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Owner:	<i>Mignon Strong: Deputy Director, Recipient Rights</i>
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References:	

Resident Labor

POLICY

It is the policy of the Detroit Wayne Integrated Health Network (DWIHN) that work experiences of residents shall have a defined and appropriate relationship to the individual plan of services, treatment, and habilitation needs and that exploitation of residents shall not occur.

PURPOSE

To provide policy direction to ensure that residents of DWIHN-contracted services have work experiences having a defined and appropriate relationship to individual treatment and habilitation needs and that exploitation of residents does not occur.

APPLICATION

1. The following groups are required to implement and adhere to this policy: DWIHN Board, DWIHN Staff, Contractual Staff, Access Center, Network Providers, Crisis services vendor
2. This policy serves the following populations: Adults, Children, I/DD, SMI/SEI, SED, Autism
3. This policy impacts the following contracts/service lines: MI-HEALTH LINK, Medicaid, Autism, Grants, General Fund

KEYWORDS

1. Adult Foster Care facility
2. Facility
3. Individual Plan of Services
4. Licensed facility
5. Recipient
6. Resident

STANDARDS

1. A resident may perform labor that contributes to the operation and maintenance of the contractor service site for which it would otherwise employ someone, only if the resident voluntarily agrees to perform the

labor, engaging in the labor would not be inconsistent with the individual plan of services for the resident developed through the person-centered planning process, and the amount of time or effort necessary to perform the labor would not be excessive.

2. In no event shall discharge or privileges be conditioned upon the performance of such labor.
3. A resident who performs labor that contributes to the operation and maintenance of the contract service provider service site for which it would otherwise employ someone shall be compensated appropriately and in accordance with applicable federal and state labor laws, including minimum wage and minimum wage reduction provisions.
4. A resident who performs labor other than that described in Standard 3 shall be compensated an appropriate amount if an economic benefit to another individual or entity results from his/her labor.
5. The contractor may provide for compensation of a resident when he/she performs labor not governed by Standard 3 or 4.
6. Standards 1., 3., and 4. do not apply to labor of a personal housekeeping nature or labor performed as a condition of residence in a small group living arrangement.
7. One-half of any compensation paid to a resident under this guideline is exempt from collection under the Michigan Mental Health Code as payment for services rendered.
8. Any labor of a resident, whether deemed therapeutic or not, shall require approval by the person in charge of the individual plan of service in addition to the resident's voluntary agreement.
 - a. Approval shall not be withheld unless reasons explaining how the labor is inconsistent with the resident's individual plan of service are stated in the resident's record.
 - b. Disapproval of labor by the person in charge of the individual plan of service may be appealed to the contractor Director who may reverse the disapproval. The director shall review the appeal request and make the decision within 30 days of receipt of the appeal and provide documentation of the decision to the resident within 5 working days of the decision.
9. Resident labor shall not consume more than 6 hours of a resident's day, unless approved by the contractor Director and shall not interfere with the ongoing treatment or habilitation programs suitable for the resident.
10. A resident's right to compensation shall be protected by the contractor when performing labor, which results in an economic benefit to another person or entity other than the contractor.
11. A contractor providing work or work training for residents or utilizing a resident's labor shall establish procedures which complement both the therapeutic needs of residents and the dignity to which a resident is entitled and are consistent with standards established in this policy, regulations and policies of the U.S. Department of Labor, other federal departments, the Michigan Mental Health Code, and Administrative Rules.

QUALITY ASSURANCE/IMPROVEMENT

DWIHN shall review and monitor contractor adherence to this policy as one element in its network management program, and as one element of the QAPIP Goals and Objectives.

The quality improvement programs of direct contractors must include measures for both the monitoring of and the continuous improvement of the programs or processes described in this policy.

COMPLIANCE WITH ALL APPLICABLE LAWS

DWIHN staff, contractors, and subcontractors are bound by all applicable local, state and federal laws, rules, regulations and policies, all federal waiver requirements, state and county contractual requirements, policies, and administrative directives, as amended.

LEGAL AUTHORITY

1. Michigan Mental Health Code, P.A. 258 of 1974, as amended, MCL 330.1712, 330.1736
2. Adult Foster Care Licensing Act, P.A. 218 of 1979, as amended, MCL 400.703 (4)

RELATED POLICIES

1. Individual Plan of Service/Person-Centered Planning
2. Treatment with Dignity and Respect

RELATED DEPARTMENTS

1. Administration
2. Clinical Practice Improvement
3. Customer Service
4. Integrated Health Care
5. Managed Care Operations
6. Quality Improvement
7. Recipient Rights

CLINICAL POLICY

YES

INTERNAL/EXTERNAL POLICY

EXTERNAL

Attachments:

Approval Signatures

Approver	Date
Dana Lasenby: Chief Clinical Officer	12/2019

