

Mental Health Resident Program Participation Agreement

[ADAMH/CMH Board and ACF Agreement]

This Agreement represents a cooperative effort between [ADAMH/CMH Board], located at [address] (Board) and [name of ACF as listed on ODH license], located at [address] (ACF) to enhance delivery of services for persons with mental illness residing in the ACF.

This Agreement relates to residents of the ACF who are referred by a mental health agency or ADAMH/CMH Board or are receiving or eligible for services through Ohio's county based publicly funded mental health system (covered residents). Pursuant to ORC §§ 3722.10 and 5119.613, the Director of the Ohio Department of Mental Health has approved this standardized form agreement.

A. Mental Health Plans for Care:

1. ACF agrees to enter into a Mental Health Plan for Care for each covered resident as required by ORC § 3722.10(A)(12)(c).
2. ACF agrees to provide assistance or services to the covered resident as assigned to the ACF owner or manager under the Mental Health Plan for Care.
3. Board agrees to advise its contract mental health agencies to comply with applicable requirements relating to the Mental Health Plan for Care as required by ORC §§ 340.03(A)(16) and 5119.61(A)(1)(b) and set forth in OAC 5122-31-02(E).

B. Training Opportunities: Board agrees to provide notice and opportunity for ACF owners, managers and staff to attend trainings and continuing education events, if available, that will better prepare the ACF to meet the special needs of covered residents.

C. Board Designated Contact: Board designates the following staff members as contacts for the purposes of this Agreement:

Contact: _____

Office phone: _____

Mobile phone: _____

If the designee named above is not able to be reached within a reasonable time, ACF may contact the following alternate designee:

Alternate contact: _____

Office phone: _____

Mobile phone: _____

D. Board access to the ACF and Residents:

1. If ODH is conducting an inspection of the ACF to investigate an alleged violation of licensing requirements pursuant to OAC 3701-20-07 and

section 340.05 of the Revised Code, Board staff may enter the ACF and be afforded access to records of the ACF and residents at any time:

- ◆ If the Board receives notice of a complaint or a report of abuse or neglect of a covered resident pursuant to section 3722.17 of the Revised Code. The Board shall report the complaint to the director of health for the purpose of the director conducting an investigation under section 3722.17 of the Revised Code. The Board may enter the ACF with or without the director and, if the health and safety of a covered resident is in immediate danger, take any necessary action to protect the resident. The Board's action shall not violate any resident's rights under section 3722.12 of the Revised Code and rules adopted by the public health council under that chapter. The Board shall immediately report to the director regarding the Board's actions under this section.
 - ◆ When a resident of the ACF is receiving mental health services provided by any ADAMH/CMH Board or a contract agency of any ADAMH/CMH Board.
 - ◆ Where there is a Mental Health Resident Program Participation Agreement in place between the Board and the ACF.
2. OAC 3701-20-23(H) permits the Director of Mental Health and employees of a mental health agency or Board to assert on behalf of a resident any of the rights enumerated under section 3722.12 or 3722.14 of the Revised Code.

- E. Mental Health Crisis Planning and Assistance:** If emergency/crisis contacts at the lead mental health agency cannot be reached when needed, ACF shall contact the Board designee. Board agrees to assist ACF in obtaining necessary services, including referral to a pre-screening agency if deemed necessary.
- F. Referrals for Mental Health Services:** If an ACF resident not currently receiving publicly funded mental health services makes a request to the ACF for access to such services, ACF owner or manager agrees to contact the Board. Board will determine whether the resident is currently enrolled in the publicly funded mental health system and, if so, with appropriate authorization, provide to the ACF contact information regarding the resident's home ADAMH/CMH board. If the resident is not currently enrolled in the publicly funded mental health system, the Board will provide to ACF names and contact information of mental health agencies in the Board's service area that may be able to serve the resident. Board agrees to provide the information described herein within two working days of the request and, as necessary, facilitate linkages with its contract mental health agency(ies).
- G. Optional Appendix - Additional Board Funding:** The terms of this Agreement constitute the entire set of requirements and responsibilities that may be imposed upon ACF by Board as a condition to entering into

this Agreement. However, by mutual agreement, Board and ACF may set forth in an Appendix to this Agreement terms and conditions relating to additional actions and supports that ACF agrees to perform in exchange for specified funding from Board. **The terms and conditions of any such Appendix may not contradict the terms of this Agreement, ACF licensure requirements or any other applicable provision of law.**

- H. **Termination of Agreement:** ACF's loss of licensure through the Department of Health shall be cause for immediate termination of this Agreement. In the event of termination of this Agreement, ACF agrees to notify all covered residents and their guardians or sponsors, where applicable, of the pending termination in accordance with §3722.14 of the Revised Code and to advise those covered residents that the ACF will no longer be able to serve them as residents.

This Agreement and any Appendix attached hereto contain the entire agreement and understanding of the parties and the terms contained herein shall fully control the agreement between them.

In Witness Whereof, the parties have executed this Agreement effective the day of _____, 20____.

Adult Care Facility Owner/Manager:

By: _____ Date: _____

Print Name: _____

Telephone: (Office) _____ (Mobile): _____

ADAMH/CMH Board:

By: _____ Date: _____

Print Name: _____