

<b>CHAPTER</b> Service Delivery	<b>CHAPTER</b> 02	<b>SECTION</b> 001	<b>SUBJECT</b> 10
<b>SECTION</b> Treatment		<b>DESCRIPTION</b> Services Suited to Condition	
<b>WRITTEN BY</b> Lisa K. Jolly, B.S. Recipient Rights Officer	<b>REVISED BY</b> Lisa K. Jolly, B.S. Recipient Rights Officer		<b>AUTHORIZED BY</b> Brooke Sankiewicz, LMSW, CADC, CEO

**APPLICATION:**

<input checked="" type="checkbox"/> CMH Staff	<input type="checkbox"/> Board Members	<input checked="" type="checkbox"/> Network Provider	<input checked="" type="checkbox"/> Employment Services Providers
<input checked="" type="checkbox"/> Employment Services Provider Agencies	<input checked="" type="checkbox"/> Independent Contractors	<input checked="" type="checkbox"/> Students	<input checked="" type="checkbox"/> Interns
<input checked="" type="checkbox"/> Volunteers	<input checked="" type="checkbox"/> Persons Served		

**POLICY:**

Lapeer County Community Mental Health (LCCMH) provides each person served with services suited to their condition. Services are determined in partnership with the person served through a person-centered planning process including those listed below. LCCMH protects and promotes the dignity and respect to which a person served is entitled. See Mental Health Code 704(3), 708(4).

**STANDARDS:**

- A. LCCMH as a Certified Community Behavioral Health Clinic (CCBHC) ensures no individual is denied access to services because of place of residence or homelessness or lack of permanent residence.
- B. A person served receives mental health services suited to their condition in a safe, sanitary, and humane treatment environment.

CHAPTER Service Delivery	CHAPTER 02	SECTION 001	SUBJECT 10
SECTION Treatment		DESCRIPTION Services Suited to Condition	

- C. LCCMH ensures a person-centered planning process is used to develop a written Individual Plan of Services (IPOS) in partnership with the person served (MHC 712[1]). The IPOS is suitable to the condition of the person served.
- D. The IPOS addresses, as either desired or required by the person served, the need for food, shelter, clothing, health care, employment opportunities where appropriate, educational opportunities where appropriate, legal services, transportation and recreation for the person served. [AR 7199(h)].
- E. LCCMH or the service provider under contract with the community mental health services program, ensures a person served is given a choice of physician or mental health professional within the limits of available staff.
- F. The plan must be agreed to by the person served, and guardian, or the parent with legal custody of a minor recipient, and LCCMH staff unless it is part of a court order. Objections must be noted in the plan.
  - a. The written individual plan of service has a specific date or dates when the overall plan and any of its sub-components will be formally reviewed for possible modification or revision.
  - b. The plan is kept current and modified when indicated.

#### **PROCEDURES:**

- A. Within 24 hours after admission, each person served of a Department of Health and Human Services hospital, center, or facility undergoes a comprehensive physical and mental health examination, the results of which is in written form. Each resident in a facility is periodically re-examined not less often than annually.
- B. A preliminary plan is developed within seven days of the commencement of services, or if a person served is hospitalized for less than seven days, before discharge or release. (MHC 712 [1]).
- C. Staff provides a comprehensive assessment / analysis of the challenging behaviors of the person served including a functional analysis identifying when, where, and under what circumstances behaviors happen, possible interpretation

CHAPTER Service Delivery	CHAPTER 02	SECTION 001	SUBJECT 10
SECTION Treatment		DESCRIPTION Services Suited to Condition	

of the behavior as communication and positive supports to help the person served. [Chapter III, Section 3, Medicaid Manual].

- D. The IPOS identifies any restrictions or limitations of the rights of the person served and includes documentation describing attempts to avoid such restrictions as well as what action is taken as part of the plan to ameliorate or eliminate the need for the restrictions in the future.
1. Any restrictions, limitations, any intrusive behavior treatment techniques, or any use of psycho-active drugs for behavior control purposes will be reviewed and approved by a specially constituted body, Behavior Treatment Plan Review Committee (BTPRC) comprised of at least 3 individuals, 1 of whom will be a fully-or limited-licensed psychologist with the formal training or experience in applied behavior analysis, and 1 of whom will be a licensed physician/psychiatrist, unless the behavior is due to an active substantiated serious mental illness or emotional disturbance. The Recipient Rights Officer is also on the committee as a non-voting member. [AR 7199(2)(g)].
  2. Any 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 limitations, as well as what actions will be taken as part of the plan to ameliorate or eliminate the need for the limitations in the future.
  3. Limitations of the recipient's rights, any intrusive treatment techniques, or any use of psychoactive drugs where the target behavior is due to an active substantiated Axis 1 psychiatric diagnosis listed in the Diagnostic and Statistical Manual of Mental Disorders need not be reviewed and approved by a specially constituted body described in this subdivision.
  4. The IPOS must utilize the use of Positive Behavioral Supports to address any concerns before the use of any kind of restriction or limitation.
- E. An individual chosen or required by the person served may be excluded from participation in the planning process only if inclusion of that individual would

CHAPTER Service Delivery	CHAPTER 02	SECTION 001	SUBJECT 10
SECTION Treatment		DESCRIPTION Services Suited to Condition	

constitute a substantial risk of physical or emotional harm to the person served or substantial disruption of the planning process. Justification for an individual's exclusion is documented in the case record by the supports coordinator. The supports coordinator discusses in pre-meeting planning who attends. (MHC 712 [3]).

- F. A person served is informed orally and in writing of their clinical status and progress at reasonable intervals established in the IPOS in a manner appropriate to their clinical condition. (MHC 714).
- G. If a person served is able to secure the services of a mental health professional, they are allowed to see the professional at any reasonable time. (MHC 715).
- H. If a person served is not satisfied with their IPOS, the person served, the person authorized by the person served to make decisions regarding the IPOS, the guardian of the person served, or the parent(s) of a minor person served, may make a request for review to the designated individual in charge of implementing the plan. The review is completed within 30 days and is carried out in a manner approved by LCCMH. (MHC 712 [2]).
- I. If an applicant for LCCMH services has been denied mental health services, the applicant, their guardian if one has been appointed, or the applicant's parent(s) if the applicant is a minor may request a second opinion of the Chief Executive Officer (CEO).
- J. LCCMH ensures the person served may request a second opinion, if the Pre-Admission Screening Unit (PSU) denied hospitalization and that:
  - 1. The CEO arranges the second opinion from a physician, licensed psychologist, registered professional nurse, master's level social worker, or master's level psychologist within three days excluding Sundays or holidays. [MHC 705(1)].
  - 2. The CEO, in conjunction with the Medical Director, reviews the second opinion if this differs from the opinion of the preadmission screening unit.

CHAPTER Service Delivery	CHAPTER 02	SECTION 001	SUBJECT 10
SECTION Treatment		DESCRIPTION Services Suited to Condition	

3. The CEO's decision to uphold or reject the findings of the second opinion is confirmed in writing to the requestor, this writing contains the signatures of the CEO and Medical Director or verification the decision was made in conjunction with the Medical Director. [MHC 409(4)].

K. LCCMH notifies the applicant, their guardian, or a minor applicant's parents that a second opinion to determine if the applicant has a serious mental illness, serious emotional disturbance, or a developmental disability, or is experiencing an emergency situation or urgent situation may be requested if denied services. [MHC 705(1)(2)].

#### **DEFINITIONS:**

**Applicant:** a person served or their legal representative who makes a request for mental health services.

**Person-Centered Planning:** a plan focused on and directed by the person served, which facilitates the identification of their desired outcomes; determines the supports, services, and/or treatment they want and/or needs to achieve the desired outcomes; and encourages formal and informal feedback from the person about progress made, and any changes desired or required.

**Individualized Written Plan of Services:** a written individualized plan of services developed with a person served as required by Section 712 of the Michigan Mental Health Code as amended.

**Treatment Plan:** a written plan which specifies the goal-oriented treatment or training services, including rehabilitation or habilitation services are to be developed with and provided for the needs of the person served to achieve the desired outcomes; and which encourages formal and informal feedback from the person about progress made, and any changes desired or required. This guideline establishes policy and procedures regarding the provision of mental health services suited to the condition of a person served of Lapeer County Community Mental Health programs and services.

#### **REFERENCES:**

Michigan Mental Health Code  
Michigan Department of Health and Human Services Administrative Rules

CHAPTER Service Delivery	CHAPTER 02	SECTION 001	SUBJECT 10
SECTION Treatment		DESCRIPTION Services Suited to Condition	

Medicaid Manual

LKJ:js/kn

**Supersedes:** #10/09033 dated 10/06/2009