

Hope Network S.E.

Hope Network—New Passages Homes of Opportunity, Inc.



Clinical and Clubhouse Services Beneficiary Guide
July 2025



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Limited English Proficiency

Posted Taglines

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|--|
| You have a right to language assistance services. If you need language assistance ser- vices, it will be provided at no cost to you. |
| Español (Spanish) |
| ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-800-834-3347. |
| (Arabic) برع لا) |
| مؤرب لصنا . ن اجمالاب لكل رفاروت ةفوغلا ةدع اسملا تام دح ناف ،ةغلرا ركذا ثدحت تنك اذا :ةظولحم 1-800-834-3347: |
| 繁體中文 (Chinese) |
| 注意：如果您使用繁體中文，您可以免費獲得語言援助服務。請致電 1-800-834-3347 |
| Syriac – Tranlated into) ܐܠܚܝܢܐAssyrian) dialect. |
| ܡܘܪܒ ܠܨܢܐ . ܢܐܟܬܕܥܓܠܐ ܗܽܘܼܐ ܫܦܺܰܛܳܬܶܐ ܕܣܡܿܐܵܠܐ ܕܡܤܕܚܵܢܐܴܐܸܢܐܹܐ , ܐܽܘܻ܂ܠܳܐܲܕܱܐܢ܀܈ܢܐܸܢܐܹܐ ܕܚܙܶܐܐܬܶܐܸܢܐܹܐ ܕܚܭܶܐܢܶܐܸܢܐܹܐ ܕܡܘܪܒܶܠܳܠܐܹܐܸܢܐܹܐ ܕܚܔܶܐܢܶܐܸܢܐܹܐ . ܠܥܘܠܡܶܐ: .3347-834-800-1 ܕܡܘܪܒܶܠܳܠܐܹܐܸܢܐܹܐ ܕܡܤܕܚܵܢܐܴܐܸܢܐܹܐ |
| Tiếng Việt (Vietnamese) |
| CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 1-800-834-3347. |
| Shqip (Albanian) |
| KUJDES: Nëse flitni shqip, për ju ka në dispozicion shërbime të asistencës gjuhësore, pa pag-esë. Telefononi në 1-800-834-3347. |
| 한국어 (Korean) |
| 주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 1-800-834-3347 번으로 전화해 주십시오. |
| বাংলা (Bengali) |
| লক্ষ্য করুনঃ যদি আপদন বাাংলা, কথা বলতে পাতেন, হোহতল দনখচেচায় ভাষা সহায়তা দেওয়া উপলব্ধ আতো ফোন করুন ১-১- 800-834-3347 |
| Polski (Polish) |
| UWAGA: Jeżeli mówisz po polsku, możesz skorzystać z bezpłatnej pomocy językowej. Za-dzwoń pod numer 1-800-834-3347. |

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| Deutsch (German) |
| ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer: 1-800-834-3347. |
| Italiano (Italian) |
| ATTENZIONE: In caso la lingua parlata sia l'italiano, sono disponibili servizi di assistenza linguistica gratuiti. Chiamare il numero 1-800-834-3347. |
| 日本語 (Japanese) |
| 注意事項: 日本語を話される場合、無料の言語支援をご利用いただけます。1-800-834-3347 まで、お電話にてご連絡ください。 |
| Русский (Russian) |
| ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 1-800-834-3347. |
| Srpsko-hrvatski (Serbo-Croatian) |
| OBAVJEŠTENJE: Ako govorite srpsko-hrvatski, usluge jezičke pomoći dostupne su vam besplatno. Nazovite 1-800-834-3347 |
| Tagalog (Tagalog – Filipino) |
| PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa 1-800-834-3347. |



We just wanted to take this opportunity to welcome you and tell you a little bit about Hope Network. Hope Network is a not-for-profit organization that offers a variety of services through our residential, employment, clubhouse, and outpatient programs. We are committed to assisting you with your recovery, and in developing and maintaining your independence.

At Hope Network, we work as partners in your recovery, serving each person individually and competently with dignity and compassion. We support personal choice and encourage individuals to achieve their maximum abilities. Throughout this process, we encourage you to actively participate in your treatment and recovery.

Please take the time to read this guide, as it contains some important information. Because we value your opinion, we encourage you to use the various methods identified in this manual to share your thoughts and concerns. This will help us serve you better.

Sincerely,

Amanda Plumb MPA/BSW
Executive Director

Mission:

Hope Network helps people maximize their health, independence, and self-belief—because everyone deserves to live in a world where they can thrive.

Vision:

We will collaborate, innovate, and advocate until every community we're in embodies the belief that we are all equally human.



Values:

Human-Centered

No person is more valuable than the next.

We intentionally act with kindness, care, and a commitment to the well-being of our employees and the people we serve.

Open-Minded

You can't thrive with a closed mind.

We consider new ideas without prejudice, fostering adaptability, appreciation for diversity, and constructive communication.

Purpose-Driven

Our purpose comes from a higher calling.

Hope Network is rooted in a broad and compassionate interpretation of Christian-service. We embody grace and mercy, honoring our commitments and understanding the need to instill trust with persons served, our co-workers, and the community.

Empathy-Led

Empathy is the key to meaningful connection.

We don't always travel the same path, but by leading with empathy in every word and action, we create a more loving, accepting, and empowering environment for all.

ORIENTATION LETTER

Date: _____

Dear Person Served:

Welcome to Hope Network Behavioral Services – East Program

- ☐ ACT ☐ Case Management ☐ Community Housing ☐ Crisis Residential
- ☐ Outpatient ☐ Crisis Stabilization ☐ Employment ☐ Supported Housing Services
- ☐ Psychosocial Rehabilitation

Please review the materials in this packet as they will help you to understand some important things about our services.

You can count on your treatment being reviewed periodically as needed by your service professional (service provider, case manager, therapist, nurse, or doctor.) Your service professional will go over all risks that go with any of the choices you make, for example, to take or not to take certain medications. Please discuss your symptoms and/or concerns with him or her.

Should you be dissatisfied or disagree with some part of your treatment, this packet also contains instructions for how to make an informal or formal complaint. If you need help filing an informal or formal complaint please ask your service professional to assist you or you may call the Hope Network Behavioral Health - East rights advisor at (248) 338 – 7458. You may also call the Hope Network “Speak Up” Report Line at 1-866-835-6854.

In addition to the information in the packet, there are some other things you should know about this program and this building.

- Your service professional is the (____psychiatrist, ____nurse, ____therapist, ____case manager, ____ home manager, or ____other). You will also interact with program and administrative workforce members, who may be able to assist you in limited ways. Discuss your needs with your treating professional.
- This program has regular office hours or a scheduled program plan. It is important that you keep your scheduled appointments and arrive on time and/or follow the program plan.
- This is a nicotine free environment. Nicotine products are allowed outside the building in designated areas only.
- Since HNBHE receives federal funding, marijuana is not allowed to be used on HNBHE property.
- Hope Network has a strict no weapons allowed policy. No weapons (including pocket knives) are allowed on any Hope Network property.
- No alcohol, illegal drugs or drug paraphernalia are allowed on Hope Network property.
- This building has a defined set of emergency plans. If the fire alarm sounds our workforce members will instruct you to evacuate or take cover, for your safety you are asked to cooperate. First aid equipment and trained workforce members are always available.
- We are interested in your feedback and will periodically ask you to fill out satisfaction surveys to let us know how we are doing.

While receiving services there are some other names of persons that are indirectly involved in your treatment that you should be aware of. The Program Manager is _____. The Program Director is _____. The Executive Director for Hope Network Behavioral Health - East is Amanda Plumb.

Clinic Name and Location

Name: _____

Program Name: _____

Address: _____

City: _____. State, MI, ZIP Code, _____

Phone Number: _____ Fax Number: _____

Hours of Operation

Monday - _____

Tuesday - _____

Wednesday - _____

Thursday - _____

Friday - _____

Saturday – Sunday - _____

Case Manager Name and Phone Number: _____

My Psychiatrist: _____

My Therapist: _____

Note – Not all persons above may be applicable to the services you are being provided by Hope Network Behavioral Health Services East

Doctors and nurses can be reached by calling the main number and following the prompts.

We are closed in observation of the following holidays: New Year's Day, Martin Luther King Day, Memorial Day, Independence Day, Labor Day, Thanksgiving Day, Christmas Eve, and Christmas Day.

FOR MENTAL HEALTH CRISIS EMERGENCIES AFTER HOURS PLEASE CALL THE CRISIS LINE AT _____ OR GO TO YOUR NEAREST EMERGENCY ROOM.

FOR MEDICAL EMERGENCIES DIAL 911

Services and Activities

The following services and activities are available to you, based on your individual needs and preferences as determined in your Individual Plan of Service:

- Crisis Screening and Admissions Screening.
- Housing and treatment services.
- Case Management.
- Employment Services.
- Therapy Services.
- Medication Management and Administration.
- Assistance and/or coordination to enhance your daily living skills.
- Assistance in developing competencies to increase your social support network.
- Coordination and assistance to help you meet the goals you have set in your Individual Plan of Service (IPOS).
- Education regarding your illness and supports available to you.
- Education regarding your medications and how to manage them on your own.
- Learning to recognize symptoms and to identify effective coping skills.
- Learning how to use public transportation and take further steps toward more independence.
- Individual and/or group therapy
- Medication supports



Privacy and Confidentiality

You have the right to privacy and confidentiality. This includes physical privacy as well as keeping your protected health information and other personal information confidential. Workforce members will not talk about your involvement in our program or anything of a personal nature to anyone without your permission, except in special circumstances named below. Generally, the only way we may discuss your information is if you/your guardian sign a form giving permission to speak to someone else about you and/or your treatment in our program.

There could be situations when we will need to share information about you with another person, agency or organization, outside of your treatment team.

- We may be required by a court to follow-up with an agent of the court regarding your participation in your treatment during your stay with us, or after you have discharged. This could happen if you were mandated to participate in treatment as part of a judge's ruling.
- We may share minimal information about you with paramedics, emergency room professionals or other rescue teams if you have a medical emergency and we need to make sure you are safe.
- We have provided you a copy of the Hope Network Notice of Privacy Practices (Attachment B), please read it carefully and ask for help if you have any questions. This notice explains any other occasions in which we may share your protected information.
- We may share information as required by law regarding "duty to warn". Duty to warn refers to the responsibility of a workforce member to inform third parties or authorities, if someone poses a threat to themselves or others. You will receive a copy of the Hope Network "Notice of Privacy Practices" brochure when you receive services from us. Please read it carefully and ask for help if you have questions. This notice explains any other occasions in which we may share your protected health information.

Financial Obligations

If you are responsible for any costs of your care and services provided, this will be discussed and shown to you and agreed upon in a financial agreement prior to you receiving services.

Rights and Responsibilities

You have certain rights and responsibilities in the program. When you begin receiving services you will receive information on your rights. Please review it and learn about the rights that protect you when you receive mental health services. We will review your rights with you on at least an annual basis. Workforce members, your case manager or your CMH rights advisor can also help you with any questions you have.

Rights of Persons Served

Information Disclosure.

Persons served have the right to receive accurate, easily understood information, and some persons served require assistance in making informed health care decisions about their health plans, providers, and facilities.

Choice of Providers and Plans.

Persons served have the right to a choice of health care providers that will ensure access to appropriate high quality health care.

Access to Emergency Services

Persons served have the right to access emergency health care services when and where the need arises including after hour services.

Participation in Treatment Decisions.

Persons served have the right and responsibility to fully participate in all decisions related to their health care. Persons served who are unable to fully participate in treatment decisions have the right to be represented by parents, guardians, family members, or other conservators.

Respect and Nondiscrimination.

Persons served have the right to considerate, respectful care from all members of the health care industry at all times and under all circumstances.

Persons served must not be discriminated against in the delivery of health care services consistent with the benefits covered in their policy, or as required by law, based on race, ethnicity, national origin, religion, sex, age, mental or physical disability, sexual orientation, genetic information, or source of payment.

Persons served eligible for coverage under the terms and conditions of a health plan or program, or as required by law, must not be discriminated against in marketing and enrollment practices based on race, ethnicity, national origins, religion, age, sex, sexual orientation, mental or physical disability, genetic information or source of payment.

Confidentiality of Health Information.

Persons served have the right to communicate with health care providers in confidence and to have the confidentiality of their individually identifiable health care information protected. Persons served also have the right to review and copy their own medical records and request amendments to their records.

Complaints and Appeals.

Persons served have the right to a fair and efficient process for resolving differences with their health plans, health care providers, and the institutions that serve them, including a rigorous system of internal review and an independent system of external review.

Code of Ethics

We are committed to providing services to you within strict ethical guidelines. A copy of our Code of Ethics is included in this packet for your review (See Attachment A).

Complaints/Grievance

A HNBHE Complaint/Grievance process is available to you for any problems you may have in the programs, with workforce members, or with your treatment.

- You can talk to workforce members and/or your case manager about these grievances at any time.
- A Hope Network Grievance procedure and form (Attachment C) is available to you. A workforce member or your care manager can assist you with completing it if you wish. You will receive a written response from the leadership team of your program.

Recipient Rights Complaints

If you believe that your Michigan Mental Health Code rights have been violated you have the right to file a Recipient Rights Complaint.

- You can complete a Recipient Rights Complaint form (Attachment D) and send the complaint to your Community Mental Health (CMH) Recipient Rights Department.
- The CMH that is responsible for your care will receive your complaint and send you a letter stating whether they will investigate, or try to intervene and correct the problem.
- Phone numbers for every CMH that HNBHE works with are posted in your program and are attached. (Phone Listing is Attachment E).
- Complaint forms are also available at the main office of any outpatient facility.
- You can file a recipient rights complaint, even if you have already filed a grievance at your program.

If you need assistance filing a complaint, you can do any of the following:

- Ask a workforce member, the Program Manager, or Case manager to assist you.
- Call the CMH agency's Recipient Rights Department and they can assist you.

Appealing a Clinical Decision

If you disagree with a clinical decision that was made by your treatment team or the Recipient Rights Office (RRO) at your CMHSP, you have a right to appeal these decisions.



Examples of clinical decisions you can appeal are:

- Your treatment plan (IPOS).
- Level of services you receive.
- How long your services will last.
- Termination of some or all of your services.

You can appeal a clinical decision in the following ways:

- You can appeal the decision by contacting the CMHSP that is responsible for your care.
- HNBHE workforce members can assist you with forwarding your appeal to your CMHSP's RRO.
- A committee will review your appeal and determine if a change needs to be made.
- If you are unsatisfied with any of these results, you may be eligible to have your appeal heard by an administrative law judge. Your case manager can also help. You have the right to choose an advocate to help you with your appeal to the administrative tribunal.

Community Mental Health (CMH) Notification of the Right to Appeal Clinical Decisions

You have the right to appeal clinical decisions. This includes the following:

- Decisions in the access process.
- Individual Plan of Service (IPOS)
- Addendum's to the IPOS.
- All physician decisions.
- Service substitutions (offering a different, but equivalent service).
- Service reduction, suspension, or termination.

If you do not agree with the scope, duration, or intensity of the services and supports included in the IPOS, you may request an administrative hearing before an administrative law judge. The request must be in writing, signed by you or your authorized hearing representative, and received by the Michigan Office of Administrative Hearings and Rules within 90 days of the date that the IPOS was signed.

To appeal and request an administrative hearing, complete a Request for Hearing Form (available in all residential programs), or write to the Michigan Office of Administrative Hearings and Rules at:

Michigan Office of Administrative Hearings and Rules (MOAHR)

P.O. Box 30763 Lansing, MI 48909

Phone: 800-648-3397

Mediation: (Mental Health Code Section 1206a)

If you have a dispute related to your service planning or the services provided by a Community Mental Health Services provider (CMHSP) or a contracted service provider of a CMHSP, you have the right to mediation:

- You have the right to request mediation at any time.
- You or your individual representative must be notified of your right to request and access mediation at the time services or supports are initiated and at least annually after that.
- If you have requested a local dispute resolution, a local appeal, or a State of Michigan Fair Hearing, you also have the right to request mediation at the same time.
- Mediation is handled by a mediation agency, not the CMHSP.
- The CMHSP and its contracted service providers are required to participate in mediation.

Seclusion and Restraint

HNBHE has a policy that prohibits the use of seclusion and restraint.

- If you or someone that you are living within one of our programs behaves in a manner that presents a danger to self or others, workforce members may need to safely intervene to prevent someone from getting hurt.
- Workforce members will always start by problem-solving with you, along with coaching and supporting you through a difficult situation.
- Physical intervention is not used in HNBHE programs. Instead, an approved emergency intervention is used in which our workforce members have been trained. Emergency intervention is used only as a last resort to keep everyone safe.
- HNBHE provides training to our workforce members on how best to safely intervene when individuals are having difficulty coping.

Therapy Animals & Pets

Service and Therapy animals may be brought in where you receive services after having been approved by the leadership and treatment teams. These animals will visit our programs only after assurances are made that:



- The pets' certification as a therapy animal is on record along with health and vaccination status.
- There have been assurances that no allergies exist for the programs' participants or personnel that would negatively impact their health during the animal's visit.

Outpatient programs are pet free with the exception of service and therapy animals. Please leave your pet at home.

Health and Wellness

HNBHE values the proven relationship between health and overall well-being. It is increasingly recognized that health is maintained and improved through the efforts of positive lifestyle choices that a person may make. Focusing more on lifestyle issues and their relationships with functional health can improve your health via:

- Exercise.
- Sleep.
- Maintaining healthy body weight.
- Limiting alcohol use.
- Avoiding smoking.

Health and Wellness

We want you to feel safe at all times. If you ever become scared or feel in danger at any time, please inform a workforce member immediately and they will help you.

If you receive services, expect that we will frequently run fire and other emergency drills in the program. Workforce members will help you to learn how to react in these situations so that, in the event of a problem, you will know and understand what to do.

We encourage you to choose your own clothing. To ensure your safety in weather related situations, the following is what we recommend:

- Jackets, gloves, scarves and mittens should be worn in winter or cold weather.
- You should not “layer up” in excessive heat situations. Light-colored, lightweight cotton clothing is encouraged.
- In rainy and wet weather, a rain jacket is encouraged.
- In excessive hot and cold weather, Hope Network S.E., Hope Network – New Passages, and Homes of Opportunity, Inc. encourages persons served and workforce members to stay indoors.

We want to ensure our programs are safe and comfortable for everyone. This information is not intended to limit or restrict your abilities to control your own schedule or activities. Any limitations or restrictions will be clearly outlined in your Treatment Plan and/or Behavior Management Plan. When you begin services, a workforce member will review with you the following:



Nicotine Use: HNBHE maintains nicotine free facilities and vehicles. Nicotine products include but is not limited to: cigarettes, e-cigarettes, cigars, chewing tobacco, pipe tobacco and vapes. A designated nicotine use area is identified at each facility. HNBHE policies and procedures are consistent with Michigan Laws.



Drugs/Alcohol: HNBHE promotes “treatment” and/or skill building environments. Alcohol and drug use, including marijuana is discouraged. Marijuana may include gummies and other edibles, oils, vapor, etc. HNBHE receives federal funding and since marijuana has not been legalized at the federal level, it is not allowed to be used on HNBHE property. Buying and selling of alcohol and drugs in the facilities/treatment environments is prohibited consistent with state law. If drugs are present and workforce members feel there is a compelling need based upon a substantial probability of harm, law enforcement agencies will be called and workforce will ask law enforcement to remove the materials from the facility for safekeeping.



Weapons: HNBHE maintains a strict “No Weapons” policy on properties, in facilities, and in vehicles. A weapon may include, but is not limited to, a firearm, knife, explosives, chemicals, or instruments that may be used for attacking and/or fighting. If a weapon is discovered/identified, you may be asked to call someone and have them pick up the weapon for safekeeping or you may be asked to deposit the weapon in a safe keeping area such as a lock box or locked room. If a firearm is discovered/identified, you will be asked to evacuate the area and law enforcement agencies will be called and they will be asked to remove the firearm from the facility for safekeeping. If workforce feel there is a compelling need based upon a substantial probability of harm, as it concerns a firearm or other weapon, 911 will be called and workforce will ask law enforcement to remove the threatening object from HNBHE property.

Assessments and Treatment Planning

Upon admission to any program, an Individual Plan of Service (IPOS) will be developed to ensure that your needs are met during your treatment/care (excluding screening only). This plan will be based on an assessment of your needs as well as your own desires.

1. An initial treatment plan will be developed with you within the first 7 days of admission (or within 48 hours at our crisis residential unit settings). This is only an initial plan until you and your case manager set up your person centered plan meeting.
2. You will need to decide with your case manager who to invite, where you would like it to take place, and the goals you have for the next year. This meeting will take place and be completed within 30 days. Your treatment goals will be recovery-focused, with the intent of helping you gain the tools necessary to move forward in your recovery.
3. Your treatment goals will be centered on your personal goals, dreams, and desired treatment outcomes. Your treatment team may also recommend goals that they think will help you move forward in your recovery.
4. You will receive a copy of your completed plan within 15 business days of the meeting.
5. Your IPOS may include any expectations for Natural Supports involvement in your care, if you identified you wanted someone involved.
6. Your IPOS may also include the restriction of certain privileges while you work on your treatment goals. These restrictions would be written in a Behavioral Treatment Plan.
7. If one of your privileges is restricted or one of your rights is limited in your IPOS/ Behavioral Treatment Plan, your plan will always explain what you can do to get those restrictions lifted.
8. Other "interventions" may also be in your plan, which can include things that workforce members can do to help you meet your goals. Examples of these could be giving verbal reminders, helping you schedule your day, helping you work on coping skills or other activities.
9. When creating your IPOS, you should let your case manager or therapist know when you feel better and are ready to transition from current services to a lesser level of care. You should also discuss the discharge criteria from the service/program you are participating in so you understand when you might no longer be appropriate for this service.
10. Each person's IPOS is unique and yours will be developed with your special needs, abilities, preferences and skills in mind.
11. If you have been ordered by a court of law to participate in treatment, your IPOS could include a requirement to appear in court periodically. Workforce members will discuss this with you individually, if this situation applies to you.
12. You will have input into your IPOS and it will be reviewed with you regularly to see if any changes need to be made.
13. If you have a guardian, your guardian will also be informed of your progress in your treatment, and your guardian may participate in helping you and your case manager develop the best plan for you.



Collaborative Safety Planning

Each person served will have a Collaborative Safety Plan addressing what interventions are to be considered in the event of a safety concern or crisis situation.

Discharges and Transitions

You should know how and when the services you receive at HNBHE will be discontinued. Each program has their unique criteria for determining when you can be better served elsewhere.

Some of these criteria include:

- Your personal objectives can now be addressed through less intensive services.
- Your progress toward your unique objectives is not apparent despite you and your treatment team trying various treatment strategies.
- You demonstrate a clear threat to yourself or others.
- Our workforce members have not been able to engage you in treatment and you remain non-compliant.
- You violated the rules of the program (e.g. use of substances, smoking in non-designated areas).
- Our program services are not capable of managing your medical or psychiatric treatment.
- You or your parent/guardian choose to leave services.
- The funding source paying for services is discontinued.

Before you are discharged for any reason, you and your designated representative must first be given a written notice.

A Service Discharge/Transition Report will be prepared upon discharge for you and you will receive a copy.

After your discharge, you will be given a survey to complete about how satisfied you are with the services that you received. Your completion of this survey is totally voluntary.

Treatment with Medications

If your treatment plan includes the use of medications, you will see a Psychiatrist or what is sometimes called a “physician extender” such as a nurse practitioner or physician’s assistant. This professional will assess your needs and help you to determine which medications are right for you. We sometimes refer to these medical professionals as “prescribers”.

Your primary care physician will also be involved in this process. Nurses and primary care physicians are good resources to answer any questions or concerns you may have about your medication.

Medications and Co-Occurring Conditions

During your assessment and visits with your medical professional, please be sure to be honest when you answer questions about your health. Answering the questions honestly will help your prescriber determine which treatments are best for you.

Your prescriber should be made aware of the following:

- If you have diabetes.
- Whether you smoke.
- If you have asthma or other breathing problems.
- Whether you have kidney or liver problems, high blood pressure, etc.
- Your health history and your family’s health history.
- Whether you now or have ever used other drugs, including alcohol, marijuana, heroin, cocaine, “street” drugs, or other prescription drugs.
- Whether you use caffeine products and if so, how much (due to adverse reactions with certain medications).
- Any other conditions that need to be considered.

Medications for Women of Child Bearing Age

If you know or suspect that you are pregnant, please notify your medical professional right away.

- Prescribers may handle medication treatment differently for women who are pregnant or plan to become pregnant.
- Some medications should not be used when a woman is pregnant. This includes certain over the counter medications.
- Your doctor will help you determine which medications are safest for you if you are pregnant or plan to become pregnant.
- If you have a nurse on your treatment team, that person is the best resource for your initial questions about your medications and pregnancy.
- If your prescriber needs to change how your medication treatment works, the nurse can help to get this process started.



Persons Served Input

Our services are designed with you in mind, and your input is highly valued. We provide surveys to help us understand your satisfaction with our services and we welcome your comments about our program. We want to hear how you feel we are doing in helping you achieve your treatment goals.

- You can feel free to speak to any workforce member one-on-one to provide your input.
- In addition to these methods of collecting your feedback, we will also use information you may present to us in written formats such as complaint forms, satisfaction surveys or grievance forms to help improve our services to you.
- Other service areas will include both direct and indirect input opportunities.
- Person Served Advisory Committee

Your input is used in various ways. This includes, but is not limited to:

- Developing or revising your individual plan of service.
- Changing the way we deliver services.
- Developing and improving services.
- Training needs of workforce members.

Resources for You

- Workforce members who work with you are there to help you and to provide guidance when needed.
- The Program Manager is supervised by the Program Director. The Program Director frequently visits the programs to discuss your involvement in the program, makes sure that the programs is safe, and that the program is providing appropriate services for you.
- 211 is a service that can provide you with information regarding your social service needs (such as housing, heating assistance, or volunteer opportunities).

Additional resources include:

- Your CMH recipient rights office (See listing of phone numbers Attachment E).
- HNBHE Rights advisor.
- Your Case Manager can also help you connect with community supports such as churches or other religious organizations, recovery support groups, and much more.

The Arc

125 S. Washington Ave
Lansing, MI, 48910-1652
(800) 292-7851 or (517) 487-5426
<http://www.arcmi.org/>

Michigan Disability Rights Coalition

3498 East Lake Lansing Road, Suite #100
East Lansing, MI 48823
(800) 760-4600 or (517) 333-2477
<https://www.mymdrc.org/>

Disability Rights—Michigan (formerly Michigan Protection & Advocacy Service, Inc.)

125 S. Washington Ave.
Lansing, MI 48910
(800) 292-7851 or (517) 487-1755 (Voice or TTY)
<http://www.mpas.org/>

National Alliance on Mental Illness (NAMI) -Michigan

921 N. Washington
Lansing, MI 48906
(800) 331-4264
<http://www.namimi.org/>

If you are concerned about yourself or someone in your life, you can reach out to:

988 Suicide and Crisis Lifeline

www.988lifeline.org

Call or Text 988 (dial 1 for Veterans)

SAMHSA (Substance Abuse Support Hotline)

www.samhsa.gov/find-treatment

Call 1-800-662-4357 or Text Zip Code To: 435748

NAMI HelpLine

www.nami.org/help for chat support

Call 1-800-950-6264 or Text 62640

BlackLine (Black, Brown, Native & Muslim Support)

www.callblackline.com // Call 1-800-604-5841

Trevor Project (LGBTQ Youth Support)

www.thetrevorproject.org/get-help/

Call 866-488-7386 or Text 678678

Trans Lifeline (Trans Peer Support)

www.translifeline.org // Call 877-565-8860

Thank you
for letting us assist you as you reach your life's goals and aspirations today and in the future! We truly hope that your time with us will be a rewarding experience.

Please let us know how we can improve our service to you by talking with any of our workforce members or by completing a satisfaction survey.



Notice of Non-discrimination and Availability of Free Language Assistance Services

Hope Network does not discriminate on the basis of race, color, national origin, marital status, sex, age, sexual orientation, political affiliation, religion, or disability, or any other legally protected category. Persons served are not refused services because of race, color, national origin, marital status, sex, age, sexual orientation, political affiliation, religion, or disability, or other characteristic protected by law.

Hope Network will, in a timely manner, provide aids and services to allow persons served to communicate effectively with us. This includes:

Free aids and services to people with disabilities to communicate effectively with us, such as:

- Qualified sign language interpreters
- Written information in other formats (large print, audio, accessible electronic formats, other formats)

Free language services to people whose primary language is not English, such as:

- Qualified sign language interpreters
- Information written in other languages

If you need these services, please inform a Hope Network workforce member or contact the Hope Network Healthcare Compliance and Privacy Officer.

If you believe that Hope Network has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance in person, by mail, or e-mail at:

Healthcare Compliance and Privacy Officer
3075 Orchard Vista Drive
Grand Rapids, MI 49546

Compliance@hopenetwork.org

If you need help filing a grievance, Hope Network's Healthcare Compliance and Privacy Officer is available to assist you.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/smartscreen/main.jsf>, or by mail or phone at:

U.S. Department of Health and Human Services
200 Independence Avenue, S.W. HHH Building, Room 509F
Washington, D.C. 20201
1-800-368-1019, 800-537-7697 (TDD).

Complaint forms are available at:
<https://www.hhs.gov/sites/default/files/ocr-60-day-frn-cr-crf-complaintforms-508r-11302022.pdf>

HOPE NETWORK™

Code of Ethics

Mission Statement: In Christian service, Hope Network empowers people to overcome challenges to achieve their highest level of independence.

Values:

The People We Serve

We serve each person individually, competently, with dignity and compassion. We support personal choice and encourage individuals to achieve their maximum abilities and outcomes.

Our Workforce Members

We are committed to employing the best people and giving them the tools and resources to succeed. We hire, train and develop workforce members to attain their highest potential within a safe work environment.

Integrity

We do everything with uncompromising ethical principles, honesty and accountability to our mission.

Teamwork

We are "One Hope Network." We communicate openly and work together to achieve personal and organizational goals. We collaborate with external resources to maximize services and efficiencies.

Innovation

We are advocates of change and continuous improvement. We challenge our workforce members to seek new ideas, which could evolve into value-added services for our persons served. We make bold moves from well-informed decisions.

Stewardship of Resources

We are accountable to all of our stakeholders for the best use of resources. We will manage our financial health to meet current needs and to invest for the future

Code of Ethics

Accreditation:

Hope Network Affiliates maintain accreditation from appropriate, applicable agencies.

Admissions:

Persons served are not refused services because of race, color, national origin, marital status, sex, age, sexual orientation, political affiliation, religion, or disability, or other characteristic protected by law.

Advertising:

1. Descriptions of services, programs, qualifications of service providers, expected outcomes of programs, and actual outcomes of programs must be described accurately and be understandable to readers.
2. Advertising must not mislead readers.
3. Advertising must not influence people to request services they don't need.

Business Conduct:

Hope Network shall not enter into contractual relationships with agencies/entities that do not conform to Hope Network's Mission and ethical standards.

HOPE NETWORK

Code of Ethics

Care and Service:

Programs are designed and revised to conform to current best information and practices that meet needs of person served within the confines of current legal requirements. The hiring and assigning of workforce members to persons served will be done in a lawful manner. While Hope Network believes in persons served having a choice of providers, such choice must be exercised within the parameters of state and federal law. A workforce member's protected characteristic will only be considered when it constitutes a bona fide occupational qualification.

1. All Professional staff are to operate within the boundaries of their professional licensure.
2. All workforce members are to demonstrate competency through required trainings.

Communication:

Communication meets professional standards, adhering to the highest standards of truth, accuracy, and fairness.

Confidentiality:

All Hope Network workforce members have a primary obligation to safeguard information about persons served obtained in the course of their work. Personal information is communicated to others only with the person's consent, preferably written, or in those circumstances, as dictated by state laws. Disclosure of counseling information is restricted to what is necessary, relevant and verifiable.

Conflict of Interest:

Current or potential conflicts of interest, whether personal or professional, are fully disclosed to those involved. This includes requests to witness documentation whereby the witness stands to gain control or financially.

Corporate Responsibility:

Hope Network will maintain a comprehensive compliance program to investigate and rectify waste, fraud, abuse, and other wrongdoings. Those who report such wrongdoing will be able to do so anonymously and without fear of reprisal knowing that a timely investigation will be launched.

Exchange of Resources:

Hope Network considers it a privilege and honor to serve people. Our workforce is asked to respectfully decline the acceptance of gifts, money, or other gratuities from persons served. Also, solicitation of funds for a personal cause by our workforce members to persons served is not acceptable.

Workforce members must not give to, request, or accept from any prospective vendor, payer, or funder: cash, cash equivalents, gratuities, trips, favors, or gifts for personal use or benefit, that are, or might be construed as being given to secure business or to influence any decisions made by Hope Network Leadership and/or prospective funders.

Family Rights and Involvement:

Family members and friends are encouraged to be actively involved in treatment programs for persons served.

Rights of Persons served:

Hope Network advocates for the rights of persons served. Workforce members treat person served with respect and dignity. Persons served are involved in all aspects of their service planning. Hope Network maintains the need for confidentiality of information concerning each person and, where it applies, his or her family. Personal property will be allowed and protected.



Code of Ethics

Financial Resources:

Financial services are conducted in a manner that is consistent with generally accepted accounting principles, canons of ethical practice for accountants and in compliance with all federal, state, and local laws. All financial and accounting practices will be responsive to changes in the regulatory environment. Financial practices will be consistent with the following:

1. Generally Accepted Accounting Principles (GAAP).
2. The [Internal Revenue Code](#).
3. AICPA [Code of Professional Conduct](#).

Human Resources:

1. Hope Network human resources professionals:
 - i. are ethically responsible for promoting and fostering fairness and justice for all workforce members in the organization,
 - ii. treat people with dignity, respect and compassion and to foster a trusting work environment free of harassment, intimidation, and unlawful discrimination,
 - iii. assure an environment of inclusiveness and a commitment to diversity in the organization, and
 - iv. strive to meet the highest standards of competence and are committed to strengthening competencies on a continuous basis.

Laws and Regulations:

Hope Network abides by all applicable Federal, State, and local laws and regulations.

Marketing and Referrals:

1. Attempt to sell services only to people who can benefit from them.
2. Emphasize Hope Network services and benefits, not deficiencies of competitors.

Personal Relationships:

Workforce members will refrain from any personal, dating, or sexual relationship with any person served. They maintain respect for individuals and avoid actions that seek to meet their personal needs at the expense of persons served.

Witnessing of Documents:

Workforce members shall not witness any document(s) that may pose a potential conflict of interest or that they may personally benefit from on behalf of the organization.

Notice of Privacy Practices

This notice describes how medical information about you may be used and disclosed and how you can get access to this information. Please review it carefully.

If you have any questions about this Notice please contact us at the address or phone number listed on the last page of this Notice.

This Notice of Privacy Practices describes how we, Hope Network and Affiliates,¹ may use and disclose your protected health information to carry out treatment, payment or health care operations and for other purposes that are permitted or required by law. It also describes your rights to access and control your protected health information. “Protected Health Information” is information about you, including demographic information, that may identify you and that relates to your past, present or future physical or mental health or condition and related health care services.

Certain Hope Network Affiliates may be considered “substance use disorder treatment programs” and governed by specific Federal law - the Confidentiality of Substance Use Disorder Patient Records regulations set forth at 42 C.F.R. Part 2 (“Part 2”). Part 2 imposes restrictions on use or disclosure of substance use disorder records and would generally prohibit the disclosure of that information, except in certain specific circumstances, without your consent or a court order.

We are required by law to maintain the privacy of protected health information, to provide you with and abide by the terms of this Notice of Privacy Practices, which sets forth our legal duties and privacy practices with respect to protected health information, and to notify you in the event of a breach of your unsecured protected health information. We may change the terms of our notice, at any time. The new notice will be effective for all protected health information that we maintain at that time. The new notice will be available upon request, in our office and programs, and on our website.

1. Uses and Disclosures of Protected Health Information

Uses and Disclosures of Protected Health Information for Purposes of Treatment, Payment and/or Health Care Operations

Your protected health information may be used and disclosed by your case manager and our office staff for the purpose of providing health care services to you. Your protected health information may also be used and disclosed to pay your health care bills and to support the operation of Hope Network. This section does not permit disclosure of substance use disorder information unless permissible under Part 2.

¹ “Hope Network” includes member affiliates, which are wholly owned corporations and joint venture partnerships held by Hope Network. Hope Network and its member affiliates have designated themselves as a single covered entity for purposes of HIPAA’s Security Standards and Privacy Rule

Following are examples of the types of uses and disclosures of your protected health care information that Hope Network is permitted to make. These examples are not meant to be exhaustive, but do describe the types of uses and disclosures that may be made by our office.

Treatment: We will use and disclose your protected health information to provide, coordinate, or manage your health care and any related services. This includes the coordination or management of your health care with a third party. For example, we would disclose your protected health information, as necessary, to a case management agency that provides care to you. We will also disclose protected health information to physicians who may be treating you. For example, your protected health information may be provided to ensure that your physician has the necessary information to diagnose or treat you.

In addition, we may disclose your protected health information from time-to-time to another health care provider (e.g., a specialist or laboratory) who, at the request of your physician or case manager, becomes involved in your care by providing assistance with your health care diagnosis or treatment.

Payment: Your protected health information will be used, as needed, to obtain payment for your health care services. This may include certain activities that Community Mental Health (“CMH”) or your health insurance plan may undertake before it approves or pays for the health care services we recommend for you such as; making a determination of eligibility or coverage for insurance benefits, reviewing services provided to you for medical necessity, and undertaking utilization review activities. For example, obtaining approval for employment services may require that your relevant protected health information be disclosed to CMH or the health plan to obtain approval for payment for the services you are seeking. Information may be released to another agency providing health care services to you in order for that agency to receive payment for services.

Healthcare Operations: We may use or disclose, as-needed, your protected health information in order to support the business activities of Hope Network. These activities include, but are not limited to, quality assessment activities, employee review activities, training of staff, licensing, accreditation, certain marketing communications, fundraising activities, and conducting or arranging for other business activities. For example, we may disclose your protected health information to a state Adult Foster Care licensing consultant for purposes of periodic license audit. We may also call you by name over the intercom when your ride has arrived. We may use or disclose your protected health information, as necessary, to contact you to remind you of your appointment.

We will share your protected health information with third party “business associates” who perform various activities (e.g., billing, transcription services) for Hope Network. Whenever an arrangement between our office and a business associate involves the use or disclosure of your protected health information, we will have a written contract with that company which contains terms that will protect the privacy of your protected health information. With respect to substance use disorder information protected by Part 2, we will not share such information with these types of third parties unless we obtain a qualified service organization agreement with each individual or entity having access to your substance use disorder information.

Attachment B cont.

Subject to the limitations on marketing activities described below, we may use or disclose your protected health information, as necessary, to provide you with information about treatment alternatives or other health-related benefits and services, which may be of interest to you. We may use your name and address to send brochures and other marketing information about Hope Network and its Affiliates to you. For example, your name and address may be used to send you a newsletter about Hope Network and the services we offer. Subject to the limitations on marketing activities described below, we may also send you information about products or services that we believe may be beneficial to you. You may opt out of receiving any of these communications, at any time, by contacting your service line Privacy Official and requesting that these materials not be sent to you. This section does not permit use or disclosure of your substance use disorder information unless permissible under Part 2.

We may use or disclose your demographic information and the dates that you received services, as necessary, in order to contact you for fundraising activities supported by our agency. You may opt out of receiving these fundraising communications, at any time, by contacting your service line Privacy Official and requesting that these fundraising materials not be sent to you. We will not put personal information about you in a brochure without your written authorization. This section does not permit use or disclosure of your substance use disorder information unless permissible under Part 2.

Uses and Disclosures of Protected Health Information Based upon Your Written Authorization

Without your written authorization, we will not make any of the following uses and disclosures of your protected health information:

Psychotherapy Notes. Unless permitted or required by applicable laws, we will not make any use or disclosure of psychotherapy notes (to the extent recorded by Hope Network) without your written authorization.

Marketing. Unless permitted or required by applicable laws, we will not make any use or disclosure of your protected health information for marketing purposes without your written authorization. In other words, without your authorization we will not send communications to you about a certain product or service to you that encourages you to purchase or use that product or service. Please note, however, that if you have not opted out of receiving them, we may send you: (1) communications about Hope Network and its Affiliates; (2) communications to provide refill reminders or otherwise communicate about a drug or biologic that is currently being prescribed to you, but only if any financial compensation we receive for making that communication is reasonably related to our cost to make that communication; and (3) communications regarding a certain product or service for the purposes of treatment and health care operations without your authorization, if we do not receive any financial remuneration for making the communication. If we do receive financial remuneration for a communication sent for the purposes of treatment and health care operations, then we must have your written authorization, and the authorization must disclose to you the remuneration we received.

Sale of Protected Health Information. Unless permitted or required by applicable laws, we will not make any use or disclosure of your personal health information that constitutes a sale of personal health information without your written authorization, and the authorization, if obtained, must disclose to you the remuneration we would receive from such a sale.

Other Uses and Disclosures. Unless permitted or required by applicable law as described below, we will not make any other uses or disclosures of your protected health information without your written authorization.

Substance Use Disorder Information. Unless permitted or required by Part 2, we will not make any use or disclosure of your substance use disorder information.

Revocation of Authorization. In the event you authorize us to use or disclose your personal health information for one or more purposes, you may revoke any such authorization, at any time, in writing, except to the extent that Hope Network has already taken an action based on an existing authorization.

Other Permitted and Required Uses and Disclosures That May Be Made With Your Authorization or Opportunity to Object

You have the opportunity to agree or object to the use or disclosure of all or part of your protected health information. If you are not present or able to agree or object to the use or disclosure of the protected health information, then your Hope Network case manager or physician may, using professional judgment, determine whether the disclosure is in your best interest. In this case, only the protected health information that is relevant to your health care will be disclosed. We may use and disclose your protected health information in the following instances. This section does not permit use or disclosure of your substance use disorder information unless permissible under Part 2.

Facility Directories: Unless you object, when we are satisfied of a legitimate need to know, we will use and disclose in our facility directory your name and the location at which you are receiving services, and to our pastoral services department, your religious affiliation. All of this information, except religious affiliation, will be disclosed to people that ask for you by name, and under circumstance allowed by state law.

Others Involved in Your Healthcare: Unless you object, we may disclose to a member of your family, a relative, a close friend or any other person you identify, your protected health information that directly relates to that person's involvement in your health care. If you are unable to agree or object to such a disclosure, we may disclose such information as necessary if we determine that it is in your best interest based on our professional judgment. We may use or disclose protected health information to notify or assist in notifying a family member, personal representative or any other person that is responsible for your care, your location, general condition or death. Finally, we may use or disclose your protected health information to an authorized public or private entity to assist in disaster relief efforts and to coordinate uses and disclosures to family or other individuals involved in your health care.

Emergencies: We may use or disclose your protected health information in an emergency treatment situation. If this happens, we will try to obtain your acknowledgment that you have received a copy of the Hope Network Notice of Privacy Practices as soon as reasonably practicable after the delivery of treatment.

Communication Barriers: We may use and disclose your protected health information if we attempt to obtain a signed authorization from you but are unable to do so due to substantial communication barriers and Hope Network staff determine, using professional judgment, that you intend to authorize the use or disclosure under the circumstances.

Other Permitted and Required Uses and Disclosures That May Be Made Without Your Authorization or Opportunity to Object

We may use or disclose your protected health information in the following situations without your authorization. This section does not permit use or disclosure of your substance use disorder information unless permissible under Part 2. These situations include:

Required By Law: We may use or disclose your protected health information to the extent that the use or disclosure is required by law. The use or disclosure will be made in compliance with the law and will be limited to the relevant requirements of the law. You will be notified, as required by law, of any such uses or disclosures.

Public Health: We may disclose your protected health information for public health activities and purposes to a public health authority that is permitted by law to collect or receive the information. The disclosure will be made for the purpose of controlling disease, injury or disability. We may also disclose your protected health information, if directed by the public health authority, to a foreign government agency that is collaborating with the public health authority.

Communicable Diseases: We may disclose your protected health information, if authorized by law, to a person who may have been exposed to a communicable disease or may otherwise be at risk of contracting or spreading the disease or condition.

Health Oversight: We may disclose protected health information to a health oversight agency for activities authorized by law, such as audits, investigations, and inspections. Oversight agencies seeking this information include government agencies that oversee the health care system, government benefit programs, other government regulatory programs and civil rights laws.

Abuse or Neglect: We will disclose your protected health information to a public health authority that is authorized by law to receive reports of abuse or neglect. In addition, we will disclose your protected health information if we believe that you have been a victim of abuse, neglect or domestic violence to the governmental entity or agency authorized to receive such information. In this case, the disclosure will be made consistent with the requirements of applicable federal and state laws.

Food and Drug Administration: We may disclose your protected health information to a person or company required by the Food and Drug Administration to report adverse events, product defects or problems, biologic product deviations, track products; to enable product recalls; to make repairs or replacements, or to conduct post marketing surveillance, as required.

Legal Proceedings: We will disclose protected health information in the course of any judicial or administrative proceeding, in response to an order of a court or administrative tribunal (to the extent such disclosure is expressly authorized), in certain conditions in response to a subpoena, discovery request or other lawful process.

Law Enforcement: We will also disclose protected health information, so long as applicable legal requirements are met, for law enforcement purposes. These law enforcement purposes include (1) legal processes and otherwise required by law, (2) limited information requests for identification and location purposes, (3) pertaining to victims of a crime, (4) suspicion that death has occurred as a result of criminal conduct, (5) in the event that a crime occurs on the premises of the practice, and (6) medical emergency (not on Hope Network premises) and it is likely that a crime has occurred.

Coroners, Funeral Directors, and Organ Donation: We may disclose protected health information to a coroner or medical examiner for identification purposes, determining cause of death or for the coroner or medical examiner to perform other duties authorized by law. We may also disclose protected health information to a funeral director, as authorized by law, in order to permit the funeral director to carry out their duties. We may disclose such information in reasonable anticipation of death. Protected health information may be used and disclosed for cadaver organ, eye or tissue donation purposes.

Research: We may disclose your protected health information to researchers when their research has been approved by an institutional review board that has reviewed the research proposal and established protocols to ensure the privacy of your protected health information.

Criminal Activity: Consistent with applicable federal and state laws, we may disclose your protected health information, if we believe that the use or disclosure is necessary to prevent or lessen a serious and imminent threat to the health or safety of a person or the public. We may also disclose protected health information if it is necessary for law enforcement authorities to identify or apprehend an individual.

Military Activity and National Security: When the appropriate conditions apply, we may use or disclose protected health information of individuals who are Armed Forces personnel (1) for activities deemed necessary by appropriate military command authorities; (2) for the purpose of a determination by the Department of Veterans Affairs of your eligibility for benefits, or (3) to foreign military authority if you are a member of that foreign military services. We may also disclose your protected health information to authorized federal officials for conducting national security and intelligence activities, including for the provision of protective services to the President or others legally authorized.

Workers' Compensation: Your protected health information may be disclosed by us as authorized to comply with workers' compensation laws and other similar legally established programs.

Inmates: We may use or disclose your protected health information if you are an inmate of a correctional facility and Hope Network created or received your protected health information in the course of providing care to you.

Required Uses and Disclosures: Under the law, we must make disclosures to you and when required by the Secretary of the Department of Health and Human Services to investigate or determine our compliance with the requirements of Section 164.500 et. Seq. of the Federal Register, applicable to Public Law 104-191.

2. Your Rights

Following is a statement of your rights with respect to your protected health information and a brief description of how you may exercise these rights.

You have the right to inspect and copy your protected health information. This means you may inspect and obtain a copy of protected health information about you that is contained in your record for as long as we maintain the protected health information. A "record" contains medical and billing information and any other documents that Hope Network staff use for making decisions about you. Any request from you to inspect and/or obtain a copy of protected health information must be made in writing.

Attachment B cont.

Under federal law, however, you may not inspect or copy the following records; psychotherapy notes; information compiled in reasonable anticipation of, or use in, a civil, criminal, or administrative action or proceeding, and protected health information that is subject to law that prohibits access to protected health information. Depending on the circumstances, a decision to deny access may be reviewable. In some circumstances, you may have a right to have this decision reviewed. Please contact your service line Privacy Official if you have questions about access to your medical record.

You have the right to request a restriction of your protected health information. This means you may ask us not to use or disclose any part of your protected health information for the purposes of treatment, payment or healthcare operations. You may also request that any part of your protected health information not be disclosed to family members or friends who may be involved in your care or for notification purposes as described in this Notice of Privacy Practices. Your request must state the specific restriction requested and to whom you want the restriction to apply.

Except as set forth in the following paragraph, Hope Network is not required to agree to a restriction that you may request. If we believe it is in your best interest to permit use and disclosure of your protected health information, your protected health information will not be restricted. If your Hope Network case manager does agree to the requested restriction, we may not use or disclose your protected health information in violation of that restriction unless it is needed to provide emergency treatment. With this in mind, please discuss any restriction you wish to request with your Hope Network case manager. You may request a restriction through the Hope Network Intake Coordinator at initial intake, or your service line Privacy Official.

Notwithstanding the terms of the preceding paragraph, if you have paid for services out-of-pocket, and in full, and you request that we do not disclose your personal health information relating solely to those services to a health plan, we are required to accommodate that request, unless we are required by applicable law to make such a disclosure.

You have the right to request to receive confidential communications from us by alternative means or at an alternative location. We will accommodate reasonable requests. We may also condition this accommodation by asking you for information as to how payment will be handled or specification of an alternative address or other method of contact. We will not request an explanation from you as to the basis for the request. Please make this request in writing to your service line Privacy Official. Examples: Foreign language, Braille, sign language, large print, audio, video.

You may have the right to have your protected health information amended. This means you may request an amendment of protected health information about you in a designated record set for as long as we maintain this information. In certain cases, we may deny your request for an amendment. If we deny your request for amendment, you have the right to file a statement of disagreement with us and we may prepare a rebuttal to your statement and will provide you with a copy of any such rebuttal. Please contact your service line Privacy Official if you have questions about amending your medical record.

You have the right to receive an accounting of certain disclosures we have made, if any, of your protected health information. This right applies to disclosures for purposes other than treatment, payment or healthcare operations as described in this Notice of Privacy Practices or disclosures for which you have signed an authorization. It excludes disclosures we may have made to you, for a facility directory, to family members or friends involved in your care, or for notification purposes. You have the right to receive specific information regarding these disclosures that occurred after April 14, 2003. You may request a shorter timeframe. The right to receive this information is subject to certain exceptions, restrictions and limitations.

You have the right to obtain a paper copy of this notice from us, upon request, even if you have agreed to accept this notice electronically.

3. Confidentiality of Substance Use Disorder Patient Records Under Part 2

The confidentiality of substance use disorder information is protected by Federal law set forth under Part 2. We are required to comply with these restrictions. This includes a prohibition, with very few exceptions, on informing anyone outside of Hope Network that you participated in a substance use disorder treatment program or disclosing any information that identifies you as suffering from a substance use disorder. Some exceptions to this general rule include:

- The disclosure is permitted by a specific court order
- The disclosure is made to medical personnel in a medical emergency
- The disclosure relates to a crime that was committed on treatment program premises
- The disclosure is with your written consent

The violation of Part 2 is a crime. If you suspect a violation you may file a complaint as explained below or notify the appropriate authorities.

4. Complaints

You may complain to us or to the Secretary of Health and Human Services if you believe your privacy rights have been violated by Hope Network or any of our employees. You may file a complaint with us by notifying our Privacy Officer of your complaint. We will not retaliate against you for filing a complaint.

You may contact our Privacy Officer for further information about the complaint process at:

Privacy Officer
3075 Orchard Vista Dr.
Grand Rapids, MI 49548
(616) 301-8000 or toll free at (800) 695-7273
Privacy@hopenetwork.org

Revised 03-1-2019

Hope Network S.E., Hope Network - New Passages, and Homes Opportunity, Inc. Person Served Grievance and Appeal

Policy Provisions

- A. HNBHE recognizes that persons served may have the need for grievance processes. It is important that a resolution be sought in an atmosphere that promotes open communication of ideas, expression of feelings and differences, and respect.
- B. All persons served have the right to actively participate in determining the direction and method of services they receive. All persons served within HNBHE have a multistep process for addressing their concerns or conflicts.
- C. Persons served funded through CMH and who receive Medicaid Services have additional steps through the local CMH and the State Appeals process through the Medicaid and Non-Medicaid fair hearing process.
- D. Persons served who file a grievance or appeal will be free from harassment, discrimination, retaliation, or any other barrier to service in any form.

Required Procedures

- A. Persons served Grievance
 - 1. Any person served/guardian within a HNBHE program may file a grievance at any time:
 - a. Grievance forms will be made available in every program.
 - b. Persons served will be informed of the grievance procedure during their orientation to the program and/or in the Beneficiary Guide for the persons served provided by the program.
 - c. The Grievance form is used whenever an issue is unable to be resolved by discussion.
 - 2. Persons served may use a representative of their choice to assist them in the grievance process at any time. This can be a HNBHE workforce member or someone else the person served designates.
 - 3. Persons served may utilize other procedures in addition the HNBHE procedure. To determine the procedure that will be most responsive to their concerns, they should be encouraged to contact the office of recipient rights for the county they receive services in. This does not eliminate workforce member's duty to report the allegation to the appropriate Office of Recipient Rights.
 - 4. The person served filing the grievance must still be informed about their right to file a Recipient Rights complaint and where appropriate, an AFC Licensing complaint and given the choice of which procedure to use.
 - 5. Persons served opinions will be heard at every step of the grievance process. Persons served have the right to present supporting evidence.
 - 6. When a person served disagrees with a workforce member's input, the person served is encouraged to first talk to the workforce members and/or the appropriate supervisory workforce members.
 - 7. If the person served continues to disagree with the workforce member's input, the person served should make a written complaint to the Program Manager or Case Manager.
 - 8. Throughout the Grievance Procedure the following timelines will be adhered to:

a. **Crisis Programs:**

- i. The complaint will be acknowledged by management within one working day.
- ii. The Program Manager will investigate the complaint, may coordinate with ORR and AFC licensing, where applicable, and make recommendations for resolution within 1 (one) working day. The Program Manager will review the recommendations with the person served.
- iii. If the person served is not satisfied, they may appeal immediately to the Program Director for the service areas within 1 (one) working day. The Program Director, Program Manager and Person served will attempt to resolve the dispute. The Program Director shall make the final recommendation, in writing, within 1 (one) working day.
- iv. If the person served is not satisfied with the Program Directors recommendations, the person served may continue to pursue resolution by appealing to the Executive Director. The decision of the Executive Director is final.
- v. Full resolution of the complaint will be sought within a maximum of 3 (three) working days.

b. **All other programs:**

- i. The complaint will be acknowledged by management within one working day.
- ii. The Program Manager will investigate the complaint and make recommendations for resolution within 3 (three) business days.
- iii. If the person served is not satisfied, they may appeal to the Program Director for the service area within 10-days. The Program Director, Program Manager and Person served will attempt to resolve the dispute.
- iv. The Program Director shall make the final recommendation, in writing, within five (5) business days of receiving the request.
- v. If the person served is not satisfied with the Program Directors recommendations, the person served may continue to pursue resolution by appealing to the Executive Director. The decision of the Executive Director is final.
- vi. Full resolution of the complaint will be sought within a maximum of 14(fourteen) working days.

9. A summary of grievance complaints and recommendations will be submitted to HNBHE Leadership by the Quality and Compliance department at least annually or more often as they occur.

10. The Quality and Compliance Department will report grievance activity to the requesting CMH.

**Hope Network S.E., Hope Network - New Passages, and
Homes of Opportunity
Person Served Grievance Form**

Person Served Name: _____ Date: _____
Person Served Address: _____

Describe what happened:

I understand that it is my right to file a Recipient Rights Complaint at any stage of this grievance process, in place of this grievance process, or in addition to this grievance process.

Signature of Person Served Date Person assisting person served (if any)

Program Manager Plan for Resolution
(Within 3 business days for Residential Programs and 1 day for Crisis Programs):

Program Manager Signature Date reviewed with Person Served

Comments from Person Served:

Appeal to Program Director

(within 10 days for Residential Programs and 1 day for Crisis Programs): If you wish to appeal the decision of the Program Manager, please sign below and return to the Program Manager, who will forward the appeal to the Program Director.

Signature of Person Served

Date

Person assisting Person Served (if any)

Program Director Plan for Resolution

(Within 5 business days for residential programs and 1 day for crisis programs):

Program Director

Date

Program Director's Plan Reviewed:

Comments:

Signature of Person Served

Date

Person reviewing recommendations

This form serves the purpose of communicating an informal complaint and documenting the response and action taken to address the issues raised. This form is to be completed by the person served and the workforce member who becomes aware of the complaint. Persons served always also have the option of filing a rights complaint through their County Recipient Rights Office

Issues addressed by the informal grievance process include:

- Disagreements around established outcomes/goals.
- Disagreements regarding supports to be provided.
- Timeliness of services.
- Workforce member and support assignments.
- Referrals to other services and programs.
- Fairness of treatment.
- Other treatment issues of concern to persons served.

If the person served is not satisfied with the Program Directors recommendations, the person served may continue to pursue resolution by appealing to the Executive Director. The decision of the Executive Director is final.

Full resolution of the complaint will be sought within a maximum of 3 (three) working days for Crisis Programs and a maximum of 14 (fourteen) working days for all other programs.

HNBHE Rights of Persons Served

All Community Mental Health (CMH) funded persons served are guaranteed certain rights while receiving any type of service from HNBHE. Persons Served who are not placed with HNBHE under a contract with a CMH are still entitled all of the rights listed below.

This document contains a summary of Rights otherwise not addressed in agency policies. A full description of Recipient Rights definitions can be found in the Chapter 7 and 7a of Michigan Mental Health Code as well as the Administrative Rules, Section 7. Rights are guaranteed while persons served receive services with HNBHE.

Persons served have a Right to:

1. Be notified of their rights by an HNBHE workforce member.
2. Be free from Abuse and Neglect, including Financial Exploitation and (otherwise).
3. Be treated with Dignity and Respect.
4. Not to be refused services or discriminated against because of race, color, national origin, marital status, sex, gender identity, age, political affiliation, religion, or disability.
5. To receive services in a safe, sanitary, and humane environment.
6. To receive services in the least restrictive environment.
7. Choose their treatment providers, including but not limited to, their Residential Services, Physician, Mental Health Professional and Program.
8. Receive mental health and addiction services suited to their condition.
9. Have personal health information (PHI) kept confidential unless they, or their guardian, provide written authorization for its release, or if the law requires the information to be released (e.g., public safety), or if a court of law orders their records to be released. Authorizations to release PHI will not extend beyond one year in maximum duration and follow all other provisions in HIPAA and the 42 U.S.C. 290dd-2 pursuant to substance (Public Law 104-191) abuse confidentiality provisions.
10. Give input into the individual/family treatment planning process and into the development and documentation of the treatment plan (IPOS/FPOS) that they or their family member will receive (in the case of an identified person served who is a minor child or an adult person served that wishes or is required to have family involvement). The IPOS/FPOS will be reviewed at least yearly. The IPOS/FPOS will also be updated as treatment services modify (additions or deletions) and/or when service intensity levels change (increase or decrease).
11. Be informed of their clinical status and progress at reasonable intervals established in the IPOS that is in a manner appropriate to their condition.
12. To receive information and have the opportunity to request or refuse medications, all medical treatment, and procedures, including sterilization, contraception, and abortion. If a person served requests services of any nature, they shall be referred to a qualified provider.

13. Receive a second opinion if services have been denied.
14. Not to be fingerprinted, photographed, audio taped, or viewed through a 1-way observation glass except in the circumstances and under the conditions set forth in Sec 724 of the Michigan Mental Health Code.
15. To have private, and uncensored communication with others via mail, telephone, and in-person visits with members of the treatment/outreach team and other authorized persons of his or her choice in a private area.
16. To receive, possess, and use all personal property, including tablets, laptops, phones, radios/stereos, or other electronic devices and personal funds; excluding property that may be construed as weapons. Persons served have a right to use a reasonable amount of storage space and to inspect their property at reasonable times.
17. The right to arrange and control their personal schedule (with or without support) of daily activities and appointments (e.g., personal care, events, etc.).
18. The right to receive assistance with personal care in privacy.
19. Easy access to any money that is being kept for them by a HNBHE program, under the conditions set forth in the treatment plan and/or guardian or legal representative.
20. If services include work, persons served have a right to be paid for work that is completed. (With the exception of labor that is of a personal housekeeping nature). If persons served perform work services, they have a right to know the effects of any chemicals used in the workplace, per MIOSHA regulations.
21. To acquire entertainment materials, information, and news using personal funds, or to read printed material, including newspapers, view or listen to radio, television, recordings, or movies made available at the facility, unless otherwise specified in the IPOS/FPOS.
22. To be referred to and/or access an attorney or other legal agencies or entities as needed at any time.
23. To request and receive access to, including a copy of, their medical record, mental health or substance abuse records, except as identified in policy Confidentiality and Release of Information (C-003.N) and amend their record.
24. Access to self-help and advocacy support services available in the community.
25. Receive Quality Services.

Persons' served family members, and others involved in the IPOS and treatment delivery processes have a right to:

1. Be treated with dignity and respect.
2. Have an opportunity to provide information to treating professionals.
3. Provided an opportunity to request and receive educational information about the nature of disorders, medications and their side effect, available support services and support groups, financial strategies, and coping strategies.

Last revised June 13, 2023

RECIPIENT RIGHTS COMPLAINT
Michigan Department of Health and Human Services

Complaint Number

INSTRUCTIONS

If you believe that one of your rights has been violated, you (or someone on your behalf) may use this form to make a complaint. A rights officer/advisor will review the complaint and may conduct an investigation. Send this form to the rights office at the Community Mental Health (CMH) or hospital where you are receiving (or received) services at:

If you send your complaint to Michigan Department of Health and Human Services, Office of Recipient Rights (MDHHS-ORR), it will be forwarded to the appropriate rights office. The MDHHS-ORR address is, Michigan Department of Health and Human Services, Office of Recipient Rights, Elliott-Larsen Building, 320 South Walnut Street, Lansing, MI 48933.

| | |
|--------------------------------|---|
| Complainant's Name | Recipient's Name (if different from complainant) |
| Complainant's Address | Where did it occur? (address or hospital/agency)? |
| Complainant's Telephone Number | When did the alleged violation occur? |

What right was violated?

Describe what happened:

What would you like to see happen in order to correct the violation?

Complainant's Signature

Date

Name of person assisting complainant

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.

Authority: PA 258 of 1974 as amended.

Copy to complainant (with acknowledgement letter)

Communicable Disease: Protect Yourself and Others

Defined: Communicable diseases are those that can be transmitted from person to person (or animal to human) via direct contact with body fluids, ingesting contaminated food or water, inhalation of contaminated air, or the bite of an infected insect. Bacteria, viruses, and parasites are some of the organisms that can cause communicable diseases. (Kent County Health Department)

Pathogens: Are tiny organisms that invade the body to cause illness.

Viruses: Are tiny pathogens that contain genetic material, but are unique in the fact that they have a simple cell structure virus.

Virus Examples include:

Common Cold
Influenza (Flu)
Viral Gastroenteritis (Stomach Flu)
HIV
Salmonella and E-Coli
Tuberculosis
Ringworm
Pink eye
Measles
Mumps
Rubella
Meningitis
Strep Throat and Pneumonia
Athletes Feet
Parasites e.g. Mosquito, Flea Bites, and Scabies
COVID-19 (Coronavirus or SARS-CoV-2)



Disinfect Surfaces



Cover Coughs and Sneezes



Stay Home when Ill



Wash Hands Thoroughly and Often



Use Personal Protection Equipment



Practice Safe Food Handling and Storage



Avoid Wild Animals



Vaccinate and Use Anti-Malarial Medications



Follow Center for Disease Control Guidelines

For More Information Visit the Following Websites Below:
http://www.accesskentHealth/.com/health_department.htm
Or the Centers for Disease Control & Prevention at: www.CDC.gov

HOPE  NETWORK®

Recipient Rights Contacts

If you believe someone's rights have been violated, you must file a complaint by contacting the appropriate Community Mental Health Recipient Rights Office. These numbers are only used as a guide as they may have changed, if you are unable to connect to your Rights Office, please refer to the poster on the wall, or ask a workforce member for assistance.

| Community Mental Health Agency | Phone # |
|--|---|
| Allegan | (269) 628-5715 |
| Ausable | (989) 362-0727 |
| Barry | (269) 948-8041 |
| Bay Arenac | (989) 895-2317 |
| Berrien-Riverwood | (269) 927-8629 |
| Central Wellness Network (Manistee/Benzie CMH) | (877) 377-0708 |
| Clinton-Eaton-Ingham (CEI) | (517) 346-8249 |
| Copper Country | (906) 482-9400 |
| Detroit-Wayne County Integrated Network | (888) 339-5595 (313) 656-6294 |
| Genesee | (810) 257-3710 |
| Ionia | (616) 527-1790 |
| Isabella County | (989) 772-5938 |
| Kalamazoo | (269) 553-8136 (269) 364-6928 |
| Lapeer | (810) 667-0500 |
| Lenawee | (517) 263-8905 Ext. 292 |
| Lifeways | (517) 796-4516 |
| Livingston | (517) 546-4126 |
| Macomb | (586) 469-6528 |
| Monroe | (734) 243-7340 |
| Montcalm Center | (989) 831-7556 or Toll free (800) 377-0974 |

Attachment F Cont.

| Community Mental Health Agency | Phone # |
|---|----------------------------------|
| Muskegon | (231) 724-1107 |
| Network 180 Kent County | (616) 336-3765 |
| Newaygo | (231) 689-7080 |
| North Country | (800) 281-0481 |
| Northeast | (989) 358-7847 or 1-800-968-1964 |
| Northern Lakes Cadillac | (231) 876-3251 |
| Northern Lakes Traverse City | (800) 337-8598 |
| Oakland Community Health Network | (248) 858-1202 |
| Ottawa | (616) 393-5763 or 1-877-588-4357 |
| Pathways | (906) 786-6441 or (888) 728-4929 |
| Pines Behavioral Health (part of Venture) | (517) 278-2129 |
| Saginaw | (989) 797-3428 |
| Sanilac | (810) 583-0377 |
| Shiawassee County | (989) 723-0725 |
| St. Clair | (810) 985-8900 |
| St. Joseph | (269) 467-1000 ext. 412 |
| Summit Pointe (Calhoun) – Part of Venture | (269) 441-5966 |
| Tuscola | (989) 673-6191 or 1-800-462-6814 |
| Van Buren (Professional Management Systems) | (269) 782-7604 |
| Washtenaw | (734) 219-8519 |
| West Michigan | (231) 845-6294 |
| Woodlands Behavioral (Cass) | (269) 445-2451 or (800) 323-0335 |

Attachment F Cont.

If a Community Mental Health Agency is not on the list, please feel free to call the number below, or ask a case manager or program manager to find it for you.

If you have questions or need help making a complaint, see your case manager or program manager, or call:

Hope Network Behavioral Health (248) 338-7458

REQUIREMENTS FOR REPORTING ABUSE AND NEGLECT

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

