



Accreditation Program: Behavioral Health Care

Rights and Responsibilities of the Individual

Standard RI.01.01.01

The organization respects the rights of the individual served.

Rationale for RI.01.01.01

This standard focuses on how the organization respects the rights of the individual served during his or her encounter with the organization. This encounter is characterized by viewing the individual as a whole person, not merely as a condition or illness to manage. Because the quality of the relationship between the provider and the individual can have an impact on the individual's effective participation in care, treatment, or services, this relationship should be respectful and not biased by the individual's diagnosis or condition. A mere list of rights cannot guarantee the rights of the individual. An organization puts its respect for the individual's rights into action through its policies and procedures and the ways that staff interact with the individual and involve him or her in care, treatment, or services.

Elements of Performance for RI.01.01.01

- | | | |
|--------------|---|----------|
| 1. | D The organization has written policies on the rights of the individual served. | A |
| 2. | The organization informs the individual served of his or her rights. (See also RI.01.01.03, EPs 1-3) | A |
| M 4. | The organization treats the individual served in a respectful manner that supports his or her dignity. | C |
| M 6. | The organization respects the cultural and personal values, beliefs, and preferences of the individual served. | C |
| M 7. | The organization respects the right of the individual served to privacy. (See also IM.02.01.01, EPs 1-5)
Note: This element of performance (EP) addresses the personal privacy of the individual served. For EPs addressing security and safety, please see EC.02.01.01, EP 3 and EC.02.06.01, EP 1. For EPs addressing the privacy of health information, please refer to Standard IM.02.01.01. | C |
| M 9. | In 24-hour settings, the organization accommodates the right of the individual to pastoral and other spiritual services.
Note: The spiritual services of individuals are varied and may take place in the setting or outside of the setting, and may require special considerations regarding scheduling, space, or other accommodations. Within its capabilities, the organization accommodates this right. | C |
| 10. | In accordance with law and regulation, the organization allows the individual served to access and request amendment to his or her health information and to obtain information on disclosures of this information. | A |
| 14. | For opioid treatment programs: The program reviews rights and responsibilities with the patient at admission, at the end of the stabilization period, and when any changes have been made to the list of rights and responsibilities. | A |
| M 15. | For opioid treatment programs: The program treats women respectfully and safely. | C |
| 16. | For opioid treatment programs: The medication schedule (dosing times/program hours) is the least intrusive and disruptive schedule for the majority of patients. | A |
| 17. | For opioid treatment programs: Satisfaction surveys allow patients to provide feedback on program policies and services. (See also PI.01.01.01, EP 16) | A |

KEY: **A** indicates scoring category A; **C** indicates scoring category C; **2** indicates situational decision rules apply; **3** indicates direct impact requirements apply; **M** indicates Measure of Success if needed; **D** indicates that documentation is required

- M** 18. In 24-hour settings, individuals served are informed about the organization's policies and procedures regarding the handling of medical emergencies. (See also RI.01.02.01, EP 6) **C**
20. **D** For opioid treatment programs: The program obtains written acknowledgement from patients that they received a copy of their rights and that these rights were discussed with them. **A**
- M** 22. The organization informs the individual served of the program rules. **C**
- M** 23. If an individual served is disoriented or lacks capacity to understand rights at the time of entry, he or she is informed again when he or she is able to understand. **C**
- M** 24. For opioid treatment programs: The program informs patients about the financial aspects of treatment, including the consequence of nonpayment of fees. **C**
25. **D** For opioid treatment programs: The program posts patients' rights and responsibilities at the treatment site in a manner that makes the posting visible to patients. **A**
- M** 26. For opioid treatment programs: The program informs patients upon admission about its obligation under state-specific requirements and its own policies and procedures to report suspected child abuse and neglect and other forms of abuse (such as violence against women). **C**

KEY: **A** indicates scoring category A; **C** indicates scoring category C; **2** indicates situational decision rules apply; **3** indicates direct impact requirements apply; **M** indicates Measure of Success if needed; **D** indicates that documentation is required

Standard RI.01.01.03

The organization respects the right of the individual served to receive information in a manner he or she understands.







Rationale for RI.01.01.03





Because communication is a cornerstone of safe and quality care, every individual served has the right to receive information in a manner he or she understands. Effective communication allows individuals to participate more fully in their care, treatment, or services. When an individual understands what is being said about his or her care, treatment, or services, he or she is more likely to participate fully in his or her behavioral health care. Communicating effectively with individuals served is also critical to the informed consent process and helps practitioners and organizations give the best possible care. For communication to be effective, the information provided must be accurate, timely, complete, unambiguous, and understood by the individual served. Restrictions to communication should be based only on therapeutic justification.

The individual served has the right to receive information in a manner that he or she understands. Many individuals of varying circumstances require alternative communication methods: individuals who speak and/or read languages other than English; individuals who have limited literacy in any language; individuals who have visual or hearing impairments; individuals with cognitive impairments; and children. The organization has many options available to assist in communication with these individuals, such as interpreters, translated written materials, pen and paper, communication boards, and speech therapy. It is up to the organization to work with the individual served to determine which method works the best for his or her circumstances.

There are laws, regulations, and a body of literature that are relevant to the use of interpreters. These include Title VI of the Civil Rights Act, 1964; Executive Order 13166; policy guidance from the Office of Civil Rights regarding compliance with Title VI, 2004; Title III of the Americans with Disabilities Act, 1990; and state laws (many states have laws and regulations that require the provision of language assistance). Organizations may wish to reference these sources for additional information on providing interpreting and translation services to the individuals they serve.

Elements of Performance for RI.01.01.03

- | | | |
|---|---|--|
|  | 1. The organization provides information to the individual served in a manner tailored to his or her language and ability to understand. (See also RI.01.01.01, EP 2) |  C |
|  | 2. The organization provides interpreting and translation services, as necessary. (See also RI.01.01.01, EP 2) |  C |
|  | 3. The organization communicates with the individual served who has vision, speech, hearing, or cognitive impairments in a manner that meets the needs of that individual. (See also RI.01.01.01, EP 2) |  C |

KEY: **A** indicates scoring category A; **C** indicates scoring category C;  indicates situational decision rules apply;  indicates direct impact requirements apply;  indicates Measure of Success if needed;  indicates that documentation is required

Standard RI.01.02.01

The organization respects the right of the individual served to collaborate in decisions about his or her care, treatment, or services.

Rationale for RI.01.02.01

Effective behavioral health care requires the involvement of individuals served, and their families or surrogate decision-makers where necessary. An understanding of the care, treatment, or service goals, of how various activities support these goals, and of unexpected outcomes or issues will enhance decision making and assist in preventing or resolving problems in care, treatment, or services.

Elements of Performance for RI.01.02.01

- | | | |
|-----|--|------------------|
| 1. | The organization involves the individual served in making decisions about his or her care, treatment, or services.
Note: This involvement goes beyond mere presence at the time of discussion or decision making. Involvement connotes a collaborative process in which the organization actively engages the individual served in decision making regarding his or her care, treatment, or services. | △ ₃ A |
| 3. | The organization respects the right of the individual served to refuse care, treatment, or services, in accordance with law and regulation. | △ ₃ A |
| 4. | When an individual refuses care, treatment, or services, the organization fully informs the individual about its responsibility, in accordance with professional standards, to terminate the relationship with the individual upon reasonable notice, or to seek orders for involuntary treatment or other legal alternatives. | A |
| 6. | When an individual served is unable to make decisions about his or her care, treatment, or services, or chooses to delegate decision making to another, the organization involves the surrogate decision-maker in making these decisions. (See also RI.01.03.01, EP 6; RI.01.01.01, EP 18) | △ ₃ A |
| 7. | When a surrogate decision-maker is responsible for making care, treatment, or services decisions, the organization respects the surrogate decision-maker's right to refuse care, treatment, or services on behalf of the individual served, in accordance with law and regulation. | △ ₃ A |
| 8. | The individual served has the right to involve his or her family in decisions about care, treatment, or services. When there is a surrogate decision-maker, he or she can exercise the right to involve the family on behalf of the individual served, in accordance with law and regulation. (See also RI.01.07.01, EP 2) | A |
| 9. | The organization accommodates the right of the individual served to request the opinion of a consultant.
Note: This element of performance does not require the organization to pay for consultant services. | A |
| 10. | The organization accommodates the right of the individual served to request an internal review of his or her plan of care, treatment, or services. | A |
| 11. | The organization has a process for resolving disagreements about therapeutic issues. | A |
| 20. | The organization provides the individual served or surrogate decision-maker with the information about the outcomes of care, treatment, or services that the individual needs in order to participate in current and future behavioral health care decisions. | A |

KEY: A indicates scoring category A; C indicates scoring category C; △₂ indicates situational decision rules apply; △₃ indicates direct impact requirements apply; M indicates Measure of Success if needed; D indicates that documentation is required

- | | | |
|-----|--|----------|
| 21. | The organization informs the individual served or surrogate decision-maker about unanticipated events that relate to sentinel events considered reviewable by The Joint Commission. (Refer to the "Sentinel Events" (SE) chapter for a definition of reviewable sentinel events.) | A |
| 28. | For opioid treatment programs: The program allows for patient choice in seeking alternative therapies and provides support to patients who choose to explore these alternatives.
Note: Programs may provide culturally appropriate or popular and nonharmful alternative therapies, such as acupuncture or providing a space for a sweat lodge. | A |

Standard RI.01.03.01

The organization honors the right of the individual served to give or withhold informed consent.

Rationale for RI.01.03.01

Obtaining informed consent presents an opportunity to establish a mutual understanding between the individual served and the staff about the care, treatment, or services that the individual will receive. Informed consent is not merely a signed document. It is a process that considers needs and preferences of the individual and is in compliance with law and regulation. Utilizing the informed consent process helps the individual to participate fully in decisions about his or her care, treatment, or services. If an individual refuses to give informed consent, and is posing a threat to himself or herself or others, the organization may be permitted, in accordance with law and regulation, to take an alternative course of action, including providing care, treatment, or services without informed consent.

Elements of Performance for RI.01.03.01

- | | | |
|-----|---|-------------------|
| 1. | D The organization has a written policy on informed consent. | A |
| 2. | The organization's written policy identifies the specific care, treatment, or services that require informed consent, in accordance with law and regulation. | A |
| 3. | The organization's written policy describes circumstances that would allow for exceptions to obtaining informed consent.
Note: Such circumstances may include situations involving threat of harm to self or others, child abuse, or elder abuse. | A |
| 6. | The organization's written policy describes when a surrogate decision-maker may give informed consent. (See also RI.01.02.01, EP 6) | A |
| 7. | The informed consent process includes a discussion about the proposed care, treatment, or services for the individual served. | 3 A |
| 9. | The informed consent process includes a discussion with the individual served about the goals and potential benefits and risks of the proposed care, treatment, or services. | 3 A |
| 11. | The informed consent process includes a discussion about reasonable alternatives to the individual's proposed care, treatment, or services. The discussion encompasses risks and benefits related to the alternatives and the risks related to not receiving the proposed care, treatment, or services. | 3 A |

KEY: **A** indicates scoring category A; **C** indicates scoring category C; **2** indicates situational decision rules apply; **3** indicates direct impact requirements apply; **M** indicates Measure of Success if needed; **D** indicates that documentation is required

- | | | |
|--------------|---|----------|
| 12. | The informed consent process includes a discussion about any circumstances under which information about the individual served must be disclosed or reported.
Note: Such circumstances may include situations involving threat of harm to self or others, child abuse, or elder abuse. | A |
| M 13. | Informed consent is obtained in accordance with the organization's policy and processes. (See also RC.02.01.01, EP 4) | C |
| M 16. | For opioid treatment programs: Before administering medication, the program obtains voluntary, written, informed consent from the patient for the prescribed medication-assisted treatment. | C |
| M 17. | For opioid treatment programs: The program informs patients that the goal of medication-assisted treatment is to stabilize functioning. | C |
| M 18. | For opioid treatment programs: The program informs patients that the provider will periodically discuss with them their present level of functioning, course of treatment, and future goals.
Note: These discussions are not intended to place pressure on the patient to either withdraw from medication or remain on medication maintenance. | C |
| M 19. | For opioid treatment programs: Patients are informed about their disease's natural progression, including statistics about success after withdrawing from methadone. | C |
| M 20. | For opioid treatment programs: The program informs patients about potential medication interactions with and adverse reactions to other substances, including those related to the use of alcohol, licit and illicit drugs, other prescribed or over-the-counter pharmacological agents, other medical procedures, and food.
Note: The program should provide the patient with information about potential medication interactions throughout the course of care, treatment, or services, such as at the time of the treatment plan review and at the time there are changes to the patient's medication dose. | C |
| M 21. | For opioid treatment programs: The program informs all pregnant patients with concurrent HIV infection that HIV medication treatment is currently recommended to reduce perinatal transmission, and it provides pregnant patients with appropriate referrals and case management for this treatment. | C |

Standard RI.01.03.03

The organization honors the right of the individual served to give or withhold informed consent to produce or use recordings, films, or other images of the individual served for purposes other than his or her care.

Elements of Performance for RI.01.03.03

- | | | |
|-------------|--|----------|
| 1. D | If the organization makes and uses recordings, films, or other images of individuals served for internal use other than the identification, diagnosis, or treatment of the individual (for example, performance improvement and education), the organization obtains and documents informed consent prior to producing the recordings, films, or other images. This informed consent includes an explanation of how the recordings, films, or other images will be used.
Note 1: The term "recordings, films, or other images" refers to photographic, video, electronic, or audio media.
Note 2: This element of performance does not apply to the use of security cameras. | A |
|-------------|--|----------|

KEY: **A** indicates scoring category A; **C** indicates scoring category C; **2** indicates situational decision rules apply; **3** indicates direct impact requirements apply; **M** indicates Measure of Success if needed; **D** indicates that documentation is required

2. **D** If the organization makes recordings, films, or other images of individuals served for external use, the organization obtains and documents informed consent prior to producing the recordings, films, or other images. This informed consent includes an explanation of how the recordings, films, or other images will be used. **A**
 Note 1: Recordings, films, or other images made for external use are those that will be heard or seen by the public (for example, commercial filming, television programs, or marketing materials).
 Note 2: This element of performance does not apply to the use of security cameras.
6. The organization informs the individual served of his or her right to request cessation of the production of the recordings, films, or other images. **A**
7. **D** Before engaging in the production of recordings, films, or other images of individuals served, anyone who is not already bound by the organization's confidentiality policy signs a confidentiality statement to protect the individual's identity and confidential information. **A**
- M** 8. The organization accommodates the right of the individual served to rescind consent before the recording, film, or image is used. **C**

Standard RI.01.03.05

The organization protects the individual served and respects his or her rights during research, investigation, and clinical trials.

Note: This standard applies when organizations conduct or permit individuals served to participate in research investigations or clinical trials.

Rationale for RI.01.03.05

An organization that conducts (or permits within its organization) research, investigations, or clinical trials involving human subjects knows that its first responsibility is to the health and well-being of the research subjects. To protect and respect the research subjects' rights, the organization reviews the research protocols. If another institution's Institutional Review Board (IRB) reviews the research protocols, the organization does not need to perform this activity.

Note: The federal human subject protection standards generally assume that (1) all participation in new interventions is voluntary; (2) confidentiality of client records and research data is assured; (3) written, informed consent is obtained; (4) the risks/benefits of participation are explained to participants; (5) participation does not jeopardize ongoing treatment; and (6) the research does not impose an undue burden on participants. (The full federal human subject protection standards are published in 45 CFR, Part 46.)

Elements of Performance for RI.01.03.05

1. The organization reviews all research protocols and weighs the risks and benefits to the individual participating in the research. **A**

KEY: **A** indicates scoring category A; **C** indicates scoring category C; **2** indicates situational decision rules apply; **3** indicates direct impact requirements apply; **M** indicates Measure of Success if needed; **D** indicates that documentation is required

- | | | |
|-------------|---|----------|
| 2. | To help the individual served determine whether or not to participate in research, investigation, or clinical trials, the organization either provides the individual with all of the following information or confirms that the individual is provided with this information by the principal investigator:
- An explanation of the purpose of the research
- The expected duration of the individual’s participation
- A clear description of the procedures to be followed
- A statement of the potential benefits, risks, discomforts, and side effects
- Alternative care, treatment, or services available that might prove advantageous to the individual | A |
| 3. | The organization informs the individual served that refusing to participate in research, investigation, or clinical trials, or discontinuing participation at any time will not jeopardize his or her access to care, treatment, or services unrelated to the research. | A |
| M 4. | D The organization documents the following in the research consent form: That the individual served received information to help determine whether or not to participate in the research, investigation, or clinical trials. | C |
| 5. | D The organization documents the following in the research consent form: That the individual served was informed that refusing to participate in research, investigation, or clinical trials, or discontinuing participation at any time will not jeopardize his or her access to care, treatment, or services unrelated to the research. | C |
| 6. | D The organization documents the following in the research consent form: The name of the person who provided the information and the date the form was signed. | C |
| 7. | D The research consent form describes the right to privacy, confidentiality, and safety of the individual served. | A |

Standard RI.01.04.01

The organization respects the right of the individual served to receive information about the staff responsible for his or her care, treatment, or services.

Elements of Performance for RI.01.04.01



- | | | |
|-------------|---|----------|
| M 1. | The organization informs the individual served of the name of the staff member who has primary responsibility for his or her care, treatment, or services. | C |
| M 2. | The organization informs the individual served of the name of the staff member(s) who will provide his or her care, treatment, or services.
Note: Staff may be under the supervision of a clinician. This clinician will be identified in accordance with RI.01.04.01, EP 1. | C |

KEY: **A** indicates scoring category A; **C** indicates scoring category C; **2** indicates situational decision rules apply; **3** indicates direct impact requirements apply; **M** indicates Measure of Success if needed; **D** indicates that documentation is required

Standard RI.01.06.03

The individual served has the right to be free from neglect; exploitation; and verbal, mental, physical, and sexual abuse.






Elements of Performance for RI.01.06.03





- | | | |
|----|---|--|
| 1. | The organization determines how it will protect the individual served from neglect, exploitation, and abuse that could occur while he or she is receiving care, treatment, or services. | A |
| 2. | The organization evaluates all allegations, observations, and suspected cases of neglect, exploitation, and abuse that occur within the organization. |  A |
| 3. | The organization reports allegations, observations, and suspected cases of neglect, exploitation, and abuse to appropriate authorities based on its evaluation of the suspected events and in accordance with law and regulation. |  A |
| 7. | The organization takes steps to protect the individual served from neglect, exploitation, and abuse that could occur while he or she is receiving care, treatment, or services. | A |
| 8. | For opioid treatment programs: The program takes steps to prevent patients from being harassed or exploited by other patients or staff. | A |

Standard RI.01.06.05

The individual served has the right to an environment that preserves dignity and contributes to a positive self-image.

Elements of Performance for RI.01.06.05

- | | | |
|---|--|----------|
|  | 1. The organization's environment of care supports the positive self-image and dignity of the individual served. | C |
|  | 4. The organization allows the individual served to keep and use personal clothing and possessions, unless this infringes on others' rights or is therapeutically contraindicated.
Note: Personal items belonging to individuals served are taken and secured by staff only when therapeutically indicated. | C |
| 6. | If the organization provides clothing, the clothing is suitable to the season, age appropriate, and socially appropriate (that is, similar to that worn by persons in the external environment), and sufficient to permit laundering, cleaning, and repair. | A |
| 9. | The individual served has the right to an environment that minimizes distractions that interfere with therapeutic activities. | A |
| 12. | In 24-hour settings, the individual served has a right to an environment that promotes awareness of day, time, and season. | A |
| 13.  | In 24-hour settings, the organization supports the use of personal displays by supplying the necessary equipment (such as bulletin boards) and developing written rules that govern personal displays. | A |
|  | 15. In 24-hour settings, the organization offers telephone and mail service to individuals served, based on the setting and population. | C |
|  | 16. In 24-hour settings, the organization provides individuals served who desire private telephone conversations with access to telephones in a private space, based on the population. | C |

KEY: **A** indicates scoring category A; **C** indicates scoring category C;  indicates situational decision rules apply;  indicates direct impact requirements apply;  indicates Measure of Success if needed;  indicates that documentation is required

- | | | |
|--------------|---|----------|
| 17. | In 24-hour settings, when the organization restricts the visitors, mail, telephone calls, or other forms of communication of the individual served, the restrictions are determined with the participation of the individual served, and with his or her family when such participation is deemed beneficial. | A |
| M 18. | In 24-hour settings, when the organization restricts the visitors, mail, telephone calls, or other forms of communication of the individual served beyond the established program rules, these additional restrictions and their clinical necessity are documented in the clinical/case record. | C |
| M 19. | In 24-hour settings, when the organization restricts the visitors, mail, telephone calls, or other forms of communication of the individual served beyond the established program rules, the restrictions are evaluated for clinical necessity in a time frame defined in the care plan, or more frequently as indicated by the needs of the individual served. | C |
| M 20. | In 24-hour settings, restrictions on communication are reduced or eliminated as soon as they are no longer therapeutically indicated. | C |
| 27. | In 24-hour settings, in rooms with more than one individual served, privacy is provided for dressing.
Note: Privacy for dressing may be achieved by curtains or other partitions in the room, or by use of a separate room or bathroom for dressing. | A |
| 29. D | In 24-hour settings, no more than eight individuals may sleep in a room unless there is documentation in policy or in the individual plan of care of the justification for allowing more than eight individuals to sleep in a room. | A |
| 30. | In 24-hour settings, sleeping areas are assigned based on privacy and security needs. | A |

Standard RI.01.06.07

Individuals served have a right to exercise citizenship privileges.

Elements of Performance for RI.01.06.07

- | | | |
|-------------|---|----------|
| M 1. | In 24-hour settings, the organization helps individuals served with citizenship privileges to exercise these privileges, including their voting privileges.
Note: Examples of such help may include providing brochures, helping individuals obtain absentee ballots or apply for state identification, or facilitating transportation. Help may vary depending on the organization and population served. | C |
|-------------|---|----------|

Standard RI.01.07.01

The individual served and his or her family have the right to have complaints reviewed by the organization.

Elements of Performance for RI.01.07.01

- | | | |
|----|--|----------|
| 1. | The organization establishes a complaint resolution process. | A |
|----|--|----------|

KEY: **A** indicates scoring category A; **C** indicates scoring category C; **2** indicates situational decision rules apply; **3** indicates direct impact requirements apply; **M** indicates Measure of Success if needed; **D** indicates that documentation is required

- | | |
|---|---|
| <p>M 2. The organization informs the individual served and his or her family about the complaint resolution process. (See also RI.01.02.01, EP 8)
Note: If the individual served has a surrogate decision-maker, he or she will be informed of and involved in the complaint resolution process.</p> <p>M 4. The organization reviews and, when possible, resolves complaints from the individual served and his or her family.</p> <p>M 6. The organization acknowledges receipt of the complaint and notifies the individual served and, when appropriate, his or her family of the outcome of the complaint.</p> <p>M 7. The organization provides the individual served (and when deemed beneficial, his or her family) with the phone number and address needed to file a complaint with the relevant state authority.</p> <p>10. The organization allows the individual served and his or her family to complain and recommend changes regarding care, treatment, or services without being subject to coercion, discrimination, or reprisals, or to interruptions of care, treatment, or services that could adversely affect the individual served.</p> <p>28. D For opioid treatment programs: The program develops and makes available written policies and procedures addressing patient grievances.</p> <p>29. For opioid treatment programs: The policies and procedures specify the minimum elements of due process applicable based on the program's setting and resources, and include the following:
 - Providing the patient with a written decision that includes the reason for the decision
 - Maintaining the right of patients to appeal the decision to a final, unbiased source
 - Making every attempt, before a patient is discharged, to accommodate his or her desire to remain in opioid therapy at an alternative treatment program
 - Using involuntary withdrawal only as a last resort and applying it in the most humane manner possible, consistent with the safety and well-being of the patient, staff, and other patients
 - As a result of the patient filing a grievance, not changing the patient's dose of opioids or other medications without his or her knowledge, unless the patient has signed a document waiving such consent</p> | <p>C</p> <p>C</p> <p>C</p> <p>C</p> <p>A</p> <p>A</p> <p>A</p> |
|---|---|

Standard RI.01.07.03

The individual served has the right to access protective and advocacy services.

Elements of Performance for RI.01.07.03

- | | |
|--|---------------------------------|
| <p>1. When the organization serves a population of individuals that need protective services (for example, guardianship or advocacy services, conservatorship, or child or adult protective services), it provides resources to help the family and the courts determine the individual's needs for such services.</p> <p>2. D The organization maintains a list of names, addresses, and telephone numbers of advocacy groups, such as a state authority or a protection and advocacy network.</p> | <p>A</p> <p>A</p> |
|--|---------------------------------|

KEY: **A** indicates scoring category A; **C** indicates scoring category C; **2** indicates situational decision rules apply; **3** indicates direct impact requirements apply; **M** indicates Measure of Success if needed; **D** indicates that documentation is required

- | | | | |
|----------|----|---|----------|
| | 3. | When requested, the organization provides contact information on advocacy groups, such as a state authority or advocacy ombudsperson. | A |
| | 4. | D The organization has a written process for providing a personal advocate. This written process includes the conditions under which a personal advocate is indicated, and his or her role and responsibilities. | A |
| M | 5. | The organization informs staff and individuals served about the process for providing information on personal advocates. (See also HR.01.04.01, EP 6) | C |
| | 6. | The organization determines what its role will be, if any, in assessing the need for protective services, making recommendations, and providing protective services for individuals served. | A |
| M | 7. | When the organization does not provide protective services, staff make referrals for individuals determined to need such services. | C |
| M | 8. | Recommendations about the need for guardianship are based on a separate review process independent of considerations used in planning and providing care, treatment, or services. | C |

Standard RI.01.07.07

The organization protects the rights of individuals served who work for or on behalf of the organization.

Note: This standard is applicable only to organizations that permit individuals served to work for or on behalf of the organization.

Elements of Performance for RI.01.07.07

- | | | | |
|----------|----|--|----------|
| | 1. | D The organization has a written policy that addresses situations in which individuals served work for wages for or on behalf of the organization. | A |
| M | 2. | The organization implements its policy regarding individuals served who work for wages for or on behalf of the organization. | C |
| | 3. | Wages paid to individuals served who work for or on behalf of the organization are in accordance with law and regulation. | A |
| M | 4. | The organization incorporates into the plan of care, treatment, or service the work performed by the individual served for or on behalf of the organization. | C |
| | 5. | Individuals served have the right to refuse to work for or on behalf of the organization. | A |

Standard RI.01.07.09

Individuals served receive information about the organization providing vocational rehabilitation services.

Rationale for RI.01.07.09

Individuals served need sufficient information to make informed choices about who is providing services.

Elements of Performance for RI.01.07.09

- | | | | |
|----------|----|--|----------|
| M | 1. | Individuals served receive information about the vocational rehabilitation organization, including the following: Types and scope of integrated and community-based services provided. | C |
|----------|----|--|----------|

KEY: **A** indicates scoring category A; **C** indicates scoring category C; **2** indicates situational decision rules apply; **3** indicates direct impact requirements apply; **M** indicates Measure of Success if needed; **D** indicates that documentation is required

M	2.	Individuals served receive information about the vocational rehabilitation organization, including the following: Qualifications of staff providing services.	C
M	3.	Individuals served receive information about the vocational rehabilitation organization, including the following: The organization's ability to serve an individual and meet his or her needs.	C
M	4.	Individuals served receive information about the vocational rehabilitation organization, including the following: Costs of services to the individual (if any).	C
M	5.	Individuals served receive information about the vocational rehabilitation organization, including the following: Expected duration of the services.	C
M	6.	Individuals served receive information about the vocational rehabilitation organization, including the following: Options for auxiliary and ancillary services.	C

Standard RI.02.01.01

The organization informs the individual served about his or her responsibilities related to his or her care, treatment, or services.

Rationale for RI.02.01.01

The quality and safety of care, treatment, or services is enhanced when individuals served are partners in the behavioral health care process. In addition, organizations are entitled to reasonable and responsible behavior on the part of individuals (and where necessary, their families). When organizations inform individuals and their families about their responsibilities, the topics that are discussed may include the following:

- Providing information about present complaints, past and current functioning, hospitalizations, medications, and other matters related to their behavioral and physical health
- Sharing expectations of and satisfaction with the organization
- Asking questions when they do not understand their care, treatment, or services or what they are expected to do
- Following instructions for their plan of care, treatment, or services, and expressing concerns about their ability to follow the proposed plan of care, treatment, or services
- Accepting consequences for the outcomes of care, treatment, or services if they do not follow the planned care, treatment, or services
- Following the organization's policies and procedures
- Showing respect and consideration of organization's staff and property, as well as other individuals and their property
- Meeting financial commitments

Elements of Performance for RI.02.01.01

M	2.	The organization informs the individual served about his or her responsibilities. Note: Information about the individual's responsibilities can be shared verbally, in writing, or both.	C
M	3.	D For opioid treatment programs: The program obtains written acknowledgement from the patient that patient responsibilities were explained.	C

KEY: **A** indicates scoring category A; **C** indicates scoring category C; **2** indicates situational decision rules apply; **3** indicates direct impact requirements apply; **M** indicates Measure of Success if needed; **D** indicates that documentation is required

Standard RI.03.01.01

For foster care: The foster care agency respects the rights of individuals in foster care.

Elements of Performance for RI.03.01.01

- | | | |
|----|--|----------|
| 1. | (D) For foster care: The foster care agency's written policies support the participation of individuals in foster care in developing their case plan.
Note: Children, youth, and adults can be served in foster care programs. Children can participate in developing their case plan as appropriate to their age and maturity. | A |
| 2. | (D) For foster care: The foster care agency's written policies allow individuals in foster care to maintain contact with their biological families, including siblings, unless otherwise indicated in the case plan. | A |
| 3. | (D) For foster care: The foster care agency's written policies allow individuals in foster care to access routine, preventive, and emergency medical, vision, behavioral health, dental, and rehabilitation care. | A |
| 4. | (D) For foster care: The foster care agency's written policies allow individuals in foster care to access educational services. | A |
| 5. | (D) For foster care: The foster care agency's written policies support individuals in maintaining contact with their ethnocultural heritage. | A |
| 6. | (D) For foster care: The foster care agency's written policies allow individuals in foster care to participate in recreational skill building and social opportunities. | A |
| 7. | (D) For foster care: The foster care agency's written policies prohibit individuals in foster care from being harassed or abused. | A |
| 8. | (D) For foster care: The foster care agency's written policies support individuals in foster care in developing and expressing their own spirituality. | A |
| 9. | (M) For foster care: The foster care agency implements its policies regarding the rights of the individuals in foster care. | C |



Standard RI.03.01.03

For foster care: The rights of the family of origin are respected.

Elements of Performance for RI.03.01.03

- | | | |
|----|---|----------|
| 1. | (D) For foster care: The foster care agency's written policies address the right of the family of origin to participate in the case plan of the individual in foster care, unless otherwise indicated in the case plan. | A |
| 2. | (D) For foster care: The foster care agency's written policies address the right of the family of origin to maintain contact with the individual in foster care, unless otherwise indicated in the case plan. | A |









KEY: **A** indicates scoring category A; **C** indicates scoring category C; **2** indicates situational decision rules apply; **3** indicates direct impact requirements apply; **M** indicates Measure of Success if needed; **D** indicates that documentation is required





- | | | |
|----|---|---|
| 3. |  For foster care: The foster care agency's written policies address the right of the family of origin to services that address the conditions that led to foster placement.
Note: These services may be provided by the agency or by referral, with the goal of having the individual returned to the family of origin. | A |
| 4. |  For foster care: The foster care agency respects the rights of the family of origin and communicates these rights to them. | C |

Standard RI.03.01.05

For foster care: The agency providing foster care services respects the rights of the foster family.

Elements of Performance for RI.03.01.05

- | | | |
|----|--|---|
| 1. |  For foster care: The agency respects the foster family's right to know how it sees the foster family's role as a team member and how it helps the foster family in serving children, youth, or adults in their charge. | C |
| 2. |  For foster care: The agency informs the foster family of the support and help the foster family will receive, including arrangements for respite, consultation, and support from agency staff and response to crisis situations. | C |
| 3. |  For foster care: The agency informs the foster family of the training they will receive (content and process of training), such as child abuse reporting requirements. | C |
| 4. |  For foster care: The agency informs the foster family of remuneration rate schedules. | C |
| 5. |  For foster care: The agency informs the foster family of the identified needs and background of the individual in foster care. | C |
| 6. |  For foster care: The agency informs the foster family of how to file and handle complaints. | C |
| 7. |   For foster care: Foster care agency staff are trained on how to communicate with the foster families regarding their rights. This training is documented. (See also HR.01.05.03, EP 5) | C |

KEY: **A** indicates scoring category A; **C** indicates scoring category C;  indicates situational decision rules apply;  indicates direct impact requirements apply;  indicates Measure of Success if needed;  indicates that documentation is required