

NORTH COUNTRY COMMUNITY MENTAL HEALTH ADMINISTRATIVE MANUAL

CHAPTER: Five – Member Rights
POLICY NAME: SERVICES SUITED TO CONDITION
EFFECTIVE DATE: February 1, 2020

PURPOSE

To establish guidelines for the development of an Individual Plan of Service that will ensure that each recipient receives services suited to his/her condition.

APPLICATION

All North Country CMH direct service programs and contracted direct service providers.

DEFINITIONS

Applicant: an individual or his or her legal guardian who has requested, but is not yet accepted for, services from the agency.

Care 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.

Change in type of treatment: ending of services, addition of services, transfer between programs, or transfer to another type of treatment.

Emergency Situation: a situation in which an individual is experiencing a serious mental illness or a developmental disability, or a minor is experiencing a serious emotional disturbance, and one of the following applies:

- The individual can reasonably be expected within the near future to physically injure himself, herself, or another individual, either intentionally or unintentionally.
- The individual is unable to provide himself or herself food, clothing, or shelter or to attend to basic physical activities such as eating, toileting, bathing, grooming, dressing, or ambulating, and this inability may lead in the near future to harm to the individual or to another individual.
- The individual has mental illness that has impaired his or her judgment so that the individual is unable to understand their need for treatment and presents a risk of harm.

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

Plan of Service (POS): a written, individualized plan for services which consists of a treatment plan, a support plan, or both, and is developed in partnership with each recipient through a person-centered planning process.

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

Urgent Situation: a situation in which an individual is determined to be at risk of experiencing an emergency situation in the near future if he or she does not receive care, treatment, or support services.

POLICY

DENIAL OF INITIAL SERVICES

- If an applicant for community mental health services has been denied services, the applicant, their guardian if one is appointed, of the parent (s) of a minor applicant may request a second opinion of the Chief Executive Officer/designee. The Chief Executive Officer/designee shall secure the second opinion from a physician, licensed psychologist, RN, MSW, or master's level psychologist within 5 business days. If that second opinion determines that the applicant has a serious mental illness, serious emotional disturbance, or developmental disability, or is experiencing an emergency situation or urgent situation, the NCCMH services program shall direct services to that applicant.

PLAN OF SERVICE

- Each recipient shall receive services suited to his/her condition that are provided in a safe, sanitary, and humane treatment environment. These services, including any change in type of treatment, shall be determined in partnership with the recipient through a person-centered planning process.
- The recipient will be informed orally and in writing of his or her clinical status and progress in a manner appropriate to his or her clinical condition.
- A preliminary Plan of Service (POS) shall be developed within seven days of the commencement of services, or if an individual is hospitalized and the hospitalization is for less than seven days, before discharge or release.
- An individual chosen or required by the recipient may be excluded from participation in the 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 EHR.
- The Plan of Service shall identify strategies for assuring that a recipient has access to needed and available supports identified through a review of their needs. The individual plan of services shall consist of a treatment plan, a support plan, or both. A treatment plan shall establish meaningful and measurable goals with the recipient. The individual plan of services shall address, as either desired or required by the recipient, the following areas of possible need:
 - food
 - shelter
 - clothing
 - physical health care
 - employment opportunities
 - educational opportunities
 - legal services
 - transportation
 - Recreation

- The Plan of Service will include a specific date or dates when the overall plan, or any of its subcomponents, will be formally reviewed for possible modification or revision will be noted in the Plan of Service. The plan 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.
- The Plan of Service is reviewed whenever there is a major change in condition and is revised as necessary; minimally the plan is reviewed every six months. Addendums are completed by the primary case holder and approved by the supervisor, as required. If the review includes participation in a day or residential program, the appropriate service or rehabilitation coordinator from this program should participate in the review. Major changes requiring a review of the POS prior to six months include the following:
 - Hospitalization or alternative placement in Crisis Residential.
 - Move to a more restrictive level of care.
 - Significant behavioral changes or changes in condition that require a major modification in goals and or treatment approaches. Significant changes might involve a need for more intensive support to address a risk issue or a significant change or increase in medication to prevent a relapse.
- The Plan of Service shall identify any restriction or limitation of the recipient's rights. A comprehensive assessment/analysis of a recipient's challenging behaviors will be conducted to rule out any physical or environmental cause for the behavior (See Behavior Treatment Procedure). Restrictions, limitations, or intrusive behavior treatment techniques are reviewed and approved by the NCCMH Behavior Treatment Committee (BTC). The BTC is a specially constituted body comprised of at least 3 individuals, 1 of whom shall be a fully- or limited- licensed psychologist with the formal training or experience in applied behavior analysis, and one of whom shall be a licensed physician/psychiatrist. Any restriction or limitation shall be justified, time-limited, and clearly documented in the Plan of Service. Documentation shall include a description of attempts that have been made to avoid the need to impose a restriction or limitation, and the action that will be taken as part of the Plan of Service to ameliorate or eliminate the need for the limitation in the future.
- If a recipient is not satisfied with his or her individual plan of service, the recipient, the person authorized by the recipient to make decisions regarding the authorized by the recipient to make decisions regarding the individual plan of services, the guardian of the recipient, or the parent of a minor recipient 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 according to the person-centered planning process.

CHOICE OF MENTAL HEALTH PROFESSIONAL

- A recipient shall be given a choice of physician or other mental health professional within the limits of available staff and as determined by the treatment team. The request must be submitted by the recipient or authorized individual, using the Customer Services "Grievance Form." A recipient may appeal any denial of choice to the Customer Services Representative, in addition to filing a Recipient Rights Complaint.

DENIAL OF HOSPITALIZATION

- If the preadmission screening unit of NCCMH denies hospitalization, the individual or the person making the application may request a second opinion from the Chief Executive Officer/designee. The Chief Executive Officer/designee shall arrange for an additional evaluation by a psychiatrist, other physician, or licensed psychologist within 3 days, excluding Sundays and legal holidays, after the Chief Executive Officer/designee receives the request. If the conclusion of the second opinion is different from the

conclusion of the preadmission screening unit, the Chief Executive Officer/designee, in conjunction with the Medical Director, shall make a decision based on all clinical information available. The Chief Executive Officer's/designee's decision shall be confirmed in writing to the requestor and signed by the Chief Executive Officer/designee and the Medical Director or verification that the decision was made in conjunction with the medical director. If an individual is assessed and found not clinically suitable for hospitalization, the pre-admission screening unit shall provide appropriate referral services.

REFERENCE: Michigan Mental Health Code 330.1100, 330.1409, 330.1705, 330.1712, 330.1713, 330.1714
MDHHS Administrative Rule R330.7199

REVIEWED: 03/24/08; 05/30/10; 07/01/13; 08/01/15

REVISED: 06/06/07; 09/20/09; 07/04/19; December 26, 2019

APPROVED BY SIGNATURE:

Christine Gebhard
Chief Executive Officer

01/15/2020
Date

Edward G. Ginop
NCCMH Board Chair

01/16/2020
Date