Policy and Administrative Procedures Table of Contents

| Chapter | Section | Subject | Title |
|---------|----------------|---------|--|
| 01 | Administrativ | ve | |
| 001 | Governance | | |
| 01 | 001 | 0020 | Board Members Attendance, Per Diem, Travel and Expense Reimbursement |
| 01 | 001 | 0030 | Conflict of Interest |
| 01 | 001 | 0035 | Inclusion of Persons Served |
| 01 | 001 | 0040 | Policy and Procedures Committee Policy - Policy-Administrative Procedures an |
| 01 | 001 | 0045 | Advisory Council Membership |
| 002 | Operations | | |
| 01 | 002 | 0011 | Quality Improvement Council |
| 01 | 002 | 0015 | Clinical Protocols and Practice Guidelines |
| 01 | 002 | 0020 | Corporate Compliance Complaint, Investigation & Reporting Process |
| 01 | 002 | 0025 | Freedom of Information Act Requests |
| 01 | 002 | 0035 | Public Communications/Marketing |
| 01 | 002 | 0040 | Policy - Administrative Procedures Exceptions |
| 01 | 002 | 0045 | Agency Coverage and Closure |
| 01 | 002 | 0055 | Staff Meetings |
| 01 | 002 | 0060 | General Document Management |
| 01 | 002 | 0075 | Use of Social Media Texting and Email |
| 003 | Provider Manag | gement | |

| Chapter | Section | Subject | Title |
|---------|----------------|----------|---|
| 01 | 003 | 0005 | Provider Enrollment in OASIS |
| 01 | 003 | 0006 | Provider Registry Process |
| 01 | 003 | 0011 | Provider Enrollment and Credentialing |
| 01 | 003 | 0016 | Procurement and Provider Selection Process |
| 01 | 003 | 0021 | Contract Management |
| 01 | 003 | 0040 | County of Financial Responsibility (COFR) |
| 01 | 003 | 0045 | MDHHS Provider Registry Process |
| 01 | 003 | 0050 | Leases: Negotiations and Maintenance/Repair |
| 02 | Access to Se | ervices | |
| 001 | Access | | |
| 02 | 001 | 0015 | Treatment Authorization |
| 02 | 001 | 0025 | Central Intake Unit (CIU) |
| 02 | 001 | 0030 | General Fund Waiting List |
| 02 | 001 | 0040 | Grievance Process |
| 02 | 001 | 0045 | Appeal Process & Second Opinion |
| 002 | Customer Serv | vices | |
| 02 | 002 | 0005 | Customer Services and Customer Service Department |
| 02 | 002 | 0021 | Interpreters for the Deaf and Hearing Impaired |
| 003 | Utilization Ma | nagement | |
| 02 | 003 | 0011 | Utilization Management |
| 02 | 003 | 0020 | Claims Verification |
| 02 | 003 | 0025 | Behavior Treatment Plan Review |

| Chapter | Section | Subject | Title |
|---------|---------------|---------|---|
| 03 | Service Deliv | very | |
| 001 | Treatment | | |
| 03 | 001 | 0005 | Person Centered Planning Process Individual Plan of Service |
| 03 | 001 | 0010 | Self Determination Choice Voucher |
| 03 | 001 | 0015 | Case Management and Supports Coordination |
| 03 | 001 | 0020 | Coordination of Care |
| 03 | 001 | 0025 | Habilitation Supports Waiver |
| 03 | 001 | 0030 | Children's Waiver - Category of Care |
| 03 | 001 | 0040 | Psychological Testing/Referral |
| 03 | 001 | 0045 | Court Ordered Treatment (Including Involuntary Hospitalization) |
| 03 | 001 | 0050 | Respite Services |
| 03 | 001 | 0055 | Comprehensive Assessment |
| 03 | 001 | 0060 | Behavior Treatment Plan Review Committee |
| 03 | 001 | 0085 | Jail Diversion |
| 03 | 001 | 0095 | Autism Applied Behavior Analysis Medicaid & MI Child Benefit |
| 03 | 001 | 0100 | Veterans Services |
| 03 | 001 | 0105 | Telepsychiatry |
| 002 | Records | | |
| 03 | 002 | 0005 | Case Record Format and Removal Process |
| 03 | 002 | 0010 | Case Record Timelines |
| 03 | 002 | 0015 | Abbreviations In Case Records |
| 03 | 002 | 0025 | Consent Forms |
| | | | |

| Chapter | Section | Subject | Title |
|---------|-----------------|---------|---|
| 03 | 002 | 0030 | Release of Case Record Information |
| 03 | 002 | 0035 | Expert Witness Fees |
| 03 | 002 | 0040 | Goal Writing |
| 03 | 002 | 0060 | Record Retention Disposal-Administrative Case Records |
| 03 | 002 | 0065 | Transfer of Cases, Records and Security |
| 03 | 002 | 0075 | Referrals for Collaborative Treatment |
| 003 | Client Services | | |
| 03 | 003 | 0005 | Input from Individuals Served |
| 03 | 003 | 0010 | After Hours Crisis Intervention |
| 03 | 003 | 0020 | Guardianship |
| 03 | 003 | 0025 | Psychiatric Services and Medication Reviews |
| 03 | 003 | 0030 | Unauthorized Leave From Site Based Services |
| 03 | 003 | 0035 | Removal & Exclusion of Individuals from Site Based Services |
| 03 | 003 | 0040 | Evaluation of Services for Individuals Who Are Intoxicated or Impaired |
| 03 | 003 | 0045 | Personal Care Services |
| 03 | 003 | 0050 | Outreach & Discharge |
| 03 | 003 | 0060 | Michigan Dept of Labor & Economic Growth/Michigan Rehabilitation Services |
| 03 | 003 | 0065 | Satisfaction Surveys |
| 03 | 003 | 0070 | Controlled Substances Prescribing |
| 03 | 003 | 0075 | Service Animals and Emotional Support Animals |
| 03 | 003 | 0800 | Zero Suicide - Suicide Prevention Program |

| Chapter | Section | Subject | Title |
|---------|----------------|--------------|--|
| 04 | Health / Me | dical | |
| 001 | Drugs and Me | dication | |
| 04 | 001 | 0005 | Administration of Oral and Topical Medications |
| 04 | 001 | 0020 | Adverse Drug Reactions |
| 04 | 001 | 0045 | Medication Errors |
| 04 | 001 | 0050 | Medication Management |
| 04 | 001 | 0065 | Transporting and Home-Delivery of Medications |
| 04 | 001 | 0070 | Standing Medication Orders (SMO's) |
| 04 | 001 | 0085 | Clozaril (Clozapine) Clinic |
| 001 | Drugs and Me | dications | |
| 04 | 001 | 0090 | Spravato Clinic |
| 002 | Health Care | | |
| 04 | 002 | 0010 | Health Care Chronological |
| 04 | 002 | 0015 | Medical Appointment Information Record |
| 04 | 002 | 0025 | Seizures |
| 04 | 002 | 0030 | Illness Protocol for Community Based Programs |
| 04 | 002 | 0035 | Medical History |
| 04 | 002 | 0040 | Phlebotomy and Blood Tests |
| 003 | Residential an | d Day Progra | ms |
| 04 | 003 | 0035 | Medication and Treatment Records |
| 04 | 003 | 0060 | Refused or Omitted Medications |
| 04 | 003 | 0075 | Standing Missed Medication Orders (SMMO) |

| Chapter | Section | Subject | Title |
|---------|----------------|---------|---|
| 04 | 003 | 0090 | Medication Review/Psychiatric Evaluation Appointment Preparation |
| 05 | Recipient Ri | ghts | |
| 001 | Recipient Righ | its | |
| 05 | 001 | 0005 | Recipient Rights |
| 05 | 001 | 0010 | Death Reporting |
| 05 | 001 | 0016 | Sentinel Events, Critical Incidents, and Risk Events |
| 05 | 001 | 0020 | Enrollee Rights |
| 05 | 001 | 0025 | Enrollee Information Rights |
| 05 | 001 | 0030 | Advance Directives |
| 05 | 001 | 0035 | Complaint Investigation, Reports & Remediation |
| 05 | 001 | 0040 | Incident Reports |
| 05 | 001 | 0045 | Reporting Suspected Abuse or Neglect |
| 05 | 001 | 0050 | Appeals of Recipient Rights Complaint Findings and Dispute Resolution |
| 05 | 001 | 0055 | Harassment Retaliation Following Rights Activity |
| 05 | 001 | 0060 | Parent Guardian Monitoring Program |
| 05 | 001 | 0065 | Health Care Decisions - Do Not Resuscitate Orders |
| 05 | 001 | 0070 | Restraint & Seclusion |
| 05 | 001 | 0800 | Recipient Rights Advisory Committee |
| 05 | 001 | 0085 | Choice of Mental Health Professional |
| 002 | SUD Recipient | Rights | |
| 05 | 002 | 0006 | Informed Consent |
| 05 | 002 | 0010 | Psychotropic Medication & Informed Consent |
| | | | |

| Chapter | Section | Subject | Title |
|---------|-----------------|---------|--|
| 003 | Individual Righ | nts | |
| 05 | 003 | 0005 | Unauthorized Leave From Residential Program-Specialized Foster Care Home |
| 05 | 003 | 0060 | Recipient Rights Complaint Process-Substance Use Disorder Services Program |
| 003 | Recipient Righ | ts | |
| 05 | 003 | 0010 | Fingerprints, Photographs, Audiorecordings, and Use of One-Way Glass |
| 05 | 003 | 0015 | Treatment By Spiritual Means |
| 05 | 003 | 0020 | Family Planning and Health Information |
| 05 | 003 | 0025 | Personal Possessions/Publications/Media Access |
| 05 | 003 | 0030 | Communications By Mail Telephone Visits |
| 05 | 003 | 0035 | Resident Labor |
| 05 | 003 | 0040 | Freedom Of Movement |
| 05 | 003 | 0045 | Residents' Use of Tobacco |
| 05 | 003 | 0050 | Personal Funds |
| 05 | 003 | 0055 | Recipient Rights In Substance Use Disorder Services Programs |
| 06 | Human Reso | urces | |
| 001 | Personnel | | |
| 06 | 001 | 0005 | Personal Involvement With Persons Receiving Services |
| 06 | 001 | 0010 | Personnel: Alcohol & Drug Testing |
| 06 | 001 | 0015 | Personnel: Background Checks |
| 06 | 001 | 0020 | Personnel Supervision of CMH Staff |
| 06 | 001 | 0025 | Personnel: Employee Tuberculosis TB Screening |
| 06 | 001 | 0030 | Personnel: Employee Performance Review and Development |

| Chapter | Section | Subject | Title |
|---------|---------|---------|---|
| 06 | 001 | 0035 | Personnel: Leaves of Absence Union Educational Disability and Other |
| 06 | 001 | 0040 | Personnel: Leaves of Absence: FMLA |
| 06 | 001 | 0045 | Personnel: Disability Plan Process |
| 06 | 001 | 0050 | Personnel: Changes In Employment Status and or Personal Information |
| 06 | 001 | 0055 | Personnel: Corrective/Disciplinary Action |
| 06 | 001 | 0065 | Personnel: Solicitations Policy |
| 06 | 001 | 0070 | Personnel: CMH Employment Reference Checks/Requests |
| 06 | 001 | 0075 | Personnel: Work Schedules; Leavetime; Overtime; Timecards |
| 06 | 001 | 0800 | Personnel: Job Descriptions-Functional Job Task List (FJTL) |
| 06 | 001 | 0085 | Personnel: New Employee Processing |
| 06 | 001 | 0090 | Personnel: Personnel Records |
| 06 | 001 | 0095 | Personnel: Posting/Selection/Hiring |
| 06 | 001 | 0100 | Personnel: Transfer Request, Transfers and Reassignments |
| 06 | 001 | 0105 | Personnel: Harassment in Workplace |
| 06 | 001 | 0110 | Personnel: Student and Volunteer Workers |
| 06 | 001 | 0115 | Personnel: Resignation/Retirement/Termination Process |
| 06 | 001 | 0120 | Duty to Warn |
| 06 | 001 | 0125 | Critical Incident Stress Management Plan |
| 06 | 001 | 0130 | Personnel: Request for Review of Job Grade Level |
| 06 | 001 | 0135 | Personnel: Employee Assistance Program (EAP) |
| 06 | 001 | 0140 | Personnel: Hepatitis B Immunization Program |

| Chapter | Section | Subject | Title |
|---------|--------------|---------|---|
| 06 | 001 | 0145 | Personnel: Temporary Assignment/Employment |
| 06 | 001 | 0150 | Personnel: Dress Code |
| 06 | 001 | 0155 | Social Security Numbers Privacy |
| 06 | 001 | 0160 | Personnel: Personal Use of Cell Phone |
| 06 | 001 | 0165 | Working Remotely |
| 002 | Training | | |
| 06 | 002 | 0006 | Personnel: Employee, Student and Volunteer Orientation & Training |
| 06 | 002 | 0010 | Cultural Competency |
| 06 | 002 | 0015 | Limited English Proficiency (LEP) |
| 06 | 002 | 0025 | Personnel Tuition Training Endorsement Certification Reimbursement Agreem |
| 06 | 002 | 0030 | Personnel: Staff Student Placement |
| 06 | 002 | 0035 | Personnel: Conferences/Training/Workshops |
| 06 | 002 | 0040 | Training |
| 07 | Fiscal Manag | ement | |
| 001 | Budget | | |
| 07 | 001 | 0005 | Board Fiscal Responsibilities |
| 07 | 001 | 0006 | Administrative Procedures related to Board Fiscal Responsibilities |
| 07 | 001 | 0011 | Costing Principles |
| 002 | Accounting | | |
| 07 | 002 | 0025 | Claims Payment Appeals |
| 07 | 002 | 0035 | Contract Audited Financial Statements |
| 07 | 002 | 0045 | Equipment Inventorying |

| Chapter | Section | Subject | Title |
|---------|----------------|----------|---|
| 07 | 002 | 0070 | Petty Cash |
| 07 | 002 | 0800 | Compensated Absences Reserves |
| 07 | 002 | 0085 | Building Reserve Fund & Management Referrals |
| 07 | 002 | 0100 | Uniform Grant Guidance |
| 07 | 002 | 0105 | CMH Provider Advance |
| 003 | Reimburseme | nt | |
| 07 | 003 | 0010 | Housing Subsidy Limited Term Financial Assistance |
| 07 | 003 | 0020 | Travel & Business Reimbursement |
| 07 | 003 | 0025 | Non-Residential Fee |
| 07 | 003 | 0030 | Specialized Residential Fee |
| 07 | 003 | 0035 | Specialized Foster Care Rate Determination |
| 07 | 003 | 0050 | Provider Rate Development |
| 07 | 003 | 0055 | Personal Care and Comprehensive Community Support Services Log and Foste |
| 07 | 003 | 0060 | Medical Reimbursement Process |
| 07 | 003 | 0065 | Request for Assistive Technology Enhanced Medical Equipment and Supplies a |
| 07 | 003 | 0070 | Model Payment System |
| 07 | 003 | 0800 | Insurance: Verification and Coverage, Billing and Refusal to Provide Informatio |
| 08 | Information | Managemo | ent |
| 001 | Information Sy | /stems | |
| 08 | 001 | 0005 | IT Department Technical Support |
| 08 | 001 | 0010 | Computer Information Systems Security |
| 08 | 001 | 0015 | Loss Prevention & Recovery of Data & Information |

| Chapter | Section | Subject | Title |
|------------------|-------------------------|--------------------|--|
| 08 | 001 | 0020 | Mobile Devices |
| 002 | Data Manage | ment | |
| 08 | 002 | 0005 | Protected Health Information - Privacy Measures |
| 08 | 002 | 0006 | Health Care Information Privacy Security Measures (HIPAA) |
| 08 | 002 | 0010 | Procedure Codes and Definitions |
| 08 | 002 | 0015 | Demographic Data Collection |
| 003 | Electronic Rec | cord | |
| 08 | 003 | 0005 | Electronic Health Record Management |
| 08 | 003 | 0025 | Community Electronic Health Record (CEHR) |
| 08 | 003 | 0030 | OASIS E Prescribing |
| 08 | 003 | 0035 | Copyright Compliance - OASIS |
| 09 | Facilities | | |
| 001 | Building | | |
| 09 | 001 | 0005 | Building Health and Safety |
| 09 | 001 | 0010 | Use Of CMH Facilities & Equipment |
| 09 | | | |
| | 001 | 0020 | Keys/Badges |
| 09 | 001 | 0020 0025 | Keys/Badges Smoking on CMHA Campus |
| 09 002 | | 0025 | |
| | 001 | 0025 | |
| 002 | 001 Transportation | 0025 on | Smoking on CMHA Campus |
| 002 09 | 001 Transportation 002 | 0025 on 0005 | Smoking on CMHA Campus Transporting Individuals Receiving Services In Personal Vehicles |

| Chapter | Section | Subject | Title |
|---------|---------|---------|---|
| 09 | 002 | 0025 | Vehicle Maintenance |
| 09 | 002 | 0030 | Use Of Agency Vehicles |
| 003 | Safety | | |
| 09 | 003 | 0005 | Personal Protective Equipment |
| 09 | 003 | 0010 | Medical Emergencies |
| 09 | 003 | 0015 | Residential Fire Drills Safety |
| 09 | 003 | 0020 | Safety Precautions for Out of the Office Services |
| 09 | 003 | 0025 | Weapons and/or Drugs in the Workplace |
| 09 | 003 | 0030 | Personnel: Employee Medical Situations |
| 09 | 003 | 0035 | First Aid Kits |
| 09 | 003 | 0040 | Non-Employee Accident Report |
| 09 | 003 | 0045 | Safety Precautions for In Office Services |