DEPARTMENT OF COMMUNITY HEALTH
MENTAL HEALTH AND SUBSTANCE ABUSE SERVICES
GENERAL RULES

(By authority conferred on the department of health and human services by section 33 of 1969 PA 306, as amended, and sections 114, 136, 201, 206, 244, 498n, 842, and 1002a of 1974 PA 258, as amended, being MCL 24.233, MCL 330.1114, MCL 330.1136, MCL 330.1201, MCL 330.1206, MCL 330.1244, MCL 330.1498n, MCL 330.1842, and MCL 330.2002a of the Michigan Compiled Laws)

R 330.1001 General definitions. Rule 1001. As used in these rules, except as otherwise defined in a particular part or a subpart:
(1) "Act" means Act No. 258 of the Public Acts of 1974, as amended, being §330.1001 et seq. of the Michigan Compiled Laws.
(2) Terms defined in the act have the same meanings when used in these rules.
History: 1979 AC; 1981 AACS; 1983 AACS; 1986 AACS; 1998-2000 AACS.

R 330.1005 Gifts, grants, bequests, and donations; approval.
Rule 1005. (1) Gifts, grants, bequests, and donations with a value of more than $1,500.00 shall not be accepted by a department facility without approval by the director of the department.
(2) Gifts, grants, bequests, and donations accounts shall be composed of subaccounts which detail the specific purpose for which the gifts, grants, bequests, and donations were made. One of the subaccounts shall be a patient benefit fund.
(3) The patient benefit fund may be expended to improve the general welfare of all patients or a specific group of patients and, in special cases, may provide aid to indigent patients.
(4) A gift, grant, bequest, or donation shall not be accepted or expended which commits the state to complete or continue a program or project without authorization.
(5) All funds received shall be deposited with the state.
(6) An annual report shall be submitted to the department by department facilities identifying all gifts, grants, bequests, and donations.
History: 1979 AC; 1981 AACS; 1983 AACS.

R 330.1015 Research.
Rule 1015. Research initiated, conducted, or supported by the department, or engaged in by staff of department facilities, licensed or certified agencies, or agencies with whom it has contracts, shall be subject to administrative rules, department policies and procedures, and shall follow federal guidelines.
History: 1979 AC.

R 330.1017 Equality in employment.
Rule 1017. An otherwise qualified person shall not be subject to discrimination by the department, its hospitals, centers, or contractual parties in employment or training on the basis of race, color, nationality, religious or political belief, sex, handicap, or age, unless a requirement of sex or age is based on a bona fide occupational qualification.
History: 1981 AACS.

SUBPART 2. COMMUNITY MENTAL HEALTH CENTERS

R 330.1021 Definitions. Rule 1021. As used in this subpart:
(a) "Community mental health center" or "center" means either of the following:
(i) An organization of service which consists of 1 or more affiliated service entities, certified by the department, for the purpose of assuring a comprehensive range of mental health services to persons in a geographical area containing a population which meets federal requirements and funded under the community mental health centers act of 1963, 42 U.S.C. 2661 et seq., and the federal regulations issued thereunder.
(ii) An organization of services which consists of 1 or more affiliated service entities, certified by the department, for the purpose of assuring a comprehensive range of mental health services to persons within a service area, and which is designated by the department as a community mental health center.
(b) "Service element" means 1 of the mental health services listed in the federal regulations issued under Public Law 88-164, as amended. The 5 essential elements are:
(1) inpatient services;
(2) outpatient services;
(3) partial hospitalization services, such as day care, night care, and weekend care;
(4) emergency services, 24 hours per day; and
(5) consultation and educational services to community agencies and professional personnel. Five additional elements are:
(1) diagnostic services;
(2) rehabilitative services, including vocational and educational programs;
(3) pre-care and aftercare services in the community, including foster home placement, home visiting, and halfway houses;
(4) training; and
(5) research and evaluation.
(c) "Service entity" means an organization supplying 1 or more elements of mental health service as a part of a community mental health center.
History: 1979 AC.

R 330.1025 Designation of center; certification of service entity.
Rule 1025. (1) Only an organization composed of 1 or more service entities that is certified by the department may be designated as a community mental health center. A service entity that supplies 1 or more service elements of a community mental health center shall be certified by the department pursuant to section 130 of the act. A service entity that is intended to function as a part of a community mental health center shall file an application with the department on forms prescribed and furnished by the department for a certificate of approval for the service elements the entity intends to supply.
(2) Certification as a service entity shall be based on the following requirements:
(a) A service entity shall insure that the service elements it provides are organized and related to insure continuity of care and to permit recipients to move easily from 1 type of service to another as recipient needs change.
(b) A service entity shall assure all of the following in its policies and procedures and in its delivery of service:
(i) That a person is not denied service on the basis of race, color, nationality, religious or political belief, sex, age, handicap, county of residence, or ability to pay. This assurance shall be specified in program statements of the service entity and in all contractual agreements.

(ii) That a person is not denied service on the basis that the person does not meet a requirement for a minimum period of residence in a service area.
(iii) That inpatient psychiatric services are licensed by the department pursuant to sections 134 to 150 of the act and administrative rules promulgated thereunder.
(iv) That recipients have the rights guaranteed by the act and the rules promulgated thereunder.
(v) That personnel policy and procedures do not discriminate against employees or applicants for employment with respect to hiring, tenure, terms, conditions or privileges of employment, or any matter directly or indirectly related to employment because of race, color, nationality, religious or political belief, sex, age, or handicap, unless a requirement of sex or age is based on a bona fide occupational qualification.
History: 1979 AC; 1981 AACS.

R 330.1028 Service entity; records. Rule 1028. (1) A service entity shall maintain administrative records, including all of the following:
(a) Recipient contacts and referrals.
(b) Personnel policies and practices.
(c) Job descriptions.
(d) Personnel procedures.
(2) A service entity shall maintain case records for each recipient, including, where appropriate:
(a) Identification data and consent forms.
(b) Personal history.
(c) Evaluations and examinations.
(d) Individualized treatment plans.
(e) Termination summaries.
History: 1979 AC.

R 330.1031 Service entity; provisional certificate of approval.
Rule 1031. If a service entity does not meet requirements for certification for a service element which it offers, the department may issue a provisional certificate of approval for a period not to exceed 6 months, based on a judgment that the service element in question will comply with these requirements before the end of the period of provisional certification.
History: 1979 AC.

R 330.1034 Service entity; biannual certificate of approval.
Rule 1034. An eligible service entity shall be issued a certificate of approval biannually. A service entity shall be subject to inspection and reevaluation by the department at any time. A certificate of approval is not transferable. A service entity shall notify the department of a change in sponsorship or operation of the service entity or of any service element. Existing approval shall be void on the date of change, and the service entity shall apply for a new certificate of approval.
History: 1979 AC.

R 330.1037 Contracts or agreements between service entities and service elements.
Rule 1037. If service elements of a center are provided by more than 1 service entity, the relationship between the service entities and the service elements shall be by contract or formal written agreement, which shall make specific provision for assuring compliance with these rules. Copies of contracts and formal written agreements shall be included with applications for certification.
History: 1979 AC.

R 330.1041 Evidence of fire safety approval.
Rule 1041. When applying for certification and during inspections, a service entity shall submit evidence that the facilities of service elements are approved for fire safety by the state fire marshal or a local fire safety authority, whichever has primary jurisdiction.
History: 1979 AC.

R 330.1045 Service element; staff; policies and procedures; space and facilities.
Rule 1045. (1) A service element shall be staffed with qualified professional, nonprofessional, and supporting personnel.
(2) A service element shall have written policies and procedures which facilitate delivery of service as part of a comprehensive range of services, established and agreed to by the service element and the sponsoring service entity.
(3) A service element shall have space and facilities which meet the standards of the department.
History: 1979 AC.

R 330.1051 Center; location and accessibility of services.
Rule 1051. (1) Services of a center shall be conveniently located for the population of the defined service area. Factors such as density of population, geographic and chronological distances, and availability of public transportation shall be considered in the determination.
(2) A center shall be free of physical obstacles to recipients whose mobility is impaired by physical handicaps.
(3) A center shall offer services at times which are compatible with the schedules of its service population to enable recipients to receive services with a minimum of disruption to other essential aspects of their lives.
History: 1979 AC.

R 330.1053 Center; requirements generally. Rule 1053. (1) A center shall identify all of the following:
(a) Service agency which delivers services.
(b) Recipients.
(c) The amount of service given to each recipient.
(d) The type of service and rationale for services offered, including indirect services.
(2) A center shall insure:
(a) That policies and procedures governing protection of stored recipient information are developed, maintained, and followed.
(b) That copies of signed release-of-information forms are included in the case records of recipients.
(c) That there is periodic review of client case records to determine whether they contain the required service documentation and release-of-information records.
History: 1979 AC.

R 330.1055 Center; fiscal management.
Rule 1055. A center shall insure efficient distribution of funds according to procedures which include uniform accounting and purchasing policies, unit cost analyses, annual audits, contracts, and a preliminary plan of expenditures, and shall be based on the following:
(a) Clear, up-to-date records of expenditures.
(b) A unit cost analysis of services performed not less than annually.
(c) Purchasing policies which require systematic approval by responsible agency staff of expenditure for supplies, equipment, and contracted services.
(d) Spending reports made available annually to the department.
History: 1979 AC.

R 330.1057 Management information system; program evaluation; staff evaluation.

Rule 1057. (1) A center shall have a management information system consistent with that of the department, and consistent with that of the local community mental health board when the board contracts with the centers, which provides sufficient information about the functioning of the center to help determine to what degree programs are meeting their goals, including mechanisms for collecting pertinent, accurate data; provisions for interpreting data in a form that is useful for decision makers; a means for communicating information to program managers; mechanisms for making program changes as needed; and mechanisms for refining program evaluation systems to improve usefulness, economy of effort, and accuracy.

(2) A center shall provide opportunities for users of the evaluation system to influence initial planning and ongoing refinement of the system.

(3) Information for program evaluation shall be based on data which is sufficiently current to facilitate program decisions.

(4) A center staff evaluation program shall provide periodic assessments of the degree to which each staff person is adequately performing the functions of his position. Assessments shall be clearly communicated to the evaluated staff person and program managers involved in staff placement and training.

History: 1979 AC.

R 330.1059 Center; duties.

Rule 1059. (1) A center shall adopt purpose and service definitions that are in harmony with the needs of the population of the defined service area, contractual agreements with funding sources, limitations of resources, and legal and other constraints.

(2) A center shall coordinate its services with other mental health services and pertinent human services to assure that needs of the center's recipients are met in a comprehensive manner without fragmentation or duplication. To accomplish this, a center shall:

(a) Participate in community and regional planning, including health systems agency planning.

(b) Establish continuity of care agreements between appropriate service entities and with appropriate agencies providing services to the population of the center's service area, including department facilities.

(c) Whenever possible, provide the mental health component of health services established in the service area by health maintenance organizations and community health centers.

History: 1979 AC.

DEPARTMENT OF CONSUMER AND INDUSTRY SERVICES
BUREAU OF HEALTH SYSTEMS
DIVISION OF HEALTH FACILITY STANDARDS AND LICENSING
LICENSING OF FACILITIES

R 330.1201 Definitions

Rule 1201. As used in this subpart:

(a) "Active treatment" means all of the following:

(i) Services that are provided under an individualized plan of services.

(ii) Services that are directed toward improving or maintaining the patient's condition.

(iii) Services that are provided, or supervised and evaluated, by a mental health professional.

(b) "Activity area" means a space that is made available to patients for diversional and social activities.

(c) "Hospital" means a mental hospital, psychiatric hospital, or psychiatric unit which is not operated by the department of mental health or by the federal government.

(d) "Major construction" means any change or addition to, or renovation of, an existing structure which would require an architect or an engineer to design a plan or which would cost more than $100,000.00.

(e) "Mental health professional," within a licensed hospital, means a psychiatrist, as defined in chapter 4 of the act, a pediatrician, a psychologist, a certified social worker, or a registered nurse.

(f) "Mental hospital" or "psychiatric hospital" means a freestanding establishment which offers inpatient services for the observation, diagnosis, active treatment, and overnight care of persons with a mental disease or with a chronic mental condition who require daily direction or supervision of physicians and mental health professionals who are licensed to practice in this state.

(g) "Psychiatric unit" means a coordinated psychiatric inpatient program of a general hospital which offers services for the observation, diagnosis, active treatment, and overnight care of persons with a mental disease or with a chronic mental condition who require the daily direction or supervision of a physician or mental health professionals who are licensed or certified to practice in this state.

(h) "Registered record administrator" or "accredited record technician" means a person who met the educational requirements for taking, and who has successfully passed, the appropriate examination conducted by the American medical record association.

History: 1979 AC; 1981 AACS; 1983 AACS; 1988 AACS.

R 330.1210 Licenses; application; duration; renewal; qualifications.

Rule 1210. (1) A hospital shall not be established or maintained in this state and the terms "mental hospital," "psychiatric hospital," and "psychiatric unit" shall not be used without first obtaining a license from the department.

(2) A license as a mental hospital, psychiatric hospital, or psychiatric unit shall not be issued by the department without first receiving an application for a license which is filed with the department on prescribed forms.

(3) A license shall be issued for 1 year and may be renewed on an annual basis.

(4) To be considered for licensing, a hospital shall comply with all of the following provisions:

(a) Be in compliance with parts 1, 4, and 7 of these rules.

(b) Have approval of the state fire marshal.

(c) Be in continuing compliance with the stipulations contained in the hospital's approved certificate

of need application.
(5) A copy of the applicable standards shall be furnished with each application for license, and the applicant shall acknowledge receipt of the standards and agree to comply with them by signing a form provided for that purpose. The form shall be filed with the application for license.
History: 1979 AC; 1984 AACS.

R 330.1213 Temporary permit.
Rule 1213. A nonrenewable temporary permit may be issued by the director for a period of not more than 6 months if a hospital does not meet the program requirements for licensing. The time period covered by the temporary permit shall be used to conduct an investigation and to undertake remedial action. Application shall be filed with the department on the prescribed forms and shall be accompanied by the statutory fee.
History: 1979 AC.

R 330.1214 Provisional licenses.
Rule 1214. A provisional license may be issued to a hospital that is unable to comply with rules relating to physical facilities for any length of time up to 1 year, but may be renewed for not more than 1 additional year. Applications shall be filed with the department on prescribed forms and shall be accompanied by the statutory fee.
History: 1979 AC; 1990 AACS.

R 330.1215 Construction permits.
Rule 1215. A construction permit shall be obtained from the department before a licensed hospital begins major construction. Application shall be filed with the department on prescribed forms, shall be accompanied by the statutory fee, and if also licensed by the department of public health, shall comply with the provisions of Act No. 256 of the Public Acts of 1972, being S331.451 et seq. of the Michigan Compiled Laws, covering certificate of need, and if not, shall comply with provisions of section 1122 of amendments of the social security act of 1972, Public Law 92-603, 42 U.S.C. 401 et seq., 1395, 26 U.S.C. 1401, 1402, 3111, 3121, and 6143.
History: 1979 AC.

R 330.1220 Transferal of hospital license.
Rule 1220. (1) A hospital license is not transferable. A change in location, ownership, or program shall require a new application for license.
(2) The department shall be notified in advance of a change. The existing license shall be void as of the date of the change and returned to the department.
(3) A change of ownership shall be reported to the department when there is a sale or transfer of 10% or more of the stock of a corporation owning a licensed hospital. The existing license shall be void as of the date of this change and returned to the department.
History: 1979 AC.

R 330.1223 Application for license.
Rule 1223. Application for a hospital license shall be filed on forms prescribed by the department and shall contain all of the following:
(a) The names of the individual stockholders and percentage of stock owned by each, and the names of the individuals composing the governing body.
(b) An indication of whether the hospital is a member of any state or national association.
(c) An indication of whether the hospital is accredited by the joint commission on accreditation of hospitals. If it has applied for accreditation and was disapproved, it shall attach to the application a

copy of the joint commission on accreditation of hospitals notification of disapproval, including the list of recommendations. If it is already accredited, it shall attach to the application a copy of the joint commission on accreditation of hospitals notification of accreditation, including the list of recommendations.
(d) A description of procedures and practices followed to insure the physical health of employees.
(e) A narrative description of the program plan of the hospital.
(f) Current staffing patterns and list of employees involved in the professional care and treatment of patients, with their respective license or certification numbers with the date of expiration.
(g) Evidence of conformity with standards and requirements of the department of public health.
(h) A floor plan of the space devoted to patient care and activities. This plan shall illustrate the exact inside dimensions of each patient care room, the number of beds in each room, and the dimensions and use of other activity areas. Seclusion or quiet rooms and their dimensions shall be specifically identified.
(i) For a mental hospital or psychiatric hospital, a written agreement with a general hospital or group of physicians concerning provision of necessary medical care, including emergency care not provided in the hospital.
History: 1979 AC.

R 330.1226 Emergency medical certification.
Rule 1226. A licensed hospital shall provide initial medical certification, as defined in chapter 4 of the act, by a qualified staff person when an individual is presented for examination at a time when a qualified staff person is on duty.
History: 1979 AC.

R 330.1228 Probate court hearing.
Rule 1228. A licensed hospital shall provide appropriate space for probate court hearings on involuntary admissions if a court deems it practicable to convene at the hospital.
History: 1979 AC.

R 330.1232 Inspections.
Rule 1232. (1) The state fire marshal or his designee may enter and inspect the premises of an applicant or licensee at any reasonable time.
(2) The director of the department of public health or his designee may enter the premises of an applicant or licensee at any reasonable time for the purpose of determining whether the hospital meets the physical and operational standards or other requirements of the department of public health.
(3) The director or his designee shall be permitted to make on-site inspections and comprehensive evaluations of the program of a hospital at any reasonable time.
(4) Copies of inspection reports shall be sent to the applicant or licensee.
History: 1979 AC.

R 330.1235 Physical environment. Rule
1235. A hospital shall be:
(a) Constructed, equipped, and maintained to insure the safety of patients, employees, and the public.
(b) In compliance with all applicable state and local codes governing hospital construction.
History: 1979 AC.

R 330.1239 Construction and equipment of psychiatric nursing units.
Rule 1239. (1) Psychiatric nursing units shall be designed for the care of ambulatory and

nonambulatory inpatients. Provision shall be made in the design for adapting the area for various types of psychiatric therapies that will be used and for providing a noninstitutional atmosphere for ambulatory patients. The unit shall provide a safe environment for patients and staff. Details of such facilities shall be as described in the approved functional program.
(2) For patient rooms, each psychiatric nursing unit shall meet the standards noted in R 330.1243, except as follows:
(a) Windows in psychiatric units shall have an operable section or sash controlled by keys or tools that are under the control of the staff. The degree of security required shall be determined by program requirements, but operation of the window sash shall be restricted to inhibit possible escape or suicide. Where glass fragments may create a hazard because of the type of patients expected, safety glazing or other appropriate security features, or both, shall be used.
(b) A nurses' call system is not required, but if it is included, provision shall be made to permit removal of the system or for covering call button outlets.
(c) Bedpan flushing devices may be omitted from patient room toilets in psychiatric nursing units.
(3) For service areas, each psychiatric nursing unit shall meet the standards noted in R 330.1243, with modifications as follows:
(a) The drug distribution unit shall provide for security against unauthorized access.
(b) In place of a nourishment station, kitchen service may be provided within the unit. If used, kitchen service shall include all of the following:
(i) A sink equipped for handwashing.
(ii) Storage space.
(iii) A refrigerator.
(iv) Facilities for meal preparation.
(c) Storage space for stretchers and wheelchairs may be outside the psychiatric unit if provision is made for convenient access as needed for handicapped patients.
(d) A bathtub or shower shall be provided for each 6 beds not otherwise served by bathing facilities within the patient rooms.
(4) All of the following elements shall be provided within each psychiatric nursing unit:
(a) A separate charting area which provides for acoustical privacy. A viewing window to permit observation of patient areas by the charting nurse or physician may be used if the arrangement is such that patient files cannot be read from outside the charting space.
(b) Not less than 2 separate social spaces, 1 appropriate for noisy activities and 1 for quiet activities. The combined area shall be not less than 3.72 square meters (40 square feet) per patient with not less than
11.1 square meters (120 square feet) for each of the 2 spaces, whichever is greater. This space may be shared with dining activities.
(c) Space for group therapy. This may be combined with the quiet space noted in subdivision (b) of this subrule if an additional area of not less than 0.7 square meters (8 square feet) per patient is added to the area and not less than 21 square meters (225 square feet) of space, enclosed for privacy, is available for group therapy activities.
(d) Patient laundry facilities with automatic washer and dryer.
(5) All of the following elements shall be provided, but may be either within the psychiatric unit or immediately accessible to it:
(a) Rooms for examination and treatment with a minimum area of not less than 11.1 square meters (120 square feet). Examination treatment rooms for medical surgical patients may be shared by the psychiatric unit patients. These rooms may be on a different floor if conveniently accessible.
(b) Separate consultation rooms with a minimum floor space of 9.3 square meters (100 square feet) each shall be provided at the rate of 1 consultation room for each 30 psychiatric beds. The rooms

shall be designed for acoustical and visual privacy and constructed to achieve a noise reduction of not less than 45 decibels.
(c) Each psychiatric unit shall contain 1.39 square meters (15 square feet) of separate space per patient for occupational therapy with a minimum total area of not less than 18.6 square meters (200 square feet), whichever is greater. Space shall be provided for handwashing, work counters, storage, and displays. Occupational therapy areas may serve more than 1 nursing unit. When psychiatric units contain less than 16 beds, the occupational therapy functions may be performed within the noisy activities area, if not less than an additional 0.9 square meters (10 square feet) per patient served is included.
(6) Within the psychiatric nursing unit there shall be a seclusion room or rooms for patients requiring security and protection. The rooms shall be located for direct nursing staff supervision. Each room shall be for only 1 patient. It shall have an area of not less than 9.3 square meters (100 square feet) and be constructed to prevent patient hiding, escape, injury, or suicide. If a facility has more than 1 psychiatric nursing unit, the number of seclusion rooms shall be a function of the total number of psychiatric beds in the facility. Seclusion rooms may be grouped together. The seclusion room is intended for short-term occupancy by a patient who has become violent or suicidal. Therefore, special fixtures and hardware, including ground fault interrupters (GFI) for electrical circuits and tamperproof outlets, shall be used. Doors shall open out and shall permit staff observation of the patient while maintaining patient privacy. If the interior of a seclusion room is padded with combustible materials, the room area, including the floor, walls, ceiling, and all openings, shall be protected with not less than 1-hourrated construction.
History: 1990 AACS.

R 330.1243 Construction and equipment of nursing units generally. Rule 1243. (1) Each patient room in a nursing unit shall meet all of the following standards:
(a) Maximum room capacity shall be 4 patients.
(b) Patient room areas, exclusive of toilet rooms, closets, lockers, wardrobes, alcoves, or vestibules, shall be not less than 9.29 square meters (100 square feet) for single-bed rooms and 7.43 square meters (80 square feet) per bed for multiple-bed rooms. Minor encroachments, including columns and lavatories, that do not interfere with functions may be ignored when determining space requirements for patient rooms. In multiple-bed rooms, a clearance of 1.12 meters (3 feet 8 inches) shall be available at the foot of each bed to permit the passage of equipment and beds. The areas noted in this subdivision are intended as recognized minimums and do not prohibit the use of larger rooms where required for needs and functions.
(c) Patient rooms intended for 24-hour occupancy or more shall have operable windows. Special tools for window operation may be used if these are available at all times for staff use.
(d) Hand-washing facilities shall be provided in each patient room. The lavatory may be omitted from a bedroom if a water closet and lavatory are provided in a toilet room designed to serve 1 single-bed room or 1 2-bed room.
(e) Each patient shall have access to a toilet room without entering the general corridor area. One toilet room shall serve not more than 4 beds and not more than 2 patient rooms. The toilet room shall contain a water closet and a lavatory. The lavatory may be omitted from a toilet room if each patient room served by that toilet contains a lavatory for hand-washing.
(f) Each patient shall have within his or her room a separate wardrobe, locker, or closet suitable for hanging full-length garments and for storing personal effects.
(g) In multiple-bed rooms, visual privacy shall be provided for each patient. The design for privacy shall not restrict patient access to the entrance, lavatory, or toilet.
(h) Ceilings shall be monolithic from wall to wall without fissures.

(2) Provisions for the services noted in this subrule shall be located in, or be readily available to, each nursing unit. The size and location of each service area will depend upon the numbers and types of beds served. Identifiable spaces are required for each of the indicated functions. Each service area may be arranged and located to serve more than 1 nursing unit, but, unless noted otherwise, at least 1 such service area shall be provided on each nursing floor. Where the word "room" or "office" is used, a separate, enclosed space for the 1 named function is intended; otherwise, the described area may be a specific space in another room or common area. Service areas shall include all of the following:
(a) Administrative center or nurses' station.
(b) Nurses' office for floor staff.
(c) Administrative supplies storage.
(d) Lavatories for hand-washing, conveniently accessible to the nurses' station, drug distribution station, and nourishment center. One lavatory may serve several areas if convenient to each area.
(e) Charting facilities.
(f) Toilet rooms for staff.
(g) Staff lounge facilities. These facilities may be centrally located on another floor.
(h) Securable closets or cabinet compartments for the personal effects of nursing personnel, conveniently located to the duty station. At a minimum, the closets or cabinets shall be large enough for purses and billfolds. Coats may be stored in closets or cabinets on each floor in a central staff locker area.
(i) Multipurpose rooms for staff and patient conferences, education, demonstrations, and consultation. These rooms shall be conveniently accessible to each nursing unit. The rooms may be on other floors if convenient for regular use. One such room may serve several nursing units or departments, or both.
(j) Examination and treatment rooms. These rooms may be omitted if all beds in the facility are single-bed patient rooms. The examination and treatment rooms may serve several nursing units and may be on a different floor if conveniently located for routine use. Examination rooms shall have a minimum floor area of 11.2 square meters (120 square feet), excluding space for vestibules, toilets, and closets. The room shall contain a lavatory or sink equipped for hand-washing, storage facilities, and a desk, counter, or shelf space for writing.
(k) Clean workroom or clean holding room. If the room is used for preparing patient care items, it shall contain a counter and hand-washing and storage facilities. If the room is used only for storage and holding as part of a system for the distribution of clean and sterile supply materials, the work counter and hand-washing facilities may be omitted.
(l) Soiled material workroom. This room shall contain all of the following:
(i) A clinical sink or equivalent flushing rim fixture.
(ii) A sink equipped for hand-washing.
(iii) A work counter.
(iv) Waste receptacles.
(v) A linen receptacle. Rooms used only for the temporary holding of soiled material need not contain hand-washing sinks or work counters. However, if a flushing rim sink is omitted, other provisions for the disposal of liquid waste at each unit shall be made if the program requirements so dictate.
(m) Drug distribution station. Provision shall be made for the 24-hour distribution of medications. This may be from a medicine preparation room or unit, from a self-contained medicine dispensing unit, or by another approved system. If used, a medicine preparation room or unit shall be under the visual control of nursing staff. A medical preparation room shall contain a work counter, sink, refrigerator, and locked storage for controlled drugs and shall have a minimum area of 4.65 square meters (50 square feet). A self-contained medicine dispensing unit may be located at the nurses'

station, in the clean workroom, or in an alcove. As standard cup-sinks provided in many self-contained units are not adequate for hand-washing, provision shall be made for convenient access to hand-washing facilities.
(n) Clean linen storage. Each nursing unit shall contain a designated area for clean linen storage. This may be within the clean workroom, a separate closet, or an approved distribution system on each floor. If a closed cart system is used, storage may be in an alcove. Carts shall be out of the path of normal traffic.
(o) Nourishment station. This station shall contain all of the following:
(i) A sink.
(ii) A work counter.
(iii) A refrigerator.
(iv) Storage cabinets.
(v) Equipment for serving nourishment between scheduled meals. Provisions and space shall be included for the separate temporary storage of unused and soiled dietary trays which are not picked up at mealtime. In place of a nourishment station, kitchen service may be provided within the unit. If kitchen service is used, this shall include a sink equipped for hand-washing, storage space, a refrigerator, and facilities for meal preparation.
(p) Ice machine. Each nursing unit shall have equipment to provide ice for treatments and nourishment. Ice-making equipment may be in the clean workroom or at the nourishment station under staff control. Ice intended for human consumption shall be from self-dispensing ice makers.
(q) Equipment storage room. Storage space for stretchers and wheelchairs may be outside the psychiatric unit if provisions are made for convenient access as needed for handicapped patients.
(r) Bathing facilities. A bathtub or shower shall be provided for each 6 beds not otherwise served by bathing facilities within the patient rooms.
(s) Emergency equipment storage. Space shall be provided for emergency equipment, such as a cardiopulmonary resuscitation (CPR) cart, which is under direct control of the nursing staff, in close proximity to the nurses' station, but out of normal traffic.
(t) Direct access to a janitor's closet for each nursing unit and not less than 1 janitor's closet for each floor. Each janitor's closet shall contain a service sink or receptor and provisions for the storage of supplies. This provision is in addition to separate janitor's closets that may otherwise be required for the exclusive use of specific services.
(u) An electrical receptacle shall be a safety-type receptacle or be protected by 5 milliampere ground fault interrupters (GFI).
History: 1990 AACS.

R 330.1250 Refusal to issue or renew and suspension or revocation of license.
Rule 1250. If an inspection and evaluation results in findings of demonstrable deficiencies in the program, operating practices, or physical conditions of a hospital, as specified in the act or these rules, those findings shall be grounds for refusal to issue or renew a license or for suspension or revocation of a license:
(a) The department shall list and describe deficiencies upon which it bases refusal to issue or renew or for suspension or revocation of a license.
(b) This list and description shall be sent to the applicant or licensee, stating proposed action and date for hearing.
History: 1979 AC.

R 330.1252 Public inspection of license application records.
Rule 1252. The department shall make available for public inspection records pertaining to the application for continued licensure of a hospital.

(a) Records shall be available for public inspection in the department's office in Lansing, Michigan, during regular office hours.
(b) A report of department inspections shall be available 30 days after the department mails or otherwise delivers a copy of an inspection report to the applicant or licensee.
(c) Records shall include all of the following:
(i) A copy of the application for license.
(ii) A copy of the license if one has been issued, or a record of its contents and date of issue if a copy has not been retained.
(iii) Copies of reports of inspections made by the department to the applicant or licensee and responses, if any, of the applicant or licensee.
(iv) Copies of final orders or decisions in contested cases and the records on which they were based.
(d) The department may delete from records to be inspected matters described in section 13 of Act No. 442 of the Public Acts of 1976, being S15.243 of the Michigan Compiled Laws.
(e) Copies of records pertaining to licenses processed by the department will be available to the public by application to the department and at the expense of the applicant.
History: 1979 AC.

R 330.1255 Disaster plan and emergency procedures.
Rule 1255. (1) A hospital shall have written procedures to be followed in case of fire, explosion, or other emergency, including all of the following:
(a) Persons to be notified.
(b) Location of alarm signals and fire extinguishers.
(c) Evacuation routes.
(d) Procedures for evacuation of helpless patients.
(e) Assignment of specific tasks and responsibilities to personnel on each shift.
(2) Frequency of, and procedures for, fire drills and simulated disaster drills shall be included in the written policy of a hospital.
(3) A hospital shall conduct a simulated drill to test the effectiveness of the disaster plan not less than 4 times a year.
(4) The disaster plan and frequency of simulated drills shall be prominently posted and made available to all employees.
(5) A hospital shall have written procedures by which patients can be speedily removed from restraint or seclusion in the case of emergency.
(6) A hospital shall assure that personnel are trained to perform tasks assigned to them in emergency plans.
History: 1979 AC; 1986 AACS.

R 330.1260 Rights of recipients.
Rule 1260. A hospital shall insure, in written policy and in practice, that individuals receiving services shall be entitled to the rights guaranteed by the act and the rules promulgated thereunder.
History: 1979 AC.

R 330.1265 Governing body.
Rule 1265. (1) A hospital that is licensed by the department shall have a governing body which shall be responsible for all of the following:
(a) Administration and management of the hospital.
(b) Selection of medical staff and the quality of care rendered by the hospital.
(c) Assuring that physicians and other personnel for whom a state license, certification, or registration is required are currently licensed, certified, or registered.

(2) The governing body of a licensed hospital shall adopt bylaws which are in accordance with legal requirements.
(3) The governing body of a licensed hospital shall certify to the department that the hospital does not discriminate against any person on the basis of race, color, nationality, religious or political belief, sex, age, or handicap in any area of its operation. This includes all of the following areas:
(a) Employment, unless a requirement of sex or age is based on a bona fide occupational qualification.
(b) Patient admission and care.
(c) Professional and nonprofessional training programs.
(4) The governing body shall direct the administration of the hospital to take action to assure that the hospital adheres to nondiscriminatory practices.
History: 1979 AC; 1981 AACS.

R 330.1267 Administrator and chief of service.
Rule 1267. (1) The governing body of a licensed hospital other than a psychiatric unit shall appoint a person, responsible to them, as an administrator, whose primary duties shall be to:
(a) Organize and oversee daily administrative functions of the hospital.
(b) Maintain effective liaison between the staff, departments of the hospital, and the governing body.
(2) The administrator, acting in behalf of the governing body, shall appoint a psychiatrist with a current license in the state of Michigan as the chief of service responsible for:
(a) The general character of professional diagnostic and treatment care provided.
(b) Recommendations to the administration concerning equipment, routine procedures, and other matters concerning patient care.
History: 1979 AC.

R 330.1269 Available services.
Rule 1269. (1) A hospital shall provide for the services of a sufficient number of appropriately qualified mental health professionals and supporting staff to develop and carry out the program plan. These shall include all of the following:
(a) Educators.
(b) Occupational, music, recreational, or physical therapists.
(c) Registered nurses.
(d) Psychiatrists and other physicians.
(e) Psychologists.
(f) Social workers.
(g) Vocational counselors.
(h) Mental health counselors.
(2) The administrator of a hospital which has a separate, formal program for adolescents or children, or both, shall insure that the fundamental needs of the patients are met and shall provide for the services of a sufficient number of appropriately qualified mental health professionals and support staff as necessary to develop and carry out the program plan. These shall include all of the following:
(a) Child care workers.
(b) Educators.
(c) Mental health counselors.
(d) Occupational, music, recreational, or physical therapists.
(e) Psychiatrists and other physicians.
(f) Psychologists.
(g) Registered nurses.
(h) Social workers.
(i) Speech, hearing, and language specialists.

(j) Vocational counselors.
History: 1979 AC; 1983 AACS.

R 330.1274 Notification of deaths.
Rule 1274. The administrator or his designee shall inform the department, as soon as administratively possible, of all deaths.
History: 1979 AC.

R 330.1275 Summary of patient movement.
Rule 1275. A monthly summary of patient movement shall be compiled by each psychiatric hospital and psychiatric unit. This monthly summary shall be filed with the department on the prescribed form.
History: 1990 AACS.

R 330.1276 Records.
Rule 1276. (1) All of the following records shall be maintained by a licensee and shall be made available for examination by the department:
(a) Policies and procedures followed by the hospital to ensure that employees are in good physical and mental health.
(b) Documentation which substantiates that the policies and procedures specified in subdivision (a) have been uniformly implemented.
(c) Records of periodic inspection by local and state fire marshals.
(d) Records of execution of fire and simulated disaster plan drills.
(e) Records of health inspections, including both of the following:
(i) Inspections by state or local health authorities.
(ii) Documentation of actions taken to comply with department of public health recommendations.
(f) Reports of the joint commission on accreditation of hospitals, including both of the following:
(i) Notification of accreditation and a list of recommendations.
(ii) Notification of disapproval and a list of recommendations.
(2) All of the following administrative records shall be maintained by a licensee and shall be made available for examination by the department:
(a) Admissions, discharges, transfers, and deaths.
(b) All of the following complete and accurately written records:
(i) Personnel policies and procedures.
(ii) Job descriptions.
(iii) Personnel assignments.
(c) Written policies and procedures relating to the notification of responsible persons in the event of a significant change in the physical or mental condition of a patient.
(d) Records of all of the following:
(i) Unusual deaths of patients.
(ii) Unusual behavior of, or incidents regarding, patients.
(iii) Accidents or injuries.
(e) Patient movement in and out of the hospital.
(3) A licensee shall maintain an adequate medical record for every patient in the hospital, which shall include all of the following information:
(a) Identification data and consent forms.
(b) History of the patient.
(c) All of the following reports:
(i) Psychiatric evaluations.
(ii) Neurological and physical examinations.

(iii) Other diagnostic procedures and examinations.
(d) Individualized plan of services.
(e) Medical orders.
(f) Observations.
(g) Reports of actions, findings, and conclusions.
(h) Discharge summary.
(4) Medical records shall be confidential, as required by section 748 of the act, and shall be current and accurate.
(5) A registered record administrator or an accredited record technician shall be employed on a full-time or part-time basis to facilitate accurate processing, checking, indexing, and filing of medical records.
(6) The medical record services shall maintain a system of identification and filing to facilitate prompt location of a patient's medical records.
History: 1979 AC; 1986 AACS; 1988 AACS.

R 330.1279 Coordinated plan of service.
Rule 1279. Mental health professionals involved in the care and treatment of a patient shall work together to provide an integrated plan of service.
History: 1979 AC.

R 330.1281 Physician responsibility.
Rule 1281. (1) Health care of every patient in a psychiatric hospital or a psychiatric unit shall be under the supervision of a physician from the time of admission to discharge.
(2) The type, duration, and amount of medications and medical treatment shall be ordered by a patient's physician or by a psychiatric hospital physician if the patient's physician is not available.
History: 1979 AC; 1986 AACS.

R 330.1285 Nursing.
Rule 1285. (1) A psychiatric hospital or psychiatric unit shall have an organized nursing service adequate to care for the patients.
(2) A nursing service shall have a written plan that delineates its functional structure and its mechanism for cooperative planning and decision making, including periodic review and evaluation of the plan.
(3) A nursing service shall have written policies and procedures, including a system of annual review and update, for the provision of nursing services and for the direction of nursing personnel in the performance of their duties.
(4) A nursing service shall be under the direction of a registered nurse who shall have, at a minimum, a bachelor's degree, 3 years of psychiatric nursing work experience, and a current Michigan license as a registered nurse.
(5) Administrative and clinical consultation shall be available to the director of nursing from a qualified psychiatric nursing specialist with a master's degree, unless the director of nursing is so qualified.
(6) In addition to the requirements of subrule (7) of this rule, there shall be at least 1 licensed registered nurse with 1 year of psychiatric nursing experience on duty on each work shift within a psychiatric hospital or psychiatric unit.
(7) A psychiatric hospital or psychiatric unit shall provide ratios of clinical nursing personnel to number of patients 24 hours a day to carry out the individual service plan for each patient. Determination of the ratio shall be made in accordance with the nursing program requirements for each nursing unit of the psychiatric hospital or psychiatric unit. Once determined it shall be stated in

the nursing organization plan and program staffing shall be maintained at not less than the stated level until there is a change in the type of patient care required.
(8) Orientation and staff development programs in psychiatric nursing shall be provided for all psychiatric nursing personnel.
History: 1979 AC; 1986 AACS.

R 330.1287 Social service staff requirements.
Rule 1287. (1) A psychiatric hospital or psychiatric unit shall have an organized social services program and staff adequate to meet the social service needs of the patients.
(2) A social service program shall have a written plan describing arrangements for the provisions of the services.
(3) A social services program shall have written policies and procedures for provision of social services, including a system of review and annual update, to guide social service personnel in the performance of their duties.
(4) A social services program shall be under the supervision of a certified social worker on a full-time or part-time basis.
(5) Staff shall be social workers.
(6) Orientation and staff development programs shall be provided for social service personnel.
History: 1979 AC; 1986 AACS.

R 330.1289 Psychological services.
Rule 1289. (1) A psychiatric hospital or psychiatric unit shall have a psychological services program which has a written plan arrangement for the provision of services.
(2) A psychological services program shall have written policies and procedures for the provision of psychological services, including a system of review and annual update, to guide psychological services personnel in the performance of their duties.
(3) A psychological services program shall be under the supervision of a fully licensed psychologist on a full-time or part-time basis.
(4) When the psychiatric hospital or psychiatric unit has psychological staff in its employ, orientation and staff development programs shall be provided.
History: 1979 AC; 1986 AACS.

R 330.1291 Activity therapy service staff requirements.
Rule 1291. (1) A psychiatric hospital or psychiatric unit shall have an organized activity therapy services program and staff adequate to meet the therapeutic activity needs of the patients.
(2) An activity therapy services program shall have a written plan describing arrangements for the provision of services.
(3) An activity therapy services program shall have written policies and procedures for the provision of activity services, including a system of review and annual update, to guide activity services personnel in the performance of their duties.
(4) An activity therapy services program shall be under the supervision of a registered occupational, music, or recreational therapist on a full-time or part-time basis. The program may be directed by a mental health professional.
(5) Orientation and staff development programs shall be provided for activity therapy services personnel.
History: 1979 AC; 1986 AACS.

R 330.1295 Posting of license and fire regulations. Rule 1295. (1) A current license shall be prominently posted in a conspicuous place in the hospital.

(2) Fire regulations shall be prominently posted and carefully observed.
History: 1979 AC.

R 330.1299 Waiver of licensure requirements. Rule 1299. (1) The director may issue a temporary waiver of a requirement for licensure when:
(a) There is a justifiable and documented reason why the requirement cannot be met.
(b) Temporary waiver of the requirement would not significantly reduce effective treatment, nor adversely affect the health of patients.
(c) All other requirements are met.
(d) The provisions of the mental health code are not violated.
(2) A waiver of a requirement shall be for 1 year and may be renewed if:
(a) The applicant shows evidence that significant attempts were made to meet the requirement.
(b) Services to residents were not significantly affected because the licensee has not met the requirement.
(3) A request for waiver, and supporting arguments, shall accompany the original application for license and subsequent annual renewals, when applicable.
(4) A waiver shall only apply to rules between R 330.1210 to R 330.1295 of these rules.
History: 1979 AC.

DEPARTMENT OF COMMUNITY HEALTH
POLICY AND LEGAL AFFAIRS ADMINISTRATION
MENTAL HEALTH AND SUBSTANCE ABUSE SERVICES
FAMILY SUPPORT SUBSIDY PROGRAM

(By authority conferred on the department of community health by Executive Reorganization Order No. 1996-1, MCL 330.3101)

SUBPART 6. FAMILY SUPPORT SUBSIDY PROGRAM

R 330.1601 Definitions. Rule 1601. As used in these rules:

(a) "Autistic impaired" means an eligible minor who is determined to have an eligibility category of autism pursuant to R 340.1715 and who is receiving special education services in 1 of the following programs:

(i) Programs for students with autism as specified in R340.1758(1).

(ii) Programs for students with severe cognitive impairment as specified in R 340.1738.

(iii) Programs for students with severe multiple impairments as specified in R 340.1748.

(b) "Month of eligibility" means the month the family member, for whom application has been made, meets the requirements for participation in the program, regardless of the month the eligibility is verified by the community mental health program.

(c) "Severely mentally impaired" means an eligible minor who is determined to have an eligibility category of cognitive impairment pursuant to R 340.1705 and who shows development at a rate of approximately 4-1/2 or more standard deviations below the mean as determined through intellectual assessment.

(d) "Severely multiply impaired" means an eligible minor who is determined to have an eligibility category of severe multiple impairment pursuant to R 340.1714.

History: 1984 AACS; 2003 AACS.

R 330.1606 Rescinded. History: 1984 AACS; 2003 AACS.

R 330.1607 Diagnostic determination and classroom placement verification.

Rule 1607. (1) An applicant for the family support subsidy program shall provide written verification from the public school which the family member attends or would attend if the family member were in the public school system which shall report the diagnostic category recommended for the family member by the school's multidisciplinary evaluation team.

(2) If the family member has been recommended by the multidisciplinary evaluation team for the diagnostic category of autistic impaired, then the parent or legal guardian shall ensure that the written verification includes the classroom or program placement that is required for family members who are determined to be autistic impaired.

History: 1990 AACS.

R 330.1611 Entitlement grants not income.

Rule 1611. The family support subsidy program is an entitlement program which is administered by the department and county programs. The family support subsidy shall not be deemed to be income for the purposes of part 8 of these rules. Unless otherwise specifically funded by the legislature, utilization of the funds appropriated is restricted to the payment of actual grants.

History: 1984 AACS.

R 330.1613 Program participants not recipients.

Rule 1613. Family members, as defined in the act, will not be deemed recipients of mental health services solely by participation in the family support subsidy program, and therefore are not subject to

the requirements or protections for recipients as provided in the act.
History: 1984 AACS.

R 330.1616 Availability of forms.
Rule 1616. Copies of blank application forms, parent report forms, the forms for changed family circumstances, and appeal forms shall be available from the community mental health program.
History: 1984 AACS.

R 330.1621 Application; notice of changed family circumstances; failure to file.
Rule 1621. (1) A parent or legal guardian may apply for a family support subsidy if he or she believes a family member is eligible for the subsidy or will become eligible in the near future.
(2) An applicant shall file a completed application and all required documentation with the community mental health board serving the county of residence.
(3) When a change of family circumstances occurs or is anticipated which affects the eligibility of the family member or administration of the program, such as income exceeding the statutory limit or a change of name, address, or living arrangement, the parent or legal guardian shall complete the prescribed form and file it with the community mental health program within 2 weeks of the change.
(4) Failure to file the form required under subrule (3) of this rule, when such failure allows an inappropriate continuation of eligibility, shall subject a family which continues to utilize the program to liability, and the family shall promptly repay the amount illegally received, together with interest at the rate authorized by section 6013(2) of Act No. 236 of the Public Acts of 1961, as amended, being S600.6013(2) of the Michigan Compiled Laws.
History: 1984 AACS; 1990 AACS.

R 330.1626 Parent report form.
Rule 1626. To continue in the program, the parent or legal guardian shall submit the parent report form to the community mental health program during the month in which, or up to 90 days before, the family member's birthday occurs. If the family member's birthday occurs within 3 months of initial application, submission of the parent report form shall not be required until the birth month of the following year.
History: 1984 AACS; 1990 AACS.

R 330.1631 Ineligibility due to out-of-home placement.
Rule 1631. (1) A family member becomes ineligible for the subsidy program if the family member resides out of the home in a publicly supported residential setting for more than a total of 15 days during each of 2 consecutive calendar months for reasons other than physical health care.
(2) Reapplication for family members who were deemed ineligible under this rule may occur in any month following the month that the family member became ineligible.
History: 1984 AACS.

R 330.1636 One-time lump sum payment.
Rule 1636. For the purpose of section 158(1)(c) of the act, a 1-time, lump sum payment will also be available to family members who had previously participated in the family support subsidy if both of the following provisions are met:
(a) Subsequent ineligibility was due to out-of-home placement.
(b) The family member's placement currently exists and has existed for more than 1 year.
History: 1984 AACS.

R 330.1641 Application review.
Rule 1641. A community mental health program shall review an application and promptly approve

or deny the application and shall provide written notice to the applicant of its action and of the opportunity to administratively appeal the decision if the decision is to deny the application. If the denial is due to the insufficiency of the information on the application form or the required attachments, the board shall identify the insufficiency.
History: 1984 AACS.

R 330.1643 Appeal.
Rule 1643. If an application is denied or the subsidy terminated, a parent or legal guardian may file an appeal. The appeal shall be in writing and be presented to the community mental health program within 2 months of the notice of denial or termination.
History: 1984 AACS.

R 330.1646 Program coverage; calculation.
Rule 1646. Program coverage will be calculated on a monthly basis. If a family member becomes qualified for the program, coverage will start the calendar month following the month of eligibility or application, whichever occurs later. If eligibility terminates during a month, coverage will continue for that calendar month.
History: 1984 AACS.

R 330.1651 Forms.
Rule 1651. (1) The form for application for participation in the family support subsidy program shall meet the requirements of section 157 of the act and shall assist in the development of information necessary to administer the program.
(2) In addition to the application form specified in subrule (1) of this rule, the department shall also prescribe the following:
(a) The form for changed family circumstances.
(b) The parent report form.
(c) The format, the time for submission, and the instructions for the reporting of information by the community mental health program to the department for the general information which is necessary to comply with the provisions of section 161 of the act and with the contract allocation system.
History: 1984 AACS.

R 330.1656 Verification of income eligibility.
Rule 1656. (1) Verification of income eligibility may be accomplished utilizing 1 of the following provisions:
(a) Examination of the taxable income line of the family's previous year Michigan income tax return.
(b) If a Michigan income tax form was not filed, the family's federal or other state's previous year income tax returns may be used.
(c) If the information specified in subdivisions (a) and (b) of this subrule is not available, then other evidence of current incomes may be used as verification from which a projection of family income can be made.
(d) For a new applicant, if the previous year's taxable income would make the family member ineligible, but the current year's taxable income would make the family member eligible, then verification of income eligibility shall be accomplished by examination of the evidence of current incomes from which a projection of family income shall be made.
(2) A family that loses eligibility for the family support subsidy program due to a taxable income of more than $60,000.00 shall not reapply until 1 year after the termination of the subsidy.
(3) A family in repayment status with this program shall not reapply until its debt is repaid.
History: 1984 AACS; 1990 AACS; 2003 AACS.

DEPARTMENT OF COMMUNITY HEALTH
MENTAL HEALTH AND SUBSTANCE ABUSE SERVICES

(By authority conferred on the department of mental health by sections 1 to 4 of Act No. 80 of the Public Acts of 1905, as amended, section 33 of Act No. 306 of the Public Acts of 1969, as amended, and sections 114, 130, 136, 157, 206, 244, 498n, 498r, 842, 844, 908, and 1002a of Act No. 258 of the Public Acts of 1974, as amended, being sections 19.141 to 19.144, 24.233, 330.1114, 330.1130, 330.1136, 330.1206, 330.1244, 330.1498n, 330.1498r, 330.1842, 330.1844, 330.1908, and 330.2002a of the Michigan Compiled Laws)

SUBPART 7. PLACEMENT OF ADULTS WHO HAVE A MENTAL ILLNESS OR A DEVELOPMENTAL DISABILITY INTO COMMUNITY BASED DEPENDENT LIVING SETTINGS

R 330.1701 Definitions. Rule 1701. As used in these rules:
(a) "Client" means an individual who has a mental illness or a developmental disability and who receives services from the department, a county community mental health board or contracting agency.
(b) "Client services manager" means an employee of the department, a community mental health board, or an agency under contract with the department or a community mental health board who has primary responsibility for effectuating the placement of a client into a dependent setting and monitoring the provision of services called for in the client's treatment plan.
(c) "Department" means the department of mental health.
(d) "Placing agency" means an agency of the department, a county community mental health board, or an agency under contract to the county community mental health board or the department that is responsible for all of the following:
(i) Assessing a clients's need for placement into a dependent living setting.
(ii) Determining the type of dependent living setting required to meet the client's needs.
(iii) Developing the client's individual plan of service and supports.
(iv) Coordinating all necessary arrangements for the placement of the client into a dependent living setting.
(v) Monitoring and evaluating the provision of services to the client.
(vi) Protecting the rights of the client including informing clients/ guardian of how to file complaints against the licensee or placing agency.
History: 1996 AACS.

R 330.1702 Standards for placement of client into dependent living setting.
Rule 1702. A placing agency shall not place a client in a dependent living setting unless all of the following criteria are met before placement:
(a) An individual plan of service has been developed for the client.
(b) If a specialized program is called for in the client's individual plan of service, the dependent living setting is certified to provide the program.
(c) The placing agency has made an on"site inspection and determined that the dependent living setting has sufficient resources to provide all the services that the dependent living setting is required to provide in the client's individual plan of service.
(d) The consent of the client, or the client's guardian, has been obtained for the placement.
(e) The dependent living setting has written operating policies and procedures which are in place and enforced by the dependent living setting and which are in compliance with the requirements of section 752 of Act No.258 of the Public Acts of 1974, as amended, being §330.1752 of the Michigan Compiled Laws. The dependent living setting agrees to make the operating policies and procedures available to the client, provide the information in alternative formats and provide assistance to the

client with understanding the language used in the procedures, if needed.
(f) The dependent living setting agrees to maintain and limit access to records that document the delivery of the services in the client's individual plan of service in accordance with all applicable statutes, rules, and confidentiality provisions. The dependent living setting agrees to make client's record available to the client or their representative, provide the record in alternative format and assist the client with understanding the language used, if needed.
History: 1996 AACS.

R 330.1703 Individual plan of service.
Rule 1703. A placing agency is responsible for the development of the client's individual plan of service and shall comply with the provisions of section 712 of Act No. 258 of the Public Acts of 1974, as amended, being §330.1712 of the Michigan Compiled Laws, and R 330.7199, except that the waiver provisions of R 330.7199(11) shall not apply. An initial individual plan of service shall be provided upon placement and a comprehensive plan developed within 30 days. The individual plan of service shall consist of a treatment plan, a support plan, or both. The individual plan of service shall focus on the needs and preferences of the client and be developed by a planning team comprised of the following entities:
(a) The client.
(b) Individuals of the client's choosing, for example, friends or relatives.
(c) Professionals as needed or desired. If the client is not satisfied with his or her individual plan of service or modifications made to the plan, the client may object and request a review of the objection by the client services manager in charge of implementing the plan. The review shall be initiated within 5 working days of receipt of the objection. Resolution shall occur in a timely manner. If the client is not satisfied with the resolution, the client may notify his or her client services manager of the client's wish to appeal the resolution to the placing agency. The placing agency shall initiate a review of the appeal within 5 working days and reach a resolution in a timely manner.
History: 1996 AACS.

R 330.1704 Modification of individual plan of service.
Rule 1704. The placing agency shall promptly review, revise, or modify a client's plan of service because of any of the following:
(a) The client has achieved an objective set forth in the client's individual plan of service.
(b) The client has regressed or lost previously attained skills or otherwise experienced a change in condition.
(c) The client has failed to progress toward identified objectives despite consistent effort to implement the individual plan of service.
History: 1996 AACS.

DEPARTMENT OF COMMUNITY HEALTH
MENTAL HEALTH AND SUBSTANCE ABUSE SERVICES

(By authority conferred on the department of mental health by sections 1 to 4 of Act No. 80 of the Public Acts of 1905, as amended, section 33 of Act No. 306 of the Public Acts of 1969, as amended, and sections 114, 130, 136, 157, 206, 244, 498n, 498r, 842, 844, 908, and 1002a of Act No. 258 of the Public Acts of 1974, as amended, being sections 19.141 to 19.144, 24.233, 330.1114, 330.1130, 330.1136, 330.1206, 330.1244, 330.1498n, 330.1498r, 330.1842, 330.1844, 330.1908, and 330.2002a of the Michigan Compiled Laws)

SUBPART 8. CERTIFICATION OF SPECIALIZED PROGRAMS OFFERED IN ADULT FOSTER CARE HOME TO CLIENTS WITH MENTAL ILLNESS OR DEVELOPMENTAL DISABILITY

R 330.1801 Definitions. Rule 1801. As used in this subpart:
(a) "Certification" means the authorization by the department for a facility to offer a specialized program to clients as defined under R 330.1701(a).
(b) "Facility" means an adult foster care facility licensed pursuant to Act No. 218 of the Public Acts of 1979, as amended, being §400.701 et seq.of the Michigan Compiled Laws.
(c) "Regular certification" means a certification issued by the department to a facility which is in full compliance with these rules and Michigan's statutes and rules for protecting recipient's rights or which is in substantial compliance with these rules and operating under an approved plan of corrective action or a report of progress, or both, in correcting items of noncompliance. A regular certification may be granted for a period of up to 2 years.
(d) "Provisional certification" means a certification issued by the department to a facility that is operating under an approved plan of correction to address items of noncompliance which, by nature or degree, have been determined to seriously compromise program operations or performance. A provisional certification may be issued for a period of up to 3 months and may be renewed for 1 additional 3 month period.
(e) "Temporary certification" means a certification issued by the department to a facility which has submitted an application and which has not been previously certified under these rules. A temporary certification may be granted for a period of up to 6 months and may not be renewed.
History: 1996 AACS.

R 330.1802 Application process.
Rule 1802. (1) A facility seeking certification of its specialized program shall request certification by submitting a completed application to the department.
(2) The application shall include all of the following information:
(a) The facility's license number.
(b) The facility's proposed or actual licensed capacity.
(c) The type of certification being requested by the facility.
(d) The minimum ratio of direct care staff to clients that the provider assures will be employed and present on each shift when the clients are under the licensee's supervision. The ratios shall ensure the provision of all services delineated in each client's individual plan of service that are the licensee's responsibility.
(e) A description of the specialized program that the facility seeks certification to provide.
(3) Temporary certification of a specialized program may be granted for a period of up to 6 months based on a review of the facility's application.
(4) The department shall conduct an on-site review of a facility's specialized program, including a review of its policies and procedures for protecting recipient rights, before issuing a provisional or regular certification.

History: 1996 AACS.

R 330.1803 Facility environment; fire safety.

Rule 1803. (1) A facility that has a capacity of 4 to 6 clients shall be equipped with an interconnected multistation smoke detection system which is powered by the household electrical service and which, when activated, initiates an alarm that is audible in all areas of the home. The smoke detection system shall be installed on all levels, including basements, common activity areas, and outside each sleeping area, but excluding crawl spaces and unfinished attics, so as to provide full coverage of the home. The system shall include a battery backup to assure that the system is operable if there is an electrical power failure and accommodate the sensory impairments of clients living in the facility, if needed. A fire safety system shall be installed in accordance with the manufacturer's instructions by a licensed electrical contractor and inspected annually. A record of the inspections shall be maintained at the facility.

(2) A facility that has a capacity of 3 or fewer clients shall be equipped with an assured alarm that has detectors located at least on each level of the home, including basements, but excluding crawl spaces and unfinished attics, and in each common use area and outside each sleeping area. To be assured, the alarm shall be easily heard in all locations of the home, including during times where there is background noise that may detract from hearing the alarm, for example, laundry equipment operation or vacuuming. The assured alarm is not required to be interconnected.

(3) A facility that has a capacity of 4 or more clients shall conduct and document fire drills at least once during daytime, evening, and sleeping hours during every 3-month period.

(4) A facility that has a capacity of 3 or fewer clients shall conduct and document fire drills 4 times a year. Two of the 4 fire drills shall be conducted during sleeping hours.

(5) The capability of the clients to evacuate a facility in the event of a fire shall be assessed using methods described in appendix f of the 1985 life safety code of the national fire protection association. Appendix f of the 1985 life safety code of the national fire protection association is adopted by reference as part of these rules. A copy of the adopted appendix f is available from the Department of Mental Health, Lewis Cass Building, Lansing, MI 48913, at cost. A copy of appendix f may also be obtained from the National Fire Protection Association Library, Battermarch Park, P.O. Box 9101, Quincy, Massachusetts 02269-9101, 1-800-3443555. A prepaid fee may be required by the national fire protection association for a copy of appendix f. A price quote for copying of these pages may be obtained from the national fire protection association.

(6) Evacuation assessments shall be conducted within 30 days after the admission of each new client and at least annually thereafter. The specialized program shall forward a copy of each completed assessment to the responsible agency and retain a copy in the home for inspection. A home that is assessed as having an evacuation difficulty index of "impractical" using appendix f of the life safety code of the national fire protection association shall have a period of 6 months from the date of the finding to do either of the following:

(a) Improve the score to at least the "slow" category.

(b) Bring the home into compliance with the physical plant standards for "impractical" homes contained in chapter 21 of the 1985 life safety code of the national fire protection association, which are adopted by reference in these rules and which may be obtained from the Department of Mental Health, Lewis Cass Building, Lansing, MI 48913, at cost, or from the National Fire Protection Association Library, Battermarch Park, P.O.Box 9101, Quincy, Massachusetts 02269-9101, 1-800-344-3555. A prepaid fee may be required by the national fire protection association for a copy of the chapter 21 standards. A price quote for copying of these pages may be obtained from the national fire protection association.

History: 1996 AACS.

R 330.1804 Certification inspections and investigations.
Rule 1804. (1) A newly opened facility that has a temporary certification shall notify the department when the number of residents of the facility reaches 50% of the licensed capacity. Upon notice, the department will schedule and conduct an on-site review of the facility's specialized program.
A written report of the review shall be provided to the department of social services, the licensee, and the placing agency. Based upon the review, the department may issue a provisional or regular certification. This rule does not apply to facilities certified through the intermediate care facilities for the mentally retarded (ICF/MR) program.
(2) Upon receipt of a complaint regarding the provision of specialized program services, the department shall conduct a review within 30 days to determine whether these rules have been violated. The department shall issue a written report of its findings and provide a copy to the department of social services, the complainant, the facility, and the placing agency.
(3) The department shall issue a complaint against a facility if rule violations warrant.
(4) Failure of the licensee to fully cooperate with the department in connection with inspections and investigations is a ground for the denial, suspension, or revocation of, or refusing to renew, a facility's certification.
(5) If a certified facility voluntarily relinquishes its license or has its license revoked, suspended, or not renewed, and if all administrative appeals are exhausted, the facility is decertified as a matter of law.

R 330.1805 Accessibility.
Rule 1805. Common use areas of the facility are accessible to all clients in residence or an individual plan of service addresses the removal of imposed restrictions. The facility shall be capable of meeting the transportation needs of all clients the facility accepts for service.

R 330.1806 Staffing levels and qualifications.
Rule 1806. (1) Staffing levels shall be sufficient to implement the individual plans of service and plans of service shall be implemented for individuals residing in the facility.
(2) All staff who work independently and staff who function as lead workers with clients shall have successfully completed a course of training which imparts basic concepts required in providing specialized dependent care and which measures staff comprehension and competencies to deliver each client's individual plan of service as written. Basic training shall address all the following areas:
(a) An introduction to community residential services and the role of direct care staff.
(b) An introduction to the special needs of clients who have developmental disabilities or have been diagnosed as having a mental illness. Training shall be specific to the needs of clients to be served by the home.
(c) Basic interventions for maintaining and caring for a client's health, for example, personal hygiene, infection control, food preparation, nutrition and special diets, and recognizing signs of illness.
(d) Basic first aid and cardiopulmonary resuscitation.
(e) Proper precautions and procedures for administering prescriptive and nonprescriptive medications.
(f) Preventing preparing for, and responding to, environmental emergencies, for example, power failures, fires, and tornados.
(g) Protecting and respecting the rights of clients, including providing client orientation with respect to the written policies and procedures of the licensed facility.
(h) Nonaversive techniques for the prevention and treatment of challenging behavior of clients.

(3) Training shall be obtained from individuals or training organizations that use a curriculum that has been reviewed and approved by the department.
(4) Written documentation of compliance with this rule shall be kept on file at the facility for not less than 3 years.

R330.1807 Transferability of certification.
Rule 1807. Certification shall be issued to a specific facility at a specific location, specific licensee and shall be nontransferable and remain the property of the department.

R 330.1808 Suspension, denial, or revocation of certification.
Rule 1808. The director, after notice to the applicant or licensee, may suspend, deny, revoke, or reduce to provisional status, a certification if he or she finds that there is substantial failure to comply with these rules. The notice shall be sent by certified mail or by personal service. The notice shall set forth the particular reasons for the proposed action and fix a date, not less than 30 days from the date of service, on which the applicant or licensee shall be afforded a hearing in accordance with R 330.1809.

R 330.1809 Appeals.
Rule 1809. A facility which has its application for certification denied, a facility which is issued a provisional certification, a facility which has its certification proposed for suspension, revocation, or reduction to provisional, or a facility which is denied renewal shall be provided an opportunity for a hearing in accordance with chapter 4 of Act No. 306 of the Public Acts of 1969, as amended, being §§24.271 to 24.287 of the Michigan Compiled Laws.
History: 1996 AACS

SUBPART 1. COMMUNITY MENTAL HEALTH SERVICES

R 330.2005 Minimum services to be provided.

Rule 2005. A community mental health board shall ensure that the following minimum types and scopes of mental health services are provided to all age groups directly by the board, by contract, or by formal agreement with public or private agencies or individuals contingent on legislative appropriation of matching funds for provision of these services:

(a) Emergency intervention services.
(b) Prevention services.
(c) Outpatient services.
(d) Aftercare services.
(e) Day program and activity services.
(f) Public information services.
(g) Inpatient services.
(h) Community/caregiver services.

History: 1979 AC; 1984 AACS; 1986 AACS.

R 330.2006 Emergency intervention services.

Rule 2006. (1) "Emergency intervention services" means those outpatient services provided to a person suffering from an acute problem of disturbed thought, behavior, mood, or social relationship which requires immediate intervention as defined by the client or the client's family or social unit.

(2) Emergency intervention services shall include all of the following:

(a) A telephone which is answered 24 hours a day for dealing with mental health emergencies. The number for this telephone shall be advertised through the telephone book, public information efforts, and by notifying the appropriate agencies of the telephone number and the services provided.
(b) Provision for face-to-face services to persons in the areas of crisis evaluation, intervention, and disposition.
(c) A manual on emergency care protocols for use by the emergency services unit staff.

(3) Mental health professionals or trained mental health workers shall be assigned for telephone and walk-in services.

(4) Emergency care includes all of the following:

(a) Evaluation, which means arrangements for determining the client's mental status, medical status and need for treatment, and, when indicated, medication status and family, job, or housing situations.
(b) Intervention, which means face-to-face counseling and initiation and monitoring of medication when indicated.
(c) Disposition, which means the ability to provide or make referral for all of the following:
(i) Hospital emergency department services.
(ii) Psychiatric inpatient services.
(iii) Specific community-based services, such as the following examples:
(A) Respite care placement.
(B) Outpatient care.
(C) Home visits.
(D) Aftercare.
(E) Day treatment/care.
(F) Drug or alcohol programming.
(G) Problem pregnancy help.
(H) Spouse and child abuse help.

(I) Children's services.
(J) Adolescent services.
(K) Geriatric services.
(L) Services for persons with intellectual and developmental disabilities.
(M) Social services.
(5) For the disposition of emergency intervention matters, all of the following shall be provided:
(a) Written referral procedures, available to the staff, for emergency care and voluntary and involuntary psychiatric hospitalization.
(b) Documented efforts to arrange for the transportation of the client, when necessary.
(c) A list of available dispositions within the community mental health area of service with special notations for those dispositions having 24-hour accessibility.
(6) In the administration of the emergency services, there shall be evidence of all of the following:
(a) Periodic testing with regard to the accessibility, availability, and effectiveness, of those emergency intervention services.
(b) Regular meetings of staff involved in emergency services to discuss administrative, supervisory, training, programmatic, and client management issues.
(c) Confidential records of all mental health emergency contacts, whether they be by telephone or walk-in contact.
(d) Training or experience of the emergency intervention staff using such factors as professional credentials, licensure, descriptions of training experiences, in-service orientation, in-service education, and continuing education.
History: 1979 AC; 1983 AACS, 2018 ACCS.

R 330.2007 Prevention services.
Rule 2007. (1) Prevention services are those services of the county program directed to at-risk populations and designed to reduce the incidence of behavioral, emotional, or cognitive dysfunction and the need for individuals to become mental health recipients of treatment services.
(2) Prevention services may be provided through individualized services, time-limited recipient training, or community/caregiver services.
(3) Prevention services shall include both of the following:
(a) Provision for responding to the mental health dimensions of community catastrophes.
(b) Attention to the needs of children living with severely mentally impaired adult recipients.
(4) Prevention services shall also include 1 of the following:
(a) Infant mental health services.
(b) Services to increase life-coping skills of children and adolescents.
(c) Services to increase life-coping skills of adults.
(d) Services to reduce the stressful impact of life crises.
History: 1979 AC; 1986 AACS.

R 330.2008 Outpatient services. Rule 2008. (1) Outpatient services shall include all of the following:
(a) Diagnostic and evaluation service.
(b) Referral service.
(c) Counseling service by arrangement at scheduled intervals and in nonscheduled visits at times of increased stress.
(d) Service to families of individuals in mental hospitals or residential facilities, as appropriate and as requested.

(e) Life consultation and planning for persons with intellectual disabilities, and persons with developmental disabilities as defined in section 100a of the act.
(f) Treatment service to individuals in mental hospitals or residential facilities when appropriate with the consent of the individual and the hospital or facility staff person in charge of the individual's plan of service.
(2) Outpatient services shall be made available at times of the day and week appropriate to meet the needs of the population served.
(3) Outpatient services shall be accessible to the population served.
(4) There shall be provision for adequate and appropriate space to deliver services, including provision for privacy and the special needs of children, adolescents, and physically handicapped person.
History: 1979 AC, 2018 ACCS..

R 330.2009 Aftercare services.
Rule 2009. (1) Aftercare services shall only be provided with prior consent of an individual over the age of 18, a parent if the individual is under 18, or a legally empowered guardian.
(2) These aftercare services shall include both of the following:
(a) Follow-up services to assist individuals released from a hospital or facility or who have received other services from a community mental health program.
(b) Mental health services for individuals placed in foster care, family care, or community placement in the service area, unless otherwise provided. Collaborative programming and planning for provision of services shall take place before the time of placement.
(3) Aftercare services shall be available to individuals located within the service area regardless of whether or not the individual was a resident of the county or counties of the service area prior to admission to a hospital or facility.
(4) A county may be billed for services rendered to its residents pursuant to section 306 of the act.
(5) Aftercare services shall be offered by a community mental health agency without a request for service by a released individual, when authorized by the individual, and upon notification from a hospital or facility.
History: 1979 AC.

R 330.2010 Day program and activity services.
Rule 2010. Day program and activity services shall include providing habilitative and rehabilitative treatment and training activity for mentally ill children, mentally ill adults, children with intellectual disabilities, adults with intellectual disabilities, and persons with a developmental disability requiring services similar to those provided persons with intellectual disabilities.
History: 1979 AC, 2018 ACCS.

R 330.2011 Public information services. Rule 2011. Public information services
shall include all of the following:
(a) Coordinating with community agencies and individuals involved with the mental health and general health of the community to provide a unified mental health information service with the cooperation of the department information office.
(b) A program of increasing the visibility of community mental health services.
(c) Distribution and dissemination of relevant mental health information, including mental health trends and priority of mental health needs of the population served.
History: 1979 AC.

R 330.2012 Emergency services unit.

Rule 2012. (1) An emergency service unit, if established, shall be a component of a community mental health board emergency intervention services program. A mental health professional who has experience or training, or both, in crisis intervention shall be designated to be the person in charge of the emergency service unit.

(2) For client contacts that are made in protective custody situations pursuant to section 427 of the act, an emergency service unit shall include on-call staff who are able to go to the unit location or, if necessary, any other site agreed upon by the unit and the peace officer.

(3) The on-call staff of the unit shall be specially trained to evaluate persons who are involved in mental health emergencies. The training shall include all of the following:

(a) Contacting referral services.

(b) Involving the police to control the situation.

(c) Arranging for the transportation of the person by the police to an inpatient or emergency diagnostic facility, if appropriate.

(4) An emergency service unit shall document the training of the crisis intervention personnel. Documentation shall include the facts concerning professional credentials, licensure, descriptions of training experiences, in-service orientation, in-service education, and continuing education.

(5) For client contacts that are made in protective custody situations pursuant to section 427 of the act, the unit shall provide or arrange for follow-up contact with the client beginning not more than 10 days after referral, excluding Sundays and holidays, to ensure that the service to which the client was referred was delivered and that it met the client's needs. If contact with the client cannot be made, attempts to contact the client shall be documented. Follow-up contact may also be made with the agency to which the referral was made, with appropriate client consent.

(6) For client contacts which are made in protective custody situations and which result in a client's transfer to a state hospital or center, a receiving hospital or center shall disclose the following information to the emergency service unit within 24 hours of the transfer and shall document that disclosure. Unless consented to, or authorized by subsequent law, the information shall include only the following:

(a) Whether the person was admitted.

(b) If admitted, the anticipated length of stay.

(c) If not admitted, the facts concerning disposition of the client contact, if known.

(7) The community mental health board shall explain the operation of the emergency service unit to all law enforcement agencies having jurisdiction within the county or counties served by the unit and to other relevant agencies and persons. The board shall encourage law enforcement officers to cooperate with and use the service and shall promote knowledge of the service by others. All agreements with law enforcement agencies shall be in writing.

(8) The community mental health board shall provide documentation to the appropriate regional office of the department that the emergency service unit is in compliance with this rule and R 330.2006 before emergency intervention services are provided by the unit to persons in protective custody.

History: 1981 AACS.

R 330.2013 "Inpatient services" defined.

Rule 2013. "Inpatient services" means care, diagnosis, and therapeutic services for mentally ill persons in a psychiatric hospital or unit which is licensed or operated by the department and for developmentally disabled persons in a center for developmental disabilities.

History: 1984 AACS.

R 330.2014 Community/caregiver services.

Rule 2014. (1) Community/caregiver services are those services of the county program provided to agencies and community groups on behalf of client groups and at-risk populations by means of any of the following:

(a) Consultation relating to agency organization, program delivery, effectiveness of staff, or mental health needs of at-risk and treatment populations.

(b) Education and training of staff.

(c) Collaboration in planning and service development.

(2) The purposes of community/caregiver services shall be the facilitation of non-mental health services for developmentally disabled and chronically mentally ill clients and the reduction of service demands on the county program.

History: 1986 AACS.

R 330.2022 Waiver of minimum services.

Rule 2022. (1) If a community mental health board cannot ensure minimum services to all age groups, the board shall request a waiver of type or scope of services, or both, from the director of the department. Emergency intervention services to all age groups shall not be waived. The board shall initiate a waived type or scope of service within 24 months after the date application for a waiver is approved, contingent upon the availability of funds. This may be accomplished with the cooperation of another board or boards. To the extent fiscally possible, the board shall make arrangements for referral of those residents needing a waived service and for follow-up and continuity of care services in order that residents of the service area may obtain minimum direct services during the waived period.

(2) An application for waiver of specific types or scopes of minimum services shall be included in the proposed program and budget request.

(3) An application for waiver shall include all of the following:

(a) The types or scopes of services to be waived.

(b) The justification for a waiver, in detail.

(c) A description of the services to be waived.

(d) A description of the manner in which waived services may be provided by the end of the waiver period, including plans and dates for their initiation.

(e) A description and plan as to how the residents of the service area may receive waived minimum services during the waiver period. Plans shall include arrangements for referral, follow-up, and continuity of care.

History: 1979 AC; 1986 AACS.

SUBPART 2. COMMUNITY MENTAL HEALTH BOARD REPORTS

R 330.2035 Community assessment report.

Rule 2035. (1) One year from the establishment of a community mental health board pursuant to the act and on dates specified by the department, a community mental health board, with the assistance of the department, shall prepare a written assessment of community needs, including all of the following:

(a) A description of the population served, including demographic information, geographic descriptions, economic data, and estimates of the types and extent of significant social and health problems.

(b) A description of the human service systems serving the population.

(c) Estimates of the types and extent of mental health-related problems, including social indicator data, characteristics of case loads of mental health-related agencies, and observations by service agencies.

(d) An assessment of existing services dealing with the estimated mental health-related programs, including an evaluation of the degree to which the services match the estimated problems.
(e) A projection of the type and amount of mental health services required to adequately serve the comprehensive mental health needs of the client population, including a description of the methods and data used to project need.
(2) The community mental health board shall annually review and update as needed the community assessment report and submit this information as part of the proposed annual plan and budget to accurately reflect the current needs of the community.
History: 1979 AC.

R 330.2038 Annual program plan and proposed budget.
Rule 2038. (1) A community mental health board shall prepare a written program plan and projected budget for continuing programs and proposed new programs for each fiscal year, which shall be submitted to the department on the date designated by the department and shall include all of the following:
(a) A service needs assessment by client groups and a description of how existing and proposed mental health programs fit service need projections, including the priority of new programs and estimated dates of implementation.
(b) A narrative description of the types and scopes of services.
(c) Projected service output described in quantitative terms.
(d) Breakdowns of the projected costs according to forms and procedures made available by the department.
(e) A statement of intent on the degree of the management of public mental health services the board wishes to assume.
(f) Other documents and data required in department policies, procedures, and guidelines.
(g) Certifications of endorsement or approval by both of the following:
(i) The county board of commissioners.
(ii) The community mental health services board.
(2) Copies of proposed operational contracts and contract revisions between the community mental health board and independent subagencies which supply services or operate mental health facilities shall be available for audit inspection. Such contracts and contract revisions shall be consistent with departmental criteria for state financing of community mental health services.
History: 1979 AC; 1983 AACS; 1986 AACS.

R 330.2039 Program plan review and approval.
Rule 2039. (1) A program plan and budget proposed by a county community mental health board shall be reviewed by the department based on the standards contained in section 234 of the act.
(2) The department shall respond to the board as to the results of the review of the submitted plan.
(3) After receipt of the results of the department's review, the board and the department shall negotiate a contract which is consistent with the availability of appropriated funds to the department. The contract shall contain all of the following:
(a) An approved service summary and spending plan which constitutes the board's allocation.
(b) A listing of policies and procedures required by statute or rule or agreed upon by the parties which shall govern the obligations and responsibilities of the department and the board.
(c) The process for amending or terminating the service summary and spending plan or the procedural obligations and responsibilities of the parties.
(d) Other authority and responsibility of the board and the department.

History: 1986 AACS.

330.2041 Filing of documents. Rule 2041. The following documents shall be kept current and on file with the department:
(a) Copies of the original resolution of the county board of commissioners, and revisions, which establish a community mental health program and community mental health board under the act and promulgated rules thereof.
(b) Copies of operational contracts, contract revisions, and agreements between the community mental health board and agencies which supply services or operate mental health or facilities for intellectual and developmental disabilities.
History: 1979 AC, 2018 ACCS.

330.2044 Department information.
Rule 2044. The department shall provide written information annually to community mental health boards regarding all of the following:
(a) Program planning and development priorities based on community program data, findings, and evaluations.
(b) The availability of funds for programs and services.
(c) Funding priorities, policies and criteria to be used for allocating funds.
(d) Instructions and forms for submitting program proposals.
(e) Cost guidelines to indicate acceptable levels of budgeted costs.
(f) Guidelines which will be the basis for approval or rejection of proposed programs.
History: 1979 AC.

SUBPART 3. DEPARTMENT REVIEW AND EVALUATION

R 330.2051 Determination of compliance.
Rule 2051. The department shall review and evaluate community mental health boards, including operations, programs, services, and facilities operated directly by the board and those providing services by contract with the board, receiving or requesting state aid. Determination of compliance with the act, administrative rules, standards, and procedures shall be made. When there is a finding of noncompliance or demonstrable deficiency in a program or operating practice, the department shall list and describe deficiencies and make recommendations to the community mental health board.
History: 1979 AC.

R 330.2052 Withdrawal or reallocation of state funds.
Rule 2052. (1) The department may withdraw state funds from a board for a program not being administered in accordance with an approved plan and budget after written notice and opportunity for response. The department shall review budgets and expenditures at least quarterly, and if funds are not needed or were not used for a program for which they were allocated for the period budgeted, it may withdraw the unused funds, with concurrence of the board.
(2) The department may reallocate unused state funds to other community mental health programs. Unused state funds on hand locally at the close of the fiscal year shall be returned to the state.
(3) A county director or a board may request a review by the director of the department of any department action proposing to make final disapproval, withdrawal, or allocation of funds to a county program.
History: 1979 AC.

R 330.2055 Visits, examinations, and inspections by department.
Rule 2055. (1) Authorized representatives of the department may visit, examine, and inspect at any time a service or facility operating directly or providing services by contract under the act for purposes of review and evaluation.
(2) Authorized representatives of the department may examine at any time the financial records and accounts of a community mental health board receiving or requesting state aid, or the financial records or accounts of a service or facility operated directly or providing services by contract with a community mental health board.
(3) Authorized representatives of the department may examine and review at any time clinical case records of a community mental health program or subagency receiving or requesting state aid, or the clinical case records of an agency providing services by contract with the board, if the examination and review is necessary in order for the department to discharge its responsibility to review and evaluate the relevancy, quality, effectiveness, and efficiency of the county program pursuant to section 244(b)(i) and section 748(4)(e) of the act. The department shall not collect information that would make it possible to identify by name an individual who receives a service from a county program.
(4) A contract between a community mental health board and an entity or program providing services shall contain provisions of this rule.
History: 1979 AC.

R 330.2058 Programs ineligible for state financial support. Rule 2058. Programs ineligible for state financial support shall include all of the following:
(a) Programs other than those directed at mental illness, intellectual, or developmental disabilities or concerned with the prevention of mental illness, intellectual, or developmental disabilities, if programs for the appraised and perceived needs of the community's mentally ill, intellectual, or developmentally disabled do not exist.
(b) Programs and services which directly or indirectly violate the act and the rules promulgated thereunder.
(c) Programs that do not meet the needs of the community.
(d) Programs determined by the department as unnecessary or inappropriate to insure reasonable use of state funds and insure a legitimate interest of the state.
History: 1979 AC, 2018 AACS.

SUBPART 4. COMMUNITY MENTAL HEALTH BOARD

R 330.2063 Roster of board membership.
Rule 2063. The membership of a community mental health services board shall be appointed and maintained as prescribed in chapter 2 of the act and the department shall be provided a current roster of membership.
History: 1979 AC.

R 330.2067 Community mental health board responsibilities. Rule 2067. A community mental health board shall do all of the following:
(a) Ensure that a person is not denied service on the basis of race, color, nationality, religious or political belief, sex, age, handicap, county of residence, or ability to pay. This policy shall be stated in the program statements of the community mental health board and in contractual agreements.
(b) Operate under personnel practices that do not discriminate against an employee or an applicant for employment with respect to hiring, tenure, terms, conditions or privileges of employment, or any

matter which is directly or indirectly related to employment because of race, color, religion, national origin, age, handicap, or sex, except if a requirement of age or sex is based on a bona fide occupational qualification.
(c) Report to the department on the types and scopes of services directly operated by the board, on services provided by contract with the board, and on expenditures and receipts on forms prescribed and furnished by the department.
(d) Require agencies which provide services by contract or agreement with the board and which receive state aid to furnish the board with an accounting of fee revenue received from patients or from persons paying on behalf of patients.
(e) Coordinate the board's services with other pertinent human services to ensure that the total needs of the population of the service area are met in a comprehensive manner without fragmentation or duplication of services. To accomplish this, a board shall do all of the following:
(i) Participate in community and regional planning, including health systems planning.
(ii) Establish, or cause to be established, continuity of care agreements between appropriate service entities and with appropriate agencies which provide services to the population served by the boards, including department facilities.
(iii) If possible, provide the mental health component of health services established in the service area by health maintenance organizations and community health centers.
(iv) If possible, collaborate with existing agencies rather than establishing competing services.
(f) Assure, on an annual basis, that none of its board members is in violation of the conflict of interest prohibition of section 222 of the act.
(g) Assure that each employee is made aware of the provisions concerning conflict of interest and attests to the absence of conflict of interest, and assure that each prospective employee is made aware of these provisions and is not offered employment if there is a conflict of interest as identified in Act No. 317 of the Public Acts of 1968, as amended, being S15.321 et seq. of the Michigan Compiled Laws.
(h) Require each of its contracts to contain mutual representations that, to the best of the respective parties knowledge, the entering into of the contract is free of conflict of interest as identified in Act No.317 of the Public Acts of 1968, as amended, being S15.321 et seq. of the Michigan Compiled Laws, and section 222 of the act.
History: 1979 AC; 1981 AACS; 1986 AACS.

R 330.2071 Full management board.
Rule 2071. (1) The department shall annually designate those boards which have full financial responsibility for, and financial authority over, the public mental health services for the following:
(a) All persons located in a county served by such a board who are not residents of state-operated facilities.
(b) All persons who are residents of state-operated or state-contracted facilities for whom such a board is financially liable under section 302 of the act.
(2) The department shall issue, under R 330.2044, the criteria for designation of boards which have full public mental health management responsibility and authority.
(3) Any disagreement regarding financial authority and responsibility pursuant to this rule, between a county community mental health board and a state-operated or state-contracted facility, shall be reviewed and decided by the department director after consultation with the affected facility administrator and county community mental health program director.
(4) The department shall notify, at least annually, the governor, the legislature, and probate judges of those county community mental health boards which have full public mental health services

management responsibility and authority.
History: 1986 AACS.

SUBPART 5. COMMUNITY MENTAL HEALTH DIRECTOR

R 330.2081 Education and experience of a county director.
Rule 2081. (1) The county director of a county community mental health program shall meet the education and experience requirements specified in either of the following provisions:
(a) Be a physician, psychologist, social worker, registered nurse, or other human services professional who has at least a master's degree, 3 years of professional experience in his or her field of training, and 1 year of experience in the administrative supervision of mental health programs.
(b) Be a person who possesses at least a master's degree in a field of management relevant to the administration of a county community mental health program with 3 years of professional experience in management and 1 year of experience in the management of human services programs. The areas of community mental health administration, hospital administration, public administration, institution management, business administration, or public health are deemed to be relevant fields of management.
(2) Notwithstanding the requirements specified in subrule (1) of this rule, if a person is a county director on the effective date of this rule, that person shall be deemed to meet the minimum education and experience requirements to be the county director of that or any other county program.
(3) If a candidate does not meet the minimum education and experience qualifications and the board requests review of this matter, the candidate may be deemed qualified by the department director to be a county director if the candidate is found to have substantially met the education and experience requirements of this rule.
History: 1990 AACS.

SUBPART 6. CHILDREN'S DIAGNOSTIC AND TREATMENT SERVICE

R 330.2105 Definitions. Rule 2105. As used in this subpart:
(a) "Certified program" means a range of service, as required by this subpart, for which application for certification has been voluntarily made and which has been certified by the department as a children's diagnostic and treatment service.
(b) "Child mental health professional" means any of the following:
(i) A person who is trained and has 1 year of experience in the examination, evaluation, and treatment of minors and their families and who is one of the following:
(A) A physician.
(B) A psychologist.
(C) A certified social worker or social worker.
(D) A registered professional nurse.
(ii) A person with at least a bachelor's degree in a mental health-related field from an accredited school who is trained, and has 3 years of supervised experience, in the examination, evaluation, and treatment of minors and their families.
(iii) A person with at least a master's degree in a mental health-related field from an accredited school who is trained, and has 1 year of experience, in the examination, evaluation, and treatment of minors and their families.
(c) "Emergency evaluation" means an immediate assessment by a child mental health professional who is available for a face-to-face contact for the purpose of determining if a minor is emotionally

disturbed, as defined in section 498b of the act, and requires immediate intervention because of any of the following situations:
(i) The minor is dangerous to himself or herself or others.
(ii) The minor will not allow for the provision of care to meet his or her basic needs.
(iii) The minor has experienced a severe emotional trauma which is identified by his or her parent or, when the parent or guardian cannot be immediately contacted, by a person having physical custody of the minor.
(d) "Emergency referral" means a referral for the purpose of having services provided immediately to a minor or the minor's family pursuant to R 330.2006.
(e) "Initial screening" means providing for either a face-to-face or telephone interaction concerning a minor in which a preliminary judgment is made regarding the need for mental health services for the minor and whether the minor's situation is one requiring nonemergency mental health services or emergency evaluation.
(f) "Intake evaluation" means social and psychological assessments which are appropriate in identifying the problems of the minor, together with a mental history and other assessments as necessary to ascertain the mental health needs of the minor.
(g) "Plan of service" means the written plan of service developed pursuant to R 330.7045 by a child mental health professional with participation of the minor's family, where applicable, and is based upon the assessment, recommendations, and, where necessary, consultations with other professionals.
(h) "Primary therapist" means a child mental health professional who is responsible for the direct treatment of a minor for the agency providing direct treatment services.
(i) "Referral" means facilitating access for the minor and the minor's family to the services of the certified program or to the services of another agency for the purpose of meeting the minor's needs.
History: 1990 AACS.

R 330.2110 Evaluation and screening.
Rule 2110. (1) A certified program shall have the capacity to provide an initial screening, emergency evaluation, and intake evaluation to ascertain the mental health needs of a minor.
(2) A mental health professional shall be available, by telephone consultation, to emergency service staff on a 24-hour basis to respond to potentially life-threatening or physically or emotionally damaging situations identified in an initial screening. An emergency evaluation shall be completed by a child mental health professional on the next regular working day from the day of an emergency referral.
(3) Intake evaluations may occur during multiple contacts with the minor and his or her family and shall be conducted by a child mental health professional. These evaluations shall form the basis for the plan of service.
(4) Intake evaluations for a nonemergency situation should be completed not more than 4 weeks from the date of the initial screening. If this time period cannot be met, the staff of a certified program shall document any reasons for further delay. Nothing in this rule shall prevent a certified program from ranking requests for nonemergency services based on need for the service.
History: 1990 AACS.

R 330.2115 Referrals.
Rule 2115. (1) The community mental health board from which emergency or short-term mental health services are requested from a minor shall be responsible for providing appropriate mental health services. However, if the minor is located in the county, but is a resident of a county served by another community mental health board, then the certified program may refer the minor to the appropriate

community mental health board once the minor's immediate needs for protection or security are met.
(2) Each certified program shall maintain a written list of resources it utilizes which indicates the types of services provided, eligibility criteria, and names and locations of the referral sources.
(3) A certified program shall have written arrangements with public and private human service agencies which provide educational, judicial, child welfare, and other health services. These arrangements shall clarify the respective responsibilities for the coordination and provision of services.
(4) A waiver by the department of the requirement of subrule (3) of this rule shall be granted when it is documented that the community mental health board does not have a contractual relationship with the child's human services agency due to that agency's failure to execute a proposed contract.
History: 1990 AACS.

R 330.2120 Range of services.
Rule 2120. (1) A certified program shall develop mechanisms for coordinating the delivery of a necessary range of services specifically oriented to meet the needs of minors and their families. The available range of services shall, at a minimum, include all of the following:
(a) Diagnostic services sufficient to develop a plan of service.
(b) Client case management by a child mental health professional who shall be responsible for the development, coordination, implementation, and monitoring of the plan of service. Client case management services shall assure that services are timely, appropriate, and updated in accordance with the minor's needs. Both the on-site review of the minor's progress and record documentation shall be conducted at least quarterly. The child mental health professional providing client case management shall attend interagency case conferences relating to the minor.
(c) Crisis stabilization and responses that reduce acute emotional disabilities and their physical and social manifestation in order to ensure the safety of the minor, his or her family, and others.
(d) Specialized mental health training and treatment, which shall include both of the following:
(i) A range of clinical therapies which can be provided to individuals, groups, and families.
(ii) Opportunities to learn, improve, and demonstrate specific skills that are appropriate to the child's needs, which may include problem-solving skills, communication skills, and acceptable social interaction.
(e) Out-of-home treatment, which includes both inpatient and community residential treatment.
(2) Mental health service locations shall be accessible through publicly available transportation, if any. A family that indicates an inability to transport a minor to the service locations shall be evaluated for other assistance in transportation as a part of the plan of service.
(3) In addition to traditional clinic locations, certified programs shall provide mental health services in the minor's home or other community settings, if appropriate.
(4) Services of a certified program shall be available in a barrier-free environment.
(5) The certified program shall provide mental health services to emotionally disturbed minors located within its service area who are any of the following:
(a) Hearing impaired.
(b) Visually impaired.
(c) Developmentally disabled.
(d) Chronically ill.
(e) Physically handicapped.
History: 1990 AACS.

R 330.2125 Staffing and training.
Rule 2125. (1) The certified program shall provide for the establishment of a formalized staff

development program to assure professional development and training in identifying and treating the needs of minors and their families.
(2) Each full-time staff member in the certified program shall complete not less than 24 clock hours annually of formalized professional development and training.
(3) Staff shall receive training before performing initial screenings.
(4) For persons who are hired after the effective date of this rule, the certified program shall be clinically supervised by a child mental health professional who has at least a master's degree in a mental health-related field and 3 years of clinical experience working with minors and their families.
History: 1990 AACS.

R 330.2130 Administration.

Rule 2130. (1) The community mental health board shall have contracts with all individuals and agencies which provide services for each component of the certified program outside of the community mental health board. The contracts shall provide for coordinated program planning and continuity of service delivery and shall clearly identify the responsibilities of both parties.
(2) A certified program shall designate a child mental health professional to act as liaison with all out-of-home treatment facilities to which minors are referred for care.
(3) The community mental health board plan and budget shall delineate a separate and distinct part designated for the certified program.
(4) The community mental health board shall implement a public information program to facilitate community awareness of the certified program. The public information program shall provide all of the following information:
(a) The services that are available.
(b) Hours of operation.
(c) Location.
(d) Access to public transportation, if any.
(e) Telephone numbers. Services provided shall be pursuant to the provisions of R 330.2011 and R 330.2005(f).
(5) The board shall establish procedures for evaluating its certified program, on an annual basis, which shall include client and agency consumer evaluations of services of the certified program. The opportunity for client and consumer agency input shall be a part of this evaluation. The method and results of the evaluation shall be available for departmental review at the time of certification renewal.
(6) The agencies under contract to the community mental health board which comprise the certified program shall have the capacity to share confidential client information in order to provide for the coordination of services for a minor or for the transition of the minor from one agency to another.
(7) Information to be shared with agencies having cooperative agreements with the certified program shall be provided through appropriate releases of information.
History: 1990 AACS.

R 330.2135 Certification process.

Rule 2135. (1) A request for certification for a children's diagnostic and treatment services program may be made to the department at any time by 1 or more county programs. If county programs propose a combined children's diagnostic and treatment services program, the county programs shall specify the administrative structure in the request and indicate who speaks for the proposed combined program before certification.
(2) The department shall provide technical assistance to boards seeking certification.
(3) The community mental health board shall designate all agencies and services included in the certified program.

(4) A determination on initial or renewal certification by the department shall be completed within 6 months of a request for certification and submission of all necessary documentation or a program shall be considered certified. Certification shall occur when a determination of substantial compliance with the requirements of the act and this part has been made. If a program is certified despite instances of noncompliance with the requirements of the act and this part, the certification shall identify the items of noncompliance and the items shall be corrected. The department shall require the county program to submit a plan to correct items of noncompliance before recertification or sooner if required by the department. If the correction of items of noncompliance is dependent on additional state or federal financial resources, recertification of a county program shall not be denied solely on that basis.
(5) Certification shall expire after 3 years. Renewal requests shall be submitted to the department 6 months before the certification expiration date.
(6) Certification is not transferable to another program or agency.
(7) The director of the department shall designate a person who is responsible for the process of certifying children's programs.
(8) An application for initial or renewal certification shall be on a form designated by the department. Before an on-site inspection or review is scheduled, all required information shall be completed and in the possession of the department. The department shall determine when an application is complete and shall notify the community mental health board of any additional information required to complete the application.
(9) By applying for or accepting certification, the community mental health board authorizes the department to conduct the reviews it deems necessary to determine compliance with these rules.
(10) The community mental health board shall promptly notify the department of any changes in the certified program.
(11) Reviews shall include at least both of the following:
(a) Inspections of the program to be certified and its operation.
(b) Inspection of program records, recipient clinical records, and other documents maintained by the program which may otherwise be privileged or confidential information.
(12) Certification may be denied, suspended, or revoked for 1 or more of the following reasons:
(a) Substantial violation by the certified program, its director, or staff of any rule relating to certification promulgated by the department.
(b) Conduct or practices found to be harmful to the welfare of a minor in the program or other family members.
(c) Substantial deviation by the program from the plan of operation originally certified by the department.
(d) Failure of an applicant to cooperate with the department in connection with a certification review.
(13) When it has been determined that a certified program or an applicant for a certified program has committed an act or engaged in conduct or practices which justify the denial, suspension, or revocation of certification, the departmental certifying person shall notify the community mental health board, by certified mail, of the department's intent to suspend, deny, or revoke the certification.
(14) The notice required by subrule (13) of this rule shall set forth the particular reasons for the proposed action and offer a hearing, if so requested by the county program, before the director of the department or his or her designee. The date of the hearing shall be not less than 30 days from the date of receipt of the request for a hearing.
(15) The decision of the director of the department shall be based on the hearing or on the default of the board. A copy of the decision shall be sent, by certified mail, to the community mental health board not less than 45 days after the close of the hearing.

(16) The revocation or suspension of a certificate shall become final when the determination of the director of the department is mailed, unless the community mental health board, within 60 days of the mailing or service of the decision, appeals the decision to a court and obtains a stay.
(17) A reapplication for certification subsequent to a revocation or suspension of a certificate may be made. The application shall be accompanied by a description for certification and will be followed by an interview with the certifying staff of the department before commencement of the formal certification review process.
(18) The certification shall expire on the date shown on its face, unless application has been made for renewal and application has not been denied or unless certification is terminated in accordance with these rules.
(19) Instead of denying reapplication for certification, the department may issue provisional certification to a community mental health board for up to 6 months when the community mental health board has submitted a plan of correction and it has been accepted by the department. A provisional certificate shall expire on the date set forth on its face. The holder of a provisional certificate shall be reinspected for compliance with these rules not less than 60 days before the expiration date of the provisional certificate. The department may extend a provisional certificate for a period of not more than 6 months. A provisional certificate which has not been extended or which has been extended 1 time shall expire automatically on its expiration date without notice or hearings.
History: 1990 AACS.

SUBPART 7. CERTIFICATION PROCESS

R 330.2701 Application process. Rule 2701. (1) As a condition of state funding, a single overall certification is required for each community mental health services program.
(2) The certification process shall include a review of agencies or organizations that are under contract to provide mental health services on behalf of the mental health services program.
(3) The governing body of a community mental health services program shall request certification by submitting a completed application to the department. If the department is already in receipt of information required for application, then submission of that information may be waived by the department. The application shall be submitted in the format specified by the department and shall include all of the following information:
(a) The legal name of the community mental health services program.
(b) The address for legal notice and correspondence.
(c) The governing structure of the community mental health services program.
(d) The current annual budget, including all sources of revenue, of the community mental health services program.
(e) The organizational chart of the community mental health services program.
(f) The name of the executive director of the community mental health services program.
(g) A list of all contracts with other agencies or organizations that provide mental health services under the auspices of the community mental health services program.
(h) A description of the services provided by the community mental health services program, including any services provided by contract with another agency or organization.
(i) If applicable, documentation of the community mental health services program's accreditation, including accreditation of any contract agency or organization, by an accrediting body deemed acceptable by the department as specified in R 330.2702(2).
(4) Upon receipt of an application, the department shall determine if the application is complete. The department shall acknowledge receipt of an application. If an application is incomplete, the department

shall notify the applicant within 30 days from date of receipt of any corrections or additions needed, may return the materials to the applicant, or both. An incomplete application shall not be regarded as an application for certification. Return of the application materials or failure to take further action to issue a certificate shall not constitute denial of an application for certification.
(5) After the department's acceptance of a complete application, the department shall determine whether the applicant meets certification standards. The certification process may include conducting an on-site review.
(6) Failure of the community mental health services program to comply with the requirements of the certification process shall be grounds for the department to deny, suspend, revoke, or refuse to renew a program's certification.
History: 1997 AACS.

R 330.2702 Deemed status.
Rule 2702. (1) The department will accept, in whole or in part, the accreditation of a national accrediting organization deemed acceptable by the department as documentation of the community mental health services program's equivalent compliance with certification standards.
(2) The department shall not grant deemed status for matters related to the safeguarding and protection of recipient rights.
(3) The community mental health services program shall request deemed status in writing and shall include all of the following documents:
(a) A copy of the official document indicating accreditation.
(b) A copy of the written survey report from the accrediting body.
(c) A copy of the program's response, if any, to the report from the accrediting body.
(4) The department may deem the community mental health services program to be in compliance with certification standards, in whole or in part, after reviewing the submitted documents.
History: 1997 AACS.

R 330.2703 Acceptance of licensure, certification, or other approval by governmental regulatory authority.
Rule 2703. The department may accept licensure, certification, or other regulatory approval by a government agency with regulatory jurisdiction in place of compliance with certification standards, or portions thereof, for any component of a community mental health services program.
History: 1997 AACS.

SUBPART 8. CERTIFICATION STANDARDS

R 330.2801 Compliance with certification standards.
Rule 2801. The department shall assess compliance with the following certification standards by determining the degree to which all of the following provisions apply:
(a) The organization has established processes, policies, and procedures necessary to achieve the required result.
(b) The established processes, policies, and procedures are properly implemented.
(c) The expected result of the processes, policies, and procedures is being achieved.
History: 1997 AACS.

R 330.2802 Governance.
Rule 2802. (1) The governing body of the community mental health services program shall ensure the

development of program policy, ensure that quality services are delivered, and ensure accountability to the community.
(2) The governing body of the program shall appoint an executive director to be responsible for program performance.
(3) The community mental health board, as the overall governing body, shall be composed as described in the act.
(4) The governing body of the program shall delineate its structure, responsibilities, and operational practices.
(5) The governing body of the program shall orient new members to their duties and to program operations and services.
(6) The governing body of the program shall keep minutes of all its public meetings. The minutes shall provide a record of attendance, the issues covered, and the decisions made.
(7) The governing body of the program shall ensure that the concerns of the consumers and interested parties are considered in the program's decision-making process.
(8) A program shall assess community needs as outlined in section 226 of the act.
History: 1997 AACS.

R 330.2803 Mission statement.
Rule 2803. The governing body of the community mental health services program shall adopt a mission statement that shall be reviewed at least annually and revised when appropriate.
History: 1997 AACS.

R 330.2804 Community education.
Rule 2804. (1) A community mental health services program shall undertake activities to educate the general community regarding all of the following:
(a) Mental illness.
(b) Serious emotional disturbance.
(c) Developmental disabilities.
(d) Mental health.
(2) A program shall publicize the array of available mental health services and service eligibility criteria to the community.
History: 1997 AACS.

R 330.2805 Improvement of program quality.
Rule 2805. (1) A community mental health services program shall continuously evaluate and improve organizational processes and performance.
(2) A program shall continually solicit customer feedback on the quality of services and utilize this information to improve service delivery.
(3) A program shall compile, analyze, and use data on service outcomes to improve performance.
(4) A program shall promote consumer and family member participation in the design of programs and services.
(5) A program shall promote consumer and family member participation in the evaluation of programs and services.
History: 1997 AACS.

R 330.2806 Personnel and resource management.
Rule 2806. (1) A community mental health services program shall maintain job descriptions for all

employees.
(2) Staff shall possess the appropriate qualifications as outlined in their job descriptions, including the qualifications for all of the following:
(a) Educational background.
(b) Relevant work experience.
(c) Cultural competence.
(d) Certification, registration, and licensure as required by law.
(3) A program shall train new personnel with regard to their responsibilities, program policy, and operating procedures.
(4) A program shall identify staff training needs and provide in-service training, continuing education, and staff development activities.
(5) A program shall have personnel policies which address all of the following areas:
(a) Working conditions.
(b) Wages and benefits.
(c) Hiring and promotion practices.
(d) Performance evaluation.
(e) Disciplinary and termination guidelines.
(f) Grievance procedures.
(g) Conflicts of interest.
(h) The use of volunteers and students.
(6) A program shall make its personnel policies available to staff in a handbook or other easily accessible medium.
(7) A program shall maintain personnel records for all staff. The personnel records shall contain all of the following documents:
(a) An employment application.
(b) An employee's current license, registration, and certification, as applicable.
(c) An employee's performance evaluations.
(8) A program shall maintain a volunteer file for all volunteers. The volunteer file shall contain the volunteer's current certification, registration, or license, if applicable.
History: 1997 AACS.

R 330.2807 Physical/therapeutic environment.
Rule 2807. (1) A community mental health services program's facilities and equipment shall be in compliance with all applicable zoning, safety, health, and building codes.
(2) A program shall establish preventive maintenance, sanitation, and safety systems.
(3) A program's services shall be physically accessible to all individuals.
(4) A program shall establish written emergency plans, which address all of the following areas:
(a) Natural disasters.
(b) Fires.
(c) Medical emergencies.
(d) Bomb threats.
(5) A program shall conduct, and document, training to familiarize personnel with evacuation plans on a regular basis.
(6) A program shall post safety and emergency rules and practices in conspicuous places.
(7) A program shall implement additional health and safety precautions as necessary to address individual needs.
(8) A program shall be in compliance with all MIOSHA requirements.

(9) A program shall establish policies that address the monitoring, identification, prevention, and control of infectious diseases.
(10) A program shall provide infection control training to staff.
History: 1997 AACS.

R 330.2808 Fiscal management.
Rule 2808. (1) The governing body of a community mental health services program shall plan and approve an annual operating budget for a program based on anticipated revenues and projected expenditures.
(2) The governing body of the community mental health services program shall establish procedures for interim modification of the annual operating budget.
(3) When applicable, a community mental health services program shall develop a capital expenditure plan, including detailed amortization schedules.
(4) An independent certified public accountant shall conduct an annual audit of the program's financial records and audit exceptions shall be corrected.
(5) A program shall establish policies and procedures for purchasing and competitive bidding.
(6) A program shall analyze per unit costs of services and establish appropriate service fees at least annually.
(7) A program shall comply with the ability to pay process as outlined in the act.
(8) When applicable, a program shall establish policies regarding the investment of funds.
(9) A program shall utilize generally accepted accounting principles and maintain detailed records of all revenues and expenses.
(10) A program shall restrict access to community mental health services program funds to appropriate personnel.
(11) A program shall control the disbursement of funds, the receipt of funds, and the use of credit.
(12) A program shall manage risk and reduce potential liability by purchasing insurance, pooling risk, or utilizing other appropriate mechanisms, or a combination of these methods.
(13) A program's contracts shall specify, in measurable terms, the obligations of the parties.
(14) A program shall monitor a contract agency's compliance with the provisions of the contractual agreement.
(15) A program shall maintain and control inventory.
History: 1997 AACS.

R 330.2809 Consumer information, education, and rights.
Rule 2809. (1) A program shall establish a system of rights protection as required by chapters 7 and 7A of the act.
(2) A program shall inform consumers about all of the following information at the time consumers apply for services:
(a) The type and nature of available services.
(b) The organization's procedures for the development of an individualized plan of service.
(c) Service rates, financial liability, financing arrangements, and related appeal procedures.
(d) The consumer's rights as specified in chapters 7 and 7A of the act.
(e) The consumer's right to request second opinions on hospitalization as specified in chapter 4 of the act.
History: 1997 AACS.

R 330.2810 Eligibility and initial screening.
Rule 2810. (1) A community mental health services program shall establish and utilize an initial screening process to determine all of the following:
(a) An individual's eligibility for services.
(b) An individual's need for services.
(c) An individual's need for additional assessment.
(2) Service priority and eligibility criteria shall be consistent with the act.
(3) A program shall establish one or more preadmission screening units in accordance with section 409 of the act.
History: 1997 AACS.

R 330.2811 Waiting lists; alternative services.
Rule 2811. (1) A community mental health services program shall establish and manage waiting lists in accordance with section 124 of the act.
(2) A program shall review waiting lists periodically to ensure consistency with the community mental health services program's established priorities and the priorities specified in the act.
(3) A program shall take action to reduce or eliminate waiting lists for services.
(4) A program shall recommend and refer individuals to alternative services when necessary to meet individual needs.
History: 1997 AACS.

R 330.2812 Array of services.
Rule 2812. A community mental health services program shall offer a full array of services as specified in chapter 2 of the act.
History: 1997 AACS.

R 330.2813 Medication; control.
Rule 2813. A community mental health services program shall control the storage, preparation, dispensation, and administration of medications.
History: 1997 AACS.

R 330.2814 Individual plan of service.
Rule 2814. A community mental health services program shall develop individual plans of service using a person-centered process in accordance with section 712 of the act and R 330.7199.
History: 1997 AACS.

PART 3. STATE AND COUNTY FINANCIAL RESPONSIBILITY

R 330.3005 Inclusion of capital depreciation costs for state services.

Rule 3005. For the purpose of determining county liability for the cost of services provided to county residents in accordance with section 304 of the act, the department shall include depreciation costs of equipment and capital investment in operating costs.

History: 1979 AC.

R 330.3007 Department definition of approved community mental health program costs.

Rule 3007. The department shall define in policy those programs and expenditures approvable for state financing in accordance with chapters 2 and 3 of the act. Those policies shall be contained in department program and budget development instructions and in the department allocations to community mental health boards of available state appropriations.

History: 1979 AC.

R 330.3009 Matchable financing of community mental health programs.

Rule 3009. The net costs of approved community mental health programs for which the state shall be proportionately financially responsible in accordance with sections 308, 310, and 318 of the act shall include those expenditures supported by appropriations and grants from local units of government, from the united fund, and from grants or contributions from private sources for purposes other than the care or treatment for an individual person. Net costs of approved community mental health programs shall not include payments and reimbursements from state agencies, except for the state financed portion of payments made in behalf of individuals pursuant to the federal and state medical assistance program; the state financed portion of payments for social services provided to individuals pursuant to federal and state social services programs; and the state financing of local general government and local general education operations.

History: 1979 AC.

R 330.3013 Reporting of community mental health costs.

Rule 3013. For the purposes of determining net cost pursuant to section 310 of the act, the costs and revenues of community mental health boards shall be reported to the department in a manner specified by the department. The department may withhold state reimbursement pending complete submission of required reports.

History: 1979 AC.

R 330.3015 Determination of county financial responsibility in base year.

Rule 3015. The department shall determine the base year of county financial responsibility pursuant to section 318 of the act based upon the sum of the locally financed net approved expenditures for approved community mental health programs plus the county liability for state services to county residents, as a percentage of the sum of the net approved costs of approved community mental health programs plus the net costs of state services to county residents.

History: 1979 AC.

R 330.3016 Custodian of funds.

Rule 3016. The county treasurer shall be the custodian of funds received and expended for the purpose of conducting community mental health programs and for payments of the state of county liability for

the services by state programs to county residents. In the case of a multi-county health district, the treasurer of the county in which the district administration is situated shall be the custodian of funds.

History: 1979 AC.

R 330.3017 Determination of county of residence.

Rule 3017. (1) For the purpose of determining county financial liability for the net cost of services, the department shall determine the county of residence for patients receiving service from state mental health programs pursuant to section 306 of the act.

(2) When the department has determined a county of residence for financial liability, if the county forwards to the department information supporting the redetermination and a request for redetermination within 30 days of billing by the department, the department shall redetermine the county of residence.

(3) When the department has determined a county of residence for financial liability, if the county forwards to the department information supporting the redetermination and a request for redetermination after 30 days of billing by the department, the department may redetermine the county of residence.

History: 1979 AC; 1986 AACS.

PART 4. ADMINISTRATIVE ACTION FOR MENTALLY ILL PERSONS
SUBPART 2. TRANSFER REQUIREMENTS

R 330.4011 Transfer between state hospitals.

Rule 4011. (1) A patient may be transferred between hospitals, including the university of Michigan neuropsychiatric institute or other facilities of the department which are not hospitals, for administrative reasons or for good and sufficient clinical reasons when approved by the department. Approval by the department shall be expressed by an order of transfer, a copy of which shall be forwarded to the director of each hospital involved. Prior to approval or denial of the transfer, the department shall consult with the contractually responsible county community mental health program. A request for a transfer may be submitted by a hospital director, a patient, or other interested person.
(2) Before an approved transfer is acted upon, the director of the hospital in which the patient is currently residing shall notify in writing, not less than 7 days prior to transfer, the patient and his guardian or his nearest relative and up to 2 other persons designated by the patient, except if the transfer is necessitated by an emergency as determined by the hospital director and documented in hospital records. Under emergency circumstances, the hospital director shall effect a transfer as soon as necessary and issue the appropriate notices not more than 24 hours after transfer.
(3) The notification period of not more than 7 days prior to transfer may be reduced if the patient or his guardian or nearest relative approves the transfer in person, by telephone, or in writing, and this approval is documented. Written approval shall be obtained as soon as administratively possible.
(4) Notice of transfer by a hospital director shall inform the patient and his guardian or nearest relative of the right to object to the transfer. Upon receipt of a written objection, an appeal hearing shall be held promptly, under procedures established by the department. If an objection is made, transfer shall be delayed until a ruling of the appeal hearing indorses it, unless an emergency as determined and documented by the hospital director necessitates an immediate transfer. An emergency transfer is revocable by decision of the director of the department or by order of the appeal referee.
(5) Administrative transfer of a patient to another department hospital for purposes of supervision in connection with convalescent leave or other community placement may be appealed if it is alleged that the supervision or administrative control of the leave or placement, by the hospital to which the administrative transfer is made, and not the leave or placement itself, would be detrimental to the patient.
(6) Each hospital shall establish procedures through which patients, guardians, or responsible relatives may participate in the planning or selection of a leave or placement.

History: 1979 AC; 1986 AACS.

R 330.4013 Transfer to a facility other than a state hospital.

Rule 4013. (1) A patient may be temporarily transferred to a non-department hospital or other facility for emergency medical reasons as determined and documented by a hospital director.
(2) With the written consent of an adult patient or the parent, legally authorized guardian, or person in loco parentis of a patient under the age of 18, a patient may be transferred from a departmental hospital to a hospital or facility in this state which is not operated by the department. If a patient objects to a transfer that has been consented to by a person in loco parentis, transfer will be delayed until an appeal hearing established by the department has made a determination.
(3) Transfer of a patient to or from a hospital or facility that is not a department designated hospital shall not constitute a discharge from an order of hospitalization from a probate court.
(4) Transfer of an involuntary patient out of state shall be governed by interstate compact agreements.

History: 1979 AC; 1986 AACS.

SUBPART 3. ADMISSION CONDITIONS

R 330.4031 Voluntary admission.

Rule 4031. (1) An application for voluntary admission shall not be considered as lacking voluntariness because an individual has agreed to that action as a result of a probate court proceeding.
(2) The hospital director or his designee shall evaluate an individual's clinical suitability for informal or formal voluntary admission and shall include the following criteria in making the determination.
(a) The individual has a condition that the hospital director determines can benefit from the inpatient treatment that is provided by the hospital.
(b) Appropriate alternatives to hospitalization have been considered by the hospital, and with the consent of the individual, the community mental health program in the individual's county of residence.
(c) Adequate alternative treatment is not available or suitable at the time of admission as determined by the hospital, and with the consent of the individual, the community mental health program in the individual's county of residence.

History: 1979 AC.

R 330.4039 Denial by director of voluntary admission.

Rule 4039. (1) If the hospital director, or his or her designee, does not deem an individual clinically suitable for full hospitalization as an informal or formal voluntary patient, he or she shall deny the request and shall refer the individual to an appropriate community mental health or other service. The reason or reasons for denial shall be made known to the applicant, shall be documented, and a copy of the document shall be given to the applicant. If the individual consents, the community mental health or other service shall be notified of the referral.

(2) If the hospital director denies admission, he or she may offer partial admission on a day, night, or weekend basis if the service is available and if the individual is deemed suitable for partial admission. The criteria for suitability for partial admission shall parallel that of other forms of voluntary admission.

History: 1979 AC; 1981 AACS.

R 330.4045 Involuntary admissions.

Rule 4045. (1) For the purpose of establishing the point at which hospitalization begins, 1 of the following conditions shall be met:
(a) An individual arrives at or is at a hospital and an application for hospitalization is completed and given to a hospital staff member with a completed certificate.
(b) An individual arrives at or is at a hospital under a court order for immediate hospitalization, other than an order to undergo an examination, after a petition has been filed with the court.
(c) An individual is at a hospital after giving written notice of an intention to terminate formal voluntary hospitalization and the director of the hospital or his or her designee has filed with a court an application for admission by certification and the required certificates.
(2) For the purpose of establishing when an individual may complete a reasonable number of telephone calls and when a preliminary hearing shall be convened if the person is not released, the time an individual is received for hospitalization by certification, or court-ordered immediate hospitalization, is any time the individual arrives at the hospital. A formal voluntary patient who is being admitted as an

involuntary patient by application of a hospital director is considered received for hospitalization at the time application and certificates are filed with a probate court.
(3) When an individual is presented to a hospital, the hospital shall do all of the following:
(a) Require that the application for hospitalization, if any, meet the requirements of section 424 of the act.
(b) Require that the certificate accompanying the application, if any, meet the requirements of section 400(K) of the act.
(c) Determine if the individual presented is clinically suitable for informal or formal voluntary hospitalization. If this determination is affirmative, immediately offer the individual the opportunity to apply for hospitalization as an informal or formal voluntary patient, and as many times thereafter as deemed appropriate by the hospital director until an order of hospitalization, alternative treatment, or discharge is received. If the individual is hospitalized as a voluntary patient, the hospital director shall inform the court and recommend whether dismissal of pending proceedings would or would not be in the best interest of the individual or the public.
(d) Allow the individual to complete not less than 2 phone calls. If the individual does not have sufficient funds on his or her person, calls shall be made at hospital expense with the condition that they be limited to persons who are willing to receive the calls. The hospital director or his or her designee may determine the appropriateness of a call or calls that are at hospital expense and may limit their length to a reasonable duration, but a call shall not be limited to less than 5 minutes. If the hospital director or his or her designee restricts the call, appropriate written documentation of the reasons for the restriction shall be noted in the case record. Under circumstances in which the individual cannot make a call, or if it is necessary to restrict calls that are at hospital expense, the hospital shall place the calls for the individual if so requested.
(e) Provide to the individual, not more than 12 hours after hospitalization, a copy of the application for admission asserting that the individual is a person requiring treatment, a written statement that the individual will be examined by a psychiatrist within 24 hours of the hospitalization, and a written statement, in simple terms, explaining the right of the individual to request a preliminary hearing, to be present at the preliminary hearing, and to be represented by legal counsel, if the individual is certified as a person requiring treatment; a written statement, in simple terms, explaining the right of the individual to a full court hearing, to be present at the hearing, to be represented by legal counsel, to a jury trial, and to an independent evaluation; and a copy of each certificate executed in connection with the individual's hospitalization if available. Each certificate shall be delivered to the individual within 24 hours of either a certificate's completion or receipt of a certificate by the hospital from a source outside the hospital.
(f) If the individual is unable to read or understand the written materials, every effort shall be made to explain them to him or her in a language he or she understands, and a note of the explanation and by whom made shall be entered in the case record.
(g) The admission officer, as soon as administratively possible after receiving an individual by certification who has been certified as a person requiring treatment, shall do all of the following:
(i) Notify the probate court by phone.
(ii) Obtain, when available, the tentative date of the preliminary or full court hearing and the name and address of counsel appointed by the court.
(iii) Notify the patient of this information.
History: 1979 AC; 1986 AACS.

R 330.4047 Admission by certification.

Rule 4047. (1) A state hospital, as designated in R 330.4005, shall receive and detain for examination by a psychiatrist any individual presented to the hospital who is accompanied by a certificate and an executed application. A psychiatrist, either from the hospital staff or from outside the hospital, shall examine an individual not more than 24 hours after admission. The hospital director shall provide a room and other equipment necessary to provide a complete examination.

(2) A psychologist or physician who has examined a patient shall be permitted, by the hospital director, adequate time to be deposed or to testify, if so required at a probate court hearing regarding that patient.

History: 1979 AC; 1983 AACS; 1986 AACS.

R 330.4049 Examination upon application by peace officer or court order.

Rule 4049. (1) A state hospital, as designated in R 330.4005, shall receive and detain an individual for examination if that individual is presented to the hospital by a peace officer who has executed an application for admission. The hospital shall also receive and detain for examination any individual ordered by the court to be examined. A psychologist or physician, either from the hospital staff or from outside the hospital, shall examine the individual within 24 hours. A psychiatrist, either from the hospital staff or from outside the hospital, shall examine the individual, if necessary, within 24 hours of the completion of the first certificate. The hospital director shall provide a room and other equipment necessary to provide a complete examination.

(2) A psychologist or physician who has examined an individual presented shall be permitted by the hospital director adequate time to be deposed or to testify, if so required, at a probate court hearing.

History: 1979 AC; 1986 AACS.

R 330.4051 Admission by petition.

Rule 4051. An individual shall be admitted to a hospital on a petition pending a hearing only upon order of immediate hospitalization by a probate court. The hospital director shall have the individual examined within 24 hours of hospitalization. If the required examination has not been accomplished within 24 hours, the hospital director shall release the individual and document in the records the reasons the examination was not completed. The hospital shall notify the probate court.

History: 1979 AC.

R 330.4055 Probate court hearings at hospital.

Rule 4055. (1) It shall be the hospital director's responsibility to provide adequate facilities on the hospital grounds in which to conduct probate court hearings on petitions for hospitalization, discharge, and to hear objections to voluntary admissions and appeals of returns.

(2) The hospital director shall provide prompt access to the patient by his attorney upon proper notice, and shall provide a room where the patient and his attorney may confer in private.

(3) The hospital director shall develop rules and procedures establishing visiting rights by attorneys and requirements for proper notice.

History: 1979 AC.

SUBPART . RELEASE AND DISCHARGE

R 330.4077 Discharge of voluntary patients.

Rule 4077. (1) An informal, voluntary patient shall be discharged either during normal day shift hours or immediately, at the discretion of the hospital director, after either of the following:

(a) A request is made by the patient to terminate hospitalization.

(b) The hospital director deems it clinically suitable.

(2) A formal, voluntary patient shall be discharged as soon as possible, but not later than 3 days, excluding Sundays and holidays, after either of the following:

(a) Written notice of intent to terminate hospitalization is given by the patient.

(b) The hospital director deems that it would be clinically suitable.

(3) Even if a guardian has been appointed for a patient, only the patient may give written notice of an intention to terminate hospitalization.

History: 1979 AC; 1986 AACS; 1990 AACS.

R 330.4083 Unauthorized leave by voluntary patients.

Rule 4083. (1) A patient who has been admitted as an informal, voluntary patient and who leaves a hospital without proper notification of intention to terminate shall be placed on unauthorized leave status for 24 hours. After this period, the hospital shall administratively discharge the patient.

(2) A patient who has been admitted as a formal, voluntary patient and who leaves a hospital without permission shall be placed on unauthorized leave status for not more than 3 days and shall be readmitted during that period without signing a new application for admission. If the patient does not return within 3 days, he or she shall be discharged.

(3) A patient who is absent from a hospital without having given notification of intention to terminate shall be designated as a missing person. Prompt and vigorous measures shall be taken to find the patient, including an immediate search by hospital employees as warranted by circumstances and notification, pursuant to section 748(6)(c) of the act, of other public agencies if there is a substantial probability of harm to the patient or other persons. Relatives or other interested parties shall be notified if the patient had given prior authorization to notify those persons in the event of an emergency. A record shall be kept of persons notified and the time of notification. Upon locating a missing patient, the hospital shall inform those notified and determine if any of the following provisions apply to the patient:

(a) He or she desires to return voluntarily.

(b) He or she desires to terminate hospitalization.

(c) He or she meets other statutory provisions for treatment.

History: 1979 AC; 1990 AACS.

R 330.4089 Discharge of involuntary patient.

Rule 4089. (1) Discharge shall constitute release of a patient from jurisdiction of a hospital, by action of the hospital director or by court order, or if the court rejects an application or petition or fails to hold a requested preliminary hearing or final hearing within the required time or a continuance was not granted. A patient discharged may not be returned to the hospital without a new order for admission or application for voluntary admission.

(2) When a patient is discharged, the hospital director shall report the change in status to the probate court which ordered admission and indicate in this report which of the following factors have brought

about this discharge:
(a) Patient legally transferred out of state.
(b) Patient, in the opinion of the hospital director, not mentally ill.
(c) Patient not reasonably expected to seriously physically injure himself or others.
(d) Patient no longer clinically suitable for this form of hospitalization.
(e) Death of patient.
(f) Patient, on an order of continuing hospitalization, after 1 year of continuous leave.
(g) Any other reason acceptable under the act or procedures of the department.
History: 1979 AC.

PART 4A. CIVIL ADMISSION AND DISCHARGE PROCEDURES FOR MINORS
SUBPART 1. GENERAL PROVISIONS

R 330.4501 Definitions. Rule 4501. As used in this part:
(a) "County program" means a county community mental health program.
(b) "Hospital operated by or under contract with the department or a community mental health board" means a hospital that is directly operated by, or that is under contract to, the department or a community mental health board servicing a minor.
History: 1990 AACS.

SUBPART 2. ADMISSIONS

R 330.4603 Request for admission.
Rule 4603. (1) A parent who has joint custody of a minor and who does not have a limitation on the right to medical decision-making may apply for admission for the minor. When each parent resides in a separate county, has authority to consent to treatment, and requests admission, the parents shall be requested to name the county of residence for the minor, and the parent residing in the named county shall be requested to sign the application.
(2) A person who requests hospitalization for a minor under the specific authority of a power of attorney for consent to medical treatment given to the person by the parent of the minor shall be considered to have the same authority as the parent of the minor. The power of attorney shall expire at the end of 6 months. Before the 6-month expiration, the hospital will inform the person of the need to renew the power of attorney or the powers shall automatically revert back to the parent.
(3) If the juvenile court has assigned itself as temporary guardian of a minor, then the minor is a temporary ward of the court and the court is responsible for the care and supervision of the minor. If the court requests hospitalization of a minor who is its temporary ward, the court shall execute an order that specifies that the court worker, as designee of the court, has the authority to request hospitalization, authorize treatment and releases of information, and, when necessary, consent to the use of psychotropic medication. The name of the court worker shall be verified and documented by an official letter which is presented to the hospital from the court and which is reissued as designee modifications necessitate. Requests for hospitalization of a minor pursuant to this subrule shall be in accordance with the provisions of section 498e(2) of the act. The designee of the court shall be considered the minor's guardian.
(4) A peace officer or person in loco parentis may request emergency hospitalization of a minor, but does not have legal authority to authorize treatment or releases of information.
History: 1990 AACS.

R 330.4611 Preadmission evaluations.
Rule 4611. (1) A hospital shall document the basis for its determination of all of the following:
(a) A minor is emotionally disturbed and requires mental health treatment.
(b) A minor is expected to benefit from hospitalization.
(c) Identified appropriate alternatives to hospitalization are not available.
(2) When a county program refers a minor for admission to a hospital operated by, or under contract with, the department or the county program, the county director is responsible for transmitting evaluation information, in writing, to the hospital. In addition to the information required in subrule (1) of this rule, such information shall include all of the following:

(a) A psychosocial history.
(b) The identifying information necessary concerning both the minor and the parent or guardian.
(c) The legal status of the minor with respect to the juvenile court and the department of social services, if appropriate.
(d) Other information the county director deems appropriate.
(3) In an emergency situation, the county director shall transmit as much of the information specified in subrules (1) and (2) of this rule as possible to the hospital when requesting that a minor be admitted. At a minimum, such information shall contain the basis for the determination that a minor is emotionally disturbed and an explanation justifying the request for an emergency admission. The remaining information shall be sent to the hospital within 7 days of admission.
History: 1990 AACS.

SUBPART 4. CHANGE IN STATUS OF HOSPITALIZATION

R 330.4620 Authority for terminating admission.

Rule 4620. Only the person responsible for authorizing the hospital treatment for a minor or a minor who was admitted upon his or her own request may submit a notice of intent to terminate hospitalization to the hospital, unless there has been a legal change in the custody of the minor.
History: 1990 AACS.

R 330.4626 Discharge, transfer, placement, or change in admission status of minor; report.

Rule 4626. (1) When a minor is discharged, transferred, placed in another facility, or has a change in admission status, the hospital director shall report that fact to the responsible county program and shall report the factors which brought about the change.
(2) When a minor is under court-ordered continued hospitalization pursuant to the provisions of section 498n(2) or 498o(6) of the act, the hospital director shall report any discharge, transfer, or placement in another facility to the court which ordered the continued hospitalization and indicate in this report the factors which brought about this change in status.
History: 1990 AACS.

R 330.4631 Authorized leave of absence.

Rule 4631. (1) When, in the opinion of a hospital director, a minor would benefit from a temporary, short-term experience outside the hospital, the hospital director may authorize a leave of absence.
(2) A minor, while in the custody of the hospital, shall be allowed an authorized leave of absence only if the minor will be released into the custody and supervision of a responsible adult for a specified period of time and only with the consent of a parent or guardian.
(3) An authorized leave of absence to another state shall not be granted for a minor who is under court-ordered continued hospitalization, unless the leave of absence is approved by the court.
(4) A hospital shall not accept liability for expenses incurred by or for a minor on leave, unless the expense is authorized in advance.
History: 1990 AACS.

R 330.4636 Unauthorized leave.

Rule 4636. If a minor leaves the hospital without permission of the hospital or refuses a request to return to the hospital while on an authorized absence from the hospital, then both of the following provisions apply:
(a) If the parent, guardian, or person in loco parentis is unable to transport the minor and has attempted

to arrange for other persons, including hospital staff, to transport the minor to the hospital and either the other persons declined such authorization or the transport of the child did not occur, then this information shall be included in any request submitted to the court for an order of transport under section 498k of the act.
(b) The hospital shall promptly notify the appropriate court if a minor is under court order for continued hospitalization.
History: 1990 AACS.

R 330.4641 Expiration of court-ordered continued hospitalization order.
Rule 4641. (1) Two weeks before the expiration of a 60-day court-ordered continued hospitalization order, if a minor remains suitable for hospitalization, the hospital director shall attempt to obtain a renewal of the written consent for treatment from the appropriate adult.
(2) If a parent or guardian refuses to consent to treatment, the hospital director may deem this as a notice of intent to terminate hospitalization. The hospital director shall then proceed pursuant to the provisions of section 498j or 498o of the act.
(3) If during the course of court-ordered continued hospitalization, a minor is deemed by the hospital director to be suitable for hospitalization without court order, the hospital director may offer the minor's parent or guardian the opportunity for renewal of the written consent to treatment. If such renewal is made, the hospital director shall inform the court and the court shall dismiss the order for continued hospitalization, unless it finds that dismissal would not be in the best interest of the minor or the public.
History: 1990 AACS.

SUBPART 5. OBJECTION TO HOSPITALIZATION PROCESS

R 330.4651 Notification of objection to hospitalization process.
Rule 4651. A minor and his or her parent or guardian or a person in loco parentis shall be informed of the objection to the hospitalization process and its time frames at the time of either admission to the hospital or placement on a waiting list for hospitalization. A minor may not object to a court-ordered continued hospitalization pursuant to the provisions of section 498o(6) of the act.
History: 1990 MR 7, Eff. July 19, 1990.

R 330.4661 Assistance in preparing objection to hospitalization; submission of objection to court: advocate for objecting minor under age 14.
Rule 4661. (1) An individual who is 14 years of age or older shall be assisted in preparing a proper written objection for the court by a person assigned by the hospital director.
(2) When an objection is complete, the hospital director or his or her designee shall submit it to the court within 24 hours, excluding Saturdays, Sundays, and holidays.
(3) Upon notification of an objection by an individual under the age of 14, the hospital director or his or her designee shall notify a person requested by the individual to ascertain the person's willingness to be an advocate on behalf of the individual and, if so willing, shall notify the probate court of the objection and request the court to determine if the person requested by the individual is suitable to submit an objection to hospitalization on behalf of the individual.
History: 1990 AACS.

PART 5. ADMINISTRATIVE ACTION FOR DEVELOPMENTALLY DISABLED PERSONS
SUBPART 1. DESIGNATED RESIDENTIAL FACILITIES

R 330.5005 Regional designation of residential facilities.

Rule 5005. (1) Acceptance of an application for a temporary or administrative admission shall be limited to a person having a domicile in the designated region of a facility. Except as otherwise provided in this rule, a probate court shall limit judicial admissions to persons who are located in counties which constitute a region for the facility. These facilities may admit an individual for preadmission examination with an application for temporary or administrative admission. Facility regional designation may be made by departmental policy or administrative rule.

(2) Facilities of the department or licensed or certified by the department are designated as regional diagnostic and treatment centers for the purposes of section 816 of Act No. 236 of the Public Acts of 1961, as amended, being S600.816 of the Michigan Compiled Laws. A facility so designated shall provide an area so that court hearings may be held in these quarters.

History: 1979 AC; 1986 AACS.

SUBPART 2. TRANSFER REQUIREMENTS

R 330.5015 Transfer under the interstate compact.

Rule 5015. (1) An individual shall be admitted to a residential facility from another state under the interstate compact only if that individual meets the criteria for admission as specified in the act.

(2) An individual under 18 years of age shall be transferred to a facility of another state under the interstate compact if the parents of that individual establish residence in that state.

History: 1979 AC.

SUBPART 3. ADMISSION CONDITIONS

R 330.5031 Temporary and administrative admission.

Rule 5031. (1) An application for temporary or administrative admission shall not be considered as lacking in voluntariness because an individual has agreed to the action as a result of a probate court direction.

(2) If a legally empowered person applies for temporary or administrative admission of an individual under 18 years of age and the facility director, or his or her designee, determines that the individual is suitable for admission, the facility shall admit the individual and shall include the application as part of the case record. A person is legally empowered to execute an application for temporary admission if he or she is a parent, a guardian, or in their absence, a person in loco parentis.

(3) An individual, 18 years or older, competent and deemed suitable by the director, shall be admitted as an administrative admittee upon application. A guardian shall execute the application if the individual is not competent.

(4) An individual under 18 years of age shall be admitted as an administrative admission if deemed suitable by the facility director upon the application of a parent, guardian, or in their absence, a person in loco parentis.

(5) For the purpose of determining who may execute an application for temporary or administrative admission or who may file written notice to leave a facility:

(a) "Guardian" means a court-appointed plenary guardian or guardian of the person of an individual deemed legally incompetent or a guardian appointed for a minor by a court.

(b) "Parent" means the natural or adoptive parent, whether married or not. A parent whose parental rights have been terminated by the probate court or who has been deprived of legal custody by the probate or circuit court, or the equivalent in another state, is barred from executing an admission application.

(c) "Person in loco parentis" means a person who assumes the rights, duties, and responsibilities of a parent as demonstrated by the fact that the person exercises parental functions, such as the care and supervision of the child. Determination of status as a person in loco parentis shall be made by the facility director or his or her designee. The director or his or her designee may consider, in addition to the criteria already mentioned in this subdivision, any of the following criteria:

(i) The person is the sibling, adopted sibling, stepsibling, grandparent, blood aunt or uncle, nephew, niece, or first cousin of the individual minor.

(ii) The minor was placed by a parent or guardian in the keeping of a person to whom the child is not related as can be documented by some written authorization executed by the parent or guardian or by the sworn affidavits of 2 other adult persons that the minor was left in that person's keeping by the parent or guardian.

(iii) The person is a member of the household in which the minor resides.

(iv) The person is responsible for the maintenance of the minor's home.

(v) A probate court, juvenile division, has found the minor to be within the jurisdiction of that court.

(6) Action shall not be taken on an application for temporary or administrative admission of an individual under 18 years of

age which is executed by a person in loco parentis until the facility director, or his or her representative, determines the whereabouts and legal responsibility of the parent or guardian. If the whereabouts or legal responsibility of the parents or guardian cannot be determined after reasonable effort, the director may proceed to take action.
(7) A mentally retarded or developmentally disabled individual may be deemed suitable for admission as a temporary or administratively admitted resident. The facility director shall determine suitability and may utilize documentation, previous test results, or a physician's statements in establishing these conditions for a temporary admission. Suitability for an administrative admission shall be made with the assistance of a preadmission examination and in consultation with the community mental health agency serving the individual's county of residence or county of placement. A preadmission examination may be completed by a community mental health agency or private individual if the agency or individuals are under contract with the facility to provide this examination. An individual shall not be administratively admitted unless the director concludes on the basis of the preadmission examination, department admission policies, and other available information that admission is suitable for the following reasons:
(a) The facility is the least restrictive setting feasible for the individual.
(b) Services and programs in the community cannot provide necessary adequate habilitation program or special service required by the individual.
(c) The individual is either:
(i) A severely or profoundly retarded person or substantially developmentally disabled.
(ii) A mildly or moderately retarded person with either multihandicapping conditions or specific maladaptive behavior or behavior problems.
(8) An individual who does not meet the criteria in subrule (7) of this rule may be admitted on a temporary basis at the discretion of the director.
(9) An individual may not be administratively admitted unless a preadmission examination, including mental, physical, social, and educational evaluations, is completed. The facility director, in cooperation with the community mental health agency, shall designate a professional person to supervise the examination and to prepare a report regarding the individual's suitability for admission and the most appropriate living arrangement.
(10) The facility director shall effect, at least annually, a reexamination of each administratively admitted resident for the purpose of determining whether he or she continues to meet the criteria for administrative admission.
(11) If an individual under 18 years of age, who was admitted on a temporary or administrative basis, becomes 18 years of age, he or she shall be released or shall be offered the opportunity to request administrative admission if competent. A guardian may execute the application if the individual is not competent.
History: 1979 AC; 1981 AACS.

R 330.5033 Respite care.
Rule 5033. Temporary admission of an individual to a state facility for respite care services shall not be accepted unless it is accompanied by both of the following:
(a) An authorization from the admitting person for emergency medical care to provide for the health, safety, and medical well-being of the admitted individual.
(b) Address and telephone number information on how to contact the admitting person or a person who could act in loco parentis.
History: 1983 AACS.

R 330.5039 Denial by director of administrative admission.
Rule 5039. (1) If the facility director or his designee does not deem an individual suitable for admission as a temporary or administrative admission, he shall deny the request. Reason for denial shall be made known to the applicant, and with consent, to the community mental health agency serving the county of the individual's residence and shall be documented in the record of the resident. A copy of the document shall be given to the applicant.
(2) If the director denies admission, he may offer partial admission on a day, night, or weekend basis if the service is available and the individual is deemed suitable for partial admission. The criteria for suitability for partial admission shall parallel that of other forms of temporary and administrative admission.
History: 1979 AC.

R 330.5043 Objection and appeal of an administrative admission of a minor.
Rule 5043. (1) A minor resident informing the facility of a desire to object to his admission shall be assisted by a person assigned by the facility director in properly submitting the objection to the court.
(2) An individual not less than 13 years of age shall be assisted in preparing a proper written objection for the court and shall be made aware of the appropriate time intervals at which objection shall be made. When the objection is complete, the

facility director or his designee shall submit it to the probate court within 24 hours, excluding Saturdays, Sundays, and holidays.
(3) Upon notification of an objection by an individual under the age of 13, the facility director or his designee shall notify the probate court of the objection and request the probate court appoint a guardian ad litem for the individual.
History: 1979 AC.

SUBPART 4. PERIODIC REVIEW

R 330.5067 Periodic review of administratively admitted resident. Rule 5067. A facility director shall evaluate not less than once every 12 months, each administratively admitted resident to determine whether he continues to meet the criteria for administrative admission. If the facility director determines that the resident does not meet the criteria, he shall discharge the resident. Results of this review shall be documented in the case record.
History: 1979 AC.

SUBPART 5. RELEASE AND DISCHARGE

R 330.5077 Discharge of administratively admitted residents.
Rule 5077. (1) An administratively admitted resident shall be discharged as soon as possible, but not later than 3 days after either of the following:
(a) A written notice of intent to terminate admission is given by the person who executed the application for administrative admission.
(b) The facility director deems that it would be clinically suitable.
(2) An administratively admitted resident under the age of 18 who has had an objection to admission sustained by a court shall be discharged immediately upon notification to the facility by the court.
(3) A person other than the resident may give written notice of an intention to terminate administrative admission if the person is the individual who executed the application for admission.
(4) If a guardian has been appointed for a resident subsequent to the execution of an application for administrative admission, only the guardian may give written notice of an intention to terminate an administrative admission.
(5) If a parent or guardian of a resident dies subsequent to execution of an application for administrative admission or otherwise loses legal custody of the resident, the surviving parent of a minor, if any, or guardian appointed by a court to replace the deceased or departed parents or guardian, may give written notice of an intention to terminate administrative admission.
(6) If an application for administrative admission of an individual under 18 years of age has been executed by a proper person, notice of intention to terminate administrative admission may be made by the resident upon his eighteenth birthday unless a guardian of the resident has been appointed.
History: 1979 AC.

R 330.5086 Objection to return to facility by administratively admitted resident.
Rule 5086. (1) An adult resident who is administratively admitted shall not be returned to a facility if he or she objects.
(2) If an adult, administratively admitted resident, who in the judgment of a facility director meets the criteria for judicial admission, leaves the facility without permission, the parent, guardian, or nearest relative shall be immediately notified. If the resident is not readily traceable and his or her whereabouts are unknown, the facility shall notify appropriate police authorities. If the resident is located and is unwilling to return to the facility, the facility director shall make application to an appropriate court for a determination as to whether the resident meets the criteria for a judicial admission. If judicial admission seems necessary and desirable, the facility shall continue admission status pending court hearing, after making application.
(3) A resident on authorized leave who was admitted to a facility on an application for administrative admission executed by someone other than himself or herself may be returned over his or her objection, unless the parent, guardian, or person in loco parentis objects.
(4) A resident who has been admitted upon the signed application of a parent, guardian, or person in loco parentis and who leaves the facility without permission shall be placed on unauthorized leave status until the facility director has secured from the parent, guardian, or person in loco parentis a written notice indicating a desire to withdraw the resident from the facility. After securing notice, the resident shall be discharged. A minor resident shall be permitted to re-enter the facility upon the original application until discharged. The notification shall be given to the community mental health program which serves the county of the individual's residence. If the resident is not discharged, the facility shall take action pursuant to R 330.5043.

(5) A resident who objects to returning to the facility shall be subject to the administrative review procedures established by the department of mental health.
History: 1979 AC; 1981 AACS.

R 330.5089 Discharge of judicially admitted resident.

Rule 5089. (1) Discharge shall constitute release of a resident from jurisdiction of a facility, by action of the facility director or by court order, or if the court rejects an application or petition or fails to hold a hearing within the required time. A resident discharged may not be returned to the facility as a resident without a new order for admission or application for administrative admission.
(2) When a resident is discharged, the facility director shall report the change in status to the probate court which ordered admission and indicate in this report which of the following factors have brought about this discharge:
(a) Resident legally transferred out of state.
(b) Resident, in the opinion of the facility director, is not mentally retarded.
(c) Resident not reasonably expected to seriously injure himself or others physically.
(d) Death of resident.
(e) Resident, on a court order, after 1 year of continuous leave.
(f) Any other reason provided for in statutes or procedures of the department.

History: 1979 AC.

R 330.5091 Authorized leave of judicially admitted residents.

Rule 5091. (1) A leave for a visit constitutes a conditional and revocable release of a resident, granted for temporary purposes to provide a short-term experience outside the facility for an individual not yet thought to be capable of making a satisfactory adjustment on a long-term basis.
(2) Convalescent leave shall constitute a conditional and revocable release of a resident in his own custody or in the custody of another person, granted for purposes of continuing care and treatment by a facility while providing a longer term experience outside the facility for an individual not yet thought to be capable of making a satisfactory adjustment without this form of treatment. At the time a facility director determines the suitability of release for a judicially admitted resident, consideration for discharge shall have preference.
(3) A resident, while in the custody of a facility, shall not be permitted leave when in the judgment of the facility director it would be harmful to the resident or others.
(4) The department shall not be responsible for providing transportation for the return to a facility of a resident on convalescent leave. Exceptions to this may be made in special instances with the approval of the director of the department.
(5) Convalescent leave for a resident intending to go to another state shall not be granted without the approval of the director of the department.
(6) A facility shall not accept liability for expenses incurred by or for a resident on leave unless this expense is authorized in advance.

History: 1979 AC.

DEPARTMENT OF HEALTH AND HUMAN SERVICES
BEHAVIORAL HEALTH & DEVELOPMENTAL DISABILITIES ADMINISTRATION

GUARDIANSHIP FOR RECIPIENTS OF MENTAL HEALTH SERVICES

R 330.6006 Applicability.

Rule 6006. (1) These rules apply to persons designated developmentally disabled as that term is defined in section 100a the act.

(2) A determination of need for guardianship proceedings may also be made under these rules for persons who are designated mentally ill. Upon a determination that a mentally ill recipient cannot give informed consent, a hospital or program director shall not cause a proceeding for guardianship to be commenced in the probate court, but shall notify the persons indicated by these rules. When a person is not available to be notified or the notified persons refuse to take action and action is urgently needed, a hospital or program director may elect to commence appropriate probate court guardianship proceedings authorized by law if a suitable candidate to serve as guardian is available or the probate court has indicated a willingness to appoint a public guardian at county expense, request a probate court to consent to the performance of surgery or electroconvulsive therapy or other procedure intended to produce convulsion or coma in lieu of the person eligible to give consent, or resort to other emergency procedures listed in 1988 PA 386, as amended, being MCL 700.5312.

History: 1979 AC, 2018 AACS.

R 330.6008 Admission of residents to a facility by guardians.

Rule 6008. (1) A facility shall not admit a person of the age of 18 or over on a temporary or administrative admission basis on the application of a plenary or partial guardian unless a court order specifically empowers the guardian to place the person in a facility of the type to which application has been made.

(2) A facility shall not admit a person under the age of 18 on a temporary or administrative admission basis on the application of a plenary or partial guardian, appointed under the act unless a court order specifically empowers the guardian to place the person in a facility of the type to which application has been made. A facility may admit a person under the age of 18 on the application of a guardian appointed pursuant to other law without the required court order.

History: 1979 AC.

R 330.6011 Determination of need for guardianship proceedings.

Rule 6011. (1) The facility or program director shall presume a person of the age of 18 or over legally competent to make an application or give a consent, or to refuse to do so, except that:

(a) This presumption shall be conclusively rebutted when a plenary guardian of the person, or of the estate and of the person, or a partial guardian has been appointed for a person and a duration of the term of guardianship indicated in the court order has not expired.

(b) When a partial guardian has been appointed, a person shall be presumed legally competent except for:

(i) Areas designated as legal disabilities in the court order appointing a partial guardian.

(ii) Powers or duties granted to the guardian as specified in the court order appointing a partial guardian.

(2) The manner of determining need for guardianship proceedings required by these rules shall be part of the procedure followed by facilities in conducting evaluations of minor residents 6 months prior to

an eighteenth birthday to determine whether a resident is competent to execute an application for administrative admission or otherwise requires the protective services of a guardian. An evaluation of need for other protective services of a guardian shall be made even if a decision has been made to discharge a resident by his eighteenth birthday.
(3) A staff member responsible for taking action concerning a person or for arranging for a person of the age of 18 or over to make application or give consent may decline to do so on the ground that the person is not capable of giving or refusing to give an informed consent in 1 or more of the following areas:
(a) Admission to a facility or participation in a program.
(b) Nonemergency surgery or other medical procedures not related to care and treatment for a person's mental condition.
(c) Nonemergency use of electro-convulsive therapy or other procedure intended to produce convulsion or coma for a resident or psychosurgery or other treatment of an experimental or extra hazardous nature for a voluntary resident.
(d) Consent to chemotherapy prior to final adjudication of a petition for involuntary admission.
(e) Financial matters, including payment for services and securing insurance and governmental benefits.
(f) Fingerprinting or photographing of a recipient.
(g) Disclosure of confidential information which requires consent.
(h) Resident labor or other employment which requires consent.
(i) Abortion procedures, surgical sterilization, and chemical or mechanical contraceptive measures.
(j) Other developments relating to a person's residence in a facility or participation in a mental health services program, other than care and treatment, training programs or services ordered by a probate court.
(4) A staff member declining to take action or make arrangements shall give to the facility or program director, in writing, reasons for a conclusion that a person is not capable of giving or refusing to give an informed consent.
History: 1979 AC.

R 330.6013 Informed consent board.
Rule 6013. (1) Upon review, a facility or program director shall determine whether a staff member's written conclusion that a person is not capable of giving or refusing to give an informed consent is of substantial weight. A facility or program director shall, when possible, authorize staff to act upon an application, consent, or refusal of a person of the age of 18 or over who is presumed to be legally competent. If a facility or program director determines that a staff member's written conclusion that a person is not capable of giving or refusing to give an informed consent is of substantial weight, he or she shall convene an informed consent board.
(2) An informed consent board may either be a standing interdisciplinary body drawn from an existing interdisciplinary review board within a facility or program or may be appointed on a case-by-case basis. An informed consent board shall consist of the following:
(a) Two mental health professionals of different disciplines with appropriate clinical experience or training.
(b) A third person who is not employed by the facility or program but who is selected by the facility or program director from qualified volunteers with an interest in mental health or developmental disability advocacy and services.
(3) One board member shall have had prior clinical contact with the person whose ability to give informed consent is at issue, but a board member shall not have been involved in either the action or

application for which consent is needed or the decision to evaluate the need for guardianship proceedings.
(4) A board shall evaluate the capacity of a person to give or refuse to give the required informed consent by interviewing the person and other appropriate persons and by evaluating available clinical records and test results. A board shall submit a written report which states the board's findings of fact, the person's desires in the matter, when possible, a conclusion whether the consent or refusal is or will be informed, and the board's recommendation.
(5) Informed consent assumes all following:
(a) That a person has the capacity to make a decision and to understand rationally the nature of the procedure, its risks or other consequences, and other relevant information despite deprivations stemming from confinement and despite the negative effects of institutionalization.
(b) That a person has been made aware of the procedure, risks, or other direct ramifications, including benefits, reasonably to be expected and of an appropriate alternative which is advantageous to the person. There shall be an offer to answer further inquiries of the person.
(c) That a decision is or will be an exercise of free power of choice without intervention of any element of force, fraud, deceit, duress, overreaching, or other ulterior form of constraint or coercion, including promises or assurances of freedom or privileges. The person shall be instructed that he or she is free to withdraw consent or to discontinue an ongoing activity or participation at any time without prejudice.
(6) A board shall recommend those mental, physical, social, or educational evaluations which it deems necessary to further ascertain the capacity of a person to give informed consent or the need of a minor who is approaching the age of 18 for protective services of a guardian, to determine if guardianship will promote and protect the well-being of the person, or to arrive at a suitable guardianship design.
(7) If a majority of an informed consent board concludes that a person does not have the capacity to make a decision or to rationally understand a situation, as required for an informed consent, and if the board concludes that guardianship can promote and protect the well-being of the person and recommends a guardianship request designed to encourage the development of maximum self-reliance and independence in the individual, then a director of the facility or program shall cause a proceeding for guardianship to be commenced in the probate court. Steps taken to cause a proceeding shall be in accordance with R 330.7003 and this rule on a facility's or program's role in guardianship proceedings.
(8) If a majority of an informed consent board concludes that informed consent is absent either because a person has not been made sufficiently aware of the procedures, risks, other ramifications, benefits, or alternatives or because a decision is not voluntary, as required for an informed consent, the director shall cause the individual to be provided necessary information or, when possible, an opportunity for voluntary choice.
(9) If a majority of an informed consent board concludes that a person can give or has given an informed consent or has the capacity to give an informed consent and has refused to consent, the facility or the program director shall authorize the staff to act accordingly.
(10) A parent or a responsible relative, a previously appointed current partial guardian, or other interested person or entity shall be notified of a determination that a person cannot give an informed consent. More than 1 person or entity may be notified.
(11) A copy of an informed consent board's report shall be placed in the person's case record.
History: 1979 AC; 1981 AACS, 2018 AACS.

R 330.6015 Emergency guardianship.
Rule 6015. (1) Whenever the life of a person presumed legally competent is threatened, when there is doubt whether a person is capable of giving informed consent, and when it is deemed necessary to undertake measures other than surgery or electro-convulsive therapy or other procedures intended to

produce convulsion or coma, a facility or program director, without convening an informed consent board, may petition the probate court of the county where the person is located to exercise the powers of a guardian or to summarily appoint a temporary guardian. The medical necessity for the procedure shall be documented and entered into the record of the person and provided to the probate court.
(2) This provision for emergency guardianship shall not preclude medical staff from taking life-saving or physical stabilization measures when the life of a person is threatened and there is not time to obtain consent. These measures may be performed without consent after the medical necessity has been documented and the documentation has been entered into the record of the recipient. Consent for necessary continued administration of the emergency procedures shall be sought as soon as possible.
(3) A facility or program director may petition a probate court to exercise powers of a guardian or to summarily appoint a temporary guardian whenever a decision should be made by a person presumed legally competent whose life is not threatened but whose capacity to give an informed consent is in doubt, and a time limit for taking action or otherwise making a decision does not allow sufficient time for an informed consent board to be convened and make a determination. A board shall subsequently complete an inquiry and if a majority concludes the person is capable of giving or refusing to give an informed consent, a probate court which has assumed or authorized emergency or temporary guardianship powers shall be informed by its next working day and asked to terminate the guardianship.
(4) If an emergency or temporary guardianship is terminated as a result of an informed consent board's inquiry, a facility or program director shall cause, whenever possible, steps taken under the guardianship to be revoked or adjusted in accordance with the person's expressed desires.
History: 1979 AC.

R 330.6019 Facility or program rule in guardianship proceedings.
Rule 6019. (1) When guardianship is deemed necessary, a facility or program director shall endeavor to cause the petitioner to be an appropriate family member, friend, or public or private agency or association, other than an agency or association directly providing services to the person. The person himself may also be the petitioner.
(2) When the facility or program director or an authorized staff member petitions for appointment of a guardian, the petition shall not request, and a report provided by a department facility or a county program shall not recommend a greater scope or duration of guardianship powers and duties than is absolutely necessary to meet the needs presented by the person's actual mental and adaptive limitations and for which an informed consent board evaluated the ability of the person to consent or for which a minor approaching the age of 18 has been evaluated by an informed consent board as needing protective services of a guardian.
(3) A guardianship request shall be designed to encourage development of maximum self-reliance and independence in the person.
(4) If a petition previously filed on behalf of a facility or program resulted in appointment of a plenary guardian of the estate or a partial guardian or a refusal by a court to appoint any guardian, a facility or program director shall not authorize a subsequent petition unless there has been a significant deterioration in the person's condition or other compelling change in circumstances. This requirement shall not prevent action for emergency guardianship.
(5) Only when it is necessary for a court to summarily appoint a temporary guardian and then only when another person, agency, or association is not available to serve as guardian, shall a facility or program providing services to a person offer to serve as guardian.
(6) When a facility or program petitions for appointment of a guardian, a facility or program director shall cause, wherever possible, that an appropriate family member, friend, or public or private agency

or association be considered by the probate court for appointment as guardian.
(7) Only on the request of a probate court and after all other possibilities have been exhausted may a department facility agree, on behalf of the department, to serve as a plenary or partial guardian.
(8) The department shall decline to serve as guardian for a person not receiving services from a department facility.
(9) A county community mental health program may accept an appointment as guardian for a person receiving services in a department facility, pursuant to these rules.
(10) Staff members of the department and of a community mental health program shall not personally act as guardians.
(11) Each facility director and community mental health director shall establish relationships with local associations for developmentally disabled citizens and other appropriate public or private agencies or associations which are capable of conducting an active guardianship program for a developmentally disabled person to assist in obtaining individual or group guardians in cases where a family member or friends are not available.
(12) When a department facility or county community program staff member petitions for appointment of a guardian, on behalf of the facility or program, a facility shall provide, and a program shall provide or contract for, a report required by law. This report shall contain all following:
(a) Evaluations of the person's mental, physical, social, and educational condition made not more than the 30 days prior to filing a petition.
(b) A recommendation proposing the type and scope of guardianship services needed.
(c) A judgment as to the most appropriate living arrangement.
(d) Signatures of all persons, 1 of whom shall be a physician or a psychologist, who performed evaluations upon which the report is based. Any number of evaluations by persons not on the staff of the facility or program may be utilized.
(13) If suitable, a report of an informed consent board may be used as part of a required report.
(14) When facility or program staff petition for appointment of a guardian, a petition shall be filed in the probate court for the county of residence or county in which a developmentally disabled person was found as determined by any of the following factors:
(a) The county from which a person was admitted on the basis of a judicial admission or ordered to undergo a program of alternative care and treatment.
(b) The county from which a person was referred to a facility or program by a county community mental health program or other public or private agency.
(c) The county in which a person resides, if a parent has agreed to an appointment as guardian.
(d) The county in which a person owns real estate suitable for residential use.
(e) The county with which a person has substantial service contacts as evidenced by such factors as recent or current enrollment in a public education system, recent or current employment, current voter or automobile registration, valid driver's license, bank accounts, or ownership of substantial tangible personal property.
(f) A person's present residence if he resides outside a facility.
(15) If the county of residence or the county in which a person was found cannot be determined, a petition may be filed in the probate court for the county in which the facility is located. If both the county of residence or in which the person was found are outside the facility's or program's service area, a petition may be filed in the probate court for the county in which the facility or program is located with the permission of the probate court.
(16) Whenever a facility or program staff petitions for appointment of a guardian and there has previously been a guardian appointed for a person, the petition shall, where possible, be filed in the

same probate court which previously appointed a guardian for the person, and in all cases the court shall be alerted by the petitioner to previous current or expired guardianship of which the petitioner has notice.
(17) Whenever the department is appointed guardian, a facility shall request that the court order that the report to the court be at intervals which coincide with periodic reviews scheduled for the resident.
(18) The guardian's report to a court shall contain statements indicating all of the following:
(a) The person's current mental, physical, social, and educational condition.
(b) The person's present living arrangement.
(c) The need for continued guardianship services.
(d) Other information requested by the court or necessary in the opinion of a guardian.
History: 1979 AC, 2018 AACS.

R 330.6022 Guardianship for minors.
Rule 6022. (1) When the parent or other guardian of a developmentally disabled minor in a facility or county program cannot be found after diligent effort or cannot give informed consent on behalf of a minor, facility or program staff may cause or initiate guardianship proceedings under chapter 6 of the act in a manner consistent with provisions of these rules. This provision shall not exclude neglect proceedings in a juvenile court.
(2) In areas where minors are authorized by law to give consent, and a parent does not give consent, or a minor desires to not involve parents, the capacity of a minor to give informed consent is in doubt, the measures authorized by these rules may be applied to arrange for a guardian to give consent on behalf of a minor.
History: 1979 AC.

R 330.6025 Testimony in guardianship proceedings.
Rule 6025. A facility or program director shall permit not less than 1 staff member who performed an evaluation in connection with a required report adequate time to testify at a probate court hearing on a guardianship petition.
History: 1979 AC.

R 330.6027 Termination or modification of guardianship.
Rule 6027. (1) A facility or program director shall assist residents in requesting a probate court to dismiss a guardian and name a successor guardian, or to dissolve a guardianship order.
(2) If a facility or program director determines that a guardian of a resident should be replaced or that a guardianship should be dissolved, he shall petition the probate court. Procedures for making this determination shall be adopted by the governing body of a facility or program.
(3) A facility or program director shall periodically review the need for guardianship where a facility or program staff member petitioned on behalf of a facility or program or where an interested person or entity filed a petition at the request of a staff member. This review shall be conducted once annually in the same manner as a determination of need for guardianship proceedings. In facilities, the review shall be made at the time of a periodic review. When the duration indicated in a court order of such a guardianship expires or is soon to expire, a person's continued need for the same type and scope of guardianship may be reviewed in the same manner as a periodic review.
(4) A report of an informed consent board which concludes that an existing guardianship should be continued or renewed shall be made a part of the case record. Upon a recommendation that an expiring guardianship should be renewed, a facility or program director may cause a guardianship proceeding to be commenced pursuant to these rules.

(5) A guardianship periodic review report may be used to the extent appropriate as part of a guardian's report to a court when the department or a county program has been appointed guardian.

History: 1979 AC.

R 330.6031 Information on guardianship procedures.

Rule 6031. A county community mental health program providing services to the developmentally disabled shall provide information on guardianship procedures and on obtaining evaluations for guardianship proceedings on request to persons in the communities it serves. A facility receiving similar requests shall refer a person inquiring to an appropriate county community mental health agency or, if none is available, to another appropriate community agency. It shall not itself provide guardianship information unless the subject of an inquiry is a resident or other recipient of services from the facility.

History: 1979 AC; 1986 AACS.

PART 7. RIGHTS OF RECIPIENTS
SUBPART 1. GENERAL PROVISIONS

R 330.7001 Definitions.
Rule 7001. As used in this part: (abuse/neglect – MHC .1722(1))
(a) "Abuse class I" means a nonaccidental act or provocation of another to act by an employee, volunteer, or agent of a provider that caused or contributed to the death, or sexual abuse of, or serious physical harm to a recipient.
(b) "Abuse class II" means any of the following:
(i) A non accidental act or provocation of another to act by an employee, volunteer, or agent of a provider that caused or contributed to nonserious physical harm to a recipient.
(ii) The use of unreasonable force on a recipient by an employee, volunteer, or agent of a provider with or without apparent harm.
(iii) Any action or provocation of another to act by an employee, volunteer, or agent of a provider that causes or contributes to emotional harm to a recipient.
(iv) An action taken on behalf of a recipient by a provider who assumes the recipient is incompetent, despite the fact that a guardian has not been appointed, that results in substantial economic, material, or emotional harm to the recipient.
(v) Exploitation of a recipient by an employee, volunteer, or agent of a provider.
(c) "Abuse class III" means the use of language or other means of communication by an employee, volunteer, or agent of a provider to degrade, threaten, or sexually harass a recipient.
(d) "Act" means mental health code, 1974 PA 258, MCL 330.1001 et seq.
(e) "Anatomical support" means body positioning or a physical support ordered by a physical or occupational therapist for the purpose of maintaining or improving a recipient's physical functioning.
(f) "Bodily function" means the usual action of any region or organ of the body.
(g) "Emotional harm" means impaired psychological functioning, growth, or development of a significant nature as evidenced by observable physical symptomatology or as determined by a mental health professional.
(h) "Exploitation" means an action by an employee, volunteer, or agent of a provider that involves the misappropriation or misuse of a recipient's property or funds for the benefit of an individual or individuals other than the recipient.
(i) "Neglect class I" means either of the following:
(i) Acts of commission or omission by an employee, volunteer, or agent of a provider that result from noncompliance with a standard of care or treatment required by law and/or rules, policies, guidelines, written directives, procedures, or individual plan of service and causes or contributes to the death, or sexual abuse of, or serious physical harm to a recipient.
(ii) The failure to report apparent or suspected abuse Class I or neglect Class I of a recipient.
(j) "Neglect class II" means either of the following:
(i) Acts of commission or omission by an employee, volunteer, or agent of a provider that result from noncompliance with a standard of care or treatment required by law, rules, policies, guidelines, written directives, procedures, or individual plan of service and that cause or contribute to non serious physical harm or emotional harm to a recipient.
(ii) The failure to report apparent or suspected abuse Class II or neglect Class II of a recipient.
(k) "Neglect class III" means either of the following:
(i) Acts of commission or omission by an employee, volunteer, or agent of a provider that result from noncompliance with a standard of care or treatment required by law and/or rules, policies, guidelines,

written directives, procedures, or individual plan of service that either placed or could have placed a recipient at risk of physical harm or sexual abuse.
(ii) The failure to report apparent or suspected abuse Class III or neglect Class III of a recipient.
(l) "Nonserious physical harm" means physical damage or what could reasonably be construed as pain suffered by a recipient that a physician or registered nurse determines could not have caused, or contributed to, the death of a recipient, the permanent disfigurement of a recipient, or an impairment of his or her bodily functions.
(m) “Physical management" means a technique used by staff as an emergency intervention to restrict the movement of a recipient by direct physical contact to prevent the recipient from harming himself, herself, or others.
(n) “Protective device” means a device or physical barrier to prevent the recipient from causing serious self-injury associated with documented and frequent incidents of the behavior. A protective device as defined in this subdivision and incorporated in the written individual plan of service shall not be considered a restraint as defined in subdivision (q) of this subrule.
(o) "Provider" means the department, each community mental health services program, each licensed hospital, each psychiatric unit, and each psychiatric partial hospitalization program licensed under section 137 of the act, their employees, volunteers, and contractual agents.
(p) "Psychotropic drug" means any medication administered for the treatment or amelioration of disorders of thought, mood, or behavior.
(q) “Restraint” means the use of a physical device to restrict an individual’s movement. Restraint does not include the use of a device primarily intended to provide anatomical support.
(r) "Serious physical harm" means physical damage suffered by a recipient that a physician or registered nurse determines caused or could have caused the death of a recipient, caused the impairment of his or her bodily functions, or caused the permanent disfigurement of a recipient.
(s)"Sexual abuse" means any of the following:
(i) Criminal sexual conduct as defined by section 520b to 520e of 1931 PA 318, MCL 750.520b to MCL 750.520e involving an employee, volunteer, or agent of a provider and a recipient.
(ii) Any sexual contact or sexual penetration involving an employee, volunteer, or agent of a department operated hospital or center, a facility licensed by the department under section 137 of the act or an adult foster care facility and a recipient.
(iii) Any sexual contact or sexual penetration involving an employee, volunteer, or agent of a provider and a recipient for whom the employee, volunteer, or agent provides direct services.
(t) "Sexual contact" means the intentional touching of the recipient's or employee's intimate parts or the touching of the clothing covering the immediate area of the recipient's or employee's intimate parts, if that intentional touching can reasonably be construed as being for the purpose of sexual arousal or gratification, done for a sexual purpose, or in a sexual manner for any of the following:
(i) Revenge.
(ii) To inflict humiliation.
(iii) Out of anger.
(u) "Sexual harassment" means sexual advances to a recipient, requests for sexual favors from a recipient, or other conduct or communication of a sexual nature toward a recipient.
(v) “Sexual penetration” means sexual intercourse, cunnilingus, fellatio, anal intercourse, or any other intrusion, however slight, of any part of a person’s body or of any object into the genital or anal openings of another person’s body, but emission of semen is not required.
(w)"Therapeutic de-escalation" means an intervention, the implementation of which is incorporated in the individualized written plan of service, wherein the recipient is placed in an area or room,

accompanied by staff who shall therapeutically engage the recipient in behavioral de-escalation techniques and debriefing as to the cause and future prevention of the target behavior.
(x)"Time out" means a voluntary response to the therapeutic suggestion to a recipient to remove himself or herself from a stressful situation in order to prevent a potentially hazardous outcome.
(y)"Treatment by spiritual means" means a spiritual discipline or school of thought that a recipient wishes to rely on to aid physical or mental recovery.
(z)"Unreasonable force" means physical management or force that is applied by an employee, volunteer, or agent of a provider to a recipient in one or more of the following circumstances:
(i) There is no imminent risk of serious or non-serious physical harm to the recipient, staff or others.
(ii) The physical management used is not in compliance with techniques approved by the provider and the responsible mental health agency.
(iii) The physical management used is not in compliance with the emergency interventions authorized in the recipient's individual plan of service.
(iv) The physical management or force is used when other less restrictive measures were possible but not attempted immediately before the use of physical management or force
History**:** 1954 ACS 98, Eff. Jan. 9, 1979; 1979 AC; 1979 ACS 13, Eff. Feb. 1, 1983; 1998 MR 7, Eff. July 8, 1998; 2007 MR 23, Eff. Dec. 4, 2007 MR 24; Eff April 3, 2009.

R 330.7003 Informed consent.
Rule 7003. (1) All of the following are elements of informed consent:
(a) Legal competency. An individual shall be presumed to be legally competent. This presumption may be rebutted only by a court appointment of a guardian or exercise by a court of guardianship powers and only to the extent of the scope and duration of the guardianship. An individual shall be presumed legally competent regarding matters that are not within the scope and authority of the guardianship.
(b) Knowledge. To consent, a recipient or legal representative must have basic information about the procedure, risks, other related consequences, and other relevant information. The standard governing required disclosure by a doctor is what a reasonable patient needs to know in order to make an informed decision. Other relevant information includes all of the following:
(i) The purpose of the procedures.
(ii) A description of the attendant discomforts, risks, and benefits that can reasonably be expected.
(iii) A disclosure of appropriate alternatives advantageous to the recipient.
(iv) An offer to answer further inquiries.
(c) Comprehension. An individual must be able to understand what the personal implications of providing consent will be based upon the information provided under subdivision (b) of this subrule.
(d) Voluntariness. There shall be free power of choice without the intervention of an element of force, fraud, deceit, duress, overreaching, or other ulterior form of constraint or coercion, including promises or assurances of privileges or freedom. There shall be an instruction that an individual is free to withdraw consent and to discontinue participation or activity at any time without prejudice to the recipient.
(2) A provider shall establish written policies that include procedures for evaluating comprehension and for assuring disclosure of relevant information and measures to ensure voluntariness before obtaining consent. The policies and procedures shall specify for specific circumstances the types of information that shall be disclosed and steps that may be taken to protect voluntariness. The procedures shall include a mechanism for determining whether guardianship proceedings should be considered.
(3) Informed consent shall be reobtained if changes in circumstances substantially change the risks, other consequences, or benefits that were previously expected.

(4) A written agreement documenting an informed consent shall not include any exculpatory language through which the recipient, or a person consenting on the recipient's behalf, waives or appears to waive, a legal right, including a release of a provider or its agents from liability for negligence. The agreement shall embody the basic elements of informed consent in the particular context. The individual, guardian, or parent consenting shall be given adequate opportunity to read the document before signing it. The requirement of a written consent shall not eliminate, where essential to the individual's understanding or otherwise deemed advisable, a reading of the document to the individual or an oral explanation in a language the individual understands. A note of the explanation and by whom made shall be placed in the record along with the written consent.
(5) A consent is executed when it is signed by the appropriate individual. (MHC .1100a(19) consent)
History**:** 1954 ACS 98, Eff. Jan. 9, 1979; 1979 AC; 1998 MR 7, Eff. July 8, 1998.

R 330.7005 Applicant request for second opinion; response; documentation.
Rule 7005. A community mental health services program shall have written procedures to assure that an applicant's request for a second opinion regarding denial of services is responded to in a timely manner and documented in the clinical record.
(MHC .1705) History: 1998 MR 7, Eff. July 8, 1998.

SUBPART 2. RIGHTS OF RECIPIENTS OF MENTAL HEALTH SERVICES.

R 330.7009 Civil rights.
Rule 7009. (1) A provider shall establish measures to prevent and correct a possible violation of civil rights related to the service provision. A violation of civil rights shall be regarded as a violation of recipient rights and shall be subject to remedies established for recipient rights violations. (MHC .1704)
(2) A recipient shall be permitted, to the maximum extent feasible and in any legal manner, to conduct personal and business affairs and otherwise exercise all rights, benefits, and privileges not divested or limited. (MHC .1702)
(3) An adult recipient, and a minor when state law allows consent by a minor, shall be presumed legally competent. The presumption may be rebutted only by court appointment of a guardian or exercise by a court of guardianship powers and only to the extent of the scope and duration of that guardianship. A provider shall do all of the following:
(a) Presume the recipient is legally competent if he or she does not have a guardian. A provider shall also presume a recipient with a limited guardian is legally competent in all areas which are not specifically identified as being under the control or scope of the guardian.
(b) Not institute guardianship proceedings, unless there is sufficient reason to doubt the recipient's comprehension, as provided under these rules and the policies and procedures of the provider.
(c) When a recipient's comprehension is in doubt, justification for petitioning the probate court for guardianship consideration shall be entered in the recipient's clinical record.
(d) Not petition for, or otherwise cause the filing of, a petition for guardianship of greater scope than is essential.
(e) Petition or cause a petition to be filed with the court to terminate a recipient's guardian or narrow the scope of the guardian's powers when the recipient demonstrates he or she is capable of providing informed consent. (MHC .1702)
(4) A provider shall not interfere with the right of a recipient to enter into a marriage contract or obtain or oppose a divorce. (MHC .1702)

(5) The right of a recipient to participate in the electoral process, including primaries and special and recall elections, shall not be abridged. An eligible recipient, including a recipient determined to be legally incompetent, shall have the right to exercise his or her franchise, except those the legislature may exclude from the electoral process by defining mental incompetence in any statute implementing article 2, section 2 of the state constitution of 1963. Facilities shall have procedures which assure all the following:
(a) All recipients 18 years of age or over are canvassed to ascertain their interest in registering to vote, obtaining absentee ballots, and casting ballots. The canvass shall be conducted to allow sufficient time for voter registration and acquisition of absentee ballot, or provided recipients with an opportunity to leave the premises to exercise voting privileges, or to register to vote, or a facility director may require supervisory personnel to accompany recipients and may require recipients to bear reasonable transportation costs.
(b) Arrangements with state and local election officials are made to provide voter registration and casting of ballots for interested recipients at the facility or may elect to encourage the use of absentee ballots.
(c) Facilities shall assist election officials in determining a recipient's place of residence for voting purposes.
(d) Facilities shall not prohibit a recipient from receiving campaign literature, shall permit campaigning by candidates, and may reasonably regulate the time, duration, and location of these activities. A facility director shall permit a recipient to place political advertisements in his or her personal quarters. (MHC .1702)
(6) A recipient shall be permitted access to religious services and worship on a nondiscriminatory basis. A recipient shall not be coerced into engaging in religious activity. (MHC .1704)
(7) A recipient's property or living area shall not be searched by a provider unless such a search is authorized in the recipient's plan of service or there is reasonable cause to believe that the recipient is in possession of contraband or property that is excluded from the recipient's possession by the written policies, procedures, or rules of the provider. The following conditions apply to all searches:
(a) A search of the recipient's living area or property shall occur in the presence of a witness. The recipient shall also be present unless he or she declines to be present.
(b) The circumstances surrounding the search shall be entered in the recipient's record, and shall include all the following:
(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.
(MHC .1704) History**:** 1954 ACS 98, Eff. Jan. 9, 1979; 1979 AC; 1979 ACS 13, Eff. Feb. 1, 1983; 1984 MR 5, Eff. May 26, 1984; 1998 MR 7, Eff. July 8, 1998; 2007 MR 23, Eff. Dec. 4, 2007.

R 330.7011 Notification of rights.
Rule 7011. At the time services are first requested, a provider shall inform a recipient, his or her guardian, or other legal representative or the parent with legal custody of a minor recipient of the recipient's lawful rights in an understandable manner. If a recipient is unable to read or understand the materials provided, a provider shall make a reasonable attempt to assist the recipient in understanding the materials. A note describing the explanation of the materials and who provided the explanation shall be entered in the recipient's record.
(MHC .1706) History**:** 1954 ACS 98, Eff. Jan. 9, 1979; 1979 AC; 1998 MR 7, Eff. July 8, 1998; 2007 MR 23, Eff. Dec. 4, 2007.

R 330.7012 Provider confidentiality obligations.
Rule 7012. Observing the rights of family members specified in section 711 of the act does not relieve the provider of observing the confidentiality obligations specified in sections 748 and 750 of the act.
(MHC .1711) History**:** 1998 MR 7, Eff. July 8, 1998.

R 330.7017 Electroconvulsive therapy.
Rule 7017. (1) A provider shall comply with both of the following provisions when administering electroconvulsive therapy:
(a) A provider shall enter written documentation and signed consent in the clinical record.
(b) A provider shall consent for a stated number of electroconvulsive treatments within a series during a stated time period. A provider shall inform a recipient or other legally empowered representative that he or she may withdraw his or her consent at any time during the stated time period.
(2) The responsible mental health agency shall notify a minor or an advocate designated by the minor of the right to object to a procedure as specified in section 717(5) of the act. A provider shall place documentation of the notification, including the date and time notified in the clinical record.
(3) The responsible mental health agency shall assist a minor or an advocate designated by the minor who objects to an electroconvulsive procedure in properly submitting the objection to a court of competent jurisdiction.
(MHC .1717) History**:** 1998 MR 7, Eff. July 8, 1998.

R 330.7029 Family planning and health information.
Rule 7029. The individual in charge of the recipient's written plan of service shall provide recipients, their guardians, and parents of minor recipients with notice of the availability of family planning, and health information services and, upon request, provide referral assistance to providers of such services. The notice shall include a statement that receiving mental health services does not depend in any way on requesting or not requesting family planning or health information services.
(MHC .1708 (1)) History**:** 1954 ACS 98, Eff. Jan. 9, 1979; 1979 AC; 1986 MR 12, Eff. Jan. 6, 1987; 1998 MR 7, Eff. July 8, 1998.

R 330.7035 Abuse or neglect of recipients.
Rule 7035. (1) Abuse or neglect of a recipient by an employee, volunteer, or agent of a provider shall subject the employee, volunteer, or agent of a provider, upon substantiated reports, to an appropriate penalty, including official reprimand, demotion, suspension, reassignment, or dismissal.
(2) A provider shall do both of the following:
(a) Establish written policies and procedures, which adopt and incorporate the definitions of abuse class I, abuse class II, or abuse class III and neglect as neglect class I, neglect class II, or neglect class III as described in rule 7001.
(b) Provide for a prompt and thorough review of charges of abuse that is fair to both the recipient alleged to have been abused and the charged employee, volunteer, or agent of a provider.
(MHC1722(2)) History**:** 1954 ACS 98, Eff. Jan. 9, 1979; 1979 AC; 1998 MR 7, Eff. July 8, 1998.

R 330.7046 Summary reports of extraordinary incidents.
Rule 7046. In addition to other information required to be contained in the clinical record of the recipient by statute and rule, the record shall contain a summary of any extraordinary incidents involving the recipient. The report is to be entered into the record by a staff member who has personal

knowledge of the extraordinary incident. An incident or peer review report generated pursuant to MCL 330.1143a does not constitute a summary report as intended by this section and shall not be maintained in the clinical record of a recipient.
(MHC .1748(9)) History**:** 1998 MR 7, Eff. July 8, 1998; 2007 MR 23, Eff. Dec. 4, 2007.

R 330.7051 Confidentiality and disclosure.
Rule 7051. (1) A summary of section 748 of the act shall be made a part of each recipient file.
(2) A record shall be kept of disclosures and shall include all of the following information:
(a) The information released.
(b) To whom the information is released.
(c) The purpose claimed by the person for requesting the information and a statement disclosing how the disclosed information is germane to the purpose.
(d) The subsection of section 748 of the act, or other state law, under which a disclosure was made.
(e) A statement that the receiver of disclosed information was informed that further disclosure shall be consistent with the authorized purpose for which the information was released.
(3) Unless section 748(4) of the act applies to the request for information, the director of the provider may make a determination that disclosure of information may be detrimental to the recipient or others. If the director of the provider declines to disclose information because of possible detriment to the recipient or others, then the director of the provider shall determine whether part of the information may be released without detriment. A determination of detriment shall not be made if the benefit to the recipient from the disclosure outweighs the detriment. If the record of the recipient is located at the resident's facility, then the director of the provider shall make a determination of detriment within 3 business days from the date of the request. If the record of the recipient is located at another location, then the director of the provider shall make a determination of detriment within 10 business days from the date of the request. The director of the provider shall provide written notification of the determination of detriment and justification for the determination to the person who requested the information. If a determination of detriment has been made and the person seeking the disclosure disagrees with that decision, he or she may file a recipient rights complaint with the office of recipient rights of the department, the community mental health services program, or licensed hospital, whichever was responsible for making the original determination.
(4) Information shall be provided to attorneys, other than prosecuting attorneys, as follows:
(a) An attorney who is retained or appointed by a court to represent a recipient and who presents identification and a consent or release executed by the recipient, by a legally empowered guardian, or by the parents of a minor shall be permitted to review, on the provider's premises, a record containing information concerning the recipient. 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.
(b) Absent a valid consent or release, an attorney who does not represent a recipient shall not be allowed to review records, unless the attorney presents a certified copy of an order from a court directing disclosure of information concerning the recipient to the attorney.
(c) An attorney shall be refused written or telephoned requests for information, unless the request is accompanied or preceded by a certified copy of an order from a court ordering disclosure of information to that attorney or unless a consent or release has been appropriately executed. The attorney shall be advised of the procedures for reviewing and obtaining copies of recipient records.
(5) Information shall be provided to private physicians or psychologists appointed or retained to testify in civil, criminal, or administrative proceedings as follows:
(a) A physician or psychologist who presents identification and a certified true copy of a court order

appointing the physician or psychologist to examine a recipient for the purpose of diagnosing the recipient's present condition shall be permitted to review, on the provider's premises, a record containing information concerning the recipient. Physicians or psychologists shall be notified before the review of records when the records contain privileged communication that cannot be disclosed in court under section 750(1) of the act.
(b) The court or other entity that issues a subpoena or order and the attorney general's office, when involved, shall be informed if subpoenaed or ordered information is privileged under a provision of law. Privileged information shall not be disclosed unless disclosure is permitted because of an express waiver of privilege or because of other conditions that, by law, permit or require disclosure.
(6) A prosecutor may be given nonprivileged information or privileged information that may be disclosed pursuant to section 750(2) of the act if it contains information relating to participation in proceedings under the act, including all of the following information:
(a) Names of witnesses to acts that support the criteria for involuntary admission.
(b) Information relevant to alternatives to admission to a hospital or facility.
(c) Other information designated in the policies of the provider.
(7) The holder of a record may disclose 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) History**:** 1954 ACS 98, Eff. Jan. 9, 1979; 1979 AC; 1979 ACS 8, Eff. Dec. 11, 1981; 1986 MR 12, Eff. Jan. 6, 1987; 1990 MR 7, Eff. July 19, 1990; 1998 MR 7, Eff. July 8, 1998.

R 330.7135 Treatment by spiritual means.
Rule 7135. (1) A provider shall permit a recipient to have access to treatment by spiritual means upon the request of the recipient, a guardian, if any, or a parent of a minor recipient.
(2) A provider shall assure that the opportunity for contact with agencies providing treatment by spiritual means is provided in the same manner as recipients are permitted to see private mental health professionals.
(3) 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.
(4) Treatment by spiritual means includes the right of recipients, guardians, or parents of a minor to refuse medication or other treatment on spiritual grounds that predate the current allegations of mental illness or disability, but does not extend to circumstances where either of the following provisions applies:
(a) A guardian or the provider has been empowered by a court to consent to or provide treatment and has done so.
(b) A recipient poses harm to himself or herself or others and treatment is essential to prevent physical injury.
(5) The right to treatment by spiritual means does not include the right to any of the following:
(a) To use mechanical devices or chemical or organic compounds that are physically harmful.
(b) To engage in activity prohibited by law.
(c) To engage in activity that physically harms the recipient or others.
(d) To engage in activity that is inconsistent with court-ordered custody or voluntary placement by a person other than the recipient.
(6) A provider shall develop written policies and procedures concerning treatment by spiritual means that include both of the following:

(a) Recourse to court proceedings if medication or other treatment for a minor is refused.
(b) Notice to a person who requests treatment by spiritual means of a denial of the request and the reasons for denial.
(7) A provider shall provide for the administrative review or appeal of a denial of treatment by spiritual means at the option of a person requesting such treatment. (MHC 1704(2))
History**:** 1954 ACS 98, Eff. Jan. 9, 1979; 1979 AC; 1998 MR 7, Eff. July 8, 1998.

R 330.7139 Resident's right to entertainment materials, information, and news.
Rule 7139. (1) A provider shall not prevent a resident from acquiring entertainment materials, information and news at his or her expense, or from reading written or printed material, or from viewing or listening to television, radio, recordings, or movies made available at a facility for reasons of, or similar to, censorship.
(2) 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.
(3) A provider shall document each instance when a limitation is imposed in the resident's record.
(4) A provider shall not limit access to entertainment materials, information or news when such limitations can no longer be clinically justified.
(5) Material not prohibited by law may be read or viewed by a minor unless there is an objection by the minor's parent or guardian who has legal custody of the minor.
(6) A provider shall establish written policies and procedures that provide for all of the following:
(a) Any general program restrictions on access to material for reading, listening, or viewing.
(b) Determining a resident's interest in, and provide for, a daily newspaper.
(c) Permit attempts by the staff person in charge of the plan of service to persuade a parent or guardian of a minor to withdraw objections to material desired by the minor.
(d) A mechanism for residents to appeal denial of their right to entertainment materials, information and news, and to remedy a wrongful denial.
(e) Any specific restrictions on a living unit or for the therapeutic benefit of the residents as a group. . (MHC .1702(1), 1728)) History**:** 1954 ACS 98, Eff. Jan. 9, 1979; 1979 AC; 1998 MR 7, Eff. July 8, 1998

R 330.7158 Medication.
Rule 7158. (1) A provider shall only administer medication at the order of a physician and in compliance with the provisions of section 719 of the act, if applicable.
(2) A provider shall assure that medication use conforms to federal standards and the standards of the medical community.
(3) A provider shall not use medication as punishment, for the convenience of the staff, or as a substitute for other appropriate treatment.
(4) A provider shall review the administration of a psychotropic medication periodically as set forth in the recipient's individual plan of service and based upon the recipient's clinical status.
(5) If an individual cannot administer his or her own medication, a provider shall ensure that medication is administered by or under the supervision of personnel who are qualified and trained pursuant to Act No.368 of the Public Acts of 1978, as amended, being 333.1101 et seq. of the Michigan Compiled Laws.
(6) A provider shall record the administration of all medication in the recipient's clinical record.
(7) A provider shall ensure that medication errors and adverse drug reactions are immediately and properly reported to a physician and recorded in the recipient's clinical record.

(8) A provider shall ensure that the use of psychotropic medications is subject to the following restrictions:
(a) Unless the individual consents or unless administration of chemotherapy is necessary to prevent physical injury to the individual or to others psychotropic medications shall not be administered to:
(i) A recipient who has been admitted by medical certification or by petition until after a final adjudication as required under section 468(2) of the act.
(ii) A defendant undergoing examination at the center for forensic psychiatry or other certified facility to determine competency to stand trial.
(iii) A person acquitted of a criminal charge by reason of insanity while undergoing examination and evaluation at the center for forensic psychiatry.
(b) A provider may administer chemotherapy to prevent physical harm or injury after signed documentation of the physician is placed in the resident's clinical record and 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.
(c) Initial administration of psychotropic chemotherapy may not be extended beyond 48 hours unless there is consent. The duration of psychotropic chemotherapy shall be as short as possible and at the lowest possible dosage that is therapeutically effective. The chemotherapy shall be terminated as soon as there is little likelihood that the recipient will pose a risk of harm to himself, herself, or others.
(d) Additional courses of chemotherapy may be prescribed and administered if a recipient decompensates and again poses a risk to himself, herself, or others.
(9) A provider shall ensure that only medication that is authorized in writing by a physician is given to recipients upon his or her leave or discharge from the providers program 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.
(MHC .1708(1), .1718) History**:** 1954 ACS 98, Eff. Jan. 9, 1979; 1979 AC; 1979 ACS 8, Eff. Dec. 11, 1981; 1986 MR 12, Eff. Jan. 6, 1987; 1998 MR 7, Eff. July 8, 1998; 2007 MR 23, Eff. Dec. 4, 2007.

R 330.7171 Resident health, hygiene, and personal grooming.
Rule 7171. Provisions for resident health, hygiene, and personal grooming shall include assisting and training to exercise maximum capability in personal grooming practices, including bathing, tooth-brushing, shampooing, hair grooming, shaving, and care of nails. In addition, a resident shall be provided with all of the following:
(a) Toilet articles.
(b) A toothbrush and dentifrice.
(c) An opportunity for shower or tub bath at least once every 2 days, unless medically contraindicated.
(d) The services of a barber or a beautician on a regular basis.
(e) If a male, the opportunity to shave daily.
(MHC .1708(2)) History**:** 1954 ACS 98, Eff. Jan. 9, 1979; 1979 AC; 1979 ACS 8, Eff. Dec. 11, 1981.

R 330.7199 Written plan of services.
R 330.7199 Written plan of services. Rule 7199. (1)The individualized written plan of services is the fundamental document in the recipient's record. A provider shall retain all periodic reviews, modifications, and revisions of the plan in the recipient's record.
(2) The plan shall identify, at a minimum, all of the following:
(a) All individuals, including family members, friends, and professionals that the individual desires or requires to be part of the planning process.

(b) The services, supports, and treatments that the recipient requested of the provider.
(c) The services, supports, and treatments committed by the responsible mental health agency to honor the recipient's request specified in subdivision (b) of this subrule.
(d) The person or persons who will assume responsibility for assuring that the committed services and supports are delivered.
(e) When the recipient can reasonably expect each of the committed services and supports to commence, and, in the case of recurring services or supports, how frequently, for what duration, and over what period of time.
(f) How the committed mental health services and supports will be coordinated with the recipient's natural support systems and the services and supports provided by other public and private organizations.
(g) Limitations of the recipient's rights. Limitations of the recipient's rights, any intrusive behavior treatment techniques, or any use of psycho-active drugs for behavior control purposes shall be reviewed and approved by a specially constituted body comprised of at least 3 individuals, 1 of whom shall be a fully-or limited-licensed psychologist with the formal training or experience in applied behavior analysis, and 1 of whom shall be a licensed physician/psychiatrist. Both of the following apply:
(i) Limitations of the recipient's rights, any intrusive treatment techniques or any use of psychoactive drugs where the target behavior is due to an active substantiated Axis 1 psychiatric diagnosis listed in the Diagnostic and Statistical Manual of Mental Disorders need not be reviewed and approved by a specially constituted body described in this subdivision. DSM-IV-TR (Text Revision), 2000, published by the American Psychiatric Association, is adopted by reference and can be obtained from American Psychiatric Publishing Inc., 1000 Wilson Boulevard, Suite 1825, Arlington, VA 22209 at a cost of $60.00. This manual is also available from the Michigan Department of Community Health, Office of Psychiatric and Medical Services, 320 South Walnut, Lansing, MI 48913 for the cost noted above plus $20.00 shipping and handling.
(ii) Any limitation shall be justified, time-limited, and clearly documented in the plan of service. Documentation shall be included that describes attempts that have been made to avoid limitations, as well as what actions will be taken as part of the plan to ameliorate or eliminate the need for the limitations in the future.
(h) Strategies for assuring that recipients have access to needed and available supports identified through a review of their needs. Areas of possible need may include any of the following:
(i) Food.
(ii) Shelter.
(iii) Clothing.
(iv) Physical health care.
(v) Employment.
(vi) Education.
(vii) Legal services.
(viii) Transportation.
(ix) Recreation.
(i) A description of any involuntary procedures and the legal basis for performing them.
(j) A specific date or dates when the overall plan and any of its subcomponents will be formally reviewed for possible modification or revision.
(3) The plan shall not contain privileged information or communications.
(4) Except as otherwise noted in subrule (5) of this rule, the individual plan of service shall be formally

agreed to in whole or in part by the responsible mental health agency and the recipient, his or her guardian, if any, or the parent who has legal custody of a minor recipient. If the appropriate signatures are unobtainable, then the responsible mental health agency shall document witnessing verbal agreement to the plan. Copies of the plan shall be provided to the recipient, his or her guardian, if any, or the parent who has legal custody of a minor recipient.
(5) Implementation of a plan without agreement of the recipient, his or her guardian, if any, or parent who has legal custody of a minor recipient may only occur when a recipient has been adjudicated pursuant to section 469a, 472a, 473, 515, 518, or 519 of the act. However, if the proposed plan in whole or in part is implemented without the concurrence of the adjudicated recipient or his or her guardian, if any, or the parent who has legal custody of a minor recipient, then the stated objections of the recipient or his or her guardian or the parent who has legal custody of a minor recipient shall be included in the plan.
(MHC .1712) History**:** 1954 ACS 98, Eff. Jan. 9, 1979; 1979 AC; 1984 MR 5, Eff. May 26, 1984; 1986 MR 12, Eff. Jan. 6, 1987; 1990 MR 7, Eff. July 19, 1990; 1998 MR 7, Eff. July 8, 1998; 2007 MR 23, Eff. Dec. 4, 2007 MR 24; Eff . April 3, 2009. 2012 MR 5, Eff. Mar. 6, 2012.

R 330.7243 Restraint and seclusion.
Rule 7243. (1) A provider shall keep a separate, permanent chronological record specifically identifying all instances when restraint or seclusion has been used. The record shall include all of the following information:
(a) The name of the recipient.
(b) The type of restraint or conditions of seclusion.
(c) The name of the authorizing and ordering physician.
(d) The date and time placed in temporary, authorized, and ordered restraint or seclusion.
(e) The date and time the recipient was removed from temporary, authorized, and ordered restraint or seclusion.
(2) A recipient who is in restraint or seclusion shall be inspected at least once every 15 minutes by designated personnel.
(3) A provider shall ensure that documentation of staff monitoring and observation is entered into the medical record of the recipient.
(4) A recipient in restraint or seclusion shall be provided hourly access to a toilet.
(5) A recipient in restraint or seclusion shall have an opportunity to bathe, or shall be bathed as often as needed, but at least once every 24 hours.
(6) If an order for restraint or seclusion is to expire and the continued use of restraint or seclusion is clinically indicated and must be extended, then a physician's reauthorization or reordering of restraint or seclusion shall comply with both of the following provisions:
(a) If the restraint device is a cloth vest and is used to limit the resident's movement at night to prevent the recipient from injuring himself or herself in bed, the physician may reauthorize or reorder the continued use of the cloth vest device pursuant to section 740(4) and (5) of the act.
(b) Except as specified in subdivision (a) of this subrule, a physician who orders or reorders restraint or seclusion shall do so in accordance with sections 740(5) and 742(5) of the act. The required examination by a physician shall be conducted not more than 30 minutes before the expiration of the expiring order for restraint or seclusion.
(7) If a recipient is removed from restraint or seclusion for more than 30 minutes, then the order or authorization shall terminate.
(8) A provider shall ensure that a secluded or restrained recipient is given an explanation of why he or

she is being secluded or restrained and what he or she needs to do to have the restraint or seclusion order removed. The explanation shall be provided in clear behavioral terms and documented in the record.
(9) For restrained recipients, a provider shall ensure that an assessment of the circulation status of restrained limbs is conducted and documented at 15-minute intervals or more often if medically indicated.
(10) For purposes of this rule, a time out or therapeutic de-escalation program, as defined in R 330.7001, is not a form of seclusion.
(11) Physical management as defined in R 330.7001 (m) may only be used in situations when a recipient is presenting an imminent risk of serious or non-serious physical harm to himself, herself or others and lesser restrictive interventions have been unsuccessful in reducing or eliminating the imminent risk of serious or non-serious physical harm. Both of the following shall apply:
(i) Physical management shall not be included as a component in a behavior treatment plan.
(ii) Prone immobilization of a recipient for the purpose of behavior control is prohibited unless implementation of physical management techniques other than prone immobilization is medically contraindicated and documented in the recipient's record.
(MHC .1740, 1742) History**:** 1954 ACS 98, Eff. Jan. 9, 1979; 1979 AC; 1979 ACS 8, Eff. Dec. 11, 1981; 1979 ACS 13, Eff. Feb. 1, 1983; 1984 MR 5, Eff. May 26, 1984; 1998 MR 7, Eff. July 8, 1998; 2007 MR 23, Eff. Dec. 4, 2007. MR 24; Eff April 3, 2009.

R 330.7260 Declaratory rulings.
Rule 7260. (1) A person who requests a decision concerning the applicability of a statute, rule, guideline, or order administered or issued by the department to an actual state of facts shall do so by means of a request for a declaratory ruling.
(2) The request for a declaratory ruling shall be made on the department's form 2447 which may be obtained from Office Services, Sixth Floor, Lewis Cass Building, Lansing, Michigan 48926.
(3) The completed request for a declaratory ruling shall be made to the director, Department of Mental Health, Lewis Cass Building, Lansing, Michigan 48926.
(4) The director may refer a request to the administrative of the department. An opinion on the request shall be rendered within 60 days of the receipt of that request.

History: 1979 ACS 8, Eff. Dec. 11, 1981.

PART 8. FINANCIAL LIABILITY FOR MENTAL HEALTH SERVICES
SUBPART 1. DEPARTMENT OF MENTAL HEALTH

R 330.8005 Definitions. Rule 8005. As used in this part:

(a) "Assets" means real and personal property that is owned, in whole or in part, by the responsible party and that has cash value or equity value, but does not include any of the following:

(i) A homestead and accumulated funds separately held to pay homestead taxes, assessments, and insurance.

(ii) The cash value of life insurance for the responsible party, his or her spouse, and immediate family members as allowed for eligibility under the medical assistance program or its successor.

(iii) A prepaid funeral contract or agreement that is allowed for eligibility under the medical assistance program or its successor and that has been certified by the department or the medical assistance program or its successor as irrevocable or an out-of-state irrevocable contract that is allowed for eligibility under the medical assistance program or its successor.

(iv) Burial space, including any accumulated interest,as defined and allowed for eligibility under the medical assistance program or its successor.

(v) Burial funds, not including added interest or dividends, or both, as defined and allowed for eligibility under the medical assistance program or its successor.

(vi) Household goods customarily found in the home and intended for the maintenance, use, or occupancy of the home.

(vii) Personal goods that are incidental items for personal use.

(viii) Other personal property that is essential for health maintenance and mobility, such as a wheelchair or walker; continued enrollment in an educational or training program; employment, such as a mechanic's tools; or business, such as a business vehicle.

(ix) Pension, self-directed pension, deferred compensation, annuity, or similar funds that cannot be withdrawn or used as collateral for a loan.

(b) "Dependent" means a person who is allowed as an exemption under section 30 of Act No. 281 of the Public Acts of 1967, as amended, being §206.30 of the Michigan Compiled Laws.

(c) "Expenses" means the reasonable unreimbursed expenditures of money, actual and estimated, during a financial year to maintain a standard of living essential for one's self and his or her dependents. All of the following are considered necessities:

(i) Food, clothing, and personal necessities.

(ii) Shelter, including utilities and repairs for the upkeep of a homestead.

(iii) Employment or business expenses.

(iv) Medical services.

(v) Taxes.

(vi) Elementary, secondary, and postsecondary education.

(vii) Repayment of personal financial obligations contractually established before an application was made for services, including such outstanding debts as lease payments, credit card obligations, and other educational or training expenses.

(viii) Payments made under a divorce decree or court order.

(ix) Transportation to maintain employment and necessary family activities.

(d) "Homestead" means a current owned or rented dwelling for which a property tax credit is allowed under section 211.7a(c) of Act No. 206 of the Public Acts of 1893, as amended, being §211.7a(c) of the Michigan Compiled Laws.

(e) "Income" means earned and unearned funds.

(f) "Protected assets" means the portion of assets, as specified in these rules, that shall not be

considered when the total financial circumstance is used to determine financial liability.
(g) "Protected income" means the portion of income, as specified in these rules, that shall not be considered when the total financial circumstance is used to determine financial liability.
(h) "Spouse" means the legal marriage partner of the individual.
(i) "Undue financial burden" means a determination of ability to pay that would materially decrease the standard of living of a responsible party or his or her dependents by decreasing the responsible party's capacity to pay for expenses as defined in these rules.
History: 1979 AC; 1981 AACS; 1997 AACS.

R 330.8008 Application of rules and policies.
Rule 8008. Financial liability for services approved for state financial support by the department and provided by the department or community mental health services programs directly or under contract shall be determined pursuant to these rules and stated in the department's and community mental health services programs' written policies and procedures.
History: 1979 AC; 1989 AACS; 1997 AACS.

R 330.8012 Charges for invalid admission.
Rule 8012. The department shall charge counties and responsible parties for state services rendered to an involuntary patient or judicially admitted individual, unless it has been medically determined under the act that the individual is not a person requiring treatment or that the individual does not meet the criteria for judicial admission or unless it is determined that probable cause for involuntary admission does not exist.
History: 1979 AC; 1997 AACS.

R 330.8014 Review of financial liability determination.
Rule 8014. Determination of financial liability shall be reviewed not less often than annually after an initial determination. Services shall not be withheld pending review of financial liability.
History: 1979 AC.

R 330.8016 Limitations of individual and spouse financial liability.
Rule 8016. Calculation of the total days of care as a resident in a facility for which a spouse is financially liable shall include the days of care for which the spouse alone or the spouse and individual jointly have been liable in accordance with all previous determinations of liability by the state or a county.
History: 1979 AC.

R 330.8018 Limitation of parental liability.
Rule 8018. Calculation of the total liability of parents for care of children as residents in facilities shall include the days of care for which the parents have been liable in accordance with previous determinations of liability by the state or a county.
History: 1979 AC.

R 330.8021 Appeal of determination of financial liability.
Rule 8021. An individual receiving services, his spouse, or his parent may appeal the amount of financial liability by notifying the director of the facility or county community mental health services board in writing or on a form provided by the department, within 30 days of obtaining a new determination.

History: 1979 AC.

R 330.8024 Payment of transcription costs of contested hearings.
Rule 8024. A party who requests a transcription of a contested hearing at which oral evidence has been recorded shall pay for the reasonable costs of the production of that transcript. Reasonable costs for a transcript shall be the number of pages multiplied by the current department of management and budget transcription cost per page plus postage and handling.
History: 1981 AACS.

SUBPART 2. COMMUNITY MENTAL HEALTH

R 330.8201 Rescinded. History: 1989 AACS; 1997 AACS.
R 330.8204 Rescinded. History: 1989 AACS; 1997 AACS.
R 330.8205 Rescinded. History: 1989 AACS; 1997 CS.
R 330.8206 Rescinded. History: 1989 AACS; 1997 AACS.
R 330.8207 Rescinded. History: 1989 AACS; 1997 AACS.
R 330.8208 Rescinded. History: 1989 AACS; 1997 AACS. R 330.8209

LIMITATION ON CONCURRENT DETERMINATIONS OF ABILITY TO PAY.

Rule 8209. There shall be only 1 ability-to-pay determination in effect for a responsible party at any given time and there shall be a cooperative, collaborative effort among the department, the community mental health services programs, and the department's and programs' contractors to assure that the information is available to all appropriate service providers.
History: 1989 AACS; 1997 AACS.

R 330.8210 Rescinded. History: 1989 AACS; 1997 AACS.

R 330.8214 Delay of emergency services prohibited.
Rule 8214. The process of determining financial liability shall not delay the provision of required emergency mental health services.
History: 1989 AACS; 1997 AACS.

R 330.8215 Explanation of financial liability process.
Rule 8215. The department and the community mental health services programs shall provide an explanation of the financial liability process before the start of service or as soon as practical thereafter. The explanation shall be given orally and in writing in a language and manner understandable by the responsible party, and a service charge schedule shall be made available to the party.
History: 1989 AACS; 1997 AACS.

R 330.8217 Minor seeking treatment under section 707 of the act.
Rule 8217. A minor who is 14 years of age or older and who is seeking treatment under section 707 of the act shall be considered as the responsible party for the determination of ability to pay if the parents are not notified of the treatment.
History: 1989 AACS; 1997 AACS.

R 330.8220 Rescinded. History: 1989 AACS; 1997 AACS.
R 330.8224 Rescinded. History: 1989 AACS; 1997 AACS.
R 330.8227 Rescinded. History: 1989 AACS; 1997 AACS.
R 330.8229 Rescinded. History: 1989 AACS; 1997 AACS.
R 330.8230 Rescinded. History: 1989 AACS; 1997 AACS.
R 330.8234 Rescinded. History: 1989 AACS; 1997 AACS.
R 330.8237 Rescinded. History: 1989 AACS; 1997 AACS.
R 330.8238 Rescinded. History: 1989 AACS; 1997 AACS.

R 330.8239 Determination of ability to pay from ability-to-pay schedule.
Rule 8239. (1) An adult responsible party's ability to pay for adult inpatient psychiatric services of less than 61 days and crisis residential services of less than 61 days, adult nonresidential services, and all services to minors shall be the amount established by this rule's ability-to-pay schedule based upon the responsible party's state taxable income. The responsible party's ability to pay shall be established on a per-session, monthly, or annual basis, and the basis selected and methodology used shall be identified and described in the department's and community mental health services program's written policies, except as follows:
(a) The ability to pay for adult inpatient psychiatric services of less than 61 days and adult residential crisis services of less than 61 days shall be determined on a monthly basis.
(b) An ability to pay may be determined on a per-session basis for nonresidential services other than respite care services. During a calendar month, the per-session ability to pay shall not be more than the monthly ability-to-pay amount determined from the schedule specified in this rule. The per-session ability to pay is applicable to each session of service provided to all persons for whom the responsible party has an obligation to pay under the act, but shall not be, in aggregate, more than the monthly ability-to-pay amount.
(2) A responsible party who has been determined under the medical assistance program or its successor to be Medicaid eligible shall be deemed to have a $0.00 ability to pay from the schedule specified in this rule.

PUBLIC MENTAL HEALTH SYSTEM ABILITY TO PAY SCHEDULE
STATE TAXABLE INCOME ABILITY TO PAY
MONTHLY ANNUAL

$0.00 to: $6,000.00 $0.00 $0.00 $6,001.00 to: $7,000.00 $2.00 $24.00 $7,001.00 to: $8,000.00 $4.00 $48.00 $8,001.00 to: $9,000.00 $6.00 $72.00 $9,001.00 to: $10,000.00 $8.00 $96.00 $10,001.00 to: $11,000.00 $11.00 $132.00 $11,001.00 to: $12,000.00 $14.00 $168.00 $12,001.00 to: $13,000.00 $18.00 $216.00 $13,001.00 to: $14,000.00 $22.00 $264.00 $14,001.00 to: $15,000.00 $27.00 $324.00 $15,001.00 to: $16,000.00 $32.00 $384.00 $16,001.00 to: $17,000.00 $38.00 $456.00 $17,001.00 to: $18,000.00 $45.00 $540.00 $18,001.00 to: $19,000.00 $53.00 $636.00 $19,001.00 to: $20,000.00 $62.00 $744.00 $20,001.00 to: $21,000.00 $72.00 $864.00 $21,001.00 to: $22,000.00 $83.00 $996.00 $22,001.00 to: $23,000.00 $95.00 $1,140.00 $23,001.00 to: $24,000.00 $108.00 $1,296.00 $24,001.00 to: $25,000.00 $122.00 $1,464.00 $25,001.00 to: $26,000.00 $137.00 $1,644.00 $26,001.00 to: $27,000.00 $153.00 $1,836.00 $27,001.00 to: $28,000.00 $170.00 $2,040.00 $28,001.00 to: $29,000.00 $188.00 $2,256.00 $29,001.00 to: $30,000.00 $206.00 $2,472.00 $30,001.00 to: $31,000.00 $225.00 $2,700.00 $31,001.00 to: $32,000.00 $244.00 $2,928.00 $32,001.00 to: $33,000.00 $264.00 $3,168.00 $33,001.00 to: $34,000.00 $284.00 $3,408.00 $34,001.00 to: $35,000.00 $304.00 $3,648.00 $35,001.00 to: $36,000.00 $324.00 $3,888.00 $36,001.00 to:

$37,000.00 $344.00 $4,128.00 $37,001.00 to: $38,000.00 $364.00 $4,368.00 $38,001.00 to: $39,000.00 $384.00 $4,608.00 $39,001.00 to: $40,000.00 $405.00 $4,860.00 $40,001.00 to: $41,000.00 $426.00 $5,112.00 $41,001.00 to: $42,000.00 $447.00 $5,364.00 $42,001.00 to: $43,000.00 $468.00 $5,616.00 $43,001.00 to: $44,000.00 $489.00 $5,868.00 $44,001.00 to: $45,000.00 $510.00 $6,120.00 $45,001.00 to: $46,000.00 $531.00 $6,372.00 $46,001.00 to: $47,000.00 $552.00 $6,624.00 $47,001.00 to: $48,000.00 $573.00 $6,876.00 $48,001.00 to: $49,000.00 $594.00 $7,128.00 $49,001.00 to: $50,000.00 $615.00 $7,380.00
For state taxable income over $50,000.00, ability to pay shall be 15% of that income.
(3) If the ability to pay for parents is assessed separately and their combined ability to pay is more than the cost of services, then the charges shall be prorated.
(4) A responsible party may request a new determination, based on the party's total financial circumstances, within 30 days from notification of the initial determination made from the ability-to-pay schedule specified in this rule.
(5) Parents of children receiving public mental health services under the home and community-based children's waiver shall be deemed to have a $0.00 ability to pay for the services provided.
History: 1989 AACS; 1997 AACS.

R 330.8240 Determination of fee for respite services.
Rule 8240. (1) The fee for respite services for a full day or any portion thereof shall be determined by dividing the monthly ability-to-pay amount determined from the schedule specified in R 330.8239 by 30 and rounding up to the nearest dollar, but shall not be more than the cost of services. A responsible party may request a new determination under R 330.8239(4).
(2) Respite fees charged during a calendar month shall not be, in aggregate, more than the monthly ability-to-pay amount determined from the schedule.
History: 1989 AACS; 1997 AACS.

R 330.8241 Ability-to-pay method selected.
Rule 8241. A per-session, monthly, or annual ability to pay shall apply to each program area, and the ability-to-pay method selected shall be identified in the department's and community mental health services programs' written policies and procedures.
History: 1997 AACS.

R 330.8242 Ability-to-pay determinations based on total financial circumstances.
Rule 8242. If a responsible party's ability to pay is determined pursuant to section 819 of the act, then all of the following provisions apply:
(a) The financial determination based on the responsible party's total financial circumstances shall consider all of the following as specified in these rules:
(i) Income and protected income.
(ii) Net assets and protected assets.
(iii) Unreimbursed expenses.
(b) When determining ability to pay for an individual, a portion of the individual's income shall be protected as follows:
(i) If the individual is receiving residential services or inpatient services other than psychiatric inpatient services, then the following amounts are protected income:

(A) The personal needs allowance identified under title XIX of the social security act, 42 U.S.C.

§1396a(q)(2), or the amount allowed under the medical assistance program or its successor, whichever is greater.
(B) The first monthly amount of earned income identified under title XVI of the social security act, 42 U.S.C. §1382a(b)(4), plus 1/2 of earned income that is greater than the first monthly amount.
(C) Up to the income disregard identified under title XVI of the social security act, 42 U.S.C. §1382a(b)(2).
(ii) If the individual is receiving inpatient psychiatric or crisis residential services, then protected income may be up to the personal needs allowance and the income disregard allowance described in paragraph (i)(A) and (B) of this subdivision as stated in the department's and community mental health services programs' written policies and procedures.
(c) Protected assets shall be the same asset limit amounts allowed for the Medicaid group 2 category under the medical assistance program or its successor.
(d) For adult inpatient psychiatric stays of not less than 61 days, the ability to pay shall be determined based on a full financial determination from the date of admission.
(e) A minor who has been determined under the medical assistance program or its successor to be Medicaid eligible shall be deemed to have a $0.00 ability to pay for nonresidential services.
History: 1997 AACS. R 330.8244 Rescinded.

R 330.8250 Division of assets jointly owned in determining ability to pay.
Rule 8250. In determining ability to pay, the value of assets that are jointly owned shall be divided equally among all owners, unless otherwise specified by an ownership agreement.
History: 1989 AACS; 1997 AACS.

R 330.8251 Rescinded. History: 1989 AACS; 1997 AACS.
R 330.8254 Rescinded. History: 1989 AACS; 1997 AACS.

R 330.8256 Collection of ability-to-pay amounts.
Rule 8256. The department and the community mental health services programs shall make a reasonable, bona fide collection effort and shall adopt policies that shall be consistently applied to all responsible parties for collection of determined ability-to-pay amounts. The amounts collected shall not be more than the determined ability to pay amount, plus any costs awarded by the court.
History: 1989 AACS; 1997 AACS.

R 330.8257 Rescinded. History: 1989 AACS; 1997 AACS.
R 330.8264 Rescinded. History: 1989 AACS; 1997 AACS.
R 330.8267 Rescinded. History: 1989 AACS; 1997 AACS.

R 330.8270 Installment payments; written policies and procedures.
Rule 8270. The department and the community mental health services programs shall have written policies and procedures if installment payment plans are allowed.
History: 1989 AACS; 1997 AACS.

R 330.8273 Nominal therapeutic fees for nonresidential services.
Rule 8273. Community mental health services programs may charge an individual a nominal therapeutic fee for nonresidential services if all of the following conditions are met:
(a) The community mental health services program has adopted a written therapeutic fee policy that is

fair, equitable, and uniformly applied.
(b) The fee charged is $3.00 or less for each counseling session.
(c) The individual was determined to have a $0.00 ability to pay under R 330.8239.
(d) The individual's plan of service clinically substantiates the need for, and orders, a therapeutic fee to be assessed as specified in this rule.
History: 1997 AACS.

R 330.8275 Court orders.
Rule 8275. A community mental health services program shall comply with the terms of a court order that is related to an individual's obligation to pay for services rendered and that is issued before the individual presented for services. The amount shall not be less, but may be more, than the amount that would be determined by establishing the individual's ability to pay in accordance with these rules.
History: 1997 AACS.

R 330.8277 Rescinded. History: 1989 AACS; 1997 AACS.

330.8279 Undue financial burden.
Rule 8279. A responsible party's ability to pay shall not create an undue financial burden that does either of the following:
(a) Deprives the party and his or her dependents of the necessities described in these rules.
(b) Deprives the party and his or her dependents of the financial means to maintain or reestablish the individual in a reasonable and appropriate community-based setting.

PART 9. MISCELLANEOUS PROVISIONS
SUBPART 1.

LAFAYETTE CLINIC R 330.9001 Rescinded. History: 1979 AC; 1997 AACS.
R 330.9005 Rescinded. History: 1979 AC; 1997 AACS.
R 330.9007 Rescinded. History: 1979 AC; 1997 AACS.
R 330.9009 Rescinded. History: 1979 AC; 1997 AACS.
R 330.9011 Rescinded. History: 1979 AC; 1990 AACS; 1997 AACS.
SUBPART 2. NUERO-PSYCHIATRIC INSTITUTE R 330.9121 Rescinded. History: 1979 AC; 1997 AACS.
R 330.9123 Rescinded. History: 1979 AC; 1997 AACS.
R 330.9125 Rescinded.
History: 1979 AC; 1997 AACS.
SUBPART 3. ADMINISTRATIVE PROCEDURE R 330.9201 Rescinded. History: 1984 AACS; 1997 AACS.
R 330.9205 Rescinded. History: 1984 AACS; 1997 AACS.
R 330.9208 Rescinded. History: 1984 AACS; 1997 AACS.
R 330.9210 Rescinded. History: 1984 AACS; 1997 AACS.
R 330.9215 Rescinded. History: 1984 AACS; 1997 AACS.
R 330.9220 Rescinded. History: 1984 AACS; 1997 AACS.
R 330.9222 Rescinded. History: 1984 AACS; 1997 AACS.
R 330.9225 Rescinded. History: 1984 AACS; 1997 AACS.
SUBPART 4. IMPACT STATEMENTS R 330.9301 Definition. Rule 9301. As used in this subpart, "compatibility-impact statement" means a report by the department director as to the benefit and detriment of any proposed changes to a use or proposed use of public property, in whole or in part, which is contiguous to land or buildings owned or used by the department in the delivery of mental health services utilizing those lands or buildings.
History: 1986 AACS.

R 330.9306 Compatibility-impact statement.
Rule 9306. (1) If the preparation of a compatibility-impact statement is required by law, the procedure specified in this rule shall apply. If the compatibility-impact statement is not required by law, the procedure specified in this rule may apply at the discretion of the director.
(2) Upon receipt by the director of any official plan for reusing contiguous public land or buildings, the plan shall be officially dated as to its receipt.
(3) The director shall forward the reuse plan to the facility director responsible for administration of other land or buildings which are proposed for reuse or are contiguous to such land or buildings, and shall direct that an impact statement be prepared and transmitted to the director within 45 working days.
(4) The facility director shall schedule a hearing and provide notice to the public on when and where the reuse plan can be viewed and the hearing will be held. Notice shall be given not less than 10 working days before the hearing, shall include general notification to the public, and shall endeavor to provide, where appropriate, specific notation to all of the following affected entities:
(a) Community mental health boards.
(b) Substance abuse agencies.
(c) Public health agencies.

(d) Law enforcement agencies.
(e) Employee organizations.
(f) Mental health advocacy organizations.
(g) Professional groups whose members provide services to the mental health recipients.
(h) Other educational, human service, or public interest organizations.
(5) The compatibility-impact statement prepared by the facility director shall provide a synopsis of the testimony, shall have copies of written testimony attached, shall list the perceived benefit and detriment, and shall make recommendations regarding additions to or deletions from the reuse plan to ensure compatibility with the mental health service environment.
(6) The director shall review the testimony and compatibility-impact statement material which is prepared by the facility director and shall prepare a report or shall issue a revised compatibility-impact statement report. A compatibility-impact statement shall be submitted to the state administrative board not more than 60 working days following official receipt of the reuse plan if such submission is required by law.
History: 1986 AACS.

SUBPART 5. CONDUCT ON DEPARTMENT PROPERTY

R 330.9401 Definitions. Rule 9401. As used in this subpart:
(a) "Department" or "department grounds" means buildings and lands dedicated and appropriated to the public use over which the department has jurisdiction or control, including buildings or parts of buildings and other real estate occupied by the state as lessee.
(b) "Director" means the head of a facility as provided in section 120 of the act or his or her designee.
History: 1988 AACS.

R 330.9406 Access to department buildings and property.
Rule 9406. (1) State employees are not permitted in department buildings or on department grounds at any time other than their normal working hours, unless appropriate authorization has been received. Proper identification of employees may be required and employees may be required to sign a registration sheet.
(2) Hours for visiting patients are adopted by each department facility. When required by the department facility, visitors shall be required to sign a registration sheet.
(3) Other entries by permittees or by the general public onto department property or into department buildings requires authorization by the director or the director of the department.
(4) Compliance with operational security measures established and enforced by the department facility shall be a condition of authorization for access to department buildings and property.
(5) In general, picketing or distributing literature is allowed at the entrance to department grounds if it does not interfere with access, ingress, or egress. Distribution of literature by employees or employee organizations shall be as provided in employment contracts or the employee relations policy adopted by the civil service commission and in department personnel policies.
(6) The department may lock entrances to any building at any time and may require that such entrances be used from within only as a means of egress in case of emergency. A person shall not enter or attempt to enter a state building through an entrance closed pursuant to this rule.
History: 1988 AACS.

R 330.9411 Removal of property; inspections.
Rule 9411. (1) A person shall not remove state property from department buildings or grounds unless the removal has been previously authorized in writing by the director of the department or the director.
(2) Authorized staff may inspect briefcases, packages, or other items being transported into or out of department buildings, grounds, or parking facilities for the presence of state property.
History: 1988 AACS.

R 330.9416 Items prohibited on department property; inspections; retention of prohibited items.
Rule 9416. (1) A person shall not bring onto department grounds any alcoholic beverages or any weapons. A peace officer on official business may continue to possess a weapon, except in a resident living area. A department facility shall adopt a list of other particular kinds of items excluded from department grounds or resident living areas.
(2) A department facility shall post, in places that are readily visible to the public, lists of items excluded from department grounds or resident living areas.
(3) A person shall not provide to any resident any item which is excluded from the facility or a resident living area or which is subject to a limitation in the resident plan of service.
(4) A person shall not bring into any resident living area any medication or drugs, lawful knives, sharp objects, or other items excluded by facility policy, except as follows:
(a) Staff may bring the following into resident living areas:
(i) Medication, in appropriate dosages, which is necessary for health maintenance during the staff person's work hours.
(ii) Lawful knives or sharp objects which are not kept in an area accessible to residents.
(b) A visitor may bring medication into resident living areas, in appropriate dosages, which is for health maintenance of the visitor if the possession of the medication is disclosed and permission to so possess has been granted by authorized staff.
(5) Authorized staff may inspect briefcases, packages, or other items being transported into or out of department buildings or grounds, including parking facilities. Staff detaining a person entering department grounds or buildings shall inform the person that they have the option of permitting the inspection or leaving department grounds or buildings.
(6) A visitor or permittee who might possess items excluded from the grounds or resident living areas shall be informed that the items must be retained by authorized personnel and a receipt shall be given for the items during the time such a person is in a department building or on department grounds.
(7) Department lockers assigned to a particular staff member are subject, at any time, to inspections by an authorized person with a supervisor witness. The staff member who has been assigned the locker may be present during such inspections. A written report of any significant findings shall be prepared immediately following such an inspection for review and appropriate action.
History: 1988 AACS.

R 330.9421 Obstructions; solicitations and sales.
Rule 9421. (1) A person or a person's vehicle shall not occupy a corridor, sidewalk, areaway, driveway, or room in a department building or on department grounds in such manner as to hamper or obstruct the proper use or movement of personnel or vehicles, the care and treatment of patients or residents, the freedom of movement of patients or residents, or the proper conduct of department business.
(2) Other than authorized department staff, a person is not permitted in department buildings or on department grounds for the purpose of the solicitation of funds or the sale of any article, except that the department may authorize such conduct, confined to the entrances and lobby areas of department

buildings, by charitable organizations.
History: 1988 AACS.

R 330.9426 Animals; camping.
Rule 9426. (1) Except as may be authorized in the course of department or facility business, animals are not permitted on department grounds. The owner or person having an animal under his or her control shall be legally and financially responsible for the acts of the animal. Guide, hearing, or service dogs used by handicappers are permitted on department grounds.
(2) A person shall not camp, erect a tent, or erect any other temporary structure on department grounds, except when permission has been granted by the department's authorized staff.
History: 1988 AACS.

R 330.9431 Enforcement.
Rule 9431. (1) A person openly and willfully refusing to conform to these rules, in addition to criminal penalties provided by law, is subject to immediate removal from a department building or department grounds by the department's authorized personnel.
(2) Nothing contained in these rules shall be construed as limiting prosecution under penal law.
History: 1988 AACS.

PART 10. CRIMINAL PROVISIONS
SUBPART 1. TRANSFER OF PRISONERS

R 330.10008 Aftercare for former prisoners.
Rule 10008. The department of corrections shall offer aftercare reintegration and community-based mental health services to a person leaving prison. If the prisoner accepts the offer, the community mental health program serving the area where the prisoner will reside shall tender an intake appointment date which shall be scheduled within 3 weeks of separation from prison, if the department of corrections has done both of the following:
(a) Made a referral of the person leaving prison to the program 4 weeks before separation from the prison.
(b) Provided the name and address of the department of corrections staff person to contact concerning the person leaving the prison.
History: 1979 AC; 1981 AACS.

R 330.10009 Aftercare for parolees.
Rule 10009. (1) A community mental health program shall provide aftercare reintegration and community-based mental health services to a prisoner about to be paroled to the area served by the program if the department of corrections requests such services be provided for a prisoner about to be paroled, if the request is in writing to the director of the county community mental health program serving the community where the prisoner is to be paroled, if the request is made 4 weeks in advance of parole, and if the request includes the date of parole. The request shall be accompanied by a report which shall include, at a minimum, all of the following:
(a) The current mental status of the prisoner.
(b) A description of the prisoner's adjustment and performance within department of corrections.
(c) A review of the prisoner's past history of psychiatric problems and treatment.
(d) The current medications or other treatment modalities presently being provided to the prisoner by the department of corrections.
(e) An assessment of the parolee's willingness to participate in county community mental health programs.
(2) Upon receipt of the written notification and report described in subrule (1) of these rules, the community mental health program shall make an intake appointment date for the prospective parolee not later than 3 weeks following the date of the prisoner's parole. At the appointment, the community mental health program shall review the report and shall have the prisoner evaluated by clinical staff to determine what plan of follow-up care and treatment is needed. It shall be the responsibility of the prisoner to present himself or herself to the community mental health program for this evaluation appointment and any other appointment scheduled during the parole period. Upon failure to appear at a scheduled appointment, notification of that failure shall be made to the parole officer.
(3) After review of the report forwarded by the department of corrections or after an intake appointment, if the community mental health program serving the area where the parolee will reside has made an assessment that its program may be insufficient for the particular parolee, then the community mental health director shall do both of the following:
(a) Contact the director of the department for assistance.
(b) Give notice to the department of corrections of the assessment of possible program insufficiency and of the request for assistance from the department.
(4) If there is no community mental health program serving the area where the parolee is to reside, the

department of corrections shall provide information of the situation to the director of the department who shall be responsible for locating other available community-based mental health services which are sufficient for the particular parolee.
(5) Copies of all requests for aftercare services to parolees shall be forwarded by the department of corrections to the director of the department.
History: 1979 AC; 1981 AACS.

R 330.10011 Commingling.
Rule 10011. (1) Before commingling a prisoner with other recipients of mental health services, the director of the center shall cause a full and thorough evaluation of the available physical facilities and of the prisoner to be made. The evaluation of the prisoner shall determine the prisoner's dangerousness and escape propensity, the treatment plans that are appropriate, and the recommended treatment modalities.
(2) The evaluation of the prisoner shall include, but not be limited to, a mental status evaluation, a physical status evaluation, and a full review of the prisoner's history.
(3) The director shall consult with the department of corrections concerning the security risks presented by the prisoner if a prisoner is to be commingled at the center or at any other facility of the department. The opinion of the department of corrections with regard to the security risks presented shall be heavily relied on.
History: 1979 AC; 1981 AACS.

R 330.10013 Administrative hearing.
Rule 10013. (1) Before an approved transfer between facilities of the department of mental health is acted upon, the director of the hospital in which the prisoner is currently residing shall notify the prisoner in writing, not less than 7 days before transfer, of the facts of the approved transfer and of the right to object, except if the transfer is necessitated by an emergency as determined by the hospital director and as documented in hospital records. Under emergency circumstances, the transfer shall occur as soon as necessary and appropriate notices shall be made not more than 24 hours after transfer.
(2) The transfer may occur before the expiration of the 7-day period if the prisoner approves of the transfer in writing.
(3) If the prisoner requests a hearing regarding the need and appropriateness of the transfer, the facility shall ensure completion, on a form prescribed by the department, of a request for administrative hearing and shall submit the request form to the Administrative Tribunal, Department of Mental Health, Lewis Cass Building, Sixth Floor, Lansing, Michigan 48926.
(4) The standard governing the determination on the appropriateness of the transfer shall be the same as that used under R 330.4011. The administrative hearing held under this rule shall be pursuant to the act, these rules, and chapter 4 of Act No. 306 of the Public Acts of 1969, as amended, being S24.271 et seq. of the Michigan Compiled Laws.
History: 1979 AC; 1981 AACS.

R 330.10014 Voluntary hospitalization of a locally incarcerated person.
Rule 10014. (1) A person who wishes voluntary hospitalization for mental health services and who is incarcerated in a place of detention operated by a political subdivision of the state shall give notice of the desire for transfer to the personnel operating the place of detention.
(2) The detention official charged with the care and custody of such an incarcerated person, or that official's designees, shall assist in the preparation of a written evaluation report by a physician or a mental health professional of the local community mental health program. The report shall contain a

statement of all of the following:
(a) The incarcerated person's desire for voluntary hospitalization and the person's ability to consent.
(b) The incarcerated person's current legal status and potential for dangerousness.
(c) The mental health status and the mental health service needs of the incarcerated person.
(d) The services currently available to the person at the place of detention.
(3) If a community mental health program has a signed service integration agreement covering inpatient services for the type of mental health services needed by the incarcerated person, the determination of the need for hospitalization, clinical suitability, and the means of admission shall be pursuant to that agreement and the accompanying procedure agreements.
(4) If a community mental health program does not exist or if the program does not have a signed service integration agreement covering inpatient services, the report shall be forwarded to the regional department of mental health hospital or center for developmental disabilities for immediate preadmission examination and screening.
(5) If an incarcerated person requests hospitalization, but is also in need of the most restrictive and highly structured hospital setting which is not available at the regionally designated hospital or center for developmental disabilities, the report and the incarcerated person shall be transported to the center for forensic psychiatry for preadmission screening.
History: 1979 AC; 1981 AACS.

SUBPART 2. FORENSIC EXAMINATIONS

R 330.10055 Definitions. Rule 10055. For the purposes of this subpart:
(a) "Certified forensic examiner" means a social worker, psychologist, or psychiatrist who is specially trained as a forensic clinician and who is certified by a director as having met the qualifying standards set forth in R 330.10056.
(b) "Consulting forensic examiner" means a psychologist or psychiatrist who is specially trained as a forensic clinician and who is certified by a director as having met the qualifying standards set forth in R 330.10057.
(c) "Director" means the administrative head of the examining facility or that person's authorized representative.
(d) "Examining facility" means the center for forensic psychiatry or an agency officially certified by the department to perform examinations related to the issue of incompetency to stand trial and the defense of insanity.
(e) "Qualified personnel" means either of the following:
(i) For the purposes of performing forensic examinations related to the issue of incompetency to stand trial, a certified forensic examiner or consulting forensic examiner.
(ii) For the purposes of performing forensic examinations related to the issue of the defense of insanity, a consulting forensic examiner.
History: 1979 AC; 1981 AACS; 1988 AACS.

R 330.10056 Certified forensic examiners; qualifications. Rule 10056. (1) An applicant for certification as a certified forensic examiner shall demonstrate to the examining facility attainment of the following educational, licensing, and experiential requirements:
(a) For social workers, both of the following:
(i) A master's degree or Ph.D. in social work from an accredited program in a curriculum substantially clinical in nature.

(ii) State of Michigan certification as a certified social worker.
(b) For psychologists, both of the following:
(i) A master's degree or Ph.D. in psychology from an accredited program in a curriculum substantially clinical in nature.
(ii) A State of Michigan license or limited license as a psychologist.
(c) For psychiatrists, both of the following:
(i) A State of Michigan license to practice medicine or osteopathic medicine.
(ii) Completion of not less than 2 years of residency in an accredited psychiatry program.
(d) Familiarity with relevant literature and federal and Michigan cases pertaining to incompetency to stand trial.
(e) Knowledge of the court system, legal process, mental health law, and criminal law.
(f) Knowledge of relevant clinical and ethical issues pertinent to expert witness testimony and forensic practice.
(g) Observation and discussion of 5 examinations related to the issue of incompetency to stand trial with a certified or consulting forensic examiner.
(h) Performance of 5 examinations related to the issue of incompetency to stand trial conducted under the direct supervision of a certified or consulting forensic examiner, including attorney contacts, analysis of collateral material, and preparation of the cosigned court report.
(i) Observation and discussion of expert testimony presented by a certified or consulting forensic examiner.
(j) Performance in a mock trial as an expert witness under the observation and critique of a certified or consulting forensic examiner.
(k) Performance in court as an expert witness under the observation and critique of a certified or consulting forensic examiner.
(2) The examining facility may allow substantially similar experience to meet all or any of the requirements in subdivisions (g) to (k) of subrule (1) of this rule.
History: 1988 AACS.

R 330.10057 Consulting forensic examiner; qualifications.
Rule 10057. (1) An applicant for certification as a consulting forensic examiner shall demonstrate to the examining facility attainment of the following educational, licensing, and experiential requirements:
(a) For psychologists, all of the following:
(i) A Ph.D. degree from an accredited psychology program in a curriculum substantially clinical in nature.
(ii) A State of Michigan license or limited license.
(iii) Certified forensic examiner status.
(b) For psychiatrists, all of the following:
(i) A State of Michigan license to practice medicine or osteopathic medicine.
(ii) Board certification or board eligibility in psychiatry.
(iii) Certified forensic examiner status.
(c) Familiarity with relevant literature and federal and Michigan cases pertaining to the defense of insanity and the issues of diminished capacity and guilty but mentally ill.
(d) Knowledge of the court system, legal process, mental health law, and criminal law.
(e) Knowledge of relevant clinical and ethical issues pertinent to expert witness testimony and forensic practice.
(f) Observation and discussion of 5 examinations related to the defense of insanity with a consulting

forensic examiner.
(g) Performance of 5 examinations conducted under the direct supervision of a consulting forensic examiner related to the defense of insanity, including attorney contacts, analysis of collateral material, and preparation of the cosigned court report.
(h) Observation and discussion of expert testimony of a consulting forensic examiner.
(i) Performance in a mock trial as an expert witness under the observation and critique of a consulting forensic examiner.

(j) Performance in court as an expert witness under the observation and critique of a consulting forensic examiner.
(2) The examining facility may allow similar experience to meet any of the requirements in subdivisions
(f) to (j) of subrule (1) of the rule.
History: 1988 AACS.

R 330.10058 Certification of examining facility.
Rule 10058. (1) To attain certification as an examining facility, an agency shall apply to the center on forms provided by the center. The forms shall require all of the following information:
(a) The applicant's proposed service district.
(b) The maximum number of referrals to whom the applicant proposes to provide service on an annual basis.
(c) The proposed period of time, which shall not be less than 1 year, that the applicant will provide forensic examination services.
(2) The center shall acknowledge receipt of the application and, within 90 days of such receipt, shall do 1 of the following:
(a) Grant certification.
(b) Deny certification.
(c) Grant a nonrenewable provisional certification for a period of up to 1 year.
(3) An applicant which meets all of the following requirements shall be certified:
(a) Has an adequate number of qualified staff to maintain a continuum of timely service to the courts located within the proposed service district.
(b) Provides an assurance that qualified staff will participate in a continuing program of inservice education pertinent to forensic clinicians.
(c) Demonstrates financial commitment by the applicant's funding source of adequate funding for the service period.
(d) Demonstrates adequate support staff, equipment, and ancillary resources necessary to meet the proposed service demand.
(4) The granting of provisional certification or the denial of certification shall be accompanied by a listing of the documented deficiencies and the required corrective actions.
(5) An examining facility shall be decertified and released from further obligation by the center 1 year after written notice to the center that the examining facility has decided to terminate service. The department may waive any part of the 1-year notice period.
(6) The center shall periodically review an examining facility to assure compliance with these rules and professional licensing and certification requirements. An examining facility that fails to meet such requirements shall be placed either on provisional status for a period of time not to exceed 1 year or be decertified. The center shall send written notice of any determination of noncompliance. The notice

shall contain a statement of deficiencies that led to the determination of noncompliance.
(7) An examining facility that has been decertified may reapply for certification in accordance with this rule.
(8) An examining facility that has been placed on provisional status shall be decertified upon a determination by the center that cited deficiencies have not been corrected within the specified time.
(9) An examining facility that has been placed on provisional status shall be recertified upon a determination by the center that cited deficiencies have been corrected within the specified time.
(10) Any determination or action taken by the center under this rule concerning certification of an examining facility may be appealed by the examining facility to the director of the department pursuant to chapter 4 of Act No. 306 of the Public Acts of 1969, as amended, being S24.271 et seq. of the Michigan Compiled Laws.
History: 1988 AACS.

R 330.10059 Forensic examination.
Rule 10059. (1) When a defendant is examined on an outpatient basis, the examining facility shall direct qualified personnel to conduct the examination at either the place of detention or at the examining facility. The examination shall be completed in 1 day, unless further information is needed, in which case the examining facility shall determine the place additional examinations shall be performed as expeditiously as possible.
(2) If a defendant is to be brought from a place of detention for outpatient examination, the examining facility shall notify the sheriff and the sheriff shall transport the defendant to the examining facility for the examination and wait until the conclusion of the examination whereupon the sheriff shall return the defendant to the place of detention.
(3) If a defendant who is ordered to undergo an examination is on bail or otherwise at liberty pending trial, the examining facility shall notify defense counsel and the court of the time and place of the outpatient examination. The defendant shall be responsible for making himself or herself available for the examination at the designated time and place.
(4) If a defendant fails to make himself or herself available for the examination at the designated time and place, the examining facility shall notify the court, the prosecuting attorney, and defense counsel.
(5) If the defendant is on bond or otherwise at liberty pending trial and qualified personnel determine, after initiating an examination, that the examination must be completed on an inpatient basis, such personnel shall notify the court, the defense and prosecuting attorneys, and the forensic center and request an immediate order for inpatient examination.
(6) When a defendant is to be examined on an inpatient basis, the director shall direct certified personnel to complete the examination as expeditiously as possible.
(7) Psychotropic medication and physical treatment during the 60-day evaluation and examination period shall be administered and prescribed in accordance with subpart 3 of part 7 of these administrative rules.
(8) As soon as administratively possible after completion of an examination, qualified personnel shall transmit the report required by law to the court, defense counsel, and prosecuting attorney.
History: 1979 AC; 1988 AACS.

R 330.10061 Inpatient rights.
Rule 10061. (1) Within 24 hours of admission, the director shall inform the person of his rights and privileges as a resident of the facility.
(2) Rights and privileges shall be the same as those of other residents of a facility, except that security

precautions appropriate to the conditions and circumstances of a resident may be taken to limit freedom of movement.
(3) Security precautions shall be in accordance with department administrative rules, policies, and procedures governing the rights of residents to mental health facilities.
History: 1979 AC.

R 330.10065 Testimony.
Rule 10065. A certified examiner shall be permitted by the director adequate time to testify if required by subpoena.
History: 1979 AC.

R 330.10067 Custody.
Rule 10067. Custody shall be the responsibility of the examining facility only during the period of inpatient evaluation.
History: 1979 AC.

R 330.10071 Discharge.
Rule 10071. (1) After completion of an inpatient evaluation, a defendant shall be discharged by the director of the center. (2) If a defendant is not on bail or otherwise at liberty pending trial, he shall be discharged only to the custody of a peace officer requested by the center to return the defendant to jail or similar place of detention or to another person authorized in writing by the committing court to take custody of the defendant. A defendant shall be discharged to his own custody if on bail or otherwise at liberty pending trial.
History: 1979 AC.

R 330.10079 Treatment of persons found incompetent to stand trial.
Rule 10079. (1) Upon receipt of a court order committing a defendant to undergo treatment to achieve competency to stand trial, a hospital, facility, or other agency of the department providing treatment shall comply with department administrative rules and procedures for inpatient or outpatient treatment and with the following:
(a) When a court commits a defendant to the department to undergo treatment to render him competent to stand trial, placement by the department of the defendant for inpatient or outpatient treatment at a department hospital, facility, or agency, shall be made on the basis of a recommendation made by the center for forensic psychiatry.
(b) When a defendant is committed to the department, or otherwise ordered for treatment and the department is appointed medical supervisor of treatment, the director of the hospital facility or agency providing treatment shall perform the duties of medical supervisor of treatment.
(c) A medical supervisor of treatment shall submit the written report required by law to the court, prosecuting attorney, defense counsel, and the center, every 90 days and whenever he is of the opinion either that the defendant is no longer incompetent to stand trial or that there is not a substantial probability the defendant will obtain competence to stand trial within the time limits. In the report, the medical supervisor of treatment may also state an opinion as to the defendant's need for modified treatment to render him competent to stand trial.
(2) Mental health services shall be directed only toward the restoration of a defendant's competency to stand trial unless the defendant consents to additional services.
(3) A defendant ordered to undergo treatment at a department hospital, facility, or agency shall be

discharged by the director upon recommendation of the treating clinician, or after 1 or more of the following:
(a) When the director is notified in writing by a committing court or by the prosecutor that charges against a defendant have been dropped.
(b) After certifying a defendant is competent to stand trial and upon release of the defendant to the custody of a peace officer or his own custody if on bail or otherwise at liberty pending trial.
(c) After 15 months from the date of the treatment order or 1/3 the maximum sentence the defendant would have received if he had been found guilty of the charge, whichever is lesser.
(d) Upon a court order directing the medical supervisor of treatment to discharge a defendant to another treatment agency or person.
(e) Upon transfer of a patient to another treatment agency or facility.
(4) If a defendant is to be discharged or released because of expiration of the treatment order or dismissal of the charges, the medical supervisor of treatment may file a petition prior to discharge, asserting that the defendant is a person requiring treatment or that the defendant meets the criteria for judicial admission with the probate court of the defendant's county of residence. Accompanying a petition asserting that a defendant is a person requiring treatment shall be 2 certificates, 1 of which shall have been executed by a psychiatrist.
(5) Whenever a medical supervisor of treatment is of an opinion that a defendant will not attain competence to stand trial within the time limit, he shall examine the defendant to form an opinion as to whether the individual meets the criteria as a person requiring treatment or for judicial admission. He shall report to the court the findings of the examination and the facts in reasonable detail upon which they are based, and include this in his written report to the court. Where appropriate, the medical supervisor of treatment shall also provide the necessary medical certificates.
History: 1979 AC.

SUBPART 3. DISPOSITION OF PERSONS FOUND NOT GUILTY BY REASON OF INSANITY

R 330.10085 Admission.
Rule 10085. Upon presentation of a court order, a person acquitted of a criminal charge by reason of insanity shall be admitted to the center for forensic psychiatry for a thorough examination and evaluation for a period not more than 60 days from the date of the order.
History: 1979 AC.

R 330.10087 Examination.
Rule 10087. (1) A person admitted under this part shall be assigned a chief clinician who shall perform a clinical evaluation as soon as administratively possible.
(2) As soon as practical after the completion of the chief clinician's evaluation, the person shall be examined by 2 authorized examiners who shall examine the person to form independent opinions as to whether the individual meets the criteria as a person requiring treatment or for judicial admission.
(3) If the person is alleged to be mentally ill, the authorized examiners shall be 2 physicians, not less than 1 of which shall be a psychiatrist. If the person is alleged to be mentally retarded, the authorized examiners shall be 2 physicians or 1 physician and 1 psychologist.
(4) Upon completion of the examination of a person believed to be a person requiring treatment, each examiner shall execute a medical certificate as prescribed by the department for use in probate court proceedings, and file them with the director of the center. If the person is alleged to be mentally retarded the examiners shall submit a written report stating whether the person meets the criteria for

judicial admission. The authorized examiners may submit other pertinent information or recommendations and include them as an addendum to the medical certificates or report.
(5) The director of the center shall review the case record and the examiners' medical certificates or report, and based upon that review, shall file a summary report, in addition to any medical certificates, with the court, prosecuting attorney, and defense counsel. The summary report shall contain:
(a) An opinion as to whether the person meets the criteria as a person requiring treatment for judicial admission, based upon the authorized examiners' medical certificates or report.
(b) Recommendations for treatment, including psychotropic medications.
(c) Where appropriate, recommendations for treatment placement at a specific department, hospital, or facility, based upon the person's treatment and supervision needs.
(d) Other facts, recommendations, or opinions pertinent to the examinations and evaluation.
History: 1979 AC.

R 330.10089 Emergency treatment. Rule 10089. Psychotropic medications and physical treatment during the 60-day evaluation and examination period shall be administered only in accordance with department administrative rules.
History: 1979 AC.
R 330.10091 Resident rights.
Rule 10091. (1) Within 24 hours of admission, the director shall inform the person of his rights as a resident of the center. He shall have the same rights and privileges as other residents of a facility, except that security precautions appropriate to the condition and circumstances of a resident may be taken limiting freedom of movement.
(2) Security precautions shall be in accordance with department administrative rules governing rights of residents of mental health facilities.
History: 1979 AC.

R 330.10093 Custody.
Rule 10093. During the 60-day examination and evaluation period, the person shall not leave the custody of the center without the approval of the director of the center and notification of the court.
History: 1979 AC.

R 330.10095 Discharge. Rule 10095. The director shall discharge a person admitted under this section after 1 of the following:
(a) Upon the expiration of the 60-day examination and evaluation period, if a petition has not been filed with a probate court by a prosecuting attorney.
(b) When a person is released to the custody of a peace officer for transport to a probate hearing, or at the conclusion of a probate court hearing held at the center, if an individual is found not to be a person requiring treatment or meeting the criteria for judicial admission.
(c) When the person is ordered by the probate court to some other hospital, facility, or agency for treatment.
History: 1979 AC.

R 330.10097 Consultation.
Rule 10097. (1) When a person is ordered by the court to be hospitalized, admitted to a facility, or otherwise to receive treatment, the person shall not be discharged or placed on leave without prior consultation with the center.

(2) Consultation shall include exchange of written opinions between the center and the institution, agency, or professional person providing services and requesting discharge or leave for a person.
(3) An institution, agency, or professional person providing treatment shall file a report with the center for forensic psychiatry proposing plans for discharge or leaves.
(4) Upon receipt of a report proposing a discharge or leave, as soon as administratively possible, but not later than 30 days from the receipt date of the requesting report, the center shall submit a response to the institution, agency, or person requesting consultation. The center's response shall include an evaluation and recommendation based on the report and may include an examination of the person either, at the discretion of the forensic center, at the center or the facility or agency providing services. The center may request further information, the request explaining the need for the additional information.
(5) When the center does not concur with the proposed course of action, the requesting institution, agency, or professional person may file additional reports with the center or after any exchange of opinions may ask for a review of the matter by the director of the department.
(6) When a review is requested, the institution, agency, or professional person providing services shall send copies of the proposing reports and the center's responses to the director of the department. The director of the department shall either approve or disapprove the proposed course of action. Written approval or disapproval and an explanation of the reasons shall be sent to the agency, institution, or professional person requesting the proposed course of action and to the center.
History: 1979 AC.

SUBPART 4. CRIMINAL SEXUAL PSYCHOPATHS

R 330.10099 Criminal sexual psychopaths.
Rule 10099. (1) A person committed as a criminal sexual psychopath may be paroled to the community pursuant to department policies and procedures by the director of a facility if there are reasonable grounds to believe the person has recovered from the psychopathy and is not a menace to the safety of himself or others.
(2) A person committed as a criminal sexual psychopath who has been on parole in the community for a continuous period of not less than 2 years without recurrence of the criminal sexual psychopathic behavior which led to the original commitment shall be discharged by the director of a facility in accordance with section 942 of the act.
History: 1979 AC.