

## **1. Advocates & Application of P&A Statutes in MI**

External Advocates

P & PA Federal Statutes

P & A Michigan Statutes (DRM)

Who is Disability Rights of MI - What Do They Do?

P & A (DRM) Access Authority

P&A (DRM) - Comparing Access Laws



## EXTERNAL ADVOCATES

### **Mental Health Association in Michigan**

The Mental Health Association in Michigan (MHAM) is a voluntary membership citizens' organization representing a broad base of people working together as an advocate for individuals with mental illness. The MHAM maintains a non-partisan posture in its social action and public efforts.

<https://www.mha-mi.com/>

address: p.o. box no. 11118

1100 West Saginaw, Suite 1-1B, Lansing, MI 48901

phone: 517.898.3907

fax: 517.913.5941

### **Developmental Disabilities Council**

The Michigan Developmental Disabilities Council (DD Council) is a group of 21 Michigan citizens appointed by the governor. The Council's mission is to support people with developmental disabilities to achieve life dreams. The Council holds public meetings throughout the year, generally in the Lansing area. [https://www.michigan.gov/mdhhs/0,5885,7-339-71550\\_2941\\_4868\\_4897-14626--,00.html](https://www.michigan.gov/mdhhs/0,5885,7-339-71550_2941_4868_4897-14626--,00.html) To learn more about the Council, call the office at 517.335.3158. If interested in becoming a member, please [fill out form](#).

### **Self-Advocates of Michigan**

The purpose of the organization is advocate for independence, inclusion, freedom, opportunity, respect and dignity, while making the public aware of the abilities of people with I/DD throughout Michigan. SAM holds the vision that people with I/DD should live fulfilling lives according to their own choices. <https://selfadvocatesofmichigan.wordpress.com/>

You can get in touch with us [using this form](#), or via [our Facebook page](#).

### **Michigan Disabilities Rights Coalition**

Michigan Disability Rights Coalition (MDRC) strongly believes people with disabilities can be leaders in their community and works to support emerging leaders. The Council works to educate and support community members in shaping health policy that affects them and provides resources and supports for persons utilizing assistive technology.

<https://www.copower.org/>

address: 3498 East Lake Lansing Road, Suite 100, East Lansing, MI 48823

Phone: (800) 578-1269. (517) 333-2477 Michigan Relay: 711

Fax: (517) 333-2677

### **National Alliance on Mental Illness (NAMI)**

The nation's largest grassroots mental health organization dedicated to building better lives for the millions of Americans affected by mental illness. NAMI provides advocacy, education, support and public awareness so that all individuals and families affected by mental illness can build better lives. <https://namimi.org/>

Find your local NAMI: <https://www.nami.org/Affiliate?state=MI>



## *Protection & Advocacy Systems*

### **Protection and Advocacy Systems What are P&As and CAPs ?**

The Protection and Advocacy (P&A) System and Client Assistance Program (CAP) comprise the nationwide network of congressionally mandated, legally-based disability rights agencies. P&A agencies have the authority to provide legal representation and other advocacy services, under all federal and state laws, to all people with disabilities (based on a system of priorities for services). All P&As maintain a presence in facilities that care for people with disabilities, where they monitor, investigate and attempt to remedy adverse conditions. These agencies also devote considerable resources to ensuring full access to inclusive educational programs, financial entitlements, health care, accessible housing and productive employment opportunities. CAP agencies (many of which are housed within P&A offices) provide information and assistance to individuals seeking or receiving vocational rehabilitation services under the Rehabilitation Act, including assistance in pursuing administrative, legal and other appropriate remedies.

#### **The Origins of P&A and CAP Systems**

Federally mandated system in each state and territory which provides protection of the rights of persons with disabilities through legally based advocacy.

P&As were established to address public outcry in response to the abuse, neglect and lack of programming in institutions for persons with disabilities. Congress has created distinct statutory programs to address the needs of different populations of persons with disabilities.

**Protection and Advocacy for Persons with developmental Disabilities (PADD) Program** was created by the Developmental Disabilities Assistance and Bill of Rights (DD) Act of 1975. P&As are required by the Act to pursue legal, administrative and other appropriate remedies to protect and advocates for the rights of individuals with developmental disabilities under all applicable federal and state laws.

The governor in each state designated an agency to be the P&A system and provided assurance that the system was and would remain independent of any service provider. 1994 amendments to the DD Act expanded the system to include a Native American P&A program.

**Protection and Advocacy for Individuals with Mental Illness (PAIMI) Program** was established in 1986. Each state has a PAIMI program which receives funding from the national Center for Mental Health Services. Agencies are mandated to (1) protect and advocate for the rights of people with mental illness and (2) investigate reports of abuse and neglect in facilities that care for or treat individuals with mental illness. Agencies provide advocacy services or conduct investigations to address issues which arise during transportation or admission to, the time of residency in, or 90 days after discharge from such facilities. The system designated to serve as the PADD program in each state and territory is also responsible for operating the PAIMI program

**Protection and Advocacy for Individual Rights (PAIR) Program** was established by Congress as a national program under the Rehabilitation Act in 1993. PAIR programs were established to protect and advocate for the legal and human rights of persons with disabilities.

Although PAIR is funded at a lower level than PADD and PAIMI, it represents an important component of a comprehensive system to advocate for the rights of all persons with disabilities. The system

designated to serve as the PADD program in each state and territory is also responsible for operating the PAIR program.

**The Client Assistance Program (CAP)** was established as a mandatory program by the 1984 Amendments to the Rehabilitation (Rehab) Act. Every state and territory, as a condition for receiving allotments under Section 110 of the Rehab Act, must have a CAP.

CAP services include assistance in pursuing administrative, legal and other appropriate remedies to ensure the protection of persons receiving or seeking services under the Rehab Act.

**Protection & Advocacy for Assistive Technology (PAAT) Program** was created in 1994 when Congress expanded the Technology-Related Assistance for Individuals with Disabilities Act (Tech Act) to include funding for P&As to "assist individuals with disabilities and their family members, guardians, advocates and authorized representatives in accessing technology devices and assistive technology services" through case management, legal representation and self advocacy training.

Originally passed by Congress in 1988, the Tech Act set up a lead agency in each state to coordinate activities to facilitate access to, provision of and funding for assistive technology devices and services for individuals with disabilities.

**Protection and Advocacy for Beneficiaries of Social Security (PABSS) Program** was established by Congress through the Ticket to Work and Work Incentives Improvement Act of 1999. The office of Social Security awarded 57 Work Incentives Assistance Program grants to the designated Protection and Advocacy (P&A) system in all 50 states, the District of Columbia, 5 U.S. territories, and the Navajo and Hopi reservations in Arizona, New Mexico and Utah.

**PABSS**, serves Social Security Disability Insurance (SSDI) and Supplemental Security Income (SSI) beneficiaries with disabilities who want to work by helping to remove barriers to employment.

<https://www.ssa.gov/work/protectionadvocacy.html>

**Protection and Advocacy for Persons with Traumatic Brain Injury (PATBI)** is a federally funded program authorized by the Traumatic Brain Injury Act of 1996, amended in the TBI Act Amendments of 2000 (as part of Title XIII of the Children's Health Act of 2000) and reauthorized by the Traumatic Brain Injury Act of 2008. The PATBI program was created in 2002 to provide Protection and Advocacy services to individuals who have sustained a traumatic brain injury. Although P&As previously served individuals who have sustained traumatic brain injuries under the PAIR, CAP, or PABSS grants, the PATBI grant provides more resources specifically to address the unique needs of this population and their families.

**Protection & Advocacy for Voter Access (PAVA)** was created when Congress enacted the Help America Vote Act (HAVA) in 2002 pursuant to Congress' broad mandate to "ensure the full participation in the electoral process for individuals with disabilities, including registering to vote, casting a vote and accessing polling places". The rights under PAVA include accessible polling places, accessible voting equipment, independence and privacy while voting, and assistance at voting polls and with ballots.

## **Protection and Advocacy Systems**

### **Act 258 of 1974**

#### **330.1143a Review of professional practices; scope; confidentiality; disclosure. [M.S.A. 14.800(143a) ]**

Sec. 143a. (1) The owner, operator, and governing body of a psychiatric hospital, psychiatric unit, or psychiatric partial hospitalization program licensed under this chapter or operated by the department shall assure that licensed, registered, or certified mental health professionals admitted to practice in the facility are organized in order to enable an effective review of the professional practices in the psychiatric hospital, psychiatric unit, or psychiatric partial hospitalization program for the purpose of improving the quality of patient care provided in the facility. This review shall include the quality and appropriateness of the care provided.

(2) The records, data, and knowledge collected for or by individuals or committees assigned a review function under subsection (1) are confidential, shall be used only for the purposes of review, are not public records, and are not subject to court subpoena.

(3) This section does not prevent disclosure of individual case records pursuant to section 748 or disclosure required by federal law to the agency designated by the governor to provide protection and advocacy pursuant to section 931.

**History:** Add. 1990, Act 167, Imd. Eff. July 2, 1990 ;--Am. 1994, Act 137, Eff. June 1, 1994 .

#### **330.1748 Confidentiality.**

Sec. 748. (1) Information in the record of a recipient, and other information acquired in the course of providing mental health services to a recipient, shall be kept confidential and shall not be open to public inspection. The information may be disclosed outside the department, community mental health services program, licensed facility, or contract provider, whichever is the holder of the record, only in the circumstances and under the conditions set forth in this section or section 748a. ...

... (8) If required by federal law, the department or a community mental health services program or licensed facility shall grant a representative of the protection and advocacy system designated by the governor in compliance with section 931 access to the records of all of the following: (a) A recipient, if the recipient, the recipient's guardian with authority to consent, or a minor recipient's parent with legal and physical custody of the recipient has consented to the access.

(b) A recipient, including a recipient who has died or whose location is unknown, if all of the following apply: (i) Because of mental or physical condition, the recipient is unable to consent to the access.

(ii) The recipient does not have a guardian or other legal representative, or the recipient's guardian is the state.

(iii) The protection and advocacy system has received a complaint on behalf of the recipient or has probable cause to believe based on monitoring or other evidence that the recipient has been subject to abuse or neglect.

(c) A recipient who has a guardian or other legal representative if all of the following apply: (i) A complaint has been received by the protection and advocacy system or there is probable cause to believe the health or safety of the recipient is in serious and immediate jeopardy.

(ii) Upon receipt of the name and address of the recipient's legal representative, the protection and advocacy system has contacted the representative and offered assistance in resolving the situation.

(iii) The representative has failed or refused to act on behalf of the recipient.

**History:** 1974, Act 258, Eff. Aug. 6, 1975 ;--Am. 1982, Act 236, Imd. Eff. Sept. 22, 1982 ;--Am. 1986, Act 50, Imd. Eff. Mar. 17, 1986 ;--Am. 1987, Act 192, Imd. Eff. Dec. 2, 1987 ;--Am. 1990, Act 167, Imd. Eff. July 2, 1990 ;--Am. 1995, Act 290, Eff. Mar. 28, 1996 ;--Am. 1996, Act 588, Imd. Eff. Jan. 21, 1997 ;--Am. 1998, Act 497, Eff. Mar. 1, 1999 .

**330.1931 Programs for protection and advocacy of rights of developmentally disabled and of mentally ill persons; implementation; authority; liaison. [M.S.A. 14.800(931) ]**

Sec. 931. (1) The governor shall designate an agency to implement a program for the protection and advocacy of the rights of persons with developmental disabilities pursuant to the developmentally disabled assistance and bill of rights act, Public Law 94-103, 89 Stat. 486. The designated agency shall have the authority to pursue legal, administrative, and other appropriate remedies to protect the rights of the developmentally disabled and to investigate allegations of abuse and neglect. The designated agency shall be independent of any state agency that provides treatment or services other than advocacy services to persons with developmental disabilities.

(2) The agency designated under subsection (1) shall implement a program for the protection and advocacy of the rights of mentally ill persons pursuant to the protection and advocacy for mentally ill individuals act of 1986, Public Law 99-319, 100 Stat. 478. The designated agency shall have the authority to pursue legal, administrative, and other appropriate remedies to protect the rights of mentally ill persons and to investigate allegations of abuse or neglect of mentally ill persons. The designated agency shall be independent of any state agency that provides treatment or services other than advocacy services to mentally ill persons.

(3) The governor shall designate an appropriate state official to serve as liaison between the agency designated to implement the protection and advocacy programs and the state departments and agencies that provide services to persons with developmental disabilities and mentally ill persons.

**History:** Add. 1987, Act 192, Imd. Eff. Dec. 2, 1987 .





## Who We Are & What We Do

[www.drmich.org](http://www.drmich.org)

### Who We Are.

**Disability Rights Michigan (DRM) serves individuals with disabilities.**

**A disability is:**

- a physical or mental impairment
- something that limits one or more major life activities (walking, seeing, hearing, speaking, learning, working)
- occurs any time in life
- affects children or adults

**DRM is an advocacy organization.**

Our staff include attorneys and advocates who are dedicated to advancing the human and civil rights of individuals with disabilities. DRM allies with the civil rights community to make progress in Michigan.

**DRM is independent** of state government and is not connected to service providers or facilities. We are private, nonprofit, and nonpartisan, funded by Federal, state, and private grants and donations. We serve the entire state of Michigan.

### What We Do.

**DRM Talks to Anyone. Do you have questions about disability rights? We can help!**

- Call and speak with an advocate
- Contact us through our website
- Advocates provide brief advice, information, referrals
- We support self-advocates
- Anyone can call – we talk to everyone
- Services are free and confidential

**DRM Focus Areas**

- Abuse/Neglect
- Education
- Employment
- Voting Rights
- Access to Services

## **Statewide.**

### **DRM Tackles Statewide Legal Problems.**

Individuals with disabilities face barriers in school, work, voting, community services and many other areas. DRM advocates and attorneys go after these problems through direct advocacy and litigation. DRM also makes systemic change through public policy advocacy, media advocacy, and training/outreach.

### **DRM Addresses Abuse and Neglect.**

Individuals with disabilities suffer from abuse, neglect, and exploitation in facilities where they live and receive services.

DRM monitors facilities and investigates abuse and neglect cases to better protect vulnerable people. DRM has authority to access people, facilities, and in some cases records in our work.

## **Our Services Are Free & Confidential.**

800.288.5923 or 517.487.1755

[www.DRMich.org](http://www.DRMich.org)

## **What Makes Us Unique.**

**DRM is mandated to exist by federal law. We are:**

- Directed by the expressed wishes of the people we serve.
- Authorized to pursue legal remedies, on behalf of individual clients and in our own name.
- Driven to achieve individual and systemic change.

## **Commitment to Equity & Diversity.**

DRM does not discriminate on the basis of race, color, sex, gender identity, religion, sexual orientation, political belief, creed, national origin, marital status, or disability.

DRM celebrates diversity and strives to reflect Michigan's ethnic, language, disability and geographic diversity in our staff and the people we serve.

DRM believes the disability rights movement is inseparable from the human rights movements for racial, economic, and gender equity.

**Title 45: Public Welfare** PART 1386—FORMULA GRANT PROGRAMS

Subpart B—State System for Protection and Advocacy of the Rights of Individuals with Developmental Disabilities  
§ 1386.22 Access to records, facilities and individuals with developmental disabilities.

(a) Access to records—A protection and advocacy (P&A) system shall have access to the records of any of the following individuals with developmental disabilities:

(1) An individual who is a client of the system, including any person who has requested assistance from the system, if authorized by that individual or their legal guardian, conservator or other legal representative.

(2) An individual, including an individual who has died or whose whereabouts is unknown, to whom all of the following conditions apply:

(i) The individual, due to his or her mental or physical condition is unable to authorize the system to have access;

(ii) The individual does not have a legal guardian, conservator or other legal representative, or the individual's guardian is the State (or one of its political subdivisions); and

(iii) With respect to whom a complaint has been received by the system or the system has probable cause (which can be the result of monitoring or other activities including media reports and newspaper articles) to believe that such individual has been subject to abuse or neglect.

(3) An individual who has a legal guardian, conservator, or other legal representative, with respect to whom a complaint has been received by the system or with respect to whom the system has determined that there is probable cause to believe that the health or safety of the individual is in serious and immediate jeopardy, whenever all the following conditions exist:

(i) The system has made a good faith effort to contact the representative upon receipt of the representative's name and address;

(ii) The system has offered assistance to the representative to resolve the situation; and

(iii) The representative has failed or refused to act on behalf of the individual.

(b) Individual records to which P&A systems must have access under section 142(A)(2)(I) (whether written or in another medium, draft or final, including handwritten notes, electronic files, photographs or video or audio tape records) shall include, but shall not be limited to:

(1) Records prepared or received in the course of providing intake, assessment, evaluation, education, training and other supportive services, including medical records, financial records, and monitoring and other reports prepared or received by a member of the staff of a facility that is providing care or treatment;

(2) Reports prepared by an agency charged with investigating incidents of abuse or neglect, injury or death occurring at a facility or while the individual with a developmental disability is under the care of a member of the staff of a facility, or by or for such facility, that describe any or all of the following:

(i) Abuse, neglect, injury, death;

(ii) The steps taken to investigate the incidents;

(iii) Reports and records, including personnel records, prepared or maintained by the facility in connection with such reports of incidents; or,

(iv) Supporting information that was relied upon in creating a report, including all information and records which describe persons who were interviewed, physical and documentary evidence that was reviewed, and the related investigative findings; and

(3) Discharge planning records.

(c) Information in the possession of a facility which must be available to P&A systems in investigating instances of abuse and neglect under section 142(a)(2)(B) (whether written or in another medium, draft or final, including hand written notes, electronic files, photographs or video or audio tape records) shall include, but not be limited to:

(1) Information in reports prepared by individuals and entities performing certification or licensure reviews, or by professional accreditation organizations, as well as related assessments prepared for a facility by its staff, contractors or related entities, except that nothing in this section is intended to preempt State law protection records produced by medical care evaluation or peer review committees.

(2) Information in professional, performance, building or other safety standards, demographic and statistical information relating to a facility.

(d) A system shall be permitted to inspect and copy information and records, subject to a reasonable charge to offset duplicating costs.

(e) The client's record is the property of the Protection and Advocacy System which must protect it from loss, damage, tampering, or use by unauthorized individuals. The Protection and Advocacy System must:

(1) Keep confidential all information contained in a client's records, which includes, but is not limited to, information contained in an automated data bank. This regulation does not limit access by parents or legal guardians of minors unless prohibited by State or Federal law, court order or the rules of attorney-client privilege;

(2) Have written policies governing access to, storage of, duplication of, and release of information from the client's record; and

(3) Be authorized to keep confidential the names and identity of individuals who report incidents of abuse and neglect and individuals who furnish information that forms the basis for a determination that probable cause exists.

(f) Access to Facilities and Individuals with Developmental Disabilities—A system shall have reasonable unaccompanied access to public and private facilities which provide services, supports, and other assistance for individuals with developmental disabilities in the State when necessary to conduct a full investigation of an incident of abuse or neglect under section 142(a)(2)(B) of the Act. This authority shall include the opportunity: to interview any facility service recipient, employee, or other person, including the person thought to be the victim of such abuse, who might be reasonably believed by the system to have knowledge of the incident under investigation; and to inspect, view and photograph all areas of the facility's premises that might be reasonably believed by the system to have been connected with the incident under investigation.

(g) Under section 142(a)(2)(H) of the Act, the system and all of its authorized agents shall have unaccompanied access to all residents of a facility at reasonable times, which at a minimum shall include normal working hours and visiting hours, for the purpose of:

(1) Providing information and training on, and referral to, programs addressing the needs of individuals with developmental disabilities, and the protection and advocacy services available from the system, including the name, address, and telephone number of the system and other information and training about individual rights; and

(2) Monitoring compliance with respect to the rights and safety of service recipients.

(h) Unaccompanied access to residents of a facility shall include the opportunity to meet and communicate privately with such individuals regularly, both formally and informally, by telephone, mail and in person.

(i) If a system is denied access to facilities and its programs, individuals with developmental disabilities, or records covered by the Act it shall be provided promptly with a written statement of reasons, including, in the case of a denial for alleged lack of authorization, the name and address of the legal guardian, conservator, or other legal representative of an individual with developmental disabilities.

[61 FR 51158, Sept. 30, 1996]

**MPAS ACCESS AUTHORITY**

Protection & Advocacy for disabilities (PADD) 42 USC § 15043	Protection & Advocacy for people with Mental Illness (PAIMI) 42 USC § 10802, 42 USC § 10805	Protection & Advocacy of Individual rights (PAIR) 29 USC § 794e	Michigan's Mental Health (Act 258 of the Public Acts of 1974 as amended)
<p><b>Access Authority:</b></p> <p>(H) have access at reasonable times to any individual with a developmental disability in a location which services, supports, and other assistance are provided to such an individual, in order to carry out the purpose of this part;</p> <p>Summary of I:</p> <p>To have access to all records of clients who consent, who are not able to consent (no guardian or State is guardian), whose complaint is received or probable cause to believe abuse/neglect, whose guardian was informed but refuses to act, though there is probable cause to believe health/safety in serious/immediate jeopardy.</p> <p><b>See also 45 CFR § 1386.22</b></p> <p>To sum, this has more specific guidelines regarding access to facilities and records. Please review ...</p>	<p><b>Access Authority:</b></p> <p>(3) have access to facilities in the State providing care or treatment;</p> <p>(4) in accordance with section 10806 of this title, have access to all records of-</p> <p>Summary of A:</p> <p>To have access to client records (maintain confidentiality) with consent; client unable to give consent (death or whereabouts unknown); no guardian or state as guardian but probable cause; offered assistance but guardian failed/refused to act.</p>	<p><b>Access Authority:</b></p> <p>Follows Developmental Disabilities Act 42 USC § 15043</p>	<p><b>Access Authority:</b></p> <p>330.1748 (8) Summary: If required by federal law, the department or a community mental health services program or licensed facility shall grant a representative of the protection and advocacy system designated by the governor in compliance with section 931 access to the records of all of the following: (a) A recipient, if the recipient, the recipient's guardian with authority to consent, or a minor recipient's parent with legal and physical custody of the recipient has consented to the access, a recipient, including a recipient who has died or whose location is unknown, if all of the following apply: Because of mental or physical condition, the recipient is unable to give consent to access, and there is no guardian or state is guardian, whose complaint is received or probable cause to believe abuse/neglect, whose guardian was informed but refuses to act, though there is probable cause</p>

			to believe health/safety in serious/immediate jeopardy.
<b>MPAS ACCESS AUTHORITY</b>			
<b>Protection &amp; Advocacy for people with developmental disabilities (PADD) 42 USC § 15043</b>	<b>Protection &amp; Advocacy for people with Mental Illness (PAIMI) 42 USC § 10802, 42 USC § 10805</b>	<b>Protection &amp; Advocacy of Individual rights (PAIR) 29 USC § 794e</b>	<b>Michigan's Mental Health (Act 258 of the Public Acts of 1974 as amended)</b>
<b>Purpose:</b> (A)(i) pursue legal, administrative, and other appropriate remedies or approaches to ensure protection of, and advocacy for, the rights of such individuals within the State who are or who may be eligible for treatment, services, or habilitation, or who are being considered for a change in living arrangements, with particular attention to members of ethnic and racial minority groups; and  (ii) provide information on and referral to programs and services addressing the needs of individuals with developmental disabilities;  <b>(B) ... to investigate incidents of abuse and neglect with developmental disabilities if the incidents are reported to the system or if there is probable cause to believe that the incidents occurred;</b>	<b>Purpose:</b> (A) investigate incidents of abuse and neglect of individuals with mental illness if the incidents are reported to the system or if there is probable cause to believe that the incidents occurred;  (B) pursue administrative, legal, and other appropriate remedies to ensure the protection of individuals with mental illness who are receiving care or treatment in the State; and  (C) pursue administrative, legal, and other remedies on behalf of an individual who--  (i) was a individual with mental illness; and  (ii) is a resident of the State, but only with matters which occur within 90 days after the date of discharge of such individual from a facility providing care or treatment;	<b>Purpose:</b> The purpose of this section is to support a system in each State to protect the legal and human rights of individuals with disabilities who—  (See eligibility section)	<b>Purpose:</b> Investigate incidents of abuse and neglect of individuals with mental illness if the incidents are reported to the system or if there is probable cause to believe that the incidents occurred

**MPAS ACCESS AUTHORITY**

<p>Protection &amp; Advocacy for people with developmental disabilities (PADD) 42 USC § 15043</p>	<p>Protection &amp; Advocacy for people with Mental Illness (PAIMI) 42 USC § 10802, 42 USC § 10805</p>	<p>Protection &amp; Advocacy of Individual rights (PAIR) 29 USC § 794e</p>	<p>Michigan's Mental Health (Act 258 of the Public Acts of 1974 as amended)</p>
<p><b>Time lines for access to records:</b></p> <p>(J)(I) have access to the records of individuals described in subparagraphs (B) and (1), and other records that are relevant to conducting an investigation, under the circumstances described in those subparagraphs, <b>not later than 3 business days after the system makes a written request for the records involved; and</b></p> <p>(ii) have immediate access, <b>not later than 24 hours after the system makes such a request, to the records without consent from another party, in a situation in which services, supports, and other assistance are provided to an individual with a developmental disability-</b></p> <p>(I) if the system determines there is probable <b>cause to believe that the health or safety of the individual is in serious and immediate jeopardy;</b> or</p> <p>(II) <b>in any case of death of</b> individual with a developmental disability;</p>	<p><b>Time lines for access to records:</b></p> <p>"Given Congress' general intent to apply the DD and PAIMI Acts in a consistent manner, <b>it may be argued that the time frames for the release of records established under the DD Act of 2000 should apply under the PAIMI Act as well.</b> First, it is important to note that the PAIMI Act is silent on the issue of timing for the release of records. And the Act's implementing regulations merely provide for the release of records to P&amp;A 'promptly.' 42 CFR 51.41 (a) ('Access to records shall be extended promptly to all authorized agents of a P&amp;A System'). Thus, the application of the time frames under the DD Act to records of PAIMI-eligible clients would not be inconsistent 4th any express PAIMI Act or regulatory requirements.'</p> <p><i>See 2001 A TTAC/NAPAS Annual Conference - Abuse and Neglect Investigations Institute worksheet</i></p>	<p><b>Time lines for access to records:</b></p> <p>Follows Developmental Disabilities Act 42 USC § 15043</p>	<p><b>Time lines for access to records:</b></p> <p>Follows Developmental Disabilities Act 42 USC § 15043</p>

