
Room 190 [Hancock 1st Floor]
AGENDA**

- I. OPENING PROCEDURE**
- II. PUBLIC PARTICIPATION**
- II. APPEALS TRAINING**
 - A. Categories of Rights Violations (Black & White Mental Health Rights – Categories)**
 - B. Complaint Investigation Process (Color Flow Chart)**
 - C. Types and Weighing of Evidence**
 - D. Explanation of the Preponderance of the Evidence Standard Used by the Rights Office in Determining Whether a Rights Violation Has Occurred**
 - E. Statutory Definition of “Appropriate Remedial Action”**
 - F. Agency Disciplinary Guidelines**
 - G. Agency Policy/Procedures on the Appeal Process and Functions of the Appeal Committee**
- III. OTHER ITEMS OF IMPORTANCE**
- IV. NEXT MEETING – NOVEMBER 19, 2025 5:15 PM – ROOM 190**
- V. ADJOURNMENT**

MENTAL HEALTH RIGHTS - CATEGORIES

ABUSE AND NEGLECT		COMMUNICATION AND VISITS		FREEDOM OF MOVEMENT		SUITABLE SERVICES	
7221	Abuse Class I	7261	Visits	7441	Restrictions/Limitations	1708	Dignity and Respect
72221	Abuse Class II - Non-Accidental Act	7262	Contact with Attorneys or others Regarding Legal Matters	7400	Restraint AR 7243	7003	Informed Consent
72222	Abuse Class II - Unreasonable Force	7263	Access to Telephone/Mail	7420	Seclusion AR 7243	7029	Information on Family Planning
72223	Abuse Class II - Emotional Harm	7264	Funds for Postage, Stationery, Telephone Usage	PERSONAL PROPERTY		7049	Treatment by Spiritual Means
72224	Abuse Class II - Treating as Incompetent	7265	Written and Posted Limitations, if Established	7267	Access to Entertainment Materials, Information, News AR 7139	7080	MH Services Suited to Condition
72225	Abuse Class II - Exploitation	7266	Uncensored Mail	7281	Possession and Use	7100	Physical and Mental Exams
7223	Abuse Class III	CONFIDENTIALITY AR 7051		7282	Storage Space	7130	Choice of Physician or Mental Health Professional
7224	Abuse Class I - Sexual Abuse	7481	Disclosure of Confidential Information	7283	Inspection at Reasonable Times	7140	Notice of Clinical Status/Progress
72251	Neglect Class I	7485	Withholding of Information (includes recipient access to records)	7285	Exclusions	7150	Services of Mental Health Professional
72252	Neglect Class I - Failure to Report	7486	Correction of Record	7286	Limitations 1728(4)	7160	Surgery
72261	Neglect Class II	7487	Access by P & A to Records	7287	Receipts to Recipient and to Designated Individual	7170	Electro Convulsive Therapy (ECT)
72262	Neglect Class II - Failure to Report	7501	Privileged Communication	7288	Waiver	7180	Psychotropic Drugs
72271	Neglect Class III	FAMILY RIGHTS		7289	Protection	7190	Notice of Medication Side Effects
72272	Neglect Class III - Failure to Report	7111	Family Dignity & Respect	PHOTOGRAPHS FINGERPRINTS		TREATMENT ENVIRONMENT	
CIVIL RIGHTS AR 7009		7112	Receipt of General Education Information AR 7012	7241	Prior Consent	7081	Safe Environment
7041	Civil Rights: Discrimination, Accessibility, Accommodation, etc.	7113	Opportunity to Provide Information	7242	Identification	7082	Sanitary/Humane Environment
7044	Religious Practice	FINANCIAL ISSUES Per Agency Policy		7243	Objection	7086	Least Restrictive Setting
7045	Voting	7301	Safeguarding Money	7244	Release to Others/Return	TREATMENT PLANNING AR 7199	
7047	Presumption of Competency	7302	Facility Account	7245	Storage/Destruction	7121	Person-Centered Process
7284	Search/Seizure AR 7009	7303	Easy Access to Money in Account	RIGHTS PROTECTION SYSTEM		7122	Timely Development
ADMISSION/DISCHARGE		7304	Ability to Spend or Use as Desired	7060	Notice/Explanation of Rights AR 7011	7123	Requests for Review
4090	Second Opinion - Denial of Hospitalization	7305	Delivery of Money upon Discharge	7520	Failure to Report	7124	Participation by Individual(s) of Choice
4190	Termination of Voluntary Hospitalization (adult)	7360	Labor & Compensation	7545	Retaliation/Harassment	7125	Assessment of Needs
4510	Involuntary Admission Process			7760	Access to Rights System	0000	NO RIGHT INVOLVED
4630	Independent Clinical Examination			7780	Complaint Investigation Process		
4980	Objection to Hospitalization (minor)			7840	Appeal Process/Mediation		
7050	2nd Opinion - Denial Services AR 7005					0001	OUTSIDE PROVIDER JURISDICTION

Recipient Rights Complaint Process





ORR Appeals Committee Training



E-Mail from Beverly Sobolewski on 3/20/15 (based on request to determine what to include in the ORR Appeals Committee Training):

Types and Weighing of Evidence:

- **Testimonial:** Oral or written statements offered to ORR as testimony of what happened during an alleged Rights violation. This could include a written statement submitted by staff who have been or will be interviewed, oral statements made by staff being interviewed, or a statement of a doctor or nurse as required in abuse and neglect cases.
- **Documentary:** Evidence ORR considers during an investigation in the form of a document. This information may include a Person Centered Plan (PCP), an Incident Report, doctor's script or order, etc.
- **Observation:** Evidence observed by ORR during an investigation. This could mean something seen at a facility that might have played a role in a potential allegation, an observation of how a consumer responds to a particular staff person, and the way a staff person acts during an interview.
- **Physical:** Evidence of a physical nature to be considered during an ORR investigation that is somehow related to the allegation. A bruise on a consumer's body, the layout of an AFC home, or a weapon used, etc.

Preponderance:


The Michigan Mental Health Code (330.1778) (3) states that, "The office shall determine whether a right was violated by using the preponderance of the evidence as its standard of proof".

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."

Statutory Definition of "appropriate remedial action": Action will be taken to resolve the issue brought to light by the ORR Investigation. There must be evidence the action taken will prevent a recurrence of the problem.

SCCMHA Disciplinary Guidelines: Verbal – 1st Step; Written Warning – 2nd Step; Written Warning and Suspension – 3rd Step; Discharge – Final step

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, 3/12/24, 4/8/25	Approved By: Sandra M. Lindsey, CEO Responsible Director: Kentera Patterson, Officer of Recipient Rights and Compliance
	Supersedes: 06.02.00.00, 02.02.02, 02.02.13 and 02.02.15	
 SAGINAW COUNTY COMMUNITY MENTAL HEALTH AUTHORITY		Authored By: Kentera Patterson, Officer of Recipient Rights and Compliance Additional Reviewers: Judy Sausedo, Supervisor of Recipient Rights

Purpose:

The purpose of this policy is to ensure the rights of the person served 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 person served 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), person served, the parent of a minor person served, or the person served 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 SCCMHA to protect the rights of the person served 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 person served during the intake process. The Your Rights booklet and a summary of rights will be given to the person served periodically during the time services are provided.
- A2) Recipient Rights information will be explained to all SCCMHA people served in an understandable manner during the intake process. If alternative methods, such as an interpreter for a different language are 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 person served, 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 the person served 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 the complainant within five business days.
- A7) The SCCMHA ORR notifies the complainant within five business days after receiving the complaint if it was determined that no investigation of the complaint was warranted.
- A8) The SCCMHA ORR aids any person served or other individual with the complaint process, as necessary.
- A9) The SCCMHA ORR advises people served or other individuals that there are advocacy organizations available to assist in preparation of written rights complaint and offers to make the referral.
- A10) In the absence of assistance from an advocacy organization, SCCMHA ORR will assist in preparing a written complaint which contains 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 Community Mental Health Service Program (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, severe injury, or death of a person served 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 thirty calendar days during 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 ninety calendar days following the receipt of all complaints, unless awaiting action by external agencies (MDHHS, law enforcement, etc.).
- A16) A rights investigation may be reopened or reinvestigated by the rights office if there is new evidence that was not presented at the time of the investigation.
- A17) The SCCMHA ORR will conduct investigations in a manner that does not violate the rights of any employee.
- A18) Investigation activities for each rights complaint will be accurately recorded by the SCCMHA ORR in Sentri II.
- A19) The SCCMHA ORR uses a preponderance of the evidence as its standard of proof in determining whether a right was violated.
- A20) 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).
- A21) The written investigative report will include 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

- A22) On substantiated rights violations, the RMHA and/or respondent will take appropriate remedial action that meets all the following requirements:
- a) Corrects or provides remedy for the rights violation.
 - b) It is implemented in a timely manner.
 - c) Attempts to prevent a recurrence of the rights violation.
- A23) The remedial action taken on substantiated violations is documented and made part of the record maintained by the SCCMHA ORR.
- A24) The Chief Executive Officer will submit a written summary report to the complainant and the person served, if different than the complainant, parent of a minor, or guardian, within ten business days after the Chief Executive Officer receives a copy of the investigative report from the SCCMHA ORR.
- A25) The written summary report will contain all 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 complainant's right to appeal, time limit, the grounds for making the appeal, and the process for filing an appeal.
- A26) SCCMHA and each service provider ensure that appropriate disciplinary action is taken against those who have engaged in abuse or neglect or retaliation and harassment including official reprimand, demotion, suspension, reassignment, or dismissal.
- A27) Information in the summary report will be provided within the constraints of the confidentiality/privileged communications sections (1748, 1750) of the Mental Health Code.
- A28) The SCCMHA ORR will ensure that information in the summary report will not violate the rights of any employee (ex. Bullard-Plawewski Employee Right to Know Act, (Act 397 of the Public Acts of 1978).
- A29) When either SCCMHA or a service provider personnel fail to report suspected violations of rights, appropriate administrative action will be taken.
- A30) If the summary report contains a plan of action the director must send a letter indicating when the action was completed.
- A31) If the plan of action was proposed by the respondent at the time of the issuance of the original summary report, the Chief Executive Officer must submit an amended

summary report to the complainant, recipient, parent of a minor recipient, and/or guardian if one has been appointed once confirmation of final action was received by the rights office from the respondent. The amended summary report must indicate what final action was taken by the respondent and include notice of appeal rights.

- A32) The SCCMHA Board of Directors will appoint an appeals committee consisting of seven individuals or designate the Recipient Rights Advisory Committee (RRAC) as the appeals committee. A committee designated separately from the RRAC will have at least three members from the RRAC, at least two members of the CMHSP Board and at least two primary persons served. Members can represent more than one of these categories. None of the members shall be employed by SCCMHA or MDHHS.
- A33) The appeals committee may request consultation and technical assistance from MDHHS ORR.
- A34) 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.
- A35) The complainant, person served (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.
- A36) 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.
- A37) If the appeals concerns the timeliness of the investigation and the appeals committee confirms that the investigation was not initiated or completed in a timely manner, recommend that the Chief Executive Officer take remedial action to address the lack of timeliness with the rights office.
- A38) SCCMHA ORR will advise the complainant that there are advocacy organizations available to assist in preparing the written appeal and will offer to make a referral.
- A39) 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.
- A40) Within 5 business days after receipt of a written appeal, at least two members of the Appeals committee will review the appeal to determine whether the appeal meets the required criteria listed in A36.

- A41) The results of the review and a copy of the appeal request will be provided, in writing, to the appellant, within five business days.
- A42) If the appeal was accepted, a copy of the appeal will be provided to the respondent and SCCMHA within five business days.
- A42a) Within 30 days after the written appeal is received, the Appeals Committee will meet and review the facts as stated in all complaint investigation documents.
- A42b) 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.
- A43) The Appeals Committee will document its decision and justification for the decision in writing.
- A44) Within 10 days after reaching its decision, the Appeals Committee will provide copies of the decision to the respondent, appellant, person served (if different than the appellant), person served guardian if one has been appointed, SCCMHA, and the SCCMHA ORR.
- A45) 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).
- A46) If an investigation is returned to SCCMHA by an appeals committee for reinvestigation, the office will complete the reinvestigation within 45 days following the standards established in 330.1778.
- A47) If an investigation is returned to SCCMHA by an appeals committee for reinvestigation, upon receipt of the investigative report, the director will take the appropriate remedial action and will submit a written summary report to the complainant, person served, if different than the complainant, parent or guardian, and the appeals committee within 10 business days.
- A48) 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, person served, if different than the complainant, parent of a minor, or guardian, and the appeals committee.

- A49) If the committee notifies the SCCMHA 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 five business days of receipt of the request from the appeals committee. An external investigation must be conducted within the timeframes outlined under Sec.778. The MDHHS rights office must submit an amended investigative report to the Chief Executive Officer and board directors. Within 10 business days of receipt of the amended report the Chief Executive Officer must issue an amended summary report in compliance with sec.782. The amended summary report must be submitted to the appellant, recipient if different than the appellant, the recipient's legal guardian, if any, the parent of a minor recipient, rights office and the appeals committee. If the appellant still disagrees with the conclusion of the rights investigation or asserts that the investigative findings of the rights office are not consistent with the facts or with law, rules, policies, or guidelines they may file an appeal under Sec. 786.
- A50) 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.
- A51) The Recipient Rights Officer and Investigator/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.
- A52) The SCCMHA ORR will maintain a neutral stance on all complaints until which time the investigative findings reveal the facts about the complaint.
- A53) The SCCMHA Board shall empower the Recipient Rights Office with authority to intervene as necessary to protect the person served rights within the SCCMHA system.
- A54) The Chief Executive Officer shall ensure adequate Recipient Rights coverage. In the absence of both the Recipient Rights Officer and the Rights Investigator/Advisor, the Chief Executive Officer shall appoint a designee with non-clinical responsibilities to receive and initiate investigation of alleged persons served rights violations.
- A55) To maintain the confidentiality of the Recipient Rights process, the offices of the Recipient Rights Officer and the Recipient Rights Investigators/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.

A56) A person served 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.

A57) 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 action 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 7011

American Disabilities Act

Bullard Plawecki Act

Job Descriptions of the Recipient Rights Officer and the Recipient Rights Investigator/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

Exhibits:

None

Procedure:

ACTIONS	RESPONSIBLE
General Recipient Rights	
1) The rights of people served receiving mental health services will be protected.	1) Recipient Rights Officer
2) Person served, 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 person served rights system shall be verbally explained. If the person served or guardian is unable to read or understand the material or is considered to have Limited English Proficiency, every effort shall be made to assist in that explanation and will be noted in the case record.	2) Supports Coordinator, Case Manager, or Primary Therapist.
3) The name, address, and phone number of the Rights Officer or Investigator/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 rights violations.	4) Recipient Rights Advisor/Investigator
5) When an allegation is outside of the agency’s jurisdiction, the complainant or person served will be informed of how to contact the appropriate agency.	5) Recipient Rights Advisor/Investigator
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 Advisor/Investigator

<p>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.</p>	<p>7) Recipient Rights Advisor/Investigator</p>
<p>8) All individuals employed by SCCMHA or the Provider Network of SCCMHA shall receive training related to the person served rights protection before or within 30 days after being employed and annually thereafter.</p>	<p>8) Recipient Rights Office staff or Auditors from Network Services and Public Policy</p>
<p>9) Recipient Rights policies of SCCMHA will be followed by all SCCMHA programs as well as the SCCMHA contracted Provider Network.</p>	<p>9) Recipient Rights Officer</p>
<p>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.</p>	<p>10) Recipient Rights Officer or designee</p>
<p>11) Both staff and the people served are aware of their due process rights, specifically: a) The nature of the complaint / investigation. b) The opportunity to provide evidence on their behalf.</p>	<p>11) Recipient Rights Advisor/Investigator</p>
<p>12) The Office of Recipient Rights shall function as a consultant to the Chief Executive Officer and staff to ensure compliance in rights manners.</p>	<p>12) Recipient Rights Officer</p>
<p>13) A Recipient Rights Advisory Committee that meets regularly reviews aggregate data and information from Recipient Rights investigations will be established in accordance with Michigan Mental Health Code Section 330.1757.</p>	<p>13) SCCMHA Board</p>
<p>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.</p>	<p>14) Recipient Rights Officer</p>

<p>15) An annual budget that assures adequate provision of person served rights services to SCCMHA person served will be reviewed and approved annually by Recipient Rights Advisory Committee.</p>	<p>15) Chief Executive Officer</p>
<p>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 status of recipient rights and a review of the operations of the Recipient Rights Office.</p>	<p>16) Chief Executive Officer</p>
<p>Complaint Process</p>	
<p>17) Complaints received or initiated by the SCCMHA ORR will be logged into the Sentri II Recipient Rights Complaint Module upon receipt.</p>	<p>17) Recipient Rights Advisor/Investigator</p>
<p>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.</p>	<p>18) Recipient Rights Advisor/Investigator</p>
<p>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 person served rights.</p>	<p>19) Recipient Rights Advisor/Investigator</p>
<p>20) Assist in filling out Recipient Rights complaint forms and turning them over to the Recipient Rights Office for investigation.</p>	<p>20) Customer Service staff</p>
<p>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 limit for the reason of waiting for an external investigative process such as through MDHHS, law enforcement, or another appropriate external agency.</p>	<p>21) Recipient Rights Advisor/Investigator</p>
<p>22) The office shall issue a written status report every 30-calendar day during the investigation.</p>	<p>22) Recipient Rights Advisor/Investigator</p>

<p>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 with Chapter 7A.</p>	<p>23) Recipient Rights Advisor/Investigator</p>
<p>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 standards shall be used in making this determination.</p>	<p>24) Recipient Rights Officer</p>
<p>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.</p>	<p>25) Recipient Rights Advisor/Investigator</p>
<p>26) Upon the receipt of the Investigative Findings Report, a summary report will be sent to the complainant within 10 days.</p>	<p>26) Chief Executive Officer</p>
<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 Chief Executive Officer shall assure that the complainant, person served if different that the complainant, his/her legal guardian, if any, and the office are provided with 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, the person served, 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 violation. 	<p>27) Recipient Rights Advisor/Investigator</p>

<p>28) Written consent will be obtained from the person served or guardian when the complainant is not the person served or guardian, prior to disclosure of confidential information.</p>	<p>28) Recipient Rights Advisor/Investigator</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 with the Bullard Plawecki Act.</p>	<p>29) Chief Executive Officer</p>
<p>Appeal Process</p>	
<p>30) In the summary report from the Chief Executive Officer, the complainant listed on Recipient Rights Complaint, person served, the parent of a minor person served, or the person served guardian, if any shall be informed of their right to appeal.</p>	<p>30) Chief Executive Officer</p>
<p>31) Within five business days after receipt of a written appeal, two members of the Recipient Rights Appeals Committee shall review the appeal to determine whether it meets the criteria for an appeal.</p>	<p>31) Recipient Rights Appeals Committee</p>
<p>32) The appellant will be notified in writing within seven business days of the decision of the Recipient Rights Appeals Committee, as to whether or not the appeal will be reviewed.</p>	<p>32) Recipient Rights Appeals Committee</p>
<p>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 decide based on Standard A42b in the Standards Section above.</p>	<p>33) Recipient Rights Appeals Committee Members</p>
<p>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.</p>	<p>34) Recipient Rights Appeals Committee</p>

<p>35) The Recipient Rights Appeals Committee shall document its decision in writing, within ten working days of reaching its decision.</p>	<p>35) Recipient Rights Appeals Committee</p>
<p>36) The committee shall provide copies of the decision to the respondent, SCCMHA, and the appellant or the person served, parent of a minor person served, or the guardian of a person served; if any, if different from the appellant, and the Rights Office.</p>	<p>36) Recipient Rights Appeals Committee</p>
<p>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.</p>	<p>37) Recipient Rights Appeals Committee</p>
<p>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 MHC section: 778 (5), within 45 days of receiving the written decision of the Recipient Rights Appeals Committee. The 45-day time limit may be extended to no longer than 90 days by the Recipient Rights Appeals Committee upon showing good cause by the Office.</p>	<p>38) Recipient Rights Officer</p>
<p>39) Within ten days of receipt of the investigative report, the Chief Executive Officer must issue another summary report in compliance with MHC section: 1782. The summary report shall be submitted to the appellant, complainant, person served, recipient's legal guardian; if any, parent of a minor person served, the Recipient Rights Office, and the Appeals Committee.</p> <ul style="list-style-type: none"> a) In the event that the investigative findings of the Office remain the same as those originally appealed, the appellant, complainant, person served, person served legal guardian, or parent of a minor person served may file a second level appeal to MDHHS. b) The summary report shall contain information regarding the right to further appeal, the time limit for appeal, and the ground for appeal. 	<p>39) Chief Executive Officer</p>

<p>c) The summary report shall also advise advocacy organizations available to assist in filing a written appeal or offer the assistance of the Office in the absence of assistance from an advocacy organization.</p> <p>d) In the event that the Appeals Committee upholds the findings of the Office and directs the respondent to take additional action, that direction shall be based upon the fact that appropriate remedial action was not taken in compliance with Michigan Mental Health Code section 330.1780.</p>	
<p>40) Within 30 days of receipt of the determination by the Appeals Committee the respondent shall provide written notice that action has been taken, or justification as to why it has not. This written notice shall be sent to the appellant, person served, person served guardian, parent of a minor person served, SCCMHA, and the Office of Recipient Rights.</p>	<p>40) Respondent</p>
<p>41) If the Appeals Committee and/or appellant, person served, person served guardian, or parent of a minor person served determines that the action taken by the respondent is still inadequate, the appellant, person served, person served guardian, or parent of a minor person served shall be informed of his or her right to file a complaint against the SCCMHA Chief Executive Officer for violation of Michigan Mental Health Code section 330.1755 (3), (b).</p>	<p>41) Appellant</p>