



CMHA-CEI Policies and Procedure Manual

Title:	SERVICES SUITED TO CONDITION		
Subject:	Services Suited to Condition		
Section:	3.6.23		
Policy: <input type="checkbox"/> Procedure: <input checked="" type="checkbox"/>	Issued by: Director of Quality, Customer Service, and Recipient Rights (QCSRR)	Effective Date: 08/14/86	Applies to: <input checked="" type="checkbox"/> All CMHA-CEI staff <input checked="" type="checkbox"/> Contract Providers
Page: 1 of 5	Approved by:	Review Date: 02/13/17	<input type="checkbox"/> Other:

I. Purpose:

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

II. Procedures:

- A. A person centered planning process shall be used to determine the services needed by each recipient, as specified in Policy and Procedures 3.2.05 "Service Planning", and 3.3.25 "Person Centered Planning".
 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:
 - 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.2.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 including documentation describing attempts to avoid such restrictions as well as what action will be taken as part of the plan to ameliorate or eliminate the need for restrictions in the future.
 - h. A comprehensive assessment/analysis of a recipient's challenging behaviors shall be conducted.

- i. Restrictions, limitations, or any intrusive behavior treatment techniques are reviewed by a formally constituted committee of mental health professionals with specific knowledge, training, and expertise in applied behavioral analysis.
 - j. 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.
 - viii. Transportation.
 - ix. Recreation.
 - k. A description of any involuntary procedures and the legal basis for performing them.
 - l. A specific date or dates when the overall plan and any of its subcomponents will be formally reviewed for possible modification or revision.
 - m. Identification of reasonable intervals in which the recipient will be informed of his or her clinical status and progress.
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 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 empowered guardian, then the stated objections of the recipient or guardian shall be included in the plan.
 6. In accordance with the intervals established in the written plan of service, the recipient shall be informed, orally and in writing, of his or her clinical status and progress, in a manner appropriate to his or her clinical condition.
- B. A recipient is given a choice of physician or mental health professional within the limits of availability.
 - 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.
 - 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 CMH 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 CMH shall direct services to the applicant.

- F. Applicants for hospitalization, at the CMHA-CEI 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 referrals.
 - 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 CMH 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 72 hours, 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.

- 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 from a hospital to another hospital, 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.

III. Definitions:

- A. Individual plan of services or plan of services: 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 honors 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.

IV. Monitor and Review:

This procedure is reviewed annually by the Director of Quality, Customer Service, and Recipient Rights. This procedure is monitored by accrediting bodies and regulatory agencies as applicable.

V. References:

- A. PA 258 of 1974, "Michigan's Mental Health Code", as amended
 1. 330.1100b--Definitions; F to N
 2. 330.1407--Transfer of patient; notice; appeal
 3. 330.1700--Definitions
 4. 330.1708--Suitable services; treatment environment; setting; rights
 5. 330.1712--Individualized written plan of service
 6. 330.1752--Policies and Procedures
- B. Administrative Rules - R 330.7199--Written plan of services
- C. CMHA-CEI Policy 3.3.25, "Person Centered Planning"

VI. Related Policies and Procedures:

CMHA-CEI Policy	3.6.23	Services Suited to Condition
CMHA-CEI Policy	3.3.25	Person Center Planning

VII. Review Log:

Review Date	Reviewed By	Changes (if any)
08/31/01	-	-
03/16/04	-	-
06/10/05	-	-
02/01/07	-	-
05/25/10	-	-
02/06/12	-	-
03/10/13	-	-
02/13/17	QCSRR Director	Updated to new format

VIII. Attachments:

N/A