BARRY COUNTY COMMUNITY MENTAL HEALTH AUTHORITY
POLICY AND PROCEDURE MANUAL

Policy: Adult Foster Care – Rights, Referrals, and Monitoring 6-CC		Application: BCCMHA Staff & Providers
Reviewed 7/19/2023	Revised 9/7/2022	First Effective 8/25/1996

I. PURPOSE

To outline the provisions of and structures for ensuring that appropriate persons are referred to adult foster care or specialized residential placement. To ensure that persons who reside in a dependent residential setting receive the level of care required by their clinical condition and are treated in such a way as to promote their freedom of choice and individual dignity.

To provide guidelines to BCCMHA staff and network providers in the areas of resident rights including: right to entertainment material, information and news; comprehensive examinations; freedom of movement; communication and visits; as defined in MHC 1752(1)(p) (i-vii) and AR 7139.

II. POLICY

Recommendations and referrals to adult foster care or specialized residential placement can be made by clinicians'/case managers at any time during the course of treatment by notifying the Residential Team of a prospective AFC placement. A residential assessment will be completed by a member of the Residential Team to determine the level of residential needs. See AFC Form Packet.

Clients involved in or with residential services receive a comprehensive examination that will serve as a basis for the development of the treatment plan.

Appropriate level of services will be assessed for BCCMHA clients that reside in a generalized Adult Foster Care Home or specialized residential homes. All clients that live in a specialized residential setting will receive case management services in order to monitor placement and continue to make appropriate recommendations regarding level of care needs.

Case managers will visit the dependent living settings for the purpose of monitoring the client's condition, seeing the client in his or her residence, discussing and resolving problems with the client and/or the adult foster care home provider, assisting in the completion of the paperwork as required by the Department of Health and Human Services, Medicaid, or agency policy, reviewing the environmental condition of the home, and assuring that placement is meeting rehabilitative and/or habilitative needs of the client.

Case managers are to complete scheduled and unscheduled visits to dependent living settings to allow observation of routine activities and in-home programming.

Incidents or concerns involving suspected recipient rights violations, adult foster care licensing violations or that may place a client at risk of harm are to be reported to the Recipient Rights Officer, Bureau of Community and Health Systems, Adult Foster Care and Camps Licensing-Complaint Intake Unit, and MDDHS Adult Protective Services, and/or police as appropriate. All verbal reports are to be followed by a written report to support staff and agency tracking the required action.

III. STANDARDS

Referrals to dependent residential settings will be acted upon by a member of the Residential Team within 14 days.

Case managers will meet with clients in compliance with the treatment plan. A review of the home's documentation, including daily and monthly personal care/community living supports logs, client funds, and medication lists, will occur at least quarterly. Home visits to see clients are to be both scheduled types of visits and of an unscheduled nature.

Case managers will immediately report all incidents of suspected/alleged abuse, neglect or situations which place a client at risk of harm to the Residential Team, Recipient Rights Officer, Bureau of Community and Health Systems, Adult Foster Care and Camps Licensing-Complaint Intake Unit, MDHHS Adult Protective Services, and /or police as appropriate verbally and in writing within 24 hours. Case managers will report serious or ongoing problems about a home to all appropriate parties within 72 hours as well as document the information in the file. An Incident Report will be completed as necessary.

Adult Protective Services, LARA and/or police, involvement is to be pursued in any case where a client is in or has been in a situation where abuse or neglect is suspected to occur or has been proven to have occurred.

Case managers are to take such action as is necessary to remove residents from any home whose adult foster care license has been suspended, denied, revoked or is not in effect for any reason.

Case managers can assist the adult foster care homes with their annual paperwork if necessary. Case managers will ensure the Adult Services Authorized Payments (ASAP) are authorized for General AFC Homes.

Should a resident, guardian or parent of a minor request a review of any restriction or limitation with regard to rights provided by this policy, PCP reviews shall be completed as soon as possible, but no longer than 30days from the date of the request, as provided in MHC 1712(2).

IV. PROCEDURES

Clinicians/case managers referring an individual to adult foster care will notify the Residential Team of a prospective AFC placement.

COMPREHENSIVE EXAMINATIONS

In collaboration with the assigned case holder, the client and his/her guardian/support system, a Residential Team Member, a client shall receive initial comprehensive physical, mental, and social examinations to be used as a means for determining prior to admission into a residential program to determine appropriative level of care needs. This will assist in determining the most appropriate type of residential placement (i.e., semi-independent living, general adult foster care, specialized residential). Once the specific type of recommended placement is determined, the Residential Team will offer possible housing options to the client and his/her guardian/support system. The Residential Team and the assigned case manager will assist with scheduling home tours for the client if a specialized residential home or semi-independent living arrangement is

appropriate to ensure that the proposed homes are a good fit for the client. The clinician/case manager should also work with the guardian, client, and team members to assist with placement if a general adult foster care home or independent setting is determined.

The comprehensive examinations shall be thorough and consistent with professional standards and standard assessment tools. The results shall be recorded in the client's clinical record.

Re-examination will be a part of the required periodic review and will be done at least annually. It will include a diagnosis of a client's physical and mental condition and an evaluation of the current plan of service.

REFERRAL AND MONITORING

The Residential Team will work with BCCMHA's Provider Network regarding contractual needs, necessary contract authorizations, and setting of rates. Communication in regard to specialized residential placements will include BCCMHA's Executive Director and Chief Financial Officer to receive approval for all moves and requested rates for services.

The assigned case manager will coordinate the application process for Social Security Income when appropriate.

The assigned case manager will assist with the adult foster care paperwork at the time of move in. If the required visit is completed at the dependent residential setting at a time when the client is not in the home, the case manager must arrange to meet with the client as outlined within the plan of service.

Case managers are to report issues of suspected abuse, neglect, or exploitation to the local Recipient Rights Officer, Bureau of Community and Health Systems, Adult Foster Care and Camps Licensing-Complaint Intake Unit, and MDDHS Adult Protective Services, and/or police as appropriate. See policy on Reporting Abuse and Neglect.

Case managers are to consult with their supervisor and Residential Team on all cases referred into the legal system with regard to preventing suspected or proven abuse or neglect from continuing.

Upon learning of any negative licensing actions in effect, visits by appropriate staff (i.e., case managers, Residential Team, Recipient Rights Officer, Provider Network, or Compliance Officer) may be increased. These visits may be unscheduled.

All specialized residential placements will be discussed and re-assessed monthly at scheduled Residential Meetings. Any concerns and needed changes with residential placements will also be communicated by the assigned case manager to the Residential Team as they arise.

FREEDOM OF MOVEMENT

This section is designed to ensure a client's freedom of movement is not restricted any more than is necessary to provide mental health services to him or her, to prevent injury to him or her or to others, or to prevent substantial property damage, except that security precautions appropriate to the

condition and circumstances of an individual admitted by order of a criminal court or transferred as a sentence–serving convict from a penal institution may be taken.

A program may have rules, which restrict the freedom of movement for all clients for reasons of health, safety, privacy, etc. These rules shall be in writing and posted.

Individual limitation or modification on freedom of movement shall be documented in the client's treatment plan. This documentation will include:

a. Justification of the limitation, including a brief description of less restrictive methods, which have been tried.
b. Authorization of the limitation.
c. Duration of the limitation.
d. Review date for the limitation.
e. When and by whom the limitation was explained to the client, and when applicable, to the parent of a minor or empowered guardian.

The client, and when applicable, parent of a minor, or empowered guardian, shall be informed of:

a. General restrictions in program rules.
b. Individual limitations in the treatment plan.

A facility shall provide for a rational and fair manner in which a resident may request leaves and appeal denial of requests.

Any restriction on freedom of movement of a recipient is removed when the circumstances that justified its adoption ceases to exist.

If it is believed that a client should be receiving services in a more or less restricted setting, the case manager will convene a meeting to determine the least restrictive treatment setting appropriate to meet the needs of the client and to develop a plan to meet these needs.

A facility shall assure that residents are not transferred to settings which increase restraints on personal liberty unless the resident has committed or is expected to commit an act or acts which if committed by a person criminally responsible for his conduct, would constitute homicide or felonious assault or is so dangerous to a mentally disabled or intellectually developmentally disabled person that his presence in a facility is dangerous to the safety of other residents, employees, the community, or himself. Procedures for this determination shall be consistent with the applicable statutes, rules, policies, and procedures relating to transfers and appeals of transfer or shall provide substantially similar procedures, which permit a client to challenge such a move.

RIGHT TO ENTERTAINMENT MATERIALS

Clients in a residential setting shall not be prevented from acquiring at their own expense, reading, viewing or listening to entertainment, information or news related materials (television, radio, recordings, or movie) for reason of, or similar to, censorship [AR 7139(1)] except under certain conditions:

a. If the Parent or Guardian who has legal custody of the minor objects.
b. To prevent the resident from substantial emotional harm.

c. If it is interfering with the resident's treatment program.
d. If it is prohibited by law.

Minors have the right to access material not prohibited by law unless the legal guardian of a minor objects to this access. [AR7139(5)] BCCMHA may not override guardian's wish but can advocate for the client to withdraw their objection to these materials.

Each restriction or limitation and its justification will be placed in the client's record. Restrictions or limitations will be removed when not essential to achieve program objectives, which justified their application. [AR7139(4)] Restrictions, limitations, or modifications to the IPOS are approved and reviewed by the Behavior Treatment Review Plan Committee, and consented to by the recipient, guardian or parent of a minor and reviewed as outlined in the BTPRC Policy.

A provider may limit access to entertainment materials, information, or news only if a limitation is specifically approved in the resident's IPOS. The provider shall document each instance when a limitation is imposed in the record. [AR7139(2)(3)]

Material and devices, beyond those made available by the program, shall be acquired at the client's expense.

The Network Provider may establish written policies and procedure that provide for general program restrictions on access to material for reading, listening and viewing. [AR 7139(6)(a)]. This may include but is not limited to providers requiring residents to view materials of a violent or sexual nature in private areas as to not infringe upon other's rights.

The Network Provider will determine the resident's interest for provision of a daily newspaper. [AR7139(6)(b)]

Any client who wishes to appeal a denial of their right of access may do so by contacting the Recipient Rights Officer. [AR7139(6)(d)]

Staff in charge of plan may persuade a parent or guardian of a minor to withdraw objection to material desired by the minor. [AR7139(6)(c)]

Restrictions or limitations may be imposed if indicated, in the resident's Individual Plan of Service and approved by Behavior Treatment Committee (BTPRC).

HOME AND COMMUNITY BASED FINAL RULE

The residential team will work closely with the Home and Community Based agency liaison to ensure that the federal mandated changes are being implemented. The changes will be communicated with the residential team and discussed how to manage them with the current and new providers. The contract manager will be included in discussions to ensure that there is compliance.

REFERENCES

BCCMHA

CARF
Department of Health and Human Services
Michigan Mental Health Code
CMS
Office of Recipient Rights
MCL 330.1100, 330.1728.
Michigan Department of Health and Human Services Administrative Rule 330.7009.
Federal Register, Volume 79, Number 11, January 16, 2014: Home and Community-Based Services (HCBS) Final Rule

ATTACHMENTS:
Adult Foster Care, Referral, and Monitoring attachment.pdf

APPROVED BY:

Richard Thiemkey Date
Executive Director