



Current Status: *Active*

PolicyStat ID: 5833227



Origination: 03/2016

Effective: 12/2019

Last Approved: 12/2019

Last Revised: 12/2019

Next Review: 12/2020

Owner: *Darlene Owens: Director, Substance Use Disorders, Initiatives*

Policy Area: *Substance Use Disorders*

References:

## Substance Use Disorder - Recipient Rights

### POLICY

It is the policy of Detroit Wayne Integrated Health Network (DWIHN) that all rights complaints and/or other reports of alleged rights violations shall be reviewed, resolved by the Regional Recipient Rights Consultant and remediated if substantiated. All service providers are required to utilize the recipient rights procedure in the Michigan Public Health Code Act 368 of 1978, Article 6, Substance Abuse.

### PURPOSE

To allow consumers to make complaints regarding suspected violations as required in the Michigan Public Health Code Act 368 of 1978, Article 6, Substance Abuse, as amended.

All applicants have access to the recipient rights procedure and DWIHN's internal grievance procedure. Medicaid recipients also have access to the Michigan Department of Health and Human Services Administrative Hearing Procedure established by federal law and departmental policy.

The Recipient Rights process does not replace a Medicaid beneficiary's right to file a hearing request with the Michigan Department of Health and Human Services, and both processes may possibly occur simultaneously.

### APPLICATION

This Recipient Rights Policy applies to Substance Use Disorder (SUD) Prevention, Treatment and Recovery consumers as required in the Administrative Rules for Substance Abuse Programs in Michigan, Section 6231, Part 3, under P. A. 368. It applies to all funding sources under SUD: Medicaid, Healthy MI, Block Grant, MI CHILD, PA 2, and MI Health Link.

### KEY WORDS

1. Administrative Hearing (AH)
2. Administrative Law Judge (ALJ)
3. Authorized Hearing Representative (AHR)
4. Administrative Tribunal (AT)
5. Departmental Review
6. Hearings Coordinator

## 7. Staff Coordinator

# STANDARDS

1. All recipient rights communications shall comply with state and federal regulation.
2. The process of investigating a recipient rights complaint shall be in accordance with the Administrative Rules for Substance Abuse Service Programs in Michigan. Promulgated pursuant to section 6231 (1) of Michigan Public Act 368 of 1978 by the Michigan Department of Public Health; which includes:
  - a. Providing simple mechanisms for notifying recipients of their rights, reporting apparent rights violations, determining whether in fact violations have occurred, and for ensuring that firm, consistent, and fair remedial action is taken in the event of a violation of these rules.
  - b. Recipient rights complaints shall be distributed to the client, the program, the coordinating agency, and the office on a form provided by the office.
3. Reporting: DWIHN will report recipient rights complaints as required. The information provided will be for demographics purposes only and will not infringe upon the client(s) confidentiality.
4. Retention: DWIHN will retain recipient rights complaints records for six (6) years following a final decision. If any litigation, claim negotiation, audit or other action involving the records has been started before the expiration of the six (6) year period, the records shall be retained until completion of the action and resolution of all issues which arise from it or until the end of the regular five-year period, whichever is later.
5. DWIHN and its contracted providers will comply with the State's required SUD procedures for Recipient Rights (see attached procedure).

# QUALITY ASSURANCE/IMPROVEMENT

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

DWIHN will monitor providers for implementation of their recipient rights policies and procedures in accordance with the Administrative Rules for Substance Abuse Service Programs in Michigan

# COMPLIANCE WITH ALL APPLICABLE LAWS

Authority 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 Public Health Code Act 368 of 1978, Article 6, Substance Abuse
2. Michigan Public Health Code Act 258 of 1974, Chapter 2A, Substance Use Disorder Services

# RELATED POLICIES

1. Member Grievance

2. Local Appeal Procedures for Enrolees/Members with Medicaid
3. Customer Service Enrollee/Member Appeals
4. Utilization Management/Provider Appeals
5. Utilization Management/Provider Local and Alternative Dispute Resolution

## RELATED DEPARTMENTS

1. Compliance
2. Customer Service
3. Information Technology\
4. Legal
5. Managed Care Operations
6. Quality Improvement
7. Recipient Rights

## CLINICAL POLICY

NO

## INTERNAL/EXTERNAL POLICY

EXTERNAL

COPY

### Attachments:

- [DCH-0092 HEARING\\_REQUEST\\_FORM.doc](#)
- [know your rights brochure.pdf](#)
- [Rights poster.pdf](#)
- [SUD RECIPIENT RIGHTS FORM 504.pdf](#)
- [SUD RECIPIENT RIGHTS FORM 505.pdf](#)
- [SUD RECIPIENT RIGHTS FORM 506.pdf](#)
- [SUD RECIPIENT RIGHTS FORM 507.pdf](#)
- [SUD Recipient Rights Procedure Policy Stat Revised 11 21 2019 \(2\).docx](#)

### Approval Signatures

Approver	Date
Dana Lasenby: Chief Clinical Officer	12/2019



**REQUEST  OR HEARING  OR MEDICAID ENROLLEES OR  
WAIVER APPLICANTS**

Michigan Administrative Hearing System  
For the Michigan Department of Health and Human Services  
PO Box 30763  
Lansing, MI 48909  
877-833-0870

**SECTION   To be completed by the PERSON REQUESTING A HEARING**

Client name			Client telephone number - -		Client Social Security Number	
Client address (No.& Street, Apt. No.)				Client or legal guardian signature		Date
City	State	ZIP code				
What agency took the action or made the decision that the client is appealing <input type="checkbox"/> Make sure to attach a copy of the letter from the agency that told the client about their decision.					Client MDHHS case number	

**I WANT TO REQUEST A HEARING:** The following are my reasons for requesting a hearing. Use additional sheets if needed.

---



---



---



---



---



---



---

Does the client have physical or other conditions requiring special arrangement to attend or participate in a hearing

NO

YES (Please explain here): \_\_\_\_\_

**SECTION   Has the client chosen someone to represent them at the hearing**

Has someone agreed to represent the client at a hearing

NO

YES (If YES, have the representative complete and sign Section 3.)

**SECTION   Authorized Hearing Representative Information**

Name of representative			Representative telephone number - -		Date signed	
Representative address (No.& Street, Apt. No.)				Representative signature		
City	State	ZIP code				

**SECTION   To be completed by the AGENCY involved in the action being disputed by the client**

Name of agency			Agency contact person name			
Agency address (No.& Street, Apt. No.)				Agency telephone number - -		
City	State	ZIP code		State program or service being provided to this client		

This form is also available online at: [www.michigan.gov/mdhhs](http://www.michigan.gov/mdhhs)  Programs  Medicaid Fair Hearings

**REQUEST  OR HEARING  OR MEDICAID ENROLLEES OR  
WAIVER APPLICANTS**

**Instructions**

To appeal an action related to cash assistance  food assistance  or other assistance programs  you must use the Request for Hearing form  DHS- available online at [www.michigan.gov/mdhhs](http://www.michigan.gov/mdhhs)  **Doing Business with MDHHS**   Forms and Applications   Other

Medicaid enrollees or waiver applicants may use this form to request a hearing  You may also submit your signed hearing request in writing on any paper  This form is also available online at [www.michigan.gov/mdhhs](http://www.michigan.gov/mdhhs)  **Assistance Programs**  **Medicaid**  **Medicaid Fair Hearings**

A hearing is an impartial review of a decision made by the Michigan Department of Health and Human Services or one of its contract agencies that a client believes is wrong.

**GENERAL INSTRUCTIONS**

- Read ALL instructions before completing the attached form.
- Complete **Section**  using the name of the client (even if the client has a guardian or is a minor).
- Complete **Sections**    only if the client wants someone to represent them at the hearing.
- Do NOT complete Section 4.
- Attach a copy of the notice or letter from the Agency that told the client about the change that is being appealed.
- Please make a copy for your records.
- Questions can be answered by calling toll free: --.
- After the form is completed, mail or fax to:

**MICHIGAN ADMINISTRATIVE HEARING SYSTEM  
 OR THE MICHIGAN DEPARTMENT OF HEALTH AND HUMAN SERVICES  
PO BOX   
LANSING MI   
Fax --**

- The client may choose to have another person represent them at a hearing.
  - This person can be anyone the client chooses but he/she must be at least 18 years of age.
  - The client **MUST** give this person written permission to represent them.
  - The client may give written permission by checking **YES** in **SECTION**  and having the person **who is representing them complete SECTION** . **The client MUST still complete and sign SECTION**
  - The client's guardian or conservator may represent them. **A copy of the court order naming the guardian must be included with this request**

The Michigan Department of Health and Human Services (MDHHS) does not discriminate against any individual or group because of race, religion, age, national origin, color, height, weight, marital status, genetic information, sex, sexual orientation, gender identity or expression, political beliefs or disability.	
If you do not understand this, call the Michigan Department of Health and Human Services at 877-833-0870. Si no entiende esta información comuníquese al Michigan Department of Health and Human Services al 877-833-0870. وزارة الصحة والخدمات Michigan Department of Health and Hu	<input type="checkbox"/> <input type="checkbox"/> - <input type="checkbox"/> <input type="checkbox"/> - <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
<b>Completion:</b> Is Voluntary <input type="checkbox"/>	

## WHAT YOU CAN DO:

Talk to your program rights advisor. Maybe together you can find a simple solution to your complaint.

If that doesn't work, you can fill out a formal complaint. Your rights advisor has complaint forms.

After you give your complaint to your rights advisor, the complaint will be investigated. You will get a written answer to your complaint within 30 working days.

If you don't accept the written answer to your complaint, you have 15 working days to file an appeal to the regional rights consultant. Your rights advisor will provide you with appeal forms or you can send for one by writing to the address on the back of this brochure.

Within 30 working days, the regional rights consultant will give you a written answer to your appeal.

If you don't agree with the written answer to your appeal, you can file another appeal to the state rights coordinator.

## YOUR PROGRAM RIGHTS ADVISOR

Name

---

Phone

---

For additional information or to obtain forms to initiate a complaint, contact your local Substance Abuse Coordinating Agency at:



LARA is an equal opportunity employer/program.

Revised 8/14

know  
your  
**RIGHTS**

## **YOUR RIGHTS**

We are dedicated to providing you with quality services. We also believe that as someone who is receiving services from our program, you should know your rights. You should know how to make a complaint if you believe any of your rights have been violated.

### **YOU HAVE THE RIGHT TO KNOW:**

- How much our services cost, and how much you must pay
- When violation of program rules could lead to your discharge
- All about any drugs that are used in your treatment
- If you, or information about you, will be used in any research or experiments.

### **YOU HAVE THE RIGHT TO:**

- All civil rights guaranteed by state and federal law
- Suggest changes in our services
- Expect us to look into your complaints
- Help make up your own treatment plan
- Refuse our services and be told what will happen if you do
- Talk with your own doctor or lawyer
- Obtain a copy or summary of your client record unless the program director recommends otherwise

## **YOU HAVE THE RIGHT TO EXPECT THAT PROGRAM STAFF WILL NOT:**

- Abuse and neglect you
- Give out information about you without your permission
- Require you to be part of any research if you don't want to

### **AND:**

If you are in a hospital, halfway house, or other live-in setting, you have some additional rights.

All of these rights have some special limits. Check with your program rights advisor for further details. These additional rights include the right to:

- Know all the rules about having visitors
- Not be restrained – physically or by drugs, unless authorized by a physician
- Refuse to do work for us unless the work is part of your treatment plan
- Have space to put your personal belongings
- Keep your own money

If you want to know more about your rights, please read the recipient rights poster in the lobby or ask the program rights advisor for a more complete list of your rights.

## **YOUR RESPONSIBILITIES:**

- You are responsible for payment of your bill
- You are responsible for knowing if your insurance company will pay for part or all of your bill
- You are responsible for providing clear and accurate information about yourself
- You are responsible for following rules of our program
- You are responsible for being considerate of the rights of others who are recipients of services or our staff

## **YOU AND YOUR RIGHTS ADVISOR**

If you think your rights have been violated at our program, please talk to your rights advisor. This person is interested in listening to your complaint and helping you find a solution.

Your rights advisor's name and phone number are on the back of this brochure. Please contact your rights advisor if you believe your rights have been violated.



**IT'S GOOD  
TO KNOW ABOUT YOUR  
RIGHTS**

**IF YOU HAVE ANY  
QUESTIONS ABOUT  
YOUR RIGHTS WHEN  
YOU GET SUBSTANCE  
ABUSE SERVICES,**

**WE CAN  
HELP**

**PROGRAM  
RIGHTS ADVISOR**

**REGIONAL  
RIGHTS CONSULTANT**

**Recipient Rights Coordinator**  
Michigan Department of Licensing and Regulatory Affairs  
Bureau of Health Care Services  
Health Facilities Division  
Substance Abuse Licensing Section  
P.O. Box 30664, Lansing, MI 48909

Michigan Department of Licensing and Regulatory Affairs  
 Bureau of Health Care Services  
 Health Facilities Division  
**Substance Abuse Program**  
 P.O. Box 30664  
 Lansing, MI 48909  
 (517) 241-1970

To Be Completed By Rights Advisor:

Program Name
License Number
Complaint Number
Date Complaint Filed
Date Response Due

**RECIPIENT RIGHTS INVESTIGATION REPORT**

Authority: Public Act 368 of 1978, as amended

1. **Findings:** The allegations in this complaint have been investigated and the findings:
- |                                 |                                |
|---------------------------------|--------------------------------|
| Support the allegations         | Do not support the allegations |
| Support the allegations in part | Are inconclusive               |

1A. **Preliminary Report:** The investigation has not been completed for the following reason(s):

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

The report will be completed on the following date: \_\_\_\_\_

2. **Narrative summary of investigation and findings:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

3. **Remedial Action:** Remedial action is not required      Remedial action required

**Submitted by:** \_\_\_\_\_ **Date** \_\_\_\_\_

**Rights Advisor's Signature**      **Date**

4. **Remedial action plan (to be completed by Program Director):**

\_\_\_\_\_

\_\_\_\_\_

5. **Program Director's Assurance:**  
 I agree to implement the action plan described above and within the time frame indicated.

\_\_\_\_\_ **Program Director's Signature**      \_\_\_\_\_ **Date**

6. **Recipient Certification:**  
 I certify that I have received a copy of this report and have been informed of my right to appeal within 15 working days. (If mailed, indicate date mailed)

\_\_\_\_\_ **Recipient's Signature**      \_\_\_\_\_ **Date (signed or mailed)**

An appeal **must be received by:** \_\_\_\_\_  
 (Date)

**Copies to:** 1) Program    2) LARA/BHCS/SUBSTANCE ABUSE    3) Coordinating Agency

Michigan Department of Licensing and Regulatory Affairs  
Bureau of Health Care Services  
Health Facilities Division  
**Substance Abuse Program**  
P.O. Box 30664  
Lansing, MI 48909  
(517) 241-1970

## **INSTRUCTIONS FOR THE RECIPIENT/CLIENT RECIPIENT RIGHTS INVESTIGATION REPORT**

This form contains the official **program** response to your recipient rights complaint.

You should have received this report no later than **30 working days** after the recipient rights advisor received your complaint.

If there is some reason for taking more than 30 working days to respond to your complaint, you will receive a preliminary report within 30 days with an explanation of why it is taking longer, and the date the report will be completed.

When you receive this report, you will have 15 working days to decide to accept the findings and/or action plan or to file an appeal. The last date upon which you may file an appeal is noted in the lower left-hand corner of the form.

No action on your part by the indicated date means you have accepted the findings and action plan as a solution to your complaint.

If you want to file an appeal, ask your program rights advisor for a recipient rights appeal form, or you may request one from:

Michigan Department of Licensing and Regulatory Affairs  
Bureau of Health Care Services  
Health Facilities Division  
**Substance Abuse Program**  
P.O. Box 30664  
Lansing, MI 48909

### **NEW COMPLAINTS**

If you accept the remedial action plan in this report but later decide it isn't being put into place as described in this report, you may file a new recipient rights complaint.

The Department of Licensing and Regulatory Affairs will not discriminate against any individual or group because of race, sex, religion, age, national origin, color, marital status, disability or political beliefs. If you need assistance with reading, writing, hearing, etc., under the Americans with Disabilities Act, you may make your needs known to this agency.

To Be Completed By Rights Advisor:

Program Name
License Number
Complaint Number
Date Received by Rights Advisor
Date Report Due to Recipient

**RECIPIENT RIGHTS COMPLAINT FORM**

Authority: Public Act 368 of 1978, as amended

1. **DESCRIBE YOUR COMPLAINT:** (Does your complaint involve a person, a procedure, or the building the program is in? Give names of witnesses or other details that will help your rights advisor understand your complaint). Attach additional paper if necessary.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

2. **Where did it happen?** (Address or Location): \_\_\_\_\_

\_\_\_\_\_

3. **When did it happen?** (Date (MM/DD/YY) and Time) \_\_\_\_\_

4. **What right(s) do you think were violated?** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

5. **What would you consider to be a fair solution to this problem?** (What do you want done, by whom and by when? \_\_\_\_\_

\_\_\_\_\_

6. **How do you want to get your copy of the investigation report on this complaint?** (Check one)

**PICK UP** in rights' advisor's office with 30 working days. When report is ready, please call me at: \_\_\_\_\_ (Telephone Number w/area code)

**MAIL** to me at the following address by registered mail:

\_\_\_\_\_

Street Address City State Zip Code

**Recipient's Signature** (must also sign authorization to release information on Page 2).  
 Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Rights Advisor's Signature:** \_\_\_\_\_  
 Printed Name: \_\_\_\_\_ Date: \_\_\_\_\_

**Copies to:** 1) Program 2) LARA/BHCS/SUBSTANCE ABUSE 3) Coordinating Agency

Michigan Department of Licensing and Regulatory Affairs  
Bureau of Health Care Services  Health Facilities Division  
**Substance Abuse Program**  
P.O. Box 30664  
Lansing, MI 48909  
(517) 241-1970

**INSTRUCTIONS OR THE RECIPIENT/CLIENT  
RECIPIENT RIGHTS COMPLAINT ORM**

**HOW TO ILE A COMPLAINT**

- A. You should fill out the attached form if you believe one of your rights has been violated.
- B. If you need help to write out your complaint, please see your rights advisor.
- C. If you are not sure what right was violated, ask your rights advisor for a list of your rights.
- D. After you fill out items 1 through 7 on Page 1, sign the authorization to release information form.
- E. Give the form to your rights advisor.

**WHAT WILL HAPPEN**

After you give the completed form to your rights advisor, he or she may ask you for additional information. The rights advisor will then investigate your complaint and try to develop a fair solution.

Within 30 working days of the date your rights advisor receives this form, he or she will give you a written **Recipient Rights Investigation Report**. That report will have a summary of what the rights advisor found while investigating your complaint. It will have a proposed solution (action plan) if your complaint was found to require action.

**YOUR RIGHT TO APPEAL**

When you receive the *Recipient Rights Investigation Report*, you will have  working days to decide to accept the findings and/or action plan proposed by the program, or to file an appeal. If you do not appeal within  working days, this indicates/means you have accepted the investigation report.

**AUTHORIATION TO RELEASE INORMATION**

I hereby authorize the \_\_\_\_\_  
Program to release information contained in my program records to my coordinating agency rights consultant or designee and to the substance abuse rights coordinator or designee. I authorize release of information that is necessary for the complete investigation of my recipient rights complaint and any future appeals. The release includes authorization to interview witnesses concerning my complaint when such interviews are necessary for a complete investigation of my complaint.

This authorization is subject to revocation at any time except in those circumstances in which the program has taken certain actions on the understanding that the consent will continue unrevoked until the purpose for which the consent was given shall have been accomplished.

Without expressed revocation, this authorization expires when the investigation of my complaint or subsequent appeals has been completed.

\_\_\_\_\_  
**Signature of Recipient**

\_\_\_\_\_  
Date Signed

\_\_\_\_\_  
**Signature of Witness**

\_\_\_\_\_  
Date Witnessed

The Department of Licensing and Regulatory Affairs will not discriminate against any individual or group because of race, sex, religion, age, national origin, color, marital status, disability, or political beliefs. If you need assistance with reading, writing, hearing, etc., under the Americans With Disabilities Act, you may make your needs known to this agency.

Michigan Department of Licensing and Regulatory Affairs  
 Bureau of Health Care Services  
 Health Facilities Division  
**Substance Abuse Program**  
 P.O. Box 30664  
 Lansing, MI 48909  
 (517) 241-1970

To Be Completed By C.A. Consultant:

Program Name
License Number
Complaint Number
Date Original Complaint was Filed
Date Report Due to Recipient

**RECIPIENT RIGHTS COORDINATING  
 AGENCY APPEAL FORM**

Authority: Public Act 368 of 1978, as amended

1.	<p><b>Describe your reasons for filing an appeal:</b> (Explain what was done or not done that leaves you dissatisfied). Attach additional paper if necessary.</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>				
2.	<p><b>What would you consider to be a fair solution to this appeal?</b></p> <p>The same as I wrote on my recipient rights complaint form (SUB-060).</p> <p>Not the same as I wrote on complaint form (SUB-060). Explain what you want done, by whom and when:</p> <p>_____</p> <p>_____</p> <p>_____</p>				
3.	<p><b>How do you want to get your copy of the investigation report on this complaint?</b> (Check one)</p> <p><b>PICK UP</b> in rights' advisor's office with 30 working days. When report is ready, please call me at: _____ (Telephone Number w/area code)</p> <p><b>MAIL</b> to me at the following address by registered mail:</p> <p>_____</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%;">Street Address</td> <td style="width: 15%;">City</td> <td style="width: 15%;">State</td> <td style="width: 20%;">Zip Code</td> </tr> </table>	Street Address	City	State	Zip Code
Street Address	City	State	Zip Code		
<p><b>Recipient's Signature:</b> _____ <b>Date:</b> _____</p> <p>Printed Name: _____</p>					
<p><b>Rights Advisor's Signature:</b> _____ <b>Date:</b> _____</p> <p>Printed Name: _____</p>					
<p><b>Copies to:</b> 1) Program 2) LARA/BHCS/SUBSTANCE ABUSE 3) Coordinating Agency</p>					

Michigan Department of Licensing and Regulatory Affairs  
Bureau of Health Care Services  
Health Facilities Division  
**Substance Abuse Program**  
P.O. Box 30664  
Lansing, MI 48909  
(517) 241-1970

## **INSTRUCTIONS FOR FILING A COORDINATING AGENCY APPEAL**

### **HOW TO FILE A COMPLAINT**

- A. When you receive a Recipient Rights Investigation Report form in response to your complaint, read it carefully. If you have any questions about what it says, ask your rights advisor to explain it.
- B. If you DO NOT accept the findings or remedial action plan described on the Report form as a fair solution to your complaint, you should complete this form by the date indicated.

### **WHAT WILL HAPPEN**


After you give the completed form to your Coordinating Agency Rights Consultant, he or she may ask you for additional information. The Rights Consultant will then investigate your complaint and try to develop a fair solution.

Within 30 working days of the date your Coordinating Agency Rights Consultant receives this form, he or she will give you a written **Coordinating Agency Investigation Report**. That report will have a summary of what the Rights Consultant found while investigating your appeal. It will have a proposed solution (action plan) if your appeal was found to require action.

### **YOUR RIGHT TO FURTHER APPEAL**

When you receive the *Coordinating Agency Investigation Report*, you will have **15** working days to decide to accept the findings and/or action plan proposed by the Coordinating Agency Rights Consultant, or to file an appeal. If you do not appeal within **15** working days, this indicates/means you have accepted the investigation report.

The Department of Licensing and Regulatory Affairs will not discriminate against any individual or group because of race, sex, religion, age, national origin, color, marital status, disability or political beliefs. If you need assistance with reading, writing, hearing, etc., under the Americans with Disabilities Act, you may make your needs known to this agency.

	<b>Procedure Title: Substance Use Disorder Recipient Rights</b>
	Procedure Origination Date: 3-9-16
	Procedure Revision Date:
	Procedure Owner: Darlene D. Owens
	Department: <b>Substance Use Disorder</b>
	Line of Business: All SUD Funding Sources: Medicaid, Healthy MI, Block Grant, MI CHILD, PA 2 and MI Health link
	Regulatory Requirements: Administrative Rules for Substance Abuse Programs in Michigan
Associated Policy: SUD Recipient Rights Policy	

## OVERVIEW

### Procedure Purpose:

To allow consumers to make complaints regarding suspected violations as required in the Administrative Rules for Substance Abuse Programs in Michigan, Section 6231, Part 3, under P. A. 368, as amended.

All applicants have access to the recipient rights procedure and DWIHN's internal grievance procedure. Medicaid recipients also have access to the Michigan Department of Community Health Administrative Hearing Procedure established by federal law and departmental policy.

The Recipient Rights process does not replace a Medicaid beneficiary's right to file a hearing request with the Department of Community Health, and both processes may possibly occur simultaneously.

### Expected Outcome:

That all SUD rights complaints and/or other reports of alleged rights violations shall be reviewed, resolved by the Recipient Rights Advisor and remediated if substantiated. All service providers are required to utilize the recipient rights procedure in the Administrative Rules.



**References:**

Administrative Rules for Substance Abuse Programs in Michigan, Section 6231, Part 3, under P. A. 368, R 325.14304 Recipient Rights

**KEYWORDS**

- Administrative Hearing (AH)
- Administrative Law Judge (ALJ)
- Authorized Hearing Representative (AHR)
- Administrative Tribunal (AT)
- Departmental Review
- Hearings Coordinator
- Rights Consultant
- Staff Coordinator

**PROCEDURE**

**1. Investigation Process**

The process of a recipient rights violation shall be in accordance with the Administrative Rules for Substance Abuse Service Programs in Michigan. Promulgated pursuant to section 6231 (1) of Michigan Public Act 368 of 1978 by the Michigan Department of Public Health.

- a. All recipient rights communications shall comply with state and federal confidentiality rules and regulations.

**2. Provider Process**

The initial process begins with the provider’s program rights advisor. The investigation shall be initiated within 10 working days of receipt of the complaint by the program rights advisor.

- a. A written report with any recommended remedial action including time limits shall be completed within 25 working days of receipt of the initial complaint. Copies of the report shall be submitted within 5 working days of completion to the complainant, DWIHN’s SUD rights consultant and/or designee, and to the office rights coordinator.

**PART II RECIPIENT RIGHTS**

## ***R 325.1397 Policy and procedures***

### ***Rule 1397***

1. A program shall adopt official written policies and procedures to assure compliance with recipient rights rules and procedures. Copies of the recipient rights policies and procedures and any revisions thereto shall be submitted with the annual licensing renewal application or with the initial license application for transmittal to the office recipient rights coordinator.
2. The recipient rights policies and procedures shall be reviewed at least annually by the provider to consider any revisions that might be necessary. Such review and approval shall become a part of the administrative record of the program.
3. The recipient rights policies and procedures shall meet all of the following requirements:
  - a. Require the program director to designate a staff member to function as the program rights advisor, if the rights advisor has other duties assigned, the policies and procedures must address how complaints are filed and investigated using other trained staff. The rights advisor shall do all of the following:
    1. Attend training offered by the office concerning recipient rights procedures.
    2. Receive and investigate all recipient rights complaints independent of interference or reprisal from the program administration.
    3. Communicate directly with the DWIHN's/SUD rights consultant when complaint cannot be resolved at the program level or is serious in nature.
  - b. Outline the method of filling recipient requests to review, copy, or receive a summary of recipient treatment or prevention service case records.
  - c. Provide simple mechanisms for notifying recipients of their rights, reporting apparent rights violations, determining whether in fact violations have occurred, and for ensuring that firm, consistent, and fair remedial action is taken in the event of a violation of these rules.
4. Copies of recipient rights policies and procedures shall be provided to each member of the program staff. Each staff member of the program shall review the policies and procedures and shall sign a form provided by the office which indicates that he or she understands, and shall abide by, the policies and procedures. The form shall be explained to the staff by the program director. A signed copy shall be maintained in the staff personnel file and a signed copy shall be retained by the staff member.
5. A treatment program may choose to restrict specific rights of a recipient based on the program policies and procedures. For example, program policy may call for restricted access to money or visitors during the initial stage of treatment. Such restrictions are permissible only under all of the following conditions.
  - a. The written policies and procedures developed by the program shall describe what rights are to be restricted, for what therapeutic purpose, and for what period of time.

- b. Further individual limitation of rights shall be based on individual treatment plans which are approved by the program director and which are included in the client's case record. The limitations shall not be for more than 30 days without being renewed in writing in the case record. Such documentation shall be written by the program staff member who is designated in the treatment plan as having major responsibility for implementing the plan and shall be co-signed by the program director.
  - c. The provisions for restrictions and limitations on recipient rights outlined in this sub-rule shall not be construed to permit any abuse or neglect as defined in these rules.
6. As part of the admission procedure to a program, a recipient shall receive all of the following:
- a. If incapacitated, receive the procedures described in this sub-rule as soon as feasible, but not more than 72 hours after admission to an approved service program.
  - b. A written description of the rights of recipients of substance abuse services.
  - c. A written description of any restrictions of the rights based on program policy.
  - d. An oral explanation of the rights in language, which is understood by the recipient.

A form that indicates that the recipient understands the rights and consents to specific restrictions rights based on program policy. The recipient shall sign this form. One copy of the form shall be provided to the client and one copy shall become a part of the client's **record** □

A recipient rights complaint violation form shall be provided to the recipient after completing the consent form.

7. A recipient of prevention services shall be notified of his or her rights by a notation on any program announcement, brochure, or other written communication that describes the program services to recipients or to the general public. Such notification shall state the following: □Recipients of substance abuse services have rights protected by state and federal law and promulgated rules. For information, contact (staff name, address, phone) or the Office of Michigan Department of Licensing & Regulatory Affairs, Bureau of Community Health Systems, State Licensing Section, 611 W. Ottawa Street, PO Box 30664, Lansing, Michigan 48909. □
8. When a prevention service maintains case records that include the recipient's name and information about the recipient's substance use or abuse, the recipient shall be provided with the notification in Sub-rule (7) of this rule and a summary of recipient rights will be mailed to them on request if such records are maintained.
9. Rights of recipients shall be displayed on a poster provided by the office in a public area of all licensed programs. The poster shall indicate the program rights advisor's name and phone number.
10. The administrator of the office, with approval of DWIHN, shall designate a staff member of the regional PIHP to act as the PIHP recipient rights consultant. The designation shall be renewed

annually. DWIHN's SUD recipient rights consultant shall conduct recipient rights activities according to procedures outlined by the office.

***R 325.1399 Recipient rights violations; complaints; procedures; remedies.***

***Rule 1399.***

1. A complaint of a recipient rights violation shall be made on a form provided by the office, whether made by a client or another person on behalf of a client or group of clients, and shall be distributed to the client, the program, DWIHN, and the office. All recipient rights communications shall comply with state and federal confidentiality rules and regulations.
2. When circumstances prevent completion of the procedures outlined in sub-rules (3) to (5) of this rule, the rights advisor or rights consultant, whoever is responsible in the specific sub-rule, shall submit a written report to the office rights coordinator stating the reasons for tardiness and the actions being taken to expedite completion of the process.
3. An initial complaint of a recipient rights violation shall be investigated by the program rights advisor. The investigation shall be initiated within 10 working date of receipt of the complaint by the program rights advisor.
4. A written report, including the procedures followed in the conduct of the investigation, findings, conclusions, and recommended remedial actions, if any, to be implemented by the program, shall be completed within 25 working days of receipt of the initial complaint. Copies of the report shall be submitted within five working days of completion to the complainant, DWIHN SUD recipient rights consultant, and to the office rights coordinator. This report shall serve as notice of the rights advisor's final recommendation for resolution of the complaint.
5. Recommended remedial action shall include time limits for implementation. The DWIHN's SUD recipient rights consultant shall monitor the implementation of remedial actions recommended by the program rights advisor and shall notify the office rights coordinator of situations where time limits appear unreasonably short or long or where unforeseen problems cause a delay in implementation of recommended remedial actions.
6. If a complainant is not satisfied with the program's findings, conclusions, recommended remedial action, or implementation of recommended remedial action, the complainant may appeal within 15 working days of receipt of the written report to the DWIHN's SUD rights consultant on forms provided by the office and distributed to programs by DWIHN. Copies of such appeals shall be distributed to the complainant and to the program and office rights coAn appeal received by DWIHN shall be reviewed by the DWIHN's SUD rights consultant within 10 working days of receipt, unless the time limitation is waived in writing by the complainant. DWIHN's SUD rights consultant may hold an informal conference involving the complainant and the program director to determine the basis of the complaint and the position of the program coordinator within five working days of receipt of the appeal by DWIHN's SUD rights consultant.
7. An appeal received by DWIHN shall be reviewed by the DWIHN's SUD rights consultant within 10 working days of receipt, unless the time limitation is waived in writing by the complainant.

DWIHN's SUD rights consultant may hold an informal conference involving the complainant and the program director to determine the basis of the complaint and the position of the program.

8. If DWIHN's SUD recipient rights consultant finds that the findings, conclusions, and recommended remedial action or implementation of recommended remedial action by the program resolves the problem that caused the complaint, such finding, including the rationale for such finding, shall be submitted in a written report and shall be mailed to the complainant, the program, and the office rights coordinator within 15 working days of receipt of the appeal. This report shall serve as notice of the rights consultant's final recommendation for resolution of the complaint.
9. If DWIHN's SUD recipient rights consultant determines that the findings, conclusions and recommended remedial action or implementation of recommended remedial action by the program do not appear to resolve the problem that caused the complaint, or if DWIHN's SUD rights consultant feels the issues cannot be satisfactorily resolved at an informal conference, then rights consultant shall initiate DWIHN's SUD an investigation of the case within 15 working days of receipt of the appeal.
10. A written report, including the procedures followed in the conduct of the investigation, findings, conclusions and recommended remedial action to be implemented by the program director shall be completed by DWIHN's SUD rights consultant within 25 working days of receipt of the appeal at DWIHN. Copies of the report shall be submitted within five working days of completion to the complainant, the program, and to the office rights coordinator. Such report shall serve as notice of the DWIHN's SUD rights consultant's final recommendation for resolution of the complaint.
11. Any recommended remedial action shall include time limits for implementation and shall be evaluated by DWIHN's SUD recipient rights consultant for its effectiveness in resolving the problem that caused the complaint.
12. The complainant may appeal within 15 working days of receipt of the written report to the office rights coordinator on a form provided by the office and distributed by DWIHN. The office rights coordinator shall distribute copies of the appeal to the program and DWIHN within five working days of receipt. The office rights coordinator shall review the appeal within ten working days of the receipt of the appeal. The office rights coordinator may hold an informal conference of concerned parties to further explore the issues.
13. If the office rights coordinator concurs with DWIHN, the complainant shall be notified within 15 working days of receipt of the appeal by the office. Such notification shall include the rationale for the decision. The complainant shall also be informed that he or she may subsequently request, from the office administrator, a hearing pursuant to Act No. 306 of the Public Act of 1969, as amended, being 24.201 et seq. of the Michigan Compiled Laws, if not satisfied with the decision of the office rights coordinator. Such request may be made in a letter to the administrator from the complainant within 15 working days of receipt of the notification from the office rights coordinator.

14. If the office rights coordinator decides to reinvestigate the case, the complainant shall be so notified within 10 working days of receipt of the appeal. Copies of such notification shall be sent to the program rights advisor and to the DWIHN's SUD rights consultant.
15. A written report of the investigation procedures, findings, and administrative or licensing action recommended to the office administrator and resulting from the office rights coordinator's investigation shall be completed within 25 working days of receipt of the appeal and shall be submitted to the administrator. Copies shall be distributed to DWIHN's SUD rights consultant and to the program rights advisor. Findings and recommended action shall be submitted to the complainant within 30 working days of receipt of the appeal. Such findings may be appealed in a letter to the administrator from the complainant within 15 working days of receipt of the findings.

***R 325.1391 Recipient rights generally:***

1. A recipient shall not be denied appropriate service on the basis of race, color, national origin, religion, sex, age, mental or physical handicap, marital status, sexual preference, or political beliefs.
2. The right to services without being deprived of any rights, privilege, or benefits guaranteed by state or federal law or by the state or federal constitutions
3. A recipient may present grievances or suggest changes in program policies and services to the program staff, to governmental officials, or to another person within or outside the program without program interference
4. A recipient has the right to review, copy, or receive a summary of his or her program records, unless, in the judgment of the program director, such action will be detrimental to the recipient or to others for either of the following reasons:
5. 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.
  - a. Granting the request for disclosure will cause substantial harm to the recipient.

If the program director determines that such action will be detrimental, the recipient is allowed to review non-detrimental portions of the record. If a recipient is denied the right to review all or part of his or her record, the reason for the denial shall be stated to the recipient. An explanation of what portions of the record are detrimental and for what reasons, shall be stated in the client record and shall be signed by the program director.

2. A program staff member shall not physically or mentally abuse or neglect or sexually abuse a recipient.
  - a) An intentional act by 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 or, groin, inner thigh, buttock, or female breast or the intentional touching of the clothing covering the immediate are of the recipient's intimate parts, and if the

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, for the purpose of which is to curse, vilify, intimidate or degrade a recipient or to threaten a recipient with physical injury.
- c) A recipient suffers injury, temporarily or permanently, because the staff member or other person responsible for the recipient health or welfare has been found negligent.

Any provider or person(s) determined guilty of any of these serious offenses, DWHIN will take immediate action to stop this conduct and terminate the employee or person from providing services or have employment under any DWINH contract. If the infraction is determined minor then training, counseling and/or oral and written warning might be necessary.

- 3. A recipient has the right to review a written fee schedule in programs where recipients are charged for services. Policies on fees and any revisions thereto shall be approved by the governing authority of the program and shall be recorded in the administrative record of the program.
- 4. A recipient is entitled to receive an explanation of his or her bill, regardless of the source of payment.
- 5. A recipient has the right to information concerning any experimental or research procedure proposed as a part of his or her treatment or prevention services and has the right to refuse to participate in the experiment or research without jeopardizing his or her continuing services. A program shall comply with state and federal rules and regulations concerning research which involves human rights.

***R 325.1393 Treatment programs; specific rights; fingerprints.***

- 1. A recipient shall participate in the development of his or her treatment plan.
- 2. A recipient has the right to refuse treatment and to be informed of the consequences of that refusal. When a refusal of treatment prevents a program from providing services according to ethical and professional standards, the relationship with the recipient may be terminated upon reasonable notice.
- 3. A recipient shall be informed if a program has a policy for discharging recipients who fail to comply with program rules and shall receive, at admission and thereafter upon request, a notification form that includes written procedures which explain all of the following:
  - a. The types of infractions that can lead to discharge.
  - b. Who has the authority to discharge recipients.
  - c. How and in what situations prior notification is to be given to the recipient who is being considered for discharge.
  - d. The mechanism for review or appeal of a discharge decision.
- 4. A recipient shall have the benefits, side effects, and risks associated with the use of any drugs fully explained in language which is understood by the recipient.

5. A recipient has the right to give prior informed consent, consistent with federal confidentiality regulations, for the use and future disposition of products of special observation and audiovisual techniques, such as one-way vision mirrors, tape recorders, television, movies, or photographs.

***R 325.1395 Inpatient and residential programs; specific rights.***

1. A recipient has the right to associate and have private communications and consultations with his or her physician and attorney, or person of his or her choice.
2. A program shall post its policy concerning visitors in a public place.
3. Unless contraindicated by program policy or individual treatment plan, a recipient is allowed visits from family members, friends, and other persons of his or her choice at reasonable times, as determined by the program director or according to posted visitors' hours. A recipient shall be informed in writing of visitors' hours upon admission to the program.
4. To protect the privacy of all other recipients, a program director shall ensure, to the extent reasonable and possible, that the visitors of recipients will only see or have contact with the individual they have reason to visit.
5. A recipient has the right to be free from physical and chemical restraint except those authorized in writing by a physician for a specified and limited time. Written policies and procedures which set forth the circumstances that require the use of restraints and which designate the program personnel responsible for applying restraints shall be approved in writing by a physician and shall be adopted by the program governing authority. Restraints may be applied in an emergency to protect the recipient from injury to self or others. Designated staff shall apply the restraint. Such action shall be reported to a physician immediately and shall be reduced to writing in the client record within 24 hours.
6. A recipient has the right to be free from doing work which the program would otherwise employ someone else to do, unless the work and the rationale for its therapeutic benefit are included in program policy or in the treatment plan for the patient.
7. A recipient has the right to a reasonable amount of personal storage space for clothing and other personal property. All such items shall be returned upon discharge.
8. A recipient has the right to deposit money, earnings, or income in his or her name in an account with a commercial financial institution. A recipient has the right to get money from the account and spend it or use it as he or she chooses, unless restricted by program policy or by the treatment plan for the recipient. A recipient has the right to receive all money or other belongings held for him or her by the program within 24 hours of discharge. This information is also given to recipients of DWIHN's Recipient Rights Training.

**Procedure Monitoring & Steps**



Who monitors this procedure:	<i>Judy Davis, Rights Consultant</i>
Department:	<u>SUD</u>
Frequency of monitoring:	<u><i>Monthly</i></u>
Reporting provided to:	<u><i>Darlene D. Owens and LARA at MDHHS</i></u>
Regulatory Requirement(s):	<u> </u>

**Monitoring Steps:**

DWIHN'S PROCESS

DWIHN's rights consultant and/or designee shall monitor the implementation of remedial actions recommended by the program rights advisor and shall notify the office rights coordinator of any time frame delays or problems with implementation. The Rights Consultant will report formal recipient rights complaints to the LARA/MDHHS as required.

The complainant must be notified of their right to appeal if they are not satisfied with the program's report. The complainant may appeal to DWIHN's recipient rights consultant within 15 working days of receipt of the written report.

Copies of appeals shall be distributed to the complainant, the program and the office rights coordinator within 5 working days of receipt of the appeal by DWIHN's rights consultant.

DWIHN's rights consultant and/or designee will review the appeal within 10 working days of receipt of appeal unless the time limitation is waived in writing by the complainant. DWIHN's rights consultant may hold an informal conference involving the complainant and program director to determine the basis of the complaint.

DWIHN's rights consultant will submit a written report within 15 working days of receipt of appeal to the complainant, program and office rights coordinator indicating the findings. The report shall serve as notice of the rights consultant's final recommendation for resolution of the complaint.

DWIHN will initiate an investigation of the case within 15 working days of receipt of the appeal if the findings, conclusions, and recommended remedial action or implementation of recommended remedial action by the program do not appear to resolve the problem that caused the complaint, or if DWIHN's rights consultant and/or designee feels the issues cannot be satisfactorily resolved at an informal conference.

Within 25 working days of receipt of the appeal at DWIHN, DWIHN's rights advisor will complete a written report including the procedures followed in the conduct of the investigation, findings, conclusions, and recommended remedial action to be implemented by the program director.

Copies of the report shall be submitted within 5 working days of completion to the complainant, the program and the office rights coordinator. The report will serve as notice of DWIHN's rights consultant's final recommendation for resolution of the complaint.

If a Medicaid complainant is not satisfied with the decision, the recipient will also be informed:

1. Of their right to a hearing with the Michigan Department of Health and Human Services.

2. If further information is needed about how a department hearing works, call (517) 335-9384.
3. They may contact the Administrative Tribunal or the Local Dispute Resolution Program/Office of Recipient Rights for further questions.

Included with the letter will be a hearing request form DCH0092 (See attachment A) and return envelope.

Within 15 working days of receipt of the written report, the complainant may appeal to the office rights coordinator on a form provided by the office and distributed by DWIHN.

The office rights coordinator shall distribute copies of the appeal to the program and DWIHN within 5 working days of receipt.

Within 10 days of receipt of the appeal, the office rights coordinator shall review the appeal. An informal conference of concerned parties may be held to further explore the issues.

If the office rights coordinator concurs with DWIHN, the complainant shall be notified within 15 working days of receipt of appeal by the office. The complainant will be informed that he or she may request a hearing pursuant to ACT No. 306 of the Public Act of 1969, as amended, being 24.201 et seq. of the Michigan Compiled Laws if not satisfied with the decision of the office rights coordinator. The appeal must be made within 15 working days of receipt of notification in a letter to the administrator.

If the office rights coordinator decides to reinvestigate the case, the complainant shall be notified within 10 working days of receipt of the appeal. Copies of such notification shall be sent to the program rights advisor and DWIHN's rights consultant.

Within 25 working days of receipt of the appeal, a written report of the investigation procedures, findings, and administrative or licensing action recommended to the office administrator and resulting from the office rights coordinator's investigation shall be completed. Copies will be distributed to DWIHN's rights consultant and to the program rights advisor. Findings and recommended action shall be submitted to the complainant within 30 working days of receipt of the appeal. Such findings may be appealed in a letter to the administrator from the complainant within 15 days of receipt of the findings.

To Be Completed By Coordinating Agency:

Program Name
License Number
Complaint Number
Date Appeal Filed

**RECIPIENT RIGHTS COORDINATING AGENCY  
 INVESTIGATION REPORT**

Authority: Public Act 368 of 1978, as amended

1.	<b>Findings:</b>	The allegations in this appeal have been investigated. The findings and remedial action plan:	
		Support the allegations	Do not support the allegations
		Support the allegations in part	Are inconclusive
1A.	<b>Preliminary Report:</b>	The investigation has not been completed for the following reason(s):	
		_____	
		_____	
		The report will be completed on the following date: _____	
2.	<b>Narrative summary of investigation and findings:</b>	_____	
		_____	
		_____	
3.	<b>Remedial Action:</b>	Remedial action is not required	Remedial action required
	<b>Submitted by:</b>	_____	_____
		<b>Rights Advisor's Signature</b>	<b>Date</b>
	<b>Printed Name:</b>	_____	
4.	<b>Remedial action plan (to be completed by Program Director):</b>	_____	
		_____	
5.	<b>Program Director's Assurance:</b>	I agree to implement the action plan described above and within the time frame indicated.	
		_____	_____
		<b>Program Director's Signature</b>	<b>Date</b>
6.	<b>Recipient Certification:</b>	I certify that I have received a copy of this report and have been informed of my right to appeal within 15 working days. (If mailed, indicate date mailed)	
		_____	_____
		<b>Recipient's Signature</b>	<b>Date (signed or mailed)</b>
	An appeal <b>must be received by:</b>	_____	
		(Date)	
<b>Copies to:</b> 1) Program 2) LARA/BHCS/SUBSTANCE ABUSE 3) Coordinating Agency			

Michigan Department of Licensing and Regulatory Affairs  
Bureau of Health Care Services  
Health Facilities Division  
**Substance Abuse Program**  
P.O. Box 30664  
Lansing, MI 48909  
(517) 241-1970

## **RIGHTS COORDINATING AGENCY INVESTIGATION REPORT**

This form contains the official **Coordinating Agency** response to your recipient rights appeal.

You should have received this report no later than **30 working days** after the Coordinating Agency Rights Consultant received your complaint.

If there is some reason for taking more than 30 working days to respond to your appeal, you will receive a preliminary report within 30 days with an explanation of why it is taking longer, and the date the report will be completed.

When you receive this report, you will have 15 working days to decide to accept the findings and/or action plan or to file an appeal. The last date upon which you may file an appeal is noted in the lower left-hand corner of the form.

No action on your part by the indicated date means you have accepted the findings and action plan as a solution to your complaint.

If you want to file an appeal, ask your program rights advisor or coordinating agency rights consultant for a Recipient Rights Appeal form or you may request one from:

Michigan Department of Licensing and Regulatory Affairs  
Bureau of Health Care Services  
Health Facilities Division  
**Substance Abuse Program**  
P.O. Box 30664  
Lansing, MI 48909

### **NEW COMPLAINTS**

If you accept the remedial action plan in this report but later decide it isn't being put into place as described in this report, you may file a new recipient rights complaint.

The Department of Licensing and Regulatory Affairs will not discriminate against any individual or group because of race, sex, religion, age, national origin, color, marital status, disability or political beliefs. If you need assistance with reading, writing, hearing, etc., under the Americans with Disabilities Act, you may make your needs known to this agency.