

BACKGROUND:

MHC 330.1752 (1) requires that community mental health services programs (CMHSPs) "...shall establish written policies and procedures concerning recipient rights and the operation of an office of recipient rights".

INSTRUCTIONS:

For each section of the worksheet indicate on the top line:

- 1) The name and number of the policy (or policies) that contain the language for each standard listed, and,
- 2) The date of the most recent revision, review, or approval of the policy or policies.

Then, for each standard, indicate, in the right column, specifically where in the policy the required language is found (such as by page and/or section

Submit the completed worksheet to the MDHHS-ORR lead assessor at least 30 calendar days prior to the assessment.

✓		COMPLAINT AND APPEAL PROCESS		LOCATION
POLICY NUMBER:		POLICY DATE:		
A1	The policy requires that the Rights Office assure that recipients, parents of minors, guardians and others had ready access to complaint forms. [MHC 1776 (1), (5)]			
A2	The policy requires that each rights complaint is recorded upon receipt by the rights office. [MHC 1776 (3)]			
A3	The policy requires that rights complaints filed by recipients, or anyone on their behalf, are provided to the rights office in a timely manner. [MHC 1776 (1); 1778 (1)]			
A4	The policy requires that acknowledgment of the recording is sent along with a copy of the complaint to complainant within 5 business days. [MHC 1776 (3)]			
A5	The policy requires that the rights office will notify the complainant within 5 business days after it received the complaint if it determined that no investigation of the complaint was warranted. [MHC 1776 (4)]			
A6	The policy requires the rights office to assist the recipient or other individual with the complaint process as necessary. [MHC 776 (5)]			
A7	The policy requires the rights office to advise the recipient or other individual that there are advocacy organizations available to assist in preparation of a written rights complaint and offered to make the referral. [MHC 1776 (5)]			
A8	The policy requires that, in the absence of assistance from an advocacy organization, the rights office will assist in preparing a written complaint. [MHC 1776 (2)(a-c); (5)]			
A9	The policy requires that the rights office will inform the recipient or other individual of the option of mediation and under what circumstances and when it may be exercised. [MHC 1776 (5)]; [788]			
A10	The policy requires that, if a rights complaint is received regarding the conduct of the executive director, the rights investigation will be conducted by the recipient rights office of another CMHSP or by the state office of recipient rights as decided by the board. [MHC 1776 (6)]			
A11	The policy requires that, in cases involving alleged abuse, neglect, serious injury, or when a rights violation is apparent or suspected in the death of a recipient, investigation will be immediately initiated. [MHC 1778 (1)]			
A12	The policy requires that the rights office will initiate investigation of apparent or suspected rights violations in a timely and efficient manner. [MHC 1778 (1)]			
A13	The policy requires that the rights office will issue a written Status Report every 30 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. [MHC 1778 (4)]			
A14	The policy requires that investigations will be completed within 90 calendar days, unless awaiting action by external agencies. [MHC 1778 (1)]			
A15	The policy requires that the rights office will conduct investigations in a manner that does not violate employee rights. [MHC 1755(3)(b)]			
A16	The policy requires that investigation activities for each rights complaint will be accurately recorded by the office. [MHC 1778(2)]			
A17	The policy requires that the rights office will use "preponderance of the evidence" as its standard of proof in determining whether a right was violated. [MHC 1778 (3)]			

✓	COMPLAINT AND APPEAL PROCESS		LOCATION
A19	The policy requires that, upon completion of the investigation, the rights office will submit a written investigative report (RIF) to the respondent and to the RMHA. [MHC 1778(5)]		
A20	The policy requires that the RIF will include all the following: a) statement of the allegations, b) citations to relevant provisions of applicable laws, rules, policies, and guidelines, c) statement of the issues involved, d) investigative findings, e) conclusions, and f) recommendations, if any. [MHC 1778(5)]		
A21	The policy requires that, when rights violations are substantiated, the RMHA and/or respondent will take appropriate remedial action that meets the following requirements: a) corrects or remedies the violation, b) is implemented in a timely manner, c) attempts to prevent a recurrence of the violation. [MHC 1780(1)]		
A22	The policy requires that remedial action taken on substantiated violations is documented and made part of the record maintained by the rights office. [MHC 1780(2)]		
A23	The policy requires that the RMHA submit a written summary report to the complainant, recipient, if different than the complainant, parent or guardian, within 10 business days after receiving the RIF from the rights office. [MHC 1782(1)]		
A24	The policy requires that the summary report contain all of the following: a) statement of the allegations, b) citations to relevant provisions of applicable laws, rules, policies, and guidelines, c) statement of the issues involved, d) investigative findings, e) conclusions, f) recommendations, if any, g) action taken or plan of action proposed by the respondent, and, h) information describing potential appellants' right to appeal, time frames and grounds for making an appeal, and process for filing an appeal. [MHC 1782(1)]		
A25	The policy requires that the CMHSP and each service provider will ensure that appropriate disciplinary action was taken against those who have engaged in abuse or neglect [MHC 1722 (2)] or retaliation and harassment. [MHC 1755 (3)(a)] [AR 7035(1)]		
A26	The policy requires that the rights office informs the complainant of the option of mediation. [MHC 1784(3)]		
A27	The policy requires that information in the summary report will be provided within the constraints of the confidentiality/privileged communications sections (1748, 1750) of the Mental Health Code. [MHC 1782(2)]		
A28	The policy requires 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). [MHC 1782(2)]		
A29	The policy requires that, if CMHSP staff, contractual employees, or staff of contractual employers, fail to report apparent or suspected violations of rights, appropriate administrative action will be taken. (MHC 1152, MHC 1722(2), AR 7035(1))		
A30	The policy requires that the CMHSP Board appoint an Appeals Committee consisting of 7 individuals, or designate the 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 the CMHSP or MDHHS. [MHC 1774(2)]		
A31	The policy requires that a member of the appeals committee who has a personal or professional relationship with an individual involved in an appeal will abstain from participating in that appeal as a member of the committee. [MHC 1774(6)]		
A32	The policy requires that appeals may be filed no later than 45 days after receipt of the summary report. [MHC 1784(1)]		
A33	The policy states that the grounds for appeal shall be: 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, or c) an investigation was not initiated or completed on a timely basis. [MHC 1784(2)]		
A34	The policy requires that the rights office will advise the complainant that there are advocacy organizations available to assist in preparing the written appeal and offered to make the referral. [MHC 1784 (3)]		
A35	The policy requires that, in the absence of assistance from an advocacy organization, the rights office will assist the complainant in meeting the procedural requirements of a written appeal. [MHC 1784(3)]		
A36	The policy requires that within 5 business days after receipt of a written appeal, members of the Appeals Committee will review the appeal to determine whether it meets criteria (see a33). [MHC 1784(4)]		
A37	The policy requires that the results of the review will be provided, in writing, to the appellant, within 7 business days. [MHC 1784(4)] [C6.3.2.4.III.G]		

✓		COMPLAINT AND APPEAL PROCESS	LOCATION
	A38	The policy requires that, if the appeal is accepted, a copy of the appeal will be provided to the respondent and the CMHSP within 5 business days. [MHC 1784 (4)]	
	A39	The policy requires that, 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. [MHC 1784 (5)]	
	A40	The policy requires that the Appeals Committee will take one of the following actions in deciding upon an appeal: a) uphold the findings of the rights office and the action taken or plan of action proposed respondent, b) return the investigation to the rights office with request that it be reopened or reinvestigated, c) uphold the investigative findings of the rights office but recommended that respondent take additional or different action to remedy the violation, or d) recommended that the Board of the CMHSP request an external investigation by the MDHHS Office of Recipient Rights. [MHC 1784(5) (a-d)]	
	A41	The policy requires that the Appeals Committee will document its decision and justification for the decision in writing. [MHC 1784(6), MDHHS/CMH Contract Attachment C6.3.2.4]	
	A42	The policy requires that, within 10 days after reaching its decision, the Appeals Committee will provide copies of the decision to the respondent, appellant, recipient if different than appellant, recipient's guardian if one has been appointed, the CMHSP, and the rights office. [MHC 1784 (6)]	
	A43	The policy requires that, if appropriate, the written decision of the Appeals Committee will include a statement of appellant's right to appeal to Level 2, the time frame for appeal (45 days from receipt of decision) and the ground (reason) for appeal (investigative findings of the rights office are inconsistent with facts, law, rules, policies or guidelines.). [MHC 1784 (6) (1786)]	

✓		CONSENT AND INFORMED CONSENT	LOCATION
	POLICY NUMBER:		POLICY DATE:
	B1	The policy contains a definition of consent in accordance with the definition in the Mental Health Code. [MHC 1100(a)(19)]	
	B2	The policy contains a definition of informed consent in accordance with the definition in the Administrative Rules. [AR 7003(1) (a-d)]	
	B3	The policy requires that the individual providing consent shall be made aware of the purpose of the procedure, the risks and benefits, alternative procedures available, and offered an opportunity to ask and receive answers to questions. [AR 7003(1)(b)]	
	B4	The policy states that provisions for making recipient/guardian aware that consent can be withdrawn at any time without prejudice to the recipient/guardian. [AR 7003(1)(d)]	
	B5	The policy defines a procedure for evaluating comprehension. [AR 7003(2)]	
	B6	The policy indicates that an evaluation of the ability to give consent shall precede any guardianship proceedings. [AR 7003(2)]	
	B7	The policy has a provision which allows a minor 14 years of age or older to request and receive mental health services and 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 person in 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. [MHC 1707(1)]. [MHC 1707(1)]	
	B8	The policy indicates that services provided to the minor 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, guardian, or person in loco parentis to obtain consent to provide further out-patient services. [MHC 1707(3)]	

✓		ABUSE/NEGLECT	LOCATION
	POLICY NUMBER:		POLICY DATE:
	C1	The policy defines abuse in accordance with the definitions in AR 7001 (a-c), (z). [AR7035(2)(a)]	
	C2	The policy defines neglect in accordance with the definitions in AR 7001 (i - k). [AR7035(2)(a)]	
	C3	The policy establishes procedures for the mandatory reporting of abuse or neglect to: a) the rights office, b) administration, c) other agencies as required by law.	

✓		ABUSE/NEGLECT	LOCATION
	C4	The policy requires that investigations of abuse/neglect allegations are conducted by Rights Office. [MHC 1778(1)]	
	C5	The policy requires that, if an allegation is found to be substantiated, the agency will take firm and fair disciplinary action or remedial action as appropriate. (MHC 1722 (2))	
	C6	The policy clearly defines who is required to report abuse. [MHC 1723(1); P.A. 238 of 1978; P.A. 519 of 1982; and MHC 1722(2)]	
	C7	The policy required the reporting criminal abuse including vulnerable adult abuse and child abuse to local law enforcement. [MHC 1723]	
	C8	The policy defines who shall prepare written reports to law enforcement agencies regarding criminal abuse. [MHC 1723(2)]	
	C9	The policy defines degrade and threaten using the definitions provided in the CMHSP Contract Attachment CMHSP 6.3.2.3 (B)	

✓		DIGNITY AND RESPECT	LOCATION
	POLICY NUMBER:		POLICY DATE:
	D1	The policy requires that the CMHSP protect and promote the dignity and respect that a recipient of services is entitled. [MHC 1704(3), 1708(4)]	
	D2	The policy contains definitions of dignity and respect. [MHC 1704(3)]	
	D3	The policy requires that family members are treated with dignity and respect. [MHC 1711]	
	D4	The policy requires that family members are given an opportunity to provide information to the treating professionals. [MHC 1711]	
	D5	The policy requires that family members are 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. [MHC 1711]	

✓		FINGERPRINTING, PHOTOGRAPHS, AUDIOTAPE, OR USE OF 1- WAY GLASS	LOCATION
	POLICY NUMBER:		POLICY DATE:
	E1	The policy identifies the circumstances under which audiotapes or photos may be taken, and 1-way glass used? [MHC 1724(7)(a-c)]	
	E2	The policy defines the parameters for use of fingerprints, photos, or audiotapes for purpose of recipient identification. [MHC 1724(4)]	
	E3	The policy requires prior written consent. [MHC 1724(2)] [AR 7003(1)(c)]	
	E4	The policy defines the procedures for withdrawing consent. [AR 7003 (1)(d)]	
	E5	The policy provides a means to object when photos are for personal information or social purposes. [MHC 1724(6)]	
	E6	The policy defines a method of safekeeping of fingerprints, photos, and audiotapes. [MHC 1724(4)]	
	E7	The policy requires that fingerprints, photographs, or audiotapes in the record of a recipient, and any copies of them, shall be given to the recipient, or destroyed when they are no longer essential to achieve 1 of the objectives set forth in subsection (2), or upon discharge of the resident, whichever occurs first. [MHC 1724(5)]	
	E8	The policy provides for a review of current need for audio taping, photographing/fingerprinting or use of 1-way glass. [MHC 1724(5)]	

✓		CONFIDENTIALITY/DISCLOSURE {MHC 1748, 1752; AR 7051}	LOCATION
	POLICY NUMBER:		POLICY DATE:
	F1	The policy states that all information in the record and that obtained in the course of providing services is confidential. [MHC 1748(1)]	
	F2	The policy requires that a summary of section 1748 of the Mental Health Code be made part of each recipient file. [AR 7051(1)]	
	F6	The policy states that, for case records made after March 28, 1996, information made confidential by Sec. 1748 shall be disclosed to a competent adult recipient upon the recipient’s request and that the information is released as expeditiously as possible, but in no event later than the earlier of 30 days of the request or prior to release from treatment. [MHC 1748 (4)]	

✓		CONFIDENTIALITY/DISCLOSURE {MHC 1748, 1752; AR 7051}	LOCATION
	F3	The policy states that confidential information shall be disclosed only under one or more of the following circumstances: a) an order or subpoena of a court of record or a subpoena of the legislature, unless the information is privileged by law, b) to a prosecuting attorney as necessary for the prosecutor to participate in a proceeding governed by the MHC, c) to a recipient’s attorney with the consent of the recipient, the recipient’s legal guardian (if they have authority to consent) or parent of a minor who has legal and physical custody, d) to the Auditor General, e) when necessary to comply with another provision of law, f) to MDHHS as necessary for the department to discharge a responsibility place upon it by law, or g) to a surviving spouse or if none, closest relative of the recipient in order to apply for and receive benefits, but only if spouse or closest relative has been designated the personal representative or has a court order. [MHC 1748(5) (a-g)]	
	F5	The policy states that, except as otherwise provided in 1748 (4), if consent has been obtained from: a) the recipient, b) the recipient’s guardian who has the authority to consent, c) a parent with legal custody of a minor recipient, or d) court appointed personal representative or executor of the estate of a deceased recipient, information made confidential by 1748 <u>may</u> be disclosed to: 1) a provider of mental health services to the recipient, or 2) the recipient, 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 recipient or others. MHC 1776(6)	
	F7	The policy establishes a procedure for the review by the director of the agency of a request for confidential information by a person or agency not covered under 1748(4). The procedure shall include a provision that requires the director, once the decision has been made not to release information based on detriment, to determine if a part of the information requested may be released without detriment. [AR 7051(3)]	
	F8	The policy establishes a timeframe for the review and determination which shall not exceed 3 business days if record is on-site, or 10 business days if record is off – site. [AR 7051(3)]	
	F9	The policy allows the requestor to file a complaint with the agency’s Office of Recipient Rights if he/she disagrees with the decision of the director. [AR 7051(3)]	
	F10	The policy states that, attorneys representing recipients may review records only upon presentation of identification and the recipient’s consent or a release executed by the parent or guardian shall be permitted to review the record on the provider’s premises. [AR 7051(4)(a)]	
	F11	The policy states that 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. [AR 7051(4)(a)]	
	F12	The policy states that, attorneys who are not representing recipients may review records only if the attorney presents a certified copy of an order from a court directing disclosure of information concerning the recipient to the attorney. [AR 7051(4)(b)]	
	F13	The policy states that, attorneys shall be refused information by phone or in writing without the consent or release from the recipient or the request is accompanied or preceded by a certified copy of an order from a court ordering disclosure of information to that attorney. [AR 7051(4)(c)]	
	F14	The policy states that a private physician or psychologist appointed by the court or retained to testify 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 recipient on the providers’ 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. AR 7051(5) (a-b)]	
	F15	The policy states that 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 governing body. [AR 7051(6)(a-c)]	
	F16	The policy requires that 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. [MHC 1748(7)(b)]	
	F17	The policy allows for the disclosure of information that enables a recipient to apply for or receive benefits without the consent of the recipient 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. [MHC 1748(7)(a); [AR 7051(7)]	

✓		CONFIDENTIALITY/DISCLOSURE {MHC 1748, 1752; AR 7051}	LOCATION
	F18	The policy requires the agency to grant a representative of Michigan Protection and Advocacy Services access to the records of all of the following: a) a recipient, if the recipient, the recipient’s guardian with authority to consent, or a minor’s parents with physical and legal custody of the recipient, have consented to the access, b) a recipient, including a recipient who has died or whose location is unknown, if <u>all</u> of the following apply: (i) because of mental or physical condition, the recipient is unable to consent to the access, (ii) the recipient does not have a guardian or other legal representative or the recipient’s guardian is the State, (iii) the protection and advocacy system has received a complaint on behalf of the recipient, or has probable cause to believe, based on monitoring or other evidence, that the recipient has been subject to abuse or neglect, c) a recipient who has a legal guardian or other legal representative if <u>all</u> the following apply: (i) a complaint has received by the protection and advocacy system or there is probable cause to believe the health or safety of the recipient is in serious and immediate jeopardy, (ii) upon receipt of the name and address of the recipient’s legal representative, the protection and advocacy system has contacted the representative and offered assistance in resolving the situation, (iii) the representative has failed or refused to act on behalf of the recipient. [MHC 1748(8)]	
	F19	The policy states that 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. [MHC 1748 (9)]	
	F20	The policy states that the agency, when authorized to release information for clinical purposes by the individual or the individual’s guardian or a parent of a minor, releases a copy of the entire medical and clinical record to the provider of mental health services. (MHC 1748 [10])	
	F21	The policy requires the agency, upon a written request from Child Protective Services, to review and provide pertinent records and information within 14 days of the request. [MHC 1748a (1)]	
	F22	The policy allows for a recipient, guardian, or parent of a minor recipient, after having gained access to treatment records, to challenge the accuracy, completeness, timeliness, or relevance of factual information in the recipient’s record and allows the recipient or other empowered representative to insert into the record a statement correcting or amending the information at issue. (MHC 1749)	

✓		TREATMENT BY SPIRITUAL MEANS	LOCATION
	POLICY NUMBER:		POLICY DATE:
	G1	The policy defines "treatment by spiritual means" as a spiritual discipline or school of thought that a recipient wishes to rely on to aid physical or mental recovery. [AR 7001(y)]	
	G2	The policy allows for access to treatment by spiritual means on request by recipient, guardian, or parent of a minor recipient. [AR7135(1)]	
	G3	The policy allows for 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. [AR7135(3)]	
	G4	The policy defines a procedure to insure recourse to court when there is refusal of medication or other treatment for a minor. [AR 7135(6)(a)]	
	G5	The policy defines a procedure for informing a person requesting treatment by spiritual means of a denial of the request and the reason for the denial. [AR 7135(6)(b)]	
	G6	The policy defines an administrative review or appeal process when treatment by spiritual means is denied. [AR 7135(7)]	
	G7	The policy allows the same provision for contact with agencies providing treatment by spiritual means as is provided for contact with private mental health professionals. [AR 7135(2)]	
	G8	The policy includes right to refuse medications if: a) spiritual treatment predates current allegation of mental illness or disability, b) no court order empowering the guardian or facility to make those decisions, c) the recipient is not imminently dangerous to self or others. [AR 7135(4)] (a) (b)	
	G9	The policy includes the legal restrictions for a) mechanical, chemical, or organic compounds that are physically harmful, b) activity prohibited by law, c) activity harmful to self or others, d) activity inconsistent with court ordered custody or placement by person other than recipient. [AR 7135 (a – d)]	

✓		CHANGE IN TYPE OF TREATMENT	LOCATION
POLICY NUMBER:		POLICY DATE:	
H1	The policy requires that the written 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. [AR 7199(2)(j)]		
H2	The policy defines a procedure to assure that the plan is kept current and modified when indicated. (MHC 1712 (1), MHC 1752)		
H3	The policy requires that the recipient 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. (MHC 1714)		
H4	The policy requires that, if the recipient is not satisfied with his/her individual plan of services, the recipient or his/her guardian or parent of a minor recipient may make a request for review to the designated individual in charge or implementing the plan. (MHC 1712 [2])		
H5	The policy requires that the review required in H4 is completed with 30 days and details the procedures for requesting and conducting the review. (MHC 1712[2])		

✓		MEDICATION PROCEDURES	LOCATION
POLICY NUMBER:		POLICY DATE:	
I1	The policy requires a doctor's order for medication. [AR 7158(1)]		
I2	The policy requires that medication shall not be used as punishment or for staff's convenience. [AR 7158(3)]		
I3	The policy requires periodic medication reviews as specified in plan of service and based on recipient's clinical status. [AR 7158(4)]		
I4	The policy requires that medications must be administered by or under supervision of personnel who are qualified and trained staff. [AR 7158(5)]		
I5	The policy establishes procedures on when and how documentation is to be placed in recipient's clinical record. [MHC 1752, AR 7158(6)]		
I6	The policy requires reporting and documentation in the recipient's clinical record of medication errors and adverse reactions. [AR 7158(7)]		
I7	The policy requires that only medications authorized by a physician are to be given at discharge or leave and that enough medication is made available to ensure the recipient has an adequate supply until he or she can become established with another provider. [AR 7158(9)]		

✓		USE OF PSYCHOTROPIC DRUGS	LOCATION
POLICY NUMBER:		POLICY DATE:	
J1	The policy defines psychotropic medication (psychotropic drug) in accordance with AR 330.7001(p). [AR 7001(p)]		
J2	The policy states that, before initiating a course of psychotropic drug treatment for a recipient, 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. (MHC 1719)		
J3	The policy requires that psychotropic chemotherapy shall not be administered unless the individual gives informed consent, or the administration is necessary to prevent physical injury to person or another, or with a court order. [AR 7158(8)(a-d)]		
J4	The policy indicates that 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 and [AR 7158(8)(b)]		
J5	The policy limits the initial administration of psychotropic chemotherapy under 7158(8)(b) be limited to a maximum of 48 hours unless there is consent. [AR 7158(8)(c)]		
J6	The policy specifies that the initial administration of psychotropic chemotherapy under 7158((8)(b) be as short as possible, at the lowest therapeutic dosage possible and be terminated as soon as there is no longer a risk of harm. [AR 7158 (8)(c)]		
J7	The policy establishes procedures for documentation of all medication in recipient's clinical record. [AR 7158(6)]		
J8	The policy requires that medication errors and adverse drug reactions are immediately and properly reported to a physician and recorded in the recipient's record. [AR 7158(7)]		

✓		STERILIZATION/ABORTION/CONTRACEPTION (FAMILY PLANNING)	LOCATION
POLICY NUMBER:		POLICY DATE:	
K1	The policy requires notice by the individual in charge of the recipient’s written plan of service to recipients, their guardians, and parents of minor recipients of the availability of family planning and health information. [AR 7029(1)]		
K2	The policy provides for referral assistance to providers of family planning and health information services upon request of the recipient, guardian or parent of a minor recipient. [AR 7029(1)]		
K3	The policy provides that the notice includes a statement that mental health services are not contingent upon receiving family planning services. [AR 7029]		

✓		SERVICES SUITED TO CONDITION	LOCATION
POLICY NUMBER:		POLICY DATE:	
L1	The policy provides for notification to an applicant, his or her guardian, or a minor applicant’s parents, who has been denied services, 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. [MHC 1705(1)(2)] SECOND OPINION – DENIAL OF OUTPATIENT SERVICES		
L2	The policy requires that a person-centered planning process is used to develop a written IPOS in partnership with the recipient. [MHC 1712 (1)]		
L3	The policy requires that the IPOS includes assessments of the recipient’s need for food, shelter, clothing, health care, employment opportunities (when appropriate), educational opportunities (when appropriate), legal services and recreation. [AR 7199(h)]		
L4	The policy requires that the IPOS identify any restrictions or limitations of the recipient’s rights and 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. [AR 7199(2)(g)]		
L5	The policy requires that any restrictions, limitations or 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. [AR 7199(2)(g)]		
L6	The policy requires that the justification for exclusion of individuals chosen by the recipient to participate in the IPOS process shall be documented in the case record. [MHC 1712(3)]		
L7	The policy requires that the CMHSP or service provider under contract with the CMHSP, ensures that a recipient is given a choice of physician or mental health professional within the limits of available staff. [MHC 1713]		
L8	The policy establishes a process whereby a recipient, who is denied hospitalization by the pre-admission screening unit (PSU), may request a second opinion, and that 1) the Executive Director will arrange the second opinion to be performed within 3 days (excluding Sundays and holidays), 2) the Executive Director, in conjunction with the Medical Director, will review the second opinion if it differs from the opinion of the PSU, and 3) the Executive Director will make a decision to uphold or reject the findings of the second opinion, and 4) confirm that decision, in writing, to the requestor; the written decision will be signed by the Executive Director and by the Medical Director (or provide verification that the decision was made in conjunction with the Medical Director.) [MHC 1409(4)] SECOND OPINION - HOSPITALIZATION		

✓		RIGHT TO ENTERTAINMENT MATERIALS, INFORMATION & NEWS	LOCATION
POLICY NUMBER:		POLICY DATE:	
M1	The policy specifies that residents shall not be prevented from obtaining, reading, viewing or listening to entertainment, information or news related materials obtained at his/her own expense for reasons of, or similar to, censorship. [AR 7139(1)]		
M2	The policy specifies that 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. [AR 7139(2)(3)]		
M3	The policy requires that limitations/restrictions to be removed when no longer clinically justified. [AR 7139(4)]		
M4	The policy specifies that minors have the right to access material not prohibited by law unless the legal guardian of a minor object to this access. [AR 7139(5)]		
M5	The policy describes the process for implementing general program restrictions on access to these materials. [AR 7139(6)(a)]		
M6	The policy describes the process for determining resident’s interest for provision of a daily newspaper. [AR 7139(6)(b)]		

✓	RIGHT TO ENTERTAINMENT MATERIALS, INFORMATION & NEWS		LOCATION
	M7	The 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 to these materials. [AR 7139(6)(c)]	
	M8	The policy describes the process for residents to appeal the denial of their right to this material. [AR 7139(6)(d)]	
	M9	The policy describes a process for imposing specific restrictions {in a residence} for the therapeutic benefit the residents as a group. [AR 7139(6)(e)]	

✓	PERSONAL PROPERTY AND FUNDS		LOCATION
	POLICY NUMBER:		POLICY DATE:
	N1	The policy defines items that residents may not possess (including weapons, sharp objects, explosives, drugs and alcohol). [MHC 1728 (3)]	
	N2	The policy requires that any exclusions of personal property be in writing and posted in each residential unit. [MHC 1728(3)]	
	N3	The policy defines the conditions under which a search for contraband items may be conducted. [AR 7009(7)]	
	N4	The policy requires that documentation 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. [AR 7009(7)]	
	N5	The policy requires limitations of property to be justified and documented in the record of the resident. [MHC 1728(5)]	
	N6	The policy requires a receipt for property taken for into possession by the residence be given to the resident and to an individual designated by the recipient. [MHC 1728(7)]	
	N7	The policy requires a resident to be permitted to inspect personal property at reasonable times. [MHC 1728(2)]	
	N8	The policy allows for the plan of service to limit property in order to prevent the resident from physically harming himself, herself or others, or to prevent theft, loss, or destruction of the property, unless a waiver is signed by the resident. [MHC 1728(4)(a)]	

✓	FREEDOM OF MOVEMENT		LOCATION
	POLICY NUMBER:		POLICY DATE:
	O1	The policy requires placement in the least restrictive setting. [MHC 1708 (3)]	
	O2	The policy requires that the freedom of movement of a recipient shall not be restricted more than is necessary to provide mental health services to him or her, to prevent injury to him or her or to others, or to prevent substantial property damage. [MHC 1744(1)]	
	O3	The policy requires that any limitations to the freedom of movement must be justified in the record and be time limited. [MHC 1744(2)]	
	O4	The policy requires that any restriction on freedom of movement is removed when the circumstances that justified its adoption cease to exist. [MHC 1744(3)]	

✓	RESIDENT LABOR		LOCATION
	POLICY NUMBER:		POLICY DATE:
	Q1	The policy requires that a resident may perform labor that contributes to the operation and maintenance of the facility (for which the facility would otherwise employ someone) only if, 1) the resident voluntarily agrees to perform the labor, 2) engaging in the labor would not be inconsistent with the IPOS for the resident, 3) the amount of time or effort necessary to perform the labor would not be excessive, and 4) in no event shall discharge or privileges be conditioned upon the performance of labor. [MHC 1736(1)]	
	Q2	The policy requires that a resident who performs labor that contributes to the operation and maintenance of the facility for which the facility would otherwise employ someone shall be compensated appropriately and in accordance with applicable federal and state labor laws, including minimum wage and minimum wage reduction provisions. [MHC 1736(2)]	
	Q3	The policy requires compensation when performing labor which benefits another person/agency. [MHC 1736(3)]	
	Q4	The policy specifies that labor of personal housekeeping nature is not eligible for payment. [MHC 1736(5)]	

✓		RESIDENT LABOR	LOCATION
	Q5	The policy requires that one-half of any compensation paid to a resident for labor performed shall be exempt from collection for payment of mental health services provided. [MHC 1736(6)]	

✓		LEAST RESTRICTIVE SETTING	LOCATION
POLICY NUMBER:		POLICY DATE:	
	P1	The policy requires that the CMHSP provide mental health services in the least restrictive setting that is appropriate and available. [MHC 1708(3)]	

✓		COMMUNICATION/MAIL/TELEPHONE/VISITS	LOCATION
POLICY NUMBER:		POLICY DATE:	
	R1	The policy requires that telephones shall be reasonably accessible and that funds for telephone usage are available in reasonable amounts. [MHC 1726(2)]	
	R2	The policy requires that correspondence can be conveniently and confidentially received and mailed (i.e. postal box or daily pickup and deposit), and that writing materials and postage are provided in reasonable amounts. [MHC 1726(2)]	
	R3	The policy requires that space will be made available for visits. [MHC 1726(2)]	
	R4	The policy requires that reasonable time and place for the use of telephones and for visits may be established and if established, shall be in writing and posted in each living unit of a residential program. [MHC 726(3)]	
	R5	The policy requires that the right to communicate by mail or telephone or to receive visitors shall not be further limited except as authorized in the resident's plan of service. [MHC 726(4)]	
	R6	The policy contains a provision that limitations on communication do not apply to a resident and an attorney or court, or any other individual, if the communication involves matters that may be the subject of legal inquiry? [MHC 1726(5)]	
	R7	The policy requires that, if a resident can secure the services of a mental health professional, he or she shall be allowed to see that person at any reasonable time. [MHC 1715]	

✓		RESTRAINT/PHYSICAL MANAGEMENT	LOCATION
POLICY NUMBER:		POLICY DATE:	
	S1	The policy defines restraint in accordance with the definitions in the Mental Health Code and Administrative Rules. [MHC 1700(i); AR 7001(q)]	
	S2	The policy defines physical management in accordance with the definition in the Administrative Rules [AR 7001(m); AR 7243]	
	S4	The policy expressly prohibits the use of restraint in all agency programs or sites directly operated or under contract where it is not permitted by statute and agency policy. [MHC 1740(1)]	
	S5	The policy prohibits the use of physical management 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. [AR 7243(11)]	
	S6	The policy states that physical management shall not be included as a component in the behavior treatment plan. [AR 7243(11)(i)]	
	S7	The policy prohibits the use of prone immobilization unless other techniques are medically contraindicated and documented in the record. [AR 7243(11)(ii)]	

✓		USE OF SECLUSION	LOCATION
POLICY NUMBER:		POLICY DATE:	
	T1	The policy defines seclusion in accordance with the definition in the Mental Health Code. [MHC 1700(i)]	
	T2	The policy defines therapeutic de-escalation in accordance with the definition in the Administrative Rules. [AR 7001(w)]	
	T3	The policy defines timeout in accordance with the definition in the Administrative Rules. [AR 7001(x)]	
	T4	The policy prohibits the use of seclusion in all agency programs, directly operated sites, or contractual service locations unless permitted by statute. [MHC 1742 (1)]	

✓	QUALIFICATIONS AND TRAINING OF RECIPIENT RIGHTS STAFF		LOCATION
	POLICY NUMBER:		POLICY DATE:
	U1	The policy requires staff of the Office of Recipient Rights to receive annual training in recipient rights protection. [MHC 1755 (2)(e)]	
	U2	The policy requires that the director of the Office of Recipient Rights must have the education, training, and experience to fulfill the responsibilities of the office. [MHC 1755(4)]	
	U3	The policy indicates the education, training, and experience required (or this is indicated in the position description). [MHC 1755(4)]	
	U4	The policy requires that the rights officer, advisor and alternate attend and successfully complete ORR Basic Skills Training Programs within 3 months of hire. [CMHSP 6.3.2]	
	U5	The policy requires that the staff of the rights office will comply with the continuing education requirements identified in the contract attachment. MHC 1755[2][e], CMHSP 6.3.2.3 (A)	
	U6	The policy requires that a minimum of 12 of the required 36 hours were approved as either Category I or II. MHC 1755[2][e], CMHSP 6.3.2.3 (A)	
	U7	The policy requires that rights staff acquire at least 3 continuing education credits each calendar year MHC 1755[2][e], CMHSP 6.3.2.3 (A)	