

From: Beverly K. Sobolewski  
To: Rights Officers & Advisors  
Date: October 1  
Subject: Annual Report Issues

Annual Report Preparers:

Here's the format for the director's letter and the annual report.

As usual, please do not send the report until it has been reviewed by the advisory committee.

The director's letter does allow for the Board to have reviewed the report or to have scheduled a review of the report.

You must use the template attached and return it to me **as an excel attachment**.

You can send the signed letter from the director as a PDF attachment or simply send the letter in the USPS mail. **Do not send hard copies of the report itself.**

Your Director's letter includes a line in the template to indicate that the report was sent by e-mail. If you already have a template for your letter in your computer from previous years, you may want to check that this statement is included.

Please review the attached directions carefully. Recent changes, bringing the reports more fully in compliance with the mental health code requirements, include indication of types of training provided, a commentary on previous departmental goals, in addition to a listing of the projected goals for the upcoming year and an indication of population involved in complaint activity.

Finally, as you complete the report data, please insert the number 0 in the substantiated column where complaints are received, but not substantiated.

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MDCH-ORR  
4th Floor Lewis Cass Bldg  
Lansing 48933  
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To: CMH & Hospital Rights Officers, Advisors and Directors

From: Beverly Sobolewski, Rights Information Analyst

- It is Semi-Annual Report time
- This report is due by April 30
- It covers **October 1 through March 31**. [A template is attached.](#)
- Please complete section I, Part A, B, C. YOU MUST E-MAIL YOUR report as well as A COVER MEMO (this cover “letter” comes from the Rights Office) [A template is attached.](#)
- Please note: there is a “pending” column to account for cases where a decision has not been reached at the time the semi-annual report is due.
- Your report will be going to the department (me) & to your advisory committee. You do NOT need to send it to the advisory committee before you send it in.
- *If an employee leaves the agency during an investigation and a letter is placed in the personnel file indicating that the allegation of Abuse or Neglect or Retaliation/ Harassment against the employee was substantiated, but they are no longer an employee and therefore no disciplinary action has been taken, please use the code \*08 (asterisk, followed by the number zero, eight)*

Also, due to some issues that surfaced in the most recent Annual Reports, I am including the information from the Code & Rules regarding remedial action:

The Mental Health Code requires in 330.1722 (2) “the department, each community mental health services program, each licensed hospital, and each service provider under contract with the department, community mental health services program, or licensed hospital shall ensure that appropriate disciplinary action is taken against those who have engaged in abuse or neglect”. (*emphasis added*)

Additionally, Administrative Rule 330.7035 requires that abuse or neglect of a recipient by an employee, volunteer or agent of a provider shall, upon substantiated reports, “subject the employee, volunteer or agent of the provider to an appropriate penalty, including official reprimand, demotion, suspension, reassignment, or dismissal.” Remedial action that does not meet the requirements of the Code and Rule is 7, 10, 11, and 14.

**INSTRUCTIONS FOR COMPLETING THE RECIPIENT RIGHTS DATA REPORT - CMH**

Use the excel form that you will receive with this email. When the report is fully completed, email the report to MDCH-ORR. The annual report letter can be sent by USPS or a signed PDF copy can be sent via email. The semi annual report memo is also sent by email.

The first page consists of Demographic Data

**THIS SECTION IS REQUIRED FOR THE ANNUAL REPORT ONLY**

Demographic Data for: C1 All Agencies - type your agency name in C1

CMHSP:

Geographic Area: \_\_\_\_\_ sq. mi (One time- completed by DCH)

Number of Consumers Served (unduplicated count): \_\_\_\_\_

Number of Service Sites:

Type of Site	In Catchment Area	Out of Catchment	Site Visit Required
Out Patient			
Residential MI			
Residential DD			
Inpatient			
Day Program MI			
Day Program DD			
Workshop (prevocational)			
Supported Employment			
ACT			
Case Management			
Psychosocial Rehab			
Partial Hospitalization			
SIP			
Other			

FTE's are defined as hours paid for recipient rights functions. Explain the breakdown of staff (if there is one); investigators/administrators, clerical/support, trainers.

Total Number of Service Sites that Require Site Visits: \_\_\_\_\_

Total Number of Site Visits Conducted: \_\_\_\_\_

Number of Rights FTEs\*: \_\_\_\_\_

Please explain the breakdown of staff (if there is one); investigators/administrators, clerical/support, trainers

Number of Complainants (unduplicated count): \_\_\_\_\_

“Number of Complainants (unduplicated count)”, is required beginning 08/09.

**CMHSPs will report:** beginning 07/08

- Number of Consumers Served (unduplicated count):
- Number of Service Sites: Program Site: Out Patient; Residential MI; Residential DD; Inpatient; Day Program MI; Day Program DD; Workshop (prevocational); Supported Employment; ACT; Case Management; Psychosocial Rehab; Partial Hospitalization; SIP; Other
- In Catchment Area; Out of Catchment; Site Visit Required
- Total Number of Service Sites that Require Site Visits:
- Total Number of Site Visits Conducted:
- Number of Rights FTEs\*:

## INSTRUCTIONS FOR COMPLETING THE RECIPIENT RIGHTS DATA REPORT - LPH/U

Use the excel form that you will receive with this email. When the report & fully completed, email the report to the ORR. The annual report letter can be sent by USPS or a signed PDF copy can be sent via email. The semi annual report memo is also sent by email.

### The first page consists of Demographic Data

*Demographic Data for:* C1 All Agencies - type your agency name in C1

LPH/U:

Number of Patient Days: \_\_\_\_\_ (by DCH-BHS)

Populations Served: \_\_\_\_\_

Number of Rights FTEs\*: \_\_\_\_\_

Please explain the breakdown of staff (if there is one); investigators, clerical/support, trainers

Number of Complainants (unduplicated count): \_\_\_\_\_

Involuntary: \_\_\_\_\_

Voluntary: \_\_\_\_\_

FTE's are defined as hours paid for recipient rights functions. For example if a patient advocate/recipient rights advisor splits their time, and only 5 hours per week are allotted to recipient rights, the FTE is 5/40, or .125 FTE. Also, explain the breakdown of staff (if there is one); investigators/administrators, clerical/support, trainers.

### LPH/Us will report:

- Populations Served:
- Number of Rights FTEs\*: Explain the breakdown of staff (if there is one)
- Number of Complainants (unduplicated count):
  - Number of Involuntary complainants
  - Number of Voluntary complainants

**INSTRUCTIONS FOR COMPLETING THE RECIPIENT RIGHTS DATA REPORT -  
STATE FACILITIES**

Use the excel form that you will receive with this email. When the report & fully completed, email the report to the ORR. The annual report letter can be sent by USPS or a signed PDF copy can be sent via email. The semi annual report memo is also sent by email.

**The first page consists of Demographic Data**

*Demographic Data for:* C1 All Agencies - type your agency name in C1

State Facility:

Number of Patient Days: \_\_\_\_\_

Populations Served: \_\_\_\_\_

Number of Rights FTEs\*: \_\_\_\_\_

Please explain the breakdown of staff (if there is one); investigators, clerical/support, trainers

Number of Complainants (unduplicated count): \_\_\_\_\_



FTE's are defined as hours paid for recipient rights functions. Explain the breakdown of staff (if there is one); investigators/ administrators, clerical/support, trainers.

**State Facilities will report:**

- Number of Patient Days:
- Populations Served:
- Number of Rights FTEs\*: Explain the breakdown of staff (if there is one); investigators/ administrators, clerical/support, trainers
- Number of Complainants (unduplicated count):

Tab “Section I”

**Agency:** B4: Agency name

**CMHSP’s:** Indicate DCH assigned two-digit CMHSP Board Number: F5 #

**Officer:** B6: officer/advisor

**Reporting Period:** 10/1/2007 to 9/30/2008

- Annual**
- Semi-Annual**

**CMHSP, LPH**

In column B row 4 of the excel page, type in the Agency name. CMPSPs **only** should type their number in column F, row 5. The names of the officers and advisors of the ORR should be entered in column B row 6. This has been formatted to “hold” all the names. It can also be expanded by “pulling” the line under the number 6 (on the left) down.

The reporting period and check for “annual” are pre-entered.

**Section I: *Complaint Data Summary:***

**Part A: Totals**

**Part A: Totals**

Complaints Received: Please enter the total number of complaints received for the reporting period. Complaints are defined as the “item” that comes to the office. Each complaint **form, phone call, paper, letter, etc.** A complaint can contain one or more allegations. The rest will self fill.

<b>Complaints Received</b>	
<b>Allegations Involved</b>	<b>0</b>
<b>Allegations Investigated</b>	<b>0</b>
<b>Interventions Substantiated</b>	<b>0</b>
<b>Investigations Substantiated</b>	<b>0</b>

These numbers will self fill. Only enter the box for Complaints received: C14

**Allegations Involved:** Some complaints contain more than 1 allegation. The allegation number will fill in as Allegations Substantiated: enter the numbers of “received” column. Allegations substantiated will also fill in as you fill in the report columns.

**Complaint Source:** Enter the category of the complainant: Recipient; Staff; ORR; Guardian/Family; Anonymous; Community/General Public; Total. The total of “Complaint Sources” must be the same as the “Complaints Received”.

**Part A: Totals Complaint Source:**

Please enter 1 complaint source for each complaint (NOT ALLEGATION). This should match the number of complaints in the section above.

<b>Recipient</b>	<b>0</b>
<b>Staff</b>	
<b>ORR</b>	
<b>Guardian/Family</b>	
<b>Anonymous</b>	
<b>Community/General Public</b>	
<b>Total</b>	<b>0</b>

(this will self-fill & should = C14)

**Timeframes of Completed Investigations:** The total in this section will self-fill. Fill in the time frame to complete each investigation (not including any time following submission to the director).

	<b>Total</b>	<b>≤30</b>	<b>≤60</b>	<b>≤90</b>	<b>&gt;90</b>
Abuse/Neglect					
All others					

**Part B: Aggregate Summary of Allegations By Category**

For each sub-category enter the following:

- Number of allegations received
  - Number of these **investigated** \*
  - Number of these in which some **intervention** \*\* was conducted
  - Number of allegations substantiated by investigation.
  - Number of allegations substantiated by intervention.
- If none, enter “0”.**
- The recipient population allegations (MI): adult MI, (DD): Developmental Disability, (SED): Seriously Emotionally Disturbed (begins 08-09); the remainder to begin 09-10.

\* Investigation: A detailed inquiry into, and systematic examination of, an allegation raised in a rights complaint and reported in accordance with Chapter 7A, Report of Investigative Findings.

\*\*Intervention: To act on behalf of a recipient to resolve a complaint alleging a violation of a code protected right when the facts are clear and the remedy, if applicable, is clear, easily obtainable and does not involve statutorily required disciplinary action. \*Interventions are not allowed in allegations of abuse, neglect, serious injury, or death of a recipient involving an apparent or suspected rights violation or retaliation/harassment.

*\*Interventions are not allowed in allegations of abuse, neglect, serious injury, or death of a recipient involving an apparent or suspected rights violation or retaliation/harassment.*

The semi-annual report has a “pending” column, to account for cases that are still open. If any cases are unfinished during the completion of the annual report, that information should be shared with the Advisory Committee at the time of the report review, but added to the report as the data is finalized, prior to the December 30 deadline for submission to the department. It is not required that the entire report be re-presented to the Advisory Committee.

**Part C: Remediation of Substantiated Rights Violations: THIS SECTION IS REQUIRED TO BE COMPLETED FOR THE ANNUAL REPORT AND SEMI-ANNUAL REPORT**

For each allegation, which, through investigation **or intervention**, it was established that a recipient's right was violated indicate:

- The category and specific allegation
- The type of Provider (see table)
- The type of remedial action taken
- If there is more than one action, it should all be placed in 1 box with the lower number first. (for example: 01, 04, \*08)
- The number of recipients in each population involved

<b>Provider</b>	<b>Type</b>	<b>Remedial Action</b>	<b>Type</b>
Outpatient	01	Verbal Counseling	01
Residential MI	02	Written Counseling	02
Residential DD	03	Written Reprimand	03
Inpatient	04	Suspension	04
Day Program MI	05	Demotion	05
Day Program DD	06	Staff Transfer	06
Workshop (Prevocational)	07	Training	07
Supported Employment	08	Employment Termination	8
ACT	09	Employee left the agency, but substantiated allegation	*08
Case Management	10	Contract Action	09
Psychosocial Rehabilitation	11	Policy Revision/Development	10
Partial Hospitalization	12	Environmental Repair/Enhancement	11
SIP	13	Plan of Service Revision	12
Other	14	Recipient Transfer to Another Provider/Site	13
		Other	14

**Populations:**

**MI**

The recipient's primary diagnosis is Mentally Ill.

**DD**

The recipient's primary diagnosis is developmental disability.

**SED**

The child has a diagnosis of serious emotional disturbance.

**SEDW**

This is a 1915(c) waiver (Home and Community-Based Services Waiver) for children with serious emotional disturbance. This waiver is administered through Community Mental Health Services Programs (CMHSPs) in partnership with other community agencies and is available in a limited number of counties. Eligible consumers must meet current MDCH contract criteria for the state psychiatric hospital for children and demonstrate serious functional limitations that impair the child’s ability to function in the community.

**DD-CWP**

This is a 1915(c) waiver (Home and Community-Based Services Waiver) for children with developmental disabilities who have challenging behaviors and/or complex medical needs. This waiver is administered through Community Mental Health Services Programs (CMHSPs) and is available statewide. Eligible consumers must be eligible for, and at risk of, placement in an Intermediate Care Facility for the Mentally Retarded (ICF/MR).

**HSW**

The Habilitation Supports Waiver is a 1915(c) waiver (Home and Community-Based Services Waiver) for people who have developmental disabilities and who meet the eligibility requirements: have active Medicaid, live in the community, and otherwise need the level of services provided by an intermediate care facility for mental retardation (ICF/MR) if not for the HSW. There are no age limitations for enrollment in the HSW. This waiver is administered through Prepaid Inpatient Health Plans (PIHPs) and affiliate Community Mental Health Services Programs (CMHSPs). The HSW is available statewide.

Example:

				Population					
				waiver populations					
Code (from 1B)	Category (from 1B)	Specific Provider Type (number only)	Specific Remedial Action Type (number only)	MI	DD	SED	SED- W	DD- CWP	HSW
72210	abuse class I	02	02, 07	1					

**Section II: Training Activity**

Part A: Training Received by Rights Office Staff

Indicate, for each rights staff, the kind of rights related training received during the period and the number of hours for each.

**Part B: Training Provided by Rights Office**

Indicate if update training is required. If it is required, indicate how often.

Indicate the kind of training provided during the period, the number of hours for each, the number of CMH or Hospital Staff involved, the number of contractual staff involved, the number and type of other staff involved, and the number of consumers trained. Beginning in 2008, indicate the type of training provided:

<i>Method of Training</i>	
01	<i>Face-to-Face</i>
02	<i>Video</i>
03	<i>Computer</i>
04	<i>Paper</i>
05	<i>training includes face to face follow up</i>
14	<i>Other (please describe)</i>

<b>Topic</b>	<b># Hours</b>	<b># Agency Staff</b>	<b># Contractual Staff</b>	<b># and Type Other Staff</b>	<b># of Consumers</b>	<b>Method of Training</b>
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If the training is conducted by someone else, indicate, in addition to the aforementioned information, the date the training was reviewed by the rights office.

**Section III: Desired Outcomes for the Office**

List the outcomes establish for the office from the last fiscal year (from last year’s report) and progress made on each.

List the outcomes establish for the office during the next fiscal year.

**Section IV: Recommendations to the CMHSP Board or LPH Governing Board**

List any recommendations made to the governing Board regarding the rights office or recipient rights activity as part of the annual report.

Be sure to include issues identified by the Advisory Committee throughout the year or discussed as part of the annual and semi-annual report review.

LPH/Us are to include ALL data regarding complaints on the Annual & Semi-Annual Reports.

LPH/Us must fill out one Annual report for each facility.

CMHSPs are NOT to include LPH/U data on the Annual & Semi-Annual Reports

**REPORT DATES:**

**Semi-Annual**

October 1 through March 31

Section I

Cover letter from Rights Office

To “the department” & Advisory Committee

Due at MDCH: April 30

**Annual**

October 1 through September 30

Section, I, II, III, IV

Cover Letter from Executive Director or Hospital Director

To “the department” & Board of CMHSP or governing board of licensed hospital

Due at MDCH: December 30

**Completing the Recipient Rights Data Report**

The following is the entire section “demographics”, and IA and IB. Other sections are truncated:

***Demographic Data***

**CMHSP:**

**Geographic Area:** \_\_\_\_\_ sq. mi (One time- completed by DCH)

**Number of Consumers Served (unduplicated count):** \_\_\_\_\_

**Number of Service Sites:**

<b>Program Type/Site</b>	<b>In Catchment Area</b>	<b>Out of Catchment</b>	<b>Site Visit Required</b>
<b>Out Patient</b>			
<b>Residential MI</b>			
<b>Residential DD</b>			
<b>Inpatient</b>			
<b>Day Program MI</b>			
<b>Day Program DD</b>			
<b>Workshop (prevocational)</b>			
<b>Supported Employment</b>			
<b>ACT</b>			
<b>Case Management</b>			
<b>Psychosocial Rehab</b>			
<b>Partial Hospitalization</b>			
<b>SIP</b>			
<b>Other</b>			

**Total Number of Service Sites that Require Site Visits:** \_\_\_\_\_

**Total Number of Site Visits Conducted:** \_\_\_\_\_

**Number of Rights FTEs\*:**

Please explain the breakdown of staff (if there is one); investigators/administrators, clerical/support, trainers

**Number of Complainants (unduplicated count):** \_\_\_\_\_

**LPH/U:**

**Number of Patient Days:** \_\_\_\_\_ (by DCH-BHS)

**Populations Served:** \_\_\_\_\_

**Number of Rights FTEs\*:** \_\_\_\_\_

Please explain the breakdown of staff (if there is one); investigators/administrators, clerical/support, trainers

**Number of Complainants (unduplicated count):** \_\_\_\_\_

**Involuntary:** \_\_\_\_\_

**Voluntary:** \_\_\_\_\_

**Completing the Recipient Rights Data Report**

**State Facility:**

**Number of Patient Days:** \_\_\_\_\_

**Populations Served:** \_\_\_\_\_

**Number of Rights FTEs\*:** \_\_\_\_\_

Please explain the breakdown of staff (if there is one); i investigators/administrators, clerical/support, trainers

**Number of Complainants (unduplicated count):** \_\_\_\_\_

\*\*\*\*\*

**Michigan Department of Community Health  
Recipient Rights Data Report**

**Agency:** \_\_\_\_\_

**CMHSP's:** Indicate DCH assigned two-digit CMHSP Board Number \_\_.

**Rights Officer:** \_\_\_\_\_

**Reporting Period:** \_\_\_\_\_ **to** \_\_\_\_\_

- Annual
- Semi-Annual

**Section I: *Complaint Data Summary:***

**Part A: Totals**

<b>Complaints Received</b>		(enter this number)
<b>Allegations Involved</b>	<b>0</b>	(this will self-fill)
<b>Allegations Investigated</b>	<b>0</b>	(this will self-fill)
<b>Investigations Substantiated</b>	<b>0</b>	(this will self-fill)
<b>Interventions Substantiated</b>		

**Complaint Source**

<b>Recipient</b>	
<b>Staff</b>	
<b>ORR</b>	
<b>Guardian/Family</b>	
<b>Anonymous</b>	
<b>Community/General Public</b>	
<b>Total</b>	<b>0</b>

(this will self-fill)

## Completing the Recipient Rights Data Report

Timeframes of Completed Investigations					
	Total	≤30	≤60	≤90	>90
Abuse/Neglect	0	0	0	0	0
All others	0	0	0	0	0

### Part B: Aggregate Summary

#### 1. Freedom from Abuse

use a number  
not an x

Code	Category	Received	Investigation	Intervention	Interventions Substantiated	Investigations Substantiated	Recipient Population		
							MI	DD	SED
7221	abuse class I								
72221	abuse class II - nonaccidental act								
72222	abuse class II - unreasonable force								
72223	abuse class II - emotional harm								
72224	abuse class II - treating as incompetent								
72225	abuse class II - exploitation								
7223	abuse class III								
7224	abuse class I - sexual abuse								

#### 2. Freedom from Neglect

Code	Category	Received	Investigation	Intervention	Interventions Substantiated	Investigations Substantiated	Recipient Population		
							MI	DD	SED
72251	neglect class I								
72252	neglect class I - failure to report								
72261	neglect class II								
72262	neglect class II - failure to report								
72271	neglect class III								
72272	neglect class III - failure to report								

#### 3. Rights Protection System

Code	Category	Received	Investigation	Intervention	Interventions Substantiated	Investigations Substantiated	Recipient Population		
							MI	DD	SED
7060	notice/explanation of rights								
7520	failure to report								
7545	retaliation/harassment								
7760	access to rights system								
7780	complaint investigation process								
7840	appeal process/mediation								

## Completing the Recipient Rights Data Report

### 4. Admission/Discharge/Second Opinion

Code	Category	Received	Investigation	Intervention	Interventions Substantiated	Investigations Substantiated	Recipient Population		
							MI	DD	SED
4090	second opinion - denial of hospitalization								
4190	termination of voluntary hospitalization (adult)								
4510	involuntary admission process								
4630	independent clinical examination								
4980	objection to hospitalization (minor)								
7050	second opinion - denial of services								

### 5. Civil Rights

Code	Category	Received	Investigation	Intervention	Interventions Substantiated	Investigations Substantiated	Recipient Population		
							MI	DD	SED
7041	civil rights: discrimination, accessibility, accommodation, etc								
7044	religious practice								
7045	voting								
7047	presumption of competency								
7284	search/seizure								

### 6. Family Rights

Code	Category	Received	Investigation	Intervention	Interventions Substantiated	Investigations Substantiated	Recipient Population		
							MI	DD	SED
7111	family dignity & respect								
7112	receipt of general education information								
7113	opportunity to provide information								

### 7. Communication & Visits

Code	Category	Received	Investigation	Intervention	Interventions Substantiated	Investigations Substantiated	Recipient Population		
							MI	DD	SED
7261	visits								
7262	contact with attorneys or others regarding legal matters								
7263	access to telephone, mail								
7264	funds for postage, stationery, telephone usage								
7265	written and posted limitations, if established								
7266	uncensored mail								

## Completing the Recipient Rights Data Report

### 8. Confidentiality/Privileged Communications/Disclosure

Code	Category	Received	Investigation	Intervention	Interventions Substantiated	Investigations Substantiated	Recipient Population		
							MI	DD	SED
7481	disclosure of confidential information								
7485	withholding of information (includes recipient access to records)								
7486	correction of record								
7487	access by p & a to records								
7501	privileged communication								

### 9. Treatment Environment

Code	Category	Received	Investigation	Intervention	Interventions Substantiated	Investigations Substantiated	Recipient Population		
							MI	DD	SED
7081	safe environment								
7082	sanitary/humane environment								
7086	least restrictive setting								

### 10. Freedom of Movement

Code	Category	Received	Investigation	Intervention	Interventions Substantiated	Investigations Substantiated	Recipient Population		
							MI	DD	SED
7441	restrictions/limitations								
7400	restraint								
7420	seclusion								

### 11. Financial Rights

Code	Category	Received	Investigation	Intervention	Interventions Substantiated	Investigations Substantiated	Recipient Population		
							MI	DD	SED
7301	safeguarding money								
7302	facility account								
7303	easy access to money in account								
7304	ability to spend or use as desired								
7305	delivery of money upon release								
7360	labor & compensation								

## Completing the Recipient Rights Data Report

### 12. Personal Property

Code	Category	Received	Investigation	Intervention	Interventions Substantiated	Investigations Substantiated	Recipient Population		
							MI	DD	SED
7267	access to entertainment materials, information, news								
7281	possession and use								
7282	storage space								
7283	inspection at reasonable times								
7285	exclusions								
7286	limitations								
7287	receipts to recipient and to designated individual								
7288	waiver								
7289	protection								

### 13. Suitable Services

Code	Category	Received	Investigation	Intervention	Interventions Substantiated	Investigations Substantiated	Recipient Population		
							MI	DD	SED
1708	dignity and respect								
7003	informed consent								
7029	information on family planning								
7049	treatment by spiritual means								
7080	MH services suited to condition								
7100	physical and mental exams								
7130	choice of physician/mental health professional								
7140	notice of clinical status/progress								
7150	services of mental health professional								
7160	surgery								
7170	electro convulsive therapy (ECT+B23)								
7180	psychotropic drugs								
7190	notice of medication side effects								

### 14. Treatment Planning

Code	Category	Received	Investigation	Intervention	Interventions Substantiated	Investigations Substantiated	Recipient Population		
							MI	DD	SED
7121	person-centered process								
7122	timely development								
7123	requests for review								
7124	participation by individual(s) of choice								
7125	assessment of needs								

## Completing the Recipient Rights Data Report

15. Photographs, Fingerprints, Audiotapes, One-way Glass

Code	Category	Received	Investigation	Intervention	Interventions Substantiated	Investigations Substantiated	Recipient Population		
							MI	DD	SED
7241	prior consent								
7242	Identification								
7243	objection								
7244	release to others/return								
7245	storage/destruction								

17. No Right Involved

Code	Category	Received
0000	no right involved	

insert the same number →

18. Outside Provider Jurisdiction

Code	Category	Received
0001	outside provider jurisdiction	

insert the same number →

0                      0                      0                      0                      0      0      0      0      0

<b>Part C: Remediation of Substantiated Rights Violations (includes complaints investigated and those addressed through other interventions) Identify service sites &amp; remedial action. If you have more than one action it should all be placed in 1 box with the lower number first. List the number of recipients in each population involved:</b>									
				Population					
				waiver populations					
Code (from 1B)	Category (from 1B)	Specific Provider Type (number only)	Specific Remedial Action Type (number only)	MI	DD	SED	SED-W	DD-CWP	HSW

### SECTION II: TRAINING ACTIVITY

Part A: Training Received by Office Staff

Staff Name	Topic	# Hours

**Completing the Recipient Rights Data Report**

**SECTION II: TRAINING ACTIVITY**

Part B: Training Provided by Rights Office

Is Update Training Required? _____ Yes                      No
If Yes, how often: (Annual, Every 2 years, etc.) <input type="text"/>

Topic	# Hours	# Agency Staff	# Contractual Staff	# and Type Other Staff	# of Consumers	Method of Training

**SECTION III: DESIRED OUTCOMES FOR THE OFFICE & PROGRESS OF PREVIOUS OUTCOMES**

Progress on Outcomes established by the office for the previous fiscal year:

- 1.   
 Accomplished  
 Ongoing
- 2.   
 Accomplished  
 Ongoing

Outcomes established by the office for the upcoming fiscal year:

- 1.
- 2.

**SECTION IV: RECOMMENDATIONS TO THE GOVERNING BOARD**

The Advisory Committee recommends the following:

- 1.
- 2.

December xx, 20... (please put actual date)

Beverly Sobolewski, Rights Information Analyst  
Department of Community Health  
4<sup>th</sup> Floor Lewis Cass Building  
320 S. Walnut  
Lansing, MI 48913-0001

Dear Ms. Sobolewski,

The Office of Recipient Rights has prepared and submitted an annual report, covering the dates of October 1, 20\_\_ through September 30, 20\_\_, on the current status of rights protection at \_\_\_\_\_.

This report was reviewed by the Rights Advisory Committee on \_\_\_\_\_, and their recommendations and input were sought at that time.

The amended report was submitted to the Board for review on \_\_\_\_\_.

*or...*

*The amended report will be submitted to the Board for review on \_\_\_\_\_.*

The report was sent to you via e-mail. If you have any questions or require additional information, please feel free to contact me at \_\_\_\_\_, or the Recipient Rights Advisor, \_\_\_\_\_ at \_\_\_\_\_.

Sincerely,

Director, CEO, President, etc.

April 30, 20... (please put actual date)

To: Beverly Sobolewski, Rights Information Analyst  
@ [sobolewskib@michigan.gov](mailto:sobolewskib@michigan.gov)

From: \_\_\_\_\_ (Rights Director, etc)

The Office of Recipient Rights has prepared a semi-annual report, covering the dates of October 1, , 20\_\_ through March 31, 20\_\_ , on the current status of rights protection at \_\_\_\_\_.

This report was reviewed by the Rights Advisory Committee on \_\_\_\_\_.

This report was reviewed will be reviewed by the Rights Advisory Committee on \_\_\_\_\_

The report was sent to you via e-mail. If you have any questions or require additional information, please feel free to contact me at ( ) \_\_\_\_\_.

***Mental Health Code: 330.1755 Office of recipient rights; establishment by community mental health services program and hospital***

*(j) Semiannually provide summary complaint data consistent with the annual report required in subsection (6), together with a summary of remedial action taken on substantiated complaints by category, to the department and to the recipient rights advisory committee of the community mental health services program or licensed hospital.*

## Codesort: an annual report assistant

Sections: 1 – 15

1. FREEDOM FROM ABUSE
2. FREEDOM FROM NEGLECT
3. RIGHTS PROTECTION SYSTEM
4. ADMISSION/DISCHARGE/SECOND OPINION
5. CIVIL RIGHTS
6. FAMILY RIGHTS
7. COMMUNICATION AND VISITS
8. CONFIDENTIALITY/PRIVILEGED COMMUNICATIONS/DISCLOSURE
9. TREATMENT ENVIRONMENT
10. FREEDOM OF MOVEMENT
11. FINANCIAL RIGHTS
12. PERSONAL PROPERTY
13. SUITABLE SERVICES
14. TREATMENT PLANNING
15. PHOTOGRAPHS, FINGERPRINTS, AUDIOTAPES, ONE-WAY GLASS

section	category number	category name
17	0000	no right involved
18	0001	outside provider jurisdiction
9	1708	dignity and respect
4	4090	second opinion - denial of hospitalization
4	4190	termination of voluntary hospitalization (adult)
4	4510	involuntary admission process
4	4630	independent clinical examination
4	4980	objection to hospitalization (minor)
13	7003	informed consent
13	7029	information on family planning
5	7041	civil rights: discrimination, accessibility, accommodation
5	7044	religious practice
5	7045	Voting
5	7047	presumption of competency
13	7049	treatment by spiritual means
4	7050	second opinion - denial of services
3	7060	notice/explanation of rights
13	7080	mh services suited to condition
9	7081	safe environment
9	7082	sanitary/humane environment
9	7086	least restrictive setting

<b>section</b>	<b>category number</b>	<b>category name</b>
13	7100	physical and mental exams
6	7111	family dignity & respect
6	7112	receipt of general education information ar 7012
6	7113	opportunity to provide information
14	7121	person-centered process
14	7122	timely development
14	7123	requests for review
14	7124	participation by individual(s) of choice
14	7125	assessment of needs
13	7130	choice of physician or mental health professional
13	7140	notice of clinical status/progress
13	7150	services of mental health professional
13	7160	surgery
13	7170	electro convulsive therapy (ect)
13	7180	psychotropic drugs
13	7190	notice of medication side effects
1	7221	abuse, class I
1	72221	abuse, class II - non-accidental act
1	72222	abuse, class II - unreasonable force
1	72223	abuse, class II - emotional harm
1	72224	abuse, class II - treating as incompetent
1	72225	abuse, class II – exploitation
1	7223	abuse, class III
1	7224	abuse class I - sexual abuse
2	72251	neglect, class I
2	72252	neglect, class I - failure to report
2	72261	neglect, class II
2	72262	neglect, class II - failure to report
2	72271	neglect, class III
2	72272	neglect, class III - failure to report
15	7241	prior consent
15	7242	identification
15	7243	objection
15	7244	release to others/return
15	7245	storage/destruction
7	7261	visits

<b>section</b>	<b>category number</b>	<b>category name</b>
7	7262	contact with attorneys or others regarding legal matters
7	7263	access to telephone/mail
7	7264	funds for postage, stationery, telephone
7	7265	written and posted limitations, if established
7	7266	uncensored mail
12	7267	access to entertainment materials, information, news
12	7281	possession and use
12	7282	storage space
12	7283	inspection at reasonable times
5	7284	search/seizure
12	7285	exclusions
12	7286	limitations
12	7287	receipts to recipient and to designated individual
12	7288	waiver
12	7289	protection
11	7301	safeguarding money
11	7302	facility account
11	7303	easy access to money in account
11	7304	ability to spend or use as desired
11	7305	delivery of money upon discharge
11	7360	labor & compensation
10	7400	restraint
10	7420	seclusion
10	7441	restrictions/limitations
8	7481	disclosure of confidential information
8	7485	withholding of information (includes recipient access to records)
8	7486	correction of record
8	7487	access by p & a to records
8	7501	privileged communication
3	7520	failure to report
3	7545	retaliation/harassment
3	7760	access to rights system
3	7780	complaint investigation process
3	7840	appeal process/mediation