

TECHNICAL REQUIREMENT FILING SEMI-ANNUAL AND ANNUAL RECIPIENT RIGHTS REPORTS

I. Background

Chapter 7A of the Michigan Mental Health Code, PA 258 of 1974 as amended, requires that Community Mental Health Service Providers:

- 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. (330.1755 (j))

and that

- The executive director or hospital director shall submit to the board of the community mental health services program or the governing board of the licensed hospital and the department an annual report prepared by the office of recipient rights on the current status of recipient rights in the community mental health services program system or licensed hospital system and a review of the operations of the office of recipient rights. (330.1755(6)).

II. Deadlines

	Semi-Annual	Annual
Period Covered	October 1 – March 31	October 1 – September 30
Date Due	June 30	March 31

III. Format

An Excel spreadsheet will be utilized to submit the required data and information. This will be provided to Rights Offices a minimum of 3 months prior to the submission deadline. The Semi-annual report must be accompanied by a cover letter from the Rights Office. The annual report must be accompanied by a letter from the CEO of the CMHSP.

IV. Instructions for Providing Required Data

A. Demographic Data (Annual Report Only)

1. Select the Agency name from the drop down in cell C2.
2. CMHSPs: Insert the number of consumers served (unduplicated count) in cell E6.

1	Annual Demographic Data for:					
2						
3						
4	CMH INFORMATION					
5						
6	Number of Consumers Served (unduplicated count):					(CMH)
7						

B. Service Site Information (Annual Report Only)

1. Enter the number of sites in your catchment area
2. Enter the number of sites out of catchment area.
3. In the third column type in only the number of sites that must be visited.
4. In the fourth column type in the number of site visits conducted. If a site is visited twice, it is only counted on the first visit. Sites should not be counted more than once (return visits to assure compliance are not counted).
5. If a site is visited twice, it is only counted on the first visit, but you may enter the additional visits in the fifth column

CMH SERVICE SITE INFORMATION					
If the site requires a visit, please list in column E					
Type of Site	In Catchment Area	Out of Catchment Area	Total Sites Requiring Visits	Annual Site Visits Conducted	Additional Site Visits Conducted
Out Patient	1				
Residential MI		2			
Residential DD					
Residential MI & DD					
Inpatient		3			
Day Program MI				4	
Day Program DD					
Workshop (prevocational)					5
Supported Employment					
ACT					
Case Management					
Psychosocial Rehab					
Partial Hospitalization					
SIP					
Crisis Center					
Children's Foster Care					
Clubhouse/Drop-in Center					
CLS					
Self-Determination					
Respite Homes					
Other					
Total Number of Service Sites that Require Site Visits:			0		
Total Number of Site Visits Conducted:			0	0	

C. Staffing Information (Annual Report Only)

1. FTE's are defined as hours paid for recipient rights functions. List the full-time equivalents for your office.
2. Explain the breakdown of staff (if there is one); investigators/administrators, clerical/support, trainers.
3. If there is only 1 person for all functions, fill in only cell C41

RIGHTS FTE INFORMATION - CMH	
Do not fill in row 44-46 if 1 person has all roles	
Total Number of Rights FTEs*:	1
Number of Investigators/administrators (FTE)	
Number of Trainers (FTE)	
Number of Clerical Support (FTE)	

D. Appeal Information (Annual Report Only)

Insert the number of appeals submitted (to the committee), the number accepted and the disposition of the appeals heard.

APPEALS INFORMATION (if agency has local appeals committee)	
Number of Appeals Submitted	
Number of Appeals Accepted	
Number Number of Appeals Upheld	
Number of Appeals Sent Back for Reinvestigation	
Number of Appeals Requesting External Investigation by DHHS	
Number of Appeals Sent Back for Further Action	
Total Number of Appeals Reviewed by the Appeals Committee	0

E: Complaint Data Summary

1: Part A: Totals

1. Insert the name of the Rights Office Director in cell C2
2. The of

number

Rights Office Director:		1	
Reporting Period:	10/1/2016	to	9/30/2017
Section I: Complaint Data Summary			
Part A: Agency Totals			
Allegations	0	(this will self-fill)	
Interventions	0	(this will self-fill)	
Investigations	0	(this will self-fill)	
Interventions Substantiated	0	(this will self-fill)	
Investigations Substantiated	0	(this will self-fill)	
COMPLAINT SOURCE			
2	Recipient		
	Staff		
	ORR		
	Guardian/Family		
	Anonymous		
	Community/General Public		
	Total Complaints Received	0	

Allegations will populate from the Aggregate Summary.

3. Complaint Source:
 - a. 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”.

2. Timeframes of Completed Investigations:

The total in this section will auto-fill the number of abuse and neglect I & II investigations as well as the number of all other investigations (NOT interventions). Fill in the number of cases under each timeframe manually (not including any time following submission to the director).

Category	Total	≤ 30	≤60	≤90	≥90
Abuse/Neglect I/II					
All Others					

Part B: Aggregate Summary of Allegations by Category

For each sub-category, insert the following:

1. Number of allegations involved
2. Number of these in which some intervention was conducted*
3. Number of allegations substantiated by investigation.
4. Number of these investigated
5. Number of allegations substantiated by intervention.
6. In each subcategory: If “0”, enter 0 in ALL appropriate boxes of the row where an allegation is received
7. The recipient population for targeted allegations; adult MI (MI), Developmental
8. Disability (DD), Seriously Emotionally Disturbed (SED), (number of persons involved)

*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

For each allegation, where, through investigation or intervention, it was established that a recipient's right was violated, indicate (from the drop down):

- The category name
- The Specific Provider type (see table 1)
- The Specific remedial action taken (be sure to only list 1 action per column) (see table 2)
- The number of the type of population (see table 3)

Section II: Annual Complaint Data Summary for:			0
Category (from Complaint Data)	Specific Provider Type	Specific Remedial Action(s)	Specific Remedial Action(s)
	▼		
Select from Drop Down Menu			

Table 1: Provider Type	Table 2: Type of Action	Table 3: Population
Outpatient	Verbal Counseling	MI
Residential MI	Written Counseling	DD
Residential DD	Written Reprimand	SED
Mixed Residential (MI/DD)	Suspension	SEDW
Inpatient	Demotion	DD-CWP
Day Program MI	Staff Transfer	HSW
Day Program DD	Training	
Workshop (Prevocational)	Employee Termination	
Supported Employment	Violation substantiated, employee left agency	
ACT	Contract Action	
Case Management	Policy Revision/Development	
Psychosocial Rehabilitation	Environmental Repair/Enhancement	
Partial Hospitalization	Plan of Service Revision	
SIP	Recipient Transfer to another provider	
Other		

**Employee left the agency, but substantiated; a letter was placed in the employee's personnel file indicating that the allegation of a rights violation requiring disciplinary action was substantiated.

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 MDHHS 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.

Section II: Training Activity (Annual Report Only)

Part A: Training Received by Rights Office Staff

1. Enter the name of each staff who receive training in column A (Last name, First name).
2. Using the drop-down box, fill in each staff in column C
3. Indicate, for each rights staff, the course number assigned by MDHHS-ORR (available on the web site)
4. Enter the name of the rights related training received during the period,
5. Enter the CEU Category (Operations, Legal/Foundations, Leadership, Augmented)
6. Enter the number of hours for each

SECTION II: ANNUAL TRAINING ACTIVITY					
Part A: Training Received by Office Staff (Please only list training related to rights protection)					
Recipient Rights Staff (Enter-Last Name, First Name)		CEU's Type: Operations, Legal Foundations, Leadership, Augmented Training			
STAFF NAMES (List Names)	Staff Name	Course Number	Topic of Training Received	CEU Type	# Hours
1	2	3	4	5	6
	Select from Drop Down Menu				

Part B: Training Provided by Rights Office (Annual Report Only)

1. Indicate if update training is required. If it is required, indicate how often.
2. Indicate the topic of the training provided during the period (2), the length of the session (3), the number of CMH (4), contractual staff (5), consumers (6), the number of other staff (7) involved, type of “others” trained (8). Indicate the method(s) used (9), and a description, if necessary (10). (If the training is conducted by someone else, indicate, in the description column, who conducted the training and the date the training was reviewed by the rights office).

SECTION II: ANNUAL TRAINING ACTIVITY								
Part B: Training Provided by Rights Office								
Is Update Training Required? _____ 1								
If Yes, how often: (Annual, Every 2 years, etc.) _____								
0								
Topic of Training Provided	How long is the training? # Hours	# Agency Staff	# Contractual Staff	# of Consumers	# Other Staff	Type of Other Staff	Method of Training Provided	Description (If Needed)
2	3	4	5	6	7	8	9	10

TYPES OF TRAINING							
Face-to-Face	Video	Computer	Paper	Video Face-to-Face	Computer Face-to-Face	Paper Face-to-Face	Other (Describe)

Section III: Desired Outcomes for the Office (Annual Report Only)

List the outcomes establish for the office from the last fiscal year (from last year’s report). From the drop- down box, select whether the goal is “ongoing” or “accomplished”. Ongoing goals will automatically populate into the current year. List any new outcomes for the office during the next fiscal year.

Section IV: Recommendations to the CMHSP Board or LPH Governing Board (Annual Report Only)

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. Do not leave this blank.

General Information:

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