Chapter Title	Chapter #		Subject #
Recipient Rights	RR		119.1
Subject Title **Services Suited to Condition**	Adopted 12/17/07	Revised 2/24/14	Reviewed 3/14/08; 3/29/10; 2/24/14; 1/4/17; 11/6/20

PROCEDURE

Application

This procedure shall apply to The Right Door for Hope, Recovery, and Wellness and all services operated by or under contract with it. This procedure shall serve as a guide to assure compliance with Board policy regarding Recipient Rights.

1.0 Purpose:

Establish guidelines for services suited to the condition of each individual recipient of mental health services.

2.0 Definitions:

A. Individual plan of service or plan of service: a written plan which consists of a treatment plan, a support plan, or both, developed through the person centered planning process.

B. 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. Involves families, friends, and professionals as the individual desires or requires.

C. 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.

D. 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.

3.0 Procedures:

A. A person centered planning process shall be used to develop a written IPOS in partnership with the recipient which determines the services needed by each recipient, as specified in Policy C-320 "Best Practices."

1. The service provider shall maintain a written individualized plan of service, including all periodic reviews, modifications, and revisions of the plan in the recipient's record.

2. The plan of service shall not contain privileged information or communications.

3. The plan of service shall include, at a minimum:

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a. All individuals, including family members, friends, and professionals that the individual desires or requires to be part of the planning process. Justification for exclusion of individuals chosen by the recipient to participate in the person centered planning process shall be documented in the case record.

b. The mental health services, supports, and treatments that the recipient requested of the provider.

c. The mental health services, supports, and treatments committed by the CMH Network and providers to honor the recipient's request, (IV.A.3.b, above).

d. The person or persons who will assume responsibility for assuring that the committed services and supports are delivered.

e. When the recipient can reasonably expect each of the committed services and supports to commence, and, in the case of recurring services and supports, how frequently, for what duration, and over what period of time.

f. How the committed mental health services and supports will be coordinated with the recipient's natural support systems and the services and supports provided by other public and private organizations.

g. Any restrictions or limitations of the recipient's rights. Such restrictions, limitations, or any intrusive behavior treatment techniques shall be reviewed and approved by a formally constituted committee of mental health professionals with specific knowledge, training, and expertise in applied behavioral analysis. Any restriction or limitation shall be justified, time-limited, and clearly documented in the plan of service. Documentation shall be included that describes attempts that have been made to avoid such restrictions as well as what actions will be taken as part of the plan to ameliorate or eliminate the need for the restrictions in the future.

h. Strategies for assuring that the recipient has access to needed and available supports identified through a review of his/her needs. Areas of possible need may include any of the following:
   i. Food.
   ii. Shelter.
   iii. Clothing.
   iv. Physical health care.
   v. Employment.
   vi. Education.
   vii. Legal services.

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viii. Transportation.
ix. Recreation.

i. A description of any involuntary procedures and the legal basis for performing them.

j. A specific date or dates when the overall plan and any of its subcomponents will be formally reviewed for possible modification or revision.

4. The individual plan of service shall be formally agreed to in whole or in part by the responsible CMH Network service provider and the recipient, empowered guardian, or parent with legal custody of a minor recipient. If the appropriate signatures are unobtainable, then the responsible service provider shall document witnessing verbal agreement to the plan. Copies of the plan shall be provided to the recipient, empowered guardian, or parent with legal custody of a minor recipient.

5. Implementation of a plan, or part of a plan, without agreement of the recipient, empowered guardian, or parent with legal custody of a minor recipient may only occur when a recipient has been adjudicated pursuant to the provisions of PA 258 of 1974 as amended, "Michigan's Mental Health Code" sections 469a, 472a, 473, 515, 518, or 519. However, if the proposed plan in whole or in part is implemented without the concurrence of the adjudicated recipient or his/her guardian, if any, or the parent who has legal custody of a minor then the stated objections of the recipient or his/her guardian or the parent who has legal custody of a minor recipient shall be included in the plan.

B. A recipient is given a choice of physician or mental health professional within the limits of availability and appropriateness.

C. The service provider shall implement the provider's portions of each recipient's individual plan of service, as specified in the support plan and/or treatment plan.

D. The service provider shall notify the staff responsible for coordinating a recipient's services of any questions or concerns regarding the recipient's treatment.

E. Applicants for mental health services may be denied mental health services if they do not meet clinical criteria for needing the service requested.

1. Applicants for mental health services, empowered guardians, or parents of minors shall be notified that they may request a second opinion if they are denied service.

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2. If an applicant for mental health services has been denied services, the applicant, empowered guardian, or parent of a minor may request a second opinion of The Right Door for Hope, Recovery, and Wellness executive director/designee.

3. The executive director/designee shall secure a second opinion from a physician, licensed psychologist, registered professional nurse, master's level social worker, or master's level psychologist.

4. If the individual providing the second opinion determines that the applicant has a serious mental illness, serious emotional disturbance, a developmental disability, or is experiencing an emergency situation or urgent situation, The Right Door for Hope, Recovery, and Wellness shall direct services to the applicant.

F. Applicants for hospitalization, at The Right Door for Hope, Recovery, and Wellness preadmission screening unit, may be denied hospitalization if they do not meet clinical criteria for needing the service requested.

1. If an applicant for hospitalization is assessed and found not to be clinically suitable for hospitalization, the preadmission screening unit shall provide appropriate referral

2. An applicant for hospitalization, empowered guardians, or parents of minors shall be notified that they may request a second opinion if they are denied hospitalization.

3. If an applicant for hospitalization is denied hospitalization, the applicant, empowered guardian, or parent of a minor may request a second opinion from The Right Door for Hope, Recovery, and Wellness executive director or designee.

a. The executive director/designee shall arrange for an additional evaluation by a psychiatrist, other physician, or licensed psychologist to be performed within 3 days, excluding Sundays and legal holidays, after receipt of the request.

b. If the conclusion of the second opinion is different from the conclusion of the preadmission screening unit, the executive director/designee, in conjunction with the medical director, shall make a decision based on all clinical information available.

(1) The executive director/designee's decision shall be confirmed in writing to the applicant, guardian, or parent who requested the second opinion.

(2) The confirming document shall include the signatures of the executive director/designee and medical director, or verification that the decision was made in conjunction with the medical director.

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(3) A preadmission screening unit shall assess and examine, or refer to a hospital for examination, an individual who is brought to the unit by a peace officer or ordered by a court to be examined. If the individual meets the requirements for hospitalization, the preadmission screening unit shall designate the hospital to which the individual shall be admitted. The preadmission screening unit shall consult with the individual and, if the individual agrees, it shall consult with the individual's family member of choice, if available, as to the preferred hospital for admission of the individual.

(4) If the individual chooses a hospital not under contract with a community mental health services program, and the hospital agrees to the admission, the preadmission screening unit shall refer the individual to the hospital that is requested by the individual. Any financial obligation for the services provided by the hospital shall be satisfied from funding sources other than the community mental health services program, the department, or other state or county funding.

G. A recipient, empowered guardian, parent of a minor, or person authorized by the recipient to make decisions regarding the individual plan of services, if not satisfied with the plan of service, may make a request for review to the clinician responsible for coordination of the treatment plan. The review shall be completed within 30 days by pertinent members of the treatment team.

H. The recipient, empowered guardian, or parent of a minor recipient shall be informed when the recipient is ready for a change in treatment, release, discharge, or when maximum benefit has been received by the recipient.

I. The recipient, empowered guardian, or parent of a minor, shall be notified in writing at least seven (7) days prior to any transfer between equivalent programs, except that a transfer may be completed earlier if it is necessitated by an emergency.

1. The recipient may designate up to two (2) additional people to receive the notice.

2. If a transfer is affected due to an emergency, the required notices shall be mailed as soon as possible, but not later than 24 hours after the transfer.

3. If the recipient, empowered guardian, or parent of a minor objects to the transfer, they may request a review to the staff person responsible for coordinating the treatment plan. The review shall be completed within 30 days by pertinent members of the treatment team.

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4.0 Services shall be provided in accordance with all applicable standards of care or treatment required by any of the following:

1. All State or Federal laws, rules, or regulations governing the provision of community mental health services; and
2. Obligations of the CMHSP established under the terms of its contract with the Michigan Department of Community Health; and
3. Obligations of a Provider established under the terms of a contract or employment agreement with the CMHSP; and
4. The CMHSP's policies and procedures; and
5. Written guidelines or protocols of a Provider; and
6. Written directives from a supervisor consistent with any of the above; and
7. The recipient's Individual Plan of Service.

5.0 Monitoring:

This procedure is reviewed by the Recipient Rights Officer.

6.0 References:

A. PA 258 of 1974, "Michigan's Mental Health Code", as amended
330.1100b--Definitions; F to N
330.1407--Transfer of patient; notice; appeal
330.1700--Definitions
330.1708--Suitable services; treatment environment; setting; rights
330.1712--Individualized written plan of service
330.1752--Policies and Procedures

B. Administrative Rules
R 330.7199--Written plan of services

D. The Right Door for Hope, Recovery, and Wellness Procedure 320.1, "Person Centered Planning"

Kerry Possehn, Chief Executive Officer	Date		