5122-7-02 ClientPatient rights within regional psychiatric hospitals.

- (A) The purpose of this rule <u>shall beis</u> to promote and protect the rights of <u>elientspatients</u> receiving services in Ohio's regional psychiatric hospitals (RPHs).
- (B) The provisions of this rule shall be applicable apply to all RPHs providing inpatient services under the managing responsibility of the Ohio department of mental health and addiction services (OhioMHAS).
- (C) The following definition shall apply to this rule in addition to or in place of those appearing in rule 5122-1-01 of the Administrative Code: As used in this rule:

"Consumer" means a person who is or has received inpatient or outpatient services; a client, an ex-patient; a parent; a relative of the consumer; or guardian of person; an advocacy group; or other interested citizen.

- (1) "Interested party" means a parent, spouse, other relative, significant other, or guardian of a patient or an advocacy group or interested citizen.
- (2) "Patient" means a person who is currently or has received inpatient or outpatient services at or through an RPH.
- (D) The policy of OhioMHAS shall beis to promote and protect the rights of elientspatients receiving services consistent with a concern for human dignity, respect, recovery, and quality clinical care; to respond promptly and effectively to consumerpatient and interested party concerns, inquiries, and complaints, and grievances; and to promote and evaluate consumerpatient satisfaction with services provided.
- (E) Organization and responsibilities of OhioMHAS' OhioMHAS's advocacy program:
 - An OhioMHAS elient rights and advocacy specialist<u>advocacy services</u> <u>administrator</u> lead for inpatient services <u>shallis to</u> be appointed for the department.

General responsibilities of the OhioMHAS client rights and advocacy specialistadvocacy services administrator lead shall include, but are not be limited to, the following:

- (a) Providing support for client rights specialists<u>the rights and recovery</u> <u>administrator</u> within the RPHs<u>each RPH</u>;
- (b) Serving as <u>the resource person</u> for statewide and individual client <u>patient</u> advocacy <u>issues;</u>

- (c) Evaluating and reviewing OhioMHAS policies, procedures, and mechanisms for assurance of <u>elientindividual</u> rights;
- (d) Ensuring that alleged <u>elientpatient</u> abuse and neglect cases receive prompt and appropriate action;
- (e) Promoting liaison with federal, state, local, community, legal<u></u>, and civil rights advocacy groups;
- (f) Consulting with appropriate OhioMHAS staff, including <u>the</u> executive committee team, regarding responses to mediations, complaints, grievances, and grievance appeals, including those having a potential impact on policy development;
- (g) Referring matters requiring legal expertise in the area of <u>elientpatient</u> rights to the department's office of legal services;
- (h) Investigating and responding to elientpatient grievance appeals;
- (i) Meeting with RPH elient rights specialistsrights and recovery administrators on at least a quarterly basis;
- (2) Each RPH shall<u>is to</u> have at least one full-time elient rights specialist<u>rights and</u> recovery administrator for inpatient services, who reports directly to the <u>RPH</u> chief executive officer (CEO) or <u>the CEO's</u> designee.

Each RPH shall<u>is to</u> have a designated client rights specialist<u>rights and recovery</u> administrator alternate, appointed by the <u>RPH</u>CEO and who reports to the CEO or <u>the CEO's</u> designee.

- (3) Duties for the <u>each</u> RPH client rights specialist shall<u>rights</u> and recovery <u>administrator</u> include, but are not limited to<u></u> the following:
 - (a) Planning, implementing, and coordinating RPH advocacy programs, including: ;all of the following:

(i) Mediation;

(ii)(i) Developing policies and procedures for the promotion and protection of human rights in accordance with state and federal statutes, the joint commission_guidance, and the centers for medicare and medicaid services, which promote and protect human rightspolicy; (iii)(ii) Monitoring and evaluating RPH compliance;

- (iv)(iii) Establishing mechanisms for resolution of <u>elientpatient</u> advocacy problems;
- (v)(iv) Providing consultation, mediation negotiation, training, and technical advice; and,
- $\frac{(vi)}{(v)}$ Representing RPH on matters concerning patient rights.
- (b) Providing <u>elientpatient</u> advocacy services; including <u>all of the following</u>:

(i) Mediation;

- (ii) Assuring that persons served are informed of and have access to mediation services;
- (iii)(i) Assuring adequate privacy for elientpatient interviews;
- (iv)(ii) Being accessible to elients patients in person and at work locations;
- (v)(iii) Representing and assisting <u>elientspatients</u> especially in the areas of rights, abuse and neglect, and fulfillment of recovery and human dignity;
- (vi)(iv) Investigating and responding to grievances on behalf of clientspatients;
- (vii)(v) Attending RPH investigatory interviews with elientspatients, as requested by elientspatients;
- (viii)(vi) Protecting human and civil rights;
- (ix)(vii) Reviewing unusual incident reports as part of the quality assurance process;
- (x)(viii) Ensuring that elientspatients have legal representation at court hearings related to hospital services; and,
- (xi)(ix) Ensuring that <u>elientpatient</u> rights are prominently displayed in writing on every unit.
- (c) Attending meetings related to <u>elientpatient</u> advocacy; serving as a member of the executive governing body and other committees to ensure representation of the <u>hospital's</u> advocacy program; preparing reports for

RPH or campus administration and central office; maintaining records; <u>and responding in writing to correspondence pertaining to client<u>patient</u> advocacy;</u>

- (d) Providing input into program and environmental changes to meet the needs as identified by elients, patients and assuring protection of patient rights; involvement, as well as being involved in and notification of administrative decisions affecting elientpatient rights, choice, dignity, and recovery;
- (e) Advising all levels of RPH staff and volunteers of <u>elient'spatient</u> rights; <u>as well as</u> consulting with appropriate department staff, including legal staff, regarding policy issues and responses to complaints or grievances;
- (f) Advocating for <u>elients'patient</u> access to community mental health systems, and facilitating access to other outside entities, including legal counsel, as needed;
- (g) Assuring that equal opportunity is implemented with particular emphasis on advocating that people with disabilities are to be free from discrimination in the provision of services ervices on the basis of religion, race, ethnicity, color, creed, sex, national origin, age, lifestyle, sexual orientation, gender identity, physical or mental handicap, disability, developmental disability, or inability to pay as prescribed in department policies and rules, and state and federal statutes;
- (h) Ensuring that each elientpatient understands the functions of and resources available through the Ohio protection and advocacy system and receives a copy of the patient rights in oral and written format understands their rights and is provided with the client rights in oral and written format, including the functions of and resources available through the Ohio protection and advocacy system, and explanation of their rights as indicated in this paragraphin accordance with all of the following:
 - (i) The written rights shallare to be furnished to a elientpatient within twenty-four hours after admission;
 - (ii) If a <u>elientpatient</u> is unable to read or speaks a language other than standard English as a primary means of communication, or has a limitation on their ability to communicate effectively; (such as deafness or hearing impairment), the list of rights <u>shallis to</u> be explained to them by providing interpreters, readers, or appropriate communication devices, or <u>by providing</u> other assistance; and;

- (iii) The notification and explanation of clientpatient rights shall<u>is</u> to be documented in the client's<u>patient's</u> health record.
- (4) Compliance with paragraph (E)(3)(h)(D)(3)(h) of this rule shallwill be monitored by the RPH quality assurance programs.

Effective:

Five Year Review (FYR) Dates:

5/17/2023

Certification

Date

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