



POLICY AND PROCEDURE MANUAL

SUBJECT Substance Use Disorder Recipient Rights	ACCOUNTABILITY NMRE Personnel and NMRE Network Providers	Effective Date: 02/02/2022	Pages: 5
REQUIRED BY	BBA Section: PIHP Contract Section: 6.3.1, P.II.B.A Other: Michigan Admin Code R 325.14101-14103, R 325.14301-14306, “Administrative Rules for Substance Abuse Program in Michigan;” Michigan Public Health Code Act 368 of 1978, Article 6, “Substance Abuse;” Michigan Public Health Code Act 258 of 1974, Chapter 2A, “Substance Use Disorder Services; LARA/SUB-503 Model Recipient Rights Policy and Procedures	Last Review Date:	Past Review Date:
Policy: <input checked="" type="checkbox"/> Procedure: <input type="checkbox"/>	Review Cycle: Annual Author: Customer Services Specialist	Responsible Department: Customer Services	Reviewers: Customer Services

Definitions

Abuse: (a) An intentional act by a staff member that inflicts physical injury upon a recipient or results in sexual contact with a recipient that includes the intentional touching of the recipient's intimate parts such as primary genital area, groin, inner thigh, buttock, or female breast or the intentional touching of the clothing covering the immediate area of the recipient's intimate parts, and if that intentional touching can reasonably be construed as being for the purpose of sexual arousal or gratification; (b) A communication made by a staff member to a recipient, the purpose of which is to curse, vilify, intimidate, or degrade a recipient or to threaten a recipient with physical injury.

Beneficiary/Recipient: A person served by the publicly funded behavioral health and substance use disorder system or his/her representative. For the purposes of this policy, the terms “beneficiary” and “recipient” are used interchangeably.

Individual Plan of Services (IPOS): The written details of the supports, activities, and resources required for the individual to achieve personal goals. An individual and his/her team are responsible for developing the individual plan of services.

Licensing and Regulatory Affairs (LARA): The principal department in the Michigan executive branch that oversees employment, professional licensing, construction, and commerce.

Neglect: A recipient suffers injury, temporarily or permanently, because the staff member or other person responsible for the recipient's health or welfare has been found negligent

Network Provider: Any provider that receives Medicaid funding directly or indirectly to order, refer, or render covered services as a result of the state's contract with the NMRE, its member CMHSPs, and the Substance Use Disorder provider panel. For the purposes of this policy, a "Network Provider" is a "Business Associate."

Northern Michigan Regional Entity (NMRE): Region 2 PIHP covering Alcona, Alpena, Antrim, Benzie, Charlevoix, Cheboygan, Crawford, Emmet, Grand Traverse, Iosco, Kalkaska, Leelanau, Manistee, Missaukee, Montmorency, Ogemaw, Oscoda, Otsego, Presque Isle Roscommon, and Wexford counties in northern Lower Michigan.

Prepaid Inpatient Health Plan (PIHP): A term contained in federal regulations from the Centers for Medicare & Medicaid Services. Michigan has ten (10) PIHPs, responsible for managing the Medicaid resources for behavioral health and intellectual/developmental disabilities services for Medicaid and Healthy Michigan enrollees.

Substance Use Disorder: The recurrent use of alcohol and/or drugs that causes clinically significant impairment, including health problems, disability, and failure to meet major responsibilities at work, school, or home.

Purpose

The purpose of this policy is to establish legal authority and requirements for the rights and protections for all recipients receiving substance use disorder services authorized and/or delivered by the Northern Michigan Regional Entity (NMRE) Substance Use Disorder (SUD) Provider Network pursuant to 325.14301-14306 of the Administrative Rules for Substance Abuse Programs in Michigan; Title VI of the Civil Rights Act of 1964 as implemented by regulations at 45 CFR part 80; the Age Discrimination Act of 1975 as implemented by regulations at 45 CFR part 91; the Rehabilitation Act of 1973; Title IX of the Education Amendments of 1972 (regarding education programs and activities); Titles II and III of the Americans with Disabilities Act; and section 1557 of the Patient Protection and Affordable Care Act.

Policy

- A. The NMRE Office of Recipient Rights (ORR) will perform the function of overseeing recipient rights activities to ensure compliance with R 325.14301 – R 325.1430 of the Administrative Rules for Substance Abuse Service Programs in Michigan and NMRE Recipient Rights policies and procedures.
- B. NMRE Recipient Rights policies and procedures will be reviewed annually to consider any necessary revisions, as well as to identify any that are discriminatory in nature. Such review and approval will become a part of the administrative record of the NMRE.

- C. A recipient as defined in the 1981 Administrative Rules for Substance Abuse Service Programs in Michigan will not be denied appropriate services based on race, color, national origin, religion, sex, age, mental or physical handicap, marital status, sexual preference, or political beliefs.
- D. NMRE and provider Recipient Rights policies and procedures will meet all the following requirements:
1. Require a designated staff member to function as the program's Recipient Rights Advisor who will:
 - (a) Attend all Substance Abuse Licensing training pertaining to recipient rights.
 - (b) Receive and investigate all recipient rights complaints independent of interference or reprisal from program administration.
 - (c) Communicate directly with the NMRE Office of Recipient Rights when necessary.
 - (d) Where staffing permits, the program Rights Advisor will not be a provider of counseling services.
 2. Outline the method of filling recipient requests to review, copy, or receive a summary of recipient treatment or prevention service case records.
 3. Provide mechanisms for notifying recipients of their rights, report alleged rights violations and investigations, and ensure that firm, consistent, and fair remedial action is taken in the event of a violation.
 4. Require that staff has training in recipient rights within 30 days of hire. Each SUD Provider must have documentation of staff training in recipient rights. The NMRE will provide additional training and updates to providers on an annual basis. Any change in policy or forms will require staff training before implementation.
 5. Ensure the admission of a recipient to a program or the provision of prevention services will not result in the recipient being deprived of any rights, privileges, or benefits which are guaranteed to individuals by state or federal law or by the state or federal constitution.
 6. Require that all recipients will be informed of their rights as outlined by the Michigan Administrative Rules 325.14301-14306 and as stated in NMRE policies.
 7. Recipients will be assisted with understanding their rights and with all procedural steps required to register a rights complaint or grievance.
 8. As part of the Intake or admission process, each recipient will receive a brochure that summarizes recipient rights. It is the responsibility of the Intake worker to explain each right listed on the brochure to the recipient. The recipient will then be requested to sign a rights acknowledgement form to indicate their understanding of the rights.
 9. If a recipient is temporarily incapacitated, they shall be presented with the recipient rights brochure, explanation of rights, and the opportunity to document understanding of the rights as soon as feasible, but not more than 72 hours after admission.
 10. Outline the methods for filing a recipient rights complaint, grievance, or suggested changes in program policies or services. A recipient may present any of these to program staff, governmental

officials, or to another person within or outside the program with no interference, restraint, or fear of reprisal from the program.

11. All staff will be required to read recipient rights policies and procedures. SUD Providers may elect to require staff to sign a form attesting that they have read and will comply with recipient rights policies.
 12. Mandate use of state approved forms to establish uniform reporting in the NMRE's 21-county region.
 13. Stipulate that restriction of a recipient's rights is based on Provider policy and procedures that:
 - (a) Describe what rights are to be restricted, for what therapeutic purpose, and for what duration.
 - (b) Disallow restrictions and limitations on recipient rights that may be construed to permit abuse or neglect as defined in the Administrative Rules for Substance Abuse Programs in Michigan.
 14. Require that recipient rights posters provided by LARA are posted in a public area for all licensed programs. This poster must contain the name and telephone number of both the program's Recipient Rights Advisor and the NMRE's Rights Officer.
- E. It is the policy of the NMRE that all SUD Providers will honor and respect enrollee rights, as prescribed by federal and state regulations, including but not limited to:
1. The right to receive information in accordance with 42 CFR §438.10;
 2. The right to be free from physical or mental abuse or neglect;
 3. The right to be treated with dignity and respect with due consideration for dignity and privacy;
 4. The right to receive information on available treatment options and alternatives, presented in a manner appropriate to the individual's condition and ability to understand;
 5. The right to be informed of any experimental or research procedures, and to refuse participation without jeopardizing their continuing services;
 6. The right to have benefits, side effects, and risks associated with the use of any drugs fully explained in a way that is understood by the recipient;
 7. The right to be free from any restraint or seclusion used as a means of coercion, discipline, convenience, or retaliation, as specified in federal regulations on the use of restraint and seclusion;
 8. The right to review a written fee schedule. Any revisions of fees will be approved by the governing authority and all recipients will be notified 14 days in advance of the effective date;
 9. The right to receive an explanation of the bill upon request, regardless of the payment source;
 10. The right to associate and have private communications and consultations with their physician and attorney;
 11. The right to be free from doing work which the program would otherwise employ someone else to do, unless the work and rationale for its therapeutic benefit are included in program policy or in the individual's Plan of Services (IPOS);

12. The right of an individual to deposit or withdraw money from an account with a commercial financial institution or spend it as they choose, unless restricted by the IPOS;
13. The right to receive all money or other belongings held by the program within 24 hours of discharge;
14. The right to participate in their care decisions, including the right to refuse treatment, and to be informed of the consequences of that refusal. When a refusal of treatment prevents the program from providing services according to ethical and professional standards, the relationship with the recipient may be terminated upon reasonable notice;
15. The right upon admission to be given a written copy of program rules, the infractions which can lead to discharge, and a description of the mechanism for appealing a discharge decision;
16. The right to request and receive a copy of their medical record and request that the medical record be amended or corrected as specified in 45 CFR §164.524 and §164.526:
 - (a) A recipient has the right to review, copy, or receive a summary of their program records, unless the Program Director believes such actions will be detrimental to the recipient or to others for either of the following reasons:
 - i. Granting the request for disclosure will cause substantial harm to the relationship between the recipient and the program or the program's capacity to provide services in general, or
 - ii. Granting the request for disclosure will cause substantial harm to the recipient.

Approval Signature



NMRE Chief Executive Officer

2/22/22

Date

SUBJECT: Rights of Substance Use Disorder Services Recipients	ACCOUNTABILITY	Effective Date:	Pages: 2
REQUIRED BY	BBA Section: PIHP Contract Section: 6.3.1, P.II.B.A Other: (found under "References" Section)	Last Review Date:	Past Review Date:
Policy <input type="checkbox"/>	Review Cycle: Annual	Responsible Department:	Reviewers:
Procedure <input checked="" type="checkbox"/>	Author: Customer Services Specialist	Customer Services	

Procedure

A. NMRE staff will provide technical assistance and training to SUD providers to ensure that all recipients' rights are protected.

1. SUD Providers may request additional training as necessary to comply fully with NMRE policies.
2. Each SUD Provider must keep documentation of:
 - a. Staff training in all areas relevant to the individual's specific staff position, as well as in recipient rights.
 - b. All recipient rights complaints and their outcomes.

B. The NMRE will outline the process for handling rights complaints for SUD providers.

1. Each SUD provider will utilize mandatory state forms to establish uniform reporting in the region.
2. SUD providers will utilize the NMRE's ShareFile system in order to comply with HIPPA and client confidentiality policies.
3. SUD providers will forward copies of all recipient rights complaints to the NMRE Office of Recipient Rights no later than the 10th of the month following the reporting period.
4. The NMRE will assist the provider in investigation and resolution of each rights complaint.
6. Each recipient will receive written acknowledgement of receipt upon initiation and investigation results upon completion of their complaint.
7. All SUD Recipient Rights appeals will be turned over to the NMRE designee upon receipt by the SUD provider.
8. Recipient Rights complaints may be received orally with a follow-up attempt to obtain a written copy.
9. A recipient may initiate a rights complaint with either the provider or the NMRE.

C. The NMRE will monitor SUD providers' compliance with all the requirements for recipient rights through its site review process.

1. Desk Audits of required policies and procedures may be conducted prior to site reviews.
2. Site reviews will include the review of staff training and the logs documenting rights complaints and outcomes.
3. Regional data will be summarized and reviewed by the NMRE.

References

1. Michigan Administrative Code R325.14301 – 14306, “Administrative Rules for Substance Abuse Programs in Michigan”
2. Michigan Public Health Code Act 368 of 1978. Article 6, “Substance Abuse”
3. Michigan Public Health Code Act 258 of 1974, Chapter 2A, “Substance Use Disorder Services”

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