

Community Mental Health Partnership of Southeast Michigan/PIHP	<i>Policy and Procedure</i>
Department: Recipient Rights Author: Shane Ray	<i>Services Suited to Condition</i> Local Policy Number (if used)
Regional Operations Committee Approval Date 4/16/2020	Implementation Date 5/15/2020

I. PURPOSE

The purpose of this policy is to establish guidelines for the development of an Individual Plan of Service that will ensure that each recipient receives services suited to his or her condition.

II. REVISION HISTORY

DATE	REV. NO.	MODIFICATION
5/7/10	1.0	Full policy revision
6/3/13	1.1	Template updated
1/5/17	1.2	Template Updated
2/13/20	1.3	3-year review No Content Changes

III. APPLICATION

This policy applies to all staff, students, volunteers, and contractual organizations receiving any funding directly or sub-contractually, within the provider network of the Community Mental Health Partnership of Southeast Michigan (CMHPSM).

IV. POLICY

It is the policy of the CMHPSM that all recipients shall receive services suited to their condition, and that these services are provided in a safe, sanitary, and humane treatment environment.

V. DEFINITIONS

Applicant: An individual or his or her legal representative who makes a request for mental health services.

Community Mental Health Partnership Of Southeast Michigan (CMHPSM): The Regional Entity that serves as the PIHP for Lenawee, Livingston, Monroe and Washtenaw for mental health, developmental disabilities, and substance use disorder services.

Community Mental Health Services Program (CMHSP): A program operated under chapter 2 of the Mental Health Code as a county community mental health agency, a community mental health authority, or a community mental health organization.

Humane: Characterized by kindness, mercy or compassion.

Individual Plan of Service: A written individualized plan of service developed with a recipient as required by section 712 of the Mental Health Code.

Legal Representative: A legal representative is defined as any of the following:

1. A court-appointed guardian,
2. A parent with legal custody of a minor recipient,
3. In the case of a deceased recipient, the executor of the estate or court appointed personal representative,
4. A patient advocate under a durable power of attorney or other advanced directive.

Person-centered planning: A process for planning and supporting the individual receiving services that builds upon the individual's capacity to engage in activities that promote community life and that honor the individual's preferences, choices, and abilities. The person-centered planning process involves families, friends, and professionals as the individual desires or requires.

Support plan: A written plan that specifies the personal support services or any other supports that are to be developed with and provided for a recipient.

Treatment plan: A written plan that specifies the goal-oriented treatment or training services, including rehabilitation or habilitation services that are to be developed with and provided for a recipient.

VI. STANDARDS

- A. A person-centered planning process shall be used to develop a written Individual Plan of Service in partnership with each recipient. A preliminary plan shall be developed within 7 days of the commencement of services or, if an individual is hospitalized for less than 7 days, before discharge or release.
- B. The Individual Plan of Service shall consist of a treatment plan, support plan, or both. A treatment plan shall establish meaningful and measurable goals with the recipient.
- C. The Individual Plan of Service shall assess and address, as either desired or required by the recipient, the recipient's need for food, shelter, clothing, health care, employment opportunities, educational opportunities, legal services, transportation, and recreation.
- D. The Individual Plan of Service shall be kept current and shall be modified when indicated. The individual in charge of implementing the plan of services shall be designated in the plan.
- E. The Individual Plan of Service shall identify a specific date or dates when the overall plan and any of its subcomponents will be reviewed for possible modification or revision.
- F. Recipients shall receive verbal and written notice of their clinical status and progress at reasonable intervals established in the Individual Plan of Service, and in a manner that is clinically appropriate.

- G. If a recipient is not satisfied with their Individual Plan of Service, the recipient or their legal representative may make a request for review to the designated individual in charge of implementing the plan. The review shall be completed within 30 days and shall be carried out in a manner approved by the governing body.
- H. An individual may be excluded from participation in the person-centered planning process only if inclusion of that individual would constitute a substantial risk of physical or emotional harm to the recipient, or substantial disruption of the planning process. Justification for an individual's exclusion shall be documented in the clinical record.
- I. A comprehensive assessment/analysis shall be conducted if a recipient exhibits challenging behaviors.
- J. The Individual Plan of Service shall identify any restrictions or limitations of the recipient's rights. This shall include documentation of attempts to avoid such restrictions, as well as action that will be taken to eliminate the need for future restrictions.
- K. Restrictions, limitations, or any intrusive behavior management techniques shall be reviewed by a formally constituted committee of mental health professionals with specific knowledge, training, and expertise in applied behavioral analysis. This shall occur in compliance with CMHPSM Policy: Behavior Treatment Committee.
- L. A recipient shall be given a choice of physician or other mental health professional within the limits of available staff.
- M. If an applicant for community mental health services has been denied mental health services, the applicant or their legal representative may request a second opinion of the Executive Director. The Executive Director shall secure the second opinion from a physician, licensed psychologist, registered professional nurse, master's level social worker, or master's level psychologist. If the individual providing the second opinion determines that the applicant has a serious mental illness, serious emotional disturbance, developmental disability, or is experiencing an emergency situation or urgent situation, the community mental health services program shall direct services to the applicant.
- N. Individuals requesting admission to a hospital under contract with the local CMH shall be informed of their right to request a second opinion from the Executive Director if hospitalization is denied. The Executive Director shall arrange for a second opinion by a psychiatrist, other physician, or licensed psychologist within three days, excluding Sundays and holidays. If the conclusion of the second opinion is different from the original opinion, the Executive Director, with the Medical Director, shall make a decision based on all clinical information available within one business day. The Executive Director's decision shall be confirmed in writing to the individual who requested the second opinion, and the confirming document shall include the signature of the Executive Director and Medical Director or verification that the decision was made in conjunction with the Medical Director. If an individual is assessed and found not to be clinically suitable for hospitalization, appropriate referral services shall be provided.

VII. EXHIBITS

None

VIII. REFERENCES

Reference:	Check if applies:	Standard Numbers:
Michigan Mental Health Code Act 258 of 1974	X	330.1100, 330.1700, 330.1712, 330.1713, 330.1714
MDHHS Administrative Rules	X	330.7199
Michigan Medicaid Provider Manual	X	Chapter 3, Section 3
CMHPSM Policy: <u>Behavior Treatment Committee</u>	X	

IX. PROCEDURES

None