



HURON BEHAVIORAL HEALTH  
**PROCEDURE**

Procedure #: **RR.2.23**  
Issue Date: 09/14/00  
Rev. Date: 11/14/25  
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**Title: Recipient Rights – Recipient Rights System Procedure**

**Prepared By: Recipient Rights Officer**

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**Purpose:**

To define the overall Recipient Rights System at Huron Behavioral Health.

**Scope:**

This procedure applies to all employees (including full-time and part-time employees), contract providers, volunteers, students, and/or interns, of Huron Behavioral Health (HBH).

**Information:**

1. It is the policy of Huron Behavioral Health that the rights of all consumers preserved are safeguarded.
2. All agencies, programs, and contract providers must, as a condition of that contract, implement and abide by the HBH recipient rights protection system.
3. The recipient rights office will be protected from pressures that could interfere with the even-handed, and thorough performance of its duties.

**Procedure:**

1. Huron Behavioral Health employs a Recipient Rights Officer. The hiring and dismissal procedures for this position are established by HBH's personnel policies (see also "Employee Handbook" PPM.00). The hiring and dismissal decisions for the Recipient Rights Officer are ultimately made by the Executive Director with input from the Recipient Rights Advisory Committee (RRAC).
2. The office of Recipient Rights is subordinate only to the HBH Executive Director.
3. The Executive Director will ensure all of the following:
  - a. Within one (1) year of the effective date of employment, HBH Executive Director shall attend those sections of the Basic Skills Training Program designated by the Michigan Department of Health and Human Services (MDHHS).
  - b. HBH has written policies and procedures for the operation of the rights system on file with MDHHS Office of Recipient Rights (ORR).
  - c. Education and training in recipient rights policies and procedures are provided to HBH's Recipient Rights Advisory Committee and the Appeals Committee.
  - d. The process for funding the rights office includes a review of the funding by the Recipient Rights Advisory Committee.
  - e. The rights office will have unimpeded access to all programs and services operated by or under contract (including staff employed or under contract) to HBH and all evidence necessary to conduct a thorough investigation or to fulfill its monitoring function.
  - f. The Recipient Rights Officer receives the required annual trainings in recipient rights protections (see [RR.2.16](#)).
  - g. All contracts between HBH and providers require the provider's employees receive recipient rights training and that consumers will be protected from rights violations while they are receiving services under the contract.
  - h. The policies and procedures mandate that the provider's employees cooperate with recipient rights investigations.

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- i. HBH protocol specifies how recipient rights services will be provided including during a temporary absence of the Rights Officer.
- j. A Recipient Rights Officer is selected who has the education, training, and experience to fulfill the responsibilities of the office.
- k. There shall be no selection, replacement, or dismissal of the Recipient Rights Officer without first consulting the Recipient Rights Advisory Committee.
- l. A grievance procedure is available to the Recipient Rights Officer in the event of disciplinary action or discharge.
- m. A local grievance and dispute resolution process for Medicaid and non-Medicaid consumers is in place and is in compliance with federal and state regulations (see also "[Grievance and Appeals Procedure](#)" RR.2.36).
- n. The Recipient Rights Officer has no direct clinical service responsibilities.
- o. An annual report is submitted to the HBH Board of Directors and MDHHS no later than December 30<sup>th</sup> of each year for the preceding fiscal year, prepared by the Recipient Rights Officer, reviewed and commented on by the Recipient Rights Advisory Committee on the current status of recipient rights in reviewing the operations of the rights office. The annual report includes, at a minimum, all of the following:
  - summary data, by category, including complaints received, number of reports filed, number of reports investigated by provider
  - number of substantiated rights violations by category and provider
  - remedial action taken on substantiated violations by category and provider
  - training received by staff of the rights office
  - training provided by rights office to contract providers
  - desired outcomes established for the rights office and progress toward these outcomes
  - recommendations to the HBH Board of Directors
- p. There shall be proper coverage in the absence of the Recipient Rights Officer. In the extended absence of the HBH Recipient Rights Officer, coverage will be provided by another affiliate board within the region.

### A. Required Policies and Procedures:

1. HBH has developed policies and procedures as a mechanism for prompt reporting, reviewing, investigating, and the resolution of apparent or suspected rights violations which are consistent with Chapter 7 and 7A of the Michigan Mental Health Code, and are designed to protect recipients from and also prevent repetition of, violations of rights as guaranteed by Chapter 7 and 7A (330.1752) as follows:
  - a. RR.2.01 [Recipient Abuse & Neglect Procedure](#)
  - b. RR.2.02 [Appeals Procedure](#)
  - c. RR.2.03 [Right to Access Entertainment Material, Information, and News Procedure](#)
  - d. RR.2.04 [Change in Type of Treatment Procedure](#)
  - e. RR.2.05 [Comprehensive Examination Procedure](#)
  - f. RR.2.06 [Communication, Telephone, Visiting Rights Procedure](#)
  - g. RR.2.07 [Confidentiality and Disclosure of Information Procedure](#)
  - h. RR.2.08 [Duty to Warn Procedure](#)
  - i. RR.2.09 [Fingerprinting/Photographing, Audio-taping and Use of 1-Way Glass Procedure](#)
  - j. RR.2.10 [Freedom of Movement Procedure](#)
  - k. RR.2.11 [Informed Consent Procedure](#)
  - l. RR.2.13 [Personal Property & Funds Procedure](#)
  - m. RR.2.14 [Privacy and Human Dignity Procedure](#)
  - n. RR.2.15 [Psychotropic Medication Procedure](#)
  - o. RR.2.16 [Recipient Rights Officers Qualifications and Training Procedure](#)
  - p. RR.2.17 [Residential Labor Procedure](#)

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- q. RR.2.18 [Least Restrictive Treatment Procedure](#)
- r. RR.2.19 [Restraint Procedure](#)
- s. RR.2.20 [Seclusion Procedure](#)
- t. RR.2.21 [Services Suited to Condition Procedure](#)
- u. RR.2.22 [Sterilization, Abortion, & Contraception Procedure](#)
- v. RR.2.23 [Recipient Rights System Procedure](#)
- w. RR.2.24 [Treatment by Spiritual Means Procedure](#)
- x. RR.2.25 [Recipient Rights Records Retention and Disposal Procedure](#)
- y. RR.2.36 [Grievance and Appeals Procedure](#)

### B. The Office of Recipient Rights will abide by the following:

1. Provide or coordinate the protection of recipient rights for all directly operated and/or contracted services.
2. Ensure that consumers, parents of minor consumers, and guardians/legal representatives have access to summaries of rights guaranteed by Chapter 7 and 7A of the Michigan Mental Health Code.
3. Ensure that consumers, parents of minor consumers, and guardians/legal representatives are notified of the rights guaranteed by Chapter 7 and 7A of the Michigan Mental Health Code in an understandable manner, both at the time services are initiated and periodically during the time services are provided to the consumer. Consumers will be given a copy of the “Your Rights When Receiving Mental Health Services in Michigan” (MDHHS booklet). The receipt shall be documented in the consumer’s case record in the Electronic Medical Record (EMR) system.
4. Ensure that all consumers, guardians, parents or other concerned parties have ready access to rights complaint forms. The phone number and address of the rights office and name of the Recipient Rights Officer is conspicuously posted at all HBH service sites.
5. Maintain a record system for all reports of apparent or suspected rights violations received by the agency including a mechanism for logging all complaints and securing storage of all investigative documents and evidence.
6. Ensure that each service site is visited with the frequency necessary for protection of rights but in no case less than annually.
7. Ensure that all individuals employed by HBH and all contract providers receive training related to recipient rights protection before or within thirty (30) days of employment/contract.
8. Review recipient rights policies and procedures and the rights system of each provider under contract with HBH (if they have their own rights system) to ensure the provider is in compliance with the Michigan Mental Health Code, is of a uniformly high standard, and in compliance with all MDHHS training requirements. The rights officers/advisors shall attend updated training as specified by MDHHS-ORR every three (3) years during their employment.
9. Review and comment as needed on all HBH policies and procedures impacting the rights of consumers.
10. Serve as a consultant to the Executive Director and to all HBH staff in rights-related matters.
11. Attend meetings such as Behavior Treatment Plan Review Committee (BTPRC) meetings, Quality Improvement Committee meetings, Sentinel Events Committee meetings, Executive Staff meetings, Board meetings, and individual case meetings (when appropriate) whenever rights-related issues are discussed.
12. Ensure that all reports of apparent or suspected violations of rights within HBH are investigated in accordance with requirements of Chapter 7A of the Michigan Mental Health Code.
13. Ensure that reports of alleged or suspected rights violations that did not warrant investigation are recorded in accordance with #5 above.
14. Provide semi-annual summaries of complaint data consistent with the required annual report. The summary will include remedial action(s) taken on substantiated complaints by category to MDHHS and the HBH

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Recipient Rights Advisory Committee.

**C. The Recipient Rights Advisory Committee shall:**

1. Be appointed by the HBH Board of Directors consisting of at least six (6) members who represent the various perspective of Huron County's geographic area. At least 1/3 of the membership will be primary consumers or family members of a primary consumer. Of the 1/3, one-half will be primary consumers.
2. Meet quarterly or at least semi-annually or as necessary to carry out its responsibilities.
3. Maintain a current list of membership names and a list of categories represented by members, which is available to individuals upon request.
4. Protect the Recipient Rights office from pressures, which could interfere with the impartial, even-handed and thorough performance of its duties.
5. Recommend candidates for Recipient Rights Officer to the Executive Director.
6. Consult with the Executive Director regarding any proposed dismissal of the Recipient Rights Officer.
7. Serve in an advisory capacity to the Executive Director and Recipient Rights Officer.
8. Serve as the Appeals Committee for recipient right complaint appeals.
9. Ensure meetings of the RRAC comply with the Open Meetings Act, Act No. 267 of the Public Acts of 1976, MCL 15.261 to 15.275.
10. Ensure minutes of RRAC meetings are maintained and made available to individuals upon request.
11. Review and provide comments on the annual rights report submitted by the Executive Director to the HBH Board of Directors.

**D. The Rights Advisors for each HBH program or facility shall:**

1. Report directly to the Recipient Rights Officer regarding recipient rights issues.
2. Participate in in-service training regarding the Recipient Rights System.
3. Ensure that consumers and others have access to Recipient Rights Complaint Forms (DCH-0030).
4. Complete all training required by MDHHS-ORR and Michigan Mental Health Code, which will include: Basic Skills, Art of Investigation, and Developing Effective Rights Training.
5. Assist consumers, his/her relatives, friends, guardians and/or staff members in completing Recipient Rights Complaint Forms.
6. Report to the Recipient Rights Officer any alleged violations or oral complaints made by consumers, relatives, guardians, friends and/or staff members in a confidential manner.
7. Assist the Recipient Rights Officer in investigating recipient rights complaints, when asked.
8. Provide recipient rights services and may serve as a back-up in case the Recipient Rights Officer is absent.

**E. Records:**

1. Records compiled in the course of investigating an alleged rights violation shall be retained by the Recipient Rights Officer, maintained independent of the consumer's case record, or an employee's personnel record, and shall be subject to confidentiality safeguards of Public Act 258, Section 748 and the Health Insurance Portability and Accountability Act (HIPAA) privacy regulations.

**I. Recipient Rights Site Review:**

1. The Behavioral Health and Developmental Disabilities Administration (BDHHA) and the MDHHS Office of Recipient Rights (ORR) shall conduct an on-site assessment of HBH's recipient rights system every three (3)

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years.

2. An audit report is generated and is provided to HBH with an overall score, with a rating of one of the following:
  - FC – Full Compliance
  - SC – Substantial Compliance
  - LTSC – Less Than Substantial Compliance
3. If HBH receives a rating of LTSC, a Plan of Correction (POC) will be developed and submitted to the MDHHS ORR within thirty (30) days. The MDHHS ORR will respond back to HBH within fifteen (15) days.
4. If the MDHHS ORR approves the POC, the ORR will monitor the POC's implementation for ninety (90) days. If the POC is fully implemented within 90 days, no additional action is required of HBH. However, if the plan is not implemented within the 90-day monitoring period, the MDHHS ORR will recommend to BHDDA that HBH be placed on a "Provisional" status. In sixty (60) days, the MDHHS ORR will conduct an on-site review of HBH to determine if HBH has fully implemented the POC.
5. If HBH does not achieve Full Compliance within thirty (30) days of the on-site review, the ORR may recommend monetary sanctions against HBH and continual monitoring will occur until the POC is fully implemented and Full Compliance is achieved.

### Definitions/Acronyms:

#### Definitions:

Code Protected Rights: A right that is guaranteed by the Michigan Mental Health Code (Public Act of 1995), the Administrative Rules of the Michigan Department of Health and Human Services, or applicable law.

Complainant: A consumer or any other person who files a complaint indicating that a right has been violated.

Intervention: The Rights Office acts on behalf of a consumer to obtain resolution of an allegation of a rights violation contained in a complaint through processes other than an investigation.

ORR: Michigan Department of Health and Human Services Office of Recipient Rights (MDHHS-ORR)

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

Refuted: A determination made by the Recipient Rights Officer that the consumer rights complaint was not a violation.

Provider: The Executive Director of Huron Behavioral Health. The Executive Director may delegate his/her duties to individual facilities, programs, or entities operated by or under contract with HBH but shall ensure county-wide uniformity in recipient rights procedures.

Recipient/Consumer: A person who receives mental health services from a program or facility operated by or under contract with Huron Behavioral Health. People who receive purely educational or information services are not considered mental health recipients.

Recipient Rights Officer: An employee of the Board who assumes the responsibility for safeguarding the rights of consumers.

Rights Advisor: An employee of HBH, an employee of a contract agency or a contractor, designated to provide rights services.

Remedial Action: Action taken by the Executive Director (or his/her designee) to correct a violation, prevent a violation from re-occurring, and/or remove any contributing conditions.

Substantiated: A determination made by the Recipient Rights Officer that the recipient rights complaint was a rights violation.

Unsubstantiated: A determination made by the Recipient Rights Officer that a recipient rights complaint was unable to be substantiated or refuted.

#### Acronyms:

**BTPRC** – Behavior Treatment Plan Review Committee

**CMHSP** – Community Mental Health Services Program

**DCH** – Department of Community Health (changed to MDHHS)

**FC** – Full Compliance

**HBH** – Huron Behavioral Health

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HIPAA – Health Insurance Portability & Accountability Act  
 LTSC – Less Than Substantial Compliance  
 MDHHS – Michigan Department of Health and Human Services  
 ORR – Office of Recipient Rights  
 RRAC – Recipient Rights Advisory Council  
 SC – Substantial Compliance

**Forms:**

DCH-0030 Recipient Rights Complaint Form  
 Your Rights When Receiving Mental Health Services in Michigan (MDHHS booklet)

**Records:**

N/A

**Reference(s) and/or Legal Authority**

Michigan Mental Health Code (Act 258 of 1974) - 330.1755(1), 330.1722, 330.1752, 330.1757, 330.1776-1782, 330.1788, 330.1753

MDHHS letter dated April 12, 2018 entitled "Subject – Compliance".

Americans with Disabilities (ADA) Act of 1973 (section 504)

[ORI.1.07 Discipline Compliance Policy](#)

RR.2.01 through RR.2.25 and RR.2.36 (see list and hyperlinks defined in section "A" above)

**Change History:**

Change Letter	Date of Change(s)	Changes
A	05/23/03	Documentation brought into the new procedure format and numbered for tracking; minimal changes made to content. Redefined preponderance of evidence included new master contract requirements for training, added heading "Complaint Investigation and Resolution" and broke it out of RR Officer responsibilities for clarification. Re-ordered information for clarity
B	07/24/03	C.9 – Added "(RR.2.36)"; D.7 - changed "three (3) months" to "thirty (30) days"; D.8 – added "if they have their own rights system"; D.11 – Added "(when invited)", Definitions – Changed "Intervention" to match state reporting definition, Reference section – added ADA reference and RR.2.36, added second sentence in H.26 , added reference "ORI.1.07 Discipline Compliance Policy" (to respond to DCH Rights Audit POC).
C	03/01/06	Revised FIA to "Childrens Protective Services throughout document, changed "service recipient" to "consumer" 3 places, removed references to 330.1232A(1)(b), 330.1704, 330.1712 & reference to DCH contract, removed "C.9" which stated "a grievance procedure is available for complainants..." in accordance with the Rights Assessment, #E.11 – changed "invited" to "appropriate", E.8 – added "Mental Health Code, is...", removed/changed the words "service recipient" to "consumer" or "recipient" throughout document, C.15 – added agreement with AAM, reformatted, added hyperlinks, added section D (Policies & Procedures).
D	03/23/09	Updated language for required training for contracts, E8, added reviewing the incident reports H28 (added last sentence in E.8, added I.28)
E	04/23/12	Procedure- A #16 removed "and also with Sanilac County Community Mental Health Authority." D- Added "z. RR.2.36", I- #26 added "(ORI.1.07 Discipline Compliance Policy), Reference- moved RR.2.36 to the line below. Approved by the HBH Recipient Rights Advisory Committee 04/23/12.
F	05/15/13	Annual review conducted – no content changes made
G	12/16/14	In C.16 removed "Access Alliance of Michigan (AAM)" and replaced with statement about "another board in the regional affiliation", reformatted page margins, no other content changes made.
H	04/28/15	Reviewed by HBH Recipient Rights Advisory Council – no content changes made
I	02/07/17	Reviewed by the Recipient Rights Advisory Committee – changed "Michigan Department of Community Health/MDCH" to "Michigan Department of Health and Human Services/MDHHS" throughout document (8 places), in G.2 changed state form "DCH-2500A" to "DCH-0030", changed "Mental Health Code" to "Michigan Mental Health Code" throughout document (12 places), in "Forms" section added "DCH-0030", in "Acronym" section added "CMHSP" & "BTPRC", made several small wording/grammatical changes/corrections throughout document without changing sentence content.
J	10/16/17	Removed D.1.1 ("RR.2.12 Medication Administration/Stop Order Procedure")
K	04/24/18	Added section "J" to comply with April 12, 2018 MDHHS letter entitled "Subject – Compliance".
L	08/07/18	Removed entire section I ("Complaint Investigation and Resolution") and moved this entire section to RR.2.02 ("Appealing Recipient Rights Investigative Findings Procedure").
M	05/27/20	Made several minor wording/grammatical changes/corrections throughout document without changing sentence content.
N	04/10/22	Added reference to "Your Rights When Receiving Mental Health Services in Michigan" (MDHHS booklet) (2 places E.3 & Forms section), made several minor wording/grammatical changes/corrections throughout procedure without changing sentence content.
O	01/12/24	Made several minor wording/grammatical changes/corrections throughout procedure without changing sentence content.

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P	11/14/25	Combined D.6 & D.7 into D.6, made several minor wording/grammatical changes/corrections throughout procedure without changing sentence content.