

Citation	Standard	Guidance
330.1755(1)	1.1.1	Review Job Description of RR Advisor. Interview RR Advisor, Director.
330.1755(1)	1.1.2	Review Job Description of RR Advisor Alternate. Interview RR Alternate, Director; Request an investigation completed by the alternate (redacted if necessary), request intervention by alternate. The "away message" from the rights officer references contact information for the alternate
330.1755(4)	1.1.3	Review Job descriptions of RR Advisor and Alternate. Interview RR Advisor; what were the requirements of the office? What qualified you for the job? Ascertain in interview that the rights staff do not have clinical responsibilities on the psychiatric unit.
330.1755(1)(2)(c)	1.1.4	Completed during site review: policy, job description of director, org chart, etc. Name on Annual report letter is the director's? Interview with Director; Has the director seen the annual report? Is the director familiar with the content, goals & recommendations? How often do you meet with the Rights Advisor? Are you their sole supervisor? Interview with the RR Advisor; Do you report only to the director (Chief Administrative Officer)? Is there a person in-between? How often do you meet with the director?
330.1755(1)(2)(c)	1.2.1	Completed during site review by interview with Director, RR Advisor, (check policy, job descriptions, org chart, etc.) Is there a process for appointing the designee in policy? (Is the appointment made in writing?) Is the designee consulted on rights related matters?
330.1755(2)(d)	1.3.1	Interview RR Advisor, and ask them to explain the process of an investigation they have conducted as well as access to employees, EHR, etc. <input type="checkbox"/> programs & services <input type="checkbox"/> employees and all others <input type="checkbox"/> any other evidence requested
330.1776(1) Agency Policy	1.4.1	Staff is interviewed. Staff is able to explain the policy regarding the rights process & can explain how to contact the rights advisor if needed. They can identify where the complaint box and complaint forms are located. They know who the rights advisor is.
330.1776(1) Agency Policy	1.4.2	Staff can describe ways a complaint can be filed. They are required to list all of the possible ways. Staff are able to explain how to assist recipients in filing complaints.
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Citation	Standard	Guidance
330.1776 (5)	2.1.1	Interview with rights advisor, and, if possible, recipients. Rights advisor may provide an example of a complaint with which they assisted
330.1776 (4)	2.1.2	On site review may include review of ORR log: Log indicates timeframes of response
330.1755(5)(d)(i)	2.1.3	All complaints received by the rights office are dated with a "received date" and logged into a complaint log.
330.1778	2.2.1	On site review may include review of ORR log: Log indicates timeframes of responses.
330.1778	2.2.2	Complaint information may be solicited from CMHs with contracts with the LPH. RRO provides examples of complaints, acknowledgement, Intervention letter language. At minimum 5 interventions and 2 each of OOJ and "not code protected right" letters and complaint samples to be reviewed.
330.1778 (5)	2.2.3	Complaint information may be solicited from CMHs with contracts with the LPH. RRO provides examples of complaints, acknowledgement, status report and RIF language. At minimum 3 RIF files to be reviewed.
330.1782	2.2.4	Summary Reports contain the required elements. Summary Reports describe the findings sufficiently to reflect all relevant evidence obtained during the investigation. Summary reports contain the required information regarding the accused, outcome, and action. There is evidence that the Director has reviewed the RIF and Summary Report. The Director's signature appears on the Summary Report.
330.1755(5)(d)	2.3.1	RRO provides examples of complaint file, indicating that the evidence is in the file, as is acknowledgement letters, interventions and investigations. Evidence of action taken is in the folder. (Additionally, Investigative files may be reviewed by the CMH Rights office over the course of the year as part of monitoring)
330.1755(5)(d)	2.4.2	The complaint log is kept securely by the recipient rights advisor. All complaints received, including evidentiary materials are kept in a case file in a locked cabinet located in the recipient rights advisor's secure office. (Files may be reviewed by the CMH Rights office over the course of the year as part of monitoring). Log and physical files and storage reviewed during site visit.

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330.1755(5)(h)	2.5.1	Interview with Director; – can any outcomes be pointed to as a result of the interactions between the advisor and director? Interview RR Advisor; what are some of the issues that have been discussed with the director – can any outcomes be pointed to as a result of the interactions between the advisor and director? between the advisor and staff?
330.1755(2)(d)	2.7.1	Rights Advisor indicates that all video requested is made available without undo challenge. Policy reflects ORR access rights to video (timeframe as defined by ORR).
330.1755 (2) (d) 330.1776 (1) 330.1778 (1)	2.7.2	Rights Advisor indicates that all incident reports are provided to ORR on an ongoing basis. Policy reflects ORR access rights to incident reports
330.1776 (1)	2.8.1	Recipients are interviewed. Recipients F5can explain how to contact the rights advisor if needed. They can identify where the complaint box and complaint forms are located. They know who the rights advisor is.
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330.1708(2)	3.1.1	Look for (Locked medications, cleaning supplies, etc.), view seclusion room (if applicable) for sanitary conditions, access to toilet facilities and opportunities to sit or lie down; check that ORR has communication with safety committee and QA/Risk Management
330.1755(5)(c)	3.1.2	The posters are on the wall of the unit. The poster should identify the recipient rights advisor's name and contact information.
330.1755(5)(b)	3.1.3	Observation/ Interview Chapter 7&7A are found on the unit/units, or recipients have knowledge of their ability to request a complete copy of chapter 7 and 7A, and are able to identify the process or person to ask.
330.1706 330.1755(5)(b)	3.2.1	Interview individuals on unit, if they deny receiving one, request unit staff/ ORR show evidence it was provided. (form in record)
330.1755(5)(c)	3.2.2	Request a booklet from staff – is the contact information on it?
R 330.7011	3.2.3	Review (redacted if necessary), forms from recipient records indicating appropriate documentation of alternative communication (does the blank have a place for documentation?)
330.1755 (5) (i) 330.1776 (1)	3.3.1	There are complaint forms readily available and recipients do not have to request the form.
330.1776 (1)	3.3.2	There is a locked complaint box located on the unit, which is mounted on the wall. The rights advisor and alternate have access to the complaint box. No other staff have access to the complaint box.

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330.1776 (5)	3.3.3	Observe poster meeting the standard or ask for a copy of an actual letter with no PHI or the template letter.
330.1723(1)	3.3.4	Posters for reporting abuse and neglect are found on the unit/units mounted on the wall. Typically found in area where staff chart or hold team.
330.1723 (1)	3.4.1	Staff are able to describe when external agencies and ORR must be notified under the reporting requirements.
330.1726(3) 330.1728(3)	3.5.1	The rules are posted on the unit/units on the wall. (Phone hours, Visiting Hours, other Rules) A copy of the unit rules containing exclusions are provided at the time of admission on the unit. C. There is a "contraband list", separate from the unit rules, is posted on the wall & exterior to the unit and is provided in the admission packet. D. The auditor receives an admission packet to keep, which contains the unit rules and contraband list (if separate from the unit rules).
330.1726(3) 330.1728(3)	3.5.2	Review admission packet, Interview with Advisor: The auditor is provided a copy of the unit rules to keep for the purposes of the audit for review. ATTACH COPY OF RULES
330.1726(3) 330.1728(3)	3.5.3	Review admission packet, Interview with Advisor: Any issues as a result of the review of the unit rules are brought to the attention of the Rights Advisor - Are there any rules that the Auditor determines are not reasonable. Note them. ATTACH COPY OF RULES
330.1724(9)	3.6.1	Request notification & observe posted notification. Rights Advisor is aware of the placement of video cameras and notification documents
330.1724(9)	3.6.2	Interview with Unit Manager, RRO tour of unit
330.1406 330.1415 330.1416	3.7.1	Rights Advisor is aware of the process for admissions and can explain how it is carried out on the unit.
330.1406 330.1415 330.1416	3.7.2	ORR to show evidence it was provided. (form in record) Interview recipients on unit, if they deny offering of voluntary, request
330.1406 330.1415 330.1416	3.7.3	Review (redacted if necessary), forms from recipient records indicating appropriate documentation of alternative communication.
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CMHSP 6.3.2.3A	4.1.1	LPH can provide documented evidence. – certificate, email from MDHHS-ORR
330.1755(2)(e) CMHSP 6.3.2.3A	4.2.1	Request list of training attended with CEU number as assigned by MDHHS-ORR

Citation	Standard	Guidance
330.1755(2)(e) CMHSP 6.3.2.3A	4.2.2	Request list of training attended with CEU number as assigned by MDHHS-ORR - Annual Report breakout is acceptable evidence
330.1755(2)(e) CMHSP 6.3.2.3A	4.2.3	Annual Report Listing, Certificate from training
330.1755(5)(f)	4.3.1	Review New Hire Orientation Topics, training materials, List of Orientees with dates of training (may have brochure for “incidental staff, such as construction workers)
330.1755(5)(f)	4.3.2	Review training policy, copy of training materials; evidence provided of new hires, date of hire, date of initial training. Does the hospital HR provide the rights office a list of employees and start dates?
330.1755(5)(f) CMHSP 6.3.2.3B	4.3.3	Rights Advisor has copy of training standards; Is the requirement for training content in the contract with the CMH? There is evidence provided of new hires, date of hire, date of residential (full) training.
330.1755(2)(a)	4.4.1	Interview Advisory committee chair. Minutes reflect evidence of training in policies. Interview Appeals committee chair. Minutes reflect evidence of training in policies.
SECTION TOTAL		

330.1758	5.1.1	Documentation that the provider has a current agreement for the CMH to provide the RRAC. Documentation that the hospital has an internally appointed RRAC that is made up of 1/3 primary consumers and/or family members, and of that 1/3 at least half of the members are primary consumers. None of the members work on the psychiatric unit, or have a vested interest in the outcome of the committee’s actions. There is a list of committee member names? There is a list of committee member types?
330.1758(a)	5.1.2	Interview committee chair if possible. Review minutes of RRAC to ensure it meets at minimum twice a year.
330.1758(c)	5.1.3	Interview committee chair. Minutes reflect evidence of issues are brought to the committee for discussion & resolution (if necessary) Also, interview with rights officer – is the committee responsive to issues?
330.1755(2)(b)	5.1.4	Minutes reflect evidence of a review of rights office funding at least once a year

Citation	Standard	Guidance
330.1758(d)	5.1.5	Interview committee chair. Minutes reflect evidence of review of the semi-annual report; it is completed and submitted in a timely fashion & it is accurate. Minutes reflect evidence of a review of the annual report and an opportunity for recommendations to the Board; it is completed and submitted in a timely fashion. It is accurate. Also interview with rights advisor that both reports are discussed with the director
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330.1740 330.1742 R 330.7243 42CFR 482.13	6.1.1	Rights advisor is aware of Seclusion & Restraint Policy, and can demonstrate location of requirements: No initiation without evidence that a physician is contacted; Recipient removed from S or R if physician does not respond within 30 minutes; Ordered seclusion not to exceed 4 hours for adults, 2 hours for minors; 1 hour for minors 9 or under; physician must see recipient 30 minutes prior to reorder. Rights Advisor is aware of CMS and MHC requirements and can show reviewer where logs are kept. Restraint can be reordered 1x at 2 hours, if physician was not present prior to order & did not visit.
330.1740 330.1742 R 330.7243 42CFR 482.13	6.1.2	Rights advisor is aware of Seclusion & Restraint Policy, and can demonstrate location of requirements: No initiation without evidence that a physician is contacted; Recipient removed from S or R if physician does not respond within 30 minutes
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330.1774(3)	7.1.1	Contract between CMH & LPH indicates 7.1.1
330.1774(4)	7.1.2	LPH must present list of members & list of categories of members. The committee must be 7 members. No members can be from MDHHS or the CMHSP. Two of the members shall be primary consumers and 2 shall be community members. <i>(Michigan Medicine only)</i> LPH should have a current copy of the agreement that reflects that MDHHS will hear appeals on non-CMH recipients. (Current Director, or within 5 years)
330.1774(3)	7.1.3	Review notice of appeals rights for clear referral to appropriate CMH appeals committee or to MDHHS-ORR Appeals Committee.
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330.1752 (a-p)	8.1.1	
SECTION TOTAL		

POLICY COMPLIANCE CHECKLIST

Completed LPH/U Policy review or

Date of Last Review:

Reviewer Name:

Date LPH Notified of Results:

Date Corrections Received:

Are there policies altered since last policy review was conducted?

Name(s) of all policies revised since last review:

Were hospital policies reviewed for compliance by the LPH Rights

Date of LPH Review:

LPH Reviewer Name: