


Community Mental Health of Ottawa County

Recipient Rights Training for Respite Providers

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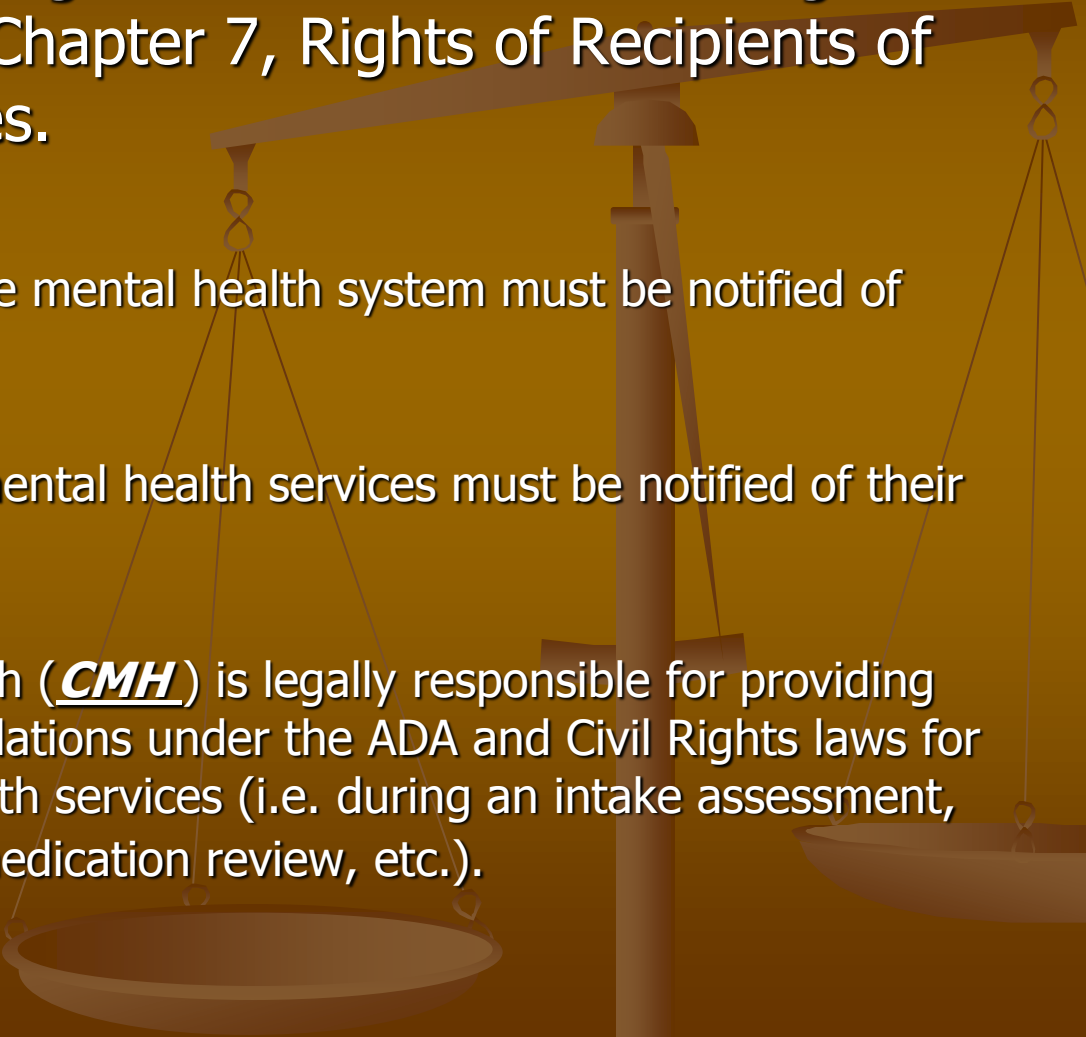


Purpose of Recipient Rights Training

- The purpose of Recipient Rights Training is to assure, protect and promote the basic human dignity to which all recipients are entitled.
 - Protecting a recipient is always your first and most important responsibility.
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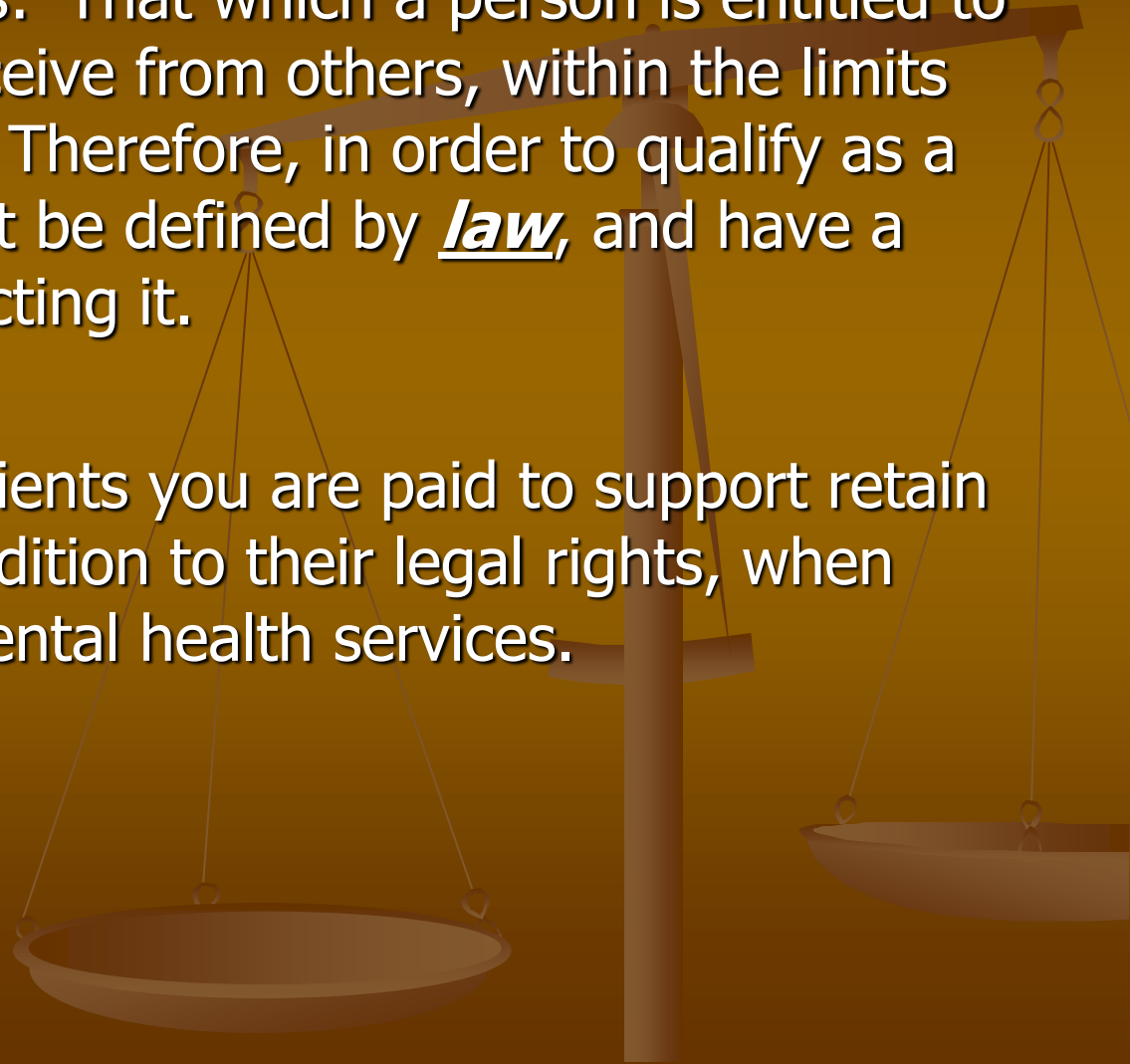
Michigan Mental Health Code

Chapter 7 “Rights of the Recipients of Mental Health Services”

- Recipient Rights training is derived from the Michigan Mental Health Code, Chapter 7, Rights of Recipients of Mental Health Services.
 - All recipients entering the mental health system must be notified of their legal rights.
 - All recipients receiving mental health services must be notified of their legal rights annually.
 - Community Mental Health (CMH) is legally responsible for providing interpretation accommodations under the ADA and Civil Rights laws for recipients of mental health services (i.e. during an intake assessment, psychiatric evaluation, medication review, etc.).
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What are “Recipient Rights”?

- A ‘Right’ is defined as: ‘That which a person is entitled to have, to do, or to receive from others, within the limits prescribed by law’. Therefore, in order to qualify as a ‘Right’, the right must be defined by law, and have a legal means of protecting it.
- Remember, the recipients you are paid to support retain their civil rights in addition to their legal rights, when they are receiving mental health services.



Code Protected Rights



- The following slide will outline ALL the code protected rights recipients of mental health services are entitled per the Michigan Mental Health Code.
 - For Example:
 - The right to be free from Abuse and Neglect
 - Civil Rights
 - The right to have visitors, send and receive mail, and make and receive telephone calls.
 - The right to privacy, good lighting, an environment free from unpleasant smells.
 - The right to be treated with dignity and respect.

MENTAL HEALTH RIGHTS - CATEGORIES

ABUSE AND NEGLECT		4980	Objection to Hospitalization (minor)	FREEDOM OF MOVEMENT		SUITABLE SERVICES	
7221	Abuse, Class I	7050	Second Opinion - Denial of Services AR 7005	7441	Restrictions/Limitations	1708	Dignity and Respect
72221	Abuse, Class II - Non-Accidental Act	COMMUNICATION AND VISITS		7400	Restraint AR 7243	7003	Informed Consent
72222	Abuse, Class II - Unreasonable Force	7261	Visits	7420	Seclusion AR 7243	7029	Information on Family Planning
72223	Abuse, Class II - Emotional Harm	7262	Contact with Attorneys or others Regarding Legal Matters	PERSONAL PROPERTY		7049	Treatment by Spiritual Means
72224	Abuse, Class II - Treating as Incompetent	7263	Access to Telephone/Mail	7267	Access to Entertainment Materials, Information, News AR 7139	7080	MH Services Suited to Condition
72225	Abuse, Class II - Exploitation	7264	Funds for Postage, Stationery, Telephone	7281	Possession and Use	7100	Physical and Mental Exams
7223	Abuse, Class III	7265	Written and Posted Limitations, If Established	7282	Storage Space	7130	Choice of Physician or Mental Health Professional
7224	Abuse Class I - Sexual Abuse	7266	Uncensored Mail	7283	Inspection at Reasonable Times	7140	Notice of Clinical Status/Progress
72251	Neglect, Class I	CONFIDENTIALITY AR 7051		7285	Exclusions	7150	Services of Mental Health Professional
72252	Neglect, Class I - Failure to Report	7481	Disclosure of Confidential Information	7286	Limitations 1728(4)	7160	Surgery
72261	Neglect, Class II	7485	Withholding of information (includes recipient access to records)	7287	Receipts to Recipient and to Designated Individual	7170	Electro Convulsive Therapy (ECT)
72262	Neglect, Class II - Failure to Report	7486	Correction of Record	7288	Waiver	7180	Psychotropic Drugs
72271	Neglect, Class III	7487	Access by P & A to Records	7289	Protection	7190	Notice of Medication Side Effects
72272	Neglect, Class III - Failure to Report	7501	Privileged Communication	PHOTOGRAPHS, FINGERPRINTS		TREATMENT ENVIRONMENT	
CIVIL RIGHTS AR 7009		FAMILY RIGHTS		7241	Prior Consent	7081	Safe Environment
7041	Civil Rights: Discrimination, Accessibility, Accommodation	7111	Family Dignity & Respect	7242	Identification	7082	Sanitary/Humane Environment
7044	Religious Practice	7112	Receipt of General Education Information AR 7012	7243	Objection	7086	Least Restrictive Setting
7045	Voting	7113	Opportunity to Provide Information	7244	Release to Others/Return	TREATMENT PLANNING AR 7199	
7047	Presumption of Competency	FINANCIAL ISSUES Per Agency Policy		7245	Storage/Destruction	7121	Person-Centered Process
7284	Search/Seizure AR 7009	7301	Safeguarding Money	RIGHTS PROTECTION SYSTEM		7122	Timely Development
ADMISSION/DISCHARGE		7302	Facility Account	7060	Notice/Explanation of Rights AR 7011	7123	Requests for Review
4090	Second Opinion - Denial of Hospitalization	7303	Easy Access to Money in Account	7520	Failure to Report	7124	Participation by Individual(s) of Choice
4190	Termination of Voluntary Hospitalization (adult)	7304	Ability to Spend or Use as Desired	7545	Retaliation/Harassment	7125	Assessment of Needs
4510	Involuntary Admission Process	7305	Delivery of Money upon Discharge	7760	Access to Rights System	0000	NO RIGHT INVOLVED
4630	Independent Clinical Examination	7360	Labor & Compensation	7780	Complaint Investigation Process	0001	OUTSIDE PROVIDER JURISDICTION
				7840	Appeal Process/Mediation		

Effective 10/01/2007

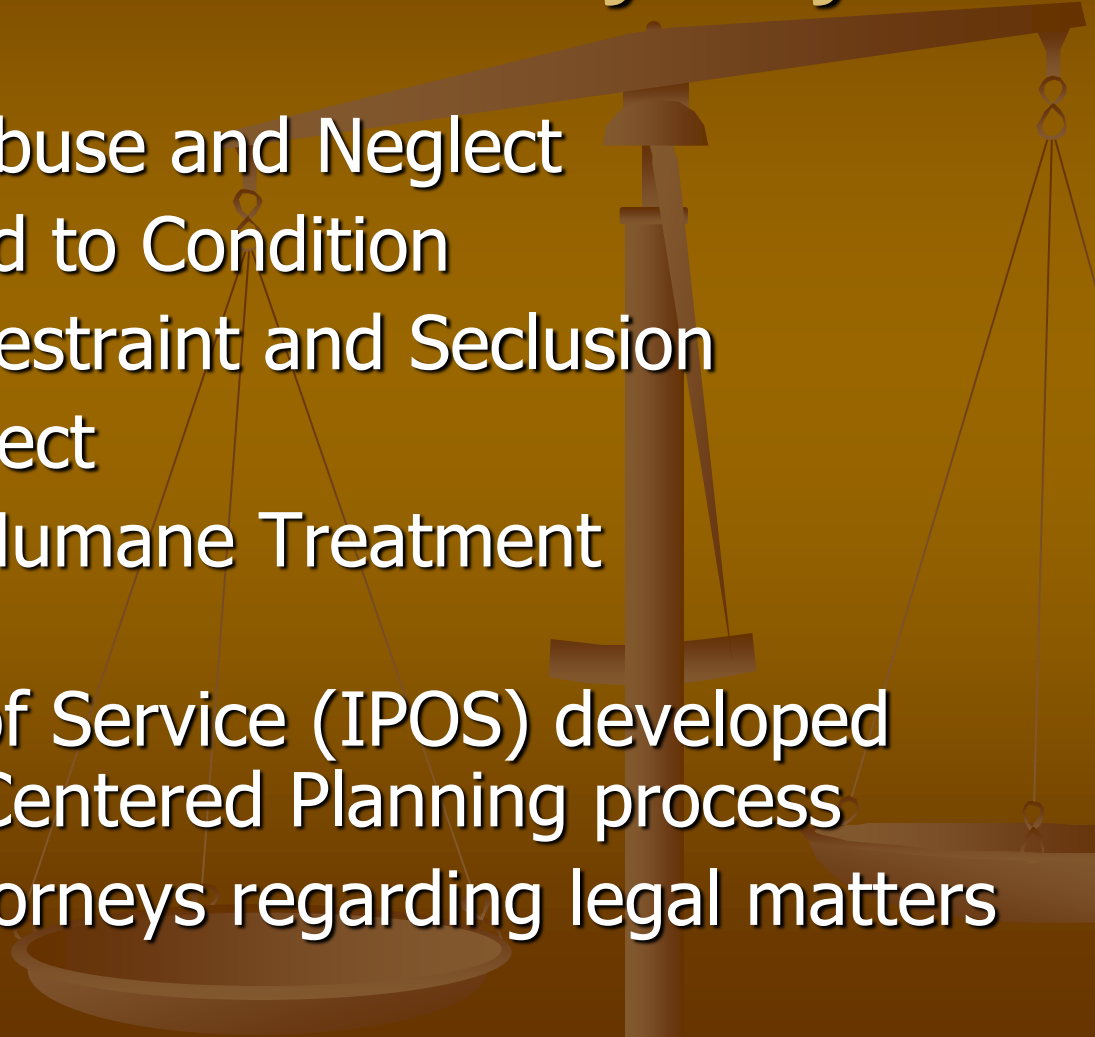
Notes: IST NGR1, 7048, 7083, 7085, 7246, 7880 have been deleted; 7840 - appeal/mediation, 7082 - Sanitary/Humane

Abuse & Neglect have expanded to include data collection on types of abuse or neglect

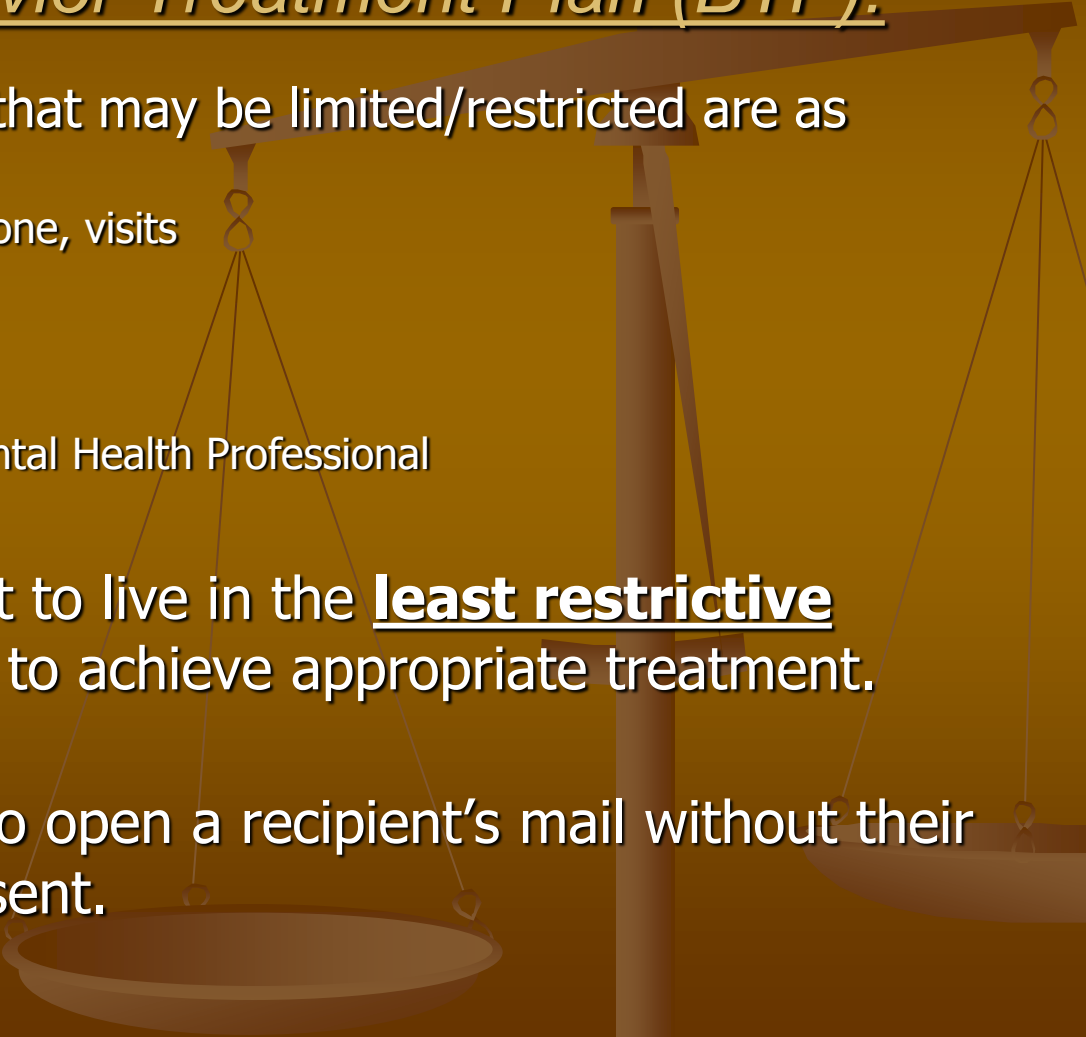
4510 Court Hearing/Process is renamed Involuntary Admission Process, 7080 Treatment Suited to Condition is renamed MH Services Suited to Condition

Unlimitable Rights:

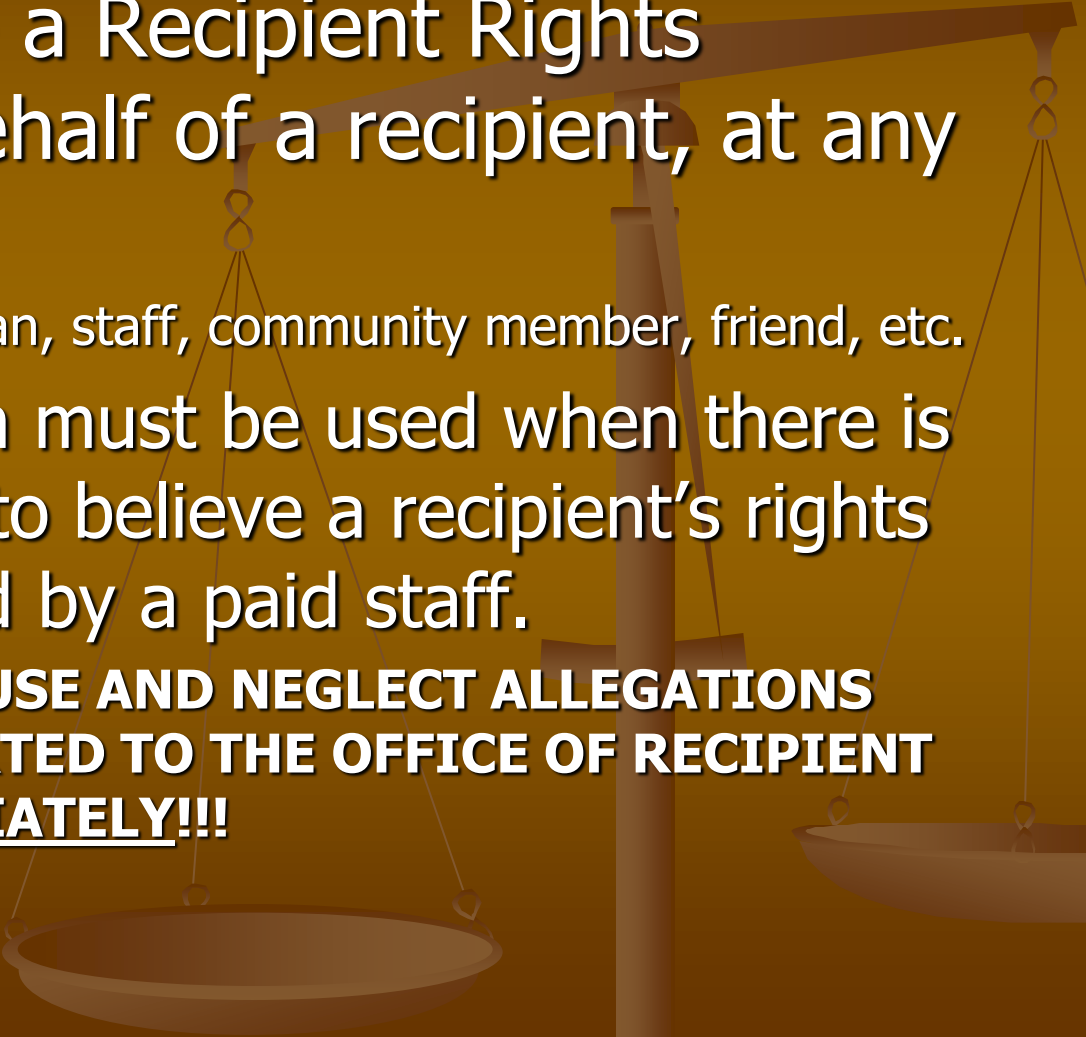
The following rights cannot be limited or restricted in any way:

- Freedom from Abuse and Neglect
 - Treatment Suited to Condition
 - Freedom from Restraint and Seclusion
 - Dignity and respect
 - Safe, Sanitary, Humane Treatment Environment
 - Individual Plan of Service (IPOS) developed using a Person-Centered Planning process
 - Contact with Attorneys regarding legal matters
- 

Rights may be modified through restrictions/limitations but must be documented in the Individual Plan of Service (IPOS) and/or a recipient's Behavior Treatment Plan (BTP):

- Some examples of rights that may be limited/restricted are as follows:
 - Communication by mail, phone, visits
 - Personal property
 - Money
 - Freedom of movement
 - **Choice** of physician or Mental Health Professional
 - A recipient has the right to live in the **least restrictive** environment necessary to achieve appropriate treatment.
 - It is a Federal offense to open a recipient's mail without their permission/written consent.
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Recipient Rights Complaint Forms

- Anyone may file a Recipient Rights Complaint on behalf of a recipient, at any time.
 - i.e. parent, guardian, staff, community member, friend, etc.
 - The following form must be used when there is reasonable cause to believe a recipient's rights have been violated by a paid staff.
 - **REMEMBER: ABUSE AND NEGLECT ALLEGATIONS MUST BE REPORTED TO THE OFFICE OF RECIPIENT RIGHTS IMMEDIATELY!!!**
- 

Recipient Rights Complaint Form

(available electronically at www.miottawa.org/cmh)

COMMUNITY MENTAL HEALTH OF OTTAWA COUNTY

RECIPIENT RIGHTS COMPLAINT

COMPLAINT NUMBER: _____
CATEGORY: _____

INSTRUCTIONS:

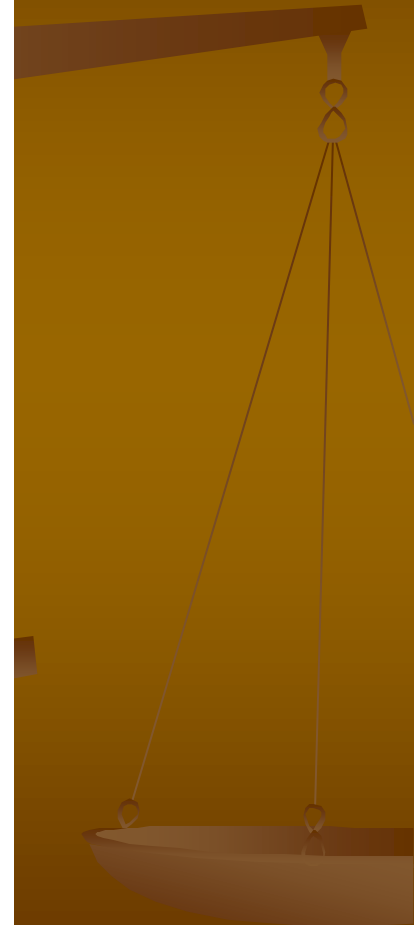
IF YOU BELIEVE THAT ONE OF YOUR RIGHTS HAS BEEN VIOLATED YOU (OR SOMEONE ON YOUR BEHALF) MAY USE THIS FORM TO MAKE A COMPLAINT. A RIGHT'S OFFICER WILL REVIEW THE COMPLAINT AND MAY CONDUCT AN INVESTIGATION. KEEP THE YELLOW COPY FOR YOUR RECORDS. SEND THE OTHER COPY TO THE RIGHT'S OFFICE AT:

**COMMUNITY MENTAL HEALTH OF OTTAWA COUNTY
RECIPIENT RIGHT'S OFFICE
12265 JAMES STREET
HOLLAND, MI 49424**

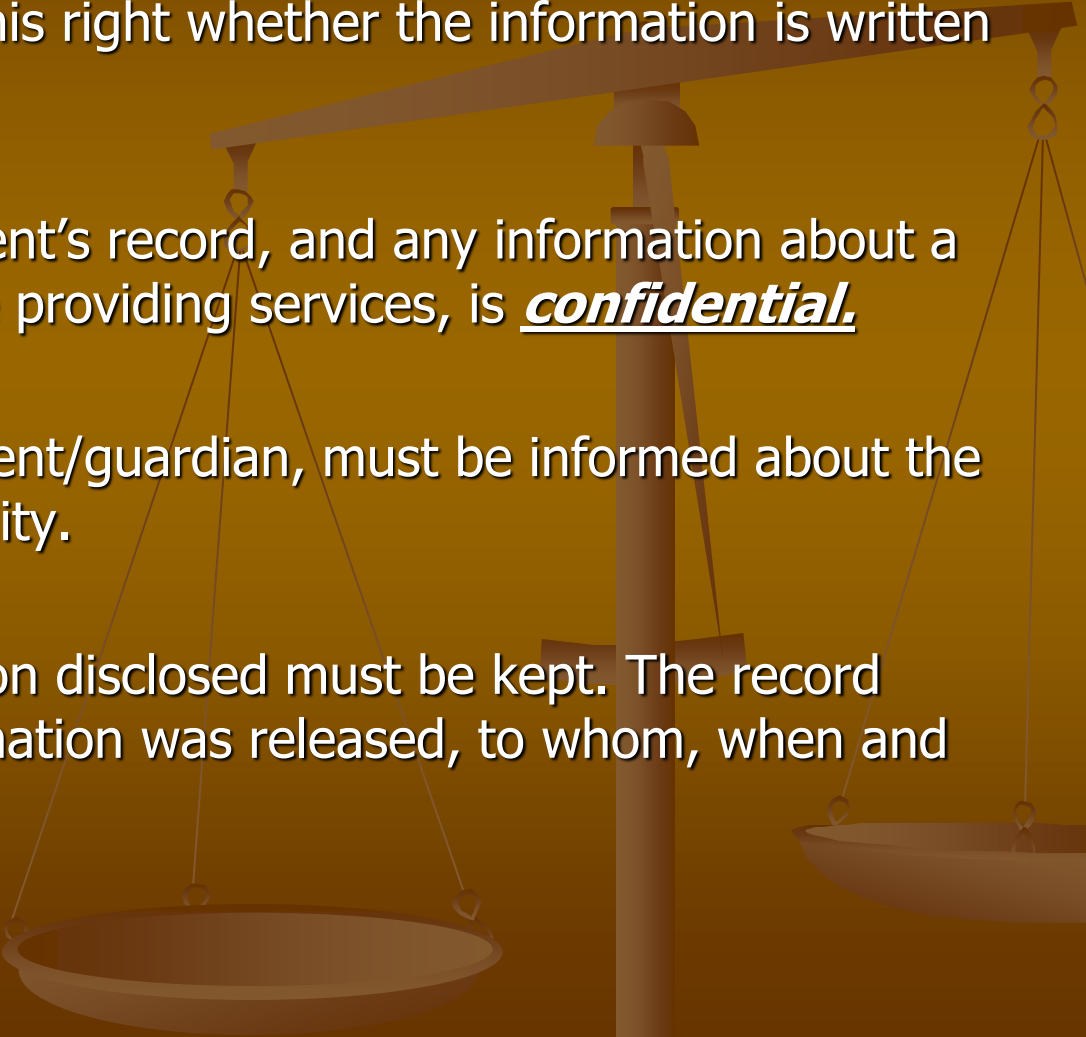
COMPLAINANT'S NAME:	RECIPIENT'S NAME: (If different from complainant)
WHERE DID THE ALLEGED VIOLATION(S) HAPPEN?	PHONE NUMBER:
COMPLAINANT'S ADDRESS:	WHEN DID IT HAPPEN? (Date and Time)
WHAT RIGHT WAS VIOLATED?	
DESCRIBE WHAT HAPPENED:	
HOW WOULD YOU LIKE THE PROBLEM CORRECTED?	
COMPLAINANT'S SIGNATURE:	DATE:
NAME OF PERSON ASSISTING COMPLAINANT:	DATE:

WHITE COPY - SENT TO THE RIGHT'S OFFICE

YELLOW COPY - KEEP FOR YOUR RECORDS



Confidentiality

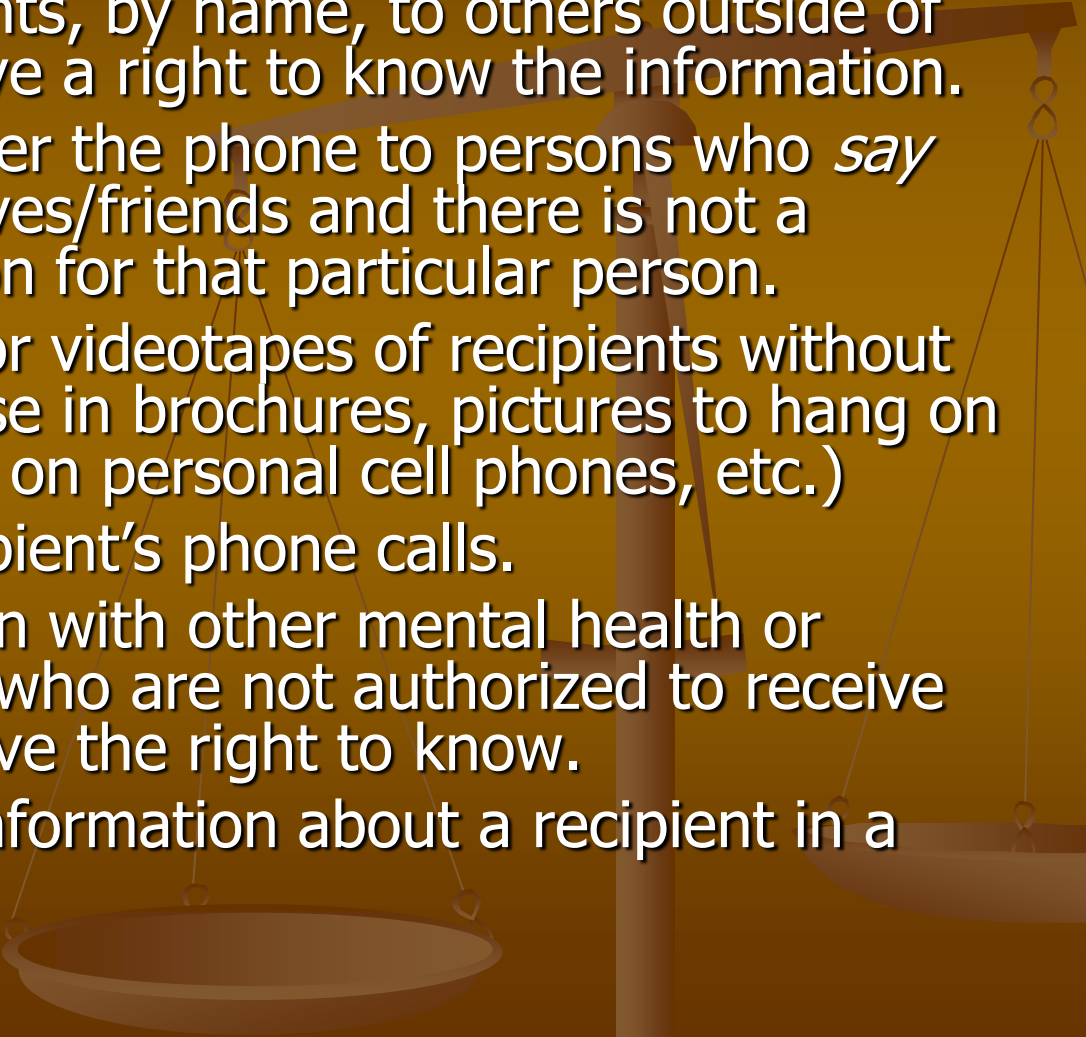
- **Confidentiality** is a right of every recipient of mental health services. Everyone involved with the delivery of services must work to maintain and protect this right whether the information is written or unwritten.
 - All information in a recipient's record, and any information about a recipient discovered while providing services, is **confidential**.
 - Each recipient and/or parent/guardian, must be informed about the law regarding confidentiality.
 - A record of any information disclosed must be kept. The record must indicate what information was released, to whom, when and why it was released.
- 

Confidentiality



- Written consent from the recipient and/or parent/guardian must be obtained before any confidential information can be given out verbally or in writing.
- Respecting confidentiality means you can only discuss what happened with a recipient while at work with people who have a need to know the information.
- Do NOT let anyone pressure you into giving out confidential information.
- There is no breach of confidentiality when discussing recipients (i.e. using first and last names) with the Office of Recipient Rights.

Examples of how you may unknowingly violate confidentiality . . .

- Talking about recipients, by name, to others outside of work, who do not have a right to know the information.
 - Giving information over the phone to persons who *say* they are family/relatives/friends and there is not a Release of Information for that particular person.
 - Taking photographs or videotapes of recipients without permission (i.e. for use in brochures, pictures to hang on the wall in the home, on personal cell phones, etc.)
 - Listening in on a recipient's phone calls.
 - Discussing information with other mental health or service professionals who are not authorized to receive the information or have the right to know.
 - Leaving identifiable information about a recipient in a public area.
- 

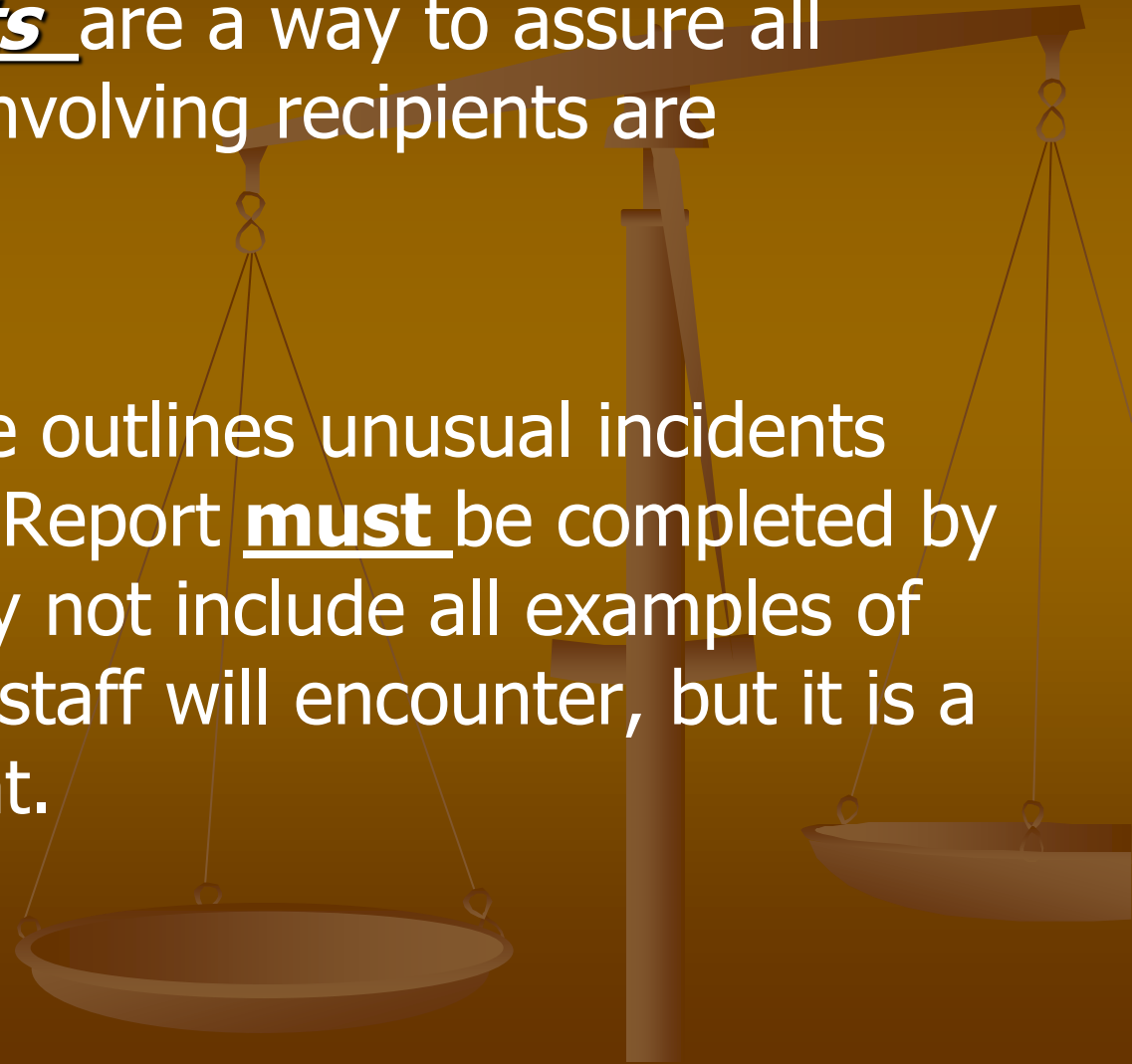
HIPAA

(Health Insurance Portability and Accountability Act of 1996)

- HIPAA (Health Insurance Portability and Accountability Act of 1996) includes Protected Health Information (PHI) and gives patients more control over their health information and sets boundaries on the use and release of health records.
- What is “Protected Health Information”?
“Protected health information” is any health information or mental health information maintained that is individually identifiable, including genetic information.
- “Individually identifiable health information” means any information, whether oral or recorded in any form or medium, including demographic information collected from an individual, that:
 - 1. Is created or received by a health care provider, mental health care provider, a health plan, or health care clearinghouse; and,
 - 2. Relates to the past, present, or future physical or mental health or condition of an individual, the provision of health care to an individual, or the past, present, or future payment for the provision of health care to an individual.

Incident Reports

- ***Incident Reports*** are a way to assure all ***unusual*** events involving recipients are documented.
- The following slide outlines unusual incidents when an Incident Report **must** be completed by staff. The list may not include all examples of unusual incidents staff will encounter, but it is a good starting point.



Incident Reports **MUST** be written for the following:

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- The death of a recipient
 - Any injury of a recipient, explained or unexplained
 - An unusual medical problem (i.e. trip to the med center, urgent care, or hospitalization)
 - Environmental emergencies or incidents that could have caused an injury, but did not do so (i.e.; fire alarm went off and residents had to evacuate, tornado warning alert and residents had to go to tornado area of home, chemical spill, flooding in home, etc.)
 - Problem behaviors not addressed in a Behavior Treatment Plan (BTP) behaviors (i.e. harm to self, harm to others, verbal aggression, property damage, use/possession of weapons, etc.)
 - Inappropriate sexual acts (i.e. peer to peer touching, inappropriately touching staff, etc.)
 - Medication Errors (Missed dose, lower dose, early dose, late dose, wrong person, wrong route)
 - Medication Refusals...Remember, recipients **CANNOT** be forced to take medications
 - Suspected criminal offenses involving the recipient (i.e. arrests, convictions, probation violations, detention, etc.)
 - Use of physical intervention...(PI) REMEMBER....You must;
 - Identify the imminent risk (i.e. harm to self, staff or others)
 - Identify what less restrictive interventions were tried first and were unsuccessful
 - Identify the approved PI technique used
 - Identify how long (< 1 minutes, 5 minutes, etc.) the recipient was held in the approved PI technique
 - Significant events in the community involving a recipient
 - Traffic accident, fire or police involvement when a recipient is present

Incident Report Form

- The following slide is an example of how an Incident Report should be completed by staff.
- If you would like to view/utilize this sample Incident Report after training please visit www.miottawa.org/cmh

Writing an Incident Report

(available electronically at www.miottawa.org/cmh)

INCIDENT REPORT			
REPORT DATE <i>When you wrote report</i>	REPORT TIME <i>Time & AM /PM</i>	REPORTING AGENCY <i>Your Agency: examples: MOKA, CMH, HtH, Kandu, Holland Hospital, etc.</i>	REPORTING PROGRAM/HOME <i>Program/Home you are reporting from – examples: Simmons' AFC, Indian Trails Camp/SB, Kandu SE, MOKA Endeavors, etc.</i>
CONSUMER NAME <i>First and Last Name of Consumer</i>		GENDER <i>M/F</i>	AGE/DOB <i>Age or Date of Birth</i>
WHEN DID YOU DISCOVER INCIDENT (Date & Time) <i>Be Exact</i> <input type="checkbox"/> AM <input type="checkbox"/> PM		WHEN DID INCIDENT HAPPEN? <i>Date & Time</i> <input type="checkbox"/> AM <input type="checkbox"/> PM	WHERE DID INCIDENT HAPPEN <i>Specific location</i>
CONSUMER(S) INVOLVED <i>Only use other consumer's initials or case numbers</i>			
EMPLOYEE(S) INVOLVED AND/OR PRESENT <i>First & Last names of Employees</i>			
EXPLAIN WHAT HAPPENED <ul style="list-style-type: none"> - Individuals involved and how they were involved - Details of the Incident. Write in the 'first person' – (I saw, I heard) - Be brief, state the facts, use descriptive language - Describe the behavior, means reporting specific (what you saw) actions of others without placing or generalizations about the other's motives, attitudes, or personality traits. - On medication errors or issues, write the medication name, prescribed dosage, time medication should have been given, time it was given, or why not given, and person responsible for error (if known) - If PI was used, <ol style="list-style-type: none"> 1.) Identify the imminent risk (i.e. harm to self, staff or others). Property Damage is not imminent risk 2.) Identify what less restrictive interventions were tried first and were unsuccessful. 3.) Identify the approved PI technique used. 4.) Identify how long the consumer was held in the approved PI technique. 			
ACTION TAKEN BY STAFF <ul style="list-style-type: none"> - Was BTP followed? - Intervention to prevent further or more serious injury - Who was notified and the time (i.e. supervisor, guardian, RRO, Doctor, nurse) - Immediate treatment given or action taken. <i>Be specific. Do not say 'First Aid'</i> 			
PHYSICAL INJURY APPARENT? <input type="checkbox"/> YES <input type="checkbox"/> NO <i>Check one</i>		REPORTING PERSON'S SIGNATURE & TITLE <i>Your Name (legible)</i>	DATE <i>Signed</i>
REVIEW/COMMENTS FROM SC/CSM/CC: <i>- CM/SC gives additional information if not addressed by supervisor, especially on program plans.</i>			
ASSIGNED SC/CSM/CC NAME: (Print clearly)		SIGNATURE	DATE
IF RELATED TO BEHAVIOR PROGRAM AND/OR P.I., REVIEW AND COMMENTS BY PSYCHOLOGIST: <i>Psychologist complete this section</i>			
ASSIGNED PSYCHOLOGIST NAME: (Print clearly)		SIGNATURE	DATE
IF INJURY, DESCRIPTION OF INJURY AND CARE/TREATMENT GIVEN BY PHYSICIAN OR R.N. <i>Nursing section or for attending physician – describe injury</i> <i>Detailed description of care provided or attach discharge papers from hospital/urgent care/prime care – Indicate if no treatment was given</i>			
DATE & TIME CARE GIVEN <i>Always fill in</i> <input type="checkbox"/> AM <input type="checkbox"/> PM	EXTENT OF INJURY AT THIS TIME <input type="checkbox"/> Serious <input type="checkbox"/> Non-serious	IF SERIOUS INJURY: Date & Time Director or Designee Notified <input type="checkbox"/> AM <input type="checkbox"/> PM	IF SERIOUS INJURY: Date & Time Rights Officer Notified <input type="checkbox"/> AM <input type="checkbox"/> PM
PHYSICIAN'S OR R.N. SIGNATURE		DATE	
DESIGNATED SUPERVISOR (State program or administrative action to remedy and/or prevent recurrence of incident, including disciplinary action): <i>Supervisor of Program/Home completes this section</i>			
NAME OF EMPLOYEE ASSIGNED TO CONSUMER AT TIME OF INCIDENT <i>First and last name of Employee</i>		DESIGNATED SUPERVISOR'S SIGNATURE	DATE
WITHIN 24 HOURS, DISTRIBUTE: TOP COPY: Recipient Rights SECOND COPY: AFC Licensing THIRD COPY: Reporting Agency			
CMHOC – Incident Report – 070 – MI/DD – 10/25/06		Case number:	

COMMUNITY MENTAL HEALTH OF OTTAWA



Incident Reports

(available electronically at www.miottawa.org/cmh)

COMMUNITY MENTAL HEALTH OF OTTAWA COUNTY

INCIDENT REPORT

REPORT DATE	REPORT TIME	REPORTING AGENCY	REPORTING PROGRAM/HOME	
CONSUMER NAME			GENDER	AGE/DOB
WHEN DID YOU DISCOVER INCIDENT (Date & Time) <input type="checkbox"/> AM <input type="checkbox"/> PM		WHEN DID IT HAPPEN (Date & Time) <input type="checkbox"/> AM <input type="checkbox"/> PM		WHERE DID INCIDENT HAPPEN (Specific location)
CONSUMER(S) INVOLVED				
EMPLOYEE(S) INVOLVED AND/OR PRESENT				
EXPLAIN WHAT HAPPENED				
ACTION TAKEN BY STAFF				
PHYSICAL INJURY APPARENT? <input type="checkbox"/> YES <input type="checkbox"/> NO			REPORTING PERSON'S SIGNATURE & TITLE	DATE
REVIEW/COMMENTS FROM SC/CSM/CC				
ASSIGNED SC/CSM/CC NAME (Print clearly)		SIGNATURE		DATE
IF RELATED TO BEHAVIOR PROGRAM AND/OR P. I., REVIEW AND COMMENTS BY PSYCHOLOGIST:				
ASSIGNED PSYCHOLOGIST NAME (Print clearly)		SIGNATURE		DATE
IF INJURY, DESCRIPTION OF INJURY AND CARE/TREATMENT GIVEN BY PHYSICIAN OR R.N.				
DATE & TIME CARE GIVEN <input type="checkbox"/> AM <input type="checkbox"/> PM	EXTENT OF INJURY AT THIS TIME <input type="checkbox"/> Serious <input type="checkbox"/> Non-serious	IF SERIOUS INJURY: Date & Time Director or Designee Notified <input type="checkbox"/> AM <input type="checkbox"/> PM	IF SERIOUS INJURY: Date & Time Rights Officer Notified <input type="checkbox"/> AM <input type="checkbox"/> PM	
PHYSICIAN'S OR R.N. SIGNATURE			DATE	
DESIGNATED SUPERVISOR (State program or administrative action to remedy and/or prevent reoccurrence of incident, including disciplinary action).				
NAME OF EMPLOYEE ASSIGNED TO CONSUMER AT TIME OF INCIDENT		DESIGNATED SUPERVISOR'S SIGNATURE		DATE

WITHIN 24 HOURS, DISTRIBUTE: TOP COPY: Recipient Rights SECOND COPY: AFC Licensing THIRD COPY: Reporting Agency

Abuse and Neglect

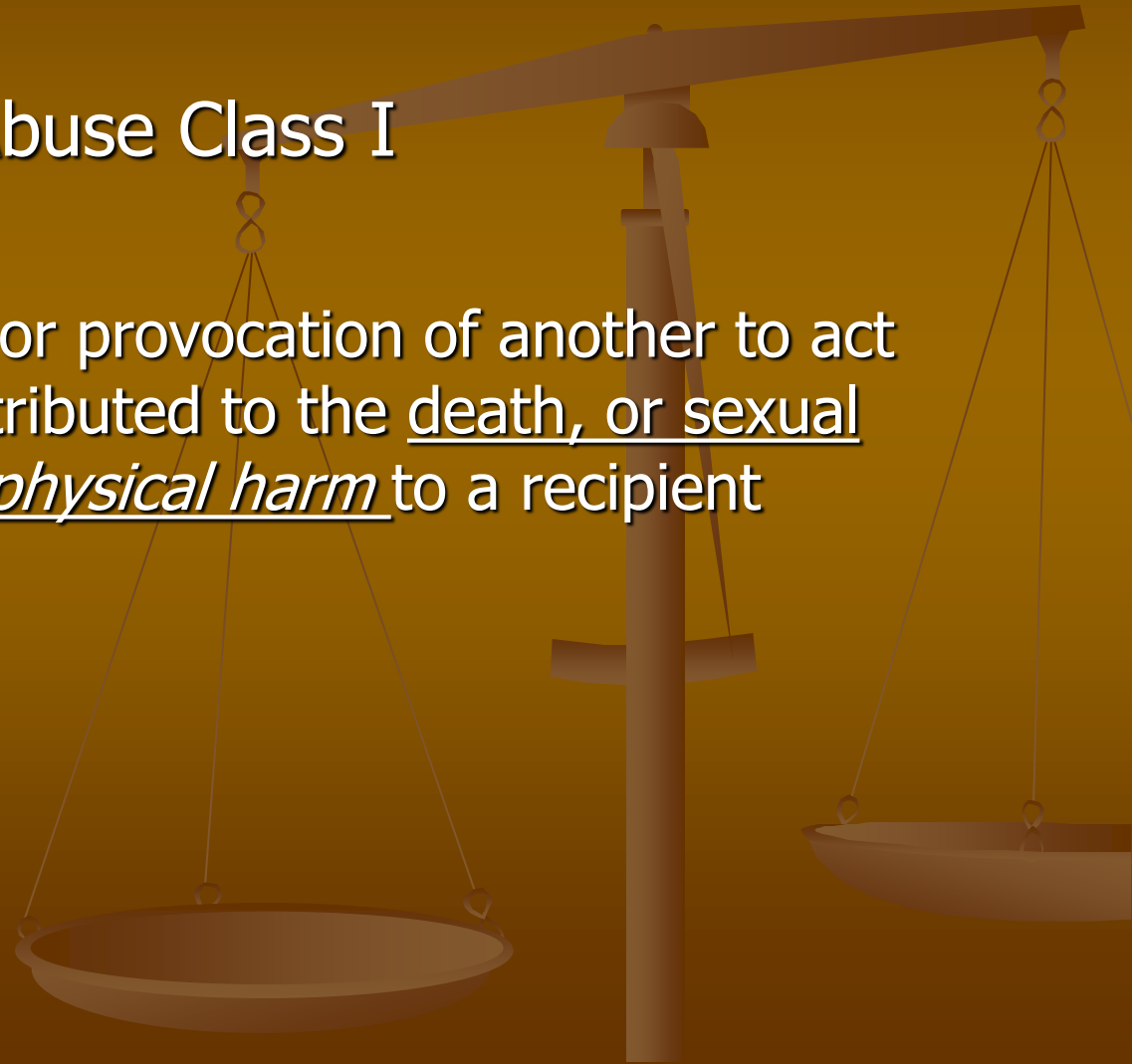


- The following slides outline the different classifications of Abuse and Neglect.
- Abuse is what you DO to a recipient.
- Neglect is what you FAIL TO DO for a recipient.
 - **REMEMBER: ABUSE AND NEGLECT ALLEGATIONS MUST BE REPORTED TO THE OFFICE OF RECIPIENT RIGHTS IMMEDIATELY!!!**

Abuse: What you DO to a recipient

Abuse Class I

- A non-accidental act or provocation of another to act which caused or contributed to the death, or sexual abuse of, or *serious physical harm* to a recipient



Abuse: What you DO to a recipient

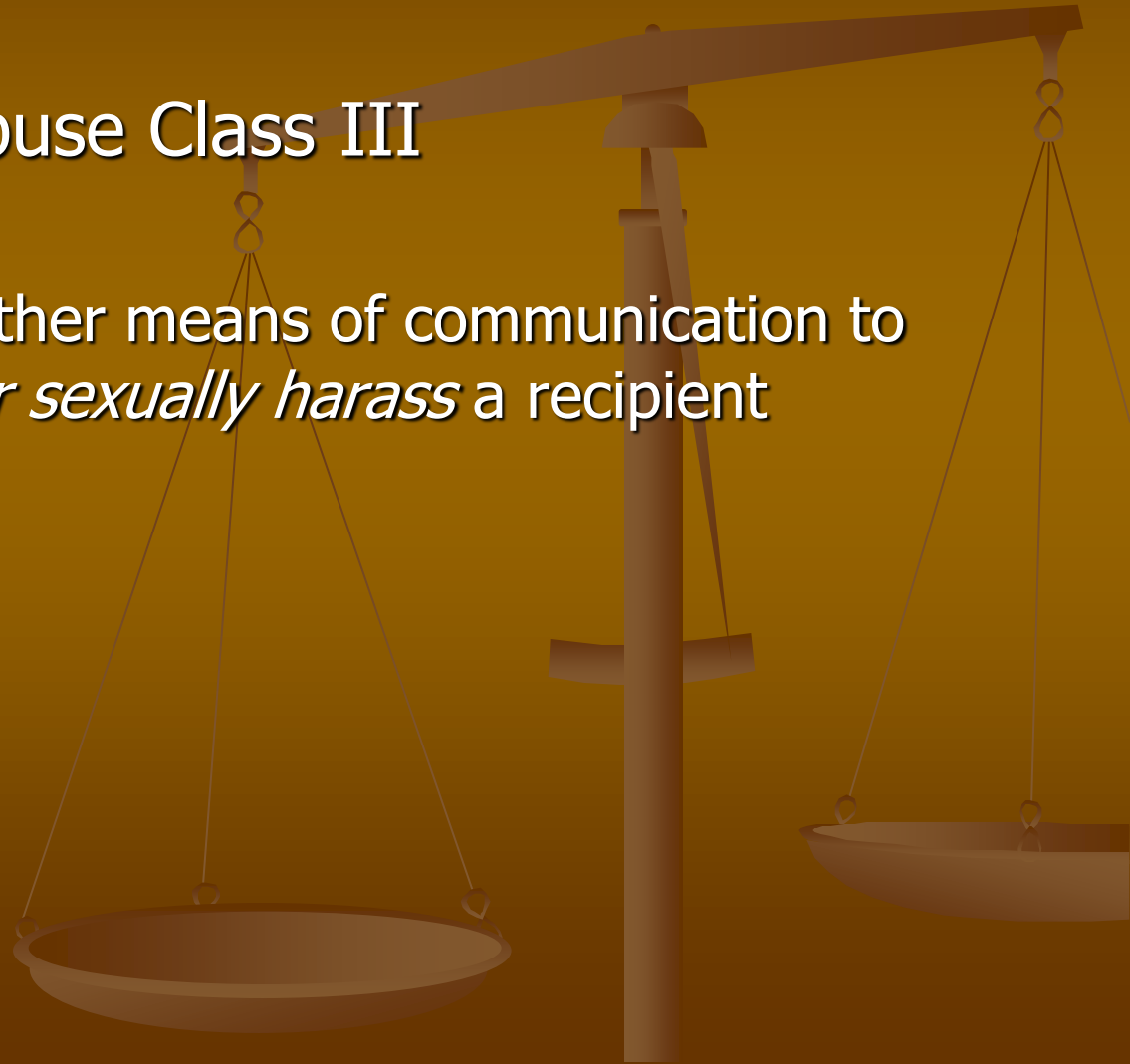
Abuse Class II

- A non-accidental act or provocation of another to act that caused or contributed to non-serious physical harm to a recipient.
- A non-accidental act or provocation or another to act that caused or contributed to emotional harm to a recipient.
- An *action* taken on behalf of a recipient by a provider who assumes the recipient is incompetent, even though a guardian has not been appointed, that results in *substantial economic, material, or emotional harm to the recipient*
- 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*
- The use of unreasonable force on a recipient *with or without apparent harm*

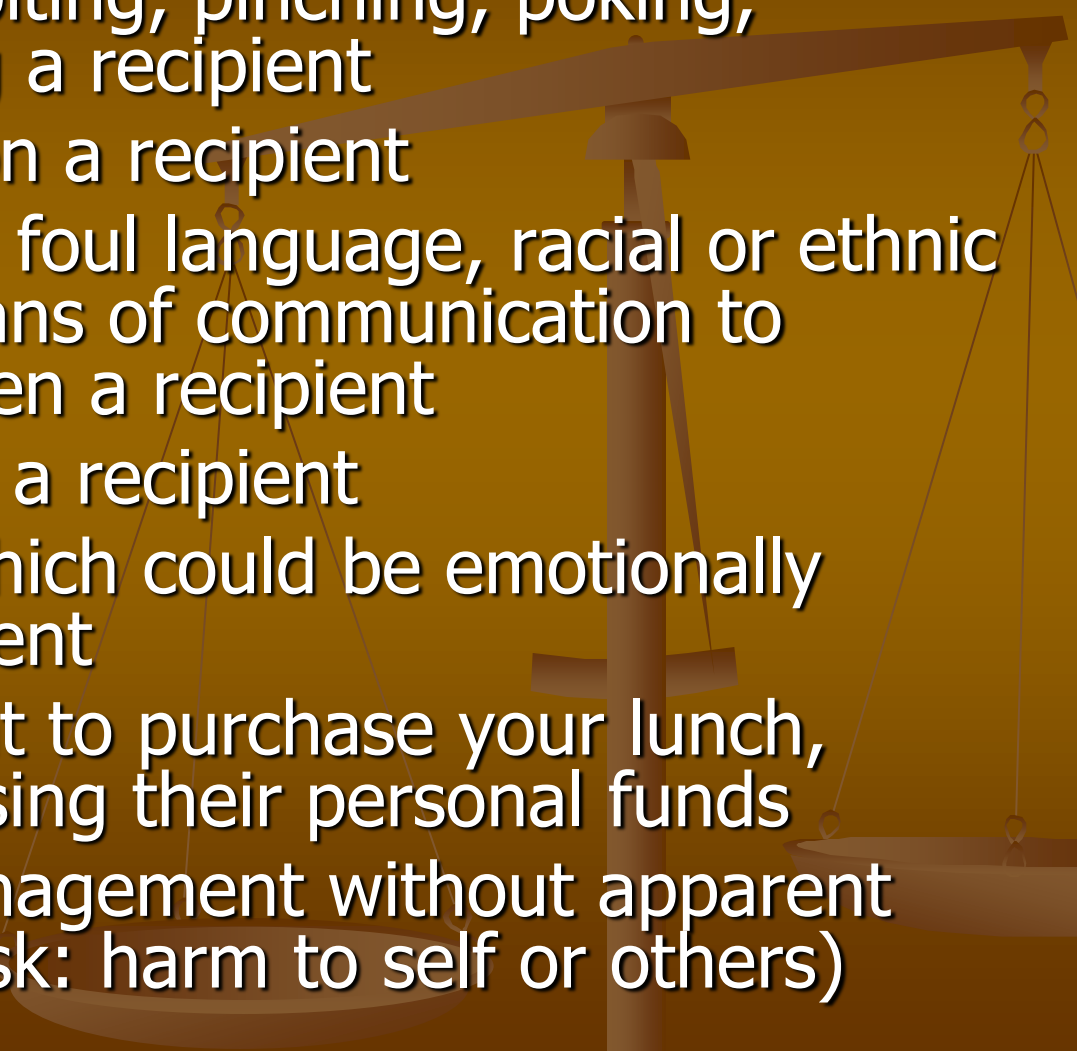
Abuse: What you DO to a recipient

Abuse Class III

- Use of *language* or other means of communication to *degrade, threaten, or sexually harass* a recipient



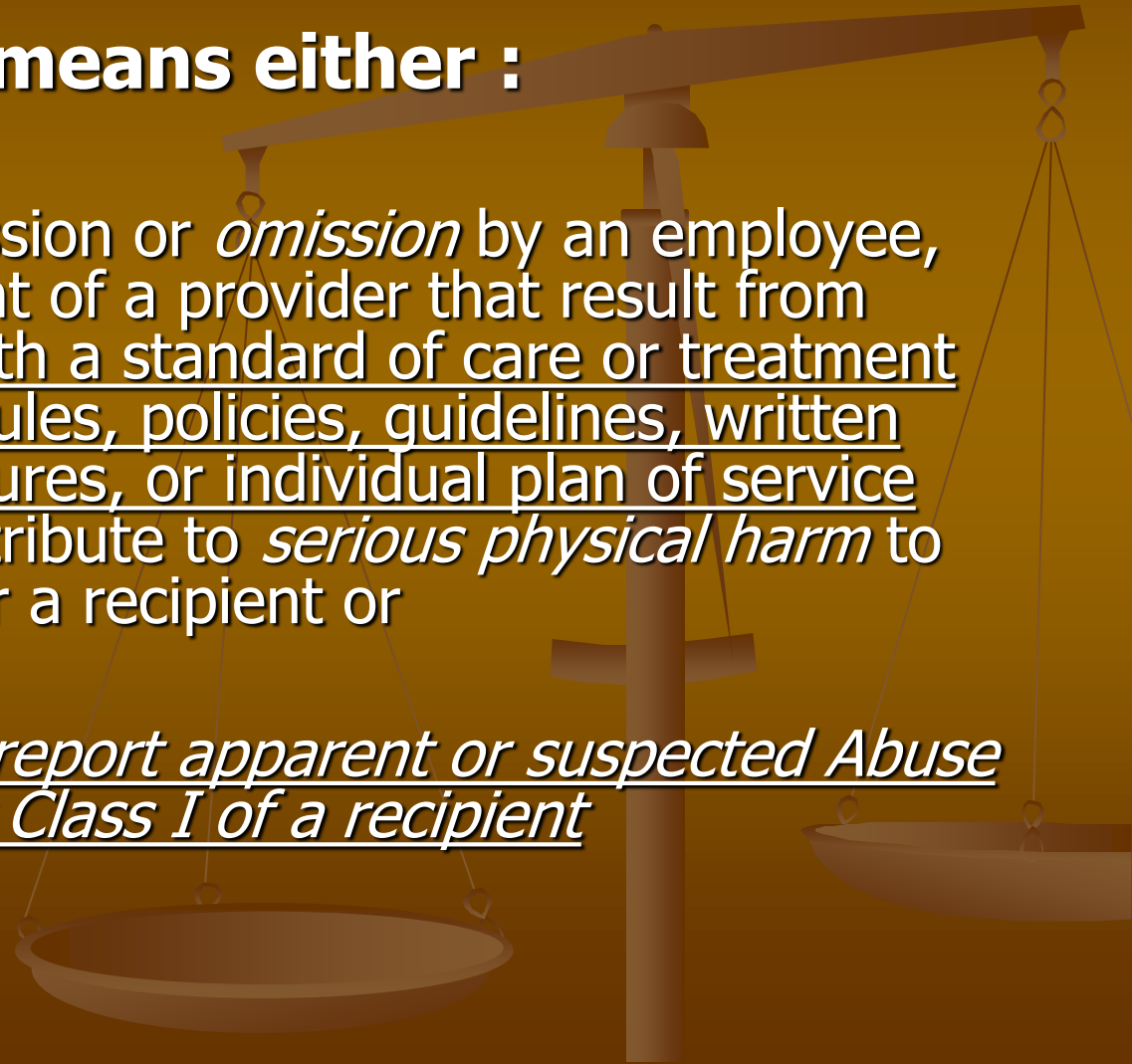
Examples of Abuse

- Any sexual contact with a recipient
 - Hitting, slapping, biting, pinching, poking, pushing, or kicking a recipient
 - Use of a weapon on a recipient
 - Swearing at, using foul language, racial or ethnic slurs, or other means of communication to degrade, or threaten a recipient
 - Sexually harassing a recipient
 - Making remarks which could be emotionally harmful to a recipient
 - Allowing a recipient to purchase your lunch, coffee, gas, etc. using their personal funds
 - Using physical management without apparent harm (imminent risk: harm to self or others)
- 

Neglect: What you FAIL to do for a recipient

■ Neglect Class I means either :

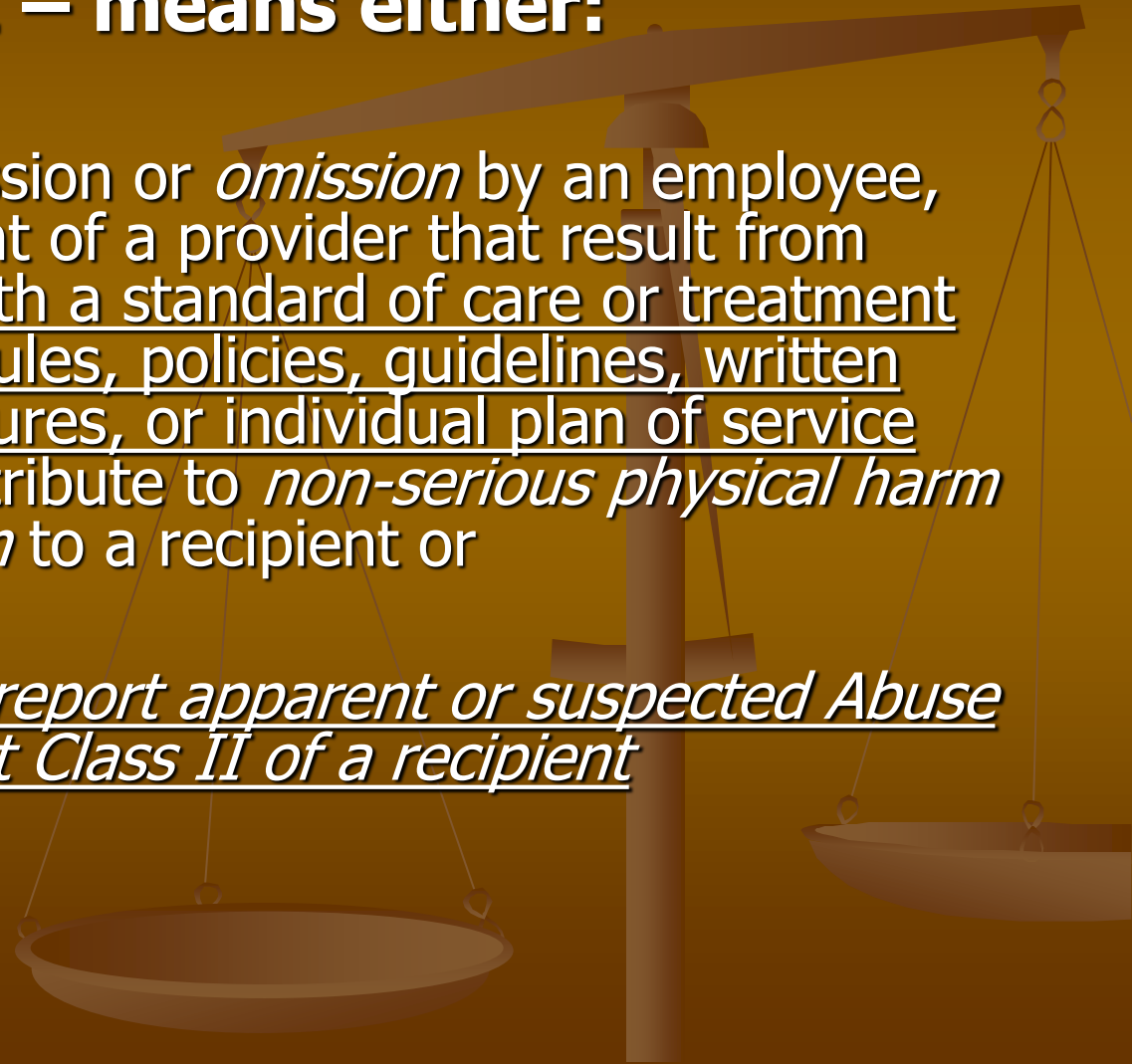
- (i) Acts of commission or *omission* by an employee, volunteer, or agent of a provider that result from noncompliance with a standard of care or treatment required by law, rules, policies, guidelines, written directives, procedures, or individual plan of service that cause or contribute to *serious physical harm* to or *sexual abuse* or a recipient or
- (ii) The failure to report apparent or suspected Abuse Class I or Neglect Class I of a recipient



Neglect: What you **FAIL** to do for a recipient

■ **Neglect Class II – means either:**

- (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 that cause or contribute to *non-serious physical harm* or *emotional harm* to a recipient or
- (ii) The failure to report apparent or suspected Abuse Class II or Neglect Class II of a recipient



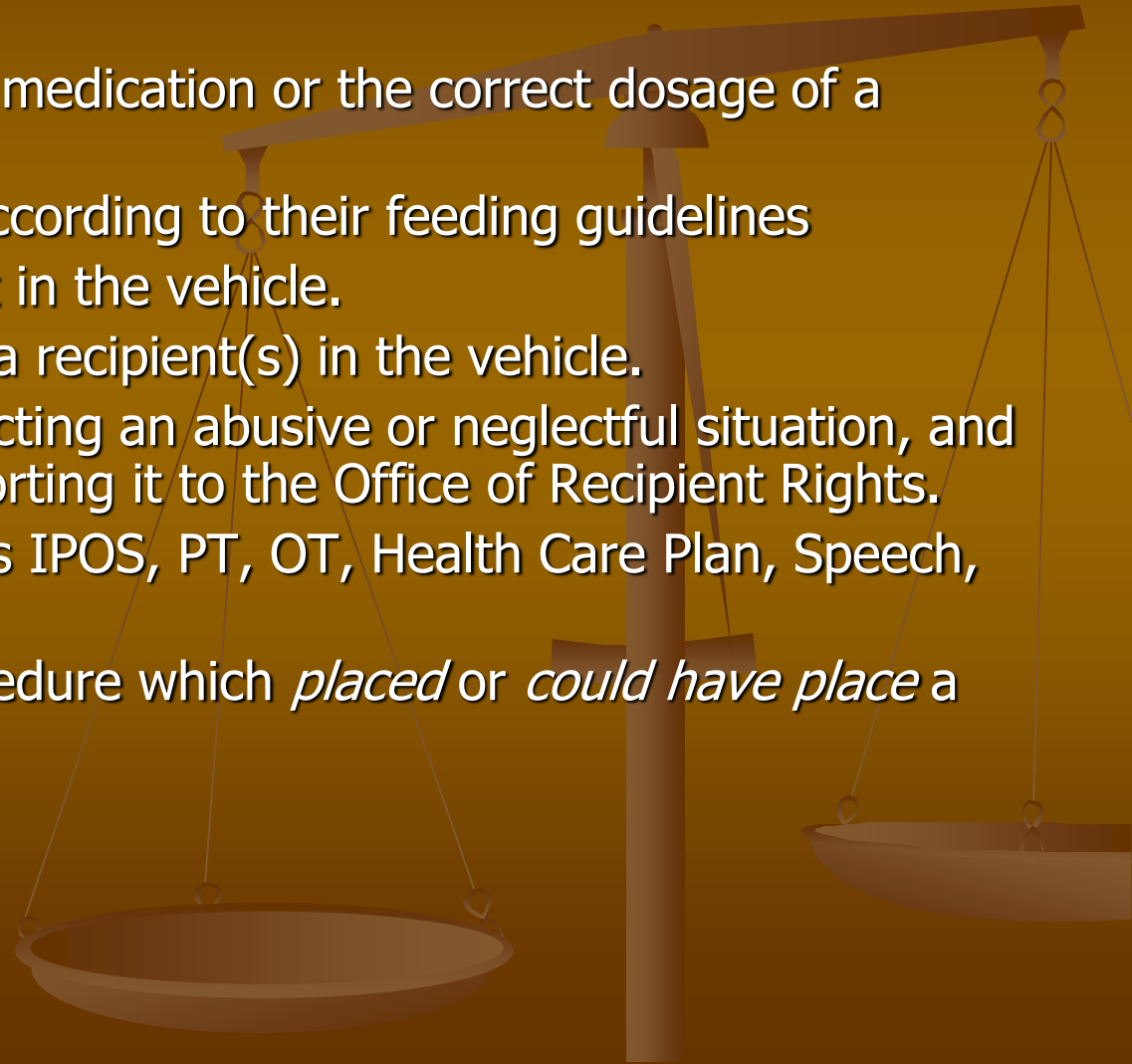
Neglect: What you FAIL to do for a recipient

■ Neglect Class III – means either:

- (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 that **either placed or could have placed** a recipient at *risk of physical harm or sexual abuse* or
- (ii) The failure to report apparent or suspected Abuse Class III or Neglect Class III of a recipient.

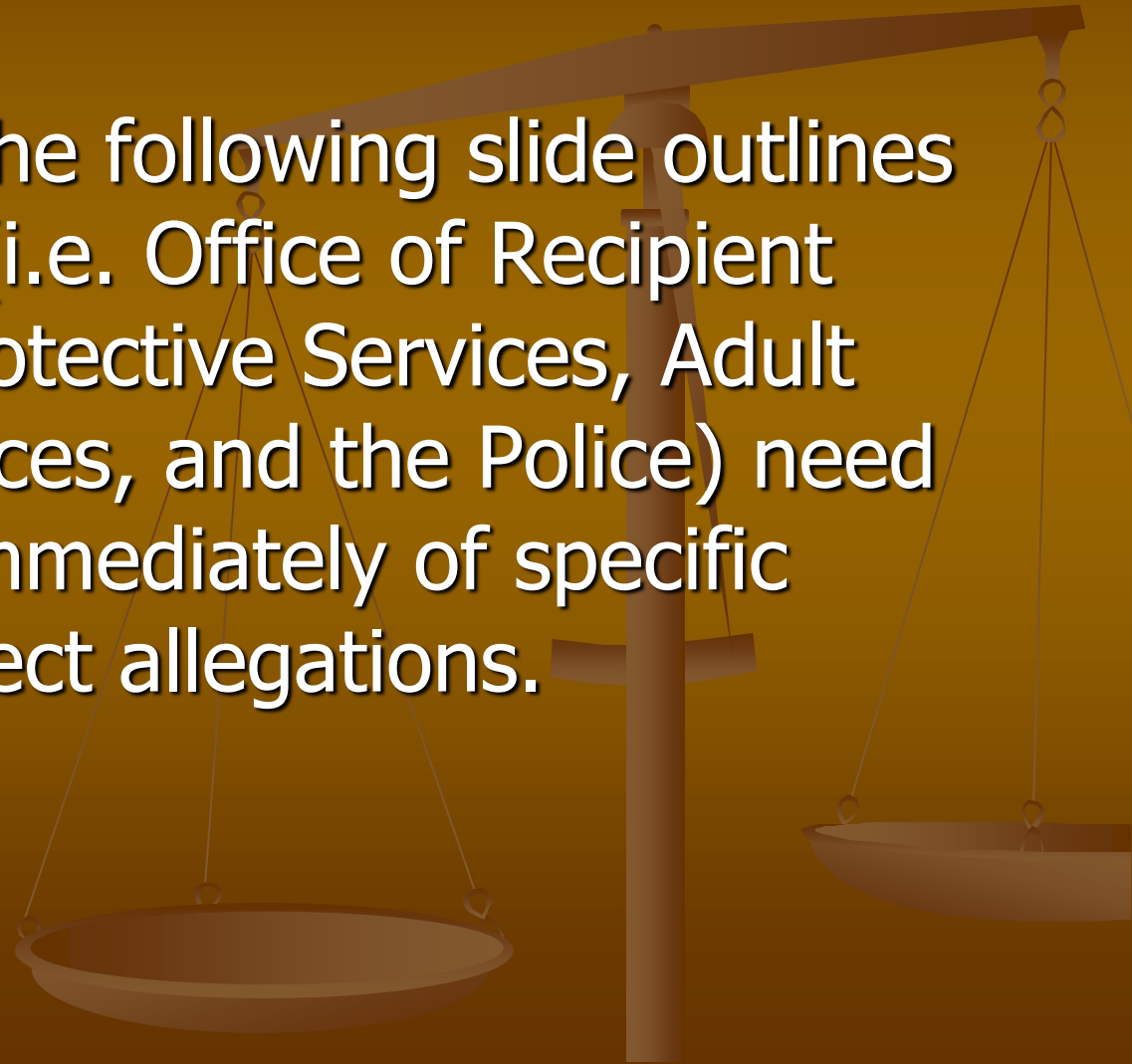
Examples of Neglect

- Leaving a recipient, who is not able to care for him/herself, unattended.
- Not providing the proper medication or the correct dosage of a medication.
- Not feeding a recipient according to their feeding guidelines
- Speeding with a recipient in the vehicle.
- Texting and driving with a recipient(s) in the vehicle.
- Being aware of, or suspecting an abusive or neglectful situation, and not **IMMEDIATELY** reporting it to the Office of Recipient Rights.
- Not following a recipient's IPOS, PT, OT, Health Care Plan, Speech, Behavior Plan, etc.
- Violation of a policy/procedure which *placed* or *could have place* a recipient at risk of harm.



Summary of Abuse and Neglect Reporting Requirements

- The poster on the following slide outlines what agencies (i.e. Office of Recipient Rights, Child Protective Services, Adult Protective Services, and the Police) need to be notified immediately of specific abuse and neglect allegations.



Summary of Abuse and Neglect Reporting Requirements

(available electronically at www.miottawa.org/cmh)

REQUIREMENTS FOR REPORTING ABUSE AND NEGLECT				
	Section 722, Public Act 258 of 1974, (Mental Health Code-Recipient Abuse)	Public Act 238 of 1975 (Child Protection Law)	Public Act 519 of 1982 (Adult Protective Services Law)	Section 723, Public Act 258 of 1974 as amended (Mental Health Code-Criminal Abuse)
WHERE is the report made?	The Office of Recipient Rights www.mi.gov/recipientrights Michigan Department of Community Health Mental Health Service Programs Licensed Private Psychiatric Hospitals or Units	ADULT OR CHILDRENS PROTECTIVE SERVICES REPORTING HOTLINE 855-444-3911 Michigan Department of Human Services (DHS)	Michigan Department of Human Services (DHS)	Police MSP 517-332-2521 State Police County Sheriff Local Police Department
WHAT must be reported?	Sexual, Physical, Emotional or Verbal Abuse, Neglect, Serious Injury, Death, Retaliation or Harassment	Sexual, Physical or Mental Abuse, Neglect, Sexual Exploitation	Sexual, Physical or Mental Abuse, Neglect, Maltreatment, Exploitation	Assault (other than patient-patient assault/battery), Criminal Sexual Abuse, Homicide, Vulnerable Adult Abuse, Child Abuse
WHO is required to report?	All employees, contract employees, or volunteers of Michigan Department of Community Health, Community Health Services Programs, Licensed Private Psychiatric Hospitals or Units	Physicians, nurses, coroners, medical examiners, dentists, licensed emergency care personnel, audiologists, psychologists, social workers, school administrators, teachers, counselors, law enforcement officers, and child care providers.	Any person employed by an agency licensed to provide, anyone who is licensed, registered, or certified to provide health care, education social, or other human services, law enforcement officers and child care providers.	All employees, contract employees of: Michigan Department of Community Health, Community Mental Health Services Programs, Licensed Private Psychiatric Hospitals or Units, all mental health professionals.
WHAT is the CRITERIA for reporting?	You must report if you: Suspect a recipient has been abused or neglected or any allegations of abuse or neglect made by a recipient.	You must report if you: Have reasonable cause to suspect a child has been abused, neglected, or sexually exploited.	You must report if you: Have reasonable cause to suspect or believe an adult has been abused, neglected, exploited or maltreated.	You must report if you: Suspect a recipient or vulnerable adult has been abused or neglected, sexually assaulted, or if you suspect a homicide has occurred. You do not have to report if the incident occurred more than one year before your knowledge of it.
WHEN must the report be made and in what format?	A verbal report must be made immediately. A written report on an incident report form must be made before the end of your shift.	A verbal report must be made immediately. A written report on DHS form 3200 must be made within 72 hours.	A verbal report must be made immediately. A written report at the discretion of the reporting person.	A verbal report must be made immediately. A written report must be made within 72 hours of oral report (330.1723)
TO WHOM are reports made?	To your immediate supervisor and to the Recipient Rights Office at your agency or hospital	Report to Protective Services Reporting Hotline 855-444-3911	Report to Protective Services Reporting Hotline 855-444-3911	The law enforcement agency for the county or city in which the alleged violation occurred or the State Police. A copy of the written report goes to the chief administrator of the agency responsible for the recipient.
If there is more than one person with knowledge must all of them make a report?	Not necessarily. Reporting should comply with the policies and procedures set up by each agency.	Someone who has knowledge must report or cause a report to be made in the case of a school, hospital or agency, one report is adequate.	Everyone who has knowledge of a violation or an alleged violation must make a report. DHS has typically accepted one report from agencies.	Someone who has knowledge must report or cause a report to be made.
Is there a penalty for failure to report? YES	Disciplinary action may be taken and you may be held civilly liable.	You may be held civilly liable. Failure to report is also a criminal misdemeanor.	You may be held civilly liable and have to pay a \$500 fine.	The law states that failure to report or false reporting is a criminal misdemeanor.
Is it necessary to report to more than one agency? YES	Each of these laws requires that the designated agency be contacted, if an allegation suspected to have occurred, falls under its specific jurisdiction. There are several references in each law indicating that reporting to one agency does not absolve the reporting person from the responsibility to report to other agencies, as statutorily required.			
Are there other agencies to which a report can be made? YES	<p>The Bureau of Health Systems (LARA) is responsible for investigating abuse and neglect in Nursing Homes. Call the NURSING HOME ABUSE HOTLINE 1-800-882-6006</p> <p>The Michigan Attorney General's Office has an Abuse Investigation Unit which may also investigate abuse in Nursing homes. ATTORNEY GENERAL 24 hour Health Care Fraud Hotline 1-800-24-ABUSE/ 1-800-242-2873</p> <p>The MDHS Bureau of Children and Adult Licensing is responsible for investigating abuse or neglect in a licensed foster care home. MDHS-BCAL Complaint Intake Unit 1-866-856-0126</p>			