

LAPEER COUNTY COMMUNITY MENTAL HEALTH**Date Issued 07/19/2010****Date Revised 01/19/12; 02/21/13; 02/01/16; 12/12/17; 11/19/18; 09/16/20; 06/29/21;
11/19/24; 05/20/25; 08/19/25; 11/18/25**

CHAPTER Recipient Rights	CHAPTER 04	SECTION 001	SUBJECT 15
SECTION Recipient Rights		DESCRIPTION Investigation of Complaints/Appeal Process	
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APPLICATION:

<input checked="" type="checkbox"/> CMH Staff	<input checked="" type="checkbox"/> Board Members	<input checked="" type="checkbox"/> Provider Network	<input checked="" type="checkbox"/> Employment Services Providers
<input checked="" type="checkbox"/> Employment Services Provider Agencies	<input checked="" type="checkbox"/> Independent Contractors	<input checked="" type="checkbox"/> Students	<input checked="" type="checkbox"/> Interns
<input checked="" type="checkbox"/> Volunteers	<input checked="" type="checkbox"/> Persons Served		

POLICY:

Lapeer County Community Mental Health (LCCMH) follows all state and federal regulations ensuring the rights of persons served are safeguarded.

This policy is written to establish policies and procedures for prompt reporting and investigating of alleged violations of rights of persons served and resolution of alleged violations of rights, as enumerated in Act 258 of the Public Acts of 1974, as amended, and the Administrative Rules of the Michigan Department of Health and Human Services (MDHHS) and to ensure appropriate remedial action when such allegations are substantiated.

Rights complaints filed by persons served or anyone on behalf of a person served are sent or given to the designated Recipient Rights Officer (RRO)/Advisor in a timely manner. This policy is applicable to all mental health programs, services, and facilities operated by or under contract with the LCCMH Board.

All agencies, programs, and service providers that have entered into a contractual relationship with LCCMH must, as a condition of that contract, implement and abide by LCCMH's Recipient Rights protection system.

CHAPTER Recipient Rights	CHAPTER 04	SECTION 001	SUBJECT 15
SECTION Recipient Rights		DESCRIPTION Investigation of Complaints/Appeal Process	

STANDARDS:

LCCMH AND RESPONDENTS ENSURE:

- A. The Office of Recipient Rights (ORR) has unimpeded access to all programs, services, employees, volunteers, and all evidence that the ORR determines is necessary to conduct a thorough investigation or to fulfill its monitoring function.
- B. Copy of documentation requested by the ORR is provided in a timely manner.
- C. Action is taken to protect the person served during the investigation.
- D. All employees, contract employees, or volunteers of LCCMH services program who may have knowledge pertinent to the investigation must cooperate fully with the ORR and other authorized investigative bodies. Appropriate disciplinary action is taken for any failure to cooperate.
- E. All employees, contract employees, volunteers, persons served, and others who file a rights complaint, cooperate in an investigation, or otherwise engage in rights-related activities are protected from discrimination, harassment, or retaliation in accordance with applicable laws, agency policies, and procedures. Appropriate disciplinary action is taken if this does occur.
- F. Appropriate administrative action is taken for failure to report suspected and/or alleged rights violations.
- G. Region 10 Prepaid Inpatient Health Plan (PIHP) is responsible for arranging mediation per the State of Michigan guidelines. Mediation is not a function of the Recipient Rights Office at LCCMH.
- H. Applicants for and recipients of mental health services and in the case of minors, the applicant's or recipient's parent or guardian, are notified by the providers of those services of the rights guaranteed by chapter 7 of the Michigan Mental Health Code. Notice is accomplished by providing an accurate summary of this chapter and chapter 7a to the applicant or recipient at the time services are first requested and periodically during the time services are provided.
- I. If a recipient is unable to read or understand the materials provided, a provider makes a reasonable attempt to assist the recipient in understanding the materials. A note describing the explanation of the materials and who provided the explanation is entered in the recipient's record.

CHAPTER Recipient Rights	CHAPTER 04	SECTION 001	SUBJECT 15
SECTION Recipient Rights		DESCRIPTION Investigation of Complaints/Appeal Process	

PROCEDURES:

REPORTING RIGHTS VIOLATIONS:

- A. All employees, contract employees, or volunteers of LCCMH services program must report if they become aware of any type of alleged, apparent, or suspected rights violations. This report is made within 24 hours to the RRO. If the allegation is of abuse or neglect, the report must be filed immediately.
- B. A person served, or another individual on behalf of a person served, may file a rights complaint with the office alleging a violation of this act.
- C. A rights complaint contains all of the following:
 1. Statement of the allegations that give rise to the dispute
 2. Statement of the right or rights that may have been violated
 3. Outcome that the complainant is seeking as a resolution to the complaint.

RETALITATION OR HARASSMENT:

- A. If a person served is the victim of retaliation or harassment because they filed a complaint and/or was interviewed during the rights investigation process, etc., this does constitute a rights violation and must be investigated by the RRO. Disciplinary action is taken if there is evidence retaliation or harassment has occurred. If staff of the ORR or any staff person engaged in rights related activities is a victim of retaliation or harassment, the RRO forwards the information to the Chief Executive Officer (CEO) who must ensure disciplinary action is taken if there is evidence that retaliation or harassment has occurred. (MCL 330.1755 [3] [a])

COMPLAINT PROCESS:

- A. The ORR will:
 1. Ensure persons served, guardians, parents of minors, staff and other interested persons have access to recipient rights complaint forms.

CHAPTER Recipient Rights	CHAPTER 04	SECTION 001	SUBJECT 15
SECTION Recipient Rights		DESCRIPTION Investigation of Complaints/Appeal Process	

2. Assist the person served or other individual with the complaint process, as necessary.
3. Receive all verbal and written recipient rights complaints. If the rights complaint is verbal, the ORR utilizes a complaint form to document the information.
4. Advise the person served or other individuals there are advocacy organizations available to assist in the preparation of a written rights complaint and offers to make the referral.
5. In the absence of assistance from an advocacy organization, assist in preparing a written complaint, which contains a statement of the allegation, the right allegedly violated, and the outcome desired by the complainant.
6. Advise the person served who has been physically, sexually, or otherwise abused, of their options to pursue injunctive and other appropriate civil action.
7. Immediately notify the Michigan DHHS, Adult Protective Services, or Children's Protective Services staff and required laws enforcement agencies of complaints of suspected abuse or neglect. If applicable, a complaint is made to Adult Foster Care and Licensing if the person served lives in a residential setting.
8. Advise the CEO and the Program Supervisor of the rights complaint within five business days of the complaint. In cases of abuse or neglect, notification is done immediately.

INVESTIGATIVE PROCESS:

A. The ORR will:

1. Ensure all reports of apparent or suspected violations of rights within LCCMH are investigated in accordance with requirements of Chapter 7A of the Mental Health Code.
2. Initiate investigation of apparent or suspected rights violations in a timely and efficient manner. In addition, ensure an investigation is immediately initiated in cases involving alleged abuse, neglect, serious injury or death of a person served when a Rights violation is apparent or suspected. In cases not warranting an investigation, the ORR conducts an intervention of an apparent

CHAPTER Recipient Rights	CHAPTER 04	SECTION 001	SUBJECT 15
SECTION Recipient Rights		DESCRIPTION Investigation of Complaints/Appeal Process	

or suspected Rights violation in compliance with the standards established by DHHS.

3. Refer investigations of all rights complaints filed against the conduct of the CEO to the RRO of another Community Mental Health Services Program or to the State Office of Recipient Rights, as decided by the LCCMH Board.
4. Ensure all investigation activities for each rights complaint is accurately recorded by the RRO.
5. Ensure each rights complaint is accurately recorded upon receipt by the RRO. The agencies software system automatically assigns a number to each complaint entered.
6. Ensure an acknowledgment of the receipt and recording of the complaint is sent along with a copy of the written complaint to the complainant within five business days of receipt of the rights complaint.
7. Notify the complainant within five business days after receipt of the complaint if RRO staff determines no investigation of the complaint is warranted and/or if intervention is appropriate. The complainant is informed when an allegation refers to a right for which remedial action is only available outside the jurisdiction of LCCMH, and the complainant is assisted in contacting other appropriate agencies regarding the allegation(s).
8. Issue a written status report every 30 calendar days during the course of an investigation to the complainant, the parent of a minor, guardian of a person served, respondent and the responsible mental health agency. The 30-day status report contains:
 - a. A statement of the allegations
 - b. A statement of issues
 - c. Citations to relevant provisions to the Mental Health Code, rules, policies, and guidelines
 - d. Investigative progress to date
 - e. Expected date of completion

CHAPTER Recipient Rights	CHAPTER 04	SECTION 001	SUBJECT 15
SECTION Recipient Rights		DESCRIPTION Investigation of Complaints/Appeal Process	

9. Upon completion of the investigation, submit a written investigative report to the respondent and to the CEO of LCCMH (issuance of the investigative report may be delayed pending completion of investigations that involve external agencies). The written investigative report will contain all of the following:
 - a. A statement of the allegations
 - b. A statement of issues
 - c. Citations to relevant provisions to the Mental Health Code, rules, policies, and guidelines
 - d. Investigative findings
 - e. Conclusions
 - f. Recommendations, if any
 10. Upon completion of the investigation, ensure the complainant, or the person served on behalf of whom the complaint was filed (if the complaint was not filed by the person served), is notified of the outcome of the rights complaint in a manner that does not violate employee rights.
 11. Subject to delays involving pending action by external agencies MDHHS, Law Enforcement, etc.) complete rights investigations no later than 90 calendar days following receipt of the rights complaint.
 12. Utilize the preponderance of the evidence standard as the standard of proof in determining whether a right was violated.
 13. Comply with pertinent LCCMH policies to assure investigations are conducted in a manner that does not violate employee rights.
- Ensure on substantiated rights violations, the respondent and/or LCCMH took appropriate remedial action meeting all the requirements below. This action will be documented and made part of the record maintained by the ORR.
- a. Corrects or provides a remedy for the rights violation
 - b. Is implemented in a timely manner

CHAPTER Recipient Rights	CHAPTER 04	SECTION 001	SUBJECT 15
SECTION Recipient Rights		DESCRIPTION Investigation of Complaints/Appeal Process	

- c. Attempts to prevent a recurrence of the rights violation
14. Substantiated abuse or neglect of a recipient by an employee, volunteer, or agent of a provider subjects the employee, volunteer, or agent of a provider to an appropriate penalty, including official reprimand, demotion, suspension, reassignment, or dismissal.
15. Remedial action taken on substantiated violations is documented and made part of the record maintained by the ORR.
16. Ensure LCCMH and respondents take appropriate administrative action when staff fails to report alleged or suspected rights violations.
17. If through the course of a rights investigation staff, including staff from the ORR, alleges they have been the victim of retaliation or harassment by another staff person, the RRO refers to this allegation in the investigative findings. The notation will also include the allegation has been referred to the Respondent's Director and the Director of Human Resources for further follow through and resolution. In the recommendation section, the RRO includes that the Director submit in writing the results of the investigation and what disciplinary action was taken, if retaliation or harassment was substantiated. This documentation must be submitted in writing to the ORR.
18. If the allegation of retaliation or harassment comes in a complaint from a staff person, including staff of the ORR, it may be logged as 0001 (outside jurisdiction of the ORR to investigate). The LCCMH CEO submits a letter to the director of the respondent indicating the allegation is to be investigated and, if substantiated, disciplinary action must be taken against the staff person and written documentation of the disciplinary action must be submitted to the ORR. The complaint file would have the complaint, the letter, and the results of the investigation by the respondent including disciplinary action taken if substantiated.
19. Ensure remedial action taken on substantiated rights violations is documented and made part of the record maintained by the ORR.
20. Re-open or re-investigate a rights investigation if there is new evidence that was not presented or available at the time of the investigation.

CHAPTER Recipient Rights	CHAPTER 04	SECTION 001	SUBJECT 15
SECTION Recipient Rights		DESCRIPTION Investigation of Complaints/Appeal Process	

21. Submit an annual written summary of all complaints to the Recipient Rights Advisory Committee. This summary does not include any confidential information and is used to address trends, track any needs for improvements, and any systemic issues. If the Recipient Rights Advisory Committee makes any recommendations, they will be forwarded to the Quality Council and to the CEO for their review. The annual written summary will be submitted to the Quality Improvement Department for inclusion in the Quality Council Annual Report.

SUMMARY REPORT/PROCESS:

A. The CEO will:

1. Submit a written summary report to the complainant and person served, if different than the complainant, guardian, parent of a minor, a judicially appointed guardian or parent who has legal custody of a minor recipient within 10 business days after receiving a copy of the investigative report from the ORR. The written summary report contains all of the following:
 - a. A statement of the allegations
 - b. A statement of issues involved
 - c. Citations to relevant provisions to the Mental Health Code, rules, policies, and guidelines
 - d. Summary of investigative findings of the ORR
 - e. Conclusions of the ORR
 - f. Recommendations, if any, made by the ORR
 - g. Action taken, or plan of action proposed, by the respondent/agency
 - h. Statement describing the complainant's right to appeal and the grounds for the appeal. This appeal information is also sent to the person served, guardian, or parent of a minor.
2. The CEO may designate the ORR to prepare the Summary Report for review and approval by the CEO.

CHAPTER Recipient Rights	CHAPTER 04	SECTION 001	SUBJECT 15
SECTION Recipient Rights		DESCRIPTION Investigation of Complaints/Appeal Process	

3. Ensures that if the Summary Report included a Plan of Action, written notice was issued to the potential appellants upon completion of the plan. If the action taken was different than the plan, the notice included the action taken and the date it occurred as well as the right to appeal on action only. The notice must indicate the appeal may be made within 45 days of the action taken.
4. Ensures information in the summary report was provided within the constraints of the confidentiality/privileged communications sections of the Mental Health Code and the information did not violate the rights of any employee (e.g.: Bullard-Plawecki Employee Right to Know Act, Act No. 397 of the Public Acts of 1978)
5. Ensures firm and disciplinary action and/or other remedial action is taken to resolve rights violations.
6. Ensures appropriate disciplinary action is taken against those who have engaged in abuse or neglect and appropriate administrative action is taken for those who failed to report suspected violations of rights.
7. Ensures all staff and service providers take appropriate disciplinary action against those who have engaged in abuse, neglect, retaliation, or harassment.
8. A Summary Report which contains a plan of action must indicate a date the action is expected to be completed. Once the action has been completed the Chief Executive Officer must send an amended Summary Report with a notice to Appeal.

THE RECIPIENT RIGHTS ADVISORY COMMITTEE:

- A. LCCMH Board appoints a Recipient Rights Advisory Committee consisting of at least six and no more than 12 members. The membership of the Committee will be broadly based so as to best represent the varied perspectives of LCCMH's geographic area. At least one-third of the membership will be primary persons served or family members; and of that one-third, at least one-half will be primary persons served. None of the members of the committee will have a contractual relationship with Lapeer CMH or be employed by Lapeer CMH or MDHHS.
- B. The Recipient Rights Advisory Committee does all of the following:

CHAPTER Recipient Rights	CHAPTER 04	SECTION 001	SUBJECT 15
SECTION Recipient Rights		DESCRIPTION Investigation of Complaints/Appeal Process	

1. Serves as the appeals committee for recipient's appeals
 2. Meets monthly
 3. Maintains a current list of member's names to be made available to individuals upon request. (Note in the case of members who are recipients of LCCMH services, identification of them as recipients is not made without their written and informed consent)
 4. Maintains a current list of categories represented to be made available to individuals upon request
 5. Protects the ORR from pressures that could interfere with the impartial, even-handed, and thorough performance of its functions
 6. Recommends candidates for RRO to the CEO, and consults with the CEO regarding any proposed dismissal of the RRO
 7. Serves in an advisory capacity to the CEO and the RRO
 8. Reviews and provides comments on the report submitted by the CEO to the Executive Board
 9. Reviews the funding of the ORR on a yearly basis
- C. Meetings of the Recipient Rights Advisory Committee are subject to the Open Meetings Act, Act No. 267 of the Public Acts of 1976. Minutes are maintained and made available to individuals upon request.

APPEALS COMMITTEE:

- A. The LCCMH Board has designated the Recipient Rights Advisory Committee as the Appeals Committee.
- B. The Appeals Committee will:
 1. Appoint one member to serve as the chair
 2. Receive training about recipient rights, investigations, and appeals

CHAPTER Recipient Rights	CHAPTER 04	SECTION 001	SUBJECT 15
SECTION Recipient Rights		DESCRIPTION Investigation of Complaints/Appeal Process	

3. Ensure a member who has a personal or professional relationship with an individual involved in an appeal abstains from participating in that appeal as a member of the committee
4. Conduct appeals proceedings within the constraints of confidentiality and privileged communication in Section 748 and 750 of the Mental Health Code. Such meetings are NOT subject to the Open Meetings Act.
5. If needed, request consultation and technical assistance from the MDHHS Office of Recipient Rights.

APPEAL STANDARDS:

A. Jurisdiction

1. An appeal must be reviewed by the committee designated by the governing body. All appeals filed involving a CMHSP recipient are in the jurisdiction of the CMHSP ORR Appeals Committee. The CMHSP Appeals Committee must have jurisdiction for all appeals of investigations involving recipients receiving treatment in an LPH for which the CMHSP is the RMHA. For non-CMHSP recipients, the LPH may appoint its own appeals committee in compliance with section 774(4)(a) of the Code or, under agreement with MDHHS, designate the MDHHS Appeals Committee to hear appeals of investigations of the LPH ORR under section 774(4)(b) of the Code.

B. Training

1. The office of recipient rights with the MDHHS, a CMHSP, or an LPH must assure that training is provided to the appeals committee, as required by Section 755(2)(a) of the Code.

C. Notice of Right to Appeal

1. All potential appellants must be informed in the Summary Report issued by the executive director or hospital director of the right to appeal to the designated appeals committee. Notice must include the address for filing the appeal, the grounds for appeal, the time frame for submission of the appeal, information on advocacy organizations that may assist with filing the written appeal, and, in the absence of assistance from an advocacy organization, an offer of assistance by the office of recipient rights.

CHAPTER Recipient Rights	CHAPTER 04	SECTION 001	SUBJECT 15
SECTION Recipient Rights		DESCRIPTION Investigation of Complaints/Appeal Process	

D. Notification when the Summary Report Contains a Plan of Action

1. A Summary Report which contains a plan of action must indicate a date the action is expected to be completed. Once the action has been completed the executive director or hospital director must send an amended summary report with a notice to appeal as described in C. above.

E. Time Frame

1. Not later than 45 calendar days after receipt of the Summary Report or amended Summary Report an appellant may file a written appeal with the appeals committee having jurisdiction.

F. Notice of Preliminary Review

1. Within 5 business days of receipt of the request for appeal, at least two members of the appeals committee must review the request for appeal to determine if the appellant has standing to appeal and the appeal request meets the timeframe and grounds for appeal. If the appeal is denied, the appellant must be notified in writing, the reason for not accepting the request for appeal (standing to appeal, grounds, or timeliness). If the appeal is accepted the appellant must be notified in writing and a copy of the appeal must be provided to the respondent, the RMHA, and the rights office. The appeals committee must maintain a log of all appeals received and the disposition of each.

G. Recusal

1. Any member of an appeals committee who has a personal or professional relationship with an individual involved in the appeal must abstain from participating in that appeal.

H. Appeal Committee Review

1. If the appeal is accepted, no later than 30 calendar days after receipt of a written appeal the appeals committee must meet in closed session to review the facts as stated in complaint investigation documents in light of the reason for appeal. The appeals committee must not consider allegations that were not part of the original complaint but must inform appellant of their right to file a new complaint with the office. Upon completion of their review, the appeals committee must do one of the following:

CHAPTER Recipient Rights	CHAPTER 04	SECTION 001	SUBJECT 15
SECTION Recipient Rights		DESCRIPTION Investigation of Complaints/Appeal Process	

- a. Uphold the investigative findings of the office and the action taken or plan of action proposed by the respondent.
- b. If the appeal concerns the investigative findings of the office, either:
 - i. Return the investigation to the office and direct that it be reopened or reinvestigated, or
 - ii. Recommend that the board (CMHSP) or governing body (LPH) request an external investigation by the MDHHS office of recipient rights.
- c. If the appeal concerns the action taken, recommend that the respondent take additional, or different, action to remedy the violation. The appeals committee must base its determination upon remedial action as defined in section 780 of the Code.
 - i. Action taken or proposed does not correct or remedy the rights violation.
 - ii. Action taken or proposed action was not completed in a timely manner.
 - iii. Action taken or proposed action does not attempt to prevent a future recurrence of the violation.

Written notice of this recommendation for additional or different action to be taken by the respondent must also be provided to the RMHA, if different than the respondent, and the office of recipient rights.

- d. If the appeals committee determines the investigation was not initiated or completed in a timely manner per chapter 7A, recommend that the director of the state office of recipient rights, executive director of the CMHSP or hospital director of the LPH address the lack of timeliness with staff completing the investigation.

Appeal Decision:

- A. The appeals committee must document its decision in writing within 10 business days following the committee appeal review and must provide notice to the respondent, appellant, recipient (if different than appellant), the recipient's legal guardian (if any), the RMHA and the office.

CHAPTER Recipient Rights	CHAPTER 04	SECTION 001	SUBJECT 15
SECTION Recipient Rights		DESCRIPTION Investigation of Complaints/Appeal Process	

1. If the Appeals committee returns the investigation to the office of recipient rights to be reopened or reinvestigated, documentation must include justification for the decision made by the appeals committee.
2. If the appeals committee upholds the investigative findings of office of recipient rights and the action taken or plan of action proposed by the respondent, the notice must include level 2 appeal contact information, grounds for appeal as stated in section 784(2) of the Code, the timeframe for submission of the appeal, advocacy organizations that may assist with filing the written appeal, and an offer of assistance by the office of recipient rights in the absence of assistance from an advocacy organization.

Subsequent Action:

- A. If the appeals committee returns the investigation to be reopened or reinvestigated, the office of recipient rights must complete the reinvestigation within 45 calendar days of receipt of the written decision of the appeals committee and submit to the executive director or hospital director.
- B. Within 10 business days of receipt of the reinvestigation report, the executive director or hospital director must issue a new Summary Report in compliance with section 782 of the Code. The Summary Report must be submitted to the appellant, recipient if different than the appellant, the recipient's legal guardian, if any, the office of recipient rights and the appeals committee. The Summary Report must include level 2 appeal contact information, grounds for appeal as stated in section 784(2) of the Code, the time frame for submission of the appeal, advocacy organizations that may assist with filing the written appeal, and an offer of assistance by the office of recipient rights in the absence of assistance from an advocacy organization.
- C. If the appeals committee recommends the respondent take additional or different action, the respondent must provide written notice within 30 days of different or additional action taken or justification as to why it was not taken. The written notice must be sent to the appellant, recipient if different than appellant, the recipient's legal guardian, if any, the RMHA if different than the respondent, the office of recipient rights and the appeals committee.
- D. If the appeals committee recommends that the board (CMHSP) or governing body (LPH) request an external investigation by MDHHS Office of Recipient Rights (ORR), the board or governing body may make the request to MDHHS

CHAPTER Recipient Rights	CHAPTER 04	SECTION 001	SUBJECT 15
SECTION Recipient Rights		DESCRIPTION Investigation of Complaints/Appeal Process	

ORR, in writing, within 5 business days of receipt of the request from the appeals committee.

1. Within 10 business days of receipt of the investigative report from MDHHS ORR, the executive director or hospital director must issue a Summary Report in compliance with section 782 of the Code. The Summary Report must be submitted to the appellant, recipient if different than the appellant, the recipient's legal guardian, if any, the office of recipient rights and the appeals committee.
2. The Complainant, recipient if different than the complainant, and the recipient's legal guardian, if any, must be informed in the Summary Report issued by the executive director or hospital director of the right to level 2 appeal per section 786 of the Code. Notice must include level 2 appeal contact information, grounds for appeal as stated in section 784(2) of the Code, the time frame for submission of the appeal, advocacy organizations that may assist with filing the written appeal, and an offer of assistance by the office of recipient rights in the absence of assistance from an advocacy organization.

Level 2 Appeal Contact Information:

Level 2 Appeal
MDHHS Legal Affairs Administration
Appeals Division
PO Box 30807
Lansing, MI 48909
FAX: (517) 241-7973
mdhhs-appeals@michigan.gov

DEFINITIONS:

Allegation: an assertion of fact made by an individual that has not yet been proved or supported with evidence.

Appeals Committee: a committee appointed by the board of a Community Mental Health Services program (CMHSP)

CHAPTER Recipient Rights	CHAPTER 04	SECTION 001	SUBJECT 15
SECTION Recipient Rights		DESCRIPTION Investigation of Complaints/Appeal Process	

Appellant: the complainant, the recipient (if different than the complainant), the legal guardian of the recipient (if any), or the parent of a minor who seeks review by an appeals committee or the MDHHS pursuant to MCL 330.1784 and MCL 330.1786.

Chief Executive Officer: an individual otherwise known as the executive director, appointed under Section 330.1226 of the Mental Health Code to direct the CMHSP or their designee.

Complainant: individual who files a recipient rights complaint.

Grounds for Appeal:

- a. The investigative findings of the office are not consistent with the facts or with laws, rules, policies, or guidelines.
- b. The action taken, or plan of action proposed, by the respondent does not provide an adequate remedy.
- c. An investigation was not initiated or completed in a timely manner.

Intervention: to act on behalf of a recipient to resolve a complaint alleging a violation of a code protected right when the facts are clear and the remedy, if applicable, is clear, easily obtainable within 30 days, and does not involve statutorily required disciplinary action. Interventions, at a minimum, must contain the following elements: the specific action taken by ORR on behalf of the complainant to resolve the complaint, identification of the code protected right, a statement indicating whether the allegation of a rights violation is substantiated or not substantiated. Additionally, if the allegation is substantiated, the specific remedial action taken is identified.

Investigation: detailed inquiry into and systematic examination of an allegation raised in a rights complaint, as outlined in section 778 of the Mental Health Code

Legal Guardian: a judicially appointed guardian or parent who has legal custody of a minor recipient

Office of Recipient Rights: includes the following:

- a. With respect to a rights complaint involving services provided directly by the MDHHS, the MDHHS office of recipient rights created under section 754 of the Code.
- b. With respect to a rights complaint involving services provided directly or under contract to a community mental health services program, the office of recipient

CHAPTER Recipient Rights	CHAPTER 04	SECTION 001	SUBJECT 15
SECTION Recipient Rights		DESCRIPTION Investigation of Complaints/Appeal Process	

rights created by the community mental health services program under section 755 of the Code.

- c. With respect to a rights complaint involving services provided directly or under contract to a licensed psychiatric hospital, the office of recipient rights created by the licensed hospital under section 755 of the Code.

Open Meetings Act: standard requiring public bodies to conduct business at open meetings. The ACT applies to any local governing body including a board, commission, committee, subcommittee, or authority.

Preponderance of Evidence: standard of proof which is met, when, based upon all available evidence, it is more likely that something is true than untrue; greater weight of evidence, not to quantity (number of witnesses), but as to quality (believability and greater weight of important facts); more than 50 percent.

Person Served: person served of CMH services or from a provider under contract with Lapeer County Community Mental Health.

Recipient Rights Officer (RRO): person who is responsible to protect and promote the constitutional and statutory rights of the persons' served by the public mental health services and empower persons' served to fully exercise these rights.

Respondent: the service provider who had responsibility at the time of an alleged rights violation for the services with respect to which a rights complaint has been filed.

Responsible Mental Health Agency: hospital, center, or community mental health services program that has primary responsibility for the care of the person served or for the delivery of services or supports to that person served.

Rights Complaint: written or oral statement that meets the requirements of Section 776 of the Mental Health Code.

REFERENCES:

Mental Health Code
Mental Health Administrative Rules
MDHHS /CMHSP Contract C.6.3.2.4

LKJ:lr

Supersedes: # 07/10013 dated 07/19/2010