

RIGHTS OF RECIPIENTS OF MENTAL HEALTH SERVICES

Part B: Rights in Inpatient and Residential Settings

Section III: Individualized Treatment and Discharge Plan in Inpatient Settings

Sub-Section K: Discharge or Termination

1. Each recipient has the right to be informed of and referred to appropriate resources upon discharge or termination from a facility or program.
2. Each recipient has the right to a treatment and discharge plan and to assisted referral to existing resources in such areas as transportation, housing, residential support services, crisis intervention and resolution services, vocational opportunities and training, family

support, recreational/social/vocational opportunities, financial assistance, and treatment options. Recommendations made in treatment and discharge plans shall not require the facility or department to provide recommended goods or service.

3. Upon a recipient's discharge from an inpatient facility, the facility shall provide each recipient with a written list of his or her prescribed medication, dosage levels, schedules, and side-effects. A copy of the medication list and the aftercare plan shall be sent to the recipient's guardian and to the recipient's representative upon the recipient's request.

Full text of the RRMHS is available here:
<https://www.maine.gov/dhhs/samhs/mentalhealth/rights-legal/recipients/index.shtml>

Disability Rights Maine

160 Capitol Street, Suite 4
Augusta, ME 04330

800.452.1948 (V/TTY)
207.626.2774 (V/TTY)
207.621.1419 (Fax)

advocate@drme.org



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Discharge Planning: How to File a Grievance Against a Psychiatric Hospital or Adult Inpatient Unit

Includes an Easy-to-Use Form for Filing a Level I Grievance

WWW.DRME.ORG

If you are hospitalized in an inpatient psychiatric unit or hospital for mental health reasons, the hospital must provide you help with the following:

☆ **Housing Assistance**

For example, you may qualify for the Bridging Rental Assistance Program (BRAP). **Ask** your social worker for assistance.

☆ **Obtaining Social Security Benefits**

You may want to apply for Social Security Disability benefits while in the hospital. **Ask** your social worker for assistance.

☆ **Enrolling in MaineCare**

If you need health insurance you may want to apply for MaineCare (Maine’s Medicaid Program) while in the hospital. **Ask** your social worker for assistance.

☆ **Obtaining a Community Case Manager**

A mental health case manager may be someone who can assist you to connect with mental health services once you are in the community. If you want to be referred to a case manager before you are discharged from the hospital, **ask** your social worker for assistance.

☆ **Psychiatric Medication Management**

If you need a mental health professional to help you with your medications once back in the community, you can be referred to a mental health professional while you are in the hospital. **Ask** your social worker for assistance.

☆ **Other Services**

Assistance with obtaining other services that are deemed appropriate by you and your inpatient treatment team. Some examples of other services include: Crisis Services, counseling, ACT (Assertive Community Treatment), family therapy, etc. **Ask** your social worker for assistance.

If you do not receive help while in the hospital, you may wish to use the attached **Level 1 Grievance Form** to file a grievance under the Rights of Recipients of Mental Health Services. If you use this form, make sure to get a copy for your records.

If you file a grievance with the hospital or inpatient psychiatric unit and do not receive a response, call DRM.

LEVEL ONE GRIEVANCE

Name: _____

Phone: _____

Mailing Address: _____

Even if you are no longer a patient, the hospital must still respond to your grievance.

Hospital or Psych Unit (Check One):

- Acadia Hospital
- Dorothea Dix Psychiatric Center
- MaineGeneral Medical Center (Psych Unit)
- Maine Medical Center (P6)
- Mid Coast Hospital (Psych Unit)
- No. Maine Medical Center (Psych Unit)
- Pen Bay Medical Center (PARC Unit)
- Riverview Psychiatric Center
- Southern Maine Health Care (Psych Unit)
- Spring Harbor Hospital
- St. Mary’s Regional Medical Center (Psych Unit)
- Other: _____
(Must be an adult inpatient psychiatric unit)

See reverse side for the *Rights of Recipients of Mental Health Services* regulations around discharge planning.

Date of Grievance: _____

☆ The hospital **must** respond in writing in 5 days (not including weekends or holidays).

☆ The hospital **must** notify you if they need an additional 5 days to respond.

Describe the Problem or Rights Violation

I do not believe the hospital helped me with the following (check all that apply):

- Housing Assistance
- Social Security (SSI/SSDI)
- MaineCare (Health Insurance)
- Mental Health Case Management
- Psychiatric Medication Management
- Other (please describe): _____

☆ Examples: Counseling, Crisis Services, Daily Living Supports, ACT (Assertive Community Treatment), Employment, Family Therapy, etc.

Signature: _____

Date: _____