

**WEST MICHIGAN COMMUNITY MENTAL HEALTH
ADMINISTRATIVE MANUAL**

		Chapter: 5	Section: 3	Subject: 2
CHAPTER: Recipient Rights				
SECTION: Recipient Rights in CMH Residential Settings				
SUBJECT: Resident Labor				
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- I. **PURPOSE:** To establish policy and procedures for residents performing labor.
- II. **APPLICATION:** All residential mental health facilities operated by or under contract with the West Michigan Community Mental Health Governing Body.
- III. **REQUIRED BY:** Act 258, Public Acts of 1974, as amended, being MCL 330.1736; 330.1752. Accrediting bodies.
- IV. **DEFINITIONS:** Not applicable.
- V. **POLICY:** It is the policy of the West Michigan Community Mental Health that under certain conditions, a resident may perform labor, which contributes to the operation and maintenance of the facility, for which the facility would otherwise employ someone.
 1. The resident may perform labor if:
 - 1.1 He/she voluntarily agrees to perform the labor;
 - 1.2 Engaging in the labor would not be inconsistent with his/her Individual Plan of Service, or interferes with other ongoing treatment;
 - 1.3 The amount of time or effort necessary to perform the labor would not be excessive and that, in no event, shall discharge or privileges be conditioned upon the performance of labor; and
 - 1.4 He/she is employed appropriately and in accordance with applicable federal and state labor laws, including minimum wage and minimum wage reduction provisions.
 2. The resident's right to compensation shall be protected by the facility when performing labor, which results in an economic benefit to another person or agency.
 3. The resident may be required to perform personal housekeeping tasks without compensation.
- VI. **PROCEDURES:**
 1. Residents performing labor shall have prior approval by the Support Team and reviewed at quarterly Support Team meetings to discuss the resident's progress or lack of progress. This information shall be documented and placed in the resident's clinical record.

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2. If the Support Team members do not all agree with the resident performing labor, the reason why shall be documented on a progress note by the responsible care manager and placed in the clinical record. In addition, the impasse of the resident performing/or not performing labor may be referred to a Review Committee for a final decision, as follows:
 - 2.1 Each discipline involved in the Support Team has ten working days to submit documentation of assessment information, which is related to the resident performing labor, to the responsible care manager.
 - 2.2 The responsible care manager shall submit the assessment information to the appropriate supervisor.
 - 2.3 The appropriate supervisor shall form a Review Committee of three privileged staff members who are familiar with the program/population being served but not directly involved with the case.
 - 2.4 The Review Committee shall review the case within five working days from receipt of the assessment information.
 - 2.5 The Review Committee shall review the assessment information and make a final decision.
 - 2.6 A member of the Review Committee shall meet with the Support Team to inform them of the decision regarding the impasse.
3. Resident labor shall not consume more than six hours a day, unless approved by the Deputy Director of Clinical Services.
4. CMH shall maintain a record of payments made to the resident.
5. If a fee for service is charged to the resident, it shall be documented and not exceed one-half of the resident's income from employment.

VII. **SUPPORTING DOCUMENTS:** Not Applicable.